COVID-19 Preparedness and Response

Ethiopia’s Experience

25 June 2020
Current Status as of 24 June 2020

**New Cases**: 186
**Active Cases**: 3468
**Severe Cases**: 38
**New Recovered**: 74
**Total Recovered**: 1486
**New Deaths**: 3
**Total Deaths**: 78

**Total Cases**: 5034

Notice – Two cases have been transferred to their country.
Current Status----2

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

- **Cases by age group**
  - 25-34: 1,781
  - 15-24: 1,408
  - 35-44: 735
  - 45-59: 441
  - 60+: 244
  - 5-14: 156
  - <5: 47
  - Not stated: 33
  - <1Y: 3

- **Cases by Sex**
  - Male: 61.7%
  - Female: 38.1%
  - Not stated: 0%

- **Cases by symptom status**
  - Asymptomatic: 92.4%
  - Symptomatic: 7.6%

- **Cases by outcome status**
  - Recovered: 88.3%
  - On treatment: 10.3%
  - On ventilator: 0.3%
  - Transfer out: 1.0%

- **Mortality**: 1.4%
Measures

• On January 27, 2020; Public Health Emergency Operating Center activated and Point of Entry screening started (on 24th 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 24th June)
Case #143 died with about 25+ contacts (community clusters)

Case #14 with no travel & no contact history

24 January 2020 – 24 June 2020

Sporadic Community Transmission

Cluster Community Transmission

COVID-19 Phases in Ethiopia

Screening at POE PHEOC established

Case #1 reported

16 reported case

13 March 2020

+15 days

Imported cases

27 March 2020

Sporadic Community Transmission

04 May 2020

+38 days

125 reported case

+51 days

4894 reported case

24 June 2020

48 days

0 reported case

X 8

X 39
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

- 46,953 beds in 126 Quarantine centres
- 17,169 beds in 345 isolation centres
- 13,819 beds in 79 treatment centres

Millennium Makeshift Hospital

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

EKA Kotebe: New hospital fully designated to COVID

St. Paul: Existing facility designated facility COVID19

381 ICU beds & 273 Mechanical Ventilator
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\textsuperscript{rd} June (4\textsuperscript{th} 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 ...)

![COVID-19 House to house community surveillance chart]

- **Suspected cases**: 1,498
- **% Suspected of total HH**: 0.08%
Distribution of Supplies by a Commodity Group

- **PPE**
- **Sanitizers and Hygiene Supplies**
- **Medical Equipment**
- **Lab Supplies**
- **Pharmaceuticals**

**Addis Ababa**
- $3,188,478.03
- $300,229.18
- $144,311.98

**Harari**
- $581,985.98

**Diredewa**
- $1,272,942.18
- $710,963.70

**Benishangul**
- $2,537,698.56
- $1,225,352.90

**Gambella**
- $1,335,911.28
- $1,137,310.30

**Somali**
- $1,335,911.28
- $301,188.30

**SNNPR**
- $1,272,942.18
- $1,225,352.90

**Oromia**
- $2,537,698.56
- $1,225,352.90

**Amhara**
- $1,137,310.30

**Afar**
- $172,446.56

**Tigray**
- $354,385.63
- $460,393.20

Stock on Hands (SOH) _19-June,2020_

<table>
<thead>
<tr>
<th>Commodity Group</th>
<th>Stock Level by Days _Based on Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Mask of 50</td>
<td>12 172</td>
</tr>
<tr>
<td>Face Mask N95 of 20</td>
<td>7 619</td>
</tr>
<tr>
<td>Coverall Gown (Isolation and Film)</td>
<td>12 600</td>
</tr>
<tr>
<td>Stock Level by Days _Based on FMC</td>
<td>3 11 8 40</td>
</tr>
<tr>
<td>Face Shield</td>
<td>51 433</td>
</tr>
</tbody>
</table>

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!