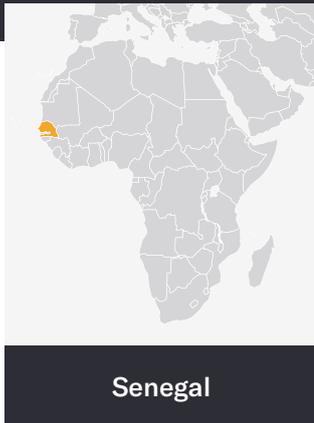


Data updated April 30, 2020



## 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 Senegal 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 Senegal: Situational Analysis

## Highlights<sup>1</sup>

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.

- While initial reports of new cases in Senegal seemed stable, in the past two weeks the epidemic has grown significantly. Senegal applied PHSMs three weeks after the first case was reported, a time lag which is likely contributing to the increase in viral transmission within the country. Population mobility did drop by 40% when the PHSMs were implemented.
- Senegalese are keenly aware of the COVID-19 crisis and the vast majority think it will be a problem for the country, although less than half see themselves as being at high personal risk.
- The majority support the government response and trust government information about COVID-19. Most Senegalese were supportive of a wide range of personal and public health social measures to help limit the spread of the coronavirus, even though they might affect mobility and livelihoods.
- Over three-quarters of Senegalese were concerned about running out of food within a week if they had to stay home; note that the survey was completed before government began the program of social and economic support on April 3.
- There have been notably few COVID-19-related security incidents.

### 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.

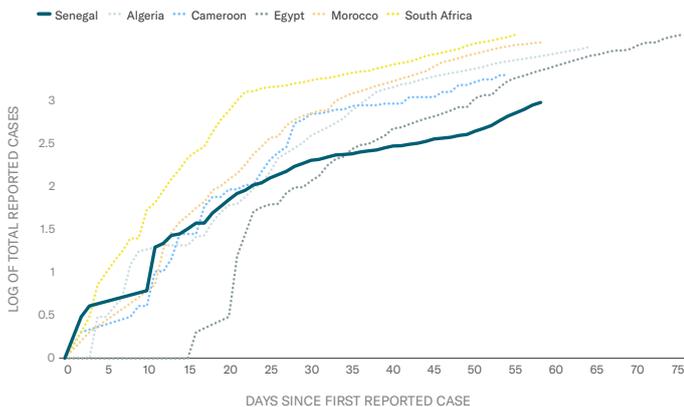
<sup>1</sup> This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: <https://preventepidemics.org/coronavirus/perc/data>

# Disease Dynamics

SENEGAL HAS SEEN A RAPID INCREASE IN NEW CASES IN THE PAST TWO WEEKS.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
882	9	1.02	8	March 3

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



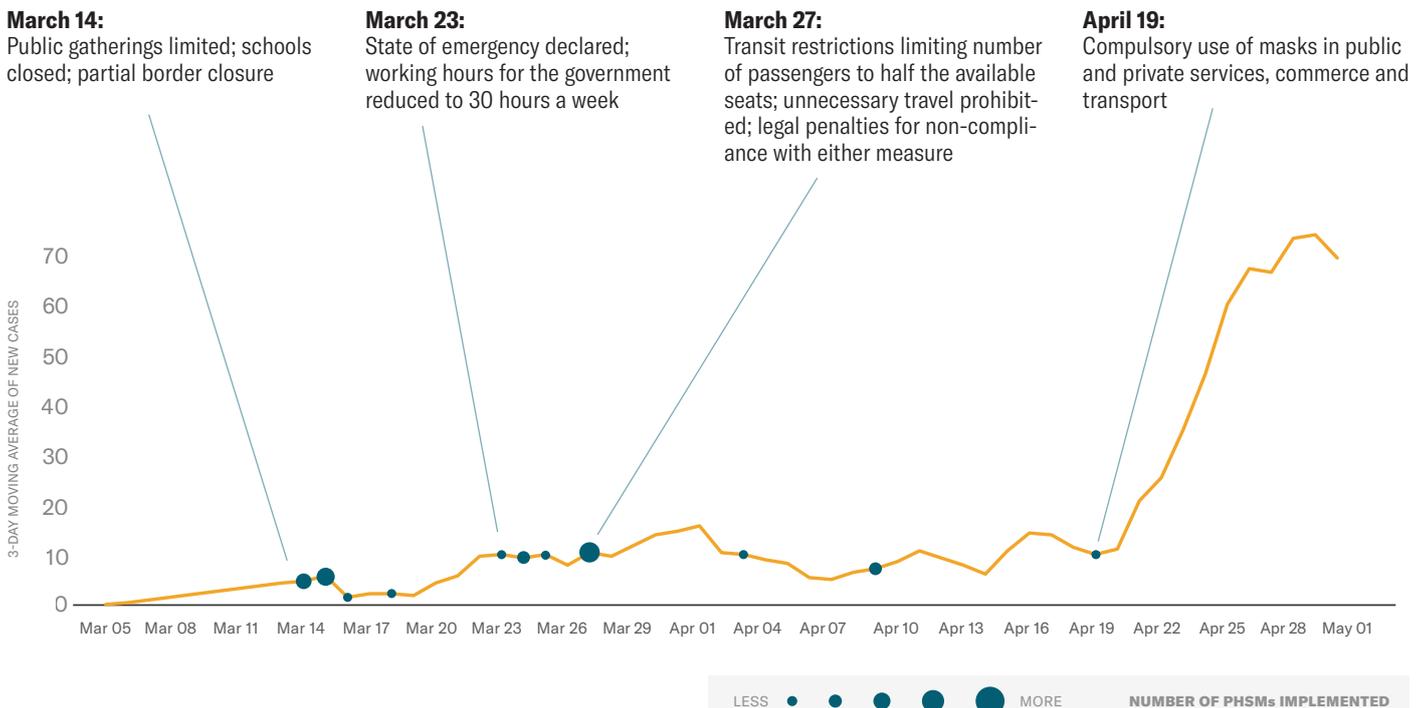
- When compared to the five African Union Member States with the highest caseloads (Algeria, Cameroon, Egypt, Morocco, and South Africa), Senegal's caseload originally grew at a relatively similar pace. Around 25 days into the outbreak (approximately March 28), the curve started to flatten, but in the past two weeks has begun to increase.
- The daily number of new reported cases has increased significantly since April 19.
- As of April 30, the doubling time is eight 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.
- In Senegal, 9,908 COVID-19 tests had been conducted as of April 28. This is equivalent to 0.59 tests per 1,000 people, compared to 3.65 in Ghana and 1.94 in Tunisia and has been increasing gradually. Further scale-up of testing would shed more light on the epidemic and inform implementation of PHSMs.

## Implementation of Key PHSMs

THE SENEGALESE GOVERNMENT INTRODUCED INTERNATIONAL TRAVEL RESTRICTIONS EARLY ON, FOLLOWED BY INTERNAL MOVEMENT RESTRICTIONS THREE WEEKS AFTER THE FIRST REPORTED CASE.



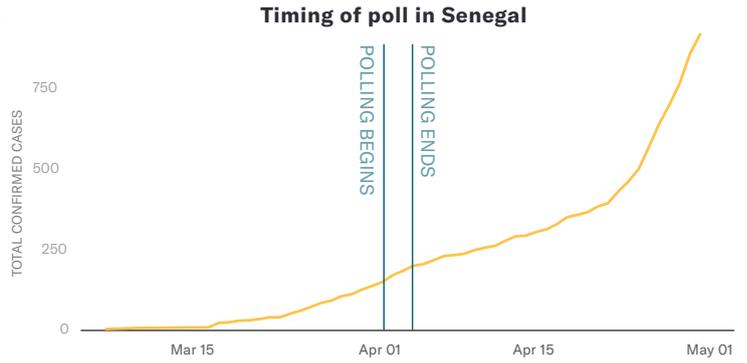
### 3-day moving average of new cases and date of PHSM implementation



# Public Reactions to COVID-19 and Related PHSMs

## RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,039 adults in Dakar between April 1 and April 4, 2020. At the time of polling, Senegal had 175 to 207 confirmed COVID-19 cases.

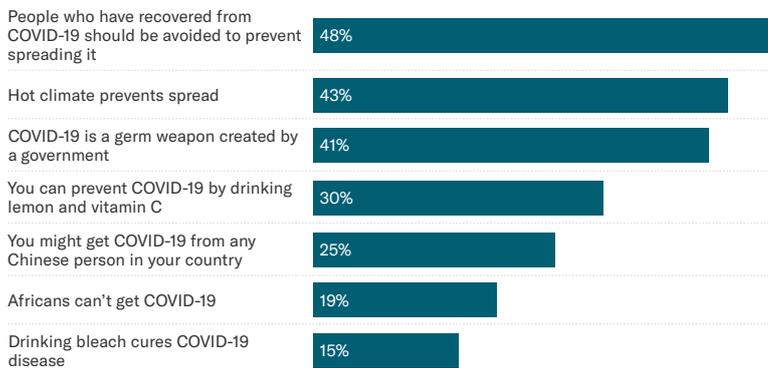


## Information on COVID-19

Urban Senegalese are universally aware of COVID-19 (100%). However, a significant proportion continue to hold misperceptions, including some that could offer a misplaced sense of protection (43% believe that hot climate prevents spread, and 19% believe that Africans can't get it) or contribute to stigma (48% believe that those who have recovered should be avoided, while 25% believe that you could get it from any Chinese person in the country). A large proportion (41%) believe that COVID-19 is a germ weapon created by a government. The vast majority feel well-informed; only 8% said they do not have enough information about the disease.

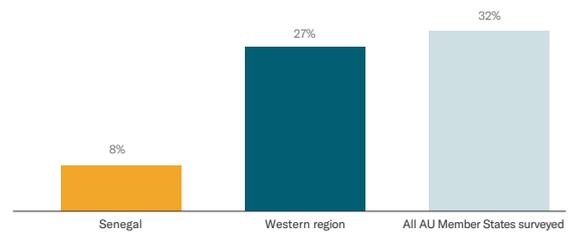
### Belief in Misinformation and Rumors

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

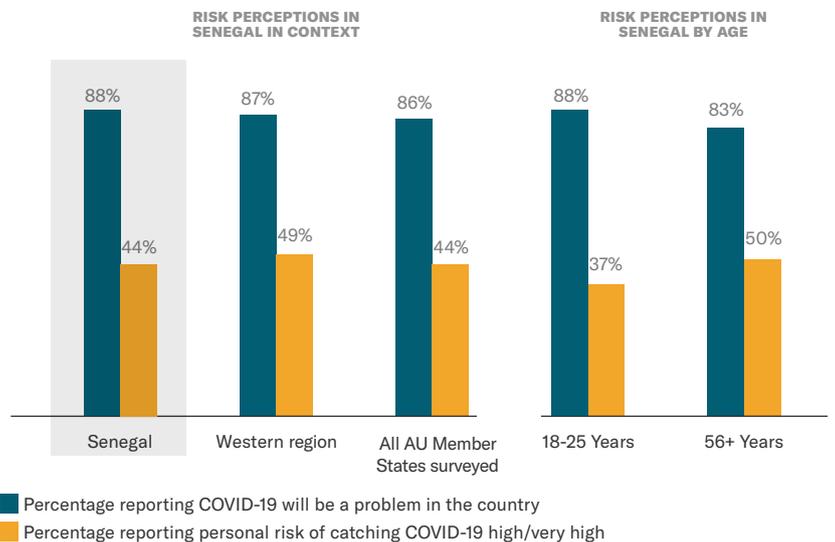


### Information Needs



## Risk Perceptions

Most Senegalese surveyed thought that the coronavirus will be a problem for Senegal (88%), although less than half saw the virus as a high personal risk (44%).



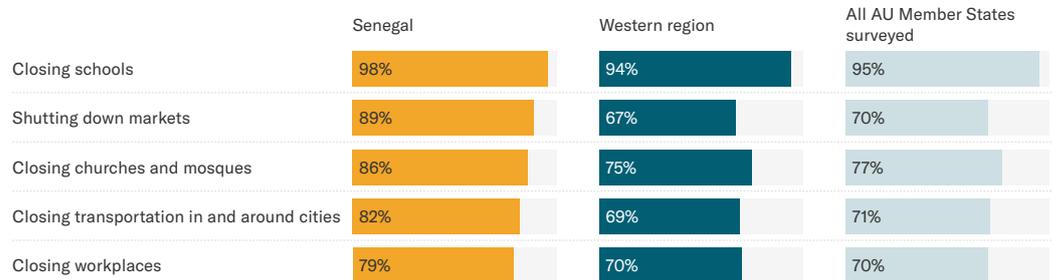
## Support for Government and PHSMs

A significant majority (89%) of Senegalese polled were satisfied with the government's response to date, and a similar share (85%) trusted the information provided by the government on COVID-19. Doctors were more trusted for health information than the presidency and political leaders. Respondents expressed high confidence (81%) that they would get the help they needed if they were to fall sick.

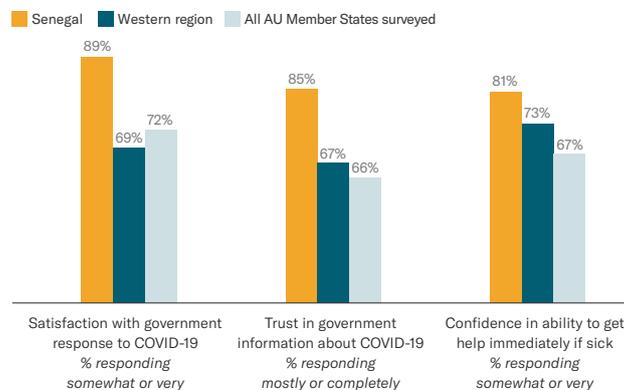
Respondents expressed high support for PHSMs compared to other AU Member States polled, for example, 98% supported closing schools. Support for closing transport within cities and closing workplaces was slightly lower but still high (82% and 79%, respectively).

## Support for PHSMs

Percentage of respondents that somewhat or strongly support

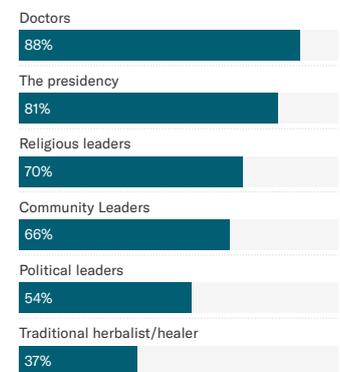


## Perceptions of Government & Health System



## 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 some measures, as around half would run out of food and money within a week, and only 44% of households have a separate room to isolate sick family members.

# 44%

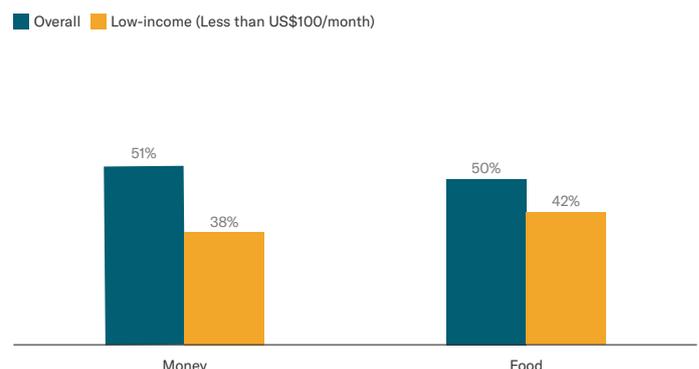
of respondents have a separate room in the home to isolate someone with COVID-19

# 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



## Economic and Relief Measures

Senegal's economy is highly export-dependent and will be significantly affected by the decline in oil prices and tourism, as well as falling remittances. The government has announced an economic support plan to mitigate the impact and established a national solidarity fund of up to FCFA 1,000 billion (US\$1.65 billion, or 7% of GDP), financed by a mix of donor contributions, private donations, and the government budget.

- **Health care:** The government has allocated FCFA 64 billion (US\$110 million) to finance additional health spending, including enhanced testing and treatment, prevention, and health communication.
- **Food security:** The government will purchase and distribute basic food staples for 1 million poor households.
- **Social support:** The government will subsidize electricity and water for up to 1 million poor households for two months.

## 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. There has been minimal change in public security due to COVID-19 in Senegal, with only two documented incidents related to enforcement of mitigation measures.

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

