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Public Trust in Health System to Combat COVID-19 in Bangladesh

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Abstract

Bangladesh is facing a multi-dimensional crisis with the advent of COVID-19 pandemic. A good relation between people and health system is a crucial determinant for acceptance of public health interventions during the pandemic. Bangladesh has a robust primary healthcare system and achieved some milestone MDG indicators. At the dawn of the pandemic, government took various economic and public health measures to combat the pandemic. However, the reports of corruption allegations and disruptions of core service deliveries in the healthcare system showed erosion of public trust.

Keywords: Trust; COVID-19; Pandemic; Health system; Healthcare resilience.

Introduction

Bangladesh with the highest population density in the world (170 million people in 147,000 sq.km), is one of the most vulnerable nations to COVID-19. Bangladesh has been showing a promising economic growth rate of 7.5% in recent years, but the ongoing pandemic situation has affected the country in many spheres of socio-economic domain.[1] While some of the developed nations with better health services have been struggling with the pandemic, a second wave has already hit the shores of almost all parts of Europe.[2] Bangladesh is yet to flatten the epidemiological curve of the pandemic and is struggling hard with its weak health services. As of 10th August 2020, there were 260,507 confirmed cases of COVID-19 and 3834 related deaths reported by Institute of Epidemiology, Disease Control and Research (IEDCR).[3] In addition, natural disasters related to monsoon like Amphan (cyclone), landslides and floods are aggravating the burden of COVID-19.[4]

Right now Bangladesh is facing a multi-dimensional crisis where economic crisis and recession are more concerning factors than the health casualties.[1] The ready-made garments (RMG) sector is the prime export sector of Bangladesh employing more than 3.2 million workers.[5] However, millions of garments workers have lost their jobs due to the current pandemic causing cancellations of orders.[6] Although the coronavirus situation seems to be under control in the Rohingya refugee camps, it is a high-risk area considering the average population density of 40,000 people per sq. km in the camps along with widespread illiteracy and lack of hygienepractice.[7,8] Poverty, climate change and pre-existing public health conditions can exacerbate the impacts of Covid-19 and vice versa.

Bangladesh is ranked 133rd among the 195 countries in 2016 Healthcare Access and Quality Index.[9] Islam and Biswas (2014) mentioned that the health expenditure of Bangladesh is 3% of the total Gross Domestic Product (GDP), and government bears around 34% of it and rest is out-

of-pocket expenses.[10] They have also stated that in spite of some successful stories on Millennium Development Goals (MDGs), the health sector of Bangladesh possesses multiple challenges like lack of public health facilities, scarcity of skilled workforce and inadequate financial resource allocation. There is no doubt that the current pandemic situation will put a huge burden to the existing health infrastructure and the situation can only be dealt with equal participation as well as contribution from public and private sectors.

A global pandemic can be the greatest test of mutual trust in a health system.[11] Relationship between the people and the existing health system can be very crucial to execute the public health interventions and draw cooperation from the community. An optimistic feeling assures better acceptance of the new interventions. Trust is expressed through actions and is the basis of constructing community-health system relationships.[12] A high level of trust in health system is a crucial determinant for acceptance of public health measures; while mistrust can result an opposite effect.[13]

We tried to comprehend public trust and confidence on the health sector to combat COVID-19 pandemic in Bangladesh in the light of the Trust-Confidence-Cooperation (TCC) model of Risk Management.[14] In their book Earl, Siegrist and Gutscher (2010) suggested that trust and confidence are 2 principle pathways to cooperation (Figure 1). They defined trust as the willing in expectation of beneficial outcomes and confidence as the belief based on experience or evidence for a certain future event. Trust is built on the belief that community perceives health sector is taking care of the best interests of the community through transparency and proper information. Confidence is built upon the past community experiences and health system performances during previous emergencies and core service delivery. Further both trust and confidence in a range of combination lead to cooperation.

Trust in the health system

Bangladesh has a robust health system infrastructure consisting of a network of primary, secondary and tertiary level hospitals. Around 460 Upazila Health Complexes (UHCs) and 13000 Community Clinics (CCs) have been established around the country serving the rural population at the lowest tier of the health system.[15] Studies have found a higher level of generalized trust in services at UHCs with 98% of the respondents reporting that they were dependent on the UHCs for their treatment.[16] ANC and PNC services through primary healthcare centers (PHCs) helped to achieve some of the MDGs (MDG 4 & 5) by declining under-five mortality and maternal mortality which were exemplary to the world.[17] The people are well aware of the existing health care centers around their communities and available services in those centers. The unique private-public partnership model of the community clinics are playing a pivotal role in sustainable development of community health, and building trust as well as cooperation.[15]

In early February of 2020, government evacuated around 300 Bangladeshi citizen from China.[18] Since the detection of the first COVID-19 case on 8th march, 2020, Government of Bangladesh has taken various steps to contain the pandemic.[3] A national COVID-19 response committee was formed, father of the nation Bangabandhu Sheikh Mujibur Rahman's birth centenary celebration was cancelled, domestic and international flights were cancelled, government and private offices/ institutes/factories were closed, armed forces were deployed to ensure social distancing and lockdown. Government also extended social programs to support the underprivileged section of the society providing essential food items for free or for a low cost.[19] Many of the religious centers were transformed into temporary quarantine centers and an aggressive awareness campaign was launched through mobile phone operators and online platforms.[18] Around 500 telephone

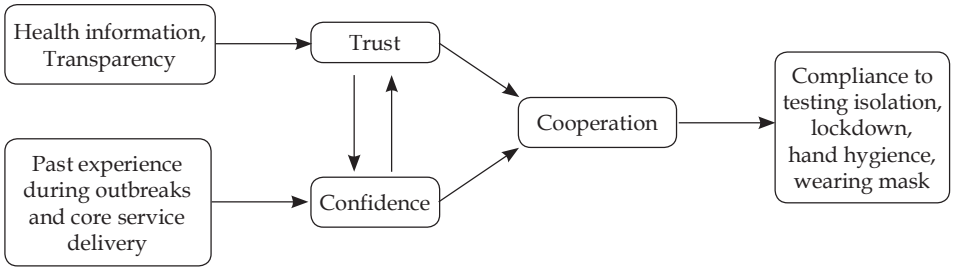

Fig. 1: The Trust-Confidence-Cooperation model.

hotlines were launched and free online courses on COVID-19 were made available for the health professionals and general public (www.corona.gov.bd). Daily news briefs about the current corona situation were also being made by the Ministry of Health on the national news channels to inform the people about the ongoing situations. Further, Prime Minister announced an economic stimulus package of $8.5 billion which is equivalent to 2.5% of the total GDP.[18]

Confidence in health system

Government PHC services consists of UHCs, Union sub-centers and Community Clinics (CCs) that serves almost 105 million people living in rural areas providing Essential Service Packages.[17] Khoorshid et al. (2020) reported the benefits of CCs as perceived by community people included free drugs (82.1%), free treatment (81.2%), easy access (76.3%), need-based health services (75.0%), and immunization services (68.6%).[15] In another study, 91% of the respondents reported that the doctors at UHCs provide compassionate services to the patients.[16] However, core service deliveries were affected during the pandemic especially with the supply and prices of medicines and personal protective equipments (PPEs) in Bangladesh.[20, 21]

Bangladesh is endemic to many communicable diseases. Although we have good success stories of Extended Program on Immunization (EPI) and Filariasis Elimination Program, a developed public health and clinical management capacity in response to infectious diseases is still inadequate despite recurrent Nipah outbreaks.[22] Currently, Institute of Epidemiology, Disease Control and Research (IEDCR) is conducting around 17 ongoing surveillance programs for some communicable and non-communicable diseases (www.iedcr.gov.bd). However, repeated outbreaks of dengue with increasing cases each time also portray the real scenario.[23] The health sector of Bangladesh faces crisis of workforce with inequity in distribution and proportion of doctor-nurse-other staffs along with number of isolation beds to treat COVID-19.[17,24] Severe shortage of PPEs was reported in Bangladesh, where 25% of doctors and nurses, and 60% of other medical staffs were found engaged treating corona patients without PPEs.[25] As a consequence, mass absenteeism was observed among healthcare staffs between January 26, 2019 and March 22, 2020 with 34.1% of doctors, 64.6% of the nurses and 70.6% of the other healthcare staffs present on their scheduled shifts at government hospitals.[26]

Bangladesh had only 192 dedicated ICU beds with ventilators in a population of around 170 million at the onset of the pandemic.[26] In response to the emergency situation total ICU beds were raised to 1169, however still the capacity were found to be inadequate with inequitable distribution.[24] Bangladesh still has one of the lowest testing rate per thousand population in the world and the news media continuously reported the great hassles that were faced while getting tested for Covid-19 i.e. connecting with hotline, delay in getting results, getting wrong results, huge cue at test centers, and samples not collected properly.[27,28]

Erosion of trust and challenges

Bangladesh has a good rural community-based health care system but urban public primary health care is very minimal. As the COVID-19 entered into the country through the capital city of Dhaka, then spread to the smaller cities and to the rural areas, the health system struggled to control the rapid infectiousness of the disease. When the pandemic started to spread rapidly within the country, people started to panic especially the city dwellers. A cross-sectional online survey in Bangladesh estimated that panic and generalized anxiety the respondents were 79.6% and 37.3% respectively.[29] The lockdown and shutdown of economic activities put additional health challenges to the poor and vulnerable, and were compelled to come out of home in search of living. Moreover, a large number of corruption cases came into limelight where many political leaders and government officials were arrested for alleged corruption related to distribution of government relief items.[30] In a popular national daily, corruption and the COVID-19 were reported as the twin viruses of Bangladesh.[31] Further remarks and statements from the political leadership specially the health minister worsened the situation.[32] The health minister said that Bangladeshi hospitals were completely ready for fighting COVID-19 and another minister made ridiculous remarks like Bangladesh was far stronger than COVID-19.[33]

The pandemic has clearly shown that there is severe lack of coordination between various government agencies, and unprepared uncoordinated mitigation measures pushed the country into health and economic crisis.[34] Unlike developed countries, Bangladesh doesn't have a centralized health system and the private sector largely provides services to the upper section of the society. This inequality generated mistrust in

the pandemic situation. There were many instances where suspected cases of COVID-19 were not admitted into the hospitals whereas people from upper socio-economic strata got care from some of the private hospitals at the cost of high health expenditure.[27] A clear negative public perception on government actions taken against COVID-19 has been reported along with failure of the Ministry of Health to communicate with the mass people.[33]

Conclusion

The ongoing COVID-19 pandemic has caused widespread panic and stress among people from all strata of the society. These unknown periods of uncertainties could be assured by a resilient trustworthy health system. Bangladesh is situated in a crossroad of development where various dynamics are working together resulting both positive and negative outcomes. When Bangladesh has set some exemplary achievements in the field of global health, the ongoing COVID-19 pandemic has shown us that many problems are still present at the foundation of our health system. At the initial phase of COVID-19 pandemic, people of Bangladesh were hopeful with government promises, economic stimulus announcements and past experiences on health system. However the subsequent spread of COVID-19 cases, allegations on corruption and hassles faced during help-seeking have made people lose their trust in the health system.

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