Finding the Balance: Public Health and Social Measures in Democratic Republic of the Congo

Data updated 19 August 2020

African Union   AFRICA CDC   Ipsos   LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE

NOVETTA   RESOLVE TO SAVE LIVES   Vital Strategies   WORLD ECONOMIC FORUM   World Health Organization

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 pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Democratic Republic of the Congo that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Democratic Republic of the Congo—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: Democratic Republic of Congo (DRC) has reported nearly 10,000 COVID-19 cases since March. New reported cases began steadily increasing in May, peaking in late June. More recent trends suggest that incidence may be decreasing; in the past month (23 July - 19 August), there was a 22% average decrease in the number of new cases reported each week. However, the low number of tests per confirmed case suggests that there may be inadequate testing.

PHSM Implementation: The government declared a state of emergency in March and imposed localized lockdowns in several areas across the country in April. Gradual reopening measures began in July, including implementing a three-phase reopening plan.

PHSM Support and Adherence: The majority of respondents in DRC expressed support for both personal measures (such as washing hands, wearing a mask and avoiding physical greetings) and measures that restrict economic activity (such as staying home or reducing trips to markets and stores). Self-reported adherence with PHSMs was high for most measures.

Risk Perceptions and Information: Most respondents in DRC believe that the virus will affect many people in the country but reported lower perceptions of personal risk. Misinformation is widespread, with a majority of respondents expressing belief in rumors of foreign interference.

Essential Health Services: Households are experiencing disruptions to essential health services during the COVID-19 outbreak. A high proportion of respondents in DRC who need medicines had difficulty accessing them (49%) as a result of the COVID-19 crisis, and older adults and those with longstanding illness are particularly affected. The most commonly self-reported missed visits were general checkups (41%) and malaria-related care (30%). DRC is also facing compounding outbreaks of Ebola, monkeypox, and plague, which create strain on the health system.

Economic Burden and Food Security: A majority of surveyed households in DRC reported barriers to food access including income losses, higher food prices and other barriers. More than 70% report lower incomes compared to this time last year; people with lower levels of education were particularly affected. While the government announced a cash transfer program, among other economic relief measures, less than 20% of households reported that they have received any government support in the past month.

Security: Unrest and security incidents have increased each month with more than 60 COVID-related incidents reported since May. The majority of incidents have been peaceful and related to crowd control or security forces enforcing PHSMs (e.g., breaking up large gatherings or protests). A significant share of protests has been related to demanding better conditions for health care workers.

Disease Dynamics and PHSM Implementation

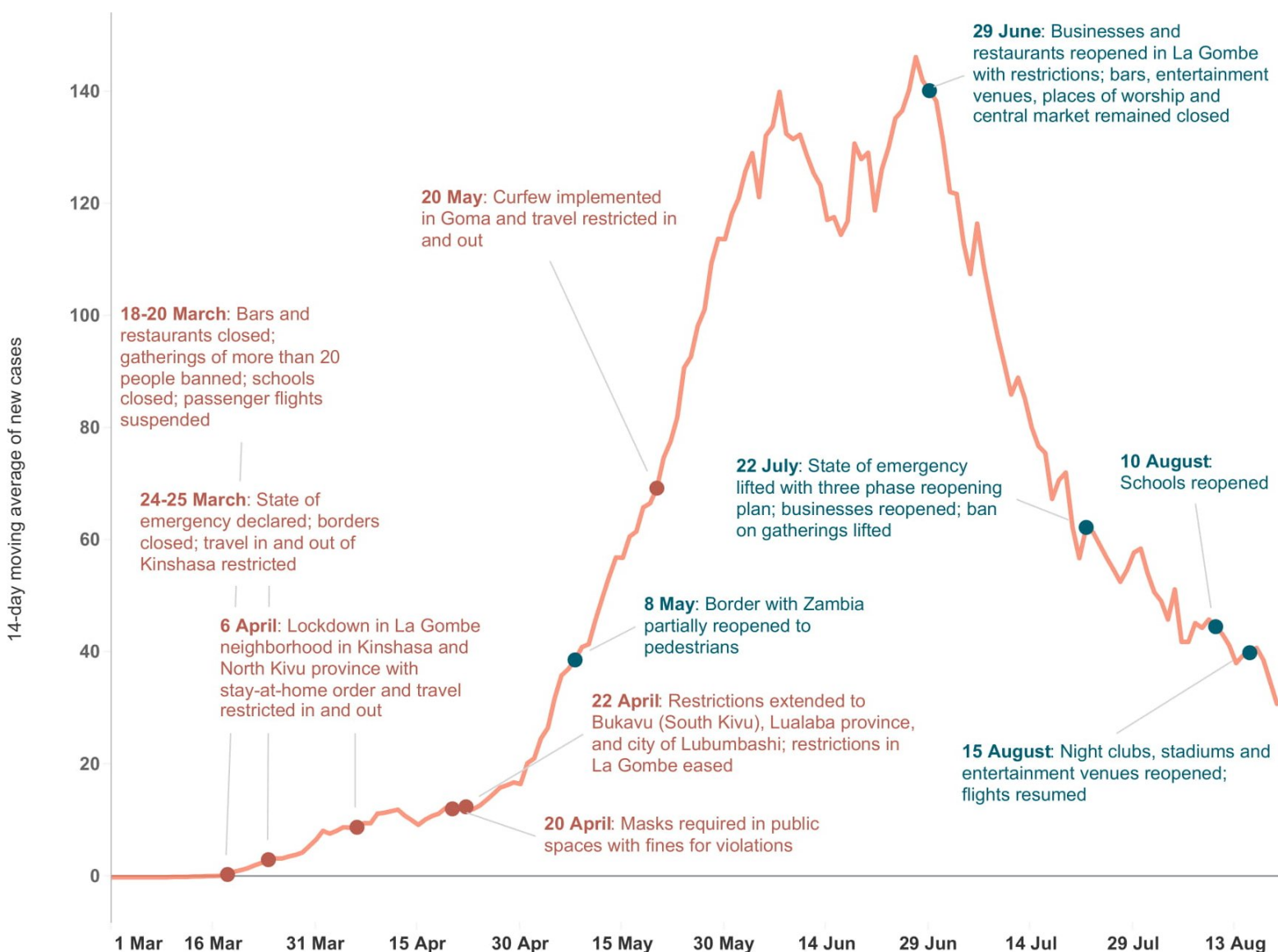| Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
9,757 (11)	247	52,488 (5)	2.5%

WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

New reported cases began steadily increasing in DRC in May, peaking in late June. More recent trends suggest that incidence may be decreasing, but trends should be interpreted with caution given the low tests per confirmed case ratio.

- The government declared a state of emergency in March and restricted travel in and out of Kinshasa, the capital city.

- Restrictions were further tightened in April when the government issued a mask requirement in public places and fines for violation of the order.

- Businesses and restaurants began gradually reopening in Kinshasa's district of La Gombe in June. The government lifted the state of emergency on 22 July and adopted a three-phase reopening plan. Since then, bars, restaurants, banks and businesses have reopened and public transit has resumed. Schools, along with borders, airports and ports, reopened in August. Face masks continue to be required in public places. Reported cases in Kinshasa are continuing to drop.

- Throughout the COVID-19 response, DRC has also faced Ebola outbreaks and increasing numbers of monkeypox and the plague in certain areas, leading to increased strain on the health system. The Ebola outbreak in Equateur is still ongoing.

- Kinshasa, the original epicenter of the COVID-19 outbreak in DRC, has continually been recording declines in reported cases over the past several weeks. Meanwhile, North Kivu province, which borders both Uganda and Rwanda and was the epicenter for the 2018-2020 Ebola outbreak, is currently registering increases in reported cases, and there is also limited visibility in other provinces with inadequate testing.

- More than 50,000 tests have been conducted across the country, but primarily in Kinshasa as testing remains a challenge at the provincial level. According to the tests per confirmed case ratio, testing capacity is well below recommended guidelines, and therefore may not be identifying all cases in the country.

DRC implemented early lockdowns in targeted areas resulting in slower transmission. Reported cases began to rise as restrictions began to relax in May but have been declining since a peak in June in areas where testing is available. No mobility data is available for DRC.

29 June: Businesses and restaurants reopened in La Gombe with restrictions; bars, entertainment venues, places of worship and central market remained closed

20 May: Curfew implemented in Goma and travel restricted in and out

18-20 March: Bars and restaurants closed; gatherings of more than 20 people banned; schools closed; passenger flights suspended

24-25 March: State of emergency declared; borders closed; travel in and out of Kinshasa restricted

6 April: Lockdown in La Gombe neighborhood in Kinshasa and North Kivu province with stay-at-home order and travel restricted in and out

22 July: State of emergency lifted with three phase reopening plan; businesses reopened; ban on gatherings lifted

10 August: Schools reopened

8 May: Border with Zambia partially reopened to pedestrians

22 April: Restrictions extended to Bukavu (South Kivu), Lualaba province, and city of Lubumbashi; restrictions in La Gombe eased

20 April: Masks required in public spaces with fines for violations

15 August: Night clubs, stadiums and entertainment venues reopened; flights resumed

14-day moving average of new cases

Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGRT
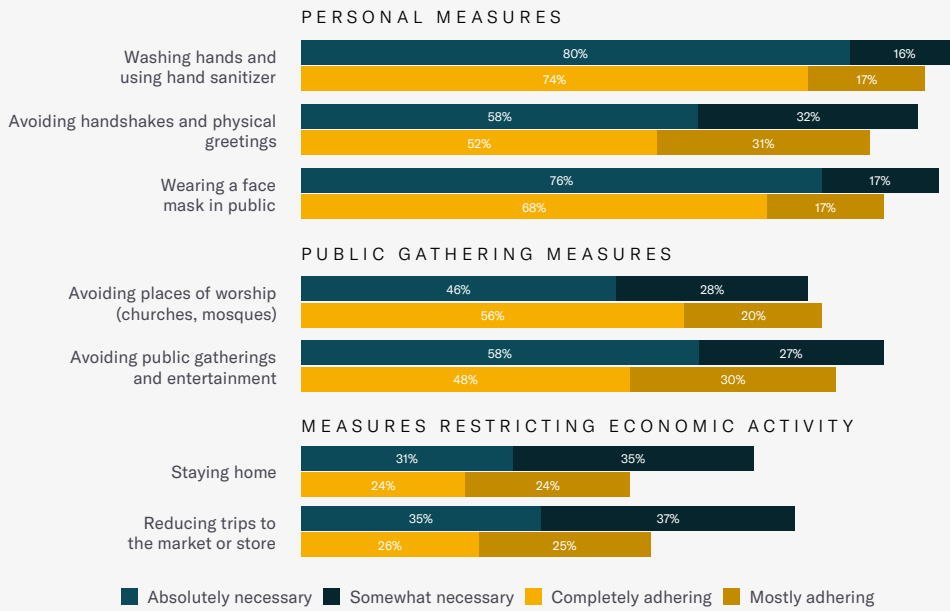
PHSM Support and Adherence

PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

A high proportion of respondents in DRC expressed support for both personal measures and more restrictive measures that limit economic activity (e.g., staying home or reducing trips to markets and stores).

- Self-reported adherence to PHSMs was above 50% in all categories except for staying home (48%). Both self-reported adherence and support were highest for personal protective measures, such as washing hands or wearing a mask in public. Kinshasa authorities announced in July that individuals violating the mask orders would be arrested. Concerns were circulated on social media that this update would justify and encourage police brutality.

- Respondents in DRC have lower levels of self-reported adherence for measures that restrict economic activity, such as staying at home or reducing trips to markets, which may reflect the lack of restrictions on movement in most of the country as well as the burden that these preventive behaviors imply. Given the large gap between stated support and self-reported adherence for measures that restrict economic activity, analysis of the environmental, economic or other barriers to adherence could inform strategies to increase adherence.

- Respondents expressed notably lower levels of support for public gathering measures (such as avoiding large gatherings and places of worship) than for other PHSMs; guidance should take into account cultural norms around physical greetings.

- Sixty percent of respondents in DRC favor loosening restrictions overall to get the economy moving again and believe the health risks are minimal if social distancing rules are followed. A significant minority (39%) favor waiting at least a few more weeks to reopen. Though the majority of respondents in DRC support reopening, over 70% reported feeling very anxious about resuming normal activities. Along with high support for personal and public gathering measures, this suggests that there may be room to tighten measures if required to control the epidemic.
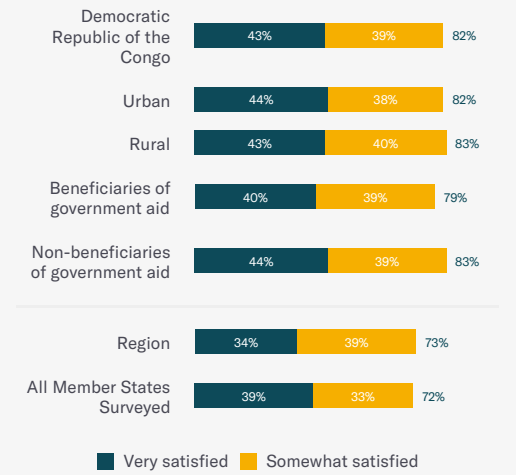
Self-reported adherence was highest for personal measures and lower for measures that restrict economic activity or visits to places of worship.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures

PERSONAL MEASURES

Washing hands and using hand sanitizer
- 80% | 16%
- 74% | 17%

Avoiding handshakes and physical greetings
- 58% | 32%
- 52% | 31%

Wearing a face mask in public
- 76% | 17%
- 68% | 17%

PUBLIC GATHERING MEASURES

Avoiding places of worship (churches, mosques)
- 46% | 28%
- 56% | 20%

Avoiding public gatherings and entertainment
- 58% | 27%
- 48% | 30%

MEASURES RESTRICTING ECONOMIC ACTIVITY

Staying home
- 31% | 35%
- 24% | 24%

Reducing trips to the market or store
- 35% | 37%
- 26% | 25%

■ Absolutely necessary ■ Somewhat necessary ■ Completely adhering ■ Mostly adhering

Government satisfaction in DRC was high with rural respondents expressing greater levels of satisfaction than urban respondents.

% satisfied with government COVID-19 response, by country, subgroup and region

Democratic Republic of the Congo
- 43% | 39% | 82%

Urban
- 44% | 38% | 82%

Rural
- 43% | 40% | 83%

Beneficiaries of government aid
- 40% | 39% | 79%

Non-beneficiaries of government aid
- 44% | 39% | 83%

Region
- 34% | 39% | 73%

All Member States Surveyed
- 39% | 33% | 72%

■ Very satisfied ■ Somewhat satisfied

Data Source: Ipsos Survey

Face Masks

DRC requires the use of face masks in public areas when physical distance cannot be maintained and imposes fines and criminal penalties for non-compliance.

95%
of survey respondents had a face mask ready to use

91%
recognized that wearing a mask could prevent spread

85%
report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

39% favor waiting longer to loosen restrictions

60% favor opening up to get the economy moving

Comfort with resuming activities:

72% report that resuming normal activities makes them anxious

70% would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.
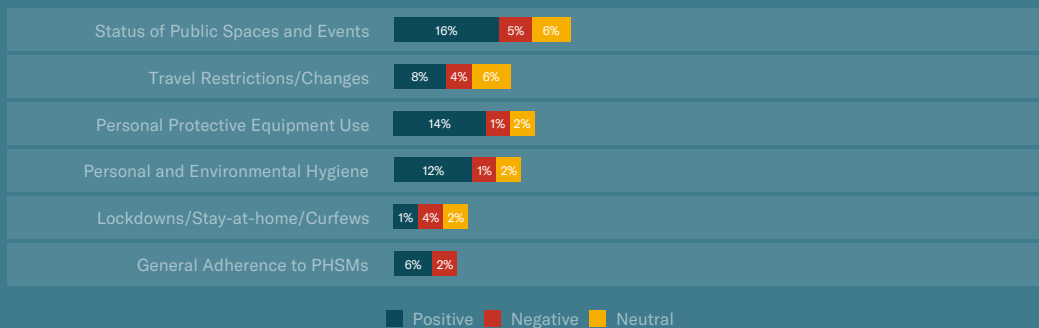
From May to July, public narratives around PHSMs in DRC were generally positive, driven by government, NGO, and UN officials writing on Twitter. However, commentary on Facebook was more negative.

- Facebook users in DRC described government-imposed lockdowns and curfews as "logic-less." There was also significant criticism over police enforcement of PHSMs.
- Even among Facebook users in DRC who expressed support for PHSMs, many opposed police presence in churches to enforce PHSMs and have also been increasingly critical of Kinshasa police forces and the police commissioner for PHSM implementation. Concerns surfaced on Facebook that police would harass or extort bribes from people attending places of worship.

A Facebook user wrote on 12 July: "We are tired with your lies here in Congo, we do not respect any protocols. We put the mask on not for the corona but to avoid the problem with the police."

A Facebook user, accusing police of bribes, wrote on 10 August: "Soon we will have footage of police walking around with collection baskets."

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August

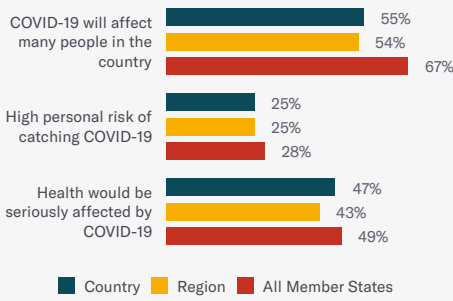| Topic	Positive	Negative	Neutral
Status of Public Spaces and Events	16%	5%	6%
Travel Restrictions/Changes	8%	4%	6%
Personal Protective Equipment Use	14%	1%	2%
Personal and Environmental Hygiene	12%	1%	2%
Lockdowns/Stay-at-home/Curfews	1%	4%	2%
General Adherence to PHSMs	6%	2%	

■ Positive ■ Negative ■ Neutral

Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

Survey respondents in DRC perceive that COVID-19 poses a low personal risk, despite a majority agreeing that the disease would affect many people in the country.
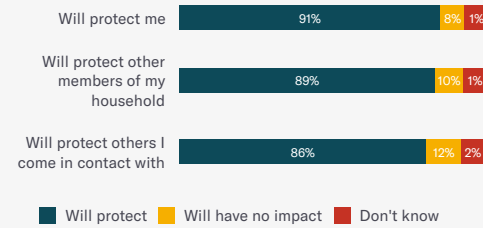
- Personal risk perception is similar compared to the average for all African Union Member States (28%), with one in four survey respondents reporting that they have a high risk of catching the disease, and just under half thinking that the disease would seriously affect their health. Although reported cases are declining, continued risk communications and community engagement efforts should emphasize the risk of transmission and the importance of adhering to preventive guidelines.
- A large majority of respondents in DRC agree that following public health guidelines will protect themselves and others from getting COVID-19.
- Over half of survey respondents in DRC reported believing rumors that foreigners were discrediting African medicines and that they were trying to test vaccines on the population. A majority also believed that close contact with recovered people as well as livestock should be avoided. Widespread misconceptions could undermine adherence to PHSMs. Due to high rates of misinformation surrounding vaccine hesitancy, corrective action should be taken early to improve vaccine communication. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.
- Misinformation related to COVID-19 also circulated on social media. In early July, an increasing number of social media users in DRC warned others to avoid health care workers over fears that they were deliberately infecting people to create a "COVID business," echoing similar beliefs associated with "Ebola business" during the Ebola crisis. Some Facebook users in DRC also questioned the existence of the virus.

Respondents in DRC have moderate perceptions of the risk COVID-19 poses to the country but expressed a low sense of personal risk, similar to the region and other Member States surveyed.
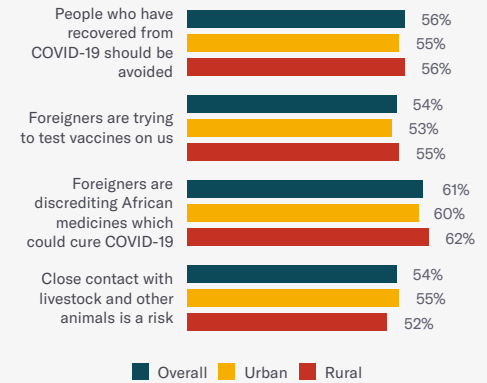
COVID-19 will affect many people in the country
- 55% Country
- 54% Region
- 67% All Member States

High personal risk of catching COVID-19
- 25% Country
- 25% Region
- 28% All Member States

Health would be seriously affected by COVID-19
- 47% Country
- 43% Region
- 49% All Member States

■ Country   ■ Region   ■ All Member States

Most respondents in DRC agree that following public health guidelines will help protect themselves, their families and their communities.

Attitude toward following public health guidelines

Will protect me
- 91% Will protect | 8% Will have no impact | 1% Don't know

Will protect other members of my household
- 89% | 10% | 1%

Will protect others I come in contact with
- 86% | 12% | 2%

■ Will protect   ■ Will have no impact   ■ Don't know

A significant share of respondents in DRC hold misconceptions about the disease or agree with rumors about foreign interference.

People who have recovered from COVID-19 should be avoided
- 56% Overall
- 55% Urban
- 56% Rural

Foreigners are trying to test vaccines on us
- 54% Overall
- 53% Urban
- 55% Rural

Foreigners are discrediting African medicines which could cure COVID-19
- 61% Overall
- 60% Urban
- 62% Rural

Close contact with livestock and other animals is a risk
- 54% Overall
- 55% Urban
- 52% Rural

■ Overall   ■ Urban   ■ Rural

Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Explicit mentions of risk and severity perceptions were low in both traditional news and social media in August. From May to July, several prominent misinformation narratives trended in traditional news and social media. Facebook has frequently been used to amplify disinformation.

- Some Facebook users in DRC questioned the existence of COVID-19 while others criticized government messaging related to COVID-19 as a "distraction."

- Many Facebook users in DRC downplayed the risk of COVID-19 and emphasized that HIV and malaria presented greater threats.

- Dominant misinformation narratives appear to correspond with allegations of corruption. Facebook users claimed that the government was deliberately infecting people to run a "COVID business." These users claimed the virus was created and spread in order to benefit businesses, the global elite, and domestic Congolese leadership.

- Facebook users in DRC were more receptive to messaging on COVID-19 risk from Professor Jean-Jacques Muyembe, General Director of the Congo National Institute for Biomedical Research than those from police or other government officials.

A Facebook user posted on 10 August: "We all know that there is no coronavirus in DRC. Distraction."

A Facebook user responded on 10 August to President Felix Tshisekedi's warning that "coronavirus didn't disappear" saying: "what do you know to say for sure that these deaths were linked to COVID-19 apart from the false information you are given through [the] corrupt media."
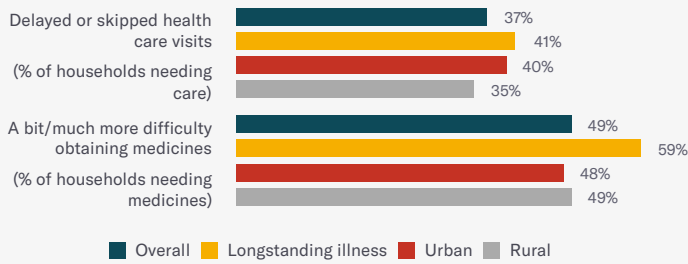
Data Source: Novetta Mission Analytics

Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

Households are experiencing significant disruptions to essential health services during the COVID-19 outbreak in DRC with more than one-third of people who needed health care reporting skipping or delaying care, and nearly half of those who needed medicines reporting difficulties with access. Difficulty obtaining medicines was particularly pronounced among those with long-standing illness and adults over age 56. Barriers to care included lack of time, affordability, and fear of COVID-19 transmission. The most frequently reported forgone health services were for general or routine checkups and suspected malaria, which could have substantial health impacts and may require a policy response to strengthen prevention and ensure continued access to treatment. DRC is also facing compounding outbreaks of Ebola, measles, cholera, polio, monkeypox, and plague, which create strain on the health system.

More than one in three households reported delaying or skipping health care visits due to COVID-19. Nearly half reported difficulty obtaining medications.

Delayed or skipped health care visits (% of households needing care)	Overall: 37% Longstanding illness: 41% Urban: 40% Rural: 35%
A bit/much more difficulty obtaining medicines (% of households needing medicines)	Overall: 49% Longstanding illness: 59% Urban: 48% Rural: 49%

Legend: ■ Overall ■ Longstanding illness ■ Urban ■ Rural

Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

24%   Couldn't afford care

22%   Haven't had time

19%   Worried about risk of COVID-19

The most common self-reported reasons for missed visits were:

41%   General/routine check-up

30%   Malaria

6%   Pregnancy complications/perinatal care

Data Source: Ipsos Survey

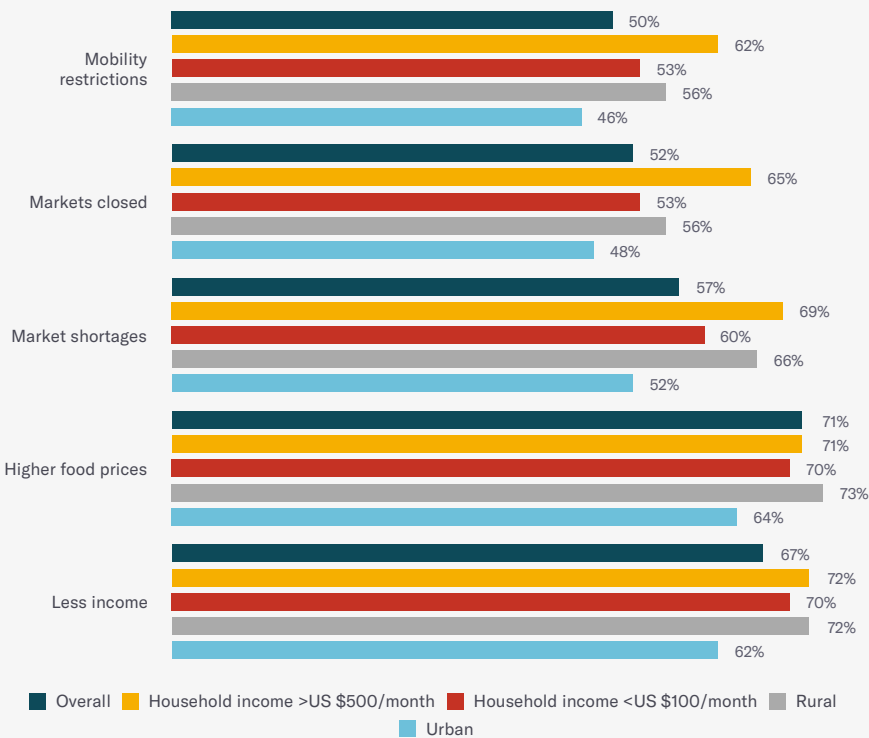*Economic Burden and Food Security*

PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

Survey respondents in DRC have experienced severe economic hardships during the COVID-19 crisis. The World Food Programme estimates that over 40 million people have insufficient food consumption, an increase of nearly six million from three months ago. Eighty percent of respondents reported their household had experienced at least one barrier to food security in the past week, with the most common barriers being higher food prices and falling incomes. More than 70% of households are reporting lower incomes compared to this time last year. To help alleviate these economic burdens, the government announced an additional cash transfer to two million existing social assistance beneficiaries in Kinshasa and other affected areas, committed to pay for all COVID-19-related health care expenses, provided free water and electricity to all households from April through June, and banned evictions of renters. By the time the survey was conducted, these measures had ceased. Less than one in five respondents (16%) reported that they had received additional government support in the previous month. Among those who received support, this was mostly in the form of free or subsidized services (e.g., food, electricity) (7%), followed by distribution of hygiene supplies (4%) and personal protective equipment (3%). Cash support was negligible (<1%).

Respondents in DRC are reporting barriers to food access related to mobility restrictions, market closures, food shortages, and other barriers, with respondents from low-income levels particularly affected.
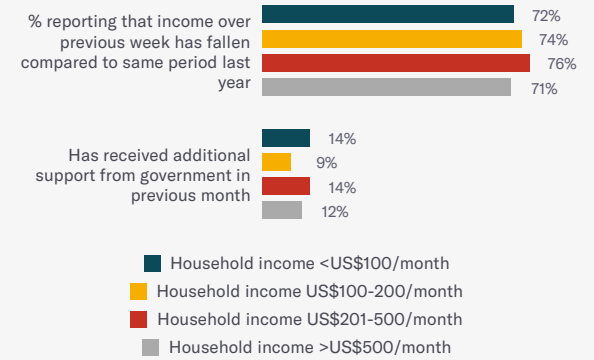
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)

Mobility restrictions
- 50%
- 62%
- 53%
- 56%
- 46%

Markets closed
- 52%
- 65%
- 53%
- 56%
- 48%

Market shortages
- 57%
- 69%
- 60%
- 66%
- 52%

Higher food prices
- 71%
- 71%
- 70%
- 73%
- 64%

Less income
- 67%
- 72%
- 70%
- 72%
- 62%

- ■ Overall
- ■ Household income >US $500/month
- ■ Household income <US $100/month
- ■ Rural
- ■ Urban

The majority of respondents in DRC are reporting income losses compared to this time last year.

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

% reporting that income over previous week has fallen compared to same period last year
- 72%
- 74%
- 76%
- 71%

Has received additional support from government in previous month
- 14%
- 9%
- 14%
- 12%

- ■ Household income <US$100/month
- ■ Household income US$100-200/month
- ■ Household income US$201-500/month
- ■ Household income >US$500/month

Narratives about burden of PHSMs in traditional news and social media

Burdens of PHSMs related to water security and personal economic concerns were the dominant narratives on both traditional news and social media during the monitored period.

- Water insecurity has been consistently linked to curfew and border closures in public narratives. Ongoing water insecurity issues existed prior to the COVID-19 crisis in Goma and the Kivu regions and were a major concern during the Ebola crisis. Concerns over poor water supply during the monitored period on traditional news and social media were most acute in the eastern Kivu region and Goma. Criticism over water insecurity has been primarily directed at the government.

- Lockdowns were viewed positively by government, NGO, and UN officials on Twitter. DRC Facebook users were primarily critical of these measures, however.

The Chronicles Rwanda wrote on 24 May: "There was a 73% reduction in monthly exports of water from Rwanda to Goma, DRC between the months of March and May 2020 following lockdown orders that called for the closure of the border."

A journalist in DRC wrote on Twitter on 21 July: "In #Goma, according to some accounts, the water distribution authority is doubling the bills for the month of June and July, while March and April were declared free because of the covid-19 pandemic. A subscriber who paid 10,000frc before currently pays 20 to 22,000 frc."
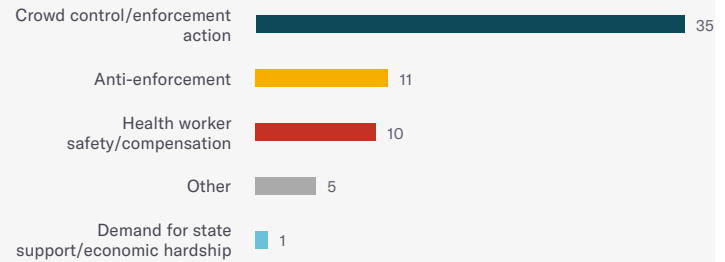
Security

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.

More than 60 COVID-19-related security incidents have been reported in DRC since March. Security incidents have increased each month, with 36 reported in July compared to 10 in June. Most incidents have involved crowd control measures or security forces enforcing PHSMs (e.g., breaking up large gatherings or protests). About two-thirds of these incidents were violent and involved violence by security forces against civilians. A significant share of security incidents involved protests to demand better conditions for health care workers (10) and protests against enforcement of PHSMs (11).

Most of the COVID-19-related security incidents recorded in DRC involved crowd control measures or security forces enforcing PHSMs.

Number of reported events by category, March-July

Category	Value
Crowd control/enforcement action	35
Anti-enforcement	11
Health worker safety/compensation	10
Other	5
Demand for state support/economic hardship	1

Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,351 adults (725 urban, 626 rural) in Democratic Republic of the Congo between 6-17 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

Traditional News and Social Media: Research is conducted by Novetta Mission Analytics 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.

Epidemiological Data: Provided by Africa Centres for Disease Control and Prevention.

Other Data: 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; limitations are discussed further at the link below.

For full details on data sources and methods see *preventepidemics.org/covid19/perc/*.