# Finding the Balance: Public health and social measures in Guinea

This report describes findings from a telephone survey with 1,241 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by The National Committee of Ethics for Health Research, Ministry of Health and Public Hygiene in Guinea 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

After surging to nearly 200 new reported COVID-19 cases per day in August 2021, reported incidence fell to around 30 new cases per day in late September with test positivity near 5%. This survey was fielded two weeks after a coup d'état on 5 Sep 2021, during the formation of a new transitional government.

### PHSM Support and Self-Reported Adherence

Support for individual measures remained high whereas support for social gatherings and movement restrictions declined since the February 2021 survey. Fewer than two in 10 respondents reported adhering to restrictions on social gatherings and movement.

### Information and Risk Perception

Fewer than one in five (16%) respondents believed they were at high risk of catching COVID-19; access to income and employment worried more respondents than the pandemic (71% vs. 37%). Still, half of survey respondents believed that health care workers should be avoided due to risk of COVID-19 transmission.

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

| | |
|---|---|
| Vaccination rate<br>Percentage of population with at least one dose of a COVID-19 vaccine | 10% |
| Number of doses in country | 2,382,780 |
| Cumulative incidence per 100,000 people | 232 |
| Total reported cases | 30,434 |
| Total confirmed COVID-19 deaths | 671 |

Data source: Africa Centres for Disease Control and Prevention

### Vaccine Beliefs and Uptake

Almost all (92%) respondents reported that they were either vaccinated or likely to get vaccinated against COVID-19. Many reported needing more information on how vaccines work and their effectiveness and safety.

### Secondary Burdens

People in Guinea continue to be adversely affected by secondary burdens of COVID-19. Nearly eight in 10 respondents reported having lost income since the start of the pandemic and nearly half reported missing meals in the previous week. Cost was the most commonly reported reason for missing needed medical care; higher prices and income loss were the most common barriers to food access.

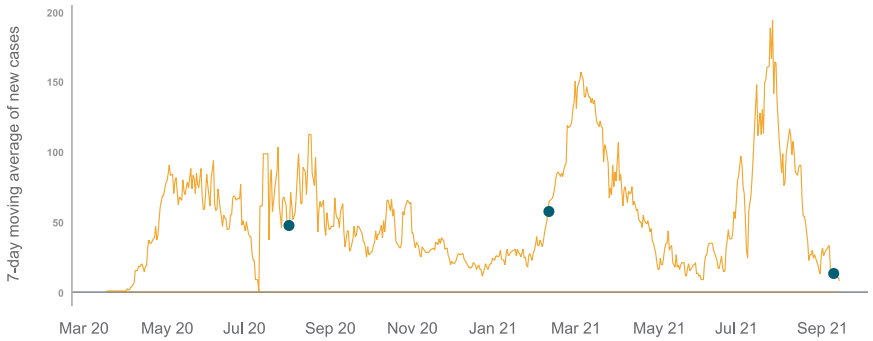
## What are the key trends from this survey?

**Support for COVID-19 response measures has declined and personal risk perceptions remain low despite successive COVID-19 waves. Income loss is widespread.**

| | Aug 2020 | Feb 2021 | Sept 2021 |
|---|---|---|---|
| Support for staying home | 48% | ↓ 38% | ↓ 30% |
| Personal risk perception | 20% | → 18% | → 16% |
| Satisfaction with government reponse | 84% | ↑ 91% | → 89% |
| Vaccinated/likely to get vaccinated | * | 86% | ↑ 92% |
| Income loss since pandemic start | 85% | ↓ 78% | → 79% |

* 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: This survey was fielded two weeks after a coup from which a new transitional government was formed, which likely influenced responses and complicates interpretation of the findings. In addition, compared to the February 2021 survey, a smaller share of survey respondents declared themselves to be in the lowest income category (14% in September vs. 31% in February), which may affect trends in survey measures over time.*

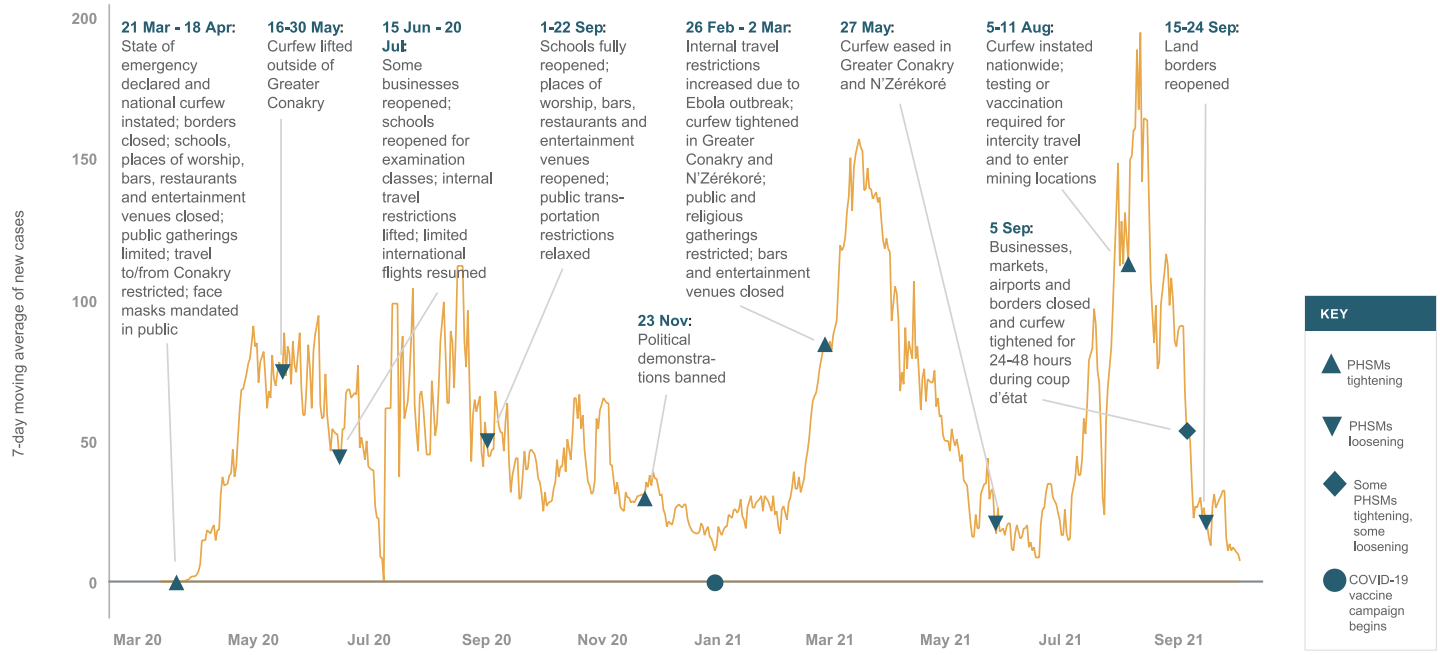
Guinea experienced a large COVID-19 surge in mid-August 2021 with a seven-day average of nearly 200 new cases reported per day. Incidence during the August wave was the highest reported to date in Guinea, potentially due to the Delta variant (first detected in Guinea on 17 May 2021). As reported incidence increased in early August, the government instated a nationwide curfew and tightened restrictions on intercity travel. Test positivity was around 20% during the August peak, suggesting that many cases went undetected.

On 5 Sep 2021, a successful coup d'état ousted former President Alpha Condé. International groups condemned the coup — the fourth military takeover in 12 months in the African Union's Western region — and the Economic Community of West African States announced sanctions against the military junta. After imposing a stringent curfew and border closures during the coup, on 7 Sep curfew hours were reduced nationwide and airports reopened to humanitarian and international flights. Restrictions to control COVID-19, such as testing requirements for intercity travel, closure of entertainment venues and capacity limits for religious gatherings, remained in place amid declining reported COVID-19 incidence. By late September, only about 30 new cases were reported per day and test positivity was around 5%. The nationwide curfew was lifted completely on 22 Oct, after this survey was fielded. A new Minister of Health and Public Hygiene was named on 25 Oct.

On 30 Dec 2020, Guinea became the first low-income country to begin COVID-19 vaccinations, publicly vaccinating a small number of government officials. By 3 Oct 2021, five vaccines were in use in Guinea (AstraZeneca, Johnson & Johnson, Sinopharm, Sinovac and Sputnik V) and 10% of the population had received at least one dose; vaccinations have been prioritized for health care workers and persons aged 65 years or older.

In the last six months, Guinea has also responded to outbreaks of measles, polio, Lassa fever, Ebola virus disease (EVD) and the first ever reported case of Marburg virus disease in the country. A rapid, targeted response limited the EVD outbreak (which began in February, during Guinea's second COVID-19 wave) to 23 cases and 12 deaths; more than 10,000 people had been vaccinated against EVD by the time the outbreak was declared over on 19 Jun. The EVD, Marburg virus and ongoing Lassa fever outbreaks all occurred in N'Zérekoré region, the second poorest region in Guinea.

**The Delta variant likely contributed to the August 2021 surge in COVID-19 cases, which subsided before the 5 Sept coup d'état.**



PHSM Support and Self-Reported Adherence

# Do people support and follow measures?

### What the data say

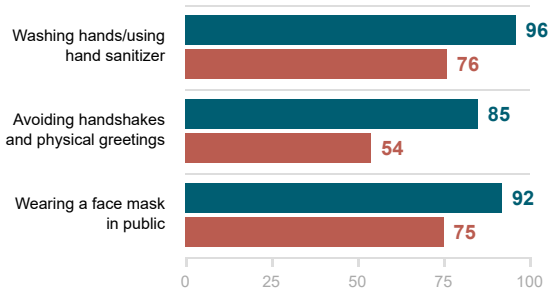
Support for individual measures remained high (79%) whereas only about a quarter of respondents supported measures that restrict social gatherings and movement. Support for measures that restrict social gatherings and movement both declined by 10 percentage points since February 2021 and were below the Western regional averages (27% vs. 34% and 24% vs. 37%, respectively).

- Self-reported adherence to all types of PHSMs was low. Whereas self-reported adherence to individual measures declined slightly since February 2021, self-reported adherence for measures restricting social gatherings and movement remained consistent, which may reflect similar restrictions in place during both surveys.
- A larger share of lower-income than higher-income respondents reported adhering to all types of measures (45% vs. 33% for individual measures; 23% vs. 9% for social gatherings restrictions; 20% vs. 10% for movement restrictions). A larger share of this group also supported social gatherings and movement restrictions than higher-income respondents (33% vs. 24% and 31% vs. 20%, respectively).

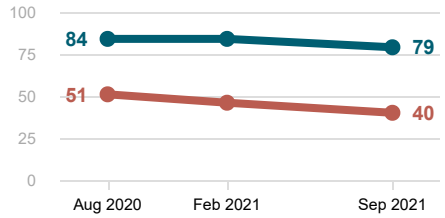
## Individual measures

Support for individual measures was high regardless of personal risk perception. However, a larger share of respondents who perceived their risk of catching COVID-19 to be high reported adhering to individual measures (44% vs. 37% of those with low risk perception).

*Support for and adherence to each individual measure in Sep 2021*



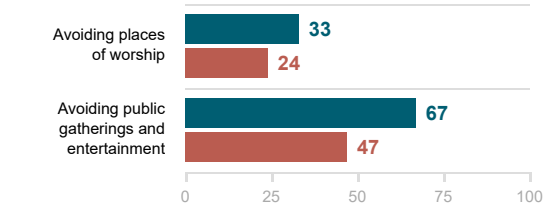

*Trend in support for and adherence to all individual measures (composite score)*



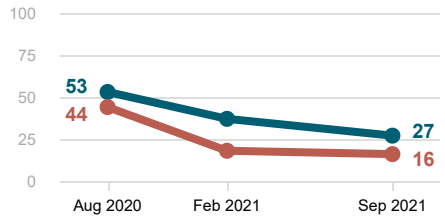

## Measures restricting social gatherings

Support for restrictions on social gatherings was associated with personal risk perception; a larger share of those who reported high perceived personal risk supported these restrictions (32% vs. 24% of those with low risk perception).

*Support for and adherence to each social measure in Sep 2021*



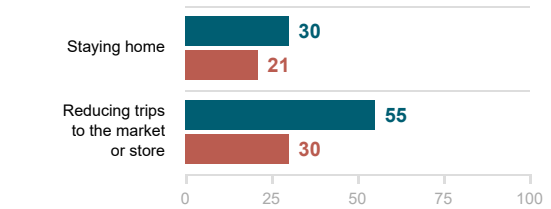

*Trend in support for and adherence to all social measures (composite score)*



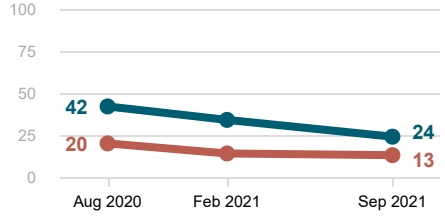

## Measures restricting movement

Reported adherence to movement restrictions was higher among rural than urban survey respondents (16% vs. 8%).

*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?

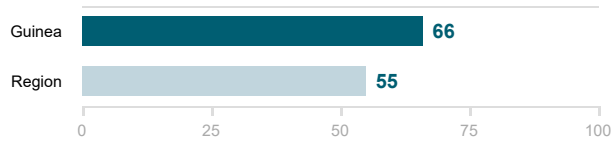
### What the data say

Two in three survey respondents believed that COVID-19 would affect many of their fellow citizens — the most of any surveyed Member State in the Western region. However, only about 15% of respondents felt they were personally at high risk of catching the virus; access to income and employment was a top concern for far more respondents than the pandemic.

- Perceived risk of infection was low across all sociodemographic groups, potentially because of low reported COVID-19 incidence at the time of this survey as well as low reported cumulative incidence — very few (2%) respondents reported they or someone in their household had COVID-19. Despite low perceived risk of infection, more than half of respondents believed the disease would seriously affect their health if they were to become infected. Perceptions of severity were higher among males (59% vs. 49% of females) and urban residents (60% vs. 50% rural residents), opposite findings from the February 2021 survey.
- Political instability may have contributed to concerns about access to income and employment — reported by more than seven in 10 respondents — as well as anxiety about resuming normal activities, which was reported by three in four respondents. Concern about access to income and employment is in line with the decline in support for economically restrictive PHSMs and reflects the alarming burden of job and income loss in Guinea during the pandemic. An estimated 80% of businesses have reduced or ceased activities at some point during the pandemic and three-quarters of survey respondents reported having lost income since the pandemic started.
- Education was a top concern for about a third of respondents. COVID-19-related school closures have affected more than 2.8 million children in Guinea. Schools reopened again in late October 2021, but media have reported that some families may not be able to afford to send children back to school. Education was a concern for a higher share of lower-income survey respondents (37% vs. 29% of higher-income respondents).

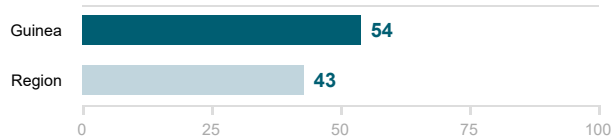
## How do people understand the risk of COVID-19?

**66% believe that COVID-19 will affect many people in their country**



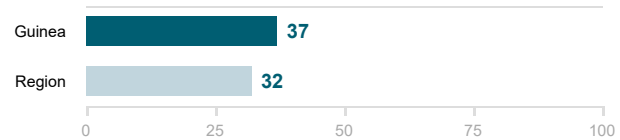

**16% believe that their personal risk of being infected with COVID-19 is high**


**54% believe that their health would be seriously affected by COVID-19**

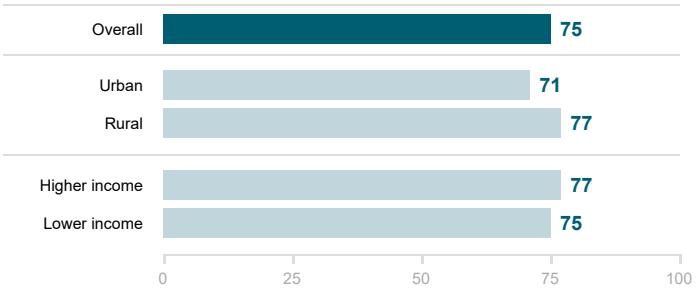



## How concerned are people about COVID-19?

**37% report COVID-19 as being a top concern**




**75% 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 | 71% |
| COVID-19 pandemic | 37% |
| Education | 32% |

Information and Risk Perception

# Whom do people trust?

### What the data say

Satisfaction with the government's COVID-19 response remained high — about nine in 10 respondents were satisfied in both the September 2021 and February 2021 surveys, which is higher than the Western regional average (74%). Multilateral health organizations and hospitals remained the most trusted institutions with respect to handling of the pandemic. Political instability may have contributed to higher levels of trust in multilateral institutions' handling of the pandemic as compared with government institutions, such as the president and Ministry of Health (which were both still trusted by about eight in 10 respondents).

- However, because this survey was fielded just two weeks after the coup d'état, indicators of satisfaction with and trust in government institutions' handling of the pandemic are difficult to interpret. After the coup, the military junta maintained many COVID-19 response measures enacted by the previous government. Continued monitoring of these indicators may be warranted once the new transitional government is fully established.

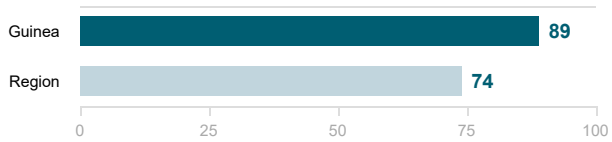
Health care workers and local and international television were widely trusted as sources of information about COVID-19. Local television was the most commonly relied upon source for information about COVID-19, consulted by almost two thirds of respondents.

- In contrast, only about three in 10 respondents trusted social media platforms — Twitter (35%), WhatsApp (32%) and Facebook (28%). However, one in four survey respondents normally got information about COVID-19 from Facebook, making it the fourth most widely consumed information source.

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

Satisfaction with the government's response and trust in institutions were consistent across sociodemographic groups. Trust in multilateral health organizations and hospitals remained consistent with the February 2021 survey, whereas trust in the military's handling of the pandemic had increased (61% in February vs. 71% in September), and trust in the Ministry of Health had declined (88% in February vs. 79% in September).

**89% 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

| | |
|---|---|
| UNICEF | 91% |
| World Health Organization (WHO) | 89% |
| Hospitals/health centers | 87% |

### Do people believe accurate information?

Half of survey respondents believed that health care workers should be avoided — more than in other surveyed Member States in the Western region (average of 38%). This belief may cause people to forgo necessary health services; concern about catching COVID-19 was the second most common barrier reported by those who skipped needed health visits in the previous six months. Policymakers should bolster their efforts to use trusted information sources — such as health care workers and television — to help dispel myths and promote accurate health information.

**Most trusted sources of information**

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

| | |
|---|---|
| International television channel | 71% |
| Health center/health workers | 65% |
| Local television | 64% |

**79% understand that infected people may never show symptoms but could still infect others.**

**70% understand that infected people may not show symptoms for five to 14 days.**

**50% believe that COVID-19 can be cured with herbal remedies.**

**50% 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

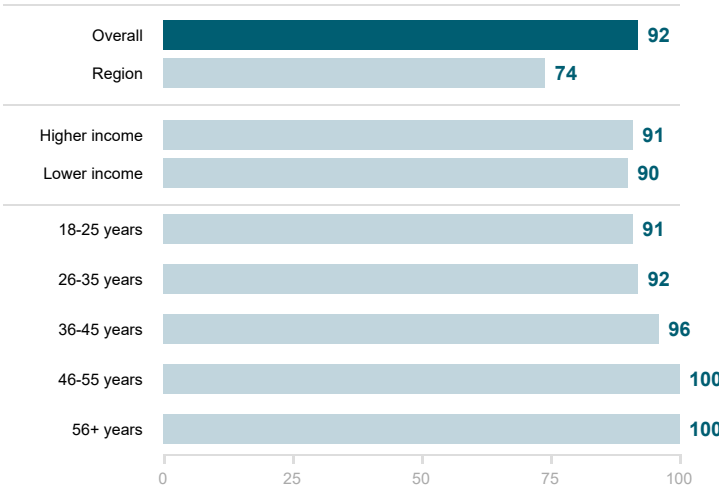
More than nine in 10 survey respondents reported that they were either vaccinated or likely to get a COVID-19 vaccine — higher than the Western regional average (74%) and likelihood of vaccination reported in the February 2021 survey (86%).

- Survey respondents indicated a need for more information on how vaccines work and their safety and effectiveness, which could be shared via health care workers and local television — information sources most trusted by survey respondents. Messaging should cover all five vaccines in use in Guinea, each of which works differently and has different side effects.
- Among the small share of respondents who were not planning to be vaccinated, the most common reason was low perceived risk of contracting COVID-19 — similar to findings from the February 2021 survey. Relatively low reported cumulative COVID-19 incidence may have contributed to low risk perception; only 2% of all respondents reported they or someone in their household had COVID-19.

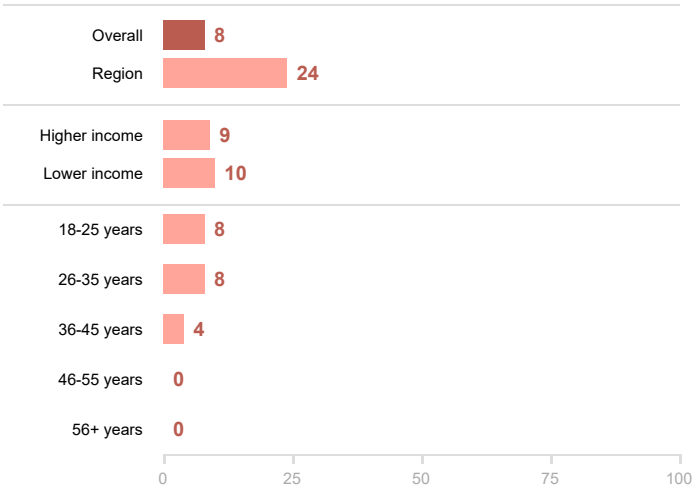
## How many people reported getting or planning to get the COVID-19 vaccine?

*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.*

**92% are vaccinated or are likely to get vaccinated**




**8% are unlikely to get vaccinated**




Note: <100 people reported being unlikely to get vaccinated; results should be interpreted with caution.

## 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% |
| How effective is the vaccine? | 33% |
| What are the main side effects and are they painful/serious? | 23% |

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

**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 | 35% |
| Afraid of injections | 26% |
| I do not yet know enough about the vaccine to make a decision | 22% |

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

Secondary Burdens

# Are people skipping or delaying health care?

### What the data say

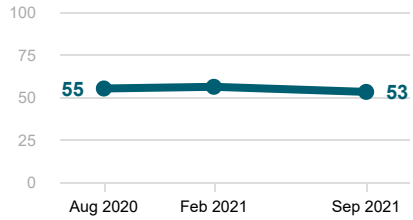
Among households needing health care or medication, about one in five reported skipping or delaying health services in the previous six months and more than half reported difficulty getting needed medicines in the previous three months.

- Skipped health visits and difficulty obtaining needed medicines were reported by a larger share of people from lower-income households. In addition, cost was the most commonly reported barrier to accessing care by all respondents who missed visits in this and two previous surveys. This underscores the connection between economic burdens and access to health care.
- Although most skipped visits were for routine check-ups, about one-third were for communicable diseases and diagnostic services for associated symptoms, including symptoms such as fever or chills (12% of skipped visits) that could overlap with COVID-19, suggesting that cases may have been going undetected.
- 13% of missed visits were for vaccinations and 11% for reproductive, maternal, newborn and child health. This is a concern given that UNICEF reported nearly 1.7 million and 1.2 million children under five years of age in Guinea need to be vaccinated against measles and polio, respectively, amid ongoing outbreaks of both diseases.

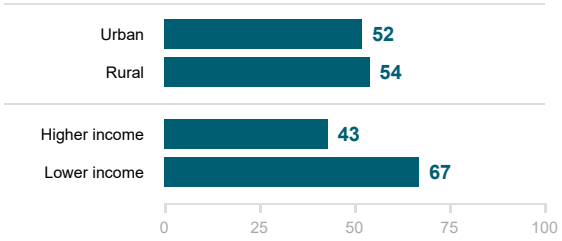
## Difficulty getting medicines

Reported difficulty accessing medicine has remained consistent since August 2020. In addition to lower-income respondents, a larger share of households that have lost income during the pandemic reported difficulty accessing needed medicines (58% vs. 35% of those who have not lost income).

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



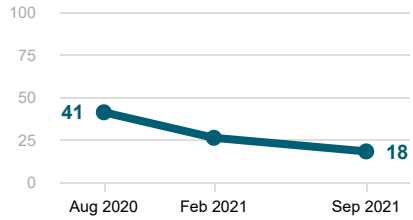

*Percentage having difficulty getting medicines by category*



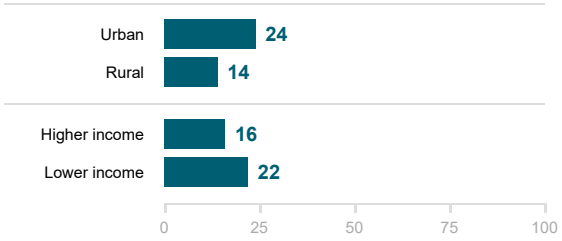

## Skipping or delaying health visits

In addition to urban and lower-income households, a larger share of males (23% vs. 12% of females) and those with long-standing health issues (29% vs. 14% of those without long-standing health issues) reported skipping visits.

*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 | 17% |
| Worried about catching COVID-19 | 16% |
| Health facility disruption | 15% |
| Caretaker responsibilities | 8% |
| Mobility restrictions/transport challenges | 6% |

Note: 53% of reasons categorized as "other".

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

People could choose multiple responses

| | |
|---|---|
| General/routine check-up | 53% |
| Diagnostic services/symptoms | 19% |
| Communicable diseases | 16% |
| Vaccinations | 13% |
| Reproductive, maternal, newborn, child health | 11% |

Secondary Burdens

# Are people experiencing income loss or food insecurity?

### What the data say

Income loss and food access challenges remained widespread in Guinea — more than three-quarters of survey respondents said that their household income had fallen during the pandemic and nearly half of households reported missing meals in the previous seven days.

- The extent of reported income loss and missed meals were similar to findings from the February 2021 survey (78% reported lost income, 49% reported missing meals).
- The pandemic has exacerbated already high levels of poverty — 55% of people in Guinea currently live below the poverty line — with income loss during the pandemic reported by a larger share of lower-income households than higher income households.
- Across all sociodemographic groups, the most frequently cited barrier to food access was higher food prices. Food price inflation was reported to be 16% in Guinea in September 2021; factors contributing to higher food prices include a 22% increase in fuel prices, poor roads and limited access to markets during the pandemic.
- All barriers to food access were reported by a larger share of rural households and those who have lost income during the pandemic. In particular, more rural than urban households reported shortages (58% vs. 49%), market closures (53% vs. 41%) and mobility restrictions (42% vs. 35%) as barriers to food access. Rural households also reported missing meals in the previous seven days at a higher rate (51% vs. 42% of urban households), as did lower-income households and those who have lost income during the pandemic (53% vs. 28% of those reporting no income loss).
- Almost no survey respondents (1%) reported receiving additional government assistance in the previous month. This marked a shift from the February 2021 survey, when 30% of respondents said they had benefited from additional government assistance in the previous month.

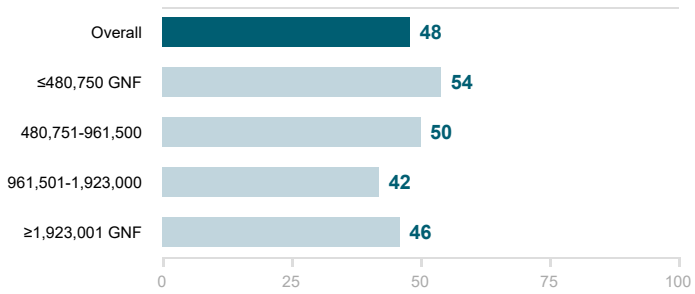
**Reported barriers to food access**

Percentage of people reporting each barrier

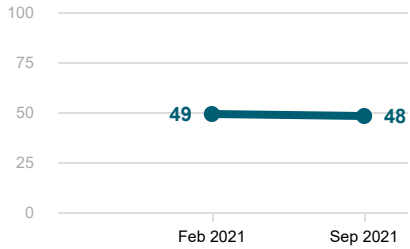
| | |
|---|---|
| Less income | 74% |
| Higher food prices | 81% |
| Food markets closed | 48% |
| Mobility restrictions | 39% |
| Food market supply shortages | 55% |

## Missing meals

*Percentage of households **missing meals** by category*



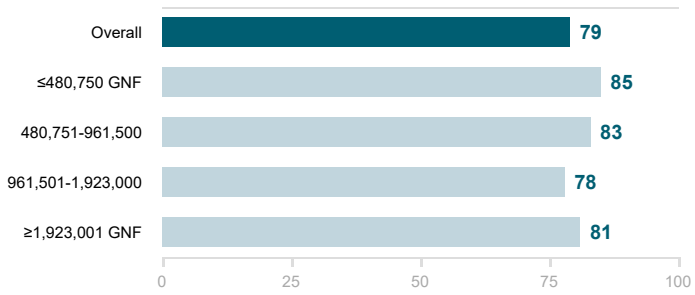

*Percentage of households **missing meals** over time*



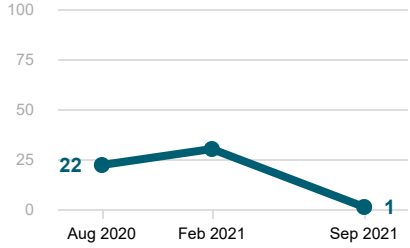

Note: Data on missing meals were not collected in Aug 2020.

## 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 Guinea consisted of 1,241 adults (489 urban, 752 rural), collected between 18 Sep and 2 Oct 2021.

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

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