

Smart containment strategies for COVID-19 in Bangladesh Event report

The IGC Bangladesh country team disseminated the [IGC COVID-19 policy guidance note](#) to high level policymakers including the Prime Minister's Office, Ministry of Commerce and Ministry of Planning in May 2020.

Bangladesh has no recent history of pandemic or public health crisis management; this is an emerging policy area where there was significant room to learn through discussion and dialogue. The country team realised that integrating the country context to the recommendations of the policy note would be helpful for the government, and a webinar on 'Smart containment strategies for COVID-19 in Bangladesh' was hosted on 2 July 2020 at 7pm (Dhaka time). The discussion was framed using the smart containment note recommendations. The event comprised of a panel of academics, a policymaker and civil servant and was moderated by Dr Imran Matin, Country Director at IGC Bangladesh.

The panellists included:

1. [Mr Saber Hossain Chowdhury. \(Hon. Member of Parliament – Dhaka 9\)](#)
2. Ms Farzana Khanom (UNO – Durgapur, Netrokona)
3. [Dr Minhaj Mahmud \(Senior Research Fellow, BIDS\)](#)
4. [Dr Abu S. Shonchoy \(Assistant Professor, Florida International University\)](#)

The mixed nature of panel – including researchers, a civil servant (sub-district level administrator) and a parliamentarian, helped bring forth the challenges of pandemic containment from both policy formulation and implementation of those policies. Presently, adherence to health and hygiene protocols are poor, manifested in the rapid rate of community transmission and rising pressure on a weak health care system.

The moderator started the session by introducing the panellist and noting that the conversation is aimed at bringing perspectives of behavioural economics to the current challenges of pandemic management. The country needs impactful communication strategies to induce behavioural change and boost voluntary compliance of health hygiene and social distancing protocols.

As no recent literature on pandemic or a public health crisis was available at that time for either Bangladesh or South Asia context, the academics on the panel were asked to discuss and give some guidance from existing evidence on related issues like habit formation, changes in social norms, voluntary compliance, strengthening of trust in a low-trust environment, and the strengthening of social contract. They were asked to expand on how insights from research could be utilised by GOB to design appropriate and impactful behavioural nudges and raise level of voluntary compliance of health and safety protocols and can thereby bring the rising number of COVID-19 infections under control.

Dr Mahmud noted that there is often a divergence in risk perception between experts and the ordinary individuals. But research in Bangladesh has shown narrowing this gap is possible through awareness and information campaigns incentivising less risky behaviour. For example, an information campaign on waterborne diseases resulted in safe drinking and improved sanitation practices. Similarly, giving a certification of good driving has lowered hawkish driving practices among truckers. Research has shown that belief and promise of cooperation can increase trust at an individual and collective level, therefore appropriate messaging and signalling by the state on pandemic awareness campaigns can mobilise people to cooperate and raise the level of voluntary compliance. People generally trust local government institutions more and behavioural nudges can be made more impactful by finding the appropriate nudge and making it salient through effective messaging and contextualisation.

Dr Shonchoy highlighted that behavioural nudges can be more impactful by framing them as what one stands to lose instead of what one stands to gain. Literature on habit formatting also shows that repeated messaging is needed to bring change.

These insights on how to devise impactful nudges and persuasive messaging were well received by the non-academic panellist who agreed that there is room for improvement in the communication strategy and the awareness campaigns could have been designed better.

They agreed that the message needs to gravitate towards the vernacular so that is understood by the masses; leaders in the community should be mobilised to boost pro-social behaviour like handwashing, mask wearing, etc. There needs to be sensitization on the risk of fatalities associated with the COVID-19 pandemic and framing the message in a way that it doesn't inadvertently pose a choice of either life or livelihood (this type of choice discourages adherence among the poor).

The discussion highlighted the challenges of social norms on hospitality and social gathering (on festive occasions, for religious congregation etc.) have made it difficult for people to adhere to social distancing protocols. In rural areas there is widespread misconception and misinformation about COVID-19 infection, its contagious nature and how it can affect people of all ages and walks of life. There has been inadequate language and social contextualisation of the pandemic: it is predominantly seen as an illness that affects the rich and those who live in cities (the pandemic's severity in the developed world may have contributed to this misconception). As a result, rural communities continue to be dismissive of the seriousness of COVID-19; in fact, many in rural communities believe that they are immune to it. The panellist agreed that quick and lasting changes in the traditional ways of living is difficult, and it will take time and effort to build awareness.

The lockdown implementation policy in the future might need more planning and mitigation strategies that can prevent large urban to rural temporary worker exodus. The lockdown in March-May 2020 may have inadvertently increased movement of people – poor daily wage-earners, temporary and informally-employed, self-employed individuals in the city who had no means to supporting themselves and their families during a lockdown and that were forced to move back to their native hometowns. The existing social safety net programmes in Bangladesh have been predominantly rural-focused and there is a need to expand the social safety nets in urban areas, where the public health burden of the pandemic and economic impact jobs and livelihoods have been more acute.

The issue of greater inter-ministerial and interagency coordination is necessary. The smart containment of the pandemic will need to be multi-faceted and thereby requires a multi-pronged approach with seamless coordination. There is need to leverage data to monitor the development and building of systems that can allow the state to gain nimbleness in terms of responsiveness and escalation of actions.

Mr. Chowdhury mentioned that evidence from Economics literature on infection control like malaria and dengue will be helpful for the government. He also requested that, in the future, it would be beneficial to have a similar discussion on how the Bangladeshi manufacturing sector can be supported during the pandemic. He noted that any evidence IGC could share on what policies have assisted recovery and growth in the manufacturing sector in the context of the Ebola pandemic will be insightful for Bangladeshi policymakers.

Agenda [with detailed notes for panellists]

'Smart Containment Strategies for COVID 19' – 2 July 2020 Organised by The International Growth Centre, Bangladesh Country Programme		
5 mins	Moderator	<ul style="list-style-type: none"> Introduces the topic of behavioural nudges and other interventions, and how evidence base to date can provide ideas to about behavioural changes that can assist in the COVID-19 pandemic management. Moderator's opening remarks and introduction of panellists. Starts off the discussion with Dr Mahmud.
5 mins	Dr Minhaj Mahmud	<ul style="list-style-type: none"> Provides a framing of the issue using the externality and divergence in risk perception between individual and expert level. Introduces some salient evidence on how these issues were addressed through research in Bangladesh – topics include behavioural nudge, trust, and compliance.
2 mins	Moderator	Ties/crossovers the overview to social networks and information and requests Dr Shonchoy to speak.
5 mins	Dr Abu Shonchoy	<ul style="list-style-type: none"> Provides a framing of how network and information have been leveraged for behavioural change. Introduces some salient evidence on how these issues were addressed through research in Bangladesh – awareness building, habit formation, peer effect, social accountability, etc. for transforming behaviours at the individual level and links the phenomenon to habit formation.
1 min	Moderator	Invites the UNO to speak about her first-hand experience at an upazila that is 200 kilometres north of Dhaka.
Nearing 20 mins mark		
5 mins	Ms Farzana Khanom, (UNO)	Talks about her experience in terms of adherence to health guidelines, success, lessons, and ongoing challenges and opportunities that the rural context provides for pandemic mitigation, particularly in the compliance side of individuals.
1 min	Moderator	Turns to Parliamentarian Mr. Chowdhury and asks for his assessment of his constituency in Dhaka.
5 mins	Mr S. H. Chowdhury (MP)	<ul style="list-style-type: none"> Talks about his experience in a densely populated part of Dhaka characterised by informal housing and residents with low levels of education and income. Explains his success, lessons, and ongoing challenges and opportunities that the city provides for pandemic mitigation, particularly when it comes to compliance from individuals.
1 min	Moderator	Requests that each of the researchers on the panel collectively offer propositions specific to COVID-19 and discussion so far.
4 + 4 min	Dr Mahmud and Dr Shonchoy	
Nearing 40 mins mark		
10 min	Moderator, SHC, UNO	<ul style="list-style-type: none"> Moderator opens it up for discussion but starts off with hearing from the MP and the UNO on their reactions to the propositions from the behavioural economists. Asks SHC about how he assists in building consensus among his fellow lawmakers and other policymakers at the highest level that he has access to.
5-10 mins		Questions and answer from participants.
5 mins	Moderator	Closing thoughts
Total: Approximately 1 hour and 10 minutes		