

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 Liberia to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

Effective Implementation of Public Health and Social Measures in Liberia: 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.

- Although Liberia's case count remains relatively low, its high case-fatality rate (11.34) suggests that many cases have not been detected.
- The country is in lockdown to prevent further spread of the disease. Relief measures to date have focused on food security, including provision of school meals.
- Urban Liberians have high awareness of COVID-19, but there is substantial misinformation, including some misperceptions that could lead to a mistaken sense of protection, or stigma against people thought to be at risk.
- 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.
- There is majority support for various PHSMs, including cancellation of mass gatherings and isolation of sick people; but there is less support for canceling prayer services, closing markets, and shutting down transport.
- Households indicate limited ability to cope with lockdown restrictions, with the majority estimating that they would run out of food and cash in less than a week. A number of security incidents, particularly in Monrovia, highlight the risk of civil disruption in the context of stringent PHSMs, which could undermine response efforts.

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.

¹ 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>

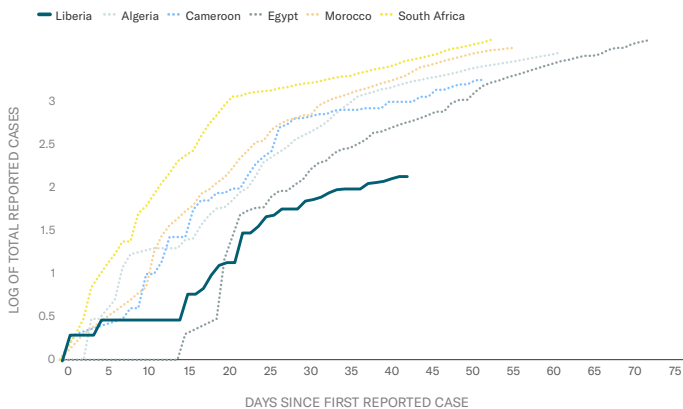
Disease Dynamics

A MONTH AND A HALF INTO THE EPIDEMIC, LIBERIA'S CONFIRMED COVID-19 CASE COUNT REMAINS RELATIVELY LOW, BUT THE ACTUAL BURDEN IS LIKELY MUCH HIGHER, AS SUGGESTED BY THE HIGH CASE-FATALITY RATE.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
141	16	11.34	14	March 17

Rate of growth of caseload in Liberia has been slower compared to highest-caseload African Union Member States

as of April 30, 2020



- According to reported case data, the epidemic in Liberia has grown at a slower pace than that of the five African Union Member States with the highest caseload (Algeria, Cameroon, Egypt, Morocco and South Africa).
- The most recent doubling time is 14 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. If testing is believed to be sufficient or is increasing, then changes in case counts per day can also be used to assess COVID-19 transmission.
- Case-fatality rate (CFR) describes the proportion of reported deaths to reported cases. The CFR in Liberia is high at 11.34%, most likely an overestimate due to undetected cases (mild, presymptomatic and asymptomatic).
- No publicly collated data on testing are available for Liberia from our data source, so the degree to which reported cases reflect disease transmission is difficult to assess.

Implementation of Key PHSMs

LIBERIA CLOSED SCHOOLS AND MANY PUBLIC SPACES WITHIN A WEEK OF THE FIRST REPORTED CASE AND IMPLEMENTED A STAY-AT-HOME ORDER FOR SPECIFIC AREAS WITHIN A MONTH. THE STAY-AT-HOME ORDER IS IN EFFECT UNTIL AT LEAST MAY 8.

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

March 9:

Public health campaigns launched to increase COVID-19 awareness

March 22:

Schools, religious spaces, entertainment venues and beaches closed; gatherings of more than 10 people banned; limit on passengers in public transport; businesses required to support physical distancing; all commercial international flights suspended

April 10:

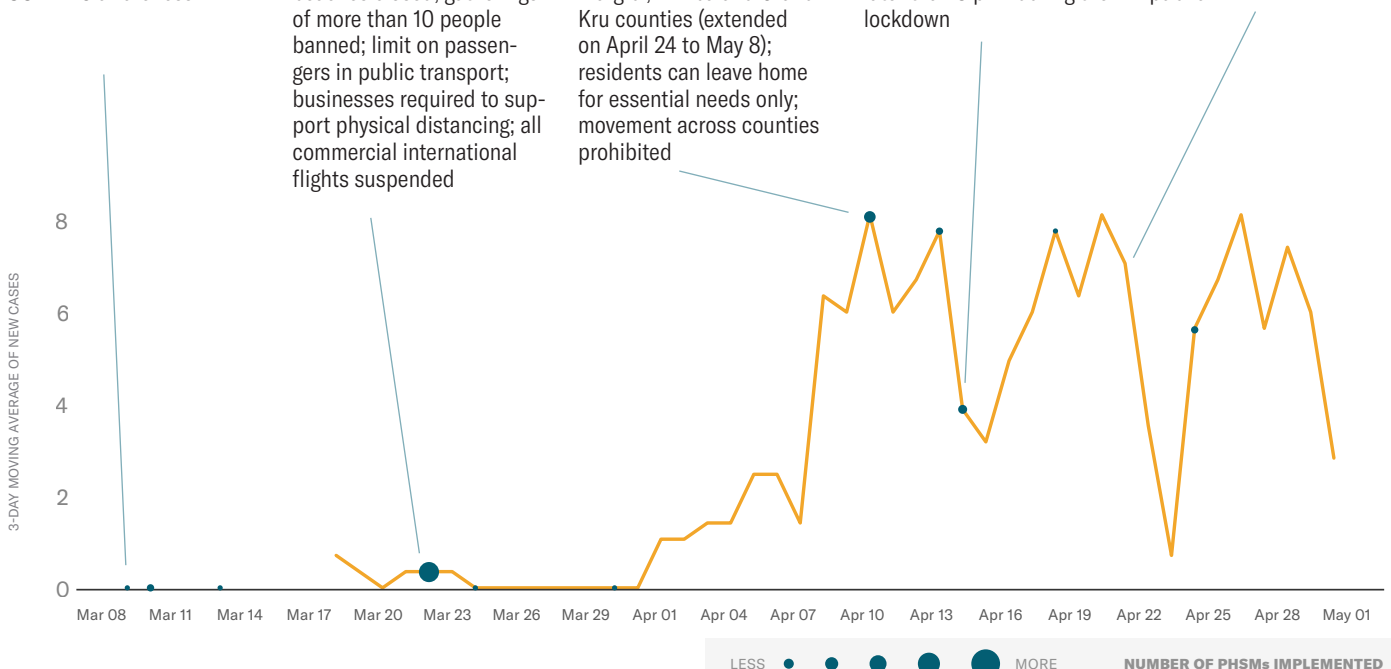
Three-week lockdown announced for Montserrado, Margibi, Nimba and Grand Kru counties (extended on April 24 to May 8); residents can leave home for essential needs only; movement across counties prohibited

April 14:

All essential commercial activities to close no later than 3 p.m. during the lockdown

April 21:

Resolution passed requiring people to wear masks in public



LESS ● ● ● ● ● MORE

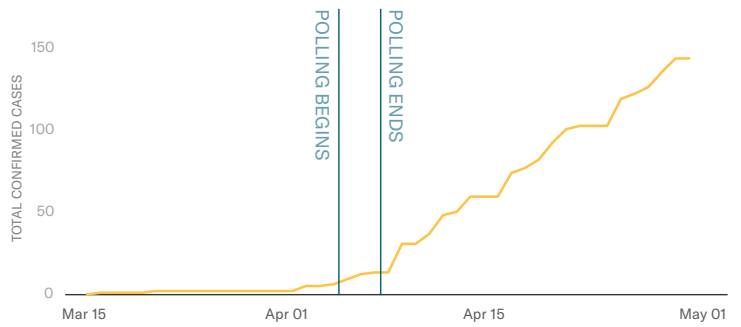
NUMBER OF PHSMS IMPLEMENTED

Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,059 adults in Monrovia between April 4 and April 7, 2020. At the time of polling, Liberia had seven to 14 confirmed COVID-19 cases.

Timing of poll in Liberia

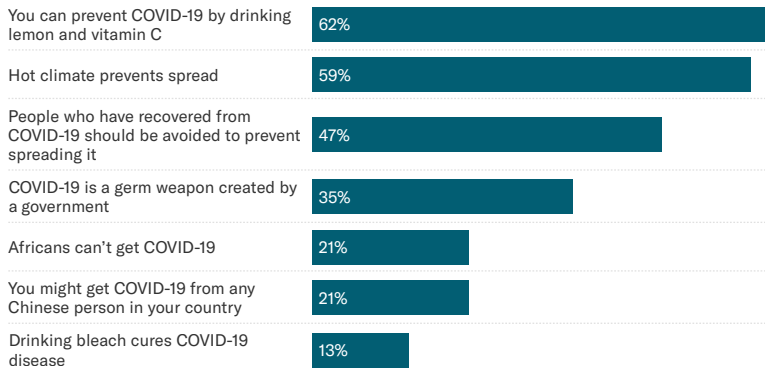


Information on COVID-19

Urban Liberians have high awareness of the epidemic (99%). However, many continue to hold misperceptions, including some that could offer a misplaced sense of protection or contribute to stigma. For example, three in five (62%) believed you can prevent COVID by drinking lemon and vitamin C, and almost half (47%) believed that people who had recovered from the disease should be avoided. Almost one in three (31%) said they would like more information, particularly on prevention, transmission and cure.

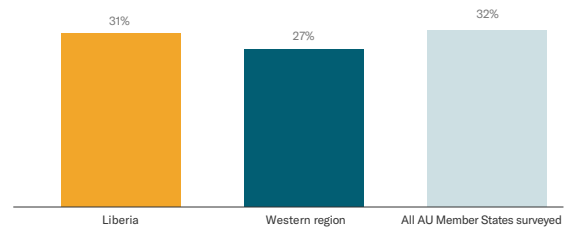
Belief in Misinformation and Rumors

Percentage believing each false statement is probably or definitely true



Demand for Information

Percentage reporting they **do not** currently have enough information about COVID-19



Information Needs

25%

want more information on how to protect themselves and their families

24%

want more information on how COVID-19 spreads

23%

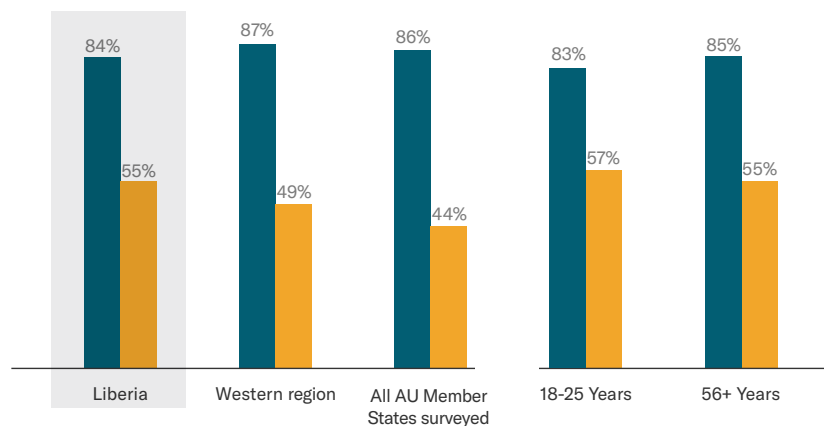
want more information on how to cure COVID-19 or if there is a cure

Risk Perceptions

While 84% of urban Liberians reported that the virus will be a problem for the country, a lower share (55%) perceived themselves to be at high personal risk of infection.

RISK PERCEPTIONS IN LIBERIA IN CONTEXT

RISK PERCEPTIONS IN LIBERIA BY AGE



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

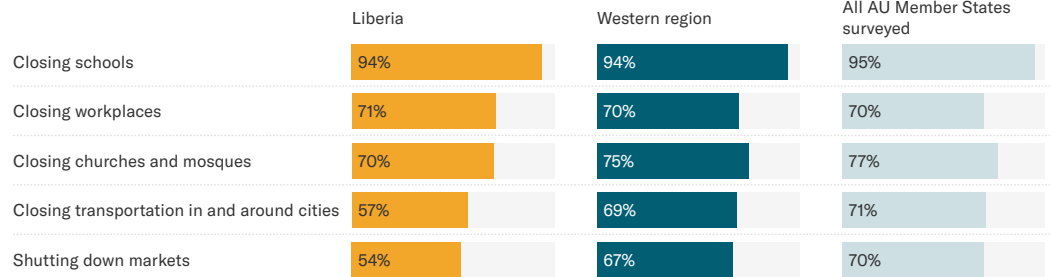
Support for Government and PHSMs

Slightly more than half (58%) of respondents were satisfied with the government’s response to date and 64% trust the information provided by the government on COVID-19. Doctors (87%) were more trusted sources for health information, when compared to the presidency (66%), community leaders (52%) and other categories. Seven of 10 respondents (70%) felt confident they would get the help they needed immediately if they were to fall sick.

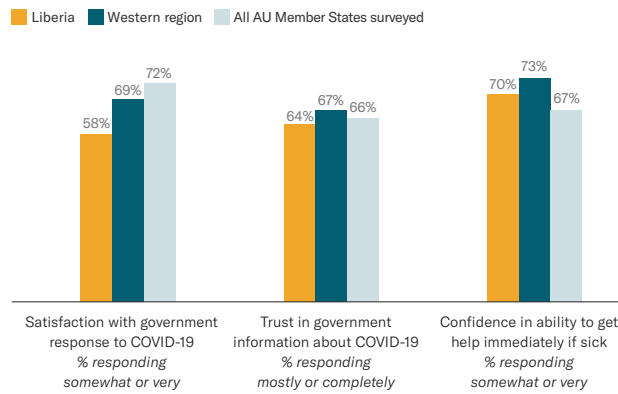
Urban Liberians were somewhat supportive of a wide range of PHSMs to help limit the spread of COVID-19. However, while 94% supported closing schools, support for measures which restricted movement or limited economic activity were much lower (only 54% supported closing markets, and 57% supported shutting down transit).

Support for PHSMs

Percentage of respondents that somewhat or strongly support

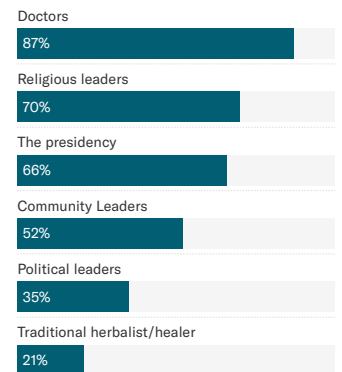


Perceptions of Government & Health System



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 three-quarters would run out of food (78%) and money (74%) within a week (with higher rates of burden for low-income households), Only one in five households (21%) has a separate room to isolate sick people.

21%

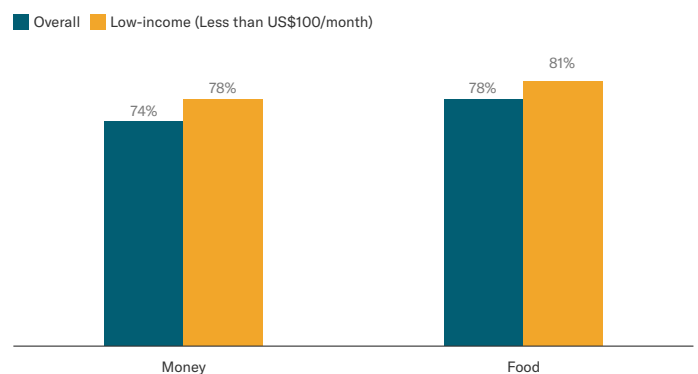
of respondents have a separate room in the home to isolate someone with COVID-19

13%

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



Economic and Relief Measures

Liberia was facing a challenging economic context prior to the COVID crisis, with an economic contraction in 2019. Reduced demand for exports and declining remittances are expected to affect economic growth, and PHSMs will increase the economic pressures. Liberia's president has established a steering committee to guide distribution of a stimulus package and announced a COVID-19 Emergency Relief Fund to engage private donors in economic relief measures.

- **Health care:** The World Bank has approved US\$17 million of off-budget project funding for Liberia's health sector. The African Development Bank is also preparing a financing package as part of its Rapid Response Facility.
- **Food security:** The government switched to take-home school meals, an approach used during the Ebola epidemic in 2014-15. In addition, lawmakers approved a US\$25 million budget, to be supplemented by donor funds, for a United Nations World Food Programme-implemented food distribution program in hard-hit areas. On April 29, Liberia adopted a food security plan which includes emergency distribution targeting the most vulnerable households, as well as households facing income loss due to COVID-19.

Overview of Security Incidents Related to COVID-19

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. Several security incidents have been reported in Liberia, including attacks on police and immigration service officers enforcing COVID-19 mitigation measures, alleged police violence and arbitrary arrests in enforcing the lockdown, and demonstrations bringing attention to the effects of PHSMs on people's livelihoods.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: [HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA](https://preventepidemics.org/coronavirus/perc/data)

