Implementing an emergency risk communication campaign in response to the COVID-19 pandemic in Nigeria: lessons learned

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ABSTRACT

At the onset of the COVID-19 pandemic, the WHO recommended the prioritisation of risk communication and community engagement as part of response activities in countries. This was related to the increasing spread of misinformation and its associated risks, as well as the need to promote non-pharmaceutical interventions (NPIs) in the absence of an approved vaccine for disease prevention. The Nigeria Centre for Disease Control, the national public health institute with the mandate to prevent and detect infectious disease outbreaks, constituted a multidisciplinary Emergency Operations Centre (EOC), which included NCDC staff and partners to respond to the COVID-19 outbreak. Risk communication, which also comprised crisis communication, was a pillar in the EOC. As the number of cases in Nigeria increased, the increasing spread of misinformation and poor compliance to NPIs inspired the development of the #TakeResponsibility campaign, to encourage individual and collective behavioural change and to foster a shared ownership of the COVID-19 outbreak response. Mass media, social media platforms and community engagement measures were used as part of the campaign. This contributed to the spread of messages using diverse platforms and voices, collaboration with community leaders to contextualise communication materials and empowerment of communication officers at local levels through training, for increased impact. Despite the challenges faced in implementing the campaign, lessons such as the use of data and a participatory approach in developing communications campaigns for disease outbreaks were documented. This paper describes how a unique communication campaign was developed to support the response to the COVID-19 pandemic.

INTRODUCTION

The spread of SARS-CoV-2, the virus that causes COVID-19, began following reports of an outbreak of respiratory illness in Wuhan, Hubei Province, China, in December 2019.1 The virus rapidly spread beyond China’s borders, and on 30 January 2020, the outbreak was declared a public health emergency of international concern (PHEIC).2

The first case of COVID-19 in Nigeria was confirmed on 27 February 2020,3 and on 11 March 2020, the outbreak was officially declared a pandemic as total worldwide cases surpassed 118,000.4 Although advances in technology have helped in keeping pace with the trajectory of the virus, countries struggled to contain the spread of COVID-19.5

Following confirmation of the first case of COVID-19 in Nigeria, a multisectoral response was activated involving government ministries, departments and agencies (MDAs) led by a Presidential Task Force (PTF). The Nigeria Centre for Disease Control (NCDC) had been leading the public health response, issuing public health advisories, scientific guidelines for laboratory diagnosis and...
clinical management of cases, and adapting case definitions for the Nigerian context, among others.  

Globally, the spread of COVID-19 has been accompanied by a large amount of false information about the virus, especially on social media.  

Early in the pandemic, researchers identified that misinformation was spreading as quickly as the virus.  

There are various implications of the spread of misinformation, and some of these tend to be fatal. For example, an official in Iran’s Legal Medicine Organisation stated that 728 people died from alcohol poisoning in Iran as a result of rumours about alcohol as a possible cure for the virus that causes COVID-19 on social media.  

Similarly, in Nigeria, the spread of misinformation about salt water solution as a preventive method against Ebola virus disease led to deaths during the 2014 West African outbreak.  

In its COVID-19 strategy update published in April 2020, WHO recommended that Member States ‘enable and empower all individuals and communities to own the response through communication, education, engagement, capacity building and support’.  

Several global institutions and countries developed communication campaigns as part of their COVID-19 response. For example, the United Nations launched a ‘Verified Campaign’ to reach people with accurate information and compelling stories. In the UK, the campaign slogan ‘Stay Home. Protect the NHS. Save Lives’ was developed in a twice daily to galvanise public support for the response, by uniting the country around an entity, the NHS, irrespective of people’s different belief systems. A member of the UK COVID-19 response team described its communications campaign as the ‘biggest UK advertising campaign since the Second World War’.  

As the Nigerian government introduced early lockdown of activities, restrictions on social gatherings, internal travel restrictions and physical distancing, these policies demanded clear, timely and accurate communication to individuals, communities and businesses. The NCDC therefore developed a communication campaign tagged #TakeResponsibility. The campaign was developed to address the spread of misinformation and to empower Nigerians with the right information to drive individual behavioural change and prevent the spread of COVID-19.  

Publicity campaigns are well known for motivating populations to take action. They have been used to promote public health goals, both new interventions, for example, vaccines or safety campaigns, like the use of seat belts. They are also used in epidemics and pandemics because of the need to quickly disseminate information. Despite the usefulness of communication campaigns during the COVID-19 pandemic and their development by countries and institutions, there is sparse literature focused on the development of country-wide campaigns.  

The documentation of processes for the development of communication campaigns is important to assess the value of this strategy as part of outbreak response, identify strengths and gaps in implementation, and improve the communications response to future outbreaks and pandemics. This paper describes Nigeria’s experience in developing a communications response including a campaign to promote behaviour change during the COVID-19 pandemic, and lessons learned for future outbreaks.

**DEFINING THE CAMPAIGN**

Prior to the confirmation of Nigeria’s COVID-19 index case, a crisis communication team was constituted at NCDC to define the country’s communication strategy. Given the uncertainty around the origin of the virus and mode of spread, the initial focus of the strategy was to provide accurate and evidence-based information in real time while ensuring transparency about what was known and unknown about the virus.  

In Nigeria, the federal government instituted an early and complete closure of businesses, lockdowns, restrictions on social gatherings, internal travel restrictions, physical distancing and the use of face masks. This was in addition to other public health response strategies such as the early detection of cases, tracing of contacts and communication of risk via preventive messages, while ramping up testing and case management infrastructure across the country.  

However, the issue of poor compliance by the public proved challenging and posed a major threat to the response nationwide. This problem was not unique to Nigeria alone, as several countries that instituted voluntary compliance, reported varying levels of compliance. The policies introduced by the government had adverse effects on the livelihoods of many Nigerians and resulted in social and economic disruptions fuelled by lack of social safety nets and heightened public anxiety.  

Following increasing reports of poor compliance to NPIs through traditional and social media as well as lived experience of the responders, a crucial meeting of the crisis communications team was held to evaluate the communications challenges and opportunities in the early response. A major communication dilemma identified during the meeting was the growing mistrust in the government, contributing to non-compliance to the NPIs. Therefore, one of the main priorities identified was the need to develop a strategy that used an approach of encouraging individuals to take responsibility to limit the spread of the virus, by complying with the public health recommendations. The team also identified the need to diversify the source of public health messages from NCDC alone to include other stakeholders. This was to increase the reach and intensity of the messages, meet the needs of key target audiences and influence the public to make informed decisions to protect themselves and their loved ones.  

The first communications campaign for Nigeria’s COVID-19 response was immediately developed and tagged #TakeResponsibility in March 2020. The goal of the #TakeResponsibility campaign was to drive individual
behavioural change by defining the role of individuals in protecting themselves and loved ones and highlighting the consequences of failing to comply with health and government guidance. The responsibility of individuals and self-organised groups was put at the centre of the accountability framework for decision-making.

The crisis communications team worked closely with the Risk Communication Pillar of the NCDC-led national Emergency Operations Centre (EOC) which had been activated after the first confirmed case of COVID-19.

### IMPLEMENTATION OF THE #TAKERESPONSIBILITY CAMPAIGN

The #TakeResponsibility campaign provided a rallying point for other groups that were keen to support the COVID-19 response in Nigeria. This included government institutions, influencers and celebrities, private sector institutions, non-profit organisations, civil society organisations and individuals in voluntary capacity. These organisations which we describe as ‘key players’ aligned with the crisis communications team convened by NCDC and were tasked with the timely dissemination of health information to Nigerians. The activities implemented as part of the campaign can be described in three categories:

#### Information management and risk communication

**Proactive development of messages**

The NCDC convened regular meetings with key players to ensure alignment and timely dissemination of messages and agreement on means of dissemination. To manage information and develop messages through the campaign, the crisis communications team analysed data in real time from multiple data points including NCDC’s Event-Based Surveillance system and a routine Audience Insight Polling commissioned by the Presidential Task Force (PTF) supported by the UK government. This was important when new measures, such as the compulsory use of face masks, was introduced as it provided an opportunity to monitor awareness and rumours, and to develop messages to address these, often within hours.

These messages were used during the daily media briefings convened by the PTF after the first confirmed case of COVID-19 was reported. The media briefings broadcast across all television stations and radio outlets focused on providing regular updates on the pandemic and highlighting key messages of the #TakeResponsibility campaign.

In addition, there were about 30 television and radio appearances per week by NCDC and its partners to provide information on the pandemic. The NCDC convened a group of spokespersons including its staff, partners and individuals supporting the communications response. The spokespersons were trained using messages from the #TakeResponsibility campaign and provided with guidance such as talking points for media engagement. The digital communication materials for the campaign were made available on the NCDC website.

**Reactive development of messages to counter misinformation**

To stay ahead of the tide and given the wide-reaching impact of social media, conversations on major platforms (Facebook, Twitter, WhatsApp) were tracked through NCDC’s event-based surveillance system. The data and information from this was used to develop communication materials and messages which were then disseminated widely on traditional and social media to address the misinformation and identify focus areas. The NCDC crisis communications team also partnered with Facebook and Twitter to ensure that the agency’s social media platforms were verified and information coming from the agency was recognised as a trusted source of COVID-19 information. Campaigns were further amplified through the support of Nigeria’s telecommunication companies, using Short Message Service (SMS) to disseminate messages.

**Adaptation of the #TakeResponsibility campaign at the Subnational level**

Given the country’s federal structure and cultural diversity with over 250 ethnic groups, the #TakeResponsibility campaign was adapted at the subnational level to ensure adequate contextualisation, simplification and translation of the messages into local languages. The campaign messages were adapted into written, audio and visual formats and disseminated widely using risk communication structures at the state and community subnational level such as social mobilisation groups, religious and traditional groups. Beyond message adaptation, states were encouraged to develop and own their communications campaign towards achieving the campaign goal and desired behavioural change. For example, Oyo State introduced the Own Your Action (OYA) campaign to encourage residents of the state to also take responsibility against the virus, using terms that were considered more appropriate for the local context.

To enable the implementation of the campaign, State Health Promotion teams from all 36 states and the Federal Capital Territory (FCT) were trained between March and...
April 2020 on Risk Communication and Community Engagement using dedicated training modules.

By the end of April 2020, about 1 month into the #TakeResponsibility campaign, 33 out of 36 states and the FCT, in Nigeria had started airing radio and television jingles using the campaign’s key messages.

**Working through partnerships to achieve impact**

Strong collaborations were formed and nurtured across the Federal Government’s MDAs, and with partners to amplify the #TakeResponsibility campaign. The campaign messages were co-developed by various MDAs, and partners at the state and national level, pretested among different audiences, and disseminated through multiple communication channels. The campaign guided and informed the development of public health messaging on COVID-19 by other organisations, and was further adapted by states, government institutions and private sector stakeholders across nearly every industry. Nigerian celebrities, including actors and musicians, shared messages on the campaign on their platforms, reaching a wide range of audiences. The hashtag #CelebrateResponsibly was used to remind Nigerians to adhere to the public health and safety measures over the Christmas and New Year festive period.

**Challenges in the implementation of the #TakeResponsibility campaign**

The successes of the #TakeResponsibility campaign were driven by its key strength as a collaborative, responsive, whole-of-society risk communications approach to COVID-19 containment. Another strength of the campaign lay in its strong use of online communications platform to drive message dissemination. This strong use of online platforms, however, would also contribute a weakness to the campaign, in a country where millions do not have access to the internet. The campaign tapped into a wider opportunity provided by multisectoral stakeholder buy-in, which amplified the campaign online and in communities. One of the biggest threats to the response was the need to tackle misinformation, an over-abundance of which was termed an *infodemic.* The infodemic was exacerbated by mistrust in the government. This undermined the public health response and public adherence to preventive measures to reduce the spread of the virus. It also did not help that some respected and trusted voices in Nigeria, such as religious leaders, health officials and professional organisations publicly shared doubts and false information about the virus, its prevention and cures to their audiences.

**COMMUNITY ENGAGEMENT**

In addition to social media as a tool for the #TakeResponsibility campaign, a major focus of our intervention was community engagement. In most sections of rural Nigeria, modern communication channels are significantly less accessible, and its mechanisms are poorly understood by the less or uneducated Nigerians, who account for about 40 per cent of the population. Around 13 per cent of Nigerians use social media, this is projected to increase to 19.1 per cent by 2025. Nearly 84 per cent of people use mobile phones, while just about 20 per cent have smartphones. The experience from previous outbreaks such as Ebola showed that the response to pandemics requires a combination of government and community efforts.

The community engagement approach as part of the #TakeResponsibility campaign involved stakeholder mapping and analysis to identify traditional, community and religious leaders with wide-reaching impact and influence in their communities. Capacity building was done at the local level, as well as regular coordination meetings, co-creation and pretesting of communication materials. The National Risk Communication Technical Working Group led by NCDC and consisting of various government MDAs, as well as academia and development partners, was expanded to include religious organisations and community leaders/traditional rulers in the country.

To work effectively and reduce bureaucratic challenges, these structures were established within state Public Health Emergency Operations Centre. The selected community leaders were trained and tasked with using their structures at the local levels to work closely with community-based organisations in adapting the campaign. In turn, they worked with Village Development Committee members, Ward Development Committee members, town unions, town announcers, artisan/youth groups/associations, faith organisations. Furthermore, key roles and responsibilities for the different groups was collaboratively established, around creating awareness, rumour monitoring and support with surveillance. This ensured accountability of the various groups in fighting the pandemic. At the peak of the first wave of the pandemic, these local community leaders provided weekly feedback on awareness level and community practices to the risk communication team through an Open Data Kit (ODK) deployed across all LGAs. This further informed national community engagement strategies.

**LESSONS LEARNED**

The campaign contributed to awareness on COVID-19

The #TakeResponsibility campaign sustained awareness about COVID-19, as the response moved from being health sector-led to a whole-of-society response, increasing the self-efficacy of citizens to take ownership of the response and comply with instituted preventive measures. This was shown by the number of social media users reached through the campaign, as well as dissemination of messages by leaders across various sectors such as civil society, traditional rulers, financial organisations, celebrities, among others.

**Participatory approach to developing the campaign messages reinforced messages across Nigeria**

As the COVID-19 response required both top-down and peer-to-peer collaboration at the national and state levels,
the #TakeResponsibility campaign provided a platform to drive a common message. Using this participatory approach, the team was able to leverage on skills and experiences from different backgrounds and sectors to drive the campaign.

Data driven messaging is key to effective communication during a crisis

The crisis communication team convened by NCDC deployed several social listening strategies using diverse data points to ensure that the concerns of Nigerians were addressed through communication messages and that rumours were effectively managed. Perception surveys across the country, media monitoring, review of surveillance, call centre and social media data as well as ODK data from local government areas (LGAs) helped to set the messaging priorities weekly. These tools have now been adopted by NCDC as important components of risk communication strategies for other infectious diseases of public health importance.

The campaign was complementary and embedded within a wider response and this created more accountability and support for the response

The #TakeResponsibility campaign provided the narrative and guiding principle for the entire COVID-19 response in Nigeria beyond risk communication. It was embedded within the response activities. It provided a sense of accountability among responders as well as citizens to ensure that the pandemic was managed effectively in Nigeria, following the community transmission of the disease in the country.

The media plays a key role in public health message dissemination

The implementation of the #TakeResponsibility campaign relied on external support from MDAs, development partners and the private sector. The campaign leveraged on media airtime provided free-of-charge by media houses in Nigeria. The relationship between various stakeholders in the response and the media, enabled access to airtime and widespread dissemination of risk communication messages.

CONCLUSION

The #TakeResponsibility campaign has remained at the heart of risk communications and community engagement for COVID-19 containment in Nigeria, driven by government institutions at national and state levels, development partners, the private sector and individuals. This is evidenced by the leadership of the campaign by Nigeria’s national public health institute and the direct linkage between the commencement of the campaign and its alignment to all government directives on public health and social measures. #TakeResponsibility led to the evolution of several micro-campaigns targeted at communicating PHSMs to millions of Nigerians. These demonstrated a remarkable level of solidarity by rising to the challenge of responding to COVID-19 using a whole-of-society approach. Given Nigeria’s experience with recurrent multiple disease outbreaks, the lessons learned through this campaign, particularly in the difficulties of translating awareness on public health and social measures to action, will be used and adapted to ensure that effective communications strategy is deployed in outbreak preparedness and response towards strengthening national health security.

The established mechanism for dynamic social listening during the response will be adapted for addressing future misinformation and risky behaviour during unusual public health events, as one of the core capacities required for risk communication by the International Health Regulations. While the strengthened collaboration among diverse stakeholders for message development and dissemination will be sustained among the pre-existing National Risk Communication Technical Working Group for promoting participatory approach for future message development and dissemination.

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