

Finding the Balance: Public Health and Social Measures in Tunisia

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 Tunisia 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 Tunisia—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: Tunisia has reported more than 2,000 cases since March. After an initial wave of infections in March and April, reported cases remained low through June, but have been rapidly accelerating since mid-July. Between 23 July and 19 August, Tunisia has seen a 92% average increase in new cases reported each week. The cumulative tests per confirmed case ratio remains high compared to most other African Union (AU) Member States at 50, which suggests that Tunisia has good testing capacity at this phase in the epidemic.

PHSM Implementation: The government issued a stay-at-home order and declared a state of emergency in mid-March. As new reported cases decreased, lockdown measures were loosened to allow some sectors to resume operations. Most other restrictions were lifted between May and June, and a significant increase in reported cases can be seen in August. Some local restrictions have since been reintroduced.

PHSM Support and Adherence: While a majority of respondents support most PHSMs, self-reported adherence for personal preventive measures (such as washing hands, wearing a mask, and avoiding physical greetings) is among the lowest of all AU Member States surveyed (66% reported adhering to all three measures compared to 86% across all Member States). Support and self-reported adherence were also lower for staying at home and avoiding places of worship.

Risk Perceptions and Information: Fewer than one in five respondents believe they are at risk for contracting COVID-19 despite the growing epidemic, a lower proportion than other AU Member States surveyed. In addition, many respondents hold misconceptions or believe rumors or myths that could undermine adherence to PHSMs.

Essential Health Services: A majority of respondents who needed medical care have reported difficulty accessing health care visits (83%) or medicines (59%) during the COVID-19 crisis. The findings suggest that the indirect health impact of the epidemic may be significant.

Economic Burden and Food Security: Around half of respondents report having lost income and are facing difficulty accessing food. While the government has leveraged the existing social protection framework to provide ongoing assistance to affected households, fewer than one in five respondents report receiving additional aid from the government in the previous month.

Security: There has been significant unrest related to the COVID-19 crisis and PHSMs. Largely peaceful protests have demanded greater economic support, protections for health care workers and lifting of 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
2,314 (19)	57	115,376 (50)	2.5%

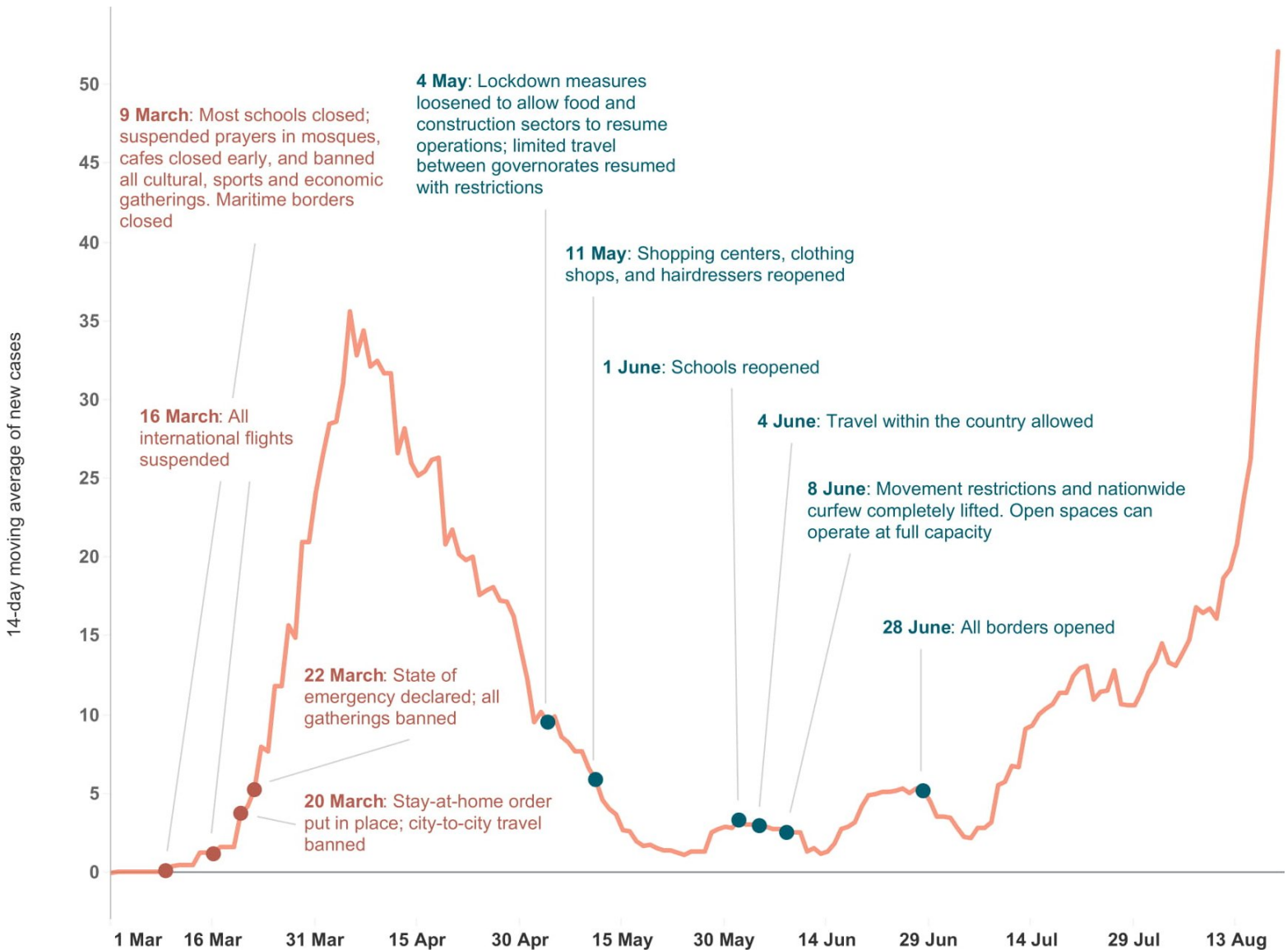
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

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 sharp increase in reported cases in late March and early April, reported cases declined through June. However, beginning in July and continuing through August the country has seen a significant increase in reported cases. During the last month, new cases reported each week have increased by 92%, and as of 19 August were higher than during the peak in April.

- As reported cases were rising in early March, the government instituted a series of restrictive measures, from closing schools and places of worship to implementing a stay-at-home order and a state of emergency.
- Following a decrease in reported cases, the government loosened the lockdown measures in early May, allowing some sectors to resume operations. Schools reopened and the nationwide curfew was lifted in early June. All borders were opened in late June.
- Currently, shops, restaurants, hotels, and places of worship are open to the public. However, some local restrictions have been reintroduced, including curfews and cancellation of Friday prayers and weddings. Restaurants in Gabès have limited service to takeout, and the rail link between Tunis and Gabès has been suspended.
- With more than 115,000 tests conducted, Tunisia has a cumulative ratio of 50 tests per confirmed case, above recommended guidelines, which suggests adequate testing capacity.

Tunisia implemented an early stay-at-home order in mid-March and saw reported cases peak and start to decline in early April. However, following the lifting of restrictions, there was a significant increase in reported cases in late July and August, followed by a reintroduction of some local restrictions. No mobility data are available for analysis.



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

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.

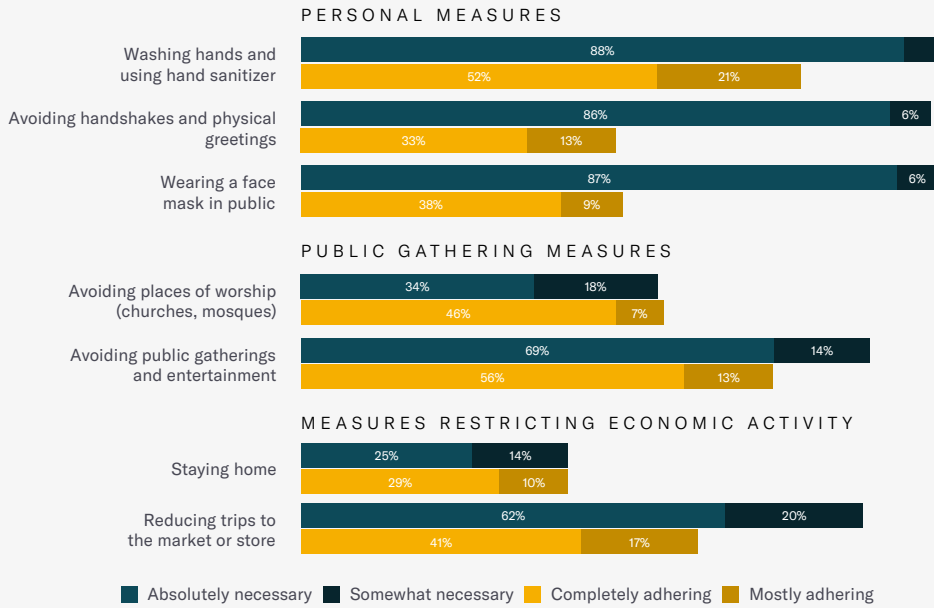
A majority of respondents support most PHSMs, according to survey findings, but support is much lower for staying at home and avoiding places of worship. Self-reported adherence to key personal preventive measures remains low, with fewer than half reporting wearing a mask or avoiding physical greetings.

- The majority of survey respondents (85%) report having a face mask, and support for personal protective measures (washing hands, wearing a mask, avoiding physical contact) is high.
- However, self-reported adherence for wearing a face mask is lower than all other AU Member States surveyed (47%), and self-reported adherence to avoiding physical greetings is also low (46%). Among survey respondents, reported reasons for not wearing a mask include not going out or mixing with others outside the household and finding face masks to be uncomfortable. Women, respondents with longstanding illnesses and respondents from low-income households are more likely to report wearing a mask.
- Given the large gap between stated support and self-reported adherence for mask wearing, avoiding physical greetings, and reducing trips to markets or stores, analysis of the environmental, economic or other barriers could inform strategies to increase adherence. Physical distancing guidance should take into account cultural norms around greetings.
- Three in four respondents favor loosening restrictions overall to reduce economic burdens, a high proportion compared to other AU Member States. However, two in three respondents are anxious about resuming their normal activities.
- Narratives in traditional and social media discussions of PHSMs were largely positive. Discussion of reopening government-funded public schools was a highly contentious debate in monitored social media over the previous month.

- Reported satisfaction with the government response is lower than the average across all AU Members States surveyed.

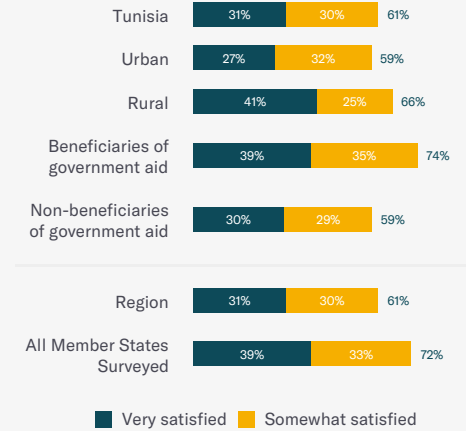
Self-reported adherence for personal preventive measures is low, but support for these measures is high. Both support and self-reported adherence for staying home is low.

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



Less than two thirds of respondents in Tunisia are satisfied with the government response, a lower proportion than other Member States surveyed. Those who have benefited from government support are more satisfied.

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



Data Source: Ipsos Survey

Face Masks

Tunisia requires the use of face masks in public, and offenders may be punished with fines or up to six months imprisonment.

85%

of survey respondents had a face mask ready to use

93%

recognized that wearing a mask could prevent spread

47%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

25%

favor waiting longer to loosen restrictions

73%

favor opening up to get the economy moving

Comfort with resuming activities:

68%

report that resuming normal activities makes them anxious

56%

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.

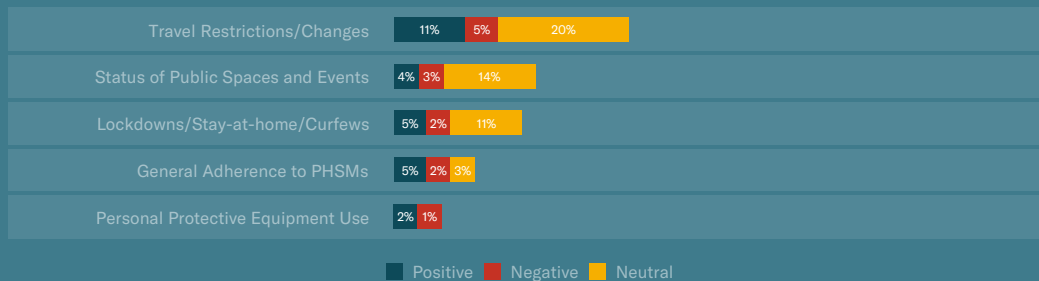
From May to July, public narratives in both traditional news and social media around PHSMs in Tunisia have been predominantly positive, driven by government messaging in traditional media.

- Despite the positive narratives, one contested topic related to PHSMs was the status of schools, with many parents and teachers calling for the government to delay reopening. A poll in a local media outlet conducted a survey on school reopening and found that half of respondents supported a delay of reopening. Supporters of a postponement cited children's health as the most important factor in the decision to reopen.

On 11 August, a Facebook user supporting the delay of school reopening wrote, "Our youths' health is the most important thing."

On 28 May, in a statement to Tunisian News Agency, the Director General of Childhood at the Ministry of Women, Family, Childhood, and the Elderly said, "We will not allow our children to be exposed to danger."

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



Data Source: Novetta Mission Analytics

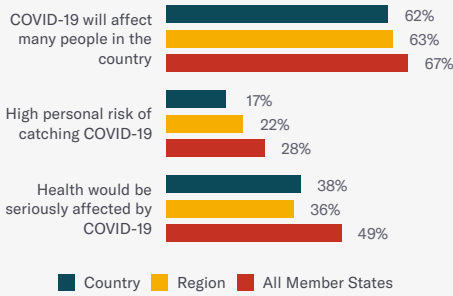
Risk Perceptions and Information

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.

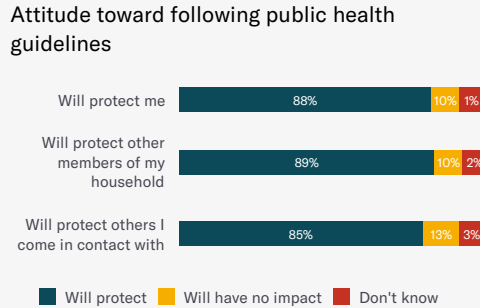
Respondents are aware of the risk to their country from COVID-19, but their personal risk perceptions are much lower, with fewer than one in five believing that their personal risk is high. Many hold misconceptions about the disease or believe in rumors.

- Personal risk perception is the lowest among all AU Member States surveyed. Based on the recent increase in reported cases in August, increased risk communication and community engagement could help to reinforce the importance of personal preventive behaviors.
- Respondents also have lower perceptions of disease severity compared to the average across all AU Member States surveyed.
- Most respondents agree that adhering to preventive guidelines will help protect themselves and others.
- A significant proportion of respondents (71%) believe that people who have recovered from COVID-19 should be avoided. Risk communication should dispel myths that could lead to stigma of people who have recovered from COVID-19. Nearly half of respondents also agreed with rumors or myths about foreign interference, including that foreigners are trying to test vaccines on Tunisians. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when one becomes available.
- In March, a member of parliament proposed a draft law to fight misinformation about COVID-19. However, the draft drew widespread criticism from civil society organizations on the basis that it infringed upon human rights—specifically freedom of expression online. Following the criticism, it was withdrawn from consideration.

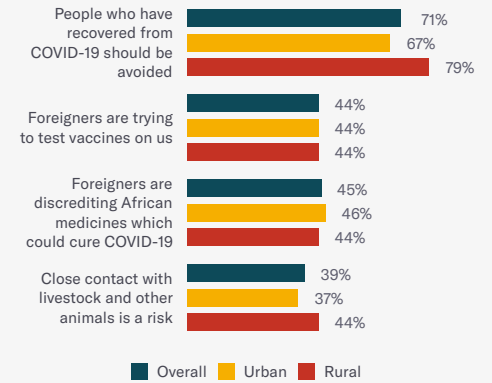
Respondents in Tunisia have high perceptions of the risk COVID-19 poses to the country but very low perceptions of personal risk from COVID-19.



A large majority of respondents in Tunisia agree that following public health guidelines will help protect themselves and others from getting COVID-19.



A significant proportion of respondents in Tunisia hold misconceptions about the disease, particularly avoiding people who have recovered from COVID-19.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Recent social and traditional media coverage of COVID-19 reflects high perceptions of disease risk. However, there have also been some prominent misinformation narratives in social media.

- Tunisian government officials stressed the high risk and severity of COVID-19 and urged citizens to view the pandemic as a long-term issue.
- Some Tunisians spread misinformation that COVID-19 could be easily cured with ginger tea.

On 13 August, a Facebook user wrote, "Everyone who has lied about COVID-19 has either gotten sick or died from it. COVID-19 is here and that's undeniable."

The Director of the National Observatory for New and Emerging Diseases, Nassaf Ben Alia, was quoted in a local media outlet on 5 August stating that "Coronavirus may last for months or years, and Tunisians have no choice but to live with it."

Data Source: Novetta Mission Analytics

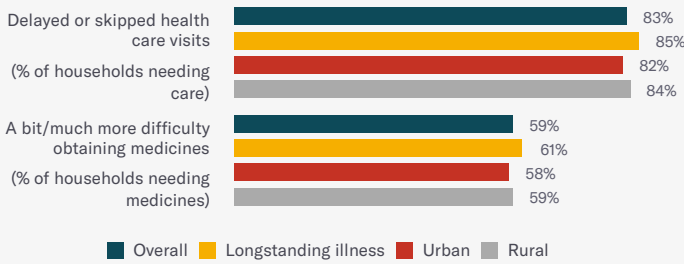
Burden of PHSMs

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 in Tunisia are experiencing severe disruptions to essential health services during the COVID-19 outbreak, with a very high proportion of households needing health care reporting that they had to delay or skip visits (83%), and 59% of households needing medicines reporting that access has been more difficult. The share of respondents reporting disruptions to health care visits were among the highest levels across all AU Member States surveyed. Barriers included concerns about getting COVID-19 while seeking care or facilities that were closed or too busy to accept patients. The most commonly reported delayed or skipped visits were routine check-ups and treatment for chronic conditions such as cardiovascular disease and diabetes. This pattern reflects Tunisia's burden of disease. According to the National Public Health Institute, cardiovascular disease was the leading cause of death in Tunisia in 2013, accounting for 29% of registered deaths that year, and endocrine and metabolic diseases led to 10% of registered deaths. Disruption to health care for the management of non-communicable diseases could have significant population health impacts.

The vast majority of households that needed health care services or medicines reported access issues, and over half of households reported difficulty obtaining medicines.



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:

- 29%** Worried about risk of COVID-19
- 23%** Facilities closed
- 18%** Facilities too busy

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

- 25%** General/routine check-up
- 22%** Cardiovascular issues
- 17%** Diabetes

Data Source: Ipsos Survey

Economic Burden and Food Security

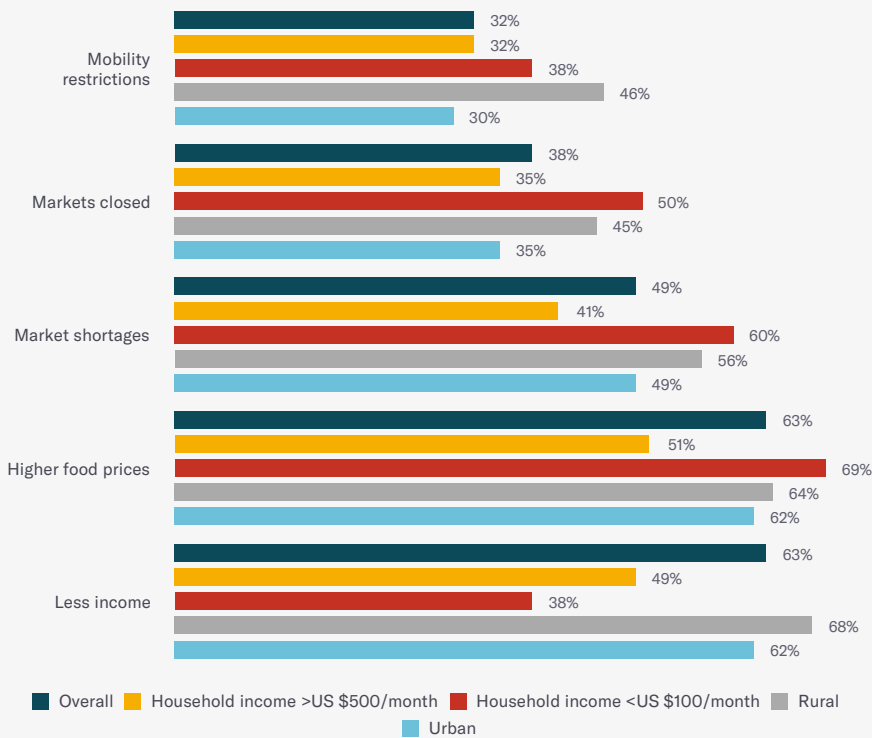
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people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

Household respondents in Tunisia have experienced severe economic hardships during the COVID-19 crisis. More than half (56%) still face barriers to accessing food, including income losses, higher food prices, market shortages and other barriers. Close to two-thirds are surviving on lower incomes compared to this time last year, and media reports cite that Tunisians who depend on tourism and informal workers have been among the most affected. The government has announced various social assistance measures, including subsidizing wages, waiving social security contributions, and providing one-time cash transfers to informal sector workers as well as households with elderly family members, children without parental support and people living with disabilities. Nonetheless, fewer than one in five households report that they have received any additional government support in the previous month.

Respondents in Tunisia face continued challenges with accessing food, with a large proportion of respondents reporting barriers to access in the previous week. Low-income and rural households faced more widespread challenges.

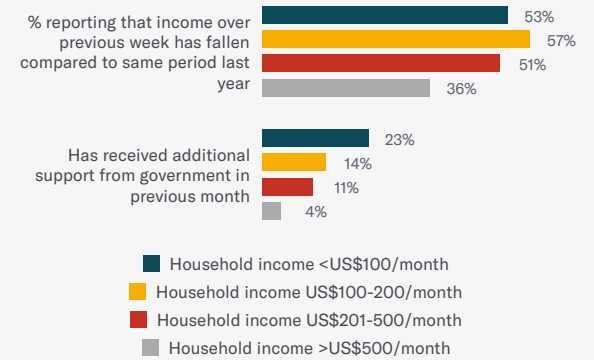
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

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



Approximately half of respondents in Tunisia have experienced income losses, while fewer than one in five have received any additional government support in the previous 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, 10% of monitored coverage of COVID-19 in Tunisia focused on the burdens of PHSMs, primarily the impact of government restrictions on livelihoods and employment.

- The expected national economic contraction was a major topic of coverage among Tunisians.
- There were reports that livelihood insecurity may be forcing thousands of Tunisians to seek refuge in Europe.

On 12 August, a Tunisian refugee was quoted in The Guardian saying, “In Tunisia you can work, but you don’t make money. What you earn, you consume. Before COVID-19 there were no jobs. Now with COVID-19 it’s not going to get better.”

On 10 July, a Tunisian news agency posted on Twitter, “#Tunisia: the tourism sector has lost about 32% of the jobs it provides, a survey on the impact of #COVID19 on tourism revealed, noting that the tourist facilities which are experiencing difficulties have laid off about 71% of their workers.”

Data Source: Novetta Mission Analytics

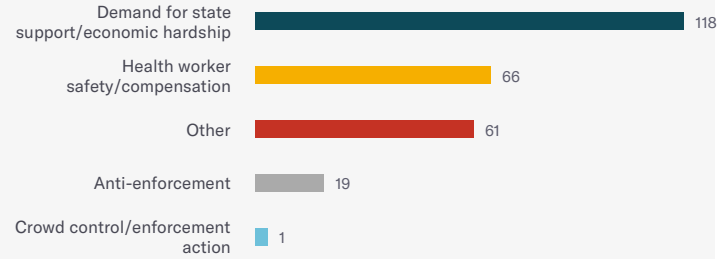
Security

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 265 COVID-19-related security incidents have been reported in Tunisia since March, including a significant share that involved reports of violence. The majority of these incidents occurred in April, May, and June. Many of these have involved protests to demand greater economic relief (45%) or better conditions for health care workers (25%). Some protests by Tunisian groups have become violent, including rioters blocking roads to denounce delays in receiving government financial assistance, to demand repatriation of relatives, or to denounce frequent interruptions to the supply of potable water, among other reasons. The Tunisian Labour Group organized several protests to demand payment of salaries for workplaces closed during the lockdown. There have also been at least four reports of PHSM enforcement by security forces, but none of these incidents became violent.

The majority of security incidents involved demands for greater economic relief from the government.

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 1,218 adults (821 urban, 397 rural) in Tunisia between 3-12 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/.