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Comparing COVID-19 Effects in Bolivia, Ethiopia, and the United States

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The COVID-19 Pandemic Compared in Bolivia, Ethiopia, and the United States
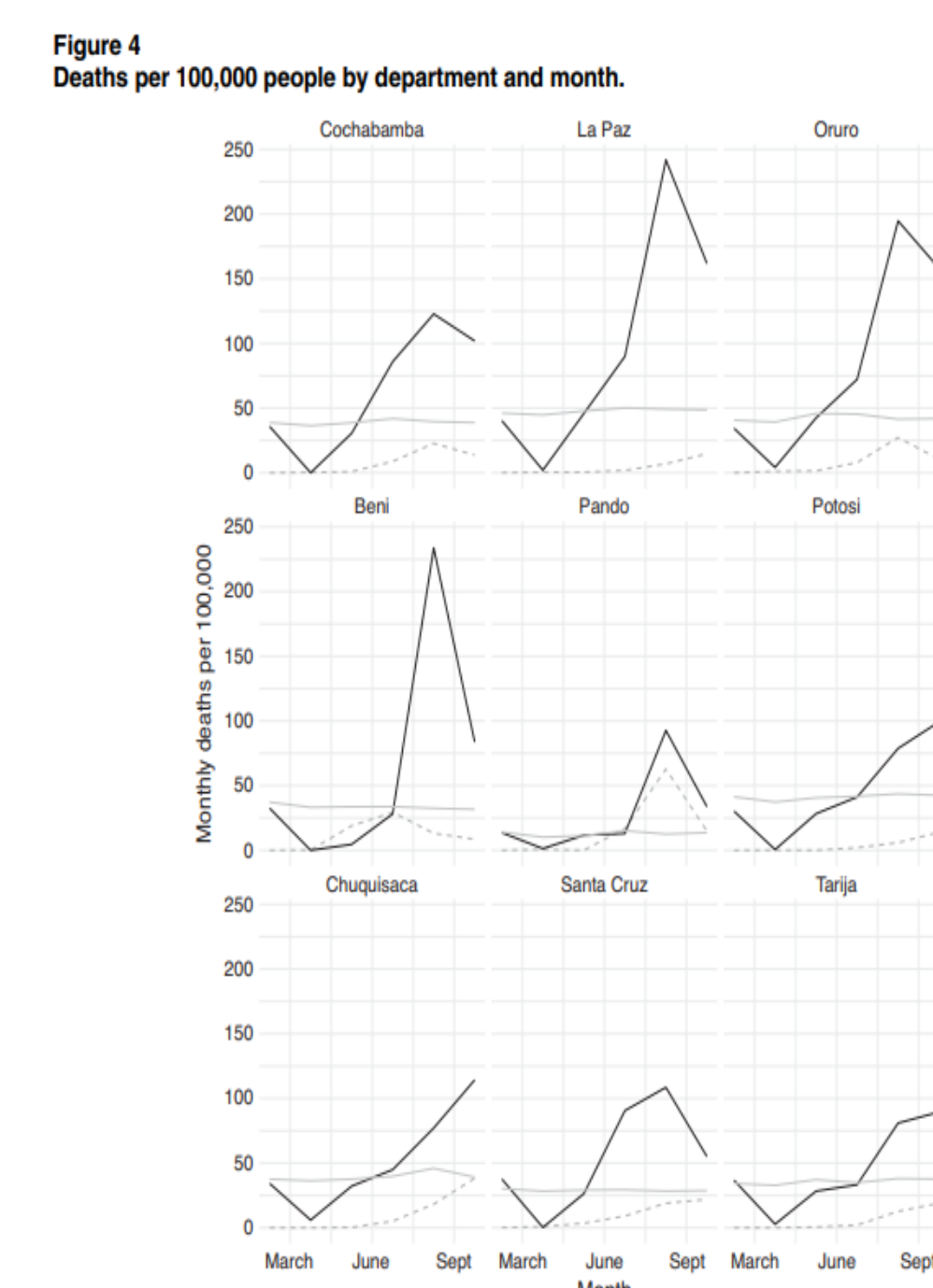## Mikayla Long & Dr. Tim Knight, Ouachita Baptist University, Arkadelphia, AR

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Similarities Between the Countries' Responses

- Bolivia, Ethiopia, and the United States all implemented protocols and regulations during the COVID-19 pandemic to reduce spreading of the virus.
- The United States compared to Bolivia and Ethiopia is very different in socioeconomic status, types of government, etc but all three faced the same issues of politics becoming an issue during the pandemic.
  - All these countries struggled in deciding who held the power to establish regulations and policies, between the federal government and local governments.
  - They all had the issue of both the federal and local governments differing on opinions leading to regulations contradicting each other.
  - It commonly occurred that if the local government and citizens of an area did not like the political views of the federal government, they would not follow the regulations which led to an increase in COVID-19 cases and deaths in that area.
- Bolivia, Ethiopia, and the United States conducted testing centers when they were able to.
- All three countries faced setbacks in attaining information on the Coronavirus due to lack of tests, healthcare providers, and approval from CDC.
- The pandemic led to all three countries having financial burdens due to the economies shutting down and people not able to work.
- All three countries had significant amounts of cases of COVID-19 and deaths due to the virus even though they tried to handle the pandemic in some similar ways and different ways.
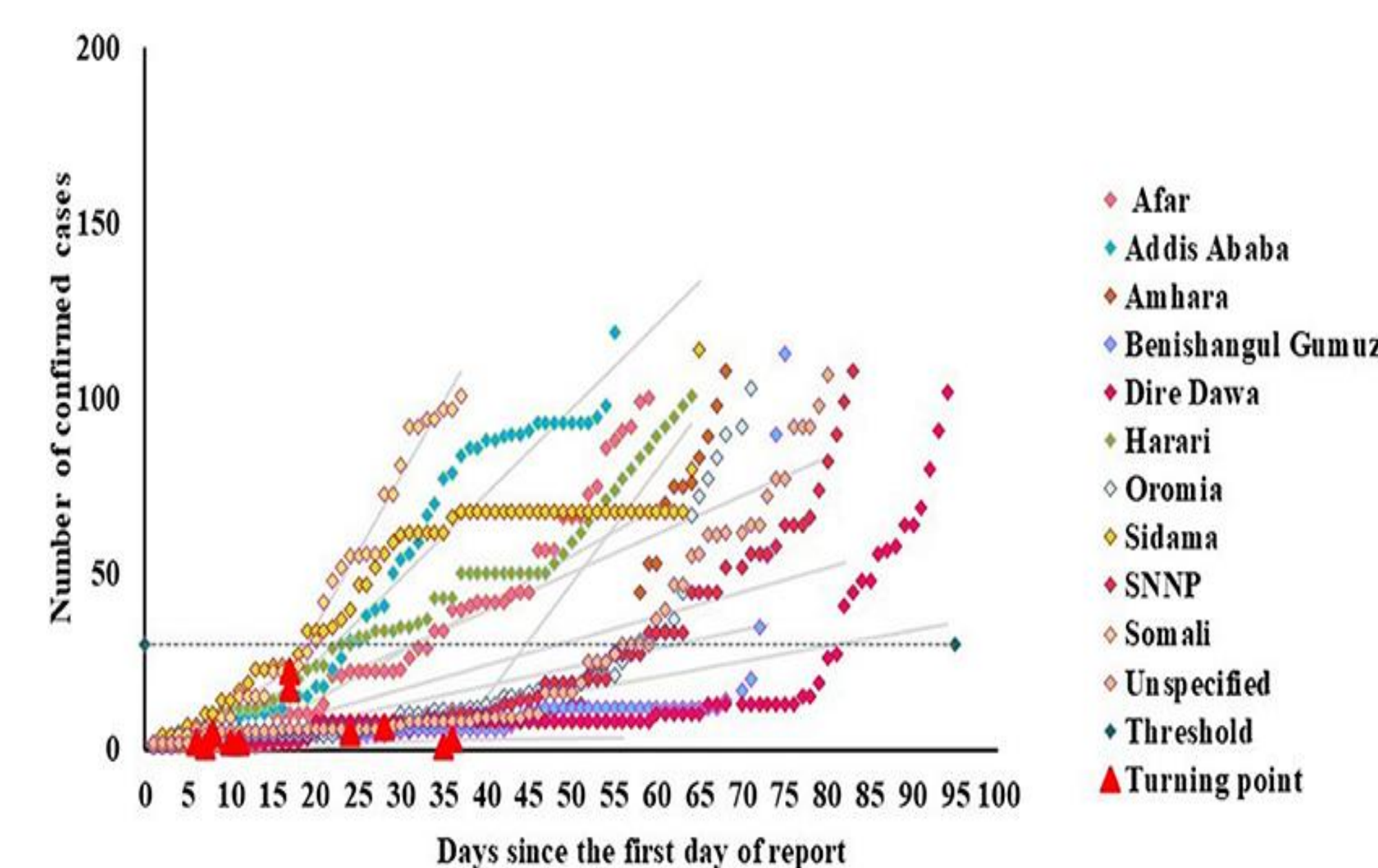
Bolivia's Covid-19 Response

- The national government responded quickly with strict quarantine measures when COVID-19 broke out unevenly across the country in 2020. After two hundred days of strict measures, COVID-19 cases and deaths were very high, equaling that of Brazil, one of the hardest hit countries in the Americas.
- The Bolivian National Government gave local governments the authority to decide on COVID-19 policies, which gave them the authority to oppose the national government's regulations. This led to more cases than when the national government made policies.
- Coronavirus policy restrictions were eased in the poorer departments in July 2020 and an increase in overall deaths in July was over seven times their average monthly deaths.
- Bolivian citizens have access to public healthcare, but public hospitals are understaffed, undersupplied, and struggle with corruption.
- On September 10, 2020 (six months into the pandemic), Bolivia had 124,204 confirmed COVID-19 cases, a 29% positivity rate, and 7,193 confirmed deaths due to the Coronavirus.
- The political dynamics are a critical factor when analyzing the Coronavirus pandemic in Bolivia.

Figure 4
Deaths per 100,000 people by department and month.

Ethiopia's Covid-19 Response

- Ethiopia confirmed its first case of COVID-19 on March 13, 2020, and the government declared a five-month national emergency on April 8, 2020, after 55 cases were reached, but economic activities were allowed to continue.
- Economic activities such as agricultural and industrial activities were necessary to continue to maintain food security.
- About 82% of the regional states of Ethiopia transited from slow-growing phase to fast-growing phase at a level below 30 cases.
  - The fast-growing phase indicates inadequate diagnosis and prevention of epidemic spread.
- There were differences in the case fatality rates in various regions in Ethiopia due to lack of public health, geographical differences, and inadequate preventative interventions. This finding alerted health policymakers to not generalize the case fatality rate in one regions to other regions.
- Third world countries have different customs, socioeconomics status, and education levels which may affect social distancing.
- Understanding the culture and the living conditions of Ethiopian citizens is necessary when developing protocols for pandemic.

United States' Covid-19 Response

- The first COVID-19 case was reported in the United States on January 20, 2020.
- The federal government declared a national emergency on March 13th which effected workplaces, the border control, schools, large gatherings, etc.
- The primary issue during the pandemic in the US was the struggle to implement widespread testing due to
  - Verification of tests by the CDC
  - Regulatory delays with the FDA to approve new tests
  - Conflicting statements by the federal government and media
- Over two-thirds of adult Americans are obese, almost half are hypertensive, and 13% have diabetes, which all are common comorbidities of hospitalized COVID-19 patients.
- US also has about 13 million people living in nursing facilities, elderly people were more likely to die due to COVID-19.
- Nation wide protests led to an increase in the spread of COVID-19 and COVID-19 deaths in the Black communities.
- Decisions of reopening the economy before establishing containment processes were likely to be the source of increased spread.
- The United States was not prepared for a pandemic and contradictions between the federal government, local governments, and media led to a lot of confusion.

Fig. 5. Daily testing rate.

Fig. 6. Case incidence rates April 1, 2010 – August 1, 2020.