

## **COVID-19 precautionary and mitigating measures\* for EU EOM to Ethiopia 2021**

*\*These are the main measures in place as of 16 April 2021. They may be complemented by additional measures as soon as the need arises. The situation in Ethiopia is monitored closely to be able to react with speed and efficiency.*

### **I. Background**

#### Political situation:

The House of Peoples' Representatives and regional state council elections were initially set for March 2020, but due to the global COVID-19 pandemic they were postponed to August 2020 and then again to 5<sup>th</sup> and 12<sup>th</sup> June 2021. However June elections will not be conducted in Tigray.

#### COVID-19:

In October 2020, Ethiopian Public Health issued Directive for the Prevention and Control of COVID-19 Pandemic which included measures such as mandatory wearing of facial masks, ensuring social distancing, and prohibiting the shaking of hands. As of 16<sup>th</sup> April 2021, Ethiopia<sup>1</sup> ranked in Africa for the number of COVID-19 cases with 230,944 confirmed cases resulting in 3,208 deaths. However, because of limited testing, there is speculation that the actual number of cases in the country is much higher than the number of confirmed cases. Furthermore, the level of compliance to established preventive measures, e.g., wearing masks, etc. remains very low especially in the rural areas outside the capital. Vaccination has started in March and currently about 80,000 health workers, vulnerable groups have been vaccinated.

#### Access to the country:

MFA has declared that all borders to Ethiopia are open and international travelers arriving at international airports must comply to the following conditions :

- Provide proof of a negative P.C.R. test administered within 120 hours (5 days) of arrival at Bole International Airport, Addis Ababa,
- Submit to temperature screening, and
- Self-quarantine at the place of residence/hotel for seven days.

#### Movements within the country (a part from Tigray):

Domestic airlines are operating with flights to all regions. Travel within the country is possible without restrictions. As the election are planned to take place during the rainy season, there will be a high likelihood of flooding throughout the country and could directly impact the operational effectiveness of observers in the areas affected.

#### Ethiopia's health care system:

There are eighty-seven hospitals in Ethiopia with 1949 health stations and 141 health centres. The ExM identified several private clinics that have intensive care units (ICU). However, currently all hospitals are at maximum capacity because of the increase in the number of active COVID-19 cases. Several medical facilities throughout the country have been identified for the purpose of administering COVID-19 P.C.R. test.

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<sup>1</sup> Ethiopia has recorded at least 2,149 more coronavirus (Covid-19) infections, ministry of health reported on 16/04/2021. About 8,878 people have been tested for coronavirus in the past twenty-four hours, with a total number of 3, 285 death in the country. The report shows 1031 patients are currently receiving medical treatment in Intensive care units after they become severely ill (Ethiopian Monitor, 16/04/2021).

## ExM recommendation:

Following the ExM to Ethiopia, deployed from March 8<sup>th</sup> to 18<sup>th</sup>, the team concluded that the COVID-19 pandemic should not prevent elections an observation mission to Ethiopia provided that specific safeguards are implemented and strictly followed. The Mission/Service Provider will establish a COVID-19 response protocol that outlines specific responsibilities, available medical services, emergency medical evacuation procedures, precautionary and mitigation measures.

## **II. Precautionary measures**

### **Testing:**

1. All international staff<sup>2</sup> will be required to receive a negative PCR test prior to deployment to Ethiopia followed by a second PCR test on arrival in Addis Ababa. Therefore the international staff will be COVID-19 free a point which should be highlighted during the DCO's first press conference;
2. Local staff, including drivers and LTO assistants must show proof of a negative COVID-19 test from an accredited laboratory before signing contracts;
3. Accredited COVID-19 testing clinics are available in all regions (SP will make an arrangement with one or more clinics in Accra as well as identify the testing centers in the regions). All costs related to COVID-19 testing done in Ethiopia will be covered by the mission.
4. SP will have to ensure highest standard of insurance, including covering COVID-19 treatment and medical evacuation.
5. Antigen (Rapid) Test Kits will be available to all international staff and utilized as an initial indicator for exposure to COVID-19.

### **Selection of the observers/CT/SP/local staff:**

6. All international personnel should obtain a "Fit For Work" certificate confirming they are free from any pre-existing medical conditions or who are at risk of developing serious complications should they contract COVID-19.
7. While being tested before departure from Europe, international staff should keep strict social distancing in order to avoid being infected;

### **Limited size of the EU EOM:**

8. In order to minimize the risk associated to COVID-19 and, at the same time, ensure that the EU is able to meet its mandate, the number of international observers deployed from Europe should be kept to a minimum. The deployment of 26 LTO teams will ensure the EU maintains a high profile of observation in all regions where elections will be held.
9. EU member states embassies as well as those from Canada, Switzerland and Norway have been invited to provide LSTOs that could compensate the lack of STOs deployed from Europe.

### **Access control and management of EOM HQ premises:**

10. Clearly visible signs will be posted at all access points to inform Mission personnel and all visitors of the requirement to comply with COVID-19 protocol.
11. Security guard placed at all access points to the office will be responsible for measuring temperature of each person entering office premises and to ensure COVID-19 safety protocol is followed, e.g. hands disinfection performed, face masks worn, social distancing respected.
12. The HQ office space will be a sanitized zone with access permitted to only those authorized and in compliance with COVID-19 guidelines as it relates to personal protective equipment.

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<sup>2</sup> DCO, CT, SP, LTOs,

### **Workspace/Offices:**

13. All offices will be allocated and organized to allow for social distancing.
14. Offices that will be shared by two or more personnel, plexiglass shields/dividers should be installed on each desk to create individual sanitized workspace.
15. Access to individual offices will be limited to personnel assigned to the office. All COVID-19 guidelines must be followed, e.g. wearing facial masks, social distancing, hand sanitizing, no physical contact (handshaking).

### **Meetings/Interviews/Training/Briefings:**

16. **As a matter of standard practise, virtual meetings are encouraged through digital platforms.** However, when in-person meetings, interviews, training and briefings are absolutely essential, all Covid-19 guidelines must be followed, e.g. social distancing, wearing facial masks, hand sanitizing, space disinfecting.
17. The meeting room where Core Team members are able to hold daily morning meetings will be large enough to permit social distancing, disinfected/sanitized before/following every meeting and have access control to prevent unauthorized access.
18. Meetings with external interlocutors should be held away from HQ offices but within the hotel while respecting social distancing guidelines and wearing facial masks to minimize the risk of exposure of all participants.
19. Encourage **virtual training/briefing sessions** for LTOs to prevent crowding in enclosed spaces (creating digital training materials). When in-person training is necessary, minimize the number of participants to ensure necessary precautions, specifically social distancing, respiratory hygiene, ventilated spaces, and use of acceptable facial masks.

### **Preventive measures and equipment at EOM HQ:**

20. A national staff member will be employed for the sole responsibility of ensuring that the office workspaces including designated offices, e.g., desks, washrooms, and common areas (doors, printers, copiers) are sanitized regularly.
21. Disinfectant liquids in various locations around the office, e.g. at the entrance and by shared equipment, e.g. printers;
22. Provide each toilet with liquid soap and disposable paper towels;
23. Provide all staff members with personal protective equipment (PPE): protective face masks, protective gloves, disinfectant wipes and liquid;
24. Place pedal bins with removable plastic bags in common use areas for disposing of used towels, soiled facial masks and sanitary waste.

### **LTOs in the regions:**

25. Comprehensive briefing and manual for LTOs will be provided with the developed SOPs related to COVID-19 risk;
26. Regular information will be provided on the COVID-19 situation in different areas of the country;
27. Observers will have a medical pack containing face masks and sanitising material and digital thermometer;
28. Observers will have permanent access to a Mission Doctor as well as to a Psychotherapist for possible stress management, etc;
29. Four Liaison Officers will be available to support LTOs in the regions, as needed;
30. Mission drivers will be provided with disinfectant spray and wipes for the purpose of sanitizing respective vehicle before/after each trip. Mission members and drivers should be wearing protective mask whenever together in the vehicle and elsewhere.
31. Identify adequate spaces within voting centres where electoral observers can observe the vote while respecting physical distancing rules and the secrecy of the ballot.
32. The Core Team will analyse how to incorporate aspects of the elections related to COVID-19 into the electoral observation methodology as to provide an independent perspective on the electoral strategy for responding to the pandemic so recommendations can be made for future processes.

### **III. Mitigating COVID-19 related risks**

1. Standard operating procedures (SOPs) for EOM staff will be developed by the SP together with the medical doctor and chosen clinic (e.g. clinical pathway for EOM Clinic for COVID-19 cases, observance of quarantine rules, precautionary measures for those in contact with a sick person, etc). They will be included in observers' manual and specifically highlighted during the briefing.
2. When LTO teams deploy to the regions, because of the prior testing, they will be confident in the knowledge that all members of their team are COVID-19 free. The same applies to the Core Team starting work in the EOM HQ. If however during the mission an international or national staff member feels unwell the following procedures shall take place:
  - a. If any member of an LTO team feels unwell and shows COVID-19 symptoms ie cough, fever, sore throat, shortness of breath and muscle aches the first step is to avoid contact with anyone and take his/her temperature.
  - b. If the temperature is normal COVID-19 is probably not the cause. However, details must be reported to the Mission Doctor and the Security Expert. The Mission Doctor will decide what cause of action is to be taken.
  - c. On the advice of the Mission Doctor, the LTO member will administer an antigen rapid test and report the results to the Mission Doctor.
  - d. If the Mission Doctor decides a follow-up PCR test is necessary, the observer will go to the nearest accredited clinic and be tested. LTOs will have a list of all accredited COVID-19 clinics in each region. Whilst waiting for the result which should not take longer than 24hrs, the whole team will self-isolate in their accommodation.
  - e. If the result of the test is positive but the observer is asymptomatic he/she will have to self-isolate away from other members of the LTO Team.
  - f. As necessary, in coordination with the Mission Doctor, Security Expert and Public Health Officials (if required), the observer will be transported by the most expedient and efficient means, e.g., air ambulance, charter airlines, or by road, to Addis Ababa for further assessment, isolation and treatment.
  - g. If the observer tests positive but is showing signs of medical distress he/she shall remain in the local clinic or hospital. The Security Expert and Mission Doctor will alert the Medical Provider and order an immediate despatch of one of their land or air ambulances plus a medical team. (Normal MEDEVAC procedures will follow).
  - h. The staff member will be taken to the designated medical facility and monitored by the Mission Doctor and advise accordingly. If the recommendation is to repatriate the patient, MEDEVAC procedures will apply with coordination with all appropriate stakeholders.