



Dispatch No. 721 | 27 October 2023

Emaswati approve of government's COVID-19 response, recommend more investment in preparations for future health emergencies

Afrobarometer Dispatch No. 721 | Sipho S. Kunene

Summary

The first case of COVID-19 was detected in Eswatini on 14 March 2020. As of 18 October 2023, the country had recorded 75,052 confirmed cases of COVID-19, with 1,427 deaths (WHO, 2023). In response to the pandemic, the government declared a national emergency with curfews, school closures, restrictions on non-essential travel, limited sales of alcohol, social distancing, and mandatory wearing of face masks (Government of the Kingdom of Eswatini, 2020). The government also mobilised resources to manage COVID-19 cases with an increased number of hospital intensive-care beds, increased laboratory testing coverage, and improved regional case surveillance (World Bank, 2021).

To facilitate the full reopening of the economy, the government sought to vaccinate 80% of the 1.19 million population. With the support of development partners, including a U.S. \$8 million loan from the World Bank to purchase vaccines, the government began vaccinations in March 2021, and a total of 870,205 doses had been administered by 18 October 2023 (WHO, 2023).

The latest Afrobarometer survey in Eswatini shows that while a majority of citizens commend the government's overall management of the pandemic, they see its efforts to assist vulnerable households as inadequate and believe that many of the resources intended for the COVID-19 response were lost to corruption.

A majority think their government is unprepared for future public health crises and needs to invest more in preparing for such events, even if it means that fewer resources are available for other health services.

Afrobarometer surveys

Afrobarometer is a pan-African, nonpartisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Nine rounds of surveys have been conducted in up to 42 countries since 1999. Round 9 surveys (2021/2023) cover 39 countries. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice.

The Afrobarometer team in Eswatini, led by QA Strategic Information, interviewed a nationally representative, random, stratified probability sample of 1,200 adult citizens in October-November 2022. A sample of this size yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level. Previous surveys were conducted in Eswatini in 2013, 2015, 2018, and 2021.

Key findings

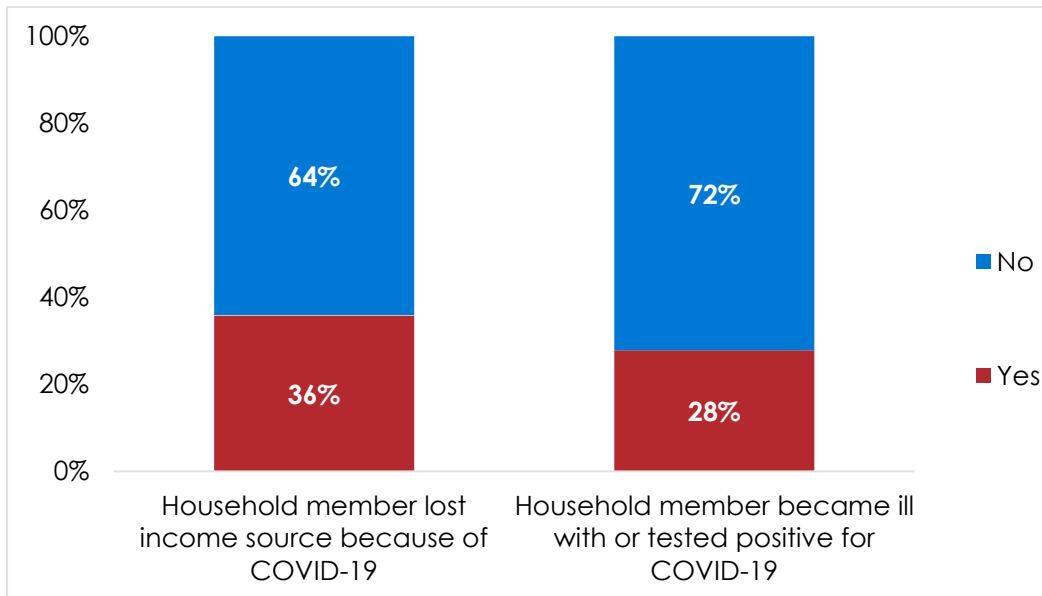
- **Effects of the COVID-19 pandemic:**
 - About three in 10 Emaswati (28%) say a member of their household became ill with or tested positive for COVID-19.
 - More than one-third (36%) say someone in their household lost a job, business, or primary source of income due to the pandemic.
- **Attitudes toward vaccines:**
 - About seven in 10 Emaswati (69%) say they have been vaccinated against COVID-19.
 - Almost one in four say they are “very unlikely” (17%) or “somewhat unlikely” (6%) to try to get vaccinated.
 - Vaccine hesitancy is particularly high among the youth: 33% of those aged 18-25 say they are unlikely to try to get the shot.
 - The most commonly cited reasons for vaccine hesitancy are concerns about the vaccine’s safety, about getting a counterfeit vaccine, and about potential negative side effects of the vaccine.
- **Government response to COVID-19:**
 - A majority (59%) of Emaswati describe the government’s overall performance in managing the COVID-19 pandemic response as “fairly” or “very” good.
 - However, majorities voice dissatisfaction with the government’s efforts to provide relief assistance to vulnerable households (65%), to keep disruptions to children’s education to a minimum (61%), and to ensure that health facilities were adequately resourced to deal with the pandemic (57%).
 - Large majorities say that the distribution of COVID-19 relief assistance was unfair (84%) and that “a lot” of the resources intended for the COVID-19 response were lost to corruption (67%).
- **Looking ahead:**
 - Almost seven in 10 citizens (68%) think the government will not be prepared for the next public health crisis, including 50% who say it will be “very unprepared.”
 - About six in 10 Emaswati (58%) say the government needs to invest more in preparing for future public health emergencies, even if it means that fewer resources are available for other health services.

Effects of COVID-19

Almost three in 10 Emaswati (28%) say a member of their household became ill with or tested positive for COVID-19, while more than one-third (36%) say someone in their household lost a job, business, or primary source of income due to the pandemic (Figure 1).

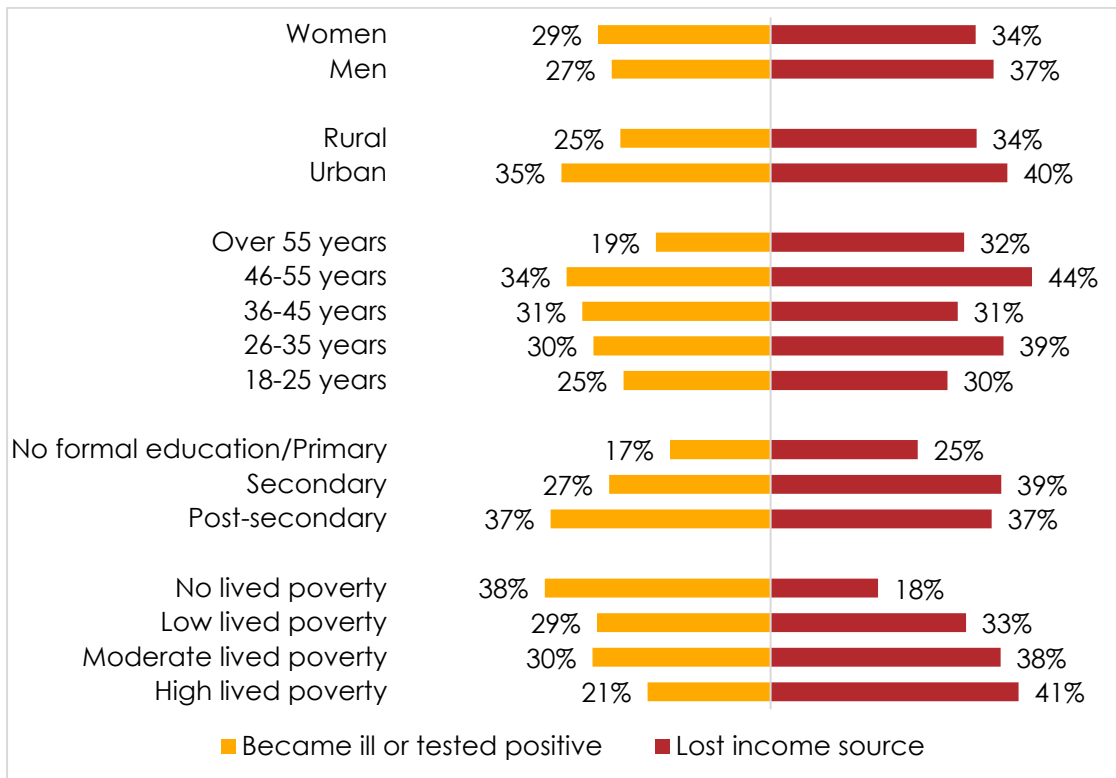
The effects of COVID-19 appear to be more widely experienced in cities than in rural areas. Urbanites are more likely than rural residents to report losing an income source (40% vs. 34%) and becoming ill with or testing positive for COVID-19 (35% vs. 25%) (Figure 2). Both COVID-19 cases (34%) and loss of main income source (44%) are more common among 46- to 55-year-olds than among other age groups.

Figure 1: Effects of COVID-19 | Eswatini | 2022



Respondents were asked: Please tell me whether you personally or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Became ill with, or tested positive for, COVID-19? Temporarily or permanently lost a job, business, or primary source of income?

Figure 2: Effects of COVID-19 | by demographic group | Eswatini | 2022



Respondents were asked: Please tell me if you personally or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Became ill with COVID-19? Temporarily or permanently lost a job, business or primary source of income? (% who say "yes")

Illness and/or positive COVID-19 tests increase in frequency with respondents' education level, ranging from 17% of those with no formal schooling to 37% of those with post-secondary qualifications. They also increase as respondents' economic level rises, ranging from 21% of the poorest to 38% of those experiencing no lived poverty.¹

Loss of an income source is least common among those with no formal education (25%, vs. 37%-39% of more educated respondents). But it is also more common among poorer citizens (38%-41% of those experiencing moderate or high lived poverty, compared to 18% of the wealthy).

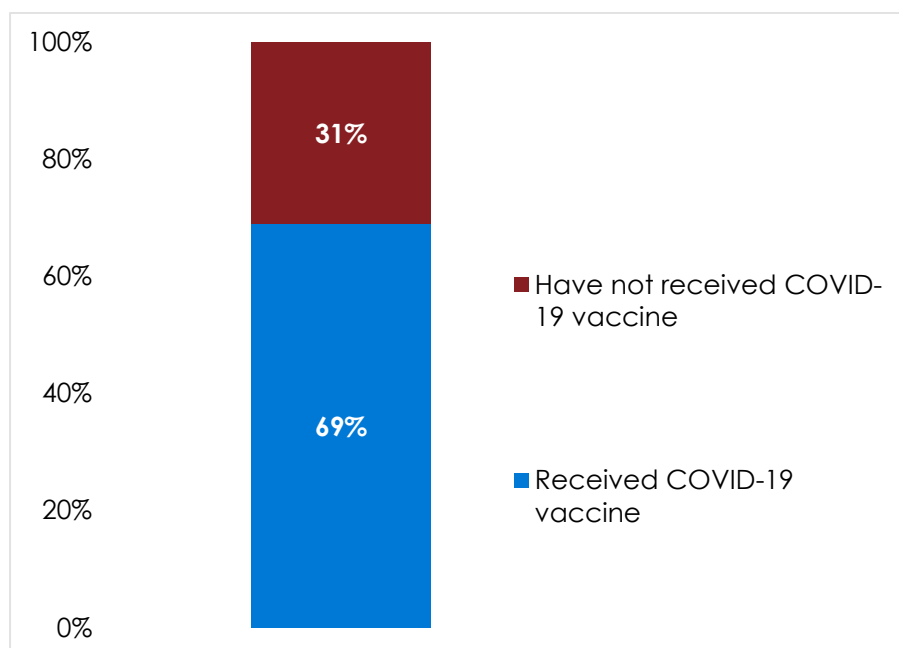
Attitudes toward vaccination

About seven in 10 Eswatini (69%) say they have been vaccinated against COVID-19 (Figure 3). About three in 10 (31%) report not having received the shot, including almost one-fourth who say they are “very unlikely” (17%) or “somewhat unlikely” (6%) to try to get vaccinated (Figure 4).

Self-reported vaccination rates are the same for men and women, while they are higher in rural areas (71%) than in cities (63%) (Figure 5). They are particularly low among 18- to 25-year-olds (54%), among whom 33% say they are unlikely to try to get the shot. In contrast, 84% of respondents over age 45 say they have been vaccinated.

The poorest respondents are somewhat less likely to have been vaccinated (65%) than their better-off counterparts (69%-72%).

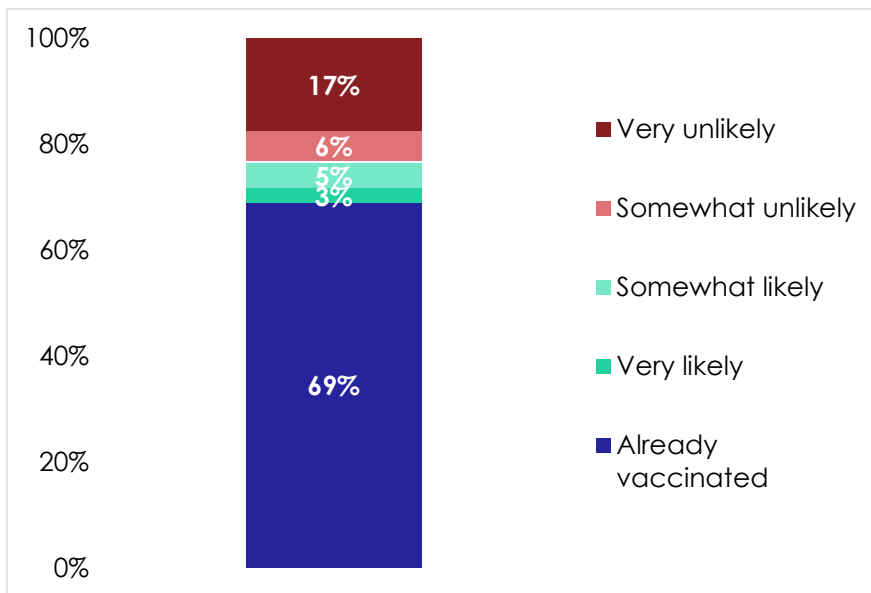
Figure 3: Received COVID-19 vaccine | Eswatini | 2022



Respondents were asked: Have you received a vaccination against COVID-19, either one or two doses?

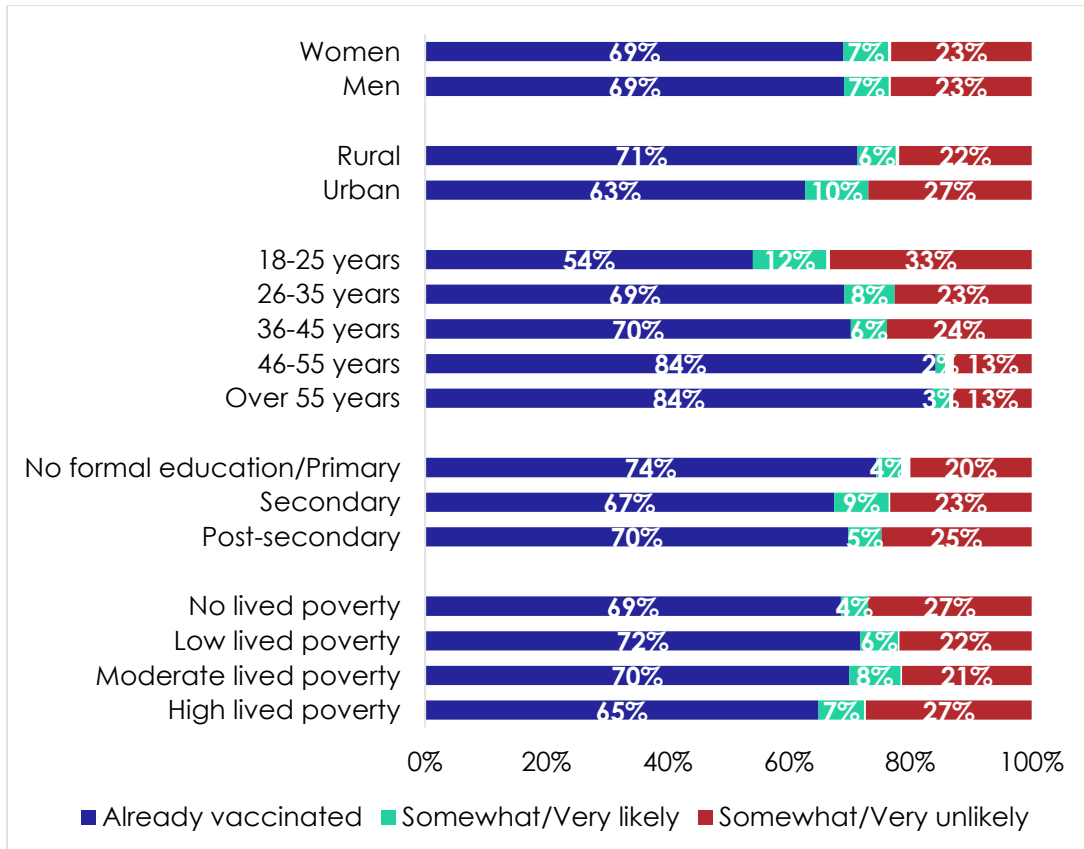
¹ Afrobarometer’s Lived Poverty Index (LPI) measures respondents’ levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the preceding year. For more on lived poverty, see Mattes and Patel (2022).

Figure 4: Likelihood of trying to get vaccinated | Eswatini | 2022



Respondents who have not yet been vaccinated against COVID-19 were asked: If a vaccine for COVID-19 is available, how likely are you to try to get vaccinated?

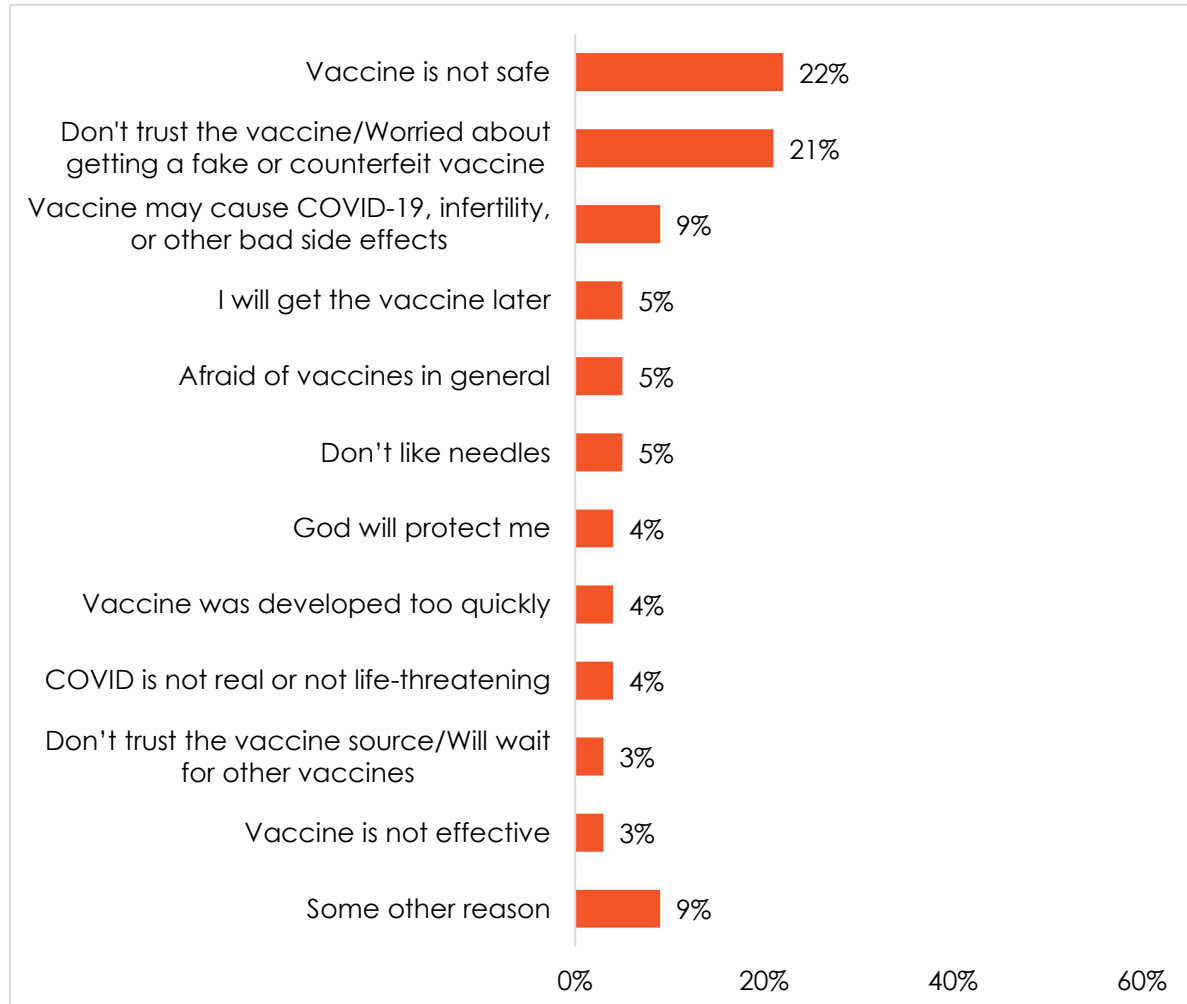
Figure 5: Likelihood of trying to get vaccinated | by demographic group | Eswatini | 2022



Respondents were asked: If a vaccine for COVID-19 is available, how likely are you to try to get vaccinated?

Among respondents who say they are unlikely to get vaccinated, the most common reasons they cite for their vaccine hesitancy are that the vaccine is not safe (22%), that they don't trust the vaccine or are worried about getting a fake vaccine (21%), and that the vaccine might cause COVID-19, infertility, or other negative side effects (9%) (Figure 6).

Figure 6: Main reason for vaccine hesitancy | Eswatini | 2022

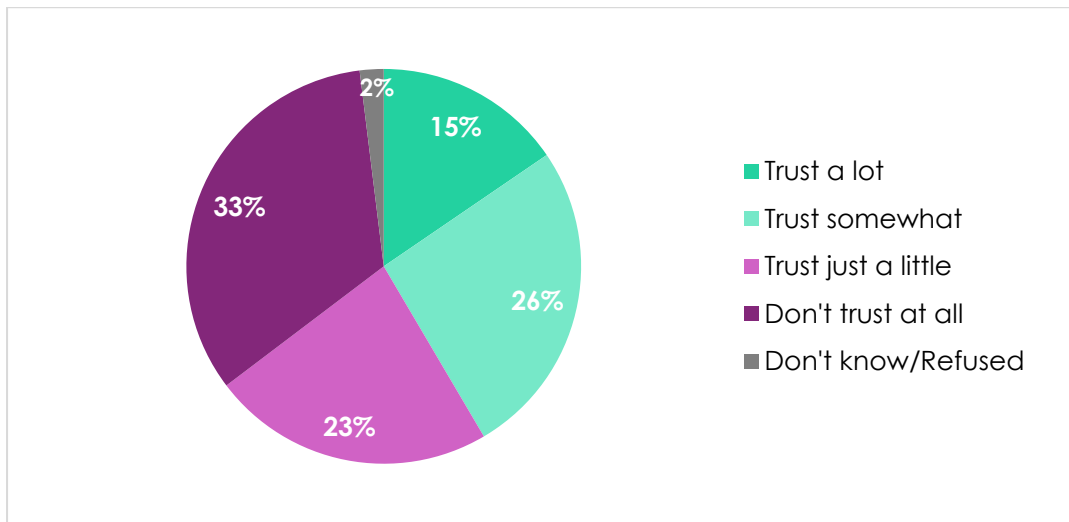


Respondents who say they are not likely to get vaccinated were asked: What is the main reason that you would be unlikely to get a COVID-19 vaccine?

Widespread concerns about vaccine safety present a major hurdle for government efforts to vaccinate the population. Only about four in 10 (41%) Eswatini say they trust the government "somewhat" (26%) or "a lot" (15%) to ensure the safety of COVID-19 vaccines, while a majority (56%) express "just a little" trust (23%) or no trust at all (33%) (Figure 7).

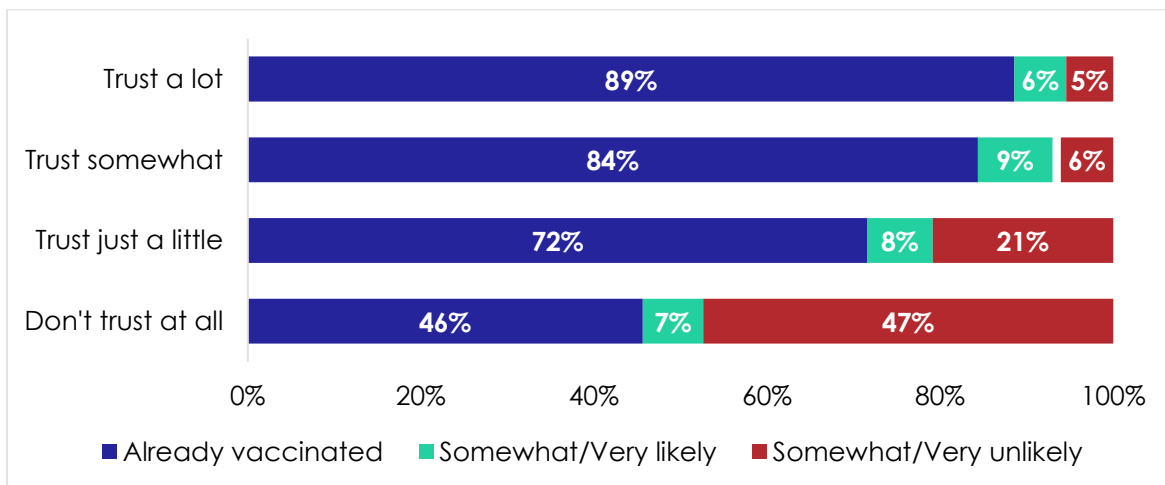
Citizens' willingness to get vaccinated against COVID-19 is strongly correlated with their trust in the government's ability to ensure the safety of the vaccine (Figure 8). While most citizens who trust the government "a lot" to ensure vaccine safety are already vaccinated (89%), vaccine hesitancy is far more common among the "no trust" group (47%) than among those who trust the government "just a little" (21%), "somewhat" (6%), or "a lot" (5%).

Figure 7: Trust government to ensure vaccine safety | Eswatini | 2022



Respondents were asked: How much do you trust the government to ensure that any vaccine for COVID-19 that is developed or offered to Eswatini citizens is safe before it is used in this country?

Figure 8: Likelihood of trying to get vaccinated | by trust in government to ensure vaccine safety | Eswatini | 2022



Respondents were asked:

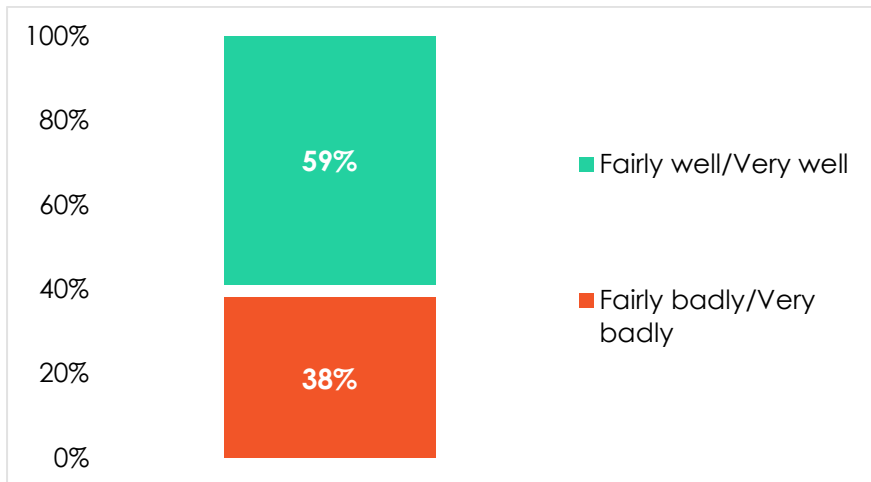
If a vaccine for COVID-19 is available, how likely are you to try to get vaccinated?
 How much do you trust the government to ensure that any vaccine for COVID-19 that is developed or offered to Eswatini citizens is safe before it is used in this country?

Government response to COVID-19

While trust in the government's ability to ensure vaccine safety is relatively low, six in 10 Eswatini (59%) describe the government's overall performance in managing the response to the COVID-19 pandemic as "fairly" or "very" good, while 38% say it has done a poor job (Figure 9).

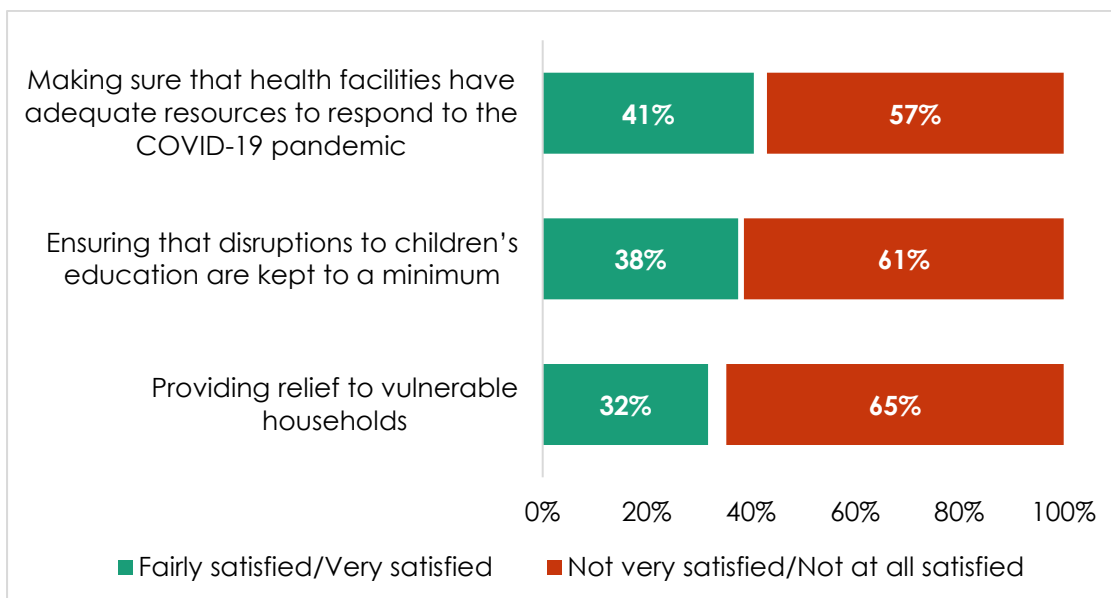
On specific aspects of the COVID-19 response, however, citizens' views are largely negative (Figure 10). Majorities say they are "not very satisfied" or "not at all satisfied" with the government's efforts in providing relief assistance to vulnerable households (65%), ensuring that disruptions to children's education were kept to a minimum (61%), and making sure that health facilities were adequately resourced to deal with the pandemic (57%).

Figure 9: Government response to COVID-19 | Eswatini | 2022



Respondents were asked: How well or badly would you say the current government has managed the response to the COVID-19 pandemic?

Figure 10: Satisfaction with aspects of the government's response to COVID-19 | Eswatini | 2022



Respondents were asked: How satisfied or dissatisfied are you with the government's response to COVID-19 in the following areas?

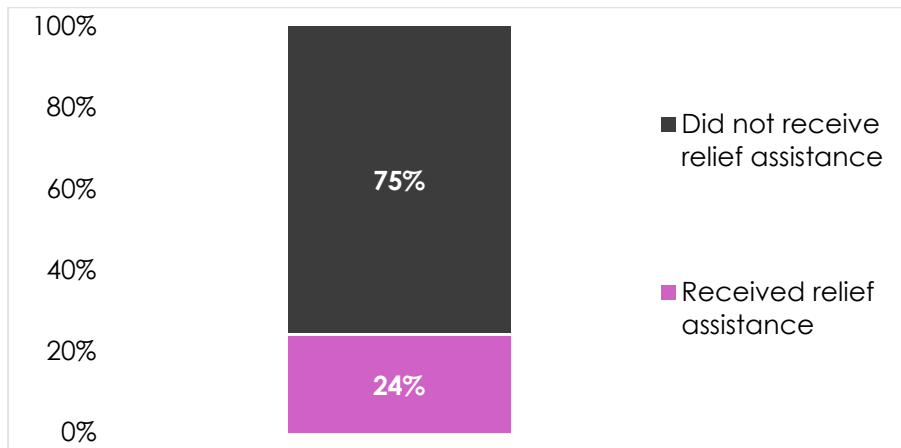
COVID-19 relief assistance

Three-quarters (75%) of Emaswati report that their household did not receive COVID-19 relief assistance from the government, while 24% say they did (Figure 11).

Rural households were somewhat more likely to receive government assistance than those in urban areas (26% vs. 19%) (Figure 12). Assistance more frequently benefited poorer respondents (26%-28%) than their better-off counterparts (18%-19%), as well as less educated citizens (35%) compared to those with more schooling (17%-24%). Older respondents were also more likely to report receiving assistance (34% of those over age 55, vs. 19% of those aged 18-25).

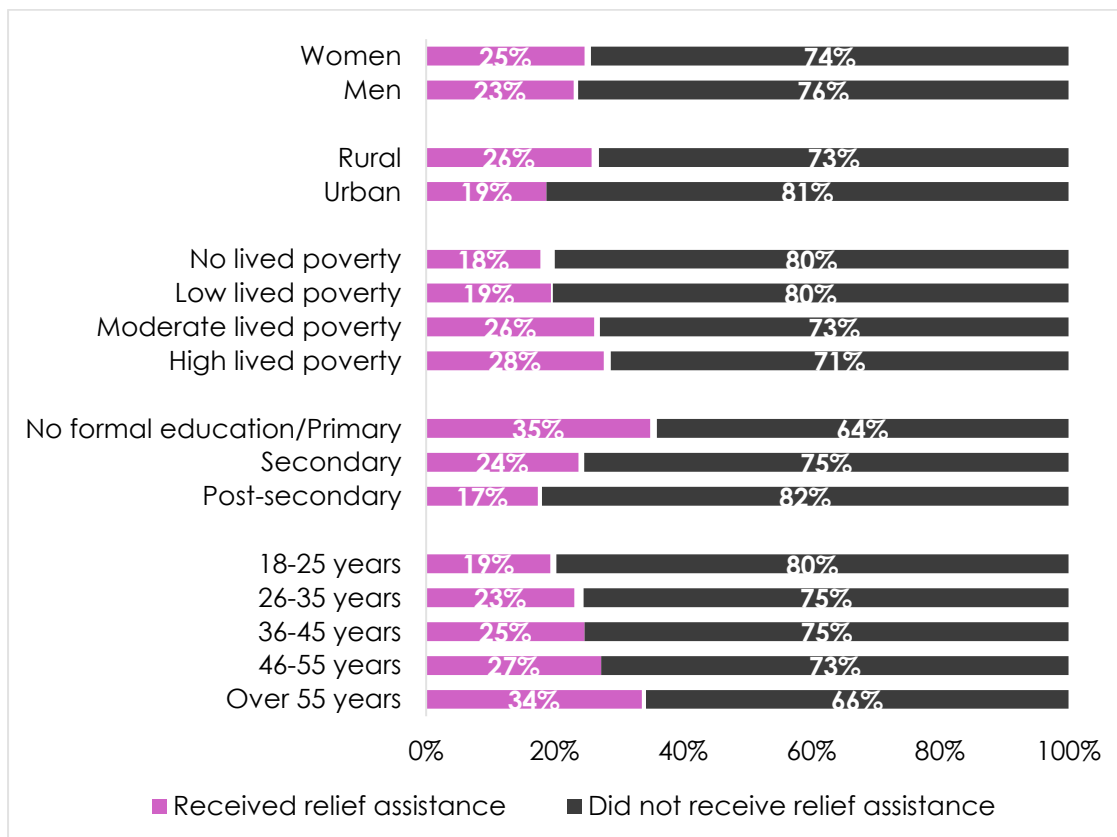
Most citizens (84%) say the distribution of COVID-19 relief assistance was unfair, while only 13% of citizens say COVID-19 relief was distributed “somewhat” or “very” fairly (Figure 13).

Figure 11: Access to COVID-19 relief assistance | Eswatini | 2022



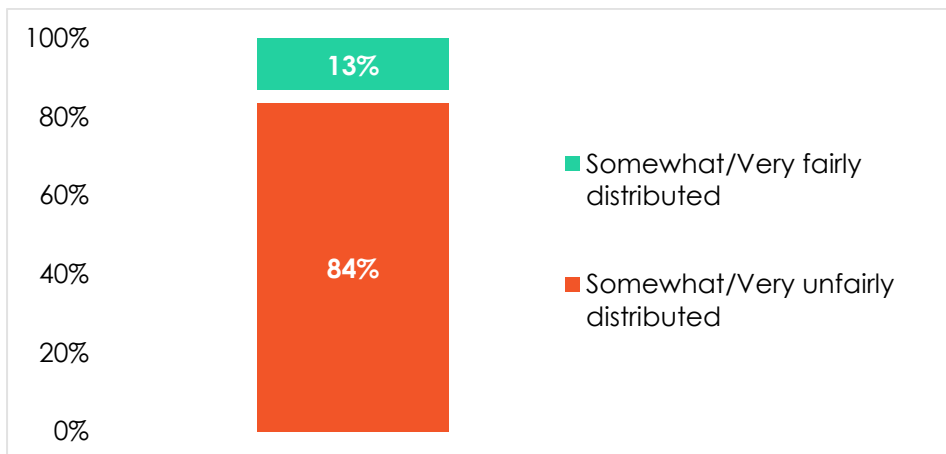
Respondents were asked: Since the start of the COVID-19 pandemic, have you or your household received any assistance from government, like food, cash payments, relief from bill payments, or other assistance that you were not normally receiving before the pandemic?

Figure 12: Access to COVID-19 relief assistance | by demographic group | Eswatini | 2022



Respondents were asked: Since the start of the COVID-19 pandemic, have you or your household received any assistance from government, like food, cash payments, relief from bill payments, or other assistance that you were not normally receiving before the pandemic?

Figure 13: Was COVID-19 relief assistance distributed fairly? | Eswatini | 2022

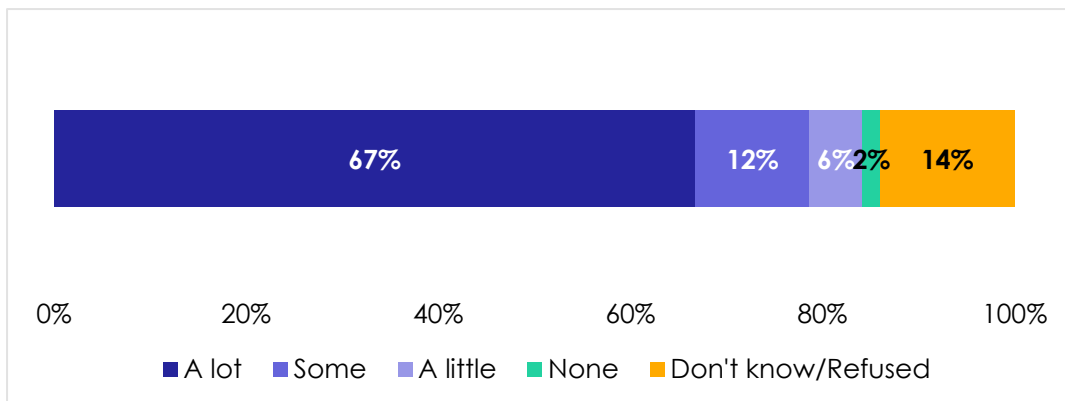


Respondents were asked: Do you think that the distribution of government support to people during the COVID-19 pandemic, for example through food packages or cash payments, has been fair or unfair?

Corruption related to COVID-19

In addition to expressing significant dissatisfaction with the fairness of government relief assistance, two-thirds (67%) of Eswatini say they believe that “a lot” of the resources intended for the COVID-19 response were lost to corruption. Only 2% say none of these resources were embezzled (Figure 14).

Figure 14: Perceived pandemic-related corruption | Eswatini | 2022



Respondents were asked: Considering all of the funds and resources that were available to the government for combating and responding to the COVID-19 pandemic, how much do you think was lost or stolen due to corruption?

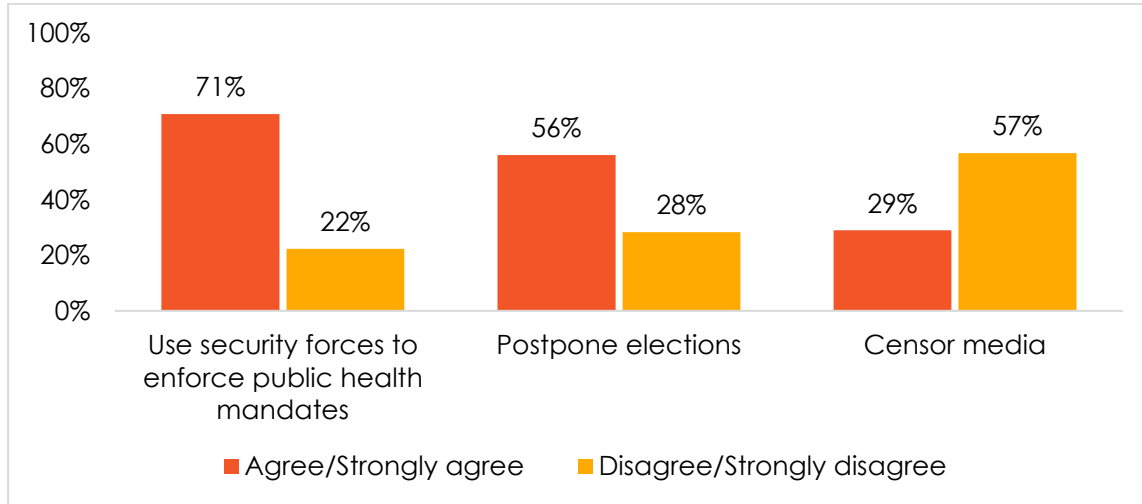
Limit democratic freedoms during a pandemic?

Lockdowns and other pandemic-related restrictions in some countries have raised questions about the extent to which citizens are willing to forego certain freedoms, even temporarily, to protect public health.

In Eswatini, more than seven in 10 citizens (71%) “agree” or “strongly agree” that it is justified for the government to use the armed forces or the police to enforce public health mandates during an emergency like the COVID-19 pandemic (Figure 15).

A majority (56%) would also accept postponing elections during a pandemic. But only 29% agree that censoring media reporting is justified during a public health emergency.

Figure 15: Limit demographic freedoms during a public health emergency?
 | Eswatini | 2022



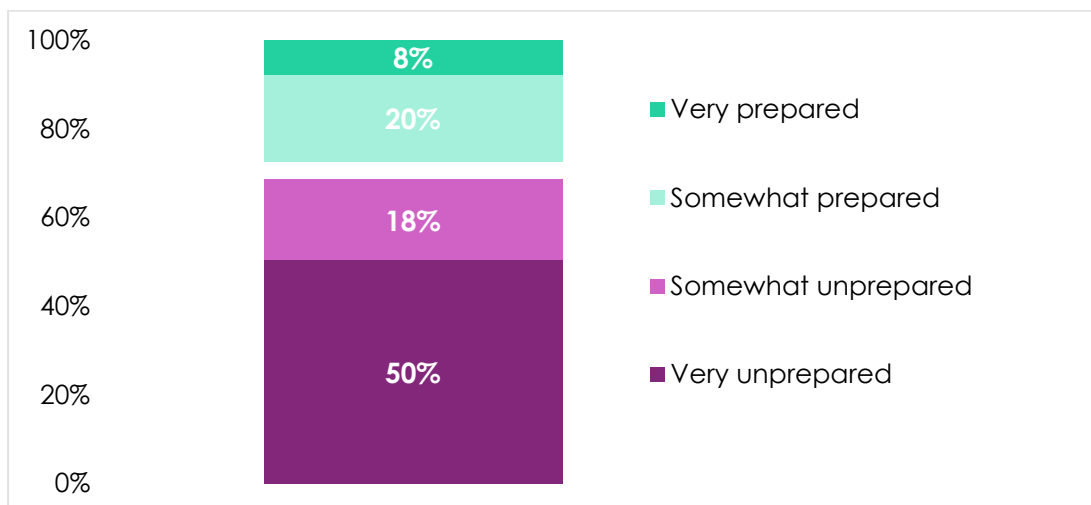
Respondents were asked: When the country is facing a public health emergency like the COVID-19 pandemic, do you agree or disagree that it is justified for the government to temporarily limit democracy or democratic freedoms by taking the following measures?
 Censoring media reporting?
 Using the police and security forces to enforce public health mandates like restrictions on public gatherings or wearing face masks?
 Postponing elections?

Looking ahead

After experiencing the COVID-19 pandemic, how prepared will Eswatini's government be to deal with future public health emergencies?

More than two-thirds (68%) of citizens think their government will not be prepared, including 50% who think it will be "very unprepared" (Figure 16). Only about three in 10 (28%) believe the government will be ready for the next public health crisis, including 20% who say it will be "very prepared."

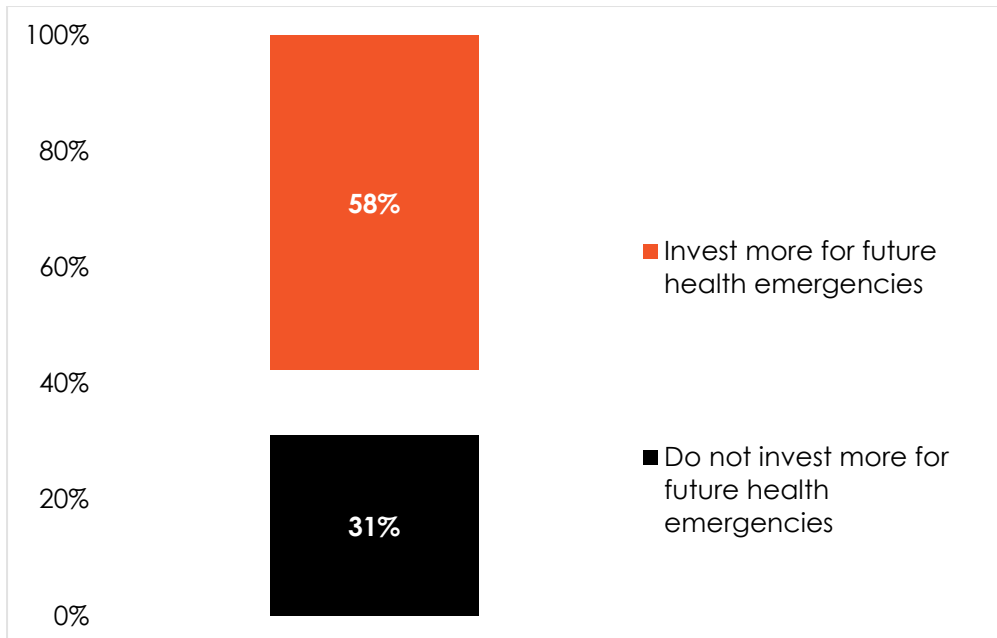
Figure 16: Preparedness for future health emergencies | Eswatini | 2022



Respondents were asked: After experiencing the COVID-19 pandemic in Eswatini, how prepared or unprepared do you think the government will be to deal with future public health emergencies?

In line with these concerns, about six in 10 Eswatini (58%) “agree” or “strongly agree” that the government needs to invest more in preparing for future public health emergencies, even if it means that fewer resources are available for other health services (Figure 17).

Figure 17: Invest more to prepare for future health emergencies? | Eswatini | 2022



Respondents were asked: Do you agree or disagree with the following statement: Our government needs to invest more of our health resources in special preparations to respond to health emergencies like COVID-19, even if it means fewer resources are available for other health services?

Conclusion

While a majority of citizens are satisfied with the government's overall handling of the COVID-19 response, survey data also highlight challenges that the government faces. These include distributing assistance in a manner that is perceived as fair, eliminating corruption from the management of pandemic-related resources, and building public confidence in the government's ability to ensure the safety of vaccines.

More broadly, Eswatini doubt the government's readiness for future public health crises and favour additional investment to prepare for such emergencies.

Do your own analysis of Afrobarometer data – on any question, for any country and survey round. It's easy and free at www.afrobarometer.org/online-data-analysis.

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Afrobarometer, a nonprofit corporation with headquarters in Ghana, is a pan-African, non-partisan research network. Regional coordination of national partners in about 35 countries is provided by the Ghana Center for Democratic Development (CDD-Ghana), the Institute for Justice and Reconciliation (IJR) in South Africa, and the Institute for Development Studies (IDS) at the University of Nairobi in Kenya. Michigan State University (MSU) and the University of Cape Town (UCT) provide technical support to the network.

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