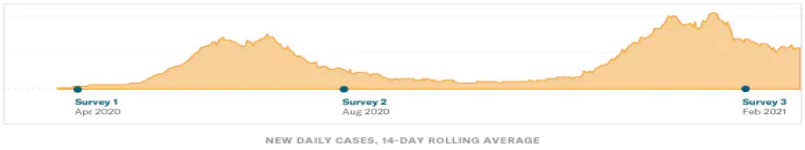
Finding the Balance: Public Health and Social Measures in DRC

What is the purpose of this report?

This report describes findings from a telephone survey with 1,316 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).



NEW DAILY CASES, 14-DAY ROLLING AVERAGE

National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	25,791
Cumulative incidence rate per 100,000 people	30
Test positivity rate Proportion of people who test postive for COVID-19 among all people who took a test, averaged over 7 days	27.6%
Total confirmed COVID-19 deaths	707
Case fatality ratio Proportion of total reported deaths among all people reported as testing positive for COVID-19	2.7%

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

The Democratic Republic of the Congo (DRC) experienced its second wave of new COVID-19 cases starting in November 2020 and peaking in January 2021; PHSMs were tightened in December and remain in place today. While reported cases per capita remain low, high test positivity rates and low testing per capita suggest there may be many cases going undetected. Additionally, the ongoing conflict in the east alongside outbreaks of Ebola and other infectious diseases continue to strain DRC's health care system.

PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to PHSMs restricting social gatherings and economic movement decreased notably since the August 2020 survey, with the greatest change in measures that restrict places of worship. Changes in self-reported behavior may be due to change in behavior during the period of relaxed PHSMs, and may also be driven by low levels of risk perceptions identified in the survey.

Risk Perceptions and Information

Perceptions of individual risk from COVID-19 were low among survey respondents, with one in four believing that they were at a high risk of contracting COVID-19. This may be driven by low overall reported cases and competing public health emergencies.

Secondary Burdens

Households were experiencing significant economic hardship, with nearly eight in 10 respondents reporting lost income over the past year. Conversely, fewer respondents reported disruptions to health care services than in August, suggesting that despite ongoing challenges, access to medication and care may be improving. However, current PHSMs may exacerbate burdens on livelihoods if maintained too long.

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

Note: survey activities were conducted against the backdrop of ongoing conflicts in eastern DRC alongside the COVID-19 pandemic and other concurrent infectious disease outbreaks. The survey could only reach those with access to phones, and the people most affected by these disruptions were likely not included in this sample. Therefore, the survey sample largely represents the views of those who are more highly educated (75% of the survey sample completed some university schooling or more) and higher income (31% of respondents claimed household income to be in the highest income category).

After ending nearly all PHSMs by October, DRC experienced a second wave of new COVID-19 cases beginning in mid-November, surpassing the height of its first wave in June 2020. The government responded by implementing a new set of PHSMs on 18 December. Reported cases peaked in mid-January 2021 at about 250 new cases per day; as of 26 February they had dropped to about 100 per day. Schools reopened in late February, but all other PHSMs remained in effect through the surveyed period.

Testing capacity has continued to be a significant constraint. While all but two provinces have performed some COVID-19 tests (Mongala & Lomami), testing outside of Kinshasa has been limited to cartridge-dependent machines, typically used for MDR-TB, for which there have been chronic re-supply issues. DRC's test positivity rate has remained high since the start of the pandemic, and averaged more than 20% since December, suggesting that many cases may be going undetected. The COVID-19 variants VOC 202012/01 (B.1.1.7) and 501Y.V2 (B.1.351) have been detected in DRC; however, genomic sequencing remains too limited to assess their prevalence.

In addition to COVID-19 response, DRC's health systems have been stretched by a recent Ebola outbreak in North Kivu province, overcoming the world's largest measles outbreak and monitoring outbreaks of plague, cholera, polio and monkeypox. Cholera outbreaks, in particular, have been exacerbated by water scarcity in Goma and elsewhere.

In January, there were numerous protests against the slow pace of school reopening, and security forces have been accused of increased use of force. Concerns of gender-based violence (GBV) have increased since a nation-wide curfew was enacted in December, with reported GBV incidents up by 86% between January and September 2020 compared to the same period in 2019.

A surge of new reported cases led to a tightening of PHSMs in December. Cases have since come down, but remain above pre-surge levels.

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

Support for and self-reported adherence to PHSMs restricting social gatherings and movement was low compared to the average across African Union Member States and has decreased considerably since the August 2020 survey.

- There was a particularly notable drop in support for and adherence to avoiding places of worship since August 2020. PHSMs were loosened in October for places of worship but were tightened again in December.
- Places of worship were also reported in traditional news outlets and among social media users as places where PHSMs were commonly ignored.

In the media

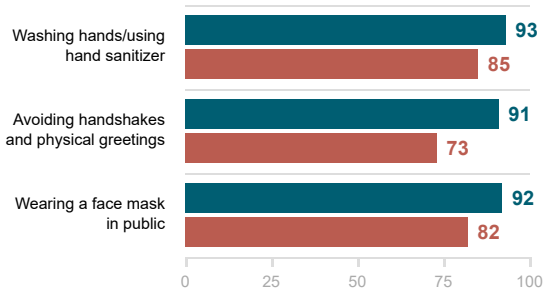
"Barely at the altar for his homily, [the bishop] noticed that among the hundreds of faithful present at the cathedral, only a few wore masks, many seated side by side, without respect for social distancing."

— Actualite, 25 December, 2020

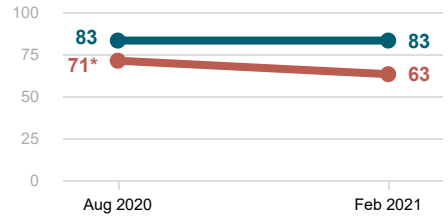
Individual measures

Support for individual measures remained unchanged since August. However, support for and adherence to individual measures was highly correlated with level of education, suggesting that these results may be skewed based on the makeup of the surveyed population.

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



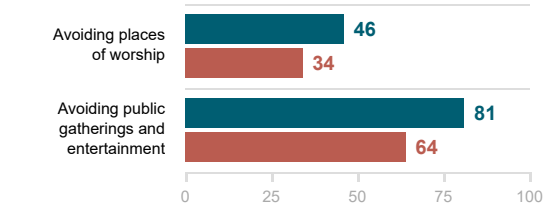
*Trend in percent that **support** and **adhere** to all individual measures (composite score)*



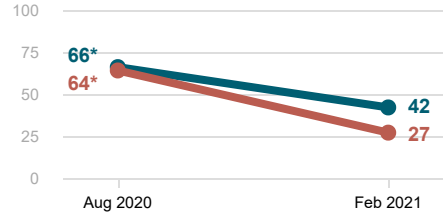
Measures restricting social gatherings

Support for avoiding public gatherings was nearly twice as high as support for avoiding places of worship. Self-reported adherence to avoiding places of worship as 37 percentage points lower than in August.

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



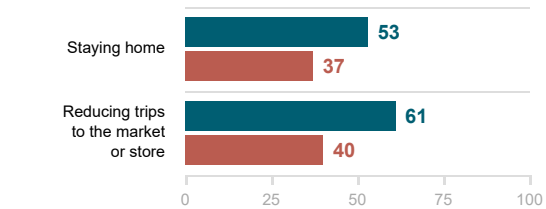
*Trend in percent that **support** and **adhere** to all social measures (composite score)*



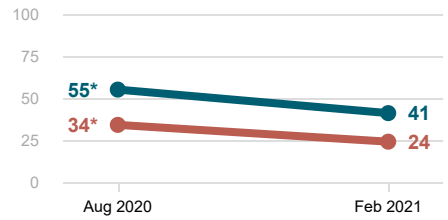
Measures restricting movement

Support for staying home was 13 percentage points lower than in August. Self-reported adherence to all measures restricting movement was 10 percentage points lower despite the reintroduction of these types of PHSMs in December.

*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

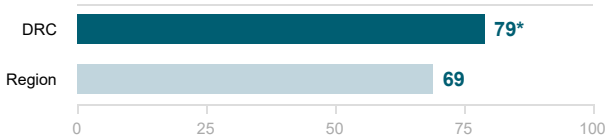
Nearly eight in 10 respondents (79%) in DRC reported that they were satisfied with the government's overall pandemic response, which is slightly less than in the August survey (82%). As satisfaction with and trust in government was highly correlated with level of education, these findings may be skewed by the highly-educated survey sample. Trust in the president, however, was high (89%) and consistent across all educational levels. In January, lawmakers voted the prime minister out of office to enable the president to form a new government—including a new minister of health—however as of the survey implementation, the new government had not yet been formed.

- People expressing satisfaction with the government's response to COVID-19 reported higher overall levels of risk perception and higher levels of self-reported adherence to PHSMs. As in our survey findings, those critical of the government on social media often expressed lower perceptions of COVID-19 risk.
- Trust in international institutions was generally high, ranging from 70% trust in Africa Centres for Disease Control and Prevention to 84% for UNICEF. Trust for the World Health Organization (WHO) was relatively high at 79% despite ongoing reports of sexual abuse by WHO employees working on the country's response to an Ebola outbreak.

What do people think about their country's institutions?

Respondents expressed high levels of trust for both the president (89%) and the Ministry of Health (80%), and low levels of trust in family doctors (65%), police (43%) and traditional healers (40%). However, over 50% of respondents with a high school degree or less expressed trust in traditional healers compared to under 40% for those with higher levels of education.

79% are satisfied with the government's pandemic response



Top five most trusted institutions and individuals

Percent of people reporting trust in each source

The President	89%
Religious institutions	84%
UNICEF	84%
Hospitals/health centers	82%
Ministry of Health	80%

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

In contrast to our survey findings, social media users expressed concerns about health care capacity and infrastructure, including accusations of corruption around electricity outages that caused ventilators to shut down in hospitals and shortages in oxygen manufacturing. Such accusations were framed as "COVID business," and users were especially critical of the COVID-19 Technical Secretariat's use of COVID-19 funds.

In the media

"The big problem for hospitals, it's the lack of oxygen. The work of the factory in Kinshasa producing oxygen was being hampered by the capital's frequent power cuts."

—Jean-Jacques Muyembe (Head of DRC COVID-19 Response Team), CapitalFMRadio, 5 December, 2020

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.

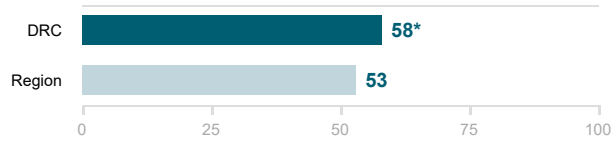
What the data say

Respondents in DRC reported low perceptions of risk from COVID-19, with only one in four believing themself to be at personal risk of catching the virus. About six in 10 believed that COVID-19 would affect many people in their country, while just over 40% believed that their health would be seriously affected if they were to contract COVID-19.

- Low risk perceptions may be the result of the relatively low number of reported COVID-19 cases and deaths, combined with the burdens of numerous other outbreaks, humanitarian crises and economic challenges facing residents of DRC. While representing a small sample size, in Kinshasa, where more cases have been reported, respondents tended to report high COVID-19 risk perceptions; conversely, in the conflict-affected provinces of North and South Kivu, risk perceptions were low.
- Respondents with higher incomes and educational levels tended to have higher levels of risk perception, suggesting our survey sample may have biased these findings upward. On social media, low risk perception was often associated with comments that COVID-19 would only affect the rich.
- Roughly half of respondents believed that health care workers (51%) and people who have recovered from COVID-19 (50%) should be avoided. While such beliefs could lead people to avoid necessary medical care, survey respondents who believed that health care workers should be avoided were no more likely to report a missed medical visit.

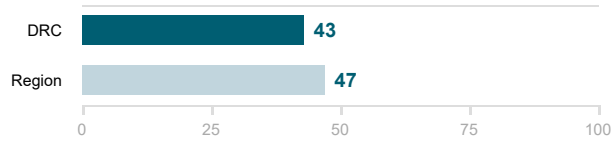
How do people understand the risk of COVID-19?

58% believe that COVID-19 will affect many people in their country



26% believe that their personal risk of being infected with COVID-19 is high

43% believe that their health would be seriously affected by COVID-19



Do people stigmatize others?

51% think they should avoid health care workers because they could get COVID-19 from them

50% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

83% understand that infected people may never show symptoms but could still infect others

82% understand that infected people may not show symptoms for five to 14 days

66% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

How are perceptions of risk informing actions?

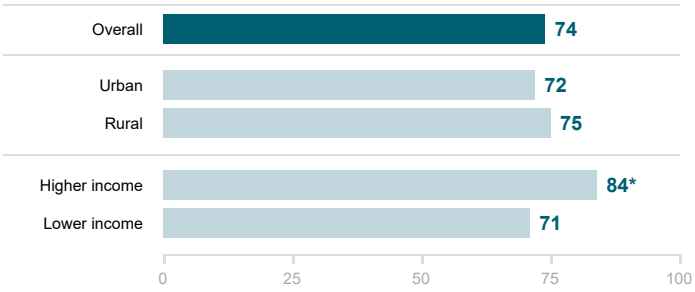
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

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

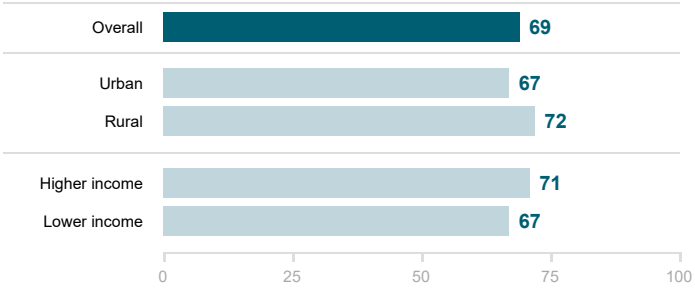
Three in four respondents (74%) reported that thinking about resuming normal activities made them anxious. Nearly the same share (69%) reported having resumed normal activities, suggesting daily needs were generally outweighing concerns regarding COVID-19.

- Respondents with higher incomes and educational levels tended to report higher levels of anxiety in resuming activities.
- Of those who reported resuming normal activities, a higher share expressed low COVID-19 risk perceptions, and were also less likely to report missing health care visits.

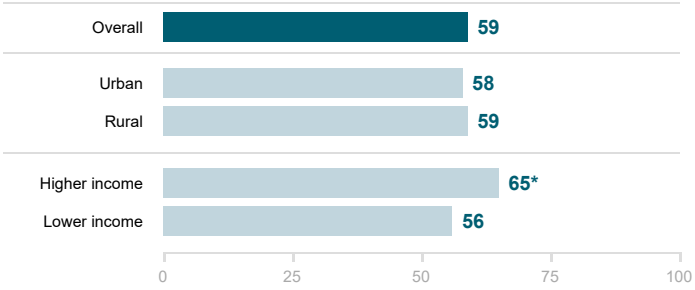
74% feel anxious about resuming normal activities



69% have already resumed normal activities because they believe COVID-19 risk is low



59% feel comfortable taking public transportation

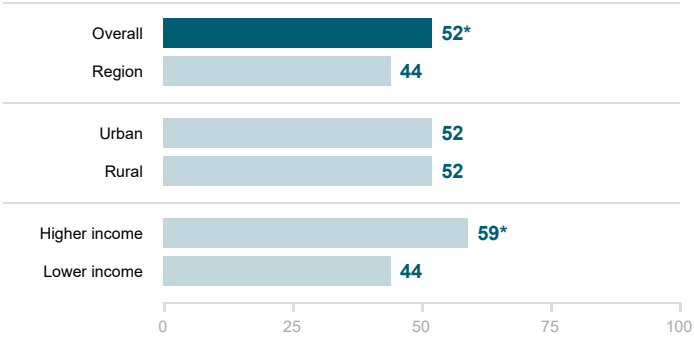


What do people think about vaccines?

Half of respondents from DRC (52%) reported interest in getting a COVID-19 vaccine. On 3 March, DRC received its first shipment of 1.7 million doses of the AstraZeneca vaccine through COVAX.

- Low overall risk perceptions appear to be influencing opinions of the vaccine, and were the leading reason given for not wanting to get vaccinated.
- Of those not planning to get the vaccine, a quarter said they needed more information and 20% erroneously believed that the vaccine could give them COVID-19. As with the Ebola vaccination effort in recent years, building community-level trust will be necessary to achieving vaccine uptake.

52% 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 feel I am at risk of catching the virus	33%
I do not yet know enough about the vaccine to make a decision	25%
I believe vaccines can give you the disease they are designed to protect you against	20%

In the media

Levels of interest in vaccination were especially weak among lower income households. On social media, many spoke of COVID-19 being a rich person's disease. "The joke in Kinshasa once was that the disease only affects those with passports."

—The Nation, 17 November, 2020

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

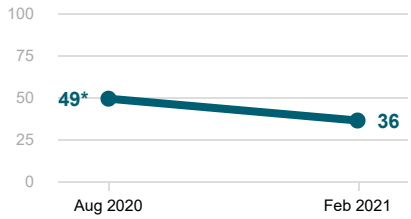
Among respondents who reported they or someone in their household needed health care or medication, nearly 30% skipped or delayed services in the previous six months and more than 30% reported difficulty obtaining medication in the previous three months. Compared to August, however, respondents reported less difficulty accessing medicine and fewer skipped or missed health care visits, which may be due, in part, to the end of a health care worker strike and a prolonged period of relaxed PHSMs before December.

- Lower-income respondents were more likely to report both skipped or missed health visits and difficulty getting medication, suggesting that the small percentage of lower-income households in the survey population may underrepresent the overall burden in DRC.
- One notable difference from August was a ten-fold increase in the number of people missing a health visit for a fever (from 3% to 30%), which is a symptom of COVID-19 (among many other illnesses). Separately, over 20% of missed health visits were for malaria. DRC has the second highest number of cases and deaths from malaria globally.

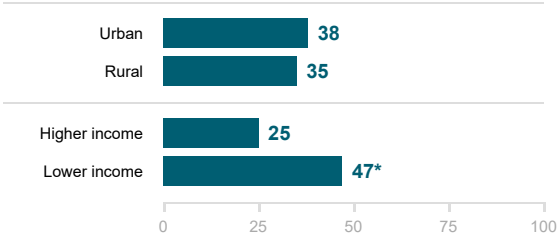
Difficulty getting medicines

The share of respondents reporting difficulty accessing medicine decreased markedly since August.

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



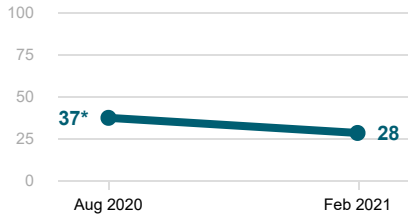
Percent having difficulty getting medicines by category



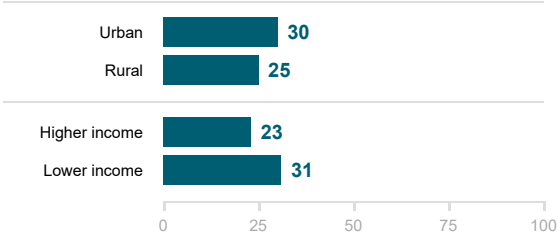
Skipping or delaying health visits

The percentage of households in need of care that report skipping or delaying services was lower than in August. Income-level disparities are apparent but less profound than for medication access.

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

Cost/affordability	19%
Worried about catching COVID-19	15%
Caretaker responsibilities	15%
Mobility restrictions/transport challenges	16%
Health facility disruption	9%

The types of visits which were skipped or delayed

People could choose multiple responses

Diagnostic services/symptoms	42%
General/routine check-up	42%
Communicable diseases	21%
Reproductive, maternal and child health	14%
Non-communicable diseases	9%

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

The survey found alarmingly high levels of economic hardship in DRC. Nearly eight in 10 respondents reported at least some loss in income since the start of the pandemic (78%), more than a third (35%) of whom reported either a complete or "large" loss in income. Despite the start of the green harvest season that typically bolsters food consumption among some of DRC's poorest communities, food insecurity was also widespread, as half of households (52%) reported reducing meals or portion sizes in the past week.

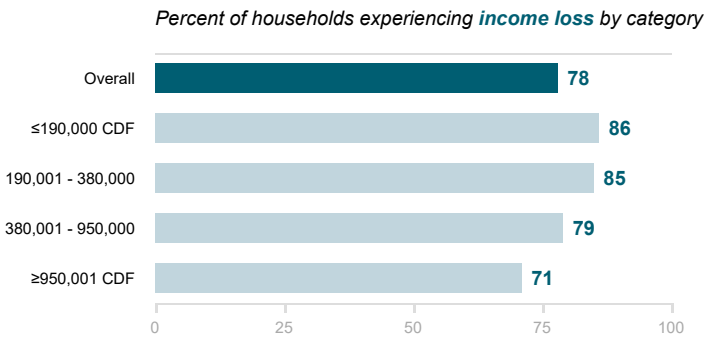
Reported barriers to food access

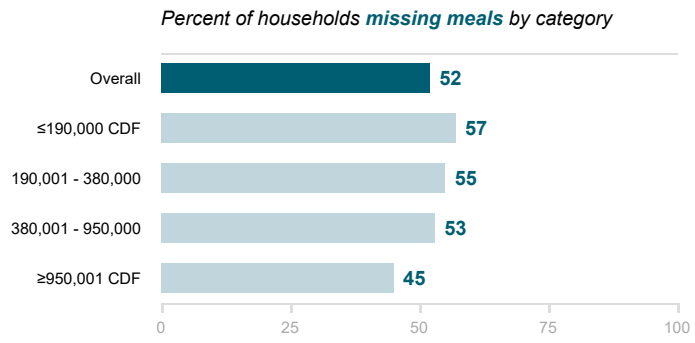
Percent of people reporting each barrier

Less income	67%
Higher food prices	71%
Food markets closed	47%
Mobility restrictions	47%
Food market supply shortages	53%

- Urban and rural households reported similar levels of food insecurity. Disparities were more apparent between income levels, suggesting that the small percentage of lower-income households in the survey may underrepresent levels of food insecurity in DRC. Notably, even within the highest income group, more than 40% reported missing or reducing meals.
- According to the United Nations Food and Agriculture Organization, the number of food-insecure people in DRC has risen by more than six million since 2019, with nearly 22 million people facing "crisis level or worse" food insecurity, making it the world's biggest food crisis. Food insecurity is greatest in the conflict-affected regions of eastern DRC.
- Concerns over water security and electricity prices were a common theme on social media in early 2021. A three-month nationwide provision of free water and electricity expired in July 2020, and reports of high water prices and shortages have persisted.
- In the survey, 10% reported receiving support from the government in addition to what they would normally get, down from 16% in August 2020. About half the reported support was in free or subsidized services (such as water or electricity). Less than 1% said they received a cash transfer.

Household income





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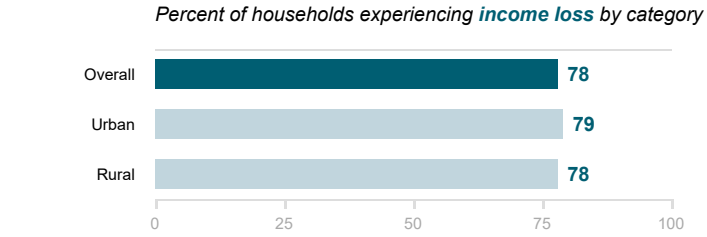

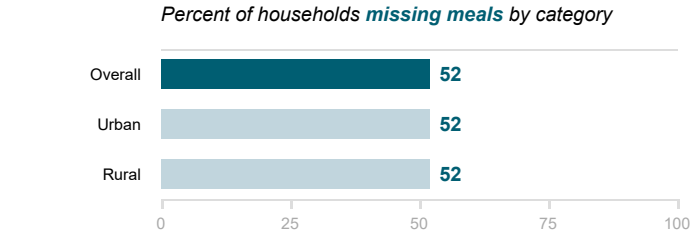

Appendix

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 DRC consisted of 1,316 adults (684 urban, 632 rural), collected between 11 to 20 February 2021.

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

- Low income: Monthly household income 190,000 CDF and below
- Low-middle income: Monthly household income 190,001 CDF - 380,000 CDF
- High-middle income: Monthly household income 380,001 CDF - 950,000 CDF
- High income: Monthly household income 950,001 CDF and above