

BANGLADESH REVIEW



Managing COVID-19 Bangladesh Leading from the Front

Sourav Ghosh



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Chief Editor
Professor Mizanur Rahman, PhD

Co-Editors
Mohammad Humayun Kabir
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 EMPOWERMENT THROUGH LAW OF THE
COMMON PEOPLE (ELCOP)

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Foreword

Bangladesh is standing at a crucial crossroads in its history. She has celebrated the birth centenary of the Father of the Nation Bangabandhu Sheikh Mujibur Rahman and the golden jubilee of its independent existence, respectively in 2020 and 2021. Soon she will graduate from the least developed countries (LDCs) group to middle-income countries. A basket case, once called by Henry Kissinger, has recently extended its helping hand to Sri Lanka, struggling in the post-pandemic economic recession. Miracles are taking place in the infrastructural sector and the use of technology is undergoing tremendous change in the last decade or so. However, we have some challenges to overcome, such as climate change, therefugee crisis, etc. We are not overlooking these problems. Nonetheless, we want to celebrate our achievements so that we can reinvigorate ourselves to work further for our motherland.

On November 24, 2026, Bangladesh will graduate from the LDCs list of which she became a member in December 1975. It recognises the fulfillment of all three graduation criteria i.e. gross national income (GNI) per capita, Human Asset Index, and Economic Vulnerability Index. It shows the impressive performance of Bangladesh in the field of the major socio-economic sectors of development. Bangladesh has long ago surpassed Pakistan in terms of GDP and recently left India behind.

The amazing track record of Bangladesh on various social development indicators such as education, healthcare, social safety network, etc has demonstrated its tenacity of purpose. For instance, life expectancy is 72.6 years, a great leap forward from 46.6 in 1972. Moreover, in terms of female literacy, Bangladesh (72 percent) is ahead of India (66 percent) and noticeably more advanced than Pakistan (46 percent). In South Asia, Bangladesh is number one in women's empowerment. In addition to that, the female participation rate in the labor force of Bangladesh is 36 percent which is higher than that of Pakistan (21.9 percent) and India (21.5 percent). Similarly, its infant mortality stands at 26 deaths per 1,000 births, which is lower than India's (28) and Pakistan's (67). In 1971, the infant mortality rate was 158. In this regard, Bangladesh has achieved tremendous progress in the last fifty-two years. Here the fertility rate is also much lower than that of India and Pakistan. World Bank data indicate an astonishing improvement in primary education. Now almost every child goes to school. The dropout rate is also diminishing.

Apart from the worm's eye view i.e. impact on an individual level, if we cast a bird's eye view, that is to say- a broader picture, we will witness a huge leap forward in infrastructure, for instance, Padma bridge, metro rail, highways, etc. No nation could develop economically if its infrastructure is poor. No industrialization is possible without it.

Bangladesh realizes its importance and invests a large amount of the national budget into this sector. Businesses and people, in general, are getting their benefits. A country devastated by the Pakistan Occupation Forces during the Liberation War in 1971 has performed an infrastructure miracle.

The Bangladesh success story has become possible due mainly to the government's policies, incentives, and aid in the past decade and a half to ramp up economic development. On top of that, maintaining political stability for such a long period, creating a business-friendly environment, and extensive diplomatic efforts to bring investment to Bangladesh have come to fruition.

However, Bangladesh is beset with problems that we need to address and solve. That does not mean our situation is as gloomy as it is propagated by certain quarters. We are marching in the right direction- though the pace could be accelerated in some sectors. We could have fared better in health and education which are the backbone of our nation.

Empowerment through Law of the Common People (popularly known as ELCOP) has undertaken a research project titled 'Human Rights Situation in Bangladesh' to evaluate the overall socio-economic development and human rights condition. As a part of this project, we have decided to publish a series of research papers on various socioeconomic issues, the present paper being one of those

Before bidding adieu, we want to emphasize that economic development is a series of wagons of a train, while civil and political freedom is the engine. One is meaningless without the other. Nobel-winning economist and philosopher Amartya Sen discussed it in his germinal book 'Development as Freedom'. He argues that "[d]evelopment consists of the removal of various types of unfreedoms that leave people with little choice and little opportunity of exercising their reasoned agency." It seems to be written to theorize the journey of Bangladesh. Economically Bangladesh is trying hard to remove the obstacles of unfreedoms that hinder the progress of its citizens. Politically speaking, Bangladesh is the most modern nation-state in South Asia and fought for its independence in the hope of attaining civil, political, and economic freedoms. So far, she has done a commendable job.

With these few words, I am delighted to introduce this paper to the readers. I believe it will be of interest to anyone who would drive in the domain of the socio-economic development of Bangladesh. I hope it will give a true picture of the progress in Bangladesh. With the needs of general readers in mind, this paper has deliberately tried to keep it as nontechnical as possible. Lastly, I wish for its wide readership.

Professor Mizanur Rahman, PhD

Chairman, Empowerment through Law of the Common People &
Former Chairman, National Human Rights Commission, Bangladesh

About the Paper

It all started on 8 March 2020 when the first known coronavirus case was identified in Bangladesh. Since then, it has been a story of initial struggle and strong resilience shown by Bangladesh regarding COVID-19 pandemic management. The indomitable spirit of the people and some practical strategies taken by the country put it in a position to fight back against the grim pandemic. Due to the resource limitation, the country had to face challenges during the initial phases of the pandemic. Initially, it was difficult for the country to deal with issues such as implementing social distancing, increasing the number of tests, and increasing vaccine procurement and distribution. Ultimately, the country overcame the obstacles comprehensively and served as a model for resource-limited nations regarding COVID-19 management. From this perspective, this paper attempts to figure out the main components and strategies implemented by Bangladesh following the outbreak of the pandemic and identifies several policy lessons for other nations. It also focuses on the background of the emergence of the COVID-19 pandemic. At the same time, it has been attempted to identify some of the main constraints that Bangladesh encountered during the initial period of the pandemic. Additionally, attention has been given to offering insight into some of the important methods implemented by Bangladesh to lessen the severity of the pandemic. The paper then discusses several significant implications of Bangladesh's coronavirus management and policy lessons for other resource-constrained countries.

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Acronyms

ADB	Asian Development Bank
BDHS	Bangladesh Demographic and Health Survey
CEBR	The Centre for Economics and Business Research
CHW	Community Health Workers
DGHS	Directorate General of Health Services
EPB	Export Promotion Bureau
GDP	Gross Domestic Product
HDI	Human Development Index
ICU	Intensive Care Units
IEDCR	The Institute of Epidemiology, Disease Control and Research
NIPORT	National Institute of Population Research and Training
NTAC	National Technical Advisory Committee
NGOs	Non-governmental Organizations
PPE	Personal Protective Equipment
PSA	Public Service Announcements
SAARC	South Asian Association for Regional Cooperation
SMEs	Small and Medium-sized Companies
WFP	World Food Programme

Abstract

Just three years back, the whole world was in the midst of an unprecedented crisis due to the outbreak of the coronavirus pandemic. Almost every country, including the richer ones, faced enormous challenges to mitigate the devastating effect of the pandemic. However, countries with limited resources and financial capacities were immensely challenged by the impact of the coronavirus. Bangladesh has comparatively managed the COVID-19 crisis successfully in spite of numerous odds and limited resources. Although initially, it was difficult for the country to deal with issues such as implementing social distancing, increasing the number of tests and vaccine procurement and distribution, ultimately, the country overcame the challenges comprehensively and set an example for the resource-limited countries regarding COVID-19 management. In light of these circumstances, this paper explores the key components and strategies taken by the country after the emergence of the pandemic and highlights a few policy lessons for other countries. At the onset, it focuses on how the pandemic started to grapple Bangladesh during the initial phase. It has been attempted to figure out a few limitations Bangladesh faced during the initial phase of the pandemic. Moreover, it sheds light on various strategies taken by Bangladesh to mitigate the severity of the pandemic. Then it highlights a number of key takeaways from Bangladesh's coronavirus management and policy lessons for other resource-limited countries.

1

Introduction

“Bangladesh is a unique example in the world in containing the COVID virus.”

- Tedros Adhanom Ghebreyesus, DG, WHO*

The coronavirus pandemic brought the whole world to a standstill for a while. The pandemic has had a massive effect on health, business, and relationships between people, among other things. Countries worldwide have come up with an array of approaches to limit and mitigate the repercussions of the virus. Despite attempts to mitigate the pressure of the pandemic, high infection and mortality rate remains a big concern for the countries. Bangladesh has comparatively done well regarding pandemic management, in spite of being a densely populated country with limited resources,

Unlike many countries with limited resources, Bangladesh responded well while keeping the infection and mortality rates at bay. At least, the vaccination rate and the number of COVID-19 related deaths in Bangladesh has been lower many other developed countries with advanced healthcare facilities.¹ Several crucial strategies fostered by successful implementation by the country played a vital role in this success. Bangladesh’s successful COVID-19 management is marked by the country’s prompt and decisive actions.

The quick decision to announce a countrywide lockdown kept the transmission of the virus at a minimal level in the initial phase. Moreover, the country imposed strict measures to prevent virus transmission, such as mandatory face masks and social distancing to name a few. The country’s effective public health communication campaign was another significant factor. The campaign was intended to foster public awareness about the urgency of adhering to COVID-19

* Dr. Tedros Adhanom Ghebreyesus, Director General of the World Health Organization (WHO), Source: https://mofa.gov.bd/site/press_release/76b67e9c-9fb3-4c5e-a1d6-c981ad63653f

¹ UNB, ‘Bangladesh, a Covid vaccination success story, says UNICEF’ (*The Daily Star*, 13 May 2022) <<https://shorturl.at/wDFQY>> accessed 12 May 2023

guidelines and instructions. This encouraged the adoption of behavioural changes in the community, such as using masks and maintaining hand hygiene.

On top of that, Bangladesh's healthcare system was bolstered in anticipation of a possible surge in COVID-19 cases. This included boosting the number of hospital beds and ventilators, educating healthcare professionals on

The country also ensured that people weren't left hungry or experiencing financial hardship due to the pandemic by providing financial support to vulnerable communities and implementing food assistance programmes.

COVID-19 management, and enhancing testing and contact tracing initiatives.² The country also ensured that people weren't left hungry or experiencing financial hardship due to the pandemic by providing financial support to vulnerable communities and implementing food assistance programmes. Bangladesh's achievement in dealing with the coronavirus pandemic has implications for global

health policy. The country's experience benefits other nations, especially those with comparable resource constraints. The analysis here focuses on the leading strategies and actions contributing to Bangladesh's successful pandemic management. It will not be an exaggeration to say that despite several problems, Bangladesh has comparatively managed the crisis efficiently. Moreover, lessons from Bangladesh's achievement can be applied to other global health issues, providing a framework for effective response and management.



Figure 1: Health Guidelines during the COVID-19 Pandemic

Source: ELCOP Research Desk (2023)

² WHO News Release, 'Get tested! WHO supports the Government of Bangladesh in establishing a broad testing lab network throughout the country' (*World Health Organization*, 2021) <<https://shorturl.at/aiqBF>> accessed 10 May 2022

2

The Outbreak of the Pandemic: A Backdrop

Throughout the history of mankind, infectious diseases have been the leading cause of human death.³ Just as people will remember the year 2020 as a year of disaster in the future due to the coronavirus pandemic and the resulting economic collapse across the world, people have witnessed more terrible and disastrous years in the past as a result of the pandemics. Pandemics have caused significant health disasters. From the earliest recorded typhoid fever outbreak during the Peloponnesian War in 430 B.C. to the Plague of Justinian in 541 A.D., the Black Death in the 14th century, the 1918 Spanish flu, the HIV/AIDS pandemic, and the 2009 H1N1 pandemic, global disease outbreaks have shaped and reshaped societies.⁴ The impact of these pandemics was not limited only to specific regions but it had an impact on other regions too.

Throughout history, pandemics have had a significant impact on the political, economic, and social landscapes of countries. In the 14th century, for instance, the Black Death prompted significant socioeconomic changes in Europe, effectively terminating the feudal system.⁵ The Spanish Flu of the early twentieth century killed millions globally and affected businesses worldwide, requiring a rethinking of public health systems.⁶ Recently, the COVID-19 pandemic exposed and exacerbated imbalances within and between states, disrupting global supply chains, taxing healthcare systems, hastening digital transformation, and forcing a reconsideration of global governance and cooperation. It became clear that the countries emphasized the importance of resilience, adaptability, and joint efforts to face such global dangers. In this backdrop, the paper has discussed the COVID-19 situation in Bangladesh.

³ Bryan Walsh, 'Covid-19: The history of pandemics' (*BBC*, 26 March 2020) <<https://shorturl.at/htzGM>> accessed 8 May 2023

⁴ Star Online, 'Pandemics that changed history' (*The Daily Star*, 23 May 2023) <<https://shorturl.at/jpH45>> accessed 8 May 2023

⁵ Maren Clay, 'Drop Dead, Feudalism: How the Black Death Led to Peasants' Triumph Over the Feudal System' (*University of Colorado Denver*) <<https://shorturl.at/ozDO9>> accessed 10 May 2023

⁶ Article, 'The Influenza Pandemic of 1918' (*Stanford University*) <<https://virus.stanford.edu/uda/>> accessed 10 May 2023

2.1. The Healthcare System in Bangladesh

The health sector in the country has seen improvements over the past 50 years, despite many challenges and limitations. In some areas, such as bringing down the child and maternal mortality rates and fighting against tuberculosis, malaria, diarrhoea, smallpox, polio, rubeola, and a number of other diseases, Bangladesh has done remarkably well in the past few decades.⁷ As a result, the average lifespan of our population has increased from less than 50 years to more than 70 years.⁸ According to the Bangladesh Demographic and Health Survey (BDHS) 2022 revealed by the National Institute of Population Research and Training (NIPORT) in April 2023, the under-5 child mortality rate in the country has dropped to 31 per 1,000 live births in 2022 from 43 in 2017.⁹ What is more impressive is that the continuing reduction of the child mortality rate is a testament to Bangladesh's successful journey in achieving the Millennium Development Goal 4 (Reducing Child Mortality) before the 2015 target date. Moreover, the BDHS survey highlighted that a minimum of 88 per cent of women had received pregnancy or antenatal care at least once from a trained health professional, which is an increase of 82 per cent in 2017.¹⁰ On the flip side, the lack of adequate infrastructural development and skilled health professionals remains a big concern for the country. The World Bank has projected that there is one doctor for every 1,000 patients in Bangladesh (0.6), while the World Health Organization (WHO) advice one doctor for every 1,000 patients.¹¹

The under-5 child mortality rate in the country has dropped to 31 per 1,000 live births in 2022 from 43 in 2017.

⁷ AHM Amanullah & Laboni Khatun, '51 Years of Independence: State of Our Public Health' (*The Business Standard*, 26 March 2022) <<https://www.tbsnews.net/supplement/51-years-independence-state-our-public-health-391570>> accessed 10 May 2023

⁸ *ibid*

⁹ NIPORT, 'Bangladesh DHS 2022 - Key Indicators Report [PR148]' (*Demographic and Health Service*, March 2023) <<https://dhsprogram.com/publications/publication-PR148-Preliminary-Reports-Key-Indicators-Reports.cfm>> accessed 10 May 2023

¹⁰ New Age, 'Under-5 Mortality Rate Falls Sharply in Bangladesh: Report' (*New Age Report*, 11 April 2023) <<https://www.newagebd.net/article/199194/under-5-mortality-rate-falls-sharply-in-bangladesh-report>> accessed 10 May 2023

¹¹ The World Bank, 'Physicians (per 1,000 People) – Bangladesh' (*World Bank Open Data*) <<https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=BD>> accessed 10 May 2023

2.2. Economic and Social Setting

Over the years, Bangladesh has managed to secure its position as a rising economic star in South Asia. With a massive 169 million population, it is now the eight-most populous country in the world.¹² The future of Bangladesh's economy is looking up, with a top London-based think tank, The Centre for Economics and Business Research (CEBR) predicting that by 2037, Bangladesh would have the world's 20th largest economy.¹³



Figure 2: Bangladesh's Economic Position by 2037

Source: The Business Standard (2022)¹⁴

¹² The World Bank, 'Population, total – Bangladesh' (*The World Bank Open Data*) <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=BD&most_recent_year_desc=false> accessed 10 May 2023

¹³ CEBR, 'World Economic League Table 2023' (CEBR, 26 December 2022) <<https://cebr.com/reports/world-economic-league-table-2023/>> accessed 10 May 2023; Salim Sadman Mahadi, 'Bangladesh Projected to Be 20th Largest Economy by 2037' *The (The Business Standard, 27 December 2022)* <<https://www.tbsnews.net/economy/bangladesh-projected-be-20th-largest-economy-2037-558846>> accessed 10 May 2023

¹⁴ Salim Sadman Mahadi, 'Bangladesh Projected to Be 20th Largest Economy by 2037' *The (The Business Standard, 27 December 2022)* <<https://www.tbsnews.net/economy/bangladesh-projected-be-20th-largest-economy-2037-558846>> accessed 10 May 2023

Bangladesh's GDP growth rate stood at 7.2 per cent in the Fiscal Year 2022, and the economy has continued to thrive despite having a rough patch during the pandemic.¹⁵ Although such progress is promising, the country's prevalent income inequality remains a deep concern. A large number of people are yet to find their way to come out of the poverty line. According to a recent report titled "Bangladesh Development Update – Recovery and Resilience Amid Global Uncertainty" by

Bangladesh's GDP growth rate stood at 7.2 per cent in the Fiscal Year 2022, and the economy has continued to thrive despite having a rough patch during the pandemic.

World Bank, Bangladesh's poverty rate stood at 11.9 per cent in 2022 as per the international poverty rate.¹⁶ In addition, United Nations Development Programme (UNDP) ranked Bangladesh 129 out of 191 countries on the 2021-22 Human Development Index (HDI).¹⁷ In recent years, the urban population of Bangladesh has been growing significantly, with around 39 per cent of the total population

Bangladesh has launched a variety of programs, such as the Social Safety Net Program and the Rural Employment and Roads Maintenance Program, to address the issues posed by poverty and inequality in the country.

currently living in the urban areas.¹⁸ In informal settlements and slums, which have increased as a result of urbanization, people frequently lack access to essential amenities like clean water, sanitation, and healthcare. Because of these factors, it is challenging to implement public

health policies successfully, especially during a pandemic. Bangladesh has launched a variety of programs, such as the Social Safety Net Program and the Rural Employment and Roads Maintenance Program, to address the issues posed by poverty and inequality in the country.¹⁹ In addition, various media reports and

¹⁵ TBS Report, 'World Bank Cuts Bangladesh GDP Growth Forecast to 6.1% for FY22-23' (*The Business Standard*, 7 October 2022) <<https://www.tbsnews.net/economy/world-bank-cuts-bangladesh-gdp-growth-forecast-61-fy22-23-509466>> accessed 10 May 2023

¹⁶ World Bank, 'Bangladesh Economy Shows Resilience Amid Global Uncertainty' (*The World Bank Open Data*) <<https://www.worldbank.org/en/news/press-release/2022/04/13/bangladesh-economy-shows-resilience-amid-global-uncertainty>> accessed 8 May 2023

¹⁷ UNDP, 'Human Development Report 2021-22: Takeaways for Bangladesh' (*UNDP Report*) <<https://shorturl.at/fJV23>> accessed 9 May 2023

¹⁸ The World Bank, 'Urban population (% of total population) – Bangladesh' (*The World Bank Open Data*) <<https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=BD>> accessed 7 May 2023

¹⁹ Barkat-e-Khuda, 'Social Safety Net Programmes in Bangladesh: A Review' (2011) 34 *The Bangladesh Development Studies* 87

analysis suggests that the country in the past decade has made considerable expenditures in healthcare, such as the construction of new hospitals and the hiring of additional medical professionals.

2.3. The Initial Phase of the Coronavirus Pandemic:

The Institute of Epidemiology, Disease Control and Research (IEDCR) of Bangladesh reported that from April to June 2021, the Delta variant of the virus caused the country's most severe outbreak, with daily new cases culminating at over 15,000 in early July 2021.

On March 8, 2020, it was announced that Bangladesh had its first case of COVID-19. To ensure that the virus do not spread faster, the country declared a countrywide lockdown on March 26, 2020, and it stayed in effect until May 30, 2020. Schools,

workplaces, and public transit were all shut down during the lockdown, while government services and enterprises were still able to function at a limited capacity. Since the beginning of the lockdown, the pandemic has advanced in stages, consisting of a number of waves with increasing degrees of intensity. As of May 5, 2023, Bangladesh recorded two million 38 thousand 250 confirmed cases with 29 thousand 449 deaths while two million 5 thousand 672 persons have recovered from the coronavirus.²⁰ The Institute of Epidemiology, Disease Control and Research (IEDCR) of Bangladesh reported that from April to June 2021, the Delta variant of the virus caused the country's most severe outbreak, with daily new cases culminating at over 15,000 in early July 2021.²¹ In spite of the difficulties triggered by the pandemic, Bangladesh's infection and death rates have remained comparatively low in comparison to those of other nations, despite the country's high population density and limited resources. The country's prompt and effective reaction, which included early testing, contact tracing, and public health messaging, is credited by experts for this success.²² However, Bangladesh still faced challenges in executing effective public health measures, particularly in the metropolitan regions with a high population density and in informal settlements.

²⁰ DGHS, 'COVID-19 Dynamic Dashboard for Bangladesh' (*Directorate General of Health Services Data*) <<http://dashboard.dghs.gov.bd/webportal/pages/covid19.php>> accessed 5 May 2023

²¹ TBS Report, 'Delta variant dominates latest Covid infections in Bangladesh: IEDCR' (*The Business Standard*, 4 July 2021) <<https://www.tbsnews.net/coronavirus-chronicle/covid-19-bangladesh/delta-variant-dominates-latest-covid-infections-bangladesh>> accessed 4 May 2023

²² World Health Organization 'Responding to COVID-19 in Bangladesh: WHO supports the government to roll-out contact tracing across the country' (*WHO News*, 11 March 2021) <<https://shorturl.at/bqBLV>> accessed 6 May 2023

2.4. The Setbacks Bangladesh Experienced During the Early Phase of the Pandemic

Bangladesh's healthcare system, economy, and society's resilience were tested during the coronavirus pandemic. Some of the stark challenges Bangladesh faced during the pandemic were:

a) Infrastructure and personnel constraints in healthcare:

As previously stated, Bangladesh's healthcare system needs more infrastructure and competent healthcare professionals. Like many other countries, when the number of cases started to see a sharp rise, the hospitals in Bangladesh were almost on the brink of being collapsed, with healthcare professionals at an elevated risk of infection and burnout, making the situation extremely difficult to control.²³

b) Impact on the economy:

The economy of Bangladesh was under a massive challenge during the crisis. The lockdown soon became a nightmare for the workers in the informal sectors. Many

Clothing orders worth up to \$3 billion have been suspended by international brands and retailers due to the circumstances in Bangladesh during the early phases of the pandemic.

started losing jobs as everything was closed for fear of the virus transmission. As a result of decreased demand and supply chain disruptions, the country endured a decline in export earnings and remittances from overseas employees. Moreover, the pandemic

also had a devastating impact on the export-oriented ready-made garment industry, which is one of Bangladesh's key economic drivers as a result of decreased worldwide demand for clothes.²⁴ According to a study conducted by the 'Centre for Global Workers' Rights' and 'Worker Rights Consortium' on the impact of COVID-19 crisis in Bangladesh RMG sector, Clothing orders worth up to \$3 billion have been suspended by international brands and retailers due to the circumstances

²³ Md. Sayeed Al-Zaman, 'Healthcare Crisis in Bangladesh during the COVID-19 Pandemic' (2020) 103 The American Journal of Tropical Medicine and Hygiene 1357

²⁴ Zahidul Hasan, 'COVID-19: Impact on Ready-Made Garment Workers in Bangladesh' (UNICEF Report, 2020)

<https://www.unicef.org/bangladesh/media/3926/file/%20UNICEF_COVID%20and%20Bangladesh%20garment%20workers.pdf%20.pdf> accessed 6 May 2023

in Bangladesh during the early phases of the pandemic.²⁵ But these attempts have been impeded by a lack of funding and problems putting effective policies into place. The country adopted stimulus packages and loan repayment deferrals to assist afflicted firms and individuals. International organizations such as the World Bank and Asian Development Bank (ADB) feared that the pandemic could slow down the country's economic growth. Under such circumstances, it became inevitable for the country to adopt a comprehensive action plan to mitigate the crisis.



Figure 3: Bangladesh’s initial COVID restrictions

Source: The Business Standard (2021)²⁶

²⁵ Humayun Kabir, Myfanwy Maple and Kim Usher, ‘The Impact of Covid-19 on Bangladeshi Readymade Garment (RMG) Workers’ (2021) 43 Journal of Public Health 47

²⁶ Abul Kashem, ‘Bangladesh goes into second lockdown’, (*The Business Standard*, 2021) <<https://rb.gy/cb6h0>> Accessed 14 May 2023

c) Disruption in the educational system:

Millions of schoolchildren in Bangladesh suffered the consequences of the COVID-19 pandemic, which severely impacted the country's educational system.²⁷ As a result of the sudden closure, the students and the educational institutions had to adopt online learning methods to continue studies.²⁸

As a result of the sudden closure, the students and the educational institutions had to adopt online learning method to continue studies.

However, this transformation was riddled with difficulties, including poor access to digital resources, infrastructure, and training for teachers.²⁹ There has always been a rural-urban gap in terms of digitalization of education which was exacerbated by the outbreak of the pandemic as a large number of lower-middle-class families could not arrange internet and devices for their children to enroll them to online education.³⁰ This gap in student access to online learning facilities

During the pandemic children experienced mental and psychological distress due to the absence of social interaction and their normal childhood.

spurred a fresh debate on social media about what we term the digital divide, which is a phenomenon that is not new either.³¹ A study conducted on the ground by 15 international and local organizations, including The

United Nations Children's Fund (UNICEF), Save the Children, and World Vision International, found that during the pandemic children experienced mental and psychological distress due to the absence of social interaction and their normal childhood.³² During this time, teachers were having difficulty adapting to the new

²⁷ Sushmita Dutta and Marzia Khatan Smita, 'The Impact of Covid-19 Pandemic on Tertiary Education in Bangladesh: Students' Perspectives' (2020) 08 Open Journal of Social Sciences 53

²⁸ Mohammad Monirujjaman Khan, S. M. Tahsinur Rahman and Sabik Tawsif Anjum Islam, 'Online Education System in Bangladesh during COVID-19 Pandemic' (2021) 12 Creative Education 441

²⁹ Efta Khairul Haque Emon, Ashrafur Rahman Alif and M. Shahanul Islam, 'Impact of Covid-19 on the Institutional Education System and Its Associated Students in Bangladesh' (2020) 11 Asian Journal of Education and Social Studies 34

³⁰ Syed Laden, 'Digital Bangladesh, digital divide and education sector' (*New Age*, 18 April 2021) <<https://www.newagebd.net/article/135620/digital-bangladesh-digital-divide-and-education-sector>> accessed 3 May 2023

³¹ *ibid*

³² SM Najmus Sakib, 'Bangladesh: Pandemic takes toll on kids' mental health, Anadolu Agency' (*Anadolu Agency*, 22 February 2021) <<https://www.aa.com.tr/en/health/bangladesh-pandemic-takes-toll-on-kids-mental-health/2152760>> accessed 5 May 2023

learning environment making them least interested in taking online classes which interrupted the learning process for the students.³³ Due to their socio-economic condition, many students needed help accessing the internet and technological facilities. As a result, the effort of the government and non-government organizations to set up online learning programs experienced a setback. To mitigate the effects of these disruptions, these organizations launched several different initiatives. These included educational programs broadcast on television and distributing educational materials to people on the margins of the society.³⁴ However, there was looming pressure to improve digital infrastructure and ensure all students have equal access to quality education.

d) Disparities between genders within society:

The pandemic hit informal labourers, women, and members of underprivileged groups hardest. A study conducted by the University of Washington published in the Lancet journal projected that woman had endured more negative social and economic effects than males during the pandemic. A study conducted by the University Washington published in the Lancet journal projected that women have endured more negative social and economic effects than males during the pandemic.³⁵ In September 2021, the most significant and persistent gender disparity was observed in employment and uncompensated work, as approximately 26 per cent of women lost jobs while the number for their male counterparts stood at 20 per cent worldwide.³⁶ The pandemic negatively impacted girls' education as they dropped out of school and faced gender-based violence more than boys.³⁷ According to the Bangladesh Bureau of Statistics, the prevalence of child marriage has climbed by 13% during the COVID-19 Pandemic, making this the country's highest rate of child marriage in

In September 2021, the most significant and most persistent gender disparity was observed in employment and uncompensated work, with 26% of women reporting job loss compared to 20% of men globally.

³³ Tulshi Kumar Das, 'Online Education during COVID-19: Prospects and Challenges in Bangladesh' (2021) 9 Space and Culture, India 65

³⁴ UNESCO, 'COVID 19, Technology-Based Education and Disability: The Case of Bangladesh, Emerging Practices in Inclusive Digital Learning for Students with Disabilities' (*Unesdoc Digital Library*, 2021) <<https://unesdoc.unesco.org/ark:/48223/pf0000377665>> accessed 10 May 2023

³⁵ Andrew Gregory, 'Covid Has Intensified Gender Inequalities, Global Study Finds' (*The Guardian*, 2 March 2022) <<https://shorturl.at/ejzA1>> accessed 10 May 2023

³⁶ *ibid*

³⁷ *ibid*

the last 25 years.³⁸ During the pandemic, the domestic violence against women also increased than usual. In addition, the rising social inequality among the people was a deep concern for the country. Households involved in informal services and labor-intensive activities, including construction workers, rickshaw pullers, day laborer, and small grocery shop owners, face substantial losses in income as a result of lower demand and social distancing policies.³⁹ In response to these obstacles, Bangladesh's government and civil society organizations implemented various strategies to mitigate the pandemic's effects. The subsequent sections will examine these strategies in greater detail, highlighting the vital success factors contributing to Bangladesh's overall response to the coronavirus.

2.5. Bangladesh's Reaction

2.5.1. Task Forces and Multi-Sectoral Collaboration

Bangladesh formed a-17-member National Technical Advisory Committee (NTAC) on April 19, 2020, that included experts in epidemiology, public health, virology, and infectious diseases.

More than a month after the first COVID-19 case was identified in the country, Bangladesh formed a-17-member National Technical Advisory Committee (NTAC) on April 19, 2020, that included experts in epidemiology, public health, virology, and infectious diseases.⁴⁰ The group would

advise the officials on prevention strategies to stop the further transmission of the virus, improve the quality of medical care in the hospitals, and steps need to be taken to enhance the skills of health professionals who provide medical care.⁴¹ A COVID-19 vaccine management task force consisting of 26 members was also established by the country in order to ensure the proper collection and distribution

³⁸ Law Desk, 'Addressing gender inequality during Covid-19 pandemic' (*The Daily Star*, 6 April 2021) <<https://www.thedailystar.net/law-our-rights/news/addressing-gender-inequality-during-covid-19-pandemic-2072965>> accessed 9 May 2023

³⁹ Sufia Islam and others 'Covid-19 Pandemic: An Analysis of the Healthcare, Social and Economic Challenges in Bangladesh' (2020) 8 *Progress in Disaster Science* 100135

⁴⁰ Joarder T, Khaled MNB and Joarder MAI, 'Urban Educated Group's Perceptions of the COVID-19 Pandemic Management in Bangladesh: A Qualitative Exploration' (2021) 10 *F1000Research* 1

⁴¹ Star Online Report, 'Coronavirus: Govt forms 17-member nat'l technical advisory committee' (*The Daily Star*, 19 April 2020) <<https://www.thedailystar.net/coronavirus-outbreak-tackle-govt-forms-17-member-natl-technical-advisory-committee-1894579>> accessed 28 April 2023

of vaccines across the population of the country.⁴² A National Task Force on COVID-19 management including additional task forces were formed to address specific aspects of the crisis, such as vaccine procurement, storage, distribution, and administration, offering support and resources to those affected, providing Telemedicine support, which facilitated remote healthcare services.⁴³

2.5.2. Financial Support Schemes

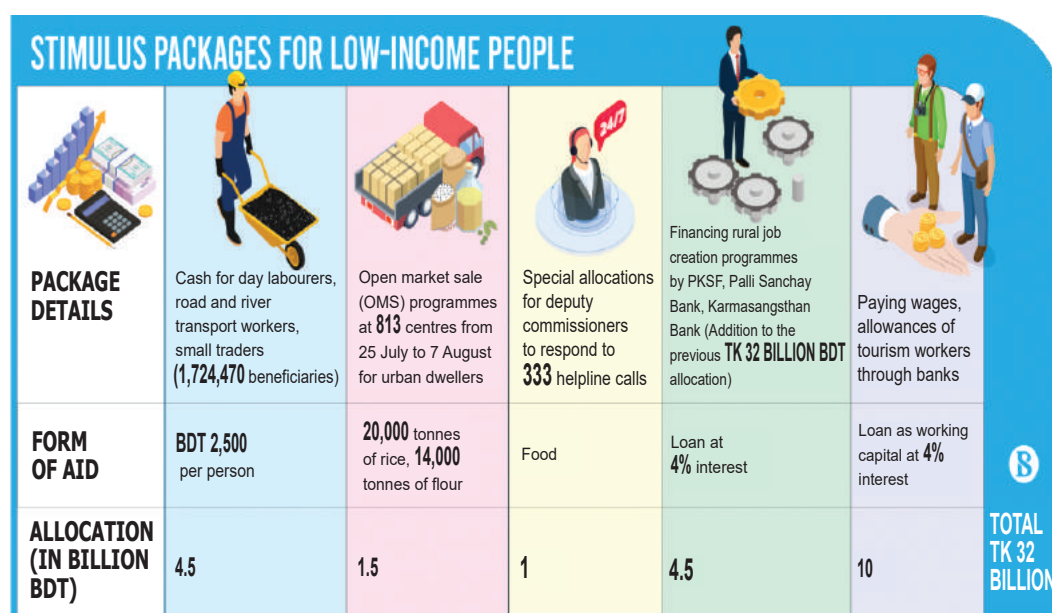


Figure 4: Bangladesh’s Economic Aid for the vulnerable group

Source: The Business Standard (2021)⁴⁴

There is no denying that the Corona pandemic has hit every section of the society financially, especially the middle class and the lower income groups were severely affected. Bangladesh initiated significant measures to mitigate the adverse impacts to help day labourers, tourism workers, business people and other vulnerable communities incurring job losses. In an attempt to recover from the economic losses

⁴² Prothom Alo English Desk, ‘Govt forms 26-member COVID-19 vaccine management taskforce’ (*Daily Prothom Alo*, 23 October 2020) < <https://en.prothomalo.com/bangladesh/government/govt-forms-26-member-covid-19-vaccine-management-taskforce>> accessed 3 May 2023

⁴³ Tanjil Ahmed, ‘Telemedicine services amid pandemic in Bangladesh’ (*The Daily Observer*, 25 August 2021) < <https://www.observerbd.com/news.php?id=328005>> accessed 4 May 2023

⁴⁴ Abul Kashem, ‘Tk 3,200cr stimulus for the poor announced’ (*The Business Standard*, 13 July 2021) <<https://shorturl.at/dvy45>> accessed 7 May 2023

triggered by COVID-19, the country, in collaboration with the Bangladesh Bank, announced a series of stimulus packages and refinance schemes totalling BDT 1284.4 billion which is 4.59 per cent of GDP.⁴⁵ In addition, it also allocated financial schemes for social safety programs to support needy people, such as workers in the informal sectors, older people and persons with disabilities, by supporting them cash support which came in many forms like direct cash transfers, distributing food, and the extension of social safety nets that were already in the place.⁴⁶

2.5.3. Education and Distance Learning

During the early phases of the pandemic, when educational institutions were closed due to the lockdown, the country initiated online learning to ensure that the educational process did not stop completely. Bangladesh's education ministry started the "Ghore Bose Shikhi" (Learning from Home) program through Sangsad TV, a state-owned television station, aired courses for both primary and secondary students that covered a variety of subjects and adhered to the national curriculum.⁴⁷ Online and mobile apps were used to give lectures, provide course materials, and administer tests in higher education. In addition, the country, in partnership with UNICEF and other partners, disseminated home-based learning materials and

Bangladesh's education ministry started the "Ghore Bose Shikhi" (Learning from Home) program through Sangsad TV, a state-owned television station, aired courses for both primary and secondary students that covered a variety of subjects and adhered to the national curriculum.

assisted instructors and parents in facilitating remote learning.⁴⁸ This support consisted of training on different approaches for educating students remotely, providing instructors with psychological support, and providing tools for parents to help their children study from home.⁴⁹

⁴⁵ Bangladesh Bank, 'Special Publication, Covid-19 Pandemic in Bangladesh: Policy Responses and its Impact' (*Bangladesh Bank Special Report*, July 2021)

<https://www.bb.org.bd/pub/special/covid19_06072021.pdf> access 26 April 2023

⁴⁶ Madhumitha Hebbbar, Solaiman Muhit and Marta Marzi, 'Towards a shock-responsive social protection systems: lessons from the COVID-19 response in Bangladesh' (*Oxford Policy Management*, 2020) <<https://shorturl.at/bEGU7>> accessed 2 May 2023

⁴⁷ TBS Report, 'Sangsad TV to broadcast lessons for primary school students from Tuesday' (*The Business Standard*, 5 April 2020) <<https://www.tbsnews.net/bangladesh/education/sangsad-tv-broadcast-lessons-primary-school-students-tuesday-65557>> accessed 8 May 2023

⁴⁸ Iftikhar Ahmed Chowdhury, 'Bangladeshi children share experiences of remote learning and the challenge the face' (*UNICEF*, 22 December 2022 <<https://shorturl.at/inp>> accessed 5 May 2023

⁴⁹ Anir Chowdhury, 'How Bangladesh repurposed pre-existing online platforms to reimagine education during Covid-19' (UNDP, 24 June 2021) <<https://shorturl.at/hjvSU>> accessed 4 May 2023

2.5.4. Public Health Measures

The country mandated several different public health measures to avert the virus from spreading further. Guidelines for social distancing were established for public transportation and workplaces, directing reduced capacity and the implementation of hygiene measures, and mask-wearing was made mandatory in public spaces with fines and penalties for non-compliance.⁵⁰ In addition, to contain local outbreaks, Bangladesh implemented targeted lockdowns and mobility restrictions in regions with high infection rates. Non-essential businesses were closed, the inter-district movement was prohibited, and law enforcement agencies were deployed to guarantee compliance with the limits.⁵¹ It was a challenging task to prevent people from leaving Dhaka during the festive season as they like to spend their holidays with family members especially during the Eid festival. Since the virus was spreading very quickly at that time, it was necessary to ensure that people do not go from one place to another unless there was an emergency. When the first wave of the pandemic emerged, people were barred from leaving Dhaka city during the Eid-ul-Fitr-the biggest religious festival of the country to prevent the transmission across the country. Strict measures were taken in this regard which averted the virus from being contaminated at least for some time.

Non-essential businesses were closed, the inter-district movement was prohibited, and law enforcement agencies were deployed to guarantee compliance with the limits.

⁵⁰ ibid 42.

⁵¹ Md. Kamruzzaman, 'Bangladesh imposes new restrictions on public movement' (*Anadolu Agency*, 4 May 2020) <<https://www.aa.com.tr/en/asia-pacific/bangladesh-imposes-new-restrictions-on-public-movement/1828684>> accessed 4 May 2023



Figure 5: Financial Packages for the vulnerable people of Bangladesh during the pandemic

Source: Md. Taimur Islam and others (2020)⁵²

⁵² Md. Taimur Islam and others, 'Tackling the COVID-19 Pandemic: The Bangladesh Perspective' (2020) 9 Journal of Public Health Research 389

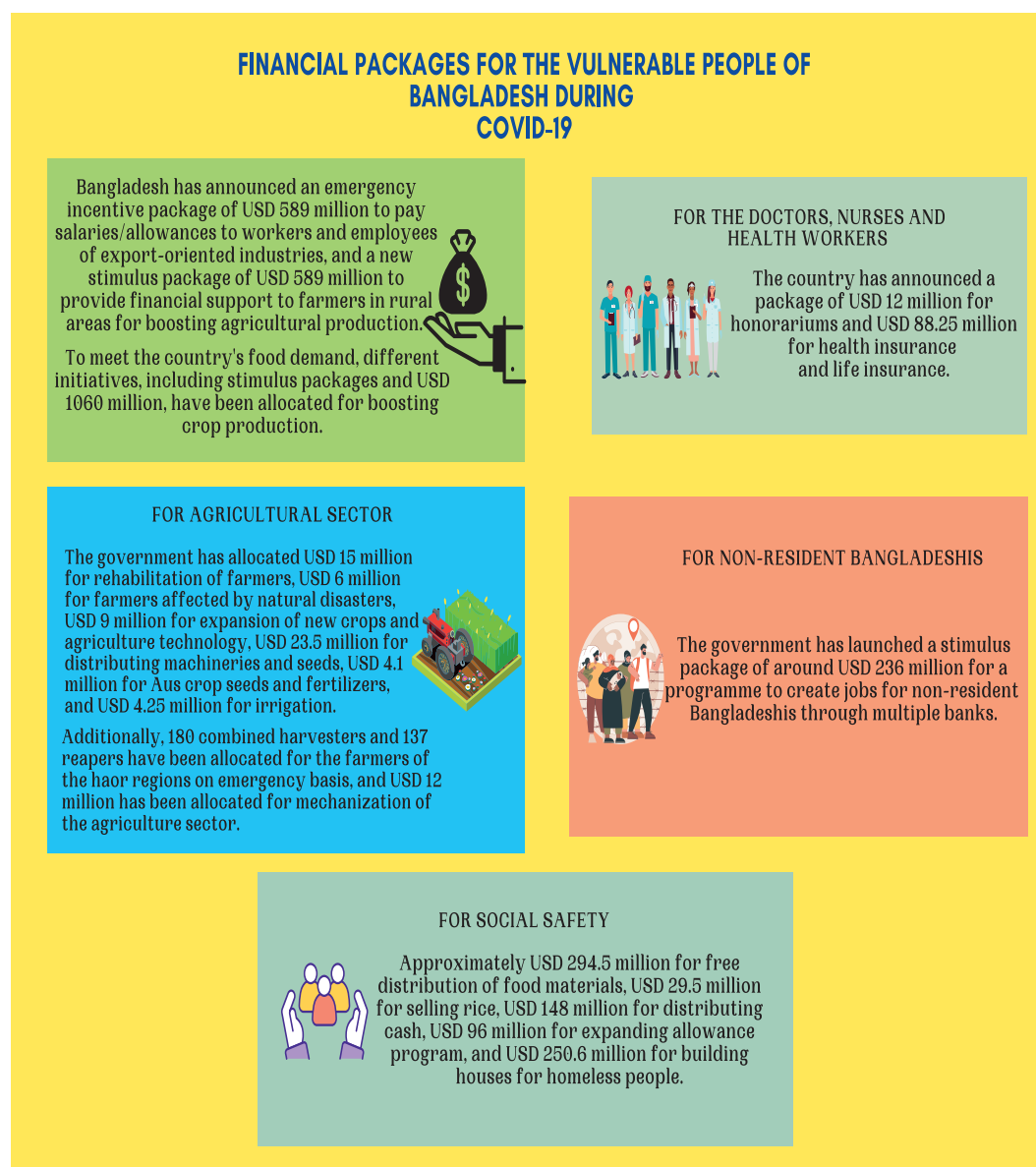


Figure 6: Financial Packages for the vulnerable people of Bangladesh during the pandemic

Source: ELCOP Research Desk, (2023), Data collected from Md. Taimur Islam and others (2020)⁵³

⁵³ ibid

3

Crucial Strategies and Actions Adopted by Bangladesh

3.1. Enhancing Public Health Infrastructure

3.1.1. Increasing Testing Capabilities

In the beginning, the number of testing facilities was limited due to the shortage of testing kits and inadequate workforce. During the first three weeks following the detection of the first COVID-19 case in Bangladesh, the Institute of Epidemiology,

People were barred from leaving Dhaka city during the Eid-ul-Fitr-the biggest religious festival of the country.

Disease Control and Research (IEDCR) was the only diagnostic facility in the country of 170 million, and the daily testing rate remained below 100 per day.⁵⁴ Sensing the urgency of detecting as many cases as possible, Bangladesh left no stone unturned to ramp up the daily testing capacity. In

September 2021, the testing capacity was estimated to be around 55,000 per day, whereas, at the outbreak's starting point, the IEDCR conducted only 33 tests per day.⁵⁵ Although initially, the testing centres were overwhelmed by the number of suspected COVID-19 patients thronging there to identify their probable contraction of the disease, the country gradually increased the number of centres and testing capacity to mitigate the crisis. Suspected persons with COVID-like symptoms were notified of their test reports through text messages, ensuring they did not have to go to the test centre again to collect test reports.

In September 2021, the testing capacity was estimated to be around 55,000 per day, whereas, at the outbreak's starting point, the IEDCR conducted only 33 tests per day.

⁵⁴ Kohinur Khyum Tithila, 'Bangladesh expands Covid-19 testing' (*Dhaka Tribune*, 3 April 2020) <<https://archive.dhakatribune.com/bangladesh/2020/04/03/bangladesh-expands-covid-19-testing>> accessed 3 May 2023

⁵⁵ Maliha Mannan Ahmed, 'Covid-19 and the 'mysterious' resilience of Bangladesh' (*Dhaka Tribune*, 20 September 2021) <<https://archive.dhakatribune.com/opinion/op-ed/2021/09/20/op-ed-covid-19-and-the-mysterious-resilience-of-bangladesh>> accessed 4 May 2023

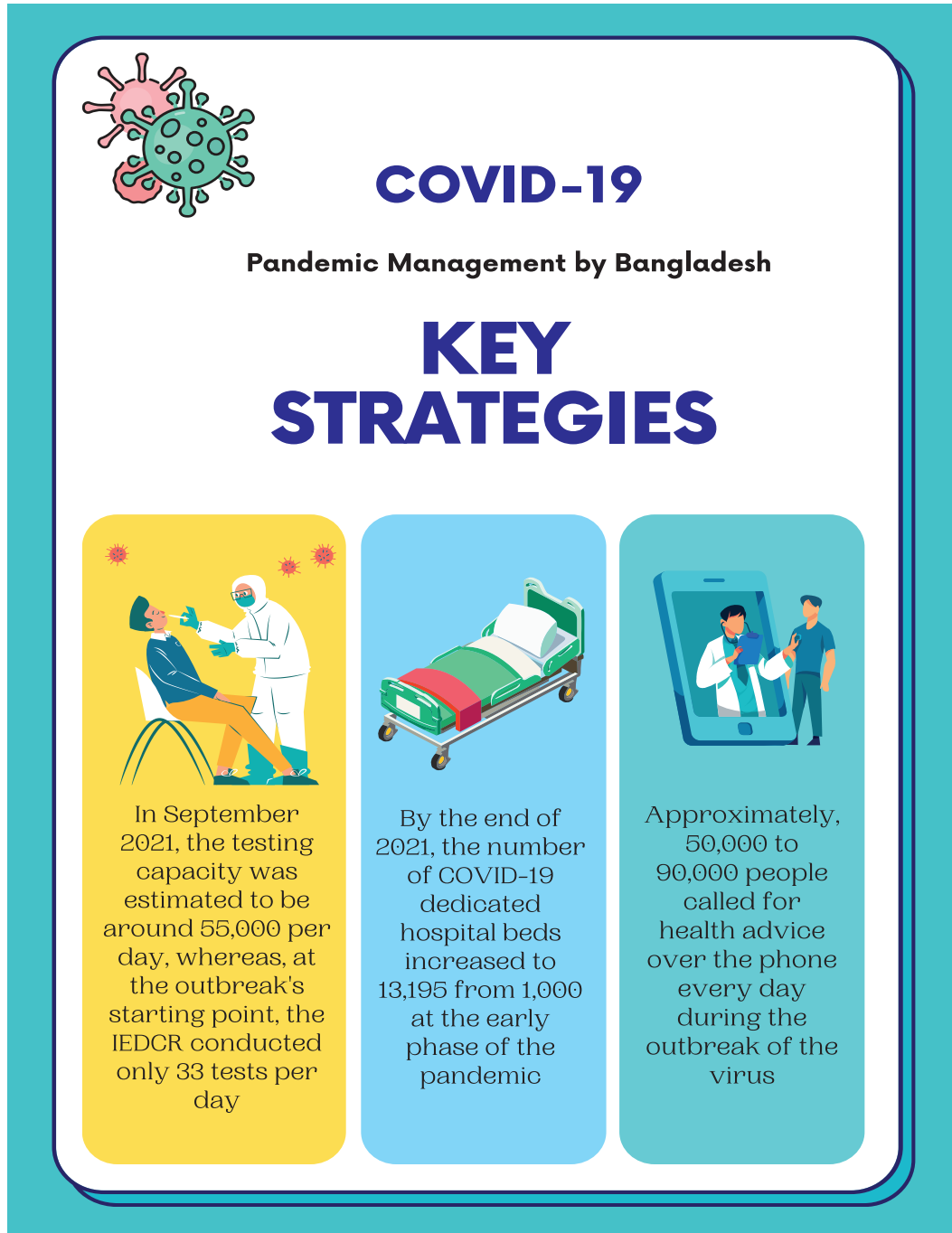


Figure 7: Key strategies regarding pandemic management taken by Bangladesh,

Source: ELCOP Research Desk (2023)

3.1.2. Expanding Hospital Resources

To better manage the influx of COVID-19 patients, Bangladesh scaled up hospital resources in several ways. These included allocating funds to increase the number of hospital beds, establishing specialized isolation and treatment centres, and establishing temporary field health centres in essential areas to assure regional accessibility.⁵⁶ Government and private hospitals were renovated and given new purposes to handle the growing number of cases. To do this, regular wards had to be turned into specialized COVID-19 units, dedicated intensive care units (ICUs) had to be set up, and the hospital's facilities had to be improved to meet standards for infection control. The country provided funding to increase the number of available hospital beds and to build new facilities specifically for the care of those infected with COVID-19. The Directorate General of Health Services (DGHS) of Bangladesh has informed that the number of dedicated hospital beds for COVID-19 patients by the end of 2021 went up to 13,195 from 1,000 during the early phase of the pandemic.⁵⁷

3.1.3. Strengthening the Workforce

Training on Personal Protective Equipment (PPE), testing protocols, contact tracing, and patient triage was provided to healthcare personnel through online and in-person programs developed in collaboration with international organizations and local medical institutions.

To better handle the COVID-19 outbreak, the country implemented extensive training programs for healthcare professionals. These programs focused on infection prevention and control, treating patients, and medical attention. Training on Personal Protective

Equipment (PPE), testing protocols, contact tracing, and patient triage was provided to healthcare personnel through online and in-person programs developed in collaboration with international organizations and local medical institutions.⁵⁸

⁵⁶ BRAC and BUHS, 'Impact of COVID-19 on Essential Health Services in Bangladesh: A rapid assessment', (BRAC, December 2020)

<<https://www.brac.net/program/wpcontent/uploads/2021/08/Rapid-Assessment-on-Impact-of-COVID-19-on-Essential-Health-Services-in-Bangladesh-Report.pdf>> accessed 5 May 2023

⁵⁷ Mohammad Al Amin, 'Corona-dedicated hospitals lying idle' (Daily Sun, 7 April 2022)

<<https://www.daily-sun.com/post/614450/Coronadedicated-hospitals-lying-idle>> accessed 3 May 2023

⁵⁸ Lubaba Shahrin and others, 'In-Person Training on COVID-19 Case Management and Infection Prevention and Control: Evaluation of Healthcare Professionals in Bangladesh' (2022) 17 PLOS ONE e0273809

The country recruited retired professionals, medical and nursing students, and volunteers to augment the workforce and implemented incentive programs to motivate and recognize their vital role in pandemic management. It additionally promoted telemedicine services to relieve the load on healthcare institutions and handle non-COVID-19-related health conditions, allowing for remote consultations and assistance for patients while decreasing infection risks and saving resources for urgent cases.⁵⁹

3.2. Proactive Public Information and Communication

3.2.1. Engagement with Media Organizations

From the beginning of the pandemic, Bangladesh ensured that common people have access to accurate information regarding vaccination programs, preventive strategies, and mental health support, along with the collaboration of mass media such as television, radio channels, newspapers, and online news portals.⁶⁰ While health officials organized press briefings regularly, the frequent expert interviews in the media ensured that people have the most updated information to alleviate the impact of rumours and misleading information. Bangladesh also worked jointly with media organizations to disseminate public service announcements (PSAs) and educational materials to raise awareness of COVID-19 symptoms, appropriate handwashing techniques, guidelines on social distancing, and other measures for prevention.⁶¹ This partnership helped get tailored messages to different parts of the people, taking into account their various locations, languages, and cultures. Celebrities and influential

Bangladesh also worked jointly with media organizations to disseminate public service announcements (PSAs) and educational materials to raise awareness of COVID-19 symptoms, appropriate handwashing techniques, guidelines on social distancing, and other measures for prevention.

⁵⁹ MM Khan, S. M. Tahsinur Rahman and Sabik Tawsif AnjumIslam, 'The Use of Telemedicine in Bangladesh during COVID-19 Pandemic' (2021) 10 E-Health Telecommunication Systems and Networks 1

⁶⁰ Pantho Rahaman, 'Bangladesh's success in dealing with COVID-19' (*GAVI*, 1 September 2022) <<https://www.gavi.org/vaccineswork/bangladeshs-success-dealing-covid-19>> accessed 7 May 2023

⁶¹ Beauty Mondol and Basudev Paul, 'Journalism in Bangladesh during the COVID-19 Pandemic: An Overview' (2021) 4 *Current Research Journal of Social Sciences and Humanities* 45

people were asked to help spread the word about these efforts and get people to comply with public health regulations.

3.2.2. Making use of social media

Social media platforms such as Facebook, Twitter, and YouTube have been appropriately utilised in Bangladesh during the peak of the pandemic to provide accurate information and raise awareness among the common people, especially the young generation. Digital materials such as infographics, films, live streaming and interactive questions-and-answer sessions were some other tools used to spread important information in an exciting and organised way that would make it much easier to understand.⁶² The country responded to public concerns, cleared up myths, and disseminated the most up-to-date guidelines and suggestions because of the improved two-way communication made possible by this strategy. To make everyone aware of the factors such as the benefits of vaccinations, the availability of mental health services, and the necessity of following all applicable public health regulations, the country used social media information comprehensively. As a result, more people came to know about various initiatives taken by the country regarding pandemic management.

Digital materials such as infographics, films, live streaming and interactive questions-and-answer sessions were some other tools used to spread important information.

3.3. Community Participation and Empowerment

3.3.1. The Workings of Community Health Workers

By utilising the relationships, they already had in their communities; these health workers were able to build trust, encourage people to follow public health rules and deal with false information and confusion about vaccines. Bangladesh's response to the pandemic was greatly aided by the country's extensive network of community health workers (CHWs). In some cases, CHWs were tasked with providing

⁶² Basudev Paul and others, 'Effectiveness of Using Social Media to Raise Public Awareness during the COVID-19 Pandemic in Bangladesh' (2022) 22 Global Journal of Human-Social Science 37

treatment at home and spreading awareness about preventative measures, as well as detecting cases and tracing contacts.⁶³

3.3.2. Coordination alongside non-governmental organizations

Bangladesh worked closely with NGOs and civil society groups to reach vulnerable people and gave them essential services. These groups helped get hygiene products,

The Bangladesh Red Crescent Society, in collaboration with the International Federation of Red Cross and Red Crescent Societies, assisted around 1.5 million individuals.

cash aid, and other forms of help to people who suffered from the pandemic, especially during lockdowns. Since women, children, and persons with disabilities were among the most vulnerable people, these groups gave their best effort to

ensure that these people could meet their needs. Local non-governmental organizations (NGOs) played an essential role in establishing social safety nets, offering mental health assistance, and enabling access to education and distance learning possibilities in collaboration with international organizations like the World Food Programme (WFP) and UNICEF.⁶⁴ During the early phases of the pandemic, for example, the Bangladesh Red Crescent Society, in collaboration with the International Federation of Red Cross and Red Crescent Societies, assisted around 1.5 million individuals.⁶⁵

3.4. Innovation and the use of technology

3.4.1. Local manufacturing and resilience in the supply chain

When Bangladesh grappled with the rapid surge of the virus, it soon felt a shortage of personal protective equipment (PPE) and medical kits. Manufacturers modified their manufacturing lines to create masks, face shields, and protective suits, ensuring a steady supply for local usage and contributing to export income.

⁶³ WHO, 'Bangladesh: Community health workers at the heart of a stronger health system and the fight against COVID-19' (*World Health Organization*) <<https://shorturl.at/vOUW6>> accessed 6 May 2023

⁶⁴ Akhter Hussain, 'Pandemic and NGOs in Bangladesh' (*The Daily Sun*, 27 April 2020) <<https://www.daily-sun.com/printversion/details/478526/Pandemic-and-NGOs-in-Bangladesh-->>> accessed 9 May 2023

⁶⁵ IFRC, Red Cross Red Crescent reaching 1.5 million people on the move in MENA, yet millions are left without support, (*IFRC Report*) <<https://www.ifrc.org/press-release/red-cross-red-crescent-reaching-15-million-people-move-mena-yet-millions-are-left>> accessed 9 May 2023

According to the Export Promotion Bureau (EPB), the country exported PPEs and masks worth \$618 million to the global market in the fiscal year 2020-21, with masks exported to 19 countries and PPEs to six.⁶⁶

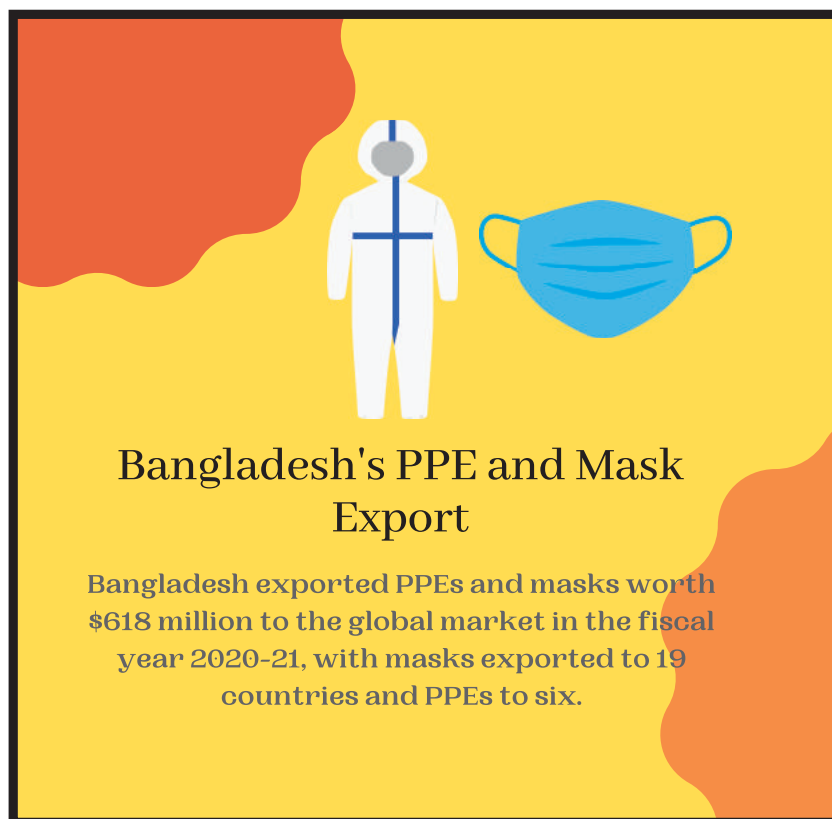


Figure 8: Bangladesh's PPE & Masks export scenario during the pandemic

Source: ELCOP Research Desk (2023), Information collected from The Daily Sun (2021)⁶⁷

3.4.2. Digital Healthcare Services

The country promoted the adoption of digital health technologies to relieve the burden on healthcare institutions and enhance continuity of service. Several mobile applications such as Surokkha, Live COVID-19 Test, Hello Doctor and Corona Tracer were introduced to facilitate contact tracing and self-assessment for COVID-

⁶⁶ The Daily Sun Report, 'Technical textile, PPE export new opportunity for Bangladesh' (*The Daily Sun*, 13 October 2021) <<https://www.daily-sun.com/printversion/details/581933/Technical-textile-PPE-export-new-opportunity-for-Bangladesh>> accessed 8 May 2023

⁶⁷ *ibid*

19 symptoms.⁶⁸ During the coronavirus pandemic, more people started to use telemedicine services making it a popular way getting medical advice without going outside home. As a result, a significant number of patients did not have to go to the hospital or the doctor's chamber to get healthcare, and similarly, many doctors provided online treatment to the patients without visiting their chambers. It played

Surokha, Live Covid-19 Test, Hello Doctor and Corona Tracer were introduced to facilitate contact tracing and self-assessment for COVID-19 symptoms.

a crucial role under that circumstance since the number of cases was increasing at an alarming rate nationwide. The health department estimated that around 50,000 to 90,000 people used telemedicine facilities to get health advice every day after the outbreak of the virus.⁶⁹

3.4.3. Research and Development

To take part in clinical trials for possible COVID-19 treatments and vaccinations, Bangladesh sought relationships with foreign research organizations, pharmaceutical firms, and academic institutions. The partnership facilitated access to cutting-edge research and promoted the dissemination of knowledge and development of the country's research sector. In addition, the country created a COVID-19 research fund to promote domestic research programs concentrating on viral epidemiology, diagnostics, and public health interventions. Many Bangladeshi researchers with state funding have published high-quality research on the coronavirus pandemic in renowned international peer-reviewed journals.

3.5. International Cooperation and Partnership

3.5.1. Vaccine Diplomacy, Purchase, and Distribution

Soon after the massive pandemic outbreak, it became clear that only preventive measures were not enough to avert the deadly coronavirus. Hence, the countries, especially the developed ones, started a race to develop potential vaccines to fight back against the virus. Bangladesh, like many other countries, initially felt the urgent need to secure vaccines for its citizens. However, because the production of

⁶⁸ Samrat Kumar Dey and others, 'Use of Digital Technologies in Public Health Responses to Tackle Covid-19: The Bangladesh Perspective' (2022) 11 Health Informatics - An International Journal 1

⁶⁹ Rajbongshi Roy and Tonmoy Roy, 'Coronay Telemedicine Bishal Utthan Sasthoshebay Notun Matra' (A huge boom in telemedicine during the Corona period new dimensions in healthcare) (Daily Samakal, 29 May 2021) <<https://shorturl.at/jFNXZ>> accessed 9 May 2023

the vaccines was limited initially, delivering them to every corner of the world was impossible. In addition, the rich countries of the world were in a hurry to stock vaccines in large quantities, even more than their internal demands, which scholars termed as vaccine nationalism meaning the least developed countries would get vaccines only when the richer ones were satisfied with their needs.⁷⁰ Initially, Bangladesh signed a deal with the Serum Institute of India to procure Oxford-AstraZeneca vaccines for its citizens.⁷¹

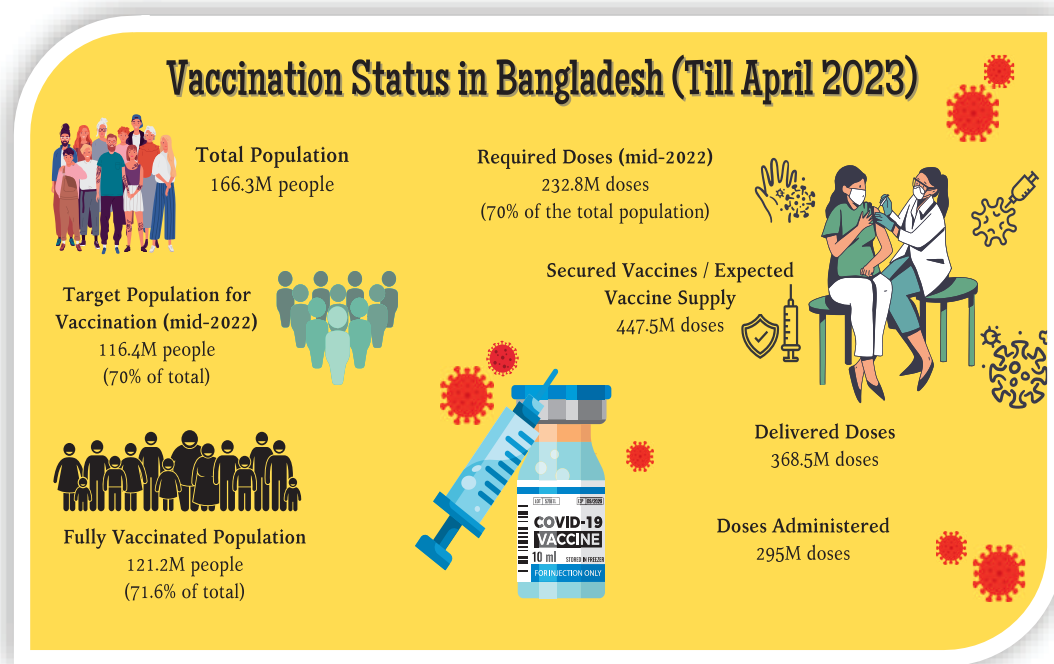


Figure 9: Vaccination Scenario in Bangladesh

Source: ELCOP Research Desk, (2023) Based on Data from Multilateral Leaders Task Force on Covid-19, (2023)⁷²

⁷⁰ Thomas J. Bollyky and Chad P. Bown, ‘The Tragedy of Vaccine Nationalism’ (2020) 99 Foreign Affairs 96

⁷¹ Ruma Paul, ‘Bangladesh's Beximco signs COVID-19 vaccine deal with India's Serum Institute’, (Reuters, 28 August 2020) <<https://www.reuters.com/article/us-health-coronavirus-bangladesh-india-idUSKBN2501HT>> accessed 3 May 2023

⁷² MLTFC, ‘COVID 19 Data’ (*Multilateral Leaders Task Force on Covid-19*) <<https://data.covid19taskforce.com/data>> access 9 May 2023

However, the vaccination programme in Bangladesh was halted for some time as India was unable to send its committed vaccine shipments during the second wave of the pandemic.⁷³ Nevertheless, Bangladesh soon started counting on multiple sources for vaccines. The country rapidly received vaccines from multiple sources through bilateral and multilateral agreements. Due to its diplomatic endeavours, the country acquired vaccine doses through various channels, including direct purchases, bilateral agreements, and the COVID-19 Vaccine Global Access (COVAX) facility. Bangladesh received vaccine donations from India, China, and Japan, reflecting its solid international ties and decades of benevolence. These contributions considerably supplemented Bangladesh's vaccine supply, allowing the nation to accelerate its immunization campaign.

Due to its diplomatic endeavours, the country acquired vaccine doses through various channels, including direct purchases, bilateral agreements, and the COVID-19 Vaccine Global Access (COVAX) facility.

Bangladesh's vaccine diplomacy was also marked by seeking regional and international collaboration. Bangladesh, a member of the South Asian Association for Regional Cooperation (SAARC), understood the importance of partnership with the neighbours while exchanging information and standard practices to face the challenges incurred by the pandemic. Additionally, Bangladesh actively participated in global platforms such as the World Health Organization (WHO) and the Gavi, the Vaccine Alliance, to advocate for fair access to vaccinations for all countries, regardless of the financial resources they have.

When dealing with public health disasters like the COVID-19 pandemic, Bangladesh's diplomatic efforts showed how important it is to have strong international ties, regional collaboration, and be involved in global health projects.

⁷³ Reuters Staff, 'India's Serum delays vaccines for private sale in Bangladesh; focus on state campaigns' (*Reuters*, 4 February 2021) <<https://www.reuters.com/article/us-health-coronavirus-bangladesh-idUSKBN2A414A>> accessed 4 May 2023

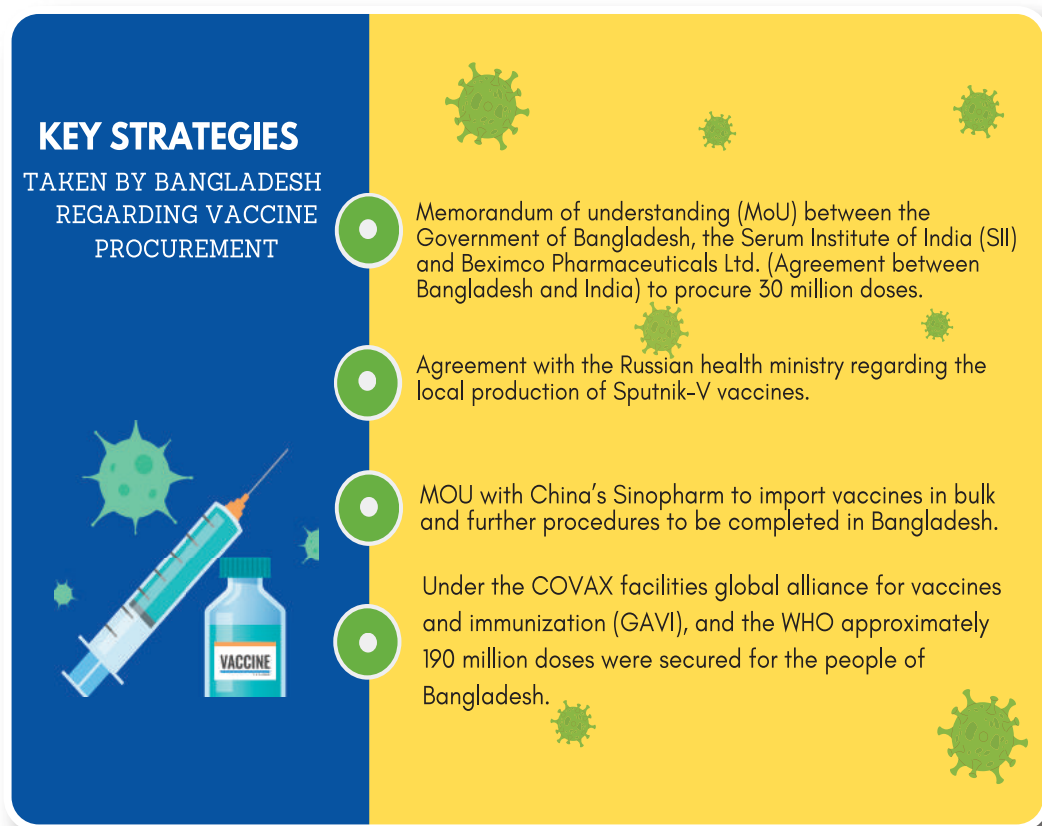


Figure 10: Key Strategies Taken by Bangladesh Regarding Vaccine Procurement

Source: ELCOP Research Desk (2023) Based on Data from Reuters, (2020; New Age (2021); The Daily Star (2021), UNICEF, (2022)⁷⁴

⁷⁴ UNICEF Report, 'UNICEF: 190 million COVID-19 vaccines delivered under COVAX' (UNICEF, 31 May 2022) < <https://shorturl.at/gxOQR>> accessed 12 May 2023; Star Report, 'Govt signs deal with Sinopharm, Incepta' (*The Daily Star*, August 17 2021) <<https://shorturl.at/kQYZ1>> accessed 12 May 2023; Ershad Kamol, 'Deal signed for local production of Russian vaccine in Bangladesh' (*New Age*, 22 April 2022) <<https://shorturl.at/hzSTW>> accessed 11 May 2023; Ruma Paul, 'Bangladesh signs deal with India for 30 million doses of COVID-19 vaccine' (*Reuters*, 5 November 2020) <<https://shorturl.at/enyAJ>> accessed 10 May 2023

4

Global Health Policy Lessons from Bangladesh's Experience

4.1. Proactive Public Instruction and Engagement

One of the key takeaways from Bangladesh's COVID-19 management is that to ensure common people properly obey the health guidelines during a pandemic-like emergency, it is important to implement effective communication strategies. At the same time, significant steps must be taken to combat the spread of misinformation during an emergency, and comprehensive communication strategies can help to make it happen. In addition, governments and public health authorities should prioritize explicit, consistent, and evidence-based communication, using multiple channels to reach various audiences.

4.2. Participation and Empowerment of the Community

Regardless of the nature of the crisis, it is important to have an inclusive and participatory approach to stave off the devastating impact. With the participation of the community from every aspect of society, it is easier to implement any plan of action during a crisis. Particularly, the empowerment of highly vulnerable groups has a significant role. Bangladesh's reaction to the coronavirus pandemic has shown that community-based strategies are essential. Engaging and empowering local communities to actively participate in implementing public health measures can result in improved compliance, increased trust, and more sustainable outcomes.

4.3. Utilising New Ideas and Technology

The experience of coronavirus has also put forward the significance of innovations and technologies during a crisis. Bangladesh's experience shows how creativity and technology can be utilized in addressing issues pertaining to public health. Policymakers need to understand that more allocations should be provided for Research and development. Additionally, public-private relationships can also have a significant impact on crisis management with the support of digital tools and technologies.

4.4. Strengthening Global Partnerships

Albert Einstein famously said, "In the midst of every crisis lies great opportunity". The COVID-19 crisis came as an opportunity to strengthen global communication and cooperation among the countries. The devastating impact of the pandemic has

The coronavirus pandemic has highlighted the significance of worldwide cooperation and solidarity.

proved that countries across the globe must work together to alleviate the negative impact of any global crisis. The coronavirus pandemic has highlighted the significance of worldwide cooperation and solidarity. To surmount global public health challenges collectively, countries

should actively participate in international actions, exchange best practices and lessons learned, and cooperate on research and vaccine distribution.

4.5 Sustainable Development Goal 3 and the COVID-19 crisis

The Sustainable development goals, especially goal three, urge to ensure healthy lives and promote well-being at all ages.⁷⁵ Bangladesh's journey to achieve this goal has faced a massive challenge due to the grim pandemic as the healthcare system in the country became overwhelmed for a certain period due to rising number of cases. The crisis pointed out the necessity of substantial investment in the country's healthcare system, which ultimately led to the improvement of both physical and digital infrastructure. Due to the coronavirus crisis, there have been digital and technological transformations in the country's healthcare sector.

Telemedicine service has significantly increased during the pandemic, which helped people, even from rural areas, access healthcare services.

Telemedicine service has significantly increased during the pandemic, which helped people, even from rural areas, access healthcare services. Indeed, it has been a big boon for the country, which indicates a sustainable long-term shift where healthcare facilities have limited resources. According to UNICEF, an estimated 2.4 million babies were born in Bangladesh under the shadow of the COVID-19 pandemic.⁷⁶ For the nine months after the pandemic announcement on March 11,

⁷⁵ Sustainable Development Goals, 'Goal 3: Ensure healthy lives and promote well-being for all at all ages' (*United Nations*) <<https://shorturl.at/cyI05>> accessed 16 May 2023

⁷⁶ Tabassum Maisha Mona, 'Impact of Covid-19 on the SDG-3 (Good Health & Well Being) achievements' (*The Daily Sun*, 14 January 2022) <<https://shorturl.at/zIN45>> accessed 15 May 2023



Figure 11 : Sustainable Development Goal 3
Source: ELCOP Research Desk (2023)

the country ranks ninth in terms of the most significant predicted number of births.⁷⁷ On the other hand, successful vaccination programs in Bangladesh are no less than a miracle. Timely vaccine procurement and rapid mass vaccination programs have saved thousands of lives during the pandemic and reduced COVID-related deaths in the country.

An estimated 2.4 million babies were born in Bangladesh under the shadow of the COVID-19 pandemic.

According to a projection by Nikkei Asia in October 2021, Bangladesh was ranked as the top country in South Asia in terms of COVID recovery, which reflects the country's strong response to the pandemic.⁷⁸ Overall, Bangladesh was ranked as the 14th country with a score of 65.5 out of 100 in this regard.⁷⁹ Bangladesh's efforts and success in dealing with the Coronavirus crisis show how vital SDG Goal 3 is.

According to a projection by Nikkei Asia in October 2021, Bangladesh was ranked as the top country in South Asia in terms of COVID recovery, which reflects the country's strong response to the pandemic.

This is a good example of how prioritizing good health and well-being for all citizens, regardless of socioeconomic status, is a fundamental right and a crucial part of the country's long-term growth and ability to handle future health emergencies.

⁷⁷ ibid

⁷⁸ TBS Report, 'Bangladesh now 14th in global Covid recovery' (*The Business Standard*, 05 November 2021) <<https://shorturl.at/gnoW5>> accessed 13 May 2023

⁷⁹ ibid

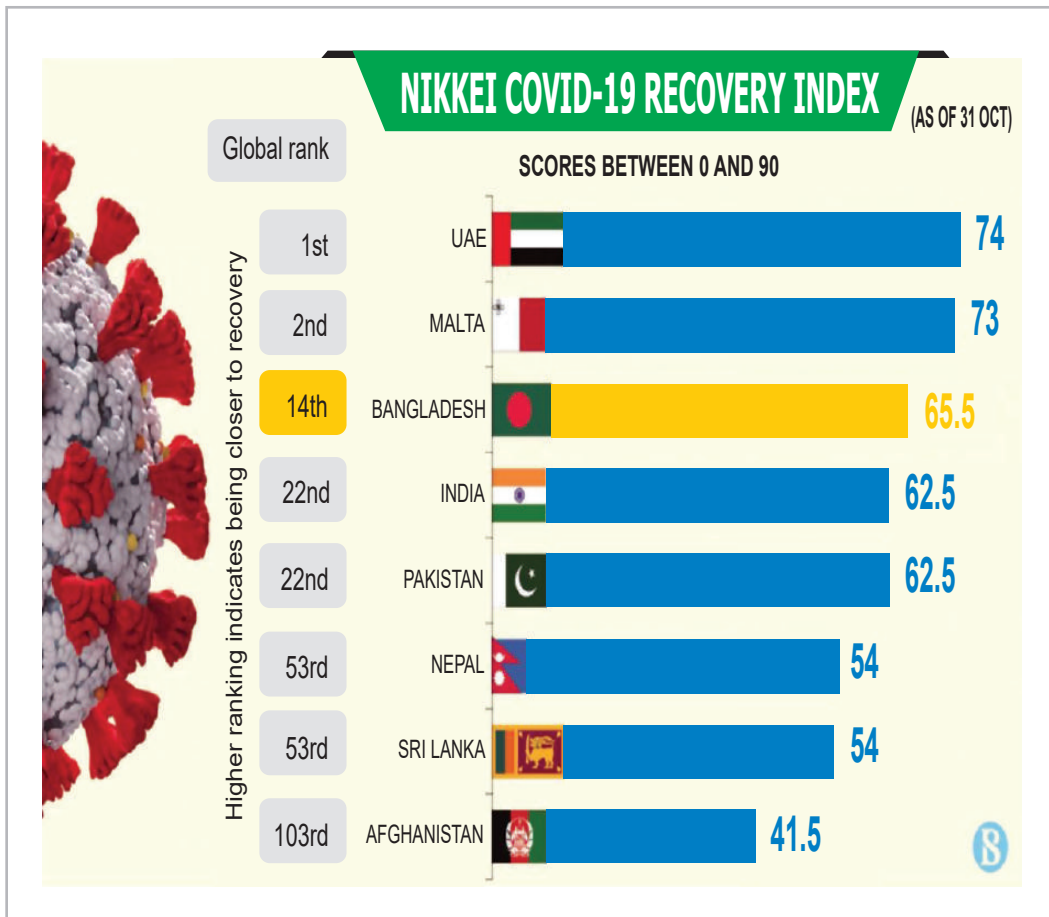


Figure 12: Bangladesh’s Global Position in NIKKEI COVID-19 Recovery Index in 2021

Source: The Business Standard (2021)⁸⁰

⁸⁰ ibid

5

Conclusion

In terms of pandemic management, Bangladesh has done better than many would have expected. Bangladesh was not fully prepared when the pandemic hit the country hard, like many other resource-limited countries. However, the indomitable spirit of the people and some timely decisions prepared Bangladesh to fight back against the pandemic. The devastation of the pandemic was so acute that even the countries with the highest and most modern healthcare infrastructures were also on the brink of collapsing. Compared to that, how Bangladesh has dealt with the coronavirus is laudable, even with a relatively fragile health system.

However, due to the pandemic, the health sector in Bangladesh has improved compared to the pre-COVID situation. Bangladesh's successful pandemic management has much to offer for future policy lessons and crisis response for other countries. The country was able to put up a fight against the deadly coronavirus thanks to the multidimensional approach it has taken during the emergence of the crisis. Bangladesh has emphasized the improvement of the health infrastructure, provided proper training with updated methods to the health care professionals, communicated to the common people through a wide range of channels, and most importantly, engaged the people from marginal levels.

By encouraging international collaboration in research, vaccine procurement, and technical support, Bangladesh benefited from global expertise and resources.

Bangladesh's response to the pandemic is highlighted by cutting-edge digital technologies such as telemedicine and online education, which played a vital role in the pandemic management. Furthermore, by encouraging international

collaboration in research, vaccine procurement, and technical support, Bangladesh benefited from global expertise and resources. Bangladesh's successful and effective vaccine diplomacy can be an essential lesson for other countries in future crises such as the coronavirus pandemic.

The country quickly realized the importance of thriving for multiple vaccine sources, in spite of the initial fumble. As a result, Bangladesh soon started receiving vaccines through bilateral and multilateral initiatives such as

Bangladesh soon started receiving vaccines through bilateral and multilateral initiatives such as COVAX facilities which made it possible to vaccinate 71 per cent of the total population till now.

COVAX facilities which made it possible to vaccinate 71 per cent of the total population till now (see figure 9). In short, Bangladesh handled the coronavirus pandemic well because it took a diverse and collaborative approach that used the power of creativity, flexibility, and community involvement. Policymakers, public health experts, and other stakeholders may benefit significantly from these insights as they work to improve their response and readiness for future pandemics.

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