

Finding the Balance: Public Health and Social Measures in Ethiopia

What is the purpose of this report?

This report describes findings from a telephone survey with 1,483 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analyzed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the [first](#) and [second](#) reports).



National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	157,047
Cumulative incidence rate per 100,000 people	143
Test positivity rate	13.6%
Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days	
Total confirmed COVID-19 deaths	2,340
Case fatality ratio	1.5%
Proportion of total reported deaths among all people reported as testing positive for COVID-19	

What are the highlights from this report?

Disease Dynamics and PHSM Implementation

Reported new cases and deaths have been increasing in Ethiopia since early February 2021. The test positivity rate remains high; it is likely that many cases are going undetected. Due to the ongoing conflict in Tigray, thousands have fled to overcrowded refugee camps, placing them at greater risk of contracting COVID-19.

PHSM Support and Self-Reported Adherence

Since August 2020, self-reported adherence to PHSMs decreased markedly in Ethiopia; support for most measures also decreased. The findings align with the government's loosening of restrictions on public gathering and mobility since September. The drop in face mask use is particularly concerning given the recent rise in cases.

Risk Perceptions and Information

Satisfaction with the government's COVID-19 response remains high, though trust has decreased for some individuals/institutions since August, including family doctors and community health care workers, as well as the World Health Organization (WHO). The majority of people report they have resumed normal activities, though comfort with taking public transportation remains low. About four in 10 respondents believe health care workers should be avoided because they may transmit COVID-19.

Secondary Burdens

Among Ethiopian households in need of health care, only 11% reported skipping or delaying health visits in the past six months, the lowest share among all African Union Member States surveyed. About two-thirds of respondents reported income loss since the start of the pandemic and nearly three in 10 reported missing meals in the previous week.

Disease Dynamics and PHSM Implementation

What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

Situational Awareness

Note: Because this survey only included people with access to phones, the sample overrepresents more educated (31% completed college/graduate school) and higher-income respondents (26% had household income above 30,001 ETB). About 6% of respondents were from the Tigray region, but those in refugee camps—as well as those likely to be most severely affected by the ongoing conflict—were not included in this survey.

Between 1-26 February 2021, reported new cases and deaths in Ethiopia increased by more than 40% and 170%, respectively. In the same timeframe, the test positivity rate increased from 10% to 14%, indicating that many cases are likely going undetected. There have been reports of oxygen shortages. Although not yet confirmed, there are concerns that COVID-19 variants may be circulating and contributing to the current wave.

Though a directive outlining COVID-19 preventative measures was announced in October 2020, PHSMs in Ethiopia have been gradually relaxed since the state of emergency expired in September and schools began to reopen in October. In January 2021, large gatherings were held during the annual Timkat festival. At the time of this survey, Ethiopia averaged more than 800 reported new cases and 10 reported new deaths per day. In March, Ethiopia [received](#) 2.2 million vaccine doses through COVAX.

The ongoing conflict between the Ethiopian government and the Tigray People's Liberation Front (TPLF) has [displaced](#) millions of people, and thousands have [fled](#) to overcrowded refugee camps in Sudan, placing them at greater risk for COVID-19. Currently, there is little information about the incidence of COVID-19 in either Tigray or the refugee camps. A January 2021 report [estimated](#) that only 10% of hospitals in Tigray were accessible and warned of massive community spread of COVID-19 in the region.

Reported new COVID-19 cases are increasing in Ethiopia, and have been since late January, with limited PHSMs in place.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

What the data say

Since August, support for and self-reported adherence to all measures in Ethiopia decreased significantly; only support for individual measures remained high (94%) and unchanged. Avoidance of public gatherings was lower in Ethiopia (47%) than in Kenya (84%), Sudan (61%) and Uganda (69%). The findings align with the gradual loosening of PHSMs that has occurred in Ethiopia since the state of emergency expired in September.

- Though support for mask use remains high (97%), there was a significant drop in reported adherence to mask-wearing—86% in August to 77% in February. The findings are particularly concerning given that cases are rising rapidly in Ethiopia.
- Self-reported adherence to mask use was lower among men (74%) than among women (81%); those dissatisfied with the government's COVID-19 response were less likely to report mask use than those that were satisfied (70% and 79%, respectively).

In the media

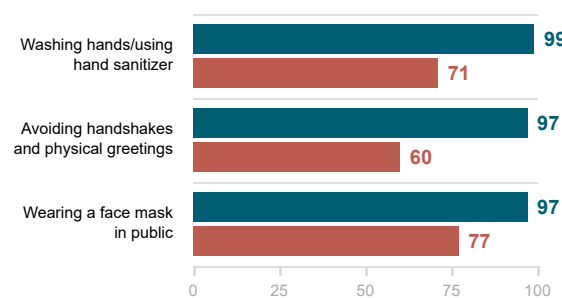
“Our #COVID19 problems are not caused by travellers. More about our irresponsible elite that continue to host large social/political gatherings in which all known safety protocols are violated...”

—Twitter user in Ethiopia, December, 2020

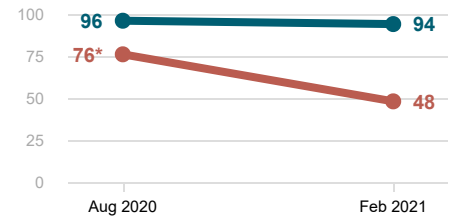
Individual measures

Though support for individual measures remains high, adherence decreased markedly since August. Adherence to face mask use decreased by about 10 percentage points.

Percent that **support** and **adhere** to each individual measure in Feb 2021



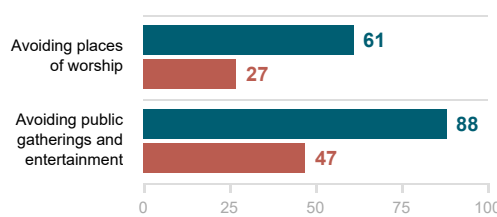
Trend in percent that **support** and **adhere** to all individual measures (composite score)



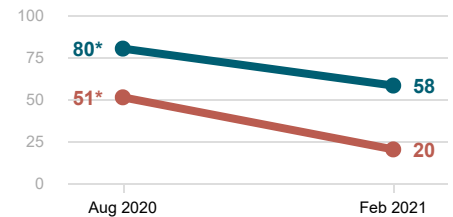
Measures restricting social gatherings

Support for and adherence to avoiding places of worship and public gatherings decreased markedly since August, in line with the government's loosening of measures.

Percent that **support** and **adhere** to each social measure in Feb 2021



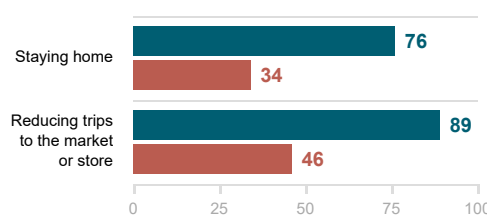
Trend in percent that **support** and **adhere** to all social measures (composite score)



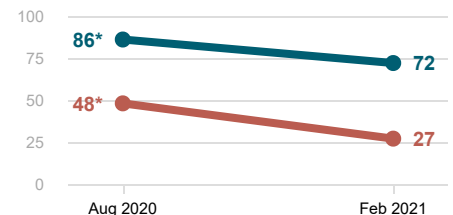
Measures restricting movement

Support for and adherence to staying home and reducing trips for groceries decreased markedly since August, in line with the government's loosening of measures.

Percent that **support** and **adhere** to each movement measure in Feb 2021



Trend in percent that **support** and **adhere** to all movement measures (composite score)



PHSM Support and Self-Reported Adherence

Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

What the data say

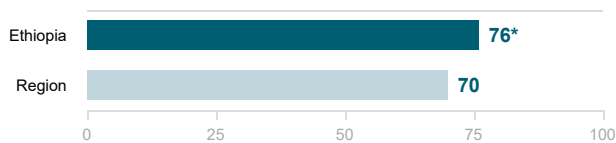
Respondent satisfaction with the government's COVID-19 response remained high in Ethiopia (76%), although it has decreased slightly since August (81%). Trust also decreased slightly for the majority of both national and international institutions since August.

- More than 80% of people reported they trusted the Ministry of Health and hospitals/health centers' COVID-19 response in Ethiopia.
- However, trust decreased by more than 20 percentage points for family doctors (52% in August, 29% in February) and by 15 percentage points for community health workers (84% in August, 69% in February). Trust also decreased by more than 10 percentage points for the World Health Organization (WHO).

What do people think about their country's institutions?

About three-fourths of respondents were satisfied with the government's COVID-19 response, which is a slight decrease since August (81%) but still higher than the regional average (70%).

76% are satisfied with the government's pandemic response



Top five most trusted institutions and individuals

Percent of people reporting trust in each source

Ministry of Health	87%
Hospitals/health centers	84%
Religious institutions	77%
National Public Health Institute	75%
Media	75%

What are people saying in the news and on social media?

In October, the government outlined fines and potential imprisonment for violating PHSMs in its COVID-19 directive. Some social media users noted that mask use would be too difficult to enforce in cities like Addis Ababa, where nonadherence was common.

In January and February, there was an increase in coverage of PHSMs in the news and on social media due to the Ministry of Education's [mask-wearing campaign](#)—"No mask, no service in schools." The nationwide campaign recruited teachers and students as "mask bearer ambassadors" to promote mask-wearing in their communities. Social media users in Ethiopia were generally supportive of the initiative.

Since November, much news coverage and many social media posts have focused on the recent conflict in Tigray. Organizations that have been able to reach the region [report](#) that the humanitarian situation is dire, with limited food supplies and continued insecurity. The United Nations warned that the thousands of people displaced by the conflict are at increased risk of COVID-19.

In the media

"Unfortunately, many pple in Addis Ababa have become rather dismissive of #COVID19. Many pple are no longer wearing masks; & there is no more seriousness in freq handwashing & use of sanitizers & social distancing. Many pple are now living very much the way that they lived before."

—Twitter user in Ethiopia, 19 October, 2020

Risk Perceptions and Information

How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

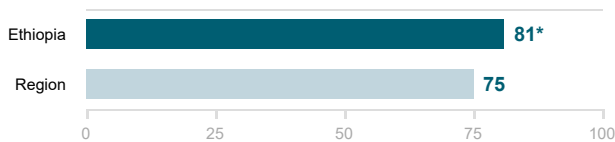
What the data say

More than 80% of respondents thought that COVID-19 would affect many people in their country, a slight decrease since August (87%). At the same time, only about one-third believed their own risk of catching COVID-19 was high, similar to findings from August (35%).

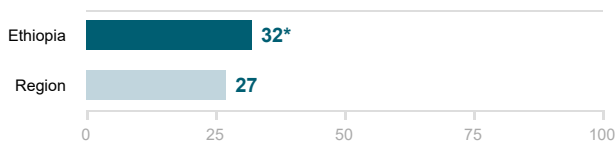
- More than 40% thought that health care workers should be avoided because they could transmit COVID-19, which is in line with findings from Kenya (42%) and Uganda (46%), but much less than Sudan (85%). Similarly, 45% thought people who had COVID-19 should be avoided because they remain infectious, in line with the regional average (48%).

How do people understand the risk of COVID-19?

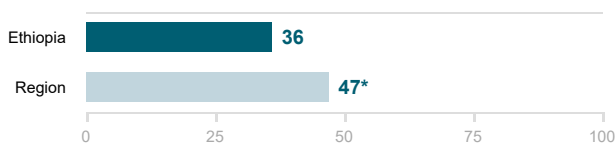
81% believe that COVID-19 will affect many people in their country



32% believe that their personal risk of being infected with COVID-19 is high



36% believe that their health would be seriously affected by COVID-19



Do people stigmatize others?

42% think they should avoid health care workers because they could get COVID-19 from them

45% think they should avoid people who have had COVID-19 in the past because they remain infectious

Do people believe accurate information?

89% understand that infected people may never show symptoms but could still infect others

84% understand that infected people may not show symptoms for five to 14 days

35% believe that COVID-19 can be cured with herbal remedies

Risk Perceptions and Information

How are perceptions of risk informing actions?

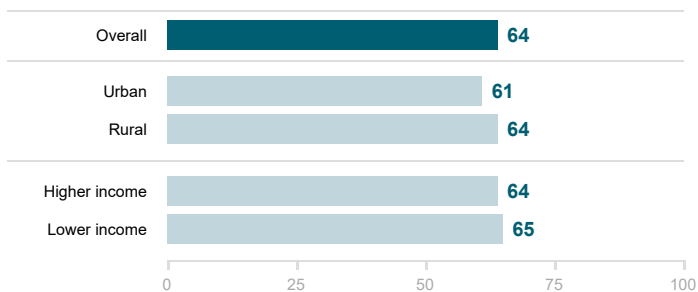
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

How do people feel about resuming day-to-day activities?

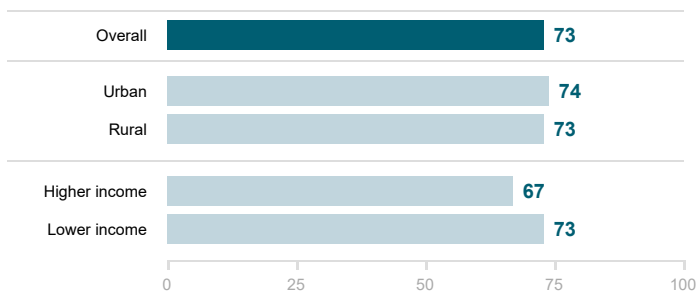
Nearly three-fourths (73%) of respondents in Ethiopia reported resuming normal activities, feeling that their COVID-19 risk was low. However, two-thirds (64%) reported feeling anxious about resuming normal activities and only about 40% reported feeling comfortable taking transportation.

- Comfort taking public transportation was even lower among urban respondents, which may be due to more-crowded transportation and higher reported incidence of COVID-19 in cities.
- These findings seem to indicate that while the economy remains open in Ethiopia with few restrictions and most people have resumed activities, many still feel conflicted about doing so.

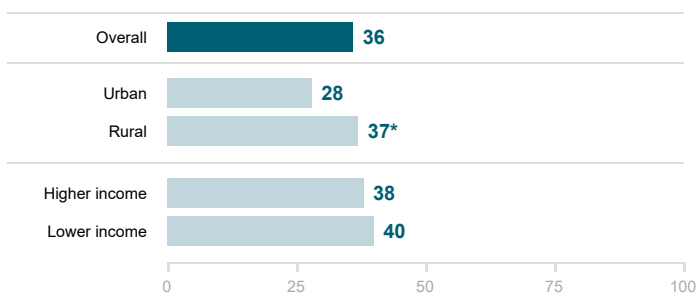
64% feel anxious about resuming normal activities



73% have already resumed normal activities because they believe COVID-19 risk is low



36% feel comfortable taking public transportation

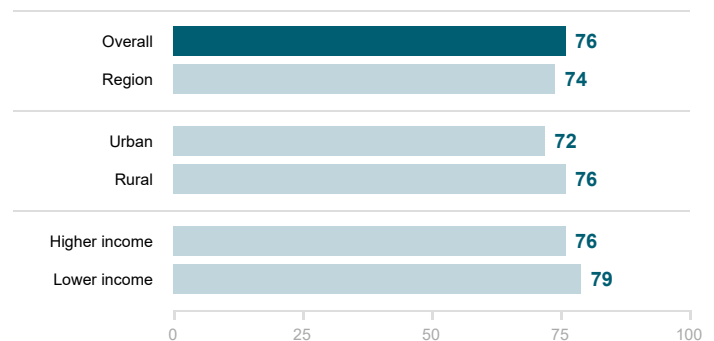


What do people think about vaccines?

More than three-fourths (76%) of respondents reported that they plan to get vaccinated. This is in line with the Eastern Region average. In March, Ethiopia [received](#) 2.2 million vaccine doses through COVAX.

- Among those who did not plan to get vaccinated, hesitancy appeared to be related to a lack of information about the vaccine and fear of the approval process—which could potentially be remedied with information from trusted sources.

76% plan to get a vaccine when available



Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

I do not yet know enough about the vaccine to make a decision	28%
I do not feel I am at risk of catching the virus	21%
Approval/development for the vaccine may be rushed and not thoroughly tested	21%

In the media

“I am grateful for the opportunity to get vaccinated. I can now treat my patients with better assurance of my own safety as I continue to employ all prevention measures.”

—First doctor to receive the COVAX vaccine in Ethiopia, March 2021

Secondary Burdens

Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

What the data say

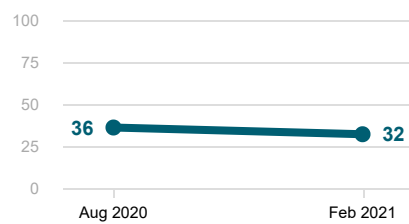
Among households in need of health care, only 11% reported skipping or delaying health visits in the past six months. Although COVID-19 cases are increasing in Ethiopia, the PHSMs currently in place are limited compared to those that were in place at the start of the pandemic, which may make health services more accessible.

- Still, more than one-fifth of respondents that missed care attributed this to health facility disruption (e.g., staff shortages or hospitals being closed or too busy). This may be due to the ongoing conflict, as well as the recent increase in reported COVID-19 cases in Ethiopia.
- Among households reporting care disruptions, 17% reported missing antenatal care, a worrying figure; Ethiopia has one of the highest rates of maternal death in the world.

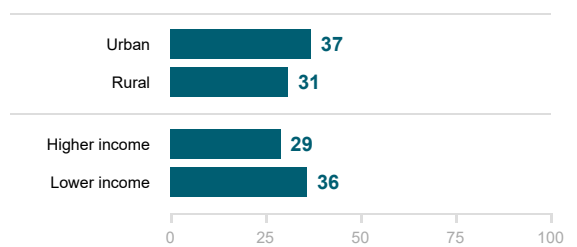
Difficulty getting medicines

Similar to results from August, about one-third (32%) of households in need of medication reported difficulty accessing it, less than reported in Kenya (46%), Sudan (80%) and Uganda (50%).

Trend in percent of households having difficulty getting medicines in the past three months



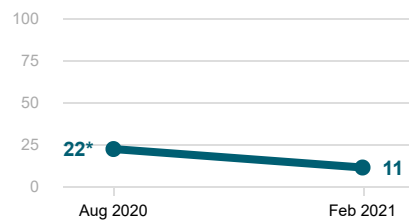
Percent having difficulty getting medicines by category



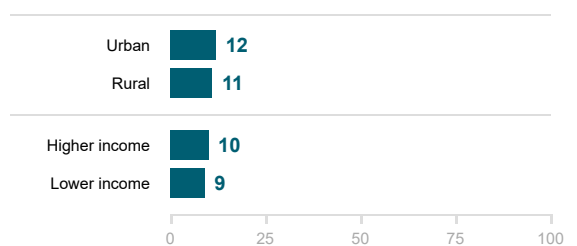
Skipping or delaying health visits

More than 10% of households in need of health care reported skipping services in February—about a ten percentage point drop since August.

Trend in percent of households skipping or delaying health care visits in the past six months



Percent skipping or delaying health care visits by category



The reasons why visits were skipped or delayed

People could choose multiple responses

Health facility disruption	22%
Worried about catching COVID-19	22%
Mobility restrictions/transport challenges	11%
Caretaker responsibilities	5%
Cost/affordability	4%

The types of visits which were skipped or delayed

People could choose multiple responses

General/routine check-up	36%
Non-communicable diseases	30%
Reproductive, maternal and child health	27%
Diagnostic services/symptoms	10%
Vaccinations	5%

Secondary Burdens

Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

What the data say

About two-thirds (65%) of respondents in Ethiopia reported income loss since the start of the pandemic. Though high, this is lower than in Kenya (88%), Sudan (74%) and Uganda (93%). Nearly three in 10 reported skipping meals in the previous week, which is also lower than in Kenya (68%), Sudan (56%) and Uganda (52%). Higher food prices were the most common barrier to food access reported.

While February's survey found less disruption to food and income in Ethiopia compared to other Member States in the region, the survey likely did not include those most affected by conflict. An [estimated three million people](#) are in need of emergency food and nutrition. In addition to severe [disruptions](#) to food access, electricity and water are limited in Tigray. Ongoing conflict has also [displaced](#) people in neighboring regions, including Amhara and Afar. The current humanitarian situation in Ethiopia is further [exacerbated](#) by ongoing locust swarms.

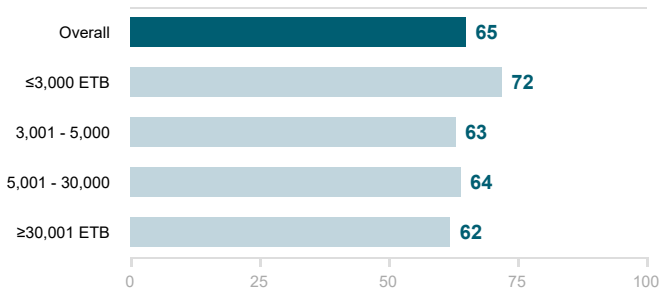
Reported barriers to food access

Percent of people reporting each barrier

Less income	45%
Higher food prices	55%
Food markets closed	30%
Mobility restrictions	31%
Food market supply shortages	43%

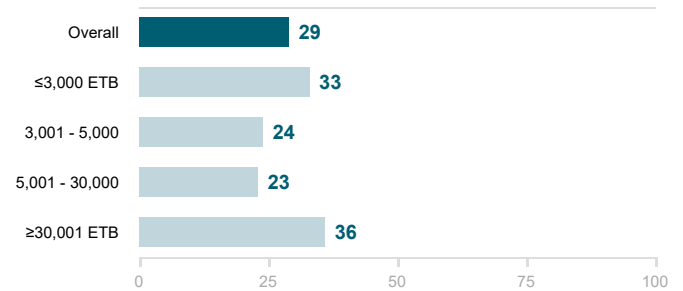
Household income

Percent of households experiencing **income loss** by category



*Household income is significantly associated with income loss.

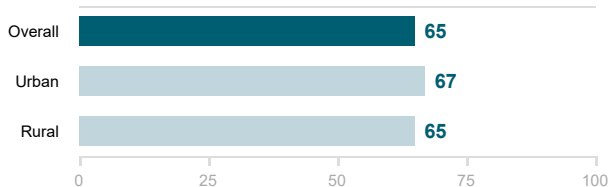
Percent of households **missing meals** by category



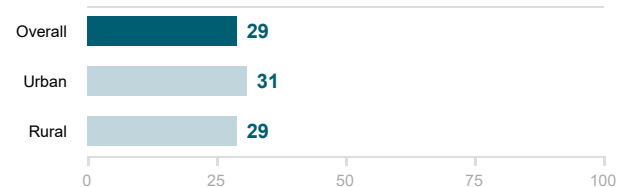
*Household income is significantly associated with missing meals.

Location

Percent of households experiencing **income loss** by category



Percent of households **missing meals** by category



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess statistical differences. An asterisk (*) indicates statistical significance where $p < 0.05$.

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see preventepidemics.org/perc.

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources 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. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is 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.

Country notes

The survey sampled from Ethiopia consisted of 1,483 adults (396 urban, 1087 rural), collected between 12 to 22 February 2021.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Low income: Monthly household income 3,000 ETB and below
- Low middle income: Monthly household income 3,001 ETB - 5,000 ETB
- High middle income: Monthly household income 5,001 ETB - 30,000 ETB
- High income: Monthly household income 30,001 ETB and above