Effective Implementation of Public Health and Social Measures in Mozambique: Situational Analysis

Highlights

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- Mozambique is in the early stages of the epidemic, with the first case reported late in March and 76 cases as of April 30. The government has imposed significant restrictions on public gatherings and internal movement to prevent further transmission.
- The government has increased health sector spending and requested donor support to finance broader response and relief measures.
- According to survey results, urban Mozambicans have high awareness of COVID-19 but there is significant misinformation, including some that could lead to fear or stigma against individuals thought to be at risk for the disease.
- The vast majority believed that COVID-19 would be a problem for Mozambique. Surprisingly, given the low caseload, Mozambicans were also more likely to report that they were personally at high risk of infection compared to other African Union Member States surveyed.
- Fewer than half of respondents are satisfied with their government's response to COVID-19, and there is greater distrust in government information compared to other Member States surveyed. Mozambicans have lower confidence compared to other Member States in being able to access needed help if they were to fall sick.
- A majority support public health and social measures to limit the spread of the virus, although support was lower than in other Member States polled.
- There have been few security incidents related to COVID-19.

ABOUT PERC

The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African Union Member States. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum. Ipsos and Novetta Mission Analytics bring market research expertise and years of data analytic support to the partnership.

1 This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: https://preventepidemics.org/coronavirus/perc/data

preventepidemics.org/coronavirus/perc/
Disease Dynamics

MOZAMBIQUE ONLY CONFIRMED ITS FIRST CASE OF COVID-19 IN LATE MARCH, AND STILL HAS A LOW CASELOAD, WITH NO DEATHS REPORTED.

Rate of growth of caseload in Mozambique has slowed compared to highest-caseload African Union Member States as of April 30, 2020

- When compared to the five African Union Member States with the highest caseloads, Mozambique’s caseload has grown much more slowly. The daily number of new reported cases has been relatively stable, but a high number of cases (19) were reported on April 25.
- In Mozambique, the most recent doubling time is 11 days. Doubling time is the number of days it took for cases to double to reach their current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic.
- If testing is deemed to be sufficient or is increasing, then changes in case counts per day can also be used to assess COVID-19 transmission. Testing is currently limited to Maputo, but the government plans to scale up testing across four provincial laboratories.

Implementation of Key PHSMs

THE GOVERNMENT WAS QUICK TO IMPLEMENT SIGNIFICANT MEASURES TO PREVENT THE SPREAD OF COVID-19, AND HAS ENCOURAGED BUSINESSES TO ADOPT JOB ROTATION OR OTHER STRATEGIES TO ENABLE PHYSICAL DISTANCING.

3-day moving average of new cases and date of PHSM implementation

- March 23: Public or private gatherings of more than 50 people banned; schools closed; travelers entering the country subject to a mandatory 14-day home quarantine
- April 1: State of emergency and lockdown declared. Public and private institutions must not have more than 20 employees present at a time; public and private events banned; public spaces closed; bicycle and motorbike taxi services suspended (reversed on April 8 after protests); formal and informal markets must operate from 6 a.m. to 5 p.m. only; limitations on internal travel; borders closed
- April 8: Wearing of masks on transport and in crowds of people became compulsory
- April 30: State of emergency and lockdown extended for 30 days

preventepidemics.org/coronavirus/perc/
Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING
Market research firm Ipsos conducted an in-person poll of 1,057 adults in Maputo between March 29 and April 3. At the time of polling, Mozambique had eight to 10 confirmed COVID-19 cases.

Information on COVID-19
Urban Mozambicans have high awareness of the epidemic (99%). However, many continue to hold misperceptions, including some that could offer a misplaced sense of protection or contribute to dangerous misperceptions or stigma. For example, three-quarters (72%) believe hot climate prevents spread; two in five (41%) believed COVID-19 is a germ weapon created by a government; and two-thirds (66%) believed that people who had recovered from the disease should be avoided. Almost two in five (39%) said they would like more information, particularly on COVID-19 protection, causes and cure.

Belief in Misinformation and Rumors
Percentage believing each false statement is probably or definitely true

- You can prevent COVID-19 by drinking lemon and vitamin C: 77%
- Hot climate prevents spread: 72%
- People who have recovered from COVID-19 should be avoided to prevent spreading it: 68%
- COVID-19 is a germ weapon created by a government: 41%
- You might get COVID-19 from any Chinese person in your country: 34%
- Africans can’t get COVID-19: 20%
- Drinking bleach cures COVID-19 disease: 17%

Demand for Information
Percentage reporting they do not currently have enough information about COVID-19

Information Needs

- 35% want more information on how to cure COVID-19 or if there is a cure
- 22% want more information on what causes COVID-19
- 17% want more information on how to protect themselves and their families

Risk Perceptions
While 89% of urban Mozambicans reported that the virus will be a problem for the country, a lower share (63%) said they had a high personal risk of infection. However, this is a higher level of perceived personal risk than in other Member States in Southern Africa (49%) and across all 20 Member States polled (44%), which stands out given Mozambique’s low caseload.
Support for Government and PHSMs

Only about two in five (42%) respondents were satisfied with the government’s response to date and only 46% trust the information provided by the government on COVID-19, far lower than regional and continent averages. Less than half of respondents (48%) felt confident they would get the help they needed immediately if they were to fall sick.

Urban Mozambicans were somewhat supportive of a wide range of PHSMs to help limit the spread of COVID-19. However, while 94% supported closing schools, support for measures which restricted movement or limited economic activity were much lower; only 65% supported closing markets, and 61% supported shutting down workplaces and transit.

Support for PHSMs

Percentage of respondents that somewhat or strongly support

<table>
<thead>
<tr>
<th>PHSM</th>
<th>Mozambique</th>
<th>Southern region</th>
<th>All AU Member States surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing schools</td>
<td>94%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Closing churches and mosques</td>
<td>74%</td>
<td>73%</td>
<td>77%</td>
</tr>
<tr>
<td>Shutting down markets</td>
<td>65%</td>
<td>71%</td>
<td>70%</td>
</tr>
<tr>
<td>Closing workplaces</td>
<td>67%</td>
<td>69%</td>
<td>70%</td>
</tr>
<tr>
<td>Closing transportation in and around cities</td>
<td>67%</td>
<td>73%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Perceptions of Government & Health System

Percentage that completely or mostly trust each source for health information

<table>
<thead>
<tr>
<th>Source</th>
<th>Mozambique</th>
<th>Southern region</th>
<th>All AU Member States surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>86%</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td>The presidency</td>
<td>60%</td>
<td>48%</td>
<td>65%</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>59%</td>
<td>56%</td>
<td>58%</td>
</tr>
<tr>
<td>Community Leaders</td>
<td>56%</td>
<td>48%</td>
<td>58%</td>
</tr>
<tr>
<td>Political leaders</td>
<td>43%</td>
<td>44%</td>
<td>49%</td>
</tr>
<tr>
<td>Traditional herbalist/healer</td>
<td>16%</td>
<td>16%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Trust in Information Sources

Percentage that completely or mostly trust each source for health information

Barriers to Adherence

It may be difficult for households to comply with PHSMs, as 41% said they would run out of food and 57% would run out of money within a week if they had to stay at home, with higher rates of burden for low-income households. Only two in five households (43%) had a separate room to isolate sick family members.

43% of respondents have a separate room in the home to isolate someone with COVID-19

44% of respondents in families making less than US$100 per month have a separate room in the home to isolate someone with COVID-19

Supplies of Food & Money

Percentage who expect to run out in 1 week or less

<table>
<thead>
<tr>
<th>Source</th>
<th>Overall</th>
<th>Low-income (Less than US$100/month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money</td>
<td>67%</td>
<td>41%</td>
</tr>
<tr>
<td>Food</td>
<td>69%</td>
<td>52%</td>
</tr>
</tbody>
</table>
Economic and Relief Measures

Mozambique was beginning to recover from the devastating cyclones in 2019 that displaced hundreds of thousands of people, destroyed livelihoods, increased food insecurity and contributed to the spread of infectious diseases. In response to COVID-19, the government has increased health spending and requested donor support of US$700 million to finance the response and enact relief measures. The International Monetary Fund will support Mozambique with a loan of US$309 million under its Rapid Credit Facility to meet balance of payment and fiscal needs stemming from the crisis.

• **Health care:** The government has increased the budget allocation for health, from about MT 2 billion to MT 3.3 billion (approximately US$50 million or 0.3% of GDP). The requested aid package would include higher health-related spending and tax exemptions on medicine and medical equipment.

• **Social support:** The requested donor support would finance temporary targeted tax exemptions on food, cash transfers and subsidies to the poorest households, and support for micro, small and medium-sized enterprises.

Overview of Security Incidents Related to COVID-19

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on the population. Mozambique is experiencing ongoing militant violence in the Cabo Delgado province, but there have been few reports of security incidents directly related to COVID-19. There was a small demonstration on March 24 in which dozens of people congregated outside a hospital in Maputo to protest treatment of COVID patients. On April 8, police also clashed with taxi drivers while enforcing the taxi ban. The policy was reversed following this incident.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA