

# COVID-19 Pandemic Is About More than Health: A State of Governance Challenges in Bangladesh

South Asian Survey  
28(1) 72–91, 2021  
© 2021 The Author  
Reprints and permissions:  
[in.sagepub.com/journals-permissions-india](http://in.sagepub.com/journals-permissions-india)  
DOI: 10.1177/0971523121993344  
[journals.sagepub.com/home/sas](http://journals.sagepub.com/home/sas)  


Khandakar Farid Uddin<sup>1</sup> 

## Abstract

Governance can help minimise the effects of catastrophes. Countries had some time to prepare for the current coronavirus disease 2019 (COVID-19) pandemic, but some did not use it to improve their arrangements. This research investigates several countries' governance strategies, develops a governance model and critically analyses Bangladesh's failure as a case of governance catastrophe. This study applies qualitative methods of textual data analysis to explore data sourced from current newspapers, blogs, websites, journal articles and books to determine the most appropriate evidence and generate connections and interpretations. The COVID-19 pandemic has had devastating consequences for all countries; however, the different national responses have provided the opportunity to measure governments' capability in addressing the crisis. Governments need to study the current COVID-19 response and enhance their governance capacities to minimise the spread of infection and to prepare for the challenge of socio-economic recovery.

## Keywords

Bangladesh, COVID-19, catastrophe, pandemic, governance

## Introduction

Governance procedures heighten government and administrations' ability to successfully implement their functions in the face of the turbulent incidents and

---

<sup>1</sup> School of Social Sciences, Western Sydney University, Kingswood, NSW, Australia.

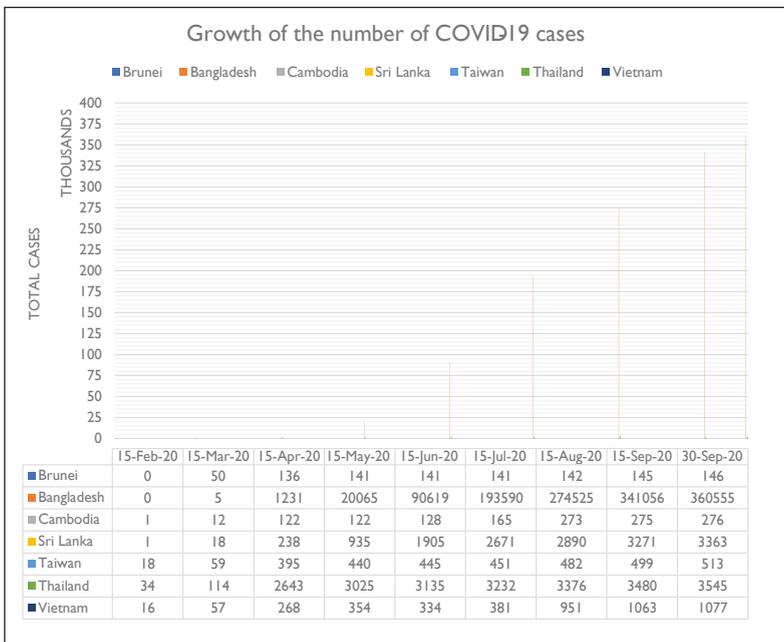
---

### Corresponding author:

Khandakar Farid Uddin, School of Social Sciences, Western Sydney University, 56 Second Avenue, Kingswood, NSW 2747, Australia. E-mail: [K.FaridUddin@westernsydney.edu.au](mailto:K.FaridUddin@westernsydney.edu.au)

have been receiving important consideration since long (Farazmand, 2017). The world is filled with promises as well as challenges. The crisis related to coronavirus disease 2019 (COVID-19) disaster is nothing new. Since ancient times, the world has faced various health hazards, highlighting the need for contingency plans to address pandemics’ adverse impacts and remind us to be prepared. COVID-19 is the latest global health crisis. However, the COVID-19 pandemic has demonstrated that the world is under-prepared to face such a catastrophe. The pandemic also shows that science and technology are not so advanced that a remedy or a preventive vaccine can be produced immediately. The first and foremost priority that can help manage the catastrophe and reduce the impacts is governing the disaster with appropriate governance measures. Governance is a long-established concept, which has been applied by government departments, agencies and public decision-making bodies to launch active operational services, enforce rules efficiently, manage situations effectively and solve public issues capably.

The latest virus outbreak, COVID-19, has had devastating effects globally. The first epidemic of COVID-19 started in Wuhan, China, at the end of 2019, and the infection spread exponentially throughout the world within 3 months. Some countries (e.g., Australia, Brunei, Cambodia, New Zealand, Taiwan and Vietnam) have acted quickly and taken early preventive measures to slow down the spread of the virus, and these countries have been mostly successful. Conversely, some countries (e.g., Bangladesh, Brazil, Colombia, France, India and Mexico) have failed to efficiently govern the situation. Countries which have been very reluctant



**Figure 1.** Growth in the Number of COVID-19 Cases in Selected Countries.

**Source:** Worldometer COVID-19 Data (<https://www.worldometers.info/coronavirus/>).

and complacent in dealing with the pandemic have suffered from high infection rates. By analysing daily new cases over time with a 7-day average, EndCoronavirus<sup>1</sup> has categorised countries as ‘winning’ or ‘beating’, ‘nearly winning’ and ‘need action’. There are several COVID-19 successful (beating) countries around the world; however, this research has selected ‘beating’ Asian countries that have successfully managed the COVID-19 catastrophe, which includes Brunei, Cambodia, Sri Lanka, Taiwan, Thailand and Vietnam, to illustrate their strategies and relate with Bangladesh. Although the disease started in Bangladesh later than in the other countries, the number of cases in Bangladesh has been increasing at a high rate compared to the selected countries (Figure 1).

Table 1 shows the virus infection situation in some successful Asian countries and Bangladesh from 15 February to 30 September 2020. The number of total cases, new cases and total death per million are deficient in Brunei, Cambodia, Sri Lanka, Taiwan, Thailand and Vietnam, compared to Bangladesh.

Since the COVID-19 disease is highly transmissible, countries have been taking timely, rigorous and organised measures to fight the spread. As there is neither conventional treatment nor an effective vaccine, the only means to slow down the virus’s spread is to implement preventive measures effectively and govern the situation efficiently. Lack of appropriate governance has contributed to a surge in infection rates, creating catastrophic conditions in some countries. The countries that have failed to initiate strong measures are still suffering from the virus and are in socio-economic and health hazard threat.

Nations and communities have become thoughtful about sustaining and surviving in the pandemic state of affairs. In various countries, the COVID-19 situation has demonstrated positive instances as well as a negative situation. It has also emphasised the reality that countries should not be reluctant and relinquish over managing the state and governing the spread of the virus. Thus, research on the state governance of the pandemic has exposed as an important area of examination. This article investigates COVID-19 in terms of governance, arguing that COVID-19 is not only a health issue. Successfully managing the pandemic to prevent catastrophe also largely depends on governance mechanisms and implementation of strategies.

**Table 1.** Virus Infection Situation in Some Successful Countries and Bangladesh.

Country	Total Cases	Total Cases Per Million	New Cases Per Million	Total Deaths Per Million
Brunei	146	333.727	0	6.857
Bangladesh	360555	2189.303	8.543	31.532
Cambodia	277	16.568	0.06	0
Sri Lanka	3363	157.052	0.14	0.607
Taiwan	513	21.539	0.126	0.294
Thailand	3559	50.989	0.201	0.845
Vietnam	1077	11.064	0.031	0.36

**Source:** Our World in Data (<https://ourworldindata.org/>).

The following sections present the aim and objectives and the study's significance, explain the methodological framework, describe the governance concept, present a COVID-19 governance model, analyse governance failures in Bangladesh and, finally, end with the conclusion.

## **Aim and Objectives**

Countries around the world had plenty of time to prepare for combating COVID-19; however, they were not getting equipped to embrace it due to their unpreparedness in governing the situation. As vaccination development is still far behind, governance of the situation vigorously is essential. Consequently, analysis of the COVID-19 pandemic governance is an essential issue of research.

This research aims to analyse the COVID-19 pandemic in terms of governance perception. It presents several countries' governance strategies, develops a governance model and critically analyses Bangladesh's governance failure as a case. By highlighting the governance aspects of COVID-19, primarily how the pandemic has been governed and could have been governed, this research study supports understanding of how the pandemic can be better managed to avoid a catastrophe.

## **Significance**

The COVID-19 disaster substantiates that countries are not sufficiently advanced to generate a protective measure instantly. The prime precedence that can help manage the disaster is imposing appropriate governance actions. Governance can help unveil active operational services by involving internal and external stakeholders, managing the state of affairs effectually, resolving civic concerns adeptly and helping achieve broader objectives (Brandtner et al., 2017; Olowu & Wunsch, 2004; Rhodes, 2007).

Since the COVID-19 disease overwhelmed various nations, implementing an operative governance model is essential. Thus, the study on the state of actions of the COVID-19 pandemic in the light of governance has appeared a critical issue of analysis. It is recognised that there is a substantial amount of research available on COVID-19 on various standpoints; however, there is a dearth of research on the national governance of the pandemic and state of action. Finally, this article has substantial academic and practical contribution in the arena of public administration, governance, health direction and disaster management as it examines COVID-19 in terms of governance apparatuses and operation of plans.

## **Methods**

A qualitative research method is used to explore government actions and exemplify the state of catastrophe critically. Qualitative research is a critical analytical

technique that produces a complex and substantial understanding of the explored issue (Creswell, 2009). Qualitative research data typically depend on opinions, concepts and understandings (Bolderston, 2012) and data can be collected in several modes such as verbal (primarily interview-based), textual (creative, documentary and landscape) and observational (Winchester & Rofe, 2010). This article has adopted a textual study of the creative documents. This study has undertaken a textual study of creative documents, including newspaper articles, blogs, websites, available scholarly articles and policy documents. This has produced a rich data set to examine COVID-19 governance failures in Bangladesh through textual analysis.

This study has selected Brunei, Cambodia, Sri Lanka, Taiwan, Thailand and Vietnam to demonstrate their COVID-19 approaches and compare those approaches with Bangladesh. These countries are in the same geographical location in Asia, and according to the International Monetary Fund (IMF), most countries are considered developing economies.<sup>2</sup>

## Theoretical Framework

The latest virus outbreak, COVID-19, is not just a health hazard; it has engulfed the whole of society, affecting the economy and the way people live, work and socialise. With challenging pressing situations, the government's authority and responsibility and its direction also shift. Thus, the fast-shifting trends of the government's nature and the role, and its governance and administration course of action are among the realm's ultimate topics (Farazmand, 2004, 2017). Suitable governance measures are required in this time of challenge and uncertainty to reduce impacts.

Governance is the regulatory mechanisms and the implementation of public actions (Olowu & Wunsch, 2004). The meaning of governance has evolved over time, but it refers to managerial actions associated with state civic activities (Keping, 2018). Saito (2008) defines governance as the progression of exercising authority and the significance of various stakeholders' communications to achieve purposes and to solve public issues.

Governance is also measured as the government's guiding authority to pledge and enforce policies (Fukuyama, 2013). Governance principally refers to the liaison and arrangements of internal and external stakeholders (Rhodes, 2007) and concentrates on effectively organising and efficiently using capital, both public and private, to achieve comprehensive goals (Brandtner et al., 2017). Lee (2003) defines governance as a way of modifying the government's standpoints and managing and acting to resolve public difficulties and uncertainties. Rhodes (2007) claims governance as the processes of control, coordination and regulation of existing strategies. Governance is not a tedious direction, but a method grounded on well-organised government and collective solidarity of a political state and its stakeholders (Keping, 2018). Besides, the adaptation of the government approach to governance entails a bottom-up governmental system by incorporating numerous actors' active involvement in government activities (Saito, 2008).

There may be challenges in steering the governance mechanisms, minimising gaps and connecting actors (Brandtner et al., 2017), and governance practices and concepts have been transformed over time with the government's changing nature (Farazmand, 2004). To manage the challenges, scholars and organisations have derived numerous governance concepts, such as 'meta-governance, sound governance, effective governance, good governance' (Keping, 2018) and collaborative governance (Ansell & Gash, 2008). Farazmand (2004) also conceptualised, 'good governance, entrepreneurial government, competitive government, marketlike governance, economic governance, social and political governance, enabling governance, participatory governance, regulatory governance, interventionist governance or government, steering government versus rowing government, and the like' (p. 3) as some often-used terms of governance during the last two decades.

Among the various concepts of governance, 'good governance' is the most influential concept, referring to the state and the citizens' collaborative management process and a new collaborative outline between the political state and civil society that makes the most of public benefits (Keping, 2018). Good governance gained high acceptance from several donor agencies and global corporations and support from Western governments as they placed it as a precondition for the grant (Farazmand, 2017; Mishra & Momin, 2020). The principles or elements of good governance include various indicators such as legitimacy, voice, performance, direction, transparency, accountability, inclusiveness, fairness, connectivity, resilience, combating corruption, stakeholder participation, and legal and judicial framework (Agere, 2000; Graham et al., 2003; Lockwood, 2010). Besides, the new governance strategy termed 'collaborative governance' also became popular, which conveys numerous stakeholders' engagement in the implementation process (Ansell & Gash, 2008).

However, the theory of good governance induced wide-reaching harsh critiques (Farazmand, 2004, 2017). Farazmand (2017) raised concern that 'good governance for whom, and bad for whom'. The criticisms and dilemmas of the concept of good governance persuaded embracing a different and wide-ranging concept of governance, which was named 'sound governance' (Farazmand, 2004, 2017). The term 'sound governance' adopted more comprehensive indicators, including prescriptive, practical and coherent good governance features (Farazmand, 2004). Thus, sound governance implies a participatory governing process that promotes involvement and interaction in increasingly complex, diverse and dynamic settings, comprising the state, the constitution, civil society, the private sector and the international institutional (Farazmand, 2017). Among other governance models, 'proper governance' is also commonly indicated by scholars as an alternative governance concept (Hidayat & Negara, 2020). Proper governance shapes a balanced relation within the state and society, which endorses sustainability in resource use, economic growth, development and structural changes; safeguards democratic life; admires citizens' rights; diminishes exploitations; launches all-inclusiveness; and guarantees decent life and equal opportunities (Hidayat & Negara, 2020).

Governance model can be either ‘good, sound or proper’; however, fundamental aspirations remain to ensure a receptive, transparent, accountable, and participatory governing process that promotes a resilient organisational framework. Thus, this analysis contends that the COVID-19 pandemic requires governance strategies that involve the stakeholders directly in collective decision-making processes and managerial approaches to deal with the catastrophe. Combatting COVID-19 requires suitable governance arrangements to confirm effectiveness, usefulness, transparency, teamwork and partnership.

## Coronavirus Disease 2019 Governance Strategy

As soon as the World Health Organization (WHO) formally specified the COVID-19 epidemic as a pandemic on 11 March 2020, some countries (e.g., Australia, Brunei, New Zealand and Vietnam) declared a public health emergency, announced mandatory directions, rapidly constructed emergency services and initiated collaborative approaches (Trevisan et al., 2020; Wong et al., 2020). Governments organised quarantine quarters for people, ensured accurate and timely diagnosis, managed robust observation system and established steering and coordination committees at national, provincial, district and community levels, which allowed the fast distribution of directions and rapid execution of all actions (Trevisan et al., 2020; WHO, 2020).

On the other hand, some countries (e.g., Bangladesh, Brazil, Colombia and Mexico) responded lightly and failed to initiate proper measures. Some countries diminished the significance of the risk associated with coronavirus and failed to initiate appropriate actions by labelling the virus as a ‘little flu’ or a ‘cold’, or a ‘fantasy’ promoted by the media to create a chaotic state of affairs (Chowdhury, 2020). As an alternative to typical pandemic planning, countries have also initiated a different approach like ‘an elimination approach or an aggressive approach’ to break the mass communal spread of COVID-19 (Cousins, 2020b). Table 2 outlines the first COVID-19 case origin date and strategies applied by selected countries which have successfully managed the COVID-19 pandemic.

**Table 2.** COVID-19 Governance Strategies in Selected Successful Countries.

Country	First Case	Governance Strategies that Brought Success
<b>Brunei</b>	9 March 2020	Surveillance, laboratory testing, public communications, transparency, multi-sectoral coordination, grassroots movement, volunteerism and community advocacy (Wong et al., 2020).
<b>Cambodia</b>	27 January 2020	Rapid response; a whole-of-government and whole-of-society approach; good collaboration; reliable, accurate and timely diagnosis; surveillance system; contact tracing; cluster management and hotspot hunting (WHO, 2020).

(Table 2 Continued)

*(Table 2 Continued)*

<b>Country</b>	<b>First Case</b>	<b>Governance Strategies that Brought Success</b>
<b>Sri Lanka</b>	27 January 2020	Organisational arrangement; network of community infrastructure; high level of community engagement; preparedness and the responses; risk communication; surveillance; case finding and contact tracing; laboratory testing (Adikari et al., 2020).
<b>Taiwan</b>	21 January 2020	Authority, social capital, transparency, health management; coordination; public trust; civic engagement; public participation; and local government support (Huang, 2020).
<b>Thailand</b>	13 January 2020	Preparedness, response, enforcement and implementation of regulation, awareness, public communication, distribution of information and organisational partnership (Tantrakarnapa et al., 2020).
<b>Vietnam</b>	23 January 2020	Fast learning, swift and decisive action, a strong system response, consistent, truthful communications and social solidarity (Trevisan et al., 2020).

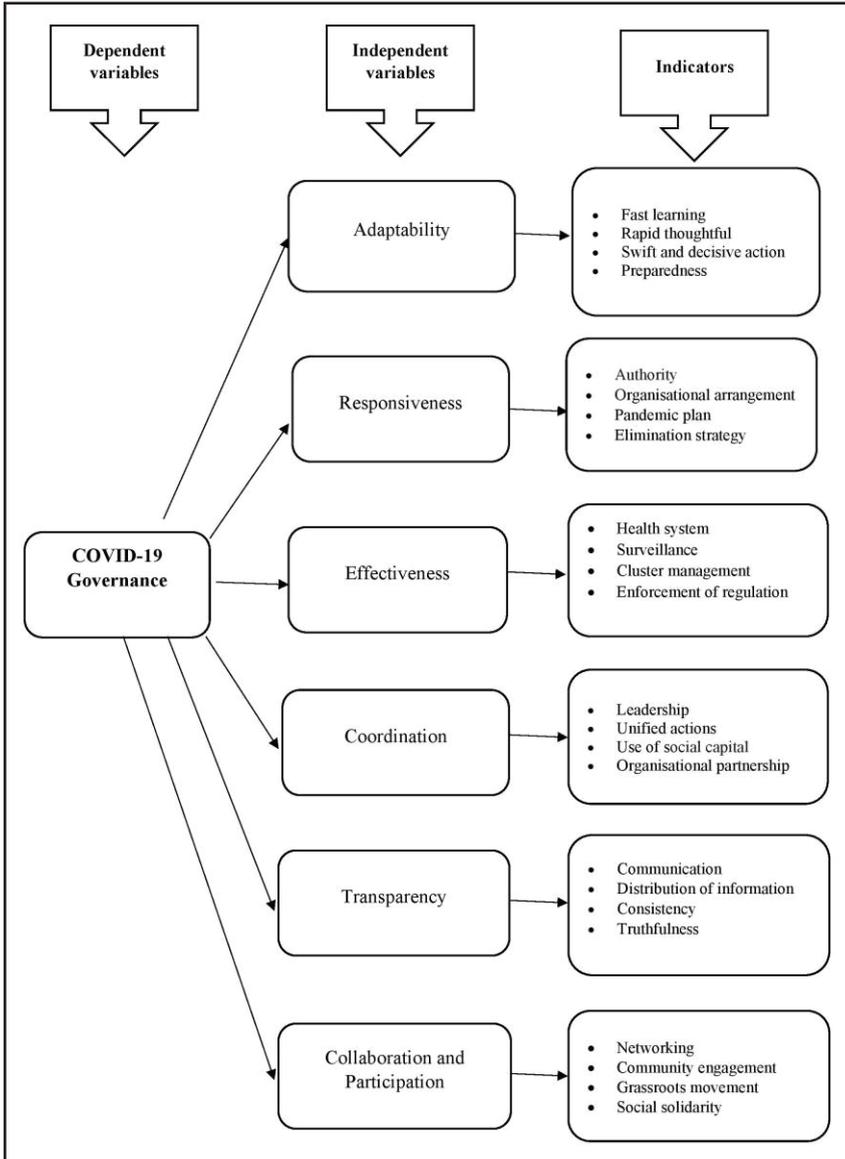
**Source:** Generated by the author using data from the various media and available literature.

Countries across the world have applied many initiatives to minimise the spread of the virus. However, the application and the success of preventive measures depend on governance efforts. This article focuses on governance in COVID-19 management as it is comprehensive and includes various aspects of a successful response such as preparations, planning, policy-making and management. A range of variables or terms can be used to highlight COVID-19 management from the governance perspective, including adaptability, responsiveness, effectiveness, coordination, transparency, collaboration and participation (Figure 2).

Adaptability is a crucial organisational competence that allows governments to iteratively develop strategies for managing situations (Heart et al., 2010). To respond to the COVID-19 pandemic, governments must be adaptable, particularly regarding hospital facilities, testing and contact tracing, and medical equipment supply (Janssen & van der Voort, 2020).

Responsiveness means that public organisations must respond to the pandemic sensibly without delay and negligence and be accountable to their citizens (Keping, 2018). The COVID-19 pandemic required an early and immediate response to implement preventive measures to slow down its transmission.

Effectiveness is defined as the political authority and management competence with a coherent organisational structure, systematically planned managerial actions, vigorous public instruction and exercise of organisational authority (Keping, 2018). An effective governing structure is essential in the COVID-19 pandemic to ensure a competent healthcare system to test infected people and treat patients and protect the healthcare workforce and other essential workers by having adequate personal protective equipment (PPE), face masks and sanitising materials.



**Figure 2.**COVID-19 Governance Model, Variables and Indicators.

**Source:** The author.

Coordination is defined as the accomplishment of separate tasks, actions and decisions of an organisation on time, in the right direction and of the appropriate degree (Weigand et al., 2003). Strong inter-sectoral coordination in the time of a sudden crisis like COVID-19 allows quick decision-making and action in managing a catastrophe.

Transparency refers to distributing information through appropriate channels to citizens (Keping, 2018). In the COVID-19 pandemic, transparency and openness are vital to communication about managing the virus, its spread and infection rates. The public need to be made aware of the severity of the circumstances, so that they realise the importance of preventive measures while maintaining public order and confidence.

A collaborative and participatory governing arrangement refers to public agencies engaging citizens and stakeholders in a consensus-oriented and collective decision-making procedure to initiate or execute public policy or manage a state of affairs successfully (Ansell & Gash, 2008). In a pandemic, citizen participation is crucial to implement preventive health measures such as social distancing, personal sanitisation practices and mask-wearing.

As the coronavirus spreads very rapidly and has serious health consequences, effectively managing the COVID-19 pandemic requires a precise and specific governance framework. Governments that have failed to initiate extensive actions and appropriate coordination have experienced catastrophic effects from their countries' pandemic. The following section highlights Bangladesh's COVID-19 state of action, which has experienced a catastrophe due to its governance failure.

## **Governance in Practice: A State of Governance Catastrophe—Bangladesh**

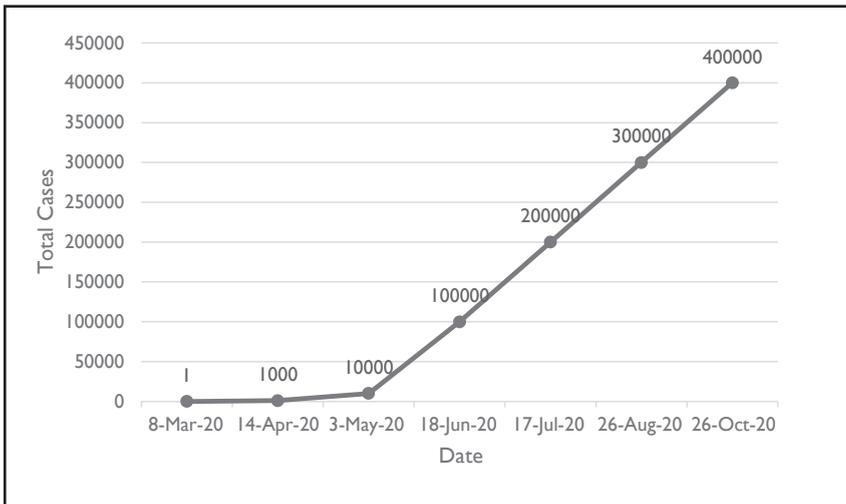
Bangladesh is a developing country in South Asia, with a population of over 160 million. Bangladesh has a parliamentary form of government, where the Cabinet or Council of Ministers is the government's leading executive body. The prime minister is the head of government, and the ministry headed by a minister is a central governmental organisation or department. The Ministry of Health and Family Welfare (MoHFW) of the Bangladesh government is responsible for maintaining and regulating health services and facilities. The Directorate General of Health Services (DGHS) is a directorate under MoHFW in authority for Bangladesh's health service area. The complete medical service area, including public and private, is motored by DHGS. The Institute of Epidemiology Disease Control and Research (IEDCR) is a Bangladesh government research institute, under the Ministry of Health, which is responsible for conducting research on epidemiological and communicable disease. IEDCR is also considered the epidemiological and communicable disease monitoring arm of the government. The Communicable Diseases (Prevention, Control and Eradication) Act 2018 of Bangladesh was introduced in November 2018 in Bangladesh. The act focuses on preventing, controlling and eliminating infectious or communicable diseases and creating awareness of mass people.

Initially, the government assigned IEDCR to oversee the COVID-19 arrangement. Later, with the spread of the virus, DGHS was assigned to monitor and control the COVID-19 situation. Besides, the Bangladesh government formed an advisory committee consisting of the minister in charge in MoHFW, who acts

as chairman and other members from various government departments, practitioners and experts. When the COVID-19 pandemic started in Bangladesh, IEDCR was the only institute with testing facilities for the disease until the end of March. Besides, DGHS, as the government’s health authority, released a National Preparedness and Response Plan for COVID-19 by establishing IEDCR. As soon as the COVID-19 outbreak spread to other cities rather than the capital city Dhaka, the government started to set up more testing centres in regional medical colleges. Besides, the government announced dedicated COVID-19 hospitals which included both public and private institutions.

However, Bangladesh has failed to govern the COVID-19 outbreak effectively and has been struggling to manage the situation. Poor management of the COVID-19 situation has made Bangladesh one of the utmost COVID-19 exaggerated states in the world (Ahmed et al., 2020; Biswas et al., 2020b). The first confirmed cases in Bangladesh were detected on 8 March 2020. As of 9 November 2020, Bangladesh had 421,921 COVID-19 cases with 6,092 deaths.<sup>3</sup> Cases are continuing to increase due to the lack of effective governance (Figure 3).

The governance structure in Bangladesh has long experienced extensive corruption, political unaccountability, institutional unresponsiveness, government ineptness, maladministration, weak partnership and poor public involvement, compounded by the continued destruction of democracy and civic empowerment (Baroi & Panday, 2015; Hassan & Raihan, 2017; Khan, 2003; Zafarullah & Siddiquee, 2001). The existing government in Bangladesh began ruling the country in 2009 and assembled an engineered election system by constitutional amendment (Ali et al., 2021). Though the government has ruled uninterrupted for 12 years since 2008, the principles of the republic have been diminished and exacerbated by irregularities in the political process, especially elections,



**Figure 3.** Growth in COVID-19 Cases in Bangladesh.

**Source:** Institute of Epidemiology, Disease Control and Research (IEDCR), Bangladesh. (<https://iedcr.gov.bd/>).

undermining the legitimacy of the government (Ahmed, 2017). Ali et al. (2021) label the current government's nature as 'a de facto party-state' and claim that the party mechanism governs the absolute state functionaries. Thus, the COVID-19 pandemic hit Bangladesh when governance failure was at a historic high, thus making it almost impossible to tackle the pandemic's challenges. Bangladesh is a definitive instance of governance catastrophe.

Soon after the early outbreak of COVID-19 pandemic was reported in Wuhan, China, in January 2020, it was clear that COVID-19 would almost certainly be a severe pandemic (Baker et al., 2020). The Government of Bangladesh had time to develop a preventive approach to prepare for and manage the virus, but it was reluctant to respond when WHO declared the COVID-19 outbreak as a 'public health emergency of international concern' (PHEIC) on 30 January 2020. The Government of Bangladesh was not prepared to manage the pandemic and failed to manage public health.

As the COVID-19 pandemic spread worldwide, some countries had already started collecting health equipment, imposing lockdowns, implementing quarantine and developing an isolation process. However, the Bangladesh government was unresponsive in its COVID-19 catastrophe management and preparedness. The whole machinery of the government was devoted to the celebration of a previously announced year-long programme 'Mujib Year', officially termed 'Mujib Borsho' (BSS, 2020).

Although the first COVID-19 cases were detected in Bangladesh on 8 March 2020, the government did not adopt enough strategies to manage the spread of COVID disease. Two weeks later on 23 March, the health department proclaimed the country as 'risk-prone' instead of an 'infected territory' or a 'disaster-stricken area' (Ahmed, 2020) and on 26 March 2020, the government declared lockdown which was a kind of 'general holiday with restrictions on movement' (Rahman & Ruszczyk, 2020). The government failed to apply prevailing institutional and legal frameworks in its response to the catastrophe. The Communicable Diseases (Prevention, Control and Eradication) Act 2018 of Bangladesh has imposed penalties of 6 months in prison or fines of Tk.100,000 (US\$1175), or both, for individuals who fail to comply with the law. The government also failed to implement the orders to mandate wearing face masks and rules to preserve health, though the government issued at least five official orders (Kamol, 2020). The lockdown has not been successful, with around 100,000 people gathering for one funeral during the lockdown (*Dhaka Tribune*, 2020).

A capable healthcare system is essential to face the challenges, test infected people, treat patients and ensure that the health workforce has adequate PPE, face masks and sanitising materials. However, as the days passed, multiple challenges were visible in Bangladesh's healthcare system. Frontline workers were stressed to ensure their safety due to PPE shortages, compounded by fake supplies of protective equipment. Consequently, the number of COVID-19 deaths of physicians, members of law enforcement agencies and journalists has been the highest in Bangladesh (Hussain, 2020). As of 2 August 2020, at least 92 physicians had been deceased due to the virus (Sakib, 2020). Bangladesh has been conducting around 15000–18000 tests in a day. The amount of COVID-19 testing equated to

its millions of populations is minimal, and the tests are mostly concentrated on capital city Dhaka. However, in later June, the government suddenly imposed COVID-19 testing fees of Tk.200 (US\$2.5) on those who were tested at government service stations and Tk.500 (US\$6) for home-based collection of specimens. Imposing test fees has declined the number of tests; moreover, delay in getting test results and lack of acceptance of the test results are added challenges to the existing situation (Cousins, 2020a).

Strong organisational coordination can empower quick managerial action and efficacy. However, the government failed to achieve appropriate coordination among the regulatory authorities, consequently undermining the situation and missed fostering of evidence-based decisions (Biswas et al., 2020a). The Bangladesh government formed several committees to combat COVID-19. By early July, the government had formed 43 committees; however, the various government agencies and committees lacked effective coordination and collaboration (Moraol, 2020). Besides, the government's National Preparedness and Response Plan for COVID-19 served as a 'paper strategy' (p. 489) and has been executed weakly (Biswas et al., 2020a). In the initial stage of the COVID-19 global outbreak, 631,000 people returned to Bangladesh from overseas within 55 days, but instead of quarantining themselves, they met friends and families, attended public gatherings and travelled throughout the country (Anwar et al., 2020). The government also failed to establish a well-equipped and managed quarantine site for citizens returning from Italy, which was the pandemic's epicentre at the time. Consequently, COVID-19 spread all over the country.

Transparency and openness about the disease, its spread and infection rates are vital so that the public become aware of the severity of the virus and understand the importance of maintaining precautionary arrangements. However, from the earliest stage of the outbreak, the Bangladesh government's communication about the virus was 'evasive and shambolic', resulting in poor public implementation of precautionary arrangements (Bay, 2020). The government blocked information about COVID-19, supervised the media and persecuted individuals reporting the adversity. A total of 88 people, including journalists and cartoonists, were detained in 79 actions under the controversial Digital Security Act 2018 on allegations of spreading 'rumours' and 'false information' about COVID-19 (Ahmed, 2020). It is also widely accepted that the country has a much higher infection rate than the government statistics (Yasir & Gettleman, 2020).

Besides, the Bangladesh government's coronavirus statistics do not exemplify the actual COVID-19 situation as many people who died with COVID-19 symptoms across the country were not included in the death count. The deaths were reported to the authority as COVID-19 deaths only when they died after attaining a COVID-19 positive certificate; however, those admitted to the hospitals with COVID-19 signs but deceased before attaining test reports were not reported as COVID-19 deaths (Maswood, 2020). A member of the Bangladesh government's National Technical Advisory Committee on COVID-19 alleged that, 'the government's claim of 1.41 per cent fatality rate does not represent the actual fatality rate. It is surprisingly low, and the rate is a misrepresentation of the actual scenario' (Maswood, 2020).

Massive corruption in the purchase of medical supplies, as well as false COVID-19 test certificates by the private hospitals, have aggravated the circumstances. The health department bought medical equipment at three times the original price, purchased older versions of machinery, provided raincoats in the name of PPE and used partnerships with private hospitals to transform them into COVID-19 hospitals without appropriate screening (Sharifuzzaman, 2020).

Citizen participation is crucial to implement precautionary actions. However, the government failed to communicate effectively about the hazards of COVID-19 (Biswas et al., 2020a) and the importance of adopting measures and citizens' voluntary compliance with its directions. Also, the government failed to sufficiently involve non-governmental organisations (NGOs), opposition political parties, private sector health service providers, mass media and others to support national efforts in order for them to operate successfully.

Bangladesh has made incredible socio-economic growth in terms of reducing poverty, continued economic growth, better human and social indicators, enhanced life expectancy, improved literacy rates and superior per capita food production (Chakravorty, 2018; World Bank, 2020). Consequently, Bangladesh has become one of the fastest growing nations globally by its continuous economic growth (Palak, 2019). However, the COVID-19 lockdown and economic shutdown have substantially overwhelmed the economy and livelihoods. The government introduced a one-time (one month) cash support programme of Tk.2,500 per family to 5 million low-income families. However, there were irregularities and anomalies in the lists of beneficiaries, and nearly half of the entries were complained by the fund disbursement authority (Hossain, 2020). In a study, Transparency International Bangladesh<sup>4</sup> revealed political considerations in the COVID-19 crisis relief lists in 82% of its nominated study areas (Hossain, 2020). Besides, the Government of Bangladesh announced US\$8 billion stimulus packages (around 2.5% of the country's GDP). Long economic layovers have severely shaken a wide range of formal and informal economic sectors including agriculture, manufacturing, information, hotels, transport, tourism sectors, small and medium businesses, rickshaw poolers and day labourers; however, the support was mostly concentrated on the export-oriented trades (Riaz, 2020).

Finally, the government has been largely unsuccessful in introducing a collaborative governance approach to manage the COVID-19 outbreak professionally. Instead, the governance mechanisms have been characterised by negligence, mismanagement, inefficiency and corruption. Besides, the majority of the population who live a deprived, marginalised and vulnerable life have received less consideration in the COVID-19 initiatives (Rashid et al., 2020). The United Nations (UN) warned that the epidemic could result in half a million to 2 million deaths in Bangladesh due to the absence of proper preparations and strategy (*Netra News*, 2020). Bangladesh has faced various natural disasters, such as cyclones, droughts and floods, successfully. An effective strategy, preparedness, awareness and strong institutional collaboration and partnerships among the government, local communities, the private sector, mass media, non-governmental voluntary organisations, community-based organisations, international organisations and donor agencies have aided Bangladesh to battle the vulnerability

(Khan & Rahman, 2007). Despite its COVID-19 governance catastrophes, the government still has the chance to better manage the pandemic by developing proper governance arrangements.

## Conclusion

The COVID-19 pandemic, which has had dreadful outcomes for all countries, has provided an opportunity to measure national governments' competence in managing their citizens' state of affairs, which is the government's core function. The global pandemic experience shows that the number of national cases will continue to grow unless the government takes active governance steps. Some countries have tried a 'soft passive' approach based on herd immunity, and some countries have used a 'hard forceful' approach such as strict social distancing, lockdowns, testing, tracking, treatment and quarantining to manage the spread of COVID-19 (Moon, 2020). Whatever approach a country decides to apply, it must still have appropriate governance arrangements. Above all, the government has to apply its institutional and legal governing arrangements to address the catastrophe.

The Bangladesh government's governance of COVID-19 has been marked by inconsistencies, confusion, mismanagement and incoherence—all the hallmarks of governance failure and unaccountability. Bangladesh is not an exception; many countries are also struggling to manage the COVID-19 pandemic and fail to maintain public health safety. Austria, Canada, Germany, Ireland, Japan, Norway, the USA, the United Kingdom and many more developed countries are still struggling to eliminate coronavirus. However, poor control of COVID-19 situation in Bangladesh does not necessarily match these countries' initiatives and efforts in managing the situation.

Governments must study the existing COVID-19 failures and must enhance their governance capacities to minimise the spread of infection and to prepare for socio-economic recovery challenges. Governments must adopt collaborative strategies by including political parties, civil society, scholars and practitioners to ensure citizen participation. Public communication should be consistent and univocal in presenting the situation's gravity to restore transparency and trust, which may consequently increase volunteerism and community advocacy to obey rules and guidelines. Governments need to be collaborative (Huang, 2020), agile and adaptive (Janssen & van der Voort, 2020) to face the challenge of the COVID-19 pandemic and to avert a greater catastrophe.

The health sector has received significant importance in the 2020-21 national budget of Bangladesh (TBS, 2020). Around Tk.41,027 crore has been allotted to the public health area, which is 1.3% of GDP and 7.2% of the total budget. The government allocated 23.44% more fundings to the health sector for the fiscal year 2020–21 compared to last year bearing in mind the COVID-19 pandemic. The government has also proposed Tk.100,000 million to deal with any acute health crisis, and Tk.1,000 million has also been planned to help improve research in the health education and science technology areas (TBS, 2020). Corruption is a natural effect of poor governance, and the issue of corruption in the health sector

is widespread in Bangladesh (Naher et al., 2020; Rose et al., 2014). Kirya (2020) argues that 'anti-corruption, transparency and accountability' (p. 1) are crucial to constructing healthy, resilient and inclusive society. Enormous governance challenges prevail for the Bangladesh government in implementing its strategic plan in ensuing better health services. Thus, this study pleads to the need for ensuring governance in the health sector of Bangladesh.

Many research and academic institutions are working hard to develop and produce vaccines for COVID-19 and drugs to treat COVID; however, a vaccine for COVID-19 is not yet available for the mass of people. Thus, each country faces an ongoing challenge to control the spread of COVID-19. However, countries must have to ensure an adequate governance framework in place that engenders the whole of the societal approach to combat the pandemic's hardship. This research contends that national governance arrangements for the COVID-19 pandemic require participatory management, interactive policy-making, transparent communications, collaborative arrangement and community engagement where the government and public directly engage in a consensus-oriented, collective and deliberative decision-making process, that will, in turn, minimise the adversity of the pandemic. In addition to the existing research and analysis on COVID-19, this research contributes to scholarship, highlighting and exemplifying the features of COVID-19 disaster governance. However, this research is limited to some aspects of governance and focused on the country of Bangladesh. Further research can include broader governance aspects and more countries, particularly other developing countries with large populations and existing governance challenges.

### **Acknowledgements**

The hard work and dedication of frontline medical and health professionals are undeniable and contributed significantly along with other factors to COVID-19 outcomes; however, the contribution of frontline workers is not included in the analysis as the research focuses on governance strategies. The author is thankful to the editorial team of the journal and grateful to the anonymous reviewers for their sincere efforts and valuable observations.

### **Declaration of Conflicting Interests**

The author declared no potential conflicts of interest concerning the research, authorship and/or publication of this article.

### **Funding**

The author has not received any financial support for the research, authorship and/or publication of this article.

### **Ethical Approval**

The study was based on data available in the public domain; therefore, no ethical issue is involved.

## Notes

1. EndCoronavirus is an international volunteer alliance, <https://www.endcoronavirus.org/countries>
2. Wikipedia.org, accessed from [https://en.wikipedia.org/wiki/Developing\\_country](https://en.wikipedia.org/wiki/Developing_country)
3. IEDCR Bangladesh, <https://iedcr.gov.bd/>
4. Branch of the Berlin-based civil society organisation 'Transparency International' dedicated to fighting against corruption.

## ORCID iD

Khandakar Farid Uddin  <https://orcid.org/0000-0001-7694-3273>

## References

- Adikari, P. S., Pathirathna, K., Kumarawansa, W., & Koggalage, P. (2020). Role of MOH as a grassroots public health manager in preparedness and response for COVID-19 pandemic in Sri Lanka. *AIMS Public Health*, 7(3), 606.
- Agere, S. (2000). *Promoting good governance: Principles, practices and perspectives* (Vol. 11). Commonwealth Secretariat.
- Ahmed, M. A. (2017, January 5). Eight years of Awami league rule: Bangladesh at a political crossroads. *The Daily Star*. <http://www.thedailystar.net/op-ed/politics/bangladesh-political-crossroads-1340233>
- Ahmed, H. U. (2020, June 24). Coordinated response needed for tackling Covid-19. *The Financial Express*. <https://thefinancialexpress.com.bd/views/coordinated-response-needed-for-tackling-covid-19-1593014489>
- Ahmed, O., Ahmed, M. Z., Alim, S. M. A. H. M., Khan, M. A. U., & Jobe, M. C. (2020). COVID-19 outbreak in Bangladesh and associated psychological problems: An online survey. *Death Studies*, 1–10. <https://www.tandfonline.com/doi/full/10.1080/07481187.2020.1818884>
- Ali, T. O., Hassan, M., & Hossain, N. (2021). The moral and political economy of the pandemic in Bangladesh: Weak states and strong societies during Covid-19. *World Development*, 137, 105216.
- Ansell, C., & Gash, A. (2008). Collaborative governance in theory and practice. *Journal of Public Administration Research and Theory*, 18(4), 543–571.
- Anwar, S., Nasrullah, M., & Hosen, M. J. (2020). COVID-19 and Bangladesh: Challenges and how to address them. *Frontiers in Public Health*, 8. <https://doi.org/10.3389/fpubh.2020.00154>
- Baker, M. G., Wilson, N., & Anglemeyer, A. (2020). Successful elimination of Covid-19 transmission in New Zealand. *New England Journal of Medicine*, 383(8), e56.
- Baroi, H. S., & Panday, P. K. (2015). NGOs in local governance in Bangladesh: A new wave in development disclosure. *South Asian Survey*, 22(2), 156–170.
- Bay, B. (2020, June 17). 100 Days of COVID-19: How did we fail so miserably in handling it? *The Daily Star*. <https://www.thedailystar.net/opinion/magic-madness/news/100-days-covid-19-how-did-we-fail-so-miserably-handling-it-1915513>
- Biswas, R. K., Huq, S., & Afiaz, A. (2020a). Relaxed lockdown in Bangladesh during COVID-19: Should economy outweigh health? *International Journal of Health Policy and Management*, 9(11), 488.
- Biswas, R. K., Huq, S., & Afiaz, A. (2020b). Relaxed lockdown in Bangladesh during COVID-19: Should economy outweigh health? *International Journal of Health Policy and Management*, 9(11), 488–490.

- Bolderston, A. (2012). Conducting a research interview. *Journal of Medical Imaging and Radiation Sciences*, 43(1), 66–76.
- Brandtner, C., Höllerer, M. A., Meyer, R. E., & Kornberger, M. (2017). Enacting governance through strategy: A comparative study of governance configurations in Sydney and Vienna. *Urban Studies*, 54(5), 1075–1091.
- BSS. (2020, March 17). Bangladesh celebrates Mujib birth centenary today as countdown ends. *The New Age*. <https://www.newagebd.net/article/102439/bangladesh-celebrates-mujib-birth-centenary-today-as-countdown-ends>
- Chakravorty, N. T. (2018). The development surprise of Bangladesh: Its implications for other Bay-of-Bengal and Andaman Sea rim nations. *South Asian Survey*, 25(1–2), 1–26.
- Chowdhury, A. (2020, April 21). Brazil's COVID-19 response, military stages a come back. *The New Age*. <https://www.newagebd.net/article/104765/military-stages-a-come-back>
- Cousins, S. (2020a). Bangladesh's COVID-19 testing criticised. *The Lancet*, 396(10251), 591.
- Cousins, S. (2020b). New Zealand eliminates COVID-19. *The Lancet*, 395(10235), 1474.
- Creswell, J. W. (2009). *Research design: Qualitative and mixed methods approaches*. SAGE Publications.
- Dhaka Tribune*. (2020, April 18). Social distance rule turned on its head by funeral crowd. <https://www.dhakatribune.com/bangladesh/nation/2020/04/18/thousands-join-janaza-in-brahmanbaria-flouting-social-distancing-rule>
- Farazmand, A. (2004). Sound governance in the age of globalization. In A. Farazmand (Ed.), *Sound governance: Policy and administrative innovations* (pp. 1–23). Preager.
- Farazmand, A. (2017). Governance reforms: The good, the bad, and the ugly; and the sound: Examining the past and exploring the future of public organizations. *Public Organization Review*, 17(4), 595–617.
- Fukuyama, F. (2013). What is governance? *Governance*, 26(3), 347–368.
- Graham, J., Plumptre, T. W., & Amos, B. (2003). *Principles for good governance in the 21st century*. Institute on Governance Ottawa.
- Hassan, M., & Raihan, S. (2017). Navigating the deals world: The politics of economic growth in Bangladesh. In L. Pritchett, K. Sen, & E. Werker (Eds.), *Deals and development* (pp. 96–128). Oxford University Press.
- Heart, T., Maoz, H., & Pliskin, N. (2010). From governance to adaptability: The mediating effect of IT executives' managerial capabilities. *Information Systems Management*, 27(1), 42–60.
- Hidayat, S., & Negara, S. D. (2020). Special economic zones and the need for proper governance. *Contemporary Southeast Asia*, 42(2), 251–275.
- Hossain, S. (2020, July 25). Anomalies slow down cash distribution programme of govt. *The Daily New Age*. <https://www.newagebd.net/print/article/112032>
- Huang, I. Y. F. (2020a). Fighting against COVID-19 through Government initiatives and collaborative governance: Taiwan experience. *Public Administration Review*, 80(4), 665–670.
- Hussain, A. Z. (2020, July 18). Problems that lie in solution. *The Daily New Age*. <https://www.newagebd.net/article/111414/problems-that-lie-in-solution>
- Janssen, M., & van der Voort, H. (2020). Agile and adaptive governance in crisis response: Lessons from the COVID-19 pandemic. *International Journal of Information Management*, 55, 102180.
- Kamol, E. (2020, July 26). Bangladesh people ignore mandatory use of mask. *The Daily New Age*. <https://www.newagebd.net/article/112118/bangladesh-people-ignore-mandatory-use-of-mask>

- Keping, Y. (2018). Governance and good governance: A new framework for political analysis. *Fudan Journal of the Humanities and Social Sciences*, 11(1), 1–8.
- Khan, M. M. (2003). State of governance in Bangladesh. *The Round Table*, 92(370), 391–405.
- Khan, M. R., & Rahman, M. A. (2007). Partnership approach to disaster management in Bangladesh: A critical policy assessment. *Natural Hazards*, 41(2), 359–378.
- Kirya, M. T. (2020). Promoting anti-corruption, transparency and accountability in the recruitment and promotion of health workers to safeguard health outcomes. *Global Health Action*, 13(sup1), 1701326.
- Lee, M. (2003). *Conceptualizing the new governance: A new institution of social coordination*. Paper Presented at the Institutional Analysis and Development Mini-Conference. Workshop in Political Theory and Policy Analysis, Indiana University, Bloomington, IN.
- Lockwood, M. (2010). Good governance for terrestrial protected areas: A framework, principles and performance outcomes. *Journal of Environmental Management*, 91(3), 754–766.
- Maswood, M. H. (2020, September 18). Deaths with symptoms go unrecorded. *The Daily New Age*. <https://www.newagebd.net/article/116571/deaths-with-symptoms-go-unrecorded>
- Mishra, S. S., & Momin, M. M. (2020). Is citizens' trust escalating the effect of sound governance on citizens' satisfaction in Ethiopia? *International Journal of Public Administration*, 43(1), 84–93.
- Moon, M. J. (2020). Fighting against COVID-19 with agility, transparency, and participation: Wicked policy problems and new governance challenges. *Public Administration Review*, 80(4), 651–656.
- Moraol, S. (2020, July 8). More than around 40 committees to combat corona, the question about functions (Translated into English from Bangla). *The Daily Prothom Alo*. <https://www.prothomalo.com/bangladesh/article/1667693/>
- Naher, N., Hoque, R., Hassan, M. S., Balabanova, D., Adams, A. M., & Ahmed, S. M. (2020). The influence of corruption and governance in the delivery of frontline health care services in the public sector: A scoping review of current and future prospects in low and middle-income countries of south and south-east Asia. *BMC Public Health*, 20, 1–16.
- Netra News*. (2020). United Nations interagency Covid-19 memo: Without interventions, “upto 2 million” people may die in Bangladesh. <http://southasiajournal.net/united-nations-interagency-covid-19-memo-without-interventions-upto-2-million-people-may-die-in-bangladesh/>
- Olowu, D., & Wunsch, J. S. (2004). *Local governance in Africa: The challenges of democratic decentralization*. Lynne Rienner Publishers.
- Palak, Z. (2019). *By 2030, Bangladesh will be the 24th largest economy. Here's how ICT is driving that growth*. Paper presented at the World Economic Forum. <https://www.weforum.org/agenda/2019/10/bangladesh-ict-development-economic-growth>
- Rahman, M. F., & Ruszczyc, H. A. (2020). Coronavirus: How lockdown exposed food insecurity in a small Bangladeshi city. *The Conversation*. <https://theconversation.com/coronavirus-how-lockdown-exposed-food-insecurity-in-a-small-bangladeshi-city-140684>
- Rashid, S. F., Theobald, S., & Ozano, K. (2020). Towards a socially just model: Balancing hunger and response to the COVID-19 pandemic in Bangladesh. *BMJ Global Health*, 5(6), e002715.
- Rhodes, R. A. W. (2007). Understanding governance: Ten years on. *Organization Studies*, 28(8), 1243–1264.

- Riaz, A. (2020). *Bangladesh's COVID-19 stimulus: Leaving the most vulnerable behind*. <https://www.atlanticcouncil.org/blogs/new-atlanticist/bangladeshs-covid-19-stimulus-leaving-the-most-vulnerable-behind/>
- Rose, J., Lane, T. M., & Rahman, T. (2014). *Bangladesh governance in the health sector*. <http://documents1.worldbank.org/curated/en/366061468004785129/pdf/882340REVISED00TH00EDUCATION0REPORT.pdf>
- Saito, F. (2008). Decentralization and local governance: Introduction and overview. In F. Saito (Ed.), *Foundations for local governance decentralization in comparative perspective* (pp. 1–24). Physica-Verlag.
- Sakib, S. N. (2020). *Doctors plight mounting in Bangladesh amid pandemi*. <https://www.aa.com.tr/en/asia-pacific/doctors-plight-mounting-in-bangladesh-amid-pandemic/1929449>
- Sharifuzzaman., (2020, June 11). Health sector in dire straits due to inefficiency, mismanagement, corruption. *The Daily Prothom Alo*. <https://en.prothomalo.com/opinion/inter-view/health-sector-in-dire-straits-due-to-inefficiency-mismanagement-corruption>
- Tantrakarnapa, K., Bhopdhornangkul, B., & Nakhaapakorn, K. (2020). Influencing factors of COVID-19 spreading: A case study of Thailand. *Journal of Public Health*, 1–7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7301627/>
- TBS. (2020). *Health sector gets priority in the budget for 2020–21*. <https://tbsnews.net/economy/budget/health-sector-gets-priority-budget-2020-21-91807>
- Trevisan, M., Le, L. C., & Le, A. V. (2020). *The COVID-19 pandemic: A view from Vietnam*. American Public Health Association.
- Weigand, H., Van Der Poll, F., & De Moor, A. (2003). *Coordination through communication*. Paper presented at the 8th International Working Conference on the Language-Action Perspective on Communication Modelling (LAP 2003), Tilburg.
- WHO. (2020). *The first 100 days of the COVID-19 response: Past investments in health security system pay off, and learning lessons for the future*. <https://www.who.int/cambodia/news/feature-stories/detail/the-first-100-days-of-the-covid-19-response-past-investments-in-health-security-system-pay-off-and-learning-lessons-for-the-future>
- Winchester, H. P. M., & Rofo, M. W. (2010). Qualitative research and its place in human geography. In I. Hay (Ed.), *Qualitative research methods in human geography* (pp. 3–25). Oxford University Press.
- Wong, J., Koh, W. C., Alikhan, M. F., Aziz, A. B. A., & Naing, L. (2020). Responding to COVID-19 in Brunei Darussalam: Lessons for small countries. *Journal of Global Health*, 10(1), 010363.
- World Bank. (2020, October 14). *Bangladesh: Overview*. <https://www.worldbank.org/en/country/bangladesh/overview>
- Yasir, S., & Gettleman, J. (2020). Big business in Bangladesh: Selling fake coronavirus certificates. *The New York Times*. <https://www.nytimes.com/2020/07/16/world/asia/coronavirus-bangladesh-italy-certificates.html>
- Zafarullah, H., & Siddiquee, N. A. (2001). Dissecting public sector corruption in Bangladesh: Issues and problems of control. *Public Organization Review*, 1(4), 465–486.