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 Côte d’Ivoire 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 Côte d’Ivoire—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:** Following a sharp spike in reported cases in June, Côte d’Ivoire has recently reported decreasing new cases. Between 23 July - 19 August, Côte d’Ivoire has seen a 25% average decrease in newly reported cases each week. However, these trends should be interpreted with caution given that the tests per confirmed case ratio is low, indicating a high likelihood of incomplete case detection.

**PHSM Implementation:** The government declared a state of emergency and enforced restrictive PHSMs in March to curb the outbreak nationwide. Unlike several other African Union (AU) Member States, the government never imposed a stay-at-home order and instead announced a stay-at-home recommendation for vulnerable populations. Outside of Abidjan, restrictions have begun relaxing since May.

**PHSM Support and Adherence:** The majority of respondents in Côte d’Ivoire report high levels of support and adherence to personal PHSMs (such as washing hands, wearing a mask and avoiding physical greetings), but much lower support and adherence to public gathering measures (such as avoiding large gatherings and places of worship) and measures that restrict economic activity (such as staying home and avoiding markets and stores). Nearly 70% favor loosening restrictions overall to boost the economy.

**Risk Perceptions and Information:** Respondents’ perceptions of disease risk and severity are low, compared to other AU Member States that were surveyed. Similarly, some Facebook users in Côte d’Ivoire responded to news about COVID-19 claiming they forgot the virus existed. Messages related to risk perception received little coverage in both traditional news and social media analysis. However, both survey and media analyses show that rumors and myths are widespread among respondents in Côte d’Ivoire, especially related to foreign interference.

**Essential Health Services:** Households in Côte d’Ivoire are experiencing significant disruptions to essential health services during the COVID-19 crisis. A high proportion of households that needed health care had difficulty accessing health care visits (37%) and obtaining medicines (33%). Vaccinations represent almost 20% of missed health care visits, which could have substantial health impacts and may require a policy response to strengthen prevention and ensure continued access.

**Economic Burden and Food Security:** Survey respondents in Côte d’Ivoire are facing significant economic burdens with the vast majority reporting income losses (84%), and many reported experiencing at least one barrier to purchasing food in the last week (63%). Meanwhile, fewer than 10% of households reported receiving any additional government assistance in the previous month.

**Security:** Since the start of the pandemic, relatively few COVID-19-related security incidents have been reported in Côte d’Ivoire and only one was reported since May. A peaceful demonstration took place in Abidjan in July by health care workers protesting lack of equipment. Prior to July, 14 incidents involving violence were recorded, most of which involved clashes between civilians and security forces enforcing PHSMs.
### Disease Dynamics and PHSM Implementation

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Diagnostic Tests</th>
<th>Case-Fatality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,232 (68)</td>
<td>111</td>
<td>114,420 (7)</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

**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.

Côte d'Ivoire avoided large spikes in reported cases until the end of May when the country saw a rapid increase and two successive peaks. However, new reported cases have been declining by an average of 25% each week since mid-July.

- In mid to late March, the government declared a state of emergency and imposed restrictive PHSMs nationwide to curb the spread of COVID-19, including closing schools and entertainment venues, banning large gatherings, closing borders and imposing a curfew.
- In early May, the government relaxed most restrictions in Abidjan, including opening schools, restaurants, and entertainment venues, lifting the curfew and allowing larger gatherings. Once reported cases began to rise again in Abidjan in mid-June, the government reimposed restrictions to curb transmission. Restrictions were relaxed again in August, with restaurants, bars, and entertainment venues reopened subject to social distancing guidelines. The Greater Abidjan area, which includes Abidjan and the surrounding suburbs, continues to be the most affected area with the greatest number of reported cases nationwide.
- Outside of Abidjan, the government loosened restrictions in May including reopening schools, lifting the curfew, allowing large gatherings, and reopening restaurants, bars and entertainment venues. Population mobility, based on visits to retail and recreation sites tracked through Google mobility data, has been close to pre-COVID-19 levels since early June.
- The country has yet to impose a national stay-at-home order and instead instituted a stay-at-home recommendation on 9 April for vulnerable populations only.
- The tests per confirmed case ratio is below recommended guidelines, suggesting inadequate testing and likely missed case detection.
Côte d'Ivoire implemented early restrictions at the end of March, resulting in a steep decline in population mobility, which gradually increased as measures were relaxed in May and June. By August, population mobility surpassed pre-pandemic levels.

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.

The majority of survey respondents in Côte d'Ivoire report high levels of support for personal preventive measures, but lower support for measures that restrict public gathering or economic activity. Nearly 70% of respondents are in favor of further reopening efforts to boost the economy.

- Nearly all Ivorian respondents report having a face mask, and both support and self-reported adherence is high for personal PHSMs (washing hands, wearing a mask, avoiding physical greetings).
- Self-reported adherence is low for public gathering measures (avoiding large gatherings and places of worship) and measures that restrict economic activity (staying home and reducing trips to markets or stores), which could be reflective of the lack of restrictions in these areas. Only one in four respondents reported they had mostly or completely stayed home in the previous week, the lowest share among all AU Member States surveyed, and only four in ten reported avoiding places of worship.
- Nearly 70% of respondents in Côte d'Ivoire favor loosening restrictions overall to reduce economic burdens, although a similarly high proportion of respondents are anxious about resuming their normal activities.
- Narratives in traditional news and social media discussions of PHSMs were primarily positive or neutral in tone and were driven by government officials through traditional news coverage.
- More than 70% of respondents in Côte d'Ivoire, both urban and rural, are satisfied with the government response, similar to other surveyed AU Member States (72%).
The majority of respondents in Côte d’Ivoire report high levels of support for most measures. Nearly 70% of Ivorians surveyed are in favor of further reopening efforts to boost the economy.

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

**PERSONAL MEASURES**
- Washing hands and using hand sanitizer: 78% necessary, 10% somewhat necessary, 18% adhering, 16% mostly adhering
- Avoiding handshakes and physical greetings: 69% necessary, 10% somewhat necessary, 20% adhering, 10% mostly adhering
- Wearing a face mask in public: 78% necessary, 10% somewhat necessary, 18% adhering, 16% mostly adhering

**PUBLIC GATHERING MEASURES**
- Avoiding places of worship (churches, mosques): 7% necessary, 29% somewhat necessary, 47% adhering, 30% mostly adhering
- Avoiding public gatherings and entertainment: 7% necessary, 29% somewhat necessary, 47% adhering, 30% mostly adhering

**MEASURES RESTRICTING ECONOMIC ACTIVITY**
- Staying home: 10% necessary, 10% somewhat necessary, 30% adhering, 20% mostly adhering
- Reducing trips to the market or store: 24% necessary, 14% somewhat necessary, 38% adhering, 25% mostly adhering

The majority of respondents in Côte d’Ivoire are satisfied with the government response. % satisfied with government COVID-19 response, by country, subgroup and region

<table>
<thead>
<tr>
<th>Country/Subgroup</th>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Côte d’Ivoire</td>
<td>35%</td>
<td>37%</td>
</tr>
<tr>
<td>Urban</td>
<td>42%</td>
<td>30%</td>
</tr>
<tr>
<td>Rural</td>
<td>30%</td>
<td>41%</td>
</tr>
<tr>
<td>Beneficiaries of government aid</td>
<td>42%</td>
<td>31%</td>
</tr>
<tr>
<td>Non-beneficiaries of government aid</td>
<td>35%</td>
<td>37%</td>
</tr>
<tr>
<td>Region</td>
<td>38%</td>
<td>32%</td>
</tr>
<tr>
<td>All Member States Surveyed</td>
<td>39%</td>
<td>33%</td>
</tr>
</tbody>
</table>

**Face Masks**
Côte d’Ivoire requires the use of face masks in public places but does not impose penalties for non-compliance.

- 96% of survey respondents had a face mask ready to use
- 91% recognized that wearing a mask could prevent spread
- 85% report wearing a mask in the previous week

**Attitudes About Reopening**

**Timing of reopening:**
- 31% favor waiting longer to loosen restrictions
- 68% favor opening up to get the economy moving

**Comfort with resuming activities:**
- 71% report that resuming normal activities makes them anxious
- 78% would feel comfortable using public transport if it were not too busy
**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 and adherence in Côte d’Ivoire was low compared to other AU Member States in the Western Region, with most coverage being positive or neutral in tone.

- Coverage of PHSMs was primarily positive in tone and driven by government officials encouraging mask-wearing and handwashing, as well as recognizing their own efforts to distribute personal protective equipment and other medical supplies.
- Twitter and Facebook discussions of PHSMs were limited and primarily neutral in tone.

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Positive</th>
<th>Negative</th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status of Public Spaces and Events</td>
<td>20%</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>Travel Restrictions/Changes</td>
<td>10%</td>
<td>5%</td>
<td>65%</td>
</tr>
<tr>
<td>Personal Protective Equipment Use</td>
<td>13%</td>
<td>2%</td>
<td>75%</td>
</tr>
<tr>
<td>Personal and Environmental Hygiene</td>
<td>15%</td>
<td>0%</td>
<td>75%</td>
</tr>
<tr>
<td>Lockdowns/Stay-at-home/Curfews</td>
<td>5%</td>
<td>15%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Data Source: Novetta Mission Analytics

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**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’ perceptions of disease risk and severity are low in the survey analysis and received little coverage in both traditional news and social media analysis.

- Fewer than four out of 10 of those surveyed agree that COVID-19 will affect many people in their country, compared to the average across all AU Member States surveyed of almost seven out of 10. The share of respondents who perceive a high personal risk of catching COVID-19 is similar to the average level for all surveyed AU Member States (28%).
- Although reported cases have recently been declining, the government should continue risk communications and community engagement efforts to encourage adherence to preventive guidelines.
- The vast majority of respondents in Côte d’Ivoire agree that following public health guidelines will help protect themselves and others from getting COVID-19.
- Survey data show significant mistrust toward foreigners and misconceptions related to how COVID-19 is spread. These misconceptions were more prevalent among residents in rural areas. Similarly, analysis of traditional and social media coverage revealed mistrust toward a potential French vaccine. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.

Minister Amadou Koné was quoted on 14 August regarding travel, saying: "We must avoid a resurgence of the disease, everything must be done so that the wearing of the mask, which is an essential measure, is effective...."

A student was quoted in Africa News on 26 May regarding government measures for school reopenings, saying: “At first we were a little scared. When we saw that the protective measures were being respected, the fear went away.”
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 Côte d’Ivoire are experiencing significant disruptions to essential health services during the COVID-19 crisis. Nearly 40% of households that needed health care services had to delay or skip visits while a third of respondents who needed medications reported difficulty in accessing them, with higher rates of disruption reported by those with longstanding illnesses. The most frequently reported forgone health services were for general check-ups (33%), vaccinations (19%) and malaria (18%), which could have substantial health impacts and may require a policy response to improve immunization coverage, strengthen malaria prevention and ensure continued access to treatment.

Compared to other AU Member States included in the survey, respondents in Côte d’Ivoire have lower perceptions of the risk posed to their country by COVID-19.

Risk perceptions and information in traditional news and social media

Explicit discussion on Facebook and Twitter in August of COVID-19 transmission and risk was low.

- However, some Facebook users in Côte d’Ivoire responded to news on COVID-19 saying they forgot the virus existed in Côte d’Ivoire and questioned the existence of the virus more generally saying it was “not real in Côte d’Ivoire.

- When two French doctors suggested on TV that vaccines be tested in Africa, former professional football player, Didier Drogba, stated on Twitter on 3 April: “It is totally inconceivable we keep on cautioning this. Africa isn’t a testing lab. I would like to vividly denounce those demeaning, false and most of all deeply racist words.” The doctors later apologized but Drogba’s statement occurred at the same time the “guinea pigs” narrative regarding vaccine trials was gaining traction from anti-vaccine supporters. Drogba’s statement was taken out of context and circulated widely on social media until late August and became the focal point of anti-vaccine sentiment within the country and continent as a whole.

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

Attitude toward following public health guidelines

Responding to news of a French vaccine being tested in Africa, Didier Drogba was quoted in April stating that “Africa isn’t a testing lab.”

A French anti-racism NGO, SOS Racisme, issued a parallel statement saying: “No, Africans aren’t guinea pigs.”

A substantial share of respondents in Côte d’Ivoire hold misconceptions about the disease, particularly around foreign interference.

Burden of PHSMs

Essential Health Services
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 Côte d'Ivoire have experienced severe economic hardships during the COVID-19 crisis, as revealed in both survey findings and media analysis. Many face difficulties in barriers to food access related to increased food prices or income losses. Over 60% of survey respondents reported experiencing at least one barrier to purchasing food in the previous week, while more than 80% of households reported living on lower incomes than at the same time last year. The government announced in April that it would distribute more than 20 million face masks. The government has also provided several ongoing relief measures which began in the Greater Abidjan area and expanded from May onward. Measures included a three-month emergency cash transfer for over 177,000 households facing income losses, grants for over 16,000 informal sector workers, food and essential supply distribution to quarantined households, subsidies and deferrals for electricity and water bills and coverage of health premiums for people in the universal health coverage program. Over one million households reportedly benefitted from assistance measures to date. In the survey, fewer than 10% of households reported receiving any additional government assistance in the previous month, including food (2%), cash (2%), personal protective equipment (2%), and hygiene supplies (1%).

Over a third of households that needed health care services or medicines reported access issues. Access to care and difficulties obtaining medicines were more widespread for people with longstanding illnesses.

<table>
<thead>
<tr>
<th></th>
<th>Delayed or skipped health care visits</th>
<th>A bit/much more difficulty obtaining medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% of households needing care)</td>
<td>Overall</td>
<td>Longstanding illness</td>
</tr>
<tr>
<td>37%</td>
<td>45%</td>
<td>36%</td>
</tr>
<tr>
<td>33%</td>
<td>44%</td>
<td>35%</td>
</tr>
<tr>
<td>32%</td>
<td>44%</td>
<td>33%</td>
</tr>
</tbody>
</table>

**Over a third of households that needed health care services or medicines reported access issues. Access to care and difficulties obtaining medicines were more widespread for people with longstanding illnesses.**

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Longstanding illness</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of households needing care</td>
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<td></td>
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</table>

**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.*

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**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:

- **42%** Worried about risk of COVID-19
- **34%** Couldn't afford care
- **11%** Facilities too busy

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

- **33%** General/routine check-up
- **19%** Vaccinations
- **18%** Malaria

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**Data Source:** Ipsos Survey
Respondents face continued challenges with accessing food, with a large proportion of respondents reporting barriers related to food prices and income in the previous week. Low-income and urban households were more likely to report challenges.

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

The vast majority of respondents in Côte d’Ivoire have experienced income losses, while fewer than one in ten households has received any support from the government over the previous month.

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

Narratives about burden of PHSMs in traditional news and social media

Traditional news and social media coverage of the burden of PHSMs was generally low during the monitored period as most media were focused on the upcoming October presidential election and related protests.

- The economic downturn related to COVID-19 and access to basic needs and essential services were the primary narratives found in traditional news and social media.

A government official was quoted in May in Soir Info stating: “The impact of the Covid-19 health crisis is already perceptible on the Ivorian economy, which in recent weeks has seen a drop in activity.”

On 17 August, FIRST Magazine, an online magazine with 2.5 million followers, reported that employees at an upscale hotel in Abidjan protested and called on President Alassane Ouattara to help them secure the six months of salary they hadn’t received since the beginning of the COVID-19 pandemic.
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.

Côte d’Ivoire has experienced relatively few security incidents related to COVID-19, most of which occurred in March and April. The most recent COVID-19 related incident occurred in June, when a peaceful demonstration took place in Abidjan by health care workers protesting lack of equipment. In March and April, 16 total security incidents were recorded, the majority of which involved violence between security forces and civilians (14), including violent enforcement of PHSMs. There were three recorded incidents of protests against the establishment of COVID-19 health care sites in local neighborhoods. In August, hundreds of protesters organized demonstrations unrelated to the pandemic across the country to protest against President Alassane Outarra’s decision to run for a third term. The opposition argued that the President’s decision contradicts the Constitution which does not allow for three consecutive terms. Although most demonstrations were peaceful, some turned violent as small groups burned makeshift barricades.

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,416 adults (819 urban, 597 rural) in Côte d’Ivoire between 3-18 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/.