TRANSPARENCY INTERNATIONAL BANGLADESH
Social movement against corruption

Tackling Coronavirus Pandemic:
Governance Challenges in COVID-19 Vaccine Management*

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Executive Summary

Background

- The COVID-19 infection, which started in March 2020 in Bangladesh, was at its peak in June-August and has been declining since September. During the January-February 2021 period, the detection rate was below 5 percent.
- Alarming increase in infections since the first week of March 2021; infection rate exceeds 20%.
- Lockdown has been going on across the country since April 2021; Although the detection rate was below 10% at the beginning of May, the incidence increased again, especially in the border districts.
- Identification of 'UK (B. 1.1.7)', 'South African (B. 1.351)' and 'Indian (B.1.617.2)' variants of coronavirus; feared to have adverse impact on the effectiveness of the COVID-19 vaccine and health management.
- On 31 May 2021 the total number of infected people in Bangladesh stood at 8 lakh 540, and the number of death 12,619.
- Although some control of infection is possible through lockdown, it has disrupted the country's economy, especially the lives and livelihoods of low-income people.
- The emergence of new types of COVID 19 naturally hinders 'herd immunity'.
- Plan to return to normalcy in achieving immunity in Bangladesh by deciding to vaccinate 80% (13.82 crore) of the total population in four steps.
- The Oxford-AstraZeneca Covishield vaccine implementation started on 7 February 2021; as a result of the suspension of the vaccine supply, the first dose has been stopped from 26 April 2021.
- Bangladesh is at high risk of COVID-19 pandemic due to the nature of the infection, the infiltration of new variants, the ability to prevent infection, and the cessation of vaccination activities.

Rationale

- In the first eight months of the coronavirus infection, TIB conducted two consecutive research activities to identify the challenges of good governance in various activities undertaken by the government.
- The two studies showed a wide deficit in all indicators of good governance, including deficits and irregularities in the preparation and planning and rapid response to the corona virus.
- Even today, there is a lack of good governance in the areas of corona testing, medical care, social distance management, infection prevention, incentives, etc. along with vaccination planning, vaccine procurement and implementation process.

* Executive ummary of the report released through a virtual press conference on 8 June 2021.

- TIB is conducting this third phase of research to monitor the activities especially vaccine collection, planning and implementation undertaken by the government in tackling the pandemic, especially in the light of good governance.

Objectives of the Study

Overall Objective

- Review of the ongoing coronary virus vaccination program and other ongoing activities of the government in the light of good governance.

Specific Objective

1. Review coronavirus vaccine collection, immunization program planning and implementation activities, and identify existing good governance deficiencies, causes and consequences of deficiencies in vaccination activities;
2. Review the progress of other initiatives by the government in tackling the coronavirus;
3. Make recommendations in the light of research findings.

Research method

- Mixed method (qualitative and quantitative) used.
- ***Primary data collection methods and data sources:***
  1. **Vaccine Survey:** A Vaccine 'Exit Poll' Survey was conducted in randomly selected 59 Vaccine Centres from 43 Districts of 6 Divisions, where Exit poll interviews of 30-35 vaccine recipients were conducted from each district on a random basis.
  2. **Observation:** 59 vaccination centres observed through random selection from 43 districts of 6 divisions across the country.
  3. **Data collected from Priority Organisations:** Collection of information from priority institutions / departments for receiving 12 types of vaccines at district / upazila level; The number of institutions is 316.
  4. **Interview with Key Informants:** Officials from national and local level health department and other departments, public health experts, representatives of priority organizations and communities in vaccination, journalists.
- ***Secondary data collection method and information sources:*** Information published on the websites of various government and non-government offices concerned, and review of reports published in the media (print and electronic).
- **Data Collection Period:** 8 February to 31 May 2021.

Scope of Research

- Vaccination program
  1. Formulation of plans and strategies, preparation of priority list
  2. Vaccine selection, collection, purchase agreement and import
  3. Vaccine production / import at private level, vaccine approval, pricing
  4. Vaccine storage, transportation and supervision at national and local levels
  5. Immunization centre management, training and grievance redress
  6. Registration, vaccination
- Corona virus testing and treatment
- Implement incentive programs in tackling effects of pandemic

Analytical Framework

Indicators of good governance	Issues
Rule of law	Following relevant laws (drug laws and policies, vaccine ordinances, government procurement laws, etc.)
Response	Vaccination planning, formulation and implementation of priority lists, inclusion of marginalized groups

Indicators of good governance	Issues
Efficiency and effectiveness	Effectiveness of Vaccine Implementation Committee, vaccine preservation, transportation and supervision capacity, vaccine registration process, vaccine centre capacity, training, corona testing and expansion of treatment, incentive package implementation progress
Participation and coordination	Inter-ministerial coordination, public-private sector participation, demand assessment, local level participation in immunization implementation, expert opinion
Transparency	Information management and openness, freedom of expression, protection of information publishers
Accountability	Control and supervision, grievance redress system, audit, investigation, trial and punishment

Major Findings

COVID-19 Management: Positive Steps

- Expansion of RT-PCR sample testing facilities with Rapid Antigen and Gene-Expert; Number of tests per day exceeds 30,000 (first week of April 2021).
- Establishment of a one thousand bed (with more than two hundred ICU beds) DNCC Dedicated COVID-19 Hospital.
- Implementation of a nationwide lockdown due to increased infections. The borders of neighbouring countries were closed.
- Approval of two new incentive programs worth BDT 2,700 crore to accelerate cottage, small and medium enterprises and improve the living standards of marginalized people.
- Initiative to provide cash assistance of BDT 2,500 for the second time to 36 lakh poor families.
- Vaccination in Bangladesh (February 2021) started shortly after the worldwide use of COVID-19 vaccine (December 2020).
- Plans were promptly formulated and steps were taken to implement immunization activities, including the use of existing arrangements for expanded immunization programs.

Progress in coronavirus coping activities

Lack of planned initiatives in infection control: Re-emergence of Corona infection

- Lack of initiative to identify and quarantine infected persons at entry points (air and land ports) - passenger transport without a negative certificate, seat crisis at the quarantine centre, short stay in quarantine and lack of testing facilities; A new type of penetration of the COVID-19
- An integrated 'behaviour change' initiatives in implementing health rules not adopted. Although there are instructions to follow the health rules, there is a lack of strict enforcement. Elections were held, and state and political events took place, tourist centres were kept open. The message of 'corona control' was observed from the top level policy makers. All these resulted into lack of awareness on hygiene, misunderstanding, and frustrating indifference in maintaining health and hygiene among common people.
- Out of total infections and deaths since the inception of the pandemic, 26.6% infections and 24.2% deaths were in March and April 2021. The rate of detection per day, detection rate, deaths per day, and sample test per day increased during this period.
- Unplanned lockdowns were imposed. Scientific decisions were not taken in imposing lockdowns.
- There was discrimination in imposing restrictions on movements. Relaxed decisions in cases where there was pressure/ lobbying from influential groups.
- People are confused due to strictness in some cases and relax in some cases.
- Domestic flight, private cars, shopping malls, book fairs, industrial factories open. Passenger transport in private cars in the presence of police observed. A large number of people left Dhaka and returned again during the Eid holidays without following the hygiene rules. Medical

admission test was taken. On the other hand, inter-district transport (road, rail and sea), ridesharing (partial), educational institutions, government and private offices were closed.
- Another wave is expected in June due to unplanned lockdowns and non-compliance of health rules by common people.

Deficiency in the expansion of coronavirus testing facilities
- Despite the expansion of rapid antigen and gene expert tests, RT-PCR laboratories are still limited to 30 districts; most laboratories are privately owned.
- The existing RT-PCR test facilities in Bangladesh is unable to identify some new types.
- In the first week of April 2021, the number of daily sample tests exceeded 30,000; at present, the number of tests is again around 15,000 per day.
- In some areas service recipients still have to wait 4-5 days to get the report; 10-15 laboratories are closed every day.
- People have to wait a few hours to give samples in some laboratories.
- Some laboratories do not test if there are no symptoms of COVID-19 in some areas; they do not consider new symptoms of corona virus.
- Although the price of test kits has been reduced by three times, the fee prescribed for private laboratories has not been reduced.

Lack of initiative to expand the treatment services
- Many COVID-Dedicated Hospitals have been shut down; treatment crisis including ICU and private services at high cost.
- No expansion of medical facilities like ICU, ventilator etc. as planned even after one year of the pandemic – of the 664 government ICU beds allocated for COVID-19 across the country, 364 are in Dhaka city, 33 in Chittagong city and 256 in the remaining 72 districts.
- The plan to install 10 ICU beds in all districts has not been implemented despite budget and equipment.
- Many appliances (300 ICU beds, 166 ventilators, 335 high flow nasal cannula) not utilised.
- Patients are forced to seek expensive treatment in private hospitals due to ICU crisis in government hospitals. The average cost of a COVID-19 patient is more than BDT 5 lakh.

The challenge of implementing incentive packages
- Non-distribution of about 35% of the allocation of BDT 1,28,303 crore in 23 packages.
- Most of the large and export oriented industrial incentives distributed, whereas slow pace in distributing incentives to agriculture, small and medium industries and low income people
- Reluctance of commercial banks, complex policy of loan disbursement process, non-availability of loan if the recipient is not a client of bank behind such slow disbursement.
- Deficit in taking initiative by Bangladesh Bank for policy change and quick disbursement; time repeatedly increased.

Incentive package under Bangladesh Bank	Total amount (Crore BDT)	Delivery (%)
Credit facilities for large industrial and service sectors	40,000	80.2%
Export Development Fund (EDF)	12,750	99.4%
Loan facility for payment of salaries and allowances of export oriented industrial workers	5,000	100%
Small and medium industrial loan facility	20,000	73.3%
Agricultural refinancing scheme	5,000	79.1%
Refinancing Scheme for Low Income Professionals (farmers / small businesses)	3,000	61.0%
Transfer of interest for two months loan as 'blocked account'	2,000	0%
Pre-shipment refinancing fund	5,000	0.03%

Irregularities and corruption continuing in the health sector

- Corruption continues in various hospitals in expenditure of allocation for tackling coronavirus; Corruption of BDT 5 crore in the purchase, employment of labour and quarantine in 5 hospitals where the allocation was BDT 62.3 crore.
- Purchase of one lakh kits in violation of procurement rules; breach of rules in issuance of work orders, valuation of bids, formal bidding, performance agreement, and issuance of purchase orders to inexperienced companies.
- Alleged bribery of Tk 15-20 lakh per person in appointment of technical manpower in health department.
- Issuance of purchase order to an organization accused of corruption in the purchase of vaccine accessories.

Slow implementation of project due to irregularities and corruption

- Slow implementation of 'COVID-19 Emergency Response and Pandemic Preparedness' project due to frequent changes of Directors and slow investigation of corruption in health sector procurement.

Planning and implementation of COVID-19 vaccine in Bangladesh

- About 200 types of COVID-19 vaccine trials are underway globally; application of 7 vaccines has started in different countries; The World Health Organization's emergency use list includes 4 vaccines.
- Decision to apply Covishield in Bangladesh, invented by Oxford-AstraZeneca and produced by Serum Institute of India; Policy framed with priority for 21 types of people / professionals in the first phase.
- Vaccine Target - 80% of the population or 13.8 crore people - about 26 crore doses of vaccine required.
- Initiatives are underway to collect vaccines from other sources, including Russia and China; Proposals for vaccine production and import from a few private companies.
- Online registration system initiated. Later the mobile app started.
- Spot registration was introduced but later cancelled.

Source of Vaccine	Amount (Promise / Agreement)	Dosage received
Serum Institute	3 crore	70 lakhs
Covax	6.8 crore (1.09 crore at the beginning)	1 lakh
Government of India (gift)	-	33 lakhs
Government of China (gift)	-	5 lakh
Total vaccine received		1 crore 9 lakh

Types and targets of priority target groups

Type	Number (lakh)	Type	Number (lakh)
Citizens in their forties	325	All officials of the Ministry of Health	3.5
Private health workers	6	Direct staff engaged in healthcare	1.2
Freedom fighters	2.1	Law enforcement	5.5
Military forces	3.6	Essential officer in running the state	.05
Media workers	0.5	Elected representatives	1.8
Municipality staff	1.5	Religious representative	5.9
Funeral staff	0.75	Emergency service personnel	4.0
Rail, air, seaport staff	1.5	Government employees in districts / upazila	4.0
Banker	2.0	Expatriate workers	1.2
National team players	0.2	Teacher	25.0

- The initial target for vaccination in Bangladesh was 3.95 crore. Of these, 71.5 lakh have registered, 58.2 lakh have received the first dose of vaccine and 32.1 lakh have received the second dose.

Findings on Vaccination: Rule of law

Deficit in government procurement following the law

- Government procurement rules were not followed in case of procuring COVID-19 vaccine.
- The procurement plan and contract execution notice were not published on CPTU website; there is no evidence of negotiation; these reflect violation of Procurement Rules, 2006, Rules 16 (11), 37 (1), 126 (3), 75 (3).
- There was inclusion of a third party in vaccine imports in Bangladesh without showing logical reasons; Bangladesh bought vaccines at a higher price (US$ 5) than the countries of European Union (US$ 2.19), India (US$ 2.8), African Union (US$ 3) and Nepal (US$ 4). It may be mentioned that Nepal directly procured from Serum Institute and Sri Lanka through Government Pharmaceutical Corporation.
- Excluding the cost, the third party will make a profit of around BDT 77.00 for each dose, and based on this the third party will make a profit of BDT 38.37 crore from supplying 50 lakh doses, and the total profit from importing 3 crores doses will be BDT 231 crore.
- If the government had brought the vaccine directly from the Seram Institute, the money saved in each dose could have been used to buy 6.8 million vaccines.
- Direct procurement agreement was done with China. The cost (US$ 10) is compatible with world market (US$ 10-19).
- Although various terms of the agreement were reviewed before the vaccine was purchased from Russia, no such review and bargaining was observed in the case of the agreement with the Serum Institute.
- The Procurement Rules, Rule 38 (4) (c) provides for the application of remedial measures and the management of disputes or claims settlement procedures to be included in the procurement agreement. However, immunity was given to all parties in the tripartite agreement if anyone is harmed in the provision of vaccine.
- The Vice-Chairman of Beximco, one of the parties in the tripartite agreement, is a Member of Parliament and Adviser to the Prime Minister, and the Managing Director is a Member of Parliament. According to law anyone having a business relations with the Government cannot remain an MP [The Representation of the People Order 1972, Article 12 (k)].

Response

Not taking advantage of alternative vaccine sources despite having opportunities

- There was lack of initiative to explore alternative sources despite opportunities due to pressure from a private organization. As a result there has been sudden stoppage of ongoing vaccination activities due to lack of alternative sources.

"The Government could not go for alternative sources of vaccines due to pressure from Beximco".

- Foreign Minister A K Abdul Momen

25 April 2021

- Although the National Committee and the BMRC approved China's vaccine trial, the trial effort was halted due to a lack of response from the Ministry of Health.
- There was delay in approval of vaccine trial invented by a domestic organization.

World Health Organization Policy Framework (WHO SAGE Values Framework)

Allocation of Vaccine

- Individuals who take risks to save others: frontline workers, including health workers.
- Elderly people (considering risky age in different countries).
- People suffering from various diseases / other health risks.
- People who are at high risk of complications, disease complications, and death.
- Occupations / communities where social distance cannot be ensured.
- Persons involved in state-related activities that keep the socio-economic situation moving.

- Class, religion, caste, socio-economic or geographically disadvantaged person.

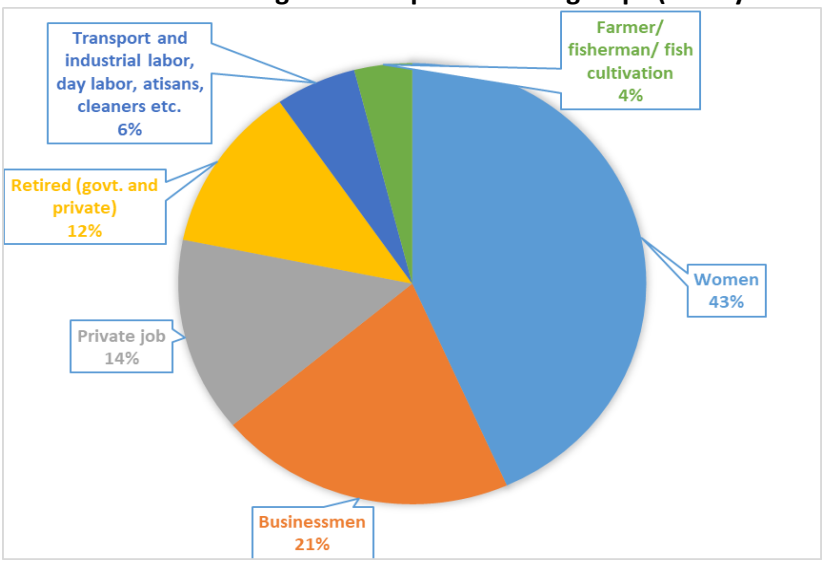
Setting Priorities

- Ensuring equal consideration for all risky professions / communities eligible for priority.
- Creating equal opportunities for all.
- Priority based on risk and demand due to social, geographical, physical reasons.
- Provide vaccinations to ensure equal access to immunizations for priority and disadvantaged persons.

Deficiencies in vaccination planning

- There was deficit in specific action plan for bringing 13.8 crore people under vaccination as per plan and procuring vaccines accordingly.
- Risks of different occupations / communities, obstacles to their immunization and failure to determine ways to overcome them. As a result there was misconceptions about immunization, fear and reluctance to vaccinate; in some cases the risky person remains outside the vaccine programme.
- Immunization process developed considering the benefited segment of the society – online-based registration process. People without internet access could not register due to lack of internet and inability to register due to technical complications. Due to the lack of publicity, the complexity of the registration process, and the lack of support for them, the inclusion of low-income and disadvantaged people in citizen registration is very low.
- Deficiencies in following the World Health Organization's proposed policy framework in the formulation and implementation of priority lists. As a result certain occupations / groups (transport / garment workers/ outgoing migrant workers) for whom it is not possible to ensure social distance were not included in the priority list.
- Lack of dissemination of vaccine information in remote areas and to disadvantaged people / failure to ensure inclusion in vaccination. Failure to use field worker/grassroots infrastructure (digital centre) for dissemination, registration and vaccination.

Rate of vaccination among different professional groups (survey findings)

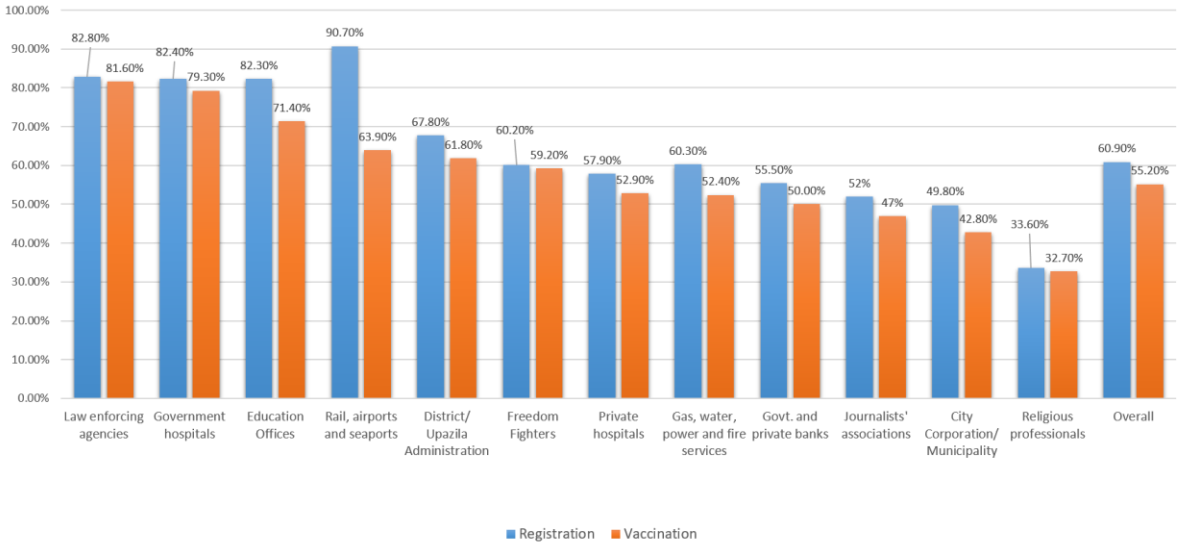


- Area-specific demand was not properly verified. As a result there were sudden crisis in some areas due to lack of supply while surplus of vaccine was in some areas.
- There were few registration due to lack of publicity.
- The lower limit of age for civil registration was reduced without any special initiative to fully vaccinate high-risk persons (over 60 who have higher death rates).
- The outgoing migrant workers were not brought under timely vaccination through proper verification of demand. As a result, the outgoing migrants immensely suffered due to

irresponsibility and lack of coordination of various authorities and uncertainty of return to work. An additional cost of BDT 60-70 thousand had to be incurred per head as they did not have vaccination certificate.

- No occupation / population group has been fully vaccinated. Inclusion of workers at all levels of the same profession / population is not ensured. In most of the priority organizations, 3rd and 4th class workers in 56% organizations, cleaners in 26.6%, and field level workers in 10.8% organizations were not covered under vaccination. The rate of vaccination among people working in private hospitals, emergency services, bank, local government institutions is low despite the fact that they are on duty during the pandemic.
- Vaccination among women is low (37%).

Rate of Registration and Vaccination of Staff in Priority organisations (%)



Lack of publicity

- A significant number of staff of priority organizations refuse to take vaccine due to reluctance or fear of vaccination (61.1%). There is lack of initiative to overcome apathy or fear.
- 9.1% priority institutions have not taken any initiative to register and vaccinate their employees. In most cases the rest of the organization only gives verbal instructions to employees.
- Due to the online registration process, 74.4% of the vaccine receivers had to register with the help of others. Among them 41.9% took support from friends/ relatives/ colleagues, followed by computer services centres (27.5%), and Union Digital Centres (2.1%).
- Spot registration was introduced but cancelled on the grounds that service activities were disrupted; No field level registration initiative was taken.

Efficiency and effectiveness

Problems with the registration process

- Due to lack of registration facility using existing field level staff / infrastructure including Union Digital Center, a large portion of the priority population is out of registration.
- People had as far as 5-10 kilometres to register in some areas.
- Despite being on the priority list, some employees could not register because they were under 40 years of age.
- Due to age limit and lack of national identity card, it is uncertain for many expatriates to return to their work places abroad.
- Although teachers are on the priority list in the registration of the security website, it is not in the security app.
- Vaccination from outside the priority list as there is no opportunity for verification of occupation / population.

- Excessive registration in some centers in some areas in case of selection of vaccination centres; delay in getting the date of vaccination.
- It is not immediately known whether the registration has been completed.
- 42.6% of vaccine receivers faced various problems in registration; the main problem is the cost of registration for vaccinators (77.9%), which cost BDT 5-100 per person. Moreover, 6.5% did not receive any SMS and 6.1% had to give the NID number more than once.

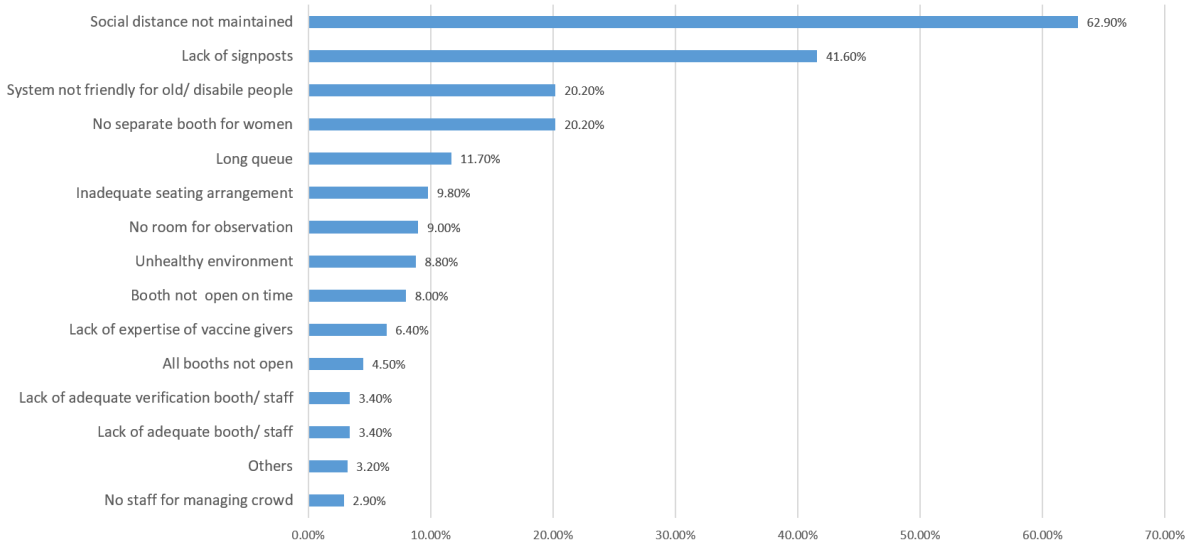
Mismanagement in the vaccination centre

- 50.2% of vaccine receivers are not informed about the benefits and side effects.
- 56.2% of vaccine receivers were not observed and recorded side effects immediately after vaccination.
- Vaccine receivers' illness were not checked.
- More people are sent to the center than can be attended to.
- Adverse environment for elderly / disabled people as registration is on the first floor and vaccination on the fourth floor of the same building.
- Social distance not maintained; Long serials in some centres.
- 57.6% of vaccination centres do not have a reporting system and 65.8% of vaccinators were not able to make a complaint; 22.1% do not know how to make a complaint.

Problems faced at the vaccination centre

- 27.2% of the vaccine receivers faced various problems while getting vaccinated at the designated centre.
- Due to the scarcity of booths, there were long queue for women and there were not enough arrangements for sitting or waiting.

Nature of Problems in vaccination centres (% of vaccine receivers)



Participation and Coordination

- Inconsistency between receiving, stocking and administering vaccines; the second dose of more than 13 lakh vaccinators is uncertain.
- Lack of foresight in buffer stock preservation; Uncertainty about the second dose of vaccine within the prescribed time.
- There has been a tendency of the executive branch to make decisions over the experts / authority in vaccination planning – example, Prime Minister's directive to vaccinate all teachers or to register university students for vaccination.
- Lack of coordination in the process of selection of vaccination centres for registration.

- There are no empty beds in some hospital and no patients in some hospitals; BDT 31 crore wasted through construction of a hospital without verifying its suitability and abrupt closure without proper use of it.

Transparency

Lack of transparency in vaccine procurement agreements

- There is lack of transparency in vaccine procurement agreement process among the Government of Bangladesh, Beximco and Serum Institute.
    - The information on type of contract, terms of contract, method of procurement, advance payment, third party role, reasons for their inclusion and on what basis they are receiving commission etc. were not disclosed.
    - Contradictory statements were given from the authorities regarding the procurement agreement.

Lack of information on vaccines

- Although there is a vaccination dashboard on the Department of Health's website, there is a lack of information on vaccination as per the priority list.

Harassment, torture and lawsuits for disclosing information

- 247 journalists were condemned and tortured in 2020 for disclosing information on COVID-19. Cases were filed against 85 journalists during the pandemic under the Digital Security Act 2018.
- A writer jailed under the Digital Security Act for writing about government role in Corona situation died in jail.
- A journalist who has been consistently reporting on corruption in the health sector has been tortured and detained while collecting information at the Ministry of Health, unreasonably sued under the Official Secrets Act, 1923 and was sent to jail.

Accountability

- Failure to take action against irregularities and corruption in the health sector in the last one year in activities for tackling COVID-19.
- In some cases it is limited to filing lawsuits and in some cases reshuffling officials.
- Although action has been taken against the individuals and entities involved in the corruption of privately owned organizations, no official-employee of the Health Department has been brought under the law.

Overall observation

- Indifference/ failure to increase capacity in health sector – infection rate increased due to lack of good governance in combating Corona.
- Reliance on one source and refraining from seeking alternative sources of vaccine due to strategic failure, influence of business groups and political considerations; sudden stagnation in ongoing vaccination activities.
- Opportunities created for third parties to benefit from people's money by violation of laws and importing vaccines in an opaque process.
- Lack of coordination in vaccination planning and implementation – failure to bring all priority professionals under vaccination; in many cases, the risky and disadvantaged population is outside the immunization programme as a result of not ensuring accessible immunization activities.
- Vaccine registration system in favour of the privileged sections of the society. Universal immunization programs are at risk due to discrimination on the basis of area, class, gender and occupation.
- Above all, the lack of good governance in tackling the pandemic and in vaccination activities is prolonging the eradication or control of coronavirus.

Recommendations

Recommendations regarding vaccination activities

1. A definite action plan needs to be worked out on how to bring 80 per cent of the country's population under vaccination within what period.
2. Strong diplomatic efforts must be made to obtain vaccines from all possible sources.
3. Competent companies should be given the opportunity through open competition to produce vaccine locally on their own initiative.
4. Direct import permission has to be given through the concerned public-private sector institutions following the government procurement rules.
5. All information about the vaccine purchase agreement, except for secrets pertinent to state affairs, must be made public.
6. Occupational, population and area-wise risk of infection, infection and mortality should be considered equally and those who are excluded from the priority list should be included.
7. Vaccine registration process and vaccination activities need to be reformed considering disadvantaged and remote areas. Registration and grassroots immunization centres need to be set up through field level health workers and Union Digital Centres.
8. The registration process should be initiated in various ways (such as SMS, spot registration) for all including elimination of all technical errors. The rule of taking print out of the registration need to be cancelled.
9. The supply of vaccines needs to be ensured by verifying the area-wise demand.
10. The skills of vaccination workers need to be enhanced.
11. Vaccination centres need to introduce grievance redress measures. Existing problems need to be addressed on the basis of complaints and action needs to be taken against irregularities and corruption.

Recommendations regarding other activities

12. Prompt investigation and action should be taken against those involved in corruption in tackling COVID-19.
13. The projects initiated for tackling COVID-19 need to be implemented expeditiously and its progress needs to be disclosed regularly.
14. ICUs, ventilators and other equipment dumped in the store should be brought into use immediately and supplied to different areas considering the transmission rate.
15. RT-PCR laboratories should be set up in all districts.
16. The cost of treatment for COVID-19, including ICUs in private hospitals, should be kept within the reach of the public.
17. Initiatives should be taken to change the behavior of the people by ensuring the participation of non-government organizations in enforcing hygiene. Wearing mask should be made mandatory and enforcement initiatives should be taken through law enforcement agencies.
18. Area based 'lockdown' should be given considering the infection situation by providing alternative livelihood to low income people before bringing all population under vaccination. Specific clarification should be given on different restrictions and their scope.
19. The government should take initiative to distribute the announced incentives with utmost speed and transparency.

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