Sudan

Finding the Balance: Public Health and Social Measures in Sudan

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 Sudan 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 Sudan—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: Although reported new cases in Sudan appeared to peak in June, there has been a 3.6% average increase in new reported cases between 23 July and 19 August. The test per confirmed case ratio has remained low since testing started. Although Khartoum state accounts for the majority of cases reported, surrounding states have higher case-fatality rates from COVID-19, indicating the virus may be going undetected outside the capital. Any disease data from Sudan should be interpreted in the context of its ongoing humanitarian crisis, with thousands of internally displaced people and refugees entirely reliant on international aid partners for basic needs and vulnerable to disease.

PHSM Implementation: In line with other surveyed African Union (AU) Member States, Sudan implemented PHSMs quickly in early March. In mid-April, Sudan announced a lockdown in Khartoum. Following a drop in reported cases in July, Sudan loosened a number of measures, both nationally and within Khartoum.

PHSM Support and Adherence: Respondents in Sudan reported lower PHSM adherence than in most other AU Member States surveyed. Only two-thirds reported wearing a mask in the previous week and more than three-quarters supported reopening to boost the economy. This may be a reflection of the severe economic hardship respondents in Sudan are currently facing, which has worsened as a result of the pandemic. There are also reports of severe clean water shortages, limiting access for drinking and hand-washing.

Risk Perceptions and Information: The majority (85%) of respondents believed that COVID-19 would affect many people in Sudan, but far fewer (22%) thought their personal risk of catching the virus was high. Belief in misinformation narratives was higher than in other AU Member States surveyed. The findings show an immediate need for stronger risk communication and community engagement to dispel misinformation and stigma surrounding the virus, particularly to ensure that people will adopt a COVID-19 vaccine once available.

Essential Health Services: A high share of respondents reported issues accessing health care and obtaining their medication in Sudan. This is particularly concerning given access to health facilities was poor before the pandemic. More than 40% of respondents said access issues were due to health facilities being closed, which is far higher than in any other AU Member State surveyed. This is in line with media reports of health clinics closing due to shortages of trained health care workers, a lack of available personal protective equipment (PPE) and major disruptions in the medicine supply chain.

Economic Burden and Food Security: Humanitarian needs are continuing to rapidly increase in Sudan, as the COVID-19 epidemic intensifies already existing economic, health and food security issues. More than 80% of respondents reported experiencing at least one barrier to food access in the previous week. The negative effects of the virus are being compounded by the already ongoing macroeconomic crisis, civil insecurity and recent heavy rains. The flooding has affected over 380,000 people since July, making the COVID-19 response more complex.

Security: Compared to other AU Member States, reported security incidents related to COVID-19 have been low in Sudan. The majority of incidents that did occur were citizen protests related to poor conditions in prisons, which protestors argued made prisoners susceptible to the virus.

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**
12,546 (30)	808	35,411 (3)	6.4%

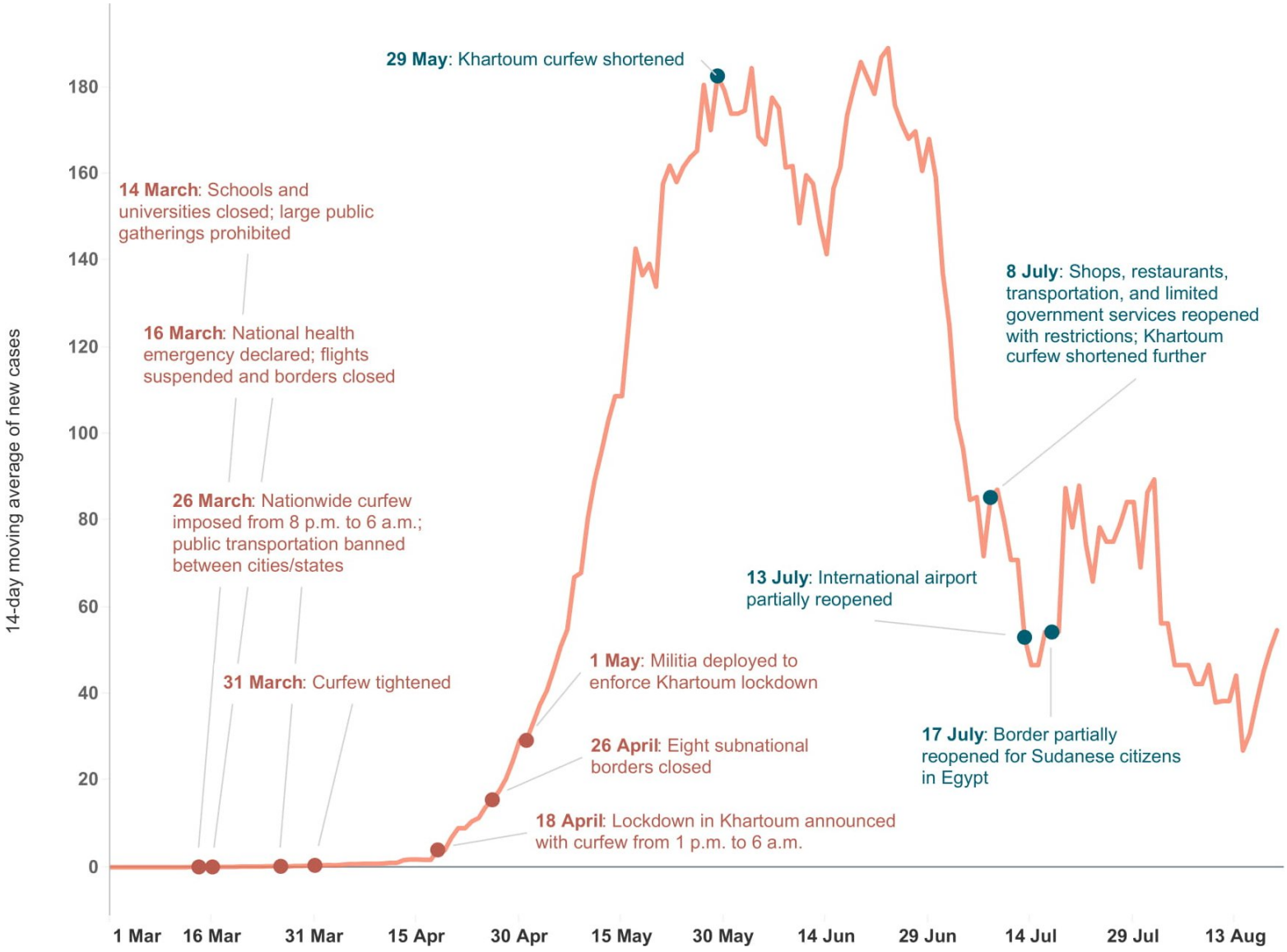
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

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.

Although reported cases peaked in June and have remained low compared to other AU Member States, a high case-fatality rate and poor testing capacity indicates many cases may be going undetected, particularly outside the capital.

- Sudan's tests per confirmed case ratio has remained low since the start of the pandemic, and it is currently one of the lowest in Africa. This indicates that cases are likely going undetected and the actual case count may be higher than what is currently reported.
- In line with other AU Member States surveyed, Sudan implemented PHSMs quickly in early March, closing borders and schools, limiting gatherings, and suspending flights. With the majority of cases reported in Khartoum, Sudan concentrated its strictest measures there, implementing a lockdown with a curfew in mid-April. Some states in the Darfur region also closed borders and imposed curfews to limit the movement of people. Following a drop in reported cases in July, Sudan loosened a number of measures, particularly in Khartoum where the curfew was shortened and shops were allowed to reopen with certain measures.
- Although Khartoum state accounts for the majority of COVID-19 cases reported, high case-fatality rates in other states indicates that cases are likely going undetected outside the capital.
- In June, reports surfaced in the media of an increase in excess deaths and people with COVID-19-like symptoms in Darfur, particularly among older people and in refugee camps. Health officials noted that although most of the increased deaths were likely from COVID-19, others were likely from a lack of access to health care brought on by mobility restrictions and an overwhelmed health system.

Reported cases in Sudan remained low from March to April, with stringent lockdowns in place, but started to rise in May, peaking by mid-June. Although reported cases have decreased since early August, testing capacity remains poor.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGRT

PHSM Support and Adherence

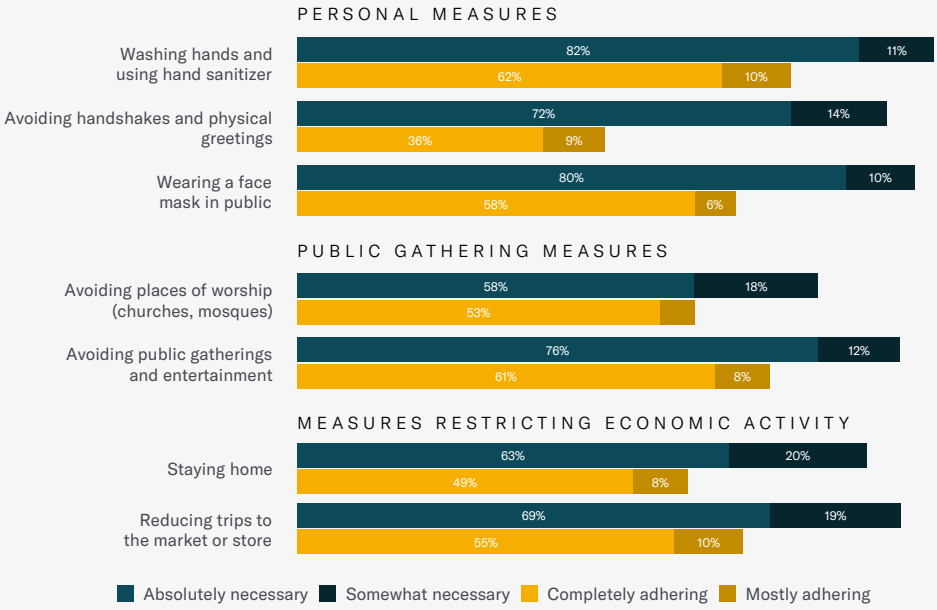
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior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

Respondents in Sudan reported lower adherence to key public health measures than the average across all AU Member States surveyed, which may be a reflection of the severe social and economic hardship many are currently facing.

- Support for all measures was high, but highest for personal measures (such as wearing face masks, washing hands, physical distancing) and lowest for avoiding religious services.
- Less than two-thirds of respondents reported wearing a face mask in the previous week and less than three-quarters reported that they had a face mask ready to wear—far less than most other AU Member States surveyed.
- However, most people recognized that wearing face masks could help prevent the spread of the virus—indicating that if the government were to distribute more face masks and mandate mask wearing in public, it would likely be met with acceptance.
- More than two-thirds of respondents reported satisfaction with the government response to COVID-19, with satisfaction highest among respondents who reported receiving government assistance.
- Three-quarters of respondents support reopening the economy—more than any other AU Member States surveyed and a possible reflection of high economic burdens brought on by PHSMs.

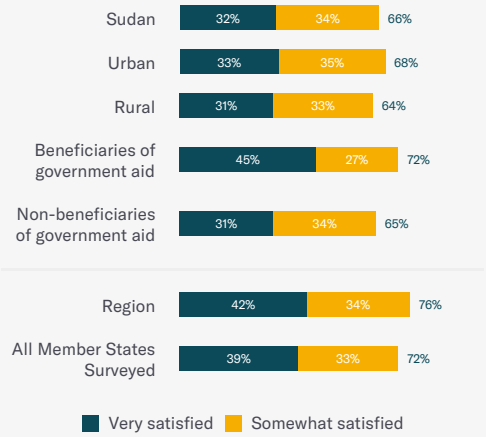
Support was high for all measures, but lowest for avoiding places of worship. Reported adherence was markedly low for avoiding handshakes and physical greetings in public.

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



Two-thirds of respondents reported satisfaction with the government response—less than other AU Member States surveyed.

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



Data Source: Ipsos Survey

Face Masks

Sudan has the lowest reported adherence to face mask use of any AU Member State surveyed. Sudan does not currently mandate face mask use in public, though it is recommended.

74%
of survey respondents had a face mask ready to use

94%
recognized that wearing a mask could prevent spread

64%
report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

24% favor waiting longer to loosen restrictions

75% favor opening up to get the economy moving

Comfort with resuming activities:

69% report that resuming normal activities makes them anxious

67% would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

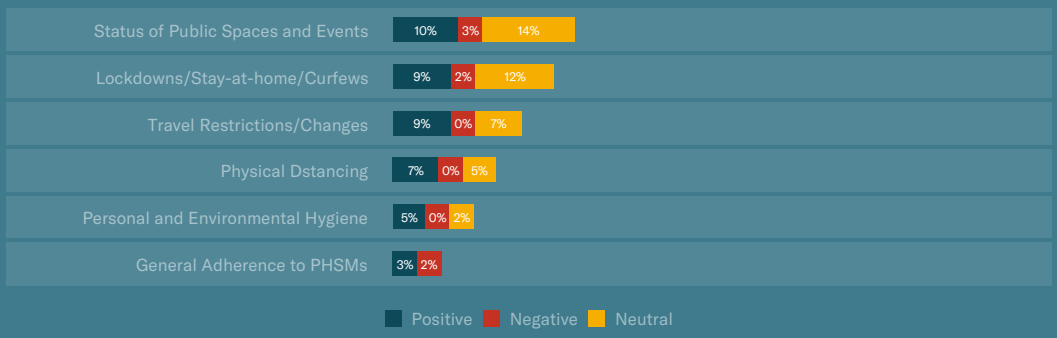
Traditional news and social media coverage of PHSMs

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.

Compared to other AU Member States, there has been little traditional and social media coverage of COVID-19 and PHSMs in Sudan since March.

- Of the available coverage, nearly half was positive in tone, often generated by the government sharing information about the virus and updates on PHSMs on state-run media platforms, using the hashtag #Sudan_Controls_Corona. Explicit criticism of government-imposed PHSMs, including travel restrictions, were rare.
- Social media coverage of COVID-19 in Sudan has consistently decreased over time. This may be due to reported cases of the virus declining, as well as other concerns overshadowing the virus in the media, such as violence in the city of Port Sudan, major flooding across the country and tensions over the development of the Grand Ethiopian Renaissance Dam on the Blue Nile River.

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



Data Source: Novetta Mission Analytics

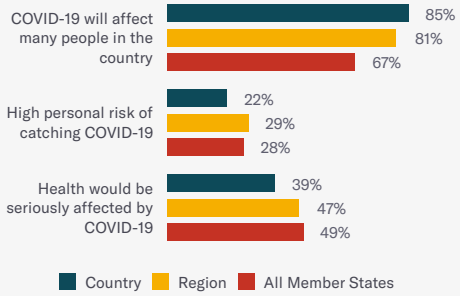
Risk Perceptions and Information

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.

The majority (85%) of respondents believed that COVID-19 would affect many people in Sudan, but far fewer thought their personal risk of catching the virus was high (22%) and that their health would be seriously affected if they were infected (39%). Widespread belief in common misinformation narratives identified a need for stronger government risk communication and community engagement to dispel myths and misconceptions.

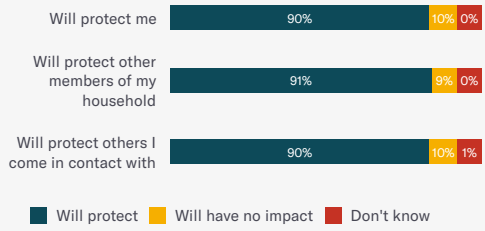
- Although more than 90% of respondents believed that following public health guidelines would protect them, their families, and their communities, belief in misinformation narratives was higher than in other AU Member States surveyed, which could impact adherence to measures and the acceptability of a vaccine once available.
- More than 70% of respondents believed that foreigners are discrediting African medicines that could cure COVID-19 and that close contact with livestock is a risk. The belief in livestock risk was the highest of any AU Member State surveyed. More than two-thirds of respondents agreed that foreigners were trying to test vaccines on them. Stigma associated with the virus was also high, with more than 60% of respondents saying that people recovered from the virus should be avoided.
- The survey findings show an immediate need for the government to employ trusted individuals and institutions to conduct risk communication via news and social media, but also in their communities. The government should respond to misinformation with simple risk communication messaging.

Respondents reported lower perception of the risk of catching the virus and were less likely to say that it would seriously affect their health compared to other AU Member States surveyed.

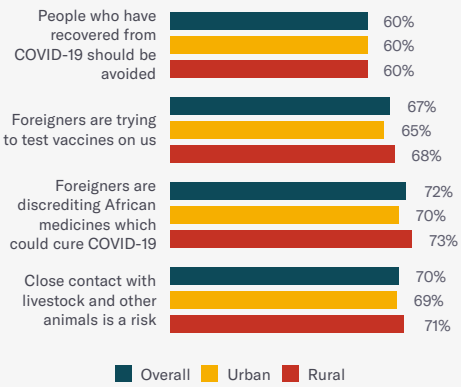


Nine in 10 respondents reported support for public health measures to protect themselves, as well as their family and community.

Attitude toward following public health guidelines



Respondent belief in misinformation narratives was significantly higher compared to other AU Member States surveyed.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Since early August, risk and severity perception of COVID-19 in Sudanese traditional and social media environments was minimal, with other economic and security concerns overshadowing the risk of the virus. There was no singular event or news that drove discussion of risk and severity perception of COVID-19 in traditional news or social media in the monitored period. Social media users who did discuss COVID-19 appeared to acknowledge the threat of the virus.

Data Source: Novetta Mission Analytics

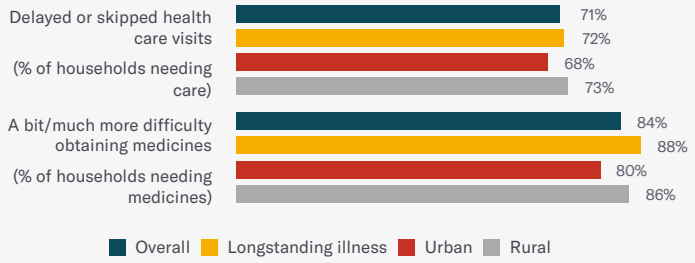
Burden of PHSMs

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.

High rates of respondents in Sudan reported issues accessing health care and difficulty obtaining their medication since the start of the epidemic. This is particularly concerning given the United Nations reports that, even before the pandemic, more than 80% of people did not have access to a functional health facility within two hours of their home. More than 40% of respondents who reported disruptions said they were due to health facilities being closed, which is far higher than in any other AU Member State surveyed. This is in line with media reports of health clinics closing due to shortages of trained health care workers, a lack of available personal protective equipment (PPE) and major disruptions in the medicine supply chain. In Khartoum state, there are reports that nearly half of health facilities have closed since the start of the pandemic. The most commonly reported missed health care visits were for general/routine check-ups (24%), diabetes (18%), cardiovascular issues (11%) and malaria (11%). According to the World Health Organization, the prevalence of diabetes in Sudan has been increasing, with the disease currently affecting more than 7% of the adult population. Early detection and treatment is key for diabetes, and any disruption to care could increase morbidity and mortality among people with the disease. Of respondents who reported disruptions, 4% also cited skipped visits for vaccinations. This is significant, given that on 9 August, Sudan declared a vaccine-derived polio outbreak, which health experts are crediting to poor sanitation and a lack of immunization. As the Sudanese Ministry of Health rolls out a campaign to vaccinate 5 million children under the age of five against polio, ensuring that COVID-19 does not prevent access to vaccinations is critical to limit the further spread of polio, as well as other disease outbreaks. The survey findings highlight significant disruption in access to health care and an immediate need for international assistance in Sudan to help with the virus response, but moreover, the ongoing health system crisis. More trained health care workers, quality personal protective equipment, and medical supplies are needed to reopen health facilities and improve their quality.

Respondents report significant health care service delivery disruptions, with rural areas slightly more affected, possibly because of their higher concentration of refugees.



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:

44% Facilities closed

25% Couldn't get to facility due to mobility restrictions

18% Worried about risk of COVID-19

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

24% General/routine check-up

18% Diabetes

11% Cardiovascular issues

Data Source: Ipsos Survey

Economic Burden and Food Security

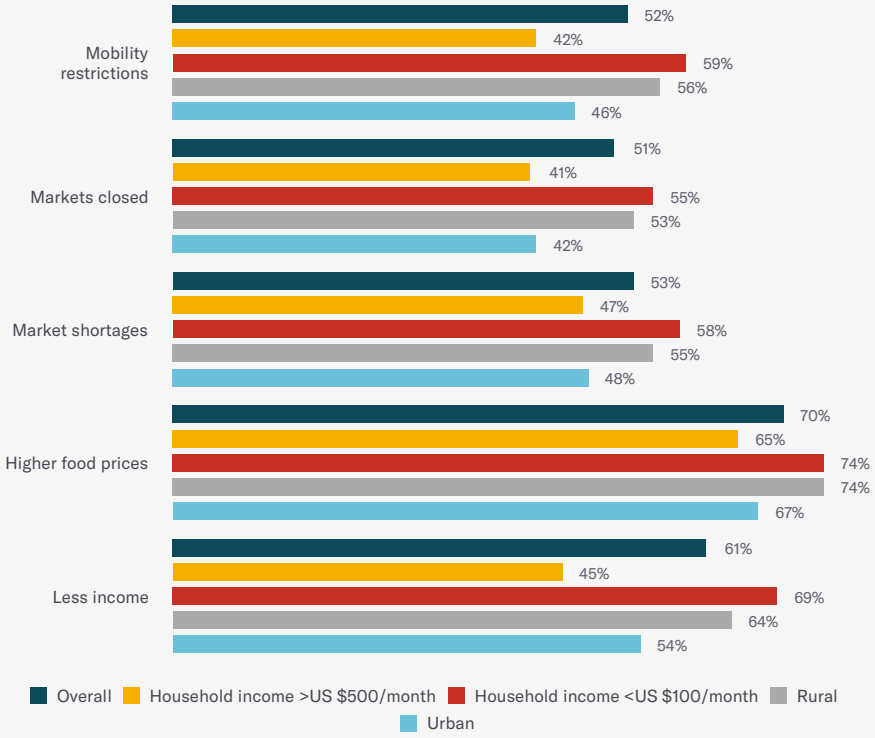
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people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

More than 80% of respondents reported experiencing some barrier to food access in the previous week, with 17% reporting that they experienced it each day. Humanitarian needs are continuing to rapidly increase in Sudan, as the COVID-19 epidemic intensifies existing economic and food security issues. The most common barriers cited for food insecurity were higher food prices and loss of income, with access issues more common in rural than urban areas. Findings from the Famine Early Warning Network (FewsNet) confirm that staple food prices have increased significantly in Sudan, and will likely continue to do so. In July, the government initiated the Family Support Programme (with the World Food Programme), aimed at distributing $5 per month to 36 million people across Sudan. In the survey, only 7% of respondents reported that they had received additional assistance from the government in the previous month. FewsNet also reported that COVID-19 has significantly limited trade and economic activity since March 2020 in Sudan. The effects are compounded by the already ongoing macroeconomic crisis, civil insecurity and recent heavy rains/flooding in the country. However, only four out of 10 respondents reported that their income has dropped since last year at this time, which is 36 percentage points lower than the average (71%) reported among all AU Member States. This may be due to the ongoing economic crisis in Sudan. Reportedly, 9.3 million people were already in need of humanitarian support before COVID-19 due to years of conflict, disease outbreak and climatic shocks.

Respondents reported high food prices as the main driver for food insecurity.

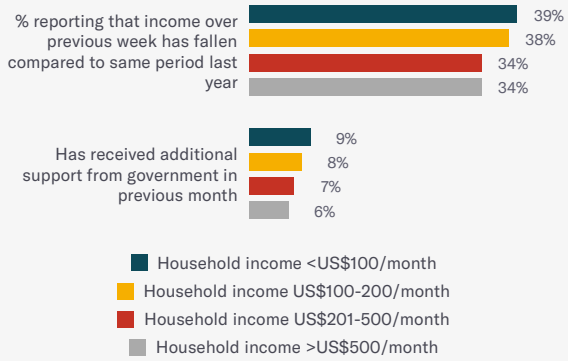
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

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



More than one-third of respondents reported that their income was less than last year at this time; the lowest income households were the most likely to report lost income.

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

Of the traditional and social media coverage of COVID-19 in Sudan, a significant portion focused on economic burdens brought on by the virus.

- International news coverage of Sudan focused on how the pandemic had taxed the already weak health system and caused food prices to surge. Much of the coverage of burdens was generated by international NGOs, highlighting pressing economic concerns, as well as food and water shortages.
- An article in Forbes noted that patients had to visit multiple health facilities to find one open and that a lack of available personal protective equipment has led to health workers “abandoning their posts en masse.”

A man in Khartoum was quoted in Al Jazeera on 8 July on the economic hardship brought on by the lockdown: "Living conditions have become extremely hard and were made worse by the long days of the lockdown."

On 23 July, a popular Sudanese Facebook page and news outlet Al Rakoba posed a question to readers: “How do those unemployed due to Coronavirus live their lives?” The post received 23 likes, and one user commented “may God Help [us].”

Data Source: Novetta Mission Analytics

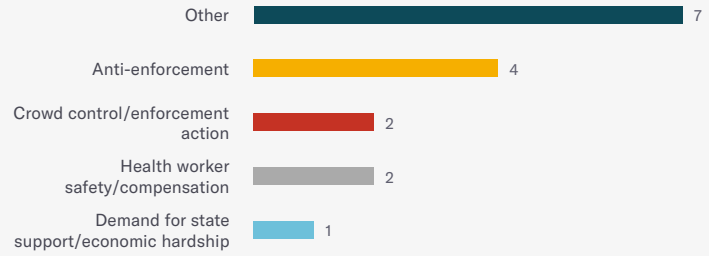
Security

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.

There were a total of 16 security incidents related to COVID-19 in Sudan since the start of the pandemic (Most of the security incidents in Sudan are unrelated to COVID-19, with the country marred by ongoing conflict, and more recent intercommunal clashes in different localities of Kassala and Red Sea states). Seven of the COVID-19 incidents were citizen protests regarding poor conditions and overcrowding in prisons, which protesters said placed prisoners at risk of catching COVID-19. In May, health care workers in Khartoum protested the lack of available personal protective equipment. In late June, thousands took to the streets in Khartoum to protest, demanding that the government pass economic reform.

Most civil unrest surrounding COVID-19 in Sudan was protests against unsanitary prison conditions, categorized as 'Other'.

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 1,438 adults (686 urban, 752 rural) in Sudan between 5-15 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/*.