



Finding the Balance: Public Health and Social Measures in Mozambique

Data updated 19 August 2020



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 Mozambique 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 Mozambique—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: While the COVID-19 epidemic has been slower to accelerate in Mozambique than in other African Union (AU) Member States, newly reported cases have been accelerating rapidly since late July; from 23 July to 19 August, Mozambique saw a 26% average increase in the number of new cases reported each week. So far, testing capacity has kept up with the epidemic, though it could become strained with increased transmission.

PHSM Implementation: Mozambique has thus far avoided a full lockdown, but has restricted gatherings and closed schools and borders. A gradual relaxation of measures, beginning in July, may be contributing to the rise in transmission, with mobility nearing pre-COVID-19 levels.

PHSM Support and Adherence: According to survey findings, support for PHSMs in Mozambique is high. The majority of respondents in Mozambique report adhering to preventive measures like washing hands, wearing masks, and avoiding public gatherings, but adherence to measures that restrict economic activity—such as staying at home or reducing trips to markets—is lower, likely reflecting the lack of government restrictions in these areas, as well as social and economic barriers.

Risk Perceptions and Information: Survey respondents in Mozambique have relatively high perceptions of disease risk and severity compared to other AU Member States surveyed, despite the country's smaller epidemic; this may reflect bordering South Africa's large epidemic. Still, fewer than four in 10 people believe they are at risk for catching COVID-19. Misconceptions and rumors about the virus are prevalent, which could undermine preventive behavior or vaccine uptake.

Essential Health Services: A high proportion of survey respondents in Mozambique who needed medical care have had difficulty accessing health care visits (28%) or medicines (27%) during the COVID-19 crisis, and those with longstanding illnesses are particularly affected. Disruptions to health services from COVID-19 come on top of disruptions caused by the ongoing conflict in Cabo Delgado province.

Economic Burden and Food Security: A majority of respondents (68%) report income declines relative to last year, and three-quarters (75%) are facing difficulty accessing food due to lost income, higher prices, or other barriers. The COVID-19 crisis is compounding ongoing humanitarian crises in the country due to conflict and natural disasters. The government has not been able to expand economic relief measures, but has appealed for additional donor support to be able to scale up assistance.

Security: While few security incidents related to COVID-19 have been reported, the country is struggling with an ongoing armed conflict in Cabo Delgado province which has displaced more than 200,000 people.

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
2,991 (10)	19	79,504 (27)	0.6%

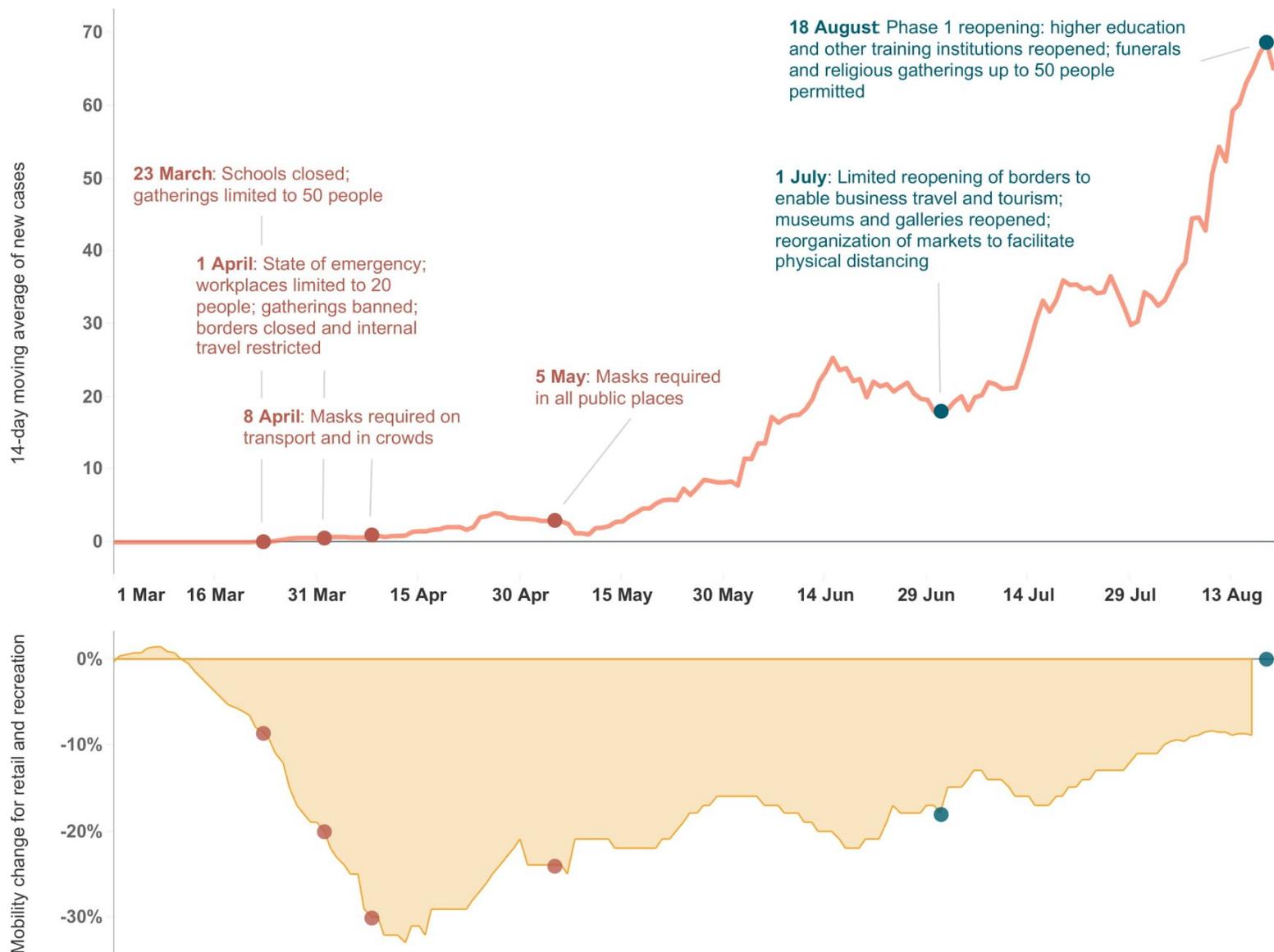
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

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.

While the total number of reported COVID-19 cases in Mozambique is low, new reported cases have been rapidly accelerating since late July, as mobility gradually approaches pre-COVID-19 levels. A phased reopening plan may result in further increases in transmission.

- Mozambique had initial success in keeping the virus in check without a full lockdown or stay-at-home order, instead closing borders and schools early on, restricting internal travel, and limiting gatherings. However, newly reported cases have been gradually accelerating since May, with a rapid increase starting in late July after an initial loosening of restrictions on 1 July.
- Daily new reported cases in Mozambique are still less than 100. The majority of cases to date have been in the cities of Maputo, Pemba and Nampula, but recent growth has been concentrated in Maputo, where the government reports that community transmission is still increasing; the epidemics in Pemba and Nampula appear to be stabilizing.
- The government is loosening PHSMs in a phased manner, with a focus on reviving the tourism industry. Borders were reopened with strict screening (including testing before and after arrival) and quarantine requirements for all people entering the country. The country remains in a state of emergency, with primary and secondary schools closed and most gatherings banned, although restrictions on funerals and religious gatherings were recently relaxed, and higher education institutions have reopened. Use of masks and physical distancing are required in public. The government is reorganizing markets across the country to facilitate physical distancing.
- The country's case-fatality rate remains low, which could reflect low incidence among high-risk groups, or limited mortality surveillance.
- The country's ratio of tests per confirmed case is within recommended guidelines, although this capacity is concentrated in specific areas and could be strained if reported cases continue to grow. The Ministry of Health has also conducted serological surveys in Maputo, Nampula and Pemba to assess transmission patterns.

Mozambique has thus far avoided a full lockdown, and has been gradually loosening restrictions since July, but both cases and population mobility are currently rising.



PHSM Support and Adherence

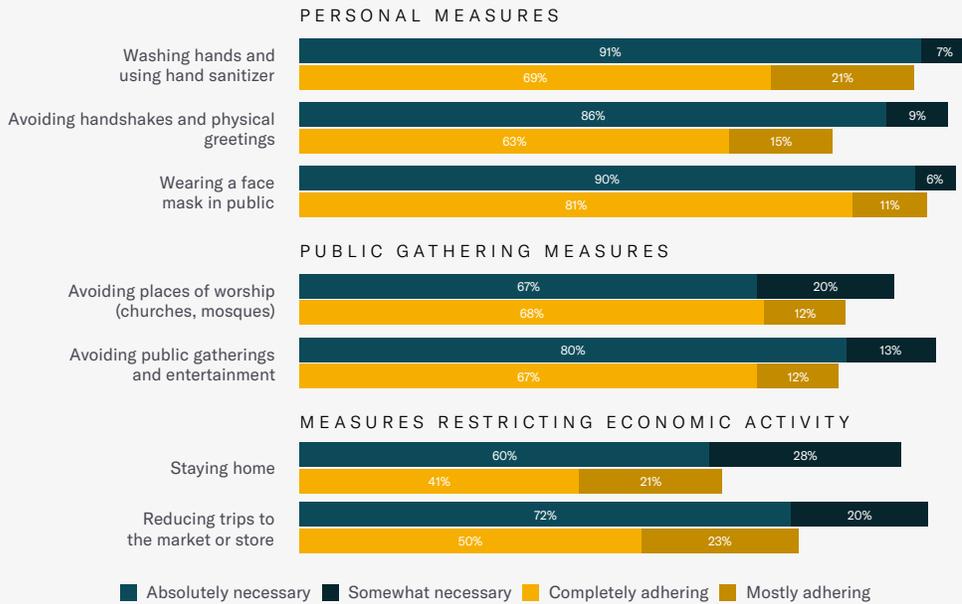
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior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

A majority of survey respondents in Mozambique support PHSMs. Lower self-reported adherence to measures like staying home, reducing trips to markets, or avoiding places of worship may reflect limited government restrictions related to these activities as well social and economic barriers.

- Access to masks was universal among survey respondents, and self-reported adherence to mask use was high. However, lower adherence to avoiding physical contact like handshakes and greetings suggests that there is room to strengthen risk communication and community engagement around physical distancing; guidance should take into account cultural norms related to physical greetings.
- Adherence to public gathering measures, like avoiding public gatherings and places of worship, and those that restrict economic activity, like staying at home or reducing trips to markets and stores, is lower. This likely reflects both social and economic barriers to these measures as well as the limited restrictions in place. 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 could inform strategies to increase adherence.
- Around half of survey respondents favor waiting to further loosen restrictions, and 69% are anxious about resuming normal activities. Along with high support for PHSMs overall, this suggests that there may be room to tighten measures if required to control the epidemic.
- Satisfaction with the government response is similar to levels in other AU Member States surveyed, and slightly higher among rural residents.
- Discussion of PHSMs on Facebook has been split between those calling for stronger measures and those rejecting the need for PHSMs.

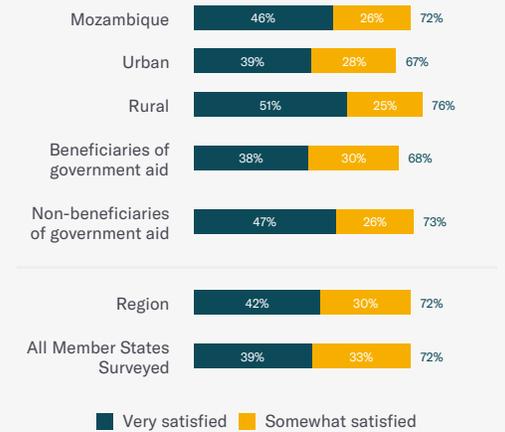
PHSM support is high across all measures, but slightly lower for avoiding places of worship. Adherence is high for personal measures but much lower for public gathering and economic measures.

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



Satisfaction with the government response is similar to other AU Member States surveyed, with slightly higher support among rural residents.

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



Data Source: Ipsos Survey

Face Masks

Mozambique requires the use of masks in public places.

100%

of survey respondents had a face mask ready to use

90%

recognized that wearing a mask could prevent spread

92%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

52%

favor waiting longer to loosen restrictions

44%

favor opening up to get the economy moving

Comfort with resuming activities:

69%

report that resuming normal activities makes them anxious

73%

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

Data Source: Ipsos Survey

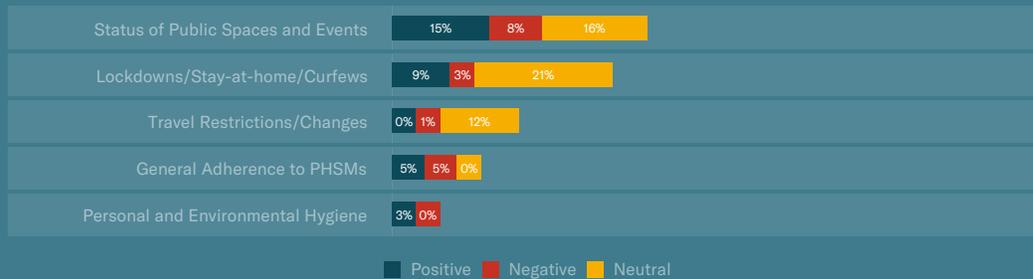
Traditional news and social media coverage of PHSMs

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.

Between May and August, traditional and social media coverage of PHSMs in Mozambique was lower than in other AU Member States in the region, as the domestic media focused on the country's security situation in light of the insurgency in the Cabo Delgado province.

- Traditional media coverage of PHSMs was largely positive, driven by government officials who urged adherence to PHSMs.
- Social media coverage, however, reflected more frustration with PHSMs—including both criticism of the government for not enforcing tighter restrictions as well as general rejection of PHSMs.

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



Data Source: Novetta Mission Analytics

A local news agency quoted the National Director of Public Health, Rosa Marlene, on 14 August: "Rigorous implementation of preventive measures is of crucial importance for containing the spread of the disease."

A Facebook user wrote on 11 August, "I don't have Coronavirus, nor does my baby, my friend, my cousin, my neighbor. We haven't done the preventative measures in a while. Mozambique just wants to [implement PHSMs] to be in fashion."

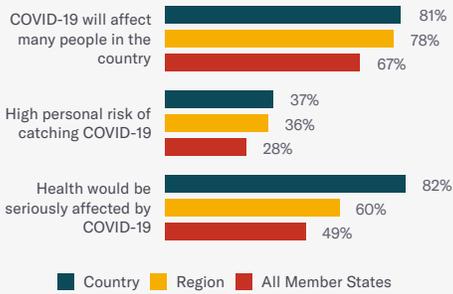
Risk Perceptions and Information

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.

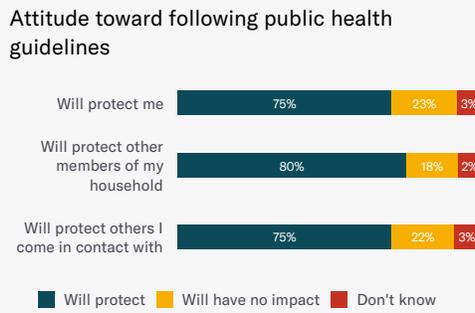
Survey respondents in Mozambique have relatively high perceptions of disease risk and severity, reflected in both survey and social media data. But widespread belief in misconceptions about disease transmission and rumors about foreign interference may undermine preventive behaviors.

- Survey respondents in Mozambique are much more likely to think that the disease would seriously affect their health compared to other AU Member States surveyed, which is notable given the few deaths reported. They also have slightly higher perceptions of transmission risk compared to other AU Member States surveyed, with more than one in three (37%) thinking they have a high risk of catching COVID-19, despite the relatively small size of the epidemic. This may reflect the large epidemic in neighboring South Africa.
- While a majority are confident that adhering to preventive guidelines will help protect themselves and others, a sizable minority doubts the usefulness of guidelines.
- According to survey results, a slight majority of respondents hold misconceptions about how the disease is spread and agree with statements about foreign interference, including that foreigners are discrediting African treatments for the disease and trying to test vaccines on Africans. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.
- While both traditional and social media have been used to amplify warnings about rising transmission, in early August some Facebook users expressed confusion or mistrust of government messages.

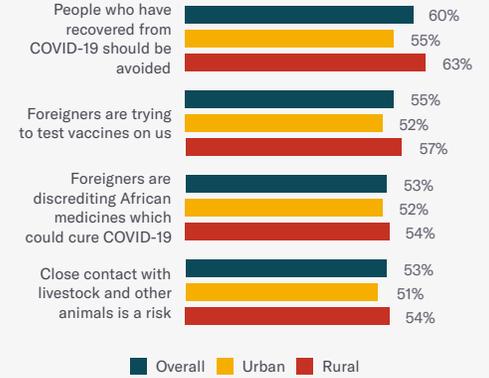
Survey respondents in Mozambique have relatively high perceptions of disease risk and severity compared to other AU Member States surveyed.



While most respondents thought that adhering to preventive guidelines would help protect themselves and others, around one in five thought they would have no impact.



More than half of respondents held misconceptions about the disease or agreed with rumors about foreign interference.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Recent social and traditional media coverage of COVID-19 primarily points to high perceptions of disease risk, reflecting government risk communication about the spread of the virus in Maputo.

- Traditional media outlets largely amplified government warnings.
- However, comments on Facebook have been more mixed, with many users expressing confusion or mistrust of government warnings. Others blamed the worsening situation on the government's COVID-19 response.

On 11 August a Facebook user commented, "This local transmission is the government's fault because it did not open isolation centers. Now we are all sick. May god have mercy."

In response to government risk warnings, another user on 11 August wrote, "There aren't enough words to express how much I don't care."

Data Source: Novetta Mission Analytics

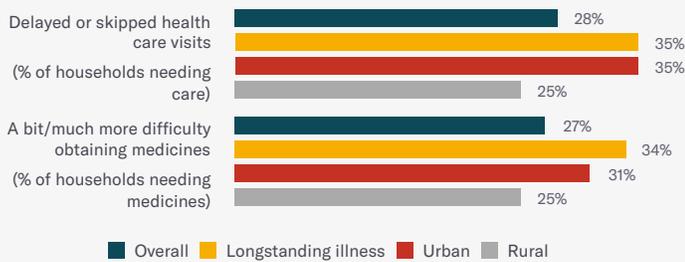
Burden of PHSMs

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.

The COVID-19 crisis comes on top of existing disruptions to essential health services in Mozambique, with nearly a third of those who needed care or medicines having difficulty accessing them, according to the survey. The violent insurgency in Cabo Delgado has also restricted access, with many health facilities forced to close due to conflict, and internal displacement of people contributing to an ongoing cholera outbreak. The current challenges have been greater for those with longstanding illnesses, according to survey findings. Barriers included overburdened facilities, a tendency to defer non-urgent care, and affordability. While a third of missed visits were for general or routine check-ups, 11% were for malaria and 8% were for antenatal care, both of which could have significant negative health effects.

Nearly one in three households that needed health care services or medicines have had difficulty accessing them.



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:

- 26%** Facilities too busy
- 14%** Health care issue wasn't urgent
- 13%** Couldn't afford care

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

- 32%** General/routine check-up
- 11%** Malaria
- 8%** Antenatal care

Data Source: Ipsos Survey

Economic Burden and Food Security

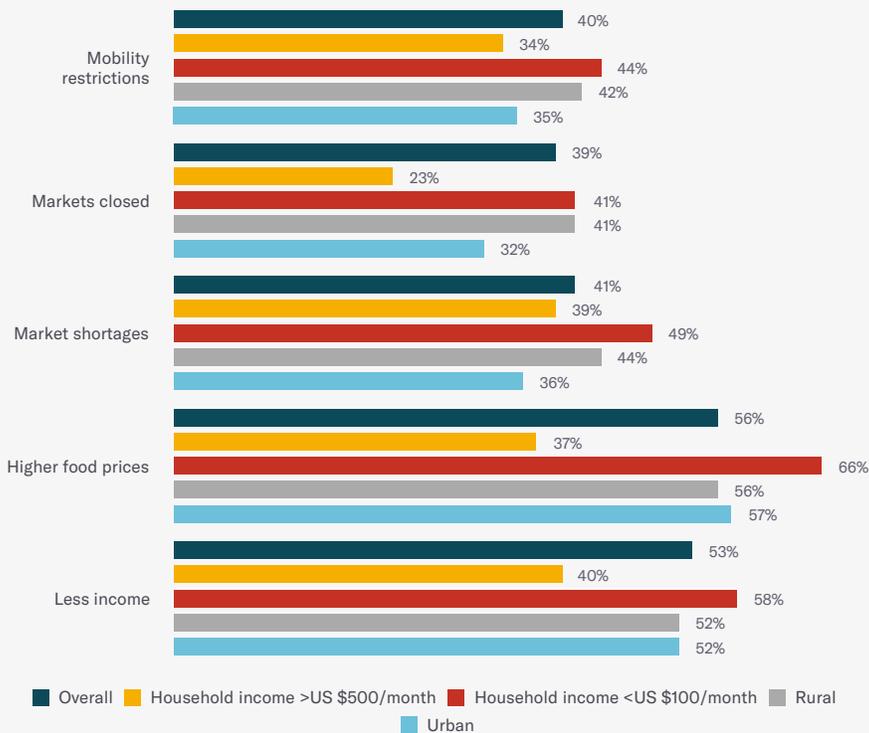
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people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

Before COVID-19 hit, Mozambicans were already experiencing severe economic hardship and food and water insecurity due to conflict, macroeconomic challenges, and natural disasters, including cyclones Idai and Kenneth in 2019 and repeated cycles of droughts and flooding. The World Food Programme estimates that nearly one in three Mozambicans (more than 8 million people) have insufficient food consumption, largely due to factors that predated the epidemic. In addition, at the time of the survey in early to mid-August, three quarters of survey respondents reported experiencing one or more barriers to food access in the previous week, with more than half reporting that they could not purchase as much food as they typically would due to higher prices or falling incomes. Around seven in 10 survey respondents report that their households have experienced a decline in income since last year. To help alleviate the economic burden on households, in June the government reduced electricity tariffs by 10%, waived fees on mobile money transfers, and exempted sugar, cooking oil and soap from value added tax for a period of one year. Few survey respondents (3%) reported receiving additional government assistance in the previous month, and many may not have recognized these government subsidies and exemptions as economic support given their small magnitude. The government has also appealed for additional international assistance, based on expectations that food security needs will exceed ongoing relief efforts by the World Food Programme and other agencies.

More than half of survey respondents reported barriers to food access related to higher prices and falling incomes. Low-income households were particularly affected.

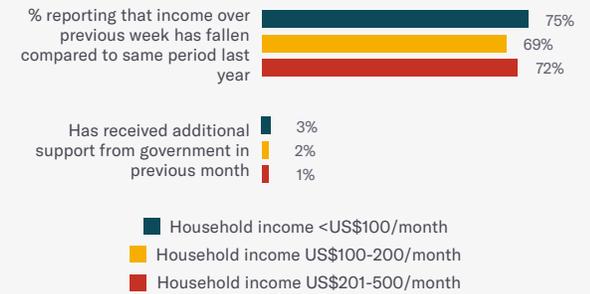
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

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



Seven in 10 survey respondents reported income declines compared to last year, while less than 3% had received any government support in the previous month. (Households with monthly income >US\$500/month excluded due to small sample size.)

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



Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

From May to August, about 13% of monitored coverage of COVID-19 in Mozambique focused on the burdens of PHSMs, primarily in the context of the ongoing security and humanitarian crises in the country.

- Media coverage has focused on the challenges of implementing PHSMs in light of the ongoing armed conflict between the government and insurgents in Cabo Delgado province, which has displaced more than 200,000 people since 2017 and escalated in 2020. In particular, international development organizations highlighted that PHSM implementation in camps for internally displaced people would be extremely difficult.
- Food security has been another major concern due to pre-existing food insecurity related to both conflict as well as climate/extreme weather, including the ongoing recovery from cyclones Idai and Kenneth in 2019.

On 27 July, the Club of Mozambique quoted Daniel Timme, head of communication for UNICEF as saying, "It is not impossible' to comply with the measures in these camps, but it is an educational process."

An Africanews article on 8 August noted that, "People have been killed, homes and livelihoods destroyed, and thousands of people displaced without the basic resources for survival, making them even more vulnerable particularly in the context of the COVID-19 pandemic."

Data Source: Novetta Mission Analytics

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.

Although there have only been five security incidents directly related to COVID-19 reported since the beginning of the epidemic, four of these involved acts of violence between police and civilians related to PHSM enforcement. The broader security situation in Mozambique continues to be a major concern due to the insurgency in Cabo Delgado province, which has been ongoing since October 2017 and involves armed conflict between the government security forces and insurgents, as well as violence against civilians that has displaced more than 200,000 people. This ongoing conflict complicates the COVID-19 response through displacement of people and by limiting the extent of government authority and reach over insurgent-held cities.

Only five security incidents related to COVID-19 have been reported in Mozambique since March.

Number of reported events by category, March-July



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,314 adults (536 urban, 778 rural) in Mozambique between 3-17 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/.