



Democratic Republic
of the Congo

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 DRC 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 Democratic Republic of the Congo: 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.

- According to reported cases, the growth rate of the epidemic in DRC has slowed since mid-March, when the country began to institute national and local lockdowns. However, there is a need to increase testing capacity to have a more complete understanding of the spread of the virus. The high case-fatality rate indicates that the scale of the epidemic may be larger than detected cases suggest.
- The epicenter of the outbreak has been Kinshasa (97% of confirmed cases to date). Cases have also been confirmed in a total of seven provinces.
- DRC began implementing PHSMs within a week of the beginning of the outbreak. The majority of PHSMs have been implemented in Kinshasa, with one neighborhood beginning to loosen such measures.
- The ongoing Ebola outbreak and instability in the eastern regions of the country are adding extra complexity to the COVID-19 response. As of April 30, six cases of COVID-19 have been confirmed in North Kivu, an area with ongoing Ebola transmission (four additional COVID-19 cases have also been confirmed in South Kivu, and two in Ituri).
- Urban Congolese have high awareness of COVID-19, but perception of personal risk remains low (only half believe that they are at high risk of catching the disease). Misbeliefs, including conspiracy theories about the origins of the virus, persist among a small but significant proportion of people. This may prevent people from appropriately adhering to PHSMs.
- Confidence in the government's response is moderately high, as is public support for PHSMs. But people are likely to face significant burdens, including food insecurity, under community-wide PHSMs. It will be important to monitor food prices, as early reports have indicated that they have increased significantly.
- Available data show an increase in security incidents, including demonstrations and violent enforcement of measures related to COVID-19, after the internal travel restrictions were put in place on March 25.

ABOUT PERC

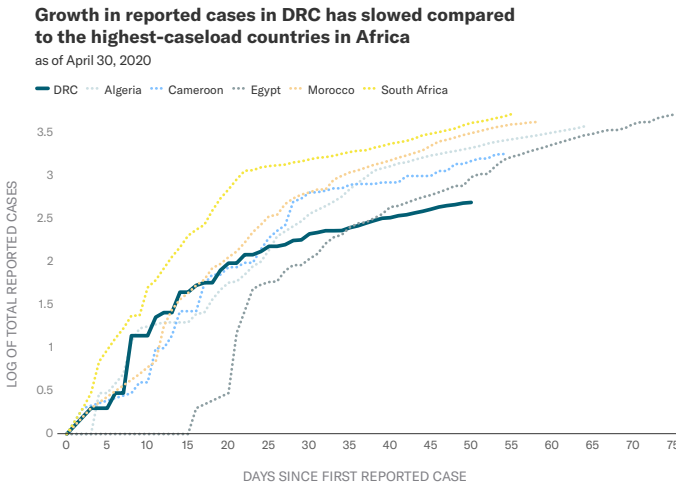
The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African countries. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative 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

ACCORDING TO REPORTED CASELOAD, THE EPIDEMIC IN DRC ORIGINALLY GREW AT THE SAME PACE AS THE MOST AFFECTED COUNTRIES IN AFRICA, BUT BEGAN TO FLATTEN A MONTH INTO THE OUTBREAK.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
500	31	6.2	16	March 10

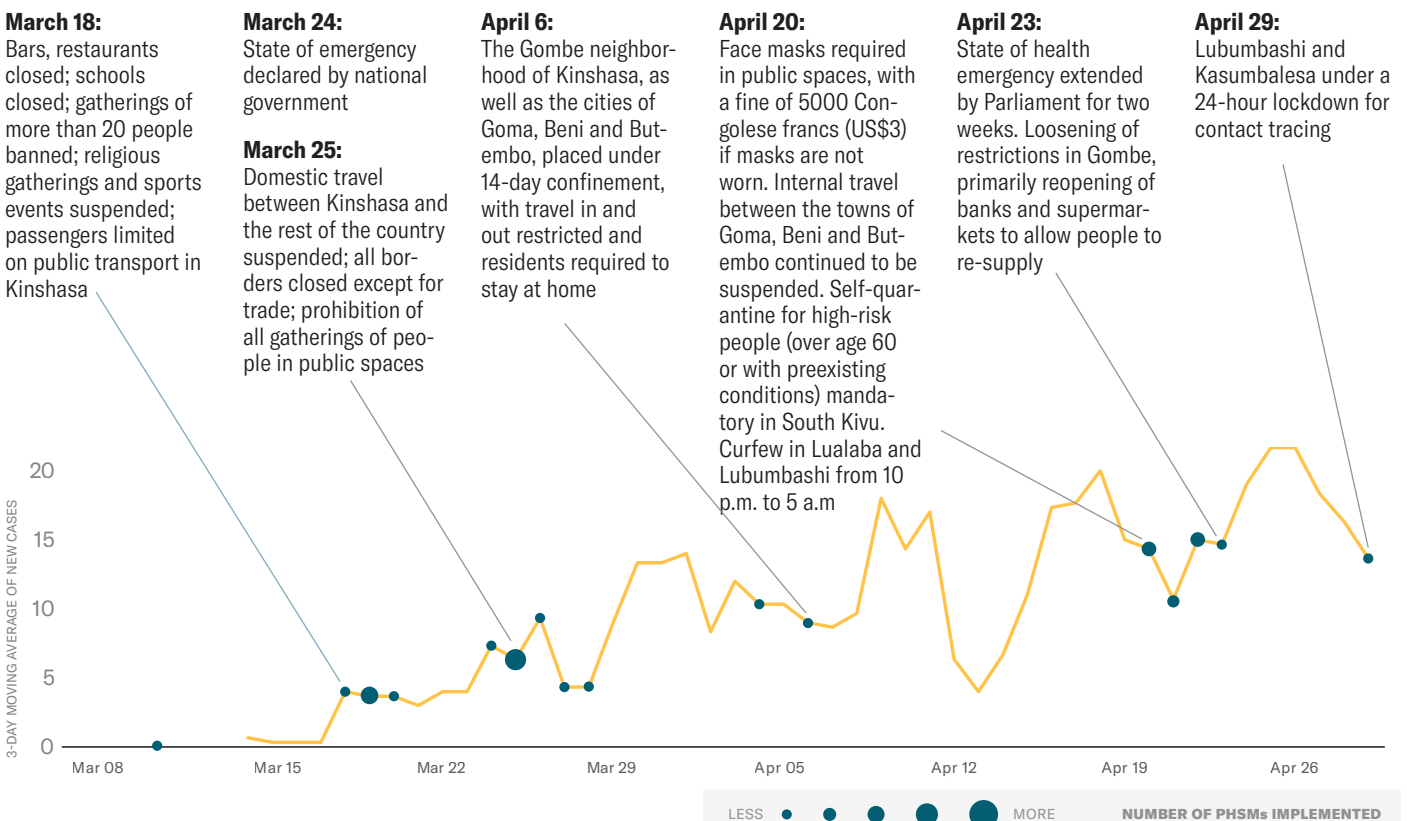


- The epidemic in DRC originally grew at a relatively similar pace as the most affected countries in Africa, but started to flatten around 25 days into the outbreak (approximately April 5).
- The number of new reported cases in DRC has been increasing since the beginning of the outbreak.
- As of April 30, the doubling time is 16 days, which indicates a slowing growth in cases. 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.
- Case-fatality rate (CFR) describes the proportion of reported deaths to the reported cases. The CFR in DRC is high at 6.2%, most likely an overestimate due to undetected cases (mild, presymptomatic, asymptomatic).
- Kinshasa is the epicenter of the epidemic, with over 97% of all confirmed cases. Cases have been reported in seven provinces.
- 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 28, 4,636 samples had been analyzed at the National Reference Laboratory (INRB), from 4,191 suspected cases of COVID-19. As of April 25, INRB had a capacity of 250 tests per day and was working to further increase performance.

Implementation of Key PHSMs

THE FIRST PHYSICAL DISTANCING MEASURES WERE IMPLEMENTED NATIONWIDE WITHIN A WEEK OF THE FIRST REPORTED CASE, FOLLOWED BY LOCALIZED CLOSURES IN NEIGHBORHOODS AND CITIES. INITIAL LOOSENING OF MEASURES HAS STARTED IN KINSHASA.

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

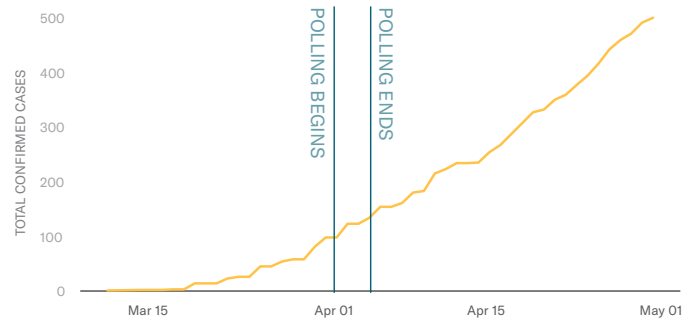


Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,009 adults in two urban and peri-urban areas of DRC (708 in Kinshasa and 301 Goma) between April 1 and April 4, 2020. At the time of polling, DRC had 98 to 134 confirmed COVID-19 cases.

Timing of poll in DRC

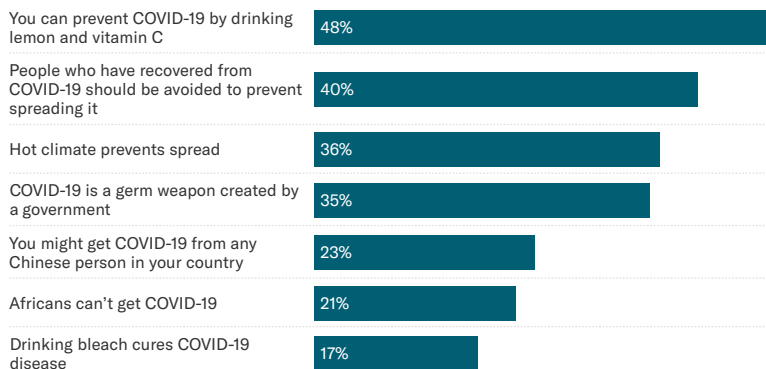


Information on COVID-19

Urban Congolese 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 stigma. One in five said they are seeking more information, particularly on prevention, transmission and causes.

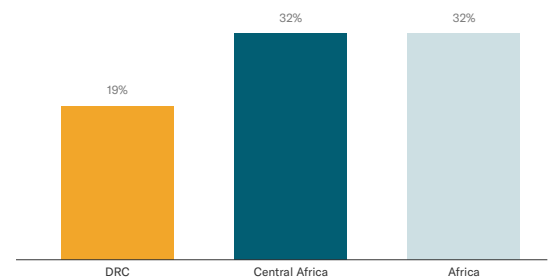
Belief in Misinformation and Rumors

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

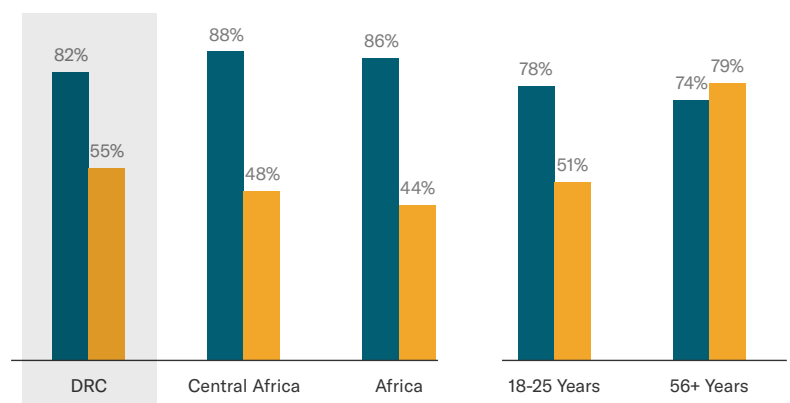


Risk Perceptions

While 82% of urban Congolese reported that the virus will be a problem for the country, a lower share (55%) perceived a high personal risk, although this was higher among older adults (79%).

RISK PERCEPTIONS IN DRC IN CONTEXT

RISK PERCEPTIONS IN DRC BY AGE



■ Percentage reporting COVID-19 will be a problem in the country
 ■ Percentage reporting personal risk of catching COVID-19 high/very high

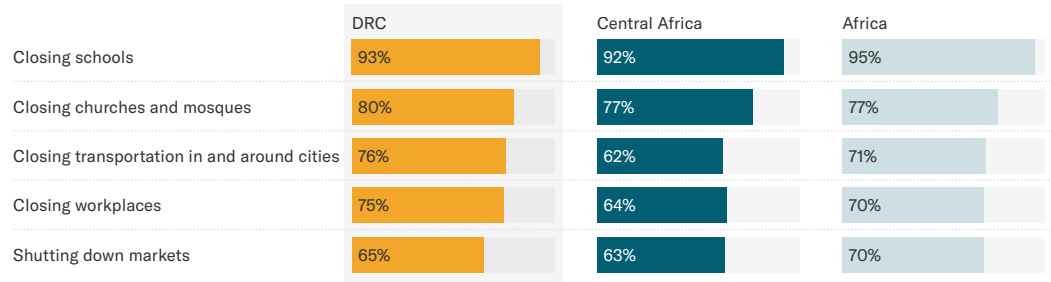
Support for Government and PHSMs

Most respondents (69%) were satisfied with the government's response to date, and trust the information provided by the government on COVID-19 (61%). The presidency was trusted slightly less than doctors for health information. Three-quarters (74%) of respondents felt confident they would get the help they needed if they were to fall sick.

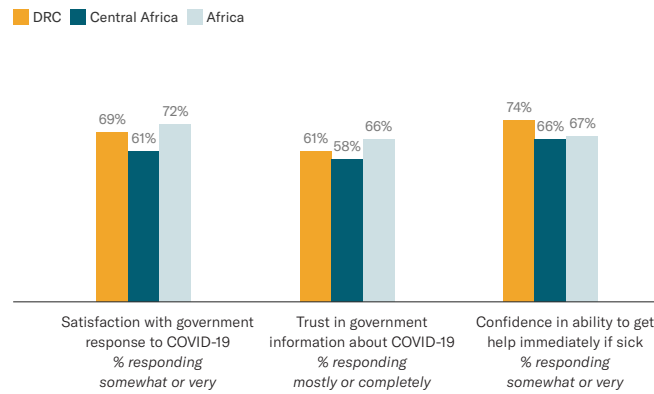
Urban Congolese were supportive of a wide range of PHSMs to help limit the spread of COVID-19. For example, 93% supported closing schools. Support for shutting down markets was lower, at 65%.

Support for PHSMs

Percentage of respondents that somewhat or strongly support

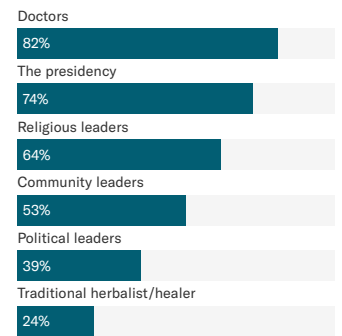


Perceptions of Government and Health System



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 and money within a week (particularly low-income households), and only one in four households has a separate room to isolate sick people.

23%

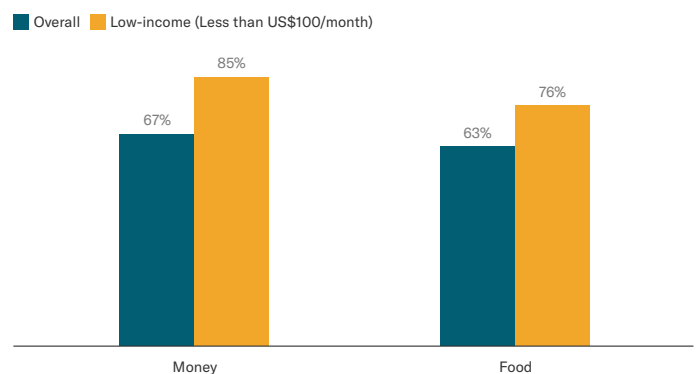
of respondents have a separate room in the home to isolate someone with COVID-19

20%

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 and Money

Percentage who expect to run out in one week or less



Economic and Relief Measures

The pandemic is expected to reduce economic growth in DRC, with a particular impact on mining, and to lead to inflation and fiscal imbalances. The government has announced a national preparedness and response plan that will cost US\$135 million. In early April, the World Bank approved US\$47 million in financing to fund the response.

- **Health care:** Under the response plan, the government will invest in coordination, surveillance, treatment and health communication.
- **Social support:** The government declared a three-month tax exemption on pharmaceutical products and basic goods. Other measures include free provision of water and electricity for three months, and a ban on landlords evicting renters for non-payment.

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 people. New Ebola cases in the eastern regions of DRC have led to the deterioration of public trust in the organizations involved in the Ebola response. Government and U.N. officials warned that the deteriorating security situation in these eastern regions could hinder COVID-19 prevention efforts. Specific COVID-19-related incidents across the country included: clashes between protesters and police, with alleged use of tear gas by police in some cases to disband protests; use of violence to enforce PHSMs, with one death; and an attack on a journalist.

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

