

# The Role of Food and Drinking Establishments in the Prevention and Control of COVID-19 Transmission in Raya Kobo District, Ethiopia: Action Research Design

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## Abstract

**Background:** The first case of coronavirus disease 2019 (COVID-19) is confirmed in Ethiopia on 13 March 2020. Thus, to prevent the spread of the infection public health and social measures must be implemented with the full engagement of all members of the society.

**Purpose:** This paper aims to give a picture of the real scenario of COVID-19 in Raya Kobo district, and how the local administrators are tackling this pandemic as well as look at the public health challenges that the district is facing and might face in the future. This paper can be beneficial for further public health interventions.

**Method:** This is action research on COVID-19 activities conducted in Raya Kobo district, Ethiopia.

**Findings:** Food and drinking establishments are not shouldering their responsibly in the control and prevention of COVID-19. Besides, psychoactive substance use (khat chewing, alcohol drinking and smoking) has become a major public health concern in Raya Kobo district and have a positive effect on the transmission of the virus.

**Conclusion:** Public health measures that slow down the transmission of the virus should be continued and efforts to prevent transmission to rural areas should be prioritized. Hence, local administrators should give attention to food and drinking establishments.

**Keywords:** COVID-19; Raya Kobo; Khat; Alcohol; Smoking; Food and Drinking Establishment

## Background

In December 2019, an outbreak of the virus occurred in Wuhan, China [1,2]. It is a respiratory infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [3]. The World Health Organization (WHO) officially named this disease as coronavirus disease 2019 (COVID-19) on 12<sup>th</sup> February 2020 [1]. The transmission of the virus can occur through direct, indirect, or close contact with infected people through infected secretions such as saliva and respiratory secretions or their respiratory droplets, which are expelled when an infected person coughs, sneezes, talks or sings [3,4].

The goal of WHO African Region is to ensure that all countries in the Region establish and sustain the response capacities and capabilities at all levels to prevent the spread and alleviate the impact of the COVID-19 pandemic [5]. Hence, the WHO recommended frequent hand washing, maintaining social distancing, staying informed and following advice given by healthcare provider, staying at home, and seeking medical advice and calling if there is fever/cough or experience difficulty breathing to decrease the transmission [2,6]. For successful prevention and control of the transmission of the virus in the country, the Ethiopian government adopted the WHO recommendations [2,6].

The Federal Ministry of Health has confirmed the first case in Ethiopia on 13 March 2020 [6]. To prevent and control the spread of the disease, the government of Ethiopia has been taking a series of policy actions beyond public health initiatives. These include closing schools, restricting the use of public transportation, banning large meetings, and suspending sporting and religious gatherings. In addition, a state of emergency has been put in effect and staying at home has been strongly advised [2]. Despite the immediate actions and initiatives, the virus is spreading at an alarming rate in Ethiopia; as of 05 November 2020, there have been 97,502 confirmed cases of COVID-19 with 1,494 deaths [7]. Therefore, public health and social measures to tackle the spread of the virus must be implemented with the full engagement of all members of society [8].

### **Psychoactive substance use and COVID-19: The scenario in Raya Kobo district**

It is important to minimize the potential for COVID-19 infection in non-healthcare settings where high-touch surfaces should be identified for priority disinfection [3]. Thus, WHO recommended one or several hand hygiene stations (either for handwashing with soap and water and/or for hand rubbing with an alcohol-based hand rub) should be placed in front of the entrance of every private commercial setting, allow everyone to practice hand hygiene before entering and when leaving it [9].

In Raya Kobo district psychoactive substance use, (khat chewing, alcohol drinking and smoking), has become a major public health problem, hurts the prevention and control of the virus. For instance, from harvest to distribution, sellers do not use protective materials such as glove, mask and sanitizer in processing the substance (*Khat*). Likewise, local distributors and users do not use such materials and do not practice frequent hand washing. In addition, it is not common to maintain social distancing while using the substance. Studies found that the COVID-19 virus remained viable for 72 hours [10] up to 4 days [11] on plastic. However, chewing is common around a table in a group using a single plastic bag; creating a favourable condition to a viral transmission.

Evidence suggests that smoking is associated with increased severity of the disease and death in hospitalized COVID-19 patients [12]. Despite this fact, there are several Shisha houses (sellers) in the district where frequent hand washing and social distancing is not maintained. The sellers and/or users use a single material (shisha processing material) to sell and/or smoke shisha. Likewise, cigarette smokers usually use a single cigarette and/or match/lighter in a group.

### **Food and drinking establishments and COVID-19: The scenario in Raya Kobo district**

Food establishments are legally required to produce and market safe and authentic food. Personal protective equipment, such as masks and gloves, can be effective in reducing the spread of the virus within the establishment, but only if used properly [13]. However, these are not adequately provided to the waiters/waitress and/or food handlers in Raya Kobo district.

Hand washing has a greater protective barrier to infection than wearing disposable gloves [14]. Therefore, food establishments need to ensure adequate sanitary facilities are provided, and food handlers and customers thoroughly and frequently wash their hands. A study revealed that the COVID-19 virus remained viable up to 1 day on cloth and up to 2 days on glass [11]. However, it is common to drink local alcohols (Tej and Tela) and beer using glass in the district. In addition, the waiter and/or waitress handle the bottlenecks while serving beer and Tej without following the prevention and control measures of the viral transmission.

The waiter and/or waitress do not wash hands and/or use sanitizer in between receiving money and serving another customer, and even after touching their mouth and/or nose and/or eye. Furthermore, there are no proper utensil cleaning/washing and disinfection in the district; most establishments use only running water to wash and/or clean the table and/or kitchen wares. Owners of establishments and/or customers do not keep social distancing; it is common to use a single dish in a group of persons in the district.

## **Conclusion**

Public health measures that slow down the transmission of the virus should be continued and efforts to prevent transmission to rural areas should be prioritized. However, there is inadequate adherence to infection prevention and control measures in Raya Kobo district. Therefore, it will be better if training is given to owners, waiters/waitress and food handlers in food and drinking establishments and to the local administrators in the district. Food safety inspection programs should be organized, and advice regarding the prevention of possible transmission of the virus must be provided to the establishments. Furthermore, giving attention to prohibit psychoactive substances use might be better in the prevention and control of the virus.

## **Consent to Publish**

Not applicable.

## **Availability of Data and Materials**

The findings were declared from the available data sources. All possible required information is included in the manuscript. In addition, the data are available from the corresponding author.

## **Competing Interests**

Authors declare that they have no conflict of interest.

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## **Authors' Contributions**

MLL designed the problem, synthesized, drafted and finalized the manuscript. TTM participated in designing and synthesizing the problem. All authors read and approved the final manuscript.

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