



Open Access Journal Available Online

Leadership and Nigeria's Health Security Development during the Covid-19 Pandemic: Implications on Medical Tourism

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Abstract: This study, titled Leadership and Development in Medical Tourism: Impact of the COVID-19 Pandemic on Health Security in Nigeria, explores the role of leadership in shaping Nigeria's medical tourism and health security during the COVID-19 pandemic. The study focuses on government policy responses and leadership decisions made to address the crisis. The primary objectives are: 1) to analyse the impact of the COVID-19 pandemic on medical tourism in Nigeria, 2) to identify the policy measures implemented by the Nigerian government, and 3) to assess the influence of the pandemic on Nigeria's health security. Guided by the Contingency Theory of Leadership, which emphasises leadership effectiveness based on the specific challenges and context, this study adopts a qualitative methodology, utilising secondary data sources such as government reports, healthcare policies, expert analyses, and academic literature. Thematic analysis is applied to identify key themes related to policy responses, shifts in medical tourism, and their broader impact on health security. Findings reveal that the pandemic caused a significant decline in medical tourism, as global travel restrictions prompted many Nigerians to seek healthcare domestically. In response, the Nigerian government implemented policy measures to strengthen healthcare infrastructure, improve medical facilities, and address public health challenges. These efforts contributed to a positive shift in Nigeria's health security, encouraging greater reliance on domestic healthcare and raising public health awareness. The study underscores the importance of robust leadership in managing crises and highlights the need for sustained investment in healthcare infrastructure. A key recommendation is for the Nigerian government to prioritise healthcare system development, improve medical infrastructure, reduce dependence on foreign healthcare, and invest in public health education to prepare for future health challenges.

Keywords: Leadership, Health Security, Development, Covid-19 Pandemic, Medical Tourism, Nigeria

URL: <http://journals.covenantuniversity.edu.ng/index.php/cujpia>

Introduction

The global impact of the COVID-19 pandemic, which emerged in December 2019, was felt across every nation, with few exceptions. For over three years, COVID-19 acted as a formidable non-state actor, challenging governments and healthcare systems around the world. Its spread from the city of Wuhan in China to other parts of Asia and eventually to every continent led the World Health Organisation (WHO) to declare it a Public Health Emergency of International Concern on January 30, 2020, and later a pandemic on March 11, 2020. As of December 31, 2022, over 660 million cases and more than 6.7 million deaths had been recorded worldwide, making COVID-19 one of the deadliest pandemics in modern history (World Health Organisation, 2022). While the symptoms varied, including fever, cough, and fatigue, severe illness predominantly affected elderly individuals and those with underlying health conditions (Johns Hopkins University, 2020). The introduction of vaccines in December 2020 significantly mitigated the virus's impact, preventing millions of deaths worldwide (Watson et al., 2022).

The pandemic triggered unprecedented social, economic, and healthcare disruptions, leading to the largest global recession since the Great Depression and extensive supply shortages (International Monetary Fund, 2020). Many sectors, including tourism and medical tourism, were severely impacted, as travel restrictions and lockdowns halted the movement of people globally (Ananchenkova, 2021). International

medical travel, which had long been an important revenue source for many countries, was especially hard-hit. Medical tourism, once considered immune to external factors, saw a dramatic decline as the pandemic disrupted both the flow of patients and the delivery of services (Kovacs and Popp, 2020). Despite this setback, the sector has begun to show signs of recovery in certain regions, with emerging economies regaining their footing in attracting medical tourists (Oxford Business Group, 2022).

In Nigeria, the pandemic had significant consequences for medical tourism, a sector that had been draining substantial financial resources from the country. According to the National Association of Resident Doctors (NARD), Nigeria loses about N576 billion (\$1.2 billion) annually to medical tourism, money that could have been invested in domestic healthcare development (NARD, 2020). Even with these losses, the COVID-19 crisis highlighted Nigeria's overreliance on foreign medical services, forcing the government and citizens to seek solutions within the country. By implementing restrictions on international travel, the pandemic inadvertently encouraged Nigeria to explore its own healthcare potential, shifting the focus from outbound medical tourism to strengthening domestic healthcare infrastructure (Ogunyemi and Olorunfemi, 2020).

Prior to the COVID-19 pandemic, Nigeria's healthcare system faced severe challenges, including a chronic lack of funding, inadequate infrastructure, and a

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significant brain drain (Onyango, 2021). Medical facilities like the University College Hospital (UCH) in Ibadan, which had once been among the best in the Commonwealth, began to deteriorate in the mid-1980s due to poor management and underinvestment. As a result, Nigerians increasingly sought medical care abroad, especially in countries like India, the United States, and the United Kingdom (Muanya, 2020). This dependency on foreign medical services has had long-term implications for Nigeria's healthcare development, as the outflow of funds has hindered the improvement of domestic medical facilities (Kalu, 2020).

The COVID-19 pandemic, however, has presented an opportunity for Nigeria to re-examine its healthcare system. With travel restrictions in place, Nigeria was compelled to focus inward and address its healthcare deficiencies. This study explores how Nigeria's leadership navigated the challenges posed by COVID-19, including the impact of the pandemic on medical tourism and health security. Specifically, it examines how Nigeria's response to the crisis, including the development of healthcare infrastructure, has influenced its healthcare security and reduced the country's dependence on medical tourism. The study also highlights the implications of the pandemic on Nigeria's role as a potential hub for regional medical tourism in Africa (Onyango, 2021).

The objectives of this study are therefore to:

1. explore how Nigeria's leadership responded to the COVID-19 pandemic and the impact of these responses on the country's medical tourism sector.

2. analyze the implications of the pandemic-induced medical tourism respite on Nigeria's health security.

3. evaluate the role of leadership in strengthening domestic healthcare infrastructure during the pandemic.

4. assess the potential for Nigeria to become a regional leader in medical tourism within Africa post-COVID-19.

After this introduction, this paper proceeds with an Operational Definition of Terms, a Literature Review along with a Theoretical Framework and a Methodology. The exercise moves from here to the Results/Interpretation section followed by the Discussions. The paper wraps-up with a Conclusion and Recommendations.

Operational Definition of Terms

1. Leadership:

Leadership is a set of mindsets and behaviours which aligns a community of people in a collective direction, propelling them to collaborate and accomplish common goals that helps them adjust to changing environments. (McKinsey (2024)). In the context of Nigeria's response to the COVID-19 pandemic, leadership involves the actions taken by government officials to manage the health crisis, mitigate its impact, and address challenges in the medical tourism sector. According to the Contingency Theory (Fiedler, 1967), leadership effectiveness is determined by the ability to adapt to the specific context and challenges faced (Abasilim, Gberevbie, & Osibanjo, 2019; Odukoya, Ifijeh, Ehibor, Ugorji, Osimen, Abasilim, Owolabi, Eyisi, Adesiyen, Abiodun-Eniayekan, Igbinoba, Chimuanya, Odo, Oduola, & Agberotimi, 2024). Key elements of leadership in this study

include situational awareness, adaptability, decision-making, and communication.

2. Health Security

Health security refers to the measures and activities aimed at minimising public health risks and protecting populations from infectious diseases and health threats. It includes ensuring access to quality healthcare and safeguarding the population's ability to respond to health crises (Rushton and Youde, 2014). Health security also encompasses the protection against biological threats, the prevention of disease spread, and the promotion of a resilient healthcare system (WHO, 2017). In this study, health security is crucial for understanding how Nigeria addressed the COVID-19 pandemic and its impact on both domestic healthcare systems and medical tourism.

3. Development

In the context of Nigeria's health security, development refers to efforts to enhance the country's ability to prevent, detect, and respond to public health threats, including infectious diseases like COVID-19 (WHO, 2017; Olu-Owolabi, Gberevbie, & Abasilim, 2021). Key areas of development include infrastructure improvement, capacity building of healthcare workers, strengthening health systems, and integrating technological advancements such as telemedicine to improve healthcare delivery. This concept is central to understanding how Nigeria's health security evolved during the pandemic and its implications for medical tourism.

4. COVID-19 Pandemic

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, is an ongoing global health crisis that began in December 2019

(Watson et al., 2022). It has affected millions worldwide, leading to widespread illness and death, as well as significant social and economic disruptions (WHO, 2020). This study examines how the COVID-19 pandemic impacted Nigeria's health security and medical tourism industry, with an emphasis on government responses and leadership during the crisis.

5. Medical Tourism

Medical tourism refers to the practice of traveling to another country to obtain medical treatment, often for cost-effective procedures or services not available in one's home country (Carrera and Bridges, 2006). In Nigeria, medical tourism includes both outbound and inbound medical travel, where Nigerians travel abroad for treatment, and foreign patients come to Nigeria for medical care. The COVID-19 pandemic significantly disrupted medical tourism, as travel restrictions and health risks altered international patient flows (WHO, 2020).

6. Nigeria

Nigeria, located in West Africa, is Africa's most populous country and has one of the largest economies on the continent. The country faces significant challenges in its healthcare system, including limited infrastructure and underfunded medical services. In the context of this study, Nigeria is analyzed as a case study to examine the leadership strategies, policy measures, and healthcare developments that were implemented during the COVID-19 pandemic to enhance health security and address disruptions in medical tourism.

Literature Review

The COVID-19 pandemic has reshaped

healthcare systems globally, with profound implications for countries like Nigeria, where healthcare infrastructure has long been underdeveloped. This literature review explores how the pandemic affected Nigeria's medical tourism sector, examines the leadership responses that shaped the country's health security efforts, and evaluates the broader implications for healthcare policy and the future of medical tourism.

Pre-Pandemic Medical Tourism in Nigeria

Before the pandemic, Nigeria was a significant contributor to outbound medical tourism, with many Nigerians traveling abroad for specialised treatments not available locally. This trend was driven by perceptions of inadequacy in the country's healthcare facilities, such as insufficient ICU beds, limited access to advanced treatments, and poorly equipped medical facilities (Olumide and Adebayo, 2019). Popular destinations for medical travel included India, the UK, and the United States, where Nigerians sought treatments ranging from cancer care to orthopaedic procedures (Adeniran and Adepoju, 2020). Despite these challenges, there was a growing interest in medical tourism to Nigeria from other African countries, due to the relative affordability and proximity of Nigerian healthcare services (Piper, 2024). However, the COVID-19 pandemic, with its restrictions on global movement, dramatically affected this sector, revealing the vulnerabilities in Nigeria's healthcare system that contributed to the demand for international medical travel.

Impact of COVID-19 on Medical Tourism in Nigeria

The pandemic disrupted medical tourism globally, with the World Health Organisation (2020) reporting a decline in medical travel by 70-80% during the peak of the crisis. In Nigeria, the closure of international borders and the suspension of flights halted both outbound and inbound medical tourism. This exposed Nigeria's dependence on foreign healthcare systems for specialised treatment, while simultaneously limiting the country's ability to attract international medical tourists (Obi-Ani, Ezeaku, Ikem, Isiani, Obi-Ani, 2021). The Nigerian healthcare system, already strained by inadequate infrastructure and insufficient healthcare personnel, was further overwhelmed by the surge in COVID-19 cases. The suspension of elective medical procedures and the redeployment of healthcare workers to manage the pandemic left many medical facilities under capacitated to serve either local or foreign patients (COVIDSurg Collaborative, 2021). As a result, the pandemic further deepened the healthcare trust deficit and highlighted the need for urgent reform in Nigeria's healthcare infrastructure.

Leadership and Health Security During the COVID-19 Pandemic

Effective leadership plays a critical role in shaping health security and managing health crises. Fiedler's Contingency Theory (1964) and Hersey and Blanchard's Situational Leadership Model (Kenton, 2024) underscore the importance of adaptive leadership in responding to dynamic health emergencies. In Nigeria, leadership at both the federal and state levels was often criticised for its lack of coordination and slow responses to the pandemic, which compounded the healthcare challenges

(Akanbi & Adebayo, 2021). Leadership decisions, such as the establishment of the Presidential Task Force on COVID-19 and the implementation of strict lockdown measures, were pivotal in containing the spread of the virus. However, the fragmented coordination between various governmental bodies and local authorities, alongside insufficient resources, hampered the overall effectiveness of Nigeria's response to the pandemic (Cejudo and Mitchel, 2017). The pandemic underscored the need for robust leadership that could mobilise resources quickly, provide clear communication, and foster collaboration across different sectors. Additionally, Nigeria's health security was severely tested due to the lack of sufficient healthcare infrastructure, including ventilators, ICU beds, and Personal Protective Equipment (PPE) (Akinmoladun and Alao, 2021). This exposed the gaps in Nigeria's ability to detect, prevent, and respond to health threats. The lack of preparedness and inadequate surveillance systems, along with low levels of public health funding, further strained the healthcare system's capacity to manage the crisis (Aborede, 2021).

Policy Measures and Health Security in Nigeria

In response to the pandemic, the Nigerian government implemented various health security measures, including the establishment of quarantine centres, the imposition of lockdowns, and the adoption of health guidelines to curb the spread of the virus (Chukwuma, 2024). However, the effectiveness of these measures was hindered by several structural and resource-based limitations. The government's reliance on

international support, including the provision of medical supplies and vaccines from the WHO, highlighted Nigeria's vulnerability in managing such large-scale health emergencies (WHO, 2021). Nigeria's experience with the COVID-19 pandemic necessitated a reassessment of its health security policies. The establishment of the National Centre for Disease Control (NCDC) and the Presidential Task Force was a step towards improving health security preparedness (Federal Ministry of Health, 2018). Nevertheless, the pandemic revealed the urgency of investing in healthcare infrastructure and human resources to safeguard against future health threats.

Medical Tourism Post-COVID-19: Opportunities and Challenges

The pandemic's disruption of global medical tourism has prompted a reassessment of the sector's future, particularly for countries like Nigeria. While the global trend toward medical tourism has shifted, some scholars argue that the pandemic presents an opportunity for Nigeria to strengthen its healthcare system and attract medical tourists by improving domestic healthcare services (Lunt Smith and Exworthy, 2020). The need for healthcare reforms and investments in medical infrastructure could position Nigeria as a viable destination for medical tourism in the post-pandemic era. However, challenges remain. Nigeria's medical facilities still face significant issues such as insufficient medical expertise, outdated equipment, and a lack of trained personnel to provide specialised care (Adeniyi and Shittu, 2021). For Nigeria to become a competitive player in the medical tourism market, substantial investments in

healthcare infrastructure, alongside targeted leadership initiatives, will be crucial in attracting both local and international patients.

Gap in Literature

Current knowledge espoused notwithstanding, the gap that this study hopes to address can be identified through some lenses. First, While the literature has explored the impact of COVID-19 on health systems and medical tourism, there is a notable gap in comprehensive studies examining the specific role of leadership in shaping health security policies and responses during the pandemic in the Nigerian context. Secondly, there is limited research that explicitly connects leadership, health security, and medical tourism in the context of the COVID-19 pandemic, particularly in Nigeria. The third area of deficit in extant literature is the impact of COVID-19 on Nigeria's Health System and Medical Tourism. While some studies examine the pre-pandemic medical tourism trends in Nigeria and the overall impact of COVID-19 on the healthcare system, they often overlook how the pandemic has specifically reshaped the intersection of domestic health security and the medical tourism sector. While the fourth point is the Policy Gaps in strengthening Nigeria's post-pandemic health security, there is a gap in examining the future trajectory of Nigeria's healthcare system post-pandemic, especially in terms of its capacity to attract international medical tourists.

Theoretical Framework: Contingency Theory

In exploring the impact of leadership on Nigeria's health security development

during the COVID-19 pandemic and its implications on medical tourism, Contingency Theory provides a robust theoretical framework for understanding how leadership styles and decision-making processes are influenced by situational variables and external factors. Contingency Theory, developed by scholars such as Fred Fiedler, James D. Thompson, and Paul Hersey, posits that there is no single best way to lead an organisation or respond to a crisis. Instead, effective leadership is contingent upon the context and specific circumstances faced by the leader (Fiedler, 1964; Hersey & Blanchard, 1993). The theory posits that leadership effectiveness is dependent on the situation and the leader's ability to adapt to changing circumstances. The theory identifies two key leadership styles: task-oriented and relationship-oriented. This approach underscores the importance of situational factors—such as the political, social, and economic context in which leadership operates – and how they shape the strategies and decisions made by leaders.

In the context of Nigeria's health security development during the COVID-19 pandemic, Contingency Theory can be employed to examine how Nigerian leaders adapted their strategies and responses based on varying complexities during the pandemic. It also helps in understanding how leadership in the health sector responded to:

1. **Uncertainty and Crisis Management:** The COVID-19 pandemic presented an unprecedented challenge that required leaders to make quick and informed decisions under high uncertainty. Contingency Theory can be applied to analyse how Nigeria's health leaders—

government officials, public health managers, and medical institutions—tailored their responses based on the severity of the health crisis, the resources available, and national health policy frameworks (Yukl, 2013).

2. **Adaptation to External Pressures:** Nigeria faced several external pressures, including international health advisories, economic impacts of the pandemic, and the global demand for medical resources. Contingency Theory suggests that leadership responses were shaped by these external factors. The government's decisions regarding border control, quarantine policies, vaccination programs, and the allocation of medical resources were influenced by both the internal health system's capacity and the international context (Thompson, 1967; Tushman and O'Reilly, 1996).

3. **Leadership Styles and Decision-Making:** According to Contingency Theory, effective leadership during a crisis is determined by the fit between the leader's style and the situation. For example, Nigeria's leadership exhibited a mix of directive and supportive approaches, balancing authoritative decision-making with collaborative efforts to manage the pandemic. The response varied depending on the level of urgency, the availability of information, and the need for public compliance (Hersey & Blanchard, 1993; Vroom and Jago, 2007).

4. **Health Security Infrastructure and Institutional Response:** The level of development of Nigeria's health security infrastructure, such as hospitals, medical personnel, and research institutions, played a crucial role in shaping leadership decisions. Contingency Theory provides a framework for understanding how Nigerian leaders

adapted their health security strategies based on the resources available and the ongoing needs of the population (Burns, 1978; Tushman & O'Reilly, 1996).

5. **Implications on Medical Tourism:** One of the significant outcomes of Nigeria's health security management during the pandemic was its effect on medical tourism. As global travel restrictions were imposed and medical resources were stretched thin, Nigeria's healthcare system had to reassess its capacity to serve both local and international patients. Contingency Theory can explain how leadership in the health sector addressed the challenges of maintaining medical tourism despite the crisis, as well as the potential long-term consequences of the pandemic on the perception of Nigeria as a medical tourism destination (Gereffi, 2018; Lunt, 2014).

Method of Data Collection and Analysis

The methodology for this study primarily relies on secondary data to explore the impact of the COVID-19 pandemic on medical tourism, health security, and the policy responses in Nigeria. Given the scope of the study, secondary sources such as academic literature, government reports, policy documents, health system evaluations, media articles, and relevant global health reports are analysed. This approach allows for an extensive review of existing data, providing a comprehensive understanding of the context, challenges, and policy measures without the need for primary data collection, which may be constrained by time, resources, and access.

This study adopts a descriptive and exploratory research design. The goal is to provide a detailed analysis of how the COVID-19 pandemic affects medical

tourism and health security in Nigeria and the policy responses employed by the Nigerian government. The study uses content analysis to systematically evaluate and synthesise data from secondary sources to identify key themes, trends, and patterns in the areas of medical tourism, health security, and policy implementation.

The primary sources of secondary data for this study include: Academic Journal Articles; Government Reports; World Health Organisation (WHO) and Global Health Reports; News Articles and Media Reports; Health Policy and Institutional Reviews

The data collected from these secondary sources is analysed using thematic content analysis. This method involves the following steps:

Familiarisation with Data: The researcher reads and summarises the collected documents to familiarise themselves with the main themes and findings.

Coding: The researcher develops thematic codes to identify recurring themes and concepts related to medical tourism, health security, government responses, and the impact of COVID-19 on Nigeria's healthcare system. For example, themes such as "government policy measures," "impact on medical tourism," "health system vulnerabilities," and "policy gaps" are identified and coded.

Theme Development: After coding, the researcher groups key themes into broader categories. For example, findings related to the Nigerian healthcare system's preparedness are grouped under "health security," while information on policy responses is categorised as "government interventions."

Synthesis of Findings: The researcher synthesises the findings to provide a

coherent understanding of how the pandemic impacts medical tourism and health security in Nigeria. The synthesised data highlights both the challenges and the policy solutions implemented to mitigate the crisis.

Result/Interpretations

The COVID-19 pandemic exposed the vulnerabilities within Nigeria's healthcare system, which had been largely dependent on medical tourism due to chronic underfunding, a lack of infrastructure, and insufficient medical personnel. Prior to the pandemic, Nigerians, particularly from the middle and upper classes, often sought medical services abroad, primarily due to the inadequacy of local healthcare systems. However, the outbreak of COVID-19 significantly disrupted this pattern. The global lockdown and restricted international travel, particularly to destinations favoured by Nigerians such as Europe, North America, and Asia, forced many to rely on local healthcare services.

As the pandemic unfolded, Nigeria's federal and state governments took urgent and decisive steps to address the emerging health crisis. These included implementing public health measures such as lockdowns, curfews, social distancing, widespread testing, contact tracing, and quarantine protocols. These measures not only aimed to curb the spread of COVID-19 but also reduced the immediate pressure on Nigerians to seek medical care abroad, fostering a greater dependence on domestic healthcare services.

In response to these challenges, the Nigerian government accelerated

investments in healthcare infrastructure. Key interventions included the expansion of the number of ventilators, the establishment of more molecular laboratories (increasing from just four at the pandemic's onset to over 60), and the construction of new isolation centres. These measures were largely funded through government intervention funds such as the N500 billion COVID-19 intervention fund, which facilitated the upgrading of medical facilities across the country. This effort was supplemented by donations and support from international partners, such as the U.S. government, which contributed 200 ventilators.

Additionally, at the sub-regional government level, states like Ebonyi introduced innovative healthcare initiatives. Ebonyi's construction of an ultra-modern teaching hospital and the development of the University of Medical Sciences are reflective of leadership that recognises the long-term need to strengthen local health systems and reduce outbound medical tourism. Private sector involvement, notably the Duchess International Hospital in Lagos, further bolstered healthcare infrastructure. With state-of-the-art facilities, this hospital aims to attract not only Nigerians but also foreign patients, marking Nigeria's progress in medical tourism within the region.

These efforts collectively led to a reduction in the need for Nigerians to travel abroad for medical services, including COVID-19 treatments, vaccinations, and general healthcare. For example, by March 2021, Nigeria had received the first shipment of 4 million COVID-19 vaccine doses, with over 17 million people having received at least

one dose by February 2022, demonstrating the country's growing self-sufficiency in healthcare provision.

Discussion

Analysing Nigeria's response to the COVID-19 crisis through the lens of Contingent Theory reveals several key leadership traits that were observable during the crisis. Contingent Theory posits that effective leadership is context-dependent, requiring flexibility and adaptability in decision-making, especially in times of uncertainty or crisis. The leadership exhibited by both federal and state governments in Nigeria displayed several of these traits, particularly in their ability to adapt to the challenges posed by the pandemic.

1. Decisiveness and Agility:

One of the most prominent leadership traits observed was decisiveness. Faced with a rapidly spreading virus and the risk of overwhelming the healthcare system, Nigerian leaders responded quickly by implementing lockdowns, curfews, and travel restrictions. This decisiveness, while challenging, was necessary for curbing the immediate spread of the virus. The rapid construction of isolation centres and the swift expansion of diagnostic testing capabilities further demonstrated the agility of the leadership in adapting to the evolving situation.

2. Visionary Leadership:

The Nigerian government displayed visionary leadership, particularly with the long-term goal of improving the country's healthcare infrastructure. For instance, the creation of new health centers, the expansion of laboratory testing capabilities, and the support for private sector healthcare initiatives like

Duchess International Hospital underscore a forward-thinking approach aimed at reducing Nigeria's dependence on foreign healthcare services. By investing in local healthcare solutions, the leadership demonstrated foresight in not only managing the immediate health crisis but also in building a more self-sufficient healthcare system for the future.

3. Responsiveness to Stakeholder Needs: Another key leadership trait demonstrated was responsiveness. The government's quick response to health demands, including increasing the number of ventilators and expanding hospital bed capacity, showed an ability to listen to healthcare professionals and international organisations. By intervening with funding, such as the N100 billion credit facility for local pharmaceutical companies, the government was able to ensure that essential medical supplies and equipment were available, which helped boost the local healthcare system's capacity to handle the pandemic and other health challenges.

4. Resilience and Crisis Management: The pandemic exposed systemic weaknesses in Nigeria's healthcare sector, but the resilience of its leaders was apparent as they quickly adapted to the crisis. Rather than being deterred by the limitations of the health system, Nigerian leaders utilised available resources, both domestic and international, to mitigate the crisis. The creation of new healthcare facilities, the improvement of testing capacity, and the allocation of funds for essential services reflected Nigeria's resilience in overcoming obstacles and working toward a more robust healthcare

infrastructure.

5. Collaboration and Stakeholder Engagement: Effective leadership during the pandemic was also marked by collaboration with international bodies, such as the WHO, and the private sector, which played a significant role in supplementing government efforts. The partnership between the Nigerian government, the private sector (e.g., Duchess International Hospital), and international partners (e.g., the U.S. government's donation of ventilators) reflects the ability of Nigerian leadership to engage stakeholders and mobilise resources across sectors in response to the pandemic.

6. Long-term Sustainability Focus: The Nigerian government's interventions, particularly the surge in healthcare funding, emphasise sustainability in the long term. By constructing new diagnostic centres, improving hospital facilities, and promoting local pharmaceutical production, the leadership demonstrated a commitment to ensuring that the healthcare system could maintain improvements beyond the pandemic. These actions suggest a strategic vision for the health sector, moving towards greater self-reliance and less dependency on medical tourism abroad.

Through the framework of Contingent Theory, it becomes clear that Nigeria's leadership was able to successfully navigate the unprecedented challenges of the COVID-19 pandemic by being adaptable, decisive, and forward-thinking. The country's response not only alleviated the immediate crisis but also

laid the foundation for a more resilient and self-sufficient healthcare system, ultimately reducing the need for outbound medical tourism and positioning Nigeria as a future medical tourism hub in Africa. The success of this approach is a testament to the effectiveness of leadership that is responsive to the changing context and is committed to long-term development goals, even amid crises.

Conclusion

This paper has explored the critical role of leadership in transforming Nigeria's health security landscape during the COVID-19 pandemic, with particular emphasis on the resulting implications for medical tourism. The objectives, which focused on examining leadership responses, assessing the impact on health infrastructure, and understanding shifts in medical tourism patterns, have been addressed through the presented facts and analyses. The pandemic highlighted long-standing challenges within Nigeria's healthcare system, yet it also catalyzed unprecedented investments and reforms. The Nigerian government, alongside private sector stakeholders, demonstrated effective crisis management and a commitment to self-reliance by enhancing health facilities, expanding professional healthcare capacity, and deploying resources toward both immediate needs and long-term goals. Initiatives such as the establishment of modular testing laboratories, upgraded intensive care units, expanded molecular laboratory networks, and the acquisition and deployment of critical medical equipment exemplify these efforts. The Federal Government's proactive financial interventions further supported local pharmaceutical and healthcare facilities,

showcasing a holistic approach to bolstering health security.

Significant progress was also made in reducing outbound medical tourism. With improved facilities and an increased availability of specialised medical services, fewer Nigerians needed to seek healthcare abroad, even during the pandemic. This shift not only reflects the strengthened capacity of the healthcare sector but also aligns with economic objectives, allowing Nigeria to retain foreign exchange previously lost to medical tourism. Additionally, the return of skilled Nigerian health professionals from abroad signifies a reversal of brain drain, contributing to a more robust healthcare workforce. Moreover, Nigeria's strengthened health sector now positions the country as an emerging regional medical tourism destination within Africa. By building modern, world-class facilities and supporting healthcare innovations, Nigeria is poised to reduce its dependence on foreign medical services and attract patients from within Africa and beyond. This newfound regional influence reflects the government's long-term vision for health security, economic resilience, and national self-sufficiency.

In a nutshell therefore, the leadership demonstrated during the COVID-19 pandemic laid a foundation for sustainable health security in Nigeria, with profound implications for reducing medical tourism. The pandemic-driven reforms have repositioned Nigeria's healthcare sector, shifting it toward greater self-reliance, fostering economic growth, and setting a strategic course for the country's continued health and economic development in a post-

pandemic world. This comprehensive approach underscores the vital role of visionary, inclusive, and resourceful leadership in advancing national health security and mitigating long-standing challenges within the healthcare sector.

Recommendations

Based on the findings and analysis presented in this paper, the following recommendations are made to further strengthen Nigeria's healthcare system, ensure long-term health security, and enhance the country's position in regional and global medical tourism:

1. Continued Investment in Healthcare Infrastructure: To sustain the progress made during the COVID-19 pandemic, the Nigerian government must continue investing in healthcare infrastructure. This includes building and renovating healthcare facilities across the country, particularly in underserved regions. The expansion of intensive care units, diagnostic centers, and specialised treatment facilities should be prioritised to meet both current and future demands, ensuring the healthcare system can handle emerging health challenges effectively.
2. Sustained Support for Local Pharmaceutical and Health Businesses: The Central Bank of Nigeria's credit interventions for local pharmaceutical companies should be extended beyond the pandemic. Further financial incentives, such as grants, tax breaks, and low-interest loans, should be provided to support local manufacturers in the health sector. This will help increase the production of essential medicines and medical equipment, reduce dependency on imports, and ensure the sustainability of Nigeria's healthcare supply chain.
3. Strengthening Healthcare Workforce

Capacity: Efforts to retain healthcare professionals and attract skilled workers from abroad must be intensified. Policies aimed at improving the working conditions and remuneration of healthcare professionals, alongside continuous training and professional development programs, will help prevent brain drain and ensure that the healthcare system is adequately staffed with qualified personnel. Government partnerships with international institutions for training and development should be explored to further improve local expertise.

4. Public-Private Partnerships (PPPs) for Healthcare Development: Collaboration between the public and private sectors should be encouraged to expand the reach of healthcare services. Government incentives for private hospitals, like those extended to Duchess International Hospital, should be replicated to encourage more private investments in the healthcare sector. Such partnerships will help meet the increasing demand for medical services and drive the expansion of state-of-the-art medical facilities across the country.

5. Enhanced Focus on Medical Tourism Development: Nigeria should capitalise on its improved healthcare infrastructure by developing a clear strategy to position itself as a regional medical tourism hub. This includes marketing Nigeria's healthcare facilities internationally, particularly for specialised treatments, and establishing partnerships with global health organisations to attract international patients. Additionally, efforts should be made to improve the ease of obtaining medical visas, travel logistics, and patient services to make Nigeria an attractive destination for medical tourism.

6. **Promotion of Health Research and Innovation:** The Nigerian government should invest in health research and innovation to drive medical advancements and address both common and emerging health issues. Increased funding for medical research institutions, grants for health-related innovations, and collaboration with international research bodies will boost Nigeria's capacity to address health challenges locally. Promoting innovation in areas like vaccine development, diagnostic tools, and treatment methodologies can further reduce reliance on foreign healthcare systems.

7. **Public Awareness and Education on Available Healthcare Services:** Public awareness campaigns should be launched to inform Nigerians about the improved healthcare services available within the country. Many Nigerians still travel abroad for medical care due to a lack of awareness of local facilities. By promoting these services through media, community outreach, and partnerships with healthcare providers, Nigerians will be more inclined to seek care domestically, thus reducing outbound medical tourism.

8. **Strengthening National Health Policies and Regulations:** A strong policy framework that supports the continued improvement of healthcare systems and governance is essential. The Nigerian government should prioritise strengthening healthcare regulations, monitoring, and evaluation mechanisms to ensure that the healthcare sector remains responsive, efficient, and accountable. Regular assessments of healthcare facilities and services should be conducted to ensure that international standards are maintained, particularly in the wake of continued investments.

9. **Investment in Health Financing and Insurance:** The Nigerian government should work towards improving health financing mechanisms, such as expanding access to health insurance for citizens. Expanding the National Health Insurance Scheme (NHIS) and exploring innovative financing models, including public-private health insurance partnerships, can improve healthcare access and affordability for Nigerians. This will also ensure that healthcare services remain accessible to all citizens, particularly in underserved areas.

10. **Regional Cooperation and Knowledge Exchange:** As Nigeria strengthens its healthcare capacity, it should also take a leadership role in facilitating regional cooperation and knowledge exchange within Africa. By sharing best practices, training healthcare workers across the continent, and collaborating on research, Nigeria can play a key role in enhancing health security across the African continent. This will further establish Nigeria as a regional leader in healthcare delivery and contribute to the overall improvement of health systems within Africa.

Acknowledgements

The authors thank Covenant University for providing the platform to share preliminary insights during the First Covenant University Conference on Leadership and Development, held on September 11–13, 2024. We also acknowledge the Covenant University Centre for Research, Innovation, and Discovery (CUCRID) for their financial support in covering the publication fee for this article.

References

Abasilim, U. D., Gberevbie, D. E., & Osibanjo, O. A. (2019). Leadership styles and employees' commitment: Empirical evidence from Nigeria. *Sage Open*, 9(3), 2158244019866287.

Aborode A. T, Hasan M. M, Jain S, Okereke M, Adedeji O. J, Karra-Aly A, Fasawe A. S, (2021). Impact of poor disease surveillance system on COVID-19 response in Africa: Time to rethink and rebuilt, *Clinical Epidemiology and Global Health*, Volume 12,100841, Adeniyi, O., & Shittu, M. (2021). Medical tourism and COVID-19: The Nigerian context. *Global Health Review*, 4(2), 34-48.

Akanbi, M. O., & Adebayo, O. F. (2021). Health leadership in times of crisis: A study of the Nigerian COVID-19 response. *Journal of Public Health in Africa*, 12(3), 54-63. <https://doi.org/10.4081/jphia.2021.1915>

Ananchenkova P. I. (2021). The impact of COVID-19 pandemic on medical tourism development. *Problemy Sotsial'noi Gigieny, Zdravookhraneniia i Istorii Meditsiny*. 29(2):203-205.

Burns, J. M. (1978). *Leadership*. Harper & Row.

Cejudo, G.M., Michel, C.L (2017). Addressing fragmented government action: coordination, coherence, and integration. *Policy Science*. 50, 745–767. Chukwuma J. N. (2024). Implementing Health Policy in Nigeria: The Basic Health Care Provision Fund as a Catalyst for Achieving Universal Health Coverage? *Development and Change*. Volume 54, Issue 6. Pages 1480-1503.

COVIDSurg Collaborative (2020), Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans. *Br J Surg*, 107: 1440-1449.

Federal Ministry of Health (2018). *National Action Plan for Health Security Federal Republic of Nigeria (2018-2022)*. Federal Government Press.

Fiedler, F. E. (1964). A contingency model of leadership effectiveness. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 1, pp. 149-190). Academic Press.

Gereffi, G. (2018). *Global value chains and development: Redefining the contours of 21st-century capitalism*. Cambridge University Press.

Hersey, P., & Blanchard, K. H. (1993). *Management of organisational behaviour: Utilising human resources* (7th ed.). Prentice Hall.

Lunt, N. (2014). *Medical tourism: The ethics of healthcare across borders*. Springer.

International Monetary Fund (IMF). (2020). *World Economic Outlook: A Long and Difficult Ascent*. Washington, DC: IMF.

Johns Hopkins University. (2020). *COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE)*. Johns Hopkins University.

Kalu, O. A. (2020). Health systems and the medical tourism dilemma in developing economies. *Journal of Global Health Perspectives*, 13(2), 128-135.

Kenton W (2024). The Situational Leadership Model: How it Works. *Investopedia*, October 14, 2024. Retrieved November 17, 2024 from www.investopedia.com/terms/h/hersey-and-blanchard-model.asp

Kovács, G., & Popp, L. (2020). The economic impact of COVID-19 on medical tourism: A global overview. *Health Economics Review*, 32(5), 14-27.

Lunt, N., Smith, R., & Exworthy, M. (2020). Medical tourism and the challenges for the post-COVID-19 world.

Journal of Global Health, 10(3), 47-56.

<https://doi.org/10.7189/jogh.10.030338>

McKinsey (2024). What is Leadership?

McKinsey and Company, September 10.

Retrieved November 17, 2024 from

<https://www.mckinsey.com/featured-insights/mckinsey-explainers/what-is-leadership>

Muanya C (2020), How to reverse rising

tide of brain drain, medical tourism in

Nigeria after 60 years. *Guardian*, October

08. Retrieved 12th January, 2020 from

<https://guardian.ng/features/how-to-reverse-rising-tide-of-brain-drain-medical-tourism-in-nigeria-after-60-years/>

National Association of Resident Doctors

(NARD). (2020). *Nigeria loses over*

N576 billion annually to medical tourism.

NARD Press Release.

Obi-Ani, A. N., Ezeaku, D. O., Ikem, O.,

Isiani, M. C., Obi-Ani, P., Janefrances

Chisolum, O., & Adu-Gyamfi, S. (2021).

Covid-19 pandemic and The Nigerian

primary healthcare system: The

leadership question. *Cogent Arts &*

Humanities, 8(1)

Odukoya, J. A., Ifijeh, G., Ehibor, O.

J., Ugorji, C. U. C., Osimen, G. U.,

Abasilim, U., Owolabi, E. E. Eyisi, J.,

Adesiyen, R., Abiodun-Eniayekan, E.

N., Igbinoba, A., Chimuanya, L., Odo,

O., Oduola, O. & Agberotimi, S.

(2024). Psychometric Assessment of

Lee Yew's Leadership Role in

Singapore's Development: A

Systematic Review. *Pakistan Journal of*

***Life and Social Sciences*, 22(2), 1987-**

2010.

Ogunyemi, I., & Olorunfemi, D. (2020).

Medical tourism in the context of

COVID-19: A Nigerian perspective.

Journal of Health Security Studies, 8(3),

45-59.

Olu-Owolabi, F. E., Gberevbie, D. E.,

& Abasilim, U. D. (2021). Ethics of
democracy-development in Africa: a
philosophical foundation. *African*
***Identities*, 19(1), 91-102.**

Onyango C. (2021). The Effect of

COVID-19 restrictions on Medical

Tourism. *Quartz Africa Weekly*,

November 18. Retrieved 13th November,

from [https://qz.com/africa/2091702/the-effect-of-](https://qz.com/africa/2091702/the-effect-of-covid-19-restrictions-on-medical-tourism-in-africa)

[covid-19-restrictions-on-](https://qz.com/africa/2091702/the-effect-of-covid-19-restrictions-on-medical-tourism-in-africa)

[medical-tourism-in-africa](https://qz.com/africa/2091702/the-effect-of-covid-19-restrictions-on-medical-tourism-in-africa)

Oxford Business Group (2022) *Covid-19*

and medical tourism: is a recovery on the

cards? Retrieved 12th January from

<https://new.oxfordbusinessgroup.com/articles-interviews/covid-19-and-medical-tourism-is-a-recovery-on-the-cards>

Piper A (2024). Medical Tourism: Easy

Steps to Penetrate Nigeria Patient

Markets. *Medical Tourism Magazine*,

Republication of October 13, 2015

edition. Retrieved November 17, 2024

from

www.magazine.medicaltourism.com

Rushton S. & Youde J. (2014). *Routledge*

Handbook of Global Health Security.

London: Routledge.

Thompson, J. D. (1967). *Organisations in*

action: Social science bases of

administrative theory. McGraw-Hill.

Tushman, M. L., & O'Reilly, C. A.

(1996). Ambidextrous organisations:

Managing evolutionary and

revolutionary change. *California*

Management Review, 38(4), 8-30.

Vroom, V. H., & Jago, A. G. (2007). The

role of the situation in leadership.

American Psychologist, 62(1), 17-24.

Watson, O. J., Barnsley, G., Toor, J.,

Hogan, A., Winskill, P., & Ghani, A. C.

(2022). The impact of COVID-19

vaccination on mortality: A global study.

Lancet Infectious Diseases, 22(3), 172-

180.

World Health Organisation (2020).

Coronavirus disease (COVID-19): How is it transmitted? Retrieved 6 December 2020 from

<https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted>

World Health Organisation (2022). *COVID-19 Dashboard*. World Health Organisation.

World Health Organisation. (2020). *COVID-19 response and global health security*. WHO.

<https://www.who.int/news-room/fact-sheets/covid-19>

Yukl, G. (2013). *Leadership in organisations (8th ed.)*. Pearson.