

Finding the Balance: Public health and social measures in Ethiopia

This report describes findings from a telephone survey with 1,651 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by Ethiopian Public Health Association Institutional Review Board to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the [first](#), [second](#) and [third](#) reports).

What are the highlights from this report?

Situational Awareness

Ethiopia has faced two severe waves of COVID-19 since the February 2021 survey (in March and August). No new domestic PHSMs were introduced in response to either wave; however, enforcement of harsh penalties for violating ongoing measures [increased](#) in March 2021, and restrictions on travelers were [put in place](#) in August. Conflict in the northern regions has disrupted response efforts.

PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to individual PHSMs remained high and unchanged since February 2021, whereas support for and adherence to measures restricting gatherings and movement declined.

Information and Risk Perception

While COVID-19 was listed as a top concern by more than three in five respondents, it was eclipsed by concern over security/conflict — which three-quarters of respondents agreed was the most pressing issue facing Ethiopia — as the conflict between government forces and armed groups [intensified](#).

Vaccine Beliefs and Uptake

More than four in five respondents were vaccinated or likely to get vaccinated for COVID-19, on par with the Eastern regional average. The major driver for vaccine hesitancy among those who were unlikely to get vaccinated was misinformation, highlighting the importance of rumor tracking to combat false narratives about COVID-19 and the vaccine.

Secondary Burdens

Income loss due to the pandemic continues to be a problem for respondents in Ethiopia, particularly those in urban areas. More respondents reported experiencing barriers to food access than in February, likely exacerbated conflict-related disruptions. The most vulnerable populations in [conflict zones](#), who are at greater risk of food insecurity, are likely underrepresented in this survey.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	3%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	6,518,550
Cumulative incidence per 100,000 people	303
Total reported cases	348,669
Total confirmed COVID-19 deaths	5,722

Data source: Africa Centres for Disease Control and Prevention

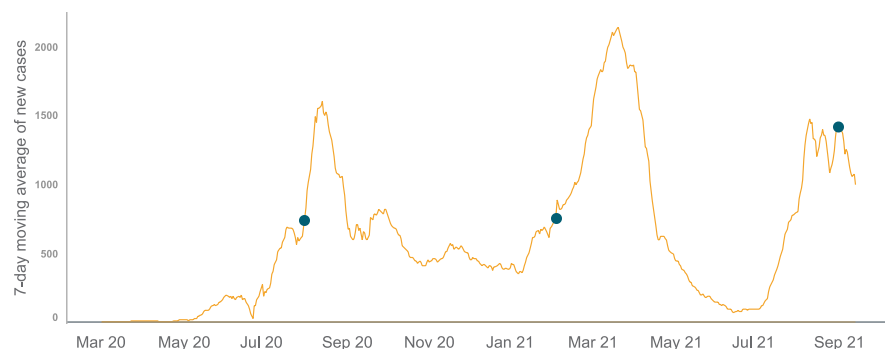
What are the key trends from this survey?

Despite successive waves of COVID-19, personal risk perception and support for PHSMs restricting gatherings and movement declined, likely due to other conflicting concerns/priorities.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	89%	↓ 76%	↓ 64%
Personal risk perception	35%	→ 32%	↓ 25%
Satisfaction with government response	81%	↓ 76%	↑ 84%
Vaccinated/likely to get vaccinated	*	76%	↑ 82%
Income loss since pandemic start	62%	→ 65%	→ 65%

* Vaccines were unavailable at the time of the survey

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



Situational Awareness

What is the situational context influencing COVID-19 response?

Note: The people most affected by ongoing conflict in northern Ethiopia were not likely included in the survey sample. Demographic breakdowns from these regions show that no respondents were in Tigray (although this does not include Tigrayans who may have relocated to other regions), 2% were in Afar and 25% were in Amhara. In addition, compared to the February 2021 survey, a smaller share of survey respondents reported being in the high household income category (1% in September vs. 27% in February), which may affect trends in survey measures over time.

Ethiopia experienced its second and most severe wave of COVID-19 transmission in March 2021, peaking in early April when new cases reached more than 2,100 per day (compared to about 1,500 per day at the peak of the first wave in September 2020). New cases began to fall in late April, with only a short reprieve before a third wave of transmission began in late July 2021, peaking August at about 1,400 new cases per day, and remained high until early October. Test positivity at both peaks was between 17% and 25%, indicating that many cases were going undetected.

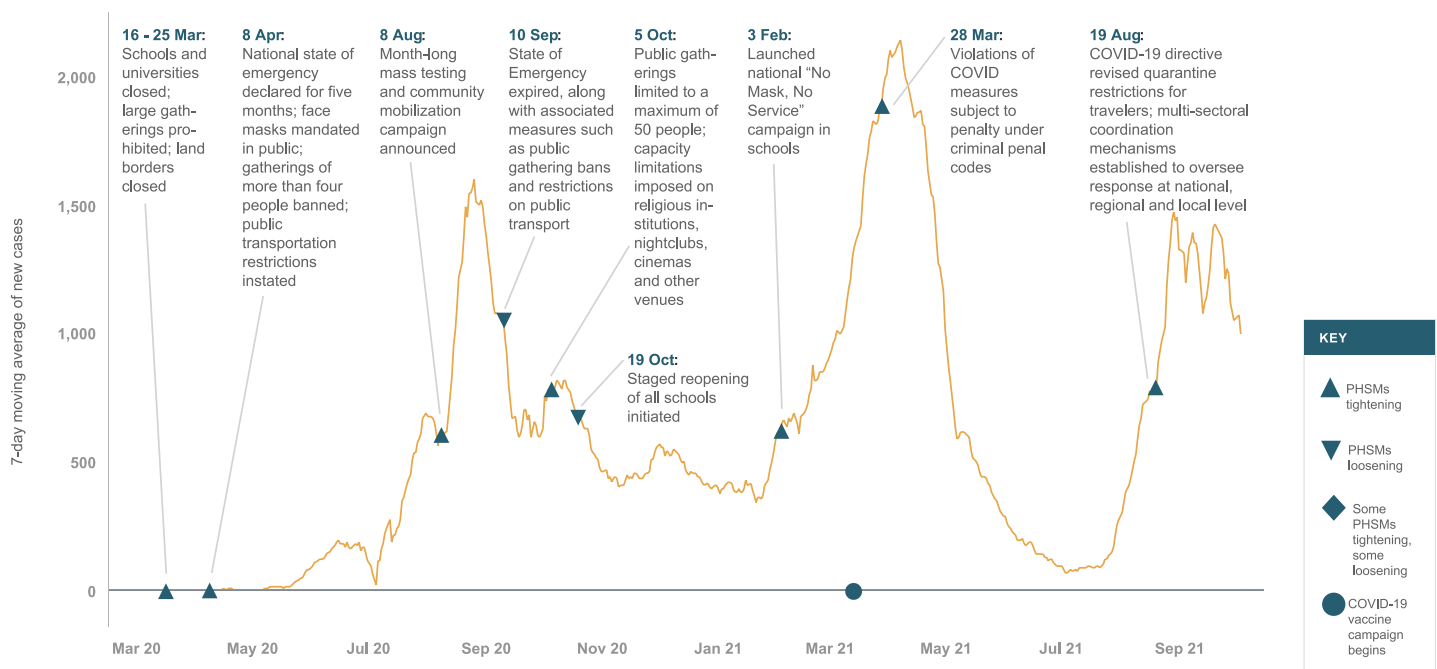
Although there were more reported cases during the March 2021 surge, there were substantially more reported deaths from COVID-19 during the peak of the wave in August. Reported new deaths reached more than 45 per day – the most in Ethiopia since the beginning of the pandemic. Ethiopia was facing a “code red” oxygen shortage, which may have affected its capacity to treat severe COVID-19 patients. The Delta variant was [officially detected](#) in Ethiopia in early September 2021 (although may have been circulating earlier, undetected due to [shortages](#) of reagents for sequencing) and likely contributed to the surge that same month, as did [diminishing adherence](#) to prevention guidelines.

[Enforcement](#) of harsh penalties for violations against existing measures – such as mandatory mask-wearing and capacity limitations on public gatherings – increased in response to the March 2021 surge. In August, the [COVID-19 legal directive](#) was revised to both enhance quarantine measures for travelers and establish a mechanism to better coordinate national, local and regional response efforts.

COVID-19 vaccination [began](#) in Ethiopia in March 2021, with donated AstraZeneca vaccines; as of October, other vaccines in use include Sinopharm, Johnson & Johnson and Pfizer/BioNTech (although the latter had not yet been administered as of the fielding of this survey). Priority was given to [health care workers and the elderly](#), and in September was expanded to include [all adults](#). As of October 2021, only about 5% of the total population in Ethiopia had been vaccinated.

The intensifying conflict between the Ethiopian government and armed groups in the north has internally [displaced](#) 2.2 million people, and tens of thousands have [fled](#) to overcrowded refugee camps in Sudan. For those who remain in the region, the violence has created [increasingly difficult](#) and [dangerous](#) living conditions, and humanitarian aid has been [disrupted](#). [Targeted attacks](#) on health facilities in Tigray, [Amhara and Afar](#) threaten access to essential medical care for COVID-19 and other health conditions.

Ethiopia experienced its most severe wave of COVID-19 in March 2021, followed by a smaller surge in August. Few new measures were implemented in response.



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

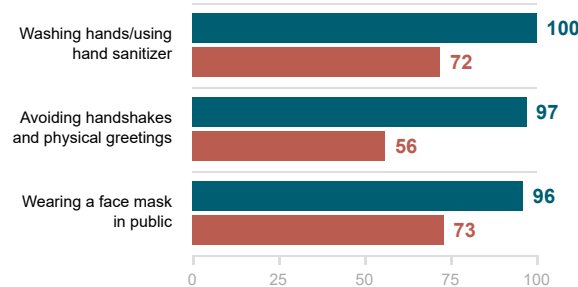
While support for and self-reported adherence to individual PHSMs remained unchanged since February 2021, support for and self-reported adherence to measures restricting social gatherings and movement decreased dramatically — continuing a declining trend since August 2020. Self-reported adherence to all measures was substantially lower among respondents in Ethiopia than those in other surveyed Member States in the Eastern region. Few PHSMs remain in place, likely accounting for some of these findings.

- Support for and self-reported adherence to avoiding places of worship decreased substantially since February 2021 (by 26 and 13 percentage points, respectively). Along with other factors, including waning risk perception, the concentration of major religious holidays in the interim between surveys may have contributed to the decline in adherence (especially as more than four in five respondents reported religion as one of their most important identities). [Fasika](#) (Orthodox Easter) is celebrated by approximately 50% of the population; it was [observed](#) in May with vigils and special church services. Eid al-Fitr was also [celebrated](#) around the same time with mass gatherings and prayer among Ethiopia's Muslim population. Other holidays, including [Eid al-Adha](#) in July, were also observed.

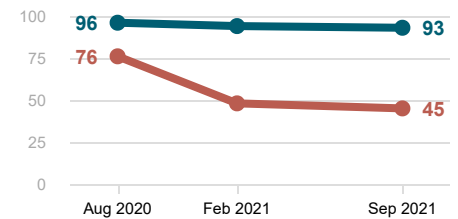
Individual measures

Support for individual measures remained consistently high among respondents in Ethiopia, and was higher than in any other surveyed Member State. Self-reported adherence, however, was 10 percentage points below the survey-wide average (55%).

Support for and adherence to each individual measure in Sep 2021



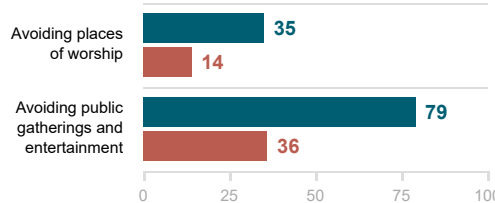
Trend in support for and adherence to all individual measures (composite score)



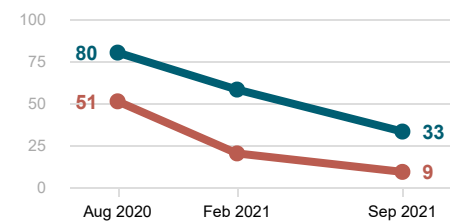
Measures restricting social gatherings

Self-reported adherence to measures restricting social gatherings — and in particular, avoiding places of worship — was lower among respondents in Ethiopia than in any other surveyed Member State. Some religious leaders have [called on](#) congregants to visit churches and mosques for mass prayer.

Support for and adherence to each social measure in Sep 2021



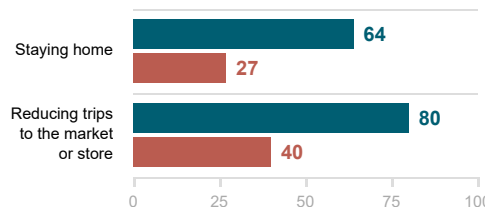
Trend in support for and adherence to all social measures (composite score)



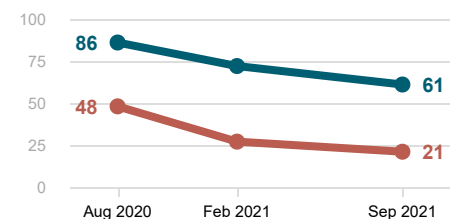
Measures restricting movement

Self-reported adherence to measures restricting movement decreased since February 2021, and was lower than the Eastern regional average (30%).

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



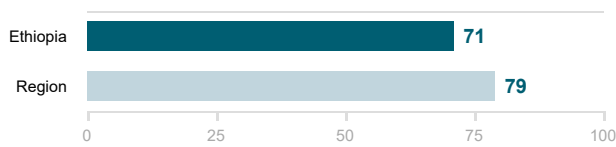
Information and Risk Perception

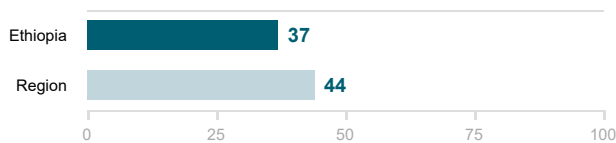
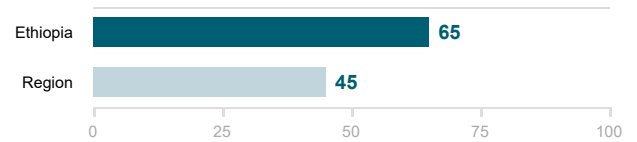
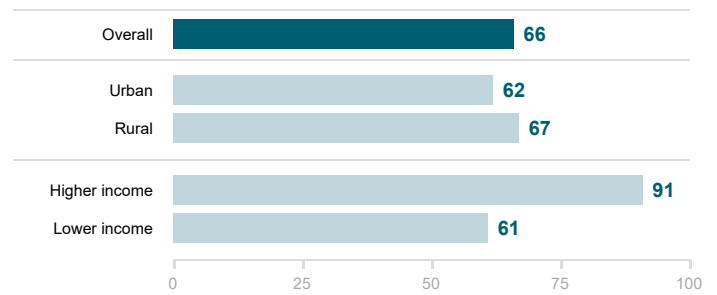
How do people understand risk?

What the data say

One-quarter of respondents in Ethiopia believed they were personally at high risk of contracting COVID-19, a decrease of seven percentage points since February 2021 (32%), and on par with the Eastern regional average (27%). However, three-quarters of respondents believed COVID-19 posed a threat to their country; furthermore, more people in Ethiopia believed COVID-19 was a top concern than in other surveyed Member States in the Eastern region (65% vs. 45% regional average).

- The overwhelming majority of respondents said that conflict and war was the top concern facing Ethiopia, which is unsurprising in light of the accelerating violence and insecurity in the north. Female respondents were generally more concerned about security (77%) than male respondents (70%), potentially connected to [reports](#) of violence against women in conflict zones.
- Access to employment was a top concern in Ethiopia among nearly two in five respondents. While Ethiopia is the fastest-growing economy in Africa, it [remains](#) one of the poorest, and restrictions caused by COVID-19 — in combination with other factors such as conflict in the north — have slowed economic progress. The national unemployment rate remains low (although it did [increase](#) as a result of the pandemic), but is highly variable by region. Major urban centers — including Addis Ababa — [reported](#) unemployment rates of up to 22%, compared to the national rate of about 3%; this is reflected in the PERC survey data, with more urban respondents than rural respondents citing access to employment as a top concern (43% vs. 35%).

How do people understand the risk of COVID-19?
71% believe that COVID-19 will affect many people in their country

25% believe that their personal risk of being infected with COVID-19 is high

37% believe that their health would be seriously affected by COVID-19

How concerned are people about COVID-19?
65% report COVID-19 as being a top concern

66% are anxious about resuming normal activities

The issues most concerning to people

Percentage of people reporting concern about a particular issue

Conflict/security/war	74%
COVID-19 pandemic	65%
Access to income/work/unemployment	37%

Information and Risk Perception

Whom do people trust?

What the data say

Satisfaction with the government’s response to the pandemic increased since February 2021 (76%), and was far higher than the Eastern regional average (84%); these findings may have been impacted by the composition of survey respondents, which largely excluded those who were most-affected by the conflict in the north. A milder wave of COVID-19 in September 2021, combined with few restrictive government-mandated PHSMs (which were not popular among respondents), may have contributed to these findings.

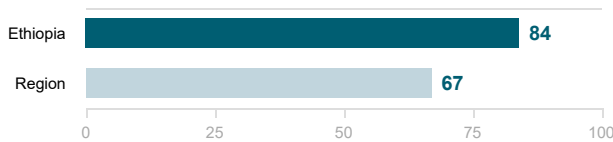
Health workers and local radio and television were the most trusted sources for information about the COVID-19 pandemic; these sources were also consulted most frequently (by 57%, 62% and 81% of respondents, respectively).

- In contrast, social media platforms — including Facebook, Twitter and WhatsApp — were the least trusted sources, with 20% or fewer respondents reporting trust in each. While Twitter and WhatsApp were consulted by a mere 3% of respondents, many more (32%) relied on Facebook to access information about the pandemic.
- Respondents in Ethiopia reported considerable trust in local religious leaders for information about the COVID-19 pandemic (73%), second only to Kenya (81%) among all surveyed Member States; however, far fewer respondents actually consulted this group for information about the pandemic (24%), suggesting a potentially untapped resource for future risk communication and community engagement activities.

What do people think about their country's institutions?

The top five most-trusted individuals and institutions in Ethiopia were all health- or government-related. The institutions primarily responsible for managing the national COVID-19 response — including the Ministry of Health (89%) and the National Public Health Institute (79%) — commanded high levels of trust, unchanged since February 2021.

84% are satisfied with the government's pandemic response



Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

Hospitals/health centers	90%
Ministry of Health	89%
The President	82%

Do people believe accurate information?

Respondents in Ethiopia were well-informed about asymptomatic COVID-19 transmission (88%) and the efficacy of mask-wearing and hand-washing to prevent disease transmission (both 97%), demonstrating some of the highest knowledge of these topics across surveyed Member States in the Eastern region. In addition, fewer respondents in Ethiopia reported the belief that health care workers (30%) and those who have recently recovered from COVID-19 (42%) should be avoided due to risk of infection than the Eastern regional averages (53% and 50%, respectively); still, a sizeable population did believe these stigmatizing narratives, and may benefit from targeted risk communication and community engagement using trusted sources of information, including local media.

Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Local television	85%
Health center/health workers	84%
Local radio	80%

88% understand that infected people may never show symptoms but could still infect others.

80% understand that infected people may not show symptoms for five to 14 days.

29% believe that COVID-19 can be cured with herbal remedies.

30% think they should avoid health care workers because they could get COVID-19 from them.

Vaccine Beliefs and Uptake

Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

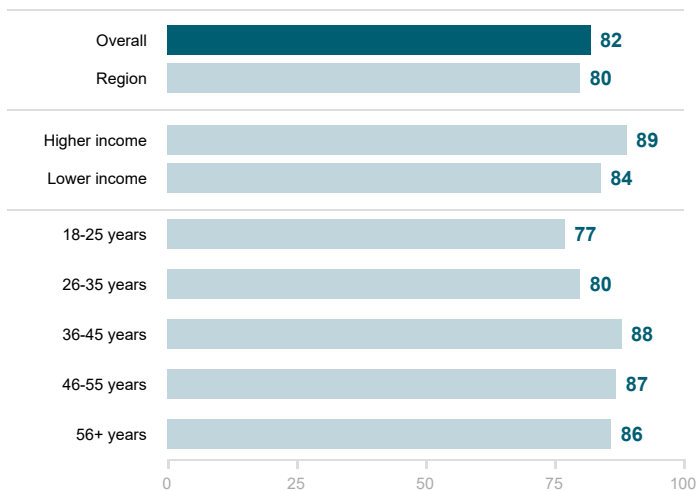
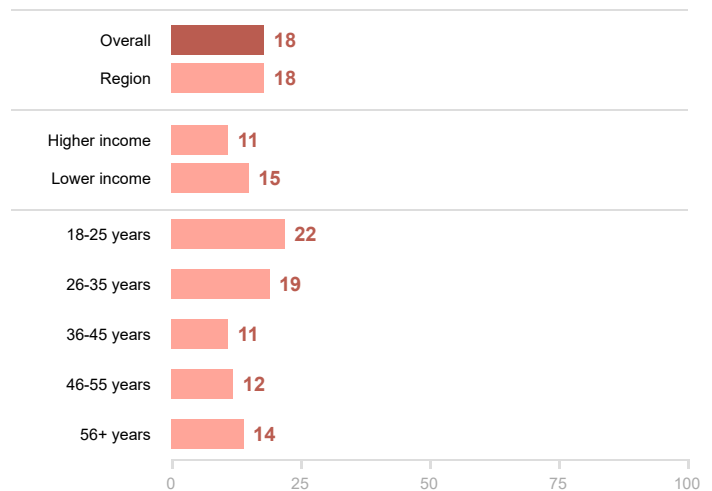
What the data say

About four in five respondents in Ethiopia were vaccinated or likely to get vaccinated against COVID-19, an increase since February 2021 (76%) when vaccines were still unavailable and on par with the Eastern regional average (80%). While vaccine acceptance is high in Ethiopia, supply remains a persistent problem; although the government [aims](#) to vaccinate 20% of the population by the end of this year, there are only enough doses in country to [reach](#) about 11%.

- Some [recent studies](#) have shown elevated rates of vaccine hesitancy among health care workers in Ethiopia; given that many respondents reported trusting this group for information about COVID-19 (84%), this could have negative impacts on overall trust in COVID-19 vaccines. It is essential to target outreach specifically to health care workers to improve uptake in this group, and to enable them to disseminate accurate information about the vaccine to others.
- Misinformation seems to be a major driver of vaccine hesitancy in Ethiopia according to PERC survey results. Among respondents who were not likely to get vaccinated against COVID-19, one-quarter expressed the belief that the vaccine was deadly, and another 16% cited additional negative rumors. Trusted sources for information about COVID-19 — including health care workers, religious leaders and local media — should be leveraged to dispel these and other common misinformation narratives about the vaccine.

How many people reported getting or planning to get the COVID-19 vaccine?

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

82% are vaccinated or are likely to get vaccinated

18% are unlikely to get vaccinated

What do people think about COVID-19 vaccines?
Top information wanted about vaccines

Percentage of people reporting each type of information

What are the main side effects and are they painful/serious?	36%
What types of vaccines are there, what are they made of and how do they work?	35%
How effective is the vaccine?	31%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

The vaccine can kill people	26%
I do not yet know enough about the vaccine to make a decision	18%
I do not feel I am at risk of catching the virus	17%

Secondary Burdens

Are people skipping or delaying health care?

What the data say

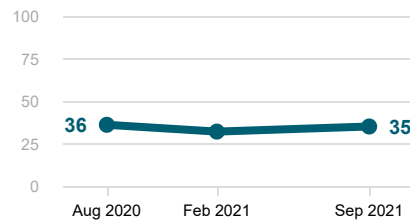
Hardly any households (4%) in Ethiopia reported missing or delaying a needed health visit — the lowest among all surveyed Member States — and far fewer than in August 2020, suggesting that the health care system has been able to adapt to pandemic-related disruptions. However, a larger share of respondents — about one-third — had difficulty accessing needed medication, indicating that some gaps remain.

- Respondents with long-standing illnesses had greater difficulty accessing needed medication (51% vs. 33%), suggesting that especially at-risk groups are experiencing the greatest disruption in access to care.
- Refugees and internally displaced people from the conflict in northern Ethiopia are not represented in this survey. There have been [multiple reports](#) of attacks on and [looting](#) of health centers in northern conflict zones, likely disrupting access to care among the most vulnerable populations in Ethiopia.

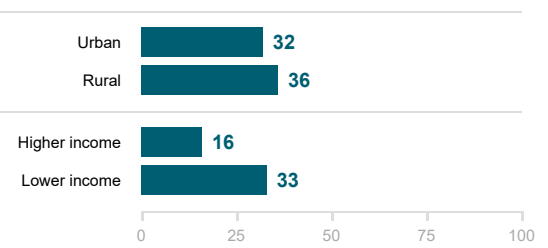
Difficulty getting medicines

Twice the number of lower-income respondents reported difficulties accessing medication compared to higher-income respondents; however, higher-income households were underrepresented in this survey and therefore these findings should be interpreted with caution.

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



Percentage having difficulty getting medicines by category

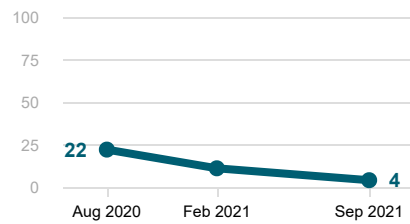


Note: only 1% of respondents reported being in the highest income category; results should be interpreted with caution.

Skipping or delaying health visits

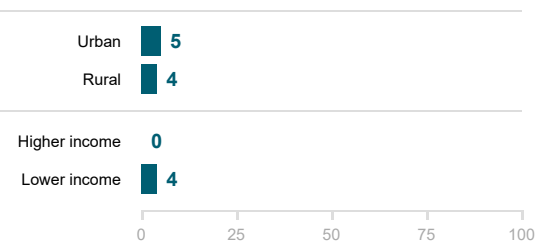
Since August 2020, there has been a sharp drop in households that have skipped or delayed a needed health visit. Almost no households reported difficulty accessing needed health care, a promising trend.

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



Note: <50 respondents reported missing health visits; results should be interpreted with caution.

Percentage skipping or delaying health care visits by category



Note: only 1% of respondents reported being in the highest income category; results should be interpreted with caution.

Reasons for skipping or delaying visits

People could choose multiple responses

Health facility disruption	38%
Mobility restrictions/transport challenges	21%
Worried about catching COVID-19	16%
Cost/affordability	16%
Caretaker responsibilities	3%

Types of health visits that were skipped or delayed

People could choose multiple responses

Diagnostic services/symptoms	33%
Noncommunicable diseases	24%
General/routine check-up	24%
Reproductive, maternal, newborn, child health	14%
Vaccinations	9%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

About one-third of households in Ethiopia reported losing some or all of their income since the start of the pandemic (65%), on par with findings from February 2021 and lower than the Eastern regional average (80%). Few households (9%) have received assistance from the government in the form of cash, food or other resources.

- Endogenous factors in Ethiopia — chiefly the prolonged conflict in the Tigray, Amhara and Afar regions and [associated disruptions](#) caused by protests and demonstrations — have created an unstable economic environment, while COVID-19 restrictions have [decelerated](#) economic growth.
- Consistent with [unemployment trends](#) in Ethiopia, more urban households reported income loss than rural households (70% vs. 64%), as well as difficulty purchasing food due to income loss (58% vs. 50%).

Three-quarters of households reported experiencing at least one barrier to accessing food (75%), more than in February 2021 (70%). High food prices was the most commonly cited barrier, and has increased since the previous survey (68% vs. 55% in February 2021). [Poor rainfall](#) and [droughts, pest infestations](#) and conflict have led to below-average harvests, and [record-high](#) food inflation in Ethiopia.

- Only about one in three households reported missing meals in Ethiopia, far fewer than the Eastern regional average (80%). Nearly 13 million people [are facing](#) some level of food insecurity in Ethiopia, with the vast majority (almost [7 million people](#)) concentrated in the Tigray, Afar and Amhara regions — the most vulnerable of which are likely not captured in the PERC survey data. There are reports of [severe malnutrition](#) and [starvation](#) in the northern region, as the conflict [disrupts](#) farming and trade. Locust infestations are also [persistent](#) in the area, and cannot be properly treated due to insecurity.

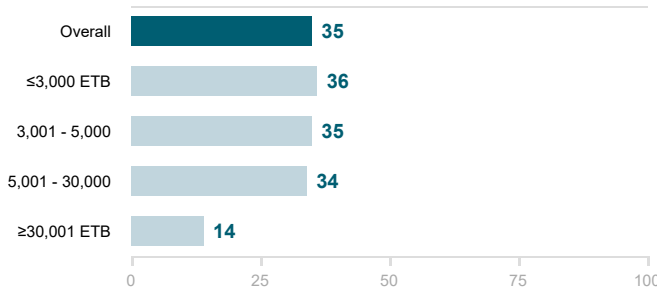
Reported barriers to food access

Percentage of people reporting each barrier

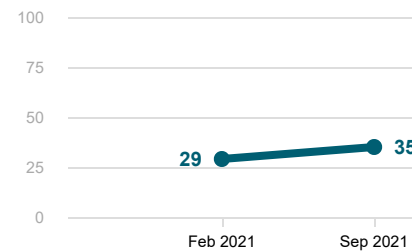
Less income	51%
Higher food prices	68%
Food markets closed	28%
Mobility restrictions	25%
Food market supply shortages	44%

Missing meals

Percentage of households **missing meals** by category



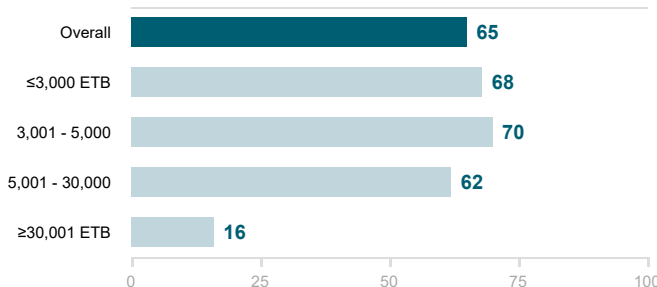
Percentage of households **missing meals** over time



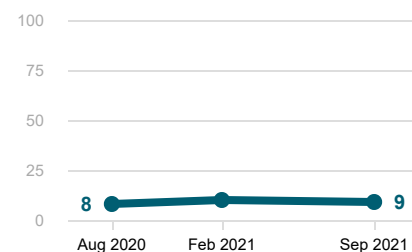
Note: Data on missing meals were not collected in Aug 2020.

Income loss and receiving government assistance

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



Percentage of households receiving **government assistance** over time



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).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology 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.
- 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 are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are 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 1,651 adults (337 urban, 1314 rural), collected between 17 Sep and 3 Oct 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