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MEAC Findings Report 6

Armed Group Messaging on COVID-19 in Nigeria

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MANAGING EXITS
FROM ARMED CONFLICT

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KEY FINDINGS

- Government public health messages about the pandemic have saturated the Maiduguri metropolitan area in Borno State. 85 per cent of respondents heard messages about mask wearing, hand washing, and social distancing from the government or community leaders.
- 6 per cent of the sample admitted to hearing messaging about the pandemic from Boko Haram, but many respondents refused to answer this question.
- Those who heard – and trusted – messages from Boko Haram were more likely to think that the coronavirus is an attack by foreign countries, and that they are immune to the virus.
- Willingness to take the vaccine does not seem to be impacted by hearing or trusting Boko Haram’s messages on the coronavirus.

This Findings Report, and the research that supported it, were undertaken as part of UNU-CPR’s Managing Exits from Armed Conflict (MEAC) project. MEAC is a multi-donor, multi-partner initiative to develop a unified, rigorous approach to examining how and why individuals exit armed conflict and evaluating the efficacy of interventions meant to support their transitions. While the Findings Report benefited from feedback from MEAC’s donors and institutional partners, it does not necessarily represent their official policies or positions.

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Background

About MEAC

How and why do individuals exit armed groups, and how do they do so sustainably, without falling back into conflict cycles?

These questions are at the core of UNU-CPR's Managing Exits from Armed Conflict (MEAC) initiative. MEAC is a multi-year, multi-partner collaboration that aims to develop a unified, rigorous approach to examining how and why individuals exit armed conflict and evaluating the efficacy of interventions meant to support their transition to civilian life. MEAC seeks to inform evidence-based programme design and implementation in real time to improve efficacy. At the strategic level, the cross-programme, cross-agency lessons that will emerge from the growing MEAC evidence base will support more effective conflict resolution and peacebuilding efforts. MEAC is supported by the Norwegian Ministry of Foreign Affairs, Switzerland's Federal Department of Foreign Affairs (FDFA), the UK Foreign, Commonwealth and Development Office (FCDO), Irish Aid, and the UN Development Programme (UNDP), and is being run in partnership with the UN Department of Peace Operations (DPO), UNICEF, the International Organization for Migration (IOM), and the World Bank.

About this Series

The MEAC findings report series seeks to put evidence about conflict transitions and related programming into the hands of policymakers and practitioners in real time. The reports present short overviews of findings (or emerging findings) across a wide range of thematic areas and include analyses on their political or practical implications for the UN and its partners.

About this Report

This report is based on data collected from December 2020 to January 2021, as part of a phone survey with a randomized sample of 3,471 community members from key locations in and around the Maiduguri metropolitan area in Borno State, Nigeria. The report presents data around the pervasiveness of COVID-19 messaging by the government and armed groups, and how each are understood and received by the public. This data may be useful to UN and NGO partners working in the region to bolster the public health response to the COVID-19 pandemic. The report ends with an examination of key policy and programmatic implications of these findings.

The Impact of COVID-19 on Armed Conflict in the North East of Nigeria

Overview

In response to the COVID-19 outbreak, armed and criminal groups around the world have sought to take advantage of the pandemic to criticize their enemies, demonstrate their leadership, and swell their ranks.¹ Abubakar Shekau – the leader of a Boko Haram faction² fighting in the North East of Nigeria – appears to have viewed the pandemic as an opportunity to critique the government and attract recruits. In an audio tape released in April 2020 in which he declared that the COVID-19 pandemic is a form of punishment from God,³ he pronounced that the only cure for the disease is commitment and return to Allah with strict observance of congregational prayers. This last measure is a clear contradiction of the social distancing requirements put in place by the Government in its effort to curb the spread of COVID-19. On its part, the rival faction, the Islamic State of West Africa (ISWAP), also known as the Al-Barnawi faction, simply views the pandemic as an opportunity to launch more attacks and expand its activities as government resources are diverted to COVID-19 control.⁴

Boko Haram's messaging around the coronavirus reflects and plays into a pattern of conspiratorial thinking and widespread scepticism about ostensibly sinister foreign origins of COVID-19 that are common in Nigeria and beyond.⁵ This attitude could help fuel a long-standing opposition to international public health measures in northern Nigeria, which has origins in public health campaigns and medical controversies that date back more than 30 years.

In the 1990s, there were controversies around a clinical trial conducted in Nigeria by pharmaceutical company Pfizer that eventually ended in a suit and an out-of-court settlement.⁶ Around the same period, another issue arose in northern Nigeria related to the World Health Organization (WHO)'s global polio eradication initiative (GPEI), which increased public distrust in the medical establishment and public health campaigns.⁷ In 1988, the World Health Assembly initiated the campaign to eradicate polio by 2000. This campaign was, however, marred in northern Nigeria when some

¹ Siobhan O'Neil and Kato Van Broeckhoven, "Opinion: With Armed Groups on the Rise, Youth Engagement Is More Important than Ever", IPS, 7 October 2020, http://www.ipsnews.net/2020/10/armed-groups-rise-youth-engagement-important-ever/?utm_source=rss&utm_medium=rss&utm_campaign=armed-groups-rise-youth-engagement-important-ever.

² In this report series, the authors will refer to two factions that are both currently known as "Boko Haram" in and around Maiduguri. When relevant, findings will distinguish between the faction led by Shekau (also known as Jamā'at Ahl as-Sunnah or JAS), and the rival faction led by al-Barnawi (also known as the Islamic State of West Africa or ISWAP). Shekau's recently reported death – if confirmed – could impact the relationship between the two factions and how they are perceived and referred to locally. See: "ISWAP militant group says Nigeria's Boko Haram leader is dead," *Reuters*, 7 June 2021, <https://www.reuters.com/world/islamic-state-west-african-province-says-nigerias-boko-haram-leader-is-dead-2021-06-06/>.

³ Yusuf Anka, "Abubakar Shekau Mocks World Leaders And Derides Social Distancing In New Audio Message," *HumAngle*, 15 April 2020, <https://humangle.ng/abubakar-shekau-mocks-world-leaders-and-derides-social-distancing-in-new-audio-message/>.

⁴ Audu Bulama Bukarti, "How Is Boko Haram Responding to Covid-19?," Tony Blair Institute for Global Change, 20 May 2020, <https://institute.global/policy/how-boko-haram-responding-covid-19>.

⁵ Hannah Hoechner, "In Northern Nigeria, Distrust Jeopardises the Response to Coronavirus," *The Conversation*, 15 April 2020, <http://theconversation.com/in-northern-nigeria-distrust-jeopardises-the-response-to-coronavirus-135347>.

⁶ Jeanne Lenzler, "Pfizer Settles with Victims of Nigerian Drug Trial," *BMJ* 343 (2011).

⁷ Usman Nakakana Nasir et al., "Polio Elimination in Nigeria: A Review," *Human Vaccines & Immunotherapeutics* 12, 3 (2016).

Islamic preachers and political leaders from the region declared their opposition to the polio eradication campaign and endemic transmission of wild poliovirus only stopped in Nigeria in 2016.

Progress against polio in Nigeria was severely delayed and costly⁸ due to a boycott of the distribution of vaccine in five states of northern Nigeria, spurred by antivaccine activists from Kano State.⁹ The boycott apparently was orchestrated by rumours, encouraged by state government officials, that the vaccine was an American conspiracy to spread HIV and cause infertility in Muslim girls. Another factor that reinforced vaccine refusal in northern Nigeria was the strong rivalry between local politicians and leaders of the federal Government, with polio vaccinations being used as a bargaining chip for more federal resource allocation by the state governments.¹⁰ This tussle prevailed in the context of pervasive poverty that had impacted education levels and suppressed information access, which in turn made it harder to combat rumours. Prominent influential leaders of northern Nigeria became the lightning rod for the polio controversy and fought to sustain it to further diverse sociopolitical and religious interests.¹¹

It is against this backdrop – and amidst a worsening security and humanitarian crisis in the North East – that the fight against coronavirus commenced in Nigeria. Despite the historical investments made by the WHO and its partners to build a fair, equitable, and trusted vaccine distribution infrastructure in the country, the current operational environment is creating headwinds for COVID-19-related public health efforts in Nigeria, echoing the dynamics surrounding the disrupted polio campaign in the early 2000s. Over the last year, misinformation,¹² inability to social distance in some areas,¹³ and uncertainty about testing and treatment capacity¹⁴ were already creating discord and confusion. The situation has been compounded by discordant messaging about coronavirus between the central Government and at least one state government whose pronouncements are sometimes outrightly denialist in nature and sometimes merely misleading or at variance with national strategies.¹⁵ As some countries discontinue the Oxford AstraZeneca vaccine or health officials highlight concerns with it, local antivaccine rhetoric and misinformation has been further ratcheted up. Furthering the confusion and distrust, Boko Haram and other armed groups have sought to take advantage of the pandemic to advance their cause or grow their ranks.

Findings

As part of its larger study on trajectories out of armed groups in North East Nigeria, the MEAC project collected data on how armed actors were messaging about COVID-19 and what impact that messaging might have on the population's perceptions of the pandemic and medical preferences.

⁸ Estimates suggest that outbreak control cost the GPEI over \$500 million after polio incidence in Nigeria jumped from 202 in 2002 to 1143 in 2006. See Isaac Ghinai et al., "Listening to the rumours: What the northern Nigeria polio vaccine boycott can tell us ten years on," *Global Public Health* 8, 10 (2013).

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.; Abiodun Raufu, "Polio Vaccine Plans May Run into Problems in Nigeria," *BMJ* 327 7410 (2003).

¹² Samia Tasnim, Md Mahub Hossain, and Hoimonty Mazumder, "Impact of Rumors and Misinformation on COVID-19 in Social Media," *Journal of Preventive Medicine and Public Health* 53, 3 (2020).

¹³ Ebere Roseann Agusi et al., "The COVID-19 Pandemic and Social Distancing in Nigeria: Ignorance or Defiance," *The Pan African Medical Journal* 35, 52 (2020).

¹⁴ Itai Chitungo et al., "COVID-19: Unpacking the Low Number of Cases in Africa," *Public Health in Practice* 1 (2020).

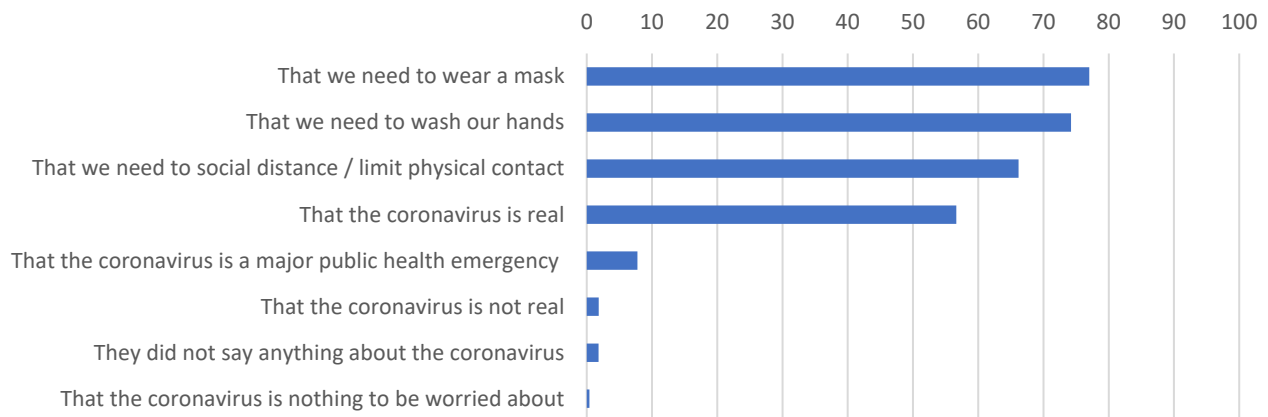
¹⁵ In Kogi State the government has repeatedly rejected the reality of COVID-19. See "Kogi State Governor Rejects Existence Of Virus," *Channels Television*, 6 July 2020, <https://www.youtube.com/watch?v=8A8tc547rM>.

The findings below are based on 3,471 community member phone surveys collected from December 2020 to January 2021 in key locations in and around Maiduguri in Borno State, Nigeria.¹⁶

Messaging Trends

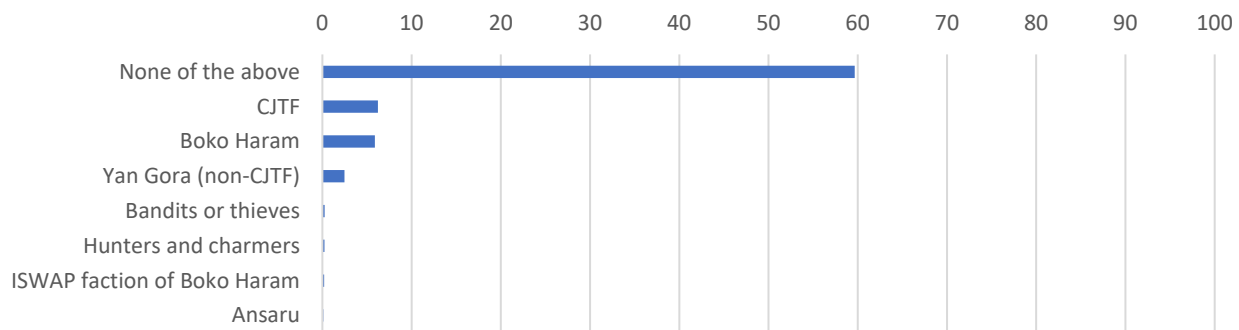
The data suggest that government messaging about the pandemic is widely known to the public. Of those surveyed, 85 per cent of respondents say they have heard messaging about the coronavirus from the Government or community leaders.

Figure 1 – Government Messages About COVID-19



As highlighted in Figure 1, when asked what specific messages the Government was sending about the coronavirus, respondents were most likely to cite the need to wear a mask, wash hands, and social distance. More than half said that the Government stressed that the coronavirus is real.

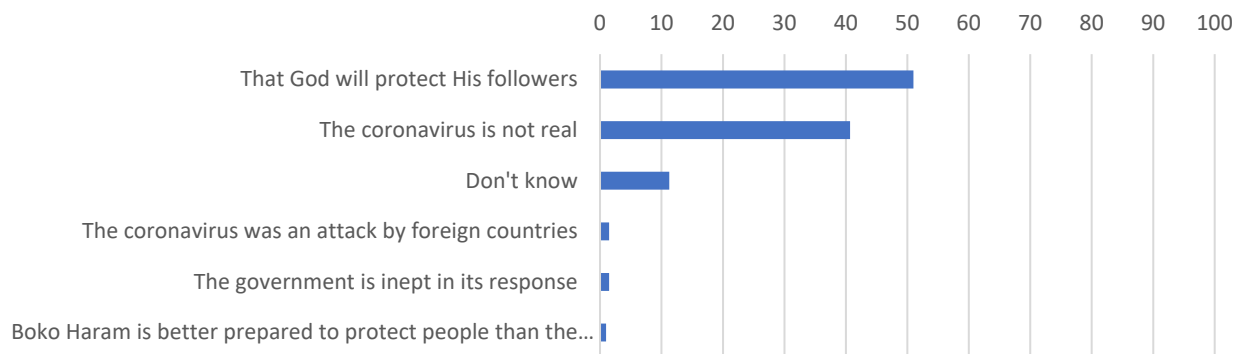
Figure 2 – Heard COVID-19 Messaging from Armed Group/Force(s)



¹⁶ This research was conducted in partnership with several researchers, spearheaded by Dr Rebecca Littman, University of Illinois at Chicago, in partnership with Dr Zoe Marks, Harvard Kennedy School, and conducted and facilitated on the ground principally by Innovations for Poverty Action (IPA), with support from Mobukar Consultancy. More information on MEAC partners and donors is available on <https://cpr.unu.edu/research/projects/meac.html#outline>.

Alongside messaging from different levels of government in Nigeria, other organizations are spreading information about COVID-19 and how the public should respond to the pandemic, including NGOs, international organizations, and armed groups. When asked if respondents had heard messaging about the coronavirus from armed groups, criminal groups, and volunteer security outfits, most people said they had not (60 per cent). Interestingly, a sizeable portion of respondents (30 per cent) refused to answer the question. The very high “refused to answer” rate here raises the question of whether more respondents have heard these messages but did not want to admit as much to enumerators. Six per cent, however, admitted to hearing messaging from Boko Haram.¹⁷

Figure 3 – Boko Haram’s Messages About the Pandemic



Of those who admitted to hearing messaging from Boko Haram, the dominant messages they reported hearing about COVID from the group – as outlined in Figure 3 – were “That God will protect his followers” (51 per cent) and the slightly contradictory “The coronavirus is not real” (41 per cent).

Impact of Messaging

Given Nigeria’s complicated history with drug trials and public health campaigns and the rampant rumours that circulate regarding Boko Haram, the insurgency, and government policies, Boko Haram’s messaging around the pandemic was concerning, even if only a small portion of people seemed to hear it. Of the few hundred who admitted hearing messages from Boko Haram on the pandemic, 41 per cent trusted the group’s message. Of those who heard messages from Boko Haram, male respondents were more likely to trust them than female respondents (57 per cent to 29 per cent).¹⁸

The survey asked four questions to gauge perceptions around the pandemic and public health preferences:

- Do you think coronavirus is an attack by foreign countries?
- Do you think you are immune to coronavirus?
- Do you think the coronavirus is real?
- If a coronavirus vaccine becomes available in Nigeria, would you take it?

¹⁷ About four per cent of respondents say they heard messaging from CJTF making it the second most vocal non-state group in Maiduguri outside Boko Haram. Overall, less than four per cent of respondents combined admit getting messaging from the other groups they were specifically asked such as Yan Gora, Bandits or Thieves, Hunters and Charmers, Ansaru and ISWAP in that order.

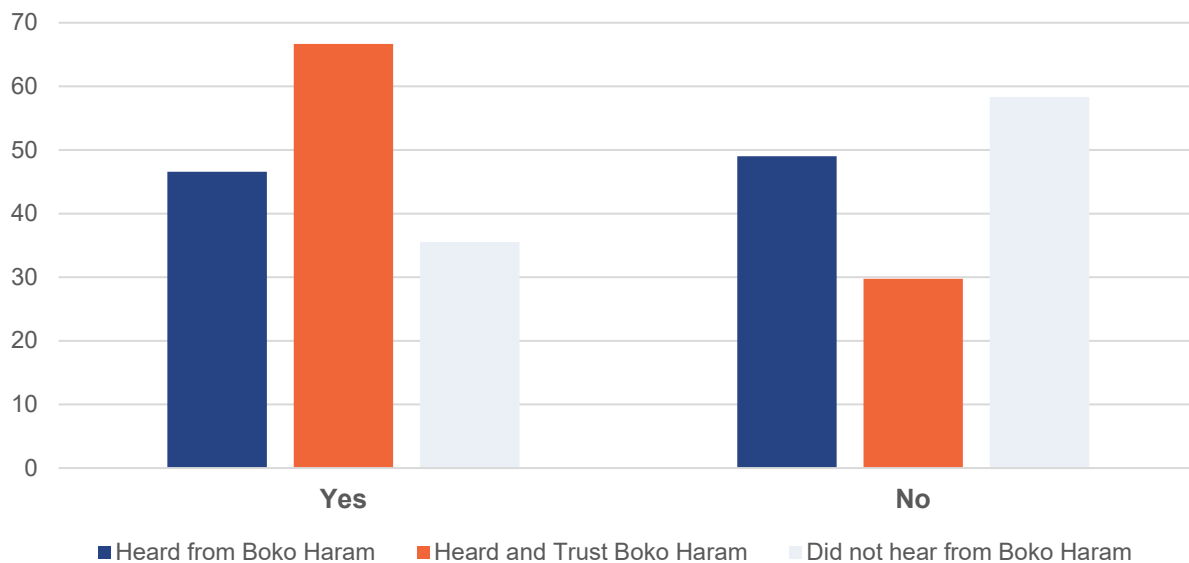
¹⁸ Disaggregating by age did not indicate significant differences across child and adult respondents (42 per cent of adults trusted the messages compared to 37 per cent of children, but the overall number of children who admitted to hearing from Boko Haram was small, 19 of 399).

This next section analyses the impact of hearing Boko Haram’s messages on those perceptions and preferences, and what implications this could have for public health efforts to stem the spread of the virus in Nigeria.

Coronavirus Seen as an Attack

There is a significant portion of the community in and around Maiduguri who believe that COVID-19 has nefarious origins. Overall, 36 per cent of respondents who did not hear from Boko Haram think that coronavirus is an attack by foreign countries. Across the whole sample, female respondents are more likely to believe COVID is an attack by foreign countries than male respondents (47 per cent compared to 30 per cent). Likewise, there was a differential across age categories, albeit smaller, with children more likely to believe that COVID was an attack (44 per cent) than adults (37 per cent).

Figure 4 – Do you think COVID-19 is an attack by foreign countries?



Given Shekau’s message about COVID that “we have anti-virus...,”¹⁹ it is important to examine the impact of Boko Haram’s messaging on public perceptions about the virus’ origins, and what they might mean for public health measures. Admitting to hearing from Boko Haram caused a jump in seeing COVID as an attack (47 per cent compared to 36 per cent of those who did not hear messages from the group). Trusting Boko Haram’s message, however, had a more significant impact. Of those who admitted to hearing Boko Haram’s COVID-19 messaging **and** trusting in that message, 67 per cent said they believed COVID-19 was a foreign attack.

It is worth noting that, in general, there are differences across respondent groups on this question. In the entire sample, children are more likely to believe in nefarious origins of the virus at 44 per cent

¹⁹ Yusuf Anka, “Abubakar Shekau Mocks World Leaders And Derides Social Distancing In New Audio Message,” *HumAngle*, 15 April 2020, <https://humangle.ng/abubakar-shekau-mocks-world-leaders-and-derides-social-distancing-in-new-audio-message/>.

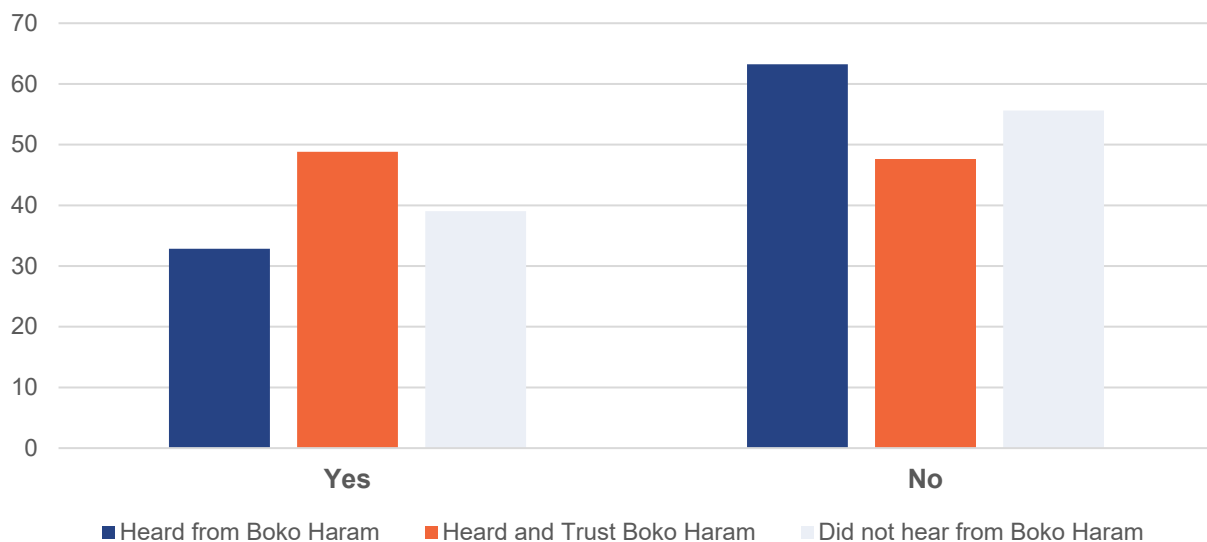
compared to adults (37 per cent). Whereas female respondents are more likely to believe this (47 per cent) than male respondents (30 per cent).

That COVID was an attack – or the international response to it constitutes an affront to Islam – appears to be one of Boko Haram’s dominant messages, so it is not surprising that it might influence those who were hearing them. Interestingly, one of the other dominant messages heard from Boko Haram was that the group’s followers were immune to the virus.

Perceptions of Immunity to the Virus

As evident by Figure 5, of the entire survey sample, a significant portion of people in and around Maiduguri believe they are immune to coronavirus.²⁰ This is marginally high and counterintuitive to the high level of public health awareness in Borno and surrounding states. Factors that influence respondent’s belief that they are immune to COVID-19 might be related to hearing message from Boko Haram (and other armed groups) and having trust in the message.

Figure 5 – Do you think you are immune to COVID-19?



Hearing from Boko Haram alone does not appear to have an impact on perceptions of immunity. Hearing and trusting Boko Haram’s message, however, does. Of those who admitted to trusting Boko Haram’s message, 49 per cent believe they were immune to COVID-19 compared to 33 per cent who just heard the group’s messages and those respondents who did not hear them at all (39 per cent). Given this was a specific claim of Shekau’s, and how the group operated, it is not surprising that those who trusted him had greater feelings of invulnerability to the virus. The data show that when disaggregated by gender, female respondents who trusted the group’s messages were more likely to feel immune (56 per cent) compared to male respondents who also trusted the messaging (44 per cent).

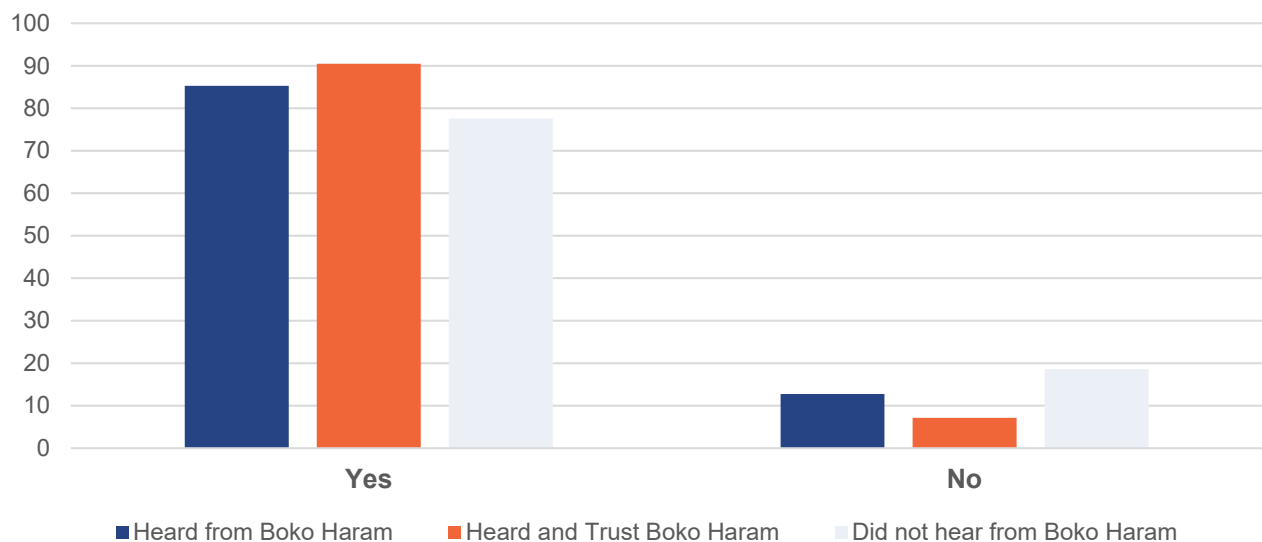
²⁰ There appears to be little difference by age or gender.

Perceptions of immunity are important because they are likely associated with enhanced risk taking, eschewal of public health protocols, and vaccine refusal, all of which could hamper efforts to get COVID-19 under control in Nigeria.

Recognizing the Reality of the Pandemic

Positively, the data from the survey suggest that most people in and around the Maiduguri area recognize the reality and risks associated with the pandemic. 77 per cent of respondents believe coronavirus is real. It should be noted that there is a 9-percentage point difference between males and female respondents, the latter of which are less likely to believe COVID is real.²¹

Figure 6 – Do you think COVID-19 is real?



The messaging from Boko Haram raises concerns about the impact it might have on perceptions about the seriousness of the pandemic and some of the public health measures meant to contain it. Interestingly, the data suggest that hearing and trusting Boko Haram's messages about the coronavirus decidedly increases perceptions that the virus is real. 85 per cent of those who heard Boko Haram's messages and 90 per cent of respondents who trusted them believe the coronavirus is real, compared to 78 per cent of those who did not hear the messages. Indeed, as Figure 6 shows, those who had not heard Boko Haram's messages were more likely to deny the reality of the virus than those who heard or heard and believed the messages of the group.

Willingness to Taking the COVID-19 Vaccine

Given the nature of Shekau's messaging, there are concerns that those who are listening or trust in these messages may not adhere to public health precautions meant to stem the spread of the virus. At the time of the survey, life in and around Maiduguri had largely gone back to normal and the social distancing and stay at home orders of the spring were a distant memory. As such, the survey did not

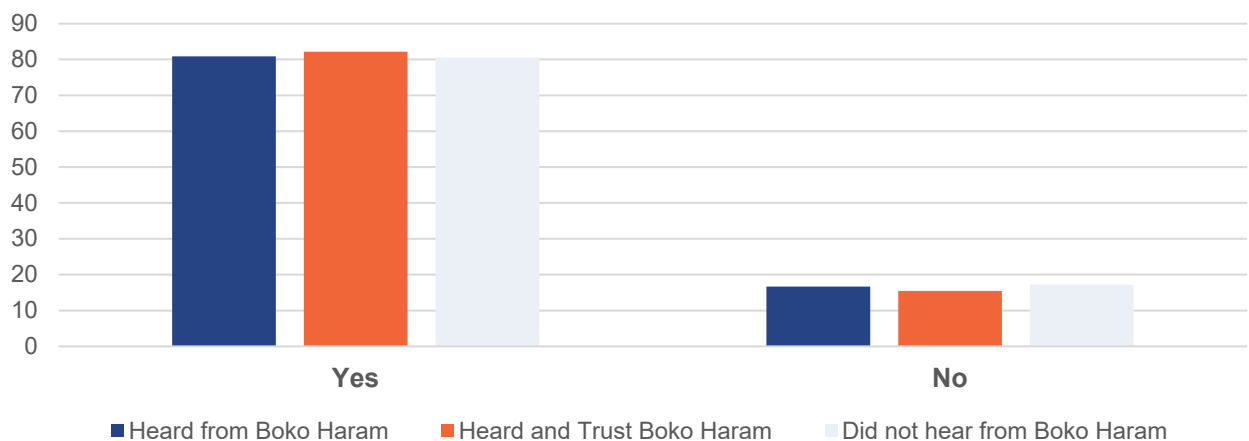
²¹ There was no difference across age groups.

ask about social distancing or public health measures but focused on willingness to get the vaccine once it becomes available in Nigeria.

Interestingly, willingness to take the vaccine does not seem to be impacted by hearing or trusting Boko Haram's messages on the coronavirus. As Figure 7 shows, of all who heard the messages, 81 per cent said they were willing to take the vaccine when it became available. Similarly, 82 per cent of those who trusted the messages planned to take the vaccine. Willingness to take the vaccine was nearly identical with those who had not heard or heard and trusted in Boko Haram's messages (81 per cent).

Notably, what appears to have a bigger impact on vaccine acceptance is age. Of the whole sample, compared to 77 per cent of adults, 71 per cent of child respondents expressed willingness to get the vaccine when it becomes available.²² Since those under 18 are too young to remember the polio campaign, there may be additional work that needs to be done to promote vaccine acceptance with younger cohorts.

Figure 7 – If a coronavirus vaccine becomes available in Nigeria, would you take it?



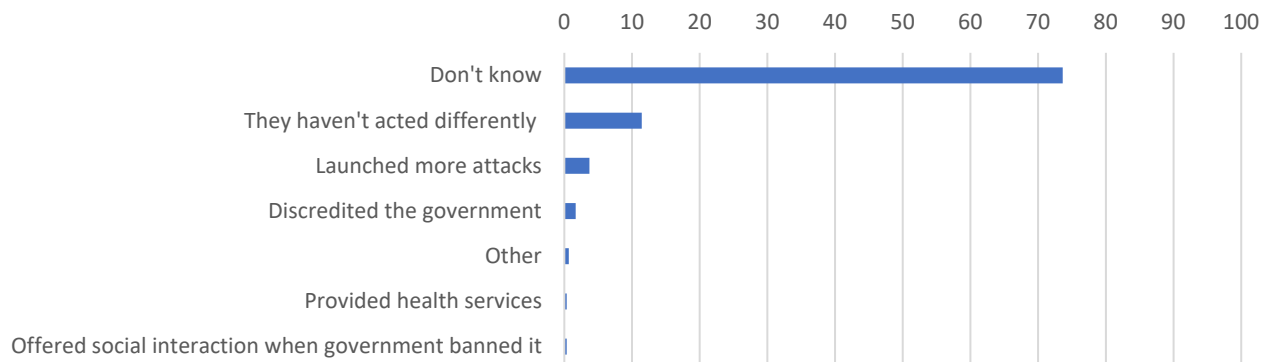
The data suggest that seven months after the release of the initial audio tape, Boko Haram's messages have not yet eroded trust in vaccination, a key tool in combatting the spread of COVID-19. This finding is not entirely surprising. Despite the earlier medical controversies and challenges to healthcare delivery in North East Nigeria associated with earlier public health campaigns, ultimately there is a strong public health awareness that in turn enhanced vaccine acceptance. That awareness seems to currently be strong amongst the subset of the population that is listening to and, in some cases, trusting Boko Haram about COVID-19. It requires noting that the survey question used here is hypothetical and it will be important to continue to monitor impacts on actual accessing of the vaccine once it becomes widely available in Nigeria.

²² Interestingly, vaccine acceptance for children who heard from Boko Haram about coronavirus (90 per cent) or heard and trusted Boko Haram's message (100 per cent) was higher for those children who did not admit to hearing anything from Boko Haram about the pandemic (75 per cent). While interesting, it is difficult to draw strong conclusions about the impact of the group's messaging on children as the subgroup of them that admitted to hearing messages is quite small.

Instrumentalization of the Pandemic

Beyond their own perceptions of the pandemic, the survey also asked respondents if they perceived a change in Boko Haram's behaviour since the pandemic broke out. In policy circles, much has been made of Boko Haram's intensification of activity in the last year. Yet, the public in and around Maiduguri is less sure if a shift has occurred. As seen in Figure 8, 11 per cent of respondents said Boko Haram had not changed its behaviour as a result of coronavirus and 74 per cent said they did not know. Only 4 per cent said the group had launched more attacks and 2 per cent said the group worked to discredit the Government as a result of the pandemic.

Figure 8 – Boko Haram's Response to the Coronavirus



Policy and Programmatic Implications

Boko Haram's response to the pandemic has real policy and programmatic implications for the Nigerian and state governments and for international organizations working to promote public health campaigns in the North East (and possibly beyond). The data suggests that Boko Haram's messages about the pandemic did not necessarily impact the medical choices people are willing to take to address COVID. Hearing and having trust in the group's messages, however, is associated with perception shifts. This effect is strong around perceptions of personal immunity to COVID-19 and feeling that the pandemic is an attack. This latter point is interesting as Shekau has portrayed not just the pandemic but the response to it as an attack on Islam. Given that Boko Haram's messages focused on anti-COVID-19 measures in Nigeria, there is a real concern that such messages could undermine willingness to get the vaccine when it becomes available and impact public health efforts to prevent the spread of the virus.

Curiously, however, people who believe Boko Haram's messages are even more likely to believe the pandemic is real and are as willing to get the vaccine. Despite the controversies and challenges to health care delivery witnessed in North East Nigeria in the 1990s, one significant takeaway is that the familiarity with vaccination in the region – due to the polio campaign – has helped combat the effect of Boko Haram messaging. Yet, the comfort born of this investment will not remain impervious forever. While today, even those who think they are immune to COVID-19 still seem willing to get a vaccine, there are two distinct concerns.

First, the public health culture and vaccine awareness are not immune to uncontrolled misinformation and rumours, which can erode trust in the medical system and public health measures. To effectively

address COVID-19-related rumours, there is a need for a carefully outlined multidimensional public health strategy in North East Nigeria. One key component of such a strategy could be coordinating with local leaders and key stakeholders in the community to ensure buy-in, elevate public health 'role models', and amplify state and federal messaging.

Additionally, the authorities must recognize the reluctance of research participants to comment on Boko Haram. Many respondents refused to answer whether they had heard COVID-19 messaging from Boko Haram or other armed actors. The instinctive recoil from issues related to insurgent groups could mean many things, but one distinct possibility is respondents are nervous or embarrassed to admit that they are hearing messages from Boko Haram. If the group's COVID-19 messaging has greater reach than this survey suggests, there are questions about the group's continued capacity to undermine public health efforts. This capacity, however, is brought into question with recent reporting that Shekau has been killed.²³ If the remnants of the Shekau faction do not continue to send messages about the pandemic, and if the ISWAP/AI-Barnawi faction continues to be largely silent on the subject,²⁴ this could at least reduce the number of voices – including some that still have some element of public trust – promoting conspiratorial and false messaging around the pandemic.

Second, children and youth surveyed for this study were too young (or, in some cases, not yet alive) when the polio campaign started. The differential by age on the COVID-19 vaccine question was notable and showed a six-point divergence – with young people being less willing to take the vaccine when it becomes available. Perhaps having missed the much of the polio campaign, younger people are less familiar and comfortable with vaccines – and the processes that ease acceptance – than older generations. As such, concern should be focused on targeted public health campaigns with young people to promote public health responses – including specifically on vaccination – to prepare for the availability of the vaccine in Nigeria. Additionally, given the gender differentials across some key perceptions, it would make sense for public health campaigns to precisely focus on the factors that are leading to greater conspiracy or hesitancy amongst women. To successfully reach young people and women, public health campaigns will likely need to utilize different communications channels and spokespersons and be responsive to gaps or concerns from these populations.

²³ "Abubakar Shekau: Nigeria's Boko Haram leader is dead, say rival militants," *BBC*, 7 June 2021, <https://www.bbc.com/news/world-africa-57378493>.

²⁴ This is the case as far as public statements go. Moreover, the MEAC data suggest few respondents identified distinct messages on COVID from ISWAP, but there is the possibility if anyone did hear such messages, they identified as coming from Boko Haram, as the survey showed that few people in the area make a distinction between the factions.

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