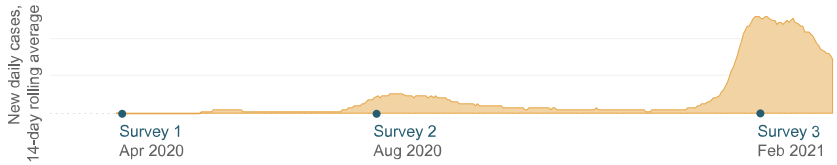
Finding the Balance: Public Health and Social Measures in Zambia

What is the purpose of this report?

This report describes findings from a telephone survey with 1,328 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analysed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the first and second reports).



National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	77,639
Cumulative incidence rate per 100,000 people	429
Test positivity rate Proportion of people who test postive for COVID-19 among all people who took a test, averaged over 7 days	12.8%
Total confirmed COVID-19 deaths	1,066
Case fatality ratio Proportion of total reported deaths among all people reported as testing positive for COVID-19	1.4%

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

The COVID-19 epidemic in Zambia accelerated after the December 2020 holidays, likely due to increased movement and circulation of the 501Y.V2 (B.1.351) variant. Between 10-24 January 2021, newly reported cases increased by more than 20% per week. Reported new cases have declined since February, after a ban on public gatherings was introduced, although test positivity has remained high, indicating that cases may be underreported.

PHSM Support and Self-Reported Adherence

Individual measures, including mask-wearing and hand-washing, received widespread support and adherence, while measures restricting movement and social gatherings less so. Lower support and adherence for gathering and movement restrictions aligns with the immense economic hardship Zambians have experienced throughout the epidemic coupled with the lack of government enforcement measures.

Risk Perceptions and Information

Most respondents agreed that COVID-19 posed a risk to people in their country (75%), but far fewer believed that they were at high risk of contracting the virus personally (38%). Reported levels of risk perception were slightly lower in February than August 2020 even though reported new cases were higher.

Secondary Burdens

Disruptions to essential services remained a challenge between August and February. The pandemic also continued to exacerbate economic hardships, particularly among rural and lower income respondents; the vast majority of respondents reported losing some or all of their income since the start of the pandemic (88%), yet very few have received government support (5%).

Disease Dynamics and PHSM Implementation

What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

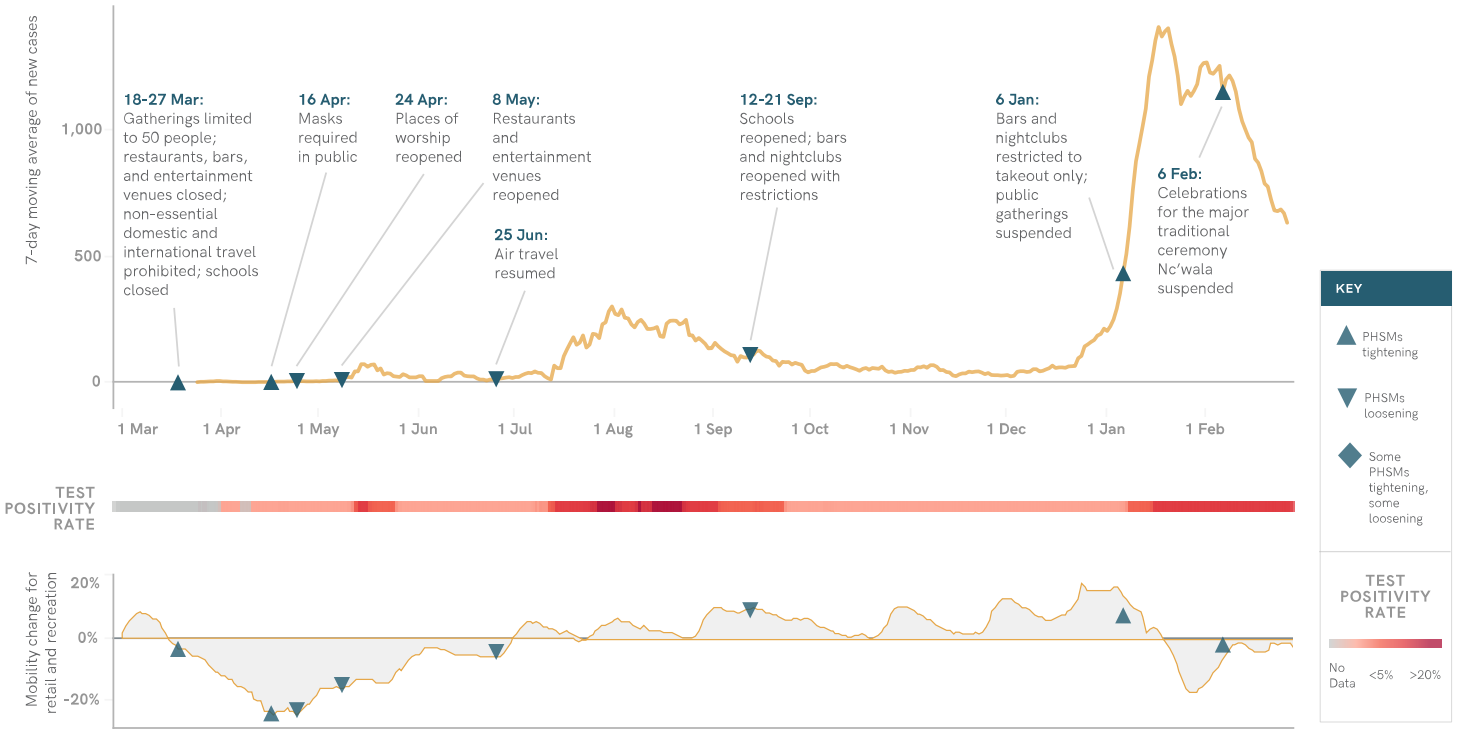
Situational Awareness

The COVID-19 epidemic accelerated in Zambia heading into the December 2020 holiday season, concurrent with increases in population mobility and the first report of the B.1.351 variant. At the peak of transmission in mid-January, Zambia reported around 1,400 cases per day (almost five times higher than at the peak of the first wave in August 2020). Government officials reported low adherence to PHSMs and announced the suspension of public gatherings in early January in response to the growing caseload.

Reported new cases started to fall in mid-February, but remained above 600 per day. Despite the decrease in cases, test positivity rates remained high, fluctuating between 14-15%, indicating that cases were likely going undetected. Deaths from COVID-19 have decreased in Zambia, although a recent study suggested that limited testing may be resulting in undercounting of COVID-related deaths.

Zambia is also experiencing an economic crisis due to falling copper prices and rising debts, which has been exacerbated by the pandemic. Discontent with the economic and political situation in Zambia led to a protest in Lusaka in December, where two civilians were killed. In January, President Lungu said he will not introduce economically restrictive measures such as curfews or lockdowns, even though cases continued to surge. Although there are no stay-at-home orders, people are encouraged to work from home. Zambia is expected to receive its first doses of the AstraZeneca vaccine from the World Health Organization's (WHO) COVAX facility in March.

After the relaxation of most PHSMs by September and increased mobility around the December holidays, transmission surged in January 2021.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

What the data say

Despite accelerated transmission of COVID-19, support for and self-reported adherence to all PHSMs has remained steady or declined since August 2020. Zambia has the lowest support for and adherence to PHSMs in the Southern region. Lower income respondents reported less adherence to all PHSMs, suggesting an economic barrier to compliance.

- Adherence to PHSMs was low likely because few measures are mandatory. The most restrictive PHSMs were lifted by May 2020, leaving just the mandatory mask directive in place. While there was no stay-at-home order, in January the president encouraged people to work from home.
- Positive sentiment towards PHSMs on social media began to decline in November 2020, driven by criticisms of non-adherence in public spaces. Government officials also noted decreased PHSM compliance, and called for Zambians to take the virus more seriously.

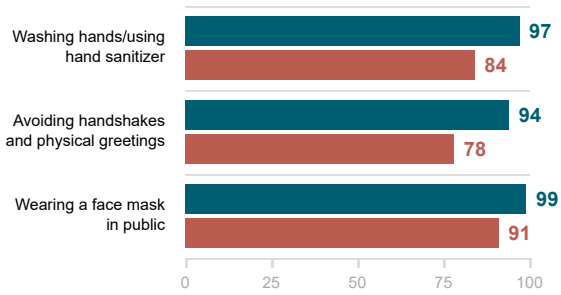
In the media

In light of the growing caseload in January, one Twitter user wrote: "The deaths are really heart-breaking and no longer just statistics, they are robbing Zambia of bread winners and productive citizens who are contributing to the well being of the country. Please ensure we mask up, hand-sanitize, hand wash with soap and stay home. #StopTheSpread"

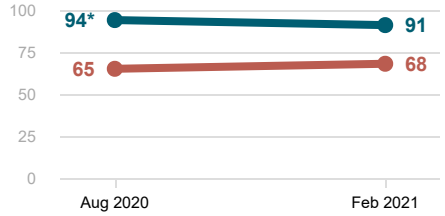
Individual measures

Support for individual measures was significantly lower in February than in August, though self-reported adherence was comparable. There was a significant decrease in support for avoiding physical greetings, particularly among urban respondents.

*Percent that **support** and **adhere** to each individual measure in Feb 2021*



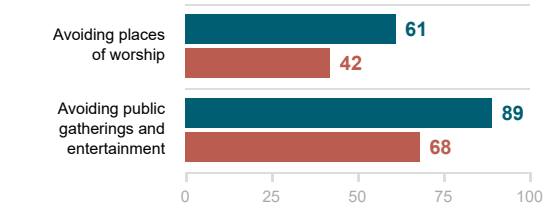
*Trend in percent that **support** and **adhere** to all individual measures (composite score)*



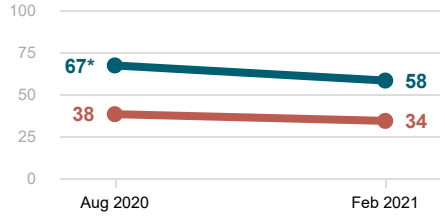
Measures restricting social gatherings

A large share of respondents supported socially restrictive measures, but fewer reported adhering to them. Support for avoiding places of worship decreased significantly since August, and adherence has remained comparably low.

*Percent that **support** and **adhere** to each social measure in Feb 2021*



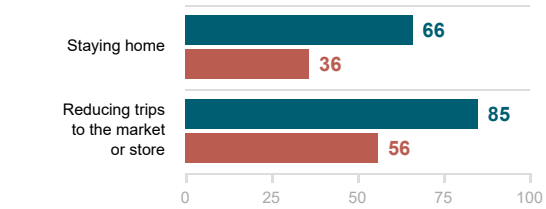
*Trend in percent that **support** and **adhere** to all social measures (composite score)*



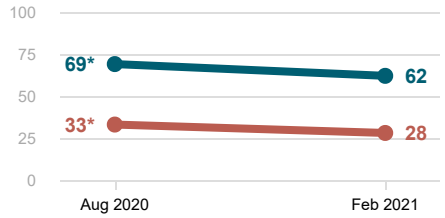
Measures restricting movement

Support for and adherence to measures restricting movement was low in February, likely related to the economic burden of compliance.

*Percent that **support** and **adhere** to each movement measure in Feb 2021*



*Trend in percent that **support** and **adhere** to all movement measures (composite score)*



PHSM Support and Self-Reported Adherence

Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

What the data say

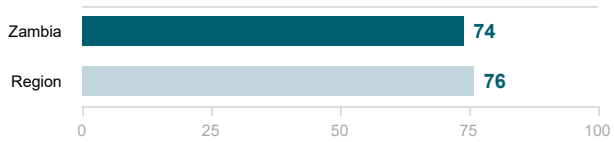
A majority of respondents in Zambia support their government's response to the pandemic (74%), on par with the regional findings and consistent with the August survey (72%). Survey respondents in Zambia stated that the most trusted institutions were health-related, both local and international.

- Although there have been recent allegations of corruption against the president, and the Minister of Health was dismissed in January, more than three-quarters of respondents said that they trusted the president's handling of the COVID-19 response (77%), and more than four-fifths trusted the Ministry of Health (82%). At the time of the survey, there was a new Minister of Health, which may be related to high reported trust.
- The police remain one of the least trusted institutions in Zambia, with only half of respondents reporting support for their response to COVID-19, a slight decrease since the police were directed to enforce PHSM adherence in August. Police officers reportedly collected 750 KMW (about $34 USD) fees from those found without a mask, a practice the government has since criticized. Of respondents who reported mistrust of the president's COVID-19 response, more than 80% also indicated mistrust of the police.

What do people think about their country's institutions?

Compared to other Member States in the region, respondents in Zambia reported similar levels of satisfaction with the governments' response to COVID-19 (74% vs. 76%). Satisfaction was highest among respondents with lower educational status (84%) and lower income (80%).

74% are satisfied with the government's pandemic response



Top five most trusted institutions and individuals

Percent of people reporting trust in each source

Hospitals/health centers	84%
World Health Organization (WHO)	84%
Ministry of Health	82%
UNICEF	79%
The President	77%

What are people saying in the news and on social media?

In contrast to survey findings, social media users have consistently expressed negative sentiment toward their government's handling of the COVID-19 response since the pandemic's start, and widely commented on specific claims of government corruption in June 2020, January 2021 and February 2021. The allegations varied from fraudulent spending of government health funds to distribution of expired medicines and substandard medical supplies. In November 2020, social media users also expressed frustration over discrepancies in reported numbers of personal protective equipment (PPE) donated by the Jack Ma Foundation. These scandals were cited by some survey respondents as reasons for not trusting the COVID-19 vaccine.

In the media

Responding to a report in October that bondholders rejected claims that the Zambian financial crisis was caused by COVID-19, one Twitter user said: "Indeed the real cause of our financial crisis is not the Coronavirus but the Dununa Reverse Virus [referencing the governing Patriotic Front party] whose symptoms are corruption, fraud, theft and mismanagement."

Risk Perceptions and Information

How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

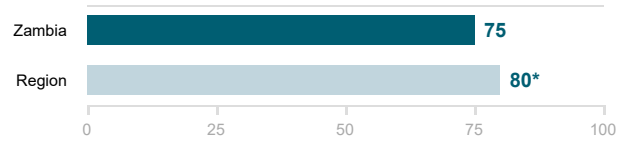
What the data say

Although three out of four respondents were aware of the risk that COVID-19 posed to their country—which is similar to the regional average—a smaller portion (38%) believed that their personal risk of catching COVID-19 was high. Respondents aged 56 and above reported markedly lower perceptions of personal risk (22%) compared to other age groups despite their increased risk for severe disease and death from COVID-19. This finding should be interpreted with some caution, however, as the survey sample was skewed towards respondents aged 45 and below, who made up around 90% of the sample.

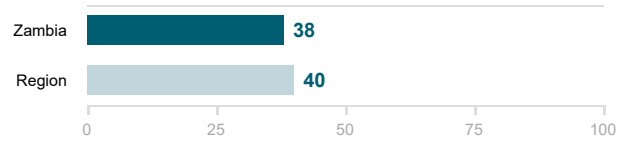
- A smaller percentage of respondents believed that their health would be seriously affected if they were infected with COVID-19 (57%) compared to August (62%), despite media coverage of increased severity linked to the B.1.351 variant in Zambia. More urban respondents reported believing COVID-19 posed a risk to their health (63%) than rural respondents (53%), potentially reflective of the higher case burden in urban areas.
- Forty percent of respondents believed that COVID-19 can be cured with herbal remedies—an increase of about 10 percentage points from August. In a statement to the public in January 2021, the president encouraged the use of alternative remedies to treat COVID-19, including steam therapy and vitamin C supplements. The majority of respondents place high trust in their president (77%), so public comments such as these may increase belief in the efficacy of herbal remedies.
- Overall, respondents in Zambia reported less stigma towards health care workers and previously infected people than the regional average. Still, nearly one out of three respondents (32%) believed health care workers should be avoided, and this belief is seems to be higher among those who reported missing health visits (35%), suggesting that misinformation is discouraging some people from seeking care.

How do people understand the risk of COVID-19?

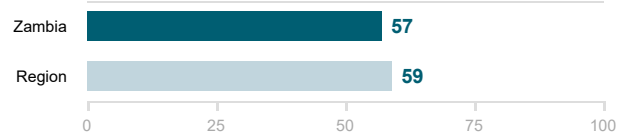
75% believe that COVID-19 will affect many people in their country



38% believe that their personal risk of being infected with COVID-19 is high



57% believe that their health would be seriously affected by COVID-19



Do people stigmatize others?

32% think they should avoid health care workers because they could get COVID-19 from them

29% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

86% understand that infected people may never show symptoms but could still infect others

71% understand that infected people may not show symptoms for five to 14 days

40% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

How are perceptions of risk informing actions?

How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

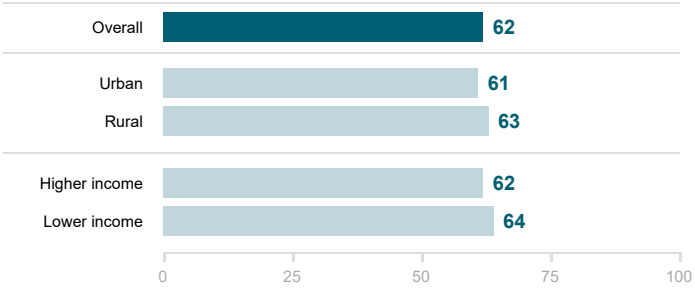
How do people feel about resuming day-to-day activities?

The majority of respondents reported feeling anxious about resuming normal activities (62%), comparable to August (67%).

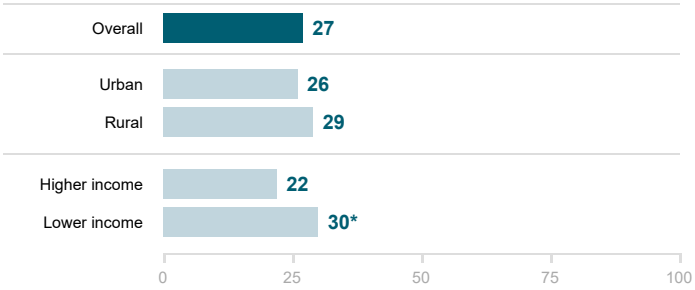
Only about one in four respondents (27%) reported having resumed normal activities. Those with lower COVID-19 risk perceptions (32%) reported resuming activities more than those with higher risk perceptions (24%).

Lower income respondents were more likely to have resumed normal activities than higher income respondents, and were nearly two times more likely to have resumed taking public transit, suggesting an economic pressure to resume daily activities.

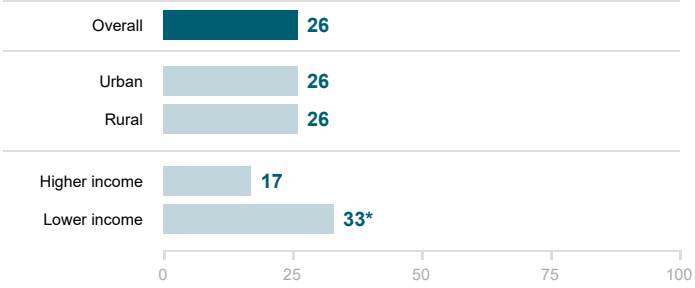
62% feel anxious about resuming normal activities



27% have already resumed normal activities because they believe COVID-19 risk is low



26% feel comfortable taking public transportation



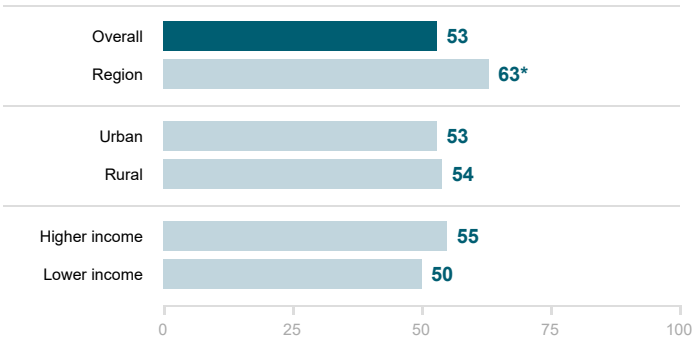
What do people think about vaccines?

Respondents in Zambia reported the lowest overall vaccine acceptance in the Southern Region (53%). The most common reason given for not planning to get vaccinated was the need for more information.

Misinformation among respondents was concerning, with nearly one in six believing the vaccine would give them COVID-19 (16%). Among respondents who cited "other" reasons for not getting vaccinated, there was a common belief that the vaccine is lethal, and was designed to depopulate Africa.

Zambia expects to receive the AstraZeneca vaccine from WHO's COVAX facility in March, with priority administration among healthcare workers.

53% plan to get a vaccine when available



Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

I do not yet know enough about the vaccine to make a decision	38%
I believe vaccines can give you the disease they are designed to protect you against	16%
I do not feel I am at risk of catching the virus	15%

In the media

One Twitter user commented on 1 March 2021 that in "Zambia we already don't trust over the counter meds what more the Covid-19 Vaccine," referring to a scandal involving the distribution of expired medicine in September 2020 and the doubt that has cast on vaccine rollout in Zambia.

Secondary Burdens

Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

What the data say

Among respondents reporting they or someone in their household needed health care or medication, more than 40% skipped or delayed services in the previous six months and about 60% reported difficulty obtaining medication in the previous three months.

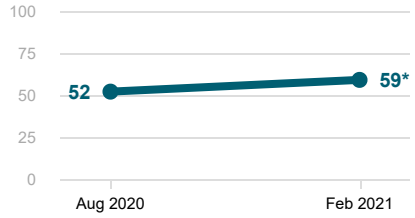
More than half of respondents reported that they skipped care due to fear of catching COVID-19 and/or health facility disruption (e.g., staff shortages, hospitals being closed) and the majority of reported missed services occurred at the height of Zambia's second wave, indicating hospitals were stretched. Social media posts noted shortages of oxygen and PPE in hospitals during this time.

Among respondents reporting missed health visits, one in five were for malaria (20%), up from just over one in 10 in August (12%). Reduced access to malaria treatment could have serious health consequences; in Zambia there are 4 million cases and more than 2,000 deaths from malaria annually.

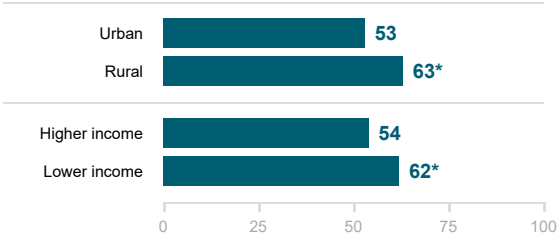
Difficulty getting medicines

Since August, more respondents reported that they or someone in their household in need of medication had trouble accessing it. There was a 10 percentage point increase in trouble accessing medicine among rural respondents since August.

Trend in percent of households having difficulty getting medicines in the past three months



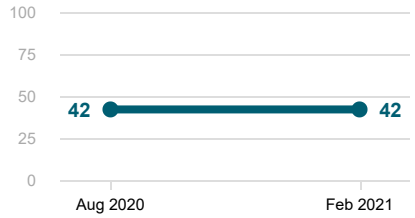
Percent having difficulty getting medicines by category



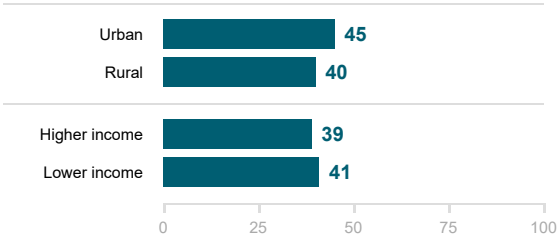
Skipping or delaying health visits

The number of households in Zambia that reported skipping health visits has remained stable since August. Health care disruptions seemed to be more common among urban respondents, which may be due to the higher incidence of COVID-19 in cities.

Trend in percent of households skipping or delaying health care visits in the past six months



Percent skipping or delaying health care visits by category



The reasons why visits were skipped or delayed
People could choose multiple responses

Worried about catching COVID-19	32%
Health facility disruption	22%
Mobility restrictions/transport challenges	17%
Cost/affordability	10%
Caretaker responsibilities	3%

The types of visits which were skipped or delayed
People could choose multiple responses

General/routine check-up	41%
Diagnostic services/symptoms	27%
Communicable diseases	20%
Non-communicable diseases	11%
Reproductive, maternal and child health	11%

Secondary Burdens

Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

What the data say

Almost 90% of respondents in Zambia reported having lost some or all of their income since the start of the pandemic, with more lower-income respondents reporting income loss (90%) than higher-income respondents (82%). About 85% of those with some income loss reported large or moderate losses. These are related to ongoing macroeconomic challenges that have been exacerbated by the pandemic, including rising inflation, falling copper prices and expanding national debt.

- Despite the ongoing economic crisis during the pandemic, the vast majority (95%) of respondents received no government assistance.
- Zambia became the first Member State to default on its loans during the pandemic, and is negotiating an IMF bailout requiring austerity measures that may affect ongoing COVID-19 response efforts and exacerbate secondary burdens.

Reported barriers to food access

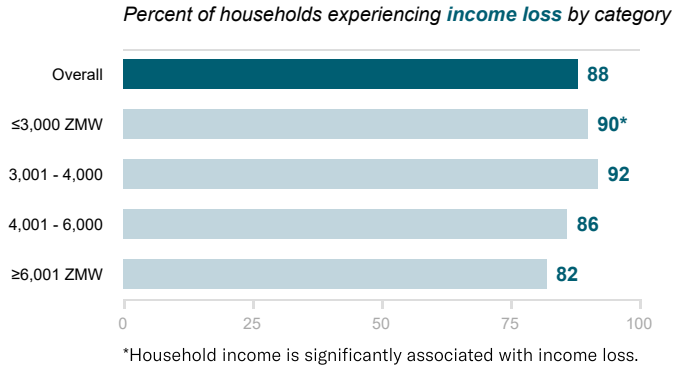
Percent of people reporting each barrier

Less income	73%
Higher food prices	82%
Food markets closed	40%
Mobility restrictions	39%
Food market supply shortages	49%

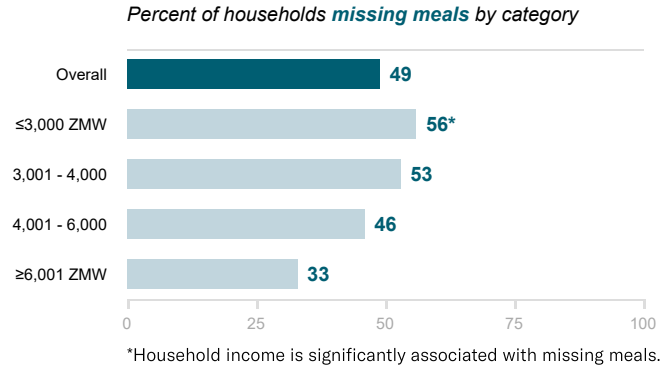
Two million Zambians (11% of the population) have faced severe food insecurity since October 2020, and the situation is expected to continue downward through March 2021. In spite of favorable agricultural conditions for the 2020/2021 season, many farmers are still trying to recover from the recurrent cycles of prolonged drought and crop loss.

- More rural respondents reported reduced meal size or frequency compared to urban respondents (52% vs. 44%), which may reflect these additional hardships.
- More than 90% of respondents reported experiencing issues accessing food, an increase of seven percentage points since August (83%). These reported barriers will likely exacerbate food insecurity in Zambia.
- Regional variability in weather patterns caused destruction of crops in some areas. Locust infestations in parts of the Southern, Central and Western provinces in September 2020 affected more than 80,000 households. Flooding has destroyed crops in the Gwembe district, where many residents were already experiencing emergency levels of food insecurity.

Household income

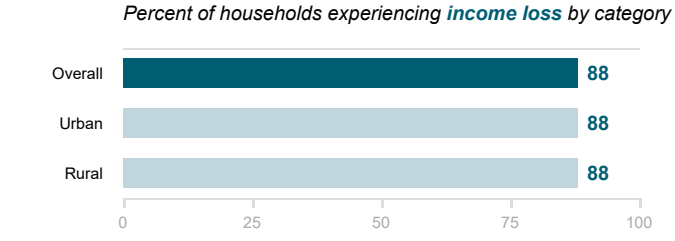


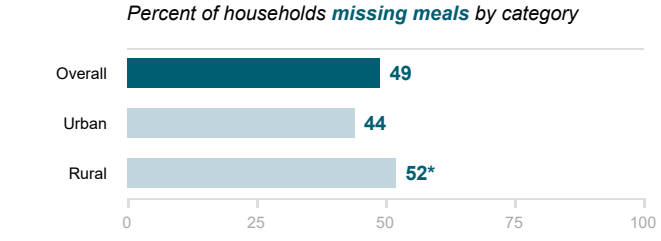
*Household income is significantly associated with income loss.



*Household income is significantly associated with missing meals.

Location





Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: East Africa (Ethiopia, Kenya, Uganda, Sudan); West Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess whether there were statistical differences. An asterisk (*) indicates statistical significance where $p < 0.05$.

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online dashboard. *For full details on data sources, methods and limitations, see preventepidemics.org/perc.*

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness.

Country notes

The survey sampled from Zambia consisted of 1,328 adults (546 urban, 782 rural), collected between 9 to 18 February 2021.

Income classifications were based on existing data on local income distributions, which were used to create three income bands, defined as:

- Low income: Monthly household income 3,000 ZMW and below
- Low middle income: Monthly household income 3,001 ZMW - 4,000 ZMW
- High middle income: Monthly household income 4,001 ZMW - 6,000 ZMW
- High income: Monthly household income 6,001 ZMW and above