

Ethiopia

Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in Ethiopia to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

Effective Implementation of Public Health and Social Measures in Ethiopia: Situational Analysis

Highlights¹

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- There are relatively few confirmed cases in Ethiopia, despite its large population, status as an international transit hub, and enhanced testing strategy.
- Widespread and robust PHSMs were implemented early in the outbreak, which has likely succeeded in reducing transmission. Strong public support for PHSMs has allowed Ethiopia to adapt many PHSMs to be effective in the country, including cutting public transportation seat occupancy in half and introducing a road rationing scheme to limit population mobility. Tigray state has started to loosen its state of emergency.
- The economic and social impacts of the epidemic will be significant in Ethiopia. Most poll respondents said they would run out of money within a week, and half would run out of food. The government is responding with social assistance and food security measures to reduce the burden.
- Information and awareness about COVID-19 is high, and a majority of respondents trust the government response. However, many misbeliefs persist about alternative remedies. Less than half recognize their own risk of catching the disease.
- Few COVID-19 related security incidents have occurred, but anti-foreigner sentiment has risen. Steps have been taken to prevent transmission in prisons, with the release of more than 4,000 prisoners convicted of minor crimes.

ABOUT PERC

The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African countries. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum. Ipsos and Novetta Mission Analytics bring market research expertise and years of data analytic support to the partnership.

¹ This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: <https://preventepidemics.org/coronavirus/perc/data>

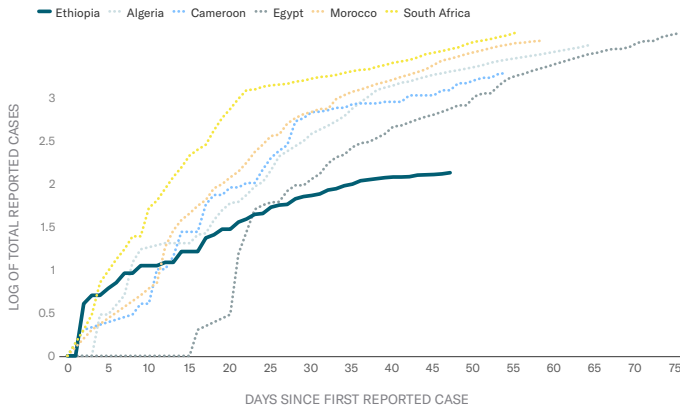
Disease Dynamics

ETHIOPIA HAS A RELATIVELY LOW CASELOAD OF COVID-19, AND NEWLY REPORTED CASES HAVE DECLINED IN THE PAST TWO WEEKS.

Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
130	3	2.31	19	March 14

Rate of growth of caseload in Ethiopia has slowed compared to other high-caseload countries

as of April 30, 2020



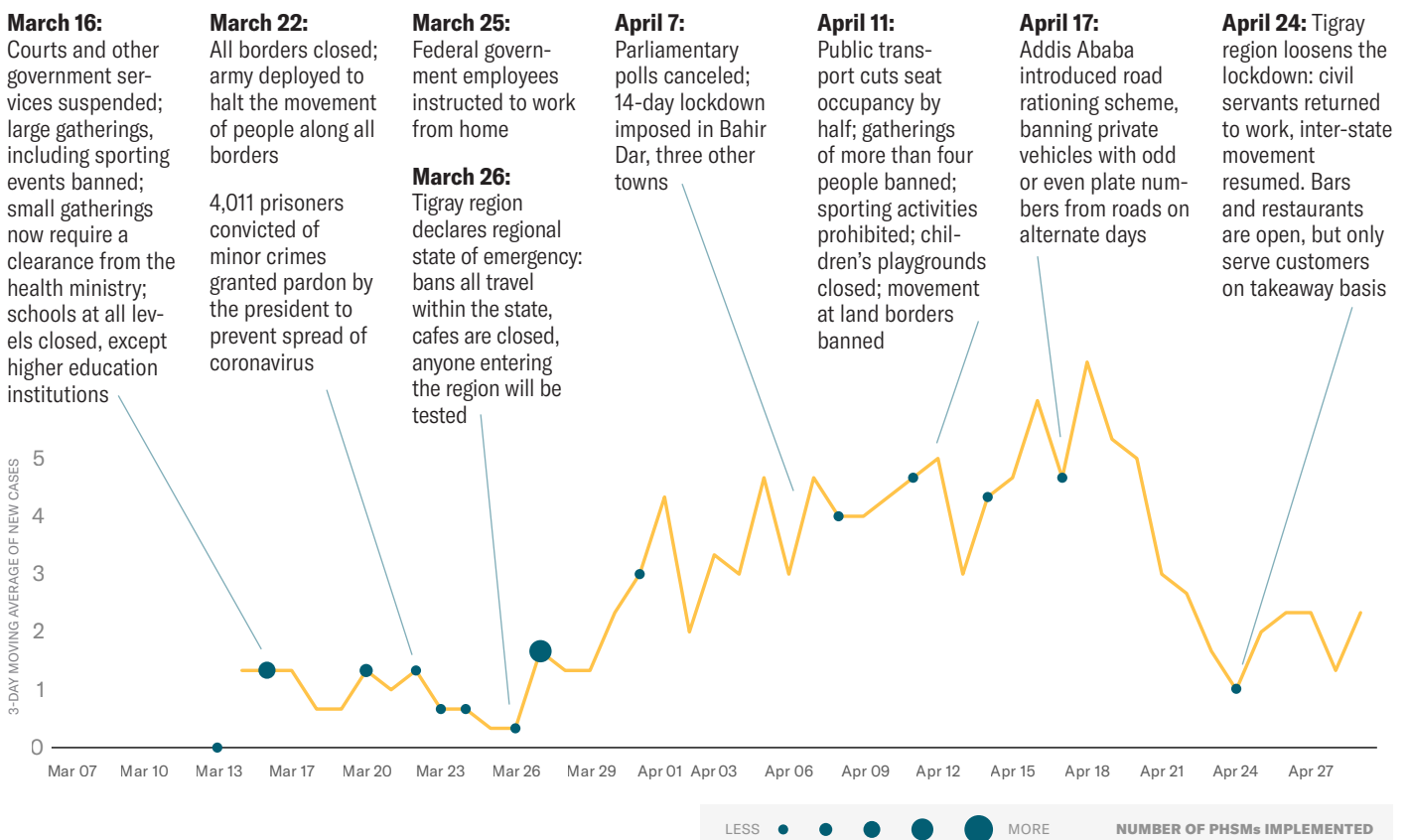
- When compared to the five countries with the highest caseloads in Africa, Ethiopia's caseload originally grew at a relatively similar pace, but started to flatten around 15 days into the outbreak (approximately March 30). The total number of reported cases is still relatively low at 130.
- The number of new reported cases in Ethiopia peaked around mid-April and has since continued to fall.
- As of April 30, the doubling time is 19 days which indicates a slowing growth in cases. Doubling time is the number of days it took for cases to double to reach the current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic.
- As of April 29, Ethiopia had conducted 16,434 tests. This is equivalent to 0.14 tests per 1,000 people, compared to 3.5 in South Africa and 1.94 in Tunisia.

Note that testing data are currently only available for the following countries in Africa: Ethiopia, Ghana, Kenya, Morocco, Nigeria, Rwanda, Senegal, South Africa, Tunisia, Uganda and Zimbabwe, according to official sources collated by Our World in Data <https://ourworldindata.org/grapher/full-list-total-tests-for-covid-19>.

Implementation of Key PHSMs

PHYSICAL DISTANCING MEASURES WERE IMPLEMENTED IN THE INITIAL DAYS AFTER THE FIRST REPORTED CASE, INCLUDING WORK-FROM-HOME MEASURES FOR FEDERAL EMPLOYEES AND STAY-AT-HOME ORDERS IN SPECIFIC LOCAL AREAS. INITIAL LOOSENING OF MEASURES HAS STARTED IN TIGRAY.

3-day moving average of new cases and date of PHSM implementation

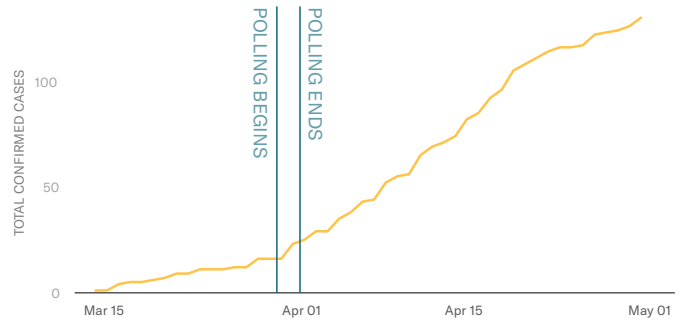


Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted an in-person survey of 1,021 adults in Addis Ababa between March 29 and April 1, 2020. At the time of polling, Ethiopia had 16 to 25 confirmed COVID-19 cases.

Timing of poll in Ethiopia

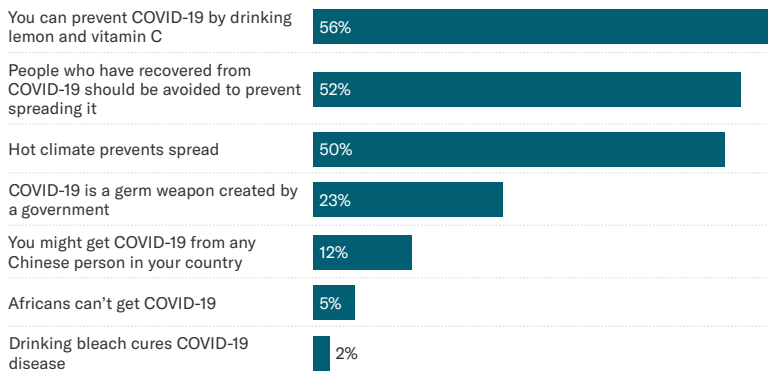


Information on COVID-19

Ethiopians surveyed have high awareness of the epidemic (100%). However, many continue to hold misperceptions, including some that could offer a misplaced sense of protection (50% believe that hot climate prevents spread) or contribute to stigma (52% believe that those who have recovered should be avoided). Nearly one in four (24%) seeks more information, particularly on COVID-19's severity, causes and cure.

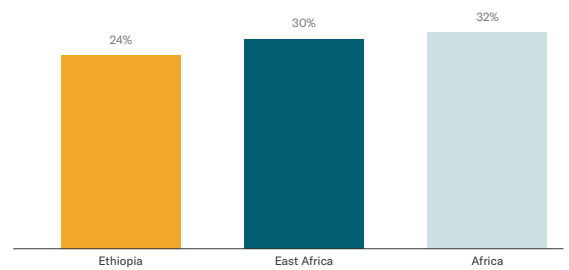
Belief in Misinformation and Rumors

Percentage believing each false statement is probably or definitely true



Demand for Information

Percentage reporting they **do not** currently have enough information about COVID-19



Information Needs

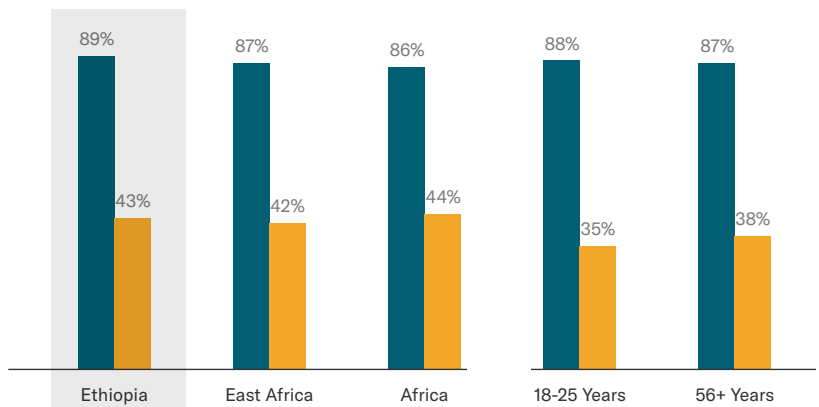


Risk Perceptions

While 89% of Ethiopians surveyed said that the virus will be a major problem for the country, a much lower share (43%) perceived themselves to be at high personal risk.

RISK PERCEPTIONS IN ETHIOPIA IN CONTEXT

RISK PERCEPTIONS IN ETHIOPIA BY AGE



■ Percentage reporting COVID-19 will be a problem in the country
 ■ Percentage reporting personal risk of catching COVID-19 high/very high

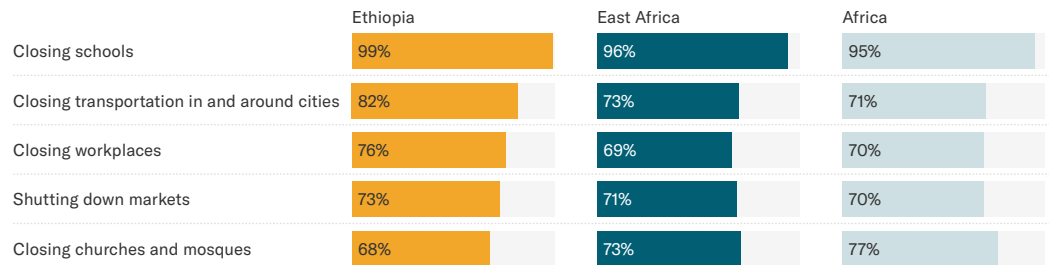
Support for Government and PHSMs

Most respondents (75%) said they were satisfied with the government's response to date, although a lower percentage trust the information provided by the government on COVID-19 (65%). Doctors were the more trusted source for health information (86%), compared to the presidency (72%). Sixty-three percent of respondents said they were confident they would get the help they needed immediately if they were to fall sick.

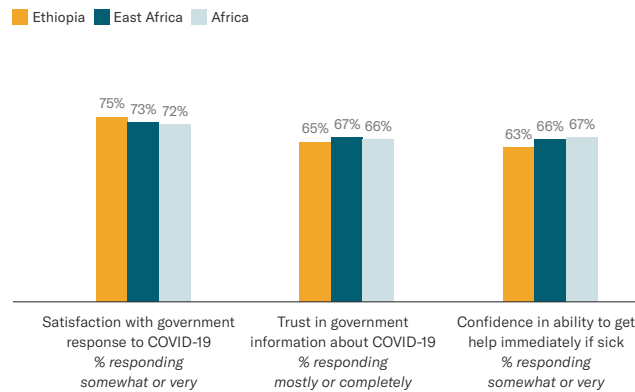
Ethiopians were supportive of a wide range of PHSMs to help limit the spread of the coronavirus, particularly for closing schools (99%) or transport (82%). Support levels fell for measures that would restrict movement and livelihood, such as support for closing workplaces (76%) and markets (73%). Support for closing churches and mosques was lower (68%).

Support for PHSMs

Percentage of respondents that somewhat or strongly support

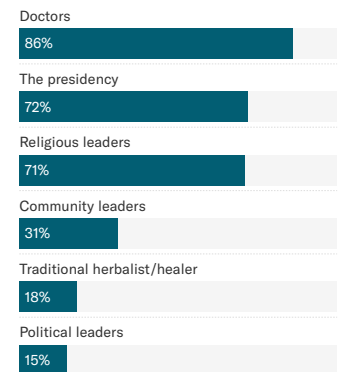


Perceptions of Government & Health System



Trust in Information Sources

Percentage that completely or mostly trust each source for health information



Barriers to Adherence

Results suggest that staying at home could be challenging for many Ethiopians although more burdensome on those with lower income.

It may be difficult for households to comply with some measures, as 88% would run out of money and 50% would run out of food within a week (particularly low-income households). Only 28% of households have a separate room to isolate sick people.

28%

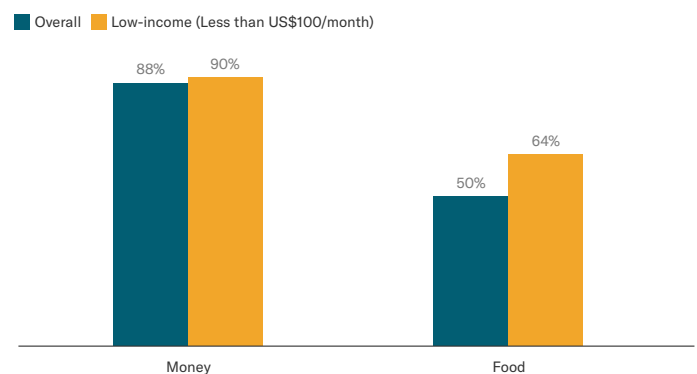
of respondents have a separate room in the home to isolate someone with COVID-19

14%

of respondents in families making less than US\$100 per month have a separate room in the home to isolate someone with COVID-19

Supplies of Food & Money

Percentage who expect to run out in 1 week or less



Economic and Relief Measures

Ethiopia faces a severe economic shock in the context of COVID-19, due to a decline in exports and in travel (the government is heavily reliant on Ethiopian Airlines for revenue). Ethiopia has announced a COVID-19 Multi-Sectoral Preparedness and Response Plan, which will require US\$1.64 billion in funding (about 1.6 % of GDP). The World Bank has committed US\$83 million in financing. On April 30, the IMF executive board approved US\$411 million emergency assistance for Ethiopia under its Rapid Financing Instrument. The country will also benefit from IMF debt service relief under the Catastrophe Containment and Relief Trust.

- **Health care:** In March, the prime minister announced an aid package of 5 billion birr (US\$154 million or 0.15 percent of GDP) that would finance the health sector. The COVID-19 Multi-Sectoral Preparedness and Response Plan also includes a prospective US\$430 million (0.4% of GDP) for the health sector.
- **Social support:** The government will reportedly expand the Productive Safety Net Program, which provides cash or food in exchange for work on public infrastructure, for three to six months as part of its COVID-19 response. The public works requirement will be waived and coverage will be increased by 1 million people. Benefits will be increased for both cash payments and food.
- **Food security:** Food security is a longstanding problem in Ethiopia, where more than 33 million people had insufficient food intake before the crisis. Most employment is in subsistence agriculture, and PHSMs could disrupt markets for agricultural inputs, labor and products. The country also faces an ongoing desert locust plague. The Multi-Sectoral Preparedness and Response Plan includes a prospective US\$635 million for emergency food distribution to 15 million food insecure people and not currently covered by the Productive Safety Net Program.

Overview of Security Incidents Related to COVID-19

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. There have been relatively few COVID-19-related security incidents in Ethiopia, although there has reportedly been a rise in anti-foreign sentiment due to fears about foreigners spreading the disease. There have also been reports of mob violence, and one fatal incident involving police enforcement of the ban on public gatherings. A journalist was also allegedly detained for COVID-related reporting.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: [HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA](https://preventepidemics.org/coronavirus/perc/data)

