

A Review on COVID-19 the Outbreak of Current Situation and Burden in Ethiopia

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Abstract: Immediately as soon as the 1st confirmed case of this pandemic Viruses in Ethiopia happen on 13 March 2020 the govt. took several public health measures to Public health measures one among the prevention ways of the transmission of the virus that should be continued and efforts to prevent transmission throughout the country levels. Directly or indirectly, no country might escape from the spread of the Nobel pandemic still in the world. The coronavirus disease (COVID-19) has spread quickly across the world and devastating burden on the world economy in addition because of the regional and societies' socio-economic materials and also the means of life for vast populations at risk. The burden of this pandemic has affected different socio-economic and political aspects of the peoples and government of Ethiopia. To manage this pandemic malady transmission in Ethiopia we want to encourage inhabitants to apply health care service, wash hands, physical distance, and extra use of protecting instrumentality to figure their jobs at safely and getting ready national guidelines to harmless operating environment and usage transportation. Absolutely to confrontation the spreads of Covid-19 we can follow the principle of protective measurements of WHO guidelines.

Keywords: COVID-19, Pandemic, health care, Ethiopia

Introduction

The novel-coronavirus disease is currently a health risk and public health emergency worldwide. The severe acute respiratory syndrome outbreak that was associated with coronavirus (SARS-COV) was first reported in 2003. Sixteen years later, a closely similar outbreak, its first received the name *novel-SARS-COV2*, was detected [1]. Subsequently, the announcement of a cluster of pneumonia cases of unknown etiology in Wuhan, Hubei Province, China, was completed on 31 December 2019; withstanding these, several rapid virological, clinical, and epidemiological research responses have taken place in several research areas [2]. The successively spread of the virus has shown exponential growth and spread to all or any continents and received a unique name COVID-19 from the World Health Organization (WHO)[1].

Although consistent with the World Health Organization reported quite 80% of Covid-19 positive patients can be recovered, around 14% get a severe disease, causing breathlessness and pneumonia, and about 5% serious disease and therefore the failure of quite one organ 2% will result in fatal death. This pandemic virus has four life cycle steps which are; attachment and entry, replicas protein expression, replication and transcription, and assembly and release. Until the preparation of this article (June 5, 2020), over 11,382,954 cases, 6,440,228 Recovered and 533,477 Deaths, of *COVID-19*, are reported in more than 215 countries and territories around the world [3]. From 20 April 2020, up to June 5, 2020, there have been 5,846 confirmed cases, total death is 116 and recovered 2,430 reported in Ethiopia, by this pandemic virus victimized. Most of the confirmed cases and therefore the diseases came from outside of Ethiopia.

Meanwhile, the primary case in Ethiopia reported the first confirmed *COVID-19* on thirteen March 2020. The person found positive became a 48-year-old Japanese citizen who came to Ethiopia from Burkina Faso in early March 2020, and also the primary *COVID-19* induced death occurred in Ethiopia on 5 April 2020. A 60-year-old woman died of the virus that was in treatment at a hospital on 31 March 2020 [4]. Our threats the behaviors of Ethiopian populations have exclusive social communications (greeting, labor place, spiritual culture and holidays, transportation, etc.). They're a serious risk for transmission of the Pandemic. In order to decrease the number of deaths and infections caused by COVID-19, it's better to create a hegemony-free awareness schedule and shut physical contact. Closing physical contact is a controlling strategy that helps to dam the replication of the virus into the public. However, imperfect hand hygiene practice, overcrowding, and shut physical contacts like handshaking contribute to the fast spread of the virus within a very short period. Restricting the movement of persons within the boundary and across borders is believed to be a key measurement in preventing transmission [5].

Additionally, the governments and people are that most of the economic impact of the virus is going to be from the actions taken to avoid the virus and this response comes from three sources. 1. The government imposes bans on certain sorts of business activities such as restaurants, shops, bars, and nightclubs, etc. 2. Companies and institutions take preventive measures like business closings, leading to lost wages for workers, mainly within the informal economy where there's no paid permission, 3 Individuals reduce journeys to the market, travel, going out, and other social activities, affecting the

demand side [6]. Ethiopia is a sub-Saharan country with poor infrastructure and inadequate health systems that have to remain to implement international prevalence and the situation is becoming uncertain. Using their best potential alternatives, they have been taking measures to reduce the spread of the virus. However, these viruses are continuing to affect the natural, social, economic, and academic aspects of the country. This review emphasis how the vires spread and burden on the country level of Ethiopia.

The epidemic situation of Covid-19 in Ethiopia

The pandemic of COVID-19 was confirmed to have reached Ethiopia on 13 March 2020. In the case of the occurrences, the National government-led Prime Minister Abiy Ahmed declared a five-month state of emergency in April 2020 [7]. Although there are strong initiatives and recognition of the general public health importance of COVID-19 by the Ethiopian government (screening, quarantine, and treatment centers), there's a powerful done to emphasize community awareness and practices to prevent the nationwide spread of the virus [8]. After 13 March 2020, the primary confirmed COVID-19 case found in Ethiopia, there was an endless increment of cases. Outstanding this, the government locked down schools on 16 March 2020, isolated imported communities by March 21. For instance, a pandemic can slow the progression of the disease as compared to different countries, which could be due to the effectiveness of interventions by the govt. From Mar 14 up to July 5, 2020, there are 6,386 confirmed cases of COVID-19 with 116 deaths. Currently, it showed that the expansion factor of the confirmed cases of COVID-19 may be considered as an indication of increased transmission of the disease within the country in several situations [9]. Supporting take care of COVID-19 reception has got to be Communication between home caregivers and health professionals is important to monitoring COVID-19 patients' health, providing advice, and getting patients to critical care if necessary. Whereas people have limited access to communication technology or where response hotlines aren't functioning optimally, choices like shared phones, and regular visits from health care employees or community physicians with attention to International Parking Community, like staying outside the house at a secure distance [10].

The challenges our country faces in mitigating the unfold of COVID-19 are huge, but there are a variety of proactive and coordinated efforts to retort to the pandemic. The government has been mobilizing different stakeholders and fashioning methods to contain the virus through aggressive health measures and enforcement. So, to reverse the rising numbers of infections, broader suppression measures were placed institutional, along with closing schools and universities, prohibiting gatherings, and promoting "social distancing" to the entire population. This focus is reducing transmission of COVID-19 through individual and population-level measures, besides personal hygiene, physical distancing, testing, analytic and following contacts, and travel restrictions. The National Public Health Institute (EPHI) and Ministry of Health (MOH) offer regular updates (i.e. held press conferences) to inform the overall public. The Ministry is additionally operating with a network of specialists to coordinate regional surveillance efforts, medicine, clinical care and treatment, and alternative ways to identify, manage unwellness and limit transmission [11].

In response to the COVID-19 international health pandemic, Ethiopia continues to receive thousands of migrants returning from countries across the region and the Middle East. The International Organization for Migration continues to assist the Ethiopian government in coordinating support for quarantine centers in Addis Ababa and other parts of the country. From April 1 to May 12, the IOM is working with GoE technical groups to develop quarantine and post-quarantine support procedures, as well as standard operational processes (SOPs) on information management for returns. Over 11,800 migrant returnees from various countries have arrived in Ethiopia. Over the last several weeks, for example, migrants have been returned to Ethiopia from Saudi Arabia, Djibouti, Somalia, Sudan, and other African nations [12].

Ethiopian COVID-19 samples have to be sent abroad after only three months. Currently, the country has 21 testing centers across the country, with over 4000 specimens being tested daily. The country has had to open additional laboratories in Ethiopia's capital city, Addis Ababa, and in some regional states, which is an important step in being prepared given the importance of early detection and response during pandemic outbreaks like COVID-19. There have been 116 recoveries and 5 fatalities in Ethiopia as a result of the 352 confirmed Covid-19 cases as of May 19th. As a result, when compared to numerous countries, such as the United States of America, the positive-test rate remains below 1%. That rate peaked at 21% in early April, and there have been no indications of spikes. However, the country's Covid-19 cases are expected to peak in June or July, leaving plenty of time for things to change rapidly, as predicted by the ministry of health professionals [13]. As a result, governments and their citizens are cooperating to reduce the spread of the pandemic virus by employing public measurements as protective tactics. Preferences for COVID 19 in the coming months are based on Ethiopian social interaction behaviors and weather circumstances.

China & Ethiopia Collaboration against the Pandemic COVID-19 Viruses

China has immediately controlled this Covid-19 Virus, So for sharing of experience, China team of medical professionals terminated the help mission in the Federal Democratic Republic of Ethiopia to assist the country in reply to the coronavirus happening. The team includes 12 specialists from medical establishments across China's Sichuan On April sixteen, a team of Chinese physicians arrived in Ethiopia with imperative medical supplies, moreover, as surgical masks, personal protective instrumentation, ventilators, and traditional Chinese medication teams that China sent to the African continent since the COVID-19 prevalence was praised by Ethiopians as a [7] Primary care centers in China, Canada, Malaysia, Ethiopia, Nigeria, and India were given guidelines on how to support monitoring initiatives. 19 Surveillance activities are defined as the provision of biological samples or data to public health units as part of wider active surveillance activities, according to our framework definition [35].

Types of burden and challenges of Covid-19 in Ethiopia

Cultural values and norms of Ethiopians on COVID-19 versus

Ethiopians Community or personal relationships seriously and helping one another even for a whole stranger may be public best practice. Social functions or a chance to speak about non-work-related matters will never be missed for establishing a relationship. Ethiopians enjoy and practice cultures and norms like warm greetings, handshakes, positive visual communication (smile or showing a signal of happiness), and a show of respect. Kissing and hugging are a part of the traditional greetings in Ethiopia [4]. Our cultural values and norms are very exacerbating of this global pandemic virus. Hence, as bellow illustrated, the image can be managed and enforced by the local policies to keep the distances for feeding homeless people.



Figure 1. Injera and Bunna in the time of Corona distribution and Awareness creations of peoples [31]



In this figure 2. Copy from Observer in Ethiopia, individuals place trust in God to finish the coronavirus [32].

Lack of medical and health care infrastructure in Ethiopia during COVID-19 versus

In Ethiopia, healthcare resources like the number of physicians, nurses, and midwives are limited. Additionally, at the present, there's a shortage of hospital beds and private protective equipment. The surge capacity in healthcare systems, just

like the health care workforce, infrastructure, and medical care capacity is the need of the hour to cope with the COVID-19 pandemic. The pandemic situation demands more attention and extra essential medical supplies like gloves, masks, syringes, antipyretics, and antimicrobial agents. These supplies are insufficient in developing countries like Ethiopia, even in non-emergency situations [7].

Homelessness and overpopulation in Ethiopia during COVID-19 versus

According to WHO Procedures on Health and Housing, crowded housing conditions are one of the high-risk areas of infections for all occupants. According to a special literature show in 11 cities in Ethiopia, the number of residents who survive the streets has reached around 88 thousand. The report also indicates that a lot of the homeless are found in regional capitals. Out of the 88 thousand homeless population, children, women, youth, and therefore the elderly account for the majority [20]. Those sleeping outside or in homes that don't seem to be acceptable for human habitation will increase the prospect of COVID-19 infection spreading among the community [7].

The transportation system of Ethiopia during COVID-19 versus

In Ethiopia, public transportation is very vulnerable to increasing outbreaks such as the COVID-19 pandemic. Heavy concentrate on hygiene, sanitation, temperature screening at entry sights, and a limited number of the bus seats and onboard cameras to enforce these rules is need of the hour. Social distancing is one among the "non-pharmacologic interventions" which will be wont to slow the spread of contagious infections like COVID-19. This specifically refers to alternative ways of keeping people separated [7]. The transport system in Ethiopia is not firmly organized in its capacity, but the governments of Ethiopia are controlled by the motor possessors and passengers which are paying system and part of its passengers in the vehicle and possessors that are not governed by the law of it to manage COVID_19.

Impact of COVID_19 on Economic sectors in Ethiopia

The pandemic of COVID-19 has affected Ethiopia's flower products export industry significantly. After Europe was hit with the coronavirus, the demand for flowers has plummeted, and also the price dropped by more than 80%. Overall, 150,000 employees in this industry also are at the risk of losing their jobs. Ethiopian Airlines working at only 10% of its capacity as the response country's flag carrier because the coronavirus pandemic affected the economic generating in-country [22]. Full lock-down is impossible in the Ethiopian context because our poverty and living situations do not allow us to do so. As a result, during this pandemic, we will assume that the maximum we can manage is a certain kind of incomplete (at a maximum of about 50 percent or less) lockdown. Second, perhaps as far as the larger population is concerned, through concerted effort, we can also attain social distancing, hand washing, and the use of masks and related prevention methods. I think the government needs to take this as its policy target too. If for some magical reason, full lock-down is possible, it will not be an exaggeration to think the challenges will be at least double the level explained. It may be followed by failure of law and order no sooner [8]. Governments are going to be unable to inject much-needed cash into the economic system to spice up economies and increase the demand for goods and services [6]. We can summarize its correspondingly substantial impact on the national economy because Ethiopia is excessively dependent on imports and capital inflows for its day-to-day existence. The sector's vulnerability comes from the effect of COVID-19 on international commodity prices, the capacity of exports & imports as well as the disruption to the global trade logistics and supply chain.

Impacts of COVID_19 on Ethiopian Educational sectors

After the government learned the devastating impact of COVID-19 from Asian and European countries, that resulted in an exceedingly large number of students being suspended from the school since March 2020. The closure of schools is presently a worldwide development, but not like different countries, students in Ethiopia provided neither online nor TV and radio teaching for weeks. Since, nearly months from the closure, students' overall levels are way except for their learning and varied ways in which learning is never utilized [14].

More than 26 million students are suffering from school closures because of the coronavirus. Accordingly, specific school feeding programs for around 1 million children across multiple regions of the country have stopped and faced the students which are fed by the program [8]. The Pandemic COVID-19 has affected highly Ethiopian education systems at all levels.

Impacts of COVID_19 on Ethiopian Political Situation

The overall elections which were established to be persisted on 29 August 2020 won't be continued to the scheduled date, according to an announcement by the National Electoral Board of Ethiopia released on 31 March. The board also stated that it has temporarily stopped all activities associated with the election. Therefore, the pandemic has got to disturb the state of programmed and political parties [22].

Thousands of Ethiopian workers were deported from the UAE and Saudi Arabia

Ethiopian employees in Saudi Arabia, UAE, and Djibouti are being forced to flee to their country, a scenario that is turning into a challenge to contain the virus. Over 2,870 Ethiopian migrants were deported within the last few months and Ethiopia expects to receive another 3,000 citizens within the following 15 days alone, consistent with the minister. For the first time, an indoor UN memorandum seen by Reuters said the Kingdom of Saudi Arabia was expected to deport some 200,000 Ethiopian migrants in total [18].



Figure 3. from undocumented Ethiopian migrants expelled by Saudi [33].

The exact measures of the central and local government of Ethiopia

The exact measurements of the federal government

Immediately after, the first confirmed case of COVID-19 in the Federal Democratic Republic of Ethiopia was reported on March 13, 2020. The federal government of Ethiopia has taken many public health measures to stop the increase in the degree of infection [15]. To curve the potential issues those viruses might have and have, the Ethiopian government has been taking its very best measures. Starting from 16 March 2020, the Prime Minister of the Federal Democratic Republic of Ethiopia has formally proclaimed the closure of schools, as well as preschool to higher education, the prohibition of mass exercise and huge, conferences and known as the individuals to shelter at home for 14 days [14]. Additionally, these proscribing large gatherings and movements of people outside, hand-washing, and social distancing were the most interference measures that the government has communicated to the general public through many media platforms. Victimization In the most recent round of the Ethiopian Demographic and Health Survey, COVID-19 relevant indicators associated with home access to communication platforms; access to water, sanitation, and hygiene or wash; and characteristics of the house surroundings were assessed [15]. Several of those actions are believed to decrease the impacts of COVID-19 on the general aspects of the country. To know the impact of the novel Coronavirus on Ethiopian education, in terms of failure and success, the TV and radio aired learning for the secondary and therefore the primary schools. The basic queries that ought to be raised and answered will confirm its standing. The tutorial parts are essential during Covid-19 and the pandemic virus occurrence in the Federal Democratic Republic of Ethiopia, to know the impact of the novel Coronavirus on the Ethiopian education sectors, in terms of failure and success. Due to this virus, education can be provided by TV and radio ventilated learning for the secondary and, additionally, the first schools. Additionally, queries need to be raised and answered will make sure it's standing [14].

The exact measures of the regional governments against Covid-19 in Ethiopia

This local government-managed system permits a vigorous and far more and far response by the government than the normal emergency response. It'll be used at any time (rather than wanting forward to the standard annual humanitarian charm [18]. Once multiple cases of the virus were reported among the Federal Democratic Republic of central Government, many regions of the country took actions to prevent further spread of the pandemic by travel restrictions and lockdowns were essential by Amhara, Oromia, Tigray, Southern Nations, Nationalities, and Peoples' Region. The Ethiopian local government ordered civil servants that are at high risk to work in offices. It is work from home. On twenty-five, March 2020, and each incoming public vehicle was ordered to a ban on 29 March 2020. Additionally, on thirty March 2020, it has been proclaimed that anyone World Health Organization who came from abroad within the previous 3 weeks needs to be compelled to report back to the native health offices. On thirty-one March 2020, a 14-day total lockdown of Bahir Dar and 3 different cities was enforced to close. Oromia on twenty 9 March 2020, the town of Adama in Oromia ordered a full ban on public transportation systems. The order came once 2 people tested positive for the virus in the town Those cities, Asella and Metu cooperatively took measures prohibiting the movement of all public transportation to on 30 March 2020, an entire ban on cross-country and inter-city public transportation was obligatory, and also the regional state discharged 13, 231 prisoners. In the Tigray

region on 26 March 2020, the Region declared a 15-day region-wide state of emergency, 26 all travel and public activities within the region to stop the unfold of the virus. On twenty-nine March 2020, the closure of all cafes and restaurants was ordered by the governments. The measures taken in addition include prohibiting landlords from evicting tenants or increasing rent. Any travelers returning into the state are required to report back to the closest health workplace. On six April 2020, the regional state discharged one, 601 prisoners [17]. So, the local governments took different actions to reduce the pandemic occurrence throughout their region and co-operating with the federal governments. The healthcare delivery system was competent to conduct the measures and perform well in dealing with the epidemic or taking care of individuals.

Ethiopia could be a developing country that is one in all East Africa's with awfully low health care, manpower density that is 0.96/1000 population, which is way below the African health workers density of 2.2/1000 population and 5 times the minimum threshold of 4.45 per one thousand population set by the World Health Organization to satisfy the property Development Goals (SDG) health targets [7]. Coupled with the inadequacy of hospitals, mass use of public transportation, shortage of sanitation material together with water, concealment suspected cases, lack of non-public protecting equipment for health care suppliers, presence of immune-compromised individuals are among the most important driving factors creating the Federal Democratic Republic of Ethiopia one of the challenged developing countries in facing this unprecedented COVID-19 spread. On the other hand, Ethiopians observe spiritual and communal lifestyles. And also, we have Warm greetings, handshakes; positive visual communication (smile or showing a signal of happiness), kissing on the cheek, and caressing are a part of the traditional greetings. Praying along, bowing in front of a priest is often practiced [16]. Due to different obstacles of our health care policies and implement strategies which are affected our health organization strength during Pandemics Viruses.

Can the national insurance system pay for the costs of treating COVID-19 infection?

On April 3, the Prime Minister's Offices have been declared a COVID-19 Multi-Sectorial Readiness and Response established, with prospective accounting of interventions. The arrangement is to be implemented over the next 3 months and should like the US \$1.64 billion in funding. On March 23, the Prime Minister declared the aid package would be inflated to Br 5 billion, US \$154 million or 0.15 % of GDP, but details on the precise modalities of the assistance weren't made accessible. The funds are expected to be assigned as follows. The fund's area unit is expected to be assigned as follows [18]. A. The US \$635 million for emergency food distribution to 15 million individuals susceptible to food insecurity and not presently lined by the agricultural and concrete Productive Safety internet programmed (PSNPs), effectively extending the PSNP across the territory. B. US \$430 million for health sector response below a worst-case scenario of community unfolding with over 100,000 COVID-19 cases of infection at intervals across the country, primarily in urban areas. C. The US \$282 million for the provision of emergency shelter and non-food things [6]. Accordingly, the Federal Democratic Republic of Ethiopia Government for his or her subject that is suffering from COVID_19 must cover medical expenditure, due to not wall organized health care insurance system functionally in all the country's regions.

The strength and weaknesses of Ethiopia's health care delivery and insurance system

The health care system in the Federal Democratic Republic of Ethiopia includes primary health centers, clinics, and hospitals. Solely major cities have hospitals with full-time physicians, and most of the hospitals are in Addis Ababa. Access to fashionable health care is incredibly restricted, and in several rural areas, it's nearly nonexistent. The fatality rate is nearly double that of the global average. Common health issues are lower respiratory infections, diarrhea diseases, and HIV/AIDS. Ethiopia's HIV/AIDS adult prevalence is on top of the global average and slightly on top of that of nearby countries, though it's under that of many alternative African countries. Most health facilities are government-maintained. Widespread use of ancient healing, together with such specialized occupations as bone setting, midwifery, and surgery (including circumcision), continues to be necessary [19]. There have been vital enhancements in health outcomes throughout the time of the Millennium Development Goals (MDGs). It was around a 67% reduction in less than five mortality and a 90% decline in new HIV infections, a 71% decline in maternal mortality ratio, a decrease in malaria-related deaths by 73%, and over 50% decline in mortality due to TB between 1990 and 2015. These successes in health outcomes were because of the implementation of a mixture of comprehensive ways together with enhancements in health systems and overall socio-economic standing within the country [20]. In general, people are troubled to improve their health care and accomplish the vision of the African Health Strategy 2007–2015 of an integrated and prosperous Africa, free of the serious burden of disease, incapacity, and premature death. The healthcare system of the Federal Democratic Republic of Ethiopia is a component of the larger health care system in resource-limited settings, a public sector-reliant health care service with restricted human and financial resources. Within the wave of the pressure to enhance healthcare services' operational settings and strengthen the delivery of healthcare, the Ethiopian government urged a national health care reform initiative within the sort of BPR. The reform has been enforced across all public healthcare sectors through a series of coaching sessions for managers and service suppliers at the least levels followed by changes in workers' readying, specific job assignments, and the accomplishment of the latest workers [21].

Ethiopia's main health issues are aforesaid to be communicable diseases caused by poor sanitation and deficiency diseases. These problems are exacerbated by the shortage of a trained workforce and health facilities. Ethiopia encompasses a relatively low average lifespan of 62/65 years in 2012 [22], because of the strong health police of Ethiopia is proud of the progress that has been created since 2003 in putting the national health system on the proper path to turning into a resilient health system. Because the second-largest country incontinent with a population approaching 100 million individuals, we have, over this short amount of time, implemented a well-developed and well-functioning dual-cadre community medical expert program of HEWs and HDTVs. Additionally, we've got created major efforts to implement integrated community case management (iCCM) of childhood sickness (for respiratory disease, diarrhea, and malaria) provided by HEWs, with a high level of implementation strength as determined by the quality of care provided, level of superintendence, and in response to the failure of previous efforts to adequately address the health desires of our rural population, the government of the Federal Democratic Republic of Ethiopia launched 2 programs in 2003. The strongest phenomena of prevention practices of Covid-19 is Properly washing hands with soap and water (95.5%), not touching eye-nose-mouth with unwashed hands (92.7%), and avoiding thronged places (90.3%) were commonly identified strategies of preventing COVID-19. However, 15 (6.1%) mentioned that kids and young adults should take measures to forestall infection by the COVID-19 virus [1].

Typically, some features of the Greatest Implementation of Healthcare systems In Ethiopia

The Accelerated enlargement of Primary Health Care Coverage

Major activities below the clinic construction, expansion, rehabilitation, furnishing, and equipping targeted mainly on the primary health care facilities: the number of public Health Centers inflated from 412 in 1996/97. For similar periods, the number of HPs increased from 76 in 1996/97 to 2,899. The number of hospitals (both public and private) increased from 87 in 1996/97 to 126 in 2003/04 and the potential health service coverage enhanced from 45% in 1996/97 to 64.02% in 2003/04. Several stakeholders, as well as the federal ministries of Health, Education, Labor, Finance, and capability building, were all engaged through coordination by the prime minister's office that provided strong political leadership to the trouble of virus to firm for struggle inspires community awareness [22].

Health Extension program in Ethiopia

Government leadership and political commitment are key factors within the successful implementation of the health extension programme. At the national level, the progress and challenges of the programme are frequently reviewed within the bi-monthly conferences of the Ministry of Health with development partners and the bi-monthly conferences with the regional health bureau. At the local level, one of the two health extension staff could be a member of the village council that frequently discusses the performance of the programme [25].



Figure 4. Family Planning in Ethiopia, the Health Extension Program [29] = Image 2 Health extension personnel discuss respiratory disease and pneumococcal vaccination throughout an immunization program in Ethiopia. Photograph by: UNICEF Ethiopia / CC BY-NC-ND [30]

The Health Extension program was announced in 2002/03 with a basic viewpoint that if the proper health information and ability are transferred, households will take responsibility for producing and maintaining their health. It's a community-based intervention designed to create basic health services accessible to the rural and underserved segments of the population. The Ministry of Health, together with the Regional Health Bureaus, is committed to developing a novel strategy to handle pastoralist communities' health problems. There has been a spotlight on scaling up the training of community and Mid-Level Health Professionals. For the duration of this pandemic Community from House to House screening application, *Digital Health Activity* combined (DHA) with Data Use Partnership (DUP) and different stakeholders supported the development of a mobile application for Health Extension workers to perform Associate in Nursing info assortment tool and job aid for nationwide door-

to-door COVID-19 screening campaigns. The app is being used by 173 medical examiners in Addis Ababa only [24].

Health human resources in Ethiopia

The shortage of workers in Ethiopia has forever been crucial. Health member of staff/population ratios, as an example, are 3 to 4 times less than even East African standards. This has been exacerbated by the fast growth of facilities within the first years of HSDP. Allocation not associated with employment has additionally meant severe shortages in some areas, whereas some medical examiners in different locations stay idle. Performance at most levels is additionally considered low. The shortage is altogether functions: health delivery, management, training, and analysis [26]. Human resources for health scenario analysis conducted in 2015/2016 showed that between 2009 and 2014/15, the number of medical schools exaggerated from 7 to 35 (28 Public and 7 Private) Annual enrollments of medical students exaggerated from 200 to 4,000. The number of physicians within the country increased from 1,540 to 5,372. Midwifery teaching establishments increased from 23 to 49. The numbers of midwives exaggerated from 1,270 to 11,349, Ethiopia is going to be ready to meet the minimum threshold of health professionals to population magnitude relation of 2.3 per 1000 residents, the 2025 standard set by the World Health Organization (WHO), for Sub-Sahara

Health insurance in Ethiopia

A strategy for health insurance was developed in 2008. To extend access to health care and reduce household vulnerability to out-of-pocket health expenditure of the people [22]. Money limitation is one of the main obstacles for access to and utilization of modern healthcare services in the Federal Democratic Republic of Ethiopia, but the employment of healthcare services has remained low. The money barriers of the poor households and the lack of possible health-care finance mechanisms within the country have been accepted to be major factors. The country has enforced community-based insurance in piloted regions of Ethiopia directional to enhance the utilization of health-care services by removing money barriers. But, there's a lack of literature relating to the consequence of the implemented insurance theme on the use of health-care services [27]. In 13 districts or woredas, the Pilots started in Amhara, Southern Nations Nationalities Peoples, Oromia, and Tigray. CBHI has been well received by the communities since being introduced in April 2012. Over 144,000 eligible households have registered and over 650,000 beneficiaries have accessed health services. Most of the services are accessed at local health centers; however, some beneficiaries have conjointly been seen at hospitals, following referral. All sorts of essential health services that might be coated through owed defrayment at the time of illness are covered by CBHI schemes [28]. General Healthcare Insurance in Ethiopia is not well framed organized and most of the rural residences are not satisfactory awakened. Limitation of skill and participants or beneficiaries have not clearly understood the importance of this program. Generally, for COVID_19 and other diseases, there's no clear proof of the result of health care financing reforms on access to essential medicines in Ethiopia. This might be the result of health care finance reforms, especially health insurance, which are a new development for the country's health care system.

Conclusion

To control and preventive practices such as hand washing, avoidance of handshaking and no physical proximity were diffident to protect themselves from this highly contagious virus. Appropriately washing hands using soap and water importance 95.5% and not touching eye-nose-mouth with dirty hands essential 92.7% and avoiding packed places importance 90.3% were typically illustrious ways of preventing COVID-19 transmission. While preparatory measures need to continue, the countries' best hopes invention in its strategy of early imposition and continued adherence, if not strengthening of preventive measures, to avoid widespread community transmission of the virus. The occurrence of an enormous number of homeless people, mass use of public transportation, the maximum size of uneducated people, overcrowding in cities and homes, shortage of sanitation materials including water, hiding suspected cases, lack of availability of personal protective equipment for care providers, Generally, there is not any clear proof of the results of health care funding reforms on access to essential medicines in Ethiopia. This might be a result of health care finance reforms, especially health insurance, which are a new development for the country's health care system.

Recommendations or plans to improve COVID-19 virus to protection in Ethiopia

As I am supposed to recommend Aggressively creates an attempt to incapacitate the transmission of the COVID-19 virus in Ethiopia that could continue, significantly those efforts to stop the transmission of the virus throughout the country's regions. Wherever basic prevention measures are tougher to implement and access to health care is the lowest practical in the country. Especially in countryside areas, would require exceptional support to form water and soap accessible to implement the "basic" COVID-19 prevention methods. The Health Ministry of Ethiopia can strengthen the healthcare system

by coordinating communication participation because the cost of health expenditures at individual levels is heavy. Otherwise, it is difficult to all burden on the health costs covered by the Ethiopian government.

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