



Tunisia

Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in Tunisia to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

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

Highlights¹

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.

- Tunisia is experiencing a significant COVID-19 epidemic. The country currently has a stay-at-home order in place, and the government has announced a range of social assistance measures to mitigate the economic burden, including cash transfers, unemployment benefits, and pension top-ups.
- The country is planning to loosen restrictions at the beginning of May.
- While there is universal awareness of COVID-19 according to polling data, many misperceptions persist, including some which could lead to a false sense of protection or to stigma against those thought to be at risk for the disease.
- Most Tunisians believe COVID-19 will be a threat to their country, but fewer than one in 10 think they are personally at high risk for infection.
- There is broad trust in the government, but fewer than half of Tunisians polled said they expected to be able to get the immediate help needed if they were to become sick.
- There is strong support for PHSMs to stop the spread of the virus, including closure of schools and public spaces. However, there is more opposition to measures that would limit movement and economic activity.
- Many of the security incidents reported related to the need for more protection from the burden of COVID-19, even in light of recent relief measures in the form of cash transfers and unemployment benefits from the government. PHSMs may place a significant burden on many Tunisians and increase food and money insecurity.

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.

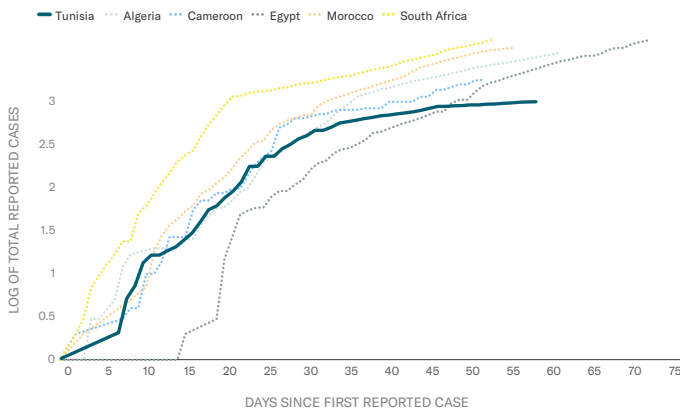
¹ This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: <https://preventepidemics.org/coronavirus/perc/data>

Disease Dynamics

TUNISIA'S CASELOAD GREW RAPIDLY SINCE IT FIRST BEGAN REPORTING CASES IN MID-MARCH, BUT HAS SINCE BEGUN TO FLATTEN.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
980	40	4.08	26	March 2

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



- Tunisia first began reporting cases on March 3. While the total number of reported cases first grew at a similar pace to that of the five African Union Member States with the highest caseload, the total number has since start to plateau.
- As of April 30, the doubling time is 26 days. Doubling time is the number of days it took for cases to double to reach the 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. As of April 29, a total of 22,062 tests had been conducted in Tunisia. This is equivalent to 1.94 tests per 1,000 people, compared to 3.65 in Ghana and 3.5 in South Africa.²

Implementation of Key PHSMs

THE GOVERNMENT IMPLEMENTED A RANGE OF PHSMs AFTER THE FIRST REPORTED CASE, WITH STAY-AT-HOME ORDERS IMPLEMENTED BY THE THIRD WEEK AFTER THE FIRST REPORTED CASE. AFTER SIX WEEKS, THIS MEASURE IS SET TO BE GRADUALLY LOOSENED STARTING MAY 4.

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

March 12:
Suspension of prayers in mosques; ban on certain social gatherings; closure of cafes, clubs and restaurants; schools closed; maritime borders closed

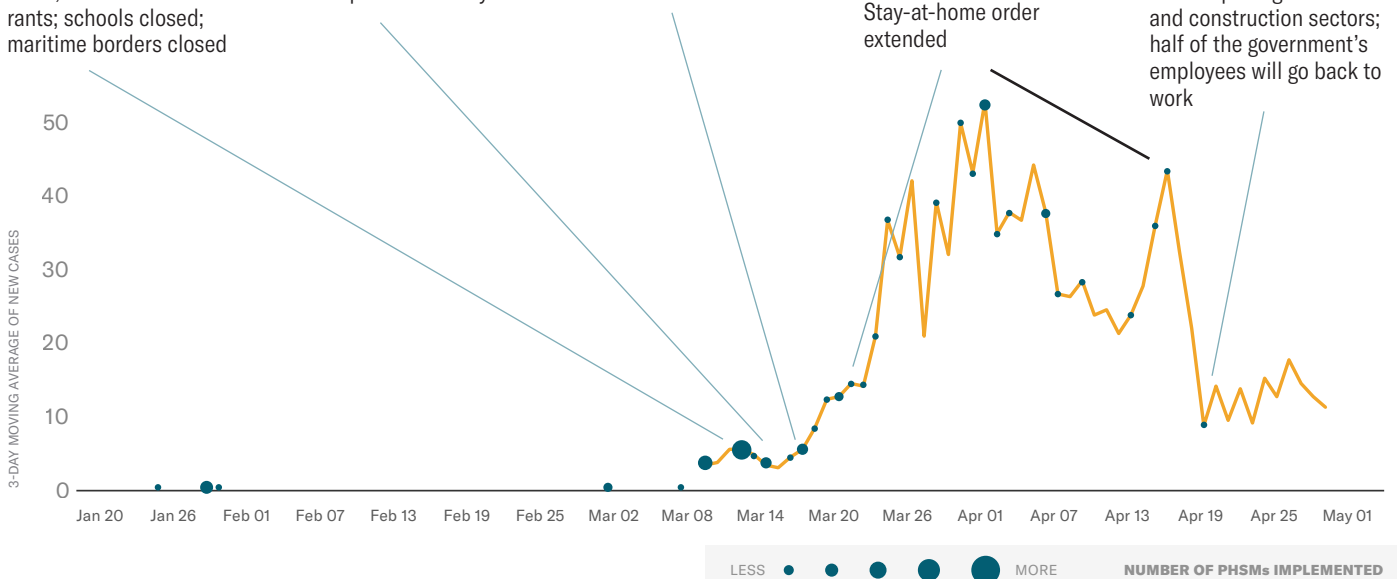
March 15:
Entry barred for anyone who traveled to China, South Korea, Iran and Italy in the previous 14 days

March 18:
Curfew from 6 p.m. to 6 a.m. enforced; Land borders and airport closed, except for humanitarian needs

March 22:
Stay-at-home order issued until April 19

April 17:
Stay-at-home order extended

April 19:
Announcement that restrictions will be loosened starting May 4, including the re-opening of food and construction sectors; half of the government's employees will go back to work

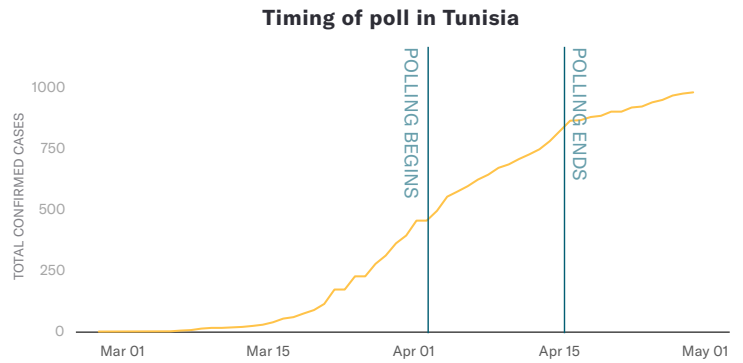


² Note that Our World in Data only collates testing data for the following African Union Member States: Ethiopia, Ghana, Kenya, Morocco, Nigeria, Rwanda, Senegal, South Africa, Tunisia, Uganda, and Zimbabwe. Source: official sources collated by Our World in Data <https://ourworldindata.org/grapher/full-list-total-tests-for-covid-19>

Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,001 adults in Tunis between April 2 and April 15. At the time of polling, Tunisia had 394 to 747 confirmed COVID-19 cases.

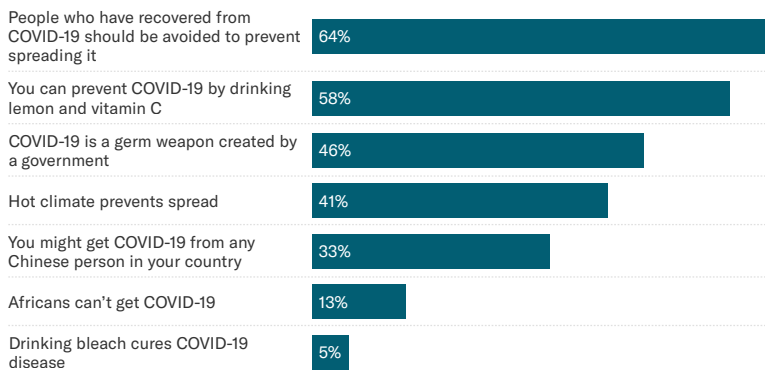


Information on COVID-19

Tunisians have universal awareness of the epidemic (100%). However, many continue to hold misperceptions, including some that could offer a misplaced sense of protection, encourage dangerous misinformation or contribute to stigma. Over half (58%) said that COVID-19 can be prevented by drinking lemon and vitamin C, and 41% said that a hot climate prevents spread. Also, 64% said people who have recovered from it should be avoided to prevent spread and 46% said that COVID-19 was a germ weapon created by the government. One in three (34%) said they are seeking more information, particularly on who is at risk, transmission and cure.

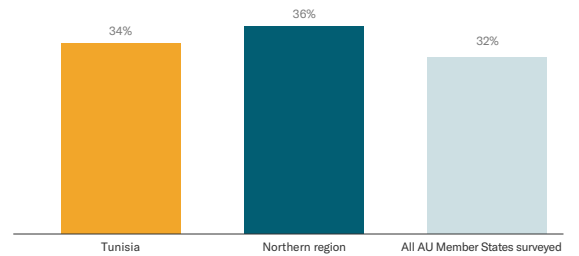
Belief in Misinformation and Rumors

Percentage believing each false statement is probably or definitely true



Demand for Information

Percentage reporting they **do not** currently have enough information about COVID-19

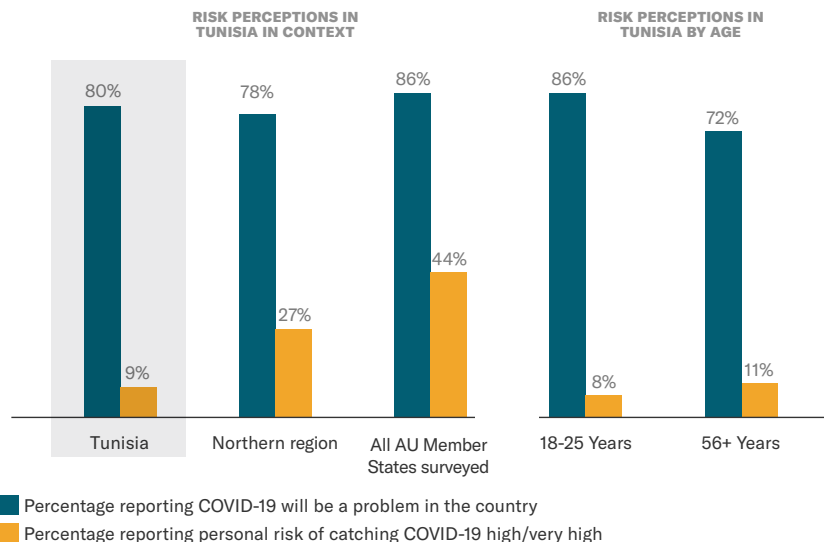


Information Needs



Risk Perceptions

While 80% of Tunisians reported that the virus will be a problem for the country, only 9% perceived a high personal risk, the lowest level among African Union Member States included in the study.



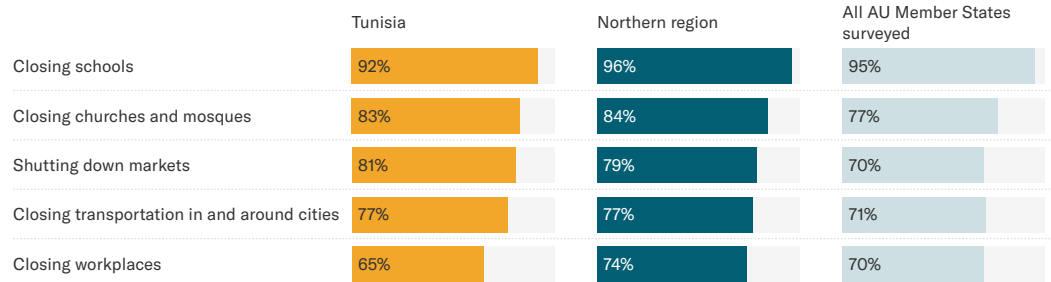
Support for Government and PHSMs

Most respondents (83%) were satisfied with the government’s response to date, and trust the information provided by the government on COVID-19 (69%). Doctors were more trusted for health information (91%), compared to the presidency (70%). Only 44% of respondents felt confident they would get the help they needed immediately if they were to fall sick, which is the lowest level of confidence among polled Member States.

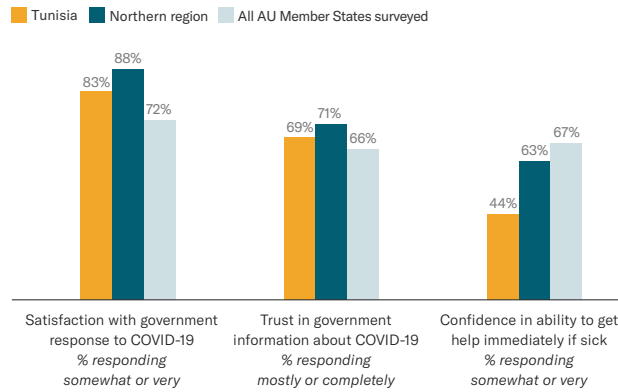
Tunisians were supportive of a wide range of PHSMs to help limit the spread of COVID-19. For example, 92% supported closing schools. Support for shutting down workplaces was much lower at 65%.

Support for PHSMs

Percentage of respondents that somewhat or strongly support

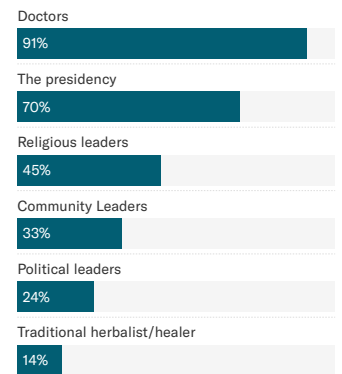


Perceptions of Government & Health System



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 stay-at-home orders, as most would run out of food (67%) and money (42%) within a week, particularly low-income households. However, four in five (79%) households have a separate room to isolate sick people.

79%

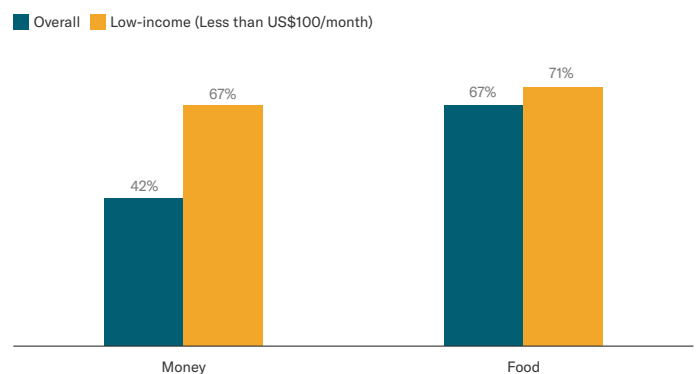
of respondents have a separate room in the home to isolate someone with COVID-19

57%

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



Economic and Relief Measures

The COVID-19 crisis is hitting Tunisia during a time of preexisting macroeconomic challenges. Nonetheless, the government announced a 2.5 billion dinar emergency plan (US\$860 million or 1.8% of GDP) on March 21. In early April, the International Monetary Fund approved an emergency loan of US\$745 million to Tunisia.

- **Health care:** The plan increases the health budget and creates a TND100 million (US\$34 million) fund for procurement of equipment in public hospitals.
- **Social support:** The government is providing one-off cash transfers to: low-income households; informal sector workers; and households with elderly people, children, or people living with disabilities. The plan also includes: unemployment benefits for those who will be affected by partial unemployment; maintenance of health insurance; wage premiums for formal sector firms that must close; three-month waiver of social security contributions by employers; and pension top-up for low-income retirees.

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. A number of COVID-related demonstrations or security incidents have been reported in Tunisia, beginning with a sit-in to demand medical controls at the Libyan border in January, in advance of any cases. In March and April, reports show an increase in protests by health workers, shop owners, students, workers, and residents, with several instances of police using tear gas against civilians. Several of these demonstrations were focused on demands for economic assistance and repatriation back to home districts during lockdown. Hundreds of arrests have been made for violations of the stay-at-home order.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: [HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA](https://preventepidemics.org/coronavirus/perc/data)

