Wah Academia Journal of International Law and Policy
Volume 1, Issue 1, Mar 2026, pp. 01-15
https://doi.org/10.63954/2zp7tj63

Article Information

Received: 9 Jan 2026

Revised: 17 Feb 2026

Accepted: 10 Mar 2026

Published: 30 Mar 2026

Original Article

Health Laws and Impact of COVID-19: A Socio-Legal Study in Bangladesh

Syed Sarfaraj Hamid[1]

Author to whom any correspondence is to be addressed.
e-mail: sarfaraj_shovon@yahoo.com

Keywords: Health Laws, Covid-19, Legal Consequences and Social Impact

Abstract

COVID-19 originated in China and subsequently spread worldwide. It reached Bangladesh in March 2020, and after a few days, it became a threat to the people of the country. While the people of Bangladesh were suffering greatly, some individuals tried to benefit through illegal means, such as providing fake certificates, low-quality masks, PPE, and other medical supplies. There are several laws in Bangladesh, and by enforcing those laws, the situation can be improved. This study will examine the relevant laws relating to health. It will also consider the issue from social, economic, and other contextual perspectives. Finally, this study will attempt to identify the present situation and provide specific recommendations through which the people of Bangladesh can be protected.

Introduction

As the coronavirus outbreak spreads swiftly around the globe, many nations are implementing nontherapeutic preventive measures, such as travel restrictions, remote work arrangements, state of emergency declarations, and most importantly social seclusion. However, Bangladesh, a lower-middle-income country with one of the densest populations on the planet, presents difficulties for these efforts. This study has provided information on the current COVID-19 situation in Bangladesh as well as the laws governing the health sector. It also includes information on the

[1]Professor, Department of Law and Justice, Bangladesh University of Business and Technology – Bangladesh

penalties for breaking the legislation, which makes it easier for a person to understand the law at a glance. The country can lessen the effects of the epidemic if the government, citizens, and health specialists work together quickly, sympathetically, and empathically. They can also help from other countries.[2] Some people are trying to be benefited at this situation by illegal way. Those has been addressed by the authority and they will be punished by law. Although the Government and Judiciary is not sincere to upgrade the Health laws which can protect any illegal situation for this great sector. But the present pandemic situation is considered a big problem for the nation and the law is not adequate to protect the illegal job relating to health sector. The law should be stronger and a new act can make to remove corruption of health sector and another act Covid-19 which could be followed by the doctor, private medical, clinic holder and the people in general.

❖ Objective of the Study

The object of the study is to indicate the situation of covid-19 in Bangladesh and its impact. Another object is to deal with the law which regulates health sector. How the law can give protection of the health sector, what the law says close to make the private medical, clinic, and paramedical. This study also shows violation of law at the time of the pandemic Corona virus, what their fault, and the way the law can insure their punishment. This research also gives finding what are the lacking of law which will give proper protection of the health sector. Finally, the given sanction how the government can make this sector free from any illegal matter any how the law can give proper protection of it.

❖ Arrival of Covid-19 in Bangladesh

The COVID-19 pandemic in Bangladesh may be a part of the corona virus disease pandemic that began in 2019 and was brought on by corona virus 2 that causes severe acute respiratory syndrome (SARS-CoV-2). It was determined that the virus had spread to Bangladesh in March 2020. The country's epidemiology agency, IEDCR, reported the first three confirmed cases on March 8, 2020. Since then, the epidemic has spread over the entire country day by day, and both the number of affected persons and their numbers have been rising. From 23 March to 30 May, the state was put on "lockdown," and the administration prepared the required measures to

[2]https://www.frontiersin.org/articles/10.3389/fpubh.2020.00154/full

raise awareness of the syndrome and protect the populace.[3] On July 5th, Bangladesh hit two somber milestones: 160,000 cases; and some 2,050 deaths; two days later, Bangladesh passed France in terms of instances. On July 12, the number of recoveries within the nation outnumbered the number of open cases.

Medical professionals worried that not enough testing was being done. Social media posts and newspaper articles were mentioning new COVID-19-symptomatic patient fatalities. In hospitals located within the districts, COVID-19 isolation centers, a variety of the deceased were treated. Despite the fact that patients with symptoms were being reported across the nation, testing remained for a long time restricted to the Institute of Epidemiology, Disease Control and Research (IEDCR) in the nation's capital, Dhaka.[4]

- **Social Distancing Measures**

The government announced a ten-day statewide holiday from March 26 through April 4 on March 23, the day Bangladesh had 33 confirmed cases. All public and private offices were to be closed, with the exception of emergency services. People are instructed to adopt social withdrawal and stay at home. Advice was provided to stay away from them because conveyance would be limited.[5] The media has referred to the action as a "lockdown," albeit a "relaxed" one. The military was asked by the administration to ensure social alienation. The government has 290 teams of military deployed, according to ABC News Australia, and the capital city of Dhaka had deserted streets with shuttered roadside businesses. Thousands of people reportedly fled Dhaka for their villages, according to the report. Throughout April and May, the "general holiday" (lockdown) was repeatedly prolonged until it was formally lifted on May 30, 2020. Due to the impossibility of permanently limiting people's sources of income, the majority of nations on Earth have already been forced to ease shutdown restrictions. Additionally, it is not even remotely feasible for a developing nation like Bangladesh. The majority of the *Rohingya* refugee camps

[3] "Bangladesh confirms its first three cases of coronavirus". Reuters. 8 March 2020. Archived from the original on 27 March 2020. Retrieved 27 March 2020.

[4] Reynolds, Matt (4 March 2020). "What is coronavirus and how close is it to becoming a pandemic?" Wired UK. ISSN 1357-0978. Archived from the original on 5 March 2020. Retrieved 5 March 2020.

[5] Coronavirus outbreak: Govt. orders closure of public, private offices from March 26 to April 4 Archived 30 July 2020 at the Way back Machine, the Daily Star, and 23 March 2020.

are located in the Cox's Bazar District, which Bangladesh declared to be under "full lockdown" on April 9. The government order stated, "No entry, no exit."[6]

On September 1st, the final set of limitations on public mobility were formally abolished. These limitations have included banning outdoor movement from 10 PM to 5 AM (save in extreme cases), closing all stores, bazaars, and malls after 8 PM, and so forbidding meetings, demonstrations, and large-scale gatherings (which had come into effect from 4 August). The limits on buses, which had forced them to operate with fewer seats than necessary and charge higher rates to passengers, were also announced to be ending by the Road Transport and Bridges Ministry on August 29. Many medical professionals voiced their alarm at the news. Dr. Nazrul Islam, a former vice chancellor of BSMMU and a member of the National Technical Advisory Committee for COVID-19, said "The disease transmission rate should be less than 5%, but up to this point, there have been 15.97% daily positive cases, with nearly 17% on Monday. It is therefore frequently stated that the time for removing constraints has not yet come." The Daily Star newspaper also quoted Professor Muzaherul Huq, a former World Health Organization advisor for the South East Asia region, as saying that "lifting of restrictions from public conveyance was a risky move if the physical distancing is relaxed in public transport, transmission would definitely rise."[7]

- **Travel and Entry Restrictions**

The Hazrat Shahjalal International Airport in Dhaka announced on January 22 that by screening travelers from China, where the virus at the time had infected over 300 people and killed six of them, they had put the airports on notice to limit the spread of the corona virus in Bangladesh. According to the airport, its thermal scanner scans passengers to look for any infections in those coming from China. The Shahjalal International Airport's director stated that medical staff at the airport would check for fevers, coughing, breathing problems, and sore throats. Any travelers experiencing symptoms were to be reported to the nation's Institute of

[6] Coronavirus: Rohingya camps in Bangladesh put under 'complete lockdown' Archived 28 July 2020 at the Way back Machine, The Straits Times, 9 April 2020.

[7] Lifting of Restrictions: Untimely, risky". The Daily Star. 3 September 2020. Archived from the original on 2 September 2020. Retrieved 9 Sep.

Epidemiology, Disease Control, and Research for additional evaluation, he said.[8] On February 2, the Bangladeshi government decided to stop issuing Chinese tourists with on-arrival visas. The Chittagong port also declared that the port health officer would inspect every crew member of ships arriving from East Asian nations as a preventative measure to stop the spread of coronavirus from ships that deliver goods from around the world.[9] On March 14, all nations' on-arrival visa policies were suspended, and flights from all other European nations except the United Kingdom were halted. According to reports, this reduced the number of visitors to the beaches in Chittagong and Cox's Bazar.[10] On June 16, 2020, international flights resumed from the Dhaka airport with just Qatar Airways and Biman Bangladesh Airlines initially being allowed to fly. Emirates started operating fewer flights to Dhaka on June 24.[11]

- **Impact on Economy**

In Bangladesh, 13% of people are now unemployed; poorer and middle-class people The COVID-19 epidemic has significantly impacted household and individual level wages in income groups, which have seen a major decline in income over the past few months. As a result, the country dwellers' discretionary income is trending downward. According to the Bangladesh Institute of Development Studies, national poverty is expected to rise by 25.13 percent (BIDS).[12] Most significantly, the pandemic has reduced exports by 16.93%, imports by 17%, and average revenue for all small and medium-sized businesses (SMEs) by 66% in 2020 compared to 2019. The pandemic has taken a significant toll on most economic sectors. Unusually, only remittance inflow has increased this year by 11%.[13]

---

[8] Virus prompts temperature checks, extra cleaning at airports". ABC News. Archived from the original on 29 July 2020. Retrieved 28 March 2020.

[9] "Chattagram port takes measures to fight coronavirus". New Age. Archived from the original on 28 March 2020. Retrieved 28 March 2020.

[10] Irfan Noor Uddin, Roadbed Shahed, Defusing Bangladesh's COVID-19 time bomb Archived 28 July 2020 at the Wayback Machine, Atlantic Council, 30 March 2020

[11] "Emirates resumes Dhaka flights from Wednesday". Dhaka Tribune. 24 June 2020. Archived from the original on 9 September 2020. Retrieved 15 August 2020.

[12] Latifee, Enamul Hafiz; Hossain, Md Sajib (14 August 2020). "Switching between job and entrepreneurship". The Financial Express (Volume: XXVII, No.: 263). City Publishing House Ltd. International Publications Limited. Archived from the original on 9 September 2020. Retrieved 22 August 2020.

[13] Ibid.

❖ **Impact on Education**

Over 40 million students attend the roughly 200,000 educational institutions located throughout Bangladesh. To stop the spread of COVID-19, Bangladesh stopped all of its educational institutions in March. published on March 17. When there were 8 confirmed cases in Bangladesh, the government said that all schools would be closed for the rest of March. During this time, Dhaka University was also shuttered. The shutdown will now last until April 9, according to the Education Ministry. Dhaka University, however, announced on April 9 that it might stay closed permanently if situations weren't improving.[14]

In July 2020, Dhaka University began offering online courses, just like many other colleges and universities. Experts and students have expressed concerns about Bangladeshi students' capacity to participate in online classes due to the fact that less fortunate students, especially those residing in rural areas, lack the essential technology and internet connectivity. Some claim that taking online classes will merely widen the "educational gap," whereby the most disadvantaged students—who typically receive scholarships to attend public universities—fall behind their peers due to a lack of accessibility.[15] HSC result has given counting on SSC and JSC result. On 24 August it had been announced that the PEC exams won't not be held, with assessments to be conducted by schools instead. Then on 27 August it had been confirmed that the JSC would not be held either and a circular was issued extending the school closure until 3 October.[16] All Bangladeshi tutorial institutes were to be shuttered till November, according to some education experts. Others wanted the nation's educational institutions to all reopen by the end of October. According to education specialists, none of Bangladesh's tutorial institutions will reopen until either the maximum rate of infection growth is 2% or the minimum infection repetition duration is 30 days. All academic institutions won't reopen until either the daily maximum of new cases is 3,000 or the daily minimum of recoveries is 1,500. According to some education experts, all educational institutions will reopen as long as the minimal recovery rate is 50%.

[14] The Business Standard, 27 April 2020. Archived from the original on 6 June 2020. Retrieved 14 August 2020

[15] "Online classes: Increasing the education divide". The Daily Star. 17 July 2020. Archived from the original on 18 July 2020. Retrieved 14 August 2020.

[16] https://tbsnews.net/bangladesh/crime/jkg-provided-1925-fake-covid-19-certificates-db-113782

- **Fake COVID-19 Certificates**

After it was discovered that Regent Hospital in Dhaka had issued hundreds of bogus COVID-19 negative certifications without doing the testing, multiple arrests were made in July 2020. According to a RAB spokeswoman, the hospitals "carried out 10,500 coronavirus tests, of which 4,200 were authentic and the balance, 6,300 test results, got without doing testing." It is predicted that these unlawful activities may bring in two to three crore Taka (about 230,000 to 35,000 USD). Mohammad Shahed, the chairman of Regent Hospital, was apprehended after a nine-day manhunt while wearing a burqa close to the Indian border. In spite of Regent Hospital's license having expired in 2014, which was apparently known to the health services division of the health ministry, Regent Hospitals had signed an agreement with the DGHS in March to provide COVID-19 testing.

1.9 Existing Laws Relating to Health in Bangladesh

Law is the body of rules which can protect external human action, law can protect crime. In health sector law plays a vital role because there has a huge opportunity to make crime by giving fake certificate, date expire drug and illegal drugs. There are so many laws, what to do at the time of pandemic situation.

The Epidemic Diseases Act, 1897 impose restrictions on epidemic diseases that are harmful. Whenever it is determined that the nation or any part of it is visited by or threatened with an outbreak of any dangerous infectious disease, the government may take, require, or authorize someone to require such measures as well as prescribe temporary regulations to be observed by the general public or by a person or class of people. The screening of passengers traveling by train or other means, and as a result, the segregation of passengers suspected by the inspecting office of having contracted any such sickness in a hospital, temporary housing, or other settling. A person disobeying any regulation or order made under this Act shall be deemed to possess committed an offence punishable under section 188 of **The Penal Code, 1860**.

The Infectious Diseases (Prevention, Control and Eradication) Act, 2018 directs that Any location that provides healthcare for contagious diseases, including a clinic, hospital, or diagnostic lab, may be examined and the appropriate actions may be taken by the Directorate of Health. It may also instruct someone with knowledge of the ailment to give the Directorate an equivalent. Additionally, the Directorate may impose quarantine or isolation measures on a person in any hospital, temporary hospital, establishment, or their home in order to stop the

disease from spreading. Movements inside the nation are likewise restricted by this Act, including arrivals of planes, ships, buses, trains, and other vehicles. The Director of Health or another authorized authority may proclaim the entire world to be sick and enact Section 11 of the Act if it is clear to them that the disease in a given area cannot be eliminated or confined. Additionally, the Director or any other authorized official may order the isolation or relocation of the afflicted person to a designated place if there are grounds for suspicion that the disease could also spread from that person. The Act also requires that any occurrences of contamination under Section 10 be reported to the Civil Surgeon by the concerned health professionals and the respective owners and managers of hotels, boarding(s) or residential locations. According to Section 18, the responsible officials will instruct the owner or caretaker of the transport to demand the required procedures for disinfection if they have grounds to think that the transport is infected with the disease and Sections 25 and 26 of the Act contain penal provisions. According to Section 25, failing to comply with any orders of an equivalent nature or preventing any Director General, Civil Surgeon, or other empowered officials from carrying out their legal obligations is punishable by up to 3 months in prison and/or a fine of up to BDT 50,000. On the opposite hand, Section 26 penalizes the furnishing of false information. A person who provides false or misinformation regarding any contain despite possessing the right information are often sentenced to maximum two months of imprisonment and/or a fine of BDT 25,000. To sum it up, it's evident that prompt and effective actions are crucial to tackle the COVID-19 pandemic. The Government should notice the urgency of the matter and implement the relevant laws.[17]

The Bangladesh Medical Waste Management and Processing Rules 2008 govern how hospitals and other medical facilities in our nation dispose of their waste. Other laws governing the handling and processing of medical wastes do not exist. However, a broader interpretation might also make section 269 of the Penal Code of 1860 relevant. According to the clause, anyone who negligently or illegally

[17]https://www.thedailystar.net/law-our-rights/law-analysis/news/the-laws-relating-communicable-diseases-1892692

commits any act that could lead to an epidemic and endanger the public's health will be sentenced to six months in prison, a fine, or both.

The Medical Waste Management and Processing Rules' Rule No. 8 specifies the seven divisional areas' designated dumping zones. However, due to the pressure of an increasing number of hospitals in Dhaka, there is only one designated dumping ground for the disposal of medical waste, and even that is severely inadequate. In accordance with Rule No. 3, seven divisional authorities were to be established in each of our country's seven divisions within three months of the Rules' implementation. Unfortunately, despite the fact that the law has been in effect for 11 years, neither the divisional authority nor anybody else has taken care of the management and disposal of medical waste. In accordance with Rule No. 7, wastes must be kept separate from other general waste while being gathered, wrapped, stored, and transported. However, the majority of hospitals dispose of their waste by combining it with regular trash without sterilizing an equivalent. Due to the lack of defined protected places for the disposal of medical wastes, the waste is dumped in open areas like dumping grounds or canals, hurting the environment and organic phenomena. Three different licenses would be required to affect the disposal mechanism under Rule No. 5: (1) wrapping and storing, (2) collecting and transportation, and (3) refining and removal to a third party. Unfortunately, one stakeholder will act as a third party to complete these three jobs. In the end, realizing a compact disposal mechanism becomes exceedingly challenging. Any of these processes causes the wastes to mix. Under Rule No. 6, third parties were also expected to receive training for a better disposal system. Training for the Bangladesh Medical and Dental Council will collaborate with the creation of a sound medical waste removal system because the divisional authorities have not been established.[18]

The Penal Code 1860 refers section 269, 270 271 which are related with negligent act likely to spread infection of disease dangerous to life and disobedience to quarantine rule. For these punishments have been stated in the Penal Code, 1860 The City Corporation Act, 2009 directs the provision of Registration of Private Medical, Clinic, Etc. u/s 112 and u/s 113 this Act has stated the punishment for being Failure of Registration.

[18] https://www.thedailystar.net/law-our-rights/law-watch/news/effective-management-medical-waste-1875757

Some Illegal Incidents and Violation of Laws in Bangladesh

The investigation into last year's incident is virtually finished, and the DB Police is getting ready to charge JKG executives in the coming days. Authorities looking into the case against JKG Health Care discovered that the company was operating illegally and had given out 1,925 fake Covid-19 certifications without performing any checks. The Dhaka Metropolitan Police's Detective Branch filed charges against JKG CEO Ariful Islam Chowdhury and his wife Dr. Sabrina Arif Chowdhury after nearly concluding its probe. Arif is accustomed to referring to himself as the CEO and chairman as needed. Sabrina also liked to put herself forward.[19]

Bangladesh hospital owner accused of issuing thousands of fake negative coronavirus test results to patients at his two clinics was arrested on Wednesday while trying to escape to India during a burqa, police said. The conclusion of a nine-day manhunt for Mohammad Shahed following accusations that he had issued patients with fictitious certificates claiming they were virus-free without ever having them tested. He was detained while attempting to flee to India on the bank of a border river. Shahed is also accused of charging for COVID-19 treatments and certificates despite having agreed with the government that his hospitals in the capital city of Dhaka would provide free medical attention.[20]

The key to dealing with any health crisis is readiness, and Bangladesh now faces many obstacles in containing the virus's spread as a lower-middle class nation. While continuing the lockdown at any cost with stricter maintenance, the country has to expand its testing and healthcare. The Government has to be sincerer to address those institution and people who are violating laws and the punishment should be stricter because those organizations were not fare about this existing law.

- **Status of Covid-19**

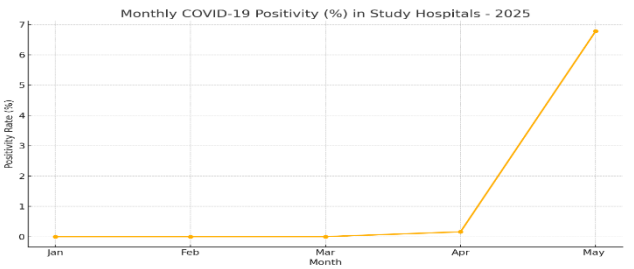
Two new SARS-CoV-2 Omicron sub variants, XFG and XFC, have recently been detected in Bangladesh, with health authorities noting a gradual rise in COVID-19

[19] https://tbsnews.net/bangladesh/crime/jkg-provided-1925-fake-covid-19-certificates-db-113782

[20] https://www.aljazeera.com/news/2020/7/16/bangladesh-arrests-hospital-owner-over-fake coronavirus results

positivity in recent months. These sub variants are descendants of the JN.1 lineage and were first identified at Chattogram Medical College Hospital in April 2025.

Latest data from **icddr,b's hospital-based influenza surveillance sites** across nine districts Kishoregonj, Rajshahi, Cumilla, Khulna, Jashore, Sylhet, Barishal, Chattogram, and Dinajpur indicate a noticeable increase in cases. In May 2025, the new variants accounted for approximately **7% of patients attending study hospitals**, marking a significant uptick from earlier in the year when the positivity rate remained near zero.[21]



Source: icddr,b website, News and Events Page

Despite this increase, icddr,b scientists have emphasised that there is currently **no major reason for public concern.** However, they stress the importance of maintaining standard COVID-19 precautions, particularly in light of the emergence of new variants.[22]2.1 Findings

After considering the socio-economic condition of Bangladesh in this issue there are several findings, which are stated below:

Bangladesh is an overcrowded county and the corona virus can spread man to man easily. Some greedy people are providing fake Covid-19 certificate, fake mask and fake PPE. Unregistered private medical, clinic is giving treatment of coronavirus. Sufficient testing labs are not available in all districts. The law has not provided strict punishment if anybody is found guilty for the violation of discussed laws in this paper. People has not sufficient knowledge of Covid-19 and people are not aware of Covid-19. The people generally aren't conscious of law so most of them has not any

[21]https://www.icddrb.org/news/new-covid-19-variants-detected-in-bangladesh-no-major-cause-for-alarm-yet-09-06-2025

[22] Ibid

knowledge about Infectious Diseases (Prevention, Control and Eradication) Act, 2018. Adequate and relevant judgment are not available for the violation of existing laws regarding Covid-19 in Bangladesh.

Recommendations

To ensure health laws and to form sure treatment and to get rid of illegal job concerning health, it'll be possible only if the issues are solved in a proper way. The possible solutions are stated below:

It is urgently necessary to expand testing labs to every district and important locality in order to examine every patient exhibiting symptom. Numerous testing kits are also required for leading aggressive case detection.[23]

Lockdown is not a practical proposition in Bangladesh, since a significant percentage of the population struggles to make ends meet. Among the COVID-19 prevention measures, it is recommended to implement destructive case and contact tracing, tight quarantine, screening, as well as education to promote excellent hand hygiene practices.[24]

Social activists, television and medium, social workers, and non-secular and political leaders should come to the fore to assist within the dissemination of scientifically factual information on COVID-19 among the mass population of Bangladesh.

The prevailing law concerning health should be applied round the county and it'll remove corruption and therefore the owner of the private hospital and clinic should be warned to maintain the law.

The Anti-Corruption Commission (Bangladesh) should be sincerer to scrutinize the corrupted people of health sector both from upper level and lower level. A separate court or tribunal may be formed

The laws concerning health isn't adequate because the punishment isn't so strong which will a matter of worry of the people. Therefore, the existing laws have to

[23] https://www.dhakatribune.com/health/coronavirus/2020/04/11/covid-19-immediate-expansion-of-testing-labs-todistricts-needed.

[24] Webster RK, Brooks SK, Smith LE, Woodland L, Wessely S, Rubin GJ. How to improve adherence with quarantine: rapid review of the evidence. *Public Health.* (2020).

modified directly, if necessary relevant fresh statute can be prepared to protect the existing disputes.

The government of Bangladesh can make an Act for Covid-19, it'll propose people what they ought to do and if they violate it, the punishment should be included.

The people have to be given massive idea about the Infectious Diseases (Prevention, Control and Eradication) Act, 2018. The government can provide relevant advertisement throw the media, television channel and banner.

Conclusion

The current new coronavirus (Covid-19) epidemic has disrupted regular life cycles all around the planet. The World Health Organization (WHO) has classified Covid-19 as a pandemic, which means the virus has reached Bangladesh as well, despite the fact that it is killing thousands of people every day throughout the world. Physical separation between people is the most crucial preventive step as there is neither a vaccine nor a cure for the virus and it spreads extremely quickly through human contact. Although Bangladesh is a heavily populated nation and Dhaka is one of the most populous, globally recognized cities, it lacks basic medical services. Bangladesh is facing a great problematic situation with Covid-19 the worker has lost their work and the economy in being falling down. The Govt. has to be technical, strict and technical to solve the existing problems regarding Covid-19. At the same time the conscious people have to create social awareness. Finally, the it can be said that Covid-19 chapter can be closed with the cooperation of each other and by implementing the existing laws carefully.

Bibliography

ABC News. (2020). Virus prompts temperature checks, extra cleaning at airports. Retrieved March 28, 2020.

Atlantic Council. (2020, March 30). Defusing Bangladesh's COVID-19-time bomb. By I. N. Uddin & R. Shahed.

Bangladesh Institute of Development Studies. (2020). Poverty estimates during the COVID-19 pandemic.

Dhaka Tribune. (2020, June 24). Emirates resumes Dhaka flights from Wednesday.

Dhaka Tribune. (2020, April 11). COVID-19: Immediate expansion of testing labs to districts needed.

Frontiers. (2020). COVID-19 situation in Bangladesh. Frontiers in Public Health. https://www.frontiersin.org/articles/10.3389/fpubh.2020.00154/full

icddr,b. (2025, June 9). New COVID-19 variants detected in Bangladesh: No major cause for alarm yet.

Latifee, E. H., & Hossain, M. S. (2020, August 14). Switching between job and entrepreneurship. The Financial Express.

New Age. (2020). Chattagram port takes measures to fight coronavirus.

Reuters. (2020, March 8). Bangladesh confirms its first three cases of coronavirus.

Reynolds, M. (2020, March 4). What is coronavirus and how close is it to becoming a pandemic? Wired UK.

The Business Standard. (2020, April 27). Educational institutions closure in Bangladesh.

The Daily Star. (2020, July 17). Online classes: Increasing the education divide.

The Daily Star. (2020). Coronavirus outbreak: Government orders closure of public and private offices from March 26 to April 4.

The Daily Star. (2020, September 3). Lifting of restrictions: Untimely, risky.

The Daily Star. (2020). The laws relating to communicable diseases.

The Daily Star. (2020). Effective management of medical waste.

The Straits Times. (2020, April 9). Coronavirus: Rohingya camps in Bangladesh put under complete lockdown.

The Business Standard. (2020, August 24). JKG provided 1,925 fake COVID-19 certificates, DB says.

Webster, R. K., Brooks, S. K., Smith, L. E., Woodland, L., Wessely, S., & Rubin, G. J. (2020). How to improve adherence with quarantine: Rapid review of the evidence. Public Health.

Al Jazeera. (2020, July 16). Bangladesh arrests hospital owner over fake coronavirus results.

Declarations:

Author's Contribution:

- **Conceptualization, and intellectual revisions**
- **Data collection, interpretation, and drafting of manuscript**
- The author agrees to take responsibility for every facet of the work, making sure that any concerns about its integrity or veracity are thoroughly examined and addressed

- **Conflict of Interest**: NIL
- **Funding Sources**: NIL