Nigeria

Finding the Balance: Public Health and Social Measures in Nigeria

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African Union   AFRICA CDC Centres for Disease Control and Prevention   Ipsos   LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

NOVETTA   RESOLVE TO SAVE LIVES   Vital Strategies   WORLD ECONOMIC FORUM   World Health Organization

Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Nigeria that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Nigeria—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: Nigeria has the largest outbreak in Western Africa and the third largest on the continent. Since the end of July, the country has been seeing a decline in reported cases after a two-month plateau. Between 23 July and 19 August, new cases reported in Nigeria have decreased by an average of 8% each week. Testing levels have remained low since May, indicating a high likelihood of undetected cases.

PHSM Implementation: The country has primarily relied on implementing restrictive measures at a subnational level to keep the COVID-19 outbreak under control. At the same time, the country-wide measures that were implemented early in the outbreak are being loosened in a phased manner.

PHSM Support and Adherence: While support for PHSMs is above 50% among survey respondents, self-reported adherence is lower, despite a large portion of those surveyed reporting anxiety about resuming normal activities. Government support is the lowest out of all surveyed African Union (AU) Member States, and reports coming out of media analysis show discontent with, and substantial mistrust of, the government's response.

Risk Perceptions and Information: Survey findings and analysis from social media reflect low perceptions of risk and severity among the Nigerian public. In addition, there is low trust in the government and significant anti-foreign sentiment, leading to substantial misinformation about the disease.

Essential Health Services: A high proportion of respondents in Nigeria who have needed health care have had difficulty accessing health care visits (39%) and medicines (36%) during the COVID-19 crisis, and those with longstanding illnesses are particularly affected. The most frequently reported health service that was missed was for malaria; because the prevalence of malaria in Nigeria is among the highest on the African continent, this could have substantial health impacts and may require a policy response to strengthen prevention and ensure continued access to treatment. Further investigation is necessary to strengthen prevention and ensure continued access to essential health services by people with malaria and longstanding conditions.

Economic Burden and Food Security: The economic and food security burden of the COVID-19 response is extremely high in Nigeria, despite a PHSM loosening strategy designed to restart the economy. More than 80% of Nigerians report having lost income since last year and experiencing difficulty accessing food, while almost one in four people in the country are living with insufficient food consumption. Government assistance programs to mitigate this burden only reached around one in ten respondents in the past month. Complaints of lack of government support were also found in traditional and social media.

Security: Nearly 100 security incidents related to COVID-19 has been reported in Nigeria since the start of the pandemic. Since the height of unrest related to COVID-19 in April, when more than half of total incidents were reported, there has been a de-escalation of violence. Use of force and violence against citizens were noted in all of the reported security incidents in Nigeria. Ongoing conflict in the northwest and south also adds complexity to ongoing COVID-19 response.

Disease Dynamics and PHSM Implementation

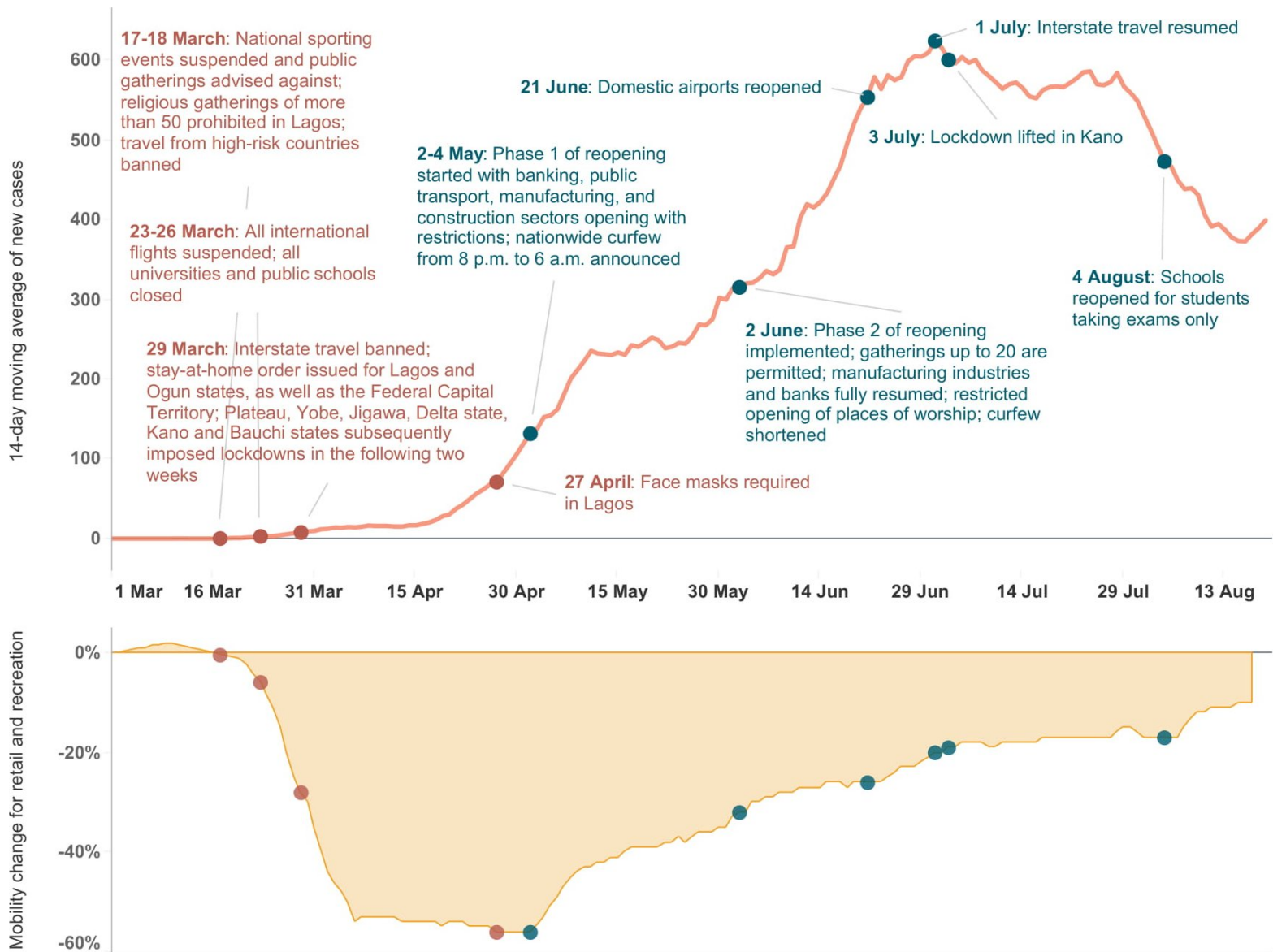| Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
50,488 (25)	985	363,331 (7)	2.0%

WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

Nigeria has the largest caseload in the Western Region. After a plateau beginning in June, the country has experienced a decline in reported new cases since the end of July, with an average decrease in cases of about 8% each week over the previous month. However, testing remains below recommended guidelines. Nigeria has been implementing phased plans to reopen since the end of April.

- Nigeria announced a number of PHSMs in targeted epidemic hotspots following the first detected case in Lagos in late February. By the end of March, Nigeria had suspended international flights, closed all schools, banned interstate travel and announced lockdowns in certain states. Most PHSMs were tailored to the state level, with strict stay-at-home orders implemented in Lagos and Ogun states, as well as Abuja.

- Starting in early May, the government announced its phased approach to loosening PHSMs, citing the need to restart the economy. The president also announced an expansive testing strategy to detect new cases, which included plans to expand the COVID-19 laboratory network across all states. At the same time, the number of new cases reported began to grow more rapidly and mobility started to increase. The Presidential Task Force has routinely provided updates on the epidemic in the country, outlining the effect of control efforts.

- The epidemic plateaued at an elevated incidence between mid-June and July, with the highest 7-day moving average of new cases reported on 30 June (642 cases). This occurred as PHSMs were loosened; domestic airports were reopened as of 21 June and interstate travel permitted as of 1 July. New cases have decreased since 1 August. International flights are set to resume at the beginning of September. The current epicenter of the outbreak continues to be in Lagos, followed by Federal Capital Territory and Oyo state. As of 19 August, the nightly curfew is still in place, public transport and other public spaces are open but with limited capacity, and mass gatherings are restricted to less than 20 people.

- The tests per confirmed case ratio has stayed below the recommended range since May due to limited testing resources, indicating a potential for undetected cases. Tests per one million population are also one of the lowest on the African continent.

Mobility in Nigeria began to rise after the first phase of reopening in mid-April, and has continued to rise toward pre-pandemic rates.

17-18 March: National sporting events suspended and public gatherings advised against; religious gatherings of more than 50 prohibited in Lagos; travel from high-risk countries banned

23-26 March: All international flights suspended; all universities and public schools closed

29 March: Interstate travel banned; stay-at-home order issued for Lagos and Ogun states, as well as the Federal Capital Territory; Plateau, Yobe, Jigawa, Delta state, Kano and Bauchi states subsequently imposed lockdowns in the following two weeks

2-4 May: Phase 1 of reopening started with banking, public transport, manufacturing, and construction sectors opening with restrictions; nationwide curfew from 8 p.m. to 6 a.m. announced

27 April: Face masks required in Lagos

21 June: Domestic airports reopened

2 June: Phase 2 of reopening implemented; gatherings up to 20 are permitted; manufacturing industries and banks fully resumed; restricted opening of places of worship; curfew shortened

1 July: Interstate travel resumed

3 July: Lockdown lifted in Kano

4 August: Schools reopened for students taking exams only

Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGRT Notes: Mobility changes for retail and recreation shows the percent change compared to baseline (3 Jan-6 Feb) in visits to retail and recreation sites (e.g. restaurants, cafes, shopping centers, etc.) among Google users.
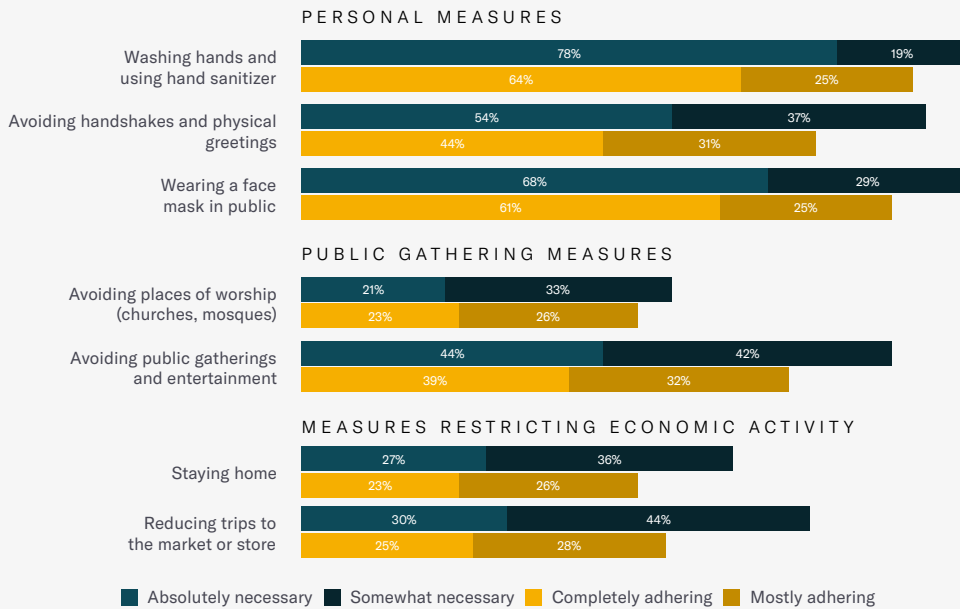
PHSM Support and Adherence

PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

Support and self-reported adherence for PHSMs are highest for personal protective measures and lowest for limiting visits to places of worship. Three-fourths of respondents are in favor of reopening up the country further to boost the economy.

- Overall, adherence and support are lowest for measures that restrict economic activity, which likely reflects both the barriers these measures imply as well as the limited restrictions currently in place.

- Almost all respondents have a face mask ready to use (97%), but adherence to wearing a face mask is on par with all surveyed AU Member States. Reports from social media show high positive sentiment toward masks although reports of non-adherence are still prevalent. Support and adherence for avoiding places of worship is notably lower than for other PHSMs, suggesting that maintaining safe ways to continue religious gatherings will be important.

- Three out of four respondents are in favor of reopening the country to restart the economy, but the same percentage are also anxious about resuming normal activity–suggesting that respondents are feeling the tension between the economic burden of PHSMs as well as the threat of the outbreak.

- Nigeria has the lowest percentage of government satisfaction of all surveyed AU Member States. This is also reflected in analysis from social media, with widespread anti-government sentiment and lack of trust in official case reporting.
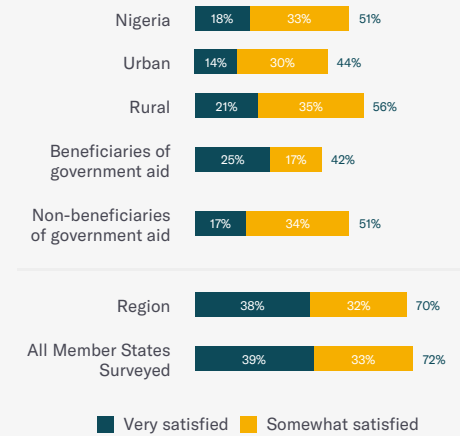
Support and adherence are highest in personal measures, while both are lowest for limiting visits to places of worship.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures

PERSONAL MEASURES

Washing hands and using hand sanitizer	78% / 19% ; 64% / 25%
Avoiding handshakes and physical greetings	54% / 37% ; 44% / 31%
Wearing a face mask in public	68% / 29% ; 61% / 25%

PUBLIC GATHERING MEASURES

| Avoiding places of worship (churches, mosques) | 21% / 33% ; 23% / 26% |
| Avoiding public gatherings and entertainment | 44% / 42% ; 39% / 32% |

MEASURES RESTRICTING ECONOMIC ACTIVITY

| Staying home | 27% / 36% ; 23% / 26% |
| Reducing trips to the market or store | 30% / 44% ; 25% / 28% |

■ Absolutely necessary   ■ Somewhat necessary   ■ Completely adhering   ■ Mostly adhering

Respondents in Nigeria reported the lowest level of satisfaction of all surveyed AU Member States, and satisfaction is reported higher in rural areas.

% satisfied with government COVID-19 response, by country, subgroup and region

Nigeria	18% / 33%	51%
Urban	14% / 30%	44%
Rural	21% / 35%	56%
Beneficiaries of government aid	25% / 17%	42%
Non-beneficiaries of government aid	17% / 34%	51%
Region	38% / 32%	70%
All Member States Surveyed	39% / 33%	72%

■ Very satisfied   ■ Somewhat satisfied

Data Source: Ipsos Survey

Face Masks

Nigeria requires all residents to wear face masks in public at all times.

97%
of survey respondents had a face mask ready to use

94%
recognized that wearing a mask could prevent spread

86%
report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

26% favor waiting longer to loosen restrictions

73% favor opening up to get the economy moving

Comfort with resuming activities:

75% report that resuming normal activities makes them anxious

73% would feel comfortable using public transport if it were not too busy
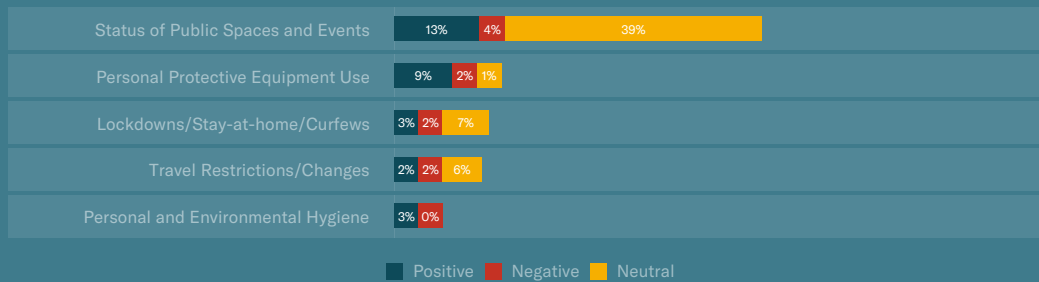
Data Source: Ipsos Survey

Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

Nigeria had the highest coverage of PHSMs in traditional and social media across Africa. Coverage of PHSMs in traditional media, driven by national and state government messaging, was largely positive. However, Nigerian Facebook users were more critical of government PHSM policies and implementation.

- Status of schools: Facebook users were particularly critical of the state and national government's stances on the status of schools, with concerns that the decision to close schools caused an increase in domestic violence and pregnancies among students.

- Mask use: While reports from social media users were generally more positive towards face masks, Facebook users rejected mask use, arguing that the health measure was illogical. Nigerians responded negatively to an op-ed in The Guardian by Nigerian professor who was in favor of mask-wearing, commenting "fake", "scam," and "god punish you."

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August

Topic	Positive	Negative	Neutral
Status of Public Spaces and Events	13%	4%	39%
Personal Protective Equipment Use	9%	2%	1%
Lockdowns/Stay-at-home/Curfews	3%	2%	7%
Travel Restrictions/Changes	2%	2%	6%
Personal and Environmental Hygiene	3%	0%	

■ Positive ■ Negative ■ Neutral

A Facebook user stated on 17 August, "Covid is ordinary malaria. That is why Trump says take chloroquine tablet[s]. Government [is] just [fooling] us. Using [our] money for their election coming in 2023."
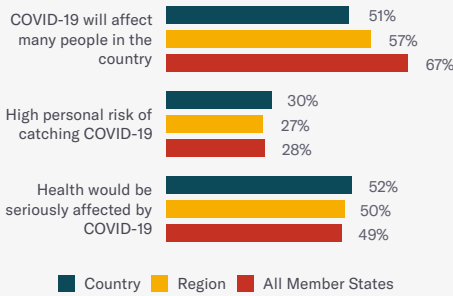
Data Source: Novetta Mission Analytics

Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.
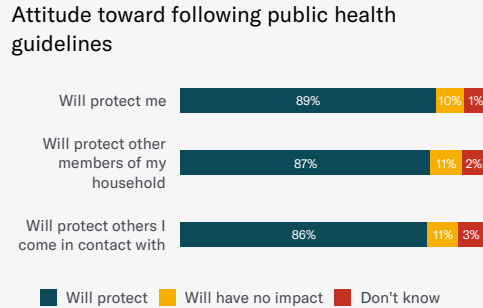
Although Nigeria reports the highest caseload in the region, perceptions of risk and disease severity are low in both the survey results and social media analysis. Widespread misinformation and rumors, also reflected in both the survey and media monitoring, may be undermining adherence to PHSMs.

- Just over half of those surveyed agree that COVID-19 will affect many people in the country, lower than both the regional average as well as the average of all AU Member States surveyed. Personal perceptions of risk and disease severity are on par with the region and all surveyed AU Member States. Low risk perceptions are also reflected in recent social media posts.

- Nonetheless, the majority of respondents in Nigeria are confident that adhering to preventive guidelines will help protect themselves and others.

- Survey data shows a significant mistrust towards foreigners, while analysis of traditional and social media reflect belief in misinformation as well as anti-government sentiment. Polling results about vaccine hesitancy suggest that early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring uptake when one becomes available.
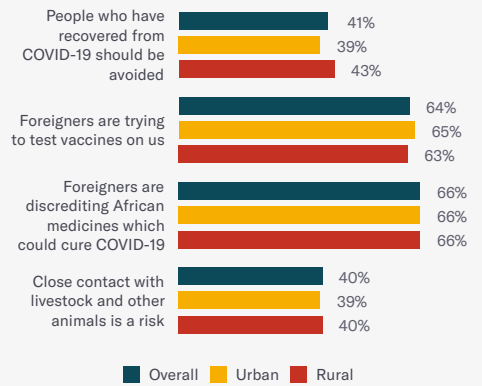
While surveyed Nigerians have similar perception of risk and disease severity to their neighbors, their perception of country impact is substantially lower.

	Country	Region	All Member States
COVID-19 will affect many people in the country	51%	57%	67%
High personal risk of catching COVID-19	30%	27%	28%
Health would be seriously affected by COVID-19	52%	50%	49%

Legend: ■ Country ■ Region ■ All Member States

Most participants believe that following public health guidelines will protect themselves, their household and their community.

Attitude toward following public health guidelines

	Will protect	Will have no impact	Don't know
Will protect me	89%	10%	1%
Will protect other members of my household	87%	11%	2%
Will protect others I come in contact with	86%	11%	3%

Legend: ■ Will protect ■ Will have no impact ■ Don't know

Misinformation is widespread, particularly related to foreign interference.

	Overall	Urban	Rural
People who have recovered from COVID-19 should be avoided	41%	39%	43%
Foreigners are trying to test vaccines on us	64%	65%	63%
Foreigners are discrediting African medicines which could cure COVID-19	66%	66%	66%
Close contact with livestock and other animals is a risk	40%	39%	40%

Legend: ■ Overall ■ Urban ■ Rural

Risk perceptions and information in traditional news and social media

Traditional media and official Twitter posts in August focused on statements by Nigerian national and state government officials, including the Nigeria Centre for Disease Control, warning of high risk of COVID-19 in the country, and emphasizing that a decline in case numbers did not mean the epidemic was over and could be caused by low testing in some states.

- Analysis of Facebook posts showed a lower perception of risk and disease severity. Users in Nigeria consistently mentioned their lack of trust in the Nigerian government particularly concerning case counts, with posts denying the existence of COVID-19 in Nigeria and claims that the virus is a strain of malaria.

- Disbelief in COVID-19 often overlapped with anti-Nigerian government and pro-Trump narratives. Biafran separatists in Southeast Nigeria were vocal and consistent in characterizing the virus, testing, PHSMs, and vaccinations as political tools of the Nigerian government, or as a "scam."

- In July, controversial treatment claims by a Cameroonian-American physician went viral in Nigeria. Social media reports showed that acceptance of hydroxychloroquine as a treatment for COVID-19 increased sharply among Facebook users in Nigeria. These statements undermined personal risk perception and spread misinformation in the country.

eria. We have always ha[d] [Malaria] Fever here. It can't kill us. We have always lived with it. Almost all Nigerians have fever symptom[s] in their system. What with [these] COVID19 figures that keep going up. Please let us continue with our normal lives, afterall the government does not care about us."
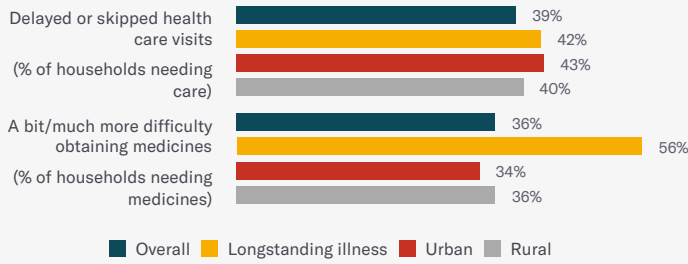
Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

Nigeria is experiencing severe disruptions to health services during the COVID-19 crisis. Nearly four out of ten households that needed health care services or medications had to skip or delay health visits or had difficulty accessing medicines; those with longstanding illness had particular difficulty with access to medicines. The survey found that the greatest barriers to health care access were concerns about affordability, contracting COVID-19, and mobility restrictions, which warrants further investigation to ensure that access to essential services are maintained during the COVID response. Malaria was reported as the reason for almost 40% of missed visits, which will have significant health impacts given that the prevalence of malaria in Nigeria is among the highest on the African continent, with roughly 75% of the country living in areas of high malaria transmission. In addition, vaccinations accounted for 10% of missed visits, which will also impact the longer-term health of the population; a July 2020 Nigeria COVID-19 National Longitudinal Phone Survey found that one in five households with children 0-5 years old who needed immunizations were not able to get their children vaccinated, primarily due to lack of medical personnel or restrictions imposed by the lockdown measures.

The amount of respondents reporting delaying or skipping health care visits in Nigeria is on par with the rest of the continent. Those with longstanding illnesses reported more difficulty in obtaining medicines.

Category	Value
Delayed or skipped health care visits (% of households needing care) — Overall	39%
Delayed or skipped health care visits — Longstanding illness	42%
Delayed or skipped health care visits — Urban	43%
Delayed or skipped health care visits — Rural	40%
A bit/much more difficulty obtaining medicines (% of households needing medicines) — Overall	36%
A bit/much more difficulty obtaining medicines — Longstanding illness	56%
A bit/much more difficulty obtaining medicines — Urban	34%
A bit/much more difficulty obtaining medicines — Rural	36%

Legend: ■ Overall ■ Longstanding illness ■ Urban ■ Rural

Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

26% Couldn't afford care

22% Worried about risk of COVID-19

19% Couldn't get to facility due to mobility restrictions

The most common self-reported reasons for missed visits were:

37% Malaria

22% General/routine check-up

7% Vaccinations

Economic Burden and Food Security

PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

A large majority of Nigerian respondents have experienced severe economic hardships during the COVID-19 crisis. Many face difficulty in accessing food related to loss of income as well as high food prices. The World Food Programme estimates that the number of people with insufficient food consumption has increased by almost 7 million in the past three months to nearly 45 million people (almost one quarter of the population). This is consistent with the almost 80% of survey respondents who reported experiencing at least one barrier to purchasing food in the past week. The government is using the existing National Social Safety Nets Project (NASSP) through the World Bank to scale up economic support through cash transfers to poor households and those affected by the crisis. In addition, the Nigerian government has announced several other social assistance measures, including food distribution, subsidized loans and deferral of repayments for those involved in essential services. However, less than ten percent of respondents reported receiving any additional government support in the previous month. The lowest income households were twice as likely to have received support, indicating some success in targeting assistance to those most in need.

Loss of income and increase in food prices are the highest barriers to accessing food in Nigeria.
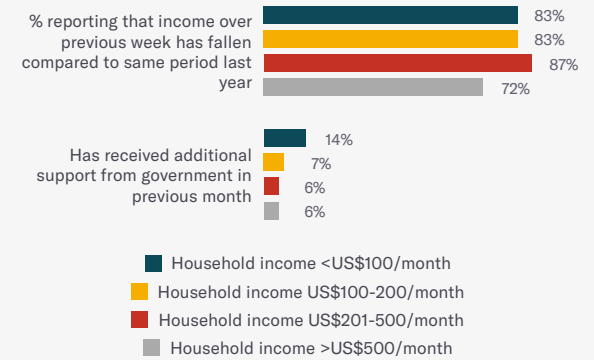
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)

Mobility restrictions
- 41%
- 40%
- 48%
- 39%
- 44%

Markets closed
- 43%
- 44%
- 48%
- 41%
- 46%

Market shortages
- 50%
- 49%
- 55%
- 46%
- 52%

Higher food prices
- 69%
- 70%
- 74%
- 68%
- 71%

Less income
- 65%
- 72%
- 72%
- 63%
- 66%

Legend:
- ■ Overall
- ■ Household income >US $500/month
- ■ Household income <US $100/month
- ■ Rural
- ■ Urban
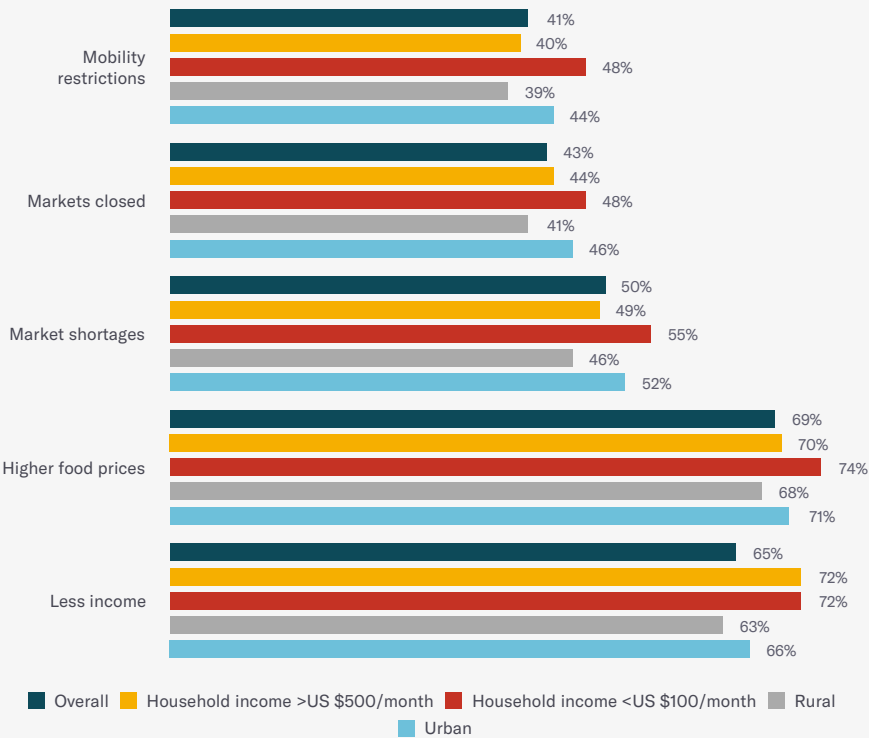
More than 80% of respondents reported a decrease in income, while less than 10% received any additional assistance from the government.

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

% reporting that income over previous week has fallen compared to same period last year
- 83%
- 83%
- 87%
- 72%

Has received additional support from government in previous month
- 14%
- 7%
- 6%
- 6%

Legend:
- ■ Household income <US$100/month
- ■ Household income US$100-200/month
- ■ Household income US$201-500/month
- ■ Household income >US$500/month

Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

Burdens related to PHSM implementation and adherence, including basic needs, essential services, and livelihoods, were the leading narrative in monitored coverage of COVID-19 in Nigeria at almost 20% of all content. The highest and most consistent burden, as reported in both Nigerian traditional news and social media, was on livelihoods and unemployment.

- Between May and August, private citizens and experts cited in both traditional and social media blamed the Nigerian government for rising unemployment rates and insufficient delivery of relief assistance.

- Food security was a key concern in Nigeria, especially among private citizens writing on Facebook. Concerns over food security peaked in August after the Minister of Humanitarian Affairs was widely quoted discussing a school feeding program designed to aid hundreds of thousands of children during the COVID-19 lockdown. However, reports from social and traditional media condemned the program, claiming Nigerian families either did not receive the food assistance or received food of poor quality. Social media users denounced the government as "thieves" and "liars" while a widely circulated op-ed called the program "e-feeding."

On 14 August a Tweet claimed, "Personally, I think the reported figure by NBS [National Bureau of Statistics] regarding the unemployment rate in Nigeria is not entirely holistic - 27.1 million Nigerians cannot be unemployed. The number is much higher, more like 170 million Nigerians. #RedefineNigeria #COVID19"

A local media outlet reported on 13 August, "They label it school feeding. But they lie as usual. We are convinced it is a huge goof. This is why we call it e-feeding."
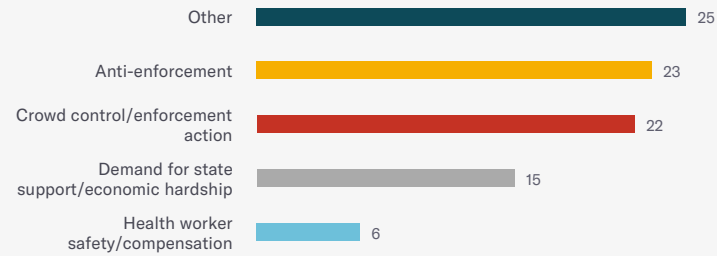
Data Source: Novetta Mission Analytics

Security

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on people.

Nigeria has experienced more than 90 security incidents related to COVID-19, with more than half occurring in April with a rapid drop off in reported incidents in May through July. These episodes had a wide variety of causes, including protests against PHSM enforcement and attacks against coronavirus task forces and security forces enforcing restrictive measures. All of the reported incidents involving enforcement of PHSMs by security forces resulted in violence against civilians. There were also at least six peaceful protests by health care workers for reasons including inadequate personal protective equipment and working conditions, poor or no compensation, and physical abuse of a female health care worker. In addition, the ongoing insecurity in Nigeria's northwest -- including deadly conflict, kidnappings and sexual violence involving many armed groups, including herder-allied groups, vigilantes, criminal gangs and jihadists -- as well as in Southern Kaduna, add complexity to the COVID-19 response in those areas.

Security incidents related to COVID-19 primarily involved protests against PHSM enforcement and attacks against security forces enforcing restrictions.

Number of reported events by category, March-July

Category	Value
Other	25
Anti-enforcement	23
Crowd control/enforcement action	22
Demand for state support/economic hardship	15
Health worker safety/compensation	6

Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods