Ethiopia

Finding the Balance: Public Health and Social Measures in Ethiopia

Data updated 19 August 2020

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 Ethiopia 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 Ethiopia—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: Ethiopia has reported more than 34,000 cases of COVID-19, recently surpassing Kenya as having the highest reported caseload in Eastern Africa. Between 23 July and 19 August, Ethiopia saw a 35% average increase in the number of new COVID-19 cases reported each week. On 3 August, Ethiopia announced a nationwide, month-long testing campaign, which led to better detection of cases and likely contributed to the rapid increase in reported cases around that time.

PHSM Implementation: Following the first confirmed COVID-19 case on 13 March, Ethiopia announced a string of early PHSMs, however, it never imposed a strict lockdown or stay-at-home order. By 8 April, it declared a state of emergency, banning gatherings of more than four people, limiting capacity on public transportation, and requiring the wearing of masks in public. The state of emergency has remained in place since, with no reports of significant loosening of measures.

PHSM Support and Adherence: Support for and self-reported adherence to economic restrictions (staying home from work and avoiding markets) were lower in Ethiopia than for personal protective measures (mask wearing, hand washing, physical distance). This aligns with the almost two-thirds of respondents who said they favor reopening the economy, as well as the high burden of income loss and food insecurity found in this survey.

Risk Perceptions and Information: Although the vast majority (87%) of respondents in Ethiopia thought that the virus would affect very many people in their country, far fewer (only 35%) thought their personal risk of getting the virus was high. Belief in misinformation narratives was widespread, with belief highest for the narrative that foreigners are testing vaccines on Ethiopians. Action should be taken early to address misinformation before a vaccine becomes available for use.

Essential Health Services: Reported disruption to health services and medication access was prominent among all households surveyed, however more so among urban households than rural. The most commonly reported barriers for accessing health care were fear of catching COVID-19 and health facilities reportedly being too busy or not having enough health care workers.

Economic Burden and Food Security: Almost 60% of survey respondents in Ethiopia reported income losses during the COVID-19 crisis, with reports highest among low-income households and slightly higher in urban areas. The economic issues brought on by COVID-19 have been compounded by the desert locust surge and floods.

Security: There were eight recorded security incidents related to COVID-19 in Ethiopia, with the majority being anti-enforcement protests led by citizens. Although the July protests in Addis Ababa of the assassination of Haacaaluu Hundeessaa were unrelated to COVID-19, they led to the death of more than 200 people and detainment of many more, amplifying anti-government sentiment across the country.

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**
34,058 (31)	600	672,637 (20)	1.8%

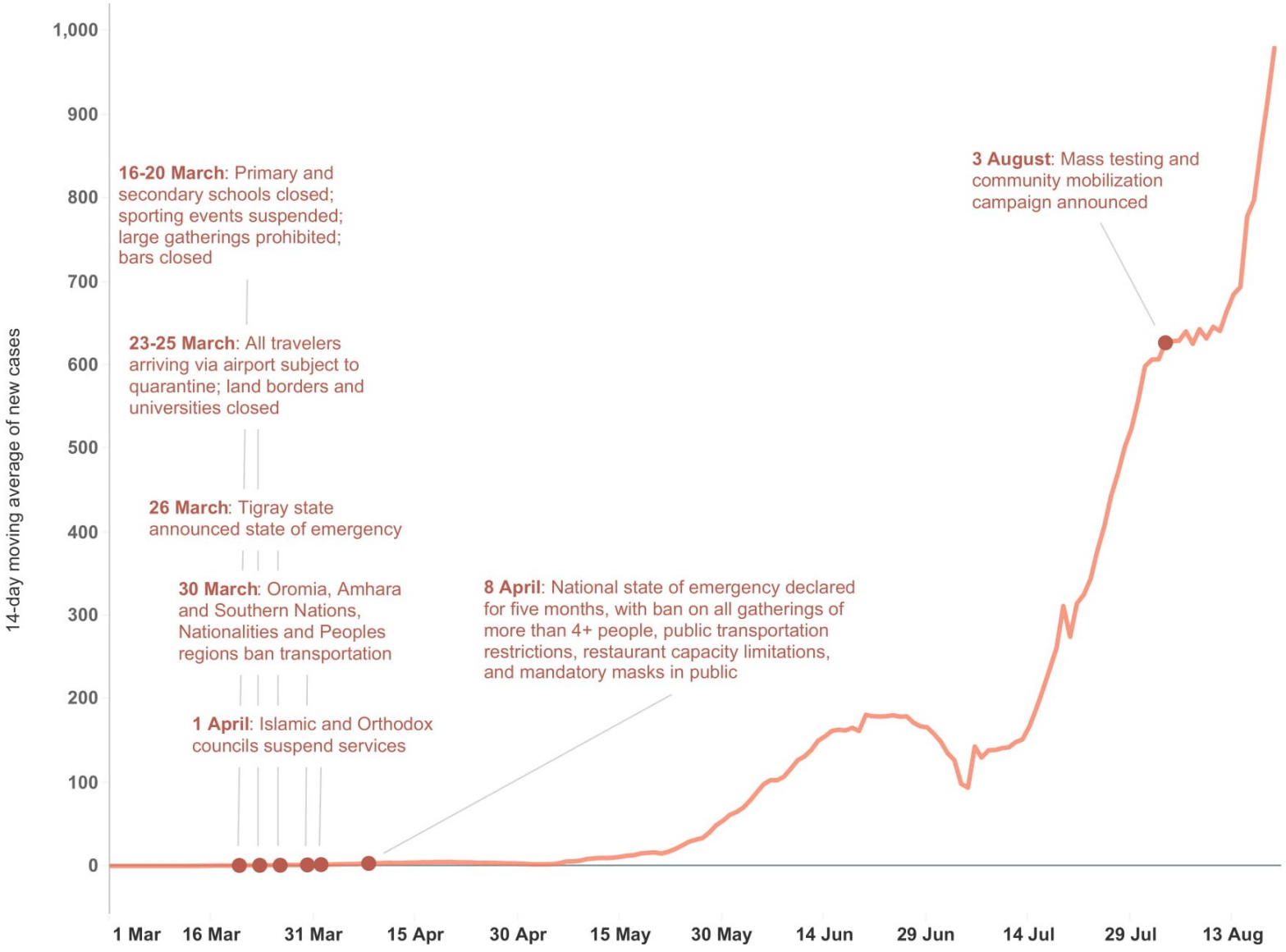
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

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.

There has been a rapid increase in new reported cases in Ethiopia since July, with most reported cases concentrated in Addis Ababa. In early August, Ethiopia announced a mass testing campaign which likely contributed to the increase in new reported cases.

- Following the first confirmed COVID-19 case on 13 March, Ethiopia announced a string of early national and subnational PHSMs, shutting down schools, prohibiting large gatherings and placing restrictions on international and domestic travel. By 8 April, the government declared a state of emergency, banning gatherings of more than four people, limiting capacity on public transportation, and requiring masks in public. The state of emergency has remained in place since; however, Ethiopia never imposed a strict lockdown or stay-at-home order as was done in other African Union (AU) Member States.
- Reported cases first started to grow in the weeks following protests in Addis Ababa that erupted as a result of the 29 June assassination of Haacaaluu Hundeessaa—a popular Ethiopian singer and activist. To quell the uprising, the Ethiopian government ordered a shutdown of the internet, which led to an initial lag in reported cases in early July.
- On 3 August, Ethiopia announced the rollout of a mass testing and community mobilization campaign. This likely contributed to the rapid increases in new reported cases around that time. On 19 August, Ethiopia reported its highest seven-day average since the start of the pandemic. The vast majority of reported cases are concentrated in Addis Ababa (on 8 August, it accounted for more than two-thirds of all reported cases). The tests per confirmed case ratio remains within the World Health Organization recommended range in Ethiopia.

Reported new cases fell in early July during the government shutdown of the internet, but then continued to climb into August. The graph displays a significant increase in new reported cases following the implementation of the mass testing campaign in August.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGRT

PHSM Support and Adherence

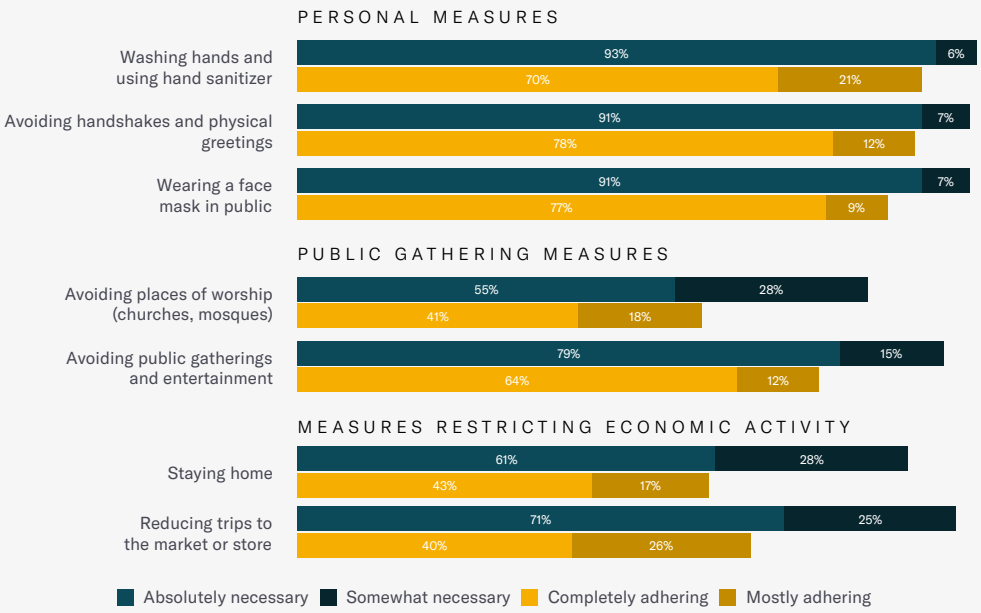
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

Support for and self-reported adherence to personal measures (such as wearing face masks, washing hands, physical distance) were higher in Ethiopia than for measures that restrict public gathering (such as avoiding large gatherings and places of worship) and economic activities (such as staying home and reducing trips to markets and stores).

- Respondents reported high support for and adherence to wearing face masks in public and avoiding handshakes and physical greetings. Although self-reported adherence to hand-washing was high, the number of respondents that reported complete adherence to hand-washing was lower than for other personal measures. This may be due to poor access to clean water and soap.
- Support for and self-reported adherence to economic restrictions are low in Ethiopia compared to other measures, which is in line with the nearly two-thirds of people who reported they favored opening up to boost the economy.
- Although, more than two-thirds of respondents are in favor of reopening, the same proportion reported that resuming normal activity makes them feel anxious. This shows that although respondents are eager to get the economy back to normal, they are fearful of the health impacts of reopening.
- Satisfaction with government response was higher in Ethiopia than in other AU Member States surveyed.

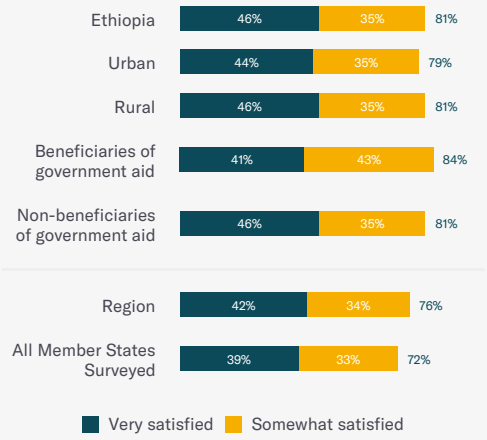
Support for and self-reported adherence to personal protective measures was higher than for public gathering and economic restrictive measures.

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



Respondent satisfaction with government response to the virus was higher in Ethiopia compared to other AU Member States surveyed.

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



Data Source: Ipsos Survey

Face Masks

Ethiopia requires face masks to be worn in public and there are reports of some people being detained for failing to do so.

97%
of survey respondents had a face mask ready to use

95%
recognized that wearing a mask could prevent spread

86%
report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

34% favor waiting longer to loosen restrictions

64% favor opening up to get the economy moving

Comfort with resuming activities:

66% report that resuming normal activities makes them anxious

64% 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.

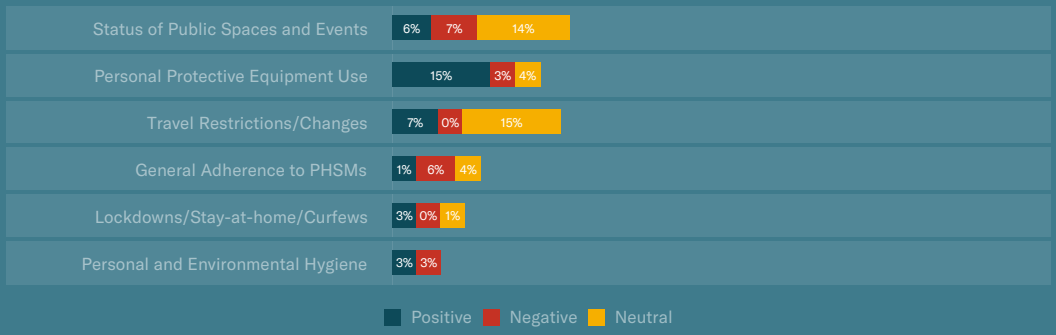
In Ethiopia, there were few traditional media articles and social media posts regarding COVID-19 and PHSMs from May through August. Notably, the internet was shut down in Ethiopia from 1-23 July following the assassination of Haacaaluu Hundeessaa which contributed to a lull in media coverage of any kind during that time.

- The majority of traditional media articles and social media posts on PHSMs were neutral or positive in tone, with the exception of those that reported on poor adherence to PHSMs. Reports of protestors not wearing face masks were frequently circulated. Photographs posted on Facebook of protests which occurred between 12 and 13 August displayed wide non-adherence to mask-wearing and physical distancing.
- However, the majority of Social media users shared helpful information about COVID-19. Much of the messaging appeared to come from government communication campaigns, showing their success in reaching people in Ethiopia.

On 20 July, Minister of Health Lia Tadesse Tweeted, "#COVID19Ethiopia is showing a sharp rise with the largest number of 704 cases reported in 24hrs yesterday. Once again, I urge everyone to follow the simple guidelines CONSISTENTLY to protect yourself, your family and community. #StopTheSpread"

A Facebook user, commenting on pictures of public protests in Ethiopia, commented, "Did they forget about Coronavirus? Oh my god."

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



Data Source: Novetta Mission Analytics

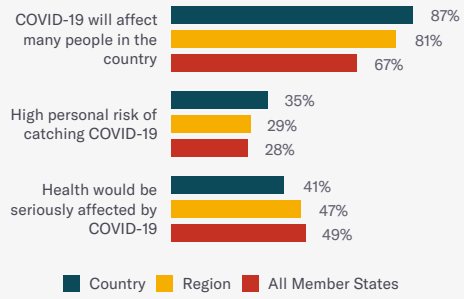
Risk Perceptions and Information

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.

Although almost 90% of respondents in Ethiopia thought the virus would affect very many people in their country, only 35% thought their risk of catching COVID-19 was high.

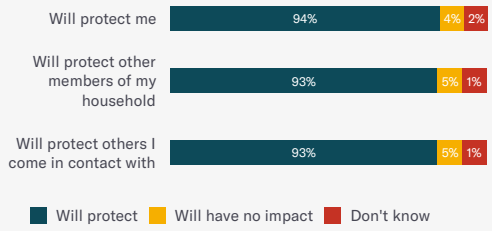
- Perceived risk of catching COVID-19 was slightly higher on average in Ethiopia compared to the Eastern region and all AU Member States surveyed. However, fewer respondents in Ethiopia reported that they thought their health would be seriously affected by the virus compared to other AU Member States surveyed.
- Respondents expressed overwhelming belief that following public health guidelines would help to protect themselves, their families and their communities.
- Belief in misinformation narratives was widespread, with belief highest for the narrative that foreigners are testing vaccines in Ethiopia. These results suggest that early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring uptake when one becomes available.

While a large number of respondents thought the virus would affect many people in Ethiopia, far fewer thought their risk of catching COVID-19 was high.

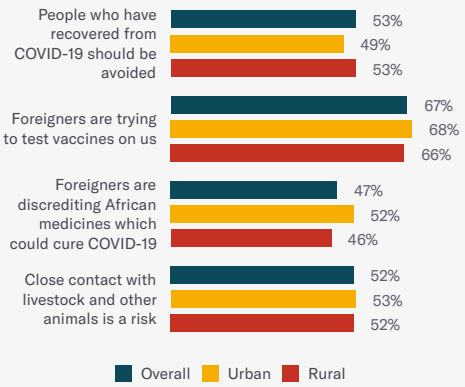


Respondent support was high for public health measures to protect themselves against the virus, as well as their families and communities.

Attitude toward following public health guidelines



Respondent belief in misinformation narratives was widespread across Ethiopia. Mistrust of foreigners appeared to be slightly more common in urban areas, whereas COVID-19 stigma was higher in rural areas.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

The majority of news and social media coverage of the risk of COVID-19 in Ethiopia was generated by government officials either posting on social media or being quoted in the news. There were also some misinformation narratives posted on social media that denied the existence of COVID-19, but they were not widely amplified.

On 13 August, the Ethiopian news outlet Zehabesha News posted on Facebook: "Be careful! Stop forgetting! 16 people have passed away when more 1086 people are found with coronavirus in Ethiopia."

A Facebook user commented, on the Zehabesha News post, doubting the existence of COVID-19: "there is no disease called corona, it's a heart-born disease".

Data Source: Novetta Mission Analytics

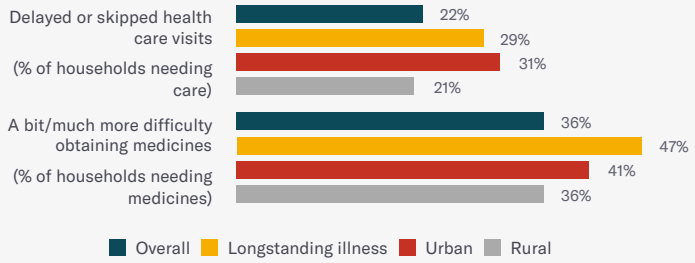
Burden of PHSMs

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.

One-fifth of respondents who reported that someone in their household needed health care reported that they delayed or skipped a health visit during COVID-19. And more than one-third in need of medication reported that the crisis had made access more difficult. Disruptions appeared to be more prominent in urban than rural areas of Ethiopia. The most commonly reported barriers for a missed health care visit were the worry about going out/risk of catching COVID-19 at a health facility and health facilities being too busy or not having enough capacity. More people in urban areas reported that health facilities were too busy than in rural areas. Although delays in health care access have been significant in Ethiopia, reported disruptions are much lower compared to other AU Member States surveyed. The most commonly reported skipped visits were for general/routine checkup (27%), cardiovascular issues (9%), diabetes (8%) and perinatal care or childbirth complications (7%). Compared to other AU Member States surveyed, Ethiopia respondents reported one of the highest rates of disruption to visits for perinatal care or childbirth complications. Any delayed visits for perinatal care and problems during pregnancy is a major cause for concern and policy action in Ethiopia, as the country has one of highest rates of maternal death in the world (11,000 women died from pregnancy-related complications in 2015 alone).

Disruption to health access was much more common in urban areas than in rural areas of Ethiopia, and among respondents with longstanding illnesses.



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:

33% Worried about risk of COVID-19

28% Facilities too busy

13% Haven't had time

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

27% General/routine check-up

9% Cardiovascular issues

8% Diabetes

Data Source: Ipsos Survey

Economic Burden and Food Security

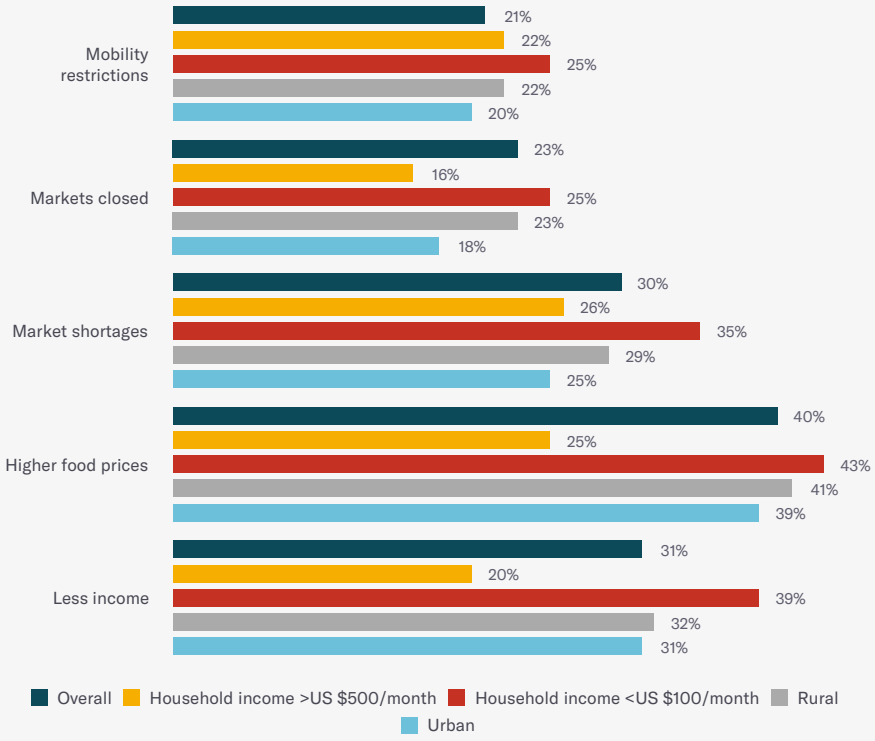
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

Almost 60% of survey respondents in Ethiopia reported income losses compared to last year at this time, with reports highest among low-income households (68%). About half (52%) of respondents reported experiencing at least one barrier to food access in the previous week. Income loss, high food prices and market shortages were the most commonly reported barriers to accessing food in both urban and rural areas of Ethiopia. According to the Famine Early Warning Systems Network, COVID-related mobility restrictions, coupled with the upsurge in desert locusts and floods, led to an increased need for government and humanitarian assistance across the country. As of 17 August, the World Food Programme reported that more than 30 million people had poor food consumption in the past week in Ethiopia, which is 28% of the total population. To meet the growing needs, the government provided social assistance through the existing Urban/Rural Productive Safety Net projects, including three-month advance payments to beneficiaries in 16 high-risk cities. The government also instituted a ban on evictions and prohibited companies from laying off workers. Around 10% of survey respondents reported receiving additional government assistance in the previous month, with support in the form of food, cash and personal protective equipment (PPE) most commonly reported. While lower income households were more likely to experience income declines, they were not more likely to report receiving government assistance. This indicates that government aid may not be reaching the lowest income groups in Ethiopia.

Reports of food insecurity were significant in Ethiopia and most common among low-income respondents and those living in rural areas.

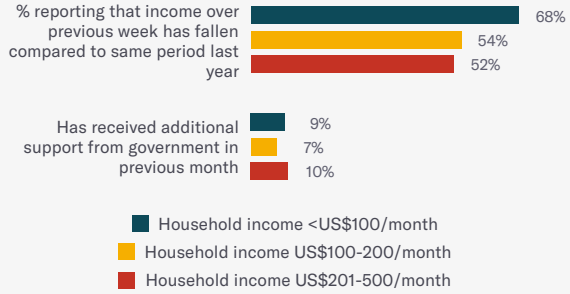
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

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



Lower-income households were more likely to report income loss than higher-income households, but were no more likely to report receiving government assistance. (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.



Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

In Ethiopia, the economic burden of PHSMs, combined with other problems such as flooding and locusts, was the leading narrative in monitored traditional and social media coverage of COVID-19 since May.

- Coverage of burdens increased in July through August, with media reporting that limits on mobility, coupled with recent flooding and the ongoing locust swarms, have exacerbated food insecurity.
- International aid groups were frequently quoted in traditional media highlighting severe shortages of water and food insecurity. Aid groups also highlighted the growing food insecurity in refugee communities.

A 17 August article in The New Humanitarian reported, "aid workers say all four Eritrean refugee camps in Ethiopia, sheltering a total of about 100,000 people, are severely overcrowded, food is in short supply, and there is poor access to water – crucial for the additional sanitation needs as a result of COVID-19."

An 11 August article from the Juba Monitor reported that food insecurity threatened South Sudanese refugees in the Ethiopian region of Gambela, noting that "there was growing malnutrition among young children residing in the [refugee] camp due to the COVID-19 pandemic."

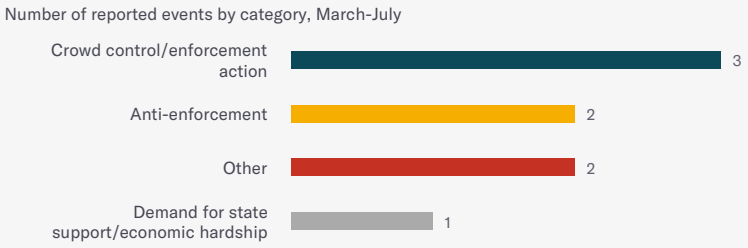
Data Source: Novetta Mission Analytics

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.

There eight recorded security incidents related to COVID-19 in Ethiopia, with the majority occurring in March-April and all ending in violence—either police violently enforcing public health measures or citizens attacking police in protest. Although the July protests in Addis Ababa of the assassination of Haacaaluu Hundeessaa were unrelated to COVID-19, they led to the death of more than 200 people and detainment of many more, amplifying anti-government sentiment across the country. Health workers and local officials have said that some detained in the wake of the protests had contracted COVID-19, with the virus spreading in overcrowded prisons and makeshift detention centers. On 9 August, people in Ethiopia took to the streets again, after the military arrested more than 20 officials, community leaders and activists in Southern Nations, Nationalities, and Peoples' Region. The officials were released on 13 August, but there were reports of at least 16 deaths. In addition, the decision to postpone the August elections provoked accusations that the prime minister is using the COVID-19 pandemic to keep power beyond his constitutionally mandated time, which ends 30 September.

Police enforcement of PHSMs and the citizen protests that ensued were leading causes of civil unrest related to COVID-19.



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,571 adults (615 urban, 956 rural) in Ethiopia between 3-13 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/*.