EPHI, National Data Management Center for health (NDMC)
Quick update on COVID 19, 011

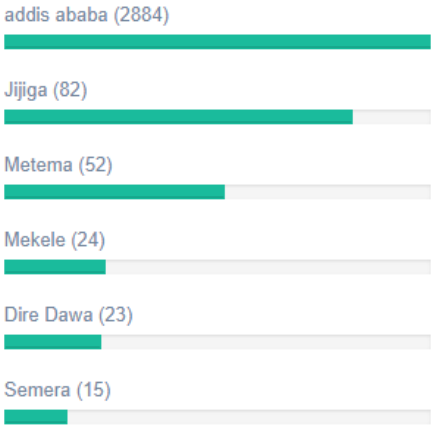
This update summarizes	**Ethiopia's COVID-19 situation update**
	Global and regional buden of COVID 19
	Impact of COVID-19 on Mental Health
	Effect of COVID-19 related service disruption on HIV/AIDS programme

The week's issue of high concern; ***persistent positives and its implications***

Ethiopia's COVID 19 situation update

Fast growth in the numbers of new cases and deaths has been reported across the country. In a week time, the cumulative cases have increased by 32% jumping from 2,670 on June11, 2020 to 3,954 on June 18. The deaths have increased by 38% from 40 deaths on June 11, 2020 to 65, on June 18, 2020. The number of recoveries has shown a 53% increase. The total number of tests stands at 202, 214.

As shown in Fig 1, Addis Ababa has carried the highest number of cases compared to other cities and has reported a surge of community and cluster transmissions.



Sourcehttps://www.covid19.et/covid-19

Fig 1. Cities carrying high burden of COVID 19 in Ethiopia

EP HI and FMOH COVID 19 response highlights of the week

- *On June 16/2020, the State of Emergency Inquiry Board visited the Ethiopian Public Health Institute. The board observed the COVID19 response Public Health Emergency Operations*

Center coordination activities and had discussion with the COVID-19 response leadership in the institute.

- *WASH and IPC TOT for IPC experts delivered to Dire Dawa, and Harari regions from June 13-16/2020*
- *Three days Comprehensive Training on COVID-19 for 19 health professionals from National Defense Force from South Command started in Hawassa town.*
- *Tailored messages with banners (50 banners) are posted in main towns from Addis Ababa to Djibouti and from Woreta dry port to Metema.*
- *Mobile-based training for Health Extension Workers is ongoing in Amhara region. A total of 2,344 enrolled, of these 1,402 completed the training*
- *June 13/2020; one day training on psychosocial support was provided for 30 Volunteers from all sub cities of Addis Ababa.*
- *Second round three days comprehensive training on COVID-19 were completed on June 13/2020 for 30 health professionals from private hospitals in Addis Ababa.*

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Global and regional burden of COVID-19

- In a week time, June 11 to June 18, 2020, globally the total number of cases increased by 13% (7.48 to 8.48 million cases) and deaths has increased by 8% (from 419,469 to 452,036 deaths). More people are recovering each day, which gives a total of 4.44 million recoveries globally since the beginning of the outbreak.

- In the USA, the increasing trend has continued showing little improvement since June 11. However, the country has recorded the highest number of cases (2.2 million cases) that accounts 26% of the total global cases and carried 27% of global deaths as of June 18.

- Brazil has continued reporting the second COVID-19 case burden in the world following USA. The number of cases in Brazil has increased by 24% in a week time recording 960,309 cases, and by 17% deaths reporting 46,665 deaths as of June 18, 2020.

- As of June 18, 2020 Russia has continued reporting the highest number of cases in Europe, with 561,091 cases. The pandemic has been declining in most European countries. Spain (291,763 cases), UK (299,251 cases), Italy (237,828 cases), France (158,174 cases), Germany (189,504 cases). The share of European countries from global death toll has shown a gradual decrease. Russia continues to report less number of deaths, only 1% of its case.

- Africa contribution to the global COVID 19 pandemic has still been low (only 3% of the global cases and 2% of deaths as of June 18. However, the cases number has increased by 28% in a week time (from 212,351 to 271,145) within the continent. Similarly, the total number of deaths in Africa has increased from 5718 to 7256, showing a 21% increase in a week time. Total recoveries stand at 125,797. South Africa is still leading with 80,412 cases, 1,674 deaths in the continent, Egypt (49,219 cases, 1,850 deaths), Nigeria (17,735 cases, 469 deaths), Ghana (12,590 cases, 66 deaths), Algeria (10,484 cases, 732 deaths), Cameroon (9,864 cases, 276 deaths), are still in the leading pack in reporting COVID 19 cases and deaths.

- In East Africa, COVID 19 cases and deaths have been showing fast progress. Sudan reported 8,020 cases and 487 deaths, Djibouti 4,545 cases and 43 cases, Somalia reported 2,696 cases and 88 deaths and Kenya reported 4,044 cases and 107 deaths.

References

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The impact of COVID-19 on mental health

- Mental health conditions due to COVID-19 have immediate and long-lasting impact on health and economy of a country. The recent COVID-19 outbreak has brought heavy storm to harm the mental health of the population. Increased social isolation, sense of grief and fear, grim economic prospects will increase anxiety, stress, and potential mental illness.

- Individuals who have mental health problem may face challenges in their access to care and service continuity due to the interruptions in the health care system.

- considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress, especially women, nurses, and front-line health care workers directly engaged in diagnosing, treating, or providing nursing care to patients with suspected or confirmed COVID-19 (1).

- A study estimated impact of economic crisis on hospital admissions for severe mental disorder at small geographic levels.
    - The result indicated a significant impact of higher unemployment rates on admissions for severe mental disorders and the effects are concentrated on the most economically disadvantaged areas. There is spatio-temporal variation in the broader determinants of mental health and health care utilization (2).

- Exposure to adverse childhood experiences like physical and emotional abuse has a significant positive effect on the probability of unhealthy lifestyles such as smoking, drinking, overweight and obesity well as on the insurgency of chronic diseases and disabilities in the long run (3).

Recommendations

- Adequate policy response is crucial to address the psychological aspects of large scale socioeconomic shocks in the long term. Inclusion of mental health and psychosocial considerations in COVID-19 national response is necessary to:
  - Prevent COVID-19 associated increase in mental disorders and a reduction in mental wellbeing across populations;
  - Protect people with a mental disorder from COVID-19, and the associated consequences, given their increased vulnerability and
  - Provide appropriate public mental health interventions to health professionals.

- Early action is important to increase coverage of public mental health interventions to meet the future surge of needs and to prevent the loss of human capital and consequently labour market opportunities (4).

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The effect of COVID-19 related service disruption on HIV/AIDS programs

- COVID-19 epidemic could lead to disruptions of health services for people living with HIV. In sub-Saharan Africa, where more than two thirds of the 37.9 million people living with HIV reside; interruptions of supply of drugs such as cotrimoxazole and suspension of HIV testing would all have significant population impact. Interruption to condom supplies,

voluntary medical male circumcisions and peer education would also make populations more vulnerable to new HIV infections (1).

- As UNAIDS data estimates, in sub-Saharan Africa, an estimated 25.7 million people were living with HIV and 16.4 million (64%) were taking antiretroviral therapy (2). In Ethiopia, over 700,000 people are living with HIV/ADS (3, 4). Now, these people are risking having their treatment interrupted because HIV services are closed or are unable to supply antiretroviral therapy because of disruptions to the supply chain or because services simply become overwhelmed due to competing needs to support the COVID-19 response (5).

- To quantify such disruption in Sub-Saharan Africa, five teams of modelers convened by the World Health Organization and UNAIDS has estimated that, in late 2020 to 2021, if efforts are not made to mitigate and overcome interruptions in health services and supplies during the COVID-19 pandemic, a six-month disruption of antiretroviral therapy could lead to more than 500 000 extra deaths from AIDS-related illnesses, including from tuberculosis (1, 5). Currently, the estimated number of death due to HIV in Ethiopia is about 20,000 (4). Based on the models approximately two fold (from 1.87- to 2.80) numbers of deaths could occur as a result of health services disruptions (1, 5).

- In the six-month disruption scenario, estimates of excess AIDS-related deaths in one year ranged from 471 000 to 673 000, making it inevitable that the world will miss the global 2020 target of fewer than 500 000 AIDS-related deaths worldwide. Shorter disruptions of three months would see a reduced but still significant impact on HIV deaths. More sporadic interruptions of antiretroviral therapy supply would lead to sporadic adherence to treatment, leading to the spread of HIV drug resistance, with long-term consequences for future treatment success in the region (1, 5).

- Disrupted services could also reverse gains made in preventing mother-to-child transmission of HIV. Since 2010, new HIV infections among children in sub-Saharan Africa have declined by 43%, from 250 000 in 2010 to 140 000 in 2018, owing to the high coverage of HIV services for mothers and their children in the region. Curtailment of these services by COVID-19 for six months could see new child HIV infections rise drastically (1, 5, 6).

- Other significant effects of the COVID-19 pandemic on the AIDS response in sub-Saharan Africa that could lead to additional mortality include reduced quality of clinical care owing to health facilities becoming overstretched and a suspension of viral load testing, reduced adherence to counseling and drug regimen switches (1, 6).

- In Ethiopia, in the 90–90–90 targets it is envisioned that, by 2020, 90% of people living with HIV will know their HIV status, 90% of people who know their HIV-positive status will be

accessing treatment and 90% of people on treatment will have suppressed viral loads. In terms of all people living with HIV, reaching the 90–90–90 targets means that 81% of all people living with HIV are on treatment and 73% of all people living with HIV are virally suppressed. With this regard in 2018 in Ethiopia 79% of people living with HIV knew their status and 65% of people living with HIV were on treatment (2). Nonetheless, these achievements could be reversed unless strong resilient response is put on practice to cope-up with disruptions.

- Therefore, when considering plans to manage negative effects of the COVID-19 epidemic, it is critical that the government, donors, suppliers and communities focus on maintaining the supply of ARVs for people with HIV to avoid additional HIV-related deaths, new infections and the provision of essential prevention services so as to not allow an increase in incidence of HIV cases.

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