



Briefing Note No. 2

Outcome document of the virtual dialogue on **Post-'General Holidays' Health Risks**

(Based on proceedings of the webinar held on 1 June 2020)

1. Background

The COVID-19 pandemic is rampaging over countries across the globe for nearly six months now, and Bangladesh is also facing its share of severe impact both in terms of loss of lives and slowdown of economy. The country went into a state of closure from the end of March 2020, which was termed by the government as 'general holidays'; and after a few rounds of extension, the government has announced the relaxation of the general holidays from 30 May 2020. However, an apprehension is quite visible among many as to whether the country and its citizens are being exposed to a more ominous health risk situation at this stage, as the number of infection detection is on the rise.

In this backdrop, *Citizen's Platform for SDGs, Bangladesh* organised a virtual dialogue on "Post-'General Holidays' Health Risks" on 1 June 2020, to hear from public health experts and other stakeholders about their assessment on the impending situation and outline some policy recommendations to mitigate the possible health risks in this regard. This Briefing Note¹ has been prepared based on the outcome of the dialogue.

The virtual dialogue was participated by around 85 professionals, including Member of Parliament, government's technical advisers for the COVID-19 crisis, medical practitioners, public health experts, development activists, international development partners, business leaders, researchers, academics, youth representatives and journalists from across the country. Participants from around 60 Partner Organisations of the Citizen's Platform attended the event and shared their experiences of dealing the situation at the community level; 11 out of these are based outside Dhaka.

The event was live streamed on Platform's website and social media for wider audience engagement, where it was viewed by more than 6,000 people. The comment box received around 40 views which reflected the concerns and suggestions of the viewers on various aspects of tackling the COVID-19 challenges.

This document has been prepared with the aim to provide some specific actionable policy recommendations to the concerned authorities based on the issues and challenges identified through the discussion at the Platform dialogue. It is hoped that the findings from this briefing note will be useful

¹ This briefing note is the second one of the Platform's Briefing Note series on COVID-19. The [Briefing Note 1](#) was published at a virtual media briefing on "Strengthening Effectiveness of the Non-State Actors in COVID-19 Response Activities," which was held on 18 April 2020.



for formulating an effective strategy towards better coordination and management of the COVID-19 challenges in the country, which would assure the citizens on overcoming the crisis sustainably.

2. Pre-requisites for withdrawal of 'General Holidays'

It is observed from the global practices, that relaxation or withdrawal of national closure of any form— be it lockdown, curfew or general holidays— had been built on the following few pre-requisites: a) continual drop in the number of infections detected every day; b) decrease in cases of death; c) country's increased capacity for testing and contact tracing; d) strengthened local response capabilities; and e) ability to lockdown hotspots where outbreak occurred at a massive rate.

However, in case of Bangladesh, the first two pre-requisite criteria (infection rate and death toll) were going in reversed direction (and rather rapidly) and the last two were not tested, when the government announced the withdrawal of general holidays. This has raised the question of the basis of government's decision. In addition, citizens and experts of the country have been noticing some ambiguities in the decision process and directives, which overtly expose a lack of coordination among various government agencies. Multiple guidelines are coming out by different line ministries which outline measures to be adopted to ensure health safety in offices, business outlets, shopping malls or public transports. It is difficult to figure out which one is final or which one's directive should supersede which. Delay in preparing protocols for different types of organisations also indicates a portentous situation in the crisis management system of the government.

It is evident that, responsibilities of various ministry cells are overlapping to some extent, and there clearly is lack of coordination in terms of streamlining the related activities. This situation, termed in the discussion as an 'administrative pandemic', can lead to dire consequences for the country.

- Extension of closure period of the country should remain as an important option/consideration for the government.
- It is high time that the control of overall coordination should be taken over by a high-level authority.

General approach—inform, prepare, prevent and recover

The government approach to bringing balance between life and livelihood should not converse their priorities from their respective ends. Since there is no confirmed treatment or vaccine available yet for novel coronavirus, proper planning must be given importance to save life while confirming livelihood. There are many options to minimise the loss while reopening the economy. Recommendations cover two major issues:



Zoning²

- A roadmap should be prepared towards gradual opening of the economic activities and enterprises, based on actual data-based simulation of population density, test and infection rates, etc. of an area. Demographic features will be consideration here for the degree of openness. This will need to be aligned with the healthcare capacity.
- Zoning of areas should be considered by the government to mark out the spread of infection. To this end, red, yellow and green zones should be marked out countrywide for high-, moderate- and less-affected areas, respectively. Full lockdown should be strictly imposed for red zones; while yellow and green zones should be brought under normalisation gradually with ensuring health safety measures.

Testing and contact tracing

Number of tests in Bangladesh is strikingly low; it is, in fact, the lowest among the South Asian countries, with just 2,496 tests per million people (Maldives and Bhutan are on the top of the table with conducting 53,604 and 25,341 tests per million people).³ In this backdrop:

- Increasing the number of tests should be an immediate most priority for the government. Testing, rigorous contact tracing of infected people, and bringing the contacts under testing will be the key in containing/dispelling the spread of the virus, as has been proved all over the world.
- Spreading the testing facility across the country will also be important in the coming days with the current rate and trends of infection; government needs to focus on building necessary capacities in this regard.
- Thus far, only symptomatic cases are being tested in Bangladesh, whereas 40 per cent of the infected people may not show any symptoms all the while carrying the virus. So they remain untraced. It is very important that the asymptomatic cases are brought under testing and quarantine/isolation as applicable.
- Home quarantine should be strictly maintained in the post-holiday times, as there are many complaints regarding relaxed/non-reported cases. It should be kept in mind, that in global best practices, the quarantine limit is up to 28 days, as against 14 days in Bangladesh.
- Costs of all COVID-related services (e.g. testing, treatment, hospitalisation, etc.) should be covered by the government. This is high time of introducing and gradually moving towards a 'Universal Health Scheme' in Bangladesh.

² In a recent development, the Prime Minister approved the government plan of special measure for alert zoning system in the Dhaka Metropolitan area. Guidelines have been prepared on how the zoning will be administered and what will be the degree of lockdown in different alert zones. The Health Ministry and Directorate of Health will be in charge of deciding the zonal divisions by patient tracking with the use of technology.

³ Data source for all three countries: <https://www.worldometers.info/coronavirus/> (accessed: 8 June 2020).



'Whole of society' approach

It is seen, that a number of committees have been formed by the government in managing the ongoing crisis. However, representation of non-state actors is completely invisible in these bodies, which essentially means, experience and expertise of a large section of stakeholders is not being utilised in dealing with the situation. Participants at the dialogue called for adopting a *whole of society* approach⁴ from government's part in recovering from the scourge of COVID-19.

- Government should include civil society and private sector representatives in relevant committees to draw on their experiences in expansion of COVID treatment facility as well as safety net implementation.
- Network coverage of NGOs should be used in forming COVID-preventing committees at the rural and peripheral level in particular, in awareness building, door-to-door service providing, monitoring of patients and tracing their contacts, monitoring of public place behaviours of wearing masks, social distancing, etc.
- Private sector medical services, which entails two-third of the country's facility, needs to be more engaged in both COVID and non-COVID treatments.
- A national-level mechanism needs to be developed to enhance the collaboration with the non-state actors in strengthening the efficacy of the government's initiatives.
- An effective public-private partnership needs to be established to fight against this unprecedented situation.

Strong technical advisory group

Outbreak of COVID-19 is primarily a public health issue, which is why, globally the pandemic battles are being led by experts from that relevant field. Science is majorly dictating government initiatives, as policies are being framed based on pandemic trend simulation. Unfortunately, in Bangladesh, the frontline committees that are in charge of drawing strategic decisions, are led by experts from other disciplines. Medical professionals are not included in these committees in many cases.

- A strong and competent scientific advisory group needs to be formed who will have the decision-making authority to properly guide the government in formulating national-level strategies.
- Medical professionals/practitioners must be included in high-level government committees who will be able to provide inputs based on their ground-level experience and updates.

⁴ *Whole of society* approach is a familiar coin in implementation of the SDGs, which essentially means a combined effort engaging all stakeholders of the society.



3. Herd immunity and attendant risk

The term 'herd immunity'⁵ is being heard quite often in recent days. Experts confirm that there is no historical evidence of attaining herd immunity against any infectious disease without administration of a vaccine. To obtain herd immunity, a large portion of the population (about 60 per cent) will need to get infected within a certain period of time. However, if there is absence of capacity to treat/cure the infected people, it may bring out disastrous results.

The knowledge on herd immunity (and/or herd protection) in case of COVID-19 is still under progress. Researchers are yet to understand the nature of the virus itself (why some people are getting infected twice or why some are symptomatic cases and others asymptotic), neither is there much solid scientific information on the nature of its antibody (which antibody/cells are required to develop or how long that antibody will give protection). Since there is no certain treatment for COVID-19, exposing the mass population to this virus to develop herd immunity or herd protection may bring dreadful consequences.

- There is no scope of complacent consideration that herd immunity will be developed on its own without vaccination.
- Enormous level of research is still required to get the full understanding of the virus and its nature of infection. Continuous monitoring of COVID-positive patients over months and years will provide information on their immunological factors and antibody growth. Only this will help in developing effective vaccine for this virus.

4. Breaking the transmission chain

The government decision to relax the restrictions has occurred due to mobilise people's livelihood options. Now that the economy is being opened, it is important to ensure that health safety measures are followed absolutely 'religiously'. It has been reported that some slack attitude is very much prevalent among people in terms of using masks, maintaining social distance in public places and transports, and other hygiene issues. The government monitoring cell should be strict in implementation of the health directives. The theme in this regard should be—'Obey For Survival'.

- Government should go into free distribution of masks for ensuring the cent per cent use of masks. Bangladesh, being such a large global supplier of garments product, can work towards supplying ample quantity of masks for the people who cannot afford to buy those, with the help from the private sector garments enterprises.
- For hand washing, again, government can engage the pharmaceutical companies of the country for supplying hand sanitisers and antiseptic liquid soaps.
- Health safety products such as masks and sanitisers should be part of relief package for the low-income people, along with staple groceries.

⁵ It is a form of indirect protection from a certain virus which is developed after a sufficiently high proportion of a community becomes resistant to that virus through exposure or vaccination, and generates immune protection for the remaining portion of the community members.



- Workers at the factories are found to be reluctant about wearing masks. This is probably because the commonly available products in market are synthetic, so not user-friendly—not breathable. In this case, cotton masks should be supplied to them from the factories to protect them from fabric dusts and chemical fumes at their workplace.
- Hand washing facility is not adequately available at community-level health centres. It will be difficult to maintain proper hygiene by both service-providers and patients without this facility. Government can install the hand washing solutions/devices, which are in practice by the NGOs for long now.
- Innovative punishments (beyond just monetary penalty) should be enforced in cases of violation of physical distancing or not wearing mask properly.
- Government needs to place some quality-checking authority to ensure the standards of products such as hand sanitisers, disinfectants, etc. The market is now full of many new brands of these products; however, it is not known how safe or reliable these are. Bangladesh Standards and Testing Institution (BSTI) could be the governing body to carry out this task.

5. Need for inclusive health guidelines

With the gradual opening of various businesses and offices and in view of future opening of educational institutions, it is felt that the health guidelines issued from the Health Directorate should be more inclusive in terms of sector-specific directions. Already there are guidelines for 47 sectors. A few more need specific attention:

- Necessary practicable safety measures should be outlined for the section that has been travelling from and to Dhaka during and at end of the general holidays.
- Local pharmacy outlets are popular health service centres for particularly the low-income people. This section will be more mobile in the coming days as they travel from their native homes and go back to work, thus become more exposed to COVID contamination. Also asymptomatic or mild-symptomatic COVID patients may come to these outlets to purchase general over-the-counter medicines. So it is felt that specific special directions are required for the pharmacies. The city corporations could be given the charge of monitoring these outlets, since they are their (pharmacies') trade license issuing authority.
- Government has recently decided to reopen the outreach health services (e.g. community clinics, door-to-door services) after about two months' break. Guideline should be provided for the service-providers as well as receivers at these centres to ensure everyone's safety.
- It needs to be acknowledged that there is no practical scope of maintaining quarantine at the low-income settlements. Government should make special separate plan to arrange institutional quarantine system for these areas—possibly in local schools or community centres. City corporations can be given charge to handle the arrangement of their food, security, etc.



6. Engaging the local community in government action plan

The World Health Organization (WHO) has declared 'risk communication'⁶ as its second pillar in fighting pandemic situation such as now. Discussion at the Platform dialogue repeatedly mentioned and emphasised on the importance of community engagement in dealing the present situation.

- 'Participatory awareness' of the community is the best form of awareness which is experienced in many countries, including in the recent case of Tolarbag (Dhaka), where the local community played an exemplary role in enforcing cluster lockdown.
- Formation of COVID prevention committees at rural level can help the government in facilitating the situation management.
- Monitoring the health etiquettes is relatively easier in urban/metropolitan areas, which in reality, is very opposite in rural areas. District-wise autonomous committees will work better in controlling the periphery rather than through a central system from Dhaka. Government should consider adopting a decentralised control system in this regard.
- The COVID pandemic has introduced some terminologies which were not familiar before to most people (e.g. isolation, quarantine, social distancing, health guidelines, etc.). These are not easy to understand for many, which is probably why they are unable to follow these. Community engagement in awareness building could be very effective to this end. Health directives should be prepared in an intelligible wording, avoiding use of many jargons.

7. Clinical issues

A number of clinical issues were discussed at the dialogue, and a number of recommendations were shared by the medical practitioners based on their ground-level realities.

Rapid test vs. PCR?

Bangladesh will be able to enter the recovery phase only when there will be sufficient tests. Opinion of the practitioners lean towards initiating rapid tests, as the current capacity of PCR testing is not able at all to provide timely results. In fact, it takes 7–15 days to get the result of PCR tests. Doctors cannot wait that long, because the patient at hand needs immediate medical attention; and by the time the result arrives, s/he is either already half-cured or dead. So on the ground, the doctors take diagnostic calls based on their experiences. The rapid tests can reduce the load of PCR tests to some extent.

On the other hand, the research professionals warn that the WHO advice is to increase PCR test at country level to get the proper projection of the situation. Rapid test is still at experimental stage.

⁶ "Risk communication refers to the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being. The ultimate purpose of risk communication is to enable people at risk to take informed decisions to protect themselves" (<https://www.who.int/risk-communication/background/en/> [accessed: 8 June 2020]).



- The government needs to realise the ground-level reality that the treatment cannot wait till the formal diagnosis results arrive; the doctors on duty needs to make immediate decision as to whether the patient should be admitted in COVID or non-COVID category, and which medication should be used in treating that particular patient. Rapid test can help them in making those instant decisions. Later they can send sample for the PCR test.
- In order to expand the testing facility, government can consider making the rapid test kit available up to the community level; and PCR test up to district level.

Access to treatment/medical equipment

Oxygen (to be more precise, high-flow oxygen) is a key weapon for the doctors in treating the COVID patients. Putting the oxygen mask on an early detected case increases his/her chance of survival to a significant extent, and mortality could be checked with the help of some simple equipment at the grassroots level.

- Government needs to take immediate action to install high-flow oxygen units in every hospital/healthcare centres in the country.
- Along with the supply of oxygen, adequate breathing apparatus are also needed to cover the demand of the full country. These equipment are rather costly if imported. Instead, the government can engage the Bangladesh University of Engineering and Technology (BUET) to examine the design and produce them with local technologies.

8. Medical waste management

Medical waste generated out of a contagious disease such as COVID-19 is also a highly dangerous substance. Estimates show, so far about 20 thousand tonnes of medical waste (e.g. masks, gloves, PPEs, disposable utilities, etc.) has been produced which may soon cause another public health crisis, not to mention further environmental hazards.

- A central medical waste disposal system needs to be developed immediately—whether a dedicated waste field or an incineration plant—meeting all environmental compliances.
- Proper necessary directives should be developed in this regard by the Health ministry, engaging the relevant professionals.

9. Dealing with health risks in the post-holiday period

A few group- and issue-specific points were discussed at the session.

Obstetrics care

With the COVID-19 seizing almost the full attention of the medical sector, non-COVID treatments are receiving some neglect, as has been voiced at the dialogue. Particular sufferer to this are the pregnant mothers. In Bangladesh, around 400 children are born every hour, half of whom are delivered at home,



and the other half in different health facilities. However, recent data reveals that cases of home delivery has increased by 35 per cent during the pandemic due to transport restriction and unavailable services at the healthcare centres, which even led to death. This may cause a re-increase in the maternal and infant mortality rates of the country. Post-delivery complications may also get increased, which will make these mothers suffer through their life.

- Health ministry needs to develop a separate guideline for obstetrics care to save lives of mother and the baby during this corona time.
- Every hospital should have separate units for admitting COVID and non-COVID mothers.
- Hospital admission now requires a corona test beforehand. The expecting mothers should have mandatory corona tests in their first and third trimesters to receive maternity care.
- A plan will be needed to bring the mothers back to healthcare facilities for delivery. For this, related services will need to be more active.
- All delivery centres, ANC corners and labour rooms must have oxymeter and high-flow oxygen unit.

Family planning

This is another area that is receiving very little priority from the related authorities. UNICEF data shows, 24 lakh cases of new pregnancies have been recorded in the last two months (since corona lockdown).

- Family planning outreach activities need to be expedited immediately; otherwise Bangladesh may face a baby boom after the corona crisis is over.
- Supply of adequate family planning implements needs to be ensured.

Child immunisation

One of the major responsibilities of the community-level health outreach is child immunisation. About 70–80 per cent of the vaccination (for <5 children) in the country is administered by the field-level health workers. However, this service had remained closed during the last two months. There is a recent directive to reopen the service.

- Proper guideline about maintaining health safety of the health worker as well as receiving/visiting mothers and children will be needed from the government.
- Catching up with the vaccination backlogs will be an important task ahead along with the newcomers joining the serial in order to receive protection from the preventable diseases.

Others

A large section of the medical services and health facilities were not fully functional during the last two months. Many incidences have been reported where patient could not avail timely treatment, as s/he was turned away from hospital after hospital. During the post-holiday phase, the situation needs to see a reverse.



- Particular directives should be issued to ensure that all patients (COVID or non-COVID) are treated at medical facilities.
- Health advisory guideline should outline the treatment protocol for both group of patients.
- Health professionals should have access to adequate protective equipment while working in these facilities.
- Patients get adequate hygiene facility, particularly for hand washing at the centres.
- Non-corona complications should not be overlooked while treating the COVID patients. Necessary health directives can be issued in this regard.
- Attention should be given on enhancing the management capacity of the COVID-treating facilities.
- An investigation may be carried out on the COVID patients who are dying—on their actual cause of death. It is being assumed that these patients are dying off respiratory infection only; whereas they could die of causes such as electrolyte imbalance or cardiac arrest—which may remain unnoticed.
- Last but not least, more proactive involvement of the Parliament was hoped for.

10. Disparities—many forms

Social disparity

The gnawing disparity that persists in the country's social system has shown its dark effect quite blatantly during the corona crisis. Rich-poor, gender, geography are a few criteria of disparity manifestation. The following findings may be noted in addressing the structural challenges of social disparity.

- Low-income segments of the population are malnourished due to their low intake of calories and imbalanced diet pattern, to start with. Hence their immune system is weak already, posing them to higher risk of getting infected. Study also shows, these people are taking even lesser food now than before due to their less income, taking their nutritional status to an even lower status.
- Loss of income due to the corona crisis is causing multiple stresses for these people. Domestic violence is on the rise; child marriage incidences are occurring; children are being deployed to earning, which will practically end their schooling after the crisis is over.
- Working condition of these people make them more risk-prone to respiratory diseases, including COVID-19—at factories or streets.
- Identified COVID-positive patients in slum areas is almost zero. This has baffled the public health experts as well, as it was apprehended from very early on that such densely populated locations will intensify the infection rate. It is more likely, that COVID symptoms are being hidden due to the social stigma associated with this. Unless testing is made compulsory, these infected people will remain undetected.
- In case of factory workers, the similar tendency of not disclosing symptoms may occur due to the fear of job/income loss. Enterprises need to ensure them of their income protection during the quarantine and treatment period.
- Inequality in receiving COVID treatment is also very clear; it is not only limited to testing access, but also in case of hospital admission or access to ICU beds.



Gender disparity

- A severely high proportion of women are anemic in the low-income section; and they are taking even lesser food than men during this income-stressed period, leading them to be in an even more vulnerable position for COVID resistance.
- In rural areas, only half of the women compared to men wear masks. Further research needs to be done to find out whether this is an equity or access problem.
- In cases of domestic violence, women are more victimised than men. Reduction of income and staying back home have made people frustrated. This frustration is coming out in form of violence against women.
- Girl children are in very high threat of being married off by the parents in this trying time, simply to cut down mouths to feed. They are also more likely to be dropped out from school, as parents will prefer their boy children to carry on their studies.

11. Strengthening research and analysis

Full-scale research on the biological factors of the virus, medical treatment for the infected people, and discovery of a possible vaccine are ongoing continuously in Bangladesh, as in the rest of the world. Strengthening the national research capacity will be the key to complete recovery from the pandemic. Areas that will need government's attention are:

- As this is a public health crisis, demographic data of the infected people have high importance in detecting the infection criteria, immunological factors, etc. which may lead to cluster identification for testing. These data will also help in the research of vaccine.
- Primarily, the responsibility of collecting these analytical demographic data is designated with the Institute of Epidemiology Disease Control and Research (IEDCR); however under the present scenario, institutions such as the Bangladesh Institute of Development Studies (BIDS) and Bangladesh Bureau of Statistics (BBS) can come forward to carry out some of the necessary surveys.
- Bangladesh should move on to start up a Respiratory Disease Registration System, in view of the COVID-19 experience and lessons. Currently there is registration system for a non-communicable disease only (diabetes mellitus) at the national level; respiratory registration line may be added to it. District-level health information system can be designated with the necessary responsibility.
- Fighting the COVID-19 pandemic demands research not only in the area of virology or medicine. Many devices, apparatus, pharmaceutical products can help the treatment process. Engineering and pharmaceutical teams can be deployed in developing these products.
- Necessary budgetary allocation for research and development of each of the elements mentioned here will need to be ensured, along with proficient human resource. Coordination will also be important, so that survey criteria are not overlapped.
- Finally, dissemination and disclosure of actual data on infection and mortality will be of critical importance, as the exit strategy from the present 'partial closure' status or announcement of full normalisation will need to be planned based on those health data.



12. Rounding up

It has been evident from the discussion that there still remains some worry among all sections of the society regarding the relaxation of general holidays. It would be more realistic if the exit plan was undertaken in phased manner, and was built on the right direction of pre-requisites (lowered number of deaths and infections; and higher capacity for testing, contact tracing and local response capabilities). It would be more relieving if health directives and guidelines were available in a more coordinated form, and their implementation capacity was also tested. In rounding up the discussion, a few key points are highlighted:

First, the government must remain open to reconsider the decision of withdrawing the general holidays. In this regard, a reassessment can be carried out after 15 days' period. And such a reassessment will certainly not express any weakness from the government's part; rather it would imply their strength—that they are responsive to reality, and that they are basing their decisions on the scientific interpretation of data and trend. Self-prejudice should not waver them to move away from right decision.

Secondly, the next two weeks (till 15 June 2020) will be of utmost importance in terms of monitoring the health scenario—whether any reverse trend is observed in the infection and death rates; whether the testing capacity is expanded to a significant extent; and whether the advised health measures are followed by different sectors and public. Data disclosure will be the key factor in restoring confidence in public's mind in this respect.

This policy note, collating the discussion summary and the rich recommendations emerged out of the Platform's virtual dialogue, will be shared with the concerned authorities with due diligence. These will include the Prime Minister's Office, various line ministries and relevant government agencies, development partners and other stakeholders.

It will also be hoped that the Partner Organisations of the Citizen's Platform for SDGs and other organisations as well will use the document suitably in their respective works and in advocacy with other stakeholder groups.