

# Coordinating the National Pandemic Response in Ethiopia

## Key Lessons and Recommended Actions

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The National Coordination of Pandemic Responses Collaborative presented opportunities for multi-sectoral teams of pandemic response leaders in low-and-middle-income countries (LMIC) to share experiences and best practices. Experts from Ethiopia identified the following lessons and actions to further reduce COVID-19 transmission in their country and enhance future pandemic resiliency.

- The Prime Minister’s Office’s leadership of the national response has ensured a coordinated multisectoral response to the pandemic, facilitated informed decision-making, and organized the development of systems to help populations balance the economic pressures of the pandemic.
- While Ethiopia is facing an important political, security, and humanitarian crisis resulting in conflicting government priorities and resource reallocation, Collaborative members urged the country to continue organizing regular meetings of the response committees and task forces, and to create a central resource mobilization unit with representatives from various sectors and industries for vaccine acquisition and deployment.
- Continuous community engagement is important to encourage compliance to public health measures, including vaccination. In Ethiopia, religious leaders were called upon to sensitize populations.
- Participants in the Ethiopia Peer Learning Session in December 2021 stressed the importance of strengthening existing systems and tools to disseminate accurate and timely information, curb misinformation, and encourage citizen compliance to public health measures.

## Context of COVID-19 in Ethiopia

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Ethiopia is a low-income country with a population of 115 million people (2021) occupying an area of 1.1 million square kilometers in sub-Saharan Africa.<sup>i</sup> In January 2020, in the early days of the COVID-19 pandemic, the Ethiopian Public Health Institute established a Public Health Emergency Operations Centre and COVID-19 Incident Management System (IMS) to coordinate the response to an outbreak. The first case of COVID-19 in Ethiopia on March 13, 2020, and physical distancing measures, including work-from-home guidelines for federal employees and stay-at-home orders in specific local areas, were quickly implemented to curb the spread of the virus. There have been severe waves of COVID-19 since the start of the pandemic resulting in 379,379 confirmed cases and 6,877 deaths since then.<sup>ii</sup> The number of daily new cases and the number of people who received the first dose of a COVID-19 vaccines are presented in the graphs below.<sup>iii</sup>

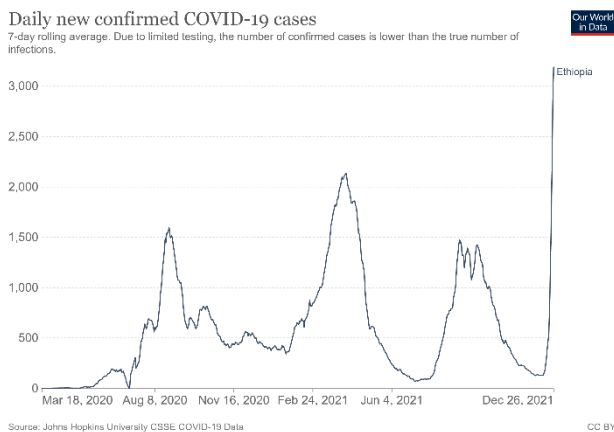


Figure 1: Number of daily new cases of COVID-19 in Ethiopia since March 2020

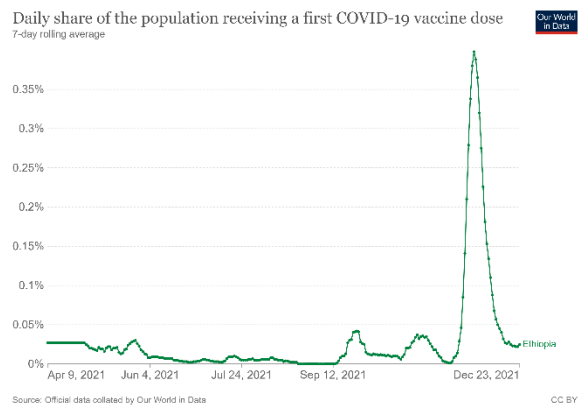


Figure 2: Number of people in Ethiopia who received the first dose of a COVID-19 vaccine since April 2021

## Insights from the national response to COVID in Ethiopia

The National Taskforce for Multisectoral COVID-19 Pandemic Response in Ethiopia is led by the Deputy Prime Minister. It is comprised of representatives from several government agencies and sectors, including the Ministry of Peace, Ministry of Justice, Ministry of Defense, Ministry of Foreign Affairs, Ministry of Health and Ministry of Innovation and Technology. The Taskforce has sub-committees for communication, technology, diplomacy, security, and legal affairs. The National Disaster and Risk Management Committee (NDRMC) and Public Health Emergency Operations Centre (PHEOC) facilitate multisectoral-level and tactical-level coordination.<sup>iv</sup> Due to Ethiopia's devolved system of government, each regional state in Ethiopia has a PHEOC. The national task force provides overall policy direction and the regional coordination mechanisms have autonomy to implement the policies which apply to their local situation. The Federal Ministry of Health and the Ethiopian Pharmaceutical Supply Agency have been managing the COVID-19 vaccine rollout since March 2021. As reported by members of the Collaborative's Ethiopian team, efforts to fight the pandemic include daily coordination briefings and the implementation of regional support activities between pandemic response experts, media monitoring, risk communication improvement trainings, and activities to strengthen points of entry into Ethiopia.

In July 2021, the Collaborative's multisectoral team from Ethiopia conducted a self-assessment of its country's response to COVID. The exercise revealed that Ethiopia's pandemic coordination system can be strengthened with stronger political commitment and more zealous law enforcement. The self-assessment also demonstrated government preparedness to deploy COVID-19 vaccines (the National Deployment and Vaccine Plan defines the role and responsibilities of all key stakeholders).

### KEY LESSONS

- It was effective to establish task forces and other structures to coordinate the national and the sub-national response to COVID-19 in Ethiopia well-before the first outbreak
- Effective multisectoral collaboration is vital
- Political will and leadership of the national response to COVID-19, especially to facilitate multisectoral collaboration, are instrumental
- The government is responsive to different stages and demands of the pandemic, and reorganizes its priorities accordingly

Additionally, in August 2021, the Ethiopian Public Health Institute amended the Directive No. 803 /2021 on “prohibited activities and imposed duties for the prevention and control of the COVID-19 Pandemic.”<sup>v</sup>

A key strength of Ethiopia’s approach to COVID-19 pandemic response has been the utilization of health extension workers, a network of community-level health providers established in 2003. Health extension workers bring quality care and information to localities across the country, overcoming the geographic and logistical barriers that prevent many rural communities from regularly accessing healthcare. To respond to the COVID-19 pandemic, Ethiopian officials mobilized nearly 1,500 health extension workers to conduct COVID-19 screenings, educate community members, and advocate for COVID-19 prevention methods.<sup>vi</sup> This effort has significantly added to the country’s success in enhancing health equity.

## Addressing challenges in the national response to COVID

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Despite these encouraging findings from the self-assessment exercise, Collaborative members from Ethiopia identified significant challenges in the national response to COVID namely: poor vaccination coverage due to low supply demand and vaccine hesitancy; inconsistent multisectoral engagement and coordination of the response; competing government priorities. In December 2021, the team organized a learning session with pandemic response experts from other low-and-middle-income countries to identify solutions to these challenges. Dr. Jaleela Jawad Sayed, CEO of Primary Healthcare in the Supreme Council of Health of the Kingdom of Bahrain; Dr. Stephen Muleshe, Head of the Department of Intergovernmental Relations at the Ministry of Health in Kenya; and Dr. Madan Gopal from NITI Aayog in India shared insights from their country’s coordination of the response to COVID based on the following questions:

- How is the ministry or department of health convincing the population to get vaccinated?
- How is your country addressing vaccine hesitancy?
- How is your country ensuring effective and efficient multisectoral collaboration between government institutions?
- How can we improve poor compliance to non-pharmaceutical interventions (NPI)?

Insights from the peer learning session are shared below.

### Addressing vaccine hesitancy and improving vaccination coverage

According to the WHO, 10,975,026 vaccine doses have been administered in Ethiopia as of February 2, 2022.<sup>vii</sup> Low demand and vaccine reluctance are severely hindering efforts to immunize Ethiopians. An e-survey, conducted from February to March 2021 among 1184 Ethiopian residents aged 18 and above, revealed that only 31.4% of respondents were willing to get a vaccine.<sup>viii</sup> This number excludes people living in rural areas, which make up an estimated 80% of Ethiopia’s population,<sup>ix</sup> and urban residents who do not have internet access, so it is alarming. During the Collaborative-led session in December 2021, pandemic response experts from other countries encouraged Ethiopia to organize a national media campaign and develop a hotline to disseminate timely and accurate information as it is done in the Kingdom of Bahrain. The government of Bahrain, which values transparency and data-driven decision-making greatly in its national response, also uses a “COVID-19 alert level traffic light system” on the Ministry of Health’s website to share information with the population.<sup>x</sup> A mobile app was created in India and the Kenyan government is organizing social media campaigns to sensitize the population and debunk myths. Additionally, civil servants are mandated to get vaccinated.

### Ensuring effective and efficient multisectoral collaboration between government institutions

In the early days of the pandemic, Ethiopia's strong political commitment to and leadership of the COVID-19 response helped facilitate a national multisectoral response. The Collaborative's Ethiopia team mentioned plans to cascade the model to the regional state-level to harmonize the response to COVID-19 that were deprioritized with the onset of the political, security, and humanitarian crisis in the summer of 2021.

### **Addressing the challenge of resource misutilization**

Ethiopian pandemic response leaders remarked on instances where funds for the response to COVID were diverted for the response to the humanitarian crisis in recent months. They are concerned about the long-term effects of this practice and sought advice from peers. To address resource scarcity and prevent misutilization of resources, India is using existing digital health tools and health system structures. In Kenya, the private sector was enlisted to set up a basket fund for procurement of vaccines and a budgeting subcommittee of the COVID-19 taskforce monitors the budget and usage of funds.

### **Improving citizen compliance to non-pharmaceutical interventions (NPI)**

Compliance to NPI, including social distancing measures and requirements to wear masks in public areas, is imperative in countries facing challenges to vaccinate their population. In Ethiopia, there is poor adherence to directives on NPI use. Since the Ministry of Health is not an enforcement agency, the Attorney General's Office, the Police, and the Ministry of Peace have been called upon to enforce the directives.

More insights on the response to COVID-19 in LMIC, including lessons learned from Ethiopia, were synthesized in the Collaborative's final report: "National Coordination of Multi-sectoral and Multi-level Pandemic Response Collaborative: A Synthesis of Shared Learning."

## **Conclusion**

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Ethiopia is prepared to respond to COVID: a national task force headed by the Deputy Prime Minister coordinates the national response to COVID; epidemiological data is regularly collected, analyzed, and disseminated; and public health directives are updated in response to the different stages of the pandemic. In 2021, pandemic response leaders were primarily concerned with vaccine deployment and multisectoral collaboration between institutions. The Ethiopia team of the Collaborative identified best practices and action areas to increase vaccine demand and access, combat vaccine hesitancy, ensure efficient and effective coordination of the national and sub-national response to COVID in joint problem solving and experience sharing session with peers from Bahrain, Kenya, and India. Following the session, Ethiopia is encouraged to continue leveraging resources from LMIC to improve its response to the current pandemic and better prepare its health system and government preparedness to manage future public health crises.

## Acknowledgements & About the Collaborative

The National Coordination of Pandemic Responses Collaborative is an initiative of the Joint Learning Network for Universal Health Coverage (JLN) and the Health Systems Strengthening Accelerator project to foster experience sharing and collaborative learning around the challenges and successes with managing central coordination of a national response to the COVID-19 pandemic. In the first phase of activities, between December 2020 and April 2021, the Collaborative facilitated cross-country exchanges on what has worked and not worked as well with multisectoral teams from Bahrain, Bangladesh, Ethiopia, Kenya, Indonesia, Mongolia, Nigeria, and Senegal. In the second phase, between July 2021 and January 2022, participating countries (Bangladesh, Ethiopia, and Kenya) applied learning from the first phase and drew on support from peers (the Collaborative's Community of Learners) to address specific challenges in their national response to COVID-19.

The technical facilitation team of the Collaborative acknowledges contributions from Ethiopia's multisectoral team, Mr. Melaku Abebe, Dr. Beza Aseffa, Dr. Wondwossen Eshetu and Dr. Abnet Zeleke, and members of the Community of Learners including the Exemplars in Global Health (EGH) program in drafting this case study.



<sup>i</sup> Ethiopia - Country Profiles – 2021. African Development Bank Group.

<https://www.afdb.org/en/documents/ethiopia-country-profiles-2021>

<sup>ii</sup> WHO Health Emergency Dashboard - COVID-19 Homepage. <https://covid19.who.int/region/afro/country/et>

<sup>iii</sup> Hannah Ritchie, Edouard Mathieu, Lucas Rodés-Guirao, Cameron Appel, Charlie Giattino, Esteban Ortiz-Ospina, Joe Hasell, Bobbie Macdonald, Diana Beltekian and Max Roser (2020) - "Coronavirus Pandemic (COVID-19)". Published online at OurWorldInData.org. Retrieved from: '<https://ourworldindata.org/coronavirus>' [Online Resource]

<sup>iv</sup> Lanyero B, Edea ZA, Musa EO, et al. Readiness and early response to COVID-19: achievements, challenges and lessons learnt in Ethiopia. *BMJ Global Health* 2021;6: e005581. doi:10.1136/bmjgh-2021-005581

<sup>v</sup> Ethiopian Public Health Institute. Directive No. 803 /2021 - The revised directive to provide for the prevention and control of the COVID-19 pandemic. August 2021.

<sup>vi</sup> Health Extension Workers mobilized to fight COVID-19 in Ethiopia. (2020). Unicef.org.

<https://www.unicef.org/ethiopia/stories/health-extension-workers-mobilized-fight-covid-19-ethiopia>

<sup>vii</sup> WHO Health Emergency Dashboard - COVID-19 Homepage. <https://covid19.who.int/region/afro/country/et>

<sup>viii</sup> Belsti Y, Gela YY, Akalu Y, Dagnaw B, Getnet M, Abdu Seid M, Diress M, Yeshaw Y, Fekadu SA. Willingness of Ethiopian Population to Receive COVID-19 Vaccine. *J Multidiscip Healthc.* 2021; 14:1233-1243

<https://doi.org/10.2147/JMDH.S312637>

<sup>ix</sup> Ethiopia - Country Profiles – 2021. African Development Bank Group.

<https://www.afdb.org/en/documents/ethiopia-country-profiles-2021>