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The COVID-19 Pandemic and the Ethiopian Federal Police Commission: Reactions and Encounters

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***Abstract*:** *Since the outbreak, in the early January 2020, in China, the Coronavirus has been spectacularly spreading all over the world affecting socio-economic development and political environment. Using secondary and primary dataset and content analysis thereof, this article explores how the Ethiopian public administration is responding to the virus. It finds that the Ethiopian government/civil service predominantly using the top-down institutional approach. The paper concludes that the unresolved socio-economic and politico-administrative wicked problems and the cultural contexts are significantly constraining the capacity of public administration and civil service to respond to the pandemic. The key challenges are discussed, normative solutions are suggested and lessons are drawn. The epidemic of coronary syndromes 2019 (COVID-19) has spread across China so China has learned that it can be stopped with due care. . Don't forget, without the fat on which the outer body is covered, it will easily break down. This is why soap and soap-based cleaners are considered to be the best protection. This is because the bubbles that form when soap is eliminated by the virus. It is supposed to last for 20 seconds when washing hands, as it allows for more foam. When the virus is inactive, it is determined by the type of material that it is time to disinfect. It has a material that lasts for 3 hours on cloth materials, 4 hours on copper and wood, 24 hours on cardboard, 42 hours on metal objects, and 72 hours on plastic. That is why it is not appropriate to dispose of cloth materials, because less than 3 hours of autoimmune virus will be able to get into the air when the cloth is inhaled. The protein will break down and the protein molecule will break down. More than 800 people have been diagnosed with corona in Ethiopia so far, but about 23 persons have been confirmed to be infected.*

Keywords: EPUC, reaction, encounter, Coronavirus, Ethiopia

Introduction

The COVID-19 virus has affected socio-economic development and political environments all over the world. For example, the scheduled Ethiopian National election, in August 2020, is postponed creating a constitutional and political crisis.

Ethiopia confirmed the first COVID-19 case on 12 March 2020 (Ministry of Health (MOH), 2020). Since then, (as of 19 May 2020) 365 people are infected and five have died (https://www.worldometers.info/coronavirus, 2020). Yet, given the weak institutional capacity, it should be noted that Ethiopia with a total population of 109,224,559, according to the 2018 World Bank estimate, has a high vulnerability to the pandemic.

To prevent the spread of the pandemic, the country established a National Ministerial Committee on 16 March 2020. As the concern is mounting, the government and the parliament declared a state of emergency respectively on April 8-10 2020, and the council of ministers issued regulation 11 April 2020. Furthermore, to increase the national public health preparedness and coordination capacity, the World Bank allocated an amount of $82.6 million: a 50% loan and a 50% grant (http://www.mofed.gov.et, 2020).

The Ethiopian Public Health Institute is responsible for the surveillance of COVID-19 in all hospitals. Recently new testing centers were established in some selected towns. The MOH is the only official institution responsible for providing regular updates and in each instance it urges prevention and protection.

Using a secondary dataset (World Bank database, official documents and press release), unstructured interviews with 12 civil servants (two women) and personal observations in Addis Ababa City, this paper describes and explores the preparedness, responses and key challenges of public administration and the civil service to prevent the spread of the pandemic.

The World Health Organization (WHO) says that the spread of the Corona epidemic could be more widespread in war-torn Syria and Libya. Ahmed Mondhari, director of the Eastern Mediterranean Office of the Organization, warns that the presence of people infected with coronavirus in war-ravaged and war-torn countries is alarming. So far, five in Syria have been confirmed to have been infected with the virus.

He said that health services in countries where conflict, war and displacement are a threat, such as the Corona, could never be prevented. He added that the Libyan war has not been found and that the country's poor health infrastructure will prevent the country from seeking a solution if the epidemic threatens.

Global (International) Document Analysis

Seven new countries / territories (Africa region, Eastern Mediterranean region, European region, and US region) reported COVID-19 cases worldwide: More than 200 000 cases with three months to reach the first 10000 confirmed cases, and up to Only 12 days will reach the next 100,000. A new protocol has been developed as part of a positive antibody test in the general population to

investigate the extent of COVID-19 infection. Topic: A new protocol for the public health pre-epidemiology test The COVID-19 virus emerged, some specific pathogens, identifying antibodies in the population, multiple virus identifiers and associated clinical and viral features of the virus. Studies examining these behaviors in different settings are critical to further our own and also provide the necessary information needed to validate and inform predictive models. Realization are giving.

As well as the HIV epidemic. In collaboration with technical partners, it has already implemented disease diagnostics protocols, and with MERS -CoV, measures to better understand these behaviors and how to use them are less effective.

Considering local settings and epidemiological features and quickly shared in an easy-to-read format, it is confined to many different settings around the world, and is very poor in understanding Ethiopia.

The latest protocol, a humorous diagnostic protocol with an age-related complication, is intended to provide key epidemiologic and serologic features for the COVID-19 virus in the general population. Specifically, the information from this protocol provides crucial information about the extent of the infection (measuring the presence of antibodies in the study population) in the general population, the age-specific incidence of infection, and whether a patient remains in the hospital for infection or no symptoms. . Or sub-infections are human fractions, and various scholars are commenting that the epidemic will have the greatest impact on the economy in Africa. The results of these tests, whether posted on individual sites / countries or more, allow for better estimation and characterization of key clinical, epidemiologic, and pathologic features COVID-19 virus, including:

 Key measures of epidemiology, for example, in the relationship between the rate of secondary infection and the rate of secondary infection, but no patient has any symptoms. The baseline birth rate of COVID-19 between infection and incubation period is COVID-19.

- ❖ Providing clinical assistance with COVID-19 infection and associated disease processes.
- ❖ Identify the causes and disseminations of transmission, and identify and understand the pathways of infection.
- ❖ Prevent infection prevention and control measures in health care facilities
- ❖ Psychological response following symptomatic COVID-19 infection.
- ❖ The incidence of infection, including an age-dependent dose of the antibiotic against the COVID-19 virus.

Virus load and expansion profiles

So far, six of the six World Health Organization members, including high-income and low and middle income countries, have been in at least one previous screening protocol. They have an additional 18 countries expressing their desire to implement one of the protocols. The World Health Organization will continue to support countries in them through diagnostic tests and providing clear and comprehensive protocols. For more information please contact for more information. EarlyInvestigations-2019-nCoV@who.int

3.3. Beware that current information about the CoV-19

Updated COVID-19 (COVID-19) virus from St. Mary's University Coronavirus Protection Task Force using data from John Hopkins University

1. The virus is lifeless and covered with fat.
2. When it enters the eye, nose or mouth cells, it changes their behavior and produces undesirable and destructive cells.
3. Since the virus is not living and is a protein molecule, it does not die in its own time, but it dies in its own time. Depending on the temperature and humidity of the environment and the type of material on which the virus is infected.
4. If the virus does not have fat on the outside of the body, it will break down easily. This is why soap and soap-based cleaners are considered to be the best protection. This is because the bubbles that form when soap is eliminated by the virus. It is supposed to last for 20 seconds when washing hands, as it allows for more foam. Since the foam dissolves the fatty acids of the virus, the molecule breaks down and breaks down.
5. Heat absorbs fat, so if you use more than 25 ° C of warm water during washing, washing clothes or other materials at this temperature will produce more foam, so it will have more energy to melt the virus.
6. Alcohol or at least 65% alcohol mixes the virus.
7. The virus does not destroy any anti-bacterial drug because it does not live as a bacterium.
8. When the virus is inaccessible to the outside of the human body, the time of its disintegration depends on the material. It has a material that lasts for 3 hours on cloth materials, 4 hours on copper and wood, 24 hours on cardboard, 42 hours on metal objects, and 72 hours on plastic. This is why it is not appropriate to dispose of textiles, because less than 3 hours will disappear into the air when the virus disappears.

International preparation

They are based on the interpretation of the International Health Organization Case on COVID-19. "The transfer category is based on the" official data "data analysis and may be available to retrieve as more data becomes available. Countries / regions with multiple transmission types are classified into the top category. It has to be said that, as different categories describe, different

states / territories / regions may have different transmission levels and other factors. Not all areas within a given country / region are equally affected. Terms

- Failure to link proven issues to community broadcasting through a wide range of transmission chains or promote positive investigations through related samples.
- External issues only indicate where all cases were reported outside of the reporting area.
- According to the research, common use of transportation in all cases reflects the spread of the flu.

Information for the european region comes from the european centers for disease control and prevention. International references to international health organizations may not always be the case for new issues due to differences in reporting quality, lack of background information and delay. It reflects on the real difference between yesterday and today. Who covid-19 status reports provides official certified census the covid-19 issues using different embedded standards and differences, so differences between world health organization (who) reports and other covid-19 data sources let us heed their advice.

3.3. Preparation and response

To view all technical guidance documents regarding covid-19, please refer to this article for testing laboratory time, advice on the use of a home care mask, and epidemiology, clinical management, infection prevention and control in health care environments, home care home care for suspected patients: coronavirus, disaster communication and community engagement and international surveillance for all infectious diseases (2019-ncov).

International health organization and working closely with the International Air Transport Association to provide guidance to all staff and airport staff in accordance with domestic requests.

They had formal and direct contact with member states where international health organization issues were reported. It is a global health organization to inform other countries and provide assistance as requested.

Who is working with a network of researchers and other experts to coordinate the work of the world health organization: epidemiology, mathematics, diagnosis and virology, clinical care and treatment, infection prevention and control, and communication risk? The world health organization (who) has issued a temporary guide to those who have been updated.

The World Health Organization has developed a comprehensive disease prevention package that lists the essential biomedical tools. Essential medicines and supplies to care for patients with 2019 - nCoV.

Who recommends international, WHO to reduce the risk of transmission from animals to humans? Has published timely recommendations for international traffic related to the epidemic of coronavirus 2019. Enables research design to accelerate diagnostics, vaccines and treatments.

An interactive, web-based, knowledge-forwarding platform that provides online lessons to improve Open OSO. COVID-19 courses can be found here. Specifically, the International Health Organization has grown online: courses on the following topics: general introduction to emerging respiratory viruses including Coronaviruses (Arabic, Chinese, English, French, Russian, Spanish, Hindi, Russian, Portuguese, Serbian and Turkish); Clinical care for acute respiratory infections (available in English, French, Russian); Prevention and Control for Novel Coronavirus (COVID-19) (in Chinese, English, French, Russian, Spanish, Spanish, Spanish, Italian, Japanese, Spanish, English, French, Indonesian, Italian, Japanese, Portugal and Serbian) and is expanding in African countries, particularly Egypt, Kenya, South Africa, and 15 other countries, with all countries ready to respond to COVID-19 Work Plan Guidelines and COVID-19 Partners Forum (available in English and soon in more languages .

16 In Ethiopia, 16 people are infected, and the government is providing daily guidance for the first tests that are crucial for the pandemic outbreak. The information can be used to filter recommendations for follow-up and case definitions collected from the protocols, including identifying COVID-19's key epidemiology, distribution, severity, disease severity, and identifying practical models for action, such as case isolation, contact tracking, and exclusion. One such protocol was developed for the early COVID-19 cases and the first cases designed for the communication protocol to gain an early understanding of key clinical, epidemiologic, and pathologic features: a CVD-19 infection was found everywhere to set up a committee to monitor cases and reduce the spread and impact of the disease. To this end, the Government is providing guidance to the government and the necessary goals are being implemented.

According to the Ministry of Health, three more people have been diagnosed in the laboratory within the last 24 hours and three (3) people have been infected in the country. It has reached nine. The first patient was a 26-year-old Ethiopian, from Brussels Belgium on March 8, 2012, and a trip to Cameron on March 10, 2012, where she was diagnosed with the disease and went to the health facility for an examination. The Institute was confirmed to have been infected by the laboratory in March 19, 2012, in a laboratory report reported to the Ethiopian Institute of Public Health. Second and third patients are Ethiopians who are members of the same family of 14 and 48 years. Although the individuals showed no symptoms, they were closely monitored because they had close contact with an infected person. According to the Ministry of Health, 2020 the individuals were confirmed to be infected with a laboratory test on March 19, 2020.

Origin and transmission of SARS - CoV-19 in Ethiopia

Currently, coronavirus is the first in the Chinese city of China, but it has been described as a well-proven individual in the

laboratory and is known as a cochlear-spronavirus. They can attack mammals, and as such, they were the first known in China, but also attacked by birds in the development of effective protection. Previously, six CoVs have been identified as a potentially viral infection, with low pathogenicity, mild respiratory symptoms similar to common flu. The other two were identified as serious and potentially fatal respiratory infections It is now known as a laboratory-confirmed individual that the genome recognizes that it is a sequence similar to 96.2%, but shares 79.5% of the identity for what is now known as coronavirus.According to the results of the virus genome anesthesia, virus source host and COVID-19 can be passed on from non-immune responders to unknown COPID-19 can occur in severe acute respiratory syndrome-2 mutations. Epidemiology: An unknown acute respiratory epidemic has begun in China since December 12, 2019, possibly related to the seafood market. Many studios suggested that bats could be a reservoir SARS-CoV-2. There is no such evidence.

Different covariates, COVID-19 occurs in acute respiratory syndrome - eg, MERS - CoV refers to respiratory tract infection (MERS - CoV refers to respiratory syndrome - MERS) - this is a single Corona-virus (due to CoV) - This is a virus that is similar to CoV, including because of a coronavirus. In the virus genome sequence-specificity, it was analyzed across COVID-19, showing a total of 96.2% Genomic sequence identity and human SARS-CoV-2 can share the same gene, protein sequence and physiological analysis revealed similar products in many species Observed in order to get more opportunity for alternate intermediate hosts, such as tulips, pangolins and snacks.

Human exposure to COVID-19 occurs with acute respiratory syndrome Syndrome-2 reported in 31.3% of patients with family or close contact with patients or friends in the toilet. Percentage traveled to Wuhan (city of China) and 72.3% of patients with non-Wuhan (Chinese city) transfers between health care workers 3.8% of COVID-19 patients were treated by the National Health Commission in China A February 14, 2020. In contrast, COVID-19 is reported to be the most frequently reported acute respiratory syndrome and MERS-CoV infections in healthcare workers in 33 - 42% of cases with acute respiratory syndrome (62-). 79%) was the most common infection pathway in MERS-CoV cases. Spreading host animals or wildlife directly over the internet Although the SARS-CoV-2 transmitter was suspected to be the main pathway, the source (s) and its distribution (COVID-19) were still in acute respiratory syndrome.

Genome structure and key virulence factors from COVID-19 pneumonia patient, worker in the Hanhan seafood market, whole genome acute respiratory syndrome virus (SARS-CoV-2), according to the previously known genotype-gene genome organization. The first SARS-CoV-2 sample means that each infection is expected to cause 1.4 to 3.9 new infections in the absence of any community members, while the Coronavirus map-out epidemic is underway, with the government reporting more than 410,600 people. Authorities have stated. Some of the earlier estimates in Wuhan (Wahu, China City), which has a population of 11 million people in central China, make some of the worst estimates (Wuhan-Hu-1 coronavirus (WHCV), COVID-19), a chronic respiratory syndrome with severe respiratory syndrome. MERS - CoV: Two-thirds of severe acute respiratory syndrome syndrome (SARS-CoV-2), according to the previously known gene-gene-genome organization, means that every infection is absent from any community members. The virus is expected to cause 1.4 to 3.9 new infections Specified two polymorphic probes are transcribed, the rest of the viral genome contains four essential proteins, the gene (s) glycoprotein, the small envelope protein, and the nanocomposite protein, as well as several complementary proteins as well as natural disease response. (Wu et al. 2020) Recent deep meta-transcriptomic sequences show specific genomic and physiological similarities COVID-19 occurs in acute respiratory syndrome.

The organization of the presentation of the document

2.1. The type of document

The study uses visual information from others and a descriptive study method. This document is run by annotation diagram. The rationale for choice of symbolic design is related to the narrative of facts and the purpose of it is to describe and interpret the trends of the events in which the characteristics and descriptions of the population are used (Creswell, 2003). In addition, annotation documents are focused on the purpose of describing the cause and effect of the variables between the variables provided (Saunders et al. (2003), and so far, the data are analyzed from a variety of sources. Document methodology is a method that helps to identify the general characteristics of an object or situation by exploring the general nature of a problem and its current state and establishing a future understanding based on the actual outcome.

2.2. Presentation of the document

The orientation of the application will be applied to other literature and test the relationship between the present situation and its hypothesis. The emphasis is on creating awareness for the community, not to reach a general conclusion. Sometimes they develop a theory to try, and they include literary empirical assessments to identify questions to create awareness for the community, not to reach the conclusions they need to see. There are some historical examples to view a concept as a scientific prediction or description. In this interpretation, the theory or hypothesis changes (typically in terms of altitude or direction), noting that a concept is not intended to reach a conclusion but rather to reach a conclusion. Contains a change-based analysis to create awareness for the community, not to reach a definitive conclusion about the consequences of strategy.

This can be based on the literary literature and reviews that will be able to identify document problems and provide solutions.

In general, high has been found to be economical and efficient to raise awareness for the community rather than to reach a conclusion. An individual who fulfills the benefits mentioned and the person who fulfills the overall document and the entire document is an approach that will be applied to achieve the objectives of the study.

2.3. Source of document information

2.3.1. Secondary source of information

Secondary information refers to information collected by someone other than the user. Common sources of secondary data for social science are censorship, information collected by public health institutions, corporate records, and data collected for the purpose of other research. To create awareness for the community rather than to reach the conclusion of different documents, such as various reports, work reports;

2.4. Data collection tools

These are methods of fact-finding using the information gathering tools. They are tools for data collection. There is no doubt that an important part of the educational process, data collection, and documentation will be established. This is because the document enables the document holder to obtain relevant information or allows for the enrichment education or experience of others. In this regard, we are working on various processes and data collection tools. They include a wide variety of texts, especially in research and research, because the information gathered can help to raise questions. Or visual materials are carefully prepared to be read or viewed by the concerned documents.

2.5. Document Data Collection Process

Data collection the necessary information has been collected by exploring international documents and guidelines regarding the process. By exploring other literature, it is ultimately drawn from the experience of the documentary that has a similar or parallel mission.

2.7. Data Analysis Method

This document uses a qualitative method of data analysis, and then approaches and ideas are developed to develop solutions based on the available information.

In other studies, the document was analyzed and, based on guidelines and international analysis, the types of information collected were collected together and identified important information.

In order to support and verify the results of the document, the results of the document are based on the information obtained by the entire data collection system in order to support and validate in the text.

The Response of Ethiopian federal police commission

In 2016/17 the total EPUC, including federal, nine regions and two city administration was 640,010 of which 63.5 % and 36.5% were respectively male and female with a substantial majority of them (79.5%) earning less than 2500 ETB monthly salary. The majority of the police (77%) aged less than 28 years, which could be an advantage to reduce the police death due to the virus, as the majority of deceased people in the world were aged over 60 years (Mo Ibrahim Foundation, 2020).

Ethiopia focuses on preventing the virus than containment. The National Ministerial Committee among others emphasizes prevention and protection; a 14 days mandatory quarantine of passengers arriving to Ethiopia, avoiding public/religious meetings/ gathering; health sector capacity building; regulating market to avoid unethical exploitation of the situation; and supporting regions' preparedness to prevent the disease (Office of Prime Minister, 2020). Similarly, the emergency proclamations and the regulation among others emphasizes avoiding handshakes, reducing the number of public transport passengers to 50%, keeping adequate physical distancing, providing cleaning and hand washing facilities in each public institutions The regulation specifies that the national committee is responsible for the overall coordination and leadership; establishing committees at federal, regional, local and city administration levels and providing necessary instructions and evaluating their reports; depending on the context uplifting or increasing the restrictions and the obligation imposed by the regulations; and imposing uniform structures and regulations and system for regions and city administrations. Efforts are also made to reorganize the market place to minimize public overcrowding both in the urban and rural areas.

The federal civil service bureaus and offices, the regional equivalents and local governments focuses on institutional related factors such as establishing a pandemic prevention and control committee; providing public education; approving special leave particularly for staff having blood pressure, diabetes, heart cases, asthmatic and other respiratory cases; providing institutional transportation; rearranging office space to ensure physical distancing; ensuring individual and workplace cleaning and sanitation services; improving service public service process and providing facilities (comprising supplying cleaning and protection facilities, adequate physical distancing and customer sequencing); and reporting police infected by the virus (Oromia police and Human Resource Development EPUC, 2020).

Furthermore, some civil service institutions were closed (e.g. higher education institutions, primary and secondary schools) while some others were operating with less than 50 % workforce, suggesting public services were substantially reduced. Interviewees also reported, due to emotional stress, the number of citizens seeking public service was also proportionally reduced. The problem is worse, when the competence and commitment of the civil servants is low, which an interviewee claims was missing among many civil servants even under normal circumstances.

Industries, factories, and private institutions were also partially or fully closed, having huge implications on economic growth and citizens' income. However, recently, to lessen the economic impact, the government requested the industries and factors to continue their production, putting in place all preventive measures. Officially, the government also announced that it was going to provide funding to improve economic resilience. Besides, officially the government, for example, the Oromia National Regional State, also emphasized the need for increasing agricultural productivity. The banks were also reduced the interest rate. Yet, the small and informal business may not benefit from financial measures, having implications for the poor, women, and the disadvantaged.

The roles of religious leaders were also remarkable. Using mass media, religious leaders and other actors are continuously addressing the public although the religious institutions are also officially closed.

The Unprecedented Challenges

1. Public Administration and Politics

Six broad politico-administrative challenges could be distinguished. First, despite a series of politico-administrative reforms and capacity building programs the Ethiopian public administration is weak. Second, the dysfunctional distrust among political parties since the 1990s and citizen's distrust in government and public administration, due to historical and sociological factors, disturbs institutional response to the pandemic (Mo Ibrahim Foundation, 2020). Some local government level interviewees mentioned many citizens, including the civil servants, distrust government and public administration, including awareness-raising campaigns. Likewise, a regional level interview also reported that many citizens were not complying with policies and decisions and thus the interviewee suggested the government should take the required legal action.

The third challenge is related to the lack of adequate inter-sectorial cooperation and coordination among relevant public sector institutions (Peterson, 2015), including the One Water, Sanitation and Hygiene actors. According to the interviewees, the cooperation and coordination challenge is huge at the local government and village administration levels, which are also confirmed by other past studies (Butterworth et al., 2013; derese, 2016). Fourth, the armed fighting between government and other forces, in some areas, and the ongoing political instability could further constrain the institutional capacity of government and other actors to reduce the impact of the pandemic (Human Rights Watch, 2020).

Fifth, the influence of the deep-seated top-down planning and hierarchical politico- administrative culture inherited from the previous regimes (Hagmann and Abbink, 2011; Holcomb and Ibssa, 1990) and prevalence of neopatrimonialism in the public sector (Bierschenk and Olivier de Sardan, 2014) is allegedly constraining the willingness and capacity of local actors. As already mentioned, the institutional arrangement of the national taskforce and the sub-committee at national, regional and local levels is predominantly top down.

The sixth major challenge is concerned with citizens' expectation and behavioral dimensions. It is apparent that citizen expectations, particularly the poor and the disadvantaged, in Ethiopia, are much higher than the capacity of public administration to respond. Concerning the civil servants, the overarching focus on the structural- instrumental approach and the inadequate attention to the behavioural dimension of public administration is a critical issue. The majority of interviewee mentioned those civil servants on leave were not staying at home; they were walking on the streets, visiting their friends and families and playing games. In addition, some interviewees, at local government level, have significant concerns about the corruption in the public sector. They point out that the leave and stay at home policy allowed officials to systematically side-line young, healthy, competent and critical civil servants, who were challenging them and fighting corruption in the sector. The federal and regional level interviewees were however not in agreement with the increase in corrupt practices. Instead, they noted that the community and voluntary services have increased.

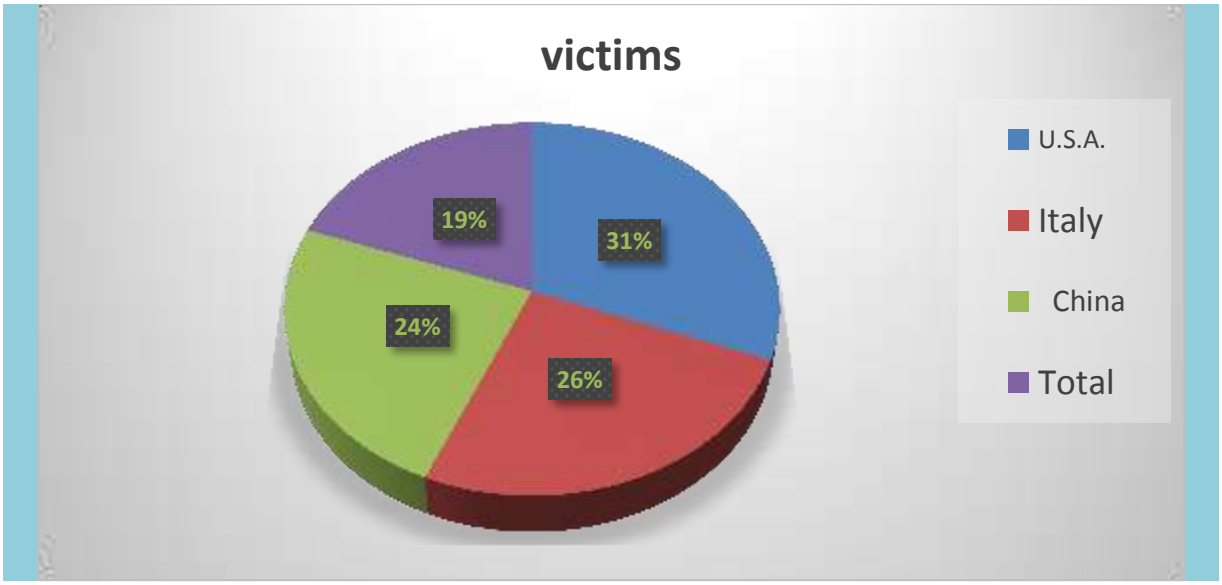
2. Health Institutions

On all accounts the institutional capacity of the Ethiopian Health Institution is weak even when compared to the Sub-Saharan African (SSA) average. For example, in 2014, the domestic general government health expenditure per capita of Ethiopia was about three and a half (19.20) less than the SSA average (69.19). Likewise, while the domestic general government health expenditure of Ethiopia was 27.62%, the SSA average was relatively better (35.07%) (https://data.worldbank.org/region/sub-saharan-africa, 2020).

The inadequate number and the quality of medical staff is also a critical concern. Concerning the quantity, according to the World Bank database, the proportion of physicians (per 1,000 people), and nurses and midwives (per 1,000 people), in 2017, in Ethiopia was only 0.1 and 0.84 respectively. Indeed, while writing this paper, government, multilateral and Bilateral organizations are mobilizing resources to improve the institutional capacity of the health sector. The retired but strong health professionals are also returning to their jobs.

3. Access to Improved Drinking Water and Sanitation

One of the basic recommended actions to fight the pandemic is to regularly and adequately wash hands (at least for 20 seconds) with water and soap. However, since access to improved drinking water sources and sanitation services is low, in SSA in general and in Ethiopia in particular, practicing this recommendation could be extremely difficult for many people (see figure 1).



Source : (https://data.worldbank.org/region/sub-saharan-africa, 2020)

Furthermore, there is substantial urban-rural inequality on access to basic services, people living in urban areas having relatively better access. Other socioeconomic inequalities at local and house levels will compound the wicked problems. Local level interviewees mentioned that, due to the inadequate budget, local government public institutions were not able to provide basic sanitation facilities to civil servants and citizens that are seeking their services.

4. Urban Housing Condition

People living in urban areas could have more infection risks. In 2014, the Word Bank database shows, nearly 74 % of the urban populations in Ethiopia were living in slums, which is far higher than the average percentage of urban population living slums in the SSA (55.3%) (https://data.worldbank.org/region/sub-saharan-africa, 2020). Under such living conditions, controlling the outbreak of the virus would be extremely challenging. The lack of adequate basic urban infrastructures, inadequate institutional capacity and the difficulty of physical distancing in practice, the high number of homeless people and street children, increases the wicked problems. Interviewees also indicated that the urban housing condition were also extremely dangerous for the majority of civil servants who are living in rental houses, particularly for those living in a shared compound, and n slums, pointing out to the fact that providing annual leave for the civil servants may not reduce the risk of contracting the virus.

The decision of the government to prohibit increasing house rents and forcing people to leave the rented house for any reason to some extent could protect the wellbeing of citizens and civil servants.

5. Cultural Factors

On Hofstede's individualism vs collectivism dimension of national culture, the country scored low (20), and thus Ethiopia is considered to be a collective society, suggesting the society gives more weight to group well-being than individual freedom (http://www.geert-hofstede.com, 2020). This cultural context may have both positive and negative influences on preventing the virus. On the positive side, the collective culture could help to assist people, particularly the very poor and the disadvantaged. This was mentioned by some interviewees while other interviewees insisted that the relative capacity of a citizen to help other citizens is insignificant. Of course, the public sector, the private sector, CSOs and individuals are providing support to the people most in need.

On the very negative side, the collective culture can open ground for the spectacular spread of the virus. Partly due to cultural values, as revealed by many interviewees, the society did not comply with health professionals' and official prescriptions and advice. Similarly, during the initial period, citizens were not complying with the advice of religious leaders; they were going to religious institutions. However, over a time the influence of religious leaders appears to be more significant than the public sector. Yet, as one interviewee reported, though slightly reduced in urban areas, the social gatherings remained unchanged in semi-urban and rural areas. This cultural context could discourage committed civil servants from providing services on one hand and increase their vulnerability to the diseases on the other.

6. Urbanophobia and Basic Need Supply

The virus has reversed rural-urban mobility; rural people appeared to abandoning traveling to urban areas. This holds true for rural people who are living in urban peripheries, who can travel on foot or horseback to cities. These dynamics could be called

urbanophobia. The pandemic also affected urban-to-urban mobility. The urban-urban movement was also constrained due to restricted transportation services. Both urbanophobia and the limited urban to urban movement could limit the spread of the diseases.

On the one hand, the interviewee mentioned, the restricted movement appears to be significantly affecting the flow of basic items (food items) from rural areas to urban, and urban to urban, although there is no extreme shortages at the time of writing this paper. According to interviewees, the follow of raw agricultural products in rural areas and rural towns remains unchanged.

Another concern is that those civil servants and citizens who are living in urban peripheries and who do not have transportation services were not able to adequately access basic items in the urban centers. In addition, as reported by interviewees, the pandemic has increased the level of inflation.

A stay at home policy has also consequences. At an individual level, some interviewees mentioned while it has improved family relations and savings, in contrast, others claim the policy has increased their expenses, and the emotional stress has increased interfamily conflicts. At the organizational level, the pandemic significantly weakened employee relations. Interviewees pointed out that, given the unfeasibility of working from home and even at the workplace due to huge emotional stress and depression, the physical and emotional support from their institutions to ensure their wellbeing was inadequate. Some local interviewees have also expressed concern about their jobs and salary if the pandemic continues for a longer time. As yet, the government has not decided to implement salary cuts and civil service retrenchment.

7. Internet and Mass Media

During this very critical time, the role of effective and timely communication to educate people, to share information, to change the behavior of citizens is significant. However, it would be difficult to reach all citizens in Ethiopia. First, the huge majority of people do not have access to the internet and mass media (radio and television). Second, the shutdown of internet and phone communications, due to armed conflict between the government and other forces, in some parts of the country, combined with other factors affected public services and escalated human rights violations; including arbitrary unrest and intimidation by security forces (Bader, 2020; Human Rights Watch, 2020). The government has restored the system in the last week of March 2020. Third, while Ethiopia is a diverse country, many media remained monolingual. For example, the cellphone-based educational message by Ethio-telecom communication was only in Amharic. Some governmental televisions were also using a single language. Indeed, the private and some religious mass media have attempted to fill the gap.

Comforting the Responses and the Challenges: What is to be done?

Many governments, including the Ethiopian government, officially claim that they have been made sufficiently prepared since the outbreak of the disease in China. However, in practice, it should be noted that downplaying the pandemic, particularly during the initial period, was the global politico-administrative crisis. At least, governments could have tracked the travelers' database allowing the government to have travel records and furthermore people that they have had contact with. More importantly, however, at this point, blaming actors and blame- shifting cannot be a solution. This is a time to learn and unlearn - first- things - first, to successfully preventing the diseases.

The deep-seated socio-economic and politico-administrative contexts, the multiple variables at a play and perhaps the non-linear connectivity between the variables, and the pandemic have increased the wicked problems; policymakers, and pubic administrators do not have ready to apply a set of solutions (Peters and Tarpey, 2019; McConnell, 2018). Besides, the wicked problem can significantly weaken the coordination capacity of the government (Christensen et al., 2019). Yet, to minimize the wicked problems and for 'public sector to prove its legitimacy' (Bouckaert, 2019: 14), some normative solutions could be made, but "the power to decide rests with the political decision-makers" (Cox III et al., 2011).

One of the normative solutions is expectation management. Although functional distrust is laudable, to improve democracy, according to scholars such as Bouckaert and Van de Walle (2003), the government can improve trust in government/public administration by conditioning citizens to change their demand/expectations. To achieve the desired outcome, dialogue and innovative approaches need to be emphasized.

The second suggestion is enhancing public service motivation and improving behavioral change at all levels. As pointed out by Cox III et al. (2011) the public administration work the way it does because of the civil service suggesting that public administration should ensure effective public leadership (Broekema et al., 2019) and increase civil servants public service motivation, maintain positive work-related relationships and actions (positive behavioral change) (Perry and Van de Walle, 2008; Paarlberg et al., 2008). The government should also properly enforce the policies.

The third proposition is balancing vertical and horizontal coordination at all levels of government. To increase the vertical and horizontal coordination capacity, in particular, the top-down approach, depending on the context, should be sufficiently equilibrated by the bottom-up approach. Christensen et al. (2019) claim better collaboration and coordination at all levels is substantially helpful to address wicked problems.

Another normative solution is harnessing the role of mass media, and religious institutions and community leaders to inform, to educate, and change the behavior of actors and to mobilize resources, particularly at the local level. It is also vital to note that these

actors should be inclusive and effective. Furthermore, all actors, including political parties should refrain from using the pandemic as a political instrument and at least protect human rights if it is difficult to fulfill it, during the crisis period. The constitutional separation between state and religion should not also be compromised.

Conclusions and Lessons

The spread of the Corona virus is a global epidemic, with a major threat to Africa, our country and Ethiopia. Presently preventing and preventing this epidemic is a major national focus. All of our efforts and cooperation are vital to combat the spread of this epidemic that threatens the lives and health of citizens, the survival and well-being of the nation.

Applying safety precautions against the transmission of the corona virus is first and foremost for ourselves, and for our families around us, parties and even nationally. Recognizing this, we are calling for all of us to take appropriate precautionary measures, but not significantly violate precautions, and against institutions and individuals that endanger the public health and national security; We would like to acknowledge that we are obliged to take immediate legal action in accordance with the provisions of the Act and other applicable laws. (FDRE court, 2012)

The unresolved socio-economic and politico-administrative wicked problems, the cultural context and the inadequate behavioral change were significantly constraining the capacity of government to respond to the pandemic that has disrupted the economic, social and political context in Ethiopia. However, the role of mass media, religious and community leaders is remarkable. Overall women, the poor, the disadvantaged, internally displaced people and those relying on informal business could be severely affected. Of course, the limitation of the paper referring to the use of a secondary dataset and unstructured interviewees and personal observation and relying on response approaches of only one Ethiopian Region should be noted. Future nationwide behavioral public administration studies may apply a mixed research design. Nevertheless, five lessons are drawn.

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Appendix-I
Ethiopian Police University College
Institute of Research

The Ethiopian police university college research institute is conducting a study on the covid-19 pandemic and the EFPC: reactions and encounters. The purpose of this questioner is to collect data that are paramount to assess the covid-19 pandemic and the EFPC: reactions and encounters. To this end, you are kindly requested to respond what you believe is correct. Your answers to the questions will be a great help for assessing so you have been selected to participate in providing information on the reactions and encounters. The information you provide in this questioner will be kept confidential and utilized only for the purpose of this study. Your genuine response is highly valuable for achievement of the objective of this research.

1. What are Need to resolve the politico-administrative and socio-economic wicked problems
2. What are the strengthen solidarity, among all actors at global, national, regional and local levels to prevent the Coronavirus and other diseases in the future.
3. What are for strengthening politico-administrative relations to improve policy and administrative and coordination capacities.
4. What are the strategically mobilize Mass Medias, religious and community leaders to upsurge resilience and support the most vulnerable.
5. What are integrate a macro institutional approach and behavioral public administration, and effective public leadership at all levels