

# OP-ED: Last window to tame the beast

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## **Bangladesh needs to impose a curfew-style hard lockdown for two weeks after Eid.**

On March 8, Bangladesh registered its first three Covid-19 positive cases. The first registered Covid-19 induced fatality happened ten days later on March 18.

Since then, Bangladesh witnessed a gradual rise in cases -- mostly because testing capacity in March and April was very limited.

But as our testing capacities have improved -- more than 10,000 tests are happening per day as opposed to 100 tests two months ago -- we are now registering an exponential growth in cases. As of May 23, more than 32,000 people have been tested Covid-19 positive, while more than 452 have died.

It is also essential to underscore that the actual number of deaths due to Covid-19 is probably much higher as some 1,200 people have reportedly died with Covid-19 symptoms.

A small silver lining is that more than 6,400 people have so far recovered.

If we look at the cross-country comparisons -- it is fair to say that the virus did not unfold the way it did in the Europe and the United States -- as hospitals are still running empty and mass graveyards have still not been created -- as they have been in New York and elsewhere.

What has relatively spared Bangladesh, India and other countries in the region so far?

The exact scientific explanation is still not available, but that is not an uncommon attribute of viruses and how they spread in different continents. There are many historic examples of how viruses, such as smallpox, affected different continents with different intensities due to variation in immune-systems in different host populations.

But the way it stands in Bangladesh -- there is no room for us to think that leaving it to nature will help us in any fundamental way.

The 25,000 plus Covid-19 positive cases that we currently have (after accounting for recovery and deaths) can very soon become half a million cases -- and with a 10-15% hospitalization rate -- we can very well witness a breakdown in our medical infrastructure.

Hence, it is absolutely critical that we get the health response right to this once in a lifetime crisis. To put it mildly, Bangladesh did not receive any substantial health benefits of the "lockdown" -- not because the "lockdown" as a strategy was misplaced but because it was implemented in a "Bangladesh style" -- which was literally a tragic comedy.

Places of worship remained open long into the lockdown, and people were allowed to play a cat and mouse game with police trying to enforce social distancing.

In fact, on paper, Bangladesh never adopted a "lockdown" as it went for what is now infamously called "shadharon chhuti" -- "general holiday" that began on March 26.

It remains unfortunate and perhaps unknown why policy-makers embraced this approach -- when early health dividends of a strict lockdown were visible from South Korea and Vietnam.

The only strategy that could have been useful was the imposition of a "curfew-style hard lockdown" starting from March 26 for three weeks, which could have significantly prevented community transmission.

Unfortunately, those who advocated curfew-style lockdown (even within the government) were ignored because of the strong economic interests that regrettably dominates the policy space in the contemporary world.

And it is fair to say that Bangladesh cannot sustain another two months of strict lockdown to get the health response right, as our economic pillars will be pushed to a "near collapse" threshold. This effectively means we have somehow managed to achieve the worst side of both the worlds. A monumental "shadharon chhuti" induced economic loss of roughly 3% to 4% of our GDP -- without receiving any substantial health dividends.

However, I feel, we still have a critical two weeks window to get things right (as much as possible).

During the Eid holidays and the ten days that follows it -- economic activities are generally very low. And the mass exodus associated with Eid has already happened. Hence, if we use the day after Eid to start a curfew-styled hard lockdown for the following two weeks -- then the chances of significantly reducing the community transmission is high and the economic costs associated with it will also be very low.

This is perhaps our last chance to get the health response right at a very low economic cost.

After that, whether we like it or not -- herd immunity will remain our last feasible option. But those who advocate the importance of "herd immunity" in the government by flagging the economic costs should also remember one basic point -- if Vietnam along with most of East Asia is Covid-19 free -- while Bangladesh remains a Covid-19 hotspot -- do they think our trading partners in the international arena will keep their trading window open with us?

If they can close China off -- what would stop them from not closing their doors to Bangladesh, especially if we remain incapable of containing the disease? Would that not come at an economic cost?

It is a fallacy to think that one can get the economic response to this crisis right without getting the health response right (and vice versa).

Hence, we have to be extremely careful how we plan our next one month. If we do not respect the nuances associated with this grave problem, then future history will look back at this cross-road and showcase how policy blunders can turn a serious problem into a catastrophe.

Let us avoid a catastrophe, as much as we can.

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