Finding the Balance: Public Health and Social Measures in Liberia

What is the purpose of this report?

This report describes findings from a telephone survey with 1,313 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	2,010
Cumulative incidence rate per 100,000 people	40
Test positivity rate Proportion of people who test postive for COVID-19 among all people who took a test, averaged over 7 days	1.1%
Total confirmed COVID-19 deaths	85
Case fatality ratio Proportion of total reported deaths among all people reported as testing positive for COVID-19	4.2%

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

Liberia has reported fewer cases of COVID-19 than other African Union Member States in the Western Region, with just over 2,000 in total as of February 2021. Incidence has remained low since the first wave of transmission in June 2020, although there was an uptick in December 2020 after nationwide senatorial elections. Cases decreased again by February, although epidemiological trends should be interpreted with caution due to infrequent reporting of data. The only PHSMs currently in place in Liberia are a mask mandate and capacity restrictions on gatherings and at public venues.

PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to all PHSMs have declined since August. Low adherence may reflect the fact that few measures are mandatory in Liberia. While approximately three-quarters of respondents expressed trust in government institutions—including the president and the Ministry of Health—this is less than almost all other surveyed Member States in the Western region.

Risk Perceptions and Information

Despite fewer reported COVID-19 cases in Liberia, respondents reported higher levels of personal risk perception compared to the regional average. While more than half of respondents believed COVID-19 would affect their country (57%), significantly fewer thought COVID-19 would affect them personally (34%), in line with regional trends.

Secondary Burdens

Survey data showed meaningful economic disparities in accessing essential medical care in Liberia: respondents that lost some or all of their income since the start of the pandemic reported greater trouble accessing medication than those that lost no income. The economic consequences of the pandemic have also exacerbated food insecurity in Liberia, with more than 90% of households reporting some barrier to food access.

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

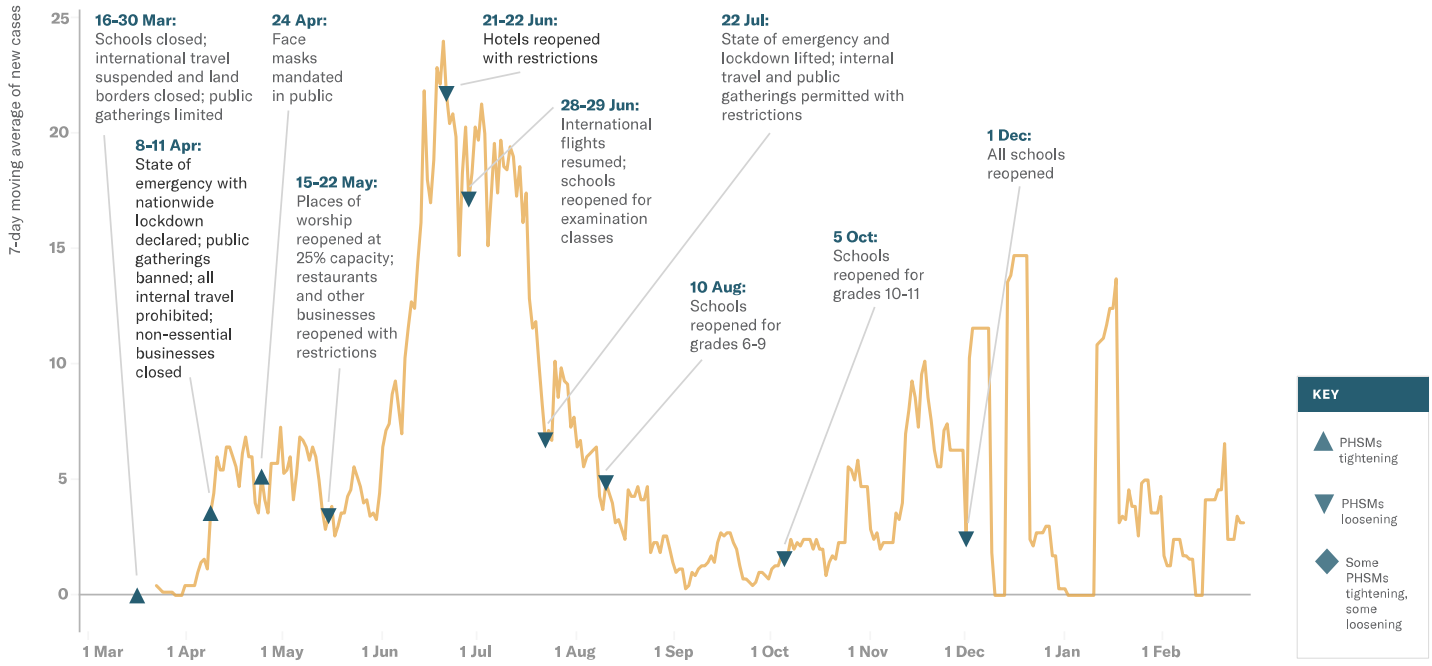
Despite a recent uptick, COVID-19 transmission has remained very low in Liberia since the first wave in June 2020. On 16 December 2020, Liberia reported 95 new cases—its highest single-day total since the start of the pandemic—shortly after nationwide senatorial elections were held with reportedly little observation of COVID-19 safety protocols. Cases have since declined, with the 7-day moving average hovering between two and four new cases per day in February. Incidence and test positivity remain low compared to other countries in the Western region. However, the case-fatality ratio in Liberia is the highest in the Western region, which could indicate cases are going undetected, or there may be a lack of access to adequate care. Given the elevated case-fatality ratio the surveillance and testing strategy may need to be adjusted to ensure that all cases are being identified.

There have been no new PHSMs implemented in Liberia since April 2020. Multiple reports have noted a public disregard for individual protective measures such as mask-wearing and social distancing, which some officials warn may have contributed to the recent increase in cases.

Liberia received 96,000 doses of the AstraZeneca vaccine from the World Health Organization's (WHO) COVAX facility in March and will begin priority administration to health care workers.

Liberia is experiencing an influx of migrants from neighbouring Côte d'Ivoire, where political instability has forced more than 23,000 refugees to flee to Liberia as of January 2021. Cases of Ebola were also identified near the Liberian border in Guinea Conakry; the president ordered health authorities to increase surveillance and preventive measures to avoid an outbreak. All suspected cases have so far tested negative.

New cases began to rise slightly in December 2020 after most restrictions put in place during the first wave were loosened. Infrequent reporting of data helps explain the variation in the epidemic curve below.



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

Support for and self-reported adherence to all PHSMs in Liberia has declined since August 2020. The lack of mandates may have contributed to low PHSM adherence.

- Lower-income respondents reported less adherence than higher-income respondents to nearly all PHSMs, particularly social measures (20% vs. 33%), suggesting an economic barrier to compliance.
- Adherence to individual measures in particular has declined, with an 11 percentage point decrease in adherence overall. Notably, there was an eight percentage point drop in adherence to avoiding physical greetings since August.
- Traditional and social media reported high levels of non-adherence to social distancing and mask wearing at large public events, specifically at polls during the December elections and football matches.

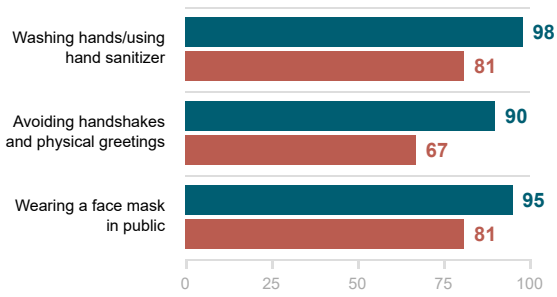
In the media

In response to photos showing no enforcement of PHSMs at a football game in Liberia, one Facebook user commented “Corona has nothing on us!!!! God be praise!!!!” - 31 January 2021

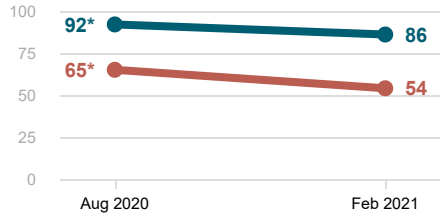
Individual measures

Support for and adherence to all individual measures has decreased since August. Adherence to mask-wearing decreased significantly since August, as did access to face masks.

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



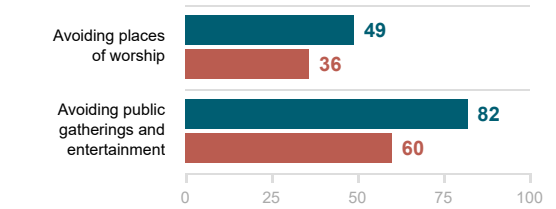
*Trend in percent that **support** and **adhere** to all individual measures (composite score)*



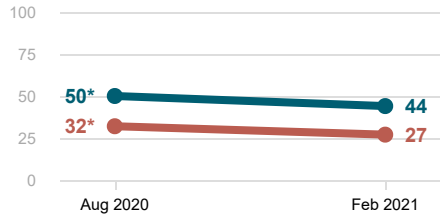
Measures restricting social gatherings

Since August, support for social restrictions has declined, driven largely by decreased support for avoiding public gatherings. Support for and adherence to this measure decreased by seven and 11 percentage points, respectively.

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



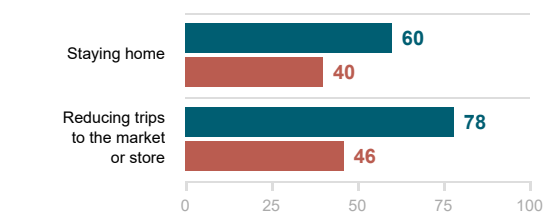
*Trend in percent that **support** and **adhere** to all social measures (composite score)*



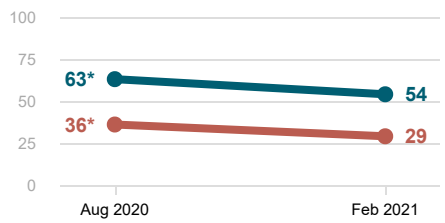
Measures restricting movement

Measures restricting movement continue to be unpopular among respondents, most likely related to the economic burden associated with adherence.

*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

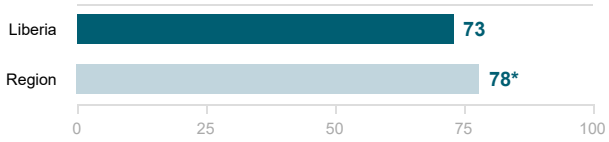
Reported satisfaction with the government's response was similar to August, but trust in nearly all institutions decreased. Regional and international health organizations remained the most trusted authorities in Liberia, although respondents reported lower trust in the Ministry of Health since August.

- Male respondents reported a significant increase in satisfaction for the government's response (from 67% in August to 75%). This is consistent with additional survey results that show male respondents reported a fivefold increase in receiving food assistance from the government since August.
- Although the Director of the National Public Health Institute of Liberia (NPHIL) was dismissed in September amidst allegations he mishandled the epidemic, this institution remained one of the most trusted in Liberia (78%). There was a new Acting Director at the time of this survey, which may have influenced public sentiment.
- Traditional healers have remained the least trusted sources on COVID-19 since August, with reported trust from only 26% of respondents. Rural respondents were more likely to trust traditional healers (30%) than urban respondents (21%), and trust was especially high among those who did not complete secondary education (34%). Notably, these groups were also more likely to believe in the efficacy of herbal remedies.

What do people think about their country's institutions?

Respondents in Liberia reported lower satisfaction (73%) in their government's response to COVID-19 than the regional average; this is the second-lowest approval rating in the Western Region after Nigeria (65%). Trust in the president was also lower than the regional average (67% vs. 71%), and second lowest in the region after Nigeria (53%).

73% are satisfied with the government's pandemic response



Top five most trusted institutions and individuals

Percent of people reporting trust in each source

World Health Organization (WHO)	86%
UNICEF	83%
Africa Center for Disease Control (Africa CDC)	82%
Ministry of Health	79%
National Public Health Institute	78%

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

In September, there were media reports claiming that the government had mishandled hazard pay for frontline workers. In a video aired on PowerTV in October, a health worker described the poor conditions in Liberian hospitals and claimed that they had not received pay for months. Contact tracers joined the health care worker protests in September, for better pay and benefits. Similar to trends seen in other Member States, social media users in Liberia often cited government hypocrisy and corruption, criticizing officials for personally violating the same measures they enforce among the population.

In the media

One critic of the government's response to the health worker strike told RFI in September 2020: "Given that the health workers are absent, it's just a matter of time before the entire health care delivery system crumbles and the death toll among patients increases exponentially."

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.

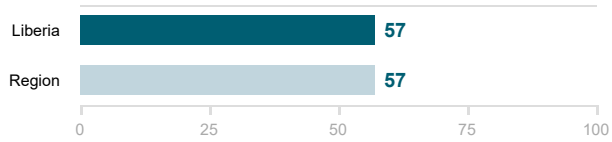
What the data say

Almost three in five respondents (57%) believed that COVID-19 would affect their country, but far fewer (34%) believed they would personally be affected by the virus. Low personal risk perception may be related to the fact that few respondents knew someone who had tested positive to COVID-19 (12%), and therefore had little personal experience with the virus. Since August, perceived levels of risk have remained similar.

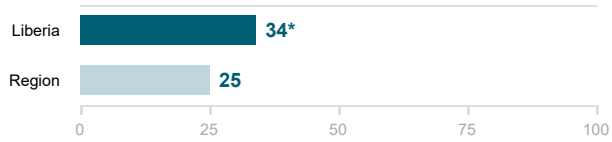
- Relative to other Member States in the Western Region, respondents in Liberia reported higher personal risk perception of COVID-19 and a greater belief that, if infected, their health would be seriously affected. Risk perception may be comparatively higher based on lessons learned from Liberia's previous experience with severe disease outbreaks, most recently the Ebola epidemic in 2014-2015.
- Compared to other Member States in the region, respondents in Liberia reported the lowest levels of belief in herbal remedies (34%). Rural and higher-income respondents were more likely than urban and lower-income respondents to report a belief in the efficacy of herbal remedies (40% for rural vs. 30% for urban; 41% high income vs. 31% for low income).
- Half of respondents believed that health care workers should be avoided to prevent COVID-19 infection. This number was higher among those who reported missing a health care visit (54%) than those who did not (48%), suggesting that misinformation may be preventing people from seeking necessary care.

How do people understand the risk of COVID-19?

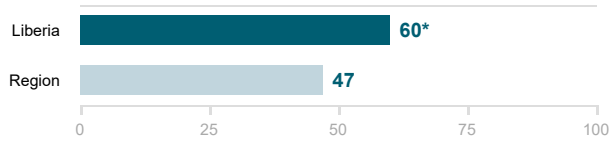
57% believe that COVID-19 will affect many people in their country



34% believe that their personal risk of being infected with COVID-19 is high



60% believe that their health would be seriously affected by COVID-19



Do people stigmatize others?

50% think they should avoid health care workers because they could get COVID-19 from them

47% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

78% understand that infected people may never show symptoms but could still infect others

69% understand that infected people may not show symptoms for five to 14 days

34% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

How are perceptions of risk informing actions?

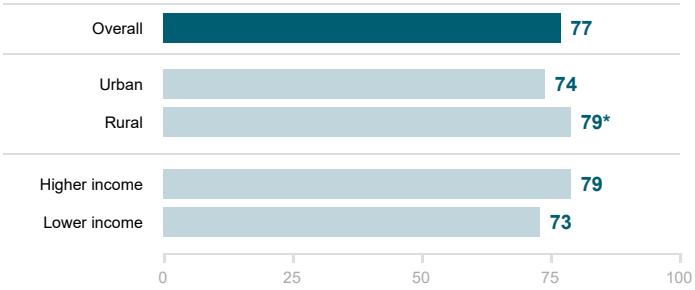
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

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

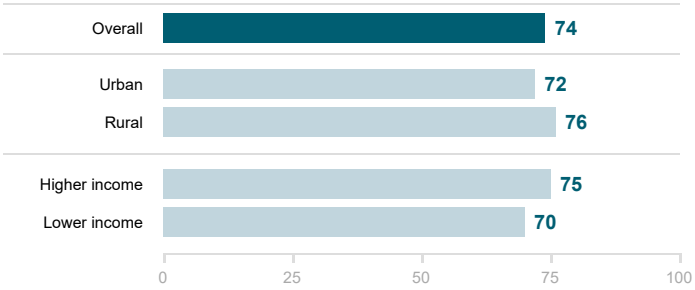
More than three-fourths of respondents felt anxious about resuming normal activities (77%). Despite this, an almost equal number of respondents (74%) reported having already resumed daily activities.

- Rural respondents reported greater anxiety at the thought of resuming normal activities (79%) than urban respondents (74%), although this did not manifest in their behavior, as similar levels of rural and urban respondents reported having already resumed activities.
- More respondents reporting no income loss since the pandemic began have resumed normal activities (79%) than those who lost all (66%) or some (74%) of their income, suggesting motivations beyond economic necessity.

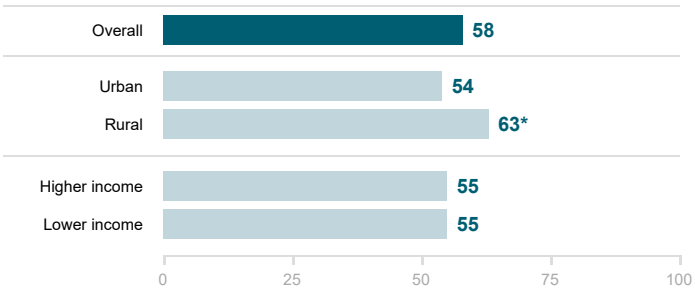
77% feel anxious about resuming normal activities



74% have already resumed normal activities because they believe COVID-19 risk is low



58% feel comfortable taking public transportation



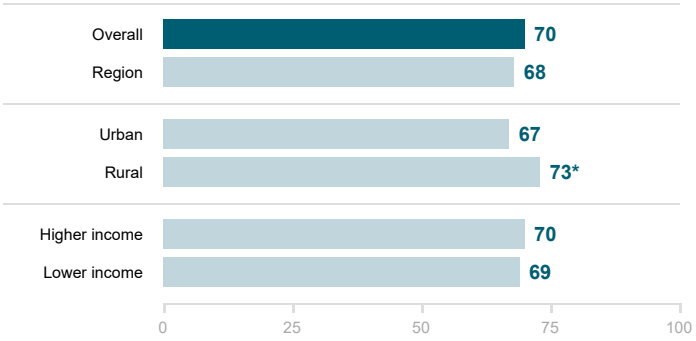
What do people think about vaccines?

The majority of respondents in Liberia would definitely or probably get a COVID-19 vaccine (70%), on par with regional findings (68%).

Among respondents who did not plan to get vaccinated, about one in three (34%) stated they needed more information. In line with the low reported personal risk perception, about one in four respondents said they did not need the vaccine because they were not at risk of catching COVID-19.

Liberia has received 92,000 doses of the AstraZeneca vaccine from WHO's COVAX facility, and will begin priority administration to health care workers and government officials.

70% 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 yet know enough about the vaccine to make a decision	34%
I do not feel I am at risk of catching the virus	26%
I believe vaccines can give you the disease they are designed to protect you against	17%

In the media

"It is concerning to consider how unequal #COVID19 vaccine distribution could increase inequality between countries. Global leaders must recognize that vaccines are a global good, and must act now to ensure equal access for people in ALL countries."

—Former Liberian President Ellen Johnson Sirleaf, Twitter, 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

Among respondents who reported that they or someone in their household needed health care or medication, 28% skipped or delayed services in the previous six months and 65% reported difficulty obtaining medication in the previous three months—on par with findings from August 2020. The cost of health visits was the most common reason cited for skipping or delaying needed care (26%).

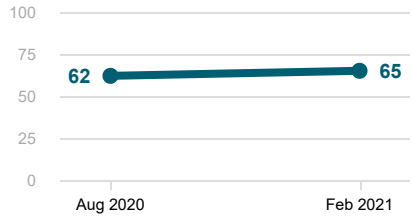
Respondents with high risk perception were more likely to skip or delay a health visit (32%) than those with low risk perception (25%). Respondents with high risk perception were also more likely to believe that health care workers should be avoided to prevent transmission, which may contribute to their greater tendency to skip or delay care.

Among respondents reporting skipped health visits, 13% said they delayed treatment for fever/chills (common symptoms of COVID-19), an increase from 0% in August. Fever is also a potential sign of other diseases endemic to Liberia, including Lassa fever, of which there is currently a reported outbreak.

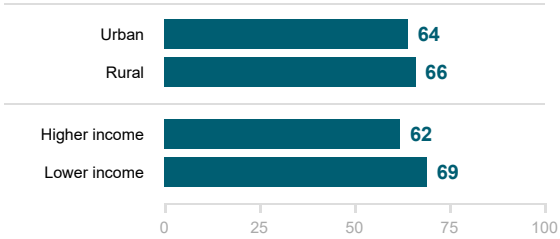
Difficulty getting medicines

More than three in five respondents reported difficulties accessing needed medication in the past three months, the highest number in the Western region. Lower-income respondents seemed to face more difficulties accessing medicine than high-income respondents.

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



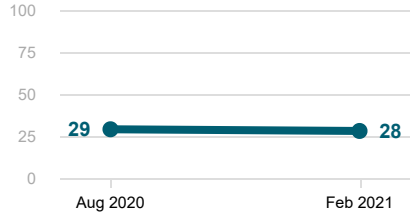
Percent having difficulty getting medicines by category



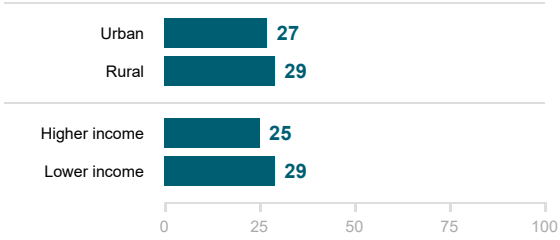
Skipping or delaying health visits

The share of households that reported skipping or delaying a needed health visit has remained the same since August 2020.

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	26%
Caretaker responsibilities	12%
Health facility disruption	8%
Mobility restrictions/transport challenges	7%
Worried about catching COVID-19	6%

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

General/routine check-up	51%
Diagnostic services/symptoms	22%
Communicable diseases	18%
Reproductive, maternal and child health	18%
Non-communicable diseases	16%

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 respondents reported losing some or all of their income since the start of the pandemic (78%), on par with the average in the Western Region (77%). Liberia was already managing the economic fallout of the Ebola outbreak in 2014-2015, which has been exacerbated by the COVID-19 pandemic.

- The government, in partnership with international agencies, has been supporting some of the most vulnerable populations though cash transfers to women and the poor.
- Almost one in five respondents reported receiving government support of some kind (17%), a significant increase since August (7%). Women received two times more government support since August (16% vs. 8%). Most of this assistance was in the form of food.

Reported barriers to food access

Percent of people reporting each barrier

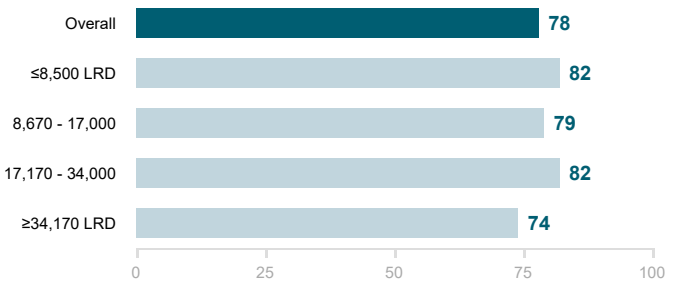
Less income	76%
Higher food prices	79%
Food markets closed	55%
Mobility restrictions	52%
Food market supply shortages	66%

Almost two million Liberians (about 32% of the population) are moderately or severely food-insecure. Prices for staple foods were increasing before the pandemic due to inflation and currency depreciation, and COVID-19 has further exacerbated this issue.

- More lower-income respondents reported reducing the quantity of meals they usually eat (77%) than higher-income respondents (68%), illustrating the economic disparities in food security.
- Multiple delays in the distribution of food assistance received negative coverage in media. Months after a partnership between the Liberian government and the World Food Programme was announced, few people had received any support, and a report was released estimating food distribution would take more than four years to complete. In November, media reported that food assistance was on its way to Grand Bassa, and reached Margibi and Nimba counties in December.

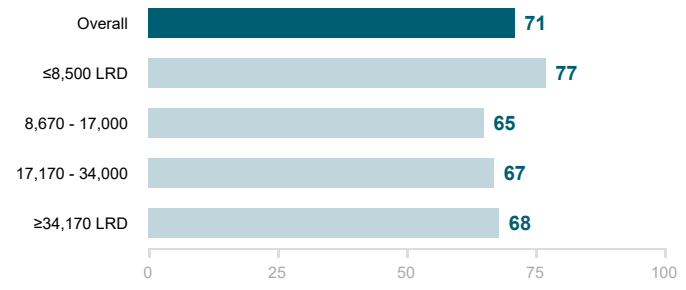
Household income

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



*Household income is significantly associated with income loss.

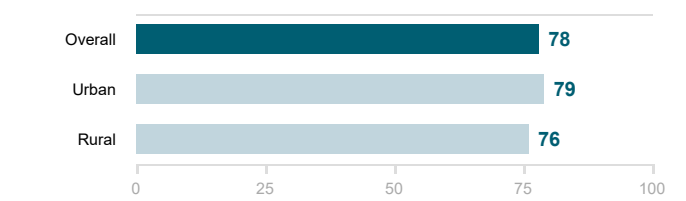
*Percent of households **missing meals** by category*



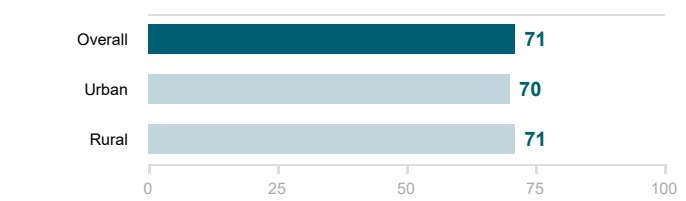
*Household income is significantly associated with missing meals.

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.*

- 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 Liberia consisted of 1,313 adults (746 urban, 567 rural), collected between 13 to 25 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 8,500 LRD and below
- Lower-middle income: Monthly household income 8,670 - 17,000 LRD
- Higher-middle income: Monthly household income 17,170 LRD - 34,000 LRD
- Higher-income: Monthly household income 34,170 LRD and above