COVID-19 Notes from Bangladesh:
A Human Security Discourse[i]

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If at first, an idea does not sound absurd, then there is no hope for it. — Albert Einstein

I.   Background

The world has once again come to a stage where the states are required to choose between saving human civilization and national security interests. Although a tough choice, it is yet the rational choice that will determine the course of human existence in the decades to come. Every generation has seen their pitfalls, the one that our living memory has witnessed – known as COVID 19 pandemic – exposes our inability to deal with collective catastrophes that count no border, ideology, religion or perhaps scientific breakthrough. At least, it calls for political introspection – what have we achieved over these years in terms of politics, science and security that cannot protect lives at large? What Harari identified as *"Long before the Industrial Revolution, Homo sapiens held the record among all organisms for driving the most plant and animal species to their extinction. We have the dubious distinction of being the deadliest species in the annals of life* (Harari, 2014)." Hence, the COVID-19 pandemic, stemming from our perennial quest for control of economic and strategic resources and mercantile economic development and growth, unquestionably has posed another paradigm change moment that precisely links the security of individuals and the global economy. The political consequences are far-reaching, often beyond our economic understanding that leaves the societies to face multiple uncertainties including the redefined political economy of state governance and tension between the state and the individuals in preserving the age-old Westphalian social contract.

One critical lesson for the political and security leaderships is that COVID-19 has wreaked havoc in both the first world and the fragile states. The short window of time between February 2020 and April 2020, shows that international relations and security are no longer governed by the two key superpowers – the US and China (and of course their allies) – instead dictated by a virus for which global lockdown and different methods from total quarantine to curfews became uniform political and security language. By April 06, the US has seen nearly 10,000 deaths, much higher than the deaths caused by 9/11, while China has revealed 3,326 deaths (Johns Hopkins University, 2020). Hence, the virus that originated in Wuhan, China, can well be seen as the world's greatest equalizer that has brought all the nations to cooperate. Now the ominous questions are how this virus will be handled, and what will be the future look like for Bangladesh in the post-COVID-19 period? The purpose of this paper, therefore, is to examine the current state of COVID-19 response structure and to see how a developing country like Bangladesh can maneuver through the perils posed by pandemics. Among many other

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potentially lethal tools, the global powers have stockpiles of nuclear and biological weapons and technologies in hands; and investment in science and technology is meager compared to security expenditures. The rogue entities very much exist to exploit any vulnerabilities, and surely inability to withstand the international crisis in a timely and efficient manner at the policy level can make international and national security vulnerable. That means the international power equations and the role of multilateralism may see a significant shift in the post-COVID-19 world. Perhaps lessons from most of the countries affected profoundly by COVID-19 have common elements –fragile early warning system; inadequacy in providing medical support; and most importantly, crisis management and leadership capacities. I would imagine there is uniqueness too.

II.   The Unfolding Situation [January 01, 2020, to March 31, 2020]

Let me discuss here the response mechanism, along with the impacts of COVID-19, that an LDC-aspiring country like Bangladesh has embraced. After all, Bangladesh is a demographically unique country with 160 million people, with 68% of the population aged between 15 and 64 and 5% of the population above the age of 65 (UNFPA, 2020). The country has strong trade relations with China, US, India, and Europe, and equally strong diaspora living in and human movements from and to the US, Middle East, Europe, China, India, and Southeast Asia, particularly Malaysia and Singapore.[ii] The country has been marked as one of the most densely populated areas in the world with 1240 people per kilometer (World Bank, 2020a). The Government of Bangladesh has published its National Preparedness and Response Plan for COVID-19 in March 2020 (Directorate General of Health Services , 2020), three months after the Chinese Health officials informed the World Health Organization (WHO) (on December 31, 2019), about a cluster of 41 patients with pneumonia from unknown sources. Most of the patients were linked with the Hunan Seafood Wholesale Market in Wuhan, China (Holly Secon, 2020). The first death from the COVID-19 was recorded on January 11, 2020, in China.

On February 03, 2020, WHO and Directorate General of Health Services (DGHS) hosted an emergency Health Cluster Meeting on COVID-19 on February 13, 2020, to inform the partners on country preparedness regarding the current global situation of COVID-19 (World Health Organization, 2020b). In the same meeting, the partners discussed and offered supports to DGHS and the Ministry of Health to develop risk communication materials and messages through multiple channels and networks and suggested to form a task force led by Institute of Epidemiology Disease Control And Research (IEDCR) – the only public-funded research institute to deal with an epidemiological and communicable disease, and disease control programs mainly in the form of parasitic and entomological containment of vector-borne diseases through the application of the epidemiological principle (IEDCR, 2020). The partner organizations offered their support to the DGHS for development of risk communication materials and the distribution of messages through their networks of volunteers and suggested for this purpose the formation of a task force under the leadership of IEDCR. Furthermore, the partner organizations extended their support to the government by offering to provide, if requested by DGHS, additional Personal Protection Equipment, infection prevention and control expertise, support help to develop guidelines, and contact-tracing or case management (World Health Organization, 2020b). The government has set up a national preparedness and

response coordination mechanism through a COVID-19 Emergency Operation Center (EOC) at IEDCR. There are five levels of coordination, operating at varying degrees of functionality:

1. Inter-ministerial National Committee, headed by the Minister, Ministry of Health and Family Welfare (Mohawk);
2. Divisional-level Multi-sectoral Coordination Committees;
3. District-level Multi-sectoral Coordination Committees, headed by the Civil Surgeons;
4. City Corporation-level Multi-sectoral Coordination Committees headed by the Mayors; and,
5. Upazila-level Multi-sectoral Coordination Committees headed by the Upazila Nirbahi Officers (World Health Organization, 2020a).

The Institute of Epidemiology, Disease Control and Research (IEDCR) confirmed the first detection of a COVID-19 patient on March 08, 2020, and the first death was reported on March 18, 2020 (New Age, 2020). However, as reported by the *Economist*, "Ominously, since January around 700,000 migrant workers have returned from overseas. Most, including tens of thousands from Italy, entered unscreened (The Economist, 2020)". On the same day of the detection of the first case of COVID-19, the Government of Bangladesh announced not to hold the planned grand inauguration ceremony of the founding father Bangabandhu Sheikh Mujibur Rahman's birth centenary celebration programs on March 17, 2020, to avoid public gatherings. Nonetheless, the Bangladesh Election Commission held three elections in the Dhaka-10, Gaibandha-3, and Bagerhat-4 constituencies on March 22, 2020, from 9 am to 5 pm without any break despite repeated warnings from two separate wings of the Ministry of Health (Dhaka Tribune, 2020c). As the media reported, "Political observers have expressed their frustration over the Election Commission's stubbornness in holding by-polls on Saturday in three constituencies amid the coronavirus pandemic" (Dhaka Tribune, 2020c). However, the Election Commission postponed the elections in the Chittagong City Corporation, Bogra-1 and Jessore-6 constituencies, originally slated for March 29, 2020.

The Bangladesh Institute of Tropical and Infectious Diseases (BITID) identified the first COVID-19 case on April 03, 2020, in Chittagong, which is the second-largest city in the country with the largest seaport and second-largest airport (Dhaka Tribune, 2020a). The first COVID-19 patient in Cox's Bazar was detected on March 22, 2020, which has made the COVID-19 situation further complicated (Dhaka Tribune, 2020b). Cox's Bazar is the region where an estimated 854,704 individual Rohingya refugees from Myanmar live in refugee camps (Government of Bangladesh and UNHCR, 2020). An article published by the Save the Children mentioned that 'With reports of the first confirmed case in the local community in Cox's Bazar, it's just a matter of time until the virus reaches the vulnerable population living in cramped conditions in the largest refugee settlement on earth. Thousands of people could die' (Rayburn, 2020). As of March 31 2020, according to the IEDCR, there are fifty-one (51) confirmed COVID-19 cases in Bangladesh, including nineteen (19) patients who have recovered and five (5) related deaths; the Case Fatality Rate (CFR) is 9.8% (World Health Organization, 2020a). A draft Country Preparedness and Response Plan (CPRP), dated March 26, 2020, V1, identified that "Given the extraordinary human densities in Bangladesh, globally accepted modeling techniques and parameter assumptions forecast the impact of COVID-19 without interventions between half a million up to 2 million lives lost during the epidemic

wave. These figures are not surprising when considered against modeling in other countries but they are astounding and should serve as a call to action. The challenges in Bangladesh are compounded by a weak health system and the risks of a complete saturation of the health system early in the epidemic, leaving patients in severe or critical condition from COVID or other conditions without adequate health care facilities throughout much of the epidemic. Exposure of healthcare workers is also forecasted to be rampant given current infection prevention control practices, lack of PPEs, and extremely high patient densities in secondary and tertiary care hospitals" (Country Preparedness and Response Plan, 2020).

The Plan further indicated that USD 297 million would be required for an immediate response, which should include: surveillance and laboratory; contact-tracing and POE; case management and infection prevention control; risk communication and community engagement; logistics and procurement. The requested amount for immediate response needs under the CPRP is USD 297 million (Country Preparedness and Response Plan, 2020). It was identified that USD 9,269,017 would be required for case management and Infection Prevention Control (IPC), USD203,000 for information management, USD273,447,010 for logistics and procurement, USD5,925,000 for risk communication and community engagement, USD1,134,654 for surveillance and laboratory support, and USD7,988,816 for contact tracing and point of entry (POE) (Dhaka Tribune, 2020d). The World Bank has agreed to provide a fast-track USD100 million financing to prevent, detect, and respond to the COVID-19 pandemic along with the strengthening of the national systems for public health emergencies (World Bank, 2020b). The Asian Development Bank (ADB) has approved USD300,000 emergency grant for the pandemic. The Government of Bangladesh has requested for USD500 million as 'budgetary support' from the ADB, USD250 million from the Asian Infrastructure Investment Bank (AIIB), USD750 million from the International Monetary Fund to maintain the balance of payment, USD100 million from the Islamic Development

COVID-19 TEST IN DIFFERENT COUNTRIES				
Country or territory	Total tests	Date	Population	Test per million
Bangladesh	1,602	31 March	164.7 million	10
India	14,514	20 March	1.339 billion	11
Japan	14,901	19 March	126.8 million	118
Vietnam	15,637	20 March	95.54 million	164
United States	103,945	19 March	327.2 million	318
Poland	13,072	20 March	37.98 million	344
Malaysia	13,876	20 March	31.62 million	439
France	36,747	15 March	66.99 million	549
Spain	30,000	18 March	46.66 million	643
Taiwan	21,376	20 March	23.78 million	899
UK	64,621	19 March	66.44 million	973
Iran	80,000	14 March	81.16 million	986
Russia	143,519	19 March	144.5 million	993
Sweden	14,300	17 March	10.12 million	1,413
Belgium	18,360	18 March	11.4 million	1,611
Belarus	16,000	16 March	9.508 million	1,683
Austria	15,613	20 March	8.822 million	1,770
Germany	167,000	15 March	82.79 million	2,017
China	320,000	24 February	113.46 million	2,820
Italy	206,886	20 March	60.48 million	3,421
Australia	113,615	20 March	24.6 million	4,618
South Korea	316,664	20 March	51.47 million	6,152
Norway	43,735	20 March	5.368 million	8,147
Bahrain	18,645	20 March	1.493 million	12,488
UAE	125,000	16 March	9.4 million	13,298

Source: https://ourworldindata.org/coronavirus-testing-source-data, Wikipedia

Bank, and USD50 million from the International Islamic Trade Finance Corporation (IITFC) (Kalerkantha, 2020). The Government of China, Jack Ma Foundation and Alibaba Foundation have provided 30,000 test kits, 15,000 surgical N95 respirators, 10,000 pieces of medical protective clothing, 300,000 masks and 1,000 infrared thermometers to Bangladesh.

III.   Efforts and Challenges in Managing the COVID-19 Pandemic

Bangladesh has undertaken extensive intervention strategies comprised of all the key stakeholders, including the public offices, medical facilities, armed and law enforcement

forces, NGOs and civil society, political institutions, media, community and religious institutions, and the public. However, strategic delays, inadequacies in providing tools, and the shortages in protective materials initially stifled the response efforts. The DGHS reported the shortage of PPE stocks. As of March 30, 2020, according to the DGHS, 317,500 PPEs were supplied to different health institutions at different levels and locations (World Health Organization, 2020a). As of April 04, 2020, MIS/DGHS data shows 157,749 Protective Coverall and Surgical Masks were received (Directorate General of Health Services, 2020b). However, in an unprecedented move, the doctors accused the Ministry of Health of not undertaking appropriate measures to ensure the safety of the doctors working in the hospitals across the country. The association of the health professionals under the Ministry of Health – the Bangladesh Civil Service Health Cadre Association – issued a letter on March 25, 2020, stating: "The DGHS (directorate general of health services) were requested to provide personal protection equipment for the doctors who were assigned to provide treatment to coronavirus patients. But the inexperienced and unskilled bureaucrats of the Health Ministry were not able to realize the horrific situation arising out of the pandemic coronavirus (Covid-19). For this reason, one observes serious mismanagement, including lack of personal protection equipment for the health service providers (Dhaka Tribune, 2020e)." The president of the association, Dr A M Selim Reza, told Dhaka Tribune that "the authorities said that they had supplied 285,000 personal protective equipment. Where is the equipment? We did not receive any. The equipment which were supposed to be worn by the hospital staff, are being used by the admin people, which is inappropriate (Dhaka Tribune, 2020e)".

Moreover, nearly 200 interns of Rajshahi Medical College Hospital on March 19, 2020, halted their services until the hospital provided them with protective gear (The Daily Star, 2020a). The Readymade Garments (RMG) association – Bangladesh Garments Manufacturers and Exporters Association (BGMEA) – has come forward to provide at least 20,000 pieces of substitute of Level-1 PPE suits that can support healthcare personnel including doctors, nurses and hospital workers in Bangladesh. However, doctors and staff directly involved in COVID-19 diagnosis and management would need level 3-4 suits. BGMEA seeks to reduce anxiety and fear among the doctors who may be exposed to COVID-19 without PPEs in their respective hospitals (BGMEA, 2020). Following the concerns of the medical professionals over shortage of PPE, a concerted effort by five organizations - Pay It Forward Bangladesh, Honest, Buet Alumni Association, Rotary Club Dhaka Northwest and Manush Manusher Jonno Foundation – along with the UK-based retailer Marks & Spencer (M&S) is also set to produce 400,000 pieces of equipment (The Daily Star, 2020a).

The private sector has also helped in setting up medical facilities, i.e. trained doctors for COVID-19 cases, temporary hospitals, in the country. However, the number of hospitals, ICU facilities, and ventilators have fallen short. The DGHS provided training in infection prevention and control (IPC) at hospitals for COVID-19 cases to 710 doctors and 43 nurses; among them, two doctors from each district (one residential medical officer and one medical officer from Civil Surgeon office) received training (World Health Organization, 2020a). After six weeks since the WHO Emergency meeting in February 2020, the government became capable of expanding the testing facilities. Currently, out of six laboratories performing COVID-19 testing, five of them are in Dhaka and one in Chattogram division. On March 31, 2020, the DGHS adopted a plan to extend COVID-19 testing further to include additional laboratories

across the country. However, as per the IEDCR data, Bangladesh has to-date performed an alarmingly low number of testing since January 21, 2020, considering the density of the population. This low number has caused both public reluctances to take COVID-19 seriously and causes difficulties in implementing social and medical interventions. Only one per 100,499 people has been tested (Dhaka Tribune, 2020f). Bangladesh's neighbor India has also tested 11 in a million, a number close to Bangladesh. It has tested 14,514 samples as of March 20. This is about one test for each 94,847 of its entire population. Pakistan tested 2,519 samples as of March 19, 2020, which is one for every 87,260 people (Dhaka Tribune, 2020f). As of March 18, 2020, the DGHS has not authorized any private hospitals to test COVID-19 cases with a fear that the private hospitals and labs may remain more focused on profit-making than helping in the crisis. Moreover, the DGHS will not be able to monitor the testing and data if the private hospitals are allowed to test COVID cases (The Business Standard, 2020). However, India, Pakistan, Spain and the UK are currently allowing the private hospitals to support the public initiatives.

The DGHS has successfully set up 6,200 isolation beds in 64 districts and prepared eight hospitals in the capital for the coronavirus patients. Three hundred and twenty-three institutions have been prepared for quarantine measures with a capacity to house as many as 18,923 persons (Dhaka Tribune, 2020d). Bangladesh has 0.7 ICU bed per 100,000 people at the moment, which is the lowest in South Asia compared to Nepal (2.8), India (2.3), Sri Lanka (2.3), Pakistan (1.5), and Myanmar (1.1) (The Daily Star, 2020b). The armed forces have set up two quarantine centers in Dhaka along with providing field support to the civil administration. The armed forces and law enforcement agencies have been effective in dealing with COVID-19. Prime Minister Sheikh Hasina announced a lockdown, referred to as 'general holiday' on March 26, 2020, which is expected to end on April 11, 2020. The Prime Minister has authorized the armed forces to carry out different activities in 62 districts across the country to help the local administration ensure social distancing and keep coronavirus suspects in home-quarantine. A total of 305 teams, comprised of 3000 armed forces personnel has been put together with the local administration to curb the coronavirus (UNB, 2020). The Police suspects that the current COVID-19 situation in the country may deteriorate further as a significant number of people who returned from abroad could not be traced. According to an estimate by the Police, between March 01 and 20, around 3,00,000 people returned from abroad. A significant number of them came from countries with coronavirus outbreaks. According to the Police, the returnees fled to their homes from the airport. Only 18,000 are reportedly in voluntary quarantine. There is no trace of the others (Dhaka Tribune, 2020g).

Another critical issue that has emerged from the COVID-19 pandemic is the opacity in information flow. As per IEDCR, a total of 665,296 persons were screened at all entry points to the country (Dhaka Tribune, 2020h). However, Bangladesh procured seven thermal scanners in 2014 for screening travelers at the ports of entry, but six of them were out of order till March 07, 2020. As a result, the airports and the land ports have been facing a challenge to screen the passengers to know if they have high temperatures. The private sector has come in aide to set up thermal scanners in the ports. The Summit Group has donated five thermal scanners which are expected to be functional in April 2020. In this situation, the government requested the WHO to provide ten thermal scanners. In the absence of thermal scanners, IEDCR was screening travelers at the ports of entry in an alternative way by using hand-held temperature

scanners (New Age, 2020b). Hence the quality of data and screening may well remain problematic. So far, IEDCR has received 802,580 corona-related phone calls to the hotlines from January 21 till March 29, 2020. On March 29 alone, 73,134 such calls were made on three hotlines, but the IEDCR tested only 109 individuals for coronavirus infection (The Daily Star, 2020c). The IEDCR has been testing only those who have returned from the affected countries or came in contact with an infected person or shown symptoms after two weeks of quarantine. In many cases, several callers could not get access to the hotlines. It, however, is now expanding the scope of testing (The Daily Star, 2020c). This conclusively shows that the globally practiced Big Data, crowdsourcing or other methods were not practically used to measure the scenario accurately.

The economic and cultural aspects of COVID-19 further pose difficulty in responding to the pandemic. While lockdown has been imposed, it is undoubtedly tough to implement mandatory lockdown, self-quarantine, and social distancing across the nation. Former director of DGHS has mentioned that practicing social distancing in a country like Bangladesh is "next to impossible". He further mentioned that "Social distancing is a way of controlling infectious disease. But in a densely populated country like Bangladesh, you can't enforce social distancing in many areas. Especially, consider the slums in Dhaka and Chattagram where millions of people live. They are living in such close quarters that it's unthinkable to enforce social distancing there" (Al Jazeera, 2020). BRAC has identified that, resistance from the community is heavy in migrant areas where there is increased fear of transmission along with social stigma around coronavirus (BRAC, 2020). BRAC has mobilized financial resources as well as community resources across the country to fight COVID-19. Moreover, the economy remains a crucial factor in implementing long-terms lockdown and social distancing. Bangladesh has had an impressive economic growth at 8.1%e in 2018-2019 (The World Bank, 2020b), and based on the international poverty line of $1.90 (using purchasing power parity exchange rate) a day, Bangladesh has reduced poverty from 44.2 per cent in 1991 to 14.8 per cent in 2016/17 (World Bank, 2019). Khondker in 2019 identified that almost 88 per cent of employment in Bangladesh could be accounted for by the informal sector. Informal employment is more than 92% for female and rural employment. Due to low female participation in the labor market, the male share is significantly larger in the case of formal employment. Only 19% of the female workforce is in the formal employment sector. Moreover, rural employment is mostly informal due to the large informal agricultural sector ((Khondker, 2019). Prime Minister Sheikh Hasina has announced a stimulus package of Tk 50 billion (approximately USD588 million) for the export-oriented industries to fight the adverse impact of coronavirus on the country's economy. One of the crucial sources of growth, remittance income, which comes from the migrant workers in different countries, mostly in the Middle East, has hit a 15-month low in March 2020 due to the economic fallout stemming from the coronavirus pandemic. In March, expatriate Bangladeshis sent home USD1.28 billion, down from 12 per cent a year ago and 11.36 per cent one month earlier, according to data from the Central Bank (The Daily Star, 2020d).

The employment sector shows that there will be a strong possibility of a severe effect of COVID-19 spread and lockdown on vulnerable and marginalized groups, along with the labor engaged in the informal sector, particularly young adults, women and those who are not under the social safety net. A report published by Khondker in 2020 identified that the impacts of

COVID-19 on economic growth, job losses and upsurge in poverty are expected to be large. The projected GDP growth of 8.2% for 2020 may decline by 2 to 3 percentage points – that is economic growth may settle somewhere between 5% to 6%. The robust economic growth of 6% to 7% during the last decade helped Bangladesh to win her fight against poverty – mainly through the employment generation channel. The unemployment rate is likely to surge, leading to a sharp rise in poverty (Khondker, 2020). Khondker further noted, "the number of vulnerable persons – who need assistance – may double from 20% to 40% in 2020 (perhaps for a short and temporary period). Poor and vulnerable groups in Bangladesh lack savings and resources to fend off a crisis like the COVID-19 impact" (Khondker, 2020). Meanwhile, ADB has estimated that around 0.2 per cent to 0.4 per cent of Bangladesh's GDP growth rate may be lost due to the COVID-19 outbreak (Asian Development Bank, 2020). However, ADB warned that if a significant outbreak occurs in Bangladesh, the impact could be more significant. On top of that, the Country Preparedness and Response Plan indicated that "An estimated 9 million people moved out of Dhaka ahead of March 26, 2020 when the nationwide shutdown was announced. This most likely dispersed incubating and infectious individuals throughout the country. While accelerating the spread of the disease around the country, the burden of growing clusters within Dhaka has lessened and case burden may now be more evenly distributed nationally" (Country Preparedness and Response Plan, 2020). On the positive side, like many other countries, the government has announced a series of economic and social measures and stimuli to address the needs of the marginalized or vulnerable people.

However, political and social communication to create COVID-19 awareness remains somewhat problematic. Although NGOs, media, and social actors are playing a crucial role in creating awareness, contradictory public messages from the public representatives and the business community have recently created a barrier in implementing the lockdown. The Readymade Garments (RMG) factory owners decided to reopen their factories from April 04, 2020, amid lockdown and after the financial stimuli were announced, which compelled a significant number of workers to return to Dhaka with a fear of losing their job due to absence. This has forced the workers to walk, in many cases, to the cities in the absence of public transport. The Business Standard interviewed a worker and quoted, "Jahid, who works at a garment factory, said, 'We are in uncertainty. Everything is closed but we have to reach the factories. We are faced with the risk of losing jobs if we don't join our workplaces (The Business Standard, 2020b)." The Daily Prothom Alo interviewed a worker from Jhenaidah [a District in Bangladesh] who said, "The government has put us in danger. The garments workers are asked to join work from Sunday while the countrywide lockdown is still effective. It took me five hours to reach a destination which normally requires around two hours" (Prothom Alo, 2020). This has further complicated the COVID-19 situation.

However, the garment factory owners cited that the government directives to the business community did not mention any explicit provision to strictly suspend the factory activities, which is also required to produce PPEs.[iii] The decision on whether to keep factories open or running has been delegated to the respective industry associations. The Commerce Minister Mr. Tipu Munshi mentioned on March 31, 2020, that "Readymade garments factories can stay open if they follow the necessary hygiene guidelines". "The government has given no directives about the closure of RMG factories. Owners of RMG factories can run their units by following proper health guidelines (The Independent, 2020)." However, the government later intervened

to close the factories until further notice. Perhaps, for many of the 4.1 million RMG workers in Bangladesh's garment industry, their income from stitching clothes for customers, which include some of the world's largest fashion companies, is critical to survival. However, more than a million have already lost jobs as global fashion companies have cancelled or suspended orders (Center for Global Workers' Rights, 2020).

BGMEA has claimed that 1,092 factories have reported that 943.12 million pieces of RMG product orders, worth USD3 billion, has been either cancelled or put on hold which is critical for the survival of the industry (UNB, 2020B) (Time, 2020). On top of that, as media reports indicate, political statements have created contradiction among the mass public regarding the COVID-19 vulnerability. Given the nature of Bangladesh's democracy, people sometimes tend to take the public statements of the public representatives seriously. Among many other examples, Information Minister Hasan Mahmud accused the opposition of doing politics with COVID-19, and further mentioned in another event on March 27, 2020, that "no lockdown has been imposed in the country.... people can go out if necessary. It's very regretful that people face harassment when they come out to the streets. Police were not asked to do so (Dhaka Tribune, 2020i) (UNB, 2020c)." The Health Minister, Zahid Malik, was criticized for attending a crowded event at a hospital amid the coronavirus outbreak, and has drawn flak again for bringing a large number of officials to a COVID-19 media briefing (bdnews24.com, 2020). However, similarly, in terms of misleading political statements, President Donald Trump mentioned on January 22, 2020, that "We have it totally under control. It's one person coming in from China, and we have it under control. It's going to be just fine (Washington Post, 2020)." In another event, President Trump mentioned, "Looks like by April, you know, in theory, when it gets a little warmer, it miraculously goes away (Washington Post, 2020)."

The religious aspect remains another critical dimension in fighting COVID-19 in Bangladesh, and to a great extent in India, which has a political and religious spill-over effect on Bangladesh. The tension between religion and health has put the governments into a difficult bind. The Islamic Foundation – a key public authority on Islamic affairs – issued a guideline on March 30, 2020, over various issues, including prayers, funeral, and maintaining public safety in the mosques. Although the Foundation has asked people with COVID-19 symptoms and people arriving from corona-hit countries or regions not to go to mosques, the Foundation has allowed prayers, including the Friday prayers and congregations, to continue. The Foundation has also encouraged people to follow the directives of the WHO while performing funeral and burial of coronavirus victims. However, the Foundation has asked the clerics to publicize the fact that a negative attitude towards the corona-infected people as anti-Islamic and the pandemic victims get the dignity of martyrs (Islamic Foundation, 2020). Moreover, the Hadith[iv] in Islam clearly instructs: *"If you hear of a plague in a land do not enter it; and if it breaks out in the land where you stay, do not leave* (إذا وَقَعَ وإذا ،تَدْخُلُوها فلا بأَرْضٍ بالطَّاعُونِ سَمِعْتُمْ إذا مِنْها تَخْرُجُوا فلا فيها وأَنْتُمْ بأَرْضٍ)) (al-Tamimi, 2020a)". In another Hadith it has been mentioned that, *"Do not quarantine the healthy with the infected* (مُصِحّ على مُمْرِضٌ يُورِدَنَّ لا)) (al-Tamimi, 2020b). However, Prime Minister Sheikh Hasina has appealed to the Muslim community to perform Friday prayers at home, instead of the mosque, in the wake of the coronavirus pandemic (Anadolu Agency, 2020). On the other side, Saudi Arabia, the country which has a significant influence over the Islamic community, has suspended the holding of daily prayers and the weekly Friday prayers inside and outside the walls of the Two Holy Mosques in Mecca and

Medina to limit the spread of coronavirus (Al Jazeera, 2020b). One of the leading Islamic schools - the Darul Uloom Farangi Mahal – in India, has issued a Fatwa[v] by mentioning "It is not permissible to hide it (disease). If people do not get their treatment and tests done...it is absolutely against Sharia law" (India Today, 2020). In India, a significant number of Hindu devotees congregated in temples in various parts of West Bengal on the occasion of Ram Navami on April 02, 2020, despite social distancing norms prescribed by the government during the ongoing nationwide lockdown period (Deccan Herald, 2020). On March 24, 2020, defying the lockdown announced by Indian Prime Minister Narendra Modi, Uttar Pradesh Chief Minister Adityanath attended a Ram Navami event in Ayodhya and tweeted photographs of the event saying the first stage of the 'grand Ram Temple' had been accomplished (Quartz India, 2020) (New York Times, 2020).

IV.   The Post-COVID-19 Bangladesh and International Security

The case of Bangladesh in responding to the COVID-19 pandemic exposes both paradoxes and contradictions between the hard choice of individual freedom and human security. Due to opacity of information and the evolving nature of the virus, it is not simple to identify when and how COVID-19 will hit vigorously and whether the social and economic capitals will converge to mitigate the crisis or aggravate multiple levels of crises. The long-dormant regional organization, the South Asian Association for Regional Cooperation (SAARC), has been activated by its eight member countries – Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka to respond to the trans-border COVID-19 pandemic, while the other thriving regional organization – Bay of Bengal Initiative for Multisectoral Technical and Economic Cooperation (BIMSTEC) has already been mandated to focus on, among other areas, public health. The national responses would require regional and global coordination to preserve growth and rebuilding the societies affected by COVID-19. Global examples of the United Arab Emirates, Kuwait, the US offering support and assistance to Iran, Mr. Narendra Modi speaking to his South Asian neighbors, and knowledge and expertise provided by China, South Korea and Italy speak for cooperation and collaboration rather than conflict. The low numbers of COVID-19 infections, particularly in the cases of Bangladesh, India, Pakistan, or Myanmar, is almost certainly a manifestation of insufficient testing and cultural tumults, although the number of confirmed cases is rising daily. The Middle East or Africa or South America are of no exception too. The cases of New York or Dhaka certainly expose the reality of delay in putting social distancing or lockdown measures in function or providing economic stimulus, combined with inadequate medical facilities, which could spike instability that will cause damage at levels that are hard to predict and respond to.

Prime Minister Sheikh Hasina has announced a comprehensive stimulus package worth approximately USD8.573 billion, which is nearly 2.52% of Bangladesh's GDP, for economic and financial stability. The Prime Minister mentioned that, "Earlier I declared Taka 5,000 crore (emergency) (approximately USD588 million) incentive package for paying salaries and allowances of export-oriented industry workers and employees, and today I am announcing four fresh financial stimulus packages of Tk 67,750 crore (The Hindu, 2020)". The packages include: 1) Increasing public expenditure; 2) Introducing fiscal packages; 3) Expanding social security programs; and 4) Increasing money supply. These four packages would be carried out through the following strategies: i) Providing working capital for affected enterprises in

industrial and service sectors; ii) Providing working capital for small and medium enterprises (including cottage industries); iii) Expanding the benefits under the Bangladesh Bank-managed 'Export Development Fund'; iv) Introducing the 'Pre Shipment Credit Refinance Scheme'. The social security package would be focused on people living under the poverty line, day laborers and those involved in the informal sectors. The key programs include: i) Sale of rice at BDT 10 (USD0.12) per kg ; ii) Free distribution of food; iii) Cash handouts for targeted groups; iv) Old age allowance, widowed and abandoned women allowance in 100 Upazilas; and v) Speedy implementation of government's existing plan to provide a home to every homeless in the country.

The ambitious plan laid out by the Prime Minister is commendable, however, with the weak democratic institutions and service delivery mechanisms, coupled with widespread corruption and the culture of political impunity, implementing these schemes and to reach out to the marginalized can be challenging. This would perhaps require strong transparency and proactive transparent public disclosure of the goods and services distributed by the local government agencies and the public representatives involved. The Metropolitan Chamber of Commerce and Industry, one of the leading business chambers in the country, and the Bangladesh Employers' Federation mentioned in its immediate reaction to the stimulus that "While the Government has done the initial part of prescribing the stimulus, the major task lies ahead in promptly and efficiently implementing these policies". "Judicious assessment will have to be made while identifying the actual sufferers who lost their means to survive, like hawkers, rickshaw pullers, vegetable vendors, dressmakers, small telephone and other repair shops, daily workers etc. An innovative interactive linkage mechanism may be put in place to identify the real needy micro-entrepreneurs spread across remote areas and cities including agricultural farmers and sharecroppers within the country keeping aside local geo-political dynamics". "There may be a special focus on helping the returnee migrant workers who are mostly jobless now and also the families of other migrant workers living in the country who are now not receiving their full salaries in their countries of work to support their family's livelihood. There is a missing middle, who are low income salaried persons who will suffer in particular from not being able to pay, for example, house rent. A solution may be designed to offset their immediate crisis in this regard".[vi]

The potential global and regional recession could take a particularly heavy toll on both developed and fragile states where the social safety net and inclusive economic growth has remained volatile. This is undoubtedly a potential flashpoint for unrest and conflict. Although the G7 finance ministers came out with a statement to reaffirm their commitment to using all appropriate policy tools to restore the level of growth anticipated before the COVID-19 pandemic, the fact of the uncertainty can put hard limits to this effort (European Council, 2020). All the states face a costly and challenging choice like border restrictions, partial or blanket bans on public gatherings which can require an extension beyond a year until vaccines become publicly available and testing becomes widely accessible. The choice between restricting public movements for months and lifting restrictions hastily will determine the course of the economy for the developing countries. That means, the countries will require additional, if not alternative, arrangements to deal with the compounding effects of COVID-19 for now, and the future ones, including injections of liquidity, fiscal stimulus, and large-scale loans. Hence, the equitable growth, inclusive financial institutions, a greater focus on SME and health startup

financing may become a crucial global agenda to tackle the new form of security threats. It is virtually guaranteed that the global community will have to endure further pandemics like COVID-19 or natural disaster in the coming years. The contemporary global financial architecture and institutions shape economic incentives, i.e. education, investment, innovation, and so on. Hence the mindset and the political process that determines the relations between economic institutions and individuals will require significant overhauling. Perhaps, inclusive economic and political institutions do not emerge by themselves. They are often the outcome of significant conflict between elites resisting economic growth and political change and those wishing to limit the economic and political power of existing elites (Robinson, 2012). COVID-19 has shown the conflict between economic and political institutions, and that uncertain threats can act as a catalyst in changing the traditional domain of realpolitik.

Big data, Artificial Intelligence, nanotechnology, quantum physics and other scientific advancements will continue to shape the future. The pandemic has perhaps exposed our collective ability and asymmetry in using big data to predict and respond to diseases and the new sources of conflicts. The early warning systems are yet to be researched. The countries, such as Bangladesh, did not learn from the Spanish Flu, Black Plague, or Ebola that provide grounds to understand the current state of a pandemic. That certainly shows the gaps in institutional research and preparedness which also corresponds with the experience of the African states where institutional problems and lack of trust in government or political leaders to follow public health directives led to the Ebola crisis. As Kaku mentioned, "to understand the difficulty of predicting the next 100 years, we have to appreciate the difficulty that the people of 1900 had in predicting the world of 2000 (Kaku, 2011)". Based on the information and data available on the 2014 Ebola outbreak in Guinea, Liberia and Sierra Leone, the International Crisis Group identified that "the virus initially spread unchecked not only because of the weakness of epidemiological monitoring and inadequate health system capacity and response, but also because people were skeptical of what their governments were saying or asking them to do (International Crisis Group, 2020)". The Group further noted that the doubts stemmed in part from misinformation and poor advice about the contagion from the governments involved but also from recurrent political tensions in a region scarred by war in the previous decade (International Crisis Group, 2020).

The gaps in information flow, economic uncertainty, delay in the innovation and production of vaccine and medicine, and technological divide will have implications in the areas of humanitarian aid flows, demographic management, and economic planning. One particular area for Bangladesh is the Rohingya camps with a high level of malnutrition, limited sanitation and health care services, and intense density of households. The lack of access to the internet and mobile communication also stifles access to vital preventive information, and the high-level of malnutrition means both the refugees and the host community in Cox's Bazar will remain acutely exposed to COVID-19. The International Crisis Group predicted that "should COVID-19 reach the camps, humanitarian agencies expect it to spread like wildfire, potentially triggering a backlash from Bangladeshis who live in the surrounding areas and are already unnerved by the refugees' prolonged stay (International Crisis Group, 2020)". Perhaps one should also remember that countries and global leaders are focusing more on their domestic crises, meaning they will have lesser scopes to support other governments in managing conflicts and disease outbreaks. Based on the hypothesis that the global actors will be heavily

preoccupied with their domestic crises, the rogue actors; transnational extremist groups; and criminal nexus may exploit the pandemic to carry out their activities through multiple channels which can have domestic, regional or international impacts. With the countries becoming more protectionist, in terms of trade and immigration, COVID-19 will pose a further toll on Bangladesh which has to maneuver through renewed geopolitical divisions.

ENDNOTES

[i] This is an evolving paper and prepared on April 5, 2020. Hence, information and data cited in this paper should be seen as evolving. The paper considers December 01, 2019 to April 05, 2020 as the timeframe. Information, data, and citations were collected from open sources as well as from reports published by various public and non-public organizations. Inputs were obtained from and personal conversation with physicians, policy planners, and public officials involved in COVID-19 management and response were held between March 26, 2020 and April 05, 2020. By no means the paper claims to have incorporated every aspects of the COVID-19 pandemic and evaluated all-encompassing responses undertaken by the state apparatuses. Hence, the paper may at times have generated narrow interpretations of a given fact. The paper has been prepared for the readers with interests in international relations, international security, multilateralism, foreign policy, non-traditional security, and South Asian affairs. The paper doesn't aim to generate any specific recommendation, however, it has been designed in a manner that Bangladesh's experience can help in identifying ways to enable better coordination and synchronized efforts in dealing with insecurity posed by COVID-19.

[ii] Bangladesh Statistics Bureau estimated total population as 139,252,683 with 112,510,154 living in rural and 26,742,529 in urban areas in 2011 (Bangladesh Bureau of Statistics (BBS), 2012). However, BBS published an adjusted number of population as 152,518,000 as of March 15, 2011. As per UNFPA report the current population is 168.1 million (UNFPA, 2020).

[iii] Personal conversation with a couple of RMG factory owners.

[iv] Hadith is an important collection of traditions containing sayings of the Prophet Muhammad (PBUH) which, with accounts of his daily practice (the Sunna), and constitutes the major source of guidance for Muslims apart from the Holy Qu'ran.

[v] Fatwa, in Islam, a formal ruling or interpretation on a point of Islamic law given by a qualified legal scholar (known as a mufti). Fatwas are usually issued in response to questions from individuals or Islamic courts.

[vi] Metropolitan Chamber of Commerce and Industry, Dhaka (MCCI) and Bangladesh Employers Federation (BEF) issued a press statement on April 05, 2020 appreciating the stimulus package announced by the Prime Minister on April 05, 2020. A copy of the press statement was obtained through personal network.

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