



Trust in authorities – the golden ticket to successful COVID-19 vaccine roll-out in conflict settings

Introduction

The COVID-19 pandemic has brought along with it massive challenges related to health response, socio-economic impacts, and information sharing; and communities in conflict face additional hurdles in maintaining stability during this period. To mitigate the mutual influence of conflict dynamics and COVID-19 response, Search for Common Ground (Search) has partnered with the European Union to produce research on a quarterly basis addressing key themes faced across conflict-affected countries. Each report includes concrete recommendations for maintaining the credibility of pandemic response efforts, minimizing the negative effects of the pandemic on conflict dynamics, and identifying opportunities for collaboration.¹ This first thematic report explores the evolution of trust in government authorities in conflict-affected societies in the context of a pandemic, including causes and potential consequences of mistrust and how this may impact the future roll-out of a COVID-19 vaccine in conflict-affected settings.²

Understanding (Mis)Trust in Government Authorities During a Pandemic

Governments of conflict-affected countries are struggling to balance between containing the spread of COVID-19 and imposing pandemic-related restrictions and protocols while, at the same time, attempting to avoid severe economic deterioration and contend with ongoing conflicts and other consequential crises. This balancing act requires effective collaboration between and among diverse actors to ensure the success of COVID-19 response efforts, **and trust in government authorities remains central to this kind of collaboration as well as creating the needed legitimacy and trust in pandemic response efforts.**

As the world begins to prepare for a vaccine roll-out, levels of trust in governments will affect their ability to credibly and reliably roll-out a vaccine in the coming months. Across the conflict-affected countries in which Search is implementing pandemic response programming, citizens largely lack trust in national government authorities' pandemic response efforts. Mistrust in government authorities in these countries stems from a variety of issues, as outlined in Graph 1 below, at the heart of which are misinformation that fuels falsehoods and misperceptions about the pandemic,³ combined with already-weak governance systems and service provision across overburdened health, humanitarian, and development sectors. While there is ample opportunity to address these challenges, **current low rates of confidence in governments in conflict-affected settings are concerning and could potentially undermine the vaccine acceptance needed to reach herd immunity.**⁴

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1. The data for this series comes from six geographic locations across Africa and the Middle East from September 2020 to September 2021. Included in the sample for these reports are Kenya, Nigeria, Palestine, Tanzania, Uganda and Yemen. The individual country reports can be accessed on Search for Common Ground's webpage on [Working Together Against Corona](#).
2. On this same topic, see also the United States Institute of Peace, "[Don't Leave Fragile States Behind in the Fight against Coronavirus](#)", March 31, 2020, and more recently the research being done by Columbia University and the Brenthurst Foundation examining how public trust, leadership, and political culture have impacted 5 African nations' COVID-19 responses, which can be accessed through the [Futures Forum on Preparedness](#) or the ECDPM Briefing Paper No.127, "[Simmering Tensions: the long-term impact of COVID-19 on Fragility and Conflict in Africa](#)", January 2021, among others.
3. In the countries covered under this research, Search has registered among others incidents of misinformation about the government targeting specific groups, refusing COVID-19 services to certain groups, and misinformation about the source of COVID-19. Misinformation is also fueled by language and literacy barriers which disproportionately affect certain age and gender groups.
4. The World Health Organisation, "[Vaccine acceptance is the next hurdle](#)", December 4, 2020.

Determinants of Trust

Our analysis shows that **levels of trust in governments' pandemic response efforts can be assessed across four key determinants:**

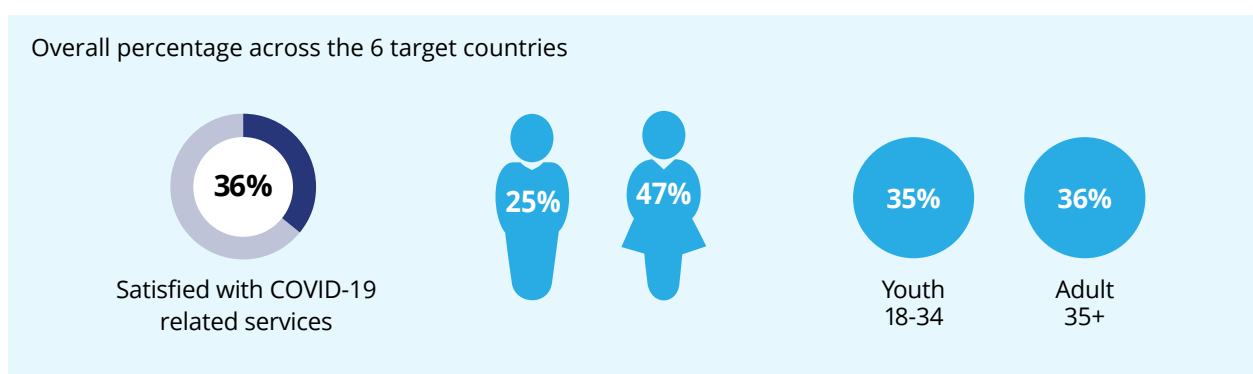


Graphic 1 explores each category, detailing the sub-determinants of (mis)trust for each. As we collect more data on this (mis)trust ecosystem, we will be able to assess which determinants are most critical for building trust in government for improved pandemic response as well as the evolution of trust over the lifetime of the pandemic. Additionally, we will be able to understand what trust looks like on a continuum within and across each category to understand how trust evolves over the lifetime of the pandemic. For instance, at the start of a pandemic, access to (transparent, correct and up-to-date) information might be the most important determinant of trust while mid-pandemic, access to (fast, equitable and good quality) services might be. Graphic 1 explores the consequences of (mis)trust further.

Graphic 2: Determinants of Trust and Mistrust During a Pandemic in conflict-affected contexts

	Access to Information	Governmental Service Provision	Pandemic Response and Enforcement Systems	Socio-economic Resilience
High Levels of Trust	<ul style="list-style-type: none"> Access to timely, reliable information that reaches diverse groups Widely trusted news, data and information sources Cohesive and coordinated information shared across diverse news and information channels 	<ul style="list-style-type: none"> Timely provision of public services for pandemic safety (i.e. adequate health facilities, testing capacity, etc.) Increase in measures to combat secondary effects of the pandemic (i.e. psycho-social services, economic support, etc.) High satisfaction with provided government services 	<ul style="list-style-type: none"> Adequate explanation and socialization of and adherence to pandemic safety protocol is (i.e. lockdowns, curfews, etc.) Scale of the pandemic and corresponding government transparency Rights-based enforcement of safety protocols Inclusive, participatory processes to inform pandemic response (i.e. between governments, citizens, civil society, etc.) 	<ul style="list-style-type: none"> Access to livelihood alternatives and economic support Transparency in the use of pandemic relief funds Strong institutions and policies to manage economic fallout Government supported initiatives to manage the social impact of the pandemic (i.e. unity building and messaging etc.)
Low Levels of Trust	<ul style="list-style-type: none"> Inequitable access to pandemic-related information Inability to access timely or reliable information Confusion on what information sources and channels to trust Competing narratives, information and data across information channels (misinformation, disinformation, rumors, etc.) 	<ul style="list-style-type: none"> Inequitable or general lack of access to health facilities, testing and PPE Lack of support services to combat the secondary effects of the pandemic Low satisfaction with provided government services Deterioration of existing services Uncoordinated or mismanaged service provision 	<ul style="list-style-type: none"> Heavy-handed enforcement of pandemic protocols Perceived or real inequities and disparities in access to pandemic-related support Misuse or abuse of power and targeting of certain groups, under the guise of pandemic response Government censorship, politicization, or misinformation on the scale of the pandemic Lack of inclusive participatory processes to inform pandemic responses 	<ul style="list-style-type: none"> Loss of jobs, particularly across the informal sector Mismanagement of pandemic relief funds Rising inflation and prices of basic goods Inability of the government to manage the economic fallout Lack of government supported initiatives to deal with the social impact of the pandemic and/or divisive or politicized rhetoric that exacerbates the social divides

This first round of data collection already shows interesting insights. Across all six of our intervention countries, **respondents tended to trust the government more when they requested COVID-19 related services and were satisfied with the services received, while trust decreased when respondents felt unsatisfied with the requested services or did not get a response at all, demonstrating that citizens place greater value on quality of response over responsiveness in general.**⁵ There is a risk that growing dissatisfaction with the government’s provision of COVID-19 related services (or the lack thereof) could lead to further protest movements in conflict-affected countries, where discontent with the authorities may already be high (especially among certain groups, such as young people or certain religious or political groups), and further negatively affect the credibility and legitimacy of the government. This in turn could hamper the vaccine roll-out efforts of the government and its national and international partners. It begs the question whether the national government is the best placed to champion the vaccine roll-out in settings where trust levels are low, or whether other actors would be better placed for that.



The adverse consequences of mistrust in authorities are particularly acute in conflict-affected societies, as this mistrust can have ripple effects across communities already divided by conflict and further isolated due to the pandemic. **Communities in conflict are sharply aware of their grievances – the same ones that tend to drive and fuel conflict – and mistrust in government’s response to the pandemic is only exacerbating these grievances.** In Nigeria, communities in certain areas are reporting perceptions that the government prioritizes Muslim populations to receive government services, and only 26% of respondents agree that the government is doing its best to consider the needs of everyone equally when making decisions about COVID-19 services.⁶ In a context where conflict tends to play out along ethno-religious divides, these perceptions are incredibly worrisome. Some conflict affected communities in the Democratic Republic of Congo (DRC) are even blurring the lines between conflict and the pandemic, with some believing that COVID-19 (like Ebola) is an agenda for the eventual “extermination” of communities in North Kivu, particularly as citizens witness government authorities not complying with COVID-19 safety protocols.⁷ (Young) women are already disproportionately impacted by conflict, making them even more vulnerable to the impact of the pandemic. Learning from the Ebola epidemic in West Africa and the DRC shows that **women across conflict-affected societies face greater inequities in access to information and services, increases in gender-based violence, and are more likely to suffer greater short and long term consequences during health crises.**⁸ In Nigeria, reported cases of gender-based violence increased dramatically in one month by 140% (between March-April 2020).⁹

5. Across our six research countries, 57% of those who requested COVID-19 related services to their government and were not satisfied or did not get a response, don’t trust their governments. In turn, 73% of respondents who were satisfied with the provided services trust their government, indicating that satisfaction with services is correlated with trust in governments.

6. Search for Common Ground, [Nigeria Conflict Snapshot](#), December 2020.

7. Search for Common Ground, “Tupone Wote Pamoja: [Conflict Scan](#),” September 2020.

8. Search for Common Ground, “COVID-19 [Discussion Paper](#) #1: Gender & the COVID-19 Crisis in Conflict-Affected Contexts,” 2020.

9. UN Women with UNFPA, UNODC and UNICEF, May 2020, [Gender Based Violence in Nigeria during The COVID-19 Crisis: The Shadow Pandemic](#).

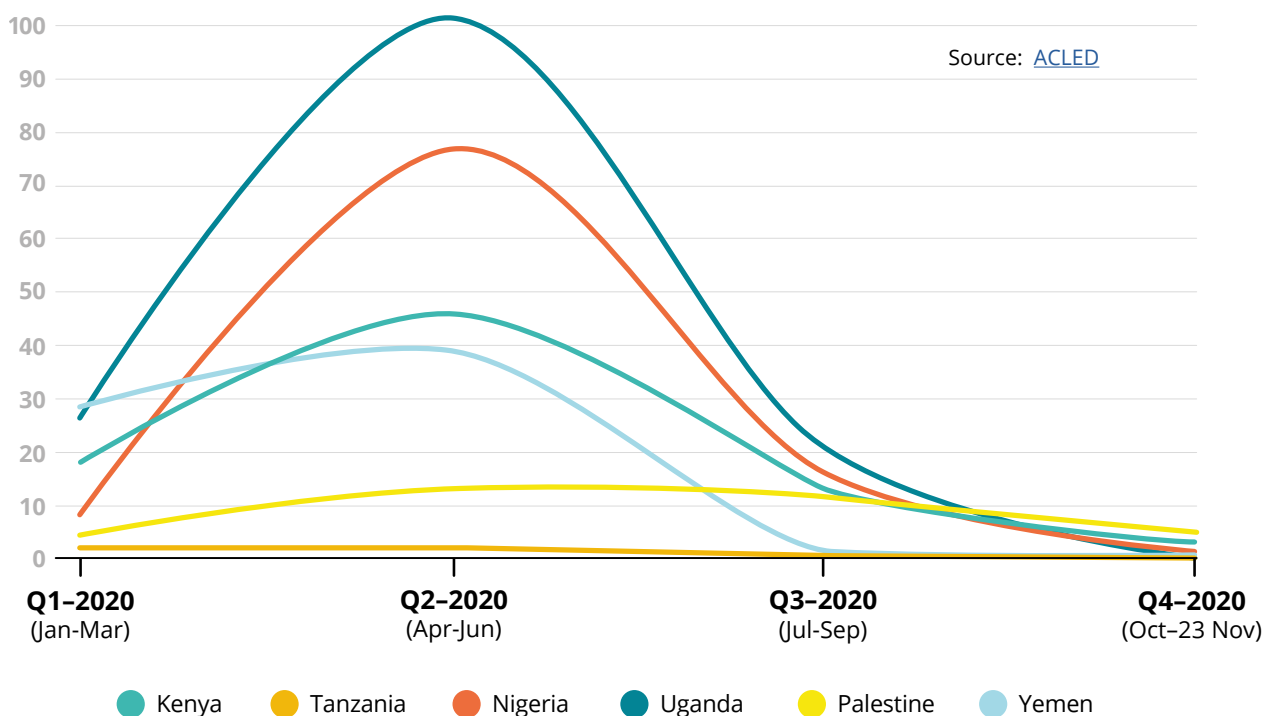
Graphic 2: Consequences of Trust and Mistrust During a Pandemic

	Access to Information	Governmental Service Provision	Pandemic Response Measures and Enforcement System	Socio-economic Resilience
Consequences when Trust is High	<p>Adherence to recommended guidelines and regulations shared via information channels</p> <p>Lower rates of misinformation, disinformation, and rumors</p> <p>Reduced stigmatization of certain groups and/or survivors</p> <p>High levels of trust in media messaging on COVID-19 response</p>	<p>Acceptance of provided services, without discriminating against minorities, ethnic groups, etc.</p> <p>Greater social cohesion among and between communities who share resources</p> <p>Reduced instances of violence over shared resources and/or against service providers</p> <p>Cooperation and positive engagement with services providers</p>	<p>Effective information sharing and collaboration between civilians, CSOs government, and security forces in the pandemic response</p> <p>Citizen reliance on security and pandemic enforcement systems</p> <p>Increased entry points to leverage collaboration around pandemic response for wider peace processes (i.e. collaboration across divided groups, ceasefires, etc.)</p> <p>Fewer rights abuses against citizens and reduced clashes between citizens and security agencies</p>	<p>Reduced rates of violence against women and children within the household</p> <p>Improved social cohesion and feelings of unity to “fight a common enemy”</p> <p>Reduced rates of criminality and theft.</p> <p>Lower instances of civil disobedience and violent protests</p>
Consequences when Trust is Low	<p>Rejection of the existence of COVID-19</p> <p>Reduced credibility of and trust in information on COVID-19 and/or proliferation of misinformation and rumors</p> <p>Less compliance with protection and prevention measures and/or willingness to take a vaccine</p> <p>Increased pandemic related social stigma fueled by misinformation and rumors</p>	<p>Risk of instrumentalisation of COVID-19 response along political, religious or ethnic lines</p> <p>Negative community perceptions around pandemic-related service provision (i.e. perceptions of corruption, inequitable or exclusionary service provision, etc.)</p> <p>Backlash against perceived inadequate or inequitable pandemic related services (i.e. protests, mob violence, attacks or clashes against certain groups, etc.)</p> <p>Heightened tensions and divisions when COVID-19 service provision is perceived as unequal and/or politicized</p> <p>Heightened vulnerability of marginalized groups when service provision fails to equitably include them (i.e. women, IDPs, refugees, etc.)</p>	<p>More tensions/ conflicts (protests, criminality, clashes) and instability</p> <p>Sense of insecurity</p> <p>Ineffective collaboration and information sharing between citizens, governments and security actors</p> <p>Clashes between citizens and security actors</p> <p>Reduced compliance with or rejection of prevention and protection measures and of potential vaccine</p> <p>Pre-pandemic conflict and violence increases when conflict-sensitive approaches are not adopted for pandemic response and the pandemic response and/or effects aggravate pre-existing conflict lines</p>	<p>Loss of jobs, particularly in the informal sector</p> <p>Negative coping mechanism to meet the basic needs (e.g. theft, criminality, child marriage, etc.)</p> <p>Increases in GBV and sexual violence</p> <p>Increased divisions and tensions among and between groups and communities competing for resources</p> <p>Proliferation of identity-based divisions as intergroup interactions decrease</p>

Unpacking the Relationship between Violence and COVID-19 Response Measures in Conflict-Affected Countries

The pandemic has so far not contributed to a dramatic increase in conflict or to large scale violence, though several violent events were reported, mainly protests and riots. These events peaked in April and June 2020 across our 6 target countries,¹⁰ and directly correlate to COVID-19 control measures put in place. These include mob attacks on individuals feared to be connected to or spreading the virus,¹¹ demonstrations against pandemic containment and prevention measures, sexual violence, and more. **As countries contend with second or third waves of the virus, its economic fallout and other secondary effects, and continued or new pandemic-related measures, such as the rollout of a vaccine, violence and conflict are likely to rise.**

Graphic 3: Violent Incidents related directly to COVID-19



While we will continue to unpack important trends related to violent events in future reports, there are preliminary insights that are critical to understand. **Across conflict-affected societies, already weak or inadequate institutions, policies, and governance systems have contributed to increases in clashes over natural resources,¹² petty crimes, and gender-based violence within the context of the pandemic.** Moreover, misinformation, disinformation, and rumors are propagating dangerous falsehoods and narratives related to the pandemic. Additional research is needed to understand whether stigma associated with the virus led to attacks of specific groups, such as refugees or others seen as 'outsiders' in communities. These stigmas were, in some cases, exacerbated by the inability of certain groups to comply with control measures or access support services.¹³ This type of stigma can also pose a particular challenge to health workers coming from outside the communities, which can lead to their rejection and outright attacks against them and the health infrastructure, as has been observed in both the Ebola and COVID-19 response. With new COVID-19 related directives and mandates, police capacity to respond to crime and other security challenges has largely declined, reinforcing cycles of criminality and insecurity. Notable spikes took place across several countries in the use of force by security agencies under the guise of COVID-19 enforcement, leading to high numbers of casualties from police violence in some countries. In conflict-affected countries, where often relationships between citizens and security forces are already fraught, giving security forces extended mandates and powers to impose lockdown measures can lead to further tensions

10. Armed Conflict Location & Event Data Project (ACLED), 2020, Direct COVID-19 Disorder Events, [Curated Data | ACLED \(acleddata.com\)](#).

11. In many places, certain groups are more likely to be associated with spreading COVID-19, such as refugees, foreigners, health workers, and others.

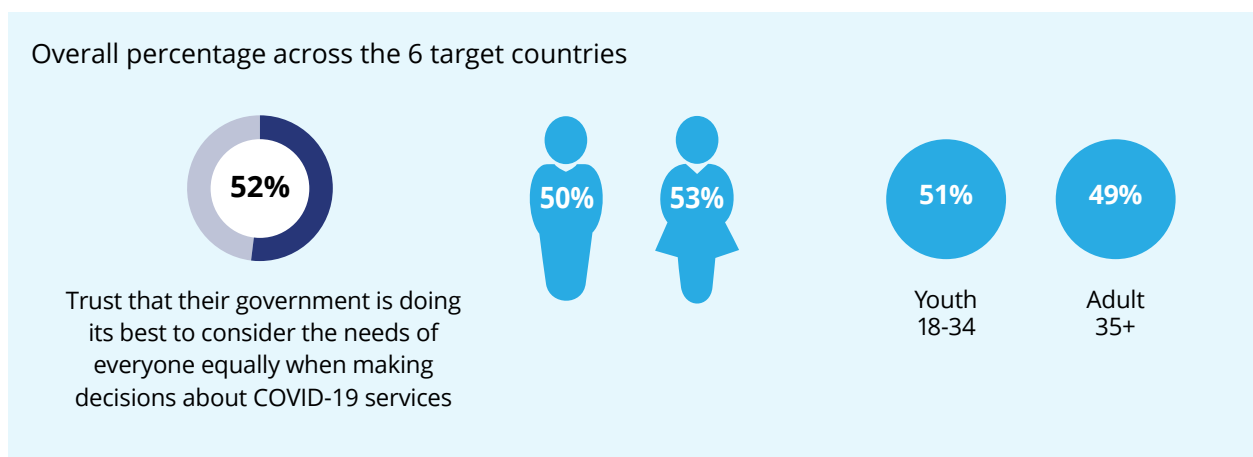
12. Eg. clashes over access to water for handwashing in contexts that are already facing water-scarcity and conflict over water in Yemen or between refugees and host communities in Uganda over access to natural materials for producing handicrafts, with movement restrictions limiting the space available for each group to collect what they need.

13. In Northern Uganda, refugees are often assumed as likely transmitters of COVID-19, and consequently experience heightened stigma - including by Ugandan health officials. This impedes on their ability to comply with control measures and access services, e.g. they are reluctant to come forward for COVID-19 testing because of the heightened stigma they face.

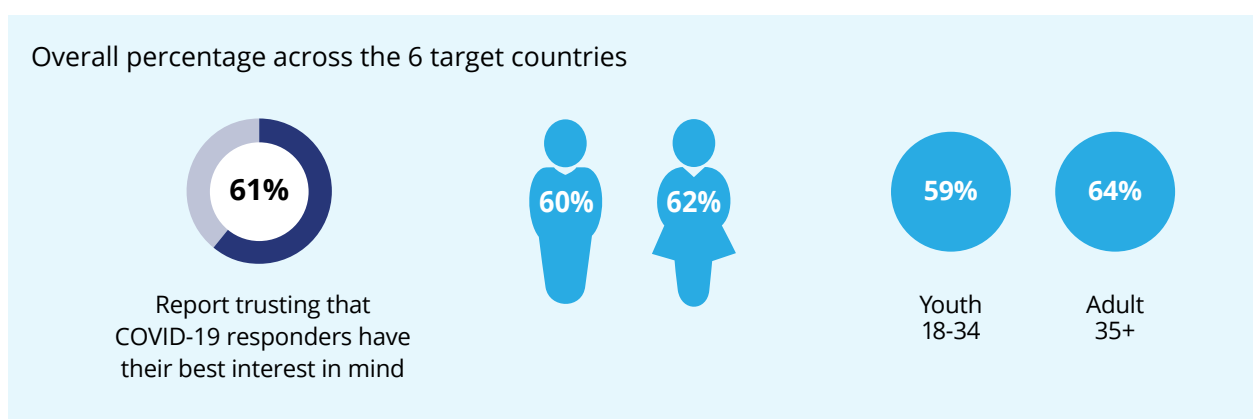
and violence, as we have witnessed for example with the anti-SARS protests in Nigeria. **This aspect should also be taken into consideration as countries prepare for the vaccine roll-out; if certain countries would deploy the police or army to support these efforts, it could lead to further rejection of the vaccine programmes and/or increased outbreaks of violence.**

Improving the Trust and Relationships between Citizens and Governments for a Vaccine Roll-Out

Currently, trust in authorities is, on average, relatively low across our 6 countries as are levels of satisfaction with the government-provided services for COVID-19. Data showed major risks and opportunities related to this, when planning for a potential vaccine roll-out in conflict settings. **The lack of trust in the government response system has affected trust in COVID-19 related information shared through different media channels, and in several cases, the information coming directly from the government was perceived to be inaccurate or (purposefully or not) incomplete.** There were several instances where misinformation contributed to the belief that certain groups were being disproportionately targeted by heavy-handed response measures and restrictions in general, or that those who caught COVID-19 were exceptional in their behavior.¹⁴ These are concerning trends, particularly when we consider the potential for general mistrust and dissatisfaction to devolve into acute mistrust associated with specific narratives that drive fear. During the Ebola crisis in West Africa and more recently in the DR Congo, for example, similar trends blocked health workers from being able to operate, and in several cases they were attacked by community members.



However, in all countries, respondents say that they trust people directly working on the COVID-19 response more than the government, indicating that they do not see these as the same groups. More importantly, COVID-19 workers have a key opportunity to adapt their work to ongoing dynamics in countries and amplify messaging, ensure that support is provided equally, and minimize fear and misinformation. In Kenya, for example, communities noted that those engaged in response mechanisms were local organizers providing needed support. In several countries, **the importance of local language and having involvement of local actors was highlighted as a key strength and opportunity to build on to ensure greater confidence in the COVID-19 response, and this will be particularly important for the vaccine roll-out.**

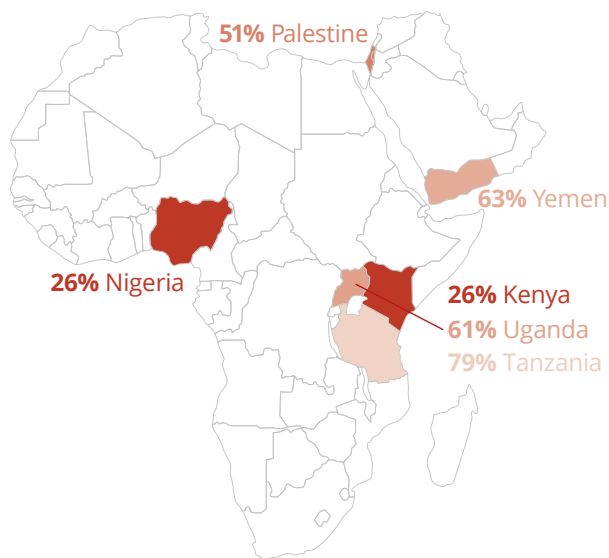


14. In focus groups, respondents in several countries mentioned that information was shared suggesting that those who contracted the virus were being punished by God, or that catching it was altogether impossible in hot areas because heat kills the virus.

Notably, those who relied on other services and actors outside the government were in several cases more likely to also have greater confidence in government, suggesting that these positive relationships with non-governmental actors can actually support confidence in COVID-19 response more broadly, and relieve tensions between citizens and government in some cases. Further research will be conducted in the next series of reports in 2021 to identify which groups of actors are contributing to this dynamic.

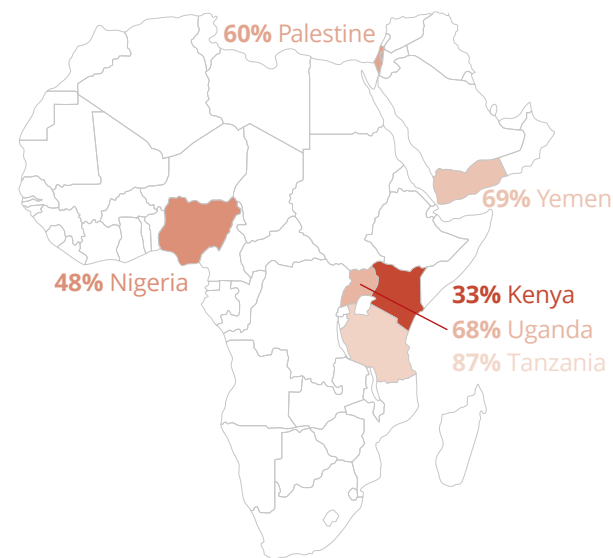
Trust in Government

% of respondents who trust that their government is doing its best to consider the needs of everyone equally when making decisions about COVID-19 services



Trust in COVID-19 responders

% of individuals who report trusting that COVID-19 responders have their best interest in mind



Satisfaction with COVID-19 related services



Recommendations

Continuing Research and Analysis

Carry out additional research and analysis to better understand the causality between trust and mistrust in government and how (mis)trust contributes to effective pandemic response and post-pandemic recovery across conflict settings. This will help us refine how we support governments to improve their ability to carry out trusted interventions, which will be particularly important for the roll out of a vaccine.

Develop cross-cutting analysis to understand other determinants of trust in pandemic response in relation to non-governmental actors. In all countries, respondents reported trusting people working on COVID-19 (i.e. healthcare providers, INGOs, CBOs, etc.) more than the government. However, increased trust in non-governmental actors does not necessarily correlate to an absence of mistrust in authorities. Findings from Search's [conflict scan](#) in the DR Congo demonstrates these complexities. The scan found that lack of trust in both government authorities and INGOs fueled rumors and suspicion about COVID-19, with many communities believing that COVID-19 is a corruption scheme which both government and INGOs benefit from. At the same time, data from our snapshots show that those who relied on non-governmental actors were more likely to have greater confidence in government, while learning from Ebola showed that other trusted actors such as traditional leaders, religious leaders, and others can have the same effect. Additional research and analysis can help clarify the right approaches and actors to engage across different contexts, which will be particularly important to ensure an effective roll-out of the vaccine.

Mitigating Risks and Building on Opportunities

Support inclusive and participatory processes for COVID-19 response, particularly for the vaccine rollout.

The lack of inclusive, participatory processes to inform government-led pandemic response strategies not only diminishes trust in the government, but also leaves strategies that inadequately meet the needs of all. Respondents regularly cited the need to feel included and engaged alongside government and other response providers in order to feel confidence and trust that their needs are being considered and met. Additionally, while pandemic stressors are unavoidable, participatory processes can reduce feelings of exclusion and marginalization and improve sentiments that the government is doing its best to meet the needs of all, equitably. Lessons from Ebola show that women are less likely to be reached by vaccination information campaigns due to gender barriers, and even when women can access accurate information, they may be less likely or able to follow recommendations. Women's experience of discrimination can cause mistrust in official information sources, while disempowerment and experiences of violence and trauma can increase fatalism, reducing compliance with prevention and protection measures.¹⁵ As stakeholders seek to ensure women's needs are considered during the pandemic, they must engage women throughout to ensure gender appropriate strategies.

Establish more effective mechanisms to mitigate misinformation and rumors for vaccine roll out.

Misinformation and rumors can quickly escalate crises in conflict-affected societies, which was well documented during the Ebola crisis. To foster greater trust in pandemic response, citizens require access to tools and resources that help them clarify what information to trust and why. Central to these efforts includes training media professionals on the importance of fact-based reporting and how to do so, providing access to reliable news sources through dedicated media programming that dismantles rumors and misinformation, among others. Governments should be supported with the opportunities, resources, and tools to refine their communication strategies along these lines and should be empowered to work in partnership with other stakeholders who hold trust and legitimacy across communities. In addition, there is great opportunity to partner with influencers (i.e. musicians, athletes, artists, etc.) who command high levels of trust, reach, and legitimacy among citizens, to elevate the reach and resonance of information campaigns that target misinformation and rumors.

Support conflict-sensitive approaches to avoid exacerbating existing conflict dynamics or creating new conflicts. Stakeholders engaged in pandemic response, whether governmental or non-governmental actors, should regularly consider existing conflict dynamics to adopt conflict-sensitive approaches. For instance, in North and West Uganda, tensions between refugee and host communities, who already face resource pressures and other challenges, have increased during the pandemic at times resulting in violence. Response providers should account for these dynamics within their interventions to avoid continuing to exacerbate these tensions, for example, by providing support to one group only. Key questions that should guide governments and public health responders as they prepare to roll-out the COVID-19 vaccines are: how can COVID-19 vaccine programmes avoid fueling more tensions in conflict-affected settings, if they are perceived to be favouring certain groups, communication is done in languages of the dominant group(s), etc.?

Identify entry points to build resilience and social cohesion to help communities cope. Communities in conflict have often developed coping mechanisms over time to manage and deal with crises - these should be amplified. Governments should be empowered to tap into existing assets for crisis response; existing community-based mechanisms that tackle daily challenges should be supported; and trusted religious and community leaders should have access to platforms so they can reach a critical mass of citizens with peace messaging and trusted information. Moreover, many respondents yearn for greater horizontal collaboration. For instance, in Kenya, 86% of respondents reported seeing the value of interaction across dividing lines for COVID response, showcasing that diverse groups can come together to tackle common challenges during times of crisis. Innovative programming to ignite this kind of collaboration should be supported..

15. Lijiang Shen , Celeste M. Condit & Lanelle Wright (2009) The psychometric property and validation of a fatalism scale, *Psychology & Health*, 24:5, 597-613.