

Public Health and Urban Local Governments in Bangladesh: The Context of COVID-19

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Abstract

Being a densely populous country, addressing the socio-economic and health crises resulted from COVID-19 was a huge challenge for central and local government in Bangladesh. Literature assessing the role of central government during pandemic is enormous, yet there exist very scanty of attempts to explore the role of local government institutions (LGIs) in the ongoing pandemic. This paper fills these gaps in knowledge by making an attempt to assess the measures taken by LGIs to address the issues around pandemic situation. Finally, it comes up with a set of policy suggestions to enhance the capacity of LGIs to address the health related issues resulted from the pandemic. Finding suggests that the Local Government (City Corporation) Act, 2009 and the Local Government (Paurashava) Act, 2009 lays out the foundation and gives mandates for the Paurashavas and the City Corporations to play role during the crisis like the pandemic COVID-19. The LGIs helped Government implementing a range of measures to protect the public health and other well beings. Such measures include- implementation of social distancing protocols, banning of public rallies, community gathering, closure of institutions after designated time. In implementing these measures, LGIs have encountered a range of bottlenecks covering institutional, financial, and administrative and others. In line with the identified problems necessary policy suggestions are made to enhance the capacity of LUIs to address the pandemic situation both now and the future.

Keywords: Public Health, Urban Local Governments, COVID-19, City Corporation, Paurashava, and, Standing Committee on Disaster Management

1.0 Introduction

In Bangladesh, the pandemic Covid-19 is not only a grave socio-economic crisis but it is simultaneously an unfolding public health crisis. Like other developed and developing countries across the world, Bangladesh has been struggling to combat the pandemic COVID -19 with its limited resources since its outbreak in March 2020. Since Bangladesh is one of the most-densely populated countries of the world, it is extremely difficult to provide basic health care facilities and services to all the citizens which is one of the constitutional rights of the citizen. In the midst of this

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Though Bangladesh has the long outstanding experiences of handling the natural calamities and disasters but its know-hows and capabilities in respect of the worldwide epidemic like the COVID-19 are not so much updated, efficient and structured as well as contextual and appropriate.

Right from the beginning, the Government of Bangladesh has taken a number of initiatives to encompass the outbreak of COVID-19. In response to COVID-19, on March 16, 2020, the Government declared the closure of all educational institutes (schools, colleges, and universities). To avoid mass gatherings in order to prevent the spread of coronavirus in the country, the Government prohibited all political and religious rallies, social and cultural gatherings, and cancelled all state public programs and events, including the celebration of the Independence Day. All public and private offices remained closed from March 26, 2020, to May 30, 2020, except for emergency services. The Government also stopped public transportation and allowed limited banking services. All on-arrival visas remain suspended till the next notification, wherein the foreigners with valid visas arriving in Bangladesh from any coronavirus-affected country were advised to remain under quarantine for 2 weeks after the arrival. However, in order to normalize the socio-economic activities, the Government has gradually reduced the restrictions from public life from May 31, 2020, by lifting shutdown and opening public and private offices, shopping malls, and starting limited circulation of public transports, though the COVID-19 cases are in a growing trend.

However, in the context of addressing public health issues of the people living in the urban areas of Bangladesh, the Urban Local Governments (ULGs) i.e. the City Corporations and the Paurashavas have been institutionally and legally empowered for dealing with the pandemics like the COVID-19. This paper has made a modest effort to discuss about the concept of public health, legal framework of ULGs addressing the public health issues, a short evaluation of the ULGs in respect of public health related activities particularly the COVID-19, lessons learnt and the way forward.

2.0 A Theoretical Discussion on Public Health

The idea of public health was first conceived by Charles-Edward A. Winslow in 1920. According to him public health is the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health (Winslow, 1920). Later it was popularized by Sir Donald Acheson in 1998 who defined it as: ‘the science and art of preventing disease, prolonging life and promoting, protecting and improving health through the organized efforts of society’ (Acheson, 1998). The American Public Health Association (2012), defined public health as the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries. However, the World Health Organization’s (WHO) definition is most widely used which states that public health is an organized effort by society, primarily through its public institutions, to improve, promote, protect and restore the health of the population through collective action. It includes services such as health situation analysis, health surveillance, health promotion, prevention, infectious disease control, environmental protection and sanitation, disaster and health emergency preparedness and response, and occupational health, among others (WHO, 2011). Therefore, WHO’s refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole as the public health. Public health activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases (WHO, 2011).

Public health promotes the welfare of the entire population, ensures its security and protects it from the spread of infectious disease and environmental hazards, and helps to ensure access to safe and quality care to benefit the population. Public health is ensued though an efficient and effective public health system. The Public health systems are commonly defined as ‘all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction (CDC, 2016).

Though an organized, hierarchical and networked public health system, 10 essential services of public health are provided. These 10 essential services of public health are (CDC, 2016):

Monitor health status to identify and solve community health problems

- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships and action to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure competent public and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

These 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being. The above discussion clearly indicates the possible role of the urban local governments i.e., the City Corporations and the Paurashavas of Bangladesh in respect of ensuring public health of the people.

3.0 Legal Provisions of the Urban Local Governments of Bangladesh in Addressing the Public Health

The Municipal Administration Ordinance (1960), the Pourashava Ordinance (1977), the City Corporation Ordinance (1983) and finally the revised Unified Ordinance for the all City Corporations and the Paurashavas - the Local Government (Paurashava) Act, 2009 and the Local Government (City Corporation) Act, 2009 have clearly assigned responsibilities to the Urban Local Governments (ULGs) i.e., the City Corporations and the Paurashavas to ensure public health for their urban and peri-urban residents. These pieces of legislation have given them the mandate to provide a wide range of primary and public health services including primary health care (PHC), sanitation, water supply, drainage, food and drink, birth and death registration, vector and infectious disease control, etc. As independent autonomous bodies, the ULGs are required to ensure good health for all populations within its jurisdiction. ULGs' responsibilities cover the following charter areas of work: (i)

food and environment, sanitation, and environment control; (ii) birth and death registration and certification; (iii) veterinary services and rabies control; (iv) vector control; (v) conservancy services; (vi) medical and relief services including mobile clinic services; (vii) prevention and control of dangerous and offensive articles; (viii) promotion of public health and health education; (ix) hospital and dispensary operation and management; (x) provision of vaccination and community health; (xi) prevention of infectious and communicable diseases; and (xii) slaughterhouse operation. It appears that the ULGs of Bangladesh have been legally entrusted with a wide range of roles and responsibilities in the field of public health.

4.0 An Evaluation of the Public Health Activities of Urban Local Governments

Based on Bangladesh Government's decision, the mandate to provide urban public health services lies with the ULGs. The role of City Corporations and the Paurashavas has been redefined through the enactment of the City Corporation Act, 2009 and the Paurashava Act of 2009. These Acts have empowered City Corporations and the Paurashavas to maintain public health and establish and operate hospitals, PHC centres, dispensaries, and mobile health units for urban people. Under the Acts, all private clinics, hospitals, diagnostic centres, and paramedical institutes are subject to licensing from concerned City Corporations and the Paurashavas. However, the responsibility of ULGs for urban health support has not been fully realized due to (i) the relatively recent health problems associated with rapid urbanization; and (ii) ULG's limited human and financial resources for coping with this growing unmet need in urban health. Each City Corporation and Paurashava has a health department (HD) which provides public health services. Each HD is headed by a chief health officer (CHO), assisted by medical officers, a number of paramedics, and other staff to deal with public and environmental health, basic sanitation, and water supply. These health departments in the ULGs are beset with a number of institutional problems which eventually contribute to the non-attainment of the provisions of desired services to the people. There are insufficient resources and authorities in ULGs which hinder effective provisions of public health and PHC services in urban areas. Lack of realistic planning, organizational structure, updated management and coordination, and effective monitoring and supervision are the main features of the HDs of the ULGs. The actual organization varies considerably among ULGs, with no proper job descriptions and clear lines of authority. It is noticed that the HD staffs often perform tasks according to priorities set by the respective public representatives of the ULGs. ULGs have difficulty in recruiting qualified health personnel due to low salaries, a lack of career progression and job transfers, and inadequate pension and benefit systems. At present, the HDs have huge staff vacancies, particularly among senior management

and mid-level medical officer positions. It can be mentioned here that the ULGs are largely handicapped by the non-availability of required medical staffs to deal with issues related to the public health, in general and to the prevailing COVID -19, in particular.

5.0 Activities of Urban Local Governments Combating the COVID-19

As one of the most densely populated countries in the world, Bangladesh is severely vulnerable to the COVID-19 pandemic. To tackle the COVID-19 challenges, government has formed a high-level COVID-19 management committee and a high level technical committee at the apex level. The Directorate General of Health Services of the Ministry of Health and Welfare has prepared the National Preparedness and Response Plan for COVID-19 in March 2020. The national level plan is cascade down to local level which is aimed at preventing and controlling COVID-19 and reducing its impact on the health and well-being of the people as well as on the economy -both nationally and locally.

The activities of this national preparedness and response plan was implemented through committees from the national to the local levels, with multi-sectoral involvement representing the relevant ministries, national and international organizations and local government machineries. In line with the plan, the Government of Bangladesh took a great many initiatives to control COVID-19 transmission in Bangladesh. These initiatives include evacuations, travel and entry restrictions, social distancing measures, shutting down of all types of educational institutes, stopping mass vehicles, and finally imposing lockdown in major cities creating awareness among the people about COVID-19 symptoms through mass media, providing reliefs goods to the workless people during the lockdown, and providing daily necessities with low price.

Similar to global trends, urban areas in Bangladesh are much more affected by COVID-19 than rural areas due to high density, challenges in practicing social distancing, and concentration of informal settlements and informal economic activity. A majority of COVID-19 cases in Bangladesh are concentrated in major cities and towns where urban local government operates. As the pandemic has caused an estimated 70 percent decrease of economic activities in urban areas, the poor urban residents were hard hit (BIGD 2020). On the other hand from March to July 2020, Bangladeshi municipalities (Pourashavas) saw their annual Own Source Revenue shrink by 15 to 30 percent (World Bank 2020). All these posed a massive challenges for urban local government in Bangladesh to address Covid-19 alongside providing urban lifeline services. To tackle the challenges of COVID-19 in urban areas of Bangladesh the role of ILGIs is very instrumental. Even with limited resources,

the urban local government institutions (ULGIs) are responding to COVID-19 pandemic by undertaking public awareness campaigns and distributing relief supplies. The World Bank in a recent study on Cox's Bazar found that the initial approaches towards the COVID-19 pandemic were similar in nature across all Pourashavas as they responded to government directives to raise public awareness on the pandemic. All four Pourashavas in Cox's Bazar supported citizen awareness through loud speakers and posters, and made efforts to sanitize local markets and waiting rooms in bus stops, provided masks and hand sanitizers/soaps to the citizens, set up hand washing and sanitation stations, supplied food grains to those who were in dire need. Pourashavas mostly used their depleting own source revenue for the response.

If we summarise among others, the following are the major activities that so far have been undertaken by the City Corporations and the Paurashavas of Bangladesh in combating the COVID-19:

- Emergency meetings of the Standing Committee on Disaster Management of the City Corporations and the Paurashavas;
- Since the announcement of the lockdown, financially disadvantaged families such as the poorest of the poor, day labourers, small traders, rickshaw pullers, easy bike drivers, slum dwellers, motor vehicle workers and other types of distressed poor people were given some reliefs in the form of cash and kinds;
- Circulation of awareness-raising leaflets;
- Publicity through miking on maintaining social distance and undertaking other precautionary health measures;
- Introducing Arranging hand washing or hand sanitizing system at public places like markets, shopping malls, mosques etc.;
- Intensive arrangements of cleaning drains;
- Distribution of Personal Protective Equipment (PPE) to the workers engaged in cleaning drains and removing solid waste; and
- Arranging separate corners and emergency burials for the coronavirus deaths in the graveyard.

6.0 Lessons Learnt

Over and above providing major urban services and responding to the pandemic in areas within their functional domain, urban LGIs have a critical role to play in coordinating multi-sectoral COVID response interventions targeting individuals and households at the local level. Many donors and partners, including the World Bank, are supporting Government's strategic support to respond to COVID-19 impacts. For example, the World Bank is supporting \$100m Emergency Response and Pandemic Preparedness Project focusing on improved health surveillance and response to COVID-19 cases through social protections (i.e. cash and food support to the most vulnerable households). These interventions could be further strengthened if complemented with support to urban LGIs who can provide critical physical, social and institutional infrastructure and services to meet communities' health, food, and jobs needs. Urban LGIs have three key roles with regard to COVID-19 response: (i) working closely with the Field Administration and DPHE in providing support to public health activities; (ii) ensuring routine and critical urban services including emergency response; and (iii) coordinating as well as facilitating local sectoral activities to meet citizen need. Local Government have a critical role in effectively coordinating local recovery and resilience efforts and connecting supply side sectoral intervention with local demand and need. For example, planned actions on safety nets, jobs and skills will benefit from local government's support to labour intensive works, improving job opportunities for the urban poor. In this backdrop government of Bangladesh has initiated "The Local Government Covid-19 Response & Recovery Project (LGCRRP) with the assistance of World Bank in 2021. This project is anchored in the WBG COVID-19 Crisis Response Approach to urgently support urban local governments of Bangladesh by contributing to all four key pillars: (i) saving lives, (ii) protecting poor and vulnerable people, (iii) ensuring job creation, and (iv) strengthening policies, institutions and investments for rebuilding better. The project will specifically contribute to relief and recovery phase in saving lives and protecting the poorest and most vulnerable. In this project, as per the Ministry of Local Government DPP preparation committee, the Government has formed a local level COVID-19 Management Committee for Pourashavas and City Corporations which will act for 'COVID Response and Recovery Plans'.

The lessons learnt in addressing the pandemic COVID-19 by the ULGs of Bangladesh can be summarized as follows:

- The ULGs needs to be technically equipped to deal with such types of pandemic coronavirus diseases in terms of man-power and equipment.
- There is needs in of adequate financial allocations in annual development programmes of ULGs

- The Coronavirus pandemic is more severe than any form of natural disaster and can only get worse. Keeping this reality in mind, the City Corporation and the Paurashava Disaster Management Committees must be activated to render the best possible support to prevent the spread of the deadly virus. The impact of the COVID-19 pandemic could be minimized through proper disaster management planning and by integrating disaster management activities with local and national development plans. It is apparent that effective coordination is an essential ingredient for disaster management.
- More green spaces are to be created near to the low income areas of the City Corporations and the Paurashavas so that the poor people can spend their leisure time over there.
- The public representatives of the City Corporations and the Paurashavas need to be equally oriented towards the software issues as they are towards the hardware issues. Among the software issues, awareness building towards public health is an important matter.
- The mind-set of the public representatives of ULGs i.e., the Mayors and the Ward Councillors are to be attuned towards undertaking all possible measures to deal with the issues relating to the COVID - 19 considering as one of their responsibilities that come within the purview of ensuring public health of the people.

7.0 Conclusion

ULGIs can play a more prominent role in responding to and recovering from COVID-19 impacts and supporting urban poor, but are under-resourced and under-capacitated to do so. Bangladesh has 12 City Corporations and 329 municipalities (Pourashavas) that provide a range of municipal goods and services in urban areas. These ULGIs are important for inclusive decision-making involving their constituents and provision of major urban services, including the paving of roads and streets, solid waste management, “greening and cleaning” and ensuring the provision of water and sanitation services. City Corporations and Pourashavas are natural partners to national government in pursuing national policy objectives in urban development, such as ensuring the operation and maintenance of existing urban infrastructure; ensuring climate resilience/disaster risk reduction; as well as providing social protection and public services to the urban poor. Although LGIs account for only a relatively small percentage (about 5 percent) of total public expenditure in Bangladesh, they are nonetheless significant sources of public spending at the local level. However, this flow of finance is often constrained by numerous factors which need to well address for LGIs to address COVID-19 with due regards.

There is no doubt to say that the existing COVID-19 is a global issue but there should be local level approach which is essential to estimate the incidence and prevalence of COVID-19 at the community, to identify the proportion of the community with protective immunity (herd immunity), to plan on-going and future interventions, and to inform decision-making for gradually returning to normal activities within communities. To this effect, the ULGs can play a pivotal role in ensuring public health at the grass root level since the local conditions are more familiar to them. However, the combination of such comprehensive and integrated measures may help resist the growing trend of COVID-19 in the country and moving forward towards a new normal age.

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