Why Citizen Trust in Government Matters — Especially when Crises Strike

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The 2014-2015 Ebola crisis made headlines worldwide with alarming contagion rates, high death tolls, and the inability of governments to respond effectively — or at least, perceived inability. After the crisis, it was discovered that Ebola spread rapidly not only because of ineffective government measures but also because of intentional noncompliance by distrustful citizens.

Why did citizens who, along with governments, wanted to contain Ebola refuse to cooperate with public policies designed to keep them safe? How did lack of citizen trust in government affect the spread of the virus? My co-investigators and I conducted research to answer these questions and examine how poor governance affected the epidemic and various outreach efforts affected people and their trust in government.

Trust in government is crucial to voluntary compliance with government policy, and it can increase citizens' tolerance of measures that seem invasive, annoying, or disruptive. In contrast, distrust can result in citizen disagreement or active resistance to government policy. Distrust can be expensive for government officials who have to invest resources in obtaining cooperation. During public health crises, especially, distrust can be devastating because noncompliance can turn lethal.

The Dynamics of Mistrust in Developing Countries

Although the positive relationship between trust and compliance holds true in developed and developing countries alike, most rigorous quantitative research has focused on developed nations

and their citizens. Yet in developing countries, where mistrust of government can run especially high and health resources are often scarce and poorly coordinated, governments still face the crucial task of implementing measures to protect public health.

During the rapid spread of Ebola in Liberia, low trust in government turned the epidemic from a health crisis into a governance crisis. Early in the epidemic, policies designed to control the spread of Ebola were widely ignored by citizens who thought the disease was being spread deliberately by the government rather than through contact with infected persons. Later in the epidemic, when Ebola's transmission pathways were more widely understood, people continued to question the policies the government enacted to control the epidemic. Indeed, through a series of surveys during and after the crisis, our research teams discovered that people with low trust in government were less likely to support and comply with preventative measures against Ebola than people with higher levels of trust. For example, low trust respondents were significantly less likely than trusting respondents to support the curfew policies implemented during the crisis or to take precautions such as regular hand washing — measures that helped reduce the spread of infections. These patterns hold true even when we take into account levels of knowledge about the transmission of Ebola and symptoms of this grave illness.

Our research also found that as the epidemic continued to spread, peoples' experiences with crisis-related hardships further drove down trust in government. And given that those with low trust were less likely to comply with policies designed to keep them safe from infection, distrustful people faced increased risks. Distrust fueled the spread of Ebola, and hardships resulting from Ebola's spread fueled distrust, increasing the risk of further contagion and distrust in a vicious cycle.

How Government Outreach Can Reduce Mistrust and Build Trust

By March 2015, the Ebola epidemic had waned. This was in large part due to the success of government outreach efforts to build trust, along with residents' increased support for control policies and willingness to adopt preventative measures. What kinds of government outreach efforts helped create more positive cycles? Our research shows that the most effective outreach

efforts were those that deliberately incorporated pre-existing community networks and institutions. When the government worked in partnership with such networks and institutions rather than working alone, it was able to not only increase knowledge of the disease and promote compliance, but also build trust in government more generally. Outreach efforts by non-governmental organizations, by contrast, saw similar results on knowledge of Ebola but were not nearly not as effective at building compliance or trust in government.

In particular, our research found that, compared to more mistrustful respondents, people who were contacted by government outreach efforts were more likely to agree with statements that indicated trust in the government and the Ministry of Health. Those contacted by outreach efforts were also more likely to agree with statements about the honesty of the government and Ministry of Health.

Trust in government can be generalized. We found that trust built during the epidemic to increase support for and compliance with Ebola control policies extended beyond the health sector. Citizens who experienced government outreach efforts were more likely to prefer government provision of health care and education, as opposed to similar provision by non-governmental organizations. Those same recipients of government outreach contacts were more likely to express support for government regulations about taxation, mob violence, and eminent domain.

The Bottom Line

Our research shows that trust in government becomes more important when citizens face crises — such as the Ebola crisis in Liberia — that create high levels of risk and uncertainty. In designing future interventions, governments and others working to resolve crises must invest time and resources to understand the role trust will play in facilitating their efforts.

Especially when public health crises happen, policymakers, non-governmental organizations, and other responders must evaluate whether more than health interventions are necessary. They may need to be prepared to undertake trust-building outreach to make the people they serve more receptive to emergency health measures. And if they succeed in building trust during the health

crisis, that enhanced trust could carry over to facilitate other government activities.

Read more in Lily L. Tsai, Benjamin S. Morse, and Robert A. Blair "Building Trust and Cooperation in Weak States: Persuasion and Source Accountability in Liberia during the 2014-2015 Ebola Crisis," MIT Political Science Department Research Paper No. 2019-01; Robert A. Blair, Benjamin S. Morse, and Lily L. Tsai "Public Health and Public Trust: Survey Evidence from the Ebola Virus Disease Epidemic in Liberia," Social Science & Medicine, 172, (2018): 89-97; Lily Tsai, Robert Blair, and Benjamin Morse, "Patterns of Trust and Compliance in the Fight Against Ebola: Results from a Population-Based Survey of Monrovia, Liberia," International Growth Centre: The Economic Impacts of Ebola, Bulletin 3 (April, 2015); Benjamin Morse, Karen A. Grepin, Robert A. Blair, Lily Tsai, "Patterns of Demand for Non Ebola Health Services During and After the Ebola Outbreak: Panel Survey Evidence from Monrovia, Liberia," BMJ Global Health, 1, no. 1 (April, 2016).