

Governance Challenges in Tackling Corona Virus¹

(Up to 14 June 2020)

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Executive Summary

1. Background

- The 'Corona virus disease, 2019' (Covid-19) is new species of corona virus (n-Cov-19) that is highly contagious and infects people.
- On 31 December 2019, the Chinese government informed the World Health Organization (WHO) of an unknown cause of pneumonia in Wuhan Province.
- On 30 January 2020, WHO issued a global public health warning about the virus, and on 11 March, declared it an epidemic, and later a pandemic.
- On 21 January, Bangladesh started the sample testing while the first 3 cases were found on 8 March, and the first death occurred on 18 March.

14 June	Infection	Number of Death
World	77,64,977	4,29,666
Bangladesh	87,520	1171

- Bangladesh is in 18th position (number of total infected people)
- Bangladesh is in 11th position (number of newly infected peoples)
- Around 50 million people worldwide will fall into extreme poverty due to corona virus. (World Bank)
- Bangladesh will lose about 1.1% of GDP, and about 10 million people will be unemployed (ADB)
- The overall poverty rate has risen to 35 percent in Bangladesh (CPD)

Rationals:

- Transparency International Bangladesh (TIB) identified various types of good governance challenges in disaster management and emergency response in its previous studies.
- Realizing the challenges of existing good governance in implementing various activities to deal with corona virus, the government has already taken various precautionary measures.
- However, reports have been published in the media about the government's lack of preparedness, lack of planning, lack of skills and capacity, and irregularities and corruption in various areas.
- Under these circumstances, TIB is conducting this research to help implement various government activities to be more effective, transparent and accountable.

1.1. Objective

- The objective of this study is to identify the governance challenges in different initiatives undertaken by the government in tackling corona virus, before and after its spread.

1.2. Research Method

- Mixed methodological (qualitative and quantitative) techniques have been applied.
- Primary data collected through online checklists.

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- Using convenient sampling, Health related information has been collected from 47 (33 district hospitals, 9 Medical College Hospital and 5 other types of hospitals) hospitals.
- Information on relief distribution are collected from 43 districts from local citizens (journalists, teachers, professionals).
- Interviews with doctors and journalists have also been done.
- Secondary data has been collected by reviewing relevant policies, laws and regulations, websites of government and non-government offices, and reports published in the media (print and electronic). Information related to the distribution of relief has been collected from six national level media (print).
- Data was collected during 15 April - 14 June 2020.

1.3. Scope and Analytical Frame

The scope of this research includes:

1. Strategic preparedness and response plan to prevent corona
2. Corona Case detection (laboratory capabilities, preparation and testing activities);
3. Clinical Management (hospital capacity, preparation and service);
4. Infection prevention and control (safety of health workers at the hospital level);
5. Prevention and control of community transmission (screening, isolation, quarantine, lockdown);
6. Incentive program to combat the effects of corona virus;
7. Relief and social security programs.

2. Key Findings

Positive initiatives taken:

- Various public events, such as, the scheduled Bangabandhu Sheikh Mujibur Rahman's centenary birth anniversary, Independence Day and New Year celebrations were postponed to ensure social distance
- The Prime Minister emphasised her position of "Zero Tolerance" in cases of corruption in the distribution of relief
- Various types of stimulus packages worth BDT 103 thousand 117 crore were declared, that includes financial incentives and health insurance for health workers and other government officials, and cash assistance to 5 million extremely poor families
- The government also increase the target for procurement of paddy in excess of 200 thousand tons
- The commodity prices were kept relatively stable during the crisis

2.1. Rule of Law

Lackings in following the relevant laws:

- Two relevant laws, The Disaster Management Act, 2012 & the Communicable Disease (Prevention, Control and Elimination) Act, 2018, were not followed properly
- By not following The Disaster Management Act, 2012 and the Standing Orders for Disaster (SOD), the opportunity of utilising different institutional set up, ministries and departments could not be used; only a few committees at district and upazila levels were instructed to take action
- The Directorate General of Health Services (DGHS) did not declare the entire country as an 'Infected Area' or 'Affected Area' following the Communicable Disease (Prevention, Control and Elimination) Act, 2018, instead of declaring as 'Risky', that weakens the basis for taking action on law enforcement at the field level

- Even the COVID-19 was included in the law as a communicable disease when the community transmission had been already started

2.2. Responsiveness

Spread of infection due to lack of control over the influx from abroad:

- The decision to block entry to Bangladesh was delayed – resulting in the arrival of 624,843 passengers between 21 January to 18 March
- After almost two months, from 28 March, all international flights except from China were declared suspended
- Since 21 January, Chinese nationals arriving at HSIA, and from 7 February, all passengers were screened at all the international airports, seaports and land ports
- The screening, mainly through hand-held thermal scanner, can only identify high body temperatures which is not much effective to identify corona infected persons

Delayed planning and formation of committees:

- Almost one and half month later, onset of infection (18 April), the technical committee with specialist doctors was formed
- Due to delayed adoption, almost one and half month after the warning from WHO, of the 'National Preparedness and Response Planning for COVID-19 in Bangladesh', infection prevention and clinical management was disrupted

Failure to control internal traffic and mass gatherings:

- The public transport was not closed although all educational institutions were put on holidays since 16 March, and general holidays was declared across the country on 24 March. As a result a large number of people left Dhaka, that helped spreading infection
- Local administration failed to maintain ban on mass gathering on several occasions (Khaleda Zia's bail, fireworks on the occasion of Centenary of Mujib, Janaza of a religious leader)
- The Election Commission also behaved irresponsibly through conducting three different parliamentary bi-elections including Dhaka-10, during this corona period on 21 March
- There was also delay in instructing not to assemble for praying (April 6)

Deficiency in preparations for testing Corona cases:

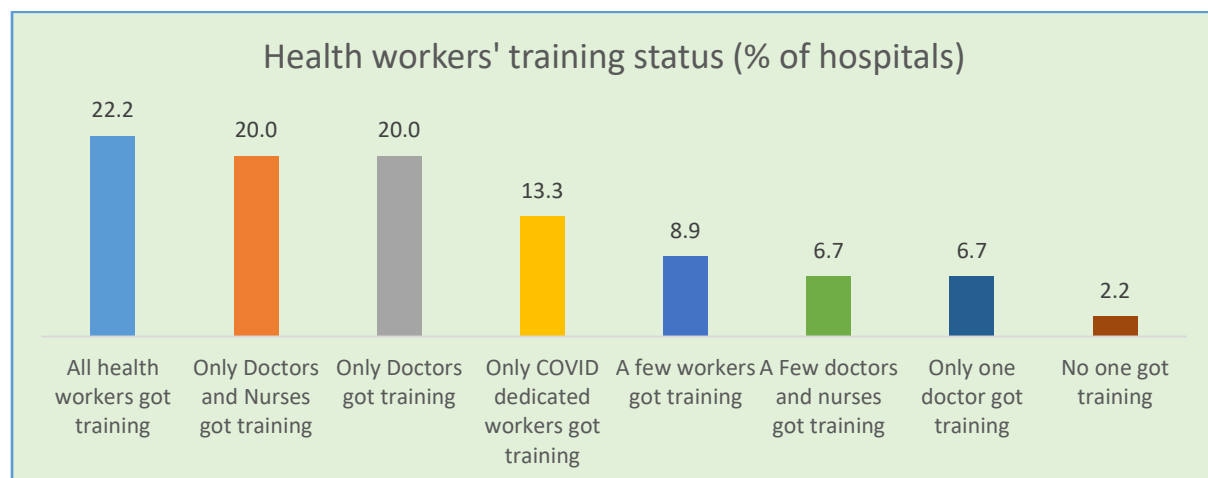
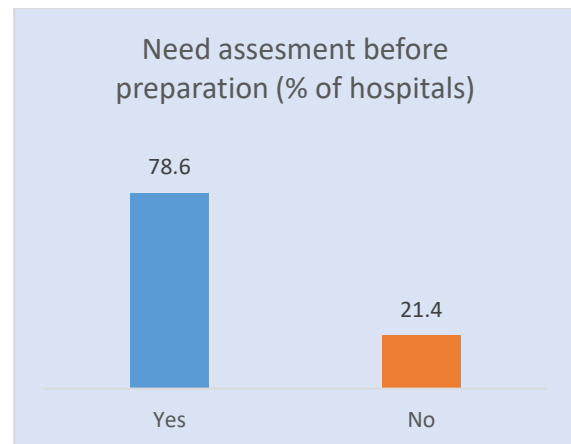
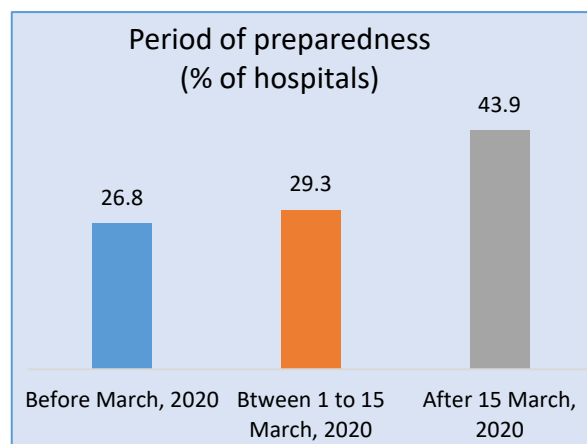
- Despite WHO emphasized more on testing to prevent the spread of virus, there was only one testing laboratory till 25 March
- Despite the availability of a number of public and private laboratory capacity in Dhaka and outside, they were not allowed to test
- Although more than 500 thousand people contacted through the IEDCR hotline, only 794 tests were done
- The expansion of laboratory (testing) facilities outside Dhaka was done only after community transmission had started (25 March)

Table: Time wise laboratory test (up to June 13)

Timeline	Number of laboratory	Test/day	Test/day/lab	test per call
Up to 25 March	1	23	23	639:1
26 March-15 April	17	170	38	143:1
16-30 April	30	636	111	25:1
1-15 May	41	1380	156	18:1
16-31 May	52	2534	179	22:1
1-14 June	60	13695	232	13:1

Lack of preparation on clinical management:

- 44 percent of the hospitals, included in this study, started preparations during the third stage of infection, while 21 percent of the hospitals had not made any need assessment, although the government claiming of full preparation.



- In 22 percent hospitals all healthworkers got training, whereas in rest of the hospitals only a few received training.
- 86 percent nurses do not have any training on infection and prevention control (IPC), (BGNS and SNSR)

Not pro-poor stimulus packages:

- A total amount of BDT 103 thousand 117 crore in 19 incentive packages was declared (worth 3.3% of the GDP)
- 91% of these packages will be operated through the banking sector, loan dependent business-friendly liquidity support
- Followed the policy of increasing loan support by decreasing interest
- No adequate system to overcome the fall of aggregate demand
- No guarantee of reaching out to the people of all classes and professions
- Absence of funds, or lack of adequate cash assistance to meet basic needs and increase the purchasing power of essential goods for the ultra poor
- No plan for allocation for 50 million unemployed day labourers and workers in the informal sector

- Allocation to ensure food security is also insufficient – only 10 per cent of the *boro* paddy was announced to be procured
- No incentive for small and sharecroppers, no declaration of waiver of agricultural loans
- Opportunity for the middlemen to take more loans
- Bangladesh Bank has eased restrictions on clearing funds allowing the loan defaulters to take a share from these incentives

Relief & Social security programs:

- In 20% areas, there were no preparation for relief distribution
- Only in 22% areas, the list of beneficiaries was updated
- In 82% areas, half or less than that of actual demands of relief was distributed
- In 90% areas, half or less than that of actually needy people received the reliefs

2.3. Capacity and Effectiveness

Ineffective committees:

- Noticeable deficit in the functioning of nine different types of committees
- On 3 March, the first meeting of the National Advisory Committee was held, where they discussed about dengue issues
- Lack of coordination in decision making was there, as the committee chairman accused that he was not aware of many decisions (opening or closing of garments, entrance of workers in Dhaka)
- Although there are regular meetings of the advisory committee, the bureaucrats are taking important decisions bypassing the committee (shopping mall / garment zone, withdrawal of lockdown)

Lack of testing facilities:

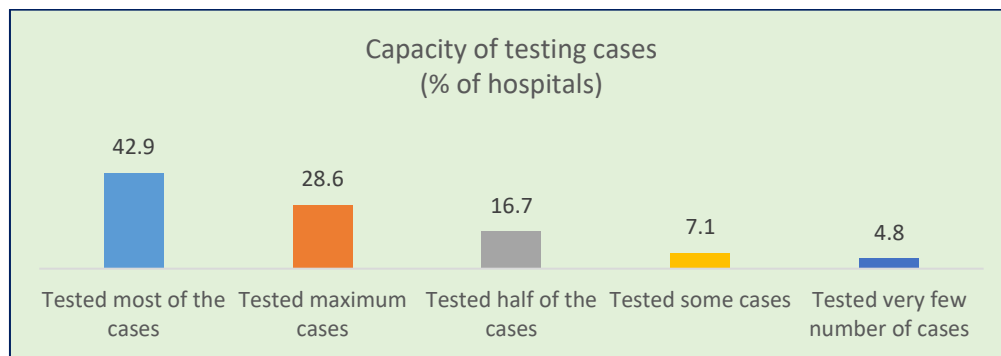
- Bangladesh is 149th among all countries in terms of testing Corona virus
- Despite the expansion of testing facilities, Bangladesh has the lowest number of tests in South Asia

Table: Laboratory test for COVID-19 case detection by country

Country	Percentage of population are tested
Maldives	5.36
Bhutan	2.66
Nepal	1.01
Sri Lanka	0.38
India	0.39
Pakistan	0.37
Bangladesh	0.29
Afghanistan	0.14
UAE	26.57
Denmark	13.33
Spain	9.55
USA	7.19

- Only 500 thousand tests were done against 101 million phone calls in the hotlines (up to 31 May)
- 57% of the hospitals can not carry out the tests as per their demand
- Most of the testing laboratories are Dhaka-based – 27 out of 60 laboratories are located in Dhaka city

- At present there are testing facilities in 21 districts, which results in the delay of 2 to 4 days to get the serial for providing sample, and 2 to 8 days in receipt of test report



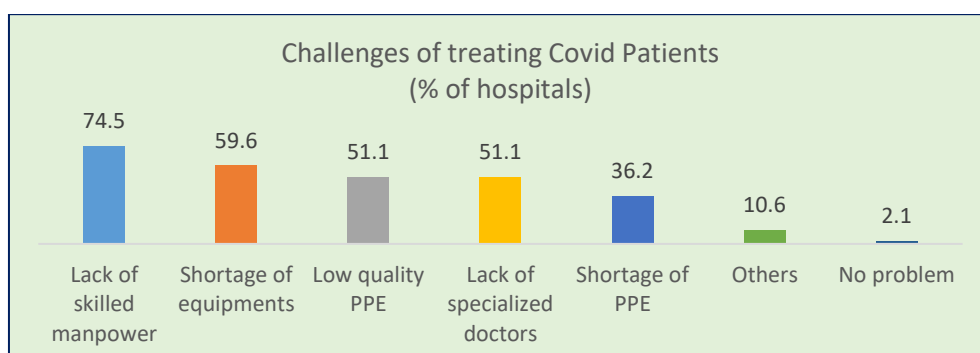
- The optimum utilization of laboratory capacity is not done.
- On average, 13695 samples were being tested in last 14 days, whereas with the help of almost 85 PCR machines in 60 laboratories around 24000 tests could have been done
- Despite of having capacity of manpower and equipment, the private sector was not being utilized fully - only 15,000 samples were tested with ICDDRDB till May 31, although it had the capacity to conduct 42000 tests in 60 days (since March 30)
- There is a lack of skilled manpower for collecting sample and running PCR machines, as the recruitment of medical technologists had been stopped due to a lawsuit for last 11 years

Harassments in corona virus tests:

- Failure in contacting the hotline even after trying for several times
- Screening for test just by listening the symptoms and travel history
- 2 to 4 days late in collecting samples, and late up to 8 days in getting report
- False negative test report due to lack of skill in sample collection
- keeping patients in isolation with corona positive

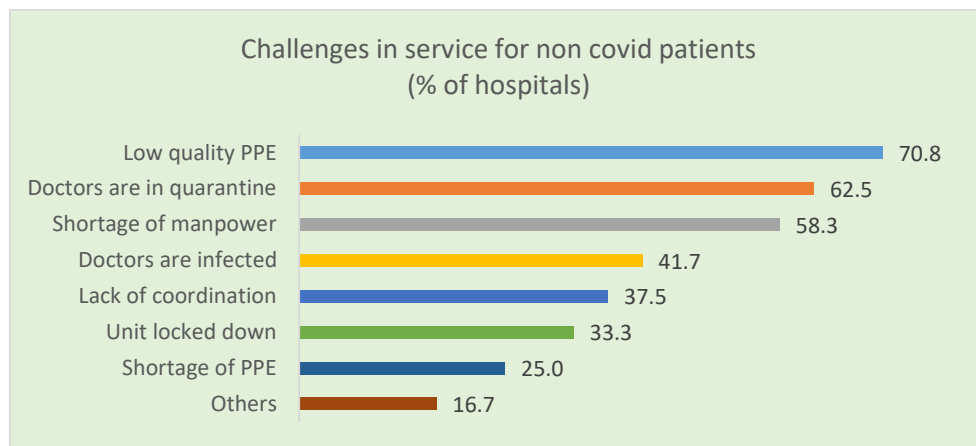
Lack of capacity in clinical management:

- 74.5% of the hospitals lacked skilled human resource, 59.6% lacked adequate equipments and machines, 51% had low quality of PPEs, 51% lacked specialist doctors, and 36.2% have shortage of PPEs

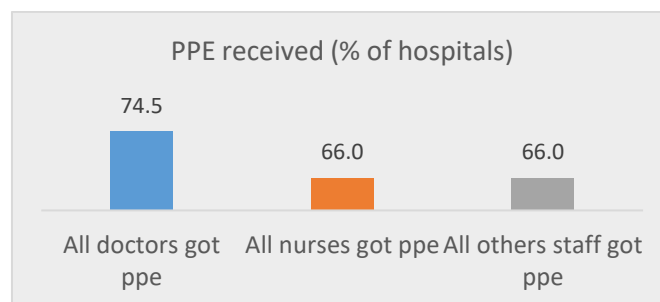


- As of 26 March, the government claimed that they had 500 ventilators, whereas there were only 29 ventilators in 5 dedicated covid hospitals in the capital
- At present, in against of DGHS claimings of having 399 ICUs, there are merely 140 functional ICUs for covid patients all over the country

- Currently only 190 ventilators have been allocated for the treatment of corona, of which 79 are in Dhaka and 111 in other district towns



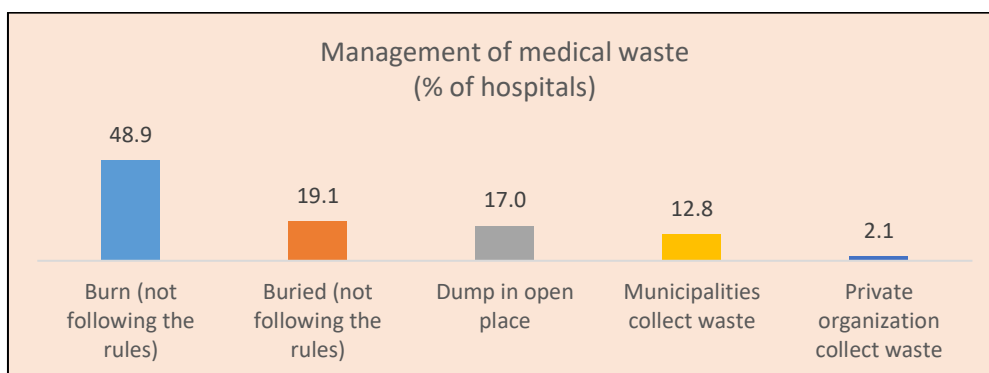
- Hospitals designated for the treatment of covid patients have deficiencies in central oxygen systems and oxygen cylinders, monitors, pulse oximeters, defibrillators, ECG machines, portable ventilators, ACs, dehumidifiers, etc.
- Some hospitals do not have trained doctors or nurses to manage ICU beds or care for the sick
- 53% of the hospitals are facing challenges in providing services to non-COVID patients due to the lack of human resource and medical equipments
- 71% of the hospitals are facing disruption in treating covid patients due to low quality protective gears
- The government's claim of distributing 2.3 million PPEs should have provide at least 30 sets of PPEs to all 75000 health workers. However, many health workers have not get any single PPEs complained
- All physicians of 25% hospitals and all nurses & other staffs of 34% hospitals complained of not getting PPEs.



- 64.4% hospitals included in this study informed that the protective equipments supplied to them are of sub-standard
- Till 14 June, the number of doctors infected of coronavirus was 1190 of which 38 died. While the number of nurses infected was 1102, of which 7 died.

Medical waste disposal:

- Only 49% of the hospitals reported to burn the medical waste, while rest are either thrown away or collected by the concerned city corporation / municipality
- There is no facility of medical waste management other than four city corporations. The corona virus generates 14,500 tons of infectious medical waste used by health workers and the public.



- Moreover, health workers lack training on disposing PPE, and disinfection after use.

Lack of capacity in restricting spread of infection:

- Six out of the seven thermal archway scanners used at different ports was out of order.
- Initially the Ashkona Hajj Camp was prepared for institutional quarantine for returning Bangladeshis. But due to various mismanagement, that was not used later
- Instead of institutional quarantine returning passengers were being advised for home quarantine, but there was no follow up.
- Only 8% of returning passengers were at home quarantine during 18 February – 18 March.

Failure in maintaining social distance:

- Lack of enforcement and misinformation by the government was there – on one hand it called for maintaining isolation, while public transport, factories, shopping malls were opened on the other hand
- A general leave (lockdown) was declared without stopping public transport, as a result of which more than 10 million people left Dhaka and spread all over the country
- The overall lockdown became ineffective due to re-opening of garments and mosques on 26 April, and shops and markets on 10 May
- Social distance was not maintaining in most of relief distributions.

2.4. Coordination and Participation

Poor internal co-ordination of Health ministry:

- Although the Disaster Management Act, 2012 provides option for the formation of a National Disaster Management Council headed by the Honourable Prime Minister, it was not formally constituted. Instead the Prime Minister herself is giving directions of her own
- There is no medicine expert in the top policy-making position, though the main challenge in tackling corona virus is in clinical management
- There are more than one instances of issuing circulars on doctors' responsibilities and withdrawal.
- There is also an example of providing different information by the Minister and the Department of Health.
- There are instances of indecisions with regard to engaging Dhaka Medical College Hospital and Suhrawardy Hospital in providing corona treatment.

Lack of inter-ministerial coordination:

- The declaration of general holidays without stopping public transport is an example of lack of coordination between the Ministry of Health and the Ministry of Communication

- The Chair of the National Committee who is the Minister of Health complained of taking important decisions without informing him
- The Inspector General of Police (IGP) was not included in the National Committee, but he was later included

Failure to ensure the private sector participation:

- No specific guideline was formulated for inclusion of 69 medical college hospitals and about 5,000 private hospitals and clinics, in clinical management of corona virus and there was no initiative for coordination
- Although the Private Medical College Association claimed to have prepared themselves for providing treatment for corona virus on 9 April, most of the hospitals failed to realise this claim. They even closed down other medical services which caused huge number of deaths and sufferings to the people
- The Ministry of Health also failed to monitor the private hospitals although it directed them more than once to provide regular services
- Due to the tendency of centralized decision-making and keeping under the control of Health Ministry, a number of private sector initiatives either did not see the light of the day or was delayed (for instance setting hospital by Akij Group, approval of test kit by *Gonosasthya*). On the other hand, in some cases quick decisions were given (in case of hospital by *Basundhara*, approval of the use of Remdisivir).
- Distribution of relief at the local level also suffered due to lack of coordination

2.5. Transparency

Restriction in publishing information

- Restrictions were imposed on all health workers, including all physicians for the disclosure of any statement or opinion in public, in the newspaper or in any other media without the permission of the higher authorities.
- Total 67 cases were filed, and 37 journalists were accused for disseminating news of theft and embezzlement in relief distribution in different parts of the country during Corona period
- A surveillance cell was formed by the Ministry of Information to monitor 30 private television channels of the country to prevent propaganda/ rumour. Although the decision was later withdrawn, the surveillance continued

Distrust about the number of corona deaths:

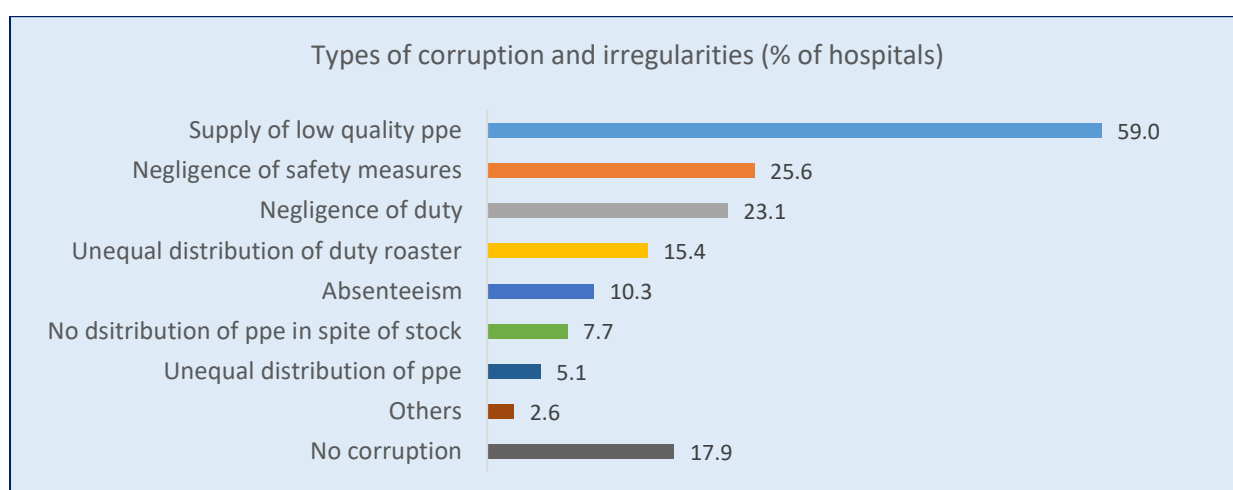
- Information of all the deaths from the corona virus is not available, as information of people who died without testing, or did not report the death to the authorities, are not included in the official data
- Death with covid symptoms are not included in official account
- There are allegations of not disclosing all data properly, such as the number of ICUs, ventilators, number of hospitalization etc.

2.6. Irregularities and Corruption

Negligence in providing health services:

- Not providing proper treatments
- Physicians and nurses not going near patients
- Health workers leaving food packets outside the door
- Patient's room are not cleaned, oxygen supply are not provided in time

- Same isolation room for both men and women
- Such negligence was found in 23.1% of the hospitals included in the study



- Private laboratories are collecting Tk 1,000-1,500 more than the government fee for testing samples
- The serial for testing is often sold and certificates stating 'free of corona' are sold by some middlemen

Corruption in medical procurement:

- Lack of transparency in the procurement process as except few senior officials no one else knows anything
- Allegations of controlling all kinds of procurement by a syndicate, in the name of different firms; allegations of involvement of some officials of Health ministry
- Costs were not mentioned even in the written work orders in the name of emergency procurement
- Normal surgical masks were supplied instead of N-95 masks
- Allegations of supplying expired vacuum tubes and disposable syringes for blood test against IEDCR
- Allegations of supplying old model PCR machines; initially refused by some hospitals, later forced to accept
- Demand for new PCR machines was raised despite of having unused machines
- 16 ventilators in Faridpur Medical College remained unused for 5 years due to ongoing corruption cases. Similar allegation was made in Chittagong Medical College Hospital
- Plan to import ventilators was not possible, as the work order was not issued in 12 weeks due, to lack of transparency and alleged corruption in the procurement process
- An extremely high procurement price than the current market price has been proposed in the World Bank funded COVID-19 Emergency Response Project.

Sl no.	Name of equipment	Proposed buy value (BDT)	Current market value (BDT)
01	Safety goggles	5000	500 -1000
02	Personal Protective equipment (PPE)	4700	1000 - 2000
03	Boot (Shoe)	1500	300 - 500
04	Software (05 unit)	55 Crore	33,000 USD (2.8 million BDT) Average value of health related software

05	Website Development (04 unit)	10.5 Crore	100 -200 Thousand taka per website
06	Audio Video Clip (30 unit)	11.5 Crore (per clip 3.8 million)	500 Thousand BDT for such audio video clips on average. Full-length movie 1 to 2 crore
07	Research	29.5 crore	
08	Research & Development	45 crore	
09	Innovation	36 crore	
10	Car rent for transportation of Covid patients at District and Thana level	37 crore	

Irregularities in relief distribution:

- In 82% of the areas, there are allegations of political considerations in preparing list of beneficiaries for relief
- In all the areas allegation of corruption was raised in distributing the cash support for the ultra poor (Tk 2,500). Affluent close relatives of the public representatives were allegedly included in the list, and single telephone number was used for more than 200 beneficiaries
- In 98% cases in the survey areas, social distance was not maintained during relief distribution
- No beneficiary list was followed in 42% areas in relief distribution

Type of problems in enlisting	%
Political consideration in enlistment	81.4
Not having NID	67.4
Not in permanent address	48.8
Not paying illegal moneys	7.9
Nepotism	23.3
Not facing problems	2.3

- 218 incidents of corruption with regard to relief distribution were reported in the media up to 10 June 2020, where elected representatives (30%), local political leaders (24%), dealers (17%) and business people (14%) were involved
- 89 local government representatives have been terminated temporarily, and cases have been filed, due their involvement in corruption in relief distribution

Position of local representatives	Number
UP Chairman	29
UP Member	54
Member of Zilla Parishad	1
City Councilor	4
Upazilla Vice Chairman	1

- A total amount of 4,59,870 kilograms of rice, 30,855 kilograms of sugar, and over 8,000 litres of soybean oil was recovered in these incidents

2.7. Accountability

Lack of accountability in tackling corona virus:

- Accountability has not been ensured regarding the failure to control inter-district traffic and prevent the spread of the virus across the country
- No one was held accountable for not expanding laboratory testing facilities at an early stage despite the opportunity
- No action has been taken against the private medical institutions for not taking part in the drive
- No action has been taken against the concerned suppliers in the case of corruption in the purchase of N-95 masks
- The officials and employees concerned have not been held accountable, and even the investigation report has not been published, rather actions (transfer, show cause notice, OSD) were taken against four doctors raising questions on the quality of masks and protective gears
- In many cases limited steps that have been taken are 'eye-wash' and lacked continuity
- The opportunity of asking questions by journalists at press briefings were also stopped

Accountability in Market management:

- Various medical equipments (Oxygen flowmeter, Pulse oximeter, Oxygen cylinder, Oxygen concentrator, Face masks, Hand gloves) are being sold at three times higher price
- Artificial crisis has been created for a number of medicines related to reducing fever and treating colds, and the price became much higher
- The service charges were increased manifold by many private hospitals in the name of corona service
- Even the fare of buses for public transport was officially increased at 60%, which is actually collected more than double from the passengers

3. Overall Observations

- Deficiencies in every indicator of good governance in dealing with the corona epidemic are observed
- Lack of planning and coordination in various activities adopted by the government is clearly noticeable
- The weak capacity of health sector as a result of long-term lack of planning, lack of good governance and lack of capacity has become wide open during the crisis
- The government failed to take adequate preparations even after getting three months time. Failure to identify and control the influx of coronaviruses due to lack of coordination and mismanagement; keeping large numbers of people out of the test without expanding the laboratory; and failure to control inter-district movement; results the wide spread of infection
- There has been a tendency to make bureaucratic decisions by ignoring specialists' opinions in all cases, including lockdowns
- The private sector has not been allowed to participate properly despite the opportunity, only to control corona testing and medical treatment alone
- Due to lack of widespread social participation and proper information dissemination, the government failed to create public awareness which made the lockdown ineffective
- Health workers' health risks and crisis in medical management increased due to irresponsibility and corruption in the supply of unhealthy protection materials
- The needy beneficiaries were deprived in relief distributions due to lack of coordination among different ministries and authorities
- Business-friendly and loan-based bank dependent stimulus packages, insufficient financial support for the extremely poor; and the opportunity for debt defaulters to receive loans from these packages; —make these incentives the least possible to reach the common people
- Finally, the tendency to cover up irregularities, corruption and mismanagement through restrictions on disclosure of information and to bring the whistle-blower to accountability, in a way encourage corruption in various ways

4. Recommendations

1. The facility of sample testing through proper use of existing equipment and manpower at government and private levels must be expanded to district level. The number of tests needs to be increased through the maximum use of existing capacity.
2. The decision to revoke the lockdown in the event of an increasing infection rate and death of the current Corona virus needs to be reconsidered. Area-wise risks need to be considered in terms of the prevalence of infection through the formulation of logical and precise plans for the withdrawal of lockdowns, and the expansion of testing.
3. Coordination between different ministries and government departments needs to be increased to deal with the corona virus.
4. In order to increase the overall capacity of the health sector at the district level, the allocation in the national budget should be increased (5% of GDP), and the quality of expenditure in the health sector should be ensured.
5. In order to prevent irregularities and corruption in the procurement of health sector, accountability must be ensured and exemplary punishment must be provided.
6. Screening and triage management at all levels of hospitals must be ensured. Adequate supply of quality safety equipment should be ensured for all levels of front line health workers.
7. In the need for integrated treatment, coronavirus treatment should be ensured in all private hospitals by including private hospitals under government rules.
8. All hospitals need to ensure regular medical care for the treatment of corona as well as other ailments. Strict punishment should be provided in case of refusing treatment of critically ill patients.
9. Proper management of medical equipment including used safety equipment should be ensured.
10. Financial assistance should be provided for the very poor, informal sector workers, and day labourers. The current agricultural loans should be waived.
11. The list of relief and social security beneficiaries needs to be updated. The list of beneficiaries of relief or cash assistance must be published on the website.
12. Participation of non-government organizations must be ensured to help the marginalized and backward communities across the country.
13. In order to successfully implement the hygiene rules, it is necessary to take initiative to distribute free masks and sanitizers among the low income groups.
14. Free flow of information must be ensured in order to facilitate the disclosure of information and access to information and to ensure the rights and accountability of the management.
15. The people's representatives who have been suspended for their involvement in corruption should be given strict exemplary punishment.