

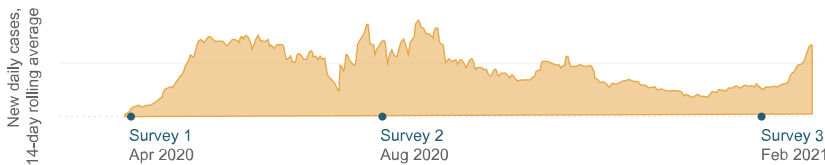
# Finding the Balance: Public Health and Social Measures in Guinea

## What is the purpose of this report?

This report describes findings from a telephone survey with 1,302 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).



### National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	15,894
Cumulative incidence rate per 100,000 people	119
Test positivity rate	8.1%
Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days	
Total confirmed COVID-19 deaths	89
Case fatality ratio	0.6%
Proportion of total reported deaths among all people reported as testing positive for COVID-19	

## What are the highlights from this report?

### Disease Dynamics and PHSM Implementation

Guinea is currently experiencing its highest incidence of newly reported cases since the start of the COVID-19 pandemic, alongside a new outbreak of Ebola virus disease (EVD), which has prompted the government to strengthen internal and cross-border travel restrictions to prevent further spread. The government is planning to roll out a COVID-19 vaccination drive in 2021, and reported vaccine uptake intentions are high.

### PHSM Support and Self-Reported Adherence

While a majority of survey respondents supported individual measures to prevent COVID-19 transmission, support was lower for measures that restricted social gatherings and movement; self-reported adherence was low compared to other African Union (AU) Member States in the Western Region.

### Risk Perceptions and Information

Fewer than one in five survey respondents felt they were personally at risk of catching COVID-19; four in five had already resumed normal activities. This is despite consistent messaging around the risk of transmission from the government and news media and high levels of reported trust in these institutions. More than half of survey respondents also thought that health care workers and people who had recovered from COVID-19 should be avoided.

### Secondary Burdens

Access to medicine, income loss and food insecurity emerged as major challenges for households in the February survey. These burdens are linked; households that had lost income during the pandemic were more likely to report problems securing needed medicine, health care and food.

## Disease Dynamics and PHSM Implementation

# 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

Given that this survey only includes people with access to phones, the sample disproportionately represents the views of those who are more educated (39% of respondents said the head of their household had a university or postgraduate degree) and from higher-income groups (28% of respondents' monthly household income was above 1,923,001 GNF).

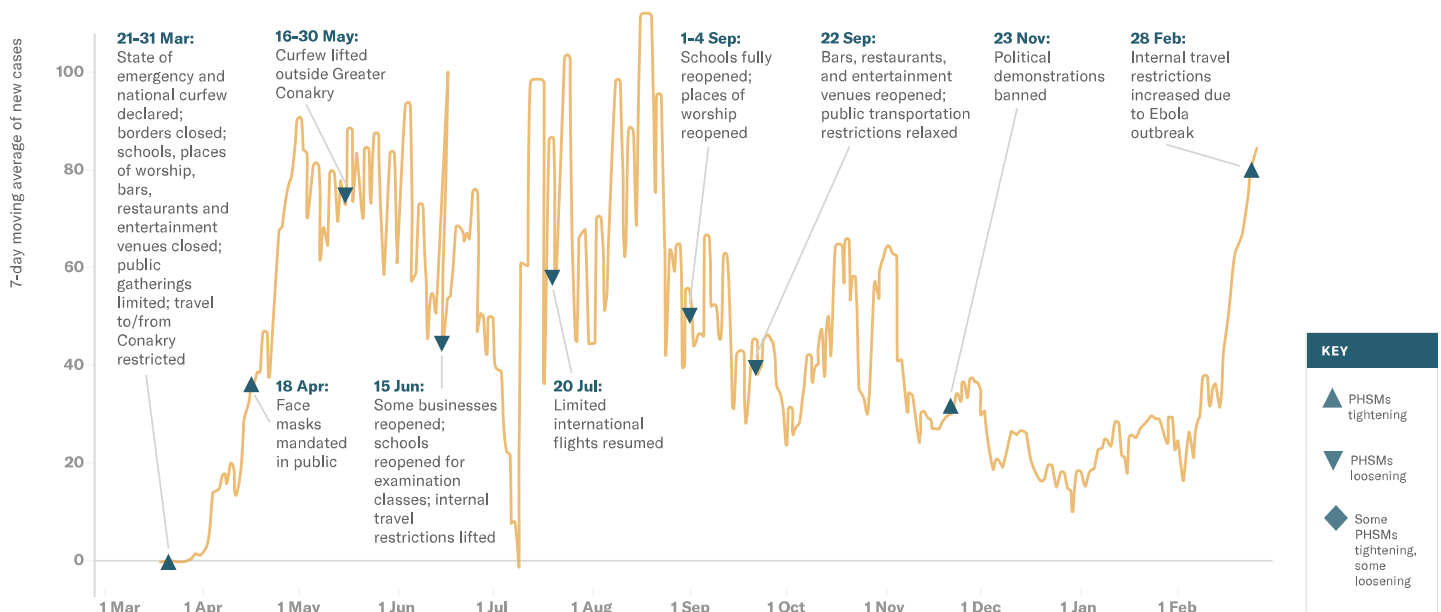
Since the beginning of the COVID-19 outbreak in Guinea in late March 2020, reported cases have fluctuated between a high of around 100 cases per day in mid-August to a low of around 10 cases per day in late December. However, reported cases spiked again in late February 2021, and were higher than the August peak at the time of writing. This surge in COVID-19 cases coincides with the start of Guinea's second [EVD outbreak](#), declared on 14 February in Gouéké, a rural community in the N'Zérékoré prefecture. These are the first EVD cases detected in Guinea since the 2014-2016 West African EVD outbreak. In addition to COVID-19 and EVD, Guinea is also responding to ongoing yellow fever, measles and polio outbreaks; existing public health capacities are likely overstretched and unable to adequately manage all events. In an effort to contain both the COVID-19 and EVD outbreaks, the government announced new internal travel restrictions on 28 February and a strengthening of cross-border surveillance.

There was an uptick in reported cases in the second half of October against the backdrop of the [contested presidential election on 18 October and ensuing protests](#). Traditional and social media reports of widespread non-adherence to mask-wearing and other preventive measures also peaked during the election, despite the campaigns of both President Alpha Condé and the opposition leader Cellou Dalein Diallo urging adherence. Ostensibly to prevent further transmission of COVID-19, the government banned political demonstrations on 23 November, although the measure was [denounced by the opposition](#) as an effort to quell the protest movement.

Testing capacity has varied, with test positivity exceeding 20% at various points in time, most recently in late October 2020. After falling below the WHO-recommended threshold of 5% or less for most of November and December, test positivity rates fluctuated around 5% in January 2021. Test positivity began increasing in mid-February, reaching 8.1% as of 26 February. There have been gaps in reporting of both cases and tests conducted.

Guinea was the first low-income country to begin COVID-19 vaccinations, using an initial 55 doses of Sputnik V vaccine to publicly vaccinate government officials. [Guinea expects to procure 1.6 million additional doses](#) of the Sputnik V vaccine, as well as a [donation of Sinopharm vaccines](#) and Pfizer vaccines through COVAX. The government says it plans to roll out a [mass vaccination campaign](#) in the first quarter of 2021.

## After falling in November and December, reported cases are again rising in Guinea, with few PHSMs in place.



**PHSM Support and Self-Reported Adherence**

# Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

## What the data say

While support for individual measures to prevent COVID-19 transmission remained high, self-reported adherence to these measures was low compared to other Member States in the region. Both support for and self-reported adherence to measures that restrict social gatherings and movement were also relatively low compared to the region and lower than in August, which may reflect the loosening of restrictions during this period.

- Women were more likely to report adhering to all types of measures and to support measures restricting movement, and lower-income households were more likely to support and adhere to measures restricting social gatherings and movement.
- On social media, there was significant discussion of the need for individual measures to prevent transmission. Despite this high expressed support, traditional news media reported widespread non-adherence to measures such as mask-wearing, especially during the election period.

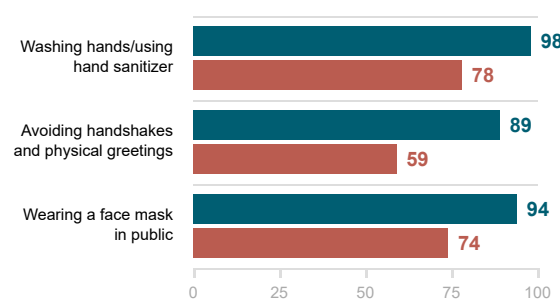
## In the media

A Twitter account representing the campaign of Presidential candidate Cellou Dalein Diallo urged adherence to preventive measures in October 2020: "Dear fellow citizens, COVID is still here. When going to vote for me, wear all your masks to protect yourself and others."

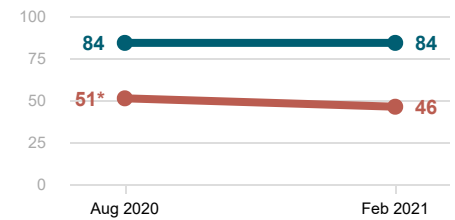
### Individual measures

Support for individual preventive measures remained high, although less than half of survey respondents said they personally adhered to all of these measures in the previous week. Self-reported adherence was lowest for avoiding physical greetings.

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



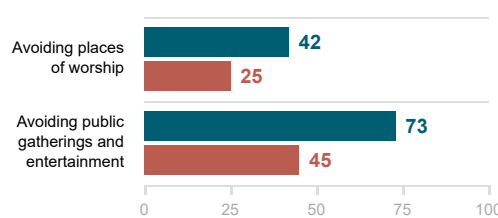
Trend in percent that **support** and **adhere** to all individual measures (composite score)



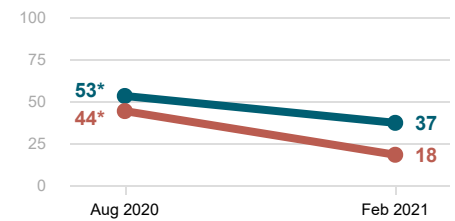
### Measures restricting social gatherings

Both support for and self-reported adherence to avoiding social gatherings were lower in February 2021 than in August 2020. Places of worship and entertainment venues were reopened in September 2020.

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



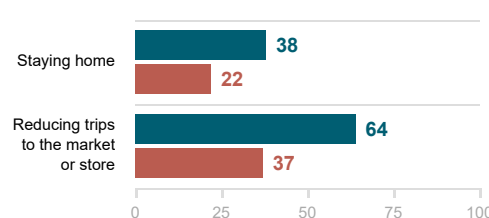
Trend in percent that **support** and **adhere** to all social measures (composite score)



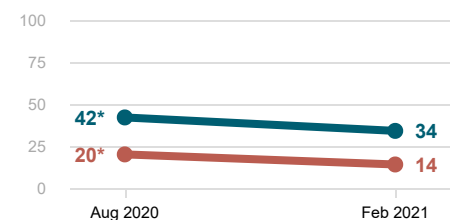
### Measures restricting movement

Both support for and self-reported adherence to staying home and reducing trips to market were lower in February than in August.

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



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



## 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

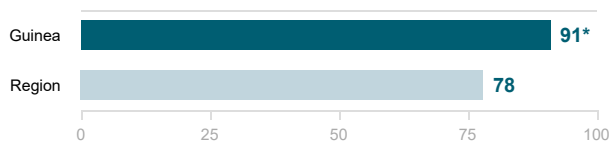
More than nine in 10 survey respondents said they were satisfied with the government's COVID-19 response, higher than the average across other Member States surveyed in the region. This is notable in the context of Guinea's disputed October election, in which the ruling party kept control.

- Satisfaction and trust in institutions were consistent across age and socio-demographic groups.

### What do people think about their country's institutions?

Satisfaction with the government response was slightly higher in February (91%) than in August (84%). The Ministry of Health, international organizations and the media were all highly trusted. Trust in the presidency (81%), the army/military (69%) and police (65%) were lower.

#### 91% are satisfied with the government's pandemic response



#### Top five most trusted institutions and individuals

Percent of people reporting trust in each source

UNICEF	92%
World Health Organization (WHO)	91%
Hospitals/health centers	90%
Media	88%
Ministry of Health	88%

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

Traditional news coverage of both the government's and international organizations' COVID-19 responses skewed positive in Guinea between August and February, while social media users were markedly more critical of the government. President Alpha Condé was widely covered in traditional media outlets urging adherence to PHSMs, but received less pick up on social media.

There was significant criticism among opponents of the ruling party on social media during and after the October 2020 elections, with accusations that the government was using COVID-19 to distract from other issues and crack down on post-election protests. Such criticism often converged with low risk perceptions, expressed as concerns that other issues facing the country posed a greater risk than COVID-19. Despite opposition supporters on social media questioning the risk of COVID-19, the official opposition campaign of Cellou Dalein Diallo called for adherence to PHSMs. Negative sentiment toward the government also [surged in late February](#) on social media, after President Condé was quoted likening Guinean citizens to "[turtles](#)" for being afraid of COVID-19.

#### In the media

Referring to President Condé and his supporters, one Facebook user wrote in February: "Turtles know nothing but torture, but you can cheat all the people some of the time and some of the people all the time but never all the people and all the time."

**Risk Perceptions and Information**

# 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.

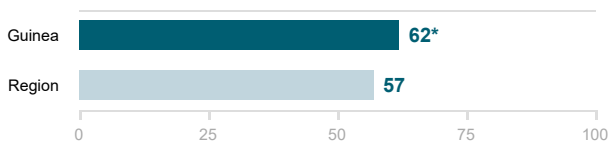
**What the data say**

While a majority of survey respondents agreed that COVID-19 would affect many of their fellow citizens, fewer than one in five thought they were personally at risk of catching the virus, the lowest share in the region. Guinea's cumulative per capita incidence of reported cases is lower than some Member States in the region (Côte d'Ivoire, Ghana and Senegal) but higher than Liberia and Nigeria.

- While perceived risk of catching COVID-19 was low, perceived severity was high; two-thirds of survey respondents said the disease would seriously affect their health if they were infected.
- Perceptions of severity were slightly higher among women (69% compared to 63% among men), rural residents (69% compared to 62% among urban residents) and lower-income respondents (72% compared to 63% among higher-income respondents).
- While survey respondents reported low perceived risk, messages conveying high risk of transmission were predominant in both traditional media and social media coverage of COVID-19, especially as the EVD outbreak came to light in February. However, overall news coverage and social media engagement related to COVID-19 declined steadily since its peak in April and May 2020, suggesting that COVID-19 became a less prominent concern for many people over time.
- More than half of survey respondents believed that health care workers and people who have recovered from COVID-19 should be avoided, beliefs which may lead to stigma or cause people to forego necessary health services. These beliefs were more common in Guinea than in other Member States in the region. However, stigma against COVID-19 patients or health care workers was rarely expressed on social media.

**How do people understand the risk of COVID-19?**

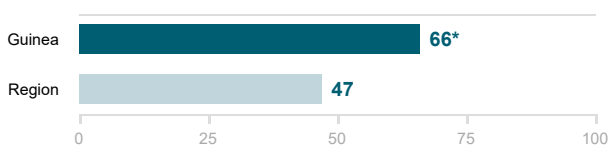
**62% believe that COVID-19 will affect many people in their country**



**18% believe that their personal risk of being infected with COVID-19 is high**



**66% believe that their health would be seriously affected by COVID-19**



**Do people stigmatize others?**

**56% think they should avoid health care workers because they could get COVID-19 from them**

**54% think they should avoid people who have had COVID-19 in the past because they remain infectious**

**Do people believe accurate information?**

**82% understand that infected people may never show symptoms but could still infect others**

**74% understand that infected people may not show symptoms for five to 14 days**

**48% believe that COVID-19 can be cured with herbal remedies**

**Risk Perceptions and Information**

# How are perceptions of risk informing actions?

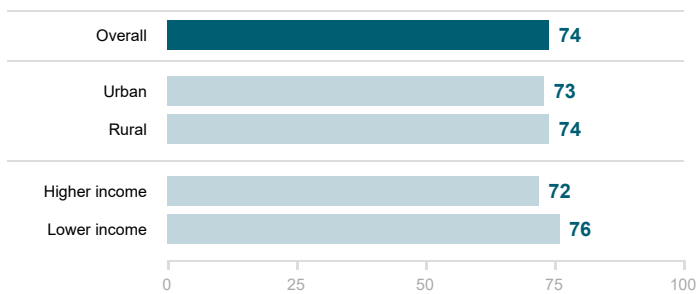
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

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

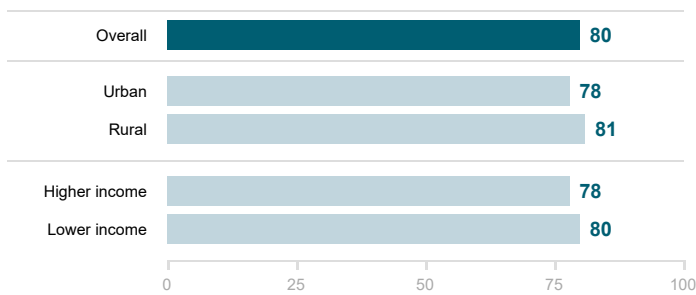
In line with low risk perceptions, survey respondents largely reported having resumed their normal activities (80%). At the same time, 74% said that resuming activities made them anxious. These rates were consistent across socio-demographic groups.

- People who thought they were at low risk of catching COVID-19 were more likely to have resumed normal activities (84%) than those with high risk perceptions (71%).

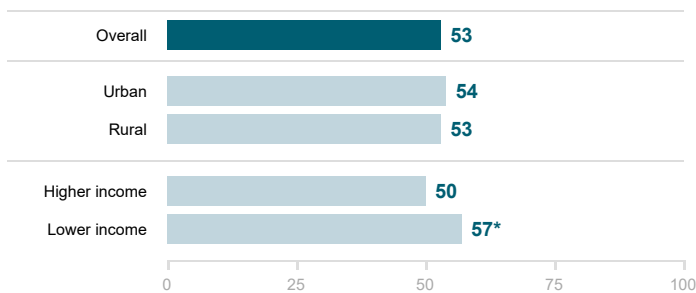
### 74% feel anxious about resuming normal activities



### 80% have already resumed normal activities because they believe COVID-19 risk is low



### 53% feel comfortable taking public transportation

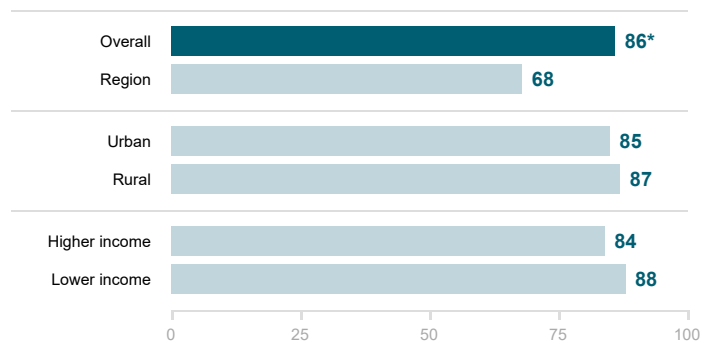


## What do people think about vaccines?

Vaccine uptake intentions were high in Guinea across all socio-demographic groups, with 86% of survey respondents saying they planned to get a vaccine when available. Among people who said they would not get vaccinated, the most commonly cited reason was low risk of infection.

- The procurement of an initial 55 doses of Sputnik V vaccine in December, and the televised vaccination of public leaders, received high positive coverage in traditional news media outlets. Discussion on social media was also predominantly positive, although some users criticized the public vaccinations as self-interested.

### 86% plan to get a vaccine when available



### 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	38%
I believe vaccines can give you the disease they are designed to protect you against	16%
I do not trust vaccines/health authorities	14%

### In the media

On receiving the vaccine in December 2020, Amadou Damaro Camara, the president of the National Assembly was quoted by the Associated Press as saying: "We are the guinea pigs...It is the government's permanent concern to want to fight against this disease and we are very happy about it. We hope that this vaccination will be extended to the rest of the people and that it will be the beginning of the eradication of this disease."

## 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

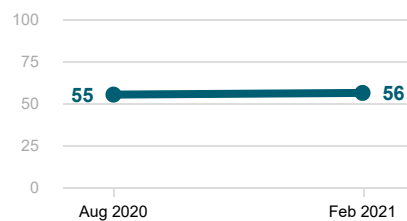
Among households needing health care or medication, about one in four reported missing visits in the previous six months and more than half reported recent difficulty getting medications.

- Among households that missed visits, both costs of care and concerns about COVID-19 risk were frequently cited.
- Access to both medicine and visits was more challenging for households in which the respondent had a longstanding illness or households that had lost income during the pandemic. The latter link underlines the connection between economic burdens and access to health care.
- While most missed visits were for general or routine care, 9% were for fever or chills and 12% for malaria, both of which have symptoms that could overlap with COVID-19, suggesting that some cases may have been going undetected.

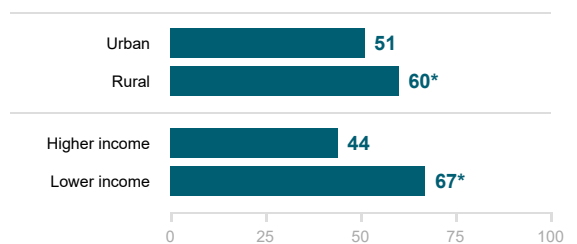
### Difficulty getting medicines

Challenges with accessing medicine have remained consistent since August, with rural and lower-income households more likely to report barriers.

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



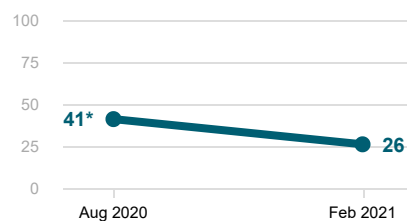
Percent having difficulty getting medicines by category



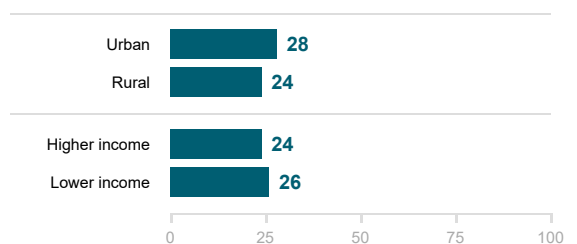
### Skipping or delaying health visits

The share of households needing care that reported missing visits in the previous six months was lower in February than in August, although one in four households still said they had skipped or delayed needed visits.

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



Percent skipping or delaying health care visits by category



#### The reasons why visits were skipped or delayed

People could choose multiple responses

Cost/affordability	22%
Worried about catching COVID-19	18%
Health facility disruption	14%
Mobility restrictions/transport challenges	9%
Caretaker responsibilities	8%

#### The types of visits which were skipped or delayed

People could choose multiple responses

General/routine check-up	58%
Diagnostic services/symptoms	16%
Reproductive, maternal and child health	17%
Communicable diseases	12%
Non-communicable diseases	6%

**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**

More than three-quarters of survey respondents said that their household income had fallen during the COVID-19 pandemic, and nearly half of households were reducing food consumption.

- All socio-demographic groups were affected by economic burdens, although rural households were more likely to report reducing food consumption.
- Households that had lost income during the pandemic were more likely to report all barriers to food access.
- The most frequently cited barrier to food access was higher food prices. In traditional and social media, rising food prices and food insecurity were linked to the impact of border closures and travel restrictions on agriculture and food supply chains.
- With support from the [World Bank](#), [World Food Programme](#) and others, Guinea's National Agency for Economic and Social Inclusion launched a six-month cash transfer program in June 2020 that aimed to reach 1.6 million people (about 13% of the population).
- When this survey was conducted in February 2021, almost no respondents reported receiving cash assistance from the government, but 23% said they had benefited from government utility waivers, which were launched in April 2020; higher-income households were more than twice as likely to benefit (36% compared to 14% of lower-income households).

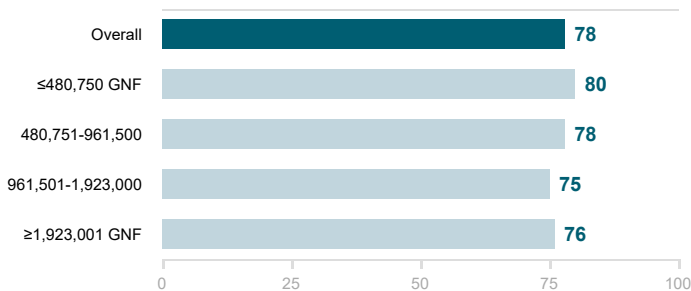
**Reported barriers to food access**

Percent of people reporting each barrier

Less income	69%
Higher food prices	77%
Food markets closed	56%
Mobility restrictions	46%
Food market supply shortages	64%

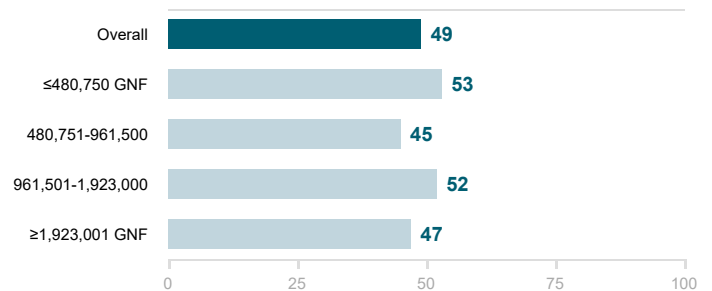
**Household income**

Percent of households experiencing **income loss** by category



\*Household income is significantly associated with income loss.

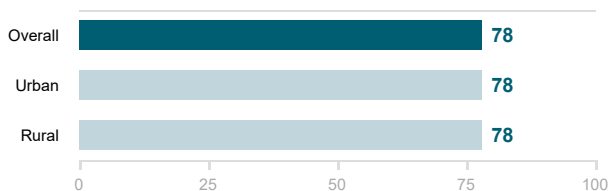
Percent of households **missing meals** by category



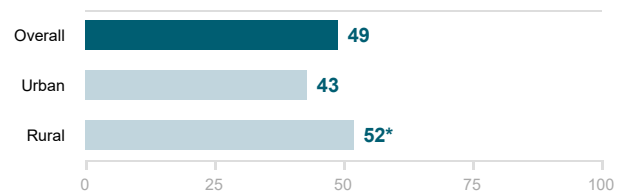
\*Household income is significantly associated with missing meals.

**Location**

Percent of households experiencing **income loss** by category



Percent of households **missing meals** by category





## Appendix

## 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](http://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 Guinea consisted of 1,302 adults (546 urban, 756 rural), collected between 12 to 23 February 2021.

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

- Lower-income: Monthly household income 480,750 GNF and below
- Lower-middle income: Monthly household income 480,751 GNF - 961,500 GNF
- Higher-middle income: Monthly household income 961,501 GNF - 1,923,000 GNF
- Higher-income: Monthly household income 1,923,001 GNF and above