

Finding the Balance: Public Health and Social Measures in Zambia

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 Zambia 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 Zambia—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: The COVID-19 epidemic in Zambia began to accelerate in early July, after PHSMs were loosened. Between 23 July and 19 August, there was an average increase of 9% in the new cases reported each week. As of 19 August, more than 10,000 cases had been confirmed. The declining test per confirmed case ratio indicates that a significant number of cases are likely not being detected.

PHSM Implementation: The government has restricted mass gatherings since March but has not instituted a national stay-at-home order or curfew. Schools have been partially reopened, as have restaurants and some entertainment venues; bars and nightclubs remain closed. With loosening of measures in May and June, according to mobility data, visits to retail and recreation sites have returned to the pre-COVID-19 baseline, with cases spiking shortly thereafter.

PHSM Support and Adherence: Both support for and adherence to preventive guidelines in Zambia are mixed, with lower levels of support and self-reported adherence to measures like avoiding places of worship and staying home. While support for personal preventive behaviors (washing hands, wearing a mask) is high, there is room to strengthen adherence to physical distancing through sustained risk communication and community engagement. Social media users pointed to examples of public figures violating government physical distancing guidelines, with some using these examples to question the existence of the epidemic in Zambia.

Risk Perceptions and Information: Only around one in three respondents in Zambia believes that their personal risk of contracting COVID-19 is high, although most agree that the epidemic poses a large risk to the country. Misinformation is common, with around two thirds of respondents believing that livestock can spread the virus, and rumors circulating on social media that the epidemic does not exist in Zambia, possibly reflecting the relatively recent outbreak.

Essential Health Services: A high proportion of respondents in Zambia who needed medical care have had difficulty accessing health care visits (42%) or medicines (52%) during the COVID-19 crisis, and those with longstanding conditions are particularly affected. A significant number of missed health care visits were for care for children under five and malaria, which could have significant longer-term health impacts.

Economic Burden and Food Security: More than four in five respondents in Zambia report they faced one or more barriers to food access in the previous week, and a similar share report that their income has fallen since last year. The government recently announced a new cash transfer program to support vulnerable households, but at the time of the survey few households reported having received additional support.

Security: There have been minimal reports of security incidents such as protests or violent enforcement of PHSMs related to COVID-19 in Zambia to date.

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
10,218 (56)	269	103,023 (10)	2.6%

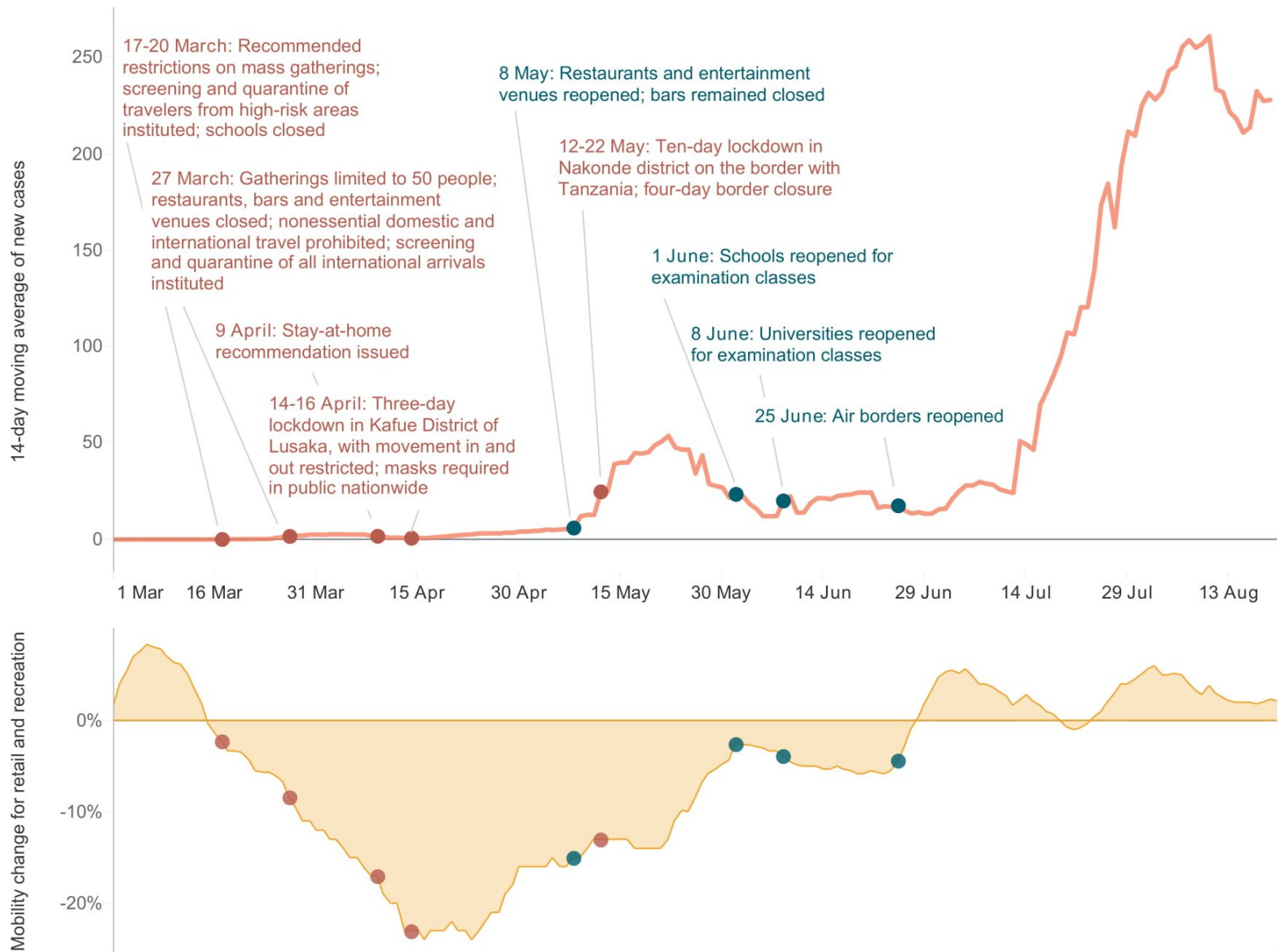
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

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.

The COVID-19 epidemic has been rapidly accelerating in Zambia since July, after a partial reopening in May and June and a return to pre-COVID-19 levels of population mobility.

- Both new reported cases and deaths spiked in mid-July following a return toward pre-COVID-19 levels of visits to retail and recreation sites, as reflected in Google population mobility data, in June.
- In March and April, the government enacted a ban on mass gatherings, high-risk business and school closures, domestic and international travel restrictions, and a three-day lockdown of Kafue district in Lusaka Province, in order to track and contain the virus. While citizens were advised to stay at home, there was no national stay-at-home order or curfew. With the economy under strain, the government began easing restrictions in May.
- Schools and universities remain closed except for examination classes, and while restaurants and entertainment venues have reopened, bars and nightclubs remain closed. Travel restrictions and the ban on mass gatherings remain in place.
- The cumulative ratio of tests per confirmed case (10) is just within the recommended guidelines. But in early August, the Ministry of Health noted that one in four tests was positive, which indicates that testing capacity has not kept pace with the growth of the epidemic and a substantial portion of new cases are likely not being detected.

The Zambian government issued national restrictions in March, but began reopening in May, contributing to a rise in mobility.



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.

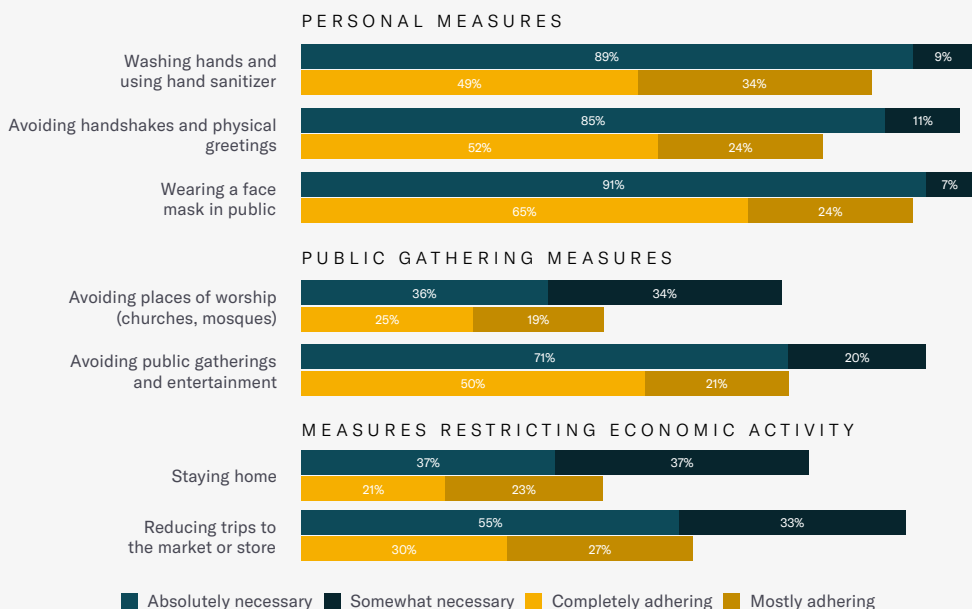
Despite the accelerating epidemic and widespread anxiety about resuming normal activities, two-thirds of survey respondents in Zambia support reopening. Support for and adherence to PHSMs is mixed, with low support and self-reported adherence for avoiding places of worship and staying home.

- Most survey respondents in Zambia recognize the value of preventive measures, particularly personal measures such as washing hands, avoiding physical greetings such as shaking hands or hugging, and wearing masks. However, support is lower for avoiding places of worship and staying home.
- Adherence is mixed, with less than half of survey respondents reporting that they stayed home or avoided places of worship in the previous week. Self-reported adherence is highest for personal measures that have lower social and economic costs; nearly all respondents report having a mask and nearly nine in ten (89%) reported using it in the previous week. But only three in four (76%) report avoiding physical greetings. Less than half of respondents report staying at home or avoiding trips to markets or stores in the previous week, which likely reflects limited restrictions in place regarding these measures.
- With lower adherence to avoiding places of worship, mass gatherings, and physical greetings, an analysis of the environmental, economic or other barriers could inform strategies to increase adherence. Community engagement to ensure safe ways for people to attend religious gatherings will be important, as will guidelines around physical distancing that take into account cultural norms for greetings.
- Almost two thirds (65%) of respondents favor reopening to get the economy moving, although a similar share (67%) reported that resuming their normal activities makes them anxious.
- About three in four survey respondents said they are satisfied with the government's response to COVID-19, a similar share to the rest of the region and the average across all African Union (AU) Member States surveyed. Satisfaction is higher (88%) among those who have benefited from government assistance in the previous month.

- In contrast, narratives in traditional and social media were more critical of PHSMs and the government response, including guidelines around physical distancing, with many commentators calling out alleged hypocrisy of public leaders in violating their own recommendations. Consistent messaging and adherence by government officials can reinforce preventive behaviors by the public.

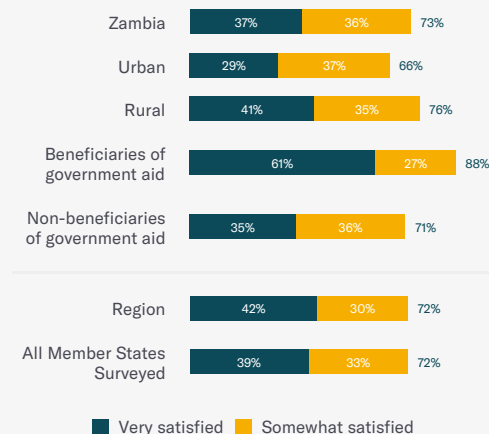
Although support for personal preventive measures is nearly universal, less than half of survey respondents report avoiding places of worship or staying home.

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



Nearly three in four Zambian respondents report they are satisfied with the government's COVID-19 response, with support higher among those who have received government aid.

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



Data Source: Ipsos Survey

Face Masks

Zambia requires the use of face masks in public places. The government introduced a fine and potential jail sentence of up to six months for non-compliance in August, but later reversed course after reports of police officers requesting bribes.

99%

of survey respondents had a face mask ready to use

96%

recognized that wearing a mask could prevent spread

89%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

35%

favor waiting longer to loosen restrictions

65%

favor opening up to get the economy moving

Comfort with resuming activities:

67%

report that resuming normal activities makes them anxious

53%

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

Data Source: Ipsos Survey

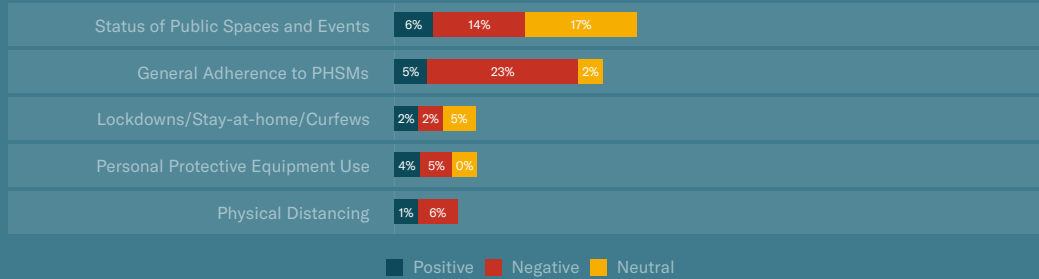
Traditional news and social media coverage of PHSMs

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 August, public narratives around PHSMs in Zambia have been predominantly negative, with significant criticism of PHSMs and public leaders.

- Closures of schools and bars, as well as guidelines for physical distancing, were criticized in social media discussions.
- On Facebook, many users pointed to examples of political leaders violating physical distancing guidelines during public appearances, calling them hypocritical.

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



Data Source: Novetta Mission Analytics

On 2 August, a Facebook user commented, “What about ‘campaigns’, public gatherings and leaders visiting their constituencies—aren’t those covid 19 death traps, considering there’s no social distancing and wearing of masks?”

On 3 August, another Facebook user wrote, “The president doesn’t even take Coronavirus [seriously]. They should open the schools and the bars.”

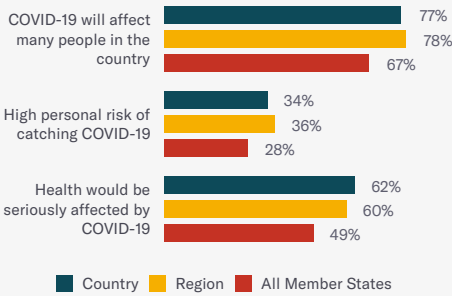
Risk Perceptions and Information

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.

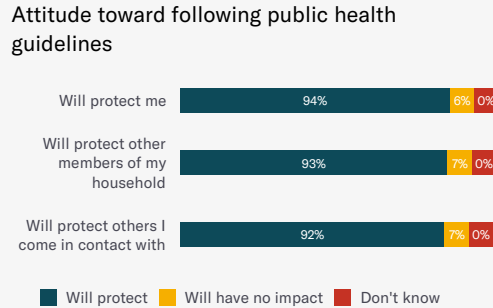
Most survey respondents in Zambia are aware of the risk to the country from COVID-19, but their personal risk perceptions are lower. Many hold misconceptions about disease transmission and there are prominent narratives on social media questioning the existence of the epidemic in Zambia. With transmission accelerating, risk communication and community engagement should continue to reinforce public health guidelines.

- In Zambia, survey respondents’ perceptions of community and personal risk from COVID-19 are in line with other AU Member States in the Southern Region and higher than the average across all AU Member States surveyed. Still, only one in three respondents in Zambia perceives a high personal risk of catching the virus.
- More than nine in ten survey respondents agreed that following public health guidelines could help protect themselves and others.
- However, there is significant misinformation. Two-thirds of survey respondents believe that the virus can be transmitted through close contact with livestock, while just over half believe rumors about foreign interference. These narratives could undermine preventive behaviors or lead to vaccine hesitancy. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.
- On Facebook, some users have been questioning the existence of COVID-19, citing non-adherence with guidelines by political leaders as evidence, while others accuse the opposition of undermining risk perceptions. Engaging trusted community and religious leaders to help dispel misinformation could reinforce adherence. For example, the Zambia Conference of Catholic Bishops has urged followers to adhere to guidelines.

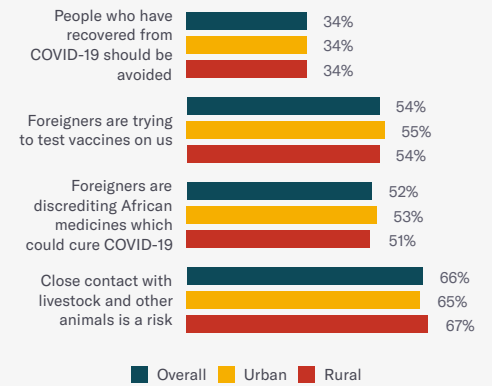
While Zambian survey respondents largely agree that COVID-19 will affect many people in the country, only one in three sees themselves as personally at high risk.



A large majority of Zambian survey respondents agree that adhering to public health guidelines will help protect themselves and others.



Two in three Zambian survey respondents hold misconceptions about disease transmission risks from livestock and more than half believe rumors about foreign interference.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

While recent discussion of COVID-19 on Twitter has largely conveyed the growing risk of transmission, Facebook commentary reflected doubts about risk, including misinformation narratives about the existence of the epidemic in Zambia. These doubts may reflect the relatively recent increase in reported cases in Zambia.

- Facebook users cited instances of political leaders not following guidelines as evidence that COVID-19 was a hoax or scam. Meanwhile, the Zambian parliament adjourned in late July after more than 15 parliamentarians tested positive and two died. Vice President Inonge Mutukwa Wina has tested positive.
- Others claimed that the opposition was politicizing the epidemic and undermining public risk perceptions.

On 13 August, one Facebook user wrote, "Here the opposition they politicise everything, even to the point of saying that there is no Covid19, as such misleading a lot of people from taking precautions."

A Facebook post on 4 August explained, "I went to a pharmacy/chemist the other weekend to get [vitamin] C and we asked why they did [not] have a hand washing at the entrance; we were told there's no Covid in Zambia."

Data Source: Novetta Mission Analytics

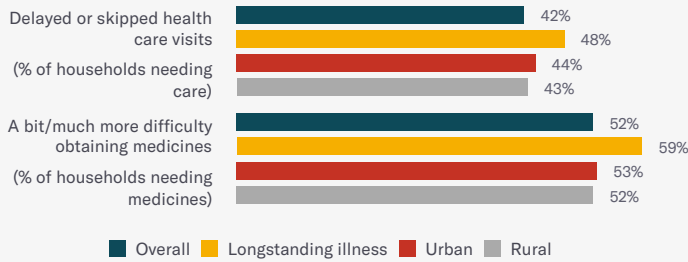
Burden of PHSMs

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.

Many respondents in Zambia are experiencing health care disruptions, with more than 40% of households that reported needing health care during the COVID-19 crisis saying that they delayed or skipped health care visits, while among those who needed medicines, more than half reported it has been more difficult to get them. People with longstanding illnesses are more likely to report challenges. Barriers to access included fear of the risk of COVID-19 transmission as well as overburdened facilities and mobility restrictions. More than a quarter of skipped or delayed visits were for general or routine check-ups, 14% were for care for children under five and 12% were for malaria. Reduced access to malaria treatment could have serious health consequences given that the National Malaria Elimination Centre estimates there are about 5 million cases of malaria in Zambia per year and 16 million Zambians are at risk. Disruption of care for children under five could also have significant short and long-term health impacts.

A large share of Zambian respondents who have needed health care or medicine during the COVID-19 crisis report difficulties with access, with people with longstanding illnesses more likely to be affected.



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:

- 34%** Worried about risk of COVID-19
- 28%** Facilities too busy
- 15%** Couldn't get to facility due to mobility restrictions

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

- 30%** General/routine check-up
- 14%** Care for children under 5
- 12%** Malaria

Data Source: Ipsos Survey

Economic Burden and Food Security

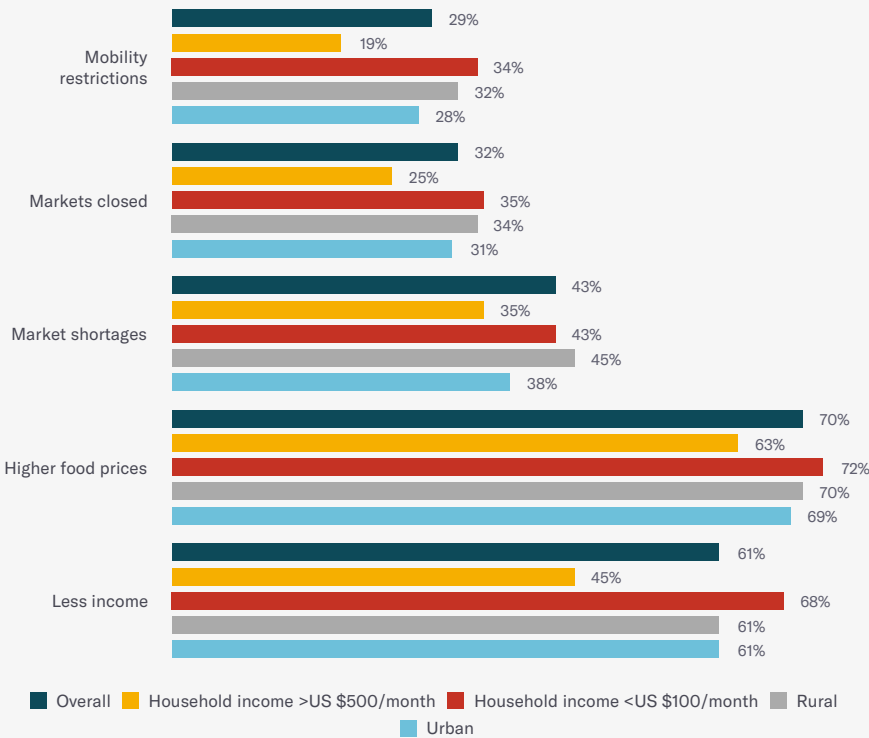
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people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

The vast majority of Zambian households are experiencing economic losses during the COVID-19 crisis, with 83% reporting that they experienced one or more barriers to food access in the previous week, and 79% reporting that their income is lower compared to the same time last year. These challenges also reflect ongoing macroeconomic challenges including rising inflation and a falling currency, which have been further exacerbated by the global economic fallout from the pandemic. Falling income and higher food prices are the most common barriers to food access. These barriers have the potential to exacerbate food insecurity in Zambia, where the World Food Programme estimates that about 5 million people, about 30% of the population, have insufficient food consumption. On 28 July, the government launched an emergency cash transfer program to alleviate the economic impact of the pandemic on vulnerable households with elderly family members, women and children. The six-month program will also involve distribution of food hampers, planned to commence immediately. In the survey fielded from 4 to 14 August, only 5% of survey respondents reported receiving additional assistance from the government in the previous month, mostly in the form of food or personal protective equipment/supplies, with only 1% receiving cash.

A majority of Zambian survey respondents reported challenges purchasing the amount of food they usually buy due to higher prices and lower incomes.

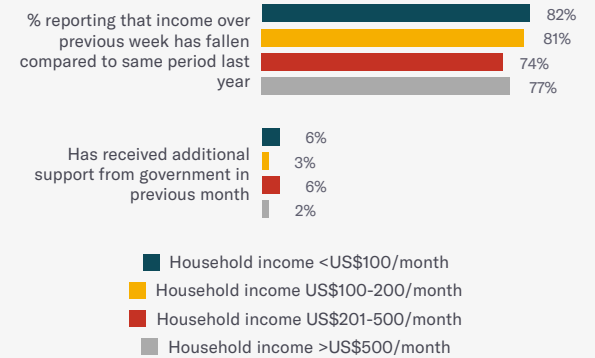
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

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



Across all income groups, a large majority of Zambian survey respondents report that their income has fallen, while very few report receiving additional government support.

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

Despite the economic challenges faced by Zambian households, discussion of economic burdens represented less than 10% of coverage of PHSMs in monitored traditional and social media since May.

- Many social media users expressed concern that the government’s COVID-19 response would worsen food insecurity or commented that food insecurity was a more pressing problem for the country than COVID-19.
- Social media users amplified the findings from a survey by FSD Zambia and BFA Global that showed severe economic losses among micro and small enterprises, which found that 40% of these enterprises had experienced decreased revenues and 72% were unable to raise funds.

On 31 July, a Facebook user wrote, “They just want to completely kill citizens through hunger. Covid is not [as] deadly as they claim.”

Another Facebook user commented on 10 August, “Millions die of starvation but such alarms are not [heard]. Because covid-19 is affecting everyone including the well to do are affected, then everyday its about covid. On top of that its [political], some cases aint true.”

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.

Very few security incidents related to COVID-19 have been reported in Zambia. The incidents that have been reported involved violent confrontation between police and civilians over the enforcement of PHSMs in April and May. In August, after the government temporarily imposed fines and potential jail sentences for non-adherence to preventive guidelines, several dozen people were arrested; the government later suspended arrests and fines for non-adherence due to reports of corrupt enforcement by police officers. As in many other countries, there are concerns that PHSM restrictions could contribute to a rise in domestic, gender-based, and sexual violence.

Only two security incidents related to COVID-19 have been reported in Zambia.

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 1,290 adults (532 urban, 758 rural) in Zambia between 4-14 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/.