

# COVID-19 Preparedness and Response

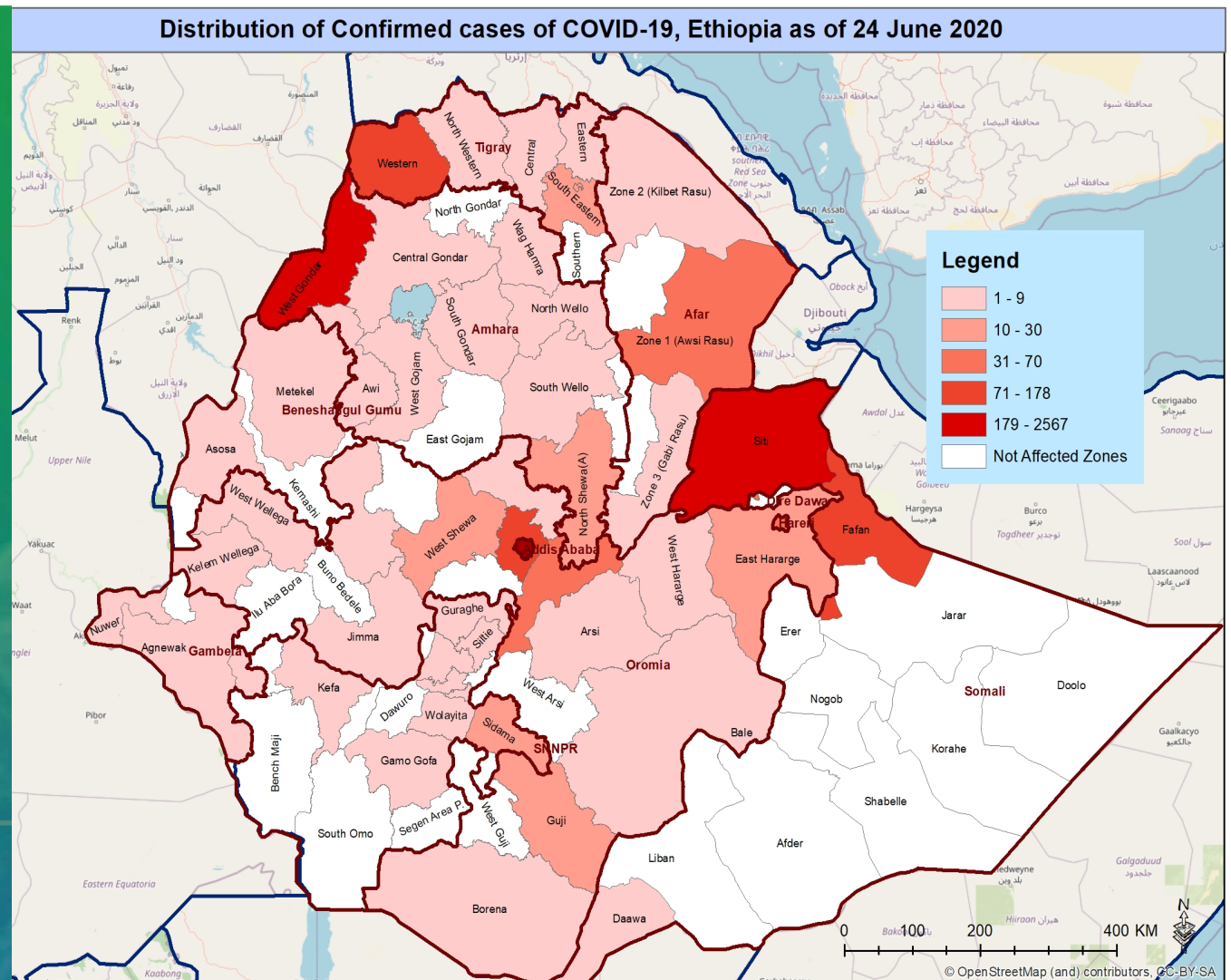
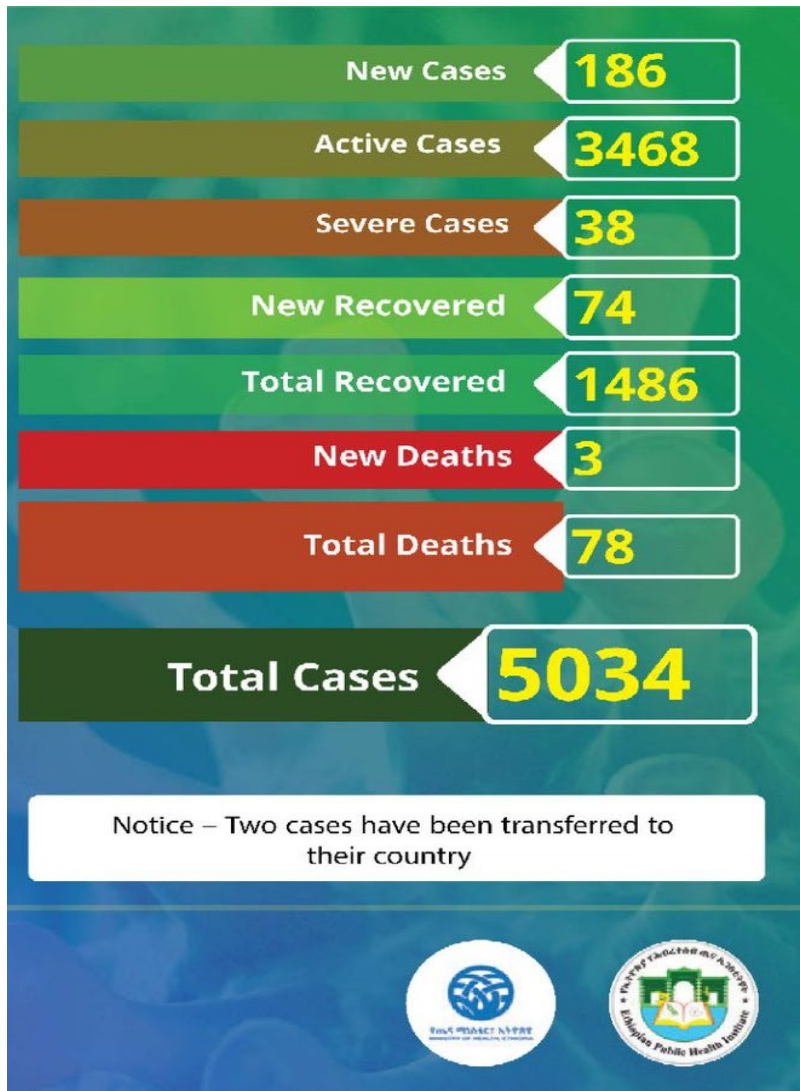


**Ethiopia's Experience**

25 June 2020



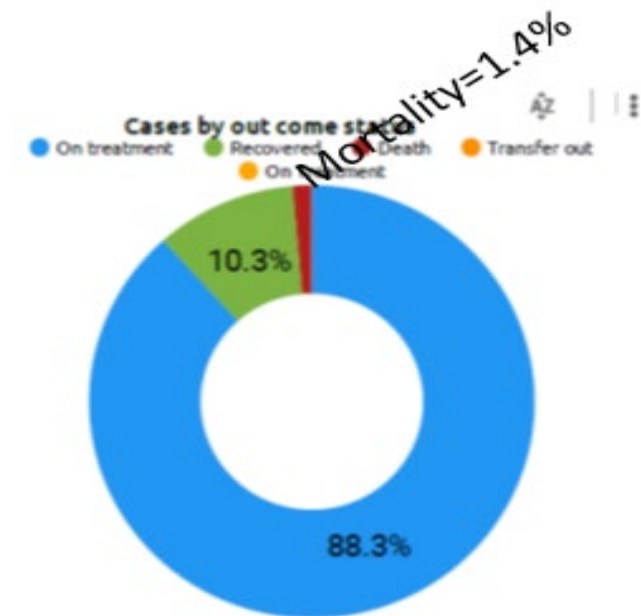
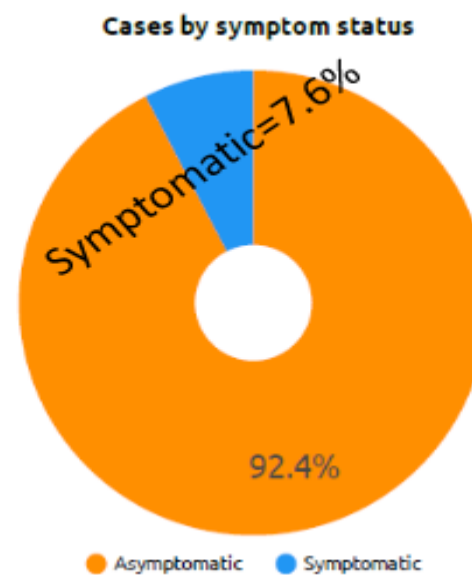
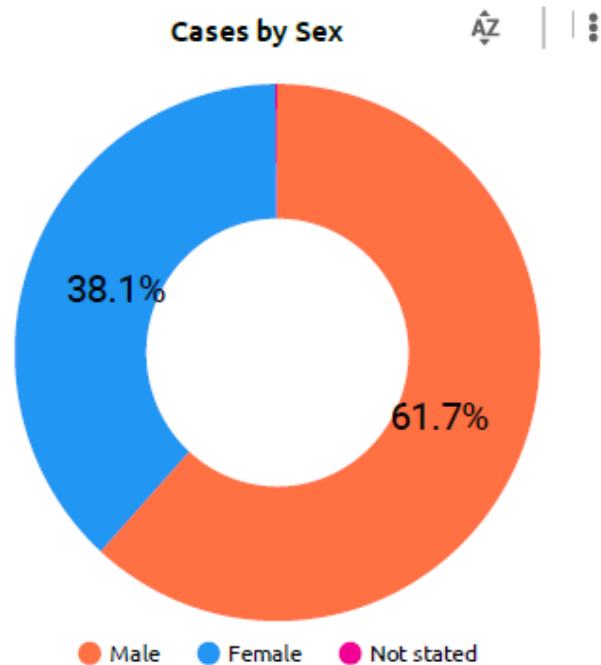
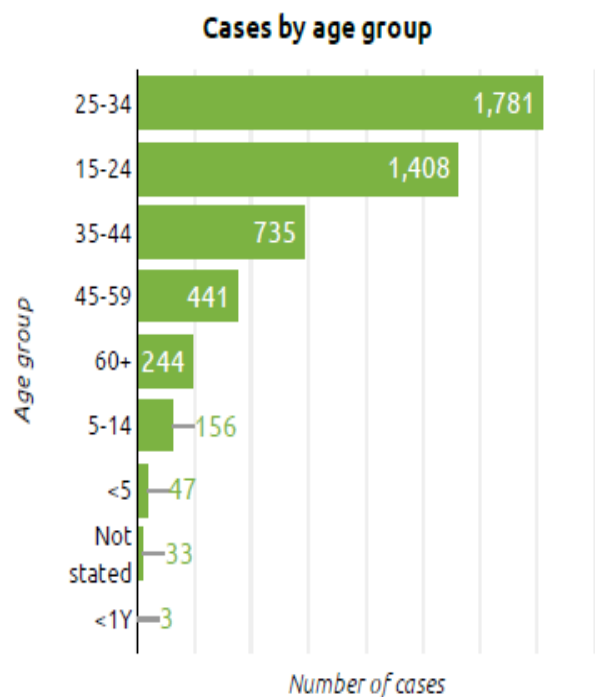
# Current Status as of 24 June 2020





# Current Status----2

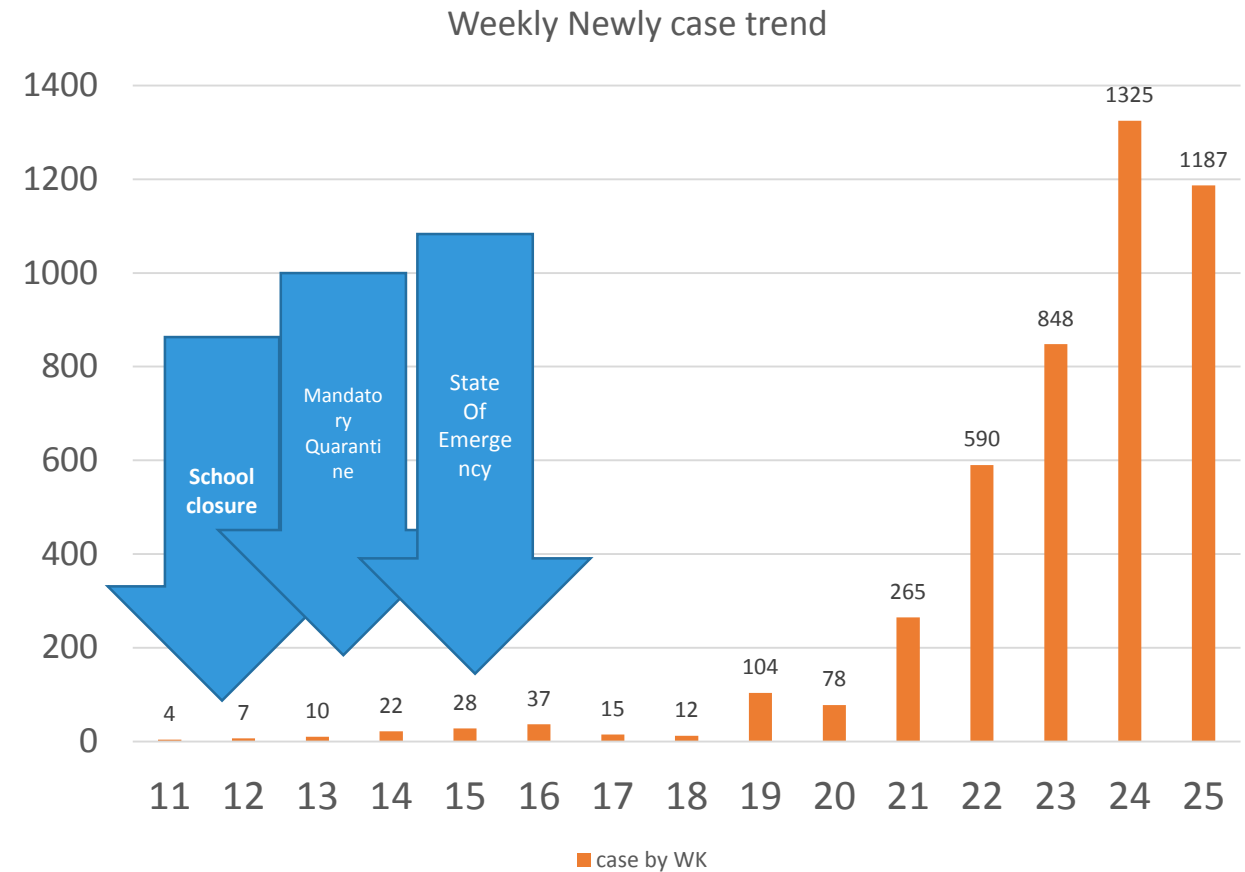
Age, sex, Status of Symptoms, of the cases so far





# Measures

- On January 27, 2020; Public Health Emergency Operating Center activated and Point of Entry screening started (on 24<sup>th</sup> POE)
- February 29, 2020; National Ministerial COVID Task Team was established
- March 13 2020; first COVID case was found
- March 16 2020; first round of measures (School Closure, restriction of public gathering, Social Distancing, )
- March 23, 2020; Mandatory 14 days quarantine put in place
- April 8, 2020; State of Emergency Declared (no lock down, but enhanced NPI measures)

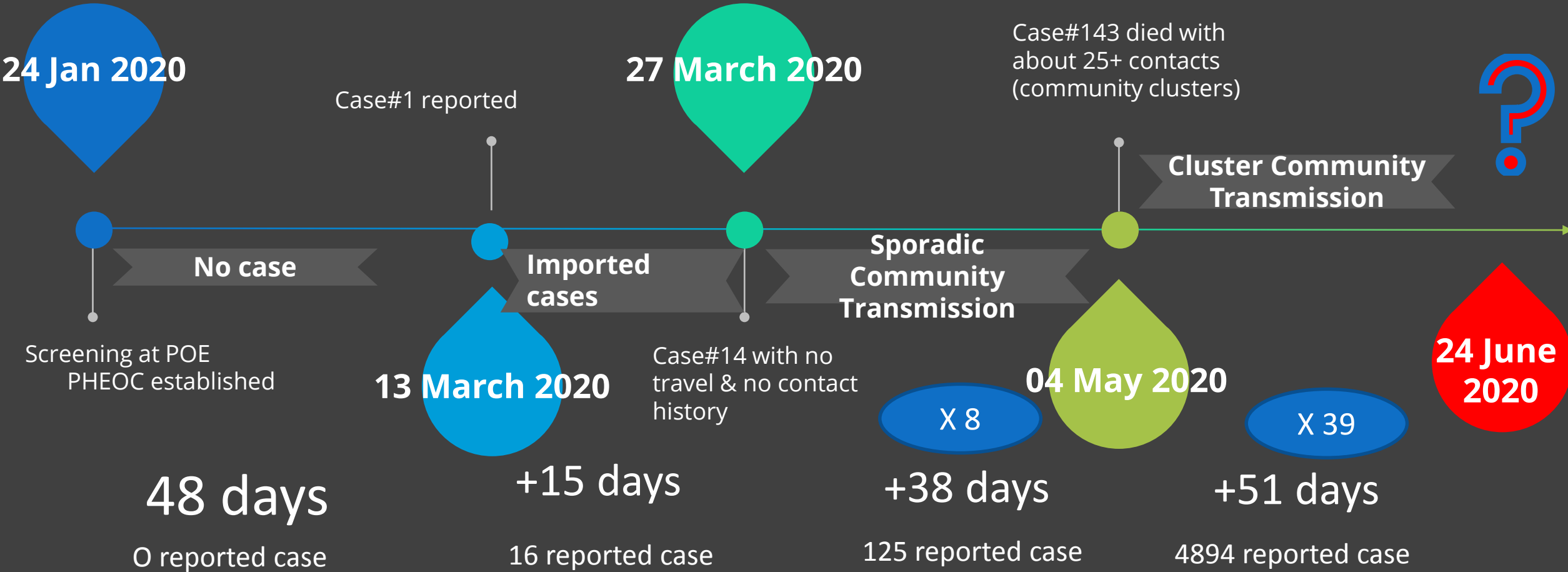


## Public health measures:

- Detection, Isolate and treat
- Contact Tracing (34695 contacts & 752 positives (as of 24<sup>th</sup> June)

# COVID-19 Phases in Ethiopia

24 January 2020 – 24 June 2020





# Response Structure

## Whole Of Government and Whole of Society

- Ministerial Committee:
  - National Ministerial COVID-19 Committee (Chaired by H.E. Prime Minister)
  - Ministerial Logistics Sub Committee
  - Measures enforcement and preparedness sub committee
  - Economic impact reduction Sub Committee
  - Resource Mobilization sub committee
  - Health sub committee
  - Communication sub committee
  - Relevant other sub task force
- Professional Advisory Council
  - 12 professional associations
  - Diaspora advisory team
  - UN-Expatriate teams
- Private Sector and Health Population & Nutrition (HPN) Engagement

## Main EOC pillars (Professional Advisory Council teams aligned with the pillars)

- Surveillance and contact tracing
- Risk communication, social mobilization & community engagement
- Facility readiness and clinical case management
- Mental health and psychosocial support
- Medical equipment, pharmaceuticals and supplies and logistics
- Infection prevention and control
- Epidemiology and evidence synthesis



# Facility Readiness

- 46953 beds in 126 Quarantine centres
- 17169 beds in 345 isolation centres
- 13819 beds in 79 treatment centres

## Millennium Makeshift Hospital

The largest public gathering hall in Addis Ababa is transformed to a temporary hospital



381 ICU beds &  
273 Mechanical Ventilator

EKA Kotebe: New hospital fully designated to COVID



St. Paul: Existing facility designated facility COVID19

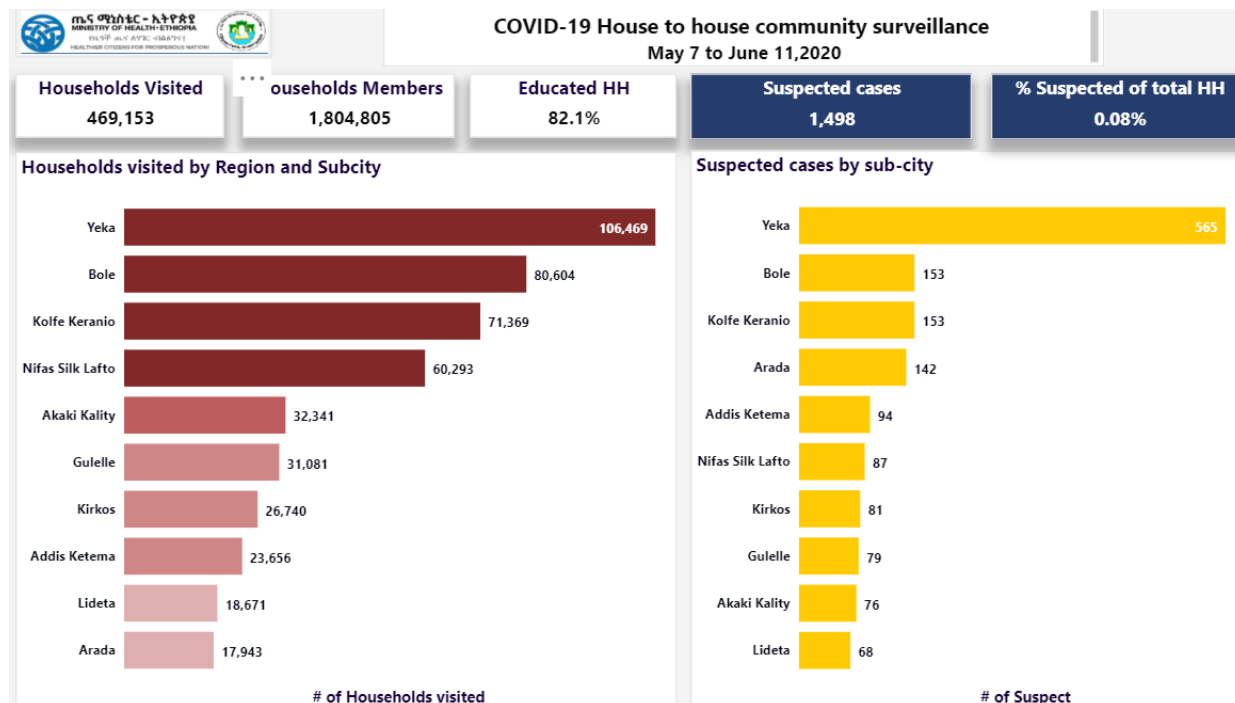
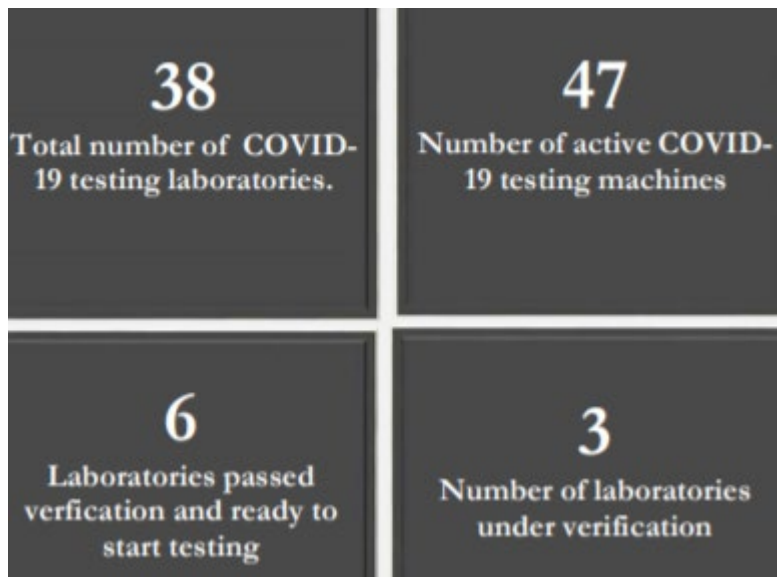




# Testing Capacity and community mobilization

- In-country COVID-19 testing started on 8th February 2020
- The **first** batch of test kits for 100 tests were received from WHO on 05 Feb 2020
- 227,375 tests as of 23<sup>rd</sup> June (4<sup>th</sup> in Africa)
- Serology (research & surveillance ...)

- Conducted two rounds of community wide house to house screening and testing covering 1.8 million residents in Addis Ababa (supported by tablets)
- Similar efforts in all regions (30K tablets being distributed)
- Transparency with public (daily report, press conferences, Q&A on social media ...)

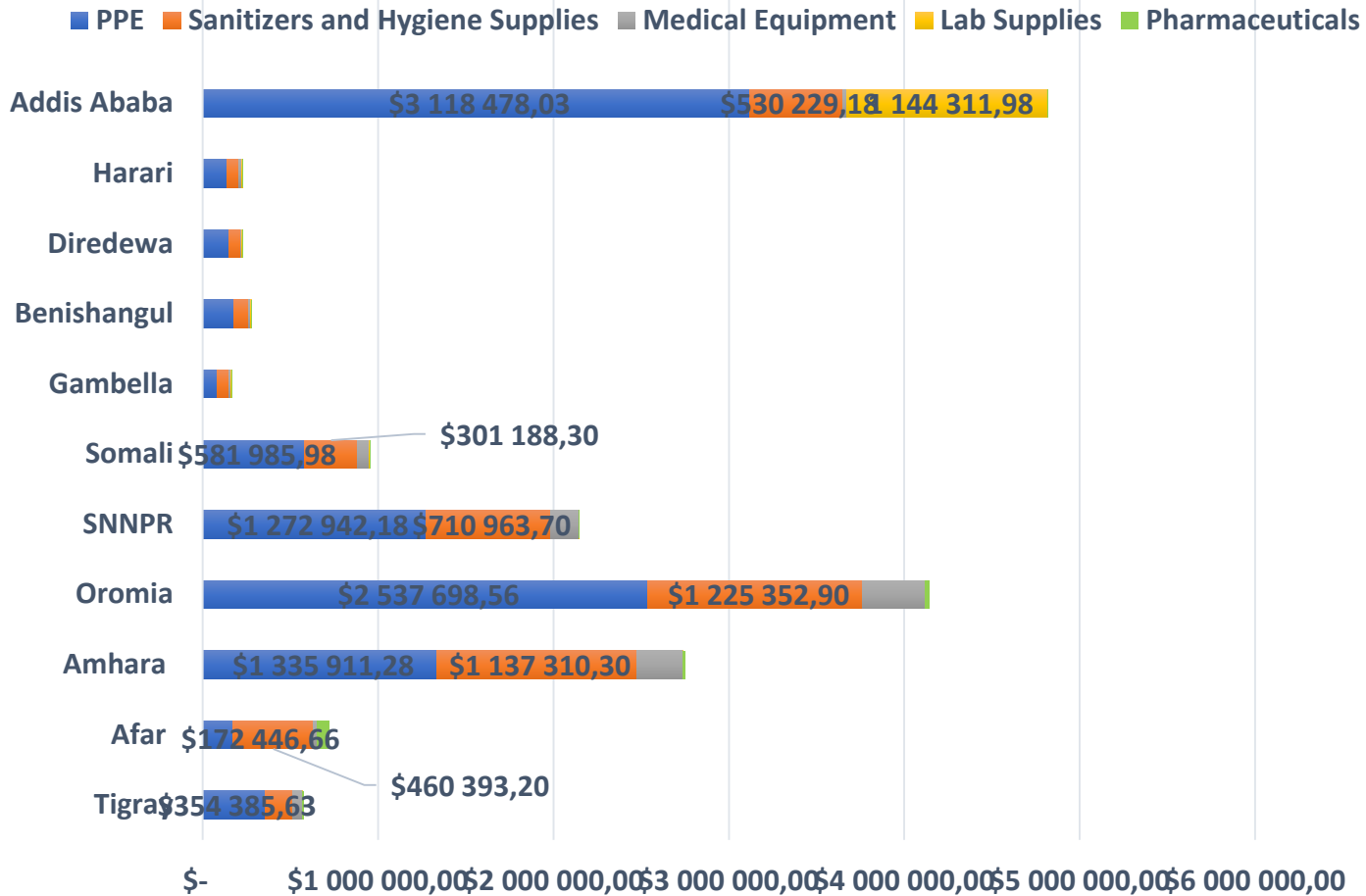




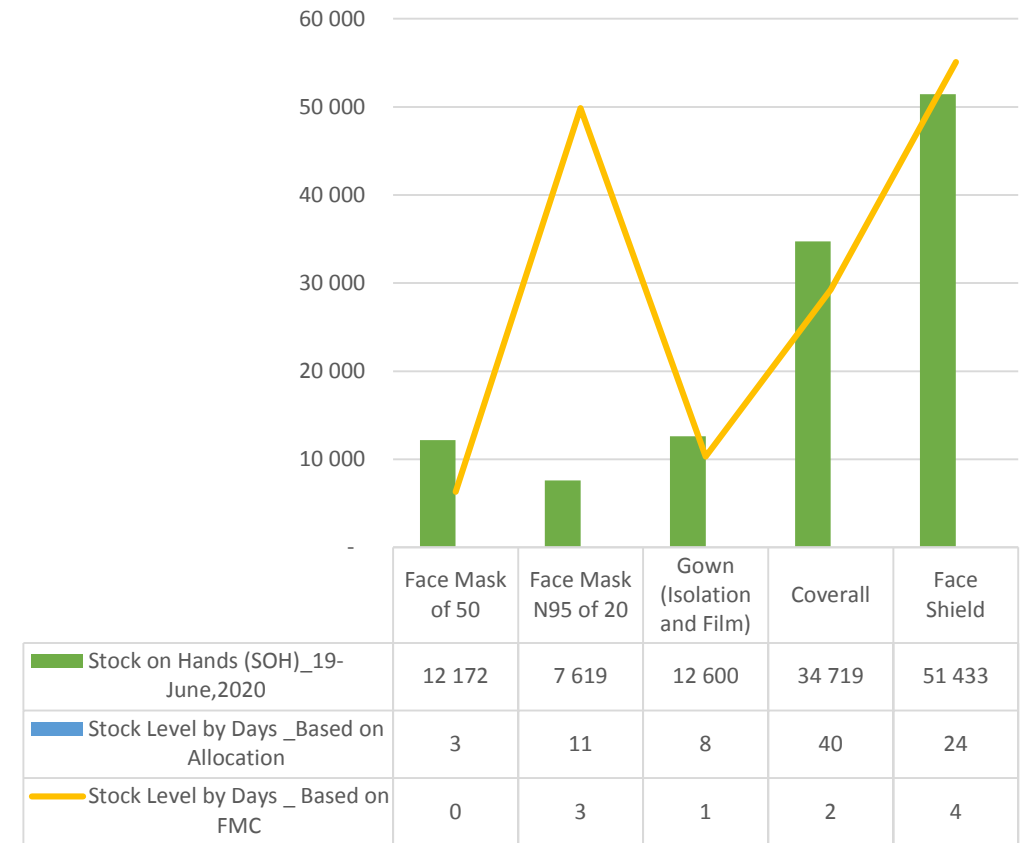


# Logistics

## Distribution of Supplies by a Commodity Group



## Month of Stock for Fast Moving PPEs\_23 June 2020





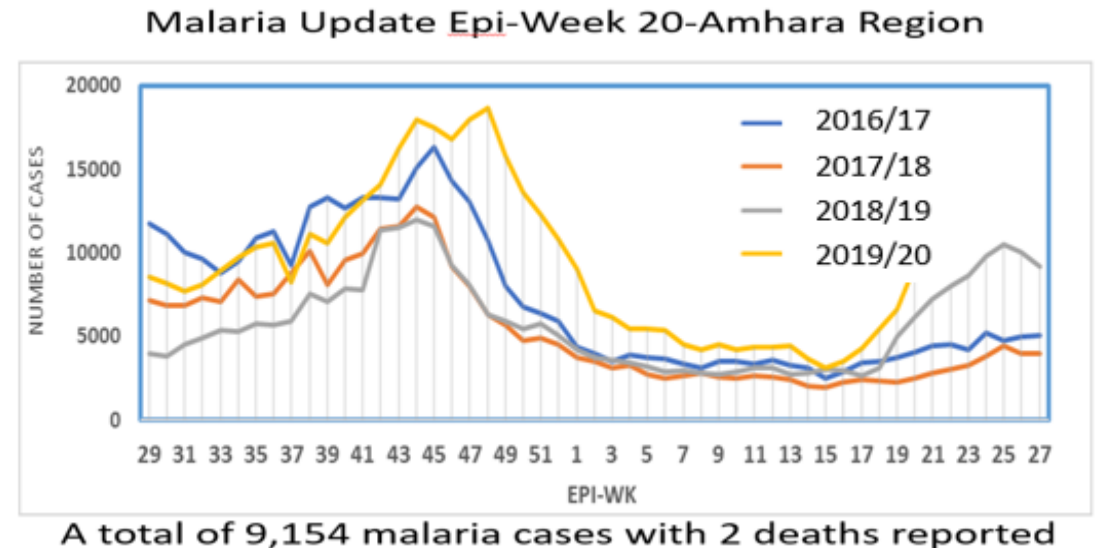
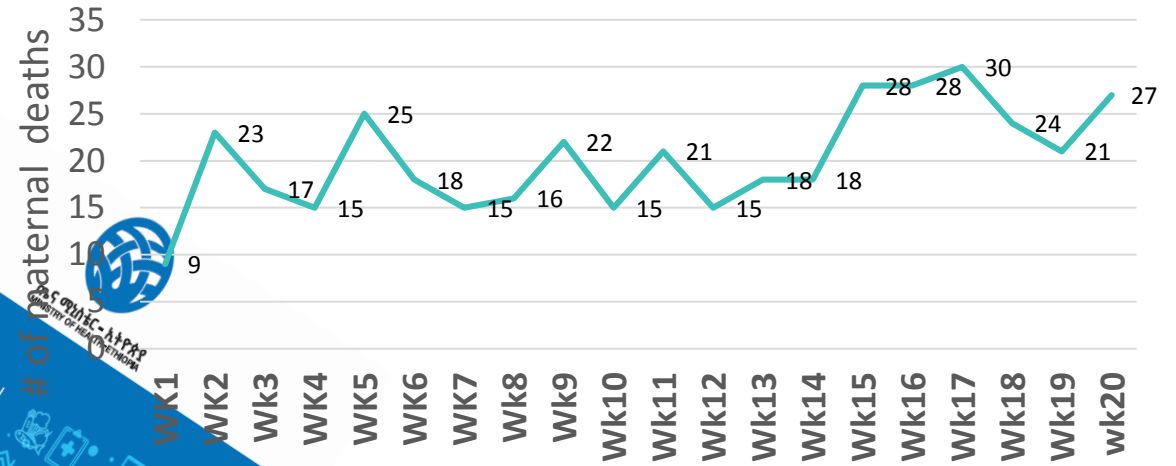
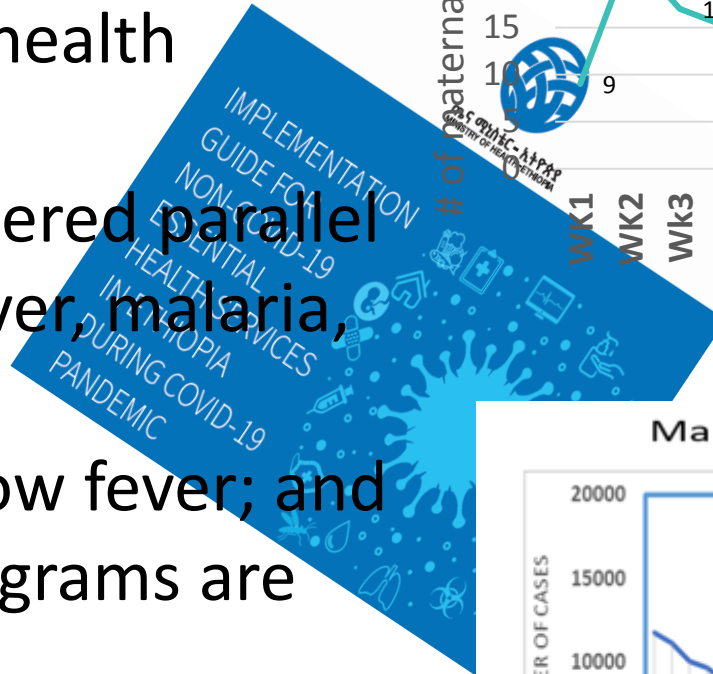
# Global Solidarity

- PM Abiy-Jack Ma initiatives to all African Countries
- COVID-19 Response Air Hub (WHO, UNFP and UNOCHA) supported by Government of Ethiopia
- Ethiopian airlines (repurpose to fly travelers to their homes and cargo services for COVID-19 commodities)
- Resource mobilization (many countries showed solidarity)
- Cross border collaboration: Ethio-Djibouti collaboration



# Ensuring Continuity of Essential Health Services

- Continuous follow up and monitoring is conducted to avoid disruption of essential health services
- So far we have encountered parallel outbreaks of Yellow fever, malaria, Measles, Cholera
- 30K vaccinated for yellow fever; and routine vaccination programs are functioning well
- Financial and technical support was provided for Regional and Sub Regional levels





## Major Challenges

- Concern on being overwhelmed VS isolation and treatment non-health facility options (Dilemma)
- High influx of returnees leading to overcrowding of quarantine facilities with inadequate IPC/WASH + existing refugees (>750K\*)
- Additional PPE needs from continuity of Essential Health services
- Public adherence to public health and social measures adopted to curb further spread
- Reliable supply of test kits and related consumables
- Many request on serology test by different stakeholders
- Parallel outbreaks demanding more resources
- Financial constraints

Thank YOU!