



RESEARCH PAPER

**COVID-19 PANDEMIC:
COMMUNITY ENGAGEMENT COULD BE THE
BEST APPROACH FOR MITIGATION**

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History sometimes taught us how to mitigate the crisis however it is natural disaster or health pandemic. But when the pandemic was spread over with super-pace, at first it was succeeded mostly to penetrate the fear and panic among the masses of the community, even among the state-leaders and policy makers. This was the most uneven fact for handling any pandemic and it was true for the COVID-19 that was origin from Wuhan, China and made a desperate voyage speedily to all over the globe. Medical History has many testimonies, but it is not highly exercised in the education system or other knowledge areas in any community.

Due to the lacking of historical knowledge of disease control that was criticized mostly by **Siddhartha Mukherjee** in his famous book **The Emperor of All Maladies: A Biography of Cancer** where he cited Susan Sontage, 'Illness is the night-side of the life, a more onerous citizenship. Everyone who is born holds dual citizenship, in

the kingdom of the well and in the kingdom of the sick'¹. And throughout the Book, he exampled from the history how to manage disease in past and remembering the **Great Philosopher Voltaire**, '**Doctors are men who prescribe medicine of which they know**

little, to cure diseases of which they know less, in human beings of whom they know nothing'.²

Probably, he indicated, not to depend all time on the Medical Professionals for fighting against any pandemic or rampant disease, due to lack of knowledge. Now the question is, has any message for us from Mukherjee, how to

The world faces a global health crisis unlike any in the 75-year history of the United Nations — one that is spreading human suffering, crippling the global economy and upending people's lives. COVID-19 is threatening the whole of humanity – and the whole of humanity must fight back. Global action and solidarity are crucial. UN Secretary General

handle against COVID-19 Probably, that he commented to The Daily Ananda Bazar, in an Interview in recent past and indicated please take learning from Africa how they fought against pox in last century. That was fully community involvement and traditional approach;

¹ S. Mukherjee, The Emperor of All Maladies: A Biography of Cancer, p-01, SCRIBNER, 2010, New York.

² Ibid.

but when we are waiting for one Vaccine, without having taken real step in protecting and preventing COVID-19, what waits next for mankind.

UNO has declared hurriedly few protocols for fighting against COVID-19 that would be mid-term and long-term strategy but failed to manage early response though UNO declared Financial Aid for the poor countries. But not money, real problem is the Human Resources and Health Structural-setting. In Bangladesh, Health Structural-setting is praiseworthy that is fully public but does not functioning properly at root-level, though have the opportunity till this time.

Scott Guggenheim from Center on International Cooperation, New York University has indicated, 'In the fight against COVID-19, governments must harness an underutilized but highly effective tool—traditional community solidarity and volunteerism'³. So, it should be needed to engage community organs in the stream of fight

against COVID-19. And this is mostly important for Third World Country.

UN Secretary General, commented in his Foreword of GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19, "The world is only as strong as the weakest health system. This COVID-19 Global Humanitarian Response Plan aims to

enable us to fight the virus in the world's poorest countries, and address the needs of the most vulnerable people"⁴.

Regarding Response Approach, this UNO document advised for 'The response approach is

guided by humanitarian principles as well as by inclusivity, gender, protection and community engagement principles. The importance of involving and supporting local organizations is emphasized given the key role they are playing in this crisis, which is increasingly being characterised by limited mobility and access for international actors.⁵

³ Scott Guggenheim, COVID-19 and Community Responses, Policy Paper, April, 2020, CIC, NY, USA.

⁴ António Guterres, António. UN Secretary General, Global Humanitarian Response

Plan Covid-19, United Nations Coordinated Appeal, April–December 2020.

⁵ Ibid, P-24-28

But when it has been screened, it is characterized highly when it is seen two mitigation strategies have been practiced greatly as early response as **like Lockdown and Quarantine** to fight against COVID_19. But this is possible for short time approach than the long-time practice.

The response approach is guided by humanitarian principles as well as by inclusivity, gender, protection and community engagement principles

Because, no person can survive in such manner, so it needs to be a good strategy that is beyond lockdown or quarantine and be patient-sensitive.

So, it needs a social responsive approach where people be supported by other people especially neighbors, relatives, friends, health professionals and other respective agencies. Considering the situation, it demands new mechanisms where COVID-patients or any pandemic-patients will be supported by their neighbor or kin

and for doing that a social responsive strategy will be needed as early where **patients (mothers and children)** will be saved in physically and psychologically.

Another failure is Social Agencies have failed to join hand together for fighting against pandemic without

knowing their responsibilities or avoiding tendency. And meanwhile, it is proved that social organizations are failed to work jointly against such pandemic and failed to make any communication with those patients. Besides, less actions have been taken yet to make any platform in consisting with local CBOs, NGOs, Local Government agencies, Educational Institutions for creating awareness among the people against the present health problems and its affects.

Bangladesh reported its first confirmed COVID-19 case on 08 March 2020, reached 100 cases on 9 April, exceeded 200 cases within the next two (2) days, so the case doubling time was 2 days. The case doubling time of new cases was later slowing down from two to three, then five days. As of 01 June 2020, the case doubling time in Bangladesh remains five (5) days. Available data allows us to see how quickly the number of confirmed cases increased in Bangladesh and some other countries in the WHO South-East Asia region: India, Indonesia, Thailand and Sri Lanka (**COVID-19; Situation Report No-#14**, WHO, Bangladesh, 01 June, 2020).

UN Secretary General remind us, 'The world is only as strong as the weakest health system. This COVID-19 Global Humanitarian Response Plan aims to enable us to fight the virus in the world's poorest countries, and address the needs of the most vulnerable people'. This is reality and that is faced by the third World Countries even in South Asia as Bangladesh and India mostly.

Community Engagement and Volunteerism should be the most effective power that is existed inside community and it is needed to involve them as early against COVID_19 prevention approach.

effective power that is existed inside community and it is needed to involve them as early against COVID_19 prevention approach. Present history teaches us that without mass people and all segments of society's engagement, it is difficult for any government to handle the such pandemic diseases. Finally, it needs to address all the strata that related to health system including policy, action and collaboration.

Community Engagement and Volunteerism should be the most

I conclude it with Sun Tzu which commented, '*It is said that if you know your enemies yourself, you will not be imperiled in a hundred battles, if you do not know your enemies but do know yourself, you will win one and lose one; if you do not know your enemies nor yourself, you will be imperiled in every single battle*'.'

Recommendations

- All Medical Professionals' personal health-security and rights should be protected.
- Community should be engaged mostly that support the mainstreaming health system.
- Government's Family Planning Structure, Community Clinics will be used as treatment agents at rural areas.
- All NGOs, CBOs, Educational Institutions should be engaged for COVID-19 protection.
- Private Clinics, Medical Hospitals, Diagnostic centers may be imposed for COVID 19 Treatment.
- COVID_19 TEST KIT would be available at any place especially pharmacy at rural level.
- Good numbers of COVID_Volunteers should be promoted for urban, semi-urban and rural level services.
- Mobile Hospital could be introduced and practiced throughout the country for on-spot test and medication.
- Preparation should be confirmed for supply-chain for reaching Vaccine and Medicine to the remotest person(s).
- Research both Biomedical, Public Health, Social Impact could be introduced for sustainable solution.
- Networking among all practical Health Authorities should be established in-country and globally. And should be ensured Vaccine and Medicine availability from home and abroad.

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