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# Integrated Health Promotion Strategiesfor Containment of COVID-19 in Nigerian Communities

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## Introduction

The coronavirus disease (COVID-19) has not only continued to spread globally since 2019, buthas also started to develop into new and more difficult strains. The infectious disease which emerged in China in later part of 2019, has since spread globally and was declared a pandemic by the World Health Organization (WHO) in March 2020 (National Institute of Allergy and Infectious Diseases [NIAID], 2021). As at 30th September, 2021, Nigeria remained one of the ten countries most affected by COVID-19 on the African continent (Statista, 2021). From the emergence of the infectious disease in 2019 up to 30th August 2021, 216,229,741 persons have been infected with the disease and 4,496,681 of those infected have died globally. Nigeria alone has recorded 190,983 confirmed cases of COVID-19 with 2,361 deaths as at 30 August 2021 (WHO, 2021a).

The rapid and continuous spread of variants of the COVID-19 pose a very big challenge to the existing precarious healthcare systems particularly in developing countries. Van den Broucke (2020) observed that this rapid and continuous evolution of the COVID-19 problem and the scale of the measures that are put in place to contain the disease create the impression that the existing health system is failing to protect citizens against the spread of the virus. Consequently, this creates a need for people to regain control of their health, to protect themselves against the disease and to deal with its disruptive consequences (Van den Broucke, 2020). Enabling people to increase control over their health and its determinants is the major concern of health promotion. As such, health promotion may incidentally be more important at this time of COVID-19 crisis than ever before.

Health promotion has been defined as "the process of enabling people to increase control over, and to improve, their health"(WHO, 1986). Health promotion represents a comprehensive social and political process which not only embrace sanctions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion therefore is the process of enabling people to increase control over the determinants of health and thereby improve their health (WHO, 1998).

The strategies considered in this paper are the five key health promotion action areas identified in the Ottawa Charter, namely: building healthy public policy, strengthening community action, developing personal skills, creating supportive environments and re-orienting health services. The action areas are to be delivered through: advocacy; enabling individuals to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. Using these strategies, health educators and health promoters should be able to advocate, mediate and enable individuals and communities to increase control over the spread of COVID-19 infection. Weaving together all COVID-19 prevention and control plans into the health promotion action area as an integrated whole will enable individuals and communities to take charge and become actively involved in preventing and controlling the spread of Corona virus.

Health Promotion strategies may not have been prominent in the fight against the spread of COVID-19 infection. However, the current trend of spread and strain of the COVID-19 infection has clearly shown that there is serious need to adopt health promotion strategies to contain the spread of COVID-19.

This paper highlights pertinent issues in the conference theme and sub-themes. The content is presented under the following major sub-headings: Efforts to contain COVID-19 in Nigeria; Weaknesses of the efforts; Why an integrated health promotion approach to containment of COVID-19; and How will the integration be done? In discussing these, I have tried to delve into some of the sub-themes of this conference namely: Effective advocacy for community health promotion; Strategies for Promoting "Health in all Policies" (HiaP), Strategies for promoting COVID-19 vaccine uptake; Mental and social health interventions in the COVID-19 era; Surveillance and contact tracing; Health promotion for special communities in the COVID-19 era; and Innovative strategies to improve adherence to COVID-19 protocols. These are some of the areas which I have particularly examined while addressing the theme of this conference which is "Innovative Health Promotion Strategies for Healthy Communities in the COVID-19 Era". I consider both the theme and the sub-themes very thoughtful and pertinent.

## Efforts to Contain COVID-19 in Nigeria

The Nigerian government has taken numerous health, social, and economic measures to cushion the impact of COVID-19. Some of these measures include: mandatory quarantine, creation of dedicated treatment and isolation centres for COVID-19, closure of schools, workplaces, churches, mosques, markets, and restriction of social gathering (lock down). Members of the public have been mandated to avoid crowded indoor places, maintain hand and respiratory hygiene, make use of personal protective equipment, such as face mask, ensure physical distancing and self-quarantine after contact with COVID-19 patients.

The National Center for Disease Control (NCDC) has been at the forefront of controlling the spread of COVID-19 in Nigeria. The NCDC mapped out isolation and treatment centres for managing COVID-19 cases. The NCDC has also trained health workers across all States on COVID-19 case management, as well as provision of medical supplies, such as personal protective equipment to all States. The agency has been working under the Presidential Task Force on COVID-19, and they have been establishing and scaling up capacity for COVID-19 testing, surveillance activities, developing public health guidelines, as well as providing technical support to States. The NCDC outlined a set of recommendations and proceeded with the acquisition of medical equipment, with the purpose of the initial identification of travelers arriving with COVID-19 symptoms, especially high fevers at airports, and to trace individuals that had contacts with these travelers (Adepoju, 2020). Exposed people were required to self-isolate and contact the NCDC. The NCDC will then observe them for COVID-19 symptoms, collect their samples and send same to diagnostic laboratories.

While the efforts seem impressive, some aspects of the efforts have weaknesses and, taken together, are not commensurate with the magnitude of the problem.

## Weaknesses of the Efforts

*Public Resistance and noncompliance.* Many travelers/migrants returning to Nigeria from overseas (as well as other African countries) refuse to be screened, and provide wrong information about themselves, making it difficult for NCDC to trace them and those that had made contact with them (Adepoju, 2021). Many people do not adhere to the COVID-19 prevention protocol. This lack of adherence is often condemned as irresponsible and selfish, but that may not be the case. Changing people's behaviour is simply not as easy as just informing them of the risks (Stephan Van den Broucke, 2020). Theories and models of health

behaviour, such as the Health Belief Model (Champion & Skinner, 2008) or the Protection Motivation Theory (Prentice-Dunn & Rogers, 1986) have shown that people will only act on health warnings if they: believe that they are personally susceptible to develop the condition against which protection is required; perceive the condition as severe; perceive the preventive action as effective to reduce the threat; and believe they are capable to perform the preventive action.

*Poorly alleviated excruciating hardship due to outbreak and the total lockdown.* The items provided by government and non governmental organisations as palliatives were not enough to alleviate the economic hardship occasioned by the outbreak and the consequent lockdown on the teeming Nigerian population. There were also many complaint of lack of fairness in distribution of palliative materials (Eranga, 2020).

*The lockdown was eased off without adequate preparation.* Odii (2021) noted that the NCDC prepared beautiful guidelines for safe reopening of schools, but they did not anticipate that, over time, compliance to the measures would decline due to people's optimism that they are not at risk of being infected with the virus. Same problem applies to reopening of churches, mosques, markets and workplaces. The NCDC did not mandate health workers in school-based health centres to be included in COVID-19 committees. In addition, inclusion of school health personnel, religious leaders, market union and labour leaders in the committee would have been a way of empowering them to sustain compliance to COVID-19 protocols in schools, religious outfits, markets and workplaces.

Although the federal government announced a nationwide lockdown with increase in the number of COVID-19 infection, the lockdown exercise could not be sustained as a result of the growing agitations of the people occasioned by the excruciating socio-economic consequences of the exercise, thus prompting the easing of the lockdown after five weeks.

*Nigeria does not have adequate facilities for testing its huge population for COVID-19.* As at 17th August, 2021, there were only 84 centres for testing (NCDC, 2021), and there is a shortage of necessary materials (e.g., test reagents, kits, primers, etc.), coupled with the delay in the delivery of test results (Anyanwu, Festus, Nwobi, Jaja, & Oguttu, 2020).

*There are mirage of information and misinformation about COVID-19.* Misinformation and misconceptions about COVID-19 abound in Nigeria. Adeyemi (2021) outline these misconceptions to include: the belief that the virus does not exist and COVID-19 is a mere propaganda serving as a ploy to attract funds from international and national donor agencies; the SARS-COV-2 was an engineered virus;SARS-COV-2 cannot survive the warm climate of African continent; the conspiracy theories claiming that COVID-19 is just fever/malaria or the effect of 5G network; and that there is an underlying negative intentions on the clinical trial of COVID-19 vaccines on Africans. These among others are the several misconceptions that were being paraded on the social media and circulated among Nigerians. Adeyemi, (2021) maintained that the fuel feeding the spread of these unfounded rumours has been the lack of disclosure of the identities of the confirmed cases to the citizens. Since the people have not been personally affected by the virus, and they have not seen people affected by the virus, they believe that the number of cases published by NCDC is purely fictional. Another misconception arises from the fact that the public often get information about the COVID-19 infection of prominent citizens only. This leads to the conclusion that COVID-19 affects only the rich and government officers and not the poor masses.

The level of misconception that Nigerians have about COVID-19 is a major concern for controlling the spread of the virus, and it underscores the need for an integrated health promotion approach for controlling the spread of the infection. Advocacy for community health promotion that involves continuously engaging community member in awareness and education using proven facts about the virus is essential. By so doing, the community

members will be enabled to appropriately take actions that will protect them and prevent the spread of the SARS-COV-2 in Nigeria.
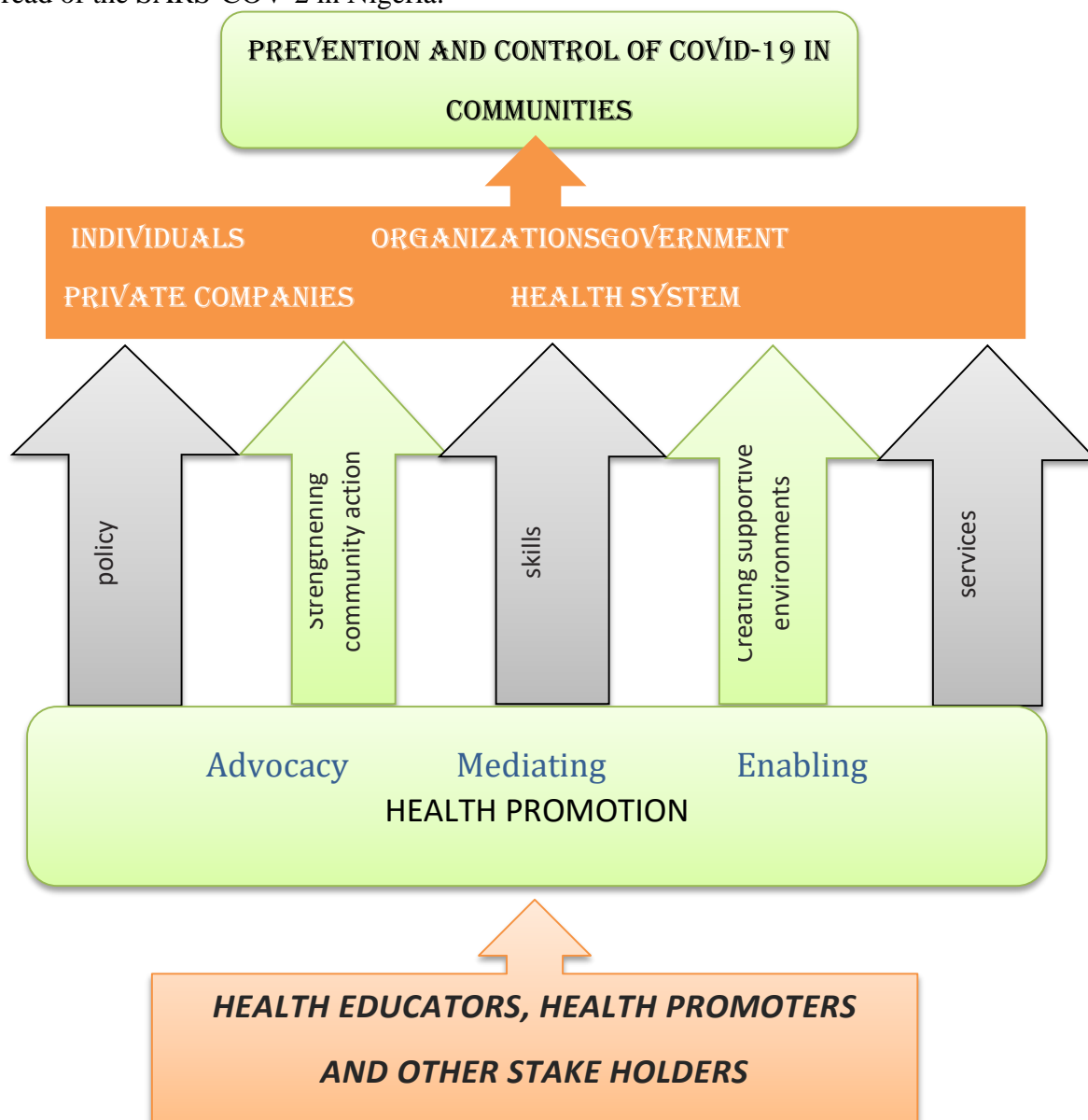


**Figure 1: Integrated Health Promotion Model for Containment of COVID-19**

**Why an Integrated Health Promotion Approach to Containment of COVID-19?**

It has been established that the most effective interventions in health care, employ multiple health promotion strategies, operate at multiple levels - including all of the structural, social group and personal levels, work in partnership across sectors and include a combination of integrated actions to support each strategy (Jackson et al., 2007).A study conducted by Yin, Yin, Tian, Li, and Chen (2021) on integrated management in the prevention and control of COVID-19 in the blood purification centre has shown the integrated approach to be effective. The multi-departmental integrated management used by Yin and colleagues improved the medical staff's knowledge about COVID-19 prevention and control and has avoided COVID-19 infection incidents in their medical personnel and patients.

The prevalence of underlying conditions associated with poor COVID-19 outcomes, the prevalence of infections that could complicate the diagnosis of COVID-19 (such as, malaria, bacterial pneumonias, and tuberculosis),and the relative importance of social, religious, and cultural gatherings that have been shown to be important drivers ofCOVID-19 transmission indicate the need for an integrated approach for prevention and control of COVID-19.

Again the challenge of controlling COVID-19 seems to be great in Nigeria because of limited capacity for healthcare. This calls for an integrated approach to health promotion to enable effective and efficient utilization of facilities in containment of the spread of the deadly corona virus in Nigeria. All the efforts and facilities for prevention and control of COVID-19 should be pulled together to work in harmony for effective control of the scourge of COVID-19 in Nigeria

It is worthy to note that many of the measures that are now taken to prevent citizens and health workers from getting infected imply a change of behaviour. Hand washing, wearing face masks and protective gloves and 'social distancing' are all forms of human behaviour. Health educators and promoters are experts in health behaviour change. Through proper advocacy and mediation between different interests in the communities, they are able to enable individuals in the communities to take charge of the conditions that can expose them to SARS-COV-2.

## How will the Integration be Done?

Weaving together all COVID-19 prevention and control plans into the health promotion action areas as an integrated whole will enable individuals and communities to take charge and become actively involved in preventing and controlling the spread of Corona virus. The action areas include: building healthy public policy, strengthening community action, developing personal skills, creating supportive environments and re-orienting health services. They are the five key health promotion action areas identified in the Ottawa Charter.

## Building Healthy Public Policies

Responding to COVID-19 pandemic demands a concerted and coordinated approach and the implementation of actionable strategies and policies that effect awareness, influence perceptions and attitudes, efficacy, intentions and actions. If this is done, members of the community will take responsibility and protect themselves and their loved ones from contracting the virus. Building healthy public policies that will enable control of COVID-19 infection calls for rapid and decisive action by governments to support the most vulnerable people. The Organisation for Economic Cooperation and Development (OECD, 2020) highlighted the importance of a broad and coordinated policy response that includes strengthened social protection, education, health care, housing support and specific interventions to enhance personal security of women and children, as well as actions supporting vulnerable workers, small businesses, communities and regions left behind.

Nigeria's response to the COVID-19 crisis needs to address the well-being perspective in a holistic and integrated manner, as opposed to a sectorial approach. Failing to do so risks deepening inequalities, possibly creating new divides and undermining the resilience of societies. Thus, "Health in All Policies" should be embraced by Nigerians in trying to spread the tasks of public health among all governments (national, state, and local), as well as among commercial and charitable organizations and across all social agencies and activities. This approach also places stress on the role of the individual in protecting his or her own health with positive health behaviors and attention to preventive care activities such as immunization, healthful diet, and

physical activity, with less risk taking such as smoking, alcohol overuse, and unsafe driving and pedestrian behavior.

The World Health Organization (WHO, 2020) provided several strategies for promoting health in all policies that will enable containment of COVID-19 infection in all communities. The organization stated that to provide coordinated management of COVID-19 preparedness and response, national public health emergency management mechanisms, including a multidisciplinary national coordination cell or incident management structure, should be activated, with the engagement of relevant ministries such as health, foreign affairs, finance, education, transport, travel and tourism, public works, water and sanitation, environment, social protection and agriculture. National authorities should, as a matter of urgency, develop operational plans to address COVID-19. The plans should include; capacity assessments and risk analyses to identify high-risk and vulnerable populations and civil society and national NGOs to extend the reach of public health and socioeconomic interventions. National plans should also be developed for the prevention and mitigation of the social impacts of the crisis, including areas of the response that disproportionately affect women and girls (WHO, 2020).

The pandemic has triggered widespread disinformation that has undermined both understanding and acceptance of science and public policy (de Figueredo et al., 2020), including the issue of vaccine acceptance. In order to promote COVID-19 vaccine uptake, the government should listen to people's concerns and identify the reasons why they do not trust the approved vaccines against COVID-19. Vaccine hesitancy is often characterized by mistrust in experts (Stecula, Kuru, and Jamieson, 2020). This mistrust is unrelated to the competence of the experts or to their technical knowledge of the subject, but rather to perceptions that experts do not act in good faith (Eiser et al., 2009). For this reason, one-way communication about the benefits of vaccination will not suffice in convincing people to modify their views. Instead, allowing vaccine-hesitant people to express their views, expressing empathy, and dealing with resistance without antagonism, are effective ways of promoting behaviour change (Gagneur et al., 2018). According to the Organisation for Economic Cooperation and Development (OECD), trust in vaccination, and in the ability of governments to communicate, and to successfully deliver a vaccination programme, is critically dependent on the extent to which the government can instill and maintain public confidence in the effectiveness and safety of the vaccines (OEDC, 2021). Building healthy public policy must take into cognizance the five main policy dimensions identified by the OECD (2017). The dimensions which include responsiveness, reliability, integrity, openness and fairness serve as drivers of people's trust in government institutions.

**Strengthening Community Action**

Communities must be empowered to ensure that services and aid are planned and adapted based on their feedback and local contexts. Accurate information of COVID-19 should be communicated through multiple media channels to communities. The right information, at the right time, to the right audience should be given, so that it triggers the right action. Members of the community should be given opportunity to have their voices heard in naming the problem and offering solutions to the problems they face (Airhihenbuwa, 2007). The process of such engagement includes identifying community resilience and ways to build on values that are important to the community. Prevention and control messaging is more likely to be achieved when we engage the voices of those who live in the communities, particularly communities that bear the heaviest burden of the pandemic (Airhihenbuwa et al, 2020).All communities should be

mobilized to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing.

Interestingly, the COVID-19 pandemic has shown some individualized responses in different countries and communities that highlight the effect of cultural complexities on the pandemic response (McKee, 2020). Culture plays a central role in determining how community members perceive an illness, their attributions of the disease, help seeking behaviours and willingness to comply with measures to counter a pandemic spread. Cultural beliefs and values can therefore contribute to the success or failure of efforts to contain spread of COVID-19 pandemic. Cultural capitals made up of culture-based resources that are available to people in favour of health should be strengthened while those that pose risk for spread of COVID-19 should be modified to remove risk or discarded. For instance, the extended mass gathering that usually accompany burials and funerals in Igbo communities is a public health risk for spread of COVID-19infection. Such culture should be looked into for the purpose of modifying it to remove risk of spreading COVID-19infection. On the positive side, it is cultural in Igbo land to wash one's hand after returning from a trip, funeral or burial, market, etc. it is believed that while outside the home, one may have interacted with men and spirits, good and bad alike. It is therefore customary to wash one's hand at the entrance of the house and pour the water away before entering the house to avoid bringing in bad omen. Weaving in the washing of hand protocol for COVID-19 into this culture will ensure greater compliance to the rule.

It is worth noting that responses to the COVID-19 pandemic and its subsequent isolation and lockdown measures have been influenced by cultural biases. This is so because a lot of people spend more time with family and at home, the epicentre of many traditions. All these cultural differences highlight the need for community-based efforts to complement the coordinated international pandemic response. Lack of cultural and contextual knowledge can maintain cultural barriers in the communities and hinder measures to contain and eventually respond to the pandemic.

**Developing Personal Skills**

Slowing the transmission of COVID-19 and protecting communities will require the participation of every member of at-risk and affected communities to prevent infection and transmission. Every person should be encouraged to adopt individual and community protection measures such as washing hands often with soap and water, avoiding touching their face, staying home when sick, covering mouth and nose with flexed elbow or tissue when coughing or sneezing, cleaning frequently touched surfaces and objects, individual level distancing and operating with physical distancing measures and movement restrictions when called on to do so.

Participatory community engagement interventions should include accurate information on risks, what is still unknown, what is being done to find answers, what actions are being taken by health authorities, and what actions people can take to protect themselves. Individuals and communities should be fully engaged and should understand that behavioural prevention measures must be maintained, and that all individuals have key roles in enabling and in some cases implementing new control measures.

**Creating Supportive Environments**

The precise nature and feasibility of implementing COVID-19 prevention protocol will be heavily dependent on the context of affected communities. According to WHO (2020), physical distancing and movement restrictions are structurally more difficult to implement in low-income and crisis settings, and should only be implemented where justified by an analysis of the trade-offs between public health measures against COVID-19 and the necessity for people to meet their basic food and protection needs.

It has been shown in literature that the best way to respond to disease outbreak is to build trust in communities and services, understand community perspectives and share information, and to work with communities to determine how to keep people safe (Farrington, 2020). It is necessary to ensure regular and proactive communication with the public and at-risk populations. This help to reduce stigma, build trust and increase social support and access to basic needs for affected people and their families. Stigma can undermine social cohesion and results to social isolation of individuals and groups, which might contribute to a situation where the virus is more, not less, likely to spread (NCDC, 2020). Accurate information will help to reduce confusion and misunderstandings. The language used in describing the outbreak, its origins, and prevention steps can also reduce stigma.

Supportive environment should comprise not just the physical environment but also the psycho-social environment. The outbreak of COVID-19 has caused great stress to people. Fear and anxiety about a disease can be overwhelming and can lead to strong emotions in both adults and children. Individuals fear and worry about their health and the health of their loved ones. These result to changes in sleep or eating patterns, difficulty sleeping or concentrating, worsening of chronic health problems and worsening of mental health conditions (Federal Republic of Nigeria, 2020). In order to improve mental health during the COVID-19pandemic, individual should be encouraged to: take breaks from watching, reading, or listening to news and stories (including social media), about the pandemic. Hearing about the pandemic repeatedly can be upsetting. People should take care of their bodies, eat healthy food, exercise daily and sleep well.

**Re-Orienting Health Services**

Continuation of primary health care services is essential in the face of COVID-19 pandemic. As much as possible, the use of technological solutions such as telemedicine to monitor patients and remote consultations should be considered, to minimize risk to patients and health workers. In the face of increasing demand on the health system following increase in number of COVID-19 cases, health institutions should make the difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse (WHO, 2020b). Many routine and elective services may need to be postponed or suspended. When routine practice comes under pressure due to competing demands, simplified purpose-designed governance mechanisms and protocols can mitigate outright system failure. Establishing effective patient flow (through screening, triage, and targeted referral of COVID-19 and non-COVID-19cases) is essential at all levels.

The COVID-19 pandemic creates so much uncertainties, and access to communities can quickly become limited due to restrictive measures. The health system should have alternative plan in place, as there may be limited time to devise alternative engagement plans. This should include how to communicate with different groups; the contact details for relevant stakeholders; and

discussing the key perceptions, risks and challenges with communities, and determining their solutions.

## Who are to be Involved?

COVID-19 affect everybody irrespective of age, gender, race, or socio-economic class. In line with the health promotion approach, WHO (2020) stated clearly that to prevail against COVID-19, we need an approach that unites in common cause every individual and community, every business and non-profit, every department of every government, every non-governmental organization, every international organization, and every regional and global governance body, to harness their collective capacity into collective action. Everyone has a crucial role to play in stopping COVID-19.

At the **individuals** level, everybody must protect himself or herself and protect others by adopting appropriate measures such as washing hands, avoiding touching their face, practicing good respiratory etiquette, maintaining appropriate physical distancing, isolating in a community facility or at home if they are sick, identifying themselves as a contact of a confirmed case when appropriate, and cooperating with movement restrictions when called upon to do so. Güner, Hasanoğlu, and Aktaş (2020) maintained that the strongest and most effective weapon that society has against this virus still remains the prevention of its spread and the main points in preventing the spread in society are hand hygiene, social distancing and quarantine.

## Health personnel

The health personnel should be involved in active finding, testing, isolating and caring for COVID-19infected individuals and quarantining their contacts to control transmission. Stopping the spread of COVID-19 requires finding and testing all suspected cases so that confirmed cases are promptly and effectively isolated and cared for appropriate, while the close contacts of all confirmed cases are rapidly identified, quarantined and medically monitored for the 14-day incubation period of the virus (WHO, 2020).Adequate surveillance by health workers and community volunteers is needed to identify suspected cases of COVID-19in the general population quickly based on the onset of signs or symptoms. A shift from the existing surveillance networks to a system of rapid, population-level active surveillance requires an increase in the number of health personnel and community volunteers. It is necessary that the active case finding should be continuously carried out in communities, health facilities, and at points of entry.

Where testing is not possible, confirmation of COVID-19 may instead be based on reported symptoms or signs(WHO, 2020).Confirmed cases – whether confirmed through testing or on the basis of symptoms or signs – should be safely, effectively, and rapidly isolated to prevent onward transmission in the community. Ideally, confirmed cases should be isolated in dedicated facilities to minimize the potential for onward transmission and maximize the provision of any support necessary. If this is not possible, and cases are instead required to self-isolate in households, there should be appropriate follow-up and support to ensure that individuals are able to self-isolate effectively with no social contact.

Close contacts of every confirmed or probable case should be identified, quarantined and monitored for 14 days. This will ensure that pre-symptomatic cases (and potentially asymptomatic cases) that arise as a result of contact with a confirmed case do not mix with the general population.

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Health workers should also provide clinical care and maintain essential health services to reduce mortality. Many patients need help to breathe, without breaks placing acute burdens on staffing levels, availability of equipment, and crucial supplies such as medical oxygen, ventilators and personal protective equipment (PPE).

**Communities** Critical functions, such as community education, protecting vulnerable groups, supporting health workers, case finding, contact tracing, and cooperation with physical distancing measures can only happen with the support of every part of affected communities. Support systems must be in place to ensure communities are able to comply with these measure for prevention and control of COVID-19.It will be necessary to enable the general population to practice self-surveillance, in which individuals are asked to self-report as a suspected case as soon as they have symptoms or signs and/or if they are a contact of a confirmed case.

**The government** is supported in developing and implementing policy by civil servants working in departments and government agencies. The presidential task force, the NCDC, ministry of health is all government agencies that should mediate between the people and the government on health matters. The governments must lead and coordinate the response across party lines to enable and empower all individuals and communities to be responsible for their health response through appropriate communication, education, engagement, capacity building and support. Governments must also re-purpose and engage all available public, community and private sector capacity to rapidly scale up the public health system to find and test, isolate, and care for confirmed cases (whether at home or in a medical facility), and identify, trace, quarantine and support contacts. At the same time, governments must give the health system the support it needs to treat patients with COVID-19 effectively and maintain other essential health and social services for all.

Individuals, especially the most vulnerable, should be supported. They should be provided with refuge or safe spaces through coordinated economic and social measures that provide incentives to participate, and which mitigate negative social and economic consequences.

The government need to rapidly scale up healthcare workforce. It will also be necessary to engage individuals outside the traditional public health system who will be trained for contact tracing. Adequate measures should be put in place for the protection of health workers and vulnerable groups, such as through the provision of correct personal protective equipment.

**Private companies** should ensure the continuity of essential services such as the food supply, public utilities, and the manufacture of medical supplies. Private companies can provide expertise and innovation to scale and sustain the response, most notably through the production and equitable distribution of laboratory diagnostics, personal protective equipment, ventilators, medical oxygen and other essential medical equipment at fair prices, and the research and development of diagnostic tests, treatments and vaccines (WHO, 2020).

## Conclusion

COVID-19 threatens human life, threatens livelihoods, and threatens the way of life of every individual in every society. The five health promotion strategies from the Ottawa Charter are potentially still relevant and important in addressing the challenges of COVID-19 disease, especially when they are strengthened and integrated with other actions, such as partnerships, community engagement in decisions, attention to socio-environmental contexts, political commitment and use of multiple strategies in many settings, levels and sectors. Normand,

Dallery, and Ong (2015) observed that many problems of considerable social significance and most health problems are caused by what people do and what people do not do. Pretending that there is no problem does not remove the problem. As a nation, Nigeria needs a definitive, coordinated, and dedicated all-hands-on-deck response to contain COVID-19. No one should be left out, not. No facility or resource should be left out.

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