COVID-19 and Healthcare Providers in Sub-Saharan Africa
Key Findings from a Phone Survey in Burkina Faso, Ethiopia, and Nigeria

OVERVIEW: Healthcare providers (HCPs) are at the forefront of the COVID-19 pandemic and are at risk due to potential exposure to COVID-19 patients. Poor knowledge of COVID-19 among HCPs leads to delayed diagnosis and shapes their perceptions and practice of preventive and infection control measures. To better understand the knowledge, perceptions, and practices of HCPs in sub-Saharan Africa and inform public policy responses, the ARISE Network undertook a multi-country study in Burkina Faso, Ethiopia, and Nigeria.

PERCEPTIONS OF COVID
Understanding HCPs’ COVID-19 knowledge, perceptions, and practices is crucial in order to identify effective strategies to contain the virus and safeguard HCPs’ physical and mental health. Identifying gaps in knowledge, perceptions, and preventive measures will help guide interventions to improve HCPs’ ability to respond to the pandemic.

In this survey, the ARISE Network conducted rapid phone-based interviews with 900 HCPs in urban settings in three sub-Saharan African countries, Burkina Faso, Ethiopia, and Nigeria. HCPs who exclusively practice medicine or nursing in urban areas of each country were sampled using lists from professional health care associations. Computer-assisted telephone interviews (CATI) were conducted in local languages from July to November 2020.

The ARISE Network is conducting additional surveys including new topics and additional countries over the coming months to continue building the evidence base on various impacts of COVID-19 in sub-Saharan Africa.
Policy Recommendations

The collection and utilization of robust data on knowledge, perceptions, preventive practices, and the mental health status of HCPs is essential in mitigating the pandemic and enabling the design of future intervention strategies that may decrease the mental health burden and stigma of frontline HCPs while enabling their success in caring for their communities. Our findings underscore the following policy recommendations:

1. Urgent actions are needed to improve HCPs’ perceptions and compliance with prevention measures of COVID-19.
2. As knowledge, perceptions, and preventive practices may vary by the caseload, epidemic curve, and death toll of a specific area, an intersectoral approach is needed to increase compliance with prevention measures and correct perceptions.
3. Health programs and policies are needed to minimize psychological morbidity and violence toward HCPs, as these may protect and motivate HCPs individually while increasing system readiness for subsequent health crises.