

Finding the Balance: Public health and social measures in Zambia

This report describes findings from a telephone survey with 1,267 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by ERES Converge 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

Zambia's third and most severe wave of COVID-19 peaked in June 2021. In July, reported new cases began to decline after new measures were introduced, including school closures and capacity limits on religious services.

PHSM Support and Self-Reported Adherence

Individual PHSMs received widespread support among respondents, while support for measures restricting social and economic activity decreased substantially since the February 2021 survey. Self-reported adherence to all measures decreased since February despite the addition of new government-mandated PHSMs.

Information and Risk Perception

Respondents in Zambia reported some of the lowest levels of personal risk perception among Member States surveyed in the Southern region, despite a recent surge of COVID-19 transmission. There was a substantial increase in satisfaction and trust in the government's response to the pandemic, likely a result of the recent election of a new president whose platform was built on reforming an economy hard-hit by COVID-19.

Vaccine Beliefs and Uptake

More than three quarters of respondents in Zambia reported being vaccinated or likely to get vaccinated, up 24 percentage points since February 2021, but less than the average in the Southern region (84%). Belief in negative rumors about the COVID-19 vaccine was the most common reason reported for not intending to be vaccinated.

Secondary Burdens

Fewer respondents reported skipping or delaying a needed health visit in September 2021 than in February; among those who did, fear of catching COVID-19 and health facility disruptions due to the pandemic were the most frequently cited reasons. COVID-19 also continued to exacerbate economic hardships; more than four in five households reported losing some or all of their income since the start of the pandemic.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	2%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	1,094,100
Cumulative incidence per 100,000 people	1137
Total reported cases	209,163
Total confirmed COVID-19 deaths	3,649

Data source: Africa Centres for Disease Control and Prevention

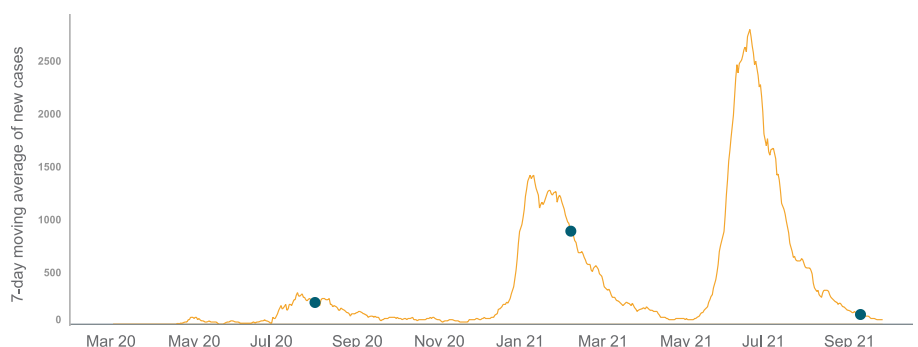
What are the key trends from this survey?

Despite increasingly severe COVID-19 waves, perception of personal risk and support for key PHSMs decreased over the past 18 months.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	74%	↓ 66%	↓ 56%
Personal risk perception	34%	→ 38%	↓ 29%
Satisfaction with government response	72%	→ 74%	→ 79%
Vaccinated/likely to get vaccinated	*	53%	↑ 77%
Income loss since pandemic start	79%	↑ 88%	→ 84%

* 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?

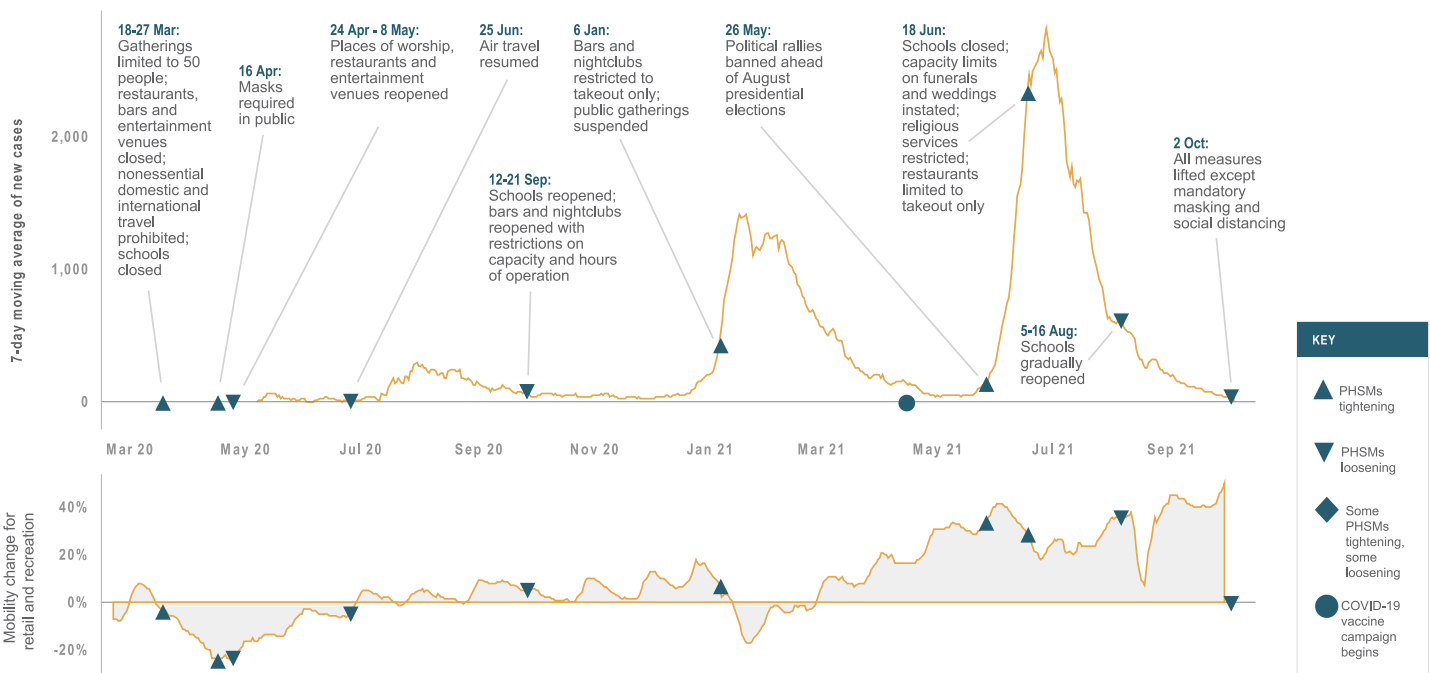
The third and most severe wave of COVID-19 transmission in Zambia began in May 2021 and reached its peak at the end of June, with more than 2,700 new cases reported per day (about twice the amount reported at the peak of the second wave in January 2021). During the June surge, test positivity hovered around 25%, indicating that many cases were going undetected. Funeral parlors and morgues [were overwhelmed](#), as Zambia reported an average of 60 new daily deaths from COVID-19 in July, a record high. Increased population mobility around Easter in April 2021 may have contributed to the surge, as well as the emergence of the Delta variant, [detected](#) in Zambia in May 2021.

In response to surging transmission, the government [introduced](#) new PHSMs, including the closure of schools and some businesses, as well as restrictions on religious services and ceremonies. Shortly after these PHSMs were implemented, cases began to decline. Reported new cases fell in early July, but test positivity remained high – around 15-19% – until August. Schools began to [reopen](#) amid decreasing transmission, and all PHSMs were officially [lifted](#) in October (after the fielding of this survey).

Nationwide presidential elections took place in August 2021, and a new president was elected. The electoral commission [banned](#) political rallies and demonstrations amid [violence and unrest](#) leading up to election day. Opposition leader Hakainde Hichilema [won](#) the election by a landslide with strong support from [young people](#). Celebrations [broke out](#) across the country in response to Hichilema’s victory, despite the nationwide ban on public gatherings. The new president [promised](#) widespread reforms to address the nation’s economic crisis, which had been compounded by the effects of the COVID-19 response.

Zambia’s vaccination campaign kicked off in April 2021, initially [targeting](#) health care workers and other essential employees. As of September 2021, about 700,000 doses of vaccine had been administered and around 2% of the population had received at least one dose of the vaccine. Current vaccines in use include Johnson & Johnson, AstraZeneca and Sinopharm.

Circulation of the Delta variant likely contributed to the surge in COVID-19 transmission beginning in May 2021.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

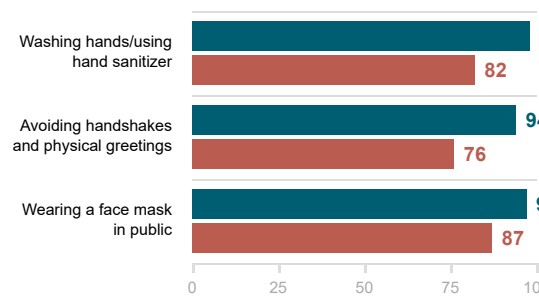
Despite new government-mandated PHSMs in place during the time of this survey, self-reported adherence to all measures remained the same or decreased since February 2021, when fewer measures were in place. Support for measures restricting social gatherings and movement decreased substantially, continuing a trend of decline in support since August 2020. Respondents in Zambia reported some of the lowest levels of support for and self-reported adherence to nearly all PHSMs compared to other surveyed Member States in the Southern region.

- There was a nine percentage point drop in adherence to avoiding public gatherings since February 2021 (59% vs. 68%). [Political rallies](#) and other [campaign-related events](#) surrounding the August presidential elections may have contributed to this decline, along with waning risk perception.
- Self-reported adherence to individual measures decreased since February, consistent with [reports](#) from the Ministry of Health indicating measures such as masking and social distancing were not being adhered to on public transportation or at large events, such as funerals.

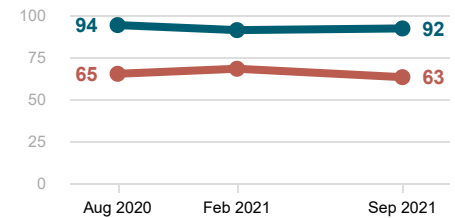
Individual measures

Support for individual PHSMs remained steady since the February 2021 survey, whereas self-reported adherence declined slightly. Individual measures were adhered to at a higher rate by people who were satisfied with the government's management of COVID-19 than those who were not (66% vs. 55%).

Support for and adherence to each individual measure in Sep 2021



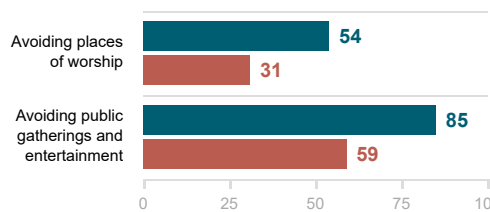
Trend in support for and adherence to all individual measures (composite score)



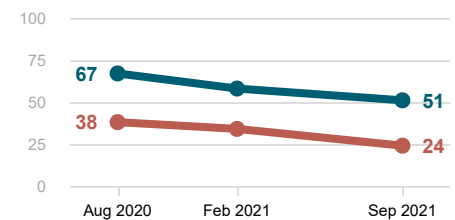
Measures restricting social gatherings

Support for and self-reported adherence to measures restricting social gatherings decreased since the February survey. Participation in political gatherings leading up to the presidential election may have contributed.

Support for and adherence to each social measure in Sep 2021



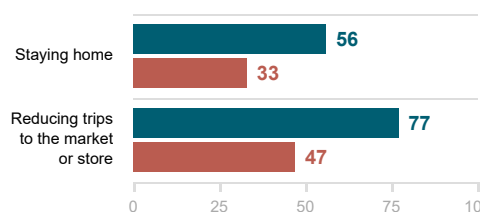
Trend in support for and adherence to all social measures (composite score)



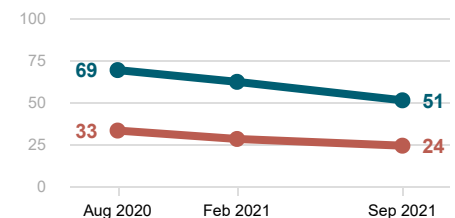
Measures restricting movement

Support for measures restricting movement decreased substantially since the February survey, while self-reported adherence remained largely unchanged. No official stay-at-home measures were in place at the time of this survey, likely contributing to low support and adherence.

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?

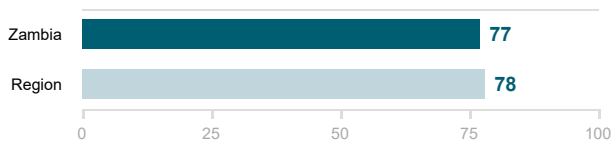
What the data say

Fewer than one-third of respondents reported feeling at high risk of catching COVID-19 — nine percentage points less than in February 2021 — despite the worst wave of COVID-19 transmission hitting Zambia just three months prior to this survey. However, about half of respondents believed that if they did contract the disease, it would affect their health seriously, and a similar share reported that COVID-19 was a top concern. Respondents in Zambia reported some of the lowest levels of COVID-19 risk perception in the Southern region, despite similar levels of outbreak severity.

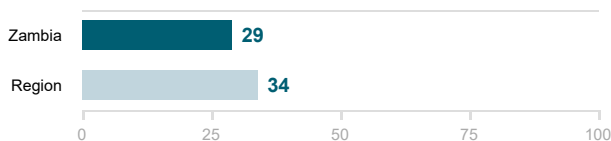
- A larger share of lower-income respondents believed that if infected with COVID-19, their health would be affected severely compared to higher-income respondents (56% vs. 45%). This may be related to perceived [financial barriers](#) to accessing care.
- When asked which challenges facing the world today were most concerning, the majority of respondents in Zambia said unemployment. The pandemic has exacerbated a years-long economic crisis in Zambia, including [massive national debt](#) and rising [inflation](#). Unemployment has [increased](#) since pre-pandemic rates, with [12%](#) of people overall and [22%](#) of young people without work. This trend is reflected in the survey data, with those aged 26-45 showing higher concern for unemployment than other age groups. The new president has [promised](#) widespread economic reform to address these issues.

How do people understand the risk of COVID-19?

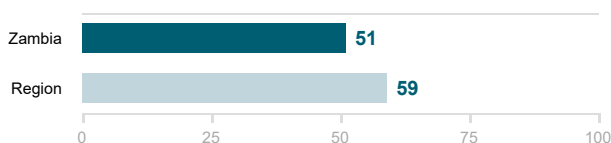
77% believe that COVID-19 will affect many people in their country



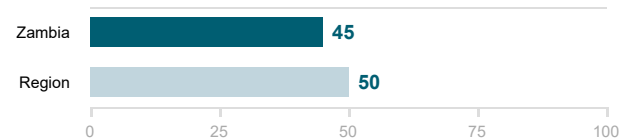
29% believe that their personal risk of being infected with COVID-19 is high



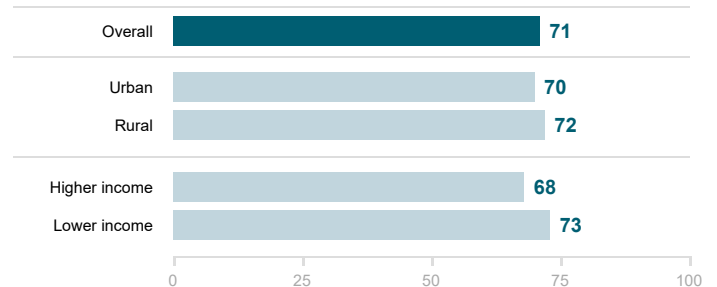
51% believe that their health would be seriously affected by COVID-19


How concerned are people about COVID-19?

45% report COVID-19 as being a top concern



71% 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	56%
COVID-19 pandemic	45%
Education	24%

Information and Risk Perception

Whom do people trust?

What the data say

More than three-quarters of respondents in Zambia supported their government's response to the pandemic, on par with Southern regional findings and five percentage points higher than the February 2021 survey.

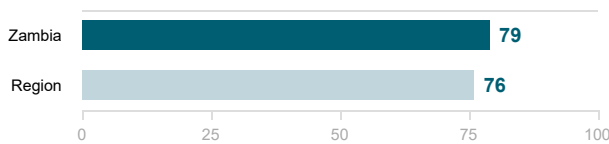
- There was also substantial growth in trust in the president's response to COVID-19, from 77% in February to 84% in September 2021; the president went from being the fifth most trusted person or institution among respondents in Zambia to the second. This is likely related to the recent election of a new president, who won in a landslide against the incumbent in August 2021. Trust in the new president, who ran on a platform [promising](#) economic reform and a boost in new jobs, was higher among respondents with lower income (87% vs. 81% of those with higher income) and respondents who experienced income loss during the pandemic (87% vs. 77% of those who did not experience income loss).
- Hospitals and health centers remain the most trusted institutions in Zambia, unchanged since February. Health centers were also the most trusted sources of information about COVID-19 among respondents.

Local television was the most popular source for information about COVID-19 (70%) and one of the most trusted, along with health workers and local radio. These channels can be leveraged to promote accurate health information, especially around COVID-19 vaccines, since misinformation and negative rumors were an issue among respondents who did not intend to be vaccinated.

- More than half (55%) of respondents said they got their information from Facebook, although only one-third said they had high levels of trust in the platform. Other social media platforms, including Twitter and WhatsApp, were ranked the least-trusted sources of information among respondents, suggesting they may not be the most effective medium for communication about the COVID-19 pandemic.

What do people think about their country's institutions?

Respondents in Zambia reported similar levels of satisfaction with the government's response to COVID-19 as other Member States in the region. Satisfaction was highest among respondents with lower educational status (86%) and lower income (82%), compared to the respondent average (79%).

79% 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

Hospitals/health centers	87%
The President	84%
World Health Organization (WHO)	84%

Do people believe accurate information?

More than three-quarters of respondents in Zambia believed accurate information about COVID-19, including about the efficacy of face masks (94%) and asymptomatic transmission (87%); respondents in Zambia also reported substantially less stigmatization of health care workers (33%) and those who have recently recovered from COVID-19 (27%) compared to other Member States in the Southern Region.

Most trusted sources of information

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

Health center/health workers	81%
Local television	74%
Local radio	71%

87% 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.

43% believe that COVID-19 can be cured with herbal remedies.

33% 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.

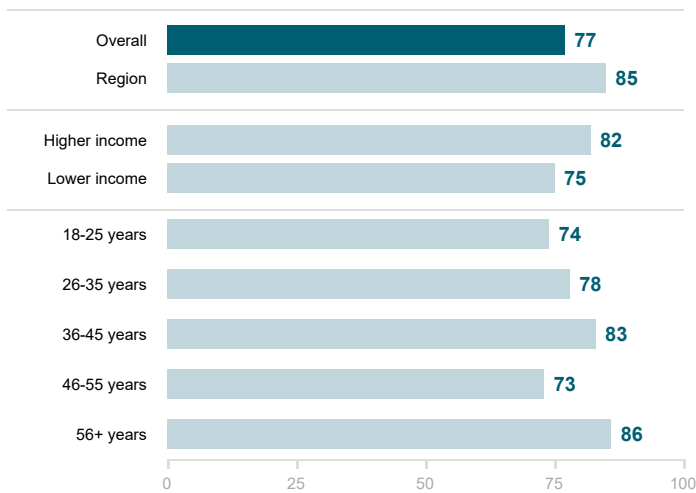
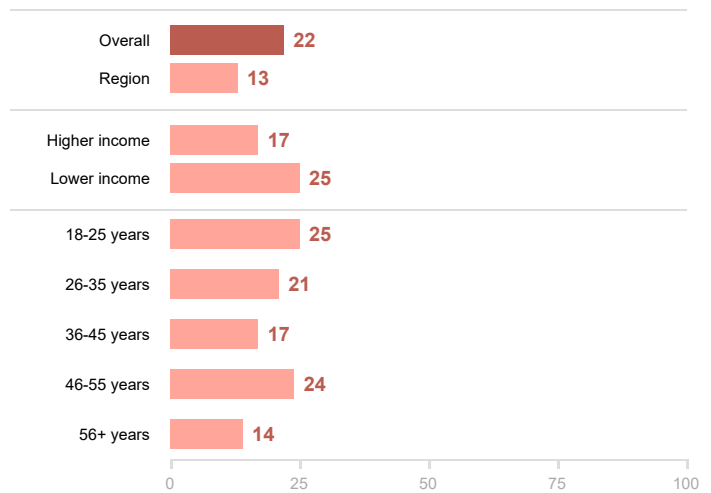
What the data say

More than three-quarters of respondents in Zambia reported that they were either vaccinated or likely to get the COVID-19 vaccine, an increase from approximately half (53%) during the February 2021 survey (when vaccines were still unavailable) but lower than the average for Member States surveyed in the Southern region (84%).

- Misinformation is a key factor driving vaccine hesitancy among respondents in Zambia. Generally, negative rumors was the top rationale given by respondents who did not intend to be vaccinated, followed closely by a more specific belief that the vaccine is deadly.
- Lower-income respondents were more vaccine-hesitant than higher-income respondents (25% vs. 17%). Targeted messaging and community engagement for this group may be able to capitalize on their increased trust and satisfaction with the government; among respondents who do not intend to be vaccinated, only 9% of lower-income respondents cited lack of trust in the government as their rationale, compared to 30% of higher-income respondents and 17% of respondents across demographic groups.

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.

77% are vaccinated or are likely to get vaccinated

22% 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?	38%
What are the main side effects and are they painful/serious?	33%
How effective is the vaccine?	28%

Top reasons people would not get the vaccine

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

Negative rumors about the vaccine	23%
I do not yet know enough about the vaccine to make a decision	20%
The vaccine is killing people/it is a deadly vaccine	19%

Secondary Burdens

Are people skipping or delaying health care?

What the data say

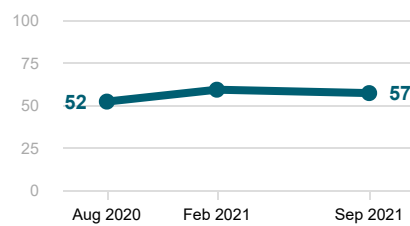
Among respondents reporting they or someone in their household needed health care, about one-third skipped or delayed services in the previous six months, and more than half reported difficulty obtaining needed medication in the past three months. While the same number of respondents reported that they had trouble accessing needed medication since February 2021, the number of households that reported skipping health visits decreased.

- Half of respondents who missed a needed health visit did so for reasons related to COVID-19, including fear of infection, health facility disruptions and self-isolation with COVID-19. Urban respondents reported missing a needed health visit at higher rates than rural respondents (36% vs. 28%); urban hubs such as [Lusaka](#) were the epicenters of the most recent surge.
- Among respondents who reported skipping or delaying a needed health visit, 13% missed malaria treatment (included in the communicable disease category). As Zambia enters its [rainy season](#) in November, malaria cases are likely to increase. Last year, Zambia [recorded](#) more than 7 million cases of malaria and 1,875 deaths, making it one of the top causes of morbidity and mortality in the country.

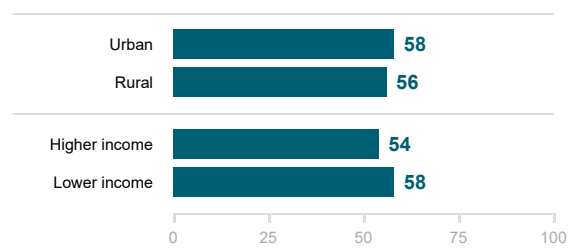
Difficulty getting medicines

In addition to lower-income respondents, respondents with long-standing illnesses reported more difficulty accessing medication than those without (65% vs. 55%).

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



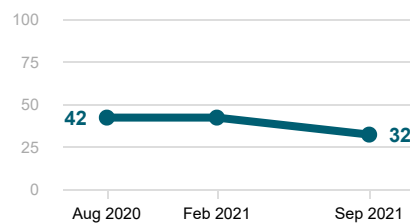
Percentage having difficulty getting medicines by category



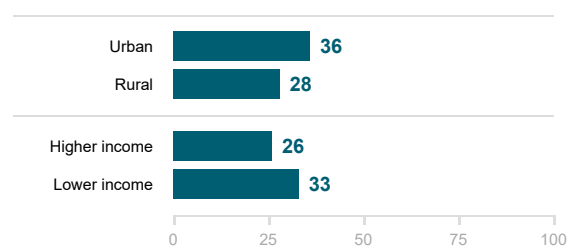
Skipping or delaying health visits

In addition to urban and lower-income respondents, younger respondents reported more trouble accessing needed health care, with 38% of respondents aged 18-25 reporting a missed visit in the last six months compared to just 25% of those aged 36-55.

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

Worried about catching COVID-19	22%
Health facility disruption	22%
Mobility restrictions/transport challenges	13%
Cost/affordability	9%
Self-isolating with suspected COVID-19	6%

Types of health visits that were skipped or delayed

People could choose multiple responses

General/routine check-up	33%
Diagnostic services/symptoms	28%
Communicable diseases	15%
Noncommunicable diseases	12%
Reproductive, maternal, newborn, child health	11%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

More than four in five households in Zambia said they lost some or all of their income since the start of the pandemic, with a greater share of lower-income households reporting income loss than higher-income households (88% vs. 74%). Despite this, very few respondents across all income levels and demographic groups have received support from the government in the form of cash, food or other resources.

- Nearly nine in 10 households in Zambia reported experiencing challenges accessing food, similar to findings from February 2021 (92%). A projected 5 million people in Zambia – 28% of the population – are expected to face some level of [food insecurity](#) in the coming months due to the upcoming lean season, while about 1.5 million people are already facing crisis levels of food insecurity. [Excessive rains](#) and [flooding](#) in the northern region of Zambia, along with [pest infestations](#) in southern and western provinces, have led to increased food insecurity despite a good harvest season.
- The largest reported barrier to food access was high food prices. Zambia is currently experiencing its worst [inflation](#) in years, causing jumps in consumer prices for staple goods, although this has begun to taper off as of September 2021. Inflation was also among the top ten most concerning issues facing Zambia according to respondents. Lower-income respondents reported greater difficulty accessing food due to increasing food prices than higher-income respondents (78% vs. 70%).

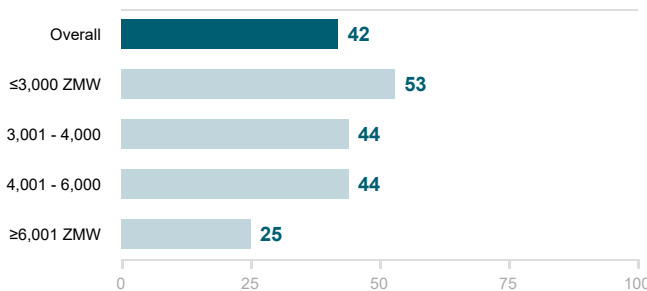
Reported barriers to food access

Percentage of people reporting each barrier

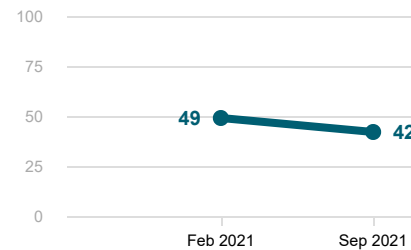
Less income	65%
Higher food prices	76%
Food markets closed	36%
Mobility restrictions	31%
Food market supply shortages	43%

Missing meals

Percentage of households **missing meals** by category



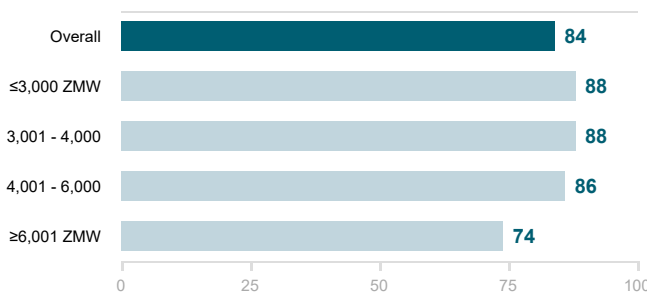
Percentage of households **missing meals** over time



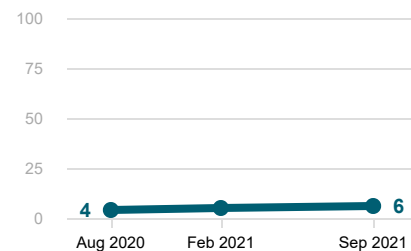
Note: Data on missing meals were not collected in Aug 2020.

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 Zambia consisted of 1,267 adults (514 urban, 753 rural), collected between 10 and 21 Sep 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 3,000 ZMW and below
- Low middle income: Monthly household income 3,001 ZMW - 4,000 ZMW
- High middle income: Monthly household income 4,001 ZMW - 6,000 ZMW
- High income: Monthly household income 6,001 ZMW and above