

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

This report describes findings from a telephone survey with 1,442 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the National Research Ethics Board of Liberia 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

New cases began to increase in Liberia in mid-May 2021, peaking in July with more than 160 new cases per day. PHSMs were temporarily re-introduced for about two months in response to the surge, including travel restrictions and capacity limits on public gatherings. COVID-19 further impaired the Liberian economy, which had recorded two consecutive years of contraction prior to the pandemic.

### PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to measures restricting social gatherings and movement decreased since the February 2021 survey, continuing a downward trend since August 2020; adherence to all PHSMs was lower in Liberia than in all other Member States surveyed in the Western region. When this survey was fielded, most PHSMs had been lifted, likely contributing to this reduction.

### Information and Risk Perception

Despite a surge of COVID-19 transmission in July 2021, personal risk perception in Liberia decreased since February 2021. More respondents rated employment and education as the top issues in the nation, as opposed to COVID-19.

### Vaccine Beliefs and Uptake

There was a substantial increase in the share of respondents in Liberia who were vaccinated or planned to get vaccinated for COVID-19 since February 2021 (83% vs. 70%), putting Liberia above the Western regional average (74%). Trust in and satisfaction with the government was strongly associated with likelihood of getting vaccinated.

### Secondary Burdens

Income loss and food insecurity remain persistent problems in Liberia, made worse by the COVID-19 pandemic. Nearly all households have experienced at least one barrier to food access (96%), chief among them being the increasing prices of staple foods. Access to health care for communicable diseases has also been affected by pandemic-related disruptions, threatening access to life-saving care.

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

Vaccination rate	2%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	904,800
Cumulative incidence per 100,000 people	114
Total reported cases	5,799
Total confirmed COVID-19 deaths	286

Data source: Africa Centres for Disease Control and Prevention

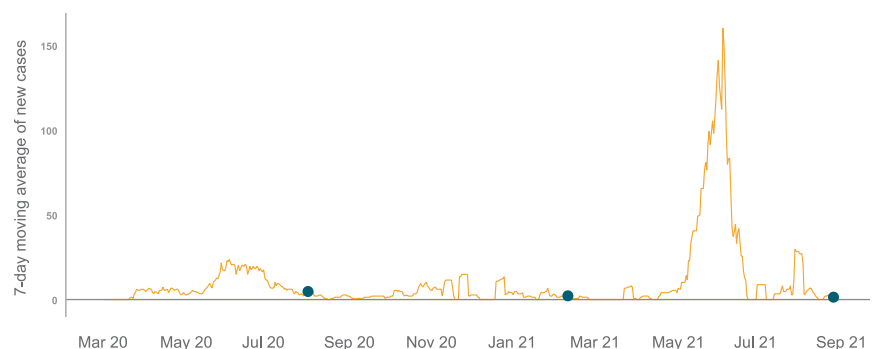
## What are the key trends from this survey?

**Although Liberia experienced its largest wave in June 2021, few indicators have changed since the beginning of the pandemic; other concerns, including employment and education, have taken precedence over COVID-19.**

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	69%	↓ 60%	→ 56%
Personal risk perception	33%	→ 34%	→ 31%
Satisfaction with government response	69%	→ 73%	→ 75%
Vaccinated/likely to get vaccinated	*	70%	↑ 83%
Income loss since pandemic start	84%	↓ 78%	→ 81%

\* 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?

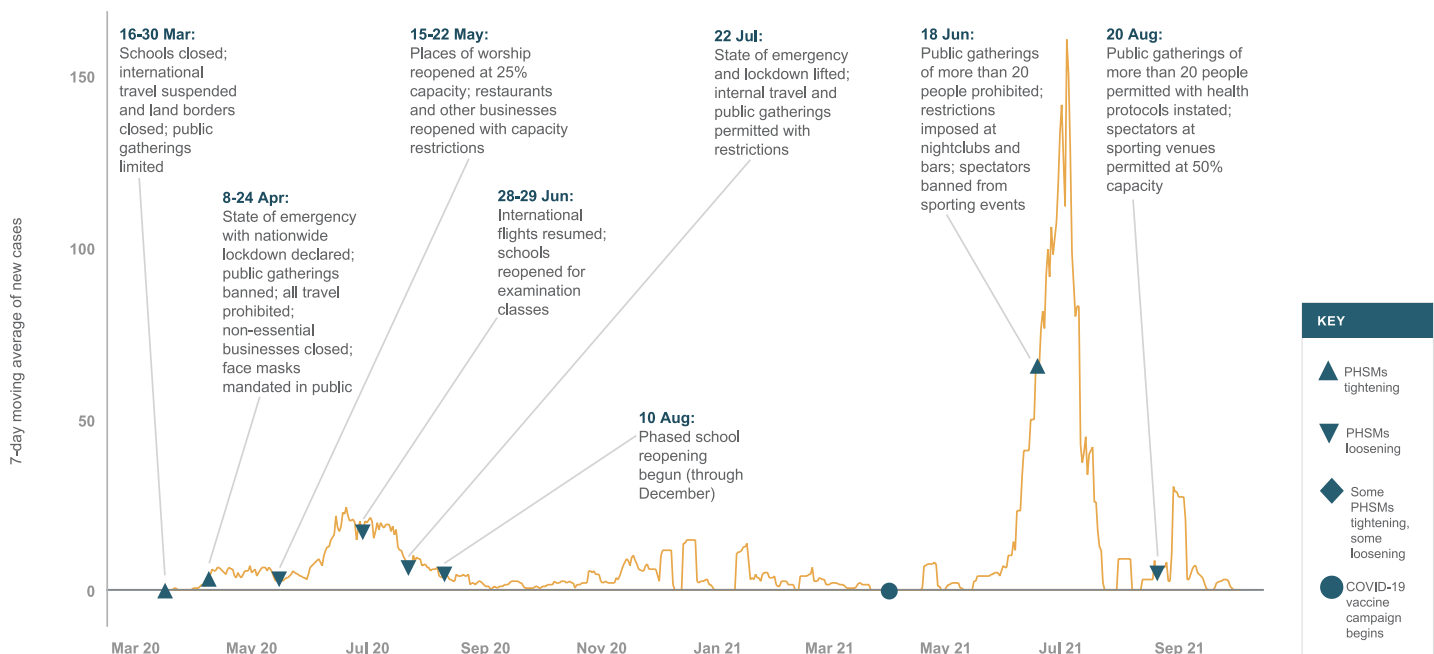
Reported new cases of COVID-19 began to surge in Liberia in June 2021 and peaked in early July with more than 160 new cases per day (eight times higher than during the first wave in June 2020). Circulation of the Delta variant (first detected in March 2021) and increased [screening initiatives](#) at airports may have [contributed](#) to this reported increase. Test positivity during this time reached more than 30%, indicating that many cases went undetected. In response to the increase in cases, a former UN military base in Monrovia was [converted](#) into a COVID-19 treatment center. New daily cases decreased in August, but deaths spiked, with a record-high 73 new deaths reported on a single day. Funeral parlors across Liberia [reported](#) that they were overwhelmed. As of 27 Oct 2021, the Ministry of Health is [reporting](#) no active circulation of COVID-19 in Liberia.

In mid-June 2021, in response to the surge in cases, the government [imposed](#) new PHSMs including banning public gatherings of 20 people or more and limiting entry to travelers from certain high-incidence countries. Political leaders and [public figures](#) actively encouraged the population to adhere to individual measures like mask-wearing and social distancing. Some media [reports](#) in August indicated that enforcement of COVID-19 mitigation measures had led to police violence.

Liberia [began](#) its COVID-19 vaccination campaign on 1 Apr 2021, [offering](#) health care workers, the elderly and other vulnerable groups doses of the AstraZeneca and Johnson & Johnson vaccines provided largely through US donation to the COVAX facility. As of September 2021, about 2% of the population had received at least one dose of the vaccine.

Liberia is also managing economic and food insecurity concerns alongside the COVID-19 pandemic. The Liberian dollar has [depreciated](#) steadily over the past few years, while inflation has increased. Prices for staple goods [increased](#) as consumer purchasing power fell. A recent coup in neighboring Guinea led to the temporary closure of the Liberia-Guinea land border, causing further [economic disruption](#). Other recent outbreaks — including [Lassa fever](#) and [measles](#)— have also required government resources.

## PHSMs implemented in early June helped to quell the surge of COVID-19 transmission in June and July 2021.



**PHSM Support and Self-Reported Adherence**

# Do people support and follow measures?

**What the data say**

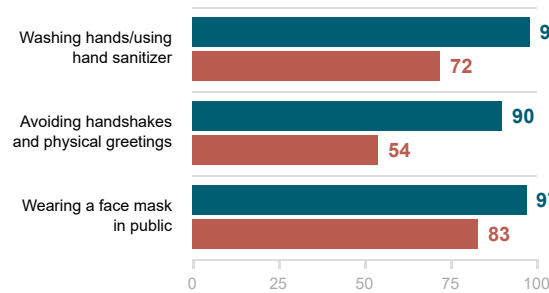
Self-reported adherence to all PHSMs decreased since February 2021. By the fielding of this survey, most PHSMs (save a mask mandate and some capacity restrictions for businesses and events) had been lifted, likely contributing to ongoing low rates of self-reported adherence. Low adherence to individual PHSMs specifically is also consistent with media reports of violations of COVID-19 protocols at [bars](#), [markets](#) and [funerals](#). Overall, self-reported adherence to all but economically restrictive measures was lower than the Western regional average.

- Despite declines in adherence, support for PHSMs among respondents in Liberia was on par with or higher than the average for the Western region.
- Support for and self-reported adherence to PHSMs was largely the same across demographic groups. One notable exception: more lower-income respondents reported adhering to measures restricting movement than did higher-income respondents (22% vs. 11%), despite the tendency these measures have to cause increased economic burden. This could potentially be related to increased perception of COVID-19 severity among this group.

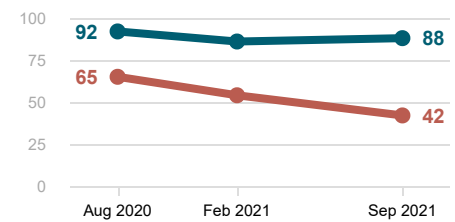
**Individual measures**

There was a sharp decline in self-reported adherence to individual measures despite ongoing support from almost nine out of 10 respondents. Adherence to hand-washing decreased by 9 percentage points since February (81%), amid [reports](#) indicating difficulty ensuring clean water and sanitation in some public places.

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



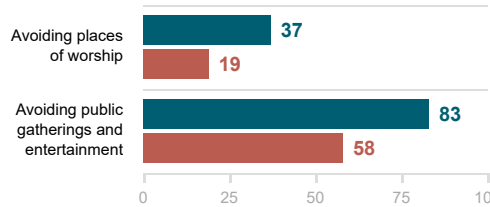
*Trend in support for and adherence to all individual measures (composite score)*



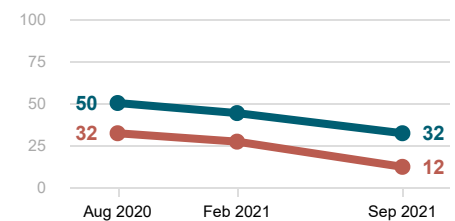
**Measures restricting social gatherings**

Self-reported adherence to measures restricting social gatherings fell sharply since February 2021, driven by a 17 percentage point drop in adherence to avoiding places of worship, even though there was no change in [guidance](#) regarding religious institutions.

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



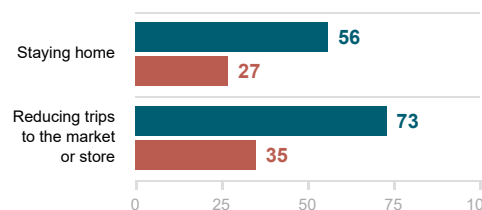
*Trend in support for and adherence to all social measures (composite score)*



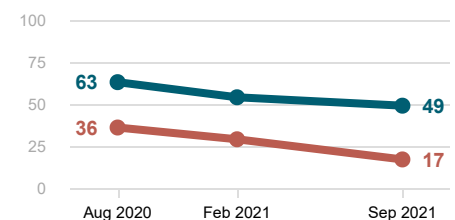
**Measures restricting movement**

No government-mandated stay-at-home orders or other measures restricting movement are currently in effect in Liberia, likely the cause of the waning support for and adherence to these measures.

*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?

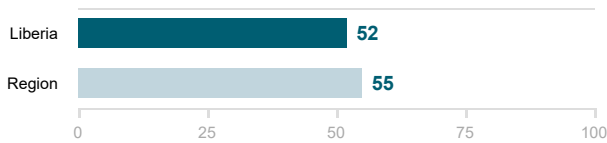
**What the data say**

More than half of respondents agreed that COVID-19 would affect many people in their country, but less than one-third felt that they were personally at risk of contracting the disease. Since February, COVID-19 risk perception has remained the same, despite record-high transmission in July 2021. Far fewer respondents in Liberia believed COVID-19 was a top concern (17%) than in any other surveyed Member State.

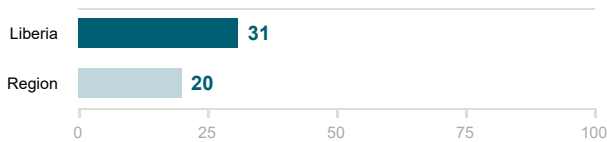
- There were no major differences in personal risk perception across demographic groups. More lower-income respondents, however, tended to believe that if infected, their health would be seriously affected than higher-income respondents (74% vs. 64%), potentially related to [financial barriers](#) to accessing quality treatment.
- Employment and access to income eclipsed COVID-19 as the top concern facing respondents in Liberia. The Liberian economy – already struggling before the pandemic – has been [negatively](#) affected by restrictions put in place to mitigate COVID-19 transmission.
- Respondents in Liberia reported education as a top concern more often than in any other surveyed Member State. School closures lasted nearly a year – from March 2020 until January 2021 in some areas – and even with reopenings, many students are [still unable](#) to access education because they cannot afford registration and books due to the economic impacts of COVID-19. Respondents aged 18-25 reported particular concern for education (42%), potentially related to disruptions at postsecondary institutions. The University of Liberia introduced an e-learning program during the July wave of COVID-19 to protect staff and students; however, there have been [violent protests](#) against this move, with [claims](#) that it is not feasible due to limited access to the Internet.

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

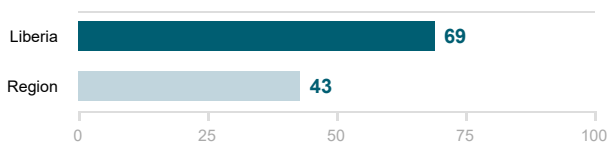
**52% believe that COVID-19 will affect many people in their country**



**31% believe that their personal risk of being infected with COVID-19 is high**

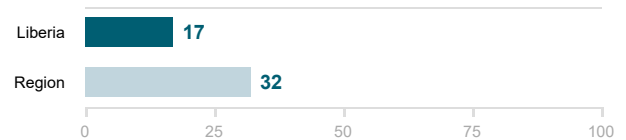


**69% believe that their health would be seriously affected by COVID-19**

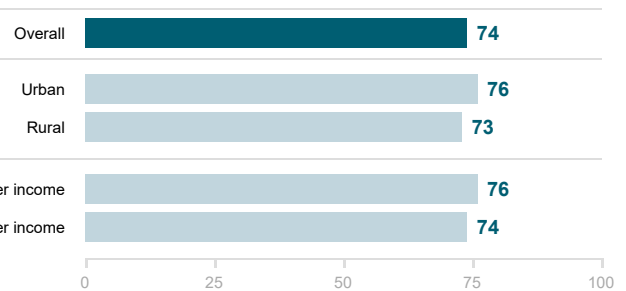


**How concerned are people about COVID-19?**

**17% report COVID-19 as being a top concern**



**74% 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	57%
Education	34%
Access to food	29%

**Information and Risk Perception**

# Whom do people trust?

**What the data say**

The most trusted institutions in Liberia continue to be regional and international health agencies, unchanged since February 2021. The government — including the president and Ministry of Health — also continued to garner high trust (70% and 74%, respectively), on par with findings from February 2021.

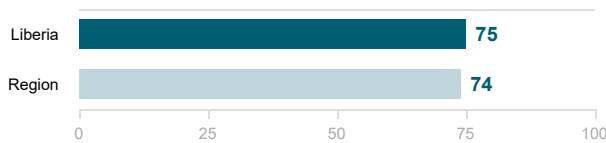
- A larger share of respondents reported trust in religious leaders' approach to the pandemic (73%) than in February 2021 (66%); local religious leaders were also the fifth most-trusted source for information about COVID-19 (64%). However, very few respondents actually sought information about the pandemic from this group (2%), suggesting a potentially untapped resource for future risk communications and community engagement activities.

International sources — including television and radio — tended to be more trusted than local sources for information; however, the most-consulted source for information about the COVID-19 pandemic among respondents in Liberia was local radio (75%).

- Social media platforms — including Facebook (30%), Twitter (36%) and WhatsApp (38%) — were the least-trusted sources for information about COVID-19, and accordingly were consulted by fewer respondents (18%, 2%, and 2% respectively), suggesting they may not be the most effective medium for communication about the COVID-19 pandemic.

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

Three-quarters of respondents in Liberia were satisfied with their government's response to COVID-19, on par with results from February 2021 and the Western regional average. Levels of satisfaction were consistent across demographic groups.

**75% 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

World Health Organization (WHO)	85%
UNICEF	82%
Africa Center for Disease Control	76%

**Do people believe accurate information?**

Respondents in Liberia overwhelmingly believed accurate information about COVID-19, including the efficacy of wearing a face mask (91%) and hand-washing (90%) to prevent disease transmission, on par with findings from February 2021. Of all Member States surveyed, respondents in Liberia also reported the lowest belief that herbal remedies could cure COVID-19; prevalence of this belief had also fallen since February 2021 (when it was 34%, compared to 27% in September 2021), along with trust in traditional healers (26% in February 2021 vs. 16% in September 2021), suggesting a trend of growing doubt in traditional medicine as a treatment for COVID-19.

**Most trusted sources of information**

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

International radio	82%
Health center/health workers	77%
International television channel	74%

**80% understand that infected people may never show symptoms but could still infect others.**

**69% understand that infected people may not show symptoms for five to 14 days.**

**27% believe that COVID-19 can be cured with herbal remedies.**

**43% 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.

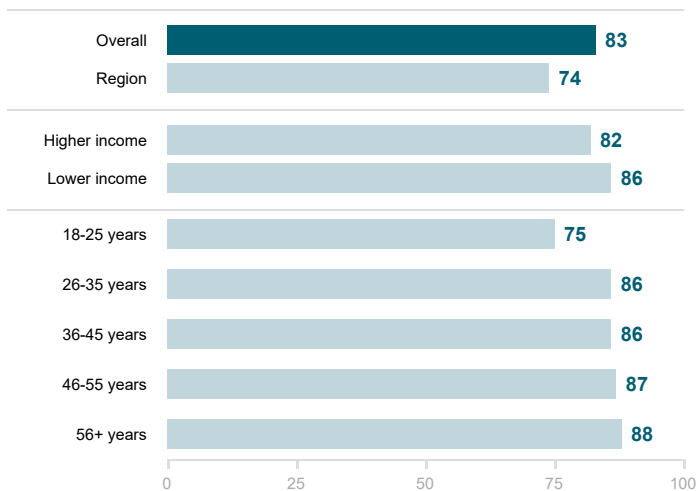
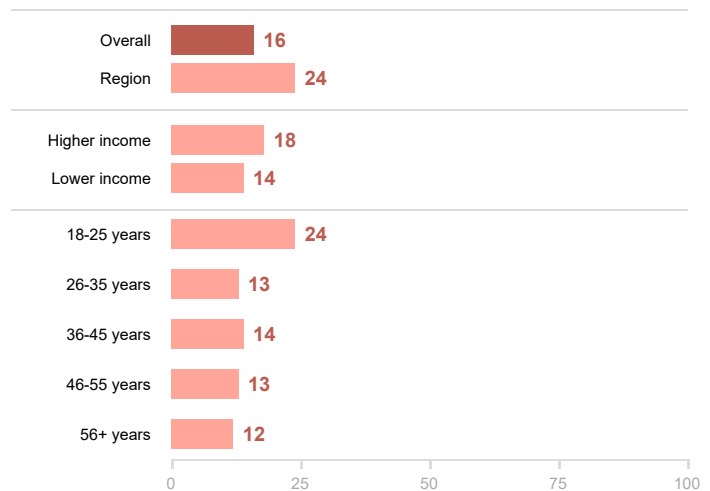
**What the data say**

More than four in five respondents were vaccinated or planned to get vaccinated for COVID-19, an increase since the February 2021 survey (70%), and higher than the Western regional average (74%).

- Trust in and satisfaction with the government’s response to COVID-19 was strongly associated with likelihood of vaccine uptake. More respondents who trusted the president and were highly satisfied with the government’s COVID-19 response were likely to get vaccinated compared to those who did not (87% vs. 77% and 86% vs. 75%, respectively).
- Nearly half of respondents wanted to know more about the different vaccine types and how they worked; this may be related to the very public controversies surrounding the safety of the two vaccine candidates available in Liberia: AstraZeneca and Johnson & Johnson. The vaccination campaign in Liberia was initially [delayed](#) due to concerns around rare thrombotic events associated with the AstraZeneca vaccine. Other negative global media [coverage](#) of similar rare side effects associated with the Johnson & Johnson vaccine may have contributed to the desire for additional information among respondents in Liberia. Trusted sources of information — including health care workers (77%) and international radio (82%) and television (74%) — should be leveraged to provide accurate information about the available COVID-19 vaccines and dispel any concerns around their safety and efficacy.

**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.

**83% are vaccinated or are likely to get vaccinated**

**16% 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?	45%
How effective is the vaccine?	31%
How safe is the vaccine?	28%

**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	33%
I do not yet know enough about the vaccine to make a decision	17%
Lack of trust (i.e. in vaccine, government)	17%

**Secondary Burdens**

# Are people skipping or delaying health care?

**What the data say**

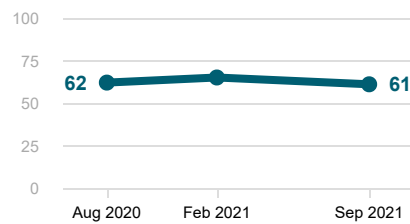
Among respondents reporting they or someone in their household needed health care or medication, one in five skipped or delayed services in the past six months and more than three in five reported difficulty obtaining medicine in the past three months. Missed health visits decreased compared to February 2021, while difficulty accessing needed medication remained the same. Compared to other surveyed Member States in the Western region, respondents in Liberia reported higher-than-average rates of missed health visits (20% vs. 15%) and difficulty getting medication (61% vs. 40%).

- Three-quarters of missed visits were for diagnosis or treatment of communicable diseases (including COVID-19), which is likely compromising access to life-saving treatment. Of these, one third were for fever/chills and fatigue/body pain, symptoms commonly associated with diseases such as [measles](#) and [Lassa fever](#), of which there have been recent outbreaks. Malaria accounted for another quarter of missed visits, concerning given that it is the [number one cause](#) of hospital deaths in Liberia.
- Although personal risk perception was low in Liberia, many respondents reported missing a needed health visit due to fear of catching COVID-19 in health facilities (26%), an increase of 20 percentage points since February 2021.

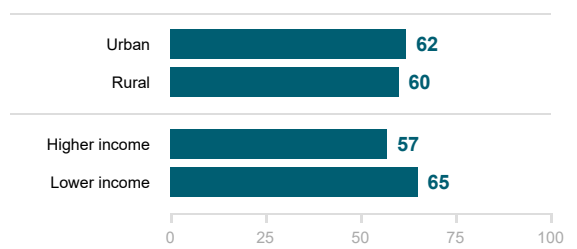
**Difficulty getting medicines**

In addition to lower-income respondents, respondents with long-standing illnesses reported more difficulty accessing medication than those without (67% vs. 59%).

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



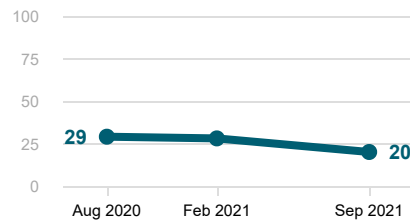
*Percentage having difficulty getting medicines by category*



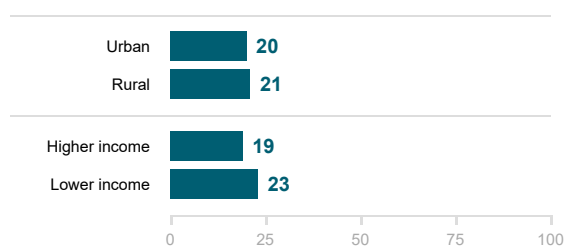
**Skipping or delaying health visits**

There has been a substantial drop in respondents who have missed a needed health visit over time. However some groups, including lower-income respondents (23%) and male respondents (25%), reported greater difficulty accessing needed care.

*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	34%
Worried about catching COVID-19	26%
Mobility restrictions/transport challenges	8%
Health facility disruption	7%
Caretaker responsibilities	5%

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

People could choose multiple responses

Diagnostic services/symptoms	38%
Communicable diseases	24%
General/routine check-up	19%
Suspected COVID	14%
Noncommunicable diseases	9%

Secondary Burdens

# Are people experiencing income loss or food insecurity?

## What the data say

About four in five households reported losing some or all of their income since the pandemic began, on par with findings from February 2021 (78%) and higher than all other surveyed Member States in the Western region.

- The Liberian economy was already facing hardships prior to the pandemic – including years-long economic contraction due to decreasing prices for major exports like [rubber](#) and [iron ore](#) – and COVID-19 has only exacerbated these issues. Economic rebound is [expected](#), but even so, rates of poverty are projected to increase.
- Unemployment rates have [increased](#) as a result of the pandemic, consistent with survey data showing that the top concern among almost three in five respondents was access to work or income (57%).

Nearly all households reported experiencing at least one barrier to accessing food in the past seven days (96%), on par with findings from February 2021 (92%). Lower-income households had greater difficulty accessing food than higher-income households across all indicators. Respondents in Liberia reported the greatest difficulty accessing food among surveyed Member States across all barriers.

- [2.4 million people](#) in Liberia (almost 50% of the overall population) are facing moderate to severe levels of food insecurity. Food prices have [steadily climbed](#) for staple foods – especially [rice](#) – throughout much of the pandemic, although growth has recently [tapered off](#). Harvests have been affected by [above-average rainfall](#) and [pest infestations](#) in some regions, and [border disruptions](#) have impacted trade, all potentially contributing to food inflation.
- The Liberian government has been attempting to mitigate decreased food access, [leading](#) a program called the COVID-19 Household Food Support Programme (COHFSP) that aims to supply staple provisions to vulnerable populations. According to survey results, more than 15% of respondents have received support from their government in the past month, the overwhelming majority of which was in the form of food assistance.

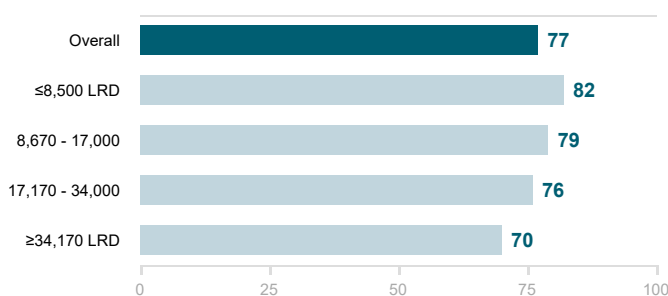
## Reported barriers to food access

Percentage of people reporting each barrier

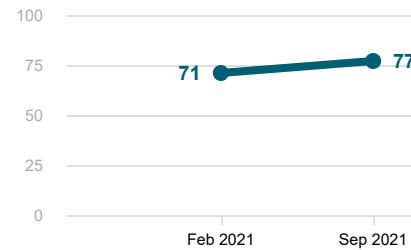
Less income	84%
Higher food prices	86%
Food markets closed	59%
Mobility restrictions	52%
Food market supply shortages	70%

## Missing meals

Percentage of households **missing meals** by category



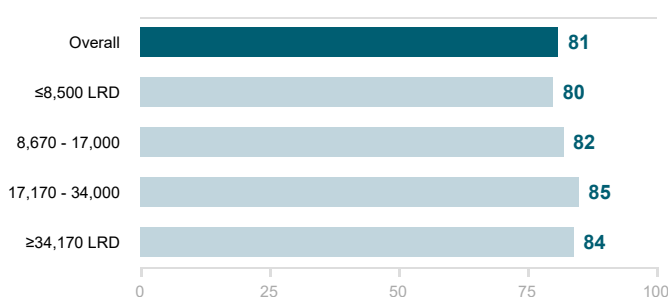
Percentage of households **missing meals** over time



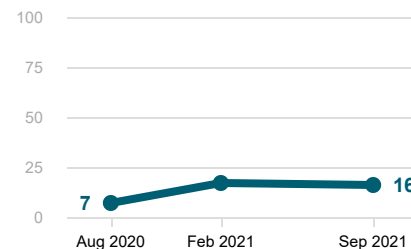
Note: Data on missing meals were not collected in Aug 2020.

## 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 Liberia consisted of 1,442 adults (811 urban, 631 rural), collected between 17 Sep and 4 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 8,500 LRD and below
- Lower-middle income: Monthly household income 8,670 - 17,000 LRD
- Higher-middle income: Monthly household income 17,170 LRD - 34,000 LRD
- Higher-income: Monthly household income 34,170 LRD and above