Options to Enhance the Control-Prevention Measures’ Achievement in combating COVID-19’s Pandemic

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Abstract
Every time, our globe encounters different types of disasters. They can happen within a nation; at a time in several regions; or seize the whole planet. The 21st century is not exceptional. Today in this COVID-19’s pandemic era, because of the public’s improper awareness about the disease, lives crumbling as an autumn leaves; world economy is panicking and even there are signs of internal-external conflicts. However, instead of finding solutions, politicians, the business sector, media and even some scientists are trying to extract their own benefit. Because of such mess we launched a qualitative-secondary data analysis based study. We used four types of data sources: media analyzing; discoursing with respondents of Addis Ababa city; assessing other countries publics’ opinion; and evaluating the stakeholders’ acts against the COVID-19. Our media analysis reveal that politicians, media, some scientists and scientific paper publishers deliberately/innocently through their activities are increasing the death rate; discussion with randomly selected 54 respondents shows that 70% of them believes as if God without their effort will guard them from the disease; according to our secondary data analysis, in developed countries, some do not sure the existence of SARS-CoV-2 virus! Hence, we offer the followings effective options to be taken today and for such virus than searching drug-vaccine: We illustrated a schematic model based liberated committee against the pandemic, whose 13 members are from relevant institutions. The sampled scheme can be applied for the rest types of disasters that we already arranged into 5 groups; to the biochemistry context, we charted what proportion must have the five epidemiological (control-preventive) measures that are to be implemented against this type of pandemic; during the study, we revealed that religions can influence on how public’s awareness directs against the COVID-19; and publishers should pay real contributions in battling with the pandemic.

Keywords: COVID-19, disaster, pandemic, epidemiological prevention, religion, SARS-CoV-2, Taskforce
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1. Introduction

Every time, our globe encounters different types of disasters. They can happen within a nation; at a time in several regions; or seize the whole planet (world wars and recent pandemic). However, during such disaster, human couldn’t effectively mobilize relevant but liberated forces against the destructive impacts of a catastrophe. This mainly happens due to two reasons: lack of awareness or because of a force that want to use the issue for its advantage.

On this COVID-19’s era, although such forces’ roles are vital, we are witness that authorities, for instance [1,2,3], aiming to extract political benefits, confuse the nation by their unpredictable actions like: giving nonscientific interviews, conflicting with Media on the COVID-19’s issues, informing in un ethical way about possible treatments (regarding to the anti-malaria–chloroquine the Nigerians may be victims of such speeches [4]). WHO tries to refuse that banknote may cause virus contamination [5]. in Iran hundreds dead by consuming methanol [6]. In Iran hundreds dead by consuming methanol [6]. In Ethiopia too, although now a days starting retarding from their words by saying – no drug, but it boosts immune system, there was a media information as if in Ethiopia scientists invent a substance that can cure from COVID-19 [7]. However, Ethiopians are not exceptional because, even Australia, England, Japan, USA, Madagascar, etc. [3] are highly starting advertising about their drug-vaccine discovering projects. Yes, in case if for such virus, within such period of time one can produce drug or even effective vaccine, then we may become a client of Lottery organizers! Since a chance to win the first prize is the same as discovering effective COVID-19’s vaccine within such time frame. Nonetheless, such exaggeration instead of being vigilant/curious may lead the world to be optimistic, as a result which we will be idled. For instance, some are refusing to stay at home or patient escapes from ambulance or escape off from quarantine building [8,9,10].

In this terrified season, some Media too are became one of the destructive bodies. Neglecting sociopolitical issues that can indirectly hurt the battling with this pandemic, let us share two of the media’s odds, which are directly related to our profession: “Chinese scientists have decoded the COVID-19 DNA and made it public,…” [11], in this phrase there are TWO basic mistakes: COVID-19 is a name for the disease and the virus that causes this COVID-19 is called “SARS-CoV-2”! The other mistake is that as if Chinese scientists discover the genetic code of the viruses’ DNA! No, this virus has no DNA! The SARS-CoV-2 is a retrovirus type, which means it has only RNA! Secondly, a radio reporter said “…the blood sample was tested and after 3 days the result appeared to be negative…” this reporter is thinking that for testing whether infected, blood sample is necessary (as if it is to test how the patient developed anti bodies)! Imagine, such of these two types of basic mistakes lead the public to confusion or at least not to follow such reporter what he is saying or even the whole his media!

Well, assume, politicians doing their revenue against opponents [2,12,13,14,15], as a result we are fearful not only the infection’s rise but of clashes too, particularly in Africa. What about the financial sector? Don’t the prices of commodities rise in other countries? In Ethiopia for instance, if we neglect the facemask and sanitizers’ prices, a chocolate cake in a cafe, which has no any relation with the virus now costs double!
To our understandings, let politicians, business sector or media behave in this manner, but why some scientists announce as if they have discovered medicine, even vaccine? Although we are in doubt for its effectiveness, let they use drugs against other diseases to give relief of pain and or virus’s side effects. But, how can one say that he invented effective vaccine for such virus within this short of time? Why the media overstated the issue? For us all this seams political trade, and or business oriented advertising drama.

Rather, what we hypothesize is that the appropriate means to battle with this disease is: having identified roles for each stakeholder and Media against the disease/disaster (SMAD); building a liberated task force or committee, members of which are relevant experts against the disaster (TCAD), that is responsible to scaling up the public’s awareness against the disaster/disease (PAAD); and identify epidemiological measures (EMAD) and their priorities to be implemented. Hence, this study is launched to sort out these cheapest, fastest but effective options against the COVID-19’s pandemic.

2. Objective
Identifying, evaluating and enhancing the easy and fast options against the COVID-19:
2.1 Finding solutions on how to enhance the public’s awareness about the virus SARS-CoV-2
2.2 Framing the proportion of EMAD against the COVID-19 disease (EMAD)
2.3 Formulating how different layers of SMADs should act during such pandemic disaster

3. Methodology
Certainly, based on our profession, we accustomed to run laboratory experiments. However, the issue forced (although, with a high risk being infected) us to switch into such more social and policy oriented study’s design. Hence, according to recent classification of qualitative research design [16,17,18], our study method can be related to phenomenological and content analyze study:
3.1 To obtain data on - how is proper the level of PAAD
3.1.1 PAAD’s level situation in Ethiopia
Express discussion with the first (randomly) selected respondents of Addis Ababa City (AAC): Due to the emergency condition (impossible to gather more than 2-3 person at a time), we couldn’t prepare questionnaires or other forms of qualitative research approaches for a better output. Nonetheless, we conducted expressed discussion with randomly selected respondents on the street, at coffee houses/restaurants, in shops and inside public transports. To initiate discussion with respondents, either we interfere to those who are already on a conversation among themselves, or we started by asking one of the followings two types of questions:
For young respondent the initial questions were: “What shall I do, they said that this virus is more dangerous for aged people like me?” or sometimes in a joke manner: “hey, is it true that you youths programmed through facebook this virus to kill aged dads? (The original questionable sentence in Amharic language was - የንጭ ከጭትከት ያነገረ ያስገነገር ለችል ይለጻ ተገጉ ይባባ ከጭትከት ይደም ይታጆ ከጭትከት ይደም?)” For aged people we started conversation with: “What is better to do with this the so called coronavirus”? (The Amharic version of tête-à-tête speech was - የሳማ መጋገር ያስገነገር ይለጻ ይታጆ ከጭትከት ይደም?)
3.1.2 Assessing others countries’ PAAD
Yes, if it was the peace time, and but if impossible to visit countries we ourselves; representing somebody there, for instance as a coauthor; or at least was possible to send questionnaires
through email. However, today, most of us are in locked planet! Therefore, we designed the following way of assessing others awareness about the disease through analyzing the media and internet sources:

We used “Google search engine” as a 2nd tool to assess the PAAD’s level of others countries:

To the provided space of the search engine, we enter each time the followings 5 sets of phrases and record the content of the first 5 html of each appeared pages:

- Coronavirus, virus, don’t believe,
- Coronavirus, virus, God will help,
- Coronavirus, virus, let God,
- Virus, coronavirus, COVID-19, God knows,
- Virus, coronavirus, COVID-19, pray

Please note that in each of the above 5 sets of phrases/words the last phrase/word is one of those, which the AAC’s respondents earlier on March, 2020 (during our 2-5 minutes discussions with each of them), were marked as their responds for our two mentioned above (3.1.1) type of questionsthat we formulate to initiate a discussion.

3.2 To collect data on control-prevention measures those are applying against the disease (EMAD)

Evaluate what epidemiology based main EMAD like awareness, sanitation-hygiene, prophylactic-treatment, characterizing the nature of SARS-CoV-2, etc. and in what their proportion are implementing by SMADs and or TCADs to combat the COVID-19.

To identify; analyze; and prioritize the main EMADs we will; use the observation in AAC; assess internet secondary data; and literature reviewing, particularly we will focus on the followings EMADs:

- 3.2.1 Characterizing the nature of the virus SARS-CoV-2;
- 3.2.2 Sanitation-hygiene activities against the COVID-19;
- 3.2.3 Making others awareness among the nation about the pandemic;
- 3.2.4 Drug and vaccine discovering activities; and
- 3.2.5 Treating-prophylactic the infected.

3.3 To evaluate, why in this 21st century such high deaths toll and examining how are exercising the SMADs’-TCADs’ battling roles against the COVID-19 disease:

We assessed how are SMADs and TCADs are organized; how they are coordinating among themselves and functioning in each country; within international organizations; and why such high mortality in the recent civilization

3.3.1 Functionality of SMADs and TCAD (if any) in Ethiopia

The assessment includes: Identifying types of SMADs that are functioning against the virus and evaluating their activities/duty descriptions

To understand whether there is any type of TCAD and or an instruction on how SMADs are functioning to combat the pandemic within Ethiopia, on March 22-27 and on April 14, 2020, we have physically visited and through their web sites (virtually) assessed. In particular, we have focused on the country’s Health Ministry; Ethiopian Public Health Institute and Prime Minister’s Office.

3.3.2 Actions of SMADs and TCADs in others countries
We will use the media and Internet access to identify whether there is a body, which is responsible to the COVID-19’s pandemic.

Regarding to TCAD’s profile, which ought to be responsible for fighting against the disease, again we use countries web pages to look for whether there is liberated TCAD (if any).

3.3.3 International organizations – the UN and WHO

to understand about their concerned body for the pandemic, these organizations also are to be assessed through the internet sources.

4 Results

4.1 PAADs level about the COVID-19 disease:

The raw results of the study on PAADs level about the COVID-19’s nature in Ethiopia and abroad are as follows:

4.1.1 Level of PAAD in Ethiopia (in AAC)

After the March 22-April 3, 2020 that we surveyed within the AAC respondents (to evaluate how the public is carrying out sanitation-hygiene instructions against the virus), we repeated the survey within AAC for extra 8 days (April 19 - 26, 2020), concentrating more on discussion \[7,34,35,36\] about the PAAD’s level; public relation with the media; and activities of different SMADs, etc.

As a result: Among the first 54 randomly selected respondents: 26 males and 9 females within 2-5 minutes conversation marked at least one of the following phrases: “God will help us”; “You must pray”; “God will help Ethiopia”; “God knows it”; this is the God’s punishment, because we burn his churches, monks etc., and even 3 of them in ironical manner asked us “do you believe that there is a virus?” The other 8 respondents were more or less tried to advise us scientifically. 2 offered us to follow what media says. The rest do not want to deal about the virus’s issues. In this type of collecting data, youths were more active on the first question. However, when we come to the elders respondents (they were 17 from which 2 do not want to have a conversation) answered: God will help us, necessary to pray, God guard Ethiopia, and one elder respondent (55-60 years old) forwarded science related issues, etc (for more detail refer below to table 1):

Table 1. Types of AAC’s respondents’ response (answers) to our two types of questions

<table>
<thead>
<tr>
<th>results/answers of respondents</th>
<th>Places where discussions take place</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Neighbors</td>
<td>street</td>
<td>transport</td>
<td>shops</td>
<td>cafe</td>
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<td></td>
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<td>buss</td>
<td>taxi</td>
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<tr>
<td>Frequencies at the places</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>respondents</td>
<td>2</td>
<td>7</td>
<td>15</td>
<td>7</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>religion based advice issues</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td>8</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
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<tr>
<td>Follow media</td>
<td>1</td>
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<td>Accuse</td>
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</tbody>
</table>
4.1.2 Assessing others countries’ PAADs level about the disease

Aiming to assess the level of PAAD and to get any clue whether others nations can think as in Addis Ababa, on April 24, 2020 we formulated 5 types of key words/phrases (refer to 3.1.2), which are similar to those that were suggested by the AAC’s respondents. After the search engine found many html pages, simultaneously we opened the first html pages and analyze what is written there (refer to picture 1). Such searching was repeated yesterday (on April 27, 2020).

Picture 1: collections from internet pages, where show the foreigners’ PAAD also tends to religious rely against the COVID-19
As seen in the above picture, most of the foreigners also rely on God’s WILL, whereas a few write about media, others elaborate the SMADs faults and even there are data, where posted as if “there is no virus at all” [19,20,21].

4.2 The epidemiological EMAD on the disease COVID-19
4.2.1 How world is handling the different types of epidemiological measures [22,23,24]?
Our assess indicates that these EMADs are mostly identified as: characterizing the pathogen; drug-vaccine discovery; awareness making among the public 25,26,27]; and treating-prophylactic the infected, from controlling sanitation-hygiene activities, almost all SMADs are concentrating on “hand washing” by singing “happy birth day for 20 seconds”, etc. however, the
majority of SMADs including Media are focusing more on drug-vaccine discovery (the Trump’s pills and spray [4,28, Ethiopians authorities [7], and Madagascar leader that drunk the so called prepared drug cocktail [3] against COVID-19!), treating infected and characterizing the nature of the virus SARS-CoV-2. As a sanitation-hygiene measures almost all and everywhere are dealing with “how to wash hands” Whereas, the scaling up PAAD’s level is almost minimum and if any – more the politicians and Media (but not the virology related experts) with nonprofessional manner are trying to instruct online!

4.2.2 In this study, we revealed that there is no common understanding on disasters/crises, and even there are missing grouping different types of disasters [25,29,30,31,32,33}. For instance, environmental concerned bodies are trying to take all responsibilities against technology caused catastrophes (disasters), because of which sometimes erupt verbal and physical clashes!

4.3 Evaluation of SMADs and TCADs duties regarding to COVID-19
What and how they are functioning and how they are coordinating among themselves, we have assessed the Ethiopian, others countries, and international organizations’ SMADs and TCAD (if any) activities:

4.3.1 Ethiopian SMADs and TCADs against the disease COVID-19
We have revealed that almost the main roles of both SMADs and TCAD in Ethiopia are running by the Prime Minister, Minister of Health, Director of Public Health Institution and the Media:

When we were finalized the first phase of this study (at the end of March, 2020), we couldn’t get any data whether there is active TCAD or with any other name against the disease. However, instead of a liberated TCAD, the governmental bodies in particular the Prime Minister, was mostly brief every time. Today, at the mid of April, the briefings leadership about the pandemic shifted to the Minister of Health and rarely the Ethiopian Public Health Institution’s director gives interview. Whereas, the Media’s role on the pandemic issue, seems uncontrollable. No clear organ, which is responsible on the pandemic (if any), is still not formed to participate in taking actions at least in informing the public about the issue (responsible TCAD to scale up the PAAD’s level).

4.3.2 Situation about the others countries’ SMADs and TCADs
We have tried to assess whether there is liberated force in others countries. Since, they are severely affected, hoping that they may create a body, which is capable of handling all activities against COVID-19, we have looked for a TCAD in: USA [34], Italia, Spain [35], France, and England. However, there was no force which is organized in a way on what expected (when we start to study the issue). Nonetheless, although need some correction to them, more or less the United Nations (UN) and World Health Organization (WHO) have such TCAD [36] that are similar to our perception about what must look like TCADs against disasters [31,32]! Furthermore, we understand that during Ebola epidemic, these organizations practiced in organizing a similar task force [37].

4.4 religion impact in battling with the pandemic
When we planned this qualitative based research [16,17], we didn’t predict the role of religion in combatting process of this pandemic. Anyway, regarding to the religion impact, here under are the results within Ethiopia and abroad

4.4.1 Combating process in Ethiopia
Most respondents’ responds for our two types of questions are related to their religious beliefs. They told us as if: God will help them not to be infected; since God loves Ethiopia, will not let this virus to enter Ethiopia. To the contrary one women replied that God bring this virus, because we burn his churches (she do not know that mosques too were destroyed), we burn his monks/priests, we forced human to eat himself, etc.

4.4.2 Religions’ impact in fighting against the COVID-19 in developed countries
we have had thought that due to civilization in developed countries, religion may less influences, but our secondary data reveal the same (if not even more) results as of Ethiopian situation. As seen in picture 1 in developed countries too, there are people who are thinking as if only God will protect them against this pandemic.

Picture 1: One of internet pages, where in developed countries PAADs are also relying on religion and political issues

4.5 Scientific work publishers’ role during the pandemic
During this work we reveal that although advertizing as if participating [39,40] to combat COVID-19, publishers of scientific works do not show their sacrifice in the processes of battling against the pandemic. We ourselves have proved this when they refused to publish the paper that we expressly prepared under the title “Inevitability of Establishing Liberated TCAD that can take Responsibilities on COVID-19’s Issues”

5. Discussion
Although, due to the pandemic situation, the methodology we have implemented couldn’t be fully trusted us. However, at this terrified time, when life is crumbling as an autumn leaves! ignoring/waiting for other time is also non ethical! Hence, we have had no other option, except starting forwarding what we suggest is better.

Thus, during such express study we reveal flaws, which must be corrected as soon as possible: politicians are deliberately or innocently creating problems, which may lead not only to falsehood about the nature of the disease, but also to an internal or even external conflicts; economic growth crises; moreover, instead of making awareness about the disease, and in particular, despite of using nose-mouth masks, as if the only main means of transmitting the virus is hand, media and even some scientists are focusing on “hand washing”. The other more worsen issue is giving wide attention to drug-vaccine discovery, which to our opinion is not fruitful for such respiratory infectious disease for the current time. Therefore we terminated the research and prepared an urgent small article (6 pages) that we intended to publish. However, although, after intensive correspondence with F1000research (March 30 up to April 3, 2020) the journal agreed to publish it at least as an opinion, after receiving the whole content, the F1000research refused to publish.
The others publishers-journals too are not willing to publish our work by saying that we should pay them in foreign currency, the currency that we in Ethiopia couldn’t have. Since then, although because of the Ethiopian governmental directive – keep social distance (risking to be infected), we restart the survey:

Based on our survey, and secondary data, PAAD’s level about the pandemic is low. To the contrary, in spite of concentrating to awareness making directions, scientists are engaging in business oriented activities like searching for drugs and vaccines (according to anatomy-physiology-biochemistry contexts, this type of research is useless for such disease and for today’s problem). As a result, the role of awareness making is wrongly shifted to politicians and media. They are becoming the main players; even they behave as a virologist by airing non-scientific thoughts. Because of such SMADs’ (politicians, scientists and media) faults, the public is confusing [4,19,20,21,27]. Its outcome is: the death toll is growing; internal and external conflicts rising; world economy is declining; and public is trying to rely on religion etc. about which here below from 5.1-5.6 shown in brief by comparing the survey primary data from Ethiopia and secondary data of abroad.

5.1 PAADs level on the pandemic issues
For infectious, in particular for respiratory based infectious disease, the public’s awareness is a vital option to control such diseases.

Our March’s research reveals that PAAD’s distortion phenomenon was at the high, since SMADs were not scaling up the PAAD’s level about the COVID-19. Moreover, we fear of that political leaders may try to use the pandemic for their revenue. Because of it, we have been forced to stop processing the publication of two articles that are related to main epidemiological sanitation-hygiene issues and ways of discovering drugs and vaccine for this particular type of virus. Rather, we switched to this half politicized and policy based article’s preparation.

5.1.1 The Ethiopia PAAD’s level about the COVID-19
As indicated above in 3.1.1 and 4.1.1, we launched a survey study on AAC’s respondents. Most of the respondents 70% (35 from 54) are relying on their belief (God), whereas, in science only 13% may be trust. As seen in the table 1, what more frustrated us was when we heard from 3 respondents that as if there is no virus at all (we think these respondents are waiting until they catch up the virus)! etc. Either because they are yet young to afraid to involve in dialogue (mainly here in Ethiopia thinking that if anyone initiate a dialog with an unknown person, then he may be a spy) or because, to give positive attitude for the start of conversation, we specially design the question, that can interested/attract them to participate in the conversation. As seen in 3.1.1 our question to the youth indirectly indicates as if the youth not severely affected by the virus than elderly (at the end of conversation, we disclose ourselves and tell them how it can be also dangerous for youths). Youths were more actives to the discussion.

Anyway, regarding to the Ethiopian public PAAD, the important finding is:- Among the responses, the religions’ influence, and the three respondents that still do not believe the reality of the virus are the two, which are dangerous in battling against COVID-19. Moreover, due to
lack of PAAD, patients are escaping not only from Ethiopian isolation procedures, but also even in more developed countries like [8,10]

5.1.2 Standard/level of PAAD in other countries
Although, the data is obtained only from those who are using internet, in other countries too, not less than a quarter can have the same tendencies (as in AAC, foreigners too are more relying on God). To the contrary, at least a quarter portion of them, for instance in USA [41] directly accuses Democrats and their state governments. Why these protesters against stay-at-home are risking their life during demonstration (they didn’t covered by facemask)? Do they think that God will guard them; they do not believe that there is such virus; or think that virus doesn’t transmit through air bubbles? Since they are against self-isolation order, maybe they afraid that media or authorities will accuse them if they wear facemask!, or may be to show for their political leader that they have been at the demonstration (to be identified by their uncovered face).

Although, the data is obtained only from those who are using internet (secondary data) their tendency to religion and not to wearing mask in the demonstration can lead us to a postulation - if internet users are more or less familiarize to science, but are relying to religion, then those who are not using the internet technology can be far away from science, thus, we can suggest that such public is more religious.

5.2 Priority among epidemiological EMADs that we are implementing against COVID-19
In the above research result’s part (refer to point 4.3), we indicated that there is a gap in giving priority for each of EMAD. Today, to have success against the pandemic, it is vital planning at least to answer for the three questions: “which one” must have priority; to what scale an effort must be applied for its accomplishment; and who will be responsible for each type of EMAD [9, 12,} etc.

5.2.1 in Ethiopia
According to our assessing, mainly the four SMADs that we mentioned above (in 3.3.1) are engaging in reporting how many infected and what is the death toll in in Ethiopia and other countries. On the other side, awareness making about the COVID-19 is comparatively low. Whereas, regarding to drug-vaccine discovery waves, we are witnessed that Ethiopian authorities are the first to announce about the discovering of a treatment [7} for the COVID-19. At that day, what us knocked (and even discussed with our university president) was that together with the so called drug inventors, two key ministers were pictured! From which at least one has a direct relation with medicinal profession.

Regarding to a responsible body, in Ethiopia, we couldn’t have a clear data about how formed TCAD (if any). Even in article 3/20 and 5 of the emergency proclamation [42], all committees members are from governmental bodies.

Although, there is a progressive tendency of relying in science, we suggest that it is too slow to scaling up the PAAD’s level. Instead, reporting that there is less infection and death rate, where and what kind drug-vaccine discovery etc. are in the front line of the media. Even during announcing howmany are infected “this much person infected, but didn’t have contact history or
abroad journey” As if without contact, there can be coronavirus infection or as if the virus can be created directly in human body! To our opinion, the reporter doesn’t want to talk about that the government is failed to identify from whom the infected cached up the virus. Such, fact distortion phenomena regarding to this pandemic is dangerous, particularly for Africa.

Certainly, based on our decade’s life here in Ethiopia, we are not expected scientific approach for such new virus

5.2.2 Epidemiology related EMADs, their position and realization level in developed countries

To our suggestion, the main EMADs on which we should be concentrated on for such respiratory based infectious disease is scaling up the PAAD on the nature of the virus – pathogen (refer to the pie chart 1). However, according to our secondary data analysis (refer to point 4.2), the cheapest, fastest but effective EMADs’ approaching, which world at this moment taking into account are not fruitful. Instead, of awaking the nation how to control such pandemic, the only part of sanitation-hygiene EMAD part – the “hand wash”, but not face masks, is not properly implemented. Everywhere on our planet are focusing on how to discover drug and vaccine.

Thus, as a solution, although the issue is more scientific and we will in detail write in another article: “Disclosing faults, Correcting them and Elaborating Others Vital Measures to be Implemented Against COVID-19”, for this work, which is more oriented to policy making suggestions, here we roughly should familiarize the SMADs to give them a clue to which part of the chart they better to pay more attention

Pie chart 1: awareness-control-prevention measures to be implemented against the pandemic.

The pie has 5 divisions with proportional partitioning. The vast volume represent activities that include making proper PAAD about the disease and working on how to prevent from being infected; the blue partition is characterizing/studying the nature of the virus; the other yellow colored portion is activity that consists helping/treating the infected; the red is searching drug; whereas the smallest portion of efforts to combat this infection disease at this time is focusing on discovering vaccine.
Yes, this chart’s content is absolutely the opposite of what is going on in today’s situation, since the vaccine issue is everywhere in the first place. Even, as if hand is the main means of transmitting of the virus SARS-CoV-2, all media concentrated ONLY on how to wash hands (though, there are mistakes in performing hand wash) but not how to cover the mouth and nose! We are confusing on such world approach.

5.3 Roles of SMADs and TCADs (if any) in fighting against the COVID-19 pandemic
5.3.1 Roles of Ethiopians SMADs and TCADs in the battle with the COVID-19

On March 22, 2020, to give a suggestion about the necessity of organizing a liberated TCAD against the disease, we have been in one of the key minister - Ethiopian Health ministry office, but couldn’t have audience. When yesterday (after a month) for the second time went to present the 28 paged our proposal [43], which is about what better to do against the pandemic (refer to pictured its cover page (picture 2)), again we were not lucky - the secretary told us that the minister is in a video conference; the other SMAD - the Minister of Science and Higher education, the one with whom we hoped to discuss about the structure of the “National Disaster Risk Management Commission”, was also absent; and may be because of the pandemic, the post office that should deliver our proposal told us that the Prime Minister Office temporarily do not accept any document.

Picture 2: Cover page of a 28paged document that we offered to Ethiopian SMADs under a title of “Measures-Instructions Against SARS-CoV-2 and COVID-19”
In the content of State Emergency Proclamation 3/20 (the one what in our work [4], we recommend the government to substitute it by TCAD’s directives and instructions), although there is a phrase “to create public awareness about COVID-19” under its article 2/3 and 5/1 are mentioned responsible members are only from governmental bodies!

5.3.2 Other countries SMADs and TCADs for fighting with the COVID-19
Sorry to say, but even in more developed countries like USA, France, England, etc. we cannot say that there are liberated TCADs, whose members are relevant professionals, and similar as we shown in table 3. Moreover, some TCADs, in particular of the USA, due to the argue with the president may not long act [44], because the President and the media are trying to handle all the issue by themselves. Therefore, known and self confidences do not survive long.

We are observing that in some countries the SMADs in particular politicians’ activities are making us boring, since their intention seems to use the situation for suppressing their opponents [12,14,15], a dangerous tendency that may lead to internal with a possibility of growing into external conflicts.

5.3.3 International organizations’ TCADs
Certainly, what we were expected about a TCAD for any disaster, more or less founded in the UN and WHO, because they have had experience on Ebola [37].

5.3.4 The necessity of grouping all types of disasters
In this study, during assessing for a solution on how to organize an urgent but a liberated force, whose, members are capable to battle against the pandemic, we disclose that there are misinterpreted among SMADs to be main player/responsible or trying not to involve in a process of combating a disaster [24,31,32]. For instance, there are occasions, when environmental activists are conflicting with others SMADs. Therefore, to give a clue on how to solve such misunderstandings, we have drafted a table in which we grouped all types of historical disasters into 5: Natural; conflicts/war; technology born catastrophes; disease caused pandemic and economical/financial disasters. Hence, forming a TCAD from relevant and publicly accepted experts is not vital only for this pandemic, but also for the rest four groups too: Yes, not only for today’s pandemic, for others disasters also must be schemed TCAD in advance (refer to table 2 and chart 2).

Table 2: Possible types of world disasters and way of grouping for better handling them

<table>
<thead>
<tr>
<th>Environmental</th>
<th>Conflicts-war</th>
<th>Technological problems</th>
<th>Diseases</th>
<th>Economy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drought/Flood</td>
<td>Economy violence</td>
<td>biological/chemical toxicities</td>
<td>Epidemic</td>
<td>trading</td>
</tr>
<tr>
<td>Volcano</td>
<td>Political violence</td>
<td>Mechanical crashes</td>
<td>plague</td>
<td>finance</td>
</tr>
<tr>
<td>Earth quick</td>
<td>Local war</td>
<td>Electrical crashes</td>
<td>Pandemic</td>
<td>etc</td>
</tr>
<tr>
<td>Pollution</td>
<td>world war</td>
<td>etc</td>
<td>etc</td>
<td>etc</td>
</tr>
<tr>
<td>etc</td>
<td>etc</td>
<td>etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the table 2, tentatively, we tried to group some local or worldwide problems/crises that were occurred, happening now and will be emerged in the future. Hence, what we are proposing to the
world is that let for each group of disaster organize a TCAD, whose members are liberated and relevant (specialized and or experienced) on the issue.

5.3.5 Anti pandemic disaster TCAD’s modeling (scheme)
Yes, as seen above (points 5.3.3 and 5.3.4) through secondary data analysis, we know that almost in all level there may be a so called TCAD, authority or taskforce; however, according to this study, we couldn’t reveal assuring evidence that its members are not affiliated politically! If we organize a body that is affiliated, then it couldn’t be independence. As a result, not only political opponents, but also the public itself may not interested what such TCAD deciding/introducing/acting etc. [34,44}. To minimize this kind gap, better to build TCAD in advance.
Such TCAD (whose members nominated from relevant institutions should be approved by specialists and public too) is a must for any country and the WHO. Which, means that according to our table 2, they should have 5 virtual or more schematic TCADs ahead of a disaster. By doing so, if a disaster emerges, then to form/create a real physical TCAD for a given disaster will not take a day. These TCADs are responsible for every action that they are temporarily assigned for. If that so, authorities, media or others SMADs will not take any own action regarding to a given disaster. Instead, their actions will be governed only by the decision/recommendation of the assigned TCAD. For a better understanding how different TCAD should be organized and to show their relations, we constructed the chart 2:

Chart 2. Organizing TCAD at national and international level

In the chart 2: showed possible relation of the TCADs, among each other and with others SMADs, including public government, international organizations and media
As seen in the chart, there should be 12, 10, 8 or at least 2 TCADs (national and global levels). If possible, the media too should have a TCAD in its own country, unless each reporter should refer only from the other assigned TCAD. Not only their measures, but even when and what the authorities to give a speech or a decision related to the pandemic or other any disaster/crisis as a reference, they must use ONLY the TCAD’s periodical decision/briefings. In the chart, the arrows indicate that offering information is a must for the body to which the arrow directed.

We have tried to express (tentatively in a chart form) how to organize TCAD for the COVID-19 prevention activities in each country (as we scheduled for Ethiopian) and since it is a pandemic – for the globe too (refer to the chart 2 for UN and WHO).

For instance in our response to the Ethiopian Prime Minister’s call to the intellectuals (help the country) in the fight against the pandemic [43}, to the country’s context, we proposed TCAD sample for COVID-19’s issues. In the scheme (refer to table 3) from 6 institutions, 13 members can be selected, but as seen in the table, there should be members that must trust the owner (the affected public) of the disaster (COVID-19’s pandemic).

Table 3: how to the Ethiopian context form a possible TCAD for combating the COVID-19

<table>
<thead>
<tr>
<th>Represent the</th>
<th>quantity</th>
<th>Main roles in the LCAD</th>
<th>Meeting quorum</th>
<th>External relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health doctors</td>
<td>3</td>
<td>✓ Reporting patients’ &amp; of their institutional situations ✓ Suggestion, commenting and analyzing what to do</td>
<td>5</td>
<td>May be</td>
</tr>
<tr>
<td>University lecturers</td>
<td>3+1</td>
<td>✓ Analyzing the internal and external scientific works ✓ Suggesting and recommending what to do ✓ Meeting chairman (the sociologist lecturer)</td>
<td>5</td>
<td>no</td>
</tr>
<tr>
<td>Religious</td>
<td>2</td>
<td>✓ Reporting public opinion ✓ Suggestion and recommendation</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
<td>lawyer</td>
<td>1</td>
<td>✓ Analyzing CADs’ decisions ✓ Suggesting ✓ 1st secretary ✓ 3rd chairman of a meeting</td>
<td>1</td>
<td>May be</td>
</tr>
<tr>
<td>citizen</td>
<td>1</td>
<td>✓ Reporting public opinion ✓ Suggesting and recommending</td>
<td>2</td>
<td>yes</td>
</tr>
<tr>
<td>media</td>
<td>1</td>
<td>✓ Suggesting ✓ Reporting media and public opinion ✓ 2nd secretary</td>
<td>2</td>
<td>yes</td>
</tr>
<tr>
<td>Government</td>
<td>1</td>
<td>✓ reporting the governmental opinion ✓ suggesting and recommending what to do ✓ meeting chairman (if absent the sociologist)</td>
<td>2</td>
<td>no</td>
</tr>
</tbody>
</table>

If we can build such TCAD, at least it will have 3 significant advantages:

The main responsible SMAD - The government will have fewer loads during such disaster.

Its political opponents of the functioning government with their supporters will not refuse or making obstacle (resists) against its decision.
Since, such type is building up from relevant professionals, all the layers of a nation will trust on it.

TCAD’s members do fewer mistakes than politicians and at least the hole public more trusts on them better than those who are nominated by authorities.

Not only for the current pandemic, but also if we follow such principle of forming internal or external TCAD for any group of disaster (table 2, 3 and chart 2), world will be on the right track to a stable civilization’s destination’s direction!

5.4 Religion role in the process of combating the COVID-19

When we start this study, our perception on how religious based beliefs have significant influence was poor. But, during our survey study of the AAC respondents and others countries’ publics, we have got unpredictable answers/result/responses about the role of religion in battling with this disease:

5.4.1 In Ethiopia

Yes, in this country religious beliefs are highly rooted. Mainly Christianity (with its different varieties) and the Islam are the two types of religions that highly influence [45] on day to day life of the nation. As seen in table 1, the PAAD level is revealed that (discussing with the AAC’s respondents) 35 of 54 respondents are relying not on science about how to combat the pandemic, rather, on their God:

For our two questions that were implemented to initiate conversation with them, AAC’s respondents (70% to some extent) are relying on their God by answering/responded: God will help me, us, you, since, God loves it, Ethiopia will not be hurtled by any enemy including this disease; etc.; to the contrary a woman said that all this happening, because God wants to punish us, since we burn his churches and monks (she mean that in Ethiopia (October, 2020) there were violence, where churches and monks-religious leaders were burnout, even more worsen things have been performed, let me tell you, she continued by saying they cut his genital and forced him to eat it! However, for our questions do you remember that mosques are too burned’, the other young Muslim replied “she mean to say mosque too and he remind us a town Dodolo, which later assessed what was happened in it [46,47,48}. However, in these news, we didn’t get about the “genital issue”, rather the [45] is a good tendency.

Yes, these respondents do not know what was happening in others even more developed countries than southern Ethiopia.

For example, we ourselves were witnessed that in the beginning of 1990th, when the Soviet Union was collapsed, the Russians whose grandfathers/mothers sent by the government to the south to build roads, hospitals, houses, to teach and healing sick people on the south part of Soviet Union, were severely attacked by the South’s majority: They have been accused as if they are occupants. Russians were killed, raped, pulled their tooth (if it is golden) confiscate houses and others properties, etc. (applied on them a persecution act) [49}. Anyway, if another passenger was not able to slack it by saying “why we are arguing about the past? All of us are going to die by this disease”, the discussion in the bus was going to political and even ethnical
direction. However, although as a result of this pandemic world’s mortality caused by respiratory related diseases’ may decline, what we have learned from this person is that reversely to politicians, whom we afraid not to use the pandemic for awful acts against their opponents, this pandemic may be a bridge among the public to be united against the COVID-19. Yes, as we point out in the methodology introduction, we know only how to handle lab experiments, but not working with public, where impossible to predict what will happen. Hence, that discussion became the end of our survey study!, since may be dangerous not only for us individually, but even for the public’s safety too, we realize that it is dangerous running survey alone within such trouble condition.

5.4.2 Influence of RFAD in others countries
As indicated in the methodology, during collecting secondary data on how foreigners are aware of the disease, we used the internet web pages (what we got through using key words). During gathering secondary data about the foreigners PAAD’s level on the COVID-19, we included in the research engine, an additional phrase, which those the AAC respondents used to answer for our two different questions (refer to table 1). Yes almost all who wrote or posted in the pages are relying on God, as if only in God depends to be not infected (refer to picture 3).

5.4.3 Role of religious leaders as a part of SMADs against the COVID-19
In the survey result, where we reveal the influence of religion irritate us [19,21], since there are respondents who are thinking that without their effort, their God can guard them from this terrified virus. Therefore, there should be a solution that can convince such respondents to an understanding that to achieve something one should apply own effort. For these strong believers in God, there must be testimony/evidence in their Holy Book, where indicated that unless we work hard, God will not add its effort to help us.

We have tried to look for whether in Holy Books one can find something, which has similar concept to “try to work hard, and then I will help you”. As a result we have got in the Holy Books (refer to picture 2) similar idea to “if you work hard, your God will help you to have a success on, unless without trying if you just only request your God to give you something or to do something instead of you, your God will not happy with you”. Such idea in Holy Books, will be an answer for those respondents in AAC and abroad that regarding coronavirus as if their God “simply, without their effort” will guard them.

picture 3: accessed from internet, with a key phrase “work hard”, “in” and “Bible” we screen shot a page from a Bible, “work hard, then I will help you”
One can reopen the full page and others about “work hard” in religious literature available. To search in any religion related issues; just it is enough to insert: “work hard” “in” and the name of the religion, from which wants to look for.

5.5 Role of scientific article publisher journals during the pandemic

On the half path of this study, we realized that SMADs are not properly handling the pandemic, because: PAAD’s level is low, since SMADs are not willing to enhance it; the infection rate increases; and more deaths are registering throughout the globe. Therefore, we prepared an expressed warning based short article (6 paged) on March 28, 2020. We were thinking that with less formality the publishers will accept it for publication. However, although it is urgent, since, the end of March, 2020 till now we couldn’t publish this work. Although in articles [38,39,40] indicate as if they are contributing, they need money; do not want to cooperate with us to publish it as soon as possible; they do not care about urgent issues; they have only auto reply email box; or their editors do not well enough skilled to analyze articles content whether it is urgent or not, etc..

6. Conclusion

In this study, although at first we aimed to work only on the three issues (refer to the objective), during the study process, we reveal extra two factors that can have a direct impact on the battling outcome (influence of religions and science publishers). Hence, we have assessed 5 issues, i.e.: PAAD; EMAD; SMAD-TCAD; RFAD and the Media-Scientific paper publisher orientation (their aim and scope) during this pandemic. About each of these 5 factors, which are influencing on the battling against the pandemic are given short conclusions (summaries) here under:

6.1 How far PAADs’ level about the disease is sufficient to combat the COVID-19?

Although, due to the pandemic time it is impossible to run full range of study, this express survey indirectly can lead us (except three respondents who asked ironically “do you think there is virus?”)
to a postulation that the governments are not on the right track (more concern us Africa, where no real democracy, for instance, in Ethiopia if we were not using the two initiating questions that we design, respondents may afraid us to talk the truth - what they in the real are thinking). Nonetheless, from their approach, we can approximate their low level of PAAD.

Unless, as soon as possible we are working to scale up the PAAD’s level at least on the nature of the virus, the current level of PAAD will have less (if not negative) contribution in combating the pandemic.

6.2 EMADs that serve as prevention-control of the disease are not proportional. Instead of taking the PAAD’s process as their main targets, the SMADs are concentrating in discovering drugs and even organizing a taskforce not for to enhance the PAAD’s level, but for developing vaccine [50]. To solve it, based on the biochemistry context and virology [22,23,24,43], we prepared in a pie chart how SMADs should proportionally implement each EMAD for this particular pandemic.

Based on the digestion level of the pie chart, if all people tested against the COVID-19 and locked at a time for 20 days, can be disappeared, not only this virus, but also others respiratory infections air borne disease, which each year take millions of lives

6.3 SMADs performance is not proper to battle against the COVID-19.

In particular, the authorities, instead of establishing a liberated TCAD, whose members are from relevant institutions and capable to trust the public, either they act as a specialist or organize a task force, which is affiliated to their interest. As a result, neglecting how they are conflicting with their political opponents and the failure of the economy, the pandemic at this 21st century will not easily stop taking numerous lives!

6.4 Before designing the study methodology, we have had no idea on how the public governs on religious beliefs. However, after the survey and analyzing secondary data (both in Ethiopia and abroad), we reveal that religions have strong impact on PAADs level. Therefore, we suggest that religious leaders should find in their Holly Books something, which has a related meaning with “if you do not work hard, I will not help you” or “don’t ask me anything, just try it to achieve by yourself” etc. to persuade their followers to listen what the specialists instruct/recommend on the COVID-19 disease.

6.5 Media, more the scientific paper publishers are not serving for battling against the pandemic. We suggest that such publishers are more income oriented. Even, the role of Nature, Elsevier, ORCID etc, for us seems - brokers,. If this our opinion has something true, then they are halting the development of science,. May be they do not want to know that scaling the PAAD’s level is the effective way of combating the COVID-19, or they want to escalate the situation! More worsen – they engaged in highlighting the works on researches for new drug –vaccine (we understand this as an advertising). Adverting will not help for the current world’s condition. Reverely, such adds will hurt the combating processes by idling the public and SMADs. Even, to some extent can deepen the infection rate, since the public will lose curiosity/alertness for the issue)

7. Recommendations
7.1 In all media the 1st five minutes of each hour should be air time for the TCAD and religious leaders.

7.2 Based on our anatomy-physiology-biochemistry concepts, right now, world must be oriented more on others vital EMADs against the pandemic than searching for drug or vaccine.

7.3 In their speeches, comments, reports, or in general in their actions, let the politicians and media follow what the TCADs suggesting-concluding.

7.4 Contents of this work are not only for the current pandemic disaster, but also for others types: natural, technological catastrophes; wars and even financial crises too. Therefore, with revising improvement, the mentioned 5 (6.3.1-6.3.5) findings can be implemented for a future disaster.

7.5 Let SMADs forward the suggestion that nose-mouth mask also important in decreasing respiratory infectious diseases like TB; flue; and even may theoretically improve breathing capability

7.6 When they are on air, let the authorities/politicians and even media workers accustoming to wear facemask.

7.7 Authorities or the TCAD must work in intense contact with religious leaders. If that, the leaders will convince their followers to obey what the TCADs are recommending/instructing against the disease.

7.8 For each of 5 points (refer to 6.3.1-6.3.5), there should be independent study, where must involve virologists, microbiologists and sociologists.

7.9 For today and in advance (for future crises/disasters), countries and mainly the UN and WHO should take into account our hypothesis and develop the two charts content, table 2, and 3 into applicable into practice.

7.10 The UNESCO and others SMADs like ISSN, IPA, standardization organizations and even INTERPOL should inspect-control scientific works’ publishers and Scientific conferences organizers

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