

Data updated April 30, 2020

Partnership for Evidence-Based Response to COVID-19

Effective Implementation of Public Health and Social Measures in Côte d'Ivoire: Situational Analysis

Highlights¹

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- Côte d'Ivoire is facing one of the largest COVID-19 epidemics on the continent, and has undertaken significant measures to slow the spread of the virus. The government has imposed a nationwide curfew and restriction on travel into and out of the capital, Abidjan. The government has not yet issued a stay-at-home order.
- The government has introduced new social support measures including expanded cash transfers to mitigate the economic impact on households.
- According to survey results, urban lvorians have high awareness of COVID-19, but there is significant misinformation, some of which may provide a misplaced sense of protection or contribute to stigma which could lead to violence or prevent people from accessing needed care.
- While the vast majority of survey respondents saw COVID-19 as a threat to the country, fewer felt that they were personally at risk for infection.
- Support for the government and PHSMs was lower than regional and continent averages, which could be a challenge for the response; there is greater opposition to measures that would interfere with economic activities.
- Households indicate limited ability to cope with isolation, with the majority indicating that they would run out of food and cash in less than a week.
- A number of security incidents have been reported, including demonstrations and violent enforcement of measures.

Côte d'Ivoire

Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in Côte d'Ivoire to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

ABOUT PERC

The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African Union Member States. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum. Ipsos and Novetta Mission Analytics bring market research expertise and years of data analytic support to the partnership.

This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: https://preventepidemics.org/ coronavirus/perc/data

Disease Dynamics

CÔTE D'IVOIRE HAS ONE OF THE LARGEST COVID-19 EPIDEMICS IN AFRICA, ALTHOUGH AN INCREASING DOUBLING TIME INDICATES SLOWER GROWTH.

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Total	Total	Case-fatality	Total # of days to	Date of first
cases	deaths	rate (%)	double case count	reported case
1,238	14	1.13	17	March 12

Rate of growth of caseload in Côte d'Ivoire has been similar to highest-caseload African Union Member States



Implementation of Key PHSMs

AS CASES HAVE GROWN, THE GOVERNMENT HAS INTRODUCED A NUMBER OF MEASURES TO MITIGATE THE SPREAD OF THE VIRUS, INCLUDING SCHOOL CLOSURES, A BAN ON GATHERINGS, AND A NIGHTLY CURFEW.

- Côte d'Ivoire's COVID-19 epidemic has grown at a similar pace to the five African Union Member States with the highest caseloads-Algeria, Cameroon, Egypt, Morocco and South Africa-but growth has stabilized since mid-April. The total number of cases has since started to plateau.
- The most recent doubling time is 17 days, which indicates a slowing growth in cases. Doubling time is the number of days it took for cases to double to reach the current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic.
- A low case-fatality rate suggests that disease surveillance is relatively strong in Côte d'Ivoire. Case-fatality rate (CFR) describes the proportion of reported deaths to reported cases, and a high number indicates that many cases (mild, presymptomatic and asymptomatic) are not being detected.
- If testing is deemed to be sufficient or is increasing, then changes in case counts per day can also be used to assess COVID-19 transmission. No collated data on testing are publicly available for Côte d'Ivoire, so it is difficult to compare testing rates with other Member States. However, the government has taken steps to boost testing. On April 6, the Ministry of Health and Public Hygiene published a list of testing sites in and around Abidjan, and the government has also begun increasing testing capacity in 45 sites nationwide.



3-day moving average of new cases and date of PHSM implementation

March 16:

Schools and entertainment venues closed (extended on April 17 until May 17); gatherings of more than 50 people banned

March 22:

Borders closed, except for humanitarian aid; restaurants closed

March 23:

March 30:

Transit into and out of Greater Abidjan prohibited, with exceptions for essential supplies and services until April 15

April 9:

Obligatory quarantine for vulnerable populations (elderly and people with chronic illnesses); wearing face masks required in Greater Abidjan

April 20:

30 million masks to be delivered for free to lvorians





Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted an in-person poll of 1,036 adults in Abidjan between April 1 and April 4. At the time of polling, Côte d'Ivoire had 168 to 218 confirmed COVID-19 cases.



Information on COVID-19

Belief in Misinformation and Rumors

COVID-19 is a germ weapon created by

Hot climate prevents spread

People who have recovered from COVID-19 should be avoided to prevent 33%

You might get COVID-19 from any

Chinese person in your country

Africans can't get COVID-19 Drinking bleach cures COVID-19

You can prevent COVID-19 by drinking

a government

spreading it

disease

lemon and vitamin C

Percentage believing each false statement is probably or definitely true

39%

38%

30%

13%

11%

Urban Ivorians had high awareness of the epidemic (100%). However, many continue to hold misperceptions, including some that could offer a misplaced sense of protection, encourage dangerous misinformation, or contribute to stigma. For example, 39% believed that COVID-19 was a germ weapon created by government while 33% believed that people who have recovered from COVID-19 should be avoided to prevent spread. Two in five (40%) said they needed more information, particularly on prevention, transmission and cure.

Demand for Information



Information Needs



information on how to protect themselves and their families

want more information on how to cure COVID-19 or if there is a cure

want more information on how COVID-19 spreads

RISK PERCEPTIONS IN

CÔTE D'IVOIRE BY AGE

Risk Perceptions

While 93% of urban Ivorians reported that the virus will be a problem for the country, a lower share (54%) perceived a high personal risk of infection.



Percentage reporting COVID-19 will be a problem in the country Percentage reporting personal risk of catching COVID-19 high/very high

preventepidemics.org/coronavirus/perc/

Côte d'Ivoire



Support for Government and PHSMs

Only 62% of respondents were satisfied with the government's response to date and only 57% trust the information provided by the government on COVID-19. Doctors are seen as a highly trusted source for health information (85%), as is the health ministry (75%). Trust in the presidency for health information was lower at 48%.

Sixty-five percent (65%) of respondents felt confident they would get the help they needed immediately if they were to fall sick.

Urban Ivorians were supportive of some PHSMs to limit the spread of COVID-19, such as closing schools (91%). Support dropped for shutting down spaces and services that are essential to the economy, with only 61% supporting closing markets and just over half (51%) supporting shutting down transport or closing workplaces.

Support for PHSMs

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Percentage of respondents that somewhat or strongly support

	Côte d'Ivoire	Western region	All AU Member States surveyed
Closing schools	91%	94%	95%
Closing churches and mosques	65%	75%	77%
Shutting down markets	61%	67%	70%
Closing workplaces	51%	70%	70%
Closing transportation in and around cities	51%	69%	71%



Trust in Information Sources

Percentage that completely or mostly trust each source for health information



Barriers to Adherence

It may be difficult for households to comply with stay-at-home orders, as most households would run out of food (56%) and money (65%) within a week, particularly low-income households. Only one in five (21%) households had a separate room to isolate sick people.



of respondents in families making less than US\$100 per month have a separate room in the home to isolate someone with COVID-19

Supplies of Food & Money

Percentage who expect to run out in 1 week or less

Overall Low-income (Less than US\$100/month)





Economic and Relief Measures

The Ivorian government has announced investments in the health sector as well as business and economic support measures to mitigate the impact of COVID-19 and preserve key sectors of the economy.

- **Health care:** The government adopted an emergency health response plan of 96 billion CFA (US\$160 million or 0.3% of GDP), which will fund free care for those with COVID-19, and improve health system capacity, including intensive care units, surveillance, and research.
- Social support: Government measures include agricultural input support and expanded cash transfers. The government established a solidarity fund of CFA 170 billion (US\$280 million) to support the most vulnerable households, and additional support funds for the informal sector, small and medium-sized enterprises, and larger firms. Payment deadlines for electricity and water bills were postponed and the government will cover the electricity and water bills of about 1 million households for two months.

Overview of Security Incidents Related to COVID-19

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A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on the population. A number of COVID-related incidents have been reported in Côte d'Ivoire since March, including the use of force and destruction of property by police and military to enforce coronavirus measures, extortion by officials, violent demonstrations against measures, and destruction by civilians of a testing center.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: <u>HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA</u>













