

Finding the Balance: Public health and social measures in Tunisia

This report describes findings from a telephone survey with 1,197 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the Tunisian Ministry of Health, Primary Healthcare Administration 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

Tunisia experienced its largest wave of COVID-19 cases in July 2021, which caused the health care system to collapse. Civil unrest has worsened since the beginning of the pandemic, particularly related to rising unemployment rates due to restrictive measures, leading to the president claiming executive powers in July.

PHSM Support and Self-Reported Adherence

Support for measures restricting public gatherings and movement — both associated with loss of income — declined since February 2021, corresponding with the increased protests and resistance against restrictions that have been impacting economic growth. Support for measures restricting movement was the lowest of all surveyed Member States.

Information and Risk Perception

Personal perceptions of risk and concerns about COVID-19 are lower in Tunisia compared to the Northern Africa regional average. While unemployment ranked as a top concern for respondents, support for the government, and the president in particular, increased substantially since February 2021.

Vaccine Beliefs and Uptake

Nine in 10 respondents were either vaccinated or likely to get vaccinated — a substantial increase from 35% of respondents in the February 2021 survey. This is likely due to the increased availability of vaccines and ramping up of vaccine campaigns across the country.

Secondary Burdens

Secondary burdens of COVID-19 continue to adversely impact Tunisia. Approximately half of respondents who needed health care in the last six months reported skipping or delaying visits. Three-quarters of respondents reported experiencing income loss since the start of the pandemic, and close to half reported having to miss a meal in the previous week.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	44%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	9,674,980
Cumulative incidence per 100,000 people	6,002
Total reported cases	708,203
Total confirmed COVID-19 deaths	24,934

Data source: Africa Centres for Disease Control and Prevention

What are the key trends from this survey?

Restrictive measures put in place to curb the succession of large waves of COVID-19 cases in Tunisia have compounded income loss, leading to a steady drop in support for PHSMs and wavering satisfaction with the government.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	40%	↓ 29%	↓ 18%
Personal risk perception	17%	↑ 22%	→ 23%
Satisfaction with government response	61%	↓ 46%	↑ 67%
Vaccinated/likely to get vaccinated	*	35%	↑ 90%
Income loss since pandemic start	54%	↑ 76%	→ 74%

* 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?

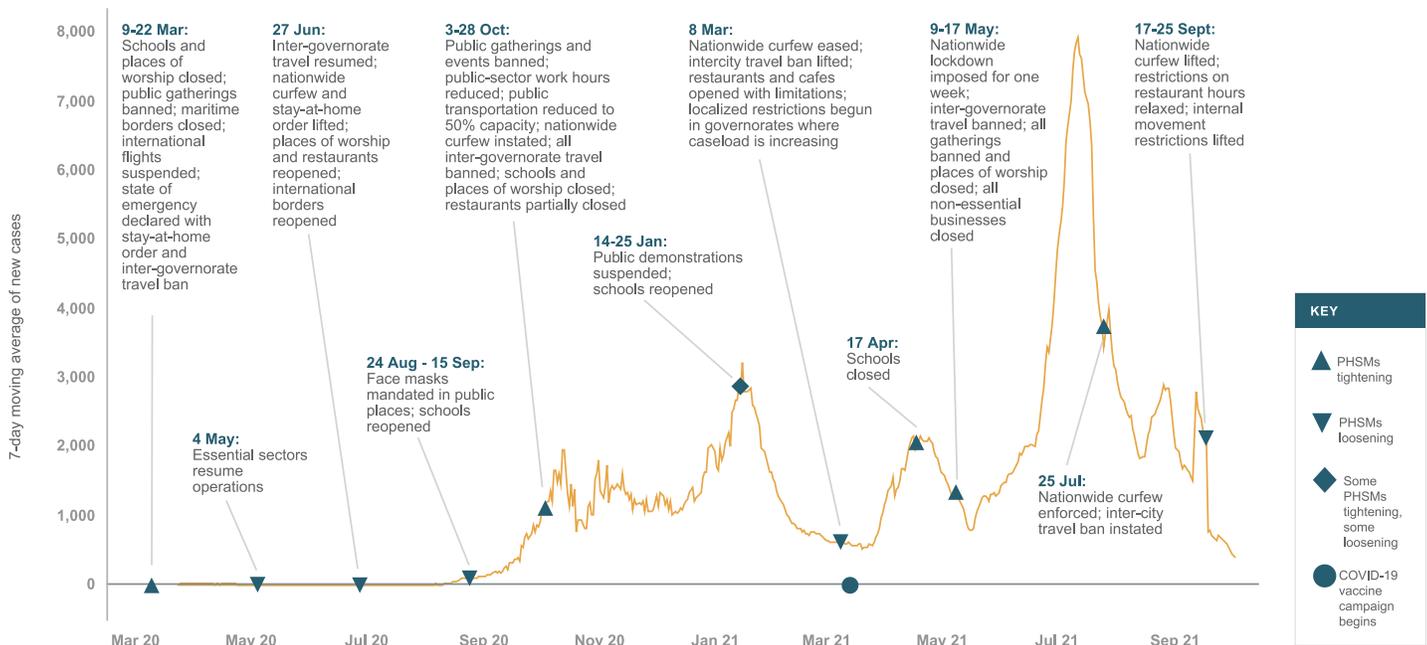
In the previous six months, Tunisia experienced three waves of COVID-19 cases in April, July and August 2021, likely due to the [Delta variant](#). The July wave was the largest, with 7,800 new cases reported per day; the August wave followed with only 2,900 new cases per day. At the height of the July wave, reports showed that the [health system collapsed](#), with health facilities and ICU beds beyond capacity. Test positivity reached almost 30% at the peak for each wave, suggesting that many cases and deaths went undetected.

As of September 2021, Tunisia has been [implementing PHSMs](#) by governorate, based on COVID-19 caseload. Governorates experiencing infection rates exceeding 200 cases per 100,000 inhabitants must abide by an inter-governorate travel ban, a nightly curfew and a ban on all large gatherings. During the fielding of this survey, President Kais Saied loosened the majority of nationwide restrictions; as of October 2021, the only restrictions that remained in place were capacity limits on most establishments and a [vaccination requirement](#) to attend public gatherings.

On 13 Mar 2021 the Tunisian government began a COVID-19 vaccination campaign. As of mid-October, 44% of the population had received the first dose of a vaccine. Tunisia is using seven types of vaccines: AstraZeneca, Sinopharm, Sputnik V, Pfizer/BioNTech, Johnson & Johnson, Sinovac and Moderna.

[Protests and unrest](#), particularly among younger people, have increased significantly since the beginning of the pandemic due to increasing dissatisfaction with the government's response to COVID-19 and rising unemployment resulting from COVID-19 and accompanying PHSMs. At the height of the July wave, President Saied ordered the [military](#) to take over the pandemic response after the health minister was fired for opening vaccination centers during a religious holiday. Then on 25 Jul, Saied invoked [emergency powers](#) and suspended Parliament to address the economic and COVID-19 situation in the country. This was met with mixed reactions, with the opposition increasing their [calls](#) for Saied's resignation. In September, the president named a new prime minister tasked with setting up a new government.

After Tunisia experienced its worst wave of COVID-19 cases, the president invoked emergency powers to take over the COVID-19 response; the majority of PHSMs were lifted in September as cases began to decrease.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

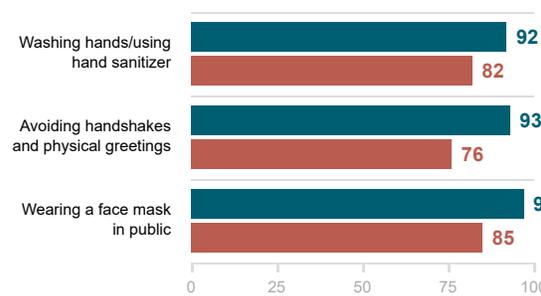
While support for individual PHSMs remains high in Tunisia, particularly for wearing a face mask, approximately half of respondents supported measures that restrict public gatherings and only a quarter supported measures that restrict movement. Support for measures that restrict public gatherings and movement both declined since February 2021, corresponding with the increased protests and resistance against restrictions that have impeded economic growth.

- Self-reported adherence to all measures has remained consistent since February 2021. Many long-standing restrictions in Tunisia were lifted directly before the fielding of this survey.
- Similar to February 2021, support for measures that restrict public gatherings was substantially lower among young people (33% of respondents aged 18-35 vs. 41% of respondents aged 36 and older). This reflects discontent among younger populations toward the burdens PHSMs impose.
- Self-reported adherence is likely associated with support for the president; those who reported higher trust in the president reported higher adherence to all individual measures (63% vs. 47%), gathering restrictions (52% vs. 42%) and movement restrictions (29% vs. 20%).

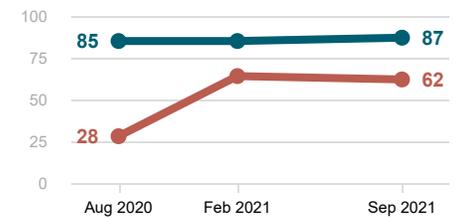
Individual measures

Self-reported adherence to individual measures increased substantially following the January 2021 wave of COVID-19 cases and remained high in the September survey; as did personal perception of risk, indicating that respondents are taking individual preventive measures more seriously.

Support for and adherence to each individual measure in Sep 2021



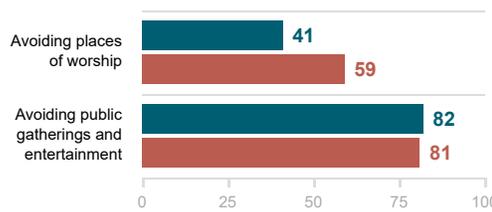
Trend in support for and adherence to all individual measures (composite score)



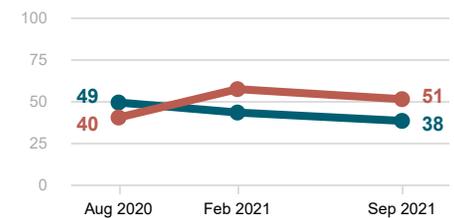
Measures restricting social gatherings

Support for and self-reported adherence to both measures restricting social gatherings has stayed consistent since February 2021. Respondents continued to be more willing to avoid public gatherings and entertainment than places of worship.

Support for and adherence to each social measure in Sep 2021



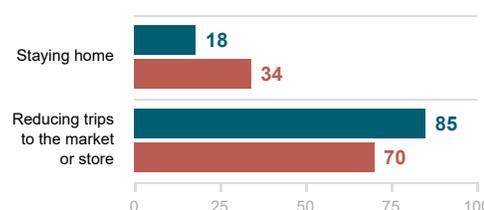
Trend in support for and adherence to all social measures (composite score)



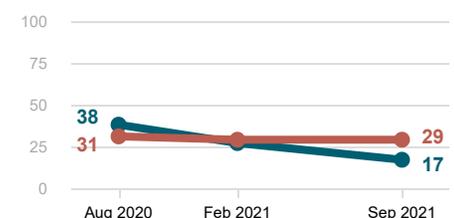
Measures restricting movement

Support for movement restrictions, specifically staying home, was the lowest of all surveyed Member States. Support for staying home dropped by 11 percentage points since February 2021.

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?

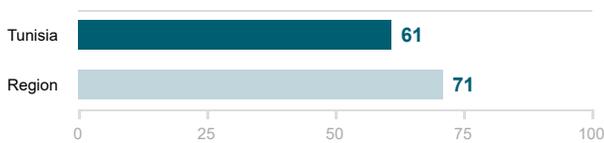
What the data say

Concern about COVID-19 was low among respondents in Tunisia, particularly when compared to other surveyed Member States in the Northern region. COVID-19 was a top concern for only one in five survey respondents; the regional average was one in three. In addition, perceptions of personal risk of COVID-19 were below the regional average; only a quarter of respondents felt they were at risk of contracting the disease and one-third believed their health would be seriously affected if infected. Low risk perception could be of concern considering the high infection rates in Tunisia and the deleterious impact the July COVID-19 wave had on the health care system, but could also be explained by high vaccination rates.

- Of those reporting high perception of severity of illness, 35% stated they have gotten, or would likely get vaccinated versus only 22% who stated they were unlikely to get vaccinated. Those with high perceived risk of COVID-19 infection were no more or less likely to get vaccinated.
- Overall, personal risk perception has not substantially changed since the February 2021 survey. However, the percentage of respondents reporting they or someone in their household had COVID-19 increased from 22% to 58% (the highest of all surveyed Member States); more of this same group reported having high risk perception of infection, versus low (66% vs. 53%).
- The alarming rates of income loss experienced across Tunisia are also reflected in the survey results. In line with the decline in support for economically restrictive PHSMs, access to income was the most concerning issue to respondents from Tunisia, particularly among younger people; 36% of respondents under the age of 45 reported unemployment as a top concern, compared to 29% of respondents 46 and older. Income loss also had a substantial impact on respondents' access to livelihoods; 27% reported affordability as a primary barrier to health services and 63% reported less income as a primary barrier to food.

How do people understand the risk of COVID-19?

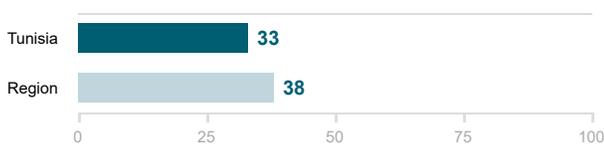
61% believe that COVID-19 will affect many people in their country



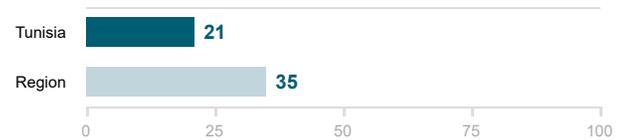
23% believe that their personal risk of being infected with COVID-19 is high



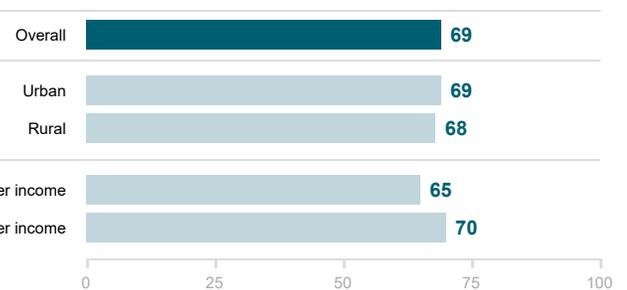
33% believe that their health would be seriously affected by COVID-19


How concerned are people about COVID-19?

21% report COVID-19 as being a top concern



69% 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	34%
COVID-19 pandemic	21%
Political concerns/corruption/leadership	17%

Information and Risk Perception

Whom do people trust?

What the data say

Two-thirds of respondents were satisfied with the government’s response to the COVID-19 pandemic, an increase of 21 percentage points since the February 2021 survey; furthermore, there was a 24 point increase in trust in the president. These substantial boosts occurred after the president invoked [emergency powers](#) in July to “[follow the people](#)” and take over the COVID-19 response from Parliament.

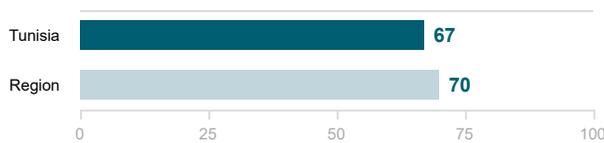
- Older respondents reported higher satisfaction with the government’s response (81% of those over 46 years old were satisfied, vs. 57% of those 45 or younger), mirroring reports of discontent and concerns about unemployment among younger people. However, there were no discernable trends by age in trust towards the president.
- Support of the government aligned with trust in the president; those who trusted the president were more likely to express satisfaction with the government’s response, compared to those with not very much, or no trust in the president (72% vs. 34%).

Health facilities, friends and family and local television ranked the highest among trusted information sources; while social media and the internet were the sources most commonly used to get information about COVID-19. Facebook, for instance, was reportedly used by over one-third (37%) of respondents but trusted by only 14%. The Tunisian Ministry of Health frequently uses [Facebook](#) to disseminate information on COVID-19.

What do people think about their country's institutions?

The military has remained the most trusted institution for the COVID-19 response, increasing by 10 percentage points from February 2021. Historically, the Tunisian military has been considered [apolitical](#) with broad public support. At the height of the July 2021 COVID-19 surge, the president requested the [military](#) to take over management of the national pandemic response.

67% 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

Army/military	93%
The President	86%
Community health workers	80%

Do people believe accurate information?

Although knowledge and understanding of COVID-19 remains high in Tunisia, belief in misinformation — such as believing herbal remedies can cure COVID-19 — and rates of stigmatization — particularly against health care workers and those who have recovered from COVID-19 — were also high, with minimal change from the February 2021 survey. Trusted sources of information in Tunisia — including health facilities and local television — could be valuable channels to address misinformation, rumors and stigmatizing messages.

Most trusted sources of information

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

Health center/health workers	69%
Friends and family	49%
Local television	44%

96% understand that infected people may never show symptoms but could still infect others.

81% understand that infected people may not show symptoms for five to 14 days.

44% believe that COVID-19 can be cured with herbal remedies.

61% 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.

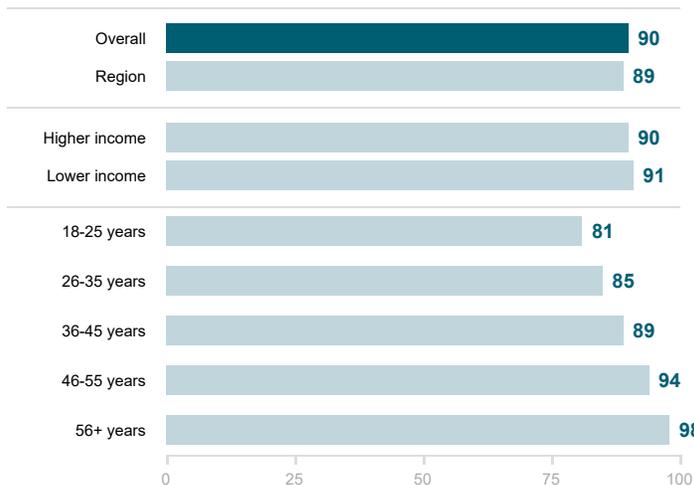
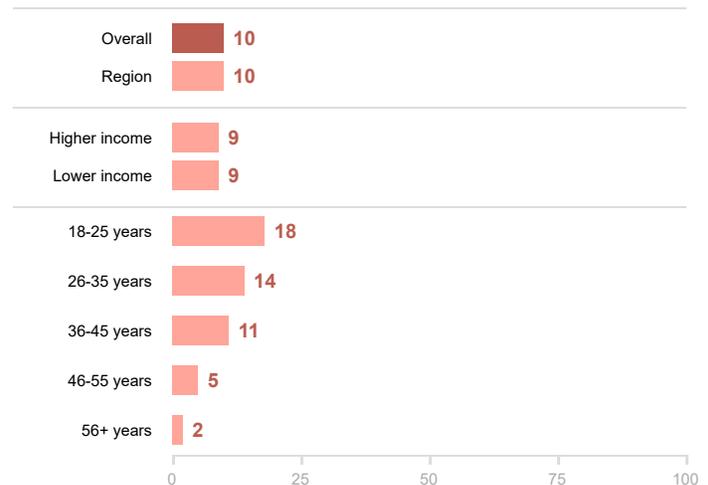
What the data say

Nine out of 10 respondents in Tunisia reported that they were either vaccinated or likely to get the COVID-19 vaccine, a substantial increase from February 2021 (35%). The increase in the likelihood to get vaccinated is likely due to the rapid rollout of vaccine campaigns throughout the Member State. In addition, the dramatic increase in support of the government and the president may be playing a role — a larger share of those who were likely to get vaccinated, compared to those unlikely, expressed support for the government’s pandemic response and trusted the president (69% vs. 51% and 87% vs. 73%, respectively).

- More information on side effects of the COVID-19 vaccine was the most needed among all respondents. The specific information concerns and needs of more vaccine-hesitant groups — particularly younger people — should be addressed through targeted messaging and community engagement strategies, using trusted sources such as health workers and local television.
- However, the remaining 10% of respondents unlikely to get vaccinated may be a difficult subset to target messaging to. That group reported higher rates of not needing any additional information on the vaccine (37%, vs. 28% of those likely to get vaccinated); they also reported a lack of trust in the vaccine and government, concerns that the vaccine is deadly, and a general fear of injections.

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.

90% are vaccinated or are likely to get vaccinated

10% 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

Nothing/I don't want to receive information	29%
What are the main side effects and are they painful/serious?	26%
How effective is the vaccine?	14%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

Lack of trust (i.e. in vaccine, government)	22%
The vaccine can kill people	21%
Afraid of injections	10%

Secondary Burdens

Are people skipping or delaying health care?

What the data say

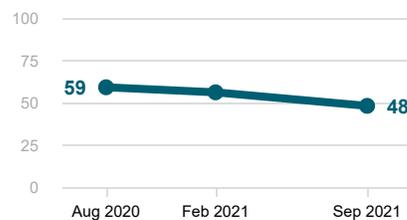
In Tunisia, over half of respondents who needed health care in the last six months reported skipping or delaying visits, the highest rate of all surveyed Member States and an increase since February 2021 (53% vs. 47%).

- In line with findings from February 2021, almost half of those who missed or skipped a health care visit did so due to concerns about catching COVID-19. This could be due to the increased caseload in the recent waves, as well as the increased burden the Tunisian health care system has experienced during each surge in cases.
- The effects of income loss have permeated into accessing health services, with cost and affordability being reported as a major barrier by one-quarter of respondents. A larger share of those who had to skip a health care visit reported having lost some or all of their income since the beginning of the pandemic, compared to those reporting no loss in income (55% vs. 42%).
- Among respondents who skipped care, four in 10 stated it was for noncommunicable diseases, with cardiovascular issues and diabetes most commonly reported. According to WHO, half of total mortality in Tunisia is due to [cardiovascular diseases](#), with [diabetes](#) also in the top ten causes of mortality.

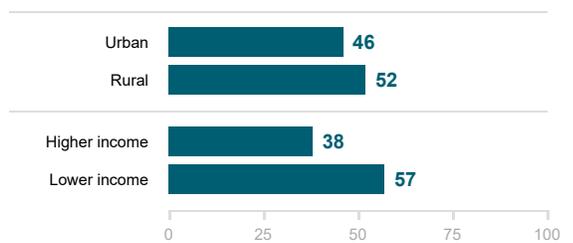
Difficulty getting medicines

In addition to rural and lower-income respondents, respondents over the age of 46 (54% vs. 44%), those in the lowest income group (57% vs. 38%) and those with long-standing illnesses (57% vs. 44%) also reported more difficulty in accessing medicine.

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



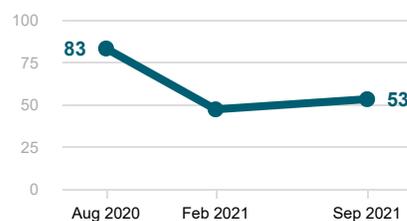
Percentage having difficulty getting medicines by category



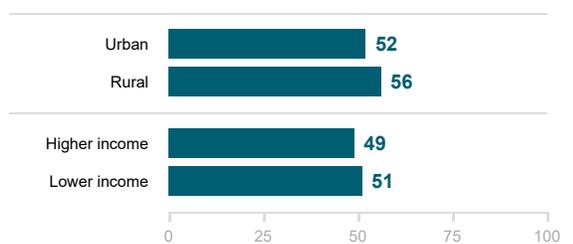
Skipping or delaying health visits

Households skipping or delaying health visits in the past six months increased by six points since February 2021 (47%), representing a promising trend despite the recent waves of new COVID-19 infections.

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

Worried about catching COVID-19	45%
Cost/affordability	27%
Health facility disruption	17%
Mobility restrictions/transport challenges	9%
Self-isolating with suspected COVID-19	5%

Types of health visits that were skipped or delayed

People could choose multiple responses

Noncommunicable diseases	40%
General/routine check-up	25%
Diagnostic services/symptoms	16%
Reproductive, maternal, newborn, child health	6%
Vaccinations	6%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

Three-quarters of respondents reported experiencing income loss since the start of the pandemic, and more than four in 10 respondents reported having to reduce the number of meals in the previous week. Taken together, these numbers illuminate a deepening crisis in Tunisia.

- Since the beginning of the pandemic, [unemployment](#) has risen from 15% to 18% by June 2021. Many blame restrictive [COVID-19 mitigation measures](#) for this substantial increase in unemployment, leading to further discontent and protests among the population.
- While initial reports showed that unemployment primarily affected [young people](#) under 24 years old and women, the September 2021 survey showed that income loss has become more widespread across all ages; clear age discrepancies that were found in the [February 2021](#) survey were less pronounced in September. However, income loss was also reported by more rural households (80% vs. 72% of urban) and less-educated households (78% of those who completed secondary degrees or under, vs. 63% with university or post-graduate degrees).
- Lost income was among the most commonly cited barriers to food access, along with high food prices. Lower-income respondents reported higher rates of missing meals and income loss than did higher-income respondents.
- However, the percentage of households who have received government assistance increased since February by 10 percentage points — all in the form of cash assistance. In April 2021, the Tunisian government received [donor funding](#) for cash assistance programs to reach those most affected by COVID-19. Survey results show that this assistance reached primarily respondents in rural areas, those who were less educated, those with low income and those who have experienced income loss.

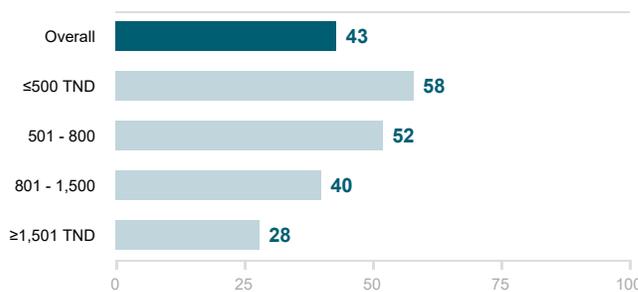
Reported barriers to food access

Percentage of people reporting each barrier

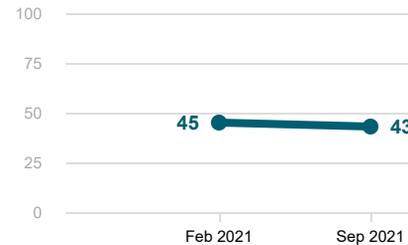
Less income	63%
Higher food prices	72%
Food markets closed	29%
Mobility restrictions	32%
Food market supply shortages	51%

Missing meals

Percentage of households **missing meals** by category



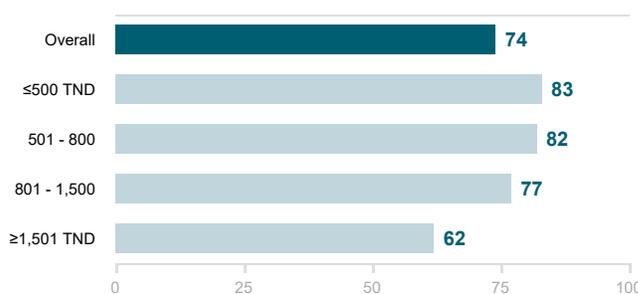
Percentage of households **missing meals** over time



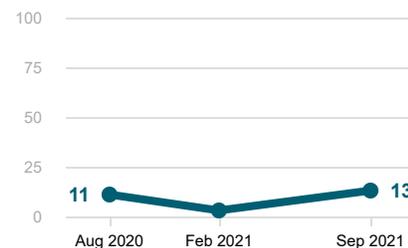
Note: Data on missing meals were not collected in Aug 2020.

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.

- 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 Tunisia consisted of 1,197 adults (801 urban, 396 rural), collected between 20 and 27 Sep 2021.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Low income: Monthly household income 500 TND and below
- Low-middle income: Monthly household income 501 TND - 800 TND
- High-middle income: Monthly household income 801 TND - 1,500 TND
- High income: Monthly household income 1,501 TND and above