Active restraint warranted for averting a K-shaped pathway

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The COVID-19 has been stained with harrowing experiences of health anxieties, job insecurity, eroded income and an overall curtailed control over life. Apart from the severe health risks, it has revealed the fault lines in the socio-economic structures of Bangladesh that have been aggravated, mangled by the ravages of the global pandemic.

The effects of polarisation and differentiation are visible in the fragmentation of the intermediate classes —the higher income percentiles seize newer avenues of income owed to a growing physically-disjointed productive sector while the vulnerable lower income percentiles face significant income erosion and are flung into poverty. The median income tier in the intermediate classes also experienced partial income erosion that has substantially reduced their standard of living.

The principal quarry of the COVID-19 crisis was the healthcare sector. Faults in the public health sector have been exposed by the COVID-19 outbreak as hospitals are overburdened with patients. While Bangladesh's doctor-to-patient ratio is 5.26 per 10,000 people, the second-lowest in South Asia (WHO, 2019), the total budgetary allocation is 0.9 percent of the GDP vis-à-vis the WHO's recommendation of 5 percent. The gaping setback in the allocation over the years was, in turn, reflected in the inadequacy and inefficacy of public and private healthcare in combating the blows of the COVID-19. The pandemic shows that the health care requires a radical change, and universal healthcare service needs to be promoted to ensure accessibility and affordability, with reforms beginning with primary healthcare.

The COVID-19 has severely affected education of an estimated fifty million students from the primary to university level while it would increase the rich-poor disparity in the education system. Since 44 percent of Bangladeshi households have no television set and an even greater number of people have no access to the internet, a huge number of children from poor families have lost access to education.

However, the precarity of the Bangladeshi youths began long before the COVID-19 outbreak, as prospects for employment; quality education and skill formation were persistently scant. According to the International Labour Organization (ILO) and the World Bank, 27.39 percent of young people were not employed in any form of employment, education or training.

A lifecycle-based universal social security system, comprising income support, national health care services, child benefits, housing benefits, disability living allowance, invalid care allowance, state pension and job seekers' allowance, has to be put in place to reduce the impact of shocks on the growing number of vulnerable people. Social security constitutes the mechanism for the protection of human rights by way of ensuring accessibility, availability and affordability of public health and education.



Therefore, active restraint policies, such as the provision of public goods and adoption of structural reforms, can lead to a relatively equitable recovery, thwarting possibility of a K-shaped one of wealth concentrating upwards in the hands of a few while a significant majority sliding down. Under the circumstances, a proactive and accountable state is the key to making such a sustainable and equitable recovery.

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