

# Finding the Balance: Public health and social measures in Côte d'Ivoire

This report describes findings from a telephone survey with 1,326 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the National Ethics Committee for Life Sciences and Health at the Ministry of Health and Public Hygiene in Côte d'Ivoire 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

Côte d'Ivoire experienced two surges of COVID-19 transmission since the last survey in February 2021: the first and most severe was in March, peaking at 450 new cases per day, followed by a more moderate wave in September. The only restrictive measure in place at the time of the survey was enforcement of mask-wearing in public spaces.

### PHSM Support and Self-Reported Adherence

Support for measures restricting social gatherings and movement decreased since February 2021, likely because there were no such measures in place during the fielding of this survey. Higher personal risk perception and government satisfaction were associated with higher levels of self-reported adherence to all PHSMs.

### Information and Risk Perception

Respondents reported low levels of personal and country risk perception; one-third believed COVID-19 was a top concern. Instead, access to income was the most pressing issue, potentially related to economic difficulties currently affecting Côte d'Ivoire, including [inflation](#) and [falling prices](#) for key exports.

### Vaccine Beliefs and Uptake

Three-quarters of respondents reported that they had received or were likely to receive a COVID-19 vaccine, an increase since February 2021. Misinformation narratives [circulating](#) on social media may be [affecting](#) vaccine uptake, particularly among the youngest (18-25) respondents, who rely more heavily on social media to access information about the pandemic.

### Secondary Burdens

Compared to February 2021, fewer respondents skipped or delayed a needed health visit; however, ongoing disruptions are primarily affecting treatment and prevention of communicable diseases (analysis should be interpreted with caution as <100 respondents reported missed visits). Income loss remains persistent, although less so than in other surveyed Member States in the Western region.

### National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	9%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	3,463,250
Cumulative incidence per 100,000 people	229
Total reported cases	60,424
Total confirmed COVID-19 deaths	640

Data source: Africa Centres for Disease Control and Prevention

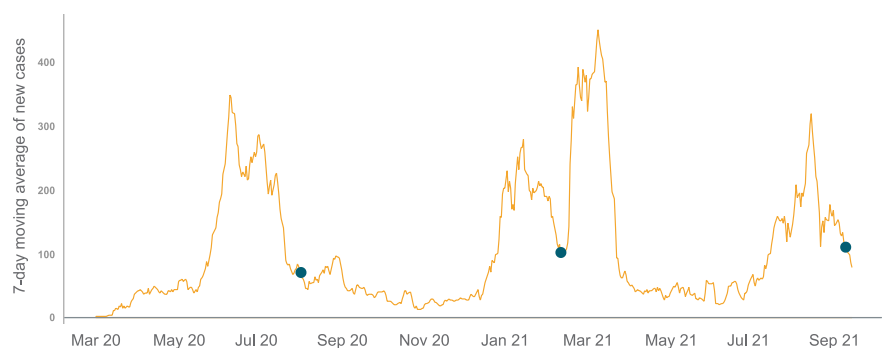
## What are the key trends from this survey?

**Personal perception of risk has remained low but stable with overall low caseload and high testing rates.**

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	30%	→ 32%	↓ 24%
Personal risk perception	23%	→ 19%	→ 19%
Satisfaction with government response	72%	↑ 82%	→ 78%
Vaccinated/likely to get vaccinated	*	59%	↑ 72%
Income loss since pandemic start	84%	↓ 69%	→ 67%

\* 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: Compared to the February 2021 survey, a higher share of survey respondents reported that they belonged to the highest household income category (47% in September vs. 28% in February), which may affect trends in survey measures over time.

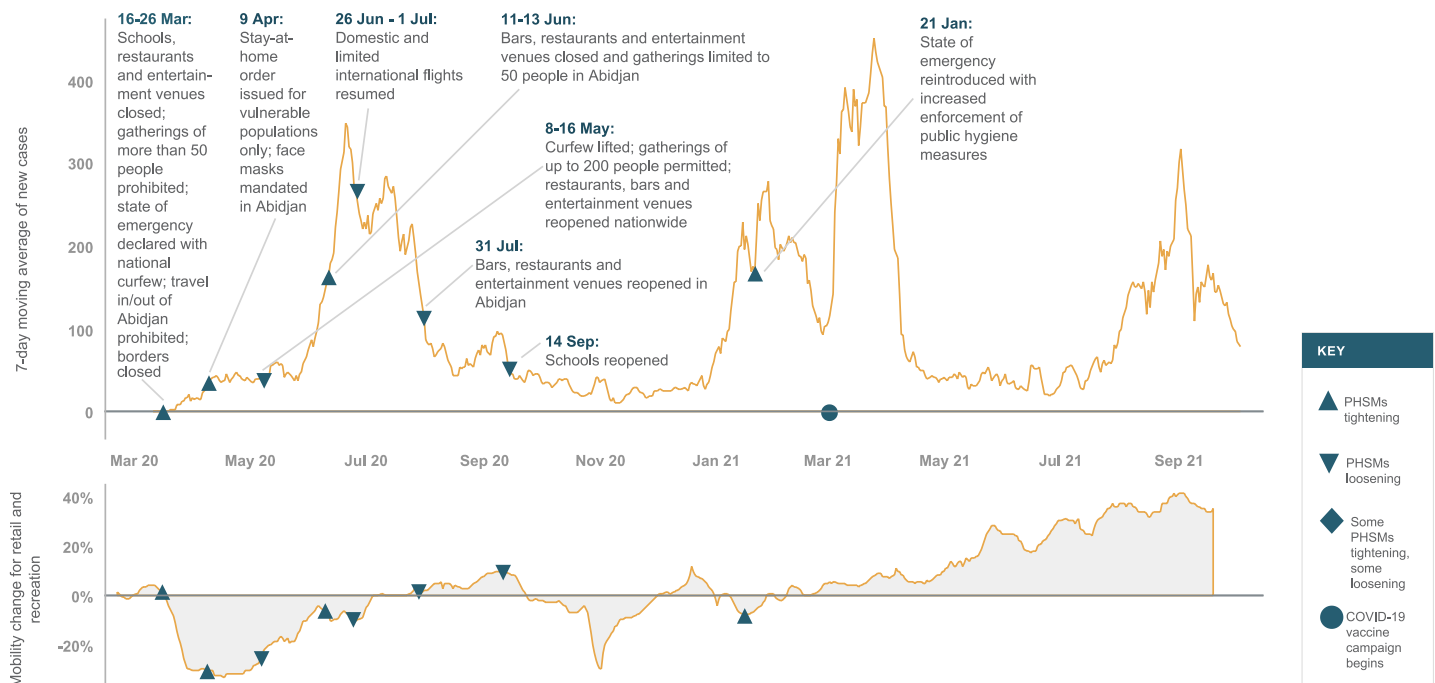
COVID-19 caseload in Côte d'Ivoire has remained low throughout the pandemic compared to other Member States. The third and largest wave of COVID-19 occurred in March 2021, with a 7-day moving average of 450 new cases per day. In September, a fourth wave reached approximately 300 new cases per day. To date, test positivity remains around 2%, although it peaked at 17% during the March wave and 9% during the September wave – indicating that testing capacity was overwhelmed during the surge and overall case burden may be somewhat underrepresented.

A state of emergency in Côte d'Ivoire was [redeclared](#) in January 2021; it is unclear whether it was lifted in September 2021 [as planned](#). At the time of this survey, the only restrictive measures in place are the enforcement of mask-wearing in public spaces and on transportation, and land and sea borders are [reportedly](#) still closed to regular commercial passenger travel. The Ivorian government has also [introduced](#) a *pass sanitaire* to verify COVID-19 infection or vaccination status for travelers wishing to enter the country as of late September 2021. The government has stated that depending on the evolution of the COVID-19 epidemic in the country, it may [expand](#) the use of a *pass sanitaire* domestically as a requirement to access public spaces such as restaurants and theaters.

Côte d'Ivoire [began](#) its COVID-19 vaccination rollout in March 2021, prioritizing health workers, security forces and teachers; by April, all adults over the age of 18 became [eligible](#) for the vaccine. As of October 2021, 9% of the population has been vaccinated. The government's goal is to vaccinate [10 million people](#), or 40% of the population, by the end of this year. Four vaccines are currently in use: AstraZeneca, Sinopharm, Pfizer/BioNTech and Johnson & Johnson.

Political tensions may have complicated the COVID-19 response, especially in the earlier part of the year. After unrest [erupted](#) following the presidential election in November 2020, thousands of refugees were forced to flee the country; [parliamentary](#) elections took place in March 2021, with the ruling party winning the majority of seats. President Alassane Outtara appointed a new government – including a new Minister of Health, Pierre Dimba – in [April](#), shortly after the [passing](#) of the late Prime Minister Hamed Bakayoko.

**No new PHSMs have been introduced since the reinstatement of the State of Emergency in January 2021, despite surges of transmission in March and September 2021.**



PHSM Support and Self-Reported Adherence

# Do people support and follow measures?

## What the data say

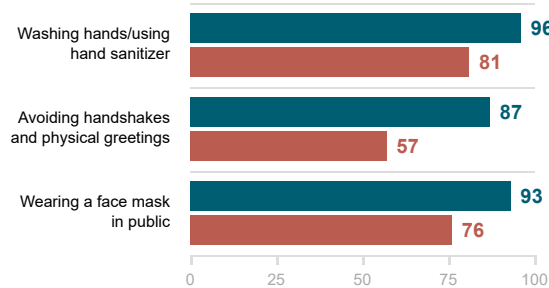
While support for individual PHSMs in Côte d'Ivoire remained on par with the Western regional average (82%) and unchanged since February 2021, self-reported adherence for the same measures decreased by nine percentage points. Fewer respondents supported measures restricting social gatherings and movement than in February 2021, but self-reported adherence to these PHSMs has remained largely the same. The only PHSM that remains in place in Côte d'Ivoire as of October 2021 is a mask mandate in public spaces, which may be one cause of the low rates of adherence across other measures.

- High personal risk perception for COVID-19 was strongly associated with greater adherence to all PHSMs; for example, adherence to individual measures among respondents with high risk perception was 16 percentage points higher than among those with low risk perception (55% vs. 39%).
- Similarly, respondents who reported trust in and satisfaction with their government's COVID-19 response reported higher rates of adherence to all measures; for example, respondents who were satisfied with their government's response reported greater levels of adherence to individual measures compared to those who were not (49% vs. 34%) and reported adhering to measures restricting movement twice as often (12% vs. 6%) despite the economic burdens associated with compliance.

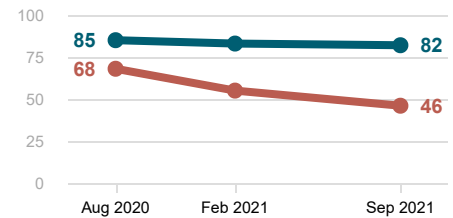
### Individual measures

Self-reported adherence to hand-washing and wearing a face mask remained unchanged since February 2021, while adherence to avoiding physical greetings decreased by 10 percentage points.

Support for and adherence to each individual measure in Sep 2021



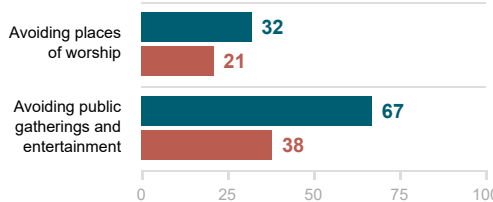
Trend in support for and adherence to all individual measures (composite score)



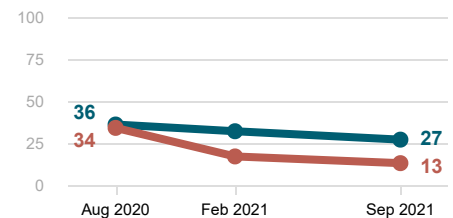
### Measures restricting social gatherings

Support for avoiding places of worship in Côte d'Ivoire was the lowest among all surveyed Member States. With large Muslim and Christian populations, desire to celebrate major religious holidays (Ramadan in May and Easter in March) may have affected levels of support for this measure.

Support for and adherence to each social measure in Sep 2021



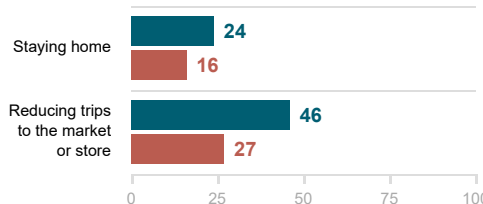
Trend in support for and adherence to all social measures (composite score)



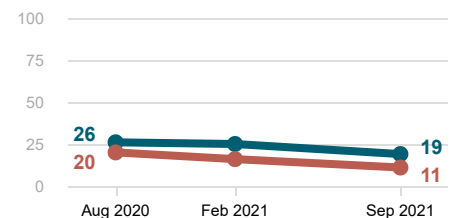
### Measures restricting movement

Support for measures restricting movement saw the greatest decline since February 2021, driven by large drops in support for reducing trips to the market and staying home (10 and 8 percentage points, respectively).

Support for and adherence to each movement measure in Sep 2021



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



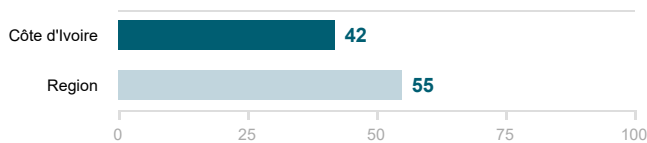
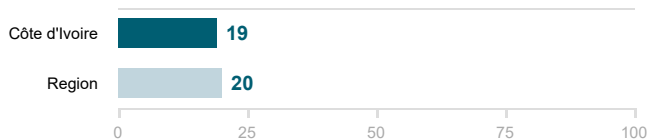
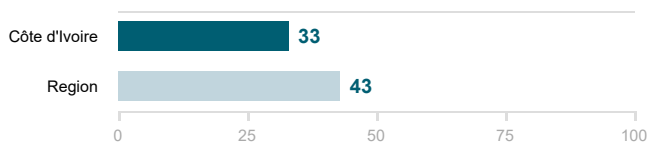
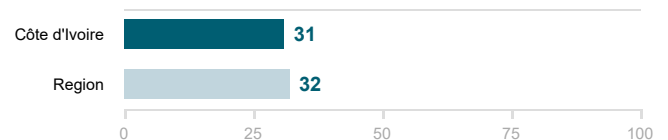
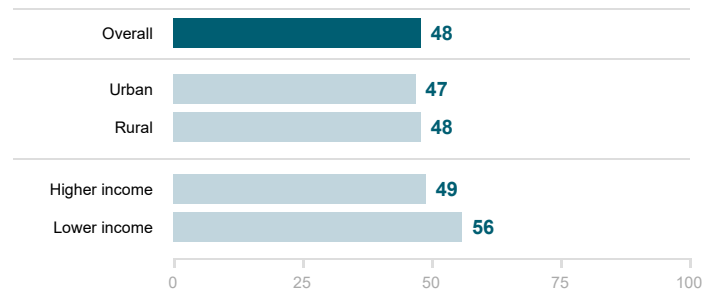
**Information and Risk Perception**

# How do people understand risk?

**What the data say**

Only one in five respondents felt they were personally at risk of becoming infected with COVID-19, on par with findings from February 2021 (19%). Fewer than half of respondents believed COVID-19 would affect many people in their country — the lowest among all surveyed Member States — and fewer than one in three respondents ranked COVID-19 as a top concern facing their country.

- Personal risk perception was not associated with having received or being likely to receive the COVID-19 vaccine.
- Access to income and employment eclipsed COVID-19 as the top concern reported by respondents. The pandemic [slowed economic growth](#) in Côte d'Ivoire, which had previously been the second-fastest growing economy in Africa. A confluence of economic issues — including [falling global cocoa prices](#) (the biggest export in Côte d'Ivoire) and [increasing inflation](#) — have, combined with the impact of COVID-19, [forced](#) more people into poverty. [Estimates](#) suggest that almost 30% of households are unemployed, and even more have shifted to just part-time work because of COVID-19.

**How do people understand the risk of COVID-19?**
**42% believe that COVID-19 will affect many people in their country**

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

**33% believe that their health would be seriously affected by COVID-19**

**How concerned are people about COVID-19?**
**31% report COVID-19 as being a top concern**

**48% 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%
Access to food	35%
COVID-19 pandemic	31%

**Information and Risk Perception**

# Whom do people trust?

**What the data say**

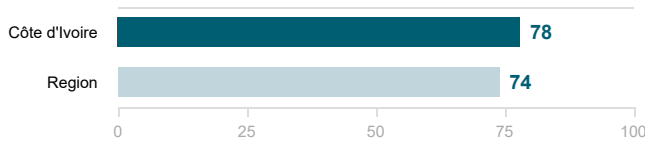
Satisfaction with the government’s response to COVID-19 has remained unchanged since February 2021, in line with the results of the March parliamentary elections, which [reinforced](#) the popularity of the incumbent party and solidified its power. The most-trusted individuals and institutions in Côte d’Ivoire continue to be health-related, including the Ministry of Health, health centers and the National Public Health Institute.

Similarly, the most-trusted sources for information about the COVID-19 pandemic in Côte d’Ivoire were health centers and health care workers (75%), although fewer respondents actually consulted these groups for information (34%). Health workers may be an effective avenue for dispensing accurate information about the pandemic and COVID-19 vaccination.

- Just short of two-fifths of respondents trusted Facebook for information about the COVID-19 pandemic (38%), but almost half reported getting their information from it (47%, the second highest Member State among those surveyed). About one-third of respondents trusted WhatsApp for information about COVID-19, and the same share consulted it. Such findings are concerning given the prevalence of misinformation circulating on these social media platforms; however, they also represent an opportunity for the government to use these platforms — alongside other used and trusted sources of information, such as health workers and local television — for disseminating accurate health information.

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

More than three-quarters of respondents were satisfied with their government’s response to COVID-19, on par with the Western regional average. Satisfaction was similar across demographic groups, although a larger share of lower-income respondents reported satisfaction compared to higher-income respondents (85% vs. 76%), potentially related to [government assistance programs](#) targeted at this group.

**78% 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

Ministry of Health	85%
Hospitals/health centers	84%
National Public Health Institute	80%

**Do people believe accurate information?**

The vast majority of respondents believed accurate information about methods of disease prevention, including the efficacy of mask-wearing (91%) and hand-washing (92%), on par with the Western regional averages. By contrast, belief in potentially stigmatizing narratives — including that health care workers (42%) and people who have recovered from COVID-19 (43%) should be avoided — were higher than the Western regional average (38% and 37%, respectively). Trusted sources for information — including health workers and local television — should be leveraged to dispel these and other types of common misinformation narratives.

**Most trusted sources of information**

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

Health center/health workers	75%
International television channel	71%
Local television	71%

**75% understand that infected people may never show symptoms but could still infect others.**

**73% understand that infected people may not show symptoms for five to 14 days.**

**46% believe that COVID-19 can be cured with herbal remedies.**

**42% 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.

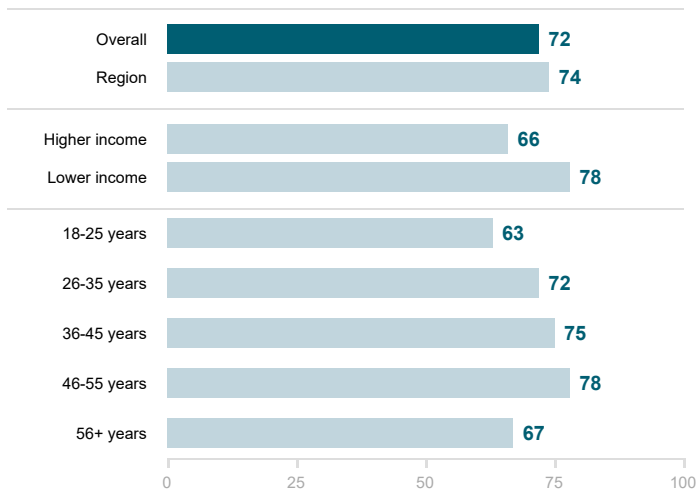
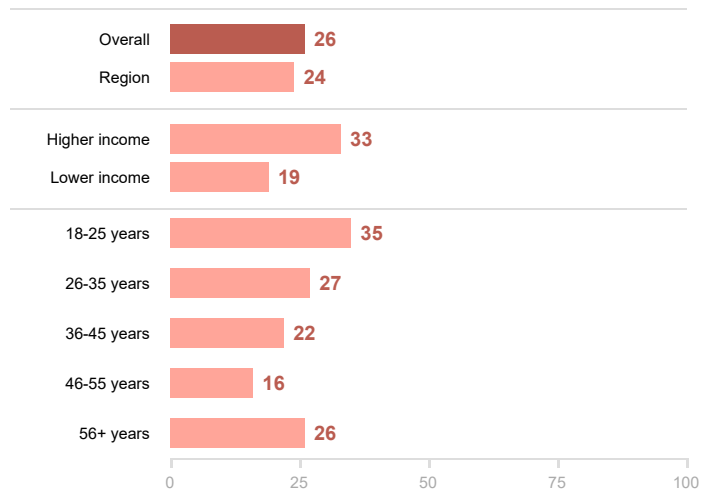
**What the data say**

Approximately three in four respondents from Côte d'Ivoire reported that they were either vaccinated or likely to get the COVID-19 vaccine, a higher share than in February 2021 (59%). With only 9% of the population presently vaccinated (and eligibility open to all adults), survey results suggest considerable unmet demand.

- The youngest (18-25) respondents reported the highest rates of unlikely to get vaccinated. These survey findings align with media reports that suggest [vaccine hesitancy](#) in young people could potentially be due to increasing misinformation [circulating](#) via social media (used by more than half of this age group, according to survey results).
- Three of the top four reasons listed by respondents who were unlikely to get the vaccine (belief that vaccines can give you the disease, not enough information, and rushed approval) could be addressed with further communication from the government using trusted information sources. Specifically, respondents wanted more information on the different vaccine types, their effectiveness and safety.
- Some [media reports](#) suggest elevated vaccine hesitancy among health workers in Côte d'Ivoire; given that many respondents trusted this group for information about COVID-19 (75%), this could have negative effects on overall trust in COVID-19 vaccines. It is essential to address concerns specific to health workers to enable them to disseminate accurate information about the vaccine.

**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.

**72% are vaccinated or are likely to get vaccinated**

**26% 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?	52%
How effective is the vaccine?	48%
How safe is the vaccine?	41%

**Top reasons people would not get the vaccine**

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

The vaccine can give you COVID-19	36%
Afraid of injections	35%
I do not yet know enough about the vaccine to make a decision	34%



**Secondary Burdens**

# Are people skipping or delaying health care?

**What the data say**

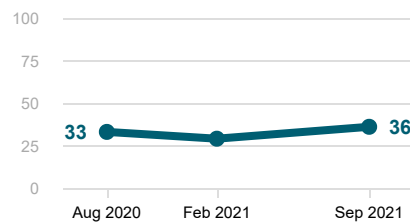
Among respondents reporting they or someone in their household needed health care, only 11% missed or delayed services in the past six months, a decline of seven percentage points since February 2021, and the second-lowest amount in the Western region. This represents a promising trend, especially in the context of the recent surge in COVID-19 transmission. Difficulty accessing medicine, on the other hand, increased by seven percentage points since February 2021.

- One-third of missed visits were for malaria (included in communicable diseases category below), a particular concern since millions of people in Côte d'Ivoire are affected by the disease annually, and it is the [leading](#) cause of mortality in children. Another two-fifths of missed visits were for fever/chills and fatigue/body pain (included in the diagnostics category below), symptoms commonly associated with malaria and yellow fever – of which there is an [active outbreak](#) – and influenza, including the highly pathogenic H5N1, which has recently been [detected](#). However, this analysis should be interpreted with caution as the number of respondents who reported skipping or delaying a health visit is <100.

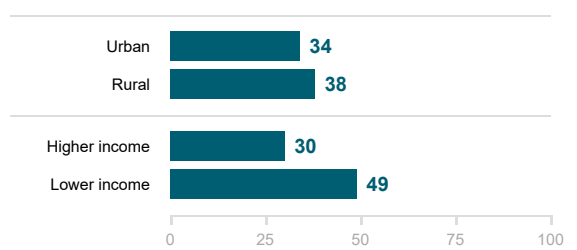
**Difficulty getting medicines**

In addition to lower-income respondents, people over 46 years old also experienced greater difficulty getting needed medication (43-52%) compared to the survey average.

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



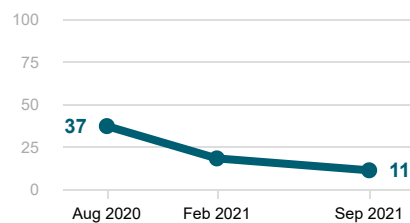
*Percentage having difficulty getting medicines by category*



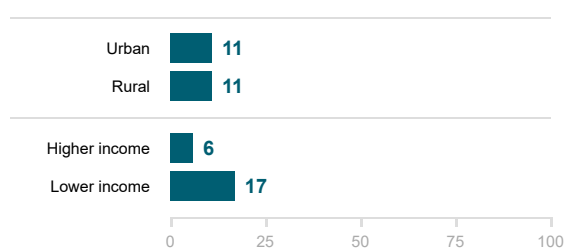
**Skipping or delaying health visits**

The share of respondents reporting issues accessing health services has fallen since the August 2020 survey, suggesting that despite ongoing COVID-19 waves, access to essential health services has improved.

*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*



Note: <100 respondents reported missing health visits; results should be interpreted with caution.

**Reasons for skipping or delaying visits**

People could choose multiple responses

Worried about catching COVID-19	28%
Cost/affordability	21%
Health facility disruption	19%
Caretaker responsibilities	15%
Mobility restrictions/transport challenges	11%

Interpret proportions cautiously due to small sample size (N<100)

**Types of health visits that were skipped or delayed**

People could choose multiple responses

Diagnostic services/symptoms	39%
General/routine check-up	35%
Communicable diseases	32%
Vaccinations	20%
Noncommunicable diseases	17%

Interpret proportions cautiously due to small sample size (N<100)

**Secondary Burdens**

# Are people experiencing income loss or food insecurity?

**What the data say**

More than three in five households reported losing some or all of their income since the start of the pandemic (67%), lower than the Western regional average (74%) and on par with findings from February 2021 (69%).

- Restrictions associated with the pandemic [slowed](#) economic growth in Côte d'Ivoire. This combined with other exogenous factors such as [inflation](#) and [falling](#) global cocoa prices have caused [increased](#) rates of poverty.
- At the time of the survey, only 9% of respondents reported having received government assistance. However, state-sponsored programs have been implemented to [provide](#) assistance to small businesses and lower-income households to supplement losses from COVID-19.

An estimated 1.3 million people in Côte d'Ivoire are [facing](#) food insecurity, and nearly a quarter of children under five are chronically malnourished, issues that have been exacerbated by the pandemic. One-third of surveyed households in Côte d'Ivoire reported missing a meal in the past seven days, and this was higher among households with children than those without (37% vs. 32%).

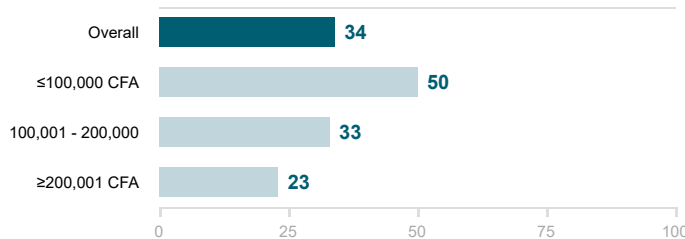
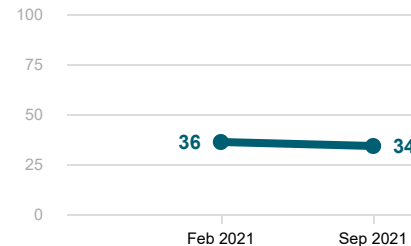
- High food prices were the most commonly cited barrier to food access among respondents, particularly among lower-income households compared to higher-income households (75% vs. 51%). The cost of food in Côte d'Ivoire has been [inflating](#) at record rates and has more than doubled in price this year, particularly for staple goods.
- Macroeconomic issues are also affecting access to food in Côte d'Ivoire: nearly half of households reported income loss as a barrier to food access; income loss was also more common among lower-income households than higher-income households (66% vs. 38%).

**Reported barriers to food access**

Percentage of people reporting each barrier

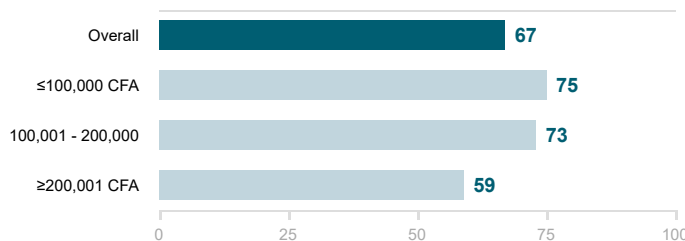
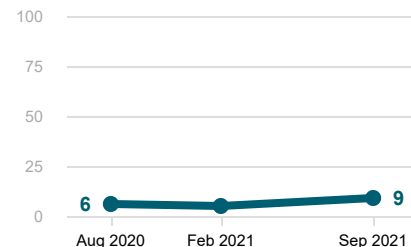
Less income	49%
Higher food prices	60%
Food markets closed	22%
Mobility restrictions	22%
Food market supply shortages	32%

**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](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.
- 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 Côte d'Ivoire consisted of 1,326 adults (572 urban, 754 rural), collected between 19 Sep and 1 Oct 2021.

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

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