Coordinating the National Pandemic Response in Bangladesh

Key Lessons and Recommended Actions

The National Coordination of Pandemic Responses Collaborative presented opportunities for multi-sectoral teams of pandemic response leaders in low-and-middle-income countries (LMIC) to share experiences and best practices. Experts from Bangladesh identified the following lessons and actions to further reduce COVID-19 transmission in their country and enhance future pandemic resiliency.

- The systems implemented in the early days of the pandemic could be utilized to advocate for non-pharmaceutical interventions (NPIs) and increased vaccine uptake in communities[i] in later phases of the pandemic.
- Stimulus packages were issued swiftly after the onset of the pandemic and geared towards local businesses and individuals to enhance the social safety net and increase available resources within communities.
- Community-level promotion and implementation of NPIs increased adherence to these interventions and engendered positive attitude change among rural residents.
- The government leveraged its vast community health clinic network (approximately 14,400 clinics) in the national response to COVID-19. These structures are especially important in rural areas. Community health workers can play a vital role in sharing information, health promotion and prevention and advice on staying protected, while ensuring that essential health services continue.
- The government called upon faith-based leadership to curb the spread of COVID-19 at the community-level, particularly in rural areas.[ii] This approach, which was successful in changing attitudes and practices, was used to motivate the uptake of vaccines in the population. Religious leaders can help improve compliance and adherence to public health measures through messaging, trust building, and health education.

Context of COVID-19 In Bangladesh

Bangladesh is the eighth most populous country in the world with a population of 164.69 million people and a population density of 1,265.2 per sq. km.[iii] Bangladesh was one of eight countries that participated in a virtual learning collaborative – the National Coordination of Pandemic Responses Collaborative jointly supported by the Joint Learning Network for Universal Health Coverage (JLN) and the Health Systems Strengthening Accelerator.

The first case of COVID-19 in Bangladesh was identified on March 8th, 2020. In the same month, Bangladesh imposed movement restrictions and a nation-wide lockdown to curb the spread of the COVID-19 virus in the country. In addition, the government limited flights, ensured that people were screened at all entry ports in the country, and deployed non-pharmaceutical interventions (NPIs). This lockdown was suspended after 66 days with the total number of COVID-19 cases reaching 47,153.[iv] Subsequently, Bangladesh experienced three waves of the COVID-19 infection caused by

different variants of the COVID-19 virus. As of December 2021, there had been a total of 1, 576, 011 confirmed cases of COVID-19 with 27, 980 deaths due to COVID-19 in the country.[v] Like many other countries, Bangladesh has experienced challenges with curbing the spread of COVID-19.[vi],[vii]

In addition to deploying NPIs, the government began administering vaccines in February 2021. One key challenge was vaccine hesitancy due to a plethora of reasons that include safety and efficacy concerns.[5] As of December 2021, the Bangladesh government had administered 93,736,813 doses of COVID-19 vaccines which roughly corresponds to about 28.8% of the eligible population.[viii]

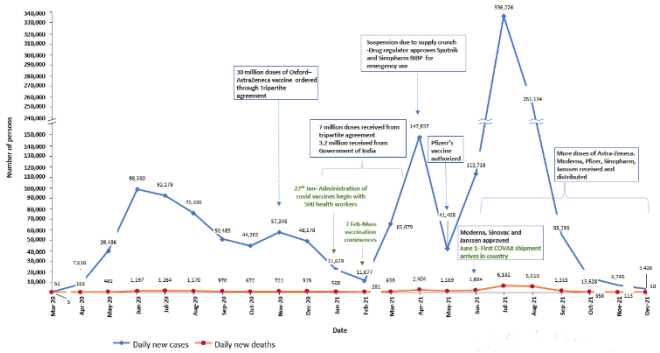

Figure 1: Number of daily new cases and deaths from COVID-10 in Bangladesh between March 2020 and December 2021 with annotations to show vaccine updates

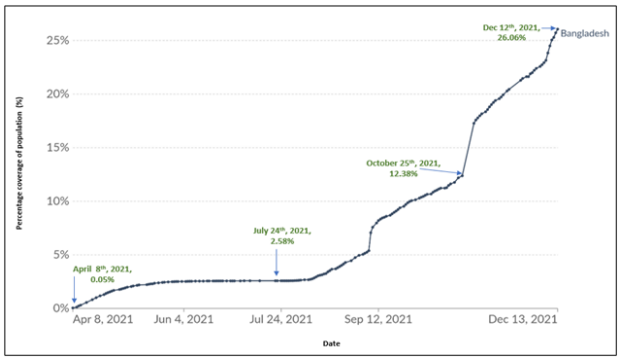

Figure 2: Share of the population fully vaccinated against COVID-19 in Bangladesh since April 2021

Insights from the national response to COVID-19 in Bangladesh

Coordination of the response

In March 2020, Bangladesh established a National Coordination Committee for the response to COVID-19. This council is headed by the Minister of Health and Family Welfare with support from the Secretary of the Health Services Division of the Ministry. The Committee's 42 members represent ministries, the Prime Minister's office, and development partners.

Coordination committees were formed at the divisional, district, city, and sub-district levels to improve coordination across all tiers of healthcare leadership. The sub-national level coordination committees' role mirrored that of the National Coordination Committee.

The Bangladeshi government formed a COVID-19 vaccine preparedness and deployment core committee in October 2020.

Effective Leadership Through Crisis

Bangladesh leveraged its innovative Community Clinic initiative to implement NPIs and curb the spread of COVID-19. These included the wearing of face masks, use of hand sanitizers and

KEY LESSONS

- Bangladesh is notable for swiftly approving more than 20 fiscal policy changes to help citizens balance the economic pressures of the pandemic. The policies resulted in strong macro-economic resilience: Bangladesh was one of the strongest economies in the world in 2020 and 2021.[xii]
- Bangladesh accelerated the use of digital financial services and increase financial inclusion during the pandemic which helped low-income citizens especially. These changes made advancements towards the goals of the government's Digital Bangldesh plan and the UN's sustainable development goals. [xii]

adherence to social distancing measures in rural populations. These interventions helped local communities understand the significance of public health measures and helped engender significant changes in attitudes. In addition, national leaders have led interventions to improve the uptake of the COVID-19 vaccine.

Financial Buffers for Households

In Bangladesh, the government responded to the economic and social crisis by approving more than 20 stimulus packages to increase public expenditure, widen the social safety net, and increase monetary supply in a year. The stimulus packages included loans and cash payments as well as free healthcare, food, medicine, and books for students for the most vulnerable people. The government prioritized support to small business owners, banks, low-income families, informal sector workers, healthcare personnel, and workers in the manufacturing sector. The government also subsidized businesses and encouraged collaboration between sectors to maximize available resources.

Addressing challenges in the national response to COVID-19

In July 2021, the Collaborative's multisectoral team from Bangladesh conducted a self-assessment of its country's response to COVID. The team raised several challenges and formulated the following goal to improve the response: Increase citizen compliance to public health recommendations stated in the Bangladesh Preparedness and Response Plan for COVID-19 guidelines.

> "The COVID-19 has brought to the fore the inadequacy of the global response to tackle emergencies. It has also put a spotlight on the critical need for global solidarity and collaboration to effective Covid-19 response."
>
> Sheikh Hasina, Prime Minister of Bangladesh

Over time, the team modified their problem statement to capture more recent priorities and challenges as the pandemic evolved. In October 2021, the team set a goal to *increase the supply of vaccines to meet the country's population needs*. The government began administering vaccines in February 2021 and about 28.8% of the eligible population is vaccinated.[xi] The government is partnering with other countries to procure enough vaccines to meet population needs. In addition, Bangladesh is using NPIs to curb the spread of COVID-19 and seeks to engage with and learn from other countries on how to effectively use NPIs to reduce the spread of COVID.

To support these efforts, the Bangladesh team of the Collaborative highlighted the following learning questions for problem solving and experience sharing with peers:

- How are other countries utilizing non-pharmaceutical measures to mitigate the spread of the pandemic?
- What other innovative approaches are countries deploying to curb the spread of COVID-19?
- How are other countries building local technical capacity for data management to support the COVID-19 response?
- How are other countries improving multi-sector coordination for COVID-19 vaccine management?

The technical facilitation team of the Collaborative engaged pandemic response experts from various sectors and countries to address these questions. Technical facilitators gathered and disseminated relevant resources in a newsletter and facilitated virtual events.

More insights on the response to COVID-19 in LMIC, including lessons learned from Bangladesh's response, were synthesized in the Collaborative's final report: "National Coordination of Multi-

sectoral and Multi-level Pandemic Response Collaborative: A Synthesis of Shared Learning."

Conclusion

Bangladesh adopted best global practices in response to the COVID-19 pandemic including strong political will, good leadership, effective multi-sector coordination, good community engagement, and establishment of financial support systems. The government of Bangladesh established its multi-sectoral national coordination committee with sister committees across all divisions, districts, and sub-district levels to ensure coordination, synergy and reduce fragmentation and a duplicity of efforts in a bid to manage all COVID-19 interventions. Bangladesh also leveraged existing religious and vast community health leadership structures to sensitize the public, particularly rural populations on NPIs and best practices. In addition, the Bangladesh government provided timely financial buffers to cushion the financial and economic effects of the pandemic for vulnerable populations.

Acknowledgements & About the Collaborative

The National Coordination of Pandemic Responses Collaborative is an initiative of the Joint Learning Network for Universal Health Coverage (JLN) and the Health Systems Strengthening Accelerator project to foster experience sharing and collaborative learning around the challenges and successes with managing central coordination of a national response to the COVID-19 pandemic. In the first phase of activities, between December 2020 and April 2021, the Collaborative facilitated cross-country exchanges on what has worked and not worked as well with multisectoral teams from Bahrain, Bangladesh, Ethiopia, Kenya, Indonesia, Mongolia, Nigeria, and Senegal. In the second phase, between July 2021 and January 2022, participating countries (Bangladesh, Ethiopia, and Kenya) applied learning from the first phase and drew on support from the Collaborative's Community of Learners to address specific challenges in their national response to COVID-19.

The technical facilitation team of the Collaborative acknowledges contributions from Bangladesh's multisectoral team, Ms. Fatema Zohara, Dr. Subrata Paul, Dr. Md. Samiul Huda, Dr. Syed Abdul Hamid, and Dr. Atia Hossain and members of the Community of Learners including the Exemplars in Global Health (EGH) program in drafting this case study.

[i] https://www.uhcpartnership.net/story-bangladesh/

[ii] Sulkowski L, Ignatowski G. Impact of COVID-19 Pandemic on Organization of Religious Behaviour in Different Christian Denominations in Poland. Religions. 2020; 11(5):254. https://doi.org/10.3390/rel11050254

[iii] https://data.worldbank.org/country/bangladesh cited 30/11/2021

[iv] Monjur, M., & Hassan, M. (2020). Early phases of COVID-19 management in a low-income country: Bangladesh. Infection Control & Hospital Epidemiology, 41(9), 1116-1117. doi:10.1017/ice.2020.147

[v] https://covid19.who.int/region/searo/country/bd cited 30/11/2021

[vi] Wagner, A. L., Masters, N. B., Domek, G. J., Mathew, J. L., Sun, X., Asturias, E. J., ... & Boulton, M. L. (2019). Comparisons of vaccine hesitancy across five low-and middle-income countries. Vaccines, 7(4), 155. https://doi.org/10.3390/vaccines7040155

[vii] Ali, M., & Hossain, A. (2021). What is the extent of COVID-19 vaccine hesitancy in Bangladesh?: A cross-sectional rapid national survey. medRxiv.).

[viii] Mahmud, S., Mohsin, M., Khan, I. A., Mian, A. U., & Zaman, M. A. (2021). Knowledge, beliefs, attitudes and perceived risk about COVID-19 vaccine and determinants of COVID-19 vaccine acceptance in Bangladesh. PloS one, 16(9), e0257096.

[ix] Gautam, S., Setu, S., Khan, M. G. Q., & Khan, Md. B. (2022). Analysis of the health, economic and environmental impacts of COVID-19: The Bangladesh perspective. *Geosystems and Geoenvironment*, *1*(1), 100011. https://doi.org/10.1016/j.geogeo.2021.100011

[x] *Bangladesh's COVID-19 Response Is Taking Digital Finance to New Levels*. (2021, October 7). CGAP. https://www.cgap.org/blog/bangladeshs-covid-19-response-taking-digital-finance-new-levels

[xi] Mahmud, S., Mohsin, M., Khan, I. A., Mian, A. U., & Zaman, M. A. (2021). Knowledge, beliefs, attitudes and perceived risk about COVID-19 vaccine and determinants of COVID-19 vaccine acceptance in Bangladesh. PloS one, 16(9), e0257096.