

Finding the Balance: Public Health and Social Measures in Senegal

Data updated 19 August 2020



Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Senegal that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Senegal—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: Reported new cases in Senegal have been increasing at a consistent rate since May. In the past month (23 July–19 August), there has been an 11% average increase in the number of new cases reported each week. With the highest ratio of tests per confirmed case in the Western region, testing levels are within WHO-recommended guidelines.

PHSM Implementation: Schools and universities in Senegal closed in mid-March; a state of emergency was declared and a nationwide curfew established shortly thereafter. Public transport was reduced to partial capacity in late March. In June, the government lifted restrictions on travel between regions as well as the state of emergency and nationwide curfew. Reported cases have continued to increase since the restrictions were lifted, and some PHSMs were reintroduced in August.

PHSM Support and Adherence: Both support and self-reported adherence are high for personal preventive measures such as washing hands, and 95% of respondents in Senegal report wearing a face mask in the previous week. However, support and self-reported adherence are lower for measures that restrict economic activity, such as staying home or reducing trips to the market, as well as for avoiding places of worship. Dissatisfaction with the government response is higher among survey respondents in Senegal than other African Union (AU) Member States surveyed, with fewer than one in five saying they are very satisfied.

Risk Perceptions and Information: Only one-third respondents in Senegal believe they are at high or very high risk for contracting COVID-19, and perceptions of disease severity are low compared to the average across African Union (AU) Member States surveyed. Close to half believe rumors or myths about foreign interference.

Essential Health Services: A substantial proportion of respondents in Senegal who needed medical care have had difficulty accessing health care visits (22%) or medicines (37%) during the COVID-19 crisis, and those with longstanding health issues are particularly affected.

Economic Burden and Food Security: A majority of respondents (68%) report having lost income since last year, and many are facing difficulty accessing food. However, almost two-thirds of respondents report receiving aid from the government in the past month, the highest proportion across all AU Member States surveyed.

Security: There has been some unrest as a result of the COVID-19 crisis and PHSMs. Since March, there have been at least five non-violent protests and ten violent protests by civilians against PHSMs or against violence committed by state actors while enforcing PHSMs.

Disease Dynamics and PHSM Implementation

Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
12,446 (75)	258	139,559 (11)	2.1%

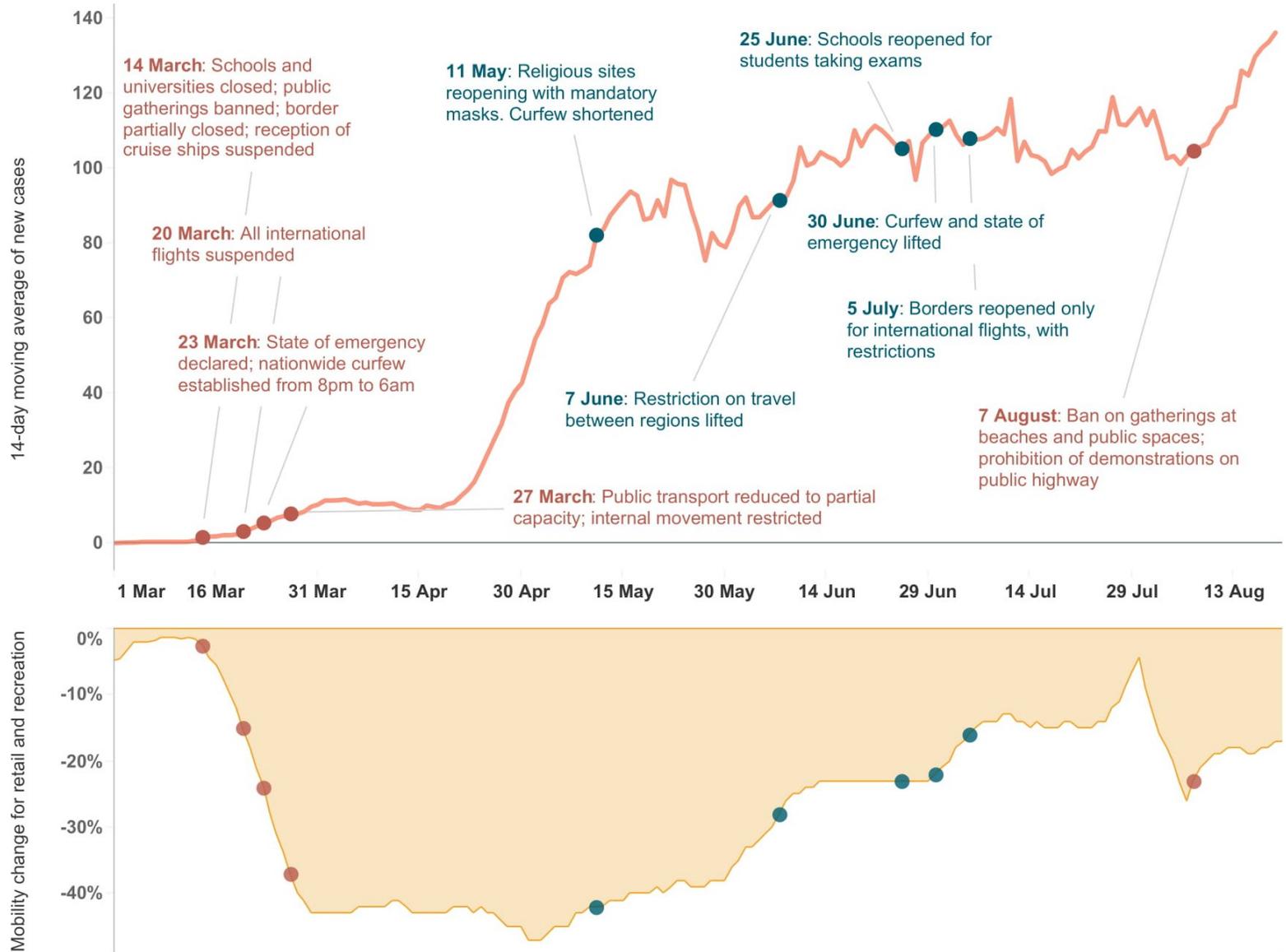
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

Following a rapid increase in reported cases in late April and early May, Senegal has seen a steady increase in new cases through mid-August, averaging slightly more than 100 new reported cases per day.

- The Senegalese government enforced a nationwide curfew beginning in late March but began lifting restrictions in May, leading to a gradual increase in mobility.
- Restrictions were further relaxed in June to allow travel between regions and reopen schools for exams only. The curfew and state of emergency were lifted on 30 June, but some measures were reintroduced on 7 August, including a ban on gatherings at beaches and public spaces, as well as the prohibition of all demonstrations on the public highway.
- Currently, land and sea borders remain closed, while restaurants, gyms, and religious sites are open with physical distancing restrictions.
- More than 139,000 tests have been conducted, with cumulative testing capacity just meeting recommended guidelines for the test per confirmed cases ratio.
- A sharp decline in mobility was seen at the end of July during the Tabaski holiday.

The nationwide curfew at the end of March resulted in a steep decline in population mobility, which gradually increased as measures were relaxed in May and June and reported cases increased.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGRT Note: Mobility changes for retail and recreation shows the percent change compared to baseline (3 Jan-6 Feb) in visits to retail and recreation sites (e.g. restaurants, cafes, shopping centers, etc.) among Google users.

PHSM Support and Adherence

PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

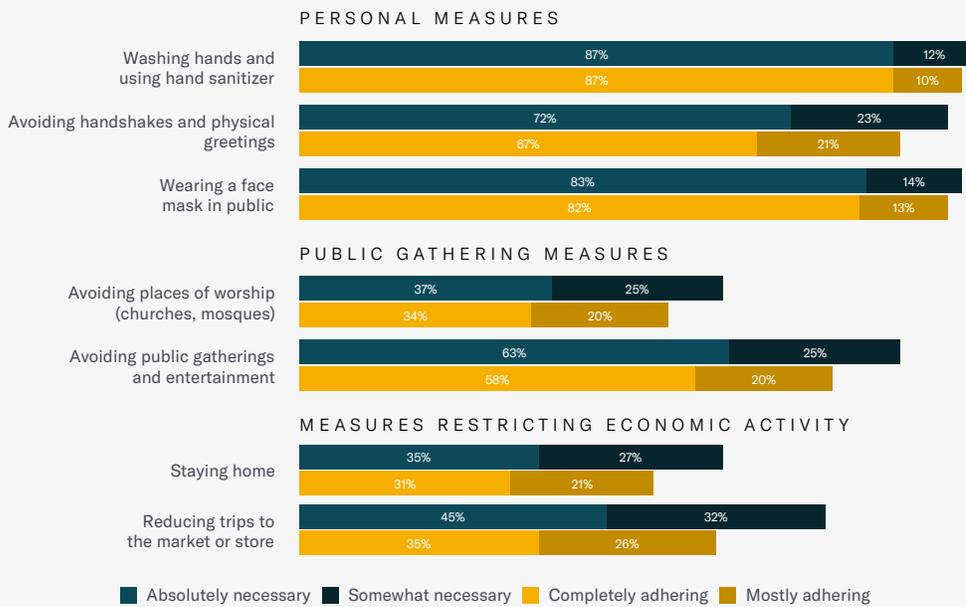
A majority of respondents in Senegal support most preventive measures, according to survey findings, although adherence is lower for measures that restrict economic activity and for avoiding places of worship.

- Almost all survey respondents report having a face mask, and report support and adherence to personal PHSMs (washing hands, wearing a mask and avoiding physical contact).
- PHSMs with lower support and adherence include avoiding churches and mosques and staying home; support and adherence for these measures was lower than the average across all AU Member States surveyed.
- Places of worship are currently open with social distancing restrictions, which may explain lower adherence to avoiding religious gatherings. However, given low support for this measure, continuing to maintain safe ways to hold religious services will be important.
- Lower adherence to staying home and reducing trips to markets and stores may also reflect the lack of restrictions currently in place, in addition to the economic burdens these measures impose.
- Half of survey respondents favor waiting to further loosen restrictions, and 72% are anxious about resuming normal activities. Along with high support for PHSMs overall, this suggests that there may be room to tighten measures if required to control the epidemic.
- Despite the relatively widespread support for and adherence to PHSMs suggested by the survey data, the government COVID-19 response has faced increasingly violent protests and attacks throughout Senegal. Just over half of respondents reported that they are satisfied with the government response, with fewer than one in five respondents very satisfied, a lower share than across all AU Member States surveyed. Support is higher among those who have

received government assistance.

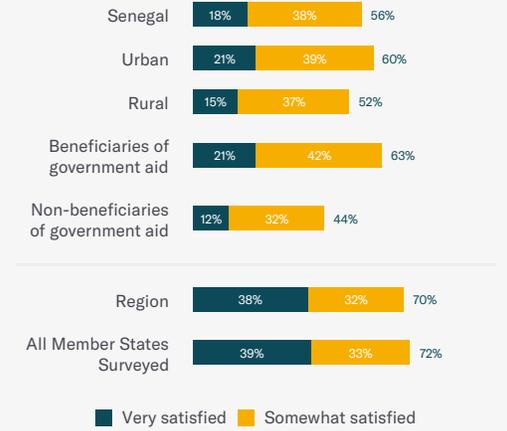
A majority of respondents in Senegal report that they support and adhere to all types of preventive measures, but both support and self-reported adherence are highest for personal preventive measures.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures



About half (56%) of respondents in Senegal are satisfied with the government response, a lower proportion compared to other AU Member States surveyed. Those who benefited from government support are most satisfied.

% satisfied with government COVID-19 response, by country, subgroup and region



Data Source: Ipsos Survey

Face Masks

Senegal requires the use of face masks in public places and when traveling, including in private cars if there are two or more people in the car.

99%

of survey respondents had a face mask ready to use

96%

recognized that wearing a mask could prevent spread

95%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

50%

favor waiting longer to loosen restrictions

49%

favor opening up to get the economy moving

Comfort with resuming activities:

72%

report that resuming normal activities makes them anxious

69%

would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

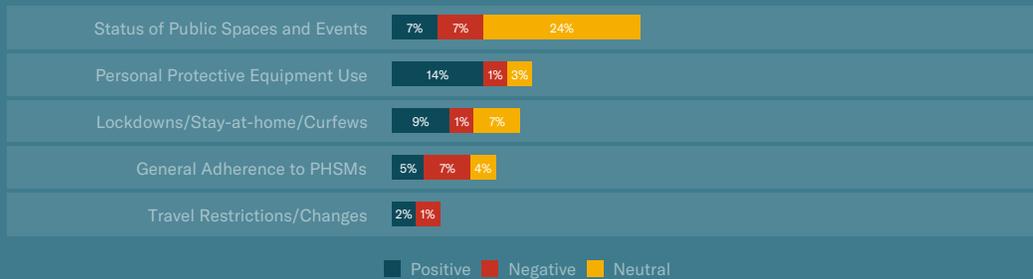
Traditional news and social media coverage of PHSMs in Senegal during the monitored period was largely positive, driven by government and civil society efforts to ensure PHSM adherence, including use of masks.

- Despite the largely positive narratives, some media coverage has focused on increasingly violent protests against PHSMs throughout Senegal.
- Senegalese government officials and local media acknowledged broad public non-adherence to PHSMs.

A newspaper reported that, “The premises of Les Echos in Dakar were vandalized Wednesday by supporters of Serigne Moustapha Sy, a religious leader who blamed the editorial staff for claiming that he had tested positive for coronavirus.”

A radio program reported that, “Youth in Bakel stoned [police] who were enforcing the ban on public gatherings.”

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August



Data Source: Novetta Mission Analytics

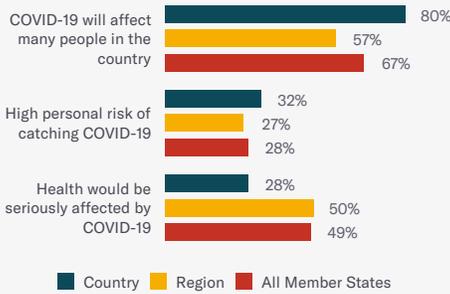
Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

Respondents in Senegal are aware of the risk that COVID-19 poses to their country, but their personal risk perceptions are much lower. Many hold misconceptions about the disease or believe in rumors, which could affect adherence to preventive behaviors.

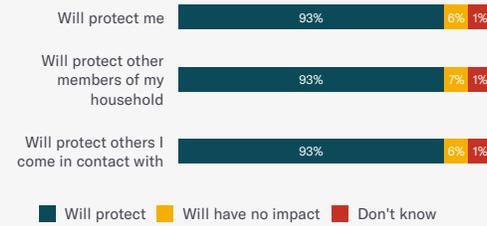
- Respondents in Senegal have a slightly higher perception of risk compared to other AU Member States in the Western region and across all Member States surveyed. With reported cases rising, the government should continue risk communications and community engagement efforts to ensure adherence to preventive measures.
- Respondents in Senegal have a lower perception of disease severity compared to the average across respondents from other AU Member States in Western Region as well as all Member States surveyed.
- A large majority of respondents agree that adhering to preventive guidelines will help protect themselves and others.
- About half of respondents agreed with statements about foreign interference in treatment or vaccines. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.

Respondents in Senegal have greater perceptions of the risk COVID-19 poses to the country, compared to other AU Member States in the region and across the continent. Only one in four believe their health would be seriously affected by COVID-19.

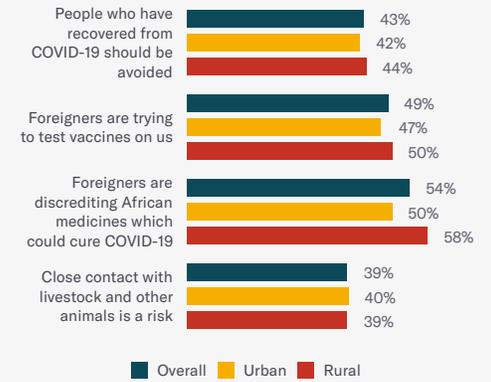


Nearly all respondents in Senegal agree that following public health guidelines will help protect themselves and others from getting COVID-19.

Attitude toward following public health guidelines



Just less than half of respondents in Senegal hold misconceptions about the disease or agree with rumors about foreign interference.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Consistent with survey results which suggest high perception of risk to Senegal from COVID-19, recent social and traditional media coverage of COVID-19 reflects high perceptions of disease risk.

- Reported cases of COVID-19 have been highest in the city of Touba, an important Mouride religious site. The government's implementation of PHSMs, including curfews, to stem the rise in transmission in Touba was met with violent protests, reflecting both public rejection of PHSMs and low public perception of risk.
- Opinions differed on the upcoming religious pilgrimage to Touba.

Political figure Moustapha Diakhate stated that, "[Allowing the Mouride pilgrimage to Touba in October] is like letting the Senegalese go to the slaughterhouse."

A Facebook post referring to Diakhate's warning of high risk during the Touba pilgrimage stated that, "Here is one of the sons of Satan. They are against God."

Data Source: Novetta Mission Analytics

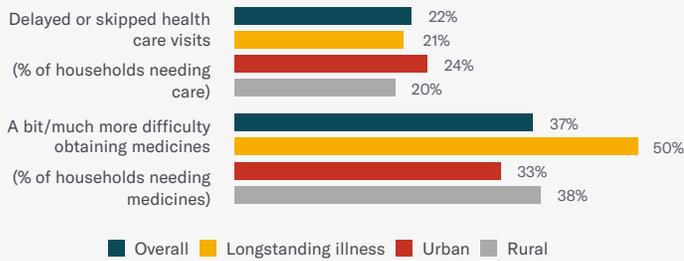
Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

Households are experiencing disruptions to essential health services during the COVID-19 outbreak, with a substantial proportion of households needing care reporting that they delayed or skipped health care visits (22%) or had difficulty obtaining medicines (37%); access to medicines was particularly difficult for those with longstanding illnesses. Barriers included concerns about getting COVID-19 while seeking care and facilities being too busy to accept patients. The most frequently missed visits were routine check-ups, although critical preventive services such as antenatal care and vaccinations were also skipped by a significant proportion of respondents. Of missed visits, 7% were for malaria.

About one fifth of respondents in Senegal that needed health care reported access issues, and more than one third that needed medication reported access issues.



Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

- 23%** Worried about risk of COVID-19
- 20%** Facilities too busy
- 15%** Haven't had time

The most common self-reported reasons for missed visits were:

- 51%** General/routine check-up
- 10%** Antenatal care
- 8%** Vaccinations

Data Source: Ipsos Survey

Economic Burden and Food Security

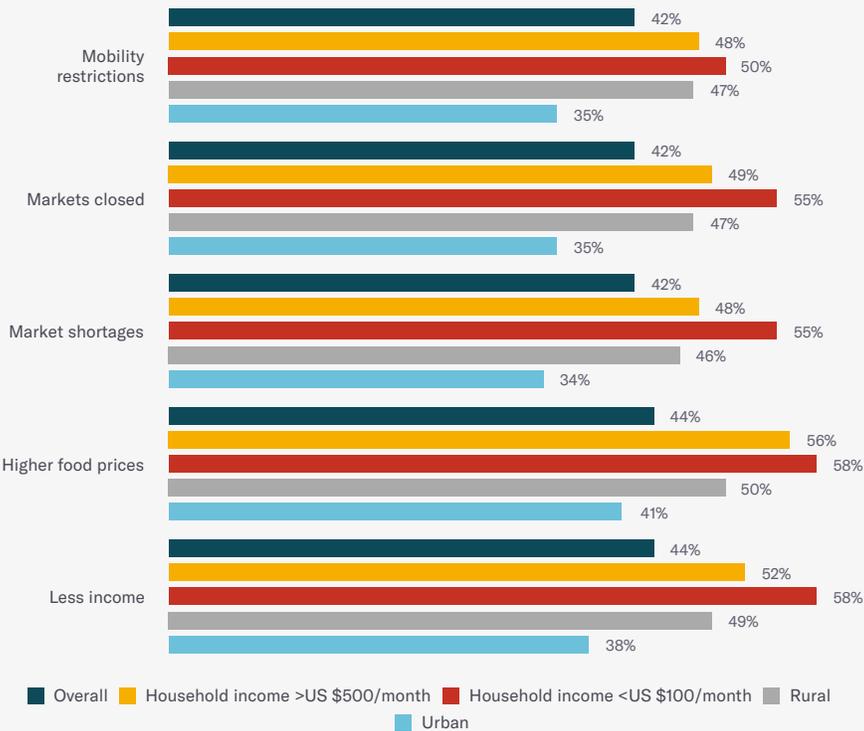
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

Respondents in Senegal have experienced severe economic hardships during the COVID-19 crisis. Just over half (56%) of respondents face difficulty in accessing food, due to income losses, higher food prices, market shortages and other barriers. More than two-thirds of households report getting by on a lower income than at time last year. To reduce the economic burden of COVID-19, the Senegalese government suspended utility payments for water and electricity for a two-month period from May to June for low-income households and provided food for one million eligible households. Nearly two-thirds (63%) of respondents reported that they had received additional government support in the previous month. Most of this was in the form of food assistance (received by 53%), subsidized services (23%), hygiene supplies (14%), and personal protective equipment such as masks (6%). Only 1% reported receiving cash assistance. Low income households were both more likely to be affected by income losses and barriers to food access and less likely to receive government assistance, suggesting that support may not be reaching those most in need.

Respondents in Senegal face challenges with accessing food, with a large proportion of respondents reporting barriers to access in the past week.

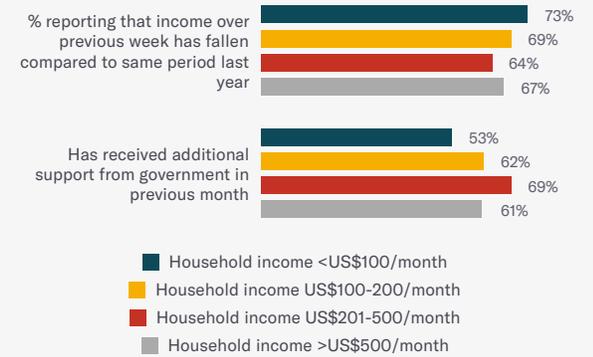
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)



A majority of respondents in Senegal have experienced income losses. However, 63% of respondents reported receiving support from the government over the past month.

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.



Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

From May to July, approximately 20% of monitored coverage of COVID-19 in Senegal focused on the burdens of PHSMs, primarily economic concerns.

- Economic burdens due to PHSMs were widely lamented among social media users in Senegal, who cited the informality and fragility of local economies and livelihoods.
- Water insecurity was cited consistently throughout the period as a major burden to the implementation of PHSMs.

A 23-year old health worker in M'Bour told a local newspaper that she spends \$10 every week on purchasing water: "The taps only give droplets, but the water bills are quite big."

A salesperson told a newspaper, "This [season], customers are a bit rare. The situation is certainly due to the coronavirus. People don't have much money and other expenses await them elsewhere."

Data Source: Novetta Mission Analytics

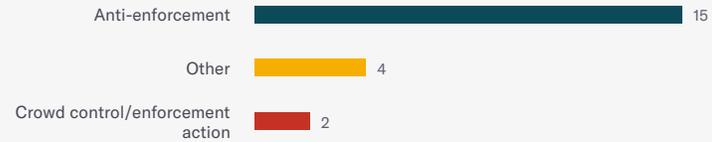
Security

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 people.

A total of 21 COVID-19-related security incidents have been reported in Senegal since May, including a significant share that involved reports of violence. The majority of these incidents took place in June. Of the 21 security incidents, 15 were civilian protests against PHSMs or the violent enforcement of PHSMs. Many of these protests involved the Labour Group of Senegal as well as police and military forces. There have also been two reports of PHSM enforcement by security forces, both including violence against civilians. Popular web portal and online radio station Seneweb reported that police arrested 1,490 citizens for not wearing masks over the weekend of 7–9 August. Most of these arrests took place in markets and trading places, with punitive repercussions ranging from fines to imprisonment.

The majority of security incidents involved civilian protests against PHSMs or against the violent enforcement of PHSMs.

Number of reported events by category, March–July



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,259 adults (562 urban, 697 rural) in Senegal between 3–17 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

Traditional News and Social Media: Research is conducted by Novetta Mission Analytics using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets.

Epidemiological Data: Provided by Africa Centres for Disease Control and Prevention.

Other Data: 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; limitations are discussed further at the link below.

For full details on data sources and methods see preventepidemics.org/covid19/perc/.