Governance of COVID-19 Pandemic in Bangladesh: Crisis and Challenges

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Abstract

The paper aims to highlight the state of governance in managing the COVID-19 pandemic in Bangladesh. In Bangladesh, the first COVID positive case was detected in Mach 2020. Though 8 months have been passed there is no strategic action plan to mitigate COVID-19 effectively, as a result, it is still severe in Bangladesh. Primarily, the government was less concentrated on this pandemic and preparation was very poor and insufficient. Most of the selected patients of COVID-19 positive recovered by taking medicine- Ivermectin (6mg, 2 tablets a single dose at a time for a weak) with Doxycycline (100mg 12hrly for 5 days) and got the result within 4 days treatment staying at home. Corruption, inefficiency, mismanagement, and some crisis have been found in managing COVID-19 in Bangladesh. This is an empirical study based on both primary and secondary sources of data and information.

Keywords: COVID-19; Bangladesh; Governance

Abbreviations: COVID-19: Coronavirus Disease-2019; WHO: World Health Organization; DG: Director-General; M: Male; F: Female.

Introduction

The pandemic of novel coronavirus disease-2019 (COVID-19) is a curse and threat for global health, life, economy, development, and a peaceful society. The COVID-19 was originated in the city Wuhan of China in December 2019 [1]. According to the report of the world health organization (WHO), the confirmed COVID-19 cases were 40114293, and conformed numbers of death were 1114692 in 235 countries of the world including Bangladesh till the day of 20th of October 2020. The first COVID-19 positive case was identified on 8 March 2020 in Bangladesh and till 30 October 2020 the confirmed positive cases were 406364, confirmed deaths were 5905, and getting well 322703 [2]. However, still, no vaccines or antiviral drugs are approved and marketing for combating COVID-19. Therefore, non-therapeutic preventive measures have been used to control the disease throughout the world.

Primarily, most of the government of developed and developing countries including Bangladesh tries to keep the people at home to minimize the transmission of the virus by adopting preventive measures, such as bans of all kinds of travels, mandatory lockdowns, and social distancing [3,4]. In Bangladesh, the CVOID-19 pandemic has already lost more than US$ 3 billion, and more than a million jobs have lost within the first three months [5]. The paper aims to examine the state of governance in managing the COVID-19 pandemic in Bangladesh. Both primary and secondary data have been used to conduct this study. The major findings of the study are several managerial weaknesses, the crisis of health sectors, corruption, lack of accountability, lack of trained health staff, technicians, ignorance, and negligence of people to follow the health guidelines, and the government is

facing a lot of challenges. However, eventually, Bangladesh is capable to keep the situations under control, and the death rate is minimum (1.45%) compare to developed countries.

Methods

It is a qualitative case study focused on Bangladesh based on both primary and secondary data. Primary data have been collected using a semi-structured questionnaire survey. The questionnaire was both close and open-ended. The answer options were yes/no, and then why yes or no? Respondents were selected randomly from doctors, nurses, and patients who are directly involved in and affected by COVID-19 from the corona unit/ward of two medical college hospitals in Bangladesh. These two hospitals are Rajshahi Medical College Hospital (Divisional level), and Kusthia Medical College Hospital (District Level). Patients are selected from the registrar book of the corona unit of selected two hospitals. The patients were selected after getting well by taking treatment from hospitals. It can be mentioned that 16 patients took medication from home and

4(2+2) were admitted in two hospitals who were critical and need ICU supports with ventilation. Death patients were not included in this study.

Besides, some data have been collected from common people outside the hospital to assess their opinion about government initiatives and responses. All the respondents were from the age group of 25 to 50. In gender distribution, 6 doctors were from the male (M) and 4 were from the Female (F), and 10 nurses were 5 from the male (M) and 5 from the female (F). Similarly, 13 patients were from the male (M) and 7 were from female (F), in common people category 5 were from the male (M), and 5 were from female (F). The following Table-1 shows the types of respondents, gender, and numbers. Primary data have been collected during August and September of 2020.

The secondary data were collected from review of literature like published journal articles, newspaper reports, and online publications through internet browsing.

Categories of Respondents					
Name Institutions	Doctors working for Covid-19	Nurses working for Covid-19	Covid-19 positive	Common people	Grand Total Respondents
Rajshahi Medical College Hospital	05(3M+2F)	05(2 M+3F))	10(7M+3F)	X	20
Kusthia Medical College Hospital	05(3M+2F)	05(3M+2F)	10(6M+4F)	X	20
Outside Hospital	X	X	X	10(5M+5F)	10
Grand Total	10	10	20	10	50

Table1: Selected Respondents of the Study.

Data Presentation and Analysis

There are several methods and techniques in the presentation of data for qualitative research in social science. In this study, collected data have presented by using a single table only. Similarly, numerous scholars mentioned various methods and tools for qualitative data analysis. However, three main techniques have been found common for qualitative data analysis, [6] Thematic Analysis, Content Analysis, and Narrative Analysis. In this study, the narrative discussion has conducted as this method is used to analyze content from various sources, such as interviews of respondents, observations from the field, or surveys.

Data Analysis

In Table-2, we have used eleven (11) important questions to explore the state of governance in managing the COVID-19 pandemic in Bangladesh. The table represents

data from all kinds of respondents. The data revealed that in Bangladesh, though COVID-19 first detected after 3 months of its inception but the preparedness of the health sector was not adequate and most of the essential types of equipment's like PCR lab, PPE, health kits, drugs, and staff were not available to manage COVID-19 pandemic according to the majority of respondents (66%, 46%, and 100%). Though only 34% of respondents think limited arrangements were available in response to the first three questions. Similarly, in the response to question five 78% of respondents thinks primarily negligence and rampant corruption were related to procuring COVID-19 related equipment, as a result, the quality of the equipment was poor and not WHO recognized standard. As a result, in the initial stage, many doctors, nurses, and health technicians (around five thousand) were affected by COVID-19 and died 100 doctors till 30 October 2020 [7]. In addition, some private clinics and hospitals took permission from the Director-General of Health (DGH) to test corona patients but they had not adequate equipment and

expert doctors and staff, which were fraud cases as a result many patients were died according to the opinion of 72% respondents.

Questions	Types of Respondents								% of Grand Total Respondents (237)	
	Doctors		Nurses		Patients		Common People			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Is health sector prepared properly?	2	8	4	6	8	12	3	7	17 (34%)	33(66%)
2. Do you find necessary equipments and medicines?	5(lately)	5(limited)	6(lately)	4	4	16	X	X	17(34%)	23(46%)
3. Do you find WHO recognized PPE?.	X	10	X	10	X	20		10	X (0%)	50(100%)
4. What are the common used medicines?	see below*		see below*		see below*		X	X	Descriptive	
5. Do you think corruption and negligence are responsible for lack of PPE?	8	2	7	3	15	5	9	1	39(78%)	11(22%)
6. Do you think lockdown is effective?	3	7	1	9	5	15	5	5	14(28%)	36(72%)
7. Did you think fraudulent hospitals and clinical tests are happening in Bangladesh?	8	2	8	2	12	8	8	2	36(72%)	14(28%)
8. Did you find any weakness and crisis in Health Sector in Bangladesh?	8	2	7	3	15	5	7	3	37(74%)	13(26%)
9. Do you find any challenges in managing COVID-19 in Bangladesh?	7	3	6	4	13	7	5	5	31(62%)	19(38%)
10. Do you find any other limitations in COVID-19 Management?	6	4	5	5	12	8	7	3	30(60%)	20(40%)
11. Do you think Bangladesh is success in managing COVID-19?	3	7	4	6	13	7	5	5	25(50%)	25(50%)

Table 2: Presentation of data collected from the respondents.

Answer of question 4, according to the opinions of doctors and nurses, in Bangladesh, most of the hospitals commonly used medicine for COVID-19 positive patients for symptomatic treatment: Tab Paracetamol 500 mg 1+1+1(if temperature high); Tab antihistamine (Fexofenadine) 0+0+1 7days; Ivermectin(6mg, dose 2 at a time for a weak), Azithromycin(500 mg 1 each day for 7 days); along with Flu Shot, Zinc, Melatonin, Vit C, or Oseltamivir (75 mg twice daily for 5 days); along with Steam inhalation/Gurgle of Lukewarm water.

For severe patients who need ventilation used: Favipiravir (starting dose of 1600mg followed by 600 mg).; or Dexamethasone (at a dose of 6 mg once daily) for up to 10

days. Finally, the combined use of Ivermectin (6mg, 2 tablets a single dose at a time for a weak) and Doxycycline (100mg 12hrly for 5 days) is mostly used in Bangladesh and got the result within 4 days. In the selected two hospitals, the ICU and lab facilities are limited that's why 16 out of 20 patients took treatment from staying home according to the advice of doctors of hospitals, and 4 were admitted in the hospital who were more critical and need ICU and ventilation. Beyond the sample, many patients including doctors, nurses, and technicians have died for lack of adequate supports of health kits, ventilation, ICU, and other health equipment throughout the country.

In response to another question related to lockdown and home quarantine, 72% of respondents gave their opinions that it was not effective because most of the common people of Bangladesh are poor and without day to day earning they cannot feed and live. Apart from these, the common people of Bangladesh are not conscious enough and depend on fate following the religious belief. Therefore, the lockdown and rehabilitation programs of the government were not effective and fruitful.

Besides, many crises, challenges, and limitations have been found according to the majority of respondents (72%, 74%, and 62%). Some can be mentioned here, lack of specific vision, mission, and objectives to mitigate COVID-19, lack of strong political will, lack of expertise of top-level government officials of the health sector, economic depression in garments sector, the rise of extreme poverty, financial crisis and food insecurities, hangover education of school, colleges and universities; loses of jobs, increase unemployment, increase rape and violation of women rights, hijacking, human trafficking, violation rule of law, and deteriorating overall law and order situation. Apart from all the limitations, Bangladesh is moderate success in controlling COVID-19 compare to developed countries like the USA, Germany, Brazil, the UK, and even India according to the opinions of 50% of respondents.

Results

Based on the table data, the key results of this study are:
- Primarily the Bangladesh government had no specific vision, mission, and objectives to make appropriate preparation for managing COVID-19. Negligence and less concentration were found in managing COVID-19. So, patients are taking treatment of staying at home instead of hospitals and clinics. Several medicine are trails but the combined use of Ivermectin (6mg, 2 tablets a single dose at a time for a weak) and Doxycycline (100mg 12hrly for 5 days) is mostly used in Bangladesh and got the success result within 4 days.
- Corruption appears top to bottom of the health sector

and overall administration to manage COVID-19.
- The quality of health equipment was poor and inadequate. For lack of adequate quality health equipment, doctors and nurses have affected by COVID-19. Therefore, the crisis of health workers against COVID-19 rising.
- Crisis and challenges have been found in the economy, garments sectors, increase unemployment, mismanagement, corruption in procurements and relief funds, loss of jobs, rising poverty, food insecurity, hangover, and uncertainty in the education sector, human stress, and deteriorating overall law and order situation.
- Finally, the government (especially for Prime Minister's proactive role) is capable to overcome the severity of COVID-19's first wave, and now the situation is under control.

However, still need to make more investments, initiatives to introduce more PCR lab in periphery hospitals, universities, and continuous monitoring and supervision of top-level management for managing the second and third wave of COVID-19.

Discussion

This study aimed to assess the present status governance or government response to manage the COVID-19 pandemic in Bangladesh. Eight months have passed since the first case of COVID-19 was detected in the country but the government has no strategic planned action against the pandemic, which is a sign of inefficiency, mismanagement, and deep-rooted corruption in the health sector due to lack of monitoring and accountability for years [8,9]. The first and foremost finding of this study is rampant corruption in managing COVID-19 in Bangladesh, which creates many crises.

The government took initiatives to spend money on public health, but the inefficiency, incapacity, and mismanagement to utilize most of the money were misused by corruption. Corruption has been widespread by the linkage of political and public officials in responsible positions, from health kits related large scale procurement and supply of the lowest level deliveries of services, for instances the scandal of N-95 mask supplies, fraudsters/fake corona test report of Regent, and JKG hospitals, bribes for the scheduling of Covid-19 tests [10]. The Government took initiative to the forced retirement of the director-general (DG) of the health sector for this reason. Like this, dozens of local political leaders of the ruling party and elected local government chairmen and councilors have been arrested in Bangladesh for alleged corruption and theft of cash and food items for the poor during the Covid-19 [10,11]. Similarly, the crisis of the health sector still exists in Bangladesh. There are only 399 ICUs in the government hospitals but 218 are in the capital city of

Bangladesh. Most of the hospitals of periphery cities have not enough PCR labs and ICU as a result most of the patients had to take medication from home over the phone call [12].

To maintain lockdown and social distance is a great challenge for Bangladesh. The poor people like rickshaw poolers and all kinds of lower-income laborers including garments workers do not care about social distancing and lockdown because they live from hand to mouth. Though Bangladesh is going through widespread community transmission but the government was compelled to withdraw lockdown on 30 May 2020. Therefore, the second wave of COVID-19 would be wider in Bangladesh. The financial crisis and food insecurity are other big challenges for Bangladesh now due to the corona pandemic lockdown and the jobless of common people. The hike of the price of most of the essential goods is mounting and going beyond the purchasing capacity of the people of the lower and middle class.

Economic depression is happening throughout the world and Bangladesh is not out of this situation. Export and imports are restricted, so essential goods are limited in Bangladesh which causes inflation. The economy of Bangladesh is lost US$ 3 billion, and around 1 million jobs have terminated by the first three months [5]. Therefore, the government has to take more strategic vision, mission, and objective for recovering the economy through mitigating the COVID-19 pandemic.

Extreme poverty is increasing and now reached 60% of the total population [5]. They are in great trouble now and searching for alternative ways to earn money. Eventually, they are involving various immoral activities like trafficking of illegal drugs like yaba, trafficking women and children, rape and killing women, hijacking, etc. For instance, from January to September 2020 total of 975 women were raped, out of these 208 were gang-raped including 45 were killed after rape and 12 others killed themselves [13]. As a result violation of human rights, rule of law, and law and order situation is worsening.

The education sector of Bangladesh is damaging as it is still following lockdown. Most of the students are passing time idly without study but the government has decided on auto pass and promotion of the next step. It would be harmful and remain a deficiency in learning. Students are now affected by face booking and other internet-based immoral activities like watching porn movies that damage their morality and some are affected by mental disorder. Considering the adverse impact of the corona pandemic, the government should take strategic vision and plan for the recovering education sector by taking appropriate steps like an online class, exam, and admission in various levels of education.

What is Already Known on This Topic?

To our knowledge, no study exists on governance-related information seeking regarding COVID-19. Although many other large scale databases tracking COVID-19 reports on cases and deaths at both the global and national scale, they do not include measures of information-seeking behavior among populations and governance for managing COVID-19. In Bangladesh, some studies have been conducted on the clinical test and general review but no study has been conducted by empirical data on both clinical and governance.

What Does this Study Add?

This analysis provides essential information and indications for policymakers and public health professionals to understand how the people of Bangladesh reacted to COVID-19 in real-time, since March 2020. The reaction of people, crisis, and challenges of governance has been identified in this study, which would be helpful for future researchers.

Limitations

This study is not out of limitations. The primary data have been collected from a very small scale population of two hospitals only. Therefore, this is not representing the whole country's actual picture.

Conclusion

The study aimed to evaluate the governance of managing COVID-19 in Bangladesh. Initially, the government was less care and had no specific strategic plan as a result of mismanagement, corruption, inefficiency, widespread corona positive, and overall governance failure found. Later, the Prime Minister of Bangladesh interfered and handled the issue and now it is under control. However, crises and challenges are still existed in the health sector and need regular monitoring and watchdog functions of top management. Accountability and transparency should be ensured in every aspect of politics and governance including the health sector. More campaign is essential for awaking people about the corona pandemic, social distancing, wearing the mask and washing hands with sanitizer to overcome the forthcoming second or third wave. There is no initiative of making vaccines in Bangladesh, so the government can invest in some old and renowned universities and medical colleges regarding this. Apart from this, to protect this populous country from COVID-19, government can take initiatives for an advanced contract for vaccines with those countries that have advanced stages to produce COVID-19 vaccines like UK, USA, China, or Russia.

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