Governance Challenges in Tackling Corona Virus (Part II)*

(up to 31 October 2020)

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Extended Executive Summary

1.1 Background and Rationale

- Corona virus disease (known as COVID-19) identified in December 2019, is currently considered a global public health concern. More than 188 countries/regions around the world has been infected by COVID-19.
- On 8 March 2020, the first COVID-19 patient was identified in Bangladesh; currently ranks 20th in terms of total number of affected by coronavirus. Although coronavirus transmission is decreased to some extent at present in Bangladesh, it is a big health hazard.

31 October 2020	Total cases	Number of death
World	45,428,731	1,185,721
Bangladesh	407,684	5,923

- According to a survey conducted by IEDCR and ICDDR,B, the rate of a corona-infected patient in Dhaka City was 45% (about 10 million) till the second week of July 2020; expected to increase to 60-65% in next three months.
- Transparency International Bangladesh (TIB) conducted a research to identify challenges of good governance in various activities undertaken by the government during the first three months of coronavirus infection; the study was publicly released on 15 June 2020.
- The study found a wide range of shortfalls in all indicators of governance, including corruption and irregularities in the preparation, planning, and rapid response to prevent coronavirus.
- TIB has conducted this second phase of the research work to monitor the progress of various indicators of governance in post-June 15 period.

1.2 Research objectives

- To identify the governance challenges in different initiatives undertaken by the government in tackling coronavirus.

1.3 Research Method

- Mixed methods (qualitative and quantitative)
  - **Primary data collection methods and sources:**
    - Conducted three types of survey on healthcare services and social safety net programmes through online questionnaire and checklists
      - Healthcare service recipient survey
      - Cash transfer beneficiaries and OMS cardholder survey
      - Healthcare service provider (Hospital) survey
    - Key Informant Interviews

* Released through an online press conference on 10 November 2020.

- Group Discussion (GD) with health service provider

❖ **Secondary data collection methods and sources:**

- Websites of government and non-government offices, and reports published in the media (print and electronic)

❖ **Data was collected during 16 June – 31 October 2020**

Process of conducting survey

Survey		Method	Location (District)	Sample size
Health service receiver		Telephone and on-line interview of COVID and non-COVID patients	47	1091
Beneficiary of social Safety Net programme	Cash incentive	Telephone interview of 30 beneficiaries from each area	35	1050
	OMS Card		32	960
Health service Provider		collect information from the health workers of COVID-19 designated hospitals through a checklist.	35	37 (Medical College 7, District hospital 30)

1.4 Research Scope

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. Public procurement and supply
7. Incentive program to combat the effects of coronavirus
8. Relief and social safety net programme

1.5 Analytical framework

In this study, all the collected information regarding the government activities for tackling coronavirus were analysed, focusing on seven governance indicators that are relevant to TIB's activities for creating conditions for reducing corruption and promoting good governance. These indicators are the Rule of law, responsiveness, efficiency and effectiveness, participation and coordination, transparency, corruption and irregularities, and accountability.

2. Key findings

2.1 Rule of Law

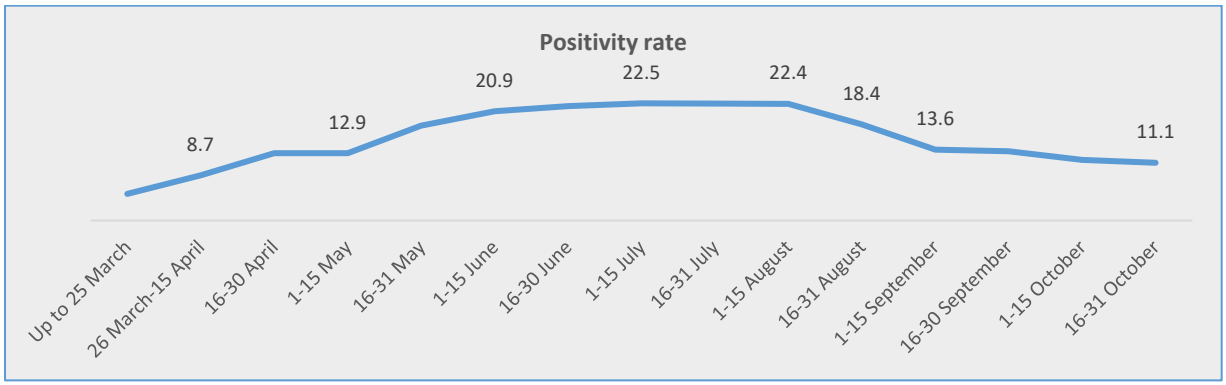
Lacking in following the relevant laws:

- Two relevant laws, The Disaster Management Act, 2012 & The Communicable Disease (Prevention, Control and Elimination) Act, 2018, are yet to be followed properly. As a result, authorities made too many committees to tackle Coronavirus incoherently.
- Moreover, The Public Procurement Rules, 2008 (PPR, 2008) was violated in public procurement of a foreign donor-funded project.

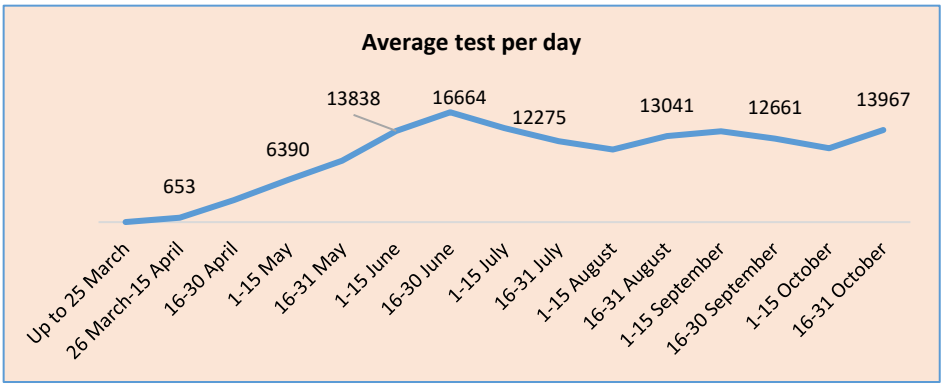
2.2 Responsiveness

Lack of initiatives in the expansion of COVID-19 test facilities all around the country

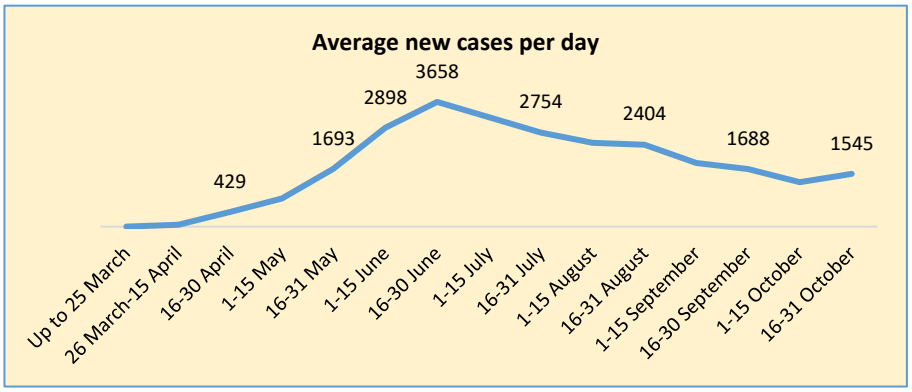
- World Health Organization recommended that testing should be done to the extent that the percent of COVID-19 positive remains below 5%, but in Bangladesh the average percentage is 17.9 (highest is 31.9%).



- A positivity rate over 5% indicates an increased transmission of the virus and insufficient testing.
- Bangladesh's Preparedness and Response Plan for COVID-19 focuses on nationwide expansion of lab testing capacity; the technical advisory committee and experts also emphasized increasing the test capacity per day to 25-30 thousand.



- However, the government stepped backwards and imposed a fee of BDT 200 for COVID test from June 29 to "avoid unnecessary tests and ensure better management", claiming that people, who did not show any symptoms, went for testing as it was free of cost. After getting public health specialists' criticism the government reduced the fee to BDT 100 at state-run institutions.



Lack of expansion of COVID-19 testing facilities throughout the country

- Different countries take initiatives including financial incentives to increase the number of COVID test
- India has been calibrating its testing strategy as per the changing paradigm, and taking into account the scope, need and capacity to rapidly scale-up tests performed each day across the country. Key steps taken by Indian government is establishing mentor institutes in different medical institutes to mentor government and private medical colleges in their catchment areas and eventually create a molecular virology laboratory network, expanding outreach through

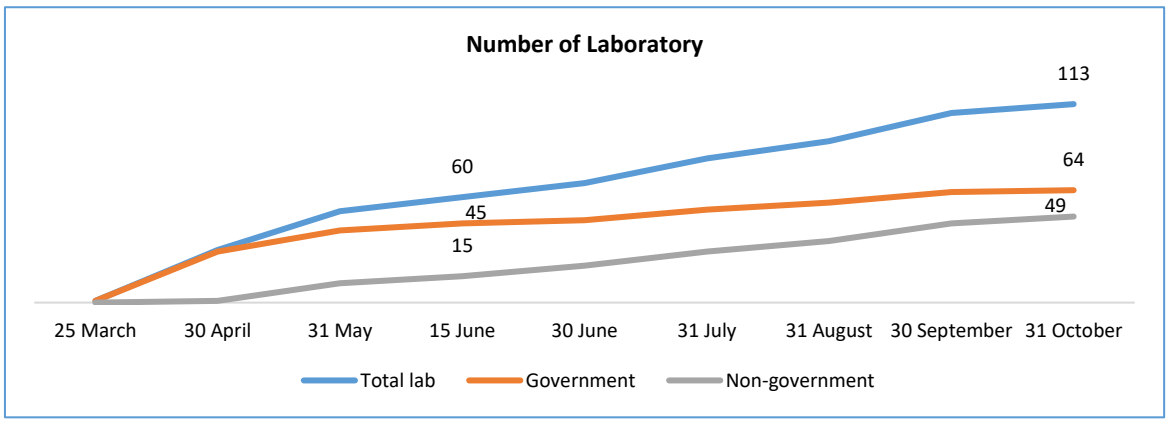
technological innovations, wide range of using the antigen detection test, safeguarding quality assurance by setting up quality control processes, instituting robust supply chain processes for robust projections for commodities and timely procurement, ensuring adequate stock-at-hand to meet testing needs and according to the changing paradigm government in different state reduced testing fees of private laboratory.

- In Australia, The Victorian Government is providing $450 as Coronavirus Test Isolation Payment to support workers, who are required to self-isolate while they wait for results of coronavirus (COVID-19) test and $1,500 payment for workers who have been instructed to self-isolate or quarantine at home because they are either diagnosed with coronavirus (COVID-19) or are a close contact of a confirmed case.
- However, in Bangladesh, the government imposed a fee for COVID test at state-run institutions and increasing the number of a private commercial laboratory that discouraged people from testing willingly.
- These backward steps reduced the number of tests and case detection per day significantly, and it is alleged that the government reduced the test intentionally and publicized the decrease of coronavirus positive cases as a government success.
- In so far, Bangladesh tested only 1.2 percent of people out of the total population and is in the 7th position among eight countries of South Asia, and 162nd in the world. Bangladesh is 20th among all countries at present in terms of positive cases.

Geographical and income group-wise discrimination

Strategic deficit in the expansion of laboratory testing

- Authority did not consider number of COVID cases or positivity rates in case of establishing a new laboratory in a new district. At present, 35 districts have no laboratory facilities for COVID test. A higher positivity rate exists in some districts like Panchagarh (25.3%), Munshiganj (24%), and Bandarban (22.8%), where there are no laboratories.
- As opposed to these initiatives, the government continuously increases the number of city-centric and commercial private laboratory testing facilities that limits the access of rural poor people to testing facilities.



Deficit in strategic action plan for testing

- Public health experts are forecasting the second wave of the coronavirus to hit Bangladesh in the upcoming winter from next month. But there are deficits in proper planning to tackle the second wave. Even the extent of the coronavirus is yet to explore.

Deficit in the expansion of health facilities for clinical management of COVID cases

- All health facilities for COVID case management are large city-centric, so the scarcity of critical COVID case management facilities at the district level still exists after eight months of coronavirus transmission in Bangladesh.
- The Government closed some government-supported private COVID dedicated hospital.

- The government also declared some COVID-dedicated government hospitals as a non-COVID hospital for general services.

Disparity in the disbursement of COVID-19 stimulus package

- The government announced BDT 111,141 crore in 20 stimulus packages to absorb the economic shock. So far around 26 percent of this amount has been disbursed.
- The dispensing rate of the package for large industries and export-oriented industries is very high (73%-100%), allegedly due to political influence and lobbying. In contrast, a slow pace was observed in the case of disbursement of the package for the agricultural sector, low-income farmers and small traders, small and medium enterprises, etc. (21%-42%). Some commercial banks are accused for their low interest in disbursing these package.
- Foreign-owned industries located in the Bangladesh Economic Zones Authority (BEZA), the Bangladesh Export Processing Zones Authority (BEPZA), and Hi-tech Park are also eligible to get loans from this stimulus package.

Stimulus package under Bangladesh Bank	Total amount (BDT in crore)	Disbursement (%)
Large industries and services	33,000	78%
Cottage, micro, small and medium enterprise sector	20,000	21%
Export development fund	12,750	73%
Export oriented sector	5,000	100%
Special refinancing scheme for Agriculture	5,000	42%
Refinance scheme for low income professionals, farmers, and small business owners.	3,000	36%
interest income for two months transferred to blocked accounts	2,000	0%
Pre-Shipment Credit Refinance Scheme	5,000	0%
Total	85,750	54%

- Small and medium enterprises and marginalized farmers are yet to avail much of the support from banks, the process of getting a loan is difficult for them. Moreover, some banks cannot disburse it.
- Government has not taken initiative to ease the process and capacity of concerned institutions.
    - The beneficiaries are not able to submit supporting documents properly for loans
    - Rigid terms and condition for loans and little amount of money
    - Low reimbursement period; only 18 months including the grace period
    - Lack of rural network and efficient banker in some commercial banks for disbursing agriculture loan
    - Some banks are not interested in disbursement, as the interest rate is too low than management cost.

Lack of responsiveness for marginalized population

- Five hundred thousand indigenous people in the plain-land have become poor; 72 percent of the people have become jobless.
- A large number of indigenous people are being deprived of government incentive packages; only 25% of indigenous households of hill tracts and plain-land got incentives.
- Some of the marginalized populations like transgender, fishermen communities, *horijon*, and people with disabilities got one-time humanitarian assistance; most of them are yet to get any government assistance.
- One-third of the listed household out of 5 million did not get cash incentives.

- The *Horijon* cleaners of different government institutions did not get any personal protective equipment during their duties; they were also deprived of incentives announced for front-line health workers.

2.3 Capacity and Effectiveness

Ineffective committees

- The government formed 43 committees during since March 2020 for tackling coronavirus; most of them are now ineffective except the Technical Advisory Committee. Members of some committees were included without consent, and some of them were not informed about abolishing the committees. The same members were included in 4-5 different committees.
- Although the committee has been functioning since its inception, sometimes its advice is not considered. For instance, advice about not imposing a fee for coronavirus test, implementation of lockdown in the red zone, etc. were neglected.
- Government high officials (bureaucrats) are taking important decisions bypassing the committee.
- Some committees are ineffective due to the transfer of some officials in recent transfer process of DGHS and MoHFW.

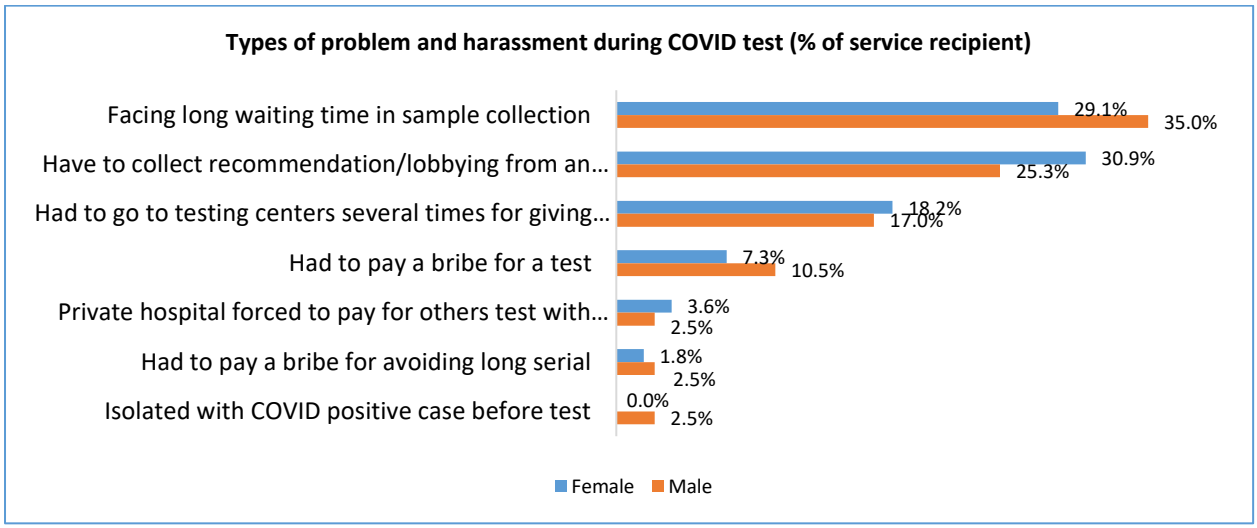
Optimum utilization of laboratories not ensured

- There was no test in 11 facilities per day on an average due to technical problems, viral contamination in the lab, maintenance of laboratory, etc.; a maximum of 38 testing facilities on 2 August and 34 facilities on 17 October did not do any test. Some private laboratories stops testing when the number of sample collection is low.

Time interval	Average test per day	Number of laboratory
Up to 25 March	23	1
26 March-15 April	653	17
16-30 April	3320	30
1-15 May	6390	41
16-31 May	9316	52
1-15 June	13,838	60
16-30 June	16,664	68
1-15 July	14,262	79
16-31 July	12,275	82
1-15 August	11,720	87
16-31 August	13,040	92
1-15 September	13,769	94
16-30 September	12,661	108
1-15 October	11,189	109
16-31 October	13,967	113

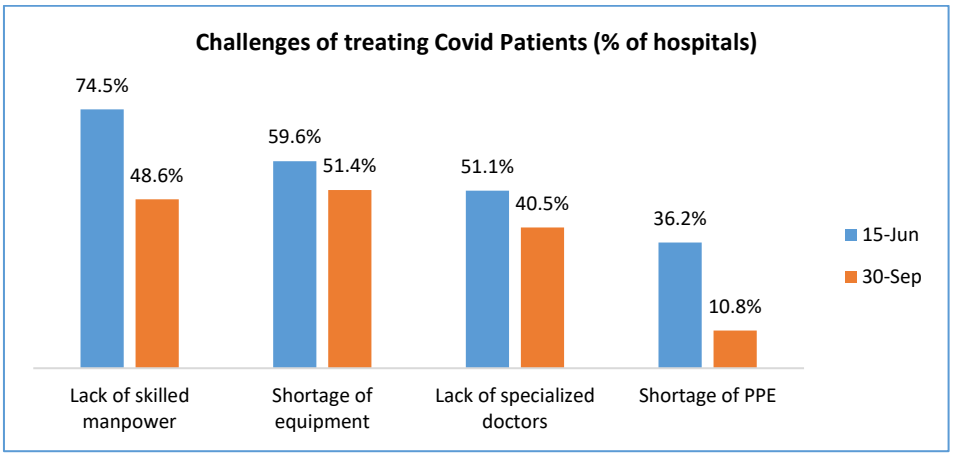
Harassment in testing

- Despite increased number of laboratories, 1 to 5 days needed to get a coronavirus test report.
- The survey shows that 9.9 percent of the healthcare service recipients gets a false report from the laboratory.
- Only 13 booths in 13 districts and one booth in Dhaka were dedicated for emigrant workers; this small number of dedicated testing facilities causes suffering for outgoing migrant workers.



Lacking in the clinical management of COVID cases

- Despite some progress, some deficits still exist in hospitals included in this study. Shortage of skilled manpower (48.6%), shortage of equipment (51.4%) and shortage of PPE (36.1%) exist in these hospitals.
- Some vacant positions of doctors (100 percent) and nurses (89.1%) in the sample hospital exists. But no doctors have been appointed in 56.8 percent of the hospitals and no nurse for 48.5 percent of hospitals yet.



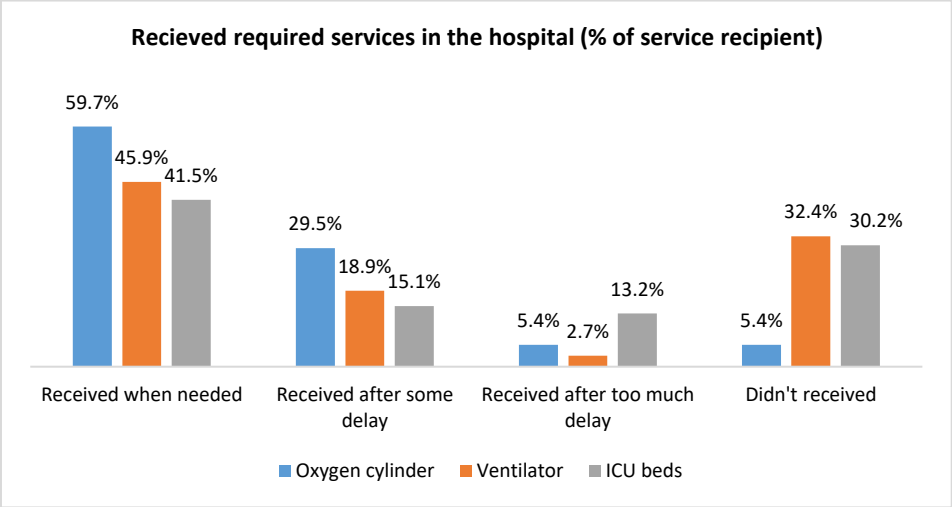
Lacking in clinical management of COVID case at district level

- Clinical management of critical COVID cases at the district level is not sufficient till now.
- The number of COVID dedicated ICU beds is only 550, and the ventilator is 480.
- Most of total ICU beds are city-centric – 310 beds are in Dhaka city (56.3%), and 39 beds are in Chattogram city (7.0%).
- Although the COVID death rate in some divisions is higher than Dhaka, the ICU beds and ventilators are not sufficient in the proportion of the population of these divisions.

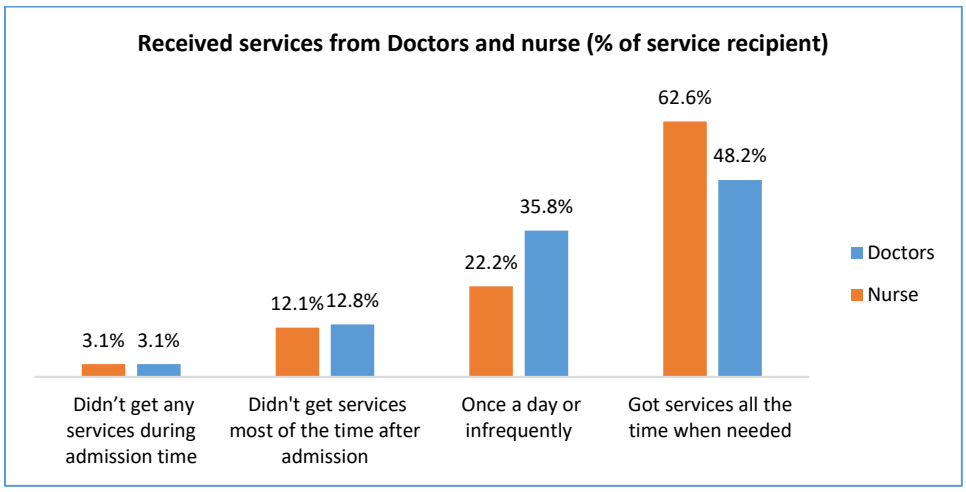
Divisional	Facilities per Lakh population			
	Isolation beds	ICU beds	Ventilator	Oxygen
Dhaka city	31.54	1.48	1.24	19.10
Dhaka	19.23	0.88	0.71	13.46
Chattogram city	15.58	0.78	0.88	12.27
Chattogram	7.15	0.20	0.20	6.14
Rajshahi	6.03	0.11	0.11	11.26
Rangpur	4.01	0.11	0.08	2.11

Divisional	Facilities per Lakh population			
	Isolation beds	ICU beds	Ventilator	Oxygen
Khulna	4.14	0.10	0.10	1.45
Barisal	4.56	0.12	0.12	9.37
Mymensingh	3.57	0.13	0.13	1.96
Sylhet	3.42	0.13	0.13	4.74
Overall	**10.10**	**0.37**	**0.32**	**8.66**

- The government claim that there is no crisis of isolated bed and ICU beds for COVID patient at present. As a pretext, for this reason, they closed some COVID dedicated hospital.
- The survey shows that 5.4, 32.4 and 30.2 percent of the service recipient did not get oxygen cylinder, ventilator support and ICU beds respectively.

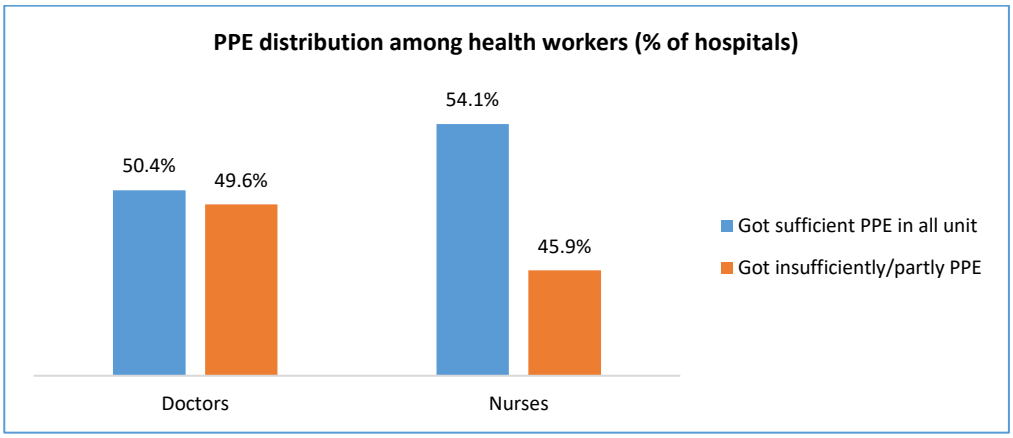


- The survey shows that some 3.1 percent of service recipients did not get services from doctors and nurses during admission time. Some 34.3 and 48.7 percent of the service recipients got services of doctors and nurses once a day or on occasion.



Lacking in Infection Prevention and Control system of hospitals

- Health workers in most of the hospitals did not get PPE with WHO standards. A general surgical mask was provided to some 48.6 percent of the sample hospital instead of N95, KN95, FFP2.
- In some hospitals, only COVID dedicated unit got PPE, and some hospitals provided infrequently or part of the PPE.



Lacking in medical waste management

- On average more than 206 tons of medical waste is being produced in Dhaka city.
- No Medical waste management system exists all over Bangladesh, except in a few cities like Dhaka and Chittagong. As a result, 90 percent of the medical waste is being dumped with general waste.
- Most of the hospitals dump medical waste in open places instead of separating by using biohazard bags, many hospitals burn or buried the medical waste without following rules that increase the risk of environmental pollution.
- Some government hospitals provide training to cleaner, that was absent in most of the private medical hospital. In so far, 38 cleaners in different government hospitals were identified as COVID patients, and four among them died because of deficiency of proper medical waste management.

Ineffectiveness in controlling community transmission

Deficits in social distancing and hygiene practice

- There was lacking in initiatives of increasing mass awareness and law enforcement.
- Most of the public transport did not follow the direction of keeping 25% seat empty.
- People violated the condition of social distancing for the opening market, cattle market, garments factory, shopping mall, etc.
- According to the survey, 68.2 percent of OMS cardholders claimed that dealers do not maintain social distancing during the distribution of OMS rice.

Deficit in implementation of planning for zone-wise lockdown

- Experts recommended for implementing 12 activities (such as isolation of positive cases, wearing masks by all, social distancing and hygiene practice) for effective lockdown. But DGHS, local government, and law enforcement agencies could not implement it in a coordinated way.
- Because of insufficient area wise information the plan of area wise zoning system (red, yellow, and green zone) based on the positive case and executing lockdown there was not implemented effectively.

2.4 Deficit in coordination and participation

- Deficits in national and local level inter-ministerial coordination continue, especially lack of coordination and communication between health and administration is increasing.
- Lack of coordination among different committees that formed for tackling coronavirus still exists. A combined meeting is absent among these committees. The commercial private medical colleges and hospitals provide services separately, but not included with a proper plan.
- The tendency of centralized decisions for all activities of tackling coronavirus bypassing expert opinion still exists. The process of approving the decision of using the antigen test took four months by the Ministry of Health due to bureaucratic complexity and changes in the decisions

repeatedly. One month after approving the decision already spent, but the antigen test is yet to start.
- The Members of Parliament were not included in the relief, and cash incentive distribution process, this process is driven by the local administration.
- Due to a lack of coordination among local administration and people's representatives, the plan for the lockdown was not implemented.

2.5 Restriction in publishing information and freedom of expression

- DGHS stopped the regular online Health Bulletin from 12 August 2020 as a pretext of claiming the coronavirus is under control.
- Restrictions were imposed on all government officials for the disclosure of any statement or opinion in public, in the newspaper, or in any other media from 18 August 2020.
- It was alleged that the government is increasing the use of the Digital Security Act 2018 (DSA) during the COVID-19 pandemic.
- According to the information from Article 19, 145 case have been filed under DSA till September 2020. Some 291 people have faced legal charge under this cases and total 134 have been arrested. Among them 60 Journalist have faced legal charge under 34 cases and 30 Journalist have been arrested.
- In 2020, at least 10 editors of national and regional dailies and online news platforms have faced legal charges under the DSA, following critical reporting on leaders of the ruling Awami League party.
- Amendment of The National Online Mass Media Policy 2017 made with the obligation to re-register online portals of different media; increased risk of obstruction of free journalism and free flow of information.
- Instruct the media to register with the National Broadcasting Commission without forming a registration authority (National Broadcasting Commission) and finalizing the online media policy (as amended).

Lack of disclosure of purchase information

- Lack of disclosure of information related to procurement of various projects in the concerned department website to fight against corona.
  - Non-disclosure of procurement related agreement.
  - Non-disclosure of the name/list of the awarded companies.
  - Non-disclosure of the details of the work ordered organization and the owner.
  - Non-disclosure of quality verification of documents of goods and services supplied.
  - Conduct audit of project expenditure and non-disclosure of audit reports.
- Lack of data collection, analysis and disclosure of corona infections - Lack of information on actual status, extent, area-based estimates, prognosis, etc. of corona infections.
- IEDCR and ICDDR,B conducted two surveys on Dhaka city to assess the corona outbreak, but later it was claimed that the survey did not represent the population.

2.6 Irregularities and corruption in the health sector

- Corona-crisis has exposed the already existing corruption in the health sector as well new corruption that occurred in procurement of medical supplies, sample testing, medical services, relief distributions.

Delay in providing incentives to health workers

- So far no health workers except one received incentives or compensation.
- Frontline health workers are yet to receive the one-time special honorarium, although four months have already passed.

Corruption in the purchase of medical supplies

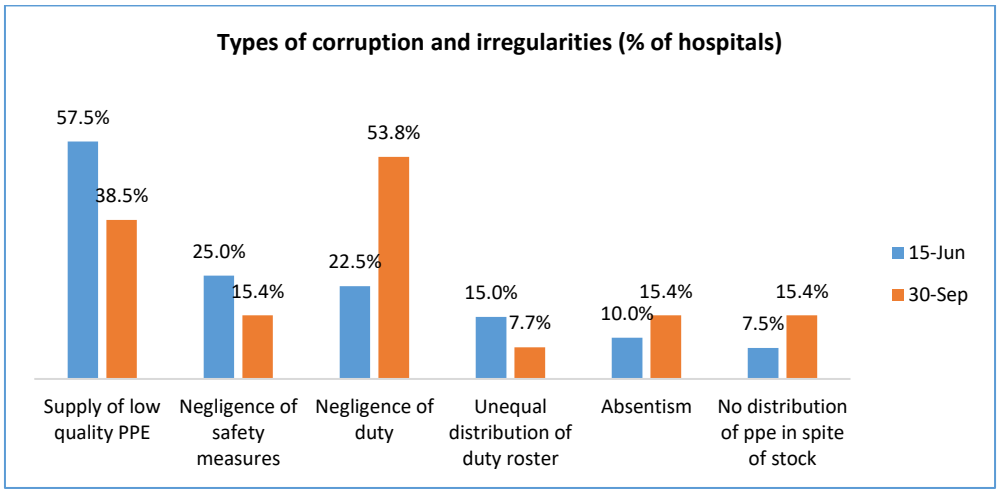
- As the pretext for coronavirus emergency, the procuring entity, in this case the DGHS used direct procurement method in various projects violating The Public Procurement Rules 2008; in many cases purchased through verbal orders.
- A few syndicates are controlling all procurements in the health sector – a section of officials of Ministry of Health, DGHS, CMSD, ACC, and some senior officials of different hospitals are allegedly involved with these syndicates.
    - Without forming expert committee and verifying proposed cost, the entity installed centralized liquid oxygen tanks and pipelines in 23 Hospitals; additional BDT 1,660 million will be spent for over-estimation.
    - Issuing purchase orders to an automobile company for PPE supplies; the company withdrew BDT 90 million as advance but did not supply the products.
    - The budget for procuring PPE in a donor funded project was BDT 500 million, but the entity disbursed only BDT 120 million. In this procurement they did not inform the quality assurance committee about the procurement. Low quality PPEs were already sent directly to the district level hospitals after refused by DGHS store.
    - Purchase order of emergency medical supplies to a bidder institution which is run by government physicians.
- The PPR, 2008 was violated in procurement under a donor-funded project.
    - The procurement was processed manually instead of using E-GP system
    - The procuring entity used the direct tender method instead of open tender methods as a pretext for the COVID-19 crisis. Besides, although it was supposed to collect tenders from multiple bidders, it collected only one tender from a single bidder violating Rule of PPR 75 (2)
    - Work order worth BDT 310 million was placed through direct procurement, although according to Rule 76 (1) of PPR, the maximum limit of such direct procurement from a single bidder is BDT 2 million
    - The procuring entity did not form a sub-committee for preparing technical specification of procurement violating Rule 8 (14) of PPR.
    - Without any evaluation of the technical and professional experience and efficiencies certificates or documents by the Evaluation Committee, the procuring entity gave work order to an automobile company. It is a violation of Rules 48(2), 98 (15) (Ka)(Ga) of PPR.

Corruption in sample testing

- The DGHS signed a MoU with a private hospital as COVID dedicated hospital, whose license had expired six years ago. They also signed another MoU with a fake organization.
    - This hospital issued fake COVID-19 certificates and charged patients for test and treatment despite having an agreement with the government to do it free of cost. Thus, they conducted 4.5 thousand tests and illegally usurped around BDT 15 million.
    - Another institution took away BDT 80 million by issuing 15,000 fake reports without testing.
- Seven countries imposed restriction on Bangladeshi travelers due to fake corona reports; This had adverse impacts on Bangladeshi migrant workers returning to their work places.
- Some 15 percent of the service recipients have to pay extra money than government prescribed fee for coronavirus test – maximum amount of extra charge is BDT 3,200 in government run laboratories, and a maximum of BDT 7,650 in case of private laboratories.
- 4.5% of the service recipients had to pay bribe on an average BDT 946 for getting early serial for sample test.
- Use of an unapproved rapid test kit from an approved private medical college for corona virus testing.

Irregularities and corruption in medical services

- Although decreased in some hospitals, corruption and irregularities like negligence of duty, absenteeism of health workers, supply of low quality PPE, etc. still exist.
- Irregularities and corruption occurred in 35.1 percent of hospitals included in this study.



Irregularities in social safety net programmes

- In the case of enrollment, 12 percent of cash incentive beneficiaries and 10 percent of OMS card holders were victims of corruption and irregularities.
- On average BDT 220 was to be paid illegally to get enrolled.
- According to a report, around three thousand government employees, seven thousand pensioners were included in the cash incentives list. Besides these, around three lacks whose were included more than once in the cash incentives list.

Types of irregularities in enrollment in social safety net programs

Types of Irregularities	Cash Incentives (%)	OMS Card (%)
Had to collect recommendations of influential people	36.1	37.1
Had to make request many times	24.6	20.6
Had to pay bribes	18.9	15.5
Evidence has to be given of political obedience	9.9	6.2

- In the case of cash incentives, 56 percent of recipient were victims of irregularities and corruption.
- In the case of receiving rice by OMS card, 15 percent were victims of irregularities and corruption.

Types of irregularities and corruption in cash incentives	%
Yet to receive the money, despite having the name in the list	69.0
Commission has been deducted by mobile banking agent	26.6
Cost for opening a mobile banking account	2.4
Don't know / the money collected by another family member	1.52

Types of irregularities and corruption in OMS cards	%
Having less in quantity	36.8
Could not buy rice, despite having the names in the list	20.6
Weight of rice measuring by bucket instead of weight machine	19.9
Dealer showed unfair preference to own people and gave them extra rice	5.9
Had not get rice yet	9.6

- So far 108 local government representatives have been terminated temporarily due to their involvement in corruption in social safety nets programmes; among them 90 are involved with ruling party.

- Some of the representatives (at least 30) who are accused of corruption and terminated temporarily have returned to their posts through writ petitions; the rest are waiting for the verdict from the court.
- Government lawyer did not present the evidence strongly in court, in some cases lawyers did not present/appear in court, as a result the accused representatives got the verdict in favor of them.

Persons accused of corruption	Cash incentives (%)	OMS card (%)
Local Representatives (MP/ Mayor/ UP Chairman/ Member/ Councilor)	79.2	65.7
Local influential political leaders	48.7	40.1
Officials of different government departments	4.0	7.3
Local Mobile Banking Agents/ Dealers	5.8	21.2

* multiple responses applicable

2.7 Accountability

- There was deficits in government initiative for ensuring accountability in tackling corruption occurred during Corona period.
- The Parliamentary Standing Committee on Health and Family Welfare did not play any role – the committee did not have any meeting since 24 March 2020.
- Some actions were taken in some cases such as Regent Hospital and JKG. Besides these, no action other than transfer and resignation were taken against any officials of the Ministry of Health or DGHS accused of being involved in irregularities and corruption.
- Two high-ranking officials of the Ministry of Health and the DGHS in a corruption were not included in the case filed by ACC, although there were allegations of direct involvement.
- Some private hospitals are accused of receiving high service charge continuously as the pretext for Corona virus. Uncontrolled medical equipment market also existed, but were not held accountable by the authority.
- Private health care providers are required to obtain prior permission for law enforcement operations to prevent irregularities and corruption on the pretext of disrupting health services from 4 August 2020.

3.1 Overall Observations

- Deficiencies still exist in every governance indicator for the activities of government in tackling coronavirus.
- Already deeply widespread corruption in the health sector has been exposed in the Corona Crisis – and creating new opportunities for corruption. The crisis in laboratory test, healthcare services and relief distribution still ongoing. Irregularities and corruption reduced the public trust in health sector.
- Similarly, the tendency of being benefited from relief and incentive programme through irregularities and corruption is ongoing – as a result the actual beneficiaries are deprived of the distributed relief at the field level.
- A tendency to cover up politically influential persons is being observed. In some cases actions have been taken only for eye wash.
- There is tendency of hiding irregularities, corruption and mismanagement by imposing restrictions in disclosure of information.
- The government has taken some policy that reduce the number of testing and case detection accordingly. In this way the government reduced the number of positive cases and claimed it as a success in controlling coronavirus and showcase as a political achievement.
- The tendency to make bureaucratic decisions by ignoring specialist opinions in tackling coronavirus continues.

- Expansion of commercial private testing facilities and urban-centric government run laboratories, and imposing test fees in government run laboratory, is depriving the poor and marginalized of coronavirus testing and driving them to the risk of harassment and corruption.

3.2 Recommendations

Rule of Law, Planning and preparedness

1. Public procurement laws and rules should be followed in all the procurements in health sector. All procurement including emergency purchases should be processed through e-GP.
2. Some specific plans should be formulated with proper coordination of experts for tackling the probable second wave of coronavirus transmission.

Capacity building

3. Free sample testing facilities should be extended to all districts, increasing the number of sample tests.
4. Proper management of medical waste including used personal protective equipment must be ensured. All concerned health workers need to be trained in this regard.

Participation and coordination

5. Private hospital services (ICU, ventilator, etc.) should be included for clinical management of COVID patient where necessary through a specific plan.
6. Coordination between different ministries and departments should be increased for paying attention and implementing the recommendations of various expert committees.
7. Participation of non-government organizations must be ensured to help the marginalized and backward communities across the country.

Transparency and accountability

8. The Parliamentary Standing Committee on Health and Family Welfare should meet regularly and take action against irregularities and corruption in health sector.
9. Restrictions on disclosure of corona related information should be abolished.
10. Free flow of information in different way including media on public procurement, analysis of information related to corona transmission, relief and incentive distribution, etc. should be ensured.
11. The Digital Security Act should be abolished or amended and all filed cases for harassment should be withdrawn.
12. The list of beneficiaries of various social safety nets programmes needs to be verified and updated and published on the website.
13. Supervision should be increased in procurement of the health sector and exemplary punishment in the case of irregularities and corruption must be ensured.
14. The government should conduct the lawsuit strongly against the people's representative who were involved in irregularities and corruption in the social safety net programmes and relief distribution. Policy measures should be taken to impose restriction upon them from participating in future local government elections.
15. Initiatives should be taken to expedite the disbursement of incentives and special honorarium for all front-line health workers.

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