

Trust and public health communication during COVID-19 infodemic: a perspective from Nigeria

HEALTH PLURALISM: WESTERN PUBLIC HEALTH AND DIVINE HEALTH
COMPETITION FOR PUBLIC BEHAVIOURS

PH public com. vs public practices in Lagos



Lagos is an ideal place to observe religious pluralism and work to **decolonize** Public Health

Understanding (Mis)-Trust: strategic for PH operation

- ▶ Nigeria first encounter with **western** medicine (Allopathic) violent
- ▶ Grounded in **colonial** medicine (great cognitive dissonance with traditions)
- ▶ Understanding “infodemic” there will improve **trust** critical for Public Health (PH)
- ▶ Casualties vaccine **Polio** North Nigeria & India (2000s): negative publicity
- ▶ Link vaccination **HIV** (Rolling Stone & Hooper): feeding the “narrative”
- ▶ Lumping together global “**hesitancy**” & USA (Tuskegee) & Africa

Multidisciplinary epidemiology

- ▶ **Multiple** approaches to epidemiology (history, medical sociology, anthro)
- ▶ Methodology not based on quantitative data but inductive/**ethnographic**
- ▶ From this perspective, the cognitive dynamic comes “**from below**”
- ▶ **Critical** of the “top-bottom” approach adopted by PH communication
- ▶ Public Health opening to issues of **cognition** & religious identity

Focus on the colonial past of public Health

- ▶ Colonial project, education & **health** & infrastructures
- ▶ Colonial Medicine: **Public health**, hospitals, hygiene, vaccination
- ▶ Systematic opposition between “science” and “superstition & **belief**”
- ▶ This epistemological opposition was grounded in **scientism** (19e)
- ▶ Thus, Colonial knowledge opposed religious **worldview**

The Public Health (western) view of Covid19

- ▶ Aid (assistance) in continuity with past (political influence)
- ▶ Global South seen by North through the tropism of International Aid
- ▶ Discourse in scientific & general press
- ▶ Africa is provincialized, made subaltern, peripheric vs centre

<u>ACTION DOCUMENT</u>	
<u>THE EUROPEAN UNION EMERGENCY TRUST FUND FOR AFRICA</u>	
<u>ADDRESSING COVID-19 IN NIGERIA</u>	
IDENTIFICATION	
Title	Reference: T05-EUTF-SAH-NG-09 EU Support to the United Nations 'One UN Response Plan to COVID-19 in Nigeria'
Zone benefiting from the action / Localisation	Country: Nigeria
Total cost	Total estimated cost: 50.000.000 EUR Total amount drawn from the Trust Fund: 50.000.000 EUR
Aid modality and implementation modality	Indirect management with United Nations Development Programme (UNDP)

Discourse: Urgency for Africa & "Europe vulnerable"

Editorial

An African plan to control COVID-19 is urgently needed

As governments in countries hit hardest by COVID-19 prepare vaccination programmes against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), other nations face a more uncertain future. In Africa, for example, the pandemic continues to grow, but heterogeneously. Cases are rising sharply in Morocco, Tunisia, Algeria, Libya, Egypt, and South Africa. But in Africa's most populous nation, Nigeria, WHO reports only 1273 deaths from COVID-19. Although data are sparse, the first wave of the pandemic seemed to peak in early August. Numbers of COVID-19 deaths declined through September, but the disease has been stubbornly persistent since then, burning slowly through communities throughout the continent. As of Dec 1, WHO reports 1.5 million cases and 335,737 deaths from COVID-19.

Despite the diversity of the pandemic in Africa, and the fact that many countries appear to have been spared the human calamity that has afflicted so many nations elsewhere, the continent still needs a vaccination plan. COVID-19 is a global health emergency that demands a global solution. No community is safe from SARS-CoV-2 unless all communities are protected. Further national lockdowns to drive down the prevalence of the virus will not provide a permanent answer to the epidemic threat. With tens of millions of Africans plunged into extreme poverty by COVID-19, further lockdowns to shut down economies will precipitate humanitarian and health crises.

COVAX, the Geneva-led financing mechanism to provide COVID-19 vaccines to low-income and middle-income countries (LMICs), plans to have 2 billion doses of vaccine available by the end of 2021. 57 high-income countries have now signed up to the initiative and 52 LMICs—including most African countries—will be supported by the plan. COVAX aims to secure enough doses of any vaccine to provide protection to an initial 20% of people in priority countries. That level of coverage may help with the immediate aim of protecting the most at risk, but it is insufficient to achieve herd immunity. For a virus whose R₀ is 2.5, around 60% of the population would need to be vaccinated to extinguish community transmission. And that figure assumes a perfect vaccine. For a vaccine with an efficacy of 90%, the proportion of the population to be vaccinated rises to 6.7%. If a vaccine with an even lower efficacy is used, the proportion will rise still further. The University of Oxford-AstraZeneca partnership has pledged to supply COVAX with "hundreds of millions of doses" of their vaccine, which—importantly for African countries—meets only the standard 2-3°C cold-chain



By July, the African Union Commission and the African Centre for Disease Control and Prevention launched a safety-net strategy to secure access to vaccines and treatments for countries on the continent. The Consortium for COVID-19 Vaccine Clinical Trials (CONCINCT) has already set up several Africa-based clinical trials of vaccines and scaled up production of both testing and diagnostic facilities. CONCINCT has orchestrated pan-African cooperation, set up information-sharing platforms, and led the creation of technical capacity for screening and surveillance.

Despite these advances, the vaccination of two-thirds of Africa's 1.2 billion population will still require huge investment and face substantial logistical challenges. According to a WHO analysis, the African region has an average score of 33% readiness for a SARS-CoV-2 vaccine roll-out—far below the necessary 80% benchmark. The estimated cost of delivering a vaccine to priority populations alone is estimated to be around US\$1.7 billion—and this figure does not include the additional cost of injection materials and other consumables.

Further concerns include transparency and patient protection. Medicines Sans Frontières (MSF) points out that the firms front-running COVID-19 vaccine candidates have had \$12 billion of taxpayer's money invested in their development. Yet vaccine deals with countries are often "shrouded in secrecy". MSF argues. There have also been calls to waive intellectual property rights on COVID-19 vaccines. India and South Africa first made the request in October. A waiver would help ensure more equitable access to a vaccine and could be a turning point in the pandemic for nations with few resources.

Whether existing initiatives will translate into an effective and universal COVID-19 vaccination programme for Africa remains to be seen. But as the governments of wealthy countries push their way to the front of the vaccine queue, their leaders would do well to remember that without a vaccine plan for African countries and other nations with resource constraints, the protection of their citizens from COVID-19 will be an illusory victory. [The Lancet](#)

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Delayed Covid vaccines for poor countries 'will leave Europe vulnerable for years'

Wealthier countries will be dealing with coronavirus in 2022 and beyond, says UN humanitarian agency chief

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▲ Mark Lowcock, the under-secretary-general of the UN's humanitarian agency OCHA. Photograph: Geert Vanden

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Statistical figures of Covid-19 in Lagos

States Affected	No. of Cases (Lab Confirmed)	No. of Cases (on admission)	No. Discharged	No. of Deaths
Lagos	57,448	30	56,990	428

<https://covid19.ncdc.gov.ng/> 26.03.2021

- PH communication & local political elite
- Displayed in the big media
- Stats: 2036 mort in Nigeria, 428 Lagos
- 23% had COVID?

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National

Lagos vaccinates over 46000 persons

By Abisola Olasupo
22 March 2021 | 3:04 pm





Samuel Olu on Monday said that he felt no side effects three days after taking the COVID-19 vaccine injection. Photo: THE GUARDIAN (LIFE) / ANTHONY O...

- But reliability of statistics:
- « The number of positive cases and fatalities from coronavirus in Africa could be higher than reported because of low testing and poor registration of deaths » (Guardian, 23.02. 2021).
- Potential for new variants

Reasons why the PH communication is distrusted

- ▶ Public Health is **linked** with Colonial medicine
- ▶ Thus linked with **hostile** and foreign policy, its claims deserve cautiousness
- ▶ **Externalization** of decision process (not inductive)
- ▶ Fears of experiments (e.g.: **researchers Paris**)
- ▶ Fears sterilization, population control (Bill Gates & **Social media**):
- ▶ Other health **priorities** on ground (Hiv & Ebola pandemics & Malaria)
- ▶ **Political authorities** distrusted (e.g. Lekki Toll Gate, Covid palliatives...)
- ▶ By contrast, contemporary Pentecostal **megachurches are trusted** (e.g. CE)

Porosity and conversation of health paradigms

- ▶ In Lagos, **conversation** between Public Health & Divine Healing (e.g. Winners)
- ▶ Divine healing has strong **affinity** with Aladura & ATR (Alaafia)
- ▶ **Continuity** of practices vs discursive narrative of “Breaking with the past”
- ▶ Healing is spiritual not only “human-centered” but **Holistic**

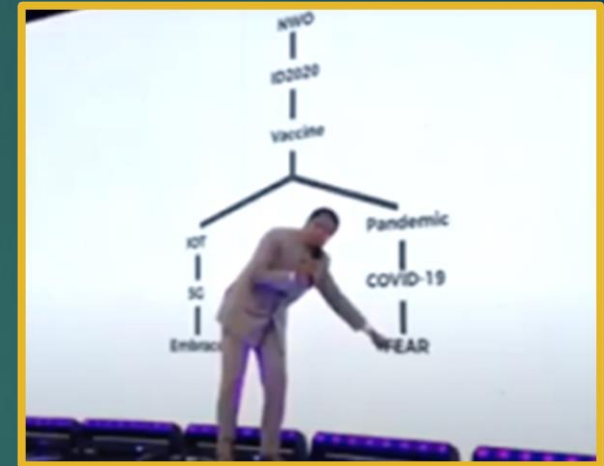
DIVINE HEALING, VACCINATION & COVID-19 in CE



- **Opposition** in the media about 5G (cf. ban on miracles controversy 2004)
- Confirmation of his stand about 5G by Pastor Chris in January 2021

What is the “conspiracy theory” about 5G?

- ▶ In April 2020, PC links Covid19 and 5G & **NWO**
- ▶ PC teaches in a very **didactic** way (school)
- ▶ His ministry is very “**cognitive**” (teaching & healing)
- ▶ Challenged by regulation agency for Media UK
- ▶ Link vax with nanotechnology & 5G
- ▶ Add that people will not be vaccinated for Covid worldwide (cf. biblio)



Who is Pastor Oyakhilome of Nigeria?



- Christ Embassy aka BLW is a big **megachurch**
- Pentecostals yield considerable **public trust**
- Pastor Chris is a famous **televangelist** in Nigeria
- BLW has a strong presence in the **media** (LCN)
- Influence tens of millions **social media** (KingsChat)
- **Normative** hostile views in secular media (cf. biblio)

Other mega-churches

- ▶ Issue management of mass gathering during Church meetings
- ▶ Critical since crowds are essential in megachurches
- ▶ Covid-19 is widely understood as a satanic plot against the Church
- ▶ Apostle Suleiman regional tensions
- ▶ Pastor Enoch Adeboye (PFN): “only God heals”
- ▶ How to align PH and PCCs discourses about health?
- ▶ Conclusion: PH/trust/PCCs

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