

Community engagement; the master key to preventing Nigeria's obvious pandemic fatigue and the next COVID-19 wave

Journal of Public Health Research
2022, Vol. 11(3), 1–4
© The Author(s) 2022
DOI: 10.1177/22799036221107061
journals.sagepub.com/home/phj


Oluwaseun Adeolu Ogundijo^{1*}, Ahmad Ibrahim Al-Mustapha^{1,2,3*},
Ahmed Tijani Abubakar⁴, Abubakar Musa Imam⁵,
Folashade Bamidele¹ and Nusirat Elelu^{6,7}

Abstract

The index case of COVID-19 in Nigeria was in February 2020. The pandemic has resulted in severe social, economic, and public health challenge in Nigeria. Nigeria has experienced pandemic fatigue (PF) characterized by its low testing capacity, poor public adherence to COVID-19 preventive measures, and the urge to return to normal. This viewpoint examines Nigeria's obvious PF amongst Nigerians and believed that community engagement would be a master key to reducing Nigeria's PF and preventing another wave of the pandemic in Nigeria. Community engagement (CE) is a viable way for monitoring the spread of the SARS-CoV-2. CE is cost-effective, improves the chances of people voluntarily presenting themselves for COVID-19 testing at the grass-root level, and could halt the spread of COVID-19 in Nigeria especially with the detection of the delta and omicron variants in Nigeria.

Keywords

COVID-19, Pandemic fatigue, Community engagement, Nigeria

Date received: 19 January 2022; accepted: 19 May 2022

The 2019 coronavirus pandemic (COVID-19) has caused a serious global health crisis that has resulted in the loss of at least 5.9 million lives and 423 million cases as of 19 February 2022.¹ Similarly, the pandemic has severe public health, economic, and socio-political implications for Nigeria.² The community transmission of the COVID-19 has resulted in its geometrical spread across all the states of the federation. Nigeria has 254,182 confirmed cases with 3141 COVID-19 associated deaths with a case fatality rate of CFR- 1.23%) as of 19 February 2022.³

Nigeria, and several other low- and middle-income countries face a plethora of challenges in handling the COVID-19 pandemic since its index case in February 2020. These challenges range from Nigeria's poor COVID-19 testing system with only 4.2 million samples tested since the index case till date (27 February 2020–19 February 2022), poor healthcare infrastructure and financing, lack of sufficient doses of vaccines,^{1,4} lack of COVID-19 genomic surveillance, and more importantly the introduction of novel SARS-CoV-2 strains (Delta “B.1.617.2” variant from India, the Omicron and

“B.10.351” variants from South Africa; the “B.1.1.7” variant from the UK, and the “P.1” variant from Brazil)

¹Department of Veterinary Public Health and Preventive Medicine, Faculty of Veterinary Medicine, University of Ibadan, Oyo State, Nigeria

²Department of Veterinary Services, Kwara State Ministry of Agriculture and Rural Development, Ilorin, Kwara State, Nigeria

³Infectious Diseases and One Health, Faculty of Pharmaceutical Sciences, Université de Tours, Tours, France

⁴Africa Centers for Disease Control and Prevention, Addis Ababa, Ethiopia

⁵Nigeria Field Epidemiology Network, Abuja, Nigeria

⁶Kwara State Primary Healthcare Development Agency, Ilorin, Kwara State, Nigeria

⁷Department of Veterinary Public Health and Preventive Medicine, Faculty of Veterinary Medicine, University of Ilorin, Kwara State, Nigeria

*OAO and AIA are co-first authors.

Corresponding author:

Ahmad Ibrahim Al-Mustapha, Department of Veterinary Public Health and Preventive Medicine, Faculty of Veterinary Medicine, University of Ibadan, Oyo State, 200005, Nigeria.
Email: ai.almustapha42@gmail.com



into the country.⁵ These challenges coupled with the lack of COVID-19 economic stimulus for most of her citizens, hardship experienced during the national lockdown, and the lack of transparency and accountability in COVID-19 funds utilization have reduced Nigerian's trust in their government and resulted in pandemic fatigue.

Social and behavioral change communication (SBCC) is needed to combat the "infodemics" that has made many Nigerians denied the existence of the disease or believed that it was a hoax, political propaganda by the government to embezzle public funds, a disease of the rich, and an already defeated disease.⁶ These infodemics could have been responsible for the negligence and non-compliance with the COVID-19 precautionary guidelines noticed among Nigerians.⁶

As many countries have experienced and implemented further COVID-19 emergency preparedness plans for the second, third, and fourth waves of the pandemic, Nigeria should scale up her COVID-19 response activities to increase the COVID-19 testing and contact tracing, COVID-19 disease and genomic surveillance, sustained public health education on COVID-19, increased vaccine acceptance, and make the public know that our collective efforts and attitude are crucial to the general goal of curbing the spread of the disease in Nigeria. Hence, this viewpoint highlighted the obvious PF amongst Nigerians and opine that community engagement would be a master key to reducing Nigeria's PF and preventing another wave of the pandemic in Nigeria.

Nigeria's pandemic fatigue and the global COVID-19 third wave

As Nigeria's COVID-19 pandemic progresses, there is a general demotivation to follow the laid down preventive guidelines with public display of complacency, negligence, and utter disregard for the COVID-19 preventive precautionary measures among Nigerians; a situation generally termed as "pandemic fatigue (PF)." WHO defined PF as "a natural and expected reaction to sustained and unresolved adversity in people's lives."⁷ Globally, the COVID-19 pandemic has severe psychosocial effects on the citizenry which could result in non-compliance with preventive precautionary guidelines, a regimen for a third wave of the pandemic. Hence, PF is a public health threat.⁸

Nigeria's COVID-19 PF has resulted in less COVID-19 testing, poor compliance with preventive measures (such as the use of face masks, physical distancing, frequent hand washing), as well as detrimental emotions and experiences amongst the citizenry.⁶ Furthermore, Nigerians felt that we have survived the pandemic, gotten used to the situation, experiencing severe economic hardship, coupled with the increasing psychological impact of the crisis, and a decrease in COVID-19 risk perceptions have caused PF

among Nigerians.⁹ Other factors that could have promoted the PF amongst Nigerians included: The citizen's lack of trust in government, economic frustration, a looming lockdown and associated COVID-19 uncertainty, and availability of COVID-19 vaccines in Nigeria had increased the PF amongst Nigerians.¹⁰ Furthermore, studies have established the impact of poverty, social status, availability of basic social amenities, and community prioritization of a disease on the public willingness to follow laid down precautionary measures.⁸

However, in Nigeria today only a few institutions (Banks, tertiary institutions, hospitals, etc.) mandate the use of precautionary measures such as face masks, hand sanitizer, and physical distancing. The infectious nature of the SARS-CoV-2, especially with the highly morbid variants (such as the Omicron) mandates Nigerians to know that their actions or inactions impact a greater number of people beyond those in one's immediate circle.^{6,8} Such actions or inactions could have dire implications for disease control, cause a spike in disease incidence, create new disease hotspots, and increase the spread of the SARS-CoV-2 in Nigeria. These has exposed Nigeria to a "COVID-19 third wave in 2021."

To prevent another wave of the pandemic, Nigeria must enforce some very tough COVID-19 restrictions and possibly another national lockdown. However, CE could save Nigerians from the effect of a lockdown as Nigerians suffered severe economic setback, loss of income and roll-back in the achievements made in the control of other infectious diseases (such as tuberculosis, malaria, polio, and other vaccine-preventable diseases).

Asides, Nigeria must fund COVID-19 and other infectious diseases control programs which is essential to reposition and re-strategize Nigeria's healthcare delivery system. These funds would make epidemic response sustainable, help Nigeria make evidence-based policies, and effectively combat other epidemics in the future. Hence, Nigeria must invest heavily in effective risk communication and community engagement (RCCE).

Community engagement, the master key to end Nigeria's pandemic fatigue

Effective risk communication and community engagement could be Nigeria's master key and way out of the PF and preventing the next wave of the pandemic. Furthermore, the health belief model is of the opinion that effective risk communication and community engagement are key to imbibing and sustaining disease-preventive attitudes and practices among a population.¹¹ Therefore, RCCE activities should not follow a "one size fits all" approach. Hence, Nigeria's RCCE interventions must be community context-specific, involve relevant stakeholders, consider community beliefs and customs while considering relevant epidemiological, economic, and social factors.⁹

Nigeria's RCCE strategy must involve the inclusion of all important stakeholders at the community level and the constitution of the village development committee (VDC) and the volunteer community surveillance officers (vCSO) in the design of community-based COVID-19 interventions. The CE strategy will enable community ownership of interventions, minimize sabotage, and should improve the outcome of the instituted control measures.¹⁰ To further stem the community transmission of the SARS-CoV-2, the government must identify and incorporate all interest groups as part of the COVID-19 management strategy. These must include community health workers, drug peddlers, patient medicine vendors, traditional title holders, women, and market leaders etc.

For COVID-19 response activities to be sustainable, Nigeria must incorporate its COVID-19 prevention strategies into broader, long time strategies by leveraging on the already existing community health programs and disease surveillance mechanisms. This will ensure Nigeria builds community resilience to COVID-19 and other infectious diseases. Furthermore, CE is crucial to achieving universal health coverage through community and people-centered services.¹² CE will also support the general public's trust in government, a cardinal pillar necessary to improve uptake of preventive measures and adherence to the social measures as well as acceptance of the COVID-19 vaccines.¹²

An effective COVID-19 CE strategy should improve the risk perception of the general public on COVID-19 through health education on the symptoms of the disease, routes of transmission, as well as prevention and control. With the introduction of the novel SARS-CoV-2 variants into Nigeria at a time when PF is obvious in Nigeria, CE is a viable way for community monitoring the spread of the SARS-CoV-2. CE is cost-effective, improves the chances of people voluntarily presenting themselves for COVID-19 testing at the grass-root level, reduces the stigma associated with the disease, and could reduce the community spread COVID-19 in Nigeria.

Furthermore, routine capacity training workshops for COVID-19 response teams, VDCs, and vCSOs must be carried out to inform and update them and other key stakeholders on COVID-19 transmission dynamics, field challenges and proffer solutions to challenges faced. In addition, Nigeria should generate evidence-based COVID-19 operational research ecosystem to study and understand the social dynamics of COVID-19 transmission in Nigeria.

Conclusion

Nigeria's response to the COVID-19 pandemic ranged from national lockdown in 2020 to the enactment of the COVID-19 Health Protection Regulation in January 2021. However, such responses have waned and Nigeria is experiencing serious pandemic fatigue. The PF has affected the

countries COVID-19 testing, public compliance with preventive precautionary measures, which could lead the country to another wave of the pandemic. To minimize the effect of a future pandemic on Nigeria, the nation must fully implement its National Action Plan for Health Security, immediately provide more economic relief packages, and deepen its community engagement strategy to include all relevant stakeholders with emphasis on social and behavioral change toward the pandemic.

Author contributions

Authors contributed equally to this viewpoint. All authors reviewed and approved the final version for submission.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Ethical approval

This study does not require any ethical clearance.

Consent for publication

Not applicable

References

1. COVID-19 Map - Johns Hopkins Coronavirus Resource Center [Internet]. Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html> (2021, accessed 16 May 2021).
2. Ajibo H. Effect of Covid-19 on Nigerian socio-economic well-being, health sector pandemic preparedness and the role of Nigerian social workers in the war against Covid-19. *Soc Work Public Health* 2020; 35(7): 511–522.
3. NCDC. NCDC Coronavirus COVID-19 Microsite [Internet]. Covid19.ncdc.gov.ng. <https://covid19.ncdc.gov.ng/> (2021, accessed 16 May 2021).
4. Oyadiran OT, Usman SA, Osoba ME, et al. Towards effective and efficient COVID-19 vaccination in Nigeria. *J Global Health Reports* 2021; 5: e2021023. DOI: 10.29392/001c.21404.
5. NCDC. NCDC. Statement on Variants of SARS-COV-2 in Nigeria [Internet]. <https://ncdc.gov.ng/news/322/statement-on-variants-of-sars-cov-2-in-nigeria> (2021, accessed 20 May 2021).
6. Ilesanmi OS, Bello AE and Afolabi AA. COVID-19 pandemic response fatigue in Africa: causes, consequences, and counter-measures. *Pan Afr Med J* 2020; 37: 37.
7. Europe WHO. Pandemic fatigue: reinvigorating the public to prevent COVID-19: policy considerations for Member States in the WHO European Region [Internet]. Apps.who.int. <https://apps.who.int/iris/handle/10665/335820> (2021, accessed 20 May 2021).

8. Gavi The Vaccine Alliance. 10 reasons why pandemic fatigue could threaten global health in 2021. (2020, accessed 27 October 2020).
9. Scientific Pandemic Influenza Group on Behaviours. Impact of financial and other targeted support on rates of self-isolation or quarantine. 2020. www.gov.uk/government/publications/spi-b-impact-of-financial-and-other-targeted-support-on-rates-of-self-isolation-or-quarantine-16-september-2020 (accessed 16 May 2021).
10. Duffy B and Allington D. The accepting, the suffering, and the resisting: the different reactions to life under lockdown. Policy Institute, King's College London. 2020. www.kcl.ac.uk/policy-institute/assets/Coronavirus-in-the-UK-cluster-analysis.pdf (accessed 16 May 2021).
11. Jones CL, Jensen JD, Scherr CL, et al. The health belief model as an explanatory framework in communication research: exploring parallel, serial, and moderated mediation. *Health Commun* 2015; 30(6): 566–576.
12. Zhang Y, Tambo E, Djuikoue IC, et al. Early stage risk communication and community engagement (RCCE) strategies and measures against the coronavirus disease 2019 (COVID-19) pandemic crisis. *Global Health Journal* 2021; 5(1): 44–50.