

# Covid-19 and Bangladesh: A Study of the Public Perception on the Measures Taken by the Government

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**Abstract:** *After the eruption of Covid-19 pandemic in early 2020, every country had to fight this virus with whatever measures they could take as a prompt response. Due to resource constraints, the third world governments could not provide sufficient opportunities for their people. Bangladesh despite having many limitations has taken some effective measures in tackling this virus including stimulus packages, free testing, free treatment and free vaccination. Besides, there are measures which were taken on a limited scale in the immediate phase of the epidemic in 2020. The measures which were taken by the government were not properly communicated to the public properly. This lacuna of communication has allowed disinformation to spread widely. This study has attempted to understand how people perceived the government measures and to what extent they were satisfied with the initial measures (March and April 2020). Conforming to the consideration of the pandemic as a war, this research contends that the actions taken by the various agencies of the state could have been taken beforehand. In addition, much robust processes were necessary to prevent this pandemic at the very early stages. This paper understands that if the government could ensure improved inter-organisation coordination; the curve of infection could have been lower with proper preventative measures such as lockdown, social distancing and aftercare treatment. The amount of time Bangladesh got before the pandemic hit in Bangladesh could have been utilised to strengthen the existing hospitals and health care facilities which subsequently could help the government to fight the pandemic in a more holistic way. Finally this study presents a list of policy recommendations so that Bangladesh can counter any further pandemic with a proper policy plan.*

**Keywords:** *Coronavirus, Bangladesh, Covid-19, Public Perception, Government, Pandemic, Health*

## Introduction

The COVID-19 pandemic has kept its mark in the world in a devastating way which apparently has cost hundreds of thousands of lives around the world. As of October 16, 2022; 6,567,441 people have died by COVID-19 and 624,661,861 persons have got infected by it (Johns Hopkins, 2022). As of October 16 of 2022, 9,091,630,218 doses of vaccine have been administered to counter the virus and

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to increase human immunity against it (Johns Hopkins 2022). Arguably, the Covid-19 virus started spreading in Wuhan, Hubei province of China in late 2019 (BBC 2020). But a formidable escalation was accentuated when this virus spread almost all around the world in early 2020. After much speculations in the public sphere, this global crisis was declared a pandemic by the WHO (WHO, 2020). Despite having a very resilient healthcare structure, the Western countries were wriggling to curb the toll. The US President Donald Trump opined that he would be pleased if the number of casualty could be restricted underneath twenty million. In addition, the UK was targeting to maintain the toll below twenty thousand (The Guardian, 2020). Albeit the virus started spreading from China, robust measures such as lockdown helped China to contain the virus in a much better way than the western countries (Zhao, 2020).

In contrast to many countries, the Bangladesh government could control the infection rate in the early two months such as there were only 88 infected cases and death toll was 9. People have had a mixed elucidation on the data conveyed by IEDCR (Siddika and Islam 2020). The country went on a complete holiday (lockdown in principle) from 26th of March 2020 for two weeks and it was to be stretched after a few months as well. As of October 16 of 2022, 29,401 people have died and 2,032,443 people got infected in Bangladesh (Johns Hopkins 2022). During the early days when Covid-19 hit in Bangladesh, the government started reintegrating social distancing and quarantine for all the expatriates. In addition, they claimed that Bangladesh is ready for fighting COVID-19 despite Dhaka centric low number of tests and lack of Personal Protective Equipment (PPE) for the frontline fighters including doctors, nurses, volunteers (Alam et al., 2021, Siddika and Islam, 2020). The response of different countries differs due to social structure, economic capacity and resources (Alam et al., 2021, Jones, 2020). That's why the UK strategy of fighting COVID-19 might not be the same as China due to their political structures (Graham-Harrison, 2020). Corresponding to this point, the Bangladesh Prime Minister Sheikh Hasina declared this fight as a war and insisted people to join the fight by staying home (BBC, 2020). Hence, the public responses in social media were mixed (Siddika and Islam, 2020). It was pertinent to look Bangladesh case as the country itself has been facing different socio-political crisis for years (Islam and Siddika 2022, Mostofa, Islam and Siddika,, 2021, Karim et al., 2021).

In such contexts, this research aims at understanding public perceptions on various initiatives taken by the Bangladesh government in the first two months of the pandemic. Another aim of the study is also to apprehend to what degree the public understanding of the government's actions resembles the factual data and how people perceive the early measures of the government. This study claims its originality from epistemological point of view by bridging public perceptions and the Bangladesh government's actions to counter the pandemic which subsequently will help the policy makers to communicate their actions to the public audience with proper strategy.

## Literature review

When this research was initiated, there were only a few academic papers on Covid-19 which compelled this study to continue with the limited resources. In addition, an earlier version of this study was kept in EdArXiv (a preprint server) so that it can contribute to knowledge production. Moreover, over the last two years, there is a good total of publications on Covid-19 and Bangladesh in peer reviewed journals. Professor Ahmed Mushfique Mobarak of Yale University led a study on the impact of mask wearing in Bangladesh. By using randomised control trial (RCT), a current popular trend of social science to understand impact which was developed by Abhijeet Banarjee and E. Duflo, Mobarak et al (2021) argued the importance of mask wearing. In their study, Mobarak et al (2021) have shown a positive correlation between masking and reduced threats of infection.

Al-Zaman (2020) in his critical exposition has described how vulnerable the healthcare system of Bangladesh is. In addition, he showed some healthcare problems in a broader spectrum which would impact the countering Covid policy. Islam, talukdar and Siddique (2020) in their highly cited paper showed how challenging the tackling of Covid-19 was for Bangladesh. Besides providing few arguments from policy perspectives, the authors augment the challenges of health care sectors in Bangladesh as well. Islam et al (2020) in their paper has asserted that Covid-19 has significantly increased anxiety of people in Bangladesh. Based on a wide perception based study, they demonstrated a correlation between stress and Covid-19. Siam et al (2021) based on Bangladesh's first seven months encounter to Covid-19 have tried to compare the situation with developed countries and prescribed some robust measures for containing the virus.

As described in various research on the impact of Covid-19 in different sectors (Siddika and Islam,2020; Mostofa, 2021; Islam and Siddika, 2023), the study of Dutta and Smita (2021) discussed about the effect of Covid-19 on education, especially in tertiary level in Bangladesh. Due to educational institutions' closure, students and faculties had to suffer and this loss would be difficult to cover in the long run. The study of Kumar and Nafi (2020) is important because they showed the detrimental threats of Covid-19 in tourism sectors in Bangladesh. Many people lost their jobs and since there were no opportunities to create new jobs in this sector, the entire tourism sector could contribute to the national economy. Yeasmin et al (2021) argued that this pandemic has already kept a longstanding psychological influence on the children. Staying home, school closures and other family and social issues accelerated the crisis. Bodrud-Doza et al (2021) have also studied Covid-19 and its implications on psychological, social and economic issues and showed how people became marginalised due to this pandemic. Banna et al (2022) have completed a nationwide cross sectional study to understand the effect of Covid-19 on psychological health of people, adults in particular. Other notable works that this study reviewed includes but not limited to Islam M.A. et al (2021) on depression and anxiety and their relation to Covid-19, Sifat (2020)

on the effect of Covid-19 on domestic violence in Bangladesh, Islam and Siddika (2023) on the implications of the Covid-19 on extremism and efforts like CVE or deradicalization (Islam 2019) in South Asia and Mostofa (2020) on the security implications of the pandemic.

Lacuna in this genre of research is twofold. Firstly, no research in Bangladesh has been conducted which specifically tried to understand public perception on the government measures before this study was conducted in 2020. Secondly, no study has been conducted on the government's measure solely based on the early interventions. To fill-up the gaps in the literature, this paper has attempted to unearth how the general people viewed the early responses from the government in Bangladesh and a set of recommendations have been provided to counter such pandemics in future.

### **Methodology**

Predominantly a stretchy research strategy was prepared contemplating the necessity of the study (Schmitter, 2008). This research was piloted by employing a mixed method strategy; incorporating both qualitative and quantitative. Qualitative approach enables (Della Porta, 2008) this research to apprehend the general COVID-19 condition and to evaluate the government actions. During this study, data was collected by using survey method and by secondary literature searching which includes journal articles, books, websites and newspapers. To get a broader picture of the public opinion regarding the actions taken by Bangladesh, the survey method enabled this research to understand their positions from diverse groups.

After defining the research problem, a survey questionnaire was developed and was posted on Facebook walls of the members of the research team and Facebook friends were asked to participate in this survey (Siddika and Islam, 2020). Survey was open for 48 hours and 190 responses were collected. The response rate was low because no professional agency was involved in this study to boost up this Facebook post asking for filling up survey forms. The survey responses were analysed accordingly with statistical calculation (Siddika and Islam, 2020).

### **Bangladesh's response to COVID-19**

Bangladesh relatively got an extended preparative period to get equipped to fight the pandemic as the first confirmed case was found in early March, which is at least two months longer than many western countries. Immediately Bangladesh helped the return of 312 Bangladeshi students from China and reserved them quarantined at Haji Camp, Dhaka (Siddika and Islam, 2020, The Daily Star, 2020). Besides, the airport authority purchased a few thermal scanners, albeit some of them got technical problems (Siddika and Islam, 2020). Institutional quarantine was commenced relatively late for the confirmed Covid-19 infected; for the returnees from overseas, home quarantine was the option unless he or she has high temperature reckoned at the airport (Siddika and Islam 2020). Instead of taking

proper measures, some of the ministers including the health minister started portraying that they were capable of countering the virus at the very outset which made some veteran leaders of the ruling party uncomfortable due to unnecessary remarks of those ministers (The Daily Star 2020). Moreover, Bangladesh lacked dedicated hospitals, testing kits, labs, training for the front-line fighters, PPEs etc. until 29 March, and as of March 30, 2020 Bangladesh could set up 10 dedicated hospitals for COVID-19 patients (Alam et al 2021, Siddika and Islam, 2020). Albeit the health Minister claimed that Bangladesh purchased 90,000 testing kits, yet the IEDCR did not use those kits for not being gold standard (Siddika and Islam, 2020).

A positive change was visible when Sheikh Hasina, the Prime Minister addressed the nation on 25th and 31st March 2020 consecutively outlining her strategies to counter the pandemic and requesting the people to stay home. The March 25th address appears to be the foremost structure of Bangladesh in facing the pandemic. She said that the government is preparing specialised hospitals and establishing a good number of testing labs countrywide (Siddika and Islam 2020). Apart from her medical advices; she requested people to maintain social distancing and self-isolation. During the long holiday period, the government started to provide aid to the low-income people in different financial means whereas a bail out of 5 thousand crore Taka for the Garment industries was declared. She ordered the government to fight any rumour and help the administration accordingly (Siddika and Islam, 2020).

From the very outset, WHO (2020) recommended threefold measures to be implemented in every country- mainlining social distance; keeping an individual in self-isolation if infected to suspected and complete closure of social mobility which is also called lockdown. According to Jones (2020) social seclusion is the situation of complete dearth of communication between people and society. Resonating the prescriptions of the WHO, the government of Bangladesh started implementing such strategies from late March 2020 with an argument that such an initiative would curtail the Covid-19 infection rate.

A good number of academic research also claims that social distancing significantly lowers the chances of the Covid infection (Zhou, 2020; Milne and Xie, 2020). For example, Milne and Xie (2020) in their paper have argued that the curve of infected people dropped considerably where social distancing was applied. This strategy has been viewed as the best method to stop spreading this disease. A flatten curve enables a relatively dawdling spread of this virus and it helps to treat the patient accordingly. For instance, China could contain this virus from spreading after two months in China by employing these stated techniques (Alam et al., 2021).

Following the scientific data, WHO requested everyone to follow the scientific mechanisms which were co-opted by the Bangladesh government immediately. So, the initial response of the government sprung from scientific advice from the

WHO. Thus, precisely the government suggested fivefold actions: long holidays (shadow lockdown), social distancing, isolation and home quarantine, aid for the marginalised, and empowering hospitals for testing and treating infected patients.

But from a critical point of view, how the public in general respond to such strategies can be a matter of discussion. Different accounts in media (The Prothom-alo, 2020, The Daily Star, 2020) exhibited that people of many places in Bangladesh despite a hard call from the law enforcing agencies didn't maintain distancing and they violated the rule; albeit social distancing is a must policy in this situation (Siddika and Islam, 2020), it is difficult to make people obey such interventions since it creates severe economic impacts (Baker, 2020).

Young people especially did have the most negative impact of lockdown because of staying home which cost their mental health along with economic, educational or social life (Gao, et al, 2020). Jones (2020) notes that a damaging consequence will be a side-effect of social distancing if actions are not taken to shrink this psychological burden for persons remaining home. Such impact facilitated some frustrated youths to become radicals because of relentless online usage (Islam and Siddika, 2023). Fearing the repercussions of staying home, the United Kingdom was reluctant to start nationwide lockdown in the early phases of the Pandemic (BBC, 2020). Like any other countries, people with low income seemed to be affected most and to minimise the implications, the Sheikh Hasina government initiated some stimulus packages.

The government affirmed a 72,750 crore BDT bailout for the RMG and other business sectors to minimise the economic impact of COVID-19 in the early months of the pandemic (Alam et al., 2021). The first 5000 crore was for the RMG sectors, the second 30,000 was given to the affected industries and service sectors as working capital on soft loan, the third 20,000 crore was disbursed to small and medium enterprises as working capital, the fourth was given to increase the Bangladesh Banks Development Funds from 3.5 billion dollar to 5 billion dollar so that they could help the importers of raw materials and the last 5000 crore was for Pre-shipment Credit Refinance Scheme under Bangladesh Bank (Siddika and Islam, 2020, The Daily Star, 2020). The prime minister was applauded from different sectors for such packages, albeit it did not cover agro-based sectors initially which was covered on later packages. But such packages were only given as a soft loan; not exclusively as aid. Critics made some points regarding the lack of detailed policy plan of the spending of such stimulus packages (Alam et al., 2021). As the chief executive of the country, she advised people to stay home and not to engage in panic buy.

Bangladesh started locked down (public holidays in particular) on 26th March shutting down offices but emergency services were kept accessible (Alam et al 2021, The Daily Star, 2020). Since the lock down situation, Bangladesh found limited cases of COVID-19 with less causality in the early weeks of the pandemic

(BBC, 2020). This method was hugely inspired from China who could contain the virus relatively better than the UK, Italy or the USA because of strict lockdown measures. Qiu (2020) in his study also mentioned that the initial success of China was brought due to lockdown. As a result, the Bangladesh government did have no alternative path rather than asking people to stay home.

## **Data demonstration**

### **Respondents and their knowledge on COVID-19**

From an open invitation, 189 responses were registered within the stipulated time frame of which 185 respondents disclosed their professions. A significant percentage of the respondents (63.8 percent) are students while 36.2 percent are professionals. Since the call for participation in this research was posted on Facebook, therefore it is likely that students will register more responses. Because young students have a propensity to spend much time online. In addition, researchers have many followers on social media. From our original data of this study, the following result can be mentioned.

“ The respondents (n=189) who took part in the survey seem to be aware of the facts of COVID-19. In response to the question to what extent they have knowledge on Coronavirus, on a scale from 1 to 5 where 1 designates minimum knowledge and 5 designates very good knowledge, 73.4 percent responded that they have good knowledge on COVID-19 whereas 3.2 percent respondent have low level of knowledge. 23 percent have an average knowledge. The respondents were mainly professionals and students over 18. That is why, most of them were aware of the facts of COVID-19 through different media. Among the respondents, nearly 99 percent are maintaining social distance corresponding to the government’s request.” (Siddika and Islam, 2020).

### **Mass support on declaring Covid-19 as war and PM’s bailout plan**

The pandemic has astounded the world leaders with the velocity it demonstrated around the world. The world leaders both from the global north and global south considered the situation as a war. Eventually they declared war against the pandemic. Seemingly, the prime Minister Sheikh Hasina declared a war against this virus to protect people from getting infected and to cure the patients (The Dhaka Tribune 2020). Subsequently, to reduce the economic impacts, the Sheikh Hasina government introduced a bailout plan, primarily for the Ready-made Garment sector and later on opened it for other sectors.

The respondents in this survey have echoed with the Prime Minister and her initial strategies. Among the respondents, 73.5 percent have shown their support for the prime Minister’s declaration of war. In contrast, only 13.2 percent respondents did not support this position while the rest of the respondents were not certain whether to support or not to support such initiatives. Siddika and Islam (2020) writes: “The position of the respondents depicts that they are also considering this situation a crisis

not only for the country with high death toll, but also for a country like Bangladesh where population density is higher than any country of the world. If it once spread, the situation could be much worse than the other states have anticipated earlier.”

In the initial phase of the pandemic, economic activities were shrinking and Bangladesh as one of the leading exporters of finished garment clothes started facing threats. To ease the threats, the government declared a stimulus package of BDT 5000 crore (The Financial Express, 2020). But most of the respondents, 66 percent, did not agree with the primary packages considering such an amount scant. The respondents considered that the amount should be increased and proper steps must be needed so that marginalised people are benefited through such incentives. A low of 9 percent participants thought the amount was enough for the RMGs as a primary bailout. Albeit the government declared a huge amount of stimulus packages for all sectors, but this study was conducted when only the first packages were declared.

### **Bangladesh’s competence of countering COVID-19, and overall health care**

Bangladesh has recently graduated to a Middle Income Country (MIC) from LDC which demonstrates the improved economic strength of the state. The development based philosophy of the existing government received enormous appreciation but the pandemic started challenging the overall state of socio-economic spectrum of the country by raising the very questions to what extent the state was ready to fight such pandemic from economic and health perspectives. Despite the progression in many visible development genres, the government, like the other developed countries in Europe and America started demonstrating the vulnerabilities regarding health issues. The participants of the survey conducted in the early months of the pandemic thought that the state was not capable of facing such a pandemic. Above 86% individuals who took part in the survey considered that the state lacks the capability to fight such pandemic in an effective way. Albeit, nearly 14% survey participants demonstrated a positive attitude towards the existing health systems.

Hospitals and Health centres are not functioning under an integrated system like the famous NHS of the United Kingdom. The health care facilities are disintegrated. Government hospitals face a lot of challenges, especially with lack of resources. Besides, private health care facilities are very expensive. When the Covid started spreading, such challenges were very evident both in public and private hospitals. There are reports where the private hospitals closed the treatment for the Covid infected patients, though they came back from that stance after the Prime Minister strictly ordered them to open the treatment from humanitarian grounds (The Daily Star, 2020).

The possible reason for public concern aggravated with the dilemma of Covid-19 equipment such as PPE, ventilators, disinfecting sprays etc. In addition, initially, the front line doctors and nurses were not well guarded since they did not receive



proper protective equipment, and training for effective delivery of treatment (The daily Star, 2020). For example, Bangladesh received only 29 ventilators as of late March. The number of daily tests of suspected Covid cases was initially limited which might contribute to the transmission faster in later months.

In this study nearly “92 percent people consider that the number of tests per day should be increased. This position corresponds to the position of WHO (2020) which suggests only more tests as the ultimate solution against combatting COVID-19. Most of the media reports showed that suspected COVID-19 patients were not admitted in any hospitals as they were not well equipped (The Dhaka Tribune, 2020). Testing kits were very limited as of March. More than 60 percent of respondents have the least belief in Bangladeshi hospitals that can fight COVID-19.” (Siddika and Islam, 2020).

### **Lockdown, public closure and public support**

After the Covid-19 outbreak, the government apparently wanted to begin a lockdown policy with immediate effect but instead the government did follow a strategic decision. The government declared a public closure of all kinds of offices and businesses for two weeks which was in principle another name of lockdown. This public closure/lockdown started on 27th March 2020 and there was a mass call for public closure/lockdown in social media and mainstream media (The Prothom-alo 2020). As a result, the government could proceed with the policy as a public demand. The importance of early lockdown can be understood from China, Italy, USA or the UK case where a delayed lockdown could result in the worst situation whereas a proper lockdown could facilitate the rapid containment. The lack of early lockdown demonstrated a lethal effect in the UK or Italy where China could show success due to strict lockdown in early 2020.

Facebook’s impression has been reflected in this research where more than “65 percent people think that Bangladesh should have gone to complete shut down since early March; 34 percent respondents consider that the moment Bangladesh started lockdown was the right moment 65 percent respondents think that this lock down should continue for 1 month whereas 25 percent think that it should be continued till late May; and 9 % people think that this lock down should be continued till June 2020.” (Siddika and Islam, 2020).

Albeit lockdown policy is relatively an effective policy to contain the virus, yet the socio-economic contexts of Bangladesh does not facilitate the state to continue such policy for a longer time, which subsequently might contribute to more social unrest, economic inequalities and rise of criminal incidents. A stretched lock down could facilitate more effective containment but that could lower the overall GDP of Bangladesh risking more people to fall into poverty traps. Thus, there are practical considerations which also guide a government to determine for how long such policy should be continued in such a pandemic situation.

### **Public attitude towards the Ministers' comments**

After the outbreak, ministers from different ministries started commenting on the government's policy in a segregated way. As a result, there was a gap among their policy options and strategies. Because of such segregated comments, public attitude towards such comments was not positive. In this survey, the participants over 80% opined that the remarks made by the relevant ministers were not appropriate and showed their dissatisfaction. For instance, a minister opined that Bangladesh is way more stronger than Covid since Bangladesh has plenty of experiences in fighting calamities (The Prothom-alo 2020). A negligible portion (1 %) participants have echoed such positions positively. In addition, ministers affirmed that the hospitals and health centres are well equipped with proper resources which received only 9% positive response from the participants of the survey. Therefore public attitude towards their remarks negatively.

To minimise such issues, the prime minister addressed the nation on 25 March 2020 which was the first kind of policy briefing. It became very common in different countries that the Prime Minister/ President delivers the policy plan to the public which was evident in the case of countries like the UK, the USA or France. So, the Prime Minister of Bangladesh delivered her policy plan to inform people about the goals and strategies; and most importantly as a joint call for collaboration. Since this address, there were visible changes in initiatives such as increasing covid testing, increase of delivering PPE and strengthening the hospitals with additional resources. As a result, 38 percent participants consider that the Prime minister should have been the sole spokesman to deliver her policy plan while 38 percent consider that she has a more robust policy job rather than delivering public speech. The data clearly shows that there has been a positive attitude and trust on the Prime Minister facing the media because "if the Prime Minister faced the media alone, this might help everyone to understand the policy of the government." (Siddika and Islam, 2020).

### **Satisfaction over government measures**

There were speculations on how Bangladesh could have been economically in leverage. Since Bangladesh is a leading RMG exporter and has experience of making good quality clothing, Bangladesh could export PPE in the world. Because after the breakout, there was a massive demand for such PPE. In addition, as a reputed nation for exporting medicine, Bangladesh could get leverage from this side too. Despite the request from countries like the USA, Bangladesh could not initially supply PPE to them (The Prothom-alo 2020). According to the data, 51.6% participants opined that Bangladesh missed the chance to get economic advantages while more than 21 percent individuals considered that Bangladesh has yet time to get such benefits. Despite such limitations, "people have a belief that if Bangladesh would utilize her preparatory time by making medical equipment, she could be in a leverage position" (Siddika and Islam, 2020).

To face such an unprecedented calamity, the government showed a mixed response of which some policies were instrumental to contain the virus. The infection rate was relatively lower than primarily anticipated due to the lockdown policy. Yet, there was a visible lack of well-coordinated efforts to reduce the lethal impact. Precisely, based on the early weeks' measures taken by the government the survey participants did make their decision whether they were fully satisfied with the actions to fight the virus where more than 40 percent participants expressed their satisfaction and around 50 percent expressed their concerns with the measures. This paper has found that despite there was a visible improvement of taking quality policy steps to contain the virus, at least from early April 2020, yet public attitude was relatively unenthusiastic. The underlying reason was the massive explosion of rumours on social media regarding the pandemic and different policy measures around the world.

### **Research grants and innovation**

A massive difference was evident between the western universities and the Bangladeshi universities. Soon after the pandemic, many universities in the UK or the USA came up with the Covid vaccine. Those universities received enormous research grants in doing such projects while such initiatives were not evident in Bangladesh. Albeit with such limited opportunities, scientists in Bangladesh especially in the University of Dhaka, ICDDR,B, BSMMU stepped up to conduct some research on such issues. In addition, they started genome sequencing on a limited capacity to identify the variants of the Covid spread in Bangladesh. Respondents who participated in this survey have opined (97 percent) that the government and external funders need to escalate the research grants for the universities. Respondents understand that the failure to impact globally in such innovation is due to the lack of proper financing in research.

### **Conclusion and suggestions**

Despite some effective early actions to contain the virus and to assist the marginalised people, the public perception has been evident as relatively unsatisfactory. The reason for this variations could be of many such as whether it is because of the misinformation or rumours or is it because of the late reaction by the government (Alam et al., 2021). It is challenging to pull a deduction brusquely. Albeit numerous assumptions can be built which can lead to future research in the concerned field. Data illustrates that the government's reaction commenced relatively late. Since people around the world started experiencing its lethal impacts, people desired faster reactions. The Prime Minister's early address could ease the situation and people would get a far-reaching policy instruction. Besides, a huge slit of coordination was evident among the concerned ministries.

This research has found that there was a huge shift of active response after the first address of the prime minister. For example, a robust measure was commenced by incorporating many dedicated hospitals for Covid patients, purchasing protective

and testing equipment. This research shows that the prime minister should have communicated her policy plans to the public instead of a segmented way as the ministers did before her speech. The Ministry of health partially failed to communicate to the public properly regarding preventing and countering the virus. Instead they failed to perceive the public demands and needs. The Ministry of information is also partly responsible for not sharing the measures taken by the government. This increased a vacuum and facilitated the rumours on social media (Alam et al., 2021). Based on the study, a few policy suggestions can be offered for working in a more comprehensive way to counter any pandemic.

Firstly, the government's policy should be communicated by the honourable Prime Minister directly to the media once such a big crisis comes. Otherwise, there is a chance of miscommunication. Secondly, the government must create a dedicated and inclusive scientific advisory committee who will be accountable to the prime minister. Thirdly, the health system must be revolutionised and the government must have the maximum share in health investments. Fourthly, the bailout plan should have been communicated in a more inclusive and better way. Fifthly, all the hospitals need to act in collaboration where each hospital must be kept open with appropriate shields for the vanguard doctors and nurses. Sixthly, there must be a well checked list of the marginalised people so that the government can send them aid when time comes. Finally, this paper emphasises on improved public relation offices of every ministry so that they can properly communicate their measures. Because the lack of proper communications helps to spread misinformation regarding the crisis.

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Notes : A pre-print of this study with raw data analysis was submitted in pre-print server Edaxiv and osf for knowledge dissemination. This study was one of the earliest studies in such field in early 2020.

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