

Zambia

Background

Public health and social measures (PHSMs) are the most 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 Zambia 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 Zambia: 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 communications and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- Zambia is early in the COVID-19 epidemic, with fewer than 100 confirmed cases.
- The government has closed schools and restricted mass gatherings and travel, and a targeted lockdown is in place. The government is exploring economic relief measures to mitigate the burden on households. However, population mobility has decreased only marginally, which could affect the outbreak transmission cycle.
- Almost all urban Zambians surveyed are aware of COVID-19 and believe that it will be a problem for their country, but only about half think they are at high risk of catching the disease. Significant misperceptions persist, including some that could lead to a false sense of protection or stigma against those thought to be at risk for the disease.
- Most Zambians are satisfied with the government response to COVID-19 and trust government information; there have been only a few reported security incidents. Most are confident that they could get needed help if they were infected.
- There was strong agreement with interventions to stop the spread of the virus including physical distancing and closure of certain public places such as schools. However, there was more opposition to measures that would limit movement and livelihood.
- Households would have difficulty coping with a broader stay-at-home order, given that most estimate they would run out of food and money within a week.

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.

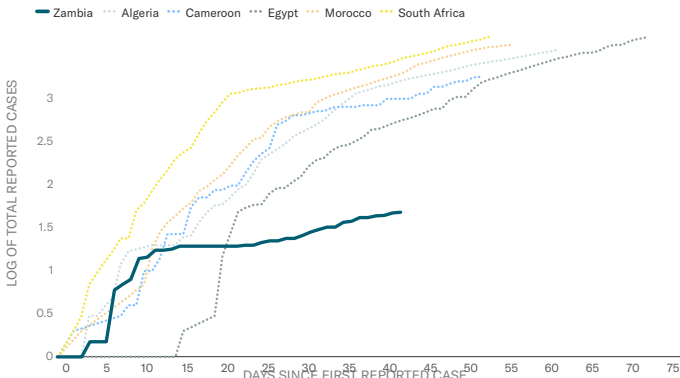
¹ This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: <https://preventepidemics.org/coronavirus/perc/data>

Disease Dynamics

ZAMBIA'S CASELOAD INITIALLY GREW RAPIDLY, BUT GROWTH HAS SLOWED SINCE EARLY APRIL AND THE CASELOAD REMAINS LOW.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
97	3	3.09	13	March 19

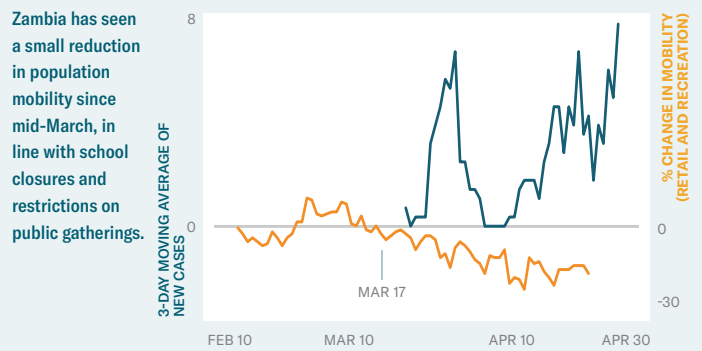
Rate of growth of caseload in Zambia has slowed compared to highest-caseload African Union Member States
 as of April 30, 2020



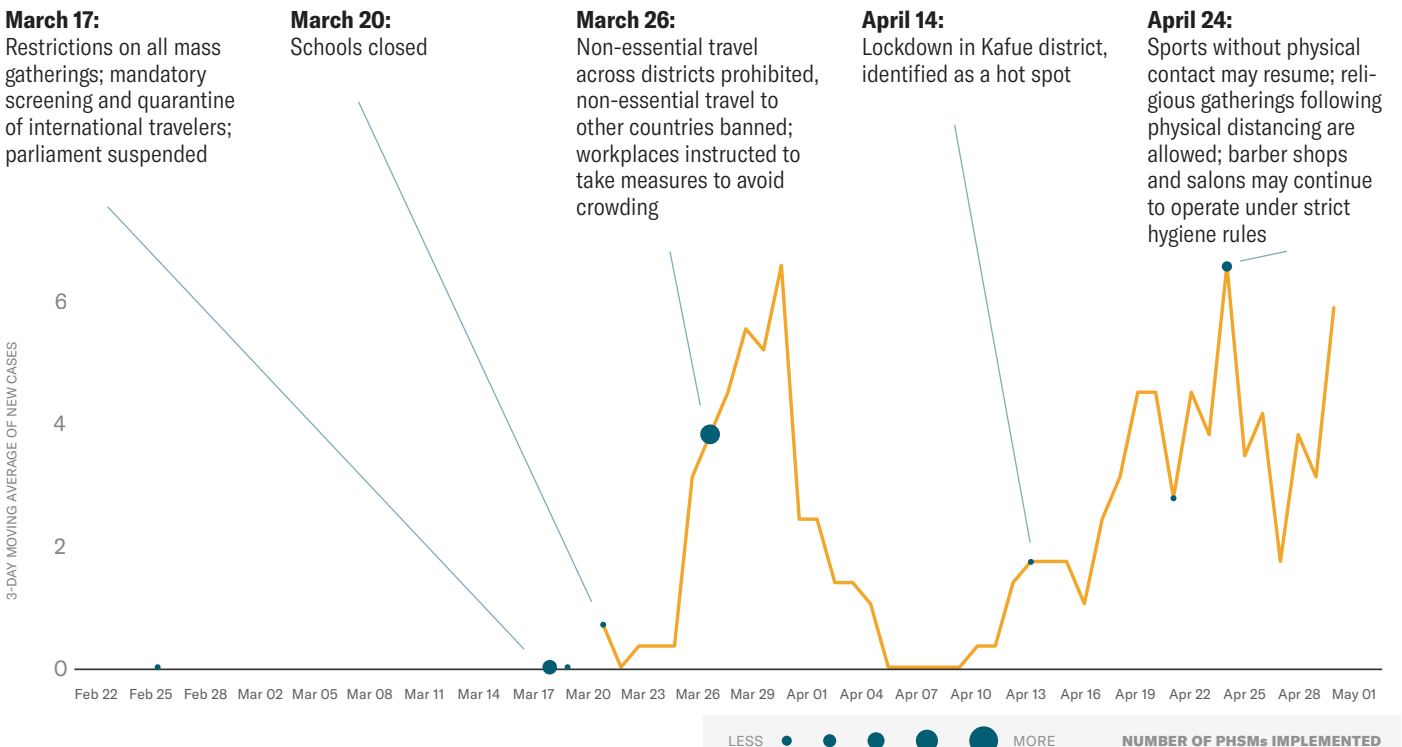
- Zambia's outbreak began on a similar trajectory as those in the most affected African Union Member States but began to flatten approximately 10 days into the outbreak (March 29). Two weeks later, the country began to see a small increase in cases. The lag in reported caseload was due to the lack of testing kits; when testing kits became available, there was an increase in new reported cases.
- The number of new cases reported per day in the past two weeks has remained stable and small.
- In Zambia, the most recent doubling time is 13 days. Doubling time is the number of days it took for cases to double to reach their 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 deemed to be sufficient or is increasing, then changes in case counts per day can also be used to assess COVID-19 transmission. Tests are being processed at the University Teaching Hospital Virology Laboratory and at the School of Veterinary Medicine at the University of Zambia. As of late April, Zambia anticipated it would rapidly scale up testing to over 2,000 COVID-19 tests per day.

Implementation of Key PHSMs

THE GOVERNMENT REACTED QUICKLY TO LIMIT PHYSICAL INTERACTION AND TRAVEL WITHIN A WEEK OF THE FIRST REPORTED CASE, AND A TARGETED LOCKDOWN IS NOW IN PLACE IN KAFUE DISTRICT.



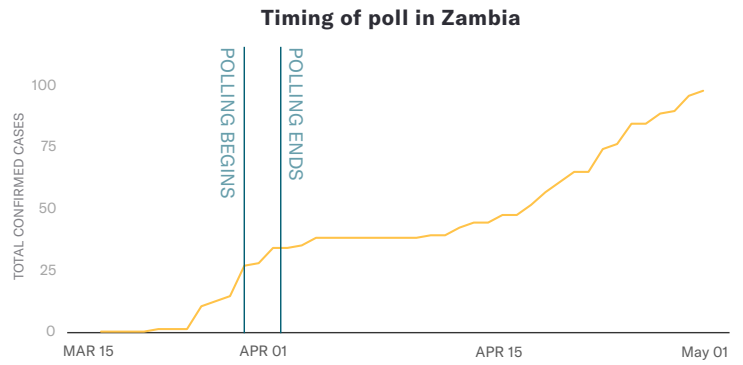
3-day moving average of new cases and date of PHSM implementation



Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,035 adults in Lusaka between March 30 and April 2, 2020. At the time of polling, Zambia had 29 to 36 confirmed COVID-19 cases.

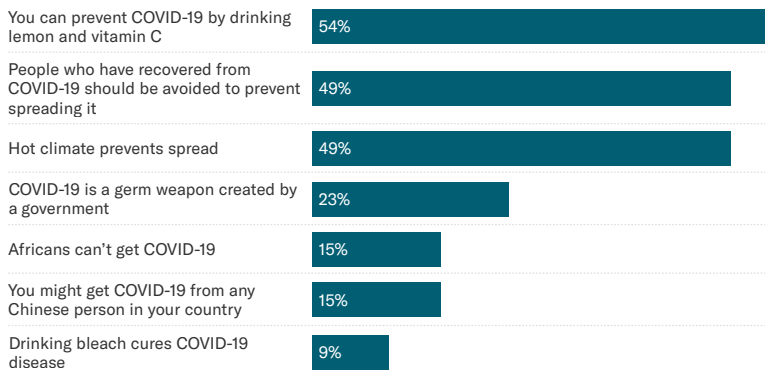


Information on COVID-19

Urban Zambians have high awareness of the epidemic (99%). However, many continue to hold misperceptions, including some that could offer a misplaced sense of protection, stoke fear, or contribute to stigma. For example, almost half (49%) said that a hot climate prevents spread of COVID-19; one in four (23%) believed that COVID-19 is a germ weapon created by a government; and almost half (49%) believed that people who had recovered from the disease should be avoided. Two in five (40%) said they would like more information, particularly on protection, transmission and treatment/cure.

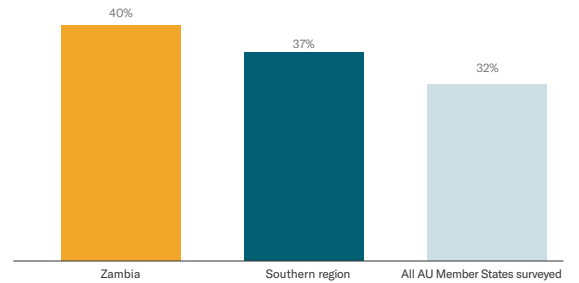
Belief in Misinformation and Rumors

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

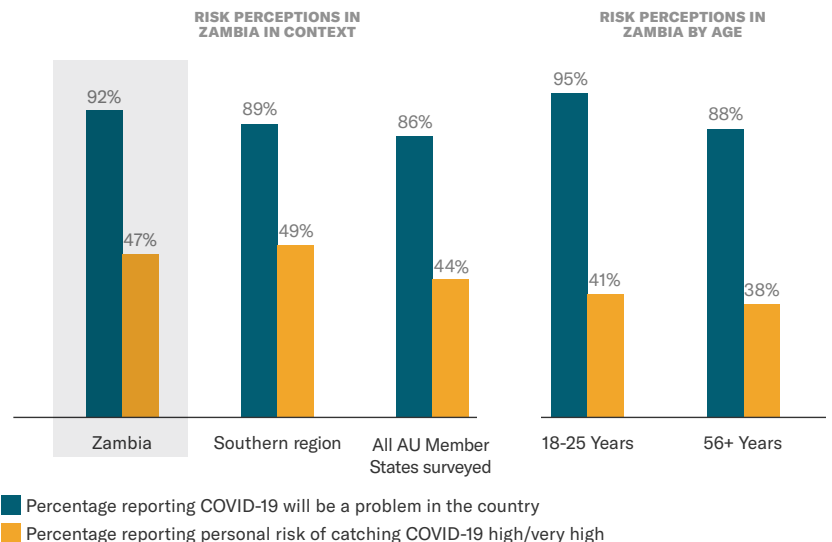
22% want more information on how to cure COVID-19 or if there is a cure

21% want more information on how to protect themselves and their families

17% want more information on how COVID-19 spreads

Risk Perceptions

While 92% of urban Zambians reported that the virus will be a problem for the country, slightly less than half (47%) perceived a high personal risk of infection.



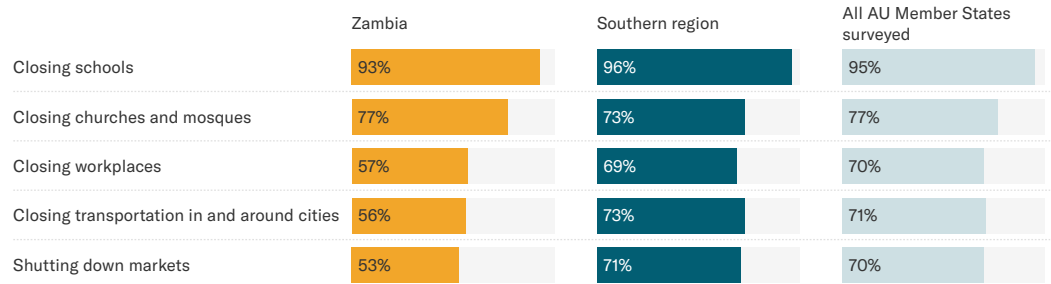
Support for Government and PHSMs

Sixty-eight percent (68%) of respondents were satisfied with the government's response to date and 69% trust the information provided by the government on COVID-19. Doctors were the more trusted source for health information (92%), compared to the presidency (77%). Almost seven of 10 respondents (69%) felt confident they would get the help they needed immediately if they were to fall sick.

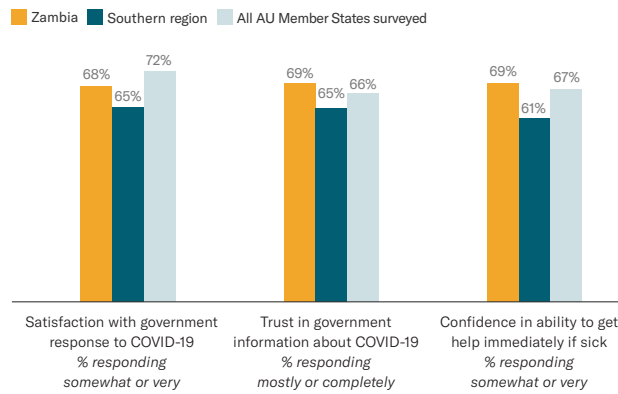
Urban Zambians were somewhat supportive of a wide range of PHSMs to help limit the spread of COVID-19. However, while 93% supported closing schools, support for measures which restricted movement or limited economic activity were much lower: only 57% supported closing workplaces; 56% supported shutting down transit; and 53% supported closing markets.

Support for PHSMs

Percentage of respondents that somewhat or strongly support

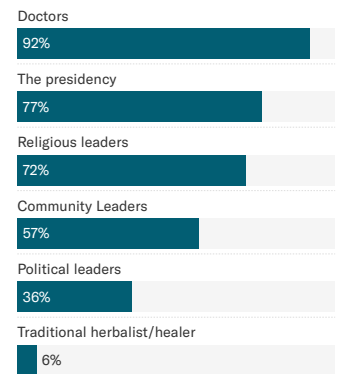


Perceptions of Government & Health System



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 61% would run out of food and 63% would run out of money within a week, with higher rates of burden for low-income households. Only two in five households (41%) has a separate room to isolate sick people.

41%

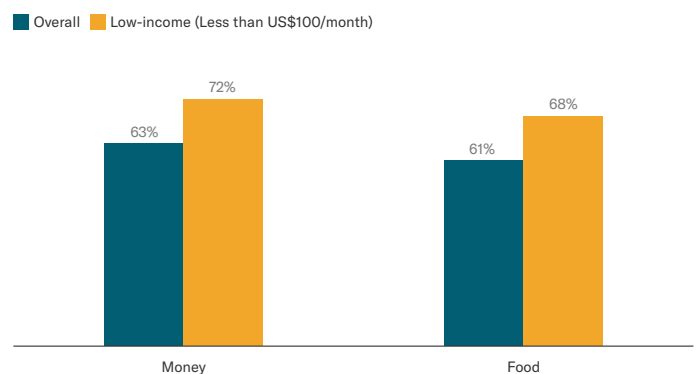
of respondents have a separate room in the home to isolate someone with COVID-19

30%

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

The Zambian economy is threatened by a decline in copper prices, with government borrowing costs increasing and pressure on the currency.

- **Health care:** The government established an Epidemic Preparedness Fund of 57 million kwacha (approximately US\$3 million or 0.02% of GDP) and approved a COVID-19 Contingency and Response Plan with a budget of 659 million kwacha (approximately US\$35 million). The government has suspended customs duties and value added tax on some medical supplies and recruited 400 doctors and 3,000 paramedics to work on the response.
- **Social support:** The government is exploring options to provide social support to vulnerable people, including women and youth, through empowerment funds.

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. Few COVID-related security incidents have been reported in Zambia, including an attack by police on congregants at a church who were reportedly violating the lockdown.

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

