



THE RETURN OF GLOBAL RUSSIA

Nigeria's Ambivalence to Russia's COVID-19 Diplomacy

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As Russian efforts to promote the Sputnik V vaccine to African countries gained steam in 2020, Nigeria's leaders did not rush to embrace this vaccine, even though it was the first available on the global market. Given their proud history of nonalignment, their penchant for dealmaking, and the risk that COVID-19 posed to Nigeria—Africa's most populous country—this ambivalence appears odd at first glance. However, with limited internal pressure to field a vaccine for which the World Health Organization (WHO) had yet to issue an emergency use license, Nigeria's drug regulators instead took a by-the-book approach, subjecting Sputnik V to a six-month testing and evaluation process before [finally giving it a green light](#) in July 2021. However, by that time Nigeria was beginning to field Western-made vaccines that had already received WHO emergency use approval—most of which turned out to be cheaper than Sputnik V. Sputnik V has since had a hard time gaining market share in the country.

Why did Russian vaccine diplomacy—characterized by [aggressive marketing](#) and [nontransparent deals](#)—fall so flat in Nigeria? The answer is complicated. Surprisingly, Sputnik V's travails in Nigeria highlight Moscow's

lack of strategic thinking and its inattention to local dynamics in Nigeria, complicating its ability to market the Sputnik V vaccine there.

In Nigeria, a combination of domestic factors undermined Sputnik V's elite and popular appeal. Not only was its approval process complicated by inflated costs and questions over efficacy, but the vaccine also encountered several other local obstacles, including Nigeria's existing ties to Western health and immunization organizations, a lack of high-level Nigerian allies for the Russian job, bureaucratic headwinds, vaccine hesitancy among many Nigerians, and recent attention to a long legacy of health failures and corruption in the country itself, all of which likely made backroom deals for doses of Sputnik V politically challenging for Nigerian officials. Furthermore, Russia's mercantilist approach toward promoting the vaccine, as opposed to prioritizing WHO emergency use approval and donating even a small amount of doses through COVAX, the global vaccine alliance, also may have [complicated](#) Sputnik V's ability to gain traction in Nigeria.



Sputnik V's inability to garner elite or public interest in Nigeria shows that the success—or lack thereof—of Russian vaccine diplomacy in the Global South should not be overgeneralized. The case of Nigeria reveals how domestic factors—whether bureaucratic, personal, or cultural—colored perceptions of Sputnik V as much as geopolitical or even scientific concerns. Examining these factors in the context of Nigeria could begin to shed light on how they combined to make Sputnik V's rollout in other developing countries somewhat of an uphill battle.

NIGERIA HAD MORE ATTRACTIVE ALTERNATIVES

For decades, Nigeria has been a major recipient of international development assistance focused on vaccinations, especially childhood immunizations. At the outbreak of the coronavirus pandemic, the country already possessed strong ties to donors and distributors such as [Gavi, the Vaccine Alliance](#); the [Coalition for Epidemic Preparedness Innovations](#); the [WHO](#); the [United Nations Children's Fund](#); the [World Bank](#); and the [Bill & Melinda Gates Foundation](#). Buoyed by these relationships, [officials were confident](#) that Nigeria would receive millions of cheap doses promised by COVAX and the African Union's Africa Vaccine Acquisition Task Team (AVATT) platform. Nigerian officials also knew they could count on a degree of civil society and international donor support for nationwide COVID-19 vaccination efforts.

Given their long track record of working with these donors and comfort with preexisting partnerships, Nigerian officials may not have needed a new vaccine partner in Russia. Moscow generally has not been a robust health or development partner in the region, and Nigerian officials largely ignored Russia's [notional offer](#), especially once deliveries of vaccines with WHO emergency use approval [began to arrive](#) in quantity in early-to-mid-2021. Although it has struggled to deliver the promised numbers of worldwide doses on

schedule, the COVAX platform has nevertheless served as a mechanism for delivering ad hoc vaccine donations from [Canada](#), [France](#), and the [United States](#), among others. Nigeria has also received some financial help, including a [\\$400 million World Bank loan](#) to help it buy and distribute more COVID-19 vaccines. Such assistance may help the country make up for lost time, as it was slow to place [commercial orders for additional doses](#). Through COVAX, Nigeria was able to purchase some Western vaccines at [a 20 percent discount](#), making them cheaper than Sputnik V, which can cost [two to three times more](#). Sputnik V's inflated price dispelled [Moscow's hyped claims](#) that the vaccine could be an attractive alternative for developing countries like Nigeria.

LIMITED TOP-DOWN SUPPORT FOR SPUTNIK V IN NIGERIA

The preexisting arrangements with Western companies were largely supported by Nigeria's leaders. In contrast to [his counterparts](#) in countries where Sputnik V gained early traction, President Muhammadu Buhari showed his subordinates no sign that he was keen to procure it for use in Nigeria. Given the highly centralized nature of the Nigerian government's decisionmaking, any decision to buy large quantities of Sputnik V and fast-track its regulatory approval would have required his express support. Without it, ministers and agency heads had few reasons to champion a [controversial vaccine](#) that its developers sped through trials at an [unprecedented pace](#).

There are also no public signs that President Vladimir Putin or other senior Russian officials pressed Buhari to procure Sputnik V. In fact, the last known engagement between the two top leaders was at the October 2019 Russia-Africa Summit, when the Kremlin organized a series of bilateral meetings with multiple African heads of state. Buhari was just one of several regional leaders who had an audience with Putin or other senior officials during that meeting. This lack of engagement



Buhari receives his first dose of the Oxford/AstraZeneca COVID-19 vaccine in March 2021. Photo: KOLA SULAIMONI/AFP via Getty Images.

may explain why Buhari made little effort to back an accelerated rollout of the Russian vaccine, instead allowing it to get bogged down by bureaucratic inertia.

Buhari's hands-off approach disadvantaged Sputnik V in another key way: he left Nigeria's COVID-19 response to a task force dominated by Western-trained medical professionals with no ties to Russia. These included former task force head Dr. Sani Aliyu, a UK-trained infectious disease expert, and [Dr. Chikwe Ihekweazu](#), the former chief of the Nigeria Centre for Disease Control, who in late 2021 [became an assistant director-general](#) of the WHO. Knowledgeable about infectious diseases and well-connected to the global health

community, the country's top public health officials and scientists seemed to prefer to procure vaccines with WHO emergency use approval from trusted manufacturers via internationally backed platforms like COVAX and AVATT, despite their [delayed deliveries](#).

NIGERIA'S BUREAUCRATIC BARRIERS

In addition to a pro-Western bias, Russian vaccine diplomacy in Nigeria also had to contend with the country's formidable bureaucracy. Nigeria's pharmaceutical regulator—the National Agency for Food and Drug Administration and Control



(NAFDAC)—would ultimately determine if and when Nigerians could receive doses of Sputnik V. In late 2020, NAFDAC made it clear that it would [rigorously evaluate](#) all COVID-19 vaccines before licensing them for use in Nigeria, unlike several [other developing countries](#) that quickly embraced Sputnik V. Moreover, because Sputnik V lacked WHO approval, NAFDAC subjected it to a lengthier, six-month-long testing process. This by-the-book approach carried few political risks given Nigeria's prospective access to WHO-approved alternatives.

Notorious among Nigerian businesses for its convoluted, expensive, and arbitrary processes, NAFDAC is both a much-needed [safeguard against fake drugs](#) and a barrier to trade and investment. NAFDAC officials sometimes appear to have [exploited procedural bottlenecks of their own making](#). According to a 2019 survey by the Lagos Chamber of Commerce and Industry and the Center for International Private Enterprise, over 80 percent of the businesses that were surveyed [had paid bribes](#) to receive NAFDAC services, [increasing their costs](#) for NAFDAC and other regulatory services by 5 to 50 percent. Despite its problematic reputation, however, NAFDAC did not cut corners in [approving Sputnik V](#), thereby slowing the vaccine's rollout in Nigeria.

Yet NAFDAC is not the only player in Nigeria's pandemic response with a [reputation](#) for malfeasance and mismanagement. Corruption is [endemic](#) across the country's healthcare sector, and a recent scandal may have impacted health officials' willingness to push for the acquisition of a vaccine that had not yet received numerous international approvals. In January 2021, [anticorruption activists demanded](#) that the Nigerian government investigate the findings of an official audit that indicated health ministry officials misspent or embezzled 3.8 billion naira (over \$9.2 million) in public funds in 2018. Hollowed out by mismanagement and corruption, Nigeria's healthcare sector was in the spotlight and in no position to champion the use of

the Sputnik V vaccine, which often proved [more costly](#) and lacked [complete data transparency](#), especially in the initial months of global vaccination campaigns.

PUBLIC WARINESS IN NIGERIA

The Nigerian public, already wary of receiving any COVID-19 vaccine, also did not take to Sputnik V. Vaccine hesitancy has been widespread in Nigeria, slowing uptake rates and thus reducing the need for Nigeria to seek the more expensive Sputnik V jab, particularly given the [hurdles](#) the vaccine has faced in gaining the [green light](#) from several major global regulators. According to a [December 2020 survey](#), nearly 40 percent of Nigerians were not willing to take any COVID-19 vaccine. As of November 2021, [less than 3 percent](#) of eligible Nigerians had been vaccinated, suggesting that the country had yet to administer doses it had already received. International donations to African countries of [near-expired doses](#) have also made Nigeria's vaccination campaign more challenging.

Multiple factors, including [misinformation](#), [mistrust of government](#), [rumors of side effects](#), [fatalistic attitudes](#) toward illness and death, and belief in the efficacy of [traditional remedies](#) and faith-based cures, [fuel this reluctance to get vaccinated](#). These concerns, combined with the cautious approach taken by the country's regulators and [medical professionals](#), likely damaged Nigerians' perceptions of vaccines generally and Sputnik V specifically. There is no sign, moreover, that Moscow tailored its pro-Sputnik V social media campaign to a Nigerian audience and thus failed to generate any popular or media buzz. Indeed, as an upcoming Carnegie Endowment for International Peace article suggests, Russia's efforts to promote Sputnik V via social media were far less successful in Africa than in other parts of the world.¹ Taken together, these factors compromised Russian efforts to drum up local demand for Sputnik V.

RUSSIA AND NIGERIA'S NOT-SO-SPECIAL RELATIONSHIP

The sporadic nature of the Russia-Nigeria relationship also undermined the selling of Sputnik V. Episodic and inconsistent, bilateral engagement between Abuja and Moscow consists of the [occasional summit](#) or [high-level visit](#) with a flurry of bilateral economic or political deals announced. However, the track record of implementation of these agreements generally has been sparse. The two countries also have few enduring healthcare and humanitarian ties. Although Russia's ambassador to Nigeria [met with Nigerian Health Minister Osagie Ehanire](#) in September 2020 to pitch Sputnik V and offer technical support, Moscow did not leverage higher-level visits or offer other help (such as military or economic aid) to pique Nigerian interest in the vaccine. Sputnik V's promoters [mooted](#) in 2020 the [possibility](#) of developing a vaccine production facility in [Nigeria](#). Russian statements, however, appeared more like an unrealistic gimmick meant to boost the vaccine's profile in West Africa, given that Nigeria lacks a robust domestic pharmaceutical industry and that concrete talks on any local production do not appear to have occurred.

Nor could Russian vaccine diplomacy leverage a broader set of private sector relationships. Past, state-brokered deals have largely revolved around [arms procurement](#) and [petroleum sector investments](#). The two countries [only recently established](#) a Russia-Nigeria chamber of commerce to help widen trade and investment ties into new sectors. Although some Nigerian students [receive government scholarships](#) to study abroad in Russia, it is [difficult](#) to [settle there](#) for the long term, further limiting the scope of the type of diaspora ties that have built strong cultural and [economic connections](#) between Nigeria and several Western countries—particularly the United States and the UK. There is little ballast to the Nigerian-Russian relationship—something that has hampered Nigeria's uptake of Sputnik V.

NIGERIA'S BIGGER PUBLIC HEALTH PROBLEMS

Nigerian ambivalence to Sputnik V is also consistent with its elites' long-standing neglect of the country's public health needs. It was unrealistic to expect apathetic political elites to aggressively pursue a mass vaccination program, since these same elites, who [routinely travel abroad for medical treatment](#) or have access to a [lavishly funded clinic](#) at the Presidential Villa, may not be personally incentivized to invest in the country's healthcare. Likewise, top officials possibly felt that they would have preferential access to Western-produced vaccines or could [obtain them](#) in London, Dubai, or other places where Nigerian elites own property and [seek medical care](#).

Most Nigerians, in contrast, must depend on the country's crumbling government-run healthcare system. This system [receives just 4 percent](#) of the federal budget, far short of the 15 percent level that Nigeria, along with other African Union states, [promised to spend two decades ago](#). Overstretched, poorly managed, and under resourced, [Nigeria's dilapidated hospitals](#) and clinics largely fail to meet the healthcare needs of working class Nigerians, whose [life expectancy ranks among the lowest](#) worldwide.

Most of Nigeria's 42,000 doctors—[responsible for serving over 200 million people](#)—are overworked and underpaid; they [frequently go on strike](#) just to force the government to pay them salary arrears. Despite this, the Nigerian government has [dismissed concerns](#) about doctors leaving the country to work abroad; one minister recently claimed that he was “not worried about doctors leaving the country. We have [a] surplus.” Clearly at odds with the reality on the ground characterized by short-staffed hospitals and clinics, the minister's comments—which stand uncorrected—show that few of Nigeria's political elites understand how their

past missteps and inaction left the country ill-prepared for the COVID-19 pandemic and left average Nigerians wary of elites' public health advice.

LESSONS LEARNED

Nigeria's lukewarm response to Moscow's vaccine diplomacy suggests that Russia wields little influence in one of Africa's most strategically important countries, despite occasionally lofty diplomatic engagements. Constrained by a shortage of soft power (such as preexisting personal and institutional relationships) and the roving nature of their past engagement, Russian officials struggled to convince either Nigeria's obstinate regulators or its skeptical citizens to embrace Sputnik V. Moscow's efforts at promoting the vaccine, such as the proposed production facility in Nigeria, appeared more symbolic than substantive. And Russian officials did not appear to understand how to approach the Nigerian bureaucracy and with whom to engage, as they did not seem to prioritize engagement with Nigeria's president or the top public health officials who ran the vaccine procurement process. Even after Nigeria's pharmaceutical regulator approved the Russian vaccine, the country has yet to place any orders—likely due to its higher cost and lack of domestic demand.

Unlike its Western rivals, Russia did not have an expansive and enduring network of relationships between health officials, international bodies, and nongovernmental organizations. Moscow's traditional focus in Africa on arms sales, extractives, and occasional symbolic trade talks served as a weak basis for its efforts to promote its pharmaceutical industry at this critical time. Moving forward, the country clearly must broaden and deepen its engagement with Nigeria to fulfill its pledges.

For their part, Nigerian officials' short-term successes—and longer-term failures—dampened demand for Sputnik V. On the plus side, they followed their own rule book, resisting the urge to cut corners in exchange for brown envelopes or other incentives. Despite [their legitimate frustration](#) with the West's vaccine nationalism—seen by some as [vaccine apartheid](#)—and unmet delivery promises, Nigeria's leaders largely left it up to top experts to guide the country's pandemic response. This geared the country toward tried-and-true mechanisms for vaccine acquisition, including AVATT, COVAX, and the WHO.

Yet for decades, successive Nigerian leaders have neglected the country's basic public health needs, leaving the country largely unprepared for a pandemic, woefully short of doctors and nurses, and mistrustful of government. Facing such long odds from the start, Sputnik V's misadventures in Nigeria come as little surprise.

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NOTES

- 1 See forthcoming article by Darren Linville and Patrick Warren from the Carnegie Endowment for International Peace.

