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OP-ED: We have framed the problem very incorrectly

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A strict lockdown starting in March would have been the best policy

The Covid-19 outbreak has almost shaken humanity's confidence in its own power -- in terms of defining what is important and what needs attention. It is, in fact, clear now that, until and unless an effective vaccine is available to most people in the world, it is very unlikely we can all return to the old ways.

But, given this new normal, it has also been clear over the last six months that countries that can contain community transmission of this infectious virus will do a far better job in terms of protecting both lives and livelihoods than countries that fail to keep the problem under control.

And by this, I do not mean taking Covid-19 cases to zero. But, by aggressively testing, tracing, and isolating Covid-19 patients and using area-based lockdown in places where new cases emerge -- as we are seeing now in Beijing -- countries have to navigate this new normal even when they have contained community transmission of this very infectious disease.

However, the good news is that the scientific protocols of imposing a strict lockdown complemented by "testing, tracing, and isolation" and social safety nets for the economically vulnerable communities is actually an effective strategy, as is evident from all the countries who have now earned a degree of mastery over how to contain this problem. Unfortunately, Bangladesh is not one of them; and it is essential to examine why that is the case.

As of July 2, 2020, Bangladesh has officially detected more than 150,000 Covid-19 positive cases. This, by all means, is probably a gross underestimation of the spread, as Bangladesh continues to have one of the lowest per capita testing in the world, even below India and Pakistan.

In fact, since the beginning of the outbreak, our testing has been systematically lower than Pakistan's, which shows that the commitment to following the official health protocol -- "testing, tracing, and isolation" and the use of a strict lockdown when one experiences community transmission -- remained much more feeble than what one expects while addressing a pandemic.

But why did Bangladesh -- which has such a strong record over the past few decades of outshining both India and Pakistan on a wide range of health care indicators, such as infant mortality, child immunization, total fertility rate, and life expectancy, underperform on managing this pandemic?

More precisely, what made our policy-makers opt for a "general holiday" and not a strict curfew-style lockdown that has now clearly given health dividends (in terms of containing community transmission) in Sri Lanka, Italy, Germany, the UK, China, and the Indian states such as Kerala?

What made us prematurely open up mid-May, which has now taken our Covid-19 detection rate to above 20% -- a rate that was witnessed during Italy's peak?

It remains quite clear to me that all these policy mistakes are a manifestation of a deeper problem, which is concerned with how we have framed the problem from the very start.

As has been evident from all the rounds of policy discussions, Bangladesh (from the very beginning) was too obsessed with getting the "balance between lives and livelihood right." In other words, it was assumed that one could somehow contain community transmission while simultaneously keeping the economy somewhat open and giving livelihoods some cushion while the public health crisis kept accelerating.

Yet, this was a wrongly framed problem.

It is evident from all the countries who opted for attaining the "right sequence" as opposed to the "right balance" between "lives and livelihood" -- ie protecting one's country from community transmission first, and giving economic recovery support later -- that this leads to countries attaining a far better outcome in terms of both protecting lives and giving livelihoods better "restarting" conditions.

In other words, now that Vietnam has contained the Covid-19 problem in one and a half months, Germany in three months, and Italy and Sri Lanka in three and half months, and almost all of Western Europe between three to four months, it is prudent to argue that Bangladesh should have taken the "basic preventive instructions" from the epidemiologists more seriously, and harnessed more clarity in defining its objective function.

That is, rather than confusing and clouding the policy-making space with inputs from economists, business leaders, and NGOs, policy-makers would have performed a far better job had it made "saving lives and containing community transmission" its most pertinent goal with the implementation of a strict lockdown on March 27, as it would have achieved a far superior outcome than what we are currently witnessing.

Of course, lack of clarity even in the United States concerning what is more important has also demonstrated that when you frame the problem incorrectly, the mightiest of economic powers can be humbled by an invisible force.

Unfortunately, Bangladesh did not benefit from the much-needed clarity concerning what are its fundamental objectives as too many stake-holders have pulled our policy-making in different directions. Furthermore, now that Bangladesh is opening up even more, it is indicative that rather than taking a "preventive approach" -- which is almost unanimously endorsed by all public health experts -- our policy-makers have taken a "curative approach."

This, I believe, is a risky gamble that policy-makers have taken -- and the chance of it being successful depends on a few very unlikely assumptions.

These assumptions are: i) The economy can recover even when economic agents can witness that a public health crisis is prolonged and aggregate demand remains very low due to higher degrees of uncertainty concerning how things will shape up over the next six months; ii) that deaths will remain within tolerable limits that the overall society view as acceptable; iii) that our public health infrastructure will not crash due to an explosion of cases like one has seen in Brazil and the US; iv) that a vaccine will be available to us within the next six months.

And, if any one or two of these assumptions fail to satisfy, citizens will incur a very acute price for this policy choice; and then empirical evidence will almost offer no support for the policy status quo.

Thus, the next hundred days will perhaps make it absolutely clear whether a strong policy correction is needed or not -- and I hope evidence and not interest group preference will dictate how we shape something as intrinsically important as a public health response.

If not anything, at least I hope, we will reflect on framing the problem correctly after the next 100 days.

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