

Lockdown: Proposal

Ethiopia Under Siege by Corona Pandemics

By Dawit Giorgis

Ethiopia is a pioneer in the development of an institutionalized capacity to deal with natural and man-made disasters. Many countries in Africa took Ethiopia as a model for establishing their capacity to deal with disasters including epidemics and pandemics. It was this capacity that was initially established in 1974 (Relief and Rehabilitation Commission: RRC) and then went through a series of reforms, that enabled Ethiopia to manage successfully the largest and most complicated international humanitarian operations since the Second World War. The entire international community hailed it as a success story. Many books have been written about this operation. It was an international effort, which brought East and West and the rest of the world together. It was a time when the world could afford to focus on Ethiopia, affected by severe drought, ongoing war and shortage of food and public services. It was this experience that made a necessary wake up call to the world. Though Europe and America had their own local emergency management systems, they were caught ill prepared in responding to humanitarian crisis of that magnitude, outside their own borders. It was only after this tragedy and lessons learnt, that they made significant changes to remodel their international response capacities. It was this experience that made disaster management to be included in the curricula of colleges and universities. Disaster management was not being taught in schools until after 1986. I myself directly assisted several African countries in establishing their institutional capacity in Risk and Disaster Management and in some cases headed the response to the humanitarian crisis.

Politics aside Ethiopia had the institution, the experience and the expertise to handle such huge crisis like the COVID-19, though this was unique and universal. In Ethiopia this institution has been politicized and praising the RRC and maintaining it, has been taken, as acknowledging Mengistu's regime, though RRC operated independently from the government. It was allowed to be so because of the political circumstances and the internationalization of the crisis. (Read: Red Tears: A book authored by me, dealing mostly with this operation) The government (TPLF)

Which took over refused to acknowledge the success of this institution and went to the extent of abolishing it while many other countries were emulating it. Like the USA, Federal Emergency Management Agency (FEMA), with which RRC has worked very closely, it would have been the agency that could have played the central role in times of crisis like the current Corona crisis. RRC was built for this and there were hundreds of people with a proven track record, who were trained and were in the front line in the most difficult times in our history.

Ethiopia is considered one of the most disaster prone countries in the world. During the last few years Ethiopia has experienced natural disasters such as drought, conflict, refugees and internal displacements, floods, crop infestation, epidemics and environmental degradation. The hazard profile of Ethiopia is a consequence of its poverty, diverse environment and the many wars and conflicts in the Horn of Africa over the last 30 -50 years. The combination of man made and natural disasters have caused enormous suffering to our people.

Crisis like epidemics and pandemics, does not necessarily cause disasters on its own. It is peoples and governments inability to respond effectively to vulnerability that makes disasters. The combination of hazards and vulnerabilities present in any risk scenario is socially generated over time. It is individuals and organizations, and governments that influence patterns of disaster risk. Their actions and interactions determine the level of impact of the crisis and increases disaster risk. Peoples and governments often become aware of their own contributions to disaster risk only after the effects are felt.

I have always stated: “ for leaders, to be able to respond in an appropriate and timely fashion to a national crisis. they must have the confidence in the structure and system that is in place and the people who provide information. This means having a well organized, equipped coordinating structure with a well considered arsenal of options at the disposal of the leadership and the financial and material resources with which to act, and the administrative mechanism capable of responding promptly and effectively.”

At this moment in time, when Ethiopia and indeed the world is being challenged by the most severe pandemics in recent world history,

the major agenda of the Ethiopian government should be to establish policies and build the human and institutional capacity to plan and implement a well conceived response for which the appropriate preparations have been made in advance. Ethiopia had the lead time to prepare for this response. Time was on its side, but no more. Now it may be running out of time and might be too late for millions. Not much is known what the government has been doing in terms of preparation since the crisis was first announced by the World Health Organization (WHO). On March 1, WHO declared COVID-19 a pandemic, pointing to the over 118,000 cases of the coronavirus illness in over 110 countries and territories around the world and the sustained risk of further global spread.

Preparedness is a process of contingency planning and capacity building. It involves several activities. The major components are:

- **Institutional and Policy Framework**
- **Early Warning**
- **Information and Communication System**
- **Resource Base**
- **Response Mechanism**

Ethiopia had all the three above. The other two are determined by the particular challenges faced but the systems for resource mobilization and response were in place since 1974. Today Ethiopia is caught ill prepared. During this time of crisis RRC type of independent non partisan organization would have presented the government with a well considered options for execution including lockdowns. Since there is no institution that can play this role, a National Task Force composed of the most senior and capable people (not politicians) which includes experts, need to be organized.

Africa has not been affected in a way that was expected. So far and against most predictions, the anticipated wave of infections and death has not yet taken place. "It is a bit strange. Eerie. No one is sure what to make of it" said Dr Evan Shoul, an infectious disease specialist in Johannesburg, South Africa. Across the continent many doctors are asking the same questions. "I think the more people we test, the more we will reveal whether it is an aberration, or it is real. The numbers are not yet there:" Precious Matotso, from the WHO, on the situation in Africa. There is a general acknowledgment that it is very irresponsible to reach any conclusions about the spread of

the virus in Africa. People should not be complacent based on limited early data. Let us be on the side of caution and do what needs to be done.

LOCKDOWN

A lockdown is an emergency protocol that prevents people from leaving their homes shelters and areas. A complete lockdown will force people to stay where they are and not exit or enter a building or a given area.

Based on the information that is provided to us by WHO and CDC there is no other better option than complete lockdown, possibly phased, for countries like Ethiopia to prevent the spread of COVID-19. There is nothing better than extreme social distancing to help individuals stay healthy, and to break the chain of transmission - giving more vulnerable populations a fighting chance of surviving this pandemic. **The government will define Essential Services.**

But how exactly does a lockdown work? And why is it important for even younger and healthier people, who face a lower risk of severe illness, to remain in their homes as much as possible? There is a lot of literature on the subject that responsible leaders should be reading today!!! Not knowing is not an excuse for leaders and in fact can be a criminal behaviour **The Goal of lockdown is Mitigation and Suppression**

The countries that have undergone lockdowns and the various study's models show that, painful as lockdown may be, it has worked for millions in many parts of the world. Without any lockdown and social distancing measures we can only expect maximum infection and mortality

For Africa, where most countries have relatively weak health systems, and millions of unemployed homeless people, the slow arrival of COVID-19 bought precious time to prepare. In collaboration with the World Health Organization and the Africa Centers for Disease Control (CDC) Ethiopia can now consider the bitter but necessary measures. Time is of the essence, and urgent action to prevent an epidemic should be the overriding objective.

Based on the information available to the public, there is no other option except to go through weeks of lockdown with focus in the urban areas of the country in order to slowdown the outbreak and prevent the full impact of the spread of the virus; which means millions of lives being lost with all the social political and security implications. **There will essentially be two phases to the lockdown:**

Phase One: A committee composed of senior experienced people and experts in many fields, from Ethiopia and the diaspora need to be established to conduct an urgent feasibility study in consultation with the government, on the need of partial or complete lockdown in Ethiopia and how it can be implemented. Its recommendation will be submitted. The government would be expected to take actions. It may have been done already but if it has not, it needs to be done immediately. The so-called emergency response declared by the parliament on 11 April is a timid response and will not solve any of the problems that the COVID-19 poses. It is pointless to comment on it.

Phase Two: This aspect of the work will require creative ideas. After the recommendation on the details of complete, possibly phased lockdown, has been approved the government is expected to establish, by law, **a National Task Force**, composed of the military, the police, the regional militias, public health officers, epidemiologists, doctors, capacity building experts, disaster and risk management experts, logistics experts, supply chain management experts, social workers, nutritionists and mayors, civil engineers, in different relevant fields across 'kilil' and ethnic lines, to oversee the implementation with full mandate and authority. The plan will include one of the hardest tasks of registering all the people in the three groups identified below, identifying free spaces for installation of tents and shelters, identifying schools and vacant or underutilized buildings, construction of shelters, compiling the logistics needed to move people to these shelters, blankets, mattresses, medical supplies, water tankers, cooking material, voluntary labors for the operation, transporting people and then making an international appeal for logistics and food supplies...etc.

The focus of the LOCKDOWN in Ethiopia should be this segment of the population, particularly in the urban areas. While people with incomes and shelters are simply expected to adhere to the lockdown guidelines issued and enforced by the government, the most challenging part, which will have the full attention of the Task Force, will be the three categories of people.

- 1. Those that will continue to be paid by their employers for the duration but live in very crowded houses and slums**
- 2. Those who will lose whatever job they have and have no shelters or live in slums i.e. street vendors**
- 3. Those homeless people who never had homes or incomes**

At the outset it must be accepted that based on the experiences of USA, UK, Asia and other African countries, those affected by the virus and dying because of it are disproportionately the poor and the marginalized population. **How can these people self isolate when they have no homes and live on the streets or in make shift shelters, or live cramped and shared accommodation? How can people study on line when the great majority of Ethiopian students do not have and access to Internet or don't even know how to handle the Internet. How can they stop working when they have no other means to survive, to feed themselves and their families?**

In the USA as the disease spread at a higher rate in the black community, environmental, economic and political factors compounded for generations, put “black people at higher risk of chronic conditions that leave lungs weak and immune systems vulnerable: asthma, heart disease, hypertension and diabetes. In Milwaukee, simply being black means your life expectancy is 14 years shorter, on average, than someone white. “

There are lots of details in this operation that focuses mainly on these categories of people. Ethiopia has many kinds of organizations at grassroots level, in rural and urban areas. In urban areas there are 'kebeles,' 'idirs,' and many kinds of social organizations either in the form of NGOs or just associations, which can be effective partners. In

rural Ethiopia there are even more organized association like the Gada system in the Oromo regions, peasant associations and several national NGOs working with the people. These could also be an integral part of The National Task Force.

Lots of ideas will emerge as open discussions begin with people of different expertise and experience. Getting the resources will not be the most challenging. The WFP, UNICEF, WHO etc. and some bilateral governments will be part of the Task Force if the government asks them. This is going to require the full and unmitigated support of the international community and the diaspora and I am quite certain they will be prepared to provide food and essentials. Asking for direct money from the international community will make the operation suspect to corruption. The efforts should be to get what we need in kind. The most challenging part is the organizational capacity to mobilize the local and international resources and to effectively distribute and provide the services required. That will be the responsibility of The National Task Force. **Not Easy!!!** But can be done.

Isolation and Hygiene: Once the issue of sheltering and feeding is sorted out the issue of how these people and the general public is expected to adhere to the guidelines of the lock down, i.e. hygiene, distance keeping and treatment when cases are identified, need to be addressed. In other words, the shelter arrangement should enable people to wash their hands keep their hygiene and at the same time keep distance from one another. **If this cannot be done the whole purpose will be defeated.** Even with the availability of the means to manage hygiene and keep distance from other people, there will still be people who do not adhere to these guidelines. Therefore enforcement would be necessary. This part can be considered together with the next point.

Law and Order: In all these exercises and from the day that the decision has been made for a complete or partial phased lockdown there will be several security threats. There will almost certainly be some unruly elements that will start looting, vandalizing and in these highly ethnicized situation of Ethiopia, even politicize the crisis and destabilize the nation. This is a national issue and people should not be allowed to play politics. The government will be required to take decisive steps. Here again government should learn from other

country's experience. I.e. (Kenya, South Africa, Rwanda and India) we do not wish the enforcers to be part of the problems. Training and accountability are important components of this responsibility. Particular attention should be given to the large number of criminals that have been released without any means of monitoring their activities and assurances that they will not go back to their criminal lives.

I am not trying ***to make it look easy. It is complicated and very sensitive but there are no other options to reduce the spread of the virus and the number of deaths. The Lockdown must be meticulously planned and coordinated vertically and horizontally. There should not be any room for mistakes, misunderstandings or lack of coordination.*** This is not the job for political cadres or activists. This is the job of purely hard working compassionate educated experienced and motivated people. The functions of every sector and every individual must be clearly defined and backed by authority and resources. If attempts are made to politicize the operation, either by the central government or the regional authorities, the whole thing might collapse and might end up being a bigger disaster than the virus could have caused. The biggest mistake a government can make in such times of crisis is to lie to its people. There must be trust between government and the people, at least during the duration of the pandemics gripping the nation.

The government needs to have complete ceasefires immediately and should refrain itself from waging unwarranted conflicts. All conflicting parties must agree to some kind of truce. This is the paramount duty of the government. Such kinds of humanitarian operations cannot be successfully conducted in the midst of conflicts.

Ethiopia has enormous experience in mobilizing people for war and for other emergencies. In 1974 RRC established over 110 feeding centers and shelters for over 3 million people across the country. It was able to shelter, feed, and provide medical services for over two years with the support of the international community. During the Ethio-Somali war in 1978 the government brought together over 300, 000 young people from across the country in one month and provided a 3 month military training at Tatek and prepared them for war, all in a matter of four months. The people of Addis cooked and fed these recruits for the entire duration of the training. Ethiopia was

able to repel the aggression as a result of the cooperation of the people of Ethiopia. Again between 1982 and 1985 during, the well known famine relief operation, the RRC with the unprecedented cooperation of the international community fed and cared for over 6 million people in various shelters across Ethiopia. Millions more were helped in their homes and villages. These experiences show that our people have the resilience, the experience and the capacity to be organized to provide assistance to those that will be disproportionately be affected by the virus and the lockdown. What it takes is well considered decisions and leadership

Lockdowns come together with the declaration of state of emergencies. State of emergencies by themselves does not solve the problems. State of emergencies creates the necessary conditions to implement emergency and much needed operations. It means governments have extraordinary powers to do what they deem necessary without any checks and balances. Authoritarian leaders use state of emergencies to suppress freedom of speech and expression, lockup opposition leaders, curtail the free movement and restrict all activities that gives them a political advantage. That has been the experience in numerous countries. In times like this when people are at the mercy of God and their leaders they are in lesser positions to fight this back. We just hope that leaders will exercise maximum wisdom and compassion and retrain from abusing their powers.

Lockdowns should go together with testing, the effects of lockdowns will be much reduced if it is accompanied by wide spread speedy tests. Testing, Testing, Testing is the key to prevention, mitigation and containment. At the moment people in Ethiopia are made to believe that testing is imprisonment. Information should be ahead of this to educate the people that testing is being done not in prison but in clinics with due care for the benefit of the people. People are running away because they have been wrongly informed that it is indefinite harsh confinement in some weird places. Stigmatization will also be another problem. In some places in Africa people avoid, abuse and chase people suspected of corona virus infection. Government, through the Task Force should also be educating people that infection by corona virus can happen to any body and clearly explain the way it is transmitted. Coughing was no longer a normal thing as people now associated it with the virus. One

person said, “I was used to people coughing and it was normal. Now it is not normal. We run away.”

As of today the United States has the largest number of infections and deaths of the corona virus. The US has the highest number of confirmed cases, with a death toll of more than 20,000. Global confirmed cases stand at almost 1.7 million, with more than 100,000 deaths. The US has overtaken Italy to become the country with the highest number of confirmed cases, with more than 20,000 deaths.

Washington Post wrote on April 4: “It did not have to happen this way. Though not perfectly prepared, the United States had more expertise, resources, plans and epidemiological experience than dozens of countries that ultimately fared far better in fending off the virus.” It is all about speed and bold decisions. This is unlike any disaster. It does not just come and go. It will be there for a while. The decisions taken will exacerbate the economic situation of the people but it will save lives. The government will be judged on what it did today to save the lives of the people not what it did to save the already faltering economy. The government can take this as an opportunity to revive the unity of its people and come out of this crisis with lessons learnt on the need for unity and be in a better situation for the economic recovery of the nation.

It is extraordinary times. It needs extraordinary decisions. It is all about leadership. All eyes are on the leaders more so when the crisis becomes more intense. The challenge of leaders is to listen to people and experts not themselves. In the meantime let us stay positive and be united.

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Dawit W Giorgis, Visiting Scholar , Boston University
African Studies Center

