



Article Review on Potential Impact of COVID-19 Pandemic on Socioeconomic of Ethiopia, Africa

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Received: 29-July-2022, Manuscript No. ijmrhs-22-70730; **Editor assigned:** 01-August-2022, PreQC No. ijmrhs-22-70730(PQ); **Reviewed:** 01-August-2022, QC No. ijmrhs-22-70730(Q); **Revised:** 06-August-2022, Manuscript No. ijmrhs-22-70730(R); **Published:** 30-August-2022, J-invoice: J-70730

ABSTRACT

Background: The Corona Virus Disease-19 is a type of viral disease that is threatening the socio-economy, health, education, and politics across the world including Ethiopia. **Objectives:** To assess the probable impact of the Coronavirus disease-19 across Ethiopia in the main principal sectors from 2019 to 2020. **Methods:** The review of existing information was employed for the analysis. Accordingly, the information gathered was synthesized and described in the case of health facilities, education, economics, politics, and social. **Results:** As a result of COVID-19, the real Ethiopia's Gross domestic product (GDP) decreased to 6.2% (in 2020) from 9.0% (2019). Moreover, a high-pitched weakening in tourism sectors with the hotel industries tenure rate decreased to 2%, and significant job losses for Ethiopia were estimated between 700,000 and 2,000,000. Moreover, the review showed that due to this pandemic about 1.2 million; 3.2 million, and 238 thousand children faced without oral antibiotics for pneumonia; Diphtheria, Tetanus, Pertussis (DPT) vaccinations; and access to facilities, respectively in Ethiopia. In addition, only 2.2 million women received family planning services from health sectors across Ethiopia. As the evidence showed, at a national level, more than 26,000,000 students were out of school; general elections were didn't held on the scheduled date, and many of the society are causing disruptions. **Conclusions:** Thus, COVID-19 has the potential to decrease the economy, disturb healthcare facilities, quality of education, trouble politics, and social pattern, which need to prevent and control the integration of individuals into the government.

Keywords: COVID-19, Economy, Education, Health care facilities, Politics, Social

INTRODUCTION

Coronavirus virus disease 19 (COVID-19) is caused by a virus named SARS-CoV-2 and the outbreak was assumed to have originated from a seafood and wild food wet market in Wuhan, China in 2019 [1]. It is very contagious and has quickly spread around the world [2]. As CDC reported COVID-19 most often causes respiratory symptoms that can feel much like a cold, the flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease [2].

Most people with COVID-19 have mild symptoms, but some people become severely ill. This evidence also showed that some people including those with minor or no symptoms may suffer from post-COVID conditions-or "long COVID". Older adults and people who have certain underlying medical conditions are at increased risk of severe illness from COVID-19. Hundreds of thousands of people have died from COVID-19 in the United States. Moreover, the CDC reveals that Vaccines against COVID-19 are safe and effective. Vaccines teach our immune system to fight the virus that causes COVID-19. Like many other respiratory viruses, coronaviruses spread quickly through droplets that you project out of your mouth or nose when you breathe, cough, sneeze, or speak [2].

Moreover, as a literal definition, the word corona means crown and refers to the appearance that coronaviruses get from the spike proteins sticking out of them. These spike proteins are important to the biology of this virus. The spike protein is the part of the virus that attaches to a human cell to infect it, allowing it to replicate inside of the cell and spread to other cells [2]. Some antibodies can protect you from SARS-CoV-2 by targeting these spike proteins. Because of the importance of this specific part of the virus, scientists who sequence the virus for research constantly monitor mutations causing changes to the spike protein through a process called genomic surveillance [2]. As CDC put it on its page, as genetic changes to the virus happen over time, the SARS-CoV-2 virus begins to form genetic lineages. Just as a family has a family tree, the SARS-CoV-2 virus can be similarly mapped out. Sometimes branches of that tree have different attributes that change how fast the virus spreads, the severity of illness it causes, or the effectiveness of treatments against it. Scientists call the viruses with these changes “variants”. They are still SARS-CoV-2 but may act differently [2].

Since the appearance of COVID-19, the world has been affected by different pillars like economic loss, education stopping, and low coverage of healthcare facilities. The evidence showed that about two out of three of the world have a compulsory switch of movement both within its borders and at international boundaries to contain the pandemic [3]. As the result of these actions are necessary, they might unpleasantly affect the food and nutrition sanctuary observed due to food supply chains being disrupted. Moreover, COVID-19 is already having a momentous impact on source handcuffs and logistics for producers and consumers-as shown by closed borders, national lockdowns, and the markdown in air traffic. This has been a lot of adverse effects on food and nutrition security, particularly in low-income countries, where there are many vulnerable populations to food security [4].

Cognizant of this fact, the Ethiopian government has been taking several preventive measures including a state of emergency, partial to complete lockdown, quarantine, awareness creation, and social protection to minimize the danger of the pandemic. Furthermore, resource mobilization from the community, private institutions, and development organizations is going in an organized form. The government of Ethiopia has considered the probable effect of COVID-19 and to mitigate the effect and build resilience; the government announced a USD 154 million package to bolster health care and tax exemptions of imported products for the prevention and containment of COVID-19 [3,4]. Key Review questions could be listed below.

General review questions

What was the possible effect of Coronavirus Diseases 19 (COVID-19) on a segment of socioeconomic patterns in Ethiopia until July 24, 2020?

Specific review questions

- What were the possible effects of the Coronavirus Disease on Ethiopia’s economy?
- What were the possible effects of Coronavirus Diseases on Ethiopia’s health facilities?
- What were the possible effects of Coronavirus Diseases on Ethiopia’s education?
- What were the possible effects of Coronavirus Diseases on Ethiopia’s politics?
- What were the possible effects of the Coronavirus Disease on Ethiopia’s society?

LITERATURE REVIEW

Period of review

From the first case of Covid-19 reported (i.e., 13th mid-March) to July 24th, 2020.

Review segment

An assessment review of the impact of COVID-19 was mainly focused on the economy, health, education, politics, and society of Ethiopia.

Data extracted

Data were extracted from WHO, Worldometer, FAO, ILRI, WB, and UN-OCHA and EEA sources, which are listed under abbreviation.

Data validation

Very little literature directly dealing with its effects on education, health, economy, and politics is available. As the result, the reviewers conducted several cross-checking validations for ensuring the validity of the opinions to address the evidence gap.

Data screened process

Figure 1 shows that a total of 87 relevant documents and texts were collected based on the following keywords. The impact of COVID-19 on the economy, health, education, politics, and society in Ethiopia since the virus appeared for nearly five months was assessed.

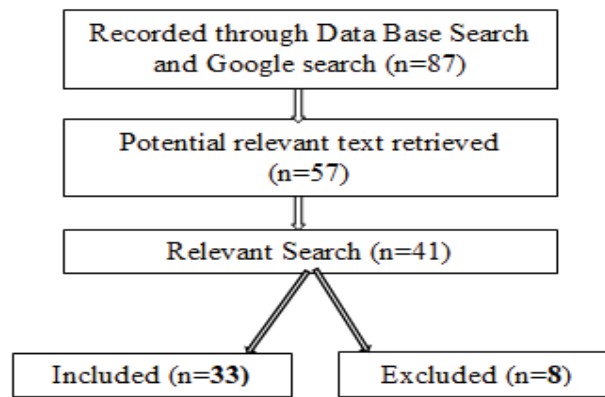


Figure 1 Process of Review of the potential impact of COVID-19 on the socioeconomic of Ethiopia 2020

Data synthesis

The data were synthesized qualitatively; some data were tabulated and described narratively considering the implications along each sector.

RESULTS

Confirmed, recovered, and death

Since the Coronavirus COVID-19 appeared for nearly five months since Ethiopia’s index case, from total tests of 364, 322 individuals, 12,693 of them were reported as confirmed cases; 5,785 recovered and 200 died from this virus [5] (Figure 2).

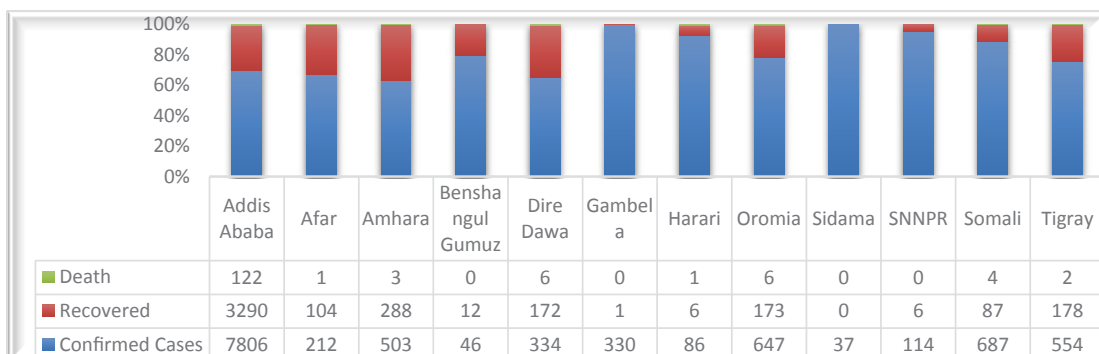


Figure 2 Distribution of COVID-19 with the number of confirmed, recovered, and dead until July 24th, 2020

Impact of COVID-19

Ethiopia’s real Gross Domestic Product (GDP) growth in 2019 was 9% and was forecasted by the impact of COVID-19 to be 6% in 2020 [6,7]. It affected about 1.2 million children without oral antibiotics for pneumonia; about three

million children without DPT vaccinations; 238 thousand women without access to facilities-based delivery; 2.2 million fewer women receiving family planning services. Moreover, more than 26 million students are affected and over 47 thousand schools were closed [8-10] (Table 1).

Table 1 Potential Impact of COVID-19 on economic, health, education, politics, and social, 2020

S.no	Indicators	Possible impacts
1.	Economic impact	<ul style="list-style-type: none"> Decreased the country's GDP from 9% to 6% [8]. Losses of \$550 million from Airlines were reported from January to April 2020 [11]. Firms in services are more likely to be affected by closures of businesses, marketplaces, and shops [12]. Lowers supply of raw material and immediate goods [13]. Weakened manufacturing and industries [9]. Closure of marketplace [13]. Payments of invoices as well as of staff wages and social security contributions have become substantially more difficult for firms [14]. The high price of the supply of raw materials and immediate goods [13]. The decline in growth could be as high as 16.7% [13]. Forecasted to contract by about 15.6% in the service-providing sectors [13]. Low demand for products [13]. Forced closure of business [13].
2.	Health care facilities	<ul style="list-style-type: none"> Supplies and equipment may be disrupted due to production shifting to COVID-19-related supplies and declines in production due to disruptions in the availability of raw materials [15]. Substantial delays in delivery times due to transport and movement restrictions. About 1,229,200 children without oral antibiotics for pneumonia [16]. About 3,164,600 children without DPT vaccinations [16]. About 238,000 women are without access to facilities-based deliveries [16]. About 2,243,700 fewer women receive family planning services [16]. Disruption of Supply and Personal Protective Equipment [17]. Increased personnel protective equipment leads to an affected healthcare budgeting system [18]. Non-communicable diseases are one of the indirect Health Impacts of COVID-19 account [19]. Pandemic will lead to fewer deaths from road accidents, which is also one of the indirect Health Impacts of COVID-19 account [16].
3.	Education impact	<ul style="list-style-type: none"> More than 26 million students are affected. Over 47,000 schools were closed [20-23]. The rapid move to distance learning has allowed little time for planning or reflection on both the potential risks to safeguard against and the potential opportunities to leverage [23]. School feeding programs for around 1 million children across multiple regions of the country have stopped [24,25]. The novel nature and scale of the crisis meant that contingency plans needed to be put in place to limit the inevitable disruption in children's learning [26]. Around 1 in 4 children are at risk of dropping out in the first year of primary schooling, and nearly half of students are likely to fail to complete primary education [27].
4.	Politics impact	<ul style="list-style-type: none"> The general elections on 29 August 2020 won't be held on the scheduled date [28]. Some of the budget allocation for the Prosperity party (PP), the current national government shifted to COVID-19 prevention and control, which may lead to slow the development of infrastructure the country desired for the era of the current political system [29]. Prohibited companies from laying off workers unless in keeping with government guidelines [29]. Banned meetings of more than four people and made it mandatory to cover mouths in public places [29].

5.	Social impact	<ul style="list-style-type: none"> • A total of 150,000 employees in this industry are also at risk of losing their jobs [30,31]. • Affected psychology of an individual [29]. • Caused disruptions, mental stress, panic and feared isolation and quarantine, and sometimes miscommunications about the type of food to consume [32]. • Created problems psychosocial within/among a family, groups, and neighbourhoods up to the country's border [32]. • Migration of labour from towns to villages as well as from schools to families in fear of the pandemic may add workforce to family labour although the risk of COVID-19 spread and competition for family food becomes high [32]. • Troubled Health care workers with their families [31]. • Restricted social interactions for weddings, sorrow • Restricted daily workers may be working on the road for daily substantial life [31]. • Restricted movement of the sport, leads to a decrease in their income, even if null earning [33].
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DISCUSSION

Ethiopia recorded its first case of Covid-19 in mid-March, 2019. As evidence obtained from the capital city of Ethiopia “Alarm Bells” was immediately sounded because of the country’s ominous circumstances, a population of 110 million, and overcrowded [1]. As the result, all things were complex in that Addis Ababa, particularly Addis Ababa Bole International Airport, which is one of the busiest hubs on the continent and a major gateway into Africa for millions of international travellers. The evidence indicated that since the Coronavirus (COVID-19) appeared for nearly five months since Ethiopia’s index case, from total tests of 364 hundred individuals, 13 hundred them reported as confirmed cases; almost 600 recovered, and 200 them died of this virus [5]. A report indicated the country reported 760 new cases of COVID-19 as of today July 24, which was the biggest single-day figure since the index case was recorded [6]. Since COVID-19 appeared and was recorded within a country, it has had a massive complication impact on social, health, economic, education, and politics.

Impact on economic

Ethiopia is in Eastern Africa, which is the second most populous country with greater than 120 m people. As EEA reported the country’s real Gross Domestic Product growth in 2019 was 9% and was forecasted to be 6.2% in 2020 by pre-COVID-19 [8]. This forecast has now been revised and decreased to 3% in 2020. These problems were due to disruption in the supply chain and weakened global demand, which has affected the inflow of raw constituents and finished products for process, manufacturing, and trading. As the result, a shrill rise in inflation as domestic food prices have risen steadily, a decline in tourism, hotel residence rate reduced to 2%, and dissolutions in bookings from 3 months to 6 months were observed. Moreover, this evidence also shows that substantial work losses- between 700,000-2000,000 jobs are likely to be lost in 2020 due to the severity of the virus on the economy in Ethiopia [9]. The report obtained from UN Economic Commission (UN-EC) shows that for the fiscal year 2020, COVID-19 would estimate that the COVID-19 expected to save almost three percentage off points Ethiopia’s economic growth. Furthermore, the review showed that the COVID-19 pandemic has affected Ethiopia’s flower export industry significantly [9]. These problems were similar to developed countries like Europe; as evidence showed the demand for flowers plummeted and the price dropped by more than 8% in Europe after the coronavirus hit the country [10]. Moreover, Ethiopia was challenged with a debt burden, foreign exchange was stemming from poor sector performance, and a decline in remittance due to this COVID-19 pandemic [10].

The economic consequences of the COVID-19 pandemic appear to be more long-drawn-out than health-related upshots. This was contrary to economic gains made in the past few years, which have seen huge segments of the Ethiopian population lifted from poverty. As data obtained from the review showed that the number of people living below the poverty line is now expected to escalate to thirty-one million (31,000,000) people in fiscal years 2020-2021 from 26 million people in 2019-2020 [9]. The country’s foreign exchange is scrawny and pretences an important near-term challenge to its economy. According to evidence obtained from Ethiopian Ministry of Finance officials, the exchange rate has dropped to almost 34 Birr (\$1) at the end of April 2020, representing a fifteen to 17% depreciation from the same time last year [9]. Furthermore, the country’s foreign exchange status can be accredited to its poor-performing sectors, particularly its national sectors like a national airline, agricultural exports, hospitality sector, and

production targets [9]. At Ethiopian Airlines, the Chief Executive Officer (CEO) Ethiopia reported, a loss of \$550 million from January through April 2020 [11]. To economic analysis, this is particularly worrisome as the airline supports over 1,000,000 jobs and contributed over 5% of the National Gross Product in 2019 [11]. In this year (2019), agriculture exports from Ethiopia were 60% of total exports and have also been dealt a major blow as demand slows in major developed countries like European and North America. As data obtained in 2020 showed that a significant amount of cropland and pastures have been impacted by locust invasion, pushing more than 1,000,000 people to face hunger in this country [9]. As this evidence showed, the hospitality sector has collapsed as travel prohibitions around the world. The collateral damage is significant as hospitality accounts for over 8% of the total employment in Ethiopia [9].

At the same time, Ethiopia's manufacturing sector—a key focus of the government in recent years has weakened due to the disruption in supply chains worldwide. The review shows that Ethiopia's textile industries, in particular, have been affected by supply underperformance in China, as well as the slow demand in Europe and North America. In this report, the policy brief states that since the first round of the survey, which took place between April 5 and May 5, firms in Addis Ababa, Ethiopia have begun to resume operations, with the share of firms that completely halted operations decreasing from 41% in survey round one to 29% in round two [9].

Moreover, Firms in Addis Ababa report that has affected their business mainly through a substantial decrease in demand for their products or services as the result of this pandemic disease. The collapse in demand has increased since round one of the survey, when only 62% of all firms reported this effect of the pandemic on their businesses, compared to over 80% in round two [12]. Moreover, the impact of other areas has declined since the first round of the survey, with fewer firms reporting an impact from the forced closure of businesses, marketplaces, and shops, as well as the restricted movement of workers. During this time, the firms in the industry were more likely affected by lower supplies and higher prices of raw materials and intermediate goods than firms in services, while firms in services were more likely affected by closures of businesses, marketplaces, and shops alike [12].

However, notwithstanding these reopening, firms still face financial stresses, which have only increased over time. The most significant financial challenges were they faced with paying rent; also financial stresses have increased across the board, and payment of staff wages and social security contributions have become substantially more difficult for firms since round one of the survey [13].

As a reflection of Alemayehu (2020) at a time, the Gross Domestic Product (GDP) might be contracted by eleven percent in the 2020 to 2021 fiscal year if the impact of COVID-19 in Ethiopia lasted till the end of 2020. In the same scenario, due to the effect of this pandemic being limited to the first quarter of the next Ethiopian fiscal year 2020 through 21, the GDP might be expected by almost 6%, instead. It was expected that in the bad-case scenario of the effect droopy around for the same three quarters, the decline in growth could be as high as 17%. In the other study, reported that the service sector is, on average, predicted to deal by about 16% [14].

One report indicated that there was a reduction in the number of customers in food and drinking sectors like hotels, restaurants, cafes, and small and microenterprises such as roadside cultural coffee markets. During this extensive journey, some of the restaurants and cafés stopped and removed themselves from the economy setup [15]. There were many complicated challenges faced by consumers and producers that had low purchasing processes due to travel restrictions, layoffs, low income, and other crises. At that junction, the deployment of food sources and efforts by contributions and Non-Governmental Organizations (NGOs) to deliver food played significant roles to reduce the impact of the COVID-19 crisis [15]. Therefore, at that time organized and strengthened labourers under daily cash for work to vander food post supply, the selling-buying process, and other activities were reduced due to the impact of the pandemic disease [15].

Impact of COVID-19 on health

Disruption of health services: As an indication of information, as the result of COVID-19-related disruptions, many women and children faced a lack of access to health services, which results in an increased in maternal and childhood morbidity and mortality [16]. Johns Hopkins University, using the Lives Saved Tool (LST), reported that across the world particularly, in 118 low and middle-income countries, became high children and maternal deaths will be devastating. Based on an assortment of likely scenarios, there could be as many as 57 thousand additional child deaths and 2,300 additional maternal deaths in this first year of the pandemic. These were due to unavoidable shocks, health

system collapse, or intentional choices made in responding to the pandemic; that is equivalent to 86 thousand excess children and 3,500 additional maternal deaths over one year and a half in this country [17].

Regarding children's health, the provision disruptions in Ethiopia have the potential to leave 1.2 million children without oral antibiotics for pneumonia which means the current coverage of the 29% to declined by 15% coverage of services disrupted. Moreover, as estimated indicated at that time showed that 3.2 million children lacking Diphtheria Tetanus Pertussis (DPT) vaccination that was dropped from 72% to 35% if coverage if services disrupted); the 238 thousand women without access to facilities-based deliveries, which was dropped from coverage of 26% to 13% due to services disrupted; and 2.2 million fewer women receiving family planning facilities, which dropped from 40% to 24% coverage if services disrupted. Therefore, child mortality in Ethiopia could increase by 15% and maternal mortality by 8% over the next year at that time due to disruptions of services [16].

Moreover, in the Tigray Region, Ethiopia, the provision of health services from a decrease in the coming of Antenatal Care (ANC) the mothers to the number of women delivering their babies in health facilities as the result of this pandemic disease as UNICEF staff reported [16]. Moreover, as healthcare providers reported from the Tigray region, then a sharp decrease in the number of pregnant and breastfeeding women coming to the healthcare settings [21]. Furthermore, first ANC attendance and under-five years (<5-year children) pneumonia treatment decreased by 12% and 35% respectively, in April 2020 compared to the previous eight months' average performance [16].

Moreover, during this time the researchers recommended or imposed that government should have strict movement restrictions, leading to families and nonessential workers staying home. As they reported all seven categories of communicable maternal, neonatal, and nutritional diseases lead to 89,546 excess deaths compared to the 89,500 excess children and maternal deaths estimated by Hopkins. COVID-19, the pandemic directly attributed provision of essential health services being disrupted in addition to mortality and morbidity. To this report, such a disruption could come from supply-side factors as well as demand-side factors. It was expected that "If COVID-19 disrupts routine health services-leads to excess mortality; that disruption was felt more acutely where there is something to disrupt [17].

The interviewer revealed that the clients' flow was ascribed to the fear of acquiring COVID-19 at health facilities, limited access due to restrictions of the movement; and dedication to health facilities at COVID-19 treatment centres, as a result, led to decreased service in health care facilities. Moreover, the alteration of health workers and resources to direct COVID-19 response activities compromised the facilities' capacity to deliver essential Maternal and child health services. In addition, the shortage of personal protective equipment was one of the challenges to supply for health workers; increased workload with financial; fear of acquiring COVID-19 and passing it to their families; and stigma from clients were the other challenges during this pandemic era [22].

Supply and equipment disruption: As mentioned above including PPE shortage and other facilities necessary for the prevention and control of COVID-19 was massive challenges at the level of national resources. Since COVID-19 appeared to threaten to disrupt the provision of services due to barriers to the supply and demand for healthcare services. Across world countries, the supply chain for important supplies and equipment have be disrupted due to production shifting to COVID-19-related supplies, declines in production due to disruptions in the availability of raw materials, and substantial delays in delivery times due to transport and movement being restricted [19]. On the supply side, healthcare medical personnel normally provided health services that could be diverted to respond to COVID-19 and large numbers of healthcare providers could become ill or die. Between 2019 and 2020, healthcare facilities have been overwhelmed by large numbers of COVID-19 patients who needed more management and treatment alike [18]. There was already evidence that COVID-19 was causing high rates of morbidity and mortality among healthcare workers, leading to further staffing shortages [20].

Indirect health impacts of COVID-19: Injuries are one of the Non-Communicable Diseases (NCDs) one of the indirect health impacts of COVID-19 accounts for an increasingly large proportion of deaths globally. In Ethiopia, Non-communicable diseases accounted for 37% of deaths in 2017. However, the control measures for NCDs are not similar to communicable maternal, neonatal, and nutritional diseases. These types of diseases and health-related conditions are relatively well-established interventions such as hypertension screening and treatment, diabetes diagnosis and care, cancer diagnosis, and treatment [17]. But, prevention and control of non-communicable diseases through daily working physical exercise; stopping tobacco like smoking, and stopping heavy drinking are the simplest

and non-costive measures. Such bad practices were actively observed during COVID restriction. As the report indicated, restrictions on people's movement during the pandemic, that was led to fewer deaths from road accidents. Both of these causes of death are assumed to go down by ½%, and gradually returned to pre-COVID-19 levels after three months. Sadly, reports of self-harm and interpersonal violence; deaths due to these causes are assumed to go up by 20%, gradually returning to pre-COVID-19 levels after three months [17].

During that time, the excess non-COVID deaths in Ethiopia were significant, ranging between 25 thousand to 97 thousand additional deaths over one year and half months. To reviewers' perceptions, "there could be as many as 97 thousand excess non-COVID-19 deaths over the next one year and half months; more than 90% of these deaths would be due to communicable, maternal, neonatal, and nutritional diseases". As their conclusion "Recognizing that there is much uncertainty about these estimates, need to consider a "better-case" scenario" [17]. Here, again, they used the recent estimates from Hopkins, who reported 20 thousand and 850 thousand additional children and maternal deaths over one year and six months to "anchor" were estimated, respectively. Sketchily speaking, that was equivalent to a 10% increase in mortality as the result of communicable diseases, maternal, neonatal, and nutritional diseases, gradually returned to pre-COVID-19 levels over one year and half months [17].

Impact of COVID-19 on education

Since COVID-19 appeared, the education community as the month when almost all the world's schools shut their doors on 1st, March 2020. Nationwide, six public school closures were due to the COVID-19 pandemic, and by the end of the month; 185 countries had closed, that was affected 90% of the world's students. The speed of these closures and the rapid movement of distance learning has allowed slight time for the consideration of potential harm to safeguard against and the potential opportunities to control [23].

A report indicated, that more than 26 million students were affected by over 47 thousand schools closed in Ethiopia due to the coronavirus. Subsequently, around 1 million children were stopped across all regional states within the country [24,25]. When all schools across Ethiopia closed, the innovative environment and balance of the catastrophe intended that likelihood strategy was desirable to be put in place to limit the inevitable disruption in children's learning and teaching process [26]. The possible impact of the COVID-19 pandemic on education systems was extensively considered. Despite these enhancements, around 1 in 4 i.e. 25% children were at risk of dropping out in the first year of primary schooling, and nearly half of students were probable to nose-dive-to-complete primary education and the student learning output or outcome also very low: As the report indicated 90% of Grade 4 students in Ethiopia didn't reach the basic reading ability, which was very low, it was another huge challenge [27].

Moreover, the other challenge for the government and its partners were devising and coordinating a response has been immense. Despite, the problem was not simply one of lack of infrastructure, limited media to reach with appropriate, and unusual resources, though these were considerable. The dispersed countryside of schools, particularly at the primary school level, and developing distance education programs were the responsibility of individual regional education bureaus to respond to this pandemic disaster. Even though the Federal Ministry of Education (MOE) administered the provision of secondary education via a television channel and a MOE-television education program. This program was designed to be used in classroom situations with the help of a teacher, not as a tool for self-learning at home. The initiatives were developed locally by state regional education bureaus, with varying degrees of success at the primary level [26].

The type of assistance varies among regions in the country. Here, ICT infrastructure is not the only resource restriction. Some educational bureaus had experience in scriptwriting and creation for radio broadcasting that built skill from graze. Meanwhile, in the multilingual South Nation National and People (SNNP) of Ethiopia Region, there are specific challenges to delivering education through the radio from grade 1 to grade 4 due to the mother tongue for each nation not yet being possible; due to limited radio stations; and resource constraints [26].

A key priority should be to raise awareness among families and children of the need to attend a radio and TV education program to address the problems [26]. However, monitoring was another challenge that stands, there were no formal systems in place for assessing class attendance. The WB and DFID plan to conduct the household-to-household phone surveys by including questions on children's learning and teaching process. The results were triangulated with findings from state or regional level monitoring by education authorities to paint a complete picture of attendance

in the classroom [26]. Moreover, online education didn't substitute for face-to-face learning in brick-and-mortar classrooms. In addition, electricity has been not frequent and internet connection was often patchy. A thirty-minute Television program couldn't replace a full lesson in a school setting. To solve these problems, many schools provided multiple strategies and hosts for children such as providing extra welfare such as mealtimes, recreational programs, co-curricular activities, educational support by teachers, and demonstrative and communal connections with other children [26].

Impact of COVID-19 on politics

The arrival of COVID-19 could not have come at a higher sensitive time for Ethiopia, which was due to holding pivotal elections in August after five years of political turmoil. On 31st, March 2019 some two weeks after authorities announced the first coronavirus case in Africa's second most populous country, the electoral board suspended preparations for the vote due to the community health risk. As the result, on 10th April 2019 parliament has been approved a five-month state of emergency giving authority sweeping power to battle the disease. As elections will not occur before parliament's term ends in early October 2019, an interim governing arrangement was likely to be necessary. They have also signalled that they wish to be closely consulted in devising an interim arrangement for governing the country when parliament's term ends.

Time, as a report from Addis Ababa, the authorities first confirmed the disease's presence in Ethiopia on 13th March 2019, two days after the WHO categorized it as a global pandemic. Since then, confirmed infections have climbed steadily to 82, with three deaths announced. In the meantime, bucking policies elsewhere in East Africa state carrier Ethiopian Airlines, whose hard currency earnings helped fund essential imports have continued flying to Chinese and European destinations. While the federal and regional governments announced measures such as suspending large gatherings and intercity public transport, authorities didn't introduce a comprehensive lockdown to try to contain COVID-19. The unwillingness to impose such measures probably reflected an effort to avoid what analysts predict could be at least one million job losses at a time when around two million young annually in Ethiopia enter the labour market and the urban unemployment rate was approximately 20% [29].

There was a declaration of a nationwide state of emergency invoked to deal with epidemics at the Ethiopian level based on the constitution of the country. The aim was to give the federal government swept authority to address the crisis. As a norm, the state of emergency could be allowed greater federal control over state security procedures, including an enhanced role for the military, though it was not yet known whether the government intends to use this power. The Attorney General's Office said it publicized the regulations ordered and actions taken under the decree, adding that violations could result in fines of up to 200 hundred Ethiopian birr (equivalence to \$6,033). Also, the Office has announced initial measures including banning meetings of more than four people and making it mandatory to cover mouths in public places. They also prohibited companies from laying off workers unless in keeping with government guidelines. At this junction, senior officials have suggested that they won't be issued a stay-at-home order due to the severe impact it would have on the poor [29]. Moreover, as we believe some of the budget allocations for Prosperity Party (PP), the current national government was shifted to COVID-19 prevention and control, which might be led to slow the development of infrastructure the country desired for the era of the current political system (Authors assumptions, 2020).

Impact of COVID-19 on social

The coronavirus disease 19 (COVID-19) has the potential to show chaos in Ethiopia due to the country's already formidable economic and social challenges. On the other hand, the public healthcare risks presented by this pandemic were massive. In our situation, our living standard and working conditions were highly conducive for transmission, as people live in crowded inter-generational households. At the time it was predicted that allowing, economic activities to continue unchecked might be expected to lead to millions of infections within months, with serious cases quickly overwhelming an already weakened health system that has only a few hundred ventilators and fewer than five hundred intensive care units.

A report revealed, that only around 2% of clinics had oxygen delivery devices in Ethiopia. As expected, if the virus takes hold and many Ethiopians find themselves without adequate capital to care for their families, they could be turned against authorities whom they perceived to be incompetent. Alternatively, if the state took public health dealings that made it intolerable for people to provide for themselves, it could provoke a similar reaction. The possibility of

instabilities made it all more significant for the administration to bent over towards the back to foster unity among diverse constituencies in support of the political path it chooses through the crisis, even as it arrogated to itself extraordinary unilateral powers [29].

UN-EC reported that a total of 150 thousand employees in these industries were also at risk of losing their jobs in Africa [30,31]. As this report indicated measures that affected the free movement of people, such as seasonal workers, might have an impact. Labour force shortage in the horror of the disease and because of illness could be significantly affected. Such restriction of movement impedes many labourers didn't move to their places of work or carrying out their jobs. When it took example, in the Central Rift Valley of Ethiopia, labour was becoming scarce and reversed migration of labour from towns to villages as well as from schools to families in fear of the pandemic added workforce to family labour although the risk of COVID-19 spread and competition for family food became high. The volume of flowers exported has dropped following the outbreak of the COVID-19 pandemic. As the result, flower industry in Ethiopia, a total of 150 thousand employees were on the edge of losing their jobs (labour layoff) [32,33].

Moreover, data obtained showed that COVID-19 was not only just a medical sensation; it affected psychological and caused disruptions and mental stress of aspects of individuals and society. Fear and anxiety have also been linked to such outbreaks. Similarly, in beginning, there was isolation and quarantine and sometimes miscommunications about the type of food to consume due to panic about this virus. As observed from our setting including national wide, as a result of this pandemic fear, demand for raw consumed foods such as meat, vegetables, and fruits dropped. Consequently, there was disrupted both demand and supply relationships, creating negative attitudes and ambiguity about what type and quantity of crops to be produced in the future [15].

LIMITATION OF THE REVIEW

Limited introduction, methods, results, discussion, and conclusion were drawn due to the difficulty of data generation at a time of movement restriction and poor database availability on websites.

CONCLUSION

This review indicated that since the Corona Virus disease 19 (COVID-19) appeared in our country in July 2020. As this review concluded there was fear of a new recession and financial collapse, and resilience and leadership in healthcare, business, government, and society observed across Ethiopia. As a result of fear of this pandemic virus, healthcare avoidance contributed to these deaths. Despite, strategies like medium and longer-term planning were needed to rebalance and reenergize the economy following this crisis were applied to concerned bodies.

At the time, recommendations like a broad socio-economic development should be planned including sector-by-sector that encouraged entrepreneurship with robust business models that can flourish for sustainability were forwarded. Moreover, it was careful that governments and financial institutions constantly reassessed and revaluated the state has been played and ensured that 'whatever it takes to promise is truly delivered.

Indeed, it was unclear whether these avoidable non-COVID-19 deaths wouldn't be entirely due to lockdowns and other policy measures till now.

DECLARATIONS

Conflict of Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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