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# Glocalization Nature of COVID-19 Pandemic: The Nigerian Experience

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## Abstract

COVID-19 has come as a global phenomenon with some globally agreed guidelines to curtail the pandemic, yet the approaches in each nation, localities, and communities differ, in order to embrace the peculiarities of local needs, which lead to the essentiality of the concept of glocalization. Although, the pandemic is global phenomenon, but the ideal approach and application is glocalized in nature. Nigeria nation adopts different measures to cushion the effect of the pandemic in accordance with WHO guidelines. The paper looks at the Nigerian experience and peculiarities as regards to the global standard. Primary and secondary source of data were utilized. The paper reveals some peculiarities in Nigerian localities in respect to face masking, lockdown order, hand washing, social distancing, palliative measures and other local innovations. The paper concluded that though, the vaccine for the pandemic has been detected globally but it has not been administered in Nigeria as of now, the citizens must continue to obey the WHO guidelines as they embrace the peculiarities of their local need.

**Key words:** COVID-19; Globalization; Glocalization; Localization; Nigeria; Pandemic

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## 1. INTRODUCTION

There is no doubt that Corona Virus Disease of the year 2019 (COVID-19) has come as a global disaster, despite its emanation from a city in China called Wuhan. It has come as a global phenomenon with some globally agreed guidelines to curtail the pandemic, yet the approaches in each nations, localities, and communities differ, in order to embrace the peculiarities of local needs, which lead to the essentiality of the concept of glocalization. Zharkeshov, (2015) was of the opinion that there is local origin for any global phenomenon which also has influence on each other. Odewale &Adepoju (2020) also opine that unless we begin to admit that our problems are not central and it cannot be solve centrally but at the source, place and by persons, where and whom is deeply felt, the fullness of good governance would still be a mirage. The COVID-19 index case was discovered in December 2019, in the city of Wuhan and within a short period of time, it became a global phenomenon by its spread across the continents and nations of the world including Nigerian nation.

The process of popularized concept of glocalization is inevitable; its relevancy in the field of humanities and social science is also enormous and cannot be overemphasized. More so, pandemics are no longer simply in the domain of public health and clinical medicine, but are social issue, developmental issue, and global security issue (Castillo-Chavez, Curtiss, Daszak, Levin, Patterson-Lomba, Perrings, & Towers, 2015). The impact of COVID-19 is not only on health issues but could also be viewed economically, politically, geographically, sociologically, psychologically, philosophically, culturally etc. The pandemic related crises have been associated with enormous negative impacts on health, economy, society and security of national and global communities. As well, they have caused significant political and social disruption. (Qiu, Rutherford, Mao, & Chu, 2017). It has a range of negative impact on the health, socio-economic, and political lives

of the people. Drake, Chalabi, & Coker, (2012) assert that pandemic events have a way of threatening almost all aspect of economic and social fabric. This Pandemic has constituted various negative impacts on Nigerians economically, politically, socially, psychologically, culturally etc since the index case in February, 2020. Moreover, after the declaration of corona virus outbreak as a pandemic by World Health Organization (WHO), the number one health global agency came up with certain universal measures as standards to check the widespread transmission of corona virus across the globe. The agency developed the global safety protocols and guidelines on the rational use of Protective Personal Equipment (PPE) and Infection Prevention and Control (IPC) strategies in health care and general community settings. The WHO protocols and behavioural standards were subjected to serial modifications by almost all the affected nations to suit the peculiarities of their population, basic social amenities, technological development, temperate, geographical location, economy and environmental conditions, in which Nigeria is not an exception. The primary function of any government is to provide essential services and to ensure the security of lives and property (Odewale & Badejo, 2018). In order to discharge this obligation, all concerned government agencies, both at the national and sub-nationals were on their toes in order to tackle the pandemic. Nigeria adopts different measures to cushion the effect of the total lockdown imposed on the citizens as a result of the COVID-19 pandemic such as palliatives distribution, home feeding of school children, and monetary assistance. To check the widespread transmission of COVID-19 pandemic both the Federal and State government issued directives in terms of preventive and precautionary measures such as hand washing, social and physical distancing, wearing of face masks etc. These preventive measures witnessed personal modifications across border lines. In view of the foregoing, this paper intends to look at the glocalization nature of this pandemic and explore the variations in multidimensional measures and approaches adopted to stem the spread of COVID-19 pandemic as it applies to Nigerian nation. Although, the COVID-19 pandemic is a global phenomenon, but the ideal approach and application is glocalized in nature. It is also expedient for all nations, but especially for developing nation like Nigeria to take into cognizance the slogan "Think global, act local", in all the strata of governance in order to efficiently integrate global networking so as to adequately provide response to local needs.

## 2. METHODOLOGY

Both primary and secondary source of data were used. The Primary data were gathered through observation and interview methods. The secondary data were sourced through the use of content analysis of documents.

## 3. CONCEPTUAL CLARIFICATION

### 3.1 Glocalization

The concept of glocalization is believed to have been derived from the Japanese word "dochakuka" which originally meant to adapt farming technique to one's own local condition. Grigorescu & Zaif (2017) observed that it firstly appear in a publication of Harvard Business Review, conducted by Japanese scholar, Robertson in late 1980s. Robertson, (1995) alluded to the fact that glocalization blends local elements into global themes, products or services while globalization just aim at full homogenization of products or services.

Matusitz (2009) refers to glocalization as "the interface of the global and the local". The interface between globalization and localization leads to the process of glocalization considering the political, socio-economic, cultural preferences and particular needs of the society. Grigorescu & Zaif (2017) defined glocalization as a process of "providing a global offer (brand, idea, product, service, etc), while taking local related issues into account. He also emphasizes that glocalization should not be regarded as a replacement for globalization, but as a process that gives unique, innovative and new insights that should be incorporated in the global marketing strategy.

Kraidy (2001) explicates the dynamism of glocalization in norms and practices, as the process of balancing convergence and divergence, cultural homogenization and heterogenization, universalism and particularism, standardization and adjustment, and above all, still be conscious of local needs. Maynard, & Tian (2004) defines glocalization as "the ability of a culture, when it encounters other strong cultures, to absorb influences that naturally fit into and can enrich culture, to resist those things that are truly alien, and to compartmentalize those things that, while different, can nevertheless be enjoyed and celebrated as different".

Giampietro (2016) defines glocality as "experiencing the global locally or through local lenses (which can include local power relations, geopolitical and geographical factors, cultural distinctiveness, and so on)". Each glocality is unique in many ways, and yet each is reciprocally influenced by global trends and global consciousness (Meyrowitz, 2005). Glocalization, is also seen as "a soft and subtle colonialism, a top-down adaption to the local, while still maintaining an unbalanced relation with the local, which remains subordinate to the glocal" (Ritzer 1993, 2003).

### 3.2 The Interlink among Glocalization, Globalization and Localization

Robertson (1994) asserts that the concept of globalization as the conflation of both universalizing and particularizing tendencies. In the same vein, Grigorescu & Zaif (2017) see globalization as "the tendency toward an international integration of goods, technology, information, labor,

capital, or the process of making this integration". While Eric, (2007) sees it as the "dynamics between cultural homogenization and heterogenization" in the same vein, Swyngedouw (1995) & de Nuve, (2007) agree that it is a "co-optation of the global and the local". Globalization is based on the omnipresence of corporate processes and worldwide standardization. Much more, glocalization embraces the peculiarities of local needs and details of a global idea, whereas globalization is based on the omnipresence of corporate processes and worldwide standardization (Kraidy, 2001). Robertson (1992), see glocalization as a way concept of globalization really operates. Grigorescu & Zaif (2017) see Localization as "the process of adapting a product or service to a particular culture, language, developing a local appeal and satisfying local needs"

The new trend of glocalization is trying to encourage the international organizations and institutions to "think global, and, act local", by globalizing the outfit, but tailored down its activities to meet specific local necessities.

Nevertheless, different scholars have analyzed the concept as an autonomous concept and not just mere appendage of globalization, cosmopolitanization, or theories of global diffusion (Giampietro, 2016). Giampietro also alludes to the fact that glocalization cannot be final or comprehensive without reconsidering its relationship with globalization which is seen as its older and far more established sibling. These Principles have been recognized and implemented by some international managerial authorities, worldwide organizations, religious enterprises such as Eastern Orthodox Christianity, Coca-Cola, McDonalds etc., despite the original standardization, local preferences is still taken into account (Giampietro, 2016).

Robertson (2013), asserts that it is only the glocal that exists, we are neither global nor local anymore, because the long historical struggle between global and local which resulted to loss on both sides gave birth to glocal, which is the interface between the two. In his view, glocalization emerges as a result of failure of globalization; globalization does not produce uniformity but differences and fragmentation of the world into a multitude of glocal realities. Ritzer (2003) also agrees that pure global and local no longer exist anymore. "Perhaps, the (conventional) pure local existed at one time; but, with the advent of capitalism, it disappeared after having lost the struggle with globalization". In the same vain, Schütte (2015) observes that the world was more globalized in the colonial period than it is today due to its homogenization tendency. Patel, & Lynch (2013) assert that "*Glocal* and *glocalization* refer to the merger of global and local perspectives on the socio-economic and political impact of all phenomenon that affects local and global communities". Boyd (2006) and Khondker (2004) assert that "glocalization is a good description of blending and connecting local and global contexts while maintaining the significant contributions of the different cultural communities and contexts".

Backhaus & Ejderyan (2007) assert that institutionally, the concept of glocalization could be noticeable when local governments (municipalities, regions, etc.) take action to establish themselves as actors on the global stage. Glocalization is seen as a conceptual framework to help alleviate the difficulties of global-local (macro-micro) relationship by making a blend to accommodate each other.

### 3.3 Pandemic

The word "Pandemic" originated from the Greek words "pan" and "demos". Pan means "all" and demos mean "the people". The word is usually referred to a widespread of epidemic and contagious disease across a nation or one or more continents at the same time (Honigsbaum, 2009). The Epidemiology Dictionary defines Pandemic as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people". Harris (2000) defines Pandemic as an epidemic affecting a large number of people spread over borders and boundaries worldwide. The consensus among the several scholars is that pandemic is an epidemic that affects a large number of people in a large geographical area.

Pandemic has some features which help to understand the concept better, among them are; wide geographical extension, novelty in nature, unexpected movement, severity in nature, infectious and contagious. It has a wide geographical spread because of its ability to extend to large geographical areas. Qiu, Rutherford, Mao, & Chu (2017) observe that the term pandemic usually referred to diseases that extend over large geographic areas. e.g. the Black Death of 14$^{th}$ century, cholera, influenza, HIV/AIDS among others. Pandemic is novelty in nature because it always comes with the newness. The term commonly use to describe diseases that are new, or at least associated with novel variants of existing organisms. In addition, the novelty nature of the term pandemic, could also move unexpectedly from person-to-person. The respiratory viruses such as SARS, influenza or enteric organisms, such as cholera have the potential of wide spreading beyond expectation. The severity nature of pandemic is circled in the fatality ratio of the disease. Donaldson, Rutter, Ellis, Greaves, Mytton, Pebody, & Yardley (2009) assert that severity of any pandemic is estimated by the case fatality ratio. Also, pandemic diseases are infectious and contagious in nature and it can be transmitted from one person to another. The transmission can be direct or indirect. Direct form is from person to person while the indirect form is from person to vector to person (Morens, Folkers, & Fauci, 2009).

### 3.4 COVID-19

The word or phrase COVID-19 is derived from the statement Corona Virus Diseases of the year 2019. The phrase "CO" from Corona, "VI" from Virus, and letter "D" from Disease, and "19" from the year 2019. It is a pandemic disease that broke out in the city of Wuhan, China in December, 2019. Although, there are different views on the source of this pandemic, some are of the opinion that the virus was intentionally or accidentally generated from Wuhan Institute of Virology, while other have objections to that views. The source of this virus remain invalidated, but scientifically, consensus is emerging to the origin of COVID-19 to be natural, and probably bat-to human infection from Chinese traditional medicine practitioners who use bat carcasses and guano in their production.

The Centers for Disease Control and Prevention (CDC) started monitoring the outbreak of a new coronavirus, SARS-CoV-2, which causes the respiratory illness now known as COVID-19.

Coughing and sneezing without covering the mouth can disperse droplets of the virus into the air. Touching or shaking hands with an infected person can pass the virus between individuals as well as making contact with a surface or object that is contaminated with the virus and then touching the nose, eyes, or mouth. Some animal coronaviruses, such as feline coronavirus (FCoV), may spread through contact with feces. However, it is unclear whether this also applies to human coronaviruses. The National Institutes of Health (NIH) suggest that several groups of people have the highest risk of developing complications due to COVID-19.

2019-nCoV is seen to be the third coronavirus to emerge in the past two decades. The Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) of 2002, the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) outbreak of 2012, and the 2019-nCoV which emerged in December 2019 has put global public health institutions on high alert (Shrikrushna, Quazi, Shubham, Suraj, Shreya, Rohit, Suraj, & Biyani, 2020).

**Table 1**
**WHO COVID-19 global data as at December 17, 2020**

| Name | WHO Region | Cases - cumulative total | Cases - cumulative total per 1 million population | Cases - newly reported in last 7 days | Cases - newly reported in last 24 hours | Deaths - cumulative total | Deaths - cumulative total per 1 million population | Deaths - newly reported in last 7 days | Deaths - newly reported in last 24 hours | Transmission Classification |
|---|---|---|---|---|---|---|---|---|---|---|
| Global | | 72196732 | 9248.508692 | 4388108 | 585455 | 1630521 | 208.8721639 | 77127 | 11463 | |
| United States of America | Americas | 16245376 | 49079.29 | 1489380 | 204281 | 298594 | 902.09 | 17152 | 1754 | Community transmission |
| India | South-East Asia | 9932547 | 7197.47 | 196697 | 26382 | 144096 | 104.42 | 2736 | 387 | Clusters of cases |
| Brazil | Americas | 6927145 | 32589.22 | 303234 | 25193 | 181835 | 855.45 | 4518 | 433 | Community transmission |
| Russian Federation | Europe | 2734454 | 18737.55 | 193255 | 26509 | 48564 | 332.78 | 3846 | 596 | Clusters of cases |
| France | Europe | 2350207 | 36005.52 | 80539 | 11481 | 58700 | 899.29 | 2714 | 790 | Community transmission |
| The United Kingdom | Europe | 1888120 | 27813.09 | 137875 | 18450 | 64908 | 956.13 | 2875 | 506 | Community transmission |
| Italy | Europe | 1870576 | 30938.13 | 113182 | 14839 | 65857 | 1089.23 | 4617 | 846 | Clusters of cases |
| Spain | Europe | 1762212 | 37690.52 | 45250 | 5061 | 48401 | 1035.21 | 768 | 43 | Community transmission |
| Argentina | Americas | 1503222 | 33260.23 | 36913 | 5062 | 41041 | 908.07 | 1153 | 275 | Community transmission |
| Colombia | Americas | 1434516 | 28192.5 | 57416 | 8742 | 39195 | 770.3 | 1200 | 142 | Community transmission |
| Germany | Europe | 1379238 | 16461.84 | 160714 | 27728 | 23427 | 279.61 | 3495 | 952 | Clusters of cases |
| Mexico | Americas | 1255974 | 9741.31 | 73725 | 5930 | 114298 | 886.49 | 4224 | 345 | Community transmission |
| Poland | Europe | 1159901 | 30647.42 | 83721 | 12455 | 23914 | 631.87 | 3322 | 605 | Community transmission |
| Iran (Islamic Republic of) | Eastern Mediterranean | 1123474 | 13375.81 | 61077 | 7704 | 52670 | 627.08 | 1753 | 223 | Community transmission |
| Turkey | Europe | 1084109 | 12854.17 | 212016 | 32102 | 16881 | 200.16 | 1567 | 235 | Community transmission |
| Peru | Americas | 986130 | 29908.24 | 11014 | 1157 | 36754 | 1114.71 | 430 | 77 | Community transmission |
| Ukraine | Europe | 919704 | 21029.61 | 74361 | 10622 | 15744 | 360 | 1540 | 264 | Community transmission |
| South Africa | Africa | 873679 | 14731.05 | 51790 | 7552 | 23661 | 398.95 | 1229 | 210 | Community transmission |

To be continued

| Name | WHO Region | Cases - cumulative total | Cases - cumulative total per 1 million population | Cases - newly reported in last 7 days | Cases - newly reported in last 24 hours | Deaths - cumulative total | Deaths - cumulative total per 1 million population | Deaths - newly reported in last 7 days | Deaths - newly reported in last 24 hours | Transmission Classification |
|---|---|---|---|---|---|---|---|---|---|---|
| Indonesia | South-East Asia | 629429 | 2301.19 | 42587 | 6120 | 19111 | 69.87 | 1111 | 155 | Community transmission |
| Netherlands | Europe | 628242 | 36664.53 | 58495 | 6682 | 10160 | 592.94 | 398 | 86 | Community transmission |
| Belgium | Europe | 611422 | 52755.99 | 12169 | 2 | 18178 | 1568.47 | 539 | 8 | Community transmission |
| Czechia | Europe | 594148 | 55481.28 | 37221 | 7897 | 9882 | 922.78 | 746 | 139 | Community transmission |
| Iraq | Eastern Mediterranean | 577363 | 14354.23 | 9225 | 1391 | 12614 | 313.61 | 137 | 11 | Community transmission |
| Chile | Americas | 575329 | 30096.41 | 11795 | 1499 | 15949 | 834.32 | 269 | 18 | Community transmission |
| Romania | Europe | 565758 | 29408.83 | 41083 | 6171 | 13698 | 712.04 | 1038 | 204 | Community transmission |
| Bangladesh | South-East Asia | 494209 | 3000.86 | 12264 | 1877 | 7129 | 43.29 | 223 | 40 | Community transmission |
| Canada | Americas | 468862 | 12422.77 | 45808 | 8119 | 13553 | 359.09 | 776 | 122 | Community transmission |
| Philippines | Western Pacific | 451839 | 4123.33 | 9054 | 1106 | 8812 | 80.42 | 142 | 55 | Community transmission |
| Pakistan | Eastern Mediterranean | 443246 | 2006.62 | 20067 | 2459 | 8905 | 40.31 | 418 | 73 | Clusters of cases |
| Morocco | Eastern Mediterranean | 403619 | 10935.05 | 19531 | 2793 | 6711 | 181.82 | 341 | 52 | Clusters of cases |
| Switzerland | Europe | 387195 | 44738.52 | 30074 | 4242 | 5674 | 655.6 | 575 | 102 | Community transmission |
| Saudi Arabia | Eastern Mediterranean | 360155 | 10345.16 | 1040 | 142 | 6069 | 174.33 | 80 | 10 | Sporadic cases |
| Israel | Europe | 357627 | 41317.72 | 10458 | 0 | 3002 | 346.83 | 73 | 0 | Community transmission |
| Portugal | Europe | 353576 | 34675.5 | 25600 | 2638 | 5733 | 562.24 | 611 | 84 | Clusters of cases |
| Sweden | Europe | 341029 | 33767.7 | 42834 | 2956 | 7667 | 759.16 | 125 | 6 | Community transmission |
| Austria | Europe | 325511 | 36142.2 | 19823 | 2954 | 4651 | 516.41 | 744 | 141 | Community transmission |
| Hungary | Europe | 288567 | 29871.27 | 28979 | 2804 | 7381 | 764.05 | 1101 | 144 | Community transmission |
| Serbia | Europe | 277248 | 39812.95 | 43221 | 5884 | 2433 | 349.38 | 371 | 53 | Community transmission |
| Jordan | Eastern Mediterranean | 265024 | 25974.76 | 17893 | 2547 | 3437 | 336.86 | 275 | 30 | Community transmission |
| Nepal | South-East Asia | 250180 | 8586.39 | 6803 | 936 | 1730 | 59.38 | 93 | 14 | Clusters of cases |
| Ecuador | Americas | 202356 | 11469.44 | 3604 | 176 | 13896 | 787.62 | 102 | 21 | Community transmission |
| Georgia | Europe | 198387 | 49731.44 | 24004 | 3487 | 1922 | 481.8 | 308 | 39 | Community transmission |
| Panama | Americas | 194619 | 45105.33 | 15389 | 1612 | 3382 | 783.82 | 170 | 26 | Community transmission |
| Kazakhstan | Europe | 187890 | 10006.55 | 5233 | 0 | 2609 | 138.95 | 67 | 0 | Clusters of cases |
| United Arab Emirates | Eastern Mediterranean | 187267 | 18934.22 | 8430 | 1226 | 622 | 62.89 | 26 | 4 | Community transmission |
| Bulgaria | Europe | 184287 | 26522.05 | 16122 | 2743 | 6005 | 864.22 | 849 | 167 | Clusters of cases |
| Japan | Western Pacific | 184042 | 1455.15 | 18202 | 2172 | 2688 | 21.25 | 268 | 45 | Clusters of cases |
| Azerbaijan | Europe | 183259 | 18074.35 | 29107 | 4273 | 2007 | 197.95 | 294 | 41 | Clusters of cases |
| Croatia | Europe | 179718 | 43777.42 | 24866 | 2360 | 2778 | 676.69 | 480 | 73 | Community transmission |
| Belarus | Europe | 164059 | 17361.98 | 13457 | 1911 | 1282 | 135.67 | 60 | 9 | Community transmission |
| Dominican Republic | Americas | 155797 | 14361.94 | 6167 | 613 | 2367 | 218.2 | 20 | 3 | Community transmission |
| Costa Rica | Americas | 153169 | 30067.82 | 6748 | 549 | 1936 | 380.05 | 111 | 15 | Community transmission |

To be continued

| Name | WHO Region | Cases - cumulative total | Cases - cumulative total per 1 million population | Cases - newly reported in last 7 days | Cases - newly reported in last 24 hours | Deaths - cumulative total | Deaths - cumulative total per 1 million population | Deaths - newly reported in last 7 days | Deaths - newly reported in last 24 hours | Transmission Classification |
|---|---|---|---|---|---|---|---|---|---|---|
| Armenia | Europe | 150218 | 50693.78 | 6152 | 1098 | 2556 | 862.57 | 163 | 27 | Community transmission |
| Lebanon | Eastern Mediterranean | 148877 | 21812.06 | 9742 | 1264 | 1223 | 179.18 | 87 | 13 | Community transmission |
| Bolivia (Plurinational State of) | Americas | 147345 | 12622.7 | 1688 | 195 | 9024 | 773.06 | 27 | 6 | Community transmission |
| Kuwait | Eastern Mediterranean | 146710 | 34353.72 | 1810 | 261 | 913 | 213.79 | 13 | 1 | Community transmission |
| Qatar | Eastern Mediterranean | 141272 | 49034.85 | 1069 | 151 | 241 | 83.65 | 2 | 0 | Community transmission |
| Slovakia | Europe | 139088 | 25475.66 | 17292 | 3565 | 1309 | 239.76 | 243 | 58 | Clusters of cases |
| Guatemala | Americas | 130082 | 7260.84 | 3609 | 677 | 4476 | 249.84 | 190 | 31 | Community transmission |
| Republic of Moldova | Europe | 128656 | 31893.2 | 9452 | 1403 | 2625 | 650.72 | 165 | 27 | Community transmission |
| occupied Palestinian territory, including east Jerusalem | Eastern Mediterranean | 128512 | 25191.45 | 13162 | 2307 | 1130 | 221.51 | 169 | 23 | Community transmission |
| Oman | Eastern Mediterranean | 126719 | 24814.62 | 1393 | 215 | 1475 | 288.84 | 21 | 3 | Community transmission |
| Greece | Europe | 126372 | 12124.28 | 8327 | 1199 | 3785 | 363.14 | 591 | 98 | Community transmission |
| Egypt | Eastern Mediterranean | 122609 | 1198.12 | 3328 | 523 | 6966 | 68.07 | 153 | 23 | Clusters of cases |
| Ethiopia | Africa | 117542 | 1022.43 | 3807 | 300 | 1813 | 15.77 | 58 | 4 | Community transmission |
| Denmark | Europe | 116087 | 20041.95 | 21288 | 2992 | 961 | 165.91 | 60 | 11 | Community transmission |
| Honduras | Americas | 114642 | 11574.61 | 2935 | 283 | 2989 | 301.78 | 39 | 14 | Community transmission |
| Tunisia | Eastern Mediterranean | 113241 | 9581.58 | 7796 | 1483 | 3956 | 334.73 | 288 | 41 | Community transmission |
| Myanmar | South-East Asia | 109512 | 2012.73 | 9081 | 1170 | 2292 | 42.12 | 160 | 24 | Clusters of cases |
| Venezuela (Bolivarian Republic of) | Americas | 108125 | 3802.41 | 3683 | 339 | 960 | 33.76 | 41 | 6 | Community transmission |
| Bosnia and Herzegovina | Europe | 102330 | 31190.38 | 6309 | 869 | 3457 | 1053.7 | 376 | 66 | Community transmission |
| Lithuania | Europe | 99869 | 36685.67 | 19313 | 3417 | 907 | 333.18 | 203 | 44 | Community transmission |
| Slovenia | Europe | 98282 | 47275.1 | 10340 | 1525 | 2081 | 1000.99 | 168 | 22 | Clusters of cases |
| China | Western Pacific | 95279 | 64.76 | 779 | 112 | 4764 | 3.24 | 11 | 3 | Clusters of cases |
| Paraguay | Americas | 94223 | 13210.3 | 5500 | 641 | 1971 | 276.34 | 99 | 18 | Community transmission |
| Algeria | Africa | 93065 | 2122.3 | 3649 | 468 | 2623 | 59.82 | 84 | 14 | Community transmission |
| Kenya | Africa | 92459 | 1719.49 | 3880 | 404 | 1604 | 29.83 | 73 | 11 | Community transmission |
| Libya | Eastern Mediterranean | 92017 | 13391.51 | 4031 | 660 | 1319 | 191.96 | 64 | 5 | Community transmission |
| Bahrain | Eastern Mediterranean | 89444 | 52565.42 | 1151 | 177 | 348 | 204.52 | 5 | 0 | Clusters of cases |
| Malaysia | Western Pacific | 86618 | 2676.2 | 11312 | 1772 | 422 | 13.04 | 34 | 3 | Clusters of cases |
| Kyrgyzstan | Europe | 78151 | 11978.64 | 2139 | 241 | 1317 | 201.86 | 14 | 1 | Clusters of cases |
| Ireland | Europe | 76776 | 15548.67 | 2094 | 327 | 2134 | 432.18 | 37 | 8 | Community transmission |
| Uzbekistan | Europe | 75396 | 2252.7 | 1044 | 155 | 612 | 18.29 | 1 | 0 | Clusters of cases |

To be continued

Continued

| Name | WHO Region | Cases - cumulative total | Cases - cumulative total per 1 million population | Cases - newly reported in last 7 days | Cases - newly reported in last 24 hours | Deaths - cumulative total | Deaths - cumulative total per 1 million population | Deaths - newly reported in last 7 days | Deaths - newly reported in last 24 hours | Transmission Classification |
|---|---|---|---|---|---|---|---|---|---|---|
| North Macedonia | Europe | 74732 | 35870.56 | 5280 | 881 | 2169 | 1041.1 | 192 | 22 | Community transmission |
| Nigeria | Africa | 74132 | 359.62 | 3937 | 758 | 1200 | 5.82 | 18 | 3 | Community transmission |
| Puerto Rico | Americas | 63419 | 22167.86 | 5103 | 434 | 1294 | 452.31 | 88 | 12 | Community transmission |
| Singapore | Western Pacific | 58341 | 9972.24 | 56 | 16 | 29 | 4.96 | 0 | 0 | Sporadic cases |
| Ghana | Africa | 53386 | 1718.09 | 886 | 372 | 327 | 10.52 | 1 | 0 | Community transmission |
| Albania | Europe | 50000 | 17374.4 | 5564 | 809 | 1028 | 357.22 | 92 | 12 | Clusters of cases |
| Afghanistan | Eastern Mediterranean | 49703 | 1276.78 | 1337 | 219 | 2001 | 51.4 | 93 | 26 | Clusters of cases |
| Kosovo[1] | Europe | 47160 | 25349.65 | 3322 | 294 | 1210 | 650.4 | 83 | 17 | Community transmission |
| Republic of Korea | Western Pacific | 45442 | 886.34 | 6026 | 1078 | 612 | 11.94 | 56 | 12 | Clusters of cases |
| Luxembourg | Europe | 42249 | 67492.79 | 3773 | 349 | 418 | 667.76 | 58 | 8 | Community transmission |
| Montenegro | Europe | 42192 | 67177.65 | 2111 | 0 | 597 | 950.54 | 41 | 0 | Clusters of cases |
| El Salvador | Americas | 42132 | 6495.63 | 1787 | 252 | 1212 | 186.86 | 44 | 7 | Community transmission |
| Norway | Europe | 41334 | 7624.45 | 2631 | 331 | 395 | 72.86 | 34 | 2 | Clusters of cases |
| Sri Lanka | South-East Asia | 34121 | 1593.45 | 4743 | 643 | 154 | 7.19 | 12 | 0 | Clusters of cases |
| Finland | Europe | 31459 | 5677.78 | 3217 | 349 | 466 | 84.1 | 41 | 5 | Community transmission |
| Uganda | Africa | 28168 | 615.82 | 4968 | 402 | 225 | 4.92 | 18 | 1 | Community transmission |
| Australia | Western Pacific | 28047 | 1099.89 | 60 | 8 | 908 | 35.61 | 0 | 0 | Clusters of cases |
| Latvia | Europe | 26472 | 14034.58 | 4368 | 587 | 357 | 189.27 | 69 | 5 | Clusters of cases |
| Cameroon | Africa | 25472 | 959.55 | 509 | 113 | 445 | 16.76 | 2 | 0 | Community transmission |
| Sudan | Eastern Mediterranean | 21864 | 498.62 | 1396 | 0 | 1372 | 31.29 | 53 | 0 | Community transmission |
| Côte d'Ivoire | Africa | 21717 | 823.29 | 204 | 12 | 133 | 5.04 | 1 | 0 | Community transmission |
| Estonia | Europe | 18687 | 14087.08 | 3177 | 301 | 157 | 118.35 | 20 | 3 | Clusters of cases |
| Zambia | Africa | 18428 | 1002.4 | 497 | 106 | 368 | 20.02 | 4 | 1 | Community transmission |
| Madagascar | Africa | 17587 | 635.12 | 114 | 0 | 259 | 9.35 | 4 | 0 | Community transmission |
| Senegal | Africa | 17216 | 1028.19 | 620 | 70 | 350 | 20.9 | 10 | 0 | Community transmission |
| Mozambique | Africa | 17042 | 545.25 | 669 | 40 | 144 | 4.61 | 8 | 1 | Community transmission |
| Namibia | Africa | 16913 | 6656.29 | 1615 | 187 | 164 | 64.54 | 10 | 1 | Community transmission |
| Angola | Africa | 16362 | 497.84 | 633 | 85 | 372 | 11.32 | 17 | 0 | Community transmission |
| French Polynesia | Western Pacific | 15870 | 56495.37 | 538 | 123 | 97 | 345.31 | 11 | 1 | Sporadic cases |
| Cyprus | Europe | 15789 | 13077.3 | 2503 | 339 | 84 | 69.57 | 16 | 2 | Clusters of cases |
| Democratic Republic of the Congo | Africa | 14511 | 162.02 | 762 | 51 | 358 | 4 | 14 | 2 | Community transmission |
| Guinea | Africa | 13457 | 1024.69 | 193 | 26 | 80 | 6.09 | 1 | 1 | Community transmission |
| Maldives | South-East Asia | 13392 | 24775.04 | 144 | 13 | 48 | 88.8 | 1 | 0 | Clusters of cases |
| Botswana | Africa | 12873 | 5474.08 | 815 | 372 | 38 | 16.16 | 4 | 1 | Community transmission |

To be continued

Continued

| Name | WHO Region | Cases - cumulative total | Cases - cumulative total per 1 million population | Cases - newly reported in last 7 days | Cases - newly reported in last 24 hours | Deaths - cumulative total | Deaths - cumulative total per 1 million population | Deaths - newly reported in last 7 days | Deaths - newly reported in last 24 hours | Transmission Classification |
|---|---|---|---|---|---|---|---|---|---|---|
| Tajikistan | Europe | 12798 | 1341.84 | 206 | 0 | 87 | 9.12 | 0 | 0 | Pending |
| French Guiana | Americas | 11906 | 39861.79 | 393 | 51 | 71 | 237.71 | 0 | 0 | Community transmission |
| Jamaica | Americas | 11875 | 4010.24 | 604 | 83 | 276 | 93.21 | 11 | 3 | Community transmission |
| Zimbabwe | Africa | 11522 | 775.22 | 683 | 164 | 310 | 20.86 | 16 | 1 | Community transmission |
| Cabo Verde | Africa | 11395 | 20495.08 | 769 | 34 | 110 | 197.85 | 5 | 0 | Community transmission |
| Malta | Europe | 11303 | 25598.87 | 604 | 49 | 177 | 400.87 | 20 | 3 | Clusters of cases |
| Mauritania | Africa | 10971 | 2359.53 | 1455 | 0 | 225 | 48.39 | 37 | 0 | Community transmission |
| Uruguay | Americas | 10029 | 2887.1 | 2524 | 321 | 95 | 27.35 | 12 | 3 | Clusters of cases |
| Haiti | Americas | 9597 | 841.66 | 198 | 32 | 234 | 20.52 | 1 | 0 | Community transmission |
| Cuba | Americas | 9588 | 846.5 | 606 | 96 | 137 | 12.1 | 1 | 0 | Clusters of cases |
| Syrian Arab Republic | Eastern Mediterranean | 9452 | 540.09 | 872 | 150 | 543 | 31.03 | 85 | 13 | Community transmission |
| Belize | Americas | 9377 | 23582.34 | 1424 | 82 | 197 | 495.44 | 21 | 2 | Community transmission |
| Gabon | Africa | 9351 | 4201.31 | 73 | 0 | 63 | 28.31 | 3 | 0 | Community transmission |
| Réunion | Africa | 8534 | 9531.87 | 240 | 0 | 42 | 46.91 | 1 | 0 | Clusters of cases |
| Guadeloupe | Americas | 8498 | 21238.42 | 47 | 0 | 152 | 379.88 | 0 | 0 | Community transmission |
| Bahamas | Americas | 7698 | 19575.63 | 118 | 8 | 164 | 417.04 | 1 | 1 | Clusters of cases |
| Andorra | Europe | 7414 | 95955.48 | 287 | 32 | 79 | 1022.46 | 1 | 0 | Community transmission |
| Guam | Western Pacific | 6988 | 41404.24 | 98 | 10 | 119 | 705.08 | 6 | 0 | Clusters of cases |
| Eswatini | Africa | 6912 | 5957.78 | 349 | 87 | 132 | 113.78 | 8 | 2 | Community transmission |
| Trinidad and Tobago | Americas | 6885 | 4919.66 | 110 | 6 | 123 | 87.89 | 1 | 1 | Community transmission |
| Rwanda | Africa | 6832 | 527.48 | 595 | 85 | 57 | 4.4 | 6 | 1 | Clusters of cases |
| Congo | Africa | 6200 | 1123.58 | 151 | 0 | 100 | 18.12 | 1 | 0 | Community transmission |
| Malawi | Africa | 6080 | 317.83 | 29 | 10 | 187 | 9.78 | 1 | 0 | Community transmission |
| Guyana | Americas | 5943 | 7555.76 | 246 | 23 | 156 | 198.33 | 2 | 1 | Clusters of cases |
| Mali | Africa | 5878 | 290.26 | 436 | 42 | 205 | 10.12 | 25 | 4 | Community transmission |
| Djibouti | Eastern Mediterranean | 5749 | 5818.83 | 35 | 16 | 61 | 61.74 | 0 | 0 | Clusters of cases |
| Mayotte | Africa | 5616 | 20585.38 | 435 | 0 | 53 | 194.27 | 4 | 0 | Clusters of cases |
| Martinique | Americas | 5601 | 14925.45 | 48 | 0 | 42 | 111.92 | 1 | 0 | Community transmission |
| Iceland | Europe | 5578 | 16346.12 | 72 | 7 | 28 | 82.05 | 0 | 0 | Community transmission |
| Suriname | Americas | 5359 | 9135.2 | 34 | 6 | 117 | 199.44 | 0 | 0 | Sporadic cases |
| Equatorial Guinea | Africa | 5195 | 3702.82 | 29 | 10 | 85 | 60.59 | 0 | 0 | Community transmission |
| Aruba | Americas | 5056 | 47355.9 | 90 | 7 | 46 | 430.85 | 1 | 0 | Community transmission |
| Central African Republic | Africa | 4936 | 1022 | 9 | 0 | 63 | 13.04 | 0 | 0 | Community transmission |
| Nicaragua | Americas | 4709 | 710.84 | 0 | 0 | 162 | 24.45 | 0 | 0 | Community transmission |
| Somalia | Eastern Mediterranean | 4579 | 288.11 | 0 | 0 | 121 | 7.61 | 0 | 0 | Sporadic cases |
| Burkina Faso | Africa | 4300 | 205.71 | 831 | 91 | 73 | 3.49 | 4 | 2 | Community transmission |

To be continued

Continued

| Name | WHO Region | Cases - cumulative total | Cases - cumulative total per 1 million population | Cases - newly reported in last 7 days | Cases - newly reported in last 24 hours | Deaths - cumulative total | Deaths - cumulative total per 1 million population | Deaths - newly reported in last 7 days | Deaths - newly reported in last 24 hours | Transmission Classification |
|---|---|---|---|---|---|---|---|---|---|---|
| Thailand | South-East Asia | 4246 | 60.83 | 120 | 9 | 60 | 0.86 | 0 | 0 | Clusters of cases |
| Gambia | Africa | 3786 | 1566.62 | 10 | 1 | 123 | 50.9 | 0 | 0 | Community transmission |
| Curaçao | Americas | 3661 | 22310.52 | 487 | 37 | 11 | 67.04 | 3 | 0 | Community transmission |
| Togo | Africa | 3295 | 398.01 | 163 | 29 | 66 | 7.97 | 1 | 0 | Community transmission |
| South Sudan | Africa | 3206 | 286.41 | 25 | 0 | 62 | 5.54 | 0 | 0 | Community transmission |
| Benin | Africa | 3152 | 260 | 62 | 62 | 44 | 3.63 | 0 | 0 | Community transmission |
| Sierra Leone | Africa | 2451 | 307.26 | 23 | 6 | 75 | 9.4 | 1 | 0 | Community transmission |
| Guinea-Bissau | Africa | 2447 | 1243.39 | 3 | 3 | 44 | 22.36 | 0 | 0 | Community transmission |
| Lesotho | Africa | 2285 | 1066.64 | 135 | 135 | 44 | 20.54 | 0 | 0 | Community transmission |
| Yemen | Eastern Mediterranean | 2089 | 70.04 | 6 | 1 | 607 | 20.35 | 0 | 0 | Sporadic cases |
| Niger | Africa | 2078 | 85.84 | 222 | 0 | 77 | 3.18 | 0 | 0 | Community transmission |
| San Marino | Europe | 2025 | 59667.63 | 193 | 43 | 54 | 1591.14 | 6 | 2 | Community transmission |
| Jersey | Europe | 1842 | 16930.15 | 504 | 63 | 32 | 294.12 | 0 | 0 | Community transmission |
| United States Virgin Islands | Americas | 1828 | 17505.39 | 148 | 21 | 23 | 220.25 | 0 | 0 | Community transmission |
| Chad | Africa | 1784 | 108.61 | 56 | 13 | 102 | 6.21 | 0 | 0 | Community transmission |
| Liberia | Africa | 1771 | 350.16 | 95 | 0 | 83 | 16.41 | 0 | 0 | Community transmission |
| New Zealand | Western Pacific | 1744 | 361.66 | 14 | 4 | 25 | 5.18 | 0 | 0 | Clusters of cases |
| Liechtenstein | Europe | 1633 | 42819.31 | 186 | 29 | 18 | 471.98 | 1 | 0 | Sporadic cases |
| Viet Nam | Western Pacific | 1405 | 14.43 | 28 | 3 | 35 | 0.36 | 0 | 0 | Clusters of cases |
| Sint Maarten | Americas | 1249 | 29126.44 | 94 | 17 | 26 | 606.32 | 0 | 0 | Community transmission |
| Gibraltar | Europe | 1082 | 32115.4 | 27 | 7 | 6 | 178.09 | 1 | 1 | Clusters of cases |
| Sao Tome and Principe | Africa | 1010 | 4608.53 | 5 | 0 | 17 | 77.57 | 0 | 0 | Community transmission |
| Mongolia | Western Pacific | 917 | 279.72 | 29 | 5 | 0 | 0 | 0 | 0 | Clusters of cases |
| Saint Martin | Americas | 899 | 23254.61 | 61 | 0 | 12 | 310.41 | 0 | 0 | Community transmission |
| Turks and Caicos Islands | Americas | 769 | 19861.56 | 13 | 0 | 6 | 154.97 | 0 | 0 | Clusters of cases |
| Other | Other | 744 | | 0 | 0 | 13 | | 0 | 0 | Not applicable |
| Burundi | Africa | 741 | 62.32 | 21 | 6 | 1 | 0.08 | 0 | 0 | Community transmission |
| Papua New Guinea | Western Pacific | 729 | 81.48 | 45 | 4 | 8 | 0.89 | 1 | 0 | Community transmission |
| Eritrea | Africa | 711 | 200.48 | 62 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Monaco | Europe | 678 | 17276.53 | 30 | 7 | 3 | 76.44 | 0 | 0 | Sporadic cases |
| Comoros | Africa | 628 | 722.17 | 12 | -1 | 7 | 8.05 | 0 | 0 | Community transmission |
| Faroe Islands | Europe | 530 | 10846.21 | 16 | 2 | 0 | 0 | 0 | 0 | Sporadic cases |
| Mauritius | Africa | 514 | 404.16 | 9 | 0 | 10 | 7.86 | 0 | 0 | Clusters of cases |
| United Republic of Tanzania | Africa | 509 | 8.52 | 0 | 0 | 21 | 0.35 | 0 | 0 | Community transmission |
| Bermuda | Americas | 456 | 7322.6 | 150 | 25 | 9 | 144.52 | 0 | 0 | Clusters of cases |

To be continued

Continued

| Name | WHO Region | Cases - cumulative total | Cases - cumulative total per 1 million population | Cases - newly reported in last 7 days | Cases - newly reported in last 24 hours | Deaths - cumulative total | Deaths - cumulative total per 1 million population | Deaths - newly reported in last 7 days | Deaths - newly reported in last 24 hours | Transmission Classification |
|---|---|---|---|---|---|---|---|---|---|---|
| Bhutan | South-East Asia | 439 | 568.94 | 6 | 1 | 0 | 0 | 0 | 0 | Sporadic cases |
| Isle of Man | Europe | 373 | 4386.58 | 3 | 3 | 25 | 294.01 | 0 | 0 | No cases |
| Cambodia | Western Pacific | 362 | 21.65 | 8 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Cayman Islands | Americas | 302 | 4595.25 | 12 | 4 | 2 | 30.43 | 0 | 0 | Sporadic cases |
| Barbados | Americas | 297 | 1033.49 | 8 | 1 | 7 | 24.36 | 0 | 0 | Clusters of cases |
| Guernsey | Europe | 291 | 4604.72 | 3 | 2 | 13 | 205.71 | 0 | 0 | Community transmission |
| Saint Lucia | Americas | 278 | 1513.94 | 8 | 3 | 4 | 21.78 | 2 | 0 | Sporadic cases |
| Seychelles | Africa | 185 | 1881.09 | 3 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Bonaire, Sint Eustatius and Saba | Americas | 177 | 6750.31 | 10 | 0 | 3 | 114.41 | 0 | 0 | Sporadic cases |
| Saint Barthélemy | Americas | 172 | 17400.1 | 8 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Brunei Darussalam | Western Pacific | 152 | 347.45 | 0 | 0 | 3 | 6.86 | 0 | 0 | Sporadic cases |
| Antigua and Barbuda | Americas | 148 | 1511.3 | 2 | 0 | 5 | 51.06 | 1 | 0 | Sporadic cases |
| Northern Mariana Islands (Commonwealth of the) | Western Pacific | 113 | 1963.27 | 0 | 0 | 2 | 34.75 | 0 | 0 | Pending |
| Saint Vincent and the Grenadines | Americas | 98 | 883.36 | 11 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Dominica | Americas | 88 | 1222.38 | 3 | 0 | 0 | 0 | 0 | 0 | Clusters of cases |
| British Virgin Islands | Americas | 80 | 2645.77 | 7 | 4 | 1 | 33.07 | 0 | 0 | Clusters of cases |
| Grenada | Americas | 71 | 630.98 | 28 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Fiji | Western Pacific | 46 | 51.31 | 2 | 0 | 2 | 2.23 | 0 | 0 | Sporadic cases |
| Lao People's Democratic Republic | Western Pacific | 41 | 5.64 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| New Caledonia | Western Pacific | 36 | 126.1 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Timor-Leste | South-East Asia | 31 | 23.51 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Saint Kitts and Nevis | Americas | 28 | 526.39 | 3 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Holy See | Europe | 26 | 32138.44 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Falkland Islands (Malvinas) | Americas | 19 | 5455.07 | 2 | 0 | 0 | 0 | 0 | 0 | No cases |
| Greenland | Europe | 19 | 334.67 | 1 | 0 | 0 | 0 | 0 | 0 | No cases |
| Solomon Islands | Western Pacific | 17 | 24.75 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Saint Pierre and Miquelon | Americas | 14 | 2415.88 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Montserrat | Americas | 13 | 2600.52 | 0 | 0 | 1 | 200.04 | 0 | 0 | No cases |
| Anguilla | Americas | 10 | 666.58 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Marshall Islands | Western Pacific | 4 | 67.57 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Wallis and Futuna | Western Pacific | 4 | 355.68 | 1 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |
| Vanuatu | Western Pacific | 1 | 3.26 | 0 | 0 | 0 | 0 | 0 | 0 | Sporadic cases |

To be continued

Continued

| Name | WHO Region | Cases - cumulative total | Cases - cumulative total per 1 million population | Cases - newly reported in last 7 days | Cases - newly reported in last 24 hours | Deaths - cumulative total | Deaths - cumulative total per 1 million population | Deaths - newly reported in last 7 days | Deaths - newly reported in last 24 hours | Transmission Classification |
|---|---|---|---|---|---|---|---|---|---|---|
| American Samoa | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Cook Islands | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Democratic People's Republic of Korea | South-East Asia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Kiribati | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Micronesia (Federated States of) | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Nauru | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Niue | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Palau | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Pitcairn Islands | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Saint Helena | Africa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Samoa | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Tokelau | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Tonga | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Turkmenistan | Europe | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |
| Tuvalu | Western Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases |

*Source:* World Health Organisation (WHO) as at 17th December 20, 2020.

The table above shows that community transmissions were more evident across the nations of the world, without exemption to Nigeria in terms of transmission of the diseases.

## 4. THE NIGERIAN EXPERIENCE

Though the COVID-19 is a global health emergency, yet the response, management and control are localized globally according to the intensity, persistence, and fierce nature of the pathogen. Governments of different nations across the globe understudy the global standards dished out by WHO and modify these measures to suit peculiar situations in their domains. In areas of dread intensity and severity of the pandemic, the WHO standards are locally modified to some of the measures by WHO to stem the spread of COVID-19 pandemic which spread across Face masking, Lockdown/Restriction of movement, Hand washing, Social Distancing, Palliative measures and other Local innovations.

### 4.1 Face Masking

The measure to stem the spread of COVID-19 pandemic was accompanied by multifaceted approaches across different cultures across the globe. The discoveries or observations in this paper, however, illustrate different variations or deviations from the World Health Organization stipulated universal protocols and guidelines for COVID-19 pandemic in Nigeria. For instance, in Ile-Ife, Osun State, Nigeria, from our observation, and in deviance to WHO standards, after the relaxation of the stay at home order by the Federal government of Nigeria which lasted for about three months, the level of compliance with the appropriate wearing of face mask was generally relatively high majorly among almost all the stages of development immediately the stay at home order was lifted.

However, the level of compliance witnessed a dramatic decline particularly among individuals in their early adulthood and below middle adulthood after three to four weeks or thereabouts of relaxing the stay at home order. In contrast, the level of compliance for appropriate wearing of face mask remains relatively high amongst the elderly. This is observed majorly among the elderly aged from 50/60years and above as well as those who have underlying medical conditions. Also, most of the educated elites who understand the usefulness of the face mask adhered appropriately to the WHO and Nigerian Centre for Disease Control (NCDC) guidelines, while some of the uneducated and the dregs of the society sometime

violated the protocols. These groups of people exaggerated the inconvenient aspect of using the face mask unless or until enforced by enforcement agents. It is also observed among some strata of the Nigerian society that, the face mask is being worn wrongly. Instead of using it to cover the nose and mouth, some use it for their mouth and jaw, or jaw alone, leaving their nose uncovered. It is also observed that a lot of people use the facemask more than necessary; some use it even when alone due to the fear of the pandemic. Another factor that could be attributed to determining the low level of compliance in terms of face masking is the belief that the virus is a pathogen for the elderly/older elites. This belief became pronounced when the death of some prominent Nigerians such as the Chief of Staff to the president of the Federal Republic of Nigeria, former governor, former NNPC Managing Director, former senator, etc., as a result of COVID-19 complications were announced. Their demise strengthens the belief that coronavirus is a disease for the elites. For instance, particularly in some rural areas in Ife North Local Government, face masking, hand washing and maintenance of social and physical distancing were at the lowest ebb among the youths whose age ranges from 16 to 35. Moreover, in many areas during the partial lockdown, a larger proportion of the populace observed the protocols in order to beat the security agents who were staged at strategic places to arrest violators or defaulters and not because of the susceptibility to the virus. This conclusion was arrived at because people were observed using the face mask to beat the security agents stationed at various posts or check points, and removed the face mask immediately after passing the check points. This defiant behaviour was observed to be relatively most common among adolescents, young adults and majorly among people who are below the age of 40. Majority of the habitants of these areas believed that COVID-19 does not exist.

### 4.2 Lockdown / Restriction of Movement

Residents of some States such as Lagos and Ogun, which are regarded as the epicenter of COVID-19 pandemic, were enforced to comply with the modified version of WHO COVID-19 protocols by their State governments during the partial lockdown which was necessitated by the public outcry due to economic hardship of the pandemic on the populace. It was observed that the level of compliance across States varied largely according to the level of severity of the pandemic in that particular area. For example, the level of compliance in Kogi State was relatively low. This could be attributed probably to non-discovery or late and low discovery of confirmed cases of COVID-19 in the State. It was observed that there was high level of compliance in areas where the COVID-19 casualty is high and vice versa. Example of States where confirmed cases of COVID-19 was high is Lagos State while Kogi represents one of the States where confirmed cases of COVID-19 or casualty are low. Enforcement of COVID-19 protocols by government security agencies is total in areas where casualties are high. It is observed that at the beginning of lockdown order in March 2020, the lockdown order was strictly obeyed and this helped in curtailing the rate at which the pandemic was being transmitted. For instance, in Lagos State, the total lockdown order in the state helped immensely in reducing the rate at which the pandemic spread despite the choking level of the residents in some part of the state. However, the negative impact of the lockdown on the Nigeria residents varies, but much more it affects them economically and socially, because the larger percentages of Nigerians survive on daily income. Social gathering, in places like churches, mosques, festivals were prohibited. Also, some organizations encouraged their employees to work from home, especially for jobs that can be done online, while those on essential services were permitted to go to work.

### 4.3 Hand Washing

The WHO policy on hand washing stipulates that visibly dirty hands should be thoroughly washed with soaps under clean running water for a minimum period of 20 seconds. While the use of alcohol based hand sanitizer could be applied to disinfect relatively clean hands that have probably been used to touch different surfaces in the public. In consonance with the WHO policy, people were observed wash their hands with soap under clean running water even for more than 20 seconds, after the first relaxation of the lockdown, but a gradual decline in the level of compliance about this policy was observed with the passage of time. This was more common among the young adults. Hand sanitizer were widely accepted, but due to the high cost, some people especially commercial motorcyclists at the local level resolved to the use of alcoholic drinks to 'sanitize' their hands, with the belief that the coronavirus cannot survive in any alcohol based solution. These categories of people used alcoholic drinks more as hand wash due to its availability and affordability than hand sanitizer. In addition, from middle to late August 2020 upward, the water bucket and soap meant for hand washing at different public places were beginning to disappear gradually. The quality or potency of hand sanitizer was observed to have probably been compromised due to indiscriminate production of hand sanitizers by individuals who were not certified in the manufacturing of hand sanitizers but ventured into the mass production of hand sanitizer in order to make money. Observations reveal that a larger proportion of hand sanitizers in Ife Central Local Government of Osun State, Nigeria were not certified by National Agency for Food Drug Administration Control (NAFDAC) or Standard Organization of Nigeria (SON).

### 4.4 Social Distancing

Physical and Social Distancing: According to the Centre for Disease Control and Prevention, the concept of physical and social distancing was revised as "remaining out of congregate settings, avoiding mass gathering, and maintaining distance (approximately six feet or two meters) from others when possible" By maintaining social distancing, it is believed that droplets from coughs, and or sneezes of an individual infected with the virus who is either at pre-symptomatic or asymptomatic stage is prevented from widespread transmission. One of the respondents interviewed, perceived that the social distancing measure was not fully observed by people living in remote areas of the community due to poor knowledge of the nature of the disease and there were doubt about the reports of confirmed cases announced by statutory body in charge of the disease control (i.e. Nigeria Centre for Disease Control (NCDC). Also, the measure of social distancing was poorly practiced and not effective due to the economic impact and tons of people affected during the lockdown, especially those whom livelihood depends on daily income from market sales or menial labour. However, it can be said to have curtailed the widespread of the disease in major cities in Nigeria relative to other countries which has relatively reduced the total confirmed cases until recently. The essence is to stem the spread of the COVID-19 pandemic. It is observed that the social distancing was much more followed at the formal setting than at the informal setting. For instance in formal setting like Commercial Banks across Nigeria, it is observed that the social and physical distancing is followed within the bank premises, while it is violated outside the bank premises, especially from the exit of some of the sampled banks. It is also observed that in most of the political campaigns in Nigeria after the lifting of ban on restriction of movement, there were low levels of compliance with the social distancing guidelines. The Edo and Ondo States gubernatorial elections were typical examples. Moreover, the #ENDSARS protest across the country witnessed a violation of the social distancing guidelines.

### 4.5 COVID-19 Palliatives

The inability of people to work freely especially people whose livelihood depends on daily income necessitated the need for government's intervention through provision of financial aids and material resources. Though government attempted to provide some assistance that helped the citizens to come back on their feet economically, socially, psychologically in the post-COVID era. Undisclosed data of COVID-19 palliative resources provided by philanthropic efforts of wealthy individuals and corporate institutions were allegedly withheld by some state governments and later discovered during the #EndSARS protest. This led to the vandalization and looting of the government warehouses in Osun, Lagos, Kwara, among other states by angry youths. The resources which were meant to cater for the needs of the people during the global crisis were hoarded which aggravated the decline in COVID-19 compliance.

### 4.6 Local Innovations

The covid-19 pandemic has challenged our collective humanity with fierce insistence. As part of its contribution toward the fight against corona virus, there were innovations from individual, and cooperate organizations in other to promote local contents. For instance, the Nigerian Society of Engineers (NSE) donated a contact-less hand washing machine to the NCDC. The contact-less hand washing machine is a locally made solar powered hand wash/sanitizer, unlike the usual practice of touching the soap container, the tap and the hand sanitizer in the process of washing the hands. These hand wash stations operate without the user touching it which helps to further protect people against the virus. The hand wash stations are specially designed for use at schools, churches, mosques, event centres, government buildings, banks, shopping centres, commercial bus depots, political rallies etc. This approach represents one of the locally developed approaches to stem the widespread transmission of the pathogen. The use of facemask as a measure to curb the widespread of the deadly respiratory virus led to innovations of locally produced masks, using local fabrics and materials. The mass production of facemasks and the hand sanitizer also created business opportunities for youths and household in fabric works and soap making, among other business opportunities noticeable in the aftermath of the unprecedented pandemic.

**Table 2**
**Reported COVID-19 cases in Nigeria as at December 17, 2020**

w w

| State | Number of Cases |
|---|---|
| Lagos | 25,436 |
| FCT | 8908 |
| Plateau | 4099 |
| Kaduna | 4098 |
| Oyo | 3773 |
| Rivers | 3217 |
| Edo | 2747 |
| Ogun | 2348 |
| Kano | 1965 |
| Delta | 1829 |
| Ondo | 1755 |
| Enugu | 1363 |
| Katsina | 1285 |
| Kwara | 1275 |
| Gombe | 1104 |
| Ebonyi | 1075 |
| Abia | 973 |
| Osun | 965 |
| Bauchi | 860 |
| Borno | 768 |
| Imo | 730 |
| Nasarwa | 581 |

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| State | Number of Cases |
|---|---|
| Benue | 515 |
| Bayelsa | 471 |
| Ekiti | 396 |
| Jigawa | 382 |
| Akwa Ibom | 364 |
| Adamawa | 329 |
| Niger | 307 |
| Anambra | 294 |
| Sokoto | 210 |
| Taraba | 203 |
| Kebbi | 138 |
| Yobe | 123 |
| Cross River | 92 |
| Zamfara | 79 |
| Kogi | 5 |

*Source:* Nigerian Center for Disease and Control (NCDC)

Total confirmed cases are 74,132 as at December 17, 2020, with mortality rate of 1,200 resulted to about 1.6 mortality rate from cumulative total cases. Lagos state has the highest number of cases, while Kogi state recorded the lowest number of cases.

## CONLUSION

COVID-19 pandemic has come as a global pandemic and WHO has also come with guidelines to curtail it. Each nations, localities and communities embraces the peculiarities of their local needs and details it to this global idea. The approaches in Nigeria, both from the governments and citizens have helped in curtailing the mortality rate, compare to the initial expectation. More so, there is divergence of opinion about how real the COVID-19 pandemic is. There is also a strong belief among many strata that the COVID-19 pandemic is majorly for the rich and elites and not for the dregs of society. Probably due to the fact that mortality rate of the pandemic could be seen more on the elite sides of the society. Nevertheless, all Nigerians must understand that COVID-19 is a pandemic indeed which has the capacity to spread without considering the rich or poor or white or black. Though, the vaccine for the pandemic has been detected globally but it has not been administered in Nigeria as of now, the citizens must continue to obey the WHO guidelines as they embrace the peculiarities of their local needs.

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