

Finding the Balance: Public health and social measures in DRC

This report describes findings from a telephone survey with 1,301 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the Ministry of Health National Health Ethics Committee to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the [first](#), [second](#) and [third](#) reports).

What are the highlights from this report?

Situational Awareness

The Democratic Republic of the Congo (DRC)'s third wave of new infections began in June 2021 and peaked at 370 new reported cases per day before receding in August. While larger than previous waves, the peak caseload only represented four per million people. DRC has faced numerous outbreaks and ongoing conflict that have complicated COVID-19 response efforts.

PHSM Support and Self-Reported Adherence

Since February 2021, support has fallen sharply for the types of PHSMs the government implemented (and subsequently lifted) during the most recent wave, including restrictions on gatherings and movement.

Information and Risk Perception

Perceptions of personal risk of COVID-19 were low, aligning with relatively few reported COVID-19 cases and multiple other national concerns. Low risk perception was associated with lower levels of support for PHSMs and lower reported likelihood of getting vaccinated.

Vaccine Beliefs and Uptake

Vaccine intention, while low among African Union Member States surveyed, was higher than in February 2021. With 60% of respondents reporting either receiving at least one dose or planning to get the vaccine, results suggest there is considerable unmet demand among unvaccinated people in DRC, where less than 0.1% of the population has been vaccinated as of 3 Oct 2021.

Secondary Burdens

High levels of income loss (77%) and missed meals (47%) persisted from previous rounds of surveys. Notably, nearly three in four respondents reported high food prices as a barrier to food access, reflecting nationwide [rising food prices](#) since the start of the pandemic.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	<0.1%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	816,810
Cumulative incidence per 100,000 people	64
Total reported cases	57,046
Total confirmed COVID-19 deaths	1,087

Data source: Africa Centres for Disease Control and Prevention

What are the key trends from this survey?

Low caseload and testing capacity and high secondary burdens, in addition to other multiple high-impact outbreaks, have contributed to low risk perception and decreasing support for PHSMs.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	66%	↓ 53%	↓ 43%
Personal risk perception	25%	→ 26%	→ 22%
Satisfaction with government response	82%	→ 79%	↓ 66%
Vaccinated/likely to get vaccinated	*	52%	↑ 60%
Income loss since pandemic start	75%	→ 78%	→ 77%

* Vaccines were unavailable at the time of the survey

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



Situational Awareness

What is the situational context influencing COVID-19 response?

Note: The people most affected by ongoing conflict in North Kivu, Ituri and surrounding areas were likely not included in this sample. As with the February 2021 survey, a large share of survey respondents came from households that are more highly educated (69% of the survey sample completed some university schooling or more) and higher income (32% of respondents claimed to be in the highest income category).

Beginning in early June 2021, DRC experienced its third and largest wave of new COVID-19 infections, which peaked at 370 new daily reported cases in mid-August. As case counts rose, the government enacted a new suite of PHSMs that remained in effect until mid-August, just prior to the fielding of this survey, when curfews were mostly lifted and capacity limits relaxed. Testing capacity has remained a challenge, particularly in rural and remote areas, throughout the pandemic, suggesting that many cases have gone undetected. The Delta variant was [first detected](#) on 20 Apr 2021 and likely a driver in the recent wave of infections. To date, COVID-19 has killed [32 members of parliament](#) (5% of all members), igniting rumors around their cause of death.

Numerous security challenges, outbreaks and natural disasters have challenged DRC's ability to combat COVID-19 this year. Beginning in late April, renewed violence between militant groups and the government in Ituri and North Kivu has caused hundreds of civilian deaths, and displaced over [20,000 people](#). DRC is also facing outbreaks of [meningitis](#) and [typhoid fever](#), in addition to monkeypox, cholera, plague and yellow fever. Earlier this year, an Ebola outbreak in North Kivu was [swiftly contained](#), but required 500 frontline workers; in early October, another Ebola outbreak [was detected](#) near Beni. For three weeks in July, public sector doctors led a [nationwide strike](#) seeking better pay and administrative support. Earlier in May, the [eruption of Mount Nyiragongo](#) near the city of Goma overwhelmed local hospitals, displacing over [500,000 people](#), and killing 31.

DRC has had virtually no COVID-19 vaccine supply for most of 2021 and currently has among the lowest vaccination rates in the world. It received its first shipment of AstraZeneca vaccines from the COVAX facility on 3 Mar 2021, but most went unused (and were ultimately [reallocated to neighboring countries](#)) after the government paused rollout in the wake of the European Union's suspension to investigate serious adverse events. It was not until September, when DRC received its next major shipment of vaccines, this time Moderna, that President Felix Tshisekedi and his wife publicly [received their first doses](#) and the country began its vaccination campaign. To date, only 136,000 people have received at least one dose of a vaccine (< 0.1% of the population) and 36,000 have been fully vaccinated.

DRC implemented new PHSMs during the peak of new infections in June 2021 before relaxing them in August



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

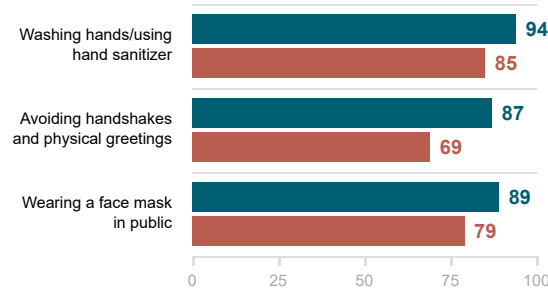
Overall, support for and self-reported adherence to PHSMs was low in DRC, relative to both previous surveys and other Member States. Support for recently instituted PHSMs saw especially steep declines, raising concerns around future compliance.

- Support for restrictions on social gatherings and places of worship – in place from mid-June through mid-August 2021 – was lower than in February 2021 and the lowest among all Member States surveyed. Such measures became highly political, as accusations mounted that the government was using these PHSMs to control opposition, particularly after [demonstrations](#) about the independence of the electoral commission turned violent in July.
- Support for individual measures, such as hand-washing and wearing a face mask, remained at about 90%; however, self-reported adherence has steadily declined since August 2020. With low vaccination coverage, these interventions may need to remain in place for the foreseeable future. As such, the government may consider leveraging support for measures used to mitigate other outbreaks – such as cholera and typhoid – to improve adherence to hand washing and other individual PHSMs.
- Those expressing high perceptions of personal COVID-19 risk reported higher levels of support for and self-reported adherence to PHSMs than those with low risk perception.

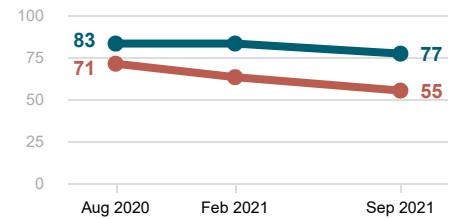
Individual measures

Support for individual measures has declined slightly since August 2020; however, because support for and adherence to individual measures was highly correlated with level of education, these results may be skewed upwards based on the profile of the surveyed population.

Support for and adherence to each individual measure in Sep 2021



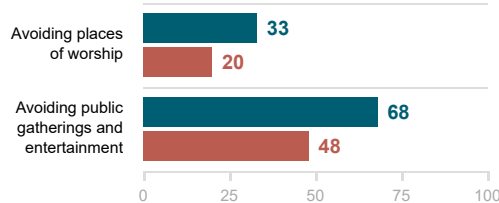
Trend in support for and adherence to all individual measures (composite score)



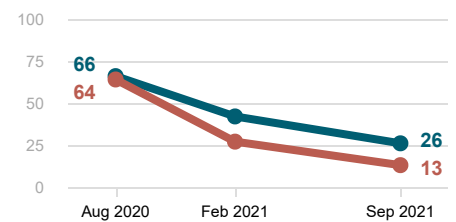
Measures restricting social gatherings

Already low in February 2021, both support for and self-reported adherence to measures restricting social gatherings dropped further in September.

Support for and adherence to each social measure in Sep 2021



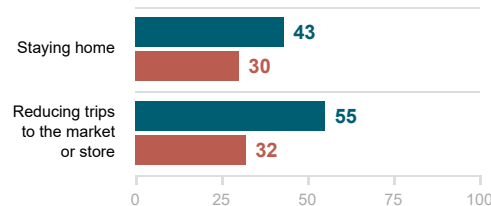
Trend in support for and adherence to all social measures (composite score)



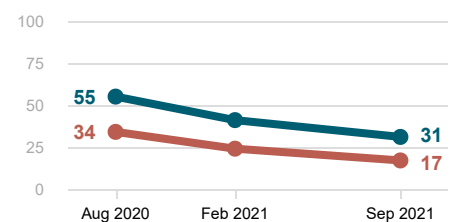
Measures restricting movement

Support for staying home dropped by 10 percentage points since February 2021; support for reducing trips to the market was the lowest among all Member States surveyed, reflecting high levels of concern for both employment and food access.

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



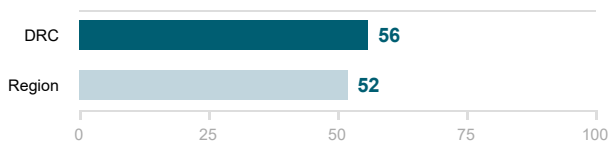
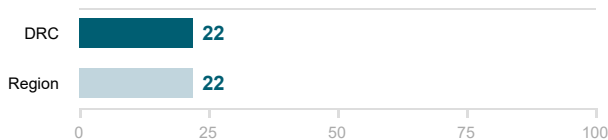
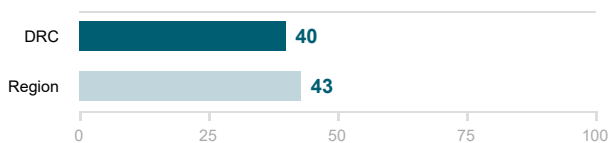
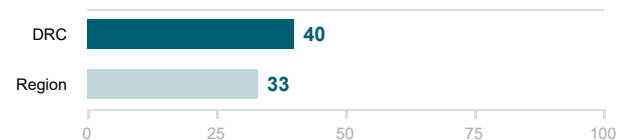
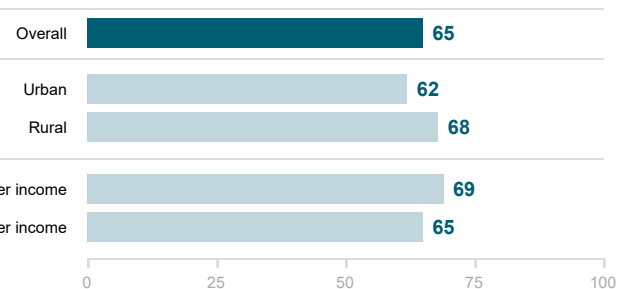
Information and Risk Perception

How do people understand risk?

What the data say

More than half of respondents reported high perceptions of the risk COVID-19 poses to their country, and four in 10 listed the virus as one of their top three concerns. However, perceptions of personal risk from COVID-19 remained low (22%), which is likely the result of low reported caseloads and may be contributing to waning levels of support for measures restricting movement and gatherings. Income and employment was the most commonly cited concern by every demographic group.

- Compared to those with high personal risk perception, respondents with low risk perception reported lower levels of support for and adherence to all PHSMs, and were also less likely to report having received at least one vaccine dose or the intention to get vaccinated. Furthermore, low risk perception was the top reason for vaccine hesitancy among those reporting being unlikely to get vaccinated.
- Additionally, those with long-standing illnesses expressed higher levels of concern that their health would be seriously affected by COVID-19 (47% vs. 39%), suggesting information about the risks of comorbidities is reaching this particularly vulnerable population.

How do people understand the risk of COVID-19?
56% believe that COVID-19 will affect many people in their country

22% believe that their personal risk of being infected with COVID-19 is high

40% believe that their health would be seriously affected by COVID-19

How concerned are people about COVID-19?
40% report COVID-19 as being a top concern

65% are anxious about resuming normal activities

The issues most concerning to people

Percentage of people reporting concern about a particular issue

Access to income/work/unemployment	59%
COVID-19 pandemic	40%
Access to food	30%

Information and Risk Perception

Whom do people trust?

What the data say

Satisfaction with the government’s response to the pandemic dropped by 13 percentage points from February 2021. Meanwhile, trust in the president’s response remained high (81%), but was still eight percentage points lower than in February. Both satisfaction with the government’s response to the pandemic and trust in the government institutions were strongly associated with likelihood of getting a vaccine. Thus, there is a risk that eroding trust could threaten DRC’s vaccine rollout regardless of improvements to vaccine supply.

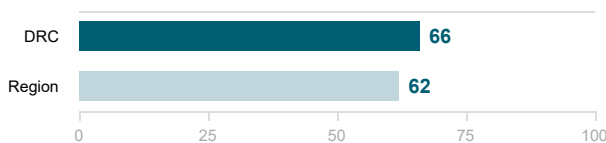
- A larger share of those expressing satisfaction with the government’s pandemic response reported they would likely get vaccinated (65% vs. 53%); the same was true for those expressing trust in the president’s response (62% vs. 52%) and Ministry of Health (62% vs. 55%).
- Satisfaction and trust in the government’s response were associated with support for and self-reported adherence to individual PHSMs; however, unlike other Member States surveyed, they were not associated with support for nor self-reported adherence to restrictions on movement or social gatherings.
- Trust in the Ministry of Health remained stable at about three in four (77%), despite the former Minister’s arrest for [embezzling US\\$6M](#) of COVID-19 relief funds.

Respondents cited local media — both television and radio — as the most trusted sources of information on COVID-19 (followed closely by health facilities and health care workers). Because local media were both highly trusted and widely used as a source of information on COVID-19 (by 64% of respondents), policymakers should continue efforts to utilize these platforms to help dispel myths and promote accurate health information, including around PHSMs that have seen decreased levels of support.

- Facebook, Whatsapp and Twitter received the lowest levels of trust among COVID-19 information sources for respondents, suggesting social media may not be the most effective medium for disseminating information about the pandemic.

What do people think about their country's institutions?

Slightly higher than its regional comparator (Cameroon), satisfaction with the government’s pandemic response was five percentage points lower than the average (71%) among Member States surveyed. High levels of trust in the president’s pandemic response align with — yet also exceed — findings from a recent International Republican Institute poll that found [high overall approval ratings](#) (69%) for the president. One’s family doctor was the most trusted institution for COVID-19 response, up 20 percentage points from February.

66% are satisfied with the government's pandemic response

Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

Your own family doctor	85%
The President	81%
Hospitals/health centers	81%

Do people believe accurate information?

Respondents’ reported levels of understanding of key features of COVID-19 transmission — such as asymptomatic disease and delayed onset of symptoms — were similar to other Member States surveyed. However, belief in herbal remedies curing COVID-19 was second highest among all Member States surveyed, behind only Cameroon. Unlike many other Member States, this belief was held across urban and rural settings, as well as lower- and higher-income respondents.

Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Local television	63%
Local radio	62%
Health center/health workers	60%

76% 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.

68% believe that COVID-19 can be cured with herbal remedies.

52% think they should avoid health care workers because they could get COVID-19 from them.

Vaccine Beliefs and Uptake

Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

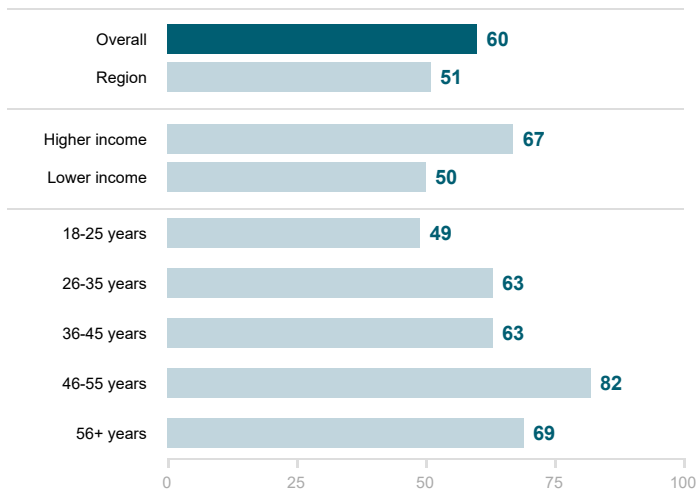
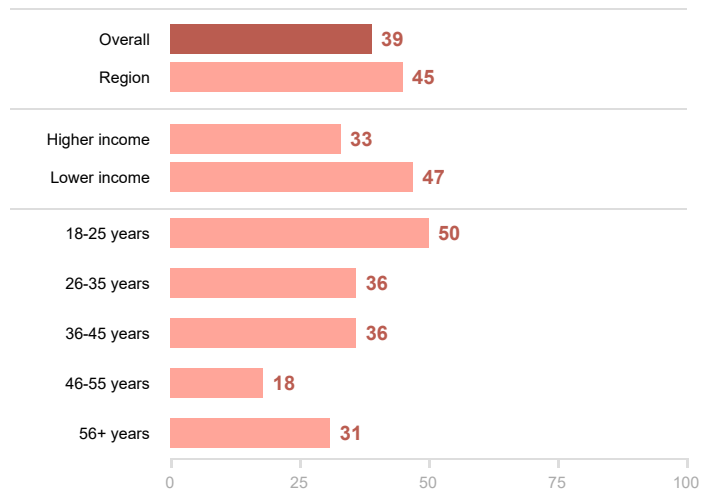
What the data say

Although respondents in DRC reported higher levels of vaccine intention (60%) than in February (52%), it was still among the lowest levels of Member State surveyed. With the government reporting less than 0.1% of the population already vaccinated, results suggest a large portion of the population would like to get a vaccine if given the opportunity. After the president's and prominent microbiologist and health leader Jean-Jacques Muyembé's recent public vaccination and the arrival of [additional doses](#) of mRNA vaccines, upcoming vaccine pushes should continue to be accompanied by information campaigns, in order to inspire more confidence among those who currently report hesitancy.

- Nearly half of respondents said they wanted more information about different vaccine types and how they work, as well as information about eligibility, timing and access. Given high levels of trust in local television and radio, policymakers should continue to utilize these media to share vaccine information and rollout logistics.
- Among those reporting being unlikely to get vaccinated, lack of information and low perceived risk were listed as the top two reasons, suggesting this group may be amenable to targeted information campaigns that inform the public about vaccines and COVID-19 risks.

How many people reported getting or planning to get the COVID-19 vaccine?

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

60% are vaccinated or are likely to get vaccinated

39% are unlikely to get vaccinated

What do people think about COVID-19 vaccines?
Top information wanted about vaccines

Percentage of people reporting each type of information

What types of vaccines are there, what are they made of and how do they work?	44%
How effective is the vaccine?	29%
When will eligible people receive a vaccine?	28%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

I do not feel I am at risk of catching the virus	25%
I do not yet know enough about the vaccine to make a decision	19%
Lack of trust (i.e. in vaccine, government)	16%

Secondary Burdens

Are people skipping or delaying health care?

What the data say

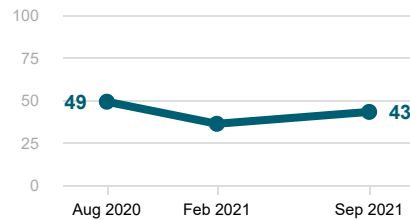
There were notable reductions in the proportion of respondents reporting both barriers to accessing medicine and missed or skipped health visits between August 2020 and February 2021; however, this downward trend did not continue in September. Reports of difficulty accessing medication in the past three months rose, while roughly the same proportion of respondents reported missing or delaying health care in the past six months as in February. The recent suite of PHSMs put in place during the third wave of infections coupled with a [doctors' strike](#) and stretched health infrastructure likely contributed to these barriers to health care access.

- Preventive care, including check-ups, diagnostic visits and reproductive health care, comprised the top three most commonly missed types of visits, while cost and affordability, followed by health facility disruptions, were the leading reasons for missed visits.
- A larger share of lower-income respondents reported challenges in accessing essential health services compared to higher-income respondents, suggesting that the small percentage of lower-income households in the survey population may underrepresent the overall burden in DRC.

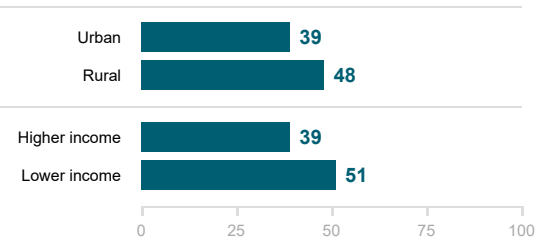
Difficulty getting medicines

A larger share of rural and lower-income respondents reported difficulty accessing medication than urban and higher-income respondents, respectively, potentially reflecting both cost and logistical barriers.

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



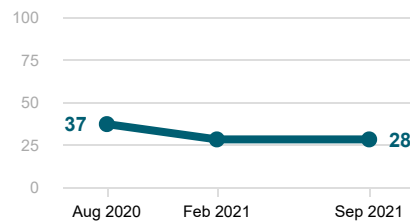
Percentage having difficulty getting medicines by category



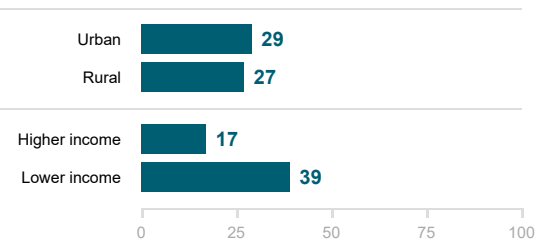
Skipping or delaying health visits

In addition to income-level disparities, those who lost all their income were nearly twice as likely to report skipping or delaying a health visit than those who had not lost any income since the start of the pandemic (31% vs. 17%).

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



Percentage skipping or delaying health care visits by category



Reasons for skipping or delaying visits

People could choose multiple responses

Cost/affordability	32%
Health facility disruption	15%
Caretaker responsibilities	13%
Mobility restrictions/transport challenges	12%
Worried about catching COVID-19	11%

Types of health visits that were skipped or delayed

People could choose multiple responses

General/routine check-up	38%
Diagnostic services/symptoms	33%
Reproductive, maternal, newborn, child health	27%
Communicable diseases	17%
Noncommunicable diseases	15%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

Respondents continue to report alarmingly high levels of income loss and barriers to accessing food. Rising food prices, in particular, appear to be causing widespread hardship, while very few respondents reported receiving additional support from the government since the pandemic began.

- According to [World Vision](#), between February 2020 and July 2021 food prices in DRC rose 10.9%, while real GDP growth stagnated in 2020 at -0.1%. Accordingly, nearly three in four respondents reported that higher food prices presented a barrier to accessing food.
- DRC continues to house the highest number of food-insecure people in the world, with approximately [27.3 million experiencing high levels of acute food insecurity](#) between February and July 2021. Conditions are not projected to improve in the near future. According to the latest IPC Acute Malnutrition analysis, nearly [900,000 children under five](#) are likely to be malnourished through August 2022.
- Starting from low levels in August 2020 (12%), the proportion of respondents reporting receipt of government support has declined with each subsequent survey, reaching just 5% in September 2021. In June, the World Bank and DRC announced a [US\\$250M funding package](#) to help improve access to livelihoods and socioeconomic infrastructure in vulnerable communities in the country.

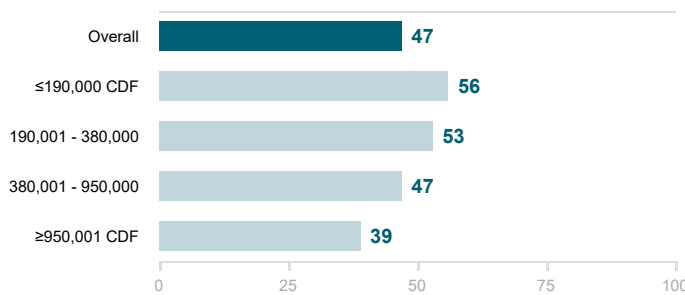
Reported barriers to food access

Percentage of people reporting each barrier

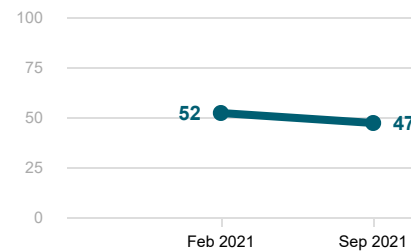
Less income	64%
Higher food prices	73%
Food markets closed	40%
Mobility restrictions	37%
Food market supply shortages	58%

Missing meals

Percentage of households **missing meals** by category



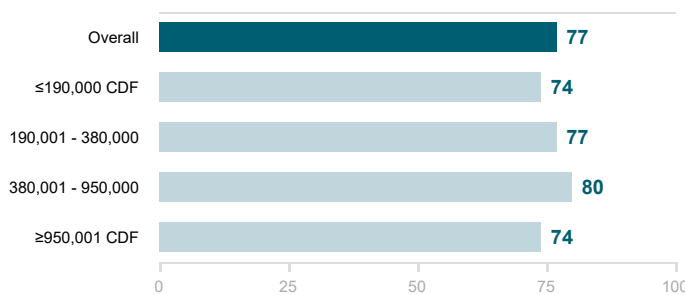
Percentage of households **missing meals** over time



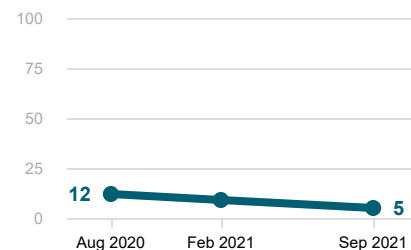
Note: Data on missing meals were not collected in Aug 2020.

Income loss and receiving government assistance

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



Percentage of households receiving **government assistance** over time



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).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology 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.
- 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 are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are 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 DRC consisted of 1,301 adults (666 urban, 635 rural), collected between 13 and 23 Sep 2021.

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

- Low income: Monthly household income 190,000 CDF and below
- Low-middle income: Monthly household income 190,001 CDF - 380,000 CDF
- High-middle income: Monthly household income 380,001 CDF - 950,000 CDF
- High income: Monthly household income 950,001 CDF and above