Liberia

Finding the Balance: Public Health and Social Measures in Liberia

Data updated 19 August 2020

African Union · AFRICA CDC Centres for Disease Control and Prevention · Ipsos · LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE · NOVETTA · RESOLVE TO SAVE LIVES AN INITIATIVE OF VITAL STRATEGIES · Vital Strategies · WORLD ECONOMIC FORUM · World Health Organization

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 Liberia 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 Liberia—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: Reported COVID-19 cases in Liberia peaked in late June. Between 23 July and 19 August, Liberia saw a 6% average decrease in the new cases reported each week. Liberia has reported fewer than 10 new cases per day since the beginning of August, and compared to other countries in the Western Region, has maintained a relatively low incidence rate. However, its high case-fatality rate indicates some cases may be going undetected.

PHSM Implementation: Along with strategies from the Ebola epidemic, such as the creation of a national task force, isolation of suspected cases and contact tracing, Liberia implemented strict PHSMs quickly. In early March, the government announced bans on large gatherings, closed schools and suspended flights. By 10 April, it declared a nationwide state of emergency. In May, the government started to loosen measures, including allowing businesses and places of worship to reopen, but only if strict public health guidelines were followed.

PHSM Support and Adherence: While more than half of all respondents in Liberia support PHSMs, support for personal preventive measures (washing hands, wearing a mask, avoiding physical greetings) is much higher than support for measures that restrict economic activity (staying at home and avoiding visits to markets and stores), and support for avoiding places of worship is particularly low. Self-reported adherence to measures is also low, but may be a reflection of the recent loosening of certain PHSMs. Almost two-thirds of respondents are in favor of reopening the country to restart the economy, but three out of four are anxious about resuming normal activity. Support for the government's response is also high among all respondents, particularly among those that reported receiving government assistance.

Risk Perceptions and Information: Perceptions of risk and severity in Liberia are higher than the average in the region and among all surveyed African Union (AU) Member States. Respondents overwhelmingly agreed that following public health guidelines would help to protect themselves, as well as their families and communities.

Essential Health Services: Major disruptions in health services were reported in Liberia, with nearly two-thirds of households that needed medicines stating that they experienced difficulty obtaining them; three out of 10 that needed health care reported delaying or skipping a health visit. The greatest barriers to health care access were concerns about contracting COVID-19 and affordability. The most frequently forgone health service was malaria treatment, which could have substantial health impacts and may require a policy response to strengthen prevention and ensure continued access to treatment.

Economic Burden and Food Security: Food security was a major issue reflected in both the survey and social media analysis; 85% of survey respondents experienced at least one barrier to purchasing food in the previous week, and the same percentage reported a loss of income since last year. The government has promoted food distribution programs, but only 3% of respondents reported receiving additional food assistance from the government.

Security: Fewer than 20 security incidents related to COVID-19 have occurred in Liberia since March, with the number of incidents peaking in April. However, protests around school reopenings and increased levels of gender-based violence have occurred in August.

Disease Dynamics and PHSM Implementation

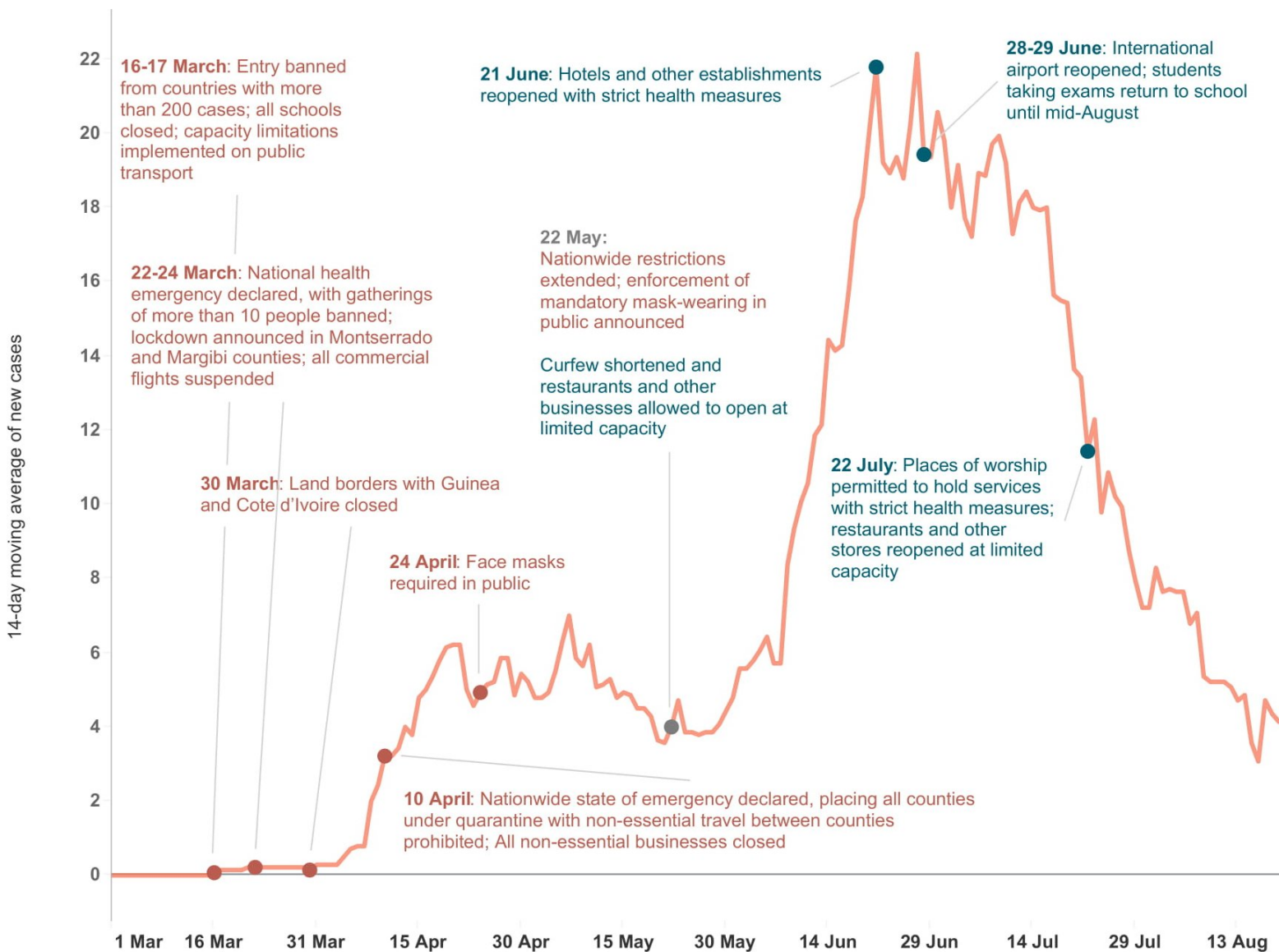| Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
1,282 (26)	82	12,586 (10)	6.4%

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.

Liberia's outbreak remained relatively small in comparison to the region, peaking at the end of June as PHSMs were loosened, with decreased reports of new cases thereafter.

- Liberia announced many restrictive measures at the beginning of the outbreak when case numbers were low, including domestic and international travel restrictions, bans on mass gatherings, mandated mask-wearing in public, and lockdowns in targeted epidemic hotspots.

- Starting in mid-May, the country began to lift these measures, with an ensuing spike in reported new cases (though new reported cases never exceeded 25 per day). By the end of June, reported cases began to decline while the country continued to reopen hotels, schools, the international airport, places of worship and restaurants. Liberia reported fewer than 20 cases per day since mid-July.

- Testing capacity in Liberia is adequate according to recommended guidelines for the ratio of tests to confirmed cases (10) since the end of July. However, the case-fatality rate has been steadily increasing and is considered high (6.4%) which could indicate either cases are going undetected or cases are unable to access adequate care. In addition, prominent scientists and doctors in the Liberian community have come forward about faulty testing and misdiagnosis of COVID-19 cases, calling for an independent review of the testing capacity in-country.

Liberia implemented early restrictions, which slowed transmission. Reported cases rose as restrictions began to relax at the end of May, but have been declining since the end of June.

16-17 March: Entry banned from countries with more than 200 cases; all schools closed; capacity limitations implemented on public transport

22-24 March: National health emergency declared, with gatherings of more than 10 people banned; lockdown announced in Montserrado and Margibi counties; all commercial flights suspended

30 March: Land borders with Guinea and Cote d'Ivoire closed

24 April: Face masks required in public

10 April: Nationwide state of emergency declared, placing all counties under quarantine with non-essential travel between counties prohibited; All non-essential businesses closed

22 May: Nationwide restrictions extended; enforcement of mandatory mask-wearing in public announced

Curfew shortened and restaurants and other businesses allowed to open at limited capacity

21 June: Hotels and other establishments reopened with strict health measures

28-29 June: International airport reopened; students taking exams return to school until mid-August

22 July: Places of worship permitted to hold services with strict health measures; restaurants and other stores reopened at limited capacity

y-axis: 14-day moving average of new cases

x-axis: 1 Mar, 16 Mar, 31 Mar, 15 Apr, 30 Apr, 15 May, 30 May, 14 Jun, 29 Jun, 14 Jul, 29 Jul, 13 Aug

Data sources: Africa CDC, ACAPS, OxCGRT
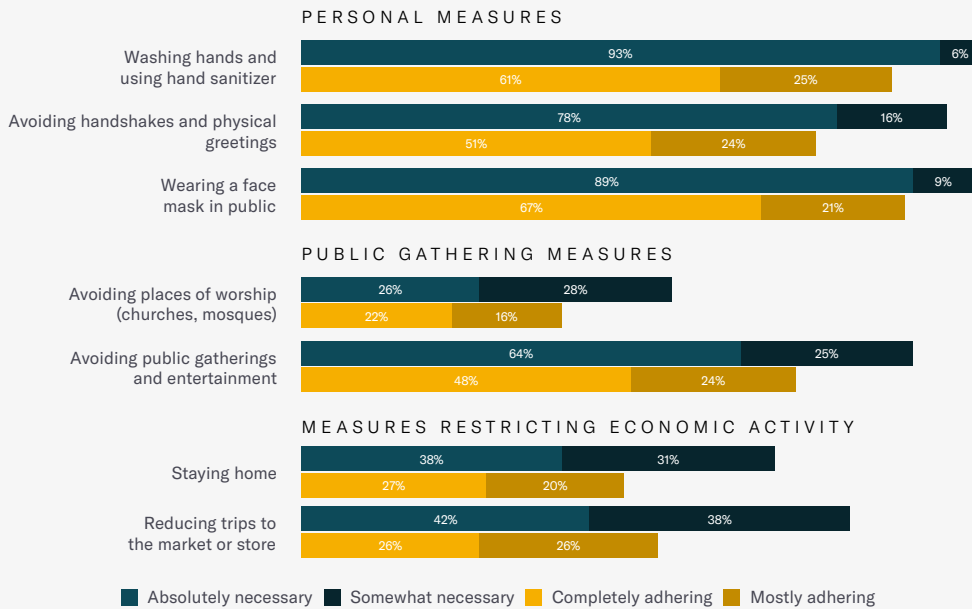
PHSM Support and Adherence

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.

All PHSMs are supported by a majority of survey respondents, but support is higher for personal preventive measures than for measures that restrict public gathering or economic activity. Self-reported adherence to PHSMs is significantly lower than support. Two-thirds of respondents are in favor of reopening the country further to boost the economy.

- Support for PHSMs is higher than self-reported adherence across all types of measures. Support and adherence are both lowest for limiting visits to places of worship, which may reflect that restrictions on attending religious services were lifted on 22 July.

- Almost all respondents have a face mask ready to use, and support and self-reported adherence to wearing a face mask were higher than for other measures. Starting in mid-August, the Ministry of Health increased campaigns within the country on the importance of masks.

- Almost two-thirds of respondents are in favor of reopening the country to restart the economy, but three out of four are anxious about resuming normal activity—suggesting that the government and other stakeholders should put measures in place that reduce anxiety about transmission (for example, reinforcing personal preventive measures that can reduce risk), while alleviating the burden of PHSMs.

- While overall satisfaction with the government's response is on par with both the regional average and the average for all surveyed AU Member States, satisfaction among those who have received government support is almost 20 percentage points higher than the average for all respondents (87% vs. 69%). Traditional and social media coverage also reflect satisfaction with the response and PHSMs.
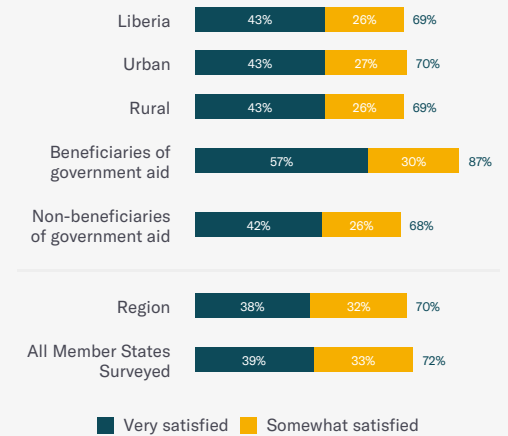
Across all PHSMs, support is higher than self-reported adherence. Support and adherence are lowest for avoiding places of worship.

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

PERSONAL MEASURES

Washing hands and using hand sanitizer
- 93% | 6%
- 61% | 25%

Avoiding handshakes and physical greetings
- 78% | 16%
- 51% | 24%

Wearing a face mask in public
- 89% | 9%
- 67% | 21%

PUBLIC GATHERING MEASURES

Avoiding places of worship (churches, mosques)
- 26% | 28%
- 22% | 16%

Avoiding public gatherings and entertainment
- 64% | 25%
- 48% | 24%

MEASURES RESTRICTING ECONOMIC ACTIVITY

Staying home
- 38% | 31%
- 27% | 20%

Reducing trips to the market or store
- 42% | 38%
- 26% | 26%

■ Absolutely necessary   ■ Somewhat necessary   ■ Completely adhering   ■ Mostly adhering

Satisfaction with the government response is substantially higher among respondents who have received government support.

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

	Very satisfied	Somewhat satisfied	Total
Liberia	43%	26%	69%
Urban	43%	27%	70%
Rural	43%	26%	69%
Beneficiaries of government aid	57%	30%	87%
Non-beneficiaries of government aid	42%	26%	68%
Region	38%	32%	70%
All Member States Surveyed	39%	33%	72%

■ Very satisfied   ■ Somewhat satisfied

Data Source: Ipsos Survey

Face Masks

Liberia requires the use of face masks in public places and imposes fines for noncompliance.

98%
of survey respondents had a face mask ready to use

96%
recognized that wearing a mask could prevent spread

88%
report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

36%
favor waiting longer to loosen restrictions

62%
favor opening up to get the economy moving

Comfort with resuming activities:

76%
report that resuming normal activities makes them anxious

62%
would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

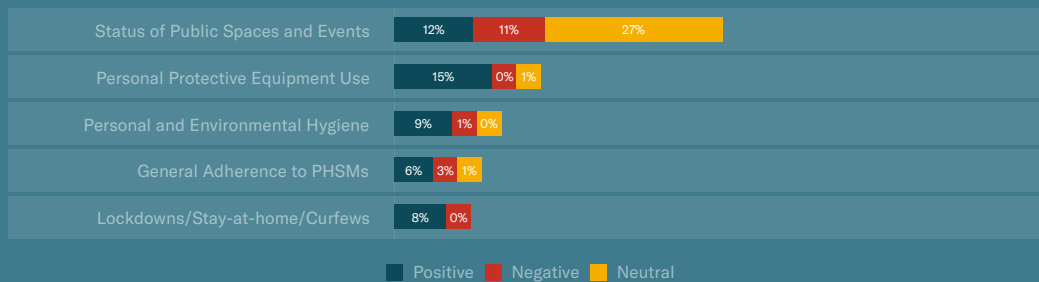## Traditional news and social media coverage of PHSMs

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

Traditional and social media coverage of PHSMs in Liberia was largely positive.

- Government officials, nongovernmental organizations, and domestic media outlets highly encouraged public adherence to mask-wearing and hand-washing in public spaces, including schools. Social media discussion of these PHSMs was relatively low, and there was little opposition to PHSMs.

- Despite positive messaging led by government officials and NGOs in traditional and social media spaces, there were several reports by local media identifying nonadherence to PHSMs by public figures.

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

Topic	Positive	Negative	Neutral
Status of Public Spaces and Events	12%	11%	27%
Personal Protective Equipment Use	15%	0%	1%
Personal and Environmental Hygiene	9%	1%	0%
General Adherence to PHSMs	6%	3%	1%
Lockdowns/Stay-at-home/Curfews	8%	0%	

Legend: ■ Positive ■ Negative ■ Neutral

On 10 August, the Liberian Observer wrote, "I think COVID-19 is over now because nobody is observing the health protocols. Even the security, who should have enforced the health protocols, are not wearing masks."

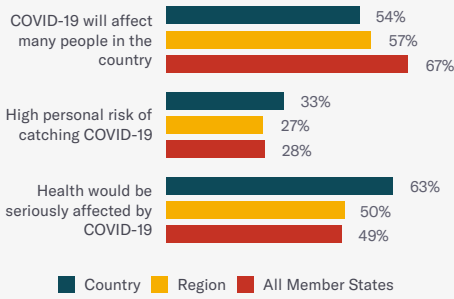Data Source: Novetta Mission Analytics

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.

Perceptions of risk and severity of COVID-19 were higher than the average across all surveyed Member States. The majority of respondents also believed that following public health guidelines would prevent themselves and others from getting COVID-19.
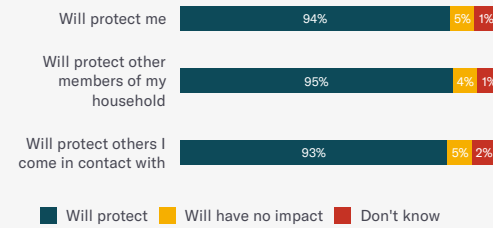
- Approximately half (54%) of those surveyed agree that COVID-19 will affect many people in the country, lower than the averages for the region and for all surveyed AU Member States. However, personal perceptions of risk of catching the virus and disease severity were higher than the average for the Western region and for all surveyed AU Member States.

- Low risk perceptions are also reflected in recent social media posts. The Liberian government should continue risk communication and community engagement efforts.

- More than nine out of 10 Liberian respondents agree that following public health guidelines will protect themselves and others from getting COVID-19.

- Survey results show about half of Liberian respondents believe rumors and myths about COVID-19, including myths about foreigners testing vaccines on them, which could undermine preventive behaviors or lead to vaccine hesitancy. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.

While a lower proportion of respondents in Liberia believe that COVID-19 will affect their country, they have a somewhat higher perception of personal risk and disease severity than the average for all surveyed AU Member States.
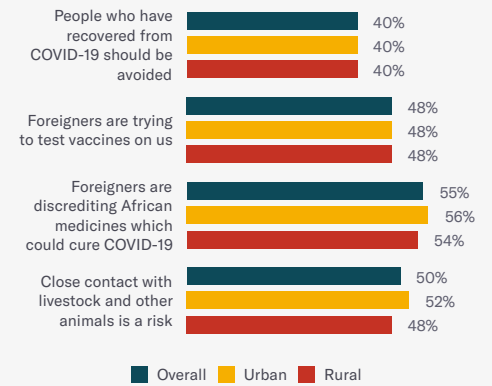
COVID-19 will affect many people in the country
- Country: 54%
- Region: 57%
- All Member States: 67%

High personal risk of catching COVID-19
- Country: 33%
- Region: 27%
- All Member States: 28%

Health would be seriously affected by COVID-19
- Country: 63%
- Region: 50%
- All Member States: 49%

■ Country ■ Region ■ All Member States

Most respondents in Liberia agree that following public health guidelines will protect themselves, their family and their community from COVID-19.

Attitude toward following public health guidelines

Will protect me
- Will protect: 94% | Will have no impact: 5% | Don't know: 1%

Will protect other members of my household
- Will protect: 95% | Will have no impact: 4% | Don't know: 1%

Will protect others I come in contact with
- Will protect: 93% | Will have no impact: 5% | Don't know: 2%

■ Will protect ■ Will have no impact ■ Don't know

Belief in misinformation is high in both rural and urban respondents in Liberia.

People who have recovered from COVID-19 should be avoided
- Overall: 40%
- Urban: 40%
- Rural: 40%

Foreigners are trying to test vaccines on us
- Overall: 48%
- Urban: 48%
- Rural: 48%

Foreigners are discrediting African medicines which could cure COVID-19
- Overall: 55%
- Urban: 56%
- Rural: 54%

Close contact with livestock and other animals is a risk
- Overall: 50%
- Urban: 52%
- Rural: 48%

■ Overall ■ Urban ■ Rural

Risk perceptions and information in traditional news and social media

Discussions at the beginning of August of the perceptions of the risk and the severity of COVID-19 were minimal.

- Liberian and regional traditional media outlets widely reported on Liberian Vice President Chief Dr. Jewel Howard-Taylor's hospitalization in Ghana on 11 August and her positive diagnosis with COVID-19 on 13 August.

On 11 August, in response to the hospitalization of Liberia's Vice President, Chief Dr. Jewel Howard-Taylor, a Facebook user wrote, "Sounds like symptoms of Covid-19 to me... Respiratory complications???? Hope she feels better soon wherever she is."
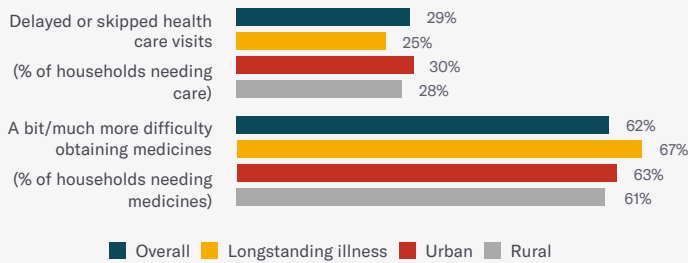
Burden of PHSMs

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.

Surveyed Liberian households are experiencing severe disruptions to health services during the COVID-19 crisis. Nearly three out of 10 households that needed health care services had to skip or delay visits, while more than six out of 10 needing medicines had difficulty obtaining them. The lack of access to medication should be further investigated, but could be due to a range of issues including chronic challenges with stockouts and supply chain issues. People with longstanding illnesses were more likely to report difficulty accessing medicines, but less likely to report skipped or delayed health care visits. Affordability was one of the greatest barriers to health care access, suggesting the government should reexamine its fee-for-service. Another important barrier to health care access, concerns about risk of catching COVID-19, could be related to similar concerns during the Ebola epidemic in 2014-2016. The most frequently reported forgone health service was for malaria, which could have substantial health impacts and may require a policy response to strengthen prevention and ensure continued access to treatment.

More than six out of 10 Liberian households who have needed medications have had difficulty accessing them.

Delayed or skipped health care visits (% of households needing care)	Overall 29% / Longstanding illness 25% / Urban 30% / Rural 28%
A bit/much more difficulty obtaining medicines (% of households needing medicines)	Overall 62% / Longstanding illness 67% / Urban 63% / Rural 61%

Legend: ■ Overall ■ Longstanding illness ■ Urban ■ Rural

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:

27% Couldn't afford care

27% Worried about risk of COVID-19

15% Haven't had time

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

33% Malaria

33% General/routine check-up

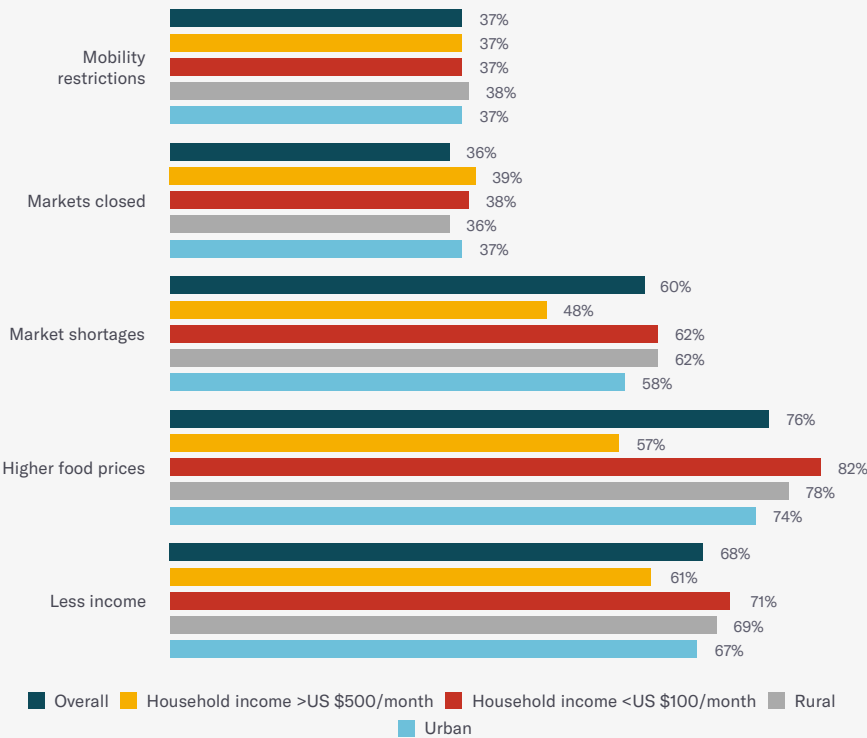**4%** Diabetes

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.

A large majority of respondents in Liberia have experienced severe economic hardships during the COVID-19 crisis, with lower-income households affected the most. Almost 85% of survey respondents reported experiencing at least one barrier to purchasing food in the previous week, with the most frequent barriers being increased food prices and loss of income. The government announced several social assistance measures for vulnerable households in the Greater Monrovia area, including a one-time emergency cash transfer for the poorest households, an increase in the value of the existing social cash transfer for extremely poor households in the most food-insecure counties, food distribution, take-home school meals, and coverage of electricity bills. However, social media reports claim that the food distributions fell short of government promises, and only 3% of survey respondents reported receiving food assistance during July. According to the World Food Programme in August 2020, about 20% of Liberians are experiencing insufficient food consumption.

High food prices and loss of income are the most common reasons for lack of access to food in Liberia. Low-income households are affected the most.
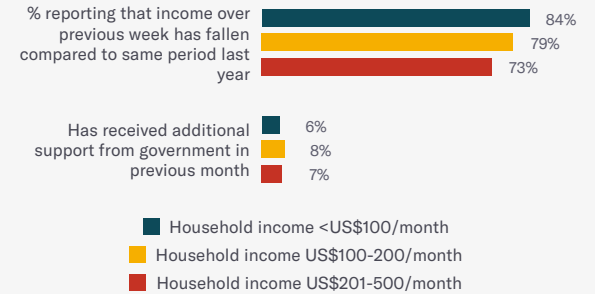
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

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

Mobility restrictions
- 37%
- 37%
- 37%
- 38%
- 37%

Markets closed
- 36%
- 39%
- 38%
- 36%
- 37%

Market shortages
- 60%
- 48%
- 62%
- 62%
- 58%

Higher food prices
- 76%
- 57%
- 82%
- 78%
- 74%

Less income
- 68%
- 61%
- 71%
- 69%
- 67%

- Overall
- Household income >US $500/month
- Household income <US $100/month
- Rural
- Urban

While more than three out of 4 respondents have lost income since last year, less than 10% received government support. Lowest income households are most deeply affected. (Households with monthly income >US$500/month excluded due to small sample size)

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

% reporting that income over previous week has fallen compared to same period last year
- 84%
- 79%
- 73%

Has received additional support from government in previous month
- 6%
- 8%
- 7%

- Household income <US$100/month
- Household income US$100-200/month
- Household income US$201-500/month

Narratives about burden of PHSMs in traditional news and social media

Burdens of PHSMs, including on access to basic needs, essential services, and livelihoods, drove traditional and social media coverage in Liberia. Food insecurity was reported as the greatest burden from PHSM implementation as well as the greatest obstacle to adherence.

- Experts warned that food aid may become a political tool during the campaign season for the upcoming 2020 legislative elections. In late June, Liberian senators criticized the national government and the World Food Programme for a lack of transparency over promised food distribution programs.

- Private citizens have also continued to voice their concerns over late and incomplete deliveries of promised government food aid in July and August. However, Liberians praised NGOs and local figures for their provision of food aid, contrasting it to poor government services.

In an article in Front Page Africa on 23 June, Senator Dillon expressed grave disappointment in Minister Tarpeh's handling of the [WFP] program: "I am disappointed that Mr. Wilson Tarpeh and the Executive branch of government has up to date failed, refused and neglected to submit the contract between the Liberian government and the World Food Program regarding this food distribution.'"

In a separate quote in Front Page Africa on 21 August, a woman praised a local NGO, Action for Community Matters (ACOMA) for its food distribution: "This is a surprise! We did not expect it... We were only expecting the long overdue Liberian government's food distribution exercise when ACOMA suddenly came in."

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.

Liberia had fewer than 20 incidents reported, with most occurring in April. In June, a demonstration formed outside the Liberian National Police to demand justice for a young boy who was killed by a police officer enforcing the state of emergency. In August, two major incidents occurred related to COVID-19, including protests from students opposing e-learning and demanding the reopening of universities, as well as protests against the increased gender-based violence that has occured in the midst of COVID-19 lockdowns, in which police used tear gas against demonstrators.

Three major demonstrations involving protests against PHSM enforcement occurred in June and August.

Number of reported events by category, March-July

Category	Count
Crowd control/enforcement action	8
Anti-enforcement	7

Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,366 adults (713 urban, 653 rural) in Liberia between 5-16 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/*.