

# Ethiopia



## The Study

The novel coronavirus disease 2019 (Covid-19) pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has affected almost all aspects of life for much of the world's population. Although evidence about who is most vulnerable to Covid-19 is emerging, very little is known about the extent to which tobacco use is a risk factor for Covid-19. In addition, how countries reconcile the need to progress tobacco control while responding to an infectious disease pandemic such as Covid-19 is unknown.

A rapid evidence review and online survey were conducted during May-June 2020 to examine tobacco use and control during Covid-19. This study built on an existing multi-country collaboration, the Tobacco Control Capacity Programme<sup>1</sup> led by the University of Edinburgh and partner institutions in eight countries in South Asia and Africa, including Ethiopia. The study aimed to generate evidence to support these governments to make informed policy decisions about the public health response in general and tobacco control interventions in particular, in the context of Covid-19. The preparation of this policy brief was led by Addis Ababa University School of Public Health (contact details on last page).

This policy briefing reports key results from a rapid study conducted to examine the relationship between Covid-19 and tobacco control in Ethiopia.

## Tobacco use in Ethiopia

The prevalence of current tobacco use among adults was 5% in 2016 (8.1% among men and 1.8% among women, and 3.8% in urban and 5.3% in rural areas)<sup>2</sup>. A study conducted among 3,967 children aged 13-19 years revealed 8% (12.6% in males and 4.8% in females) and 3% (3.7% males and 1.3% females) ever and current smokers, respectively<sup>3</sup>. Youth smokeless tobacco use was negligible and adult current smokeless tobacco use was 0.8% (1.1% males and 0.8% females)<sup>4</sup>.

Although these figures are conservative in comparison with the estimate for Africa overall, the large population of adolescents and young adults in the country, and tobacco industry interests, suggests potential for a future increase.

## Covid-19 in Ethiopia

The first confirmed case of Covid-19 was reported on the 13<sup>th</sup> of March 2020. As of 4<sup>th</sup> August 2020, a total of 19,877 confirmed cases and 343 deaths were reported. In addition, there were 8,240 recoveries and 11,292 active cases to date. Despite efforts to contain and mitigate the spread of the virus in the country, new cases have continued to emerge and community transmission is currently underway.

## Data sources

This policy briefing is informed by: a stakeholder consultation via an online survey conducted during June 14-26, 2020 (Figure 1); a rapid literature review; and a desk based mapping to identify any relevant unpublished data sources such as government reports and online media.

For the desk-based mapping three rounds of data searching (on 15<sup>th</sup> May, 22<sup>nd</sup> June and 1<sup>st</sup> July 2020) were conducted using the following five sources of information: 1. Google search using the 'All' and 'News' tab; 2. Website search: Office of the Ethiopian Prime Minister, Ethiopian Ministry of Health, Ethiopian Public Health Institute (EPHI), WHO Country Office for Ethiopia, WHO FCTC, Intergovernmental Authority on Development (IGAD), Ethiopian Food and Drug Administration; 3. NGO websites: Centre for Tobacco Control Africa, AMREF Health Africa, African Tobacco Control Alliance, Tobacco Atlas, Mathiws Wondu YeEthiopia Cancer Society; 4. Online print press using Google alerts; and 5. Twitter accounts: Office of the Ethiopian

## Summary recommendations

- In responding to Covid-19, governments mustn't neglect their responsibility to prevent premature deaths from tobacco and the morbidity associated with tobacco use.
- Ethiopia should fully enforce the tobacco control law.
- Countries need to integrate communicable and NCD risks at the current time for the overall health and wellbeing of their populations.
- Though the new tobacco tax bill in Ethiopia is encouraging, as WHO recommends more reform is needed and could help reduce tobacco-related disease and deaths as well as raise revenue as the country recovers post Covid-19.

Prime Minister, Ministry of Health Ethiopia, Ethiopian Public Health Institute, WHO Ethiopia, Mathiwos Wondu YeEthiopia Cancer Society. A total of 55 data sources were identified through desk based mapping, of which seven were eligible for data extraction, mainly bulletins, websites, and tweets from the EPHI.

For further information on the methods, please contact the research team via the contact information on the last page.

Figure 1: Stakeholder survey response sample characteristics

Response	Area	Institutional affiliation	Level of work
<ul style="list-style-type: none"> <li>• 119 invitations sent</li> <li>• 71 (60%) stakeholders took part</li> </ul>	<ul style="list-style-type: none"> <li>• Addis Ababa (74.6%, n=53)</li> <li>• Oromia (9.9% n=7)</li> <li>• Tigray (7.0%, n=5)</li> <li>• SNNPR (5.6%, n=4)</li> <li>• Amhara (2.8%, n=2)</li> </ul>	<ul style="list-style-type: none"> <li>• Research and academia (46.5%, n=33)</li> <li>• Government (28.2%, n=20)</li> <li>• Health professional association (11.3%, n=8)</li> <li>• International organization (7.0%, n=5)</li> <li>• Civil society (5.6%, n=4)</li> <li>• Other (1.4%, n=1)</li> </ul>	<ul style="list-style-type: none"> <li>• Global (5.6%, n=4)</li> <li>• National (83.1%, n=59)</li> <li>• Regional (11.3%, n=8)</li> </ul>

### What do we know about Covid-19 and tobacco use?

A living rapid evidence review of the associations between tobacco use and Covid-19 is being conducted by researchers at University College London<sup>1</sup>. Its purpose is to pull together the rapidly expanding literature to examine the associations of smoking status with Covid-19 outcomes. Version 5 of the review was the most recent (published July 1<sup>st</sup> 2020). The latest version includes 148 studies and concludes that there is *'substantial uncertainty about the associations of smoking with Covid-19 outcomes.'* However, the review did find evidence to suggest that smokers had a **'greater disease severity in those hospitalised for Covid-19'** compared with never smokers. It also found that the risk of in-hospital mortality from Covid-19 was higher in smokers (current and former) than never smokers. The authors note that despite the uncertainty around the association between smoking and Covid-19, smokers remain at greater risk of respiratory disease. Smoking cessation, therefore, remains a key public health priority and support for it should form part of pandemic response. The review did not identify any publications relating to Covid-19 and tobacco in Ethiopia.

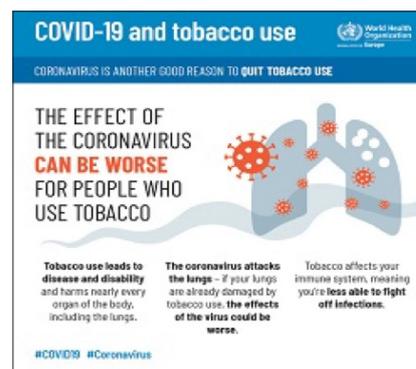
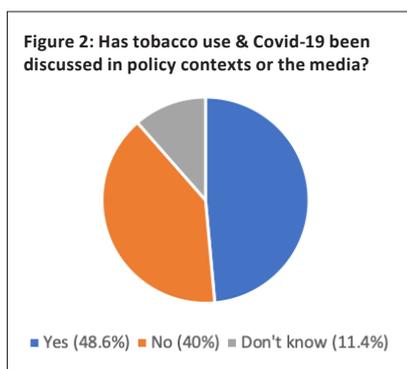
### Covid-19 and tobacco control in Ethiopia

Just under half of survey respondents (48.6%, n=34) agreed that the relationship between Covid-19 and tobacco use had been discussed in policy contexts or the media, as shown in Figure 2.

However, respondents clarified that this was more common in the press than in policy discussions:

*"Not really in the policy context arena, but in public communication informing smokers about the risk of smoking in relation to Covid-19 exposure and encouraging users to quit."*

*"I heard in the media that smokers are at higher risk of Covid-19. Even though the prevalence of smoking is very low in our country, we still need to be conscious of the situation."*



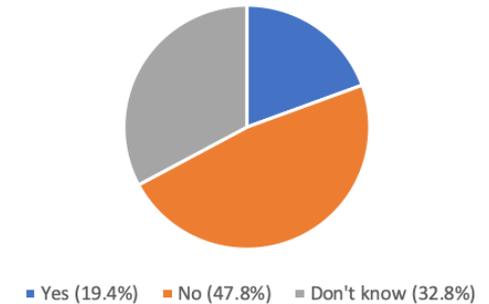
About four in ten (39.7% n=27) respondents reported that health professionals and authorities had provided advice to tobacco users during the pandemic. This was to warn that as Covid-19 affects the respiratory system, smoking may compromise recovery from the disease. There was a focus on advice to water pipe and shisha smokers but also some examples of advice to smokers to remember to protect their families from second hand smoke during the pandemic. The key piece of advice was to reduce tobacco consumption or stop smoking, particularly during the pandemic.

Despite this advice, few survey respondents (just 10%) had noticed any changes in levels of interest in cessation among smokers in Ethiopia during the pandemic.

Survey respondents indicated that the policy response to Covid-19 in Ethiopia had not included a focus on tobacco control issues, with just under half stating that it hadn't been included and a further third stating they did not know, as shown in Figure 3.

The mapping element of the research also didn't identify any calls to strengthen tobacco control during the Covid-19 pandemic. The only focus on tobacco was in disseminating information about potential risks to smokers and the advice to quit. The EPHI in its 'Coronavirus Risk Factors' webpage stated that cigarette smoking is a risk factor due to hand to mouth contact and the sharing of mouth pieces when using water pipes, which may increase transmission of SARS-CoV-2. The EPHI and the Ministry of Health advised people to abstain from tobacco use via their Twitter accounts and the Food and Drug Authority issued a press release on that topic. The Ministry also retweeted a message from the WHO African Regional office advising that tobacco consumption does not treat or cure Covid-19 and may increase harms. There was a particular focus on these messages around May 31<sup>st</sup>, World No Tobacco Day. This finding is not surprising, considering that just under one-fifth of survey respondents (19.4%, n=13) thought that the policy response to Covid-19 included a focus on tobacco control issues, but was limited to tobacco cessation.

**Figure 3: Has the policy response to Covid-19 included a focus on tobacco control issues?**



### **Covid-19 and the tobacco industry in Ethiopia**

Survey respondents had limited awareness of any impact on the operations of the tobacco industry in Ethiopia during the Covid-19 crisis, with just below two-thirds (62.7%) saying they didn't know and around a quarter (25.4%) reporting that it had no impact. This concurs with the mapping which did not find any data sources reporting on tobacco industry response to Covid-19. However, survey respondents mentioned a few examples of corporate social responsibility activities such as donating hand sanitisers and personal protective equipment (PPE) to public authorities. There was no evidence that the Covid-19 crisis or policy responses to it had affected the pricing or availability of tobacco products in Ethiopia, which is in contrast to some other countries who banned the sale of tobacco and alcohol during the crisis. Looking ahead, however, it was clear that measures that may affect both the industry and tobacco consumption in Ethiopia were regarded as important by survey respondents. 70% expected there to be attention to the role of tobacco taxation in raising revenue to address health and wider policy priorities after the initial Covid-19 crisis.

### **Impact of the Covid-19 crisis on organisations and services**

Most survey respondents thought that Covid-19 and actions to address it had an impact on use of health care. 80% reported that health care seeking practices of patients with non-communicable disease (NCD) such as cancer, heart disease, respiratory disease and diabetes had been affected. As in many other countries, it was pointed out that people would be less willing to go to health facilities because of fears of coming into contact with the virus. This included failing to collect regular medication or shortages in medicines. Survey respondents reported that facilities were not providing standard services and had been diverted to Covid-19 related activities. Participants in the study also noted adverse impacts on their own organisations, with offices and facilities closed due to Covid-19, staff working from home, and for those working in health care, clinical staff moved to Covid-19 response.

### **Additional information to help inform future tobacco control policy**

The study found that the following information would be helpful in relation to Covid-19 and tobacco:

1. A better understanding of the relationship between tobacco use and Covid-19.
2. More detail on the smoking status of Covid-19 cases and where smoking causes prior damage to health in those that developed Covid-19.

3. Data that compares survival outcomes between Covid-19 positives cases who are smokers and non-smokers and evidence on whether smokers are at increased risk of disease, morbidity and mortality from Covid-19.

### Recommendations

Tobacco use results in pre-mature mortality and morbidity globally to an extent that far exceeds that of Covid-19. Global deaths from tobacco account for 7 million people per year. While tobacco use in Ethiopia is lower than in many other countries, it is imperative that national governments do not neglect their responsibility to prevent premature deaths from tobacco, and the morbidity associated with tobacco use. This is particularly important at the current time when tobacco use can, from existing evidence, affect Covid-19 disease severity. Countries need to integrate communicable and NCD risks at the current time for the overall health and wellbeing of their populations.

Ethiopia should fully enforce the tobacco control law by taking the Covid-19 pandemic control interventions as a unique opportunity. This is pivotal to preventing the initiation of tobacco use among youth if successfully implemented.

Also, we believe that the new tobacco tax bill will add value, though more work should be done to meet the current WHO recommendation of tobacco taxation by improving the tax structure and rate. Apart from discouraging tobacco use, this helps to provide additional revenue to support the health system. At this time when the focus is on the Covid-19 pandemic, additional revenue would help with access to health care and the quality of vital services to prevent and treat NCDs.

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### References

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**Study website: <https://www.ed.ac.uk/usher/research/projects/covid-19-and-tobacco>**

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