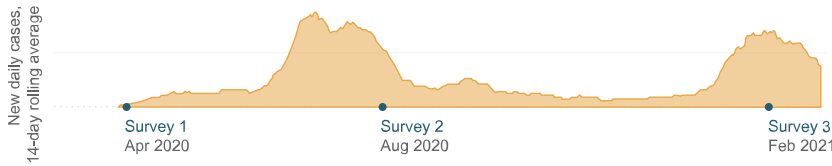# Finding the Balance: Public Health and Social Measures in Côte d'Ivoire

What is the purpose of this report?

This report describes findings from a telephone survey with 1,397 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analyzed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the first and second reports).

New daily cases, 14-day rolling average

Survey 1 — Apr 2020   Survey 2 — Aug 2020   Survey 3 — Feb 2021

National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	32,478
Cumulative incidence rate per 100,000 people	127
Test positivity rate Proportion of people who test postive for COVID-19 among all people who took a test, averaged over 7 days	3.4%
Total confirmed COVID-19 deaths	190
Case fatality ratio Proportion of total reported deaths among all people reported as testing positive for COVID-19	0.6%

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

Reported cases, as well as test positivity, have remained low in Côte d'Ivoire. Reported new cases began to rise in January 2021, most likely due to the lack of restrictive measures in place and a holiday-driven increase in mobility in December. A state of emergency was announced at the end of January, with a subsequent decline in caseload.

PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to PHSMs remain very low in comparison to other surveyed African Union (AU) Member States in the Western Region. At the same time, respondents reported high trust in and satisfaction with the government's response to COVID-19.

Risk Perceptions and Information

Only one-third of respondents reported believing that COVID-19 will affect many people in Côte d'Ivoire—the lowest of all surveyed Member States—and only two out of 10 felt they were personally at risk of infection. Of the 36% who stated they were unlikely to opt for vaccination, four out of 10 reported feeling they were not at risk of catching the virus. With vaccine distribution already under way, Côte d'Ivoire would benefit from campaigns to combat misinformation and increase uptake.

Secondary Burdens

Despite Côte d'Ivoire's burgeoning pre-pandemic economy, almost seven in 10 of respondents reported income loss and four in 10 had missed a meal in the past week. Those who had lost income since the beginning of the pandemic were more likely to have longstanding illnesses and to have missed health care visits. The large economic impact appears to have been fairly consistent across socio-demographic groups.

What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

Situational Awareness

After lifting PHSMs at the end of May 2020, Côte d'Ivoire experienced a surge of COVID-19 cases in June, with an average of 340 new cases reported daily. During this first wave, the country announced a lockdown targeted to Abidjan, where the majority of restrictive measures have been focused since the start of the pandemic. At the end of July, restrictive measures were again lifted and remained so through the end of 2020.

Côte d'Ivoire did not see a second peak until the end of January 2021, when an average of 270 cases were reported per day. The lack of restrictive measures and a holiday-driven increase in mobility over December and January may have contributed to this second wave. According to the survey, almost 40% of people traveled outside of their town for the holidays—the second highest percentage among surveyed Member States. At the end of January, Côte d'Ivoire declared a national emergency to combat increasing caseloads, including stronger enforcement of protective measures, physical distancing and a face mask mandate in all public places.

Test positivity has remained under the limit of 5% recommended by the World Health Organization (WHO) since September, and only recently marginally exceeded 5% at the peak in January. Côte d'Ivoire received its first batch of AstraZeneca vaccine from the COVAX facility on 26 February 2021 and began distribution, prioritizing health care workers, security forces and teachers.

Highly politicized discussions of COVID-19 on traditional and social media peaked at the end of October 2020, when Côte d'Ivoire held presidential elections. For example, social media users opposed to the ruling party—Rally of the Republicans (RDR)—reported large scale PHSM infractions during political rallies between August and September. Supporters of the RDR and government officials drove positive narratives encouraging the use of "barrier measures." Mentions of COVID-19 decreased after the elections, but have picked back up since January, primarily driven by reports of the new variants in other countries.

Côte d'Ivoire recently reinstated restrictive measures after an uptick in reported cases beginning in January.
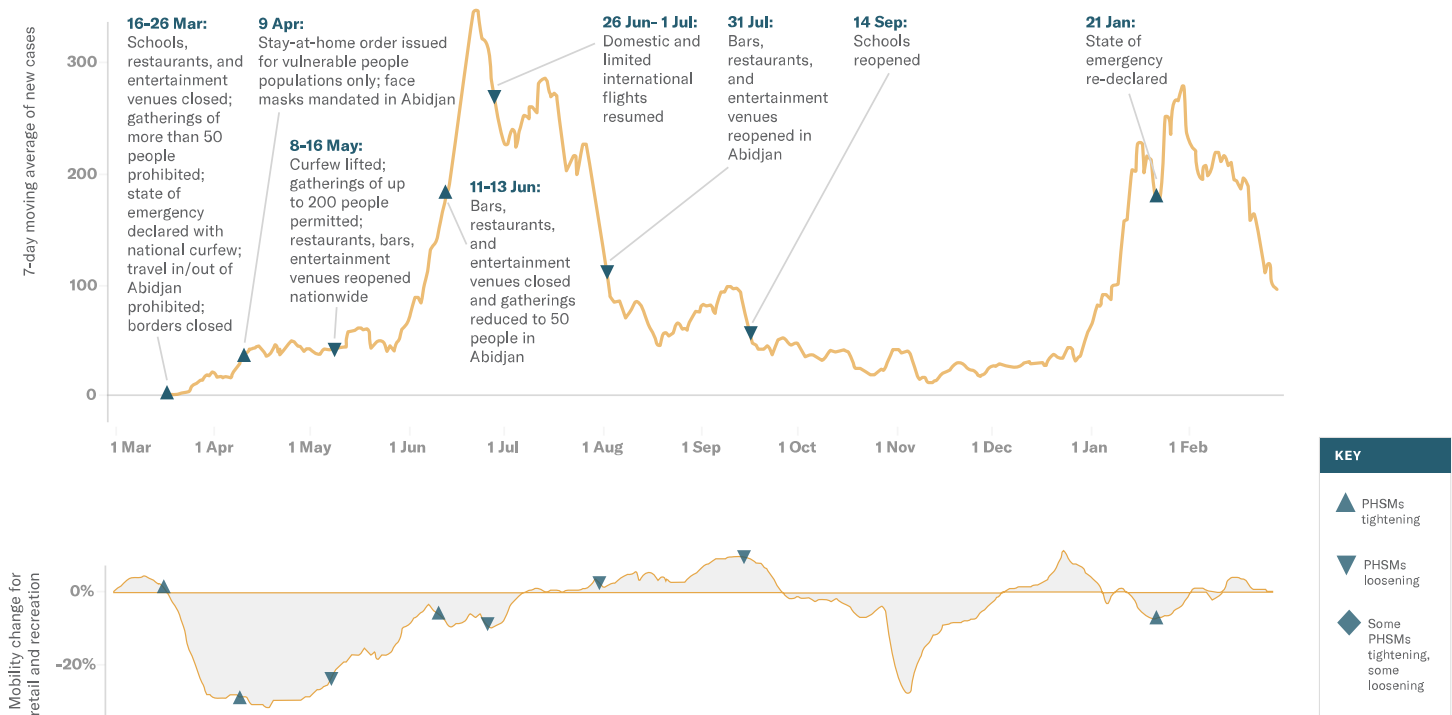
Do people support and follow measures?
PHSM effectiveness relies on widespread acceptance and behavior change.

What the data say

Respondents in Côte d'Ivoire reported lower support for and adherence to PHSMs than respondents in other Member States in the Western Region. Adherence to individual measures, restrictions on social gatherings and movement have all decreased since the August survey—potentially due to few restrictions being in place at the time of the February survey—while support has remained comparable.

- Higher-income (28% versus 21% lower-income) and urban respondents (28% versus 23% rural) were more likely to support measures restricting movement, while respondents from less educated households (17% versus 9% with a degree) and who have lost some or all of their income (19% versus 11% no income loss) were more likely to adhere to those measures—despite the economic burden often associated with such measures.
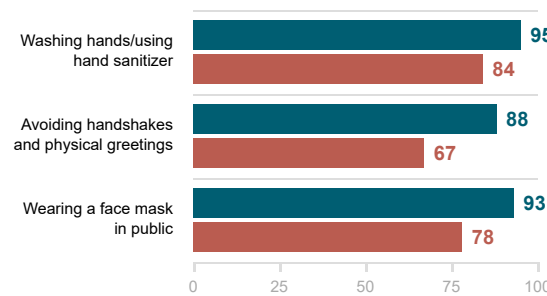
In the media

"We recall that the virus is actively circulating in our country and recommend to the entire population strict compliance with barrier measures:"
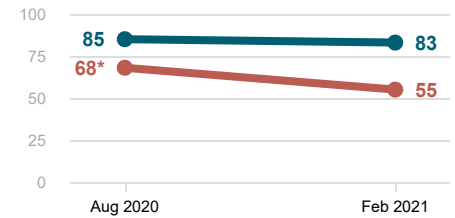
—Infodrome, 18 February 2021

Individual measures

Adherence to all individual measures decreased by 13 percentage points since August 2020 (from 68% to 55%), while support remained comparable.

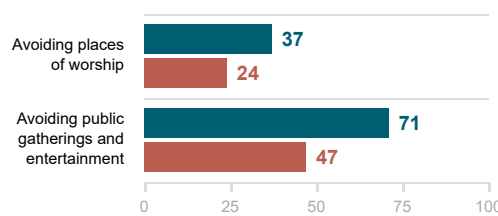*Percent that support and adhere to each individual measure in Feb 2021*

Measure	support	adhere
Washing hands/using hand sanitizer	95	84
Avoiding handshakes and physical greetings	88	67
Wearing a face mask in public	93	78

Trend in percent that support and adhere to all individual measures (composite score)

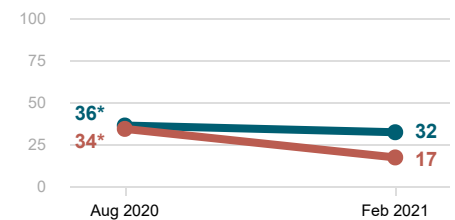|	Aug 2020	Feb 2021
support	85	83
adhere	68*	55

Measures restricting social gatherings

Côte d'Ivoire has the lowest support for and adherence to public gathering restrictions of all surveyed Member States. Since August, adherence dropped by half, driven by a 23 point decrease in those reporting avoidance of public gatherings. Reports on social media show similar findings.

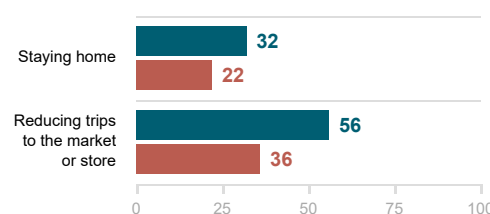*Percent that support and adhere to each social measure in Feb 2021*

Measure	support	adhere
Avoiding places of worship	37	24
Avoiding public gatherings and entertainment	71	47

Trend in percent that support and adhere to all social measures (composite score)

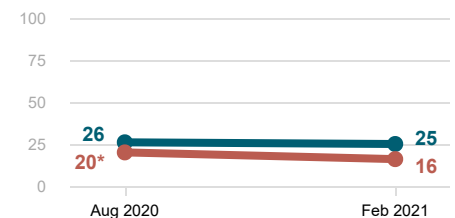|	Aug 2020	Feb 2021
support	36*	32
adhere	34*	17

Measures restricting movement

Support for and self-reported adherence to PHSMs remained among the lowest in the Western Region. Both dropped only marginally between August 2020 and February 2021.

Percent that support and adhere to each movement measure in Feb 2021

Measure	support	adhere
Staying home	32	22
Reducing trips to the market or store	56	36

Trend in percent that support and adhere to all movement measures (composite score)

	Aug 2020	Feb 2021
support	26	25
adhere	20*	16

PHSM Support and Self-Reported Adherence

Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

What the data say

More than eight out of 10 respondents reported satisfaction with the government's COVID-19 response in February 2021, a 10 percentage point increase since August 2020. In October, the national government was reelected, though the election was marred by violence, with many Ivoirians feeling that the election was neither free nor fair.

- Despite the unrest around the October elections, the Ministry of Health, the President and the National Public Health Institute were among the most-trusted institutions. In addition, those satisfied with the government's response to COVID-19 reported higher trust for all listed institutions. Both points indicate that overall, respondents believe the government is successfully responding to the outbreak.
- There was no clear difference in satisfaction with the government based on income level, gender or age group. However, those without a postgraduate degree reported higher satisfaction (86% vs. 76% among those with a postgraduate degree).

What do people think about their country's institutions?

More than 80% of respondents reported satisfaction with the government's response to the COVID-19 pandemic, four points higher than the regional average and a 10 point increase since August.

82% are satisfied with the government's pandemic response

Côte d'Ivoire	82*
Region	78

(scale: 0, 25, 50, 75, 100)
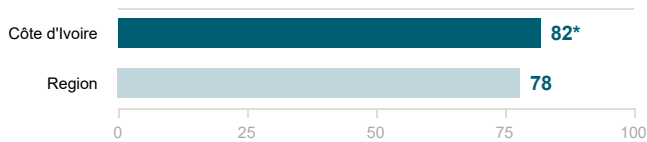
Top five most trusted institutions and individuals

Percent of people reporting trust in each source

Ministry of Health	80%
Hospitals/health centers	77%
The President	74%
National Public Health Institute	72%
World Health Organization (WHO)	72%

What are people saying in the news and on social media?

News coverage of the government's COVID-19 response was markedly positive, consistent with the survey results. On social media, influencers and government officials consistently highlighted the importance of PHSMs and their own personal commitment to adherence, including tweets of the president wearing a face mask and "elbow-bumping" during official meetings; also consistent with the high support of individual PHSMs found in the survey.

However, some users claimed that the government's response primarily benefited the elite and blamed the government for exacerbating poverty and unemployment during the pandemic; these users were more likely to share posts indicating low risk perception of COVID-19 (e.g., nonadherence to mask-wearing and social distancing).

In the media

"Faced with the resurgence of COVID-19, I invite you to continue to respect the barrier measures, in particular the regular washing of hands, the compulsory wearing of the mask in public places and transport in common, and physical distancing. #StopCovid19"

—President Alassane Ouattara, Twitter, 10 February, 2021

How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

What the data say

Only one-third of respondents believe that COVID-19 would affect many people in Côte d'Ivoire, less than in any other surveyed Member State; only two out of 10 believed that their personal risk of being infected by COVID-19 was high. The low risk perception is not surprising, given that reported caseloads have been low compared to other Member States.

- Compared to those who reported lower perceptions of personal risk, respondents reporting "high" or "very high" perceptions of risk also had higher rates of adherence to individual measures (65% versus 51%) and restrictions around gatherings (21% versus 14%).
- Low risk perceptions may also be driven by low exposure to the virus. Only 1% of respondents reported that they or a member of their household had a confirmed or suspected case of COVID-19.
- Stigma towards health care workers was high (40%) but in line with the regional average (43%), as was stigma towards recovered people (37% Côte d'Ivoire, 40% regional average). Those who believed health care workers should be avoided had higher perceptions of risk (48% versus 36% of those with low risk perception), which could be contributing to higher rates of missed health care visits among respondents.
- Almost half of respondents reported that COVID-19 could be cured with herbal remedies, similar to the regional average. On social media, a common misinformation narrative branded COVID-19 as a "rich-people disease."
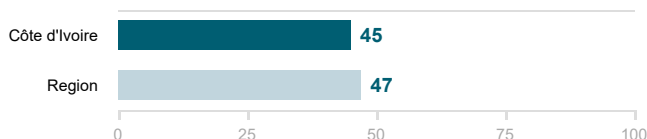
How do people understand the risk of COVID-19?

33% believe that COVID-19 will affect many people in their country

Côte d'Ivoire	33
Region	57*

0   25   50   75   100
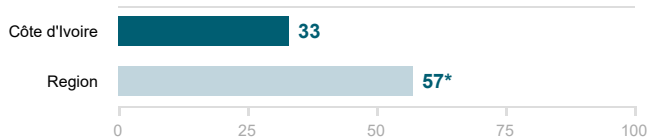
19% believe that their personal risk of being infected with COVID-19 is high

Côte d'Ivoire	19
Region	25*

0   25   50   75   100

45% believe that their health would be seriously affected by COVID-19

Côte d'Ivoire	45
Region	47

0   25   50   75   100

Do people stigmatize others?

40% think they should avoid health care workers because they could get COVID-19 from them

37% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

73% understand that infected people may never show symptoms but could still infect others

72% understand that infected people may not show symptoms for five to 14 days

45% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

# How are perceptions of risk informing actions?

How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

## How do people feel about resuming day-to-day activities?

More than 60% of respondents reported having resumed normal activities; about the same percentage reported feeling anxious about doing so.

- Those who have lost income and those who reported higher perceptions of risk and severity of infection reported more anxiety about resuming activities.
- Notably, there was not a significant difference between higher- and lower-income respondents for resuming activities, indicating that economic necessity may not be the sole determinant.
- Almost 50% of respondents stated they felt comfortable taking public transportation, with no notable difference by income group or geography.
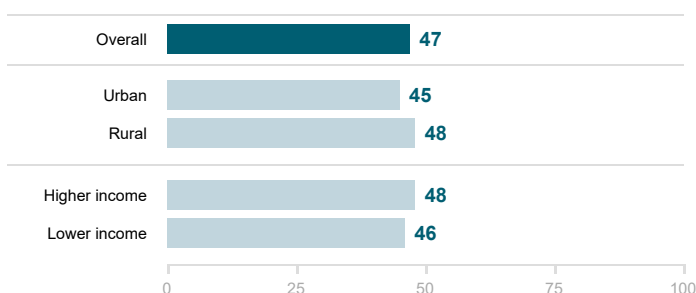
65% feel anxious about resuming normal activities

Overall	65
Urban	67
Rural	64
Higher income	62
Lower income	67

0   25   50   75   100
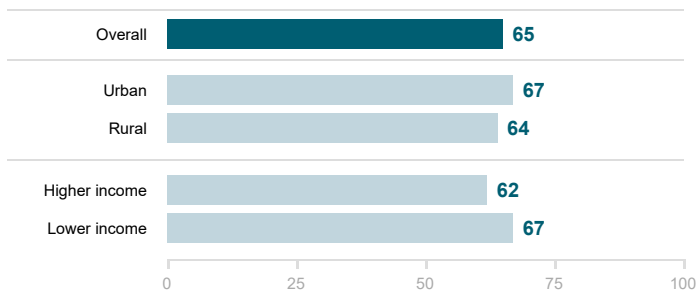
61% have already resumed normal activities because they believe COVID-19 risk is low

Overall	61
Urban	61
Rural	62
Higher income	64
Lower income	58

0   25   50   75   100
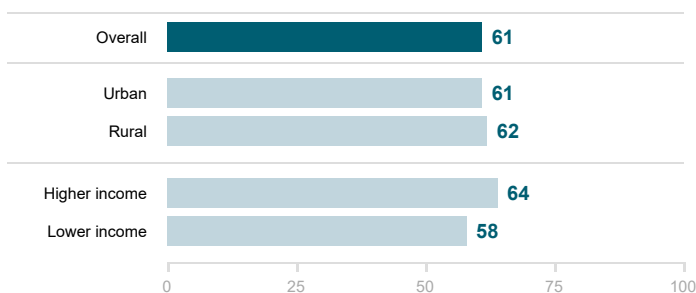
47% feel comfortable taking public transportation

|	
Overall	47
Urban	45
Rural	48
Higher income	48
Lower income	46

0   25   50   75   100

What do people think about vaccines?

Approximately 60% of respondents stated they would likely receive the COVID-19 vaccine, significantly lower than the regional average.

- Those who were more satisfied with the government's response to COVID-19 as well as those who trusted the President and the Ministry of Health were more likely to opt for vaccination.
- Of the 36% who stated they were unlikely to get vaccinated (5% reported they did not know), four in 10 reported feeling they were not at risk of catching the virus—with higher rates in lower-income respondents (41% versus 29% in higher-income respondents). This finding is unsurprising considering the relatively low caseload in Côte d'Ivoire. As vaccine distribution has already begun in Côte d'Ivoire, the country would benefit from campaigns to increase uptake and to combat misinformation.

59% plan to get a vaccine when available

Overall	59
Region	68*
Urban	63*
Rural	55
Higher income	61
Lower income	58

0   25   50   75   100
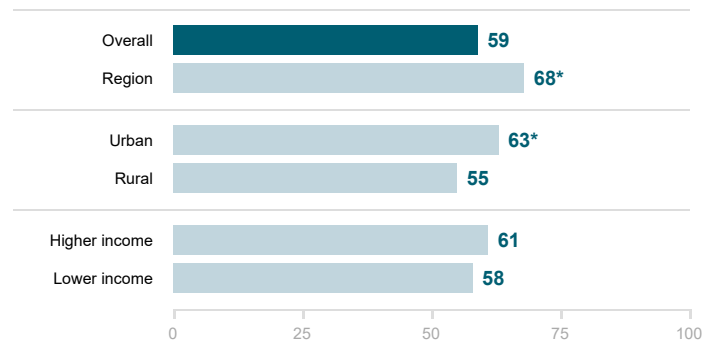
Top reasons people would not get the vaccine
Among people who said they would not get the vaccine, their reasons were:

I do not feel I am at risk of catching the virus	40%
I do not yet know enough about the vaccine to make a decision	24%
I believe vaccines can give you the disease they are designed to protect you against	21%

In the media
In response to the arrival of vaccines in Côte d'Ivoire, "Africa's best president the number one"

- Twitter user, 26 February, 2021

Secondary Burdens

Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

What the data say

While disruptions to medication have remained largely unchanged in Côte d'Ivoire since August 2020, reports of skipped or delayed health services decreased by almost 20 percentage points.

- Health visits for malaria were the most common type of visit skipped in Côte d'Ivoire (29%). An additional one-fourth of skipped visits were for symptoms that may overlap with COVID-19, including fever/chills (11%), fatigue/body pain (12%) and respiratory problems (4%).

- In February, the most common barrier reported for skipping health services was affordability of care, whereas in August, fear of catching COVID-19 was most pronounced (42%). However, worry about catching COVID-19 was still high (27%) in February. Among respondents that reported needing care, those who did skip visits were more likely to believe that health care workers should be avoided (46% versus 39%). On social media, users expressed concern that hospitals were becoming hotspots for new COVID-19 cases.
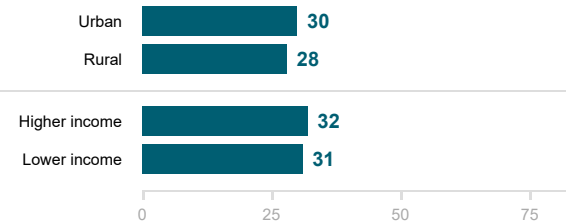
Difficulty getting medicines

Of households that reported needing medicines, a third stated they were not able to access them—comparable to findings in August 2020. Those with longstanding illnesses were significantly more likely to report problems (40% versus 27% those without longstanding illnesses).

*Trend in percent of households having difficulty getting medicines in the past three months*

Aug 2020: 33 — Feb 2021: 29
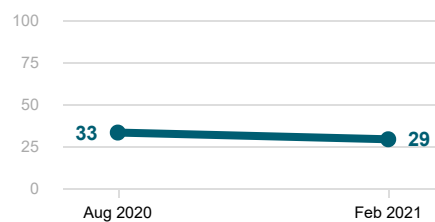
Percent having difficulty getting medicines by category

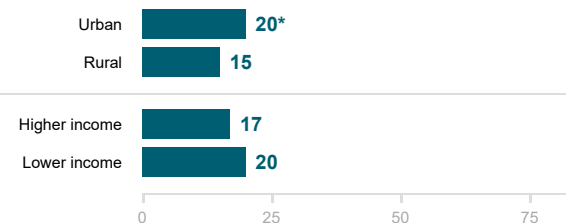| Category	Percent
Urban	30
Rural	28
Higher income	32
Lower income	31

Skipping or delaying health visits

Of households that reported needing health visits, approximately 20% stated they had to skip or delay—an almost 20 percentage point drop since August—with higher rates among urban respondents.

Trend in percent of households skipping or delaying health care visits in the past six months

Aug 2020: 37* — Feb 2021: 18
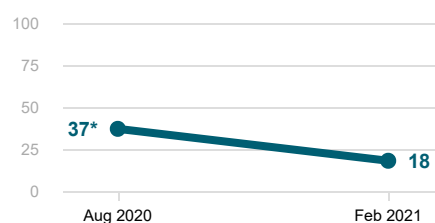
Percent skipping or delaying health care visits by category

Category	Percent
Urban	20*
Rural	15
Higher income	17
Lower income	20

The reasons why visits were skipped or delayed
People could choose multiple responses

Cost/affordability	30%
Worried about catching COVID-19	27%
Health facility disruption	10%
Caretaker responsibilities	9%
Mobility restrictions/transport challenges	8%

The types of visits which were skipped or delayed
People could choose multiple responses

General/routine check-up	37%
Communicable diseases	29%
Diagnostic services/symptoms	28%
Reproductive, maternal and child health	19%
Non-communicable diseases	13%

Secondary Burdens

Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

What the data say

Prior to the pandemic, Côte d'Ivoire was touted for its high-performing economy. However, as of February 2021, nearly 70% of respondents reported experiencing income loss since the start of the pandemic, and only 5% of respondents reported receiving aid from the government in the previous month, comparable to survey results in August 2020 and the lowest in the Western Region.

- Loss of income was most common among households with members suffering from longstanding illnesses (80% versus 68% without), higher perceptions of risk (76% versus 66% with low risk perception), and who are more anxious about resuming normal activities (72% versus 55% of those who are not anxious). This data demonstrates that withdrawing from normal activities due to high risk perception and anxiety has led to serious income loss in the population, which has gone without government assistance.
- High rates of income loss have also severely impacted access to health care (among those who reported missing a health care visit, 30% attributed it to cost/affordability) and food (among those who reported a barrier to access, 56% attribute it to higher food prices and 49% to income loss).
- Approximately 11% of the population in Côte d'Ivoire is food-insecure. In the February survey, almost four in 10 reported reducing the number of meals and/or portion size in the previous week, ten points lower than the regional average (46%). Missing meals was most reported by rural households and among those who have lost income (43% of those who have lost some and 57% of those who have lost all versus 15% of those who have lost no income).
- Economic burdens and food insecurity were the most pervasive narratives in traditional and social media, framing the pandemic as exacerbating economic insecurity and undermining livelihoods.
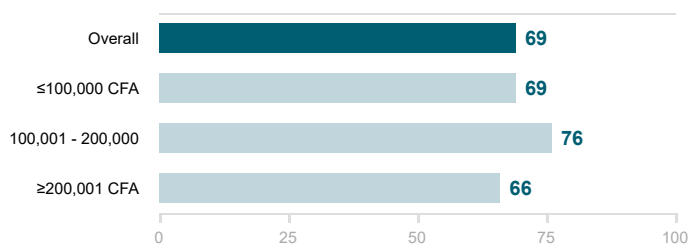
Reported barriers to food access
Percent of people reporting each barrier

Less income	49%
Higher food prices	56%
Food markets closed	28%
Mobility restrictions	29%
Food market supply shortages	38%

Household income

Percent of households experiencing income loss by category

Overall	69
≤100,000 CFA	69
100,001 - 200,000	76
≥200,001 CFA	66

*Household income is significantly associated with income loss.

Percent of households missing meals by category

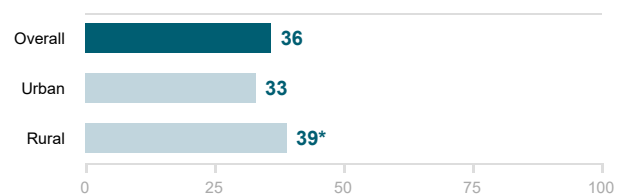|	
Overall	36
≤100,000 CFA	37
100,001 - 200,000	37
≥200,001 CFA	35
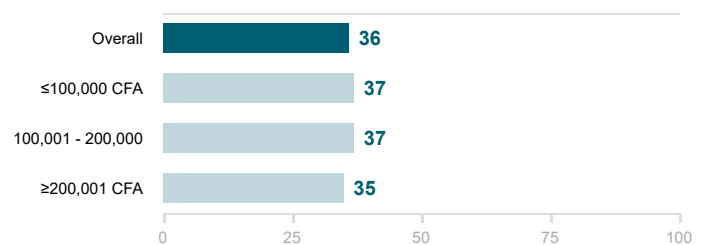
*Household income is significantly associated with missing meals.

Location

Percent of households experiencing income loss by category

Overall	69
Urban	69
Rural	70

Percent of households missing meals by category

Overall	36
Urban	33
Rural	39*
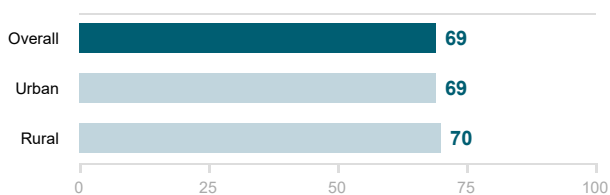
Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess statistical differences. An asterisk (*) indicates statistical significance where $p < 0.05$.

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online dashboard. *For full details on data sources, methods and limitations, see preventepidemics.org/perc.*

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources 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. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is 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.

Country notes

The survey sampled from Côte d'Ivoire consisted of 1,397 adults (663 urban, 734 rural), collected between 13 to 23 February 2021.

Income classifications were based on existing data on local income distributions, which were used to create three income bands, defined as:

- Low income: Monthly household income 100,000 XOF and below
- Middle income: Monthly household income 100,001 XOF - 200,000 XOF
- High income: Monthly household income 200,001 XOF and above