PRESSEERLÄRUNG

AMNESTY INTERNATIONAL

14. Mai 2020

Index: ASA 13/2268/2020

BANGLADESH MUST PUT HUMAN RIGHTS AT THE CENTRE OF ITS COVID-19 RESPONSE STRATEGIES

Human rights must be at the centre of all prevention, preparedness, containment and treatment efforts in response to COVID-19. As the total number of confirmed cases crosses 17,000 and 269 deaths, the measures adopted in recent weeks have fallen short of respecting, protecting and fulfilling the human rights of people infected by the virus, at risk of infection, or part of the wider population.

Bangladesh reported its first case of COVID-19 in the capital Dhaka on 7 March 2020,[1] while the first COVID-related death reported in Dhaka on 18 March.[2] According to the government's Directorate General of Health Services (DGHS), as of 13 May, the country has 17,822 confirmed cases across all 64 districts and 269 deaths.[3]

Bangladesh faces particular challenges in dealing with the COVID-19 outbreak given its existing poor health infrastructure.[4] International co-operation and assistance is required to ensure that the Bangladesh government can meet its health needs in response to COVID-19, consistent with human rights law and standards. The government must respect, protect and fulfil the right to health, the right of the health workers, the right to social security, the rights of the workers in the informal sector, and the right to access to information and freedom of expression. The Bangladesh authorities must also protect the right to health of nearly a million Rohingya refugees, who are at the greatest risk of being disproportionately affected by the pandemic.

This public statement highlights some of the key human rights concerns arising from the Bangladesh government's responses to COVID-19 and urges the State to ensure that human rights are respected, protected and fulfilled at all stages of its preparation, planning and response to COVID-19.

RIGHT TO HEALTH AND THE RIGHTS OF HEALTH WORKERS

Under the International Covenant on Economic, Social and Cultural Rights, to which Bangladesh is a state party, the authorities have an obligation to guarantee the right to health, which includes "the prevention, treatment and control of epidemic, endemic, occupational and other diseases."[5]

Amnesty International is concerned about disturbing reports in the media where hospitals did not admit ailing people exhibiting COVID-19 symptoms. According to media reports, on 26 March, a 16-year-old school girl from the southern Chattogram district developed a cold,

fever, and cough.[6] Her father tried four public and one private hospital for six days — none of them admitted the girl. Her father told the media that doctors refused admission upon hearing about her symptoms. She was forced to take treatment at home, and was later tested negative of COVID-19. On 28 March, a 22-year-old boy working as a shop assistant returned from his Dhaka workplace to his Naogaon home with high fever, a severe cold and asthma.[7] He approached five government hospitals—four of them denied him admission fearing his exposure to COVID-19. Finally, when Rajshahi Medical College Hospital admitted him, he succumbed to his illness on the same day. On 9 April, a 53-year-old man from Cumilla fell sick with a high fever, cough and asthma.[8] For the next 24 hours, his wife tried to admit him to eight hospitals — four government and four private — but was turned away by all of them. The patient eventually died on 10 April.

An Amnesty International investigation found that the hospitals refused to admit people with symptoms of COVID-19 despite having capacity to diagnose and treat them. Medical staff working in 12 of the aforementioned public hospitals told Amnesty International that these persons were turned away because hospital staff feared being exposed to potential COVID-19 cases.[9]

While health care systems around the world have been facing capacity constraints to tackle the numbers of people affected by COVID-19, governments have a responsibility to use their maximum available resources to ensure that people have access to timely and quality health care. Amnesty International urges the Bangladesh authorities to investigate the circumstances of the cases where people were denied treatment and take urgent steps to ensure that all persons can access timely and adequate health care.

In dealing with the COVID-19 outbreak, Bangladesh, given its poor health infrastructure, is facing a significant challenge. According to a World Bank estimate, in 2017, Bangladesh's per capita spending on health care was only USD 36.[10] Public health spending in the country has been historically very low — the healthcare spending has remained at 0.9% of the Gross Domestic Product (GDP) between 2007 and 2019,[11] only increasing to 1.02% the current fiscal year.[12] However, in terms of budgetary allocation, the annual public health spending has rather declined in 2020, with the country allocating BDT 29.5 billion [approx. USD 3.6 billion] to health care, which amounts to 4.9% of the total budget— 0.2% less than the previous year's fiscal allocation.

In the wake of the COVID-19 crisis, the government has nevertheless stepped up its efforts to meet the growing demand for medical equipment. On 19 April, the Bangladesh Air Force transported from China, 1,222,000 surgical masks, 7,500 N-95 masks, 130 thermometers, 2,000 protective gloves, 10,200 medical safety glasses, and 10,459 Personal Protective Equipment (PPE).[13] Private donors and other countries have also come forward to support Bangladesh's struggling health system. On 26 March, the Jack Ma foundation donated 300,000 facemasks and on the same day, China sent a shipment of 10,000 testing kits, 10,000 PPE and 1,000 infrared thermometers.[14] According to the government's Directorate General of Health Services, as of 12May 2020, the country's total PPE stockpile is 409,401.[15]

These steps, while encouraging and positive, have not made up for Bangladesh's shortfall. The country has just over 550 ventilators (0.000003 per capita) and 1257 intensive care units (0.000007 per capita) for 170 million people,[16] and a shortage of doctors and other trained health workers. According to DGHS, 3,654 doctors (0.00002 per capita) and 1,320 nurses (0.000008 per capita) are available across the country to treat COVID-19 patients, and—as of 12 May, only 38 testing facilities are available across the country.[17]

The shortage of necessary medical equipment has not only made the frontline health workers' job difficult, it in fact puts them at the greatest risk of being exposed to COVID-19. Doctors and hospital representatives across the country have already been complaining about the lack of testing equipment, and PPE. On 16 April, in a live video conference with the

Prime Minister, a Resident Medical Officer of Narayanganj Government Hospital alleged that they do not have access to any testing facilities or any N-95 grade surgical facemasks to treat COVID patients.[18] On the same day, an anaesthesiologist working in the southern district of Noakhali's General Hospital posted on Facebook, that the government has not provided the hospital with a single N-95/ KN-96/ FFP2 surgical facemask.[19] A physician from the hospital confirmed to Amnesty International that they do not have any N-95 grade facemasks to treat COVID-19 patients. The authorities, instead of taking immediate steps to supply the hospital with required facemasks, have issued a show-cause notice requiring the whistle-blower to clarify why he spoke about the issue in public.

Such inactions took enormous toll on the health workers. According to the Bangladesh Doctors Foundation, as of 11 May, at least 669 doctors, including 403 senior nurses, have tested positive for COVID-19 and three senior physicians have died of the disease.[20] This is especially poignant when physicians themselves succumb to the disease owing to a lack of critical care. A physician serving in Sylhet's MAG Osmani Medical College Hospital was the first physician to die from COVID-19 in Bangladesh.[21] During his 10-day battle with the illness, he repeatedly called the hospital authorities to arrange an intensive care unit (ICU) ambulance to transfer himself to Dhaka. However, his request was denied because no ICU ambulance was available. A representative of the Osmani Medical Director of MAG Osmani hospital confirmed to the media that there was no ICU ambulance in the facility.[22] The physician eventually had to find a private ambulance and arrived at Kurmitola General Hospital in Dhaka on 15 April, seven days after he had contracted the disease, where he succumbed to his illness.[23]

In fulfilling the right to health, the State is obliged to "minimize the risk of occupational accidents and diseases, as well as to provide a coherent national policy on occupational safety and health services," including medical staff's working conditions.[24] This includes adequate and appropriate PPE, information, training, and sufficient and high-quality psychosocial support, which are all needed to support nurses, doctors, and other crisis response staff.[25]

In treating COVID-19, doctors, nurses, and other medical staff therefore must have access to necessary protective gear to perform their job effectively, and must have been trained to use those gears effectively in order to protect themselves from exposure to the disease. The World Health Organization (WHO) has published interim guidance to prevent and control the infection during treatment when there is a possibility of novel coronavirus (COVID-19) infection.[26] The guidance recommends the use of appropriate PPE for health workers when COVID-19 is suspected.

SOCIAL PROTECTIONS AND WORKERS' RIGHTS

The Bangladesh authorities introduced a 10-day nationwide lockdown[27] from 26 March to 4 April 2020, which was later extended thrice to 16 May.[28] The government has shut down all activities other than emergency services and put in place restrictions on movement of all kinds of public transport.[29] Inevitably, these measures have had serious impact on people's right to work and their right to adequate standards of living. Particularly the people living in poverty, lower incomes, and the people working in the informal sector are more severely impacted by the shutdown.

Bangladesh authorities, nevertheless, have taken a range of measures since the imposition of "public holidays" and the closure of businesses in order to mitigate the economic impact of COVID-19. On 31 March, the government announced a BDT 50 billion [approx. USD 588 million] stimulus package for garment exporting industries.[30] The loans are intended for the export-oriented garment industries that are facing income losses due to the pandemic and are unable to pay factory workers. According to the government guidelines, the money must be utilized to pay workers affected by the crisis over a period of three months.[31] On 5 April,

the Bangladesh government announced an economic stimulus package of about BDT 725 billion [approx. USD 8.5 billion] targeting mostly businesses through financing schemes at subsidized interest rates.[32] On 13 April, the government announced an additional BDT 7.6 billion [USD 850 million] cash incentives for informal sector workers, who had lost their jobs due to the pandemic.[33] The government has allocated a further BDT 7.5 billion [approx. USD 840 million] to provide health insurance for public sector employees most at risk of COVID-19 exposure, and a BDT 1 billion [approx. USD 118 million] bonus payment for frontline health care workers.[34] On 16 April, the Prime Minister declared an expansion of the social safety net coverage from existing five million beneficiaries to 10 million.[35] Under the programme, the people under coverage will get ration cards for food purchase at a subsidized rate.[36] The government has also declared another BDT 5 billion [approx. USD 589 million] loan package at 5%interest rate for the farmers.[37]

However, except the food rationing measure, there is still a lack of clarity about how the money in other packages will eventually reach the people affected by the crisis. Daily wage earners and the people living below the poverty line can barely afford the policy uncertainty when their need is immediate and urgent. According to the Bangladesh Bureau of Statistics, more than 40 million people in Bangladesh (24%) live below the poverty line, and 22 million of them (13%) live in extreme poverty—earning less than two dollars a day.[38] A recent study by Brac[39] assessed the impact of the COVID-19 lockdown on more than 2,500 low-income people living across Bangladesh.[40] The study found that more than 60% of the respondents had lost 75% of their income, and 14% of those living below the poverty line did not have any means to feed their families. Those above the poverty line have also been exposed to the economic shock in the wake of the pandemic. Of the total 60 million workers employed in formal and informal sectors in Bangladesh, 85%, which is more than 53 million people, work in the informal sector.[41] An overwhelming majority of informal workers, who are mostly daily wageearners, are directly affected by the closure of regular business and the ban on transport communication.[42]

The formal sector workers too are affected by the closure of business and industries. As per the Bangladesh Bureau of Statistics, nearly 5.8 million people work in more than 50,000 small, medium and large manufacturing units, including garment industries.[43] The largest number of formal sector employment comes from the ready-made garment industry that employs about four million people, mostly women, at more than 4,500 factories.[44] Workers in this sector, with a minimum wage of BDT 8000 [approx. USD 96], barely manage to make their living from their employment and hardly have any savings.[45] A 2012 International Finance Corporation study suggests that 75% of the garment workers do not save anything, and those who do, save only BDT 500 - 1000 [approx. USD 6-12] a month.[46] The prolonged closure of factories due to the pandemic has put the entire group at risk of starvation. Many of them also appear to have been largely ignored in the government stimulus package. As per the government's guidelines, garment factories with 80% production dedicated to exports are qualified to borrow money from this package at a reduced 2% interest rate, to pay the workers' salary for three months.[47] However, according to 2015 estimate by BGMEA, at least 20% of export-oriented factories sub-contract their work, which will remain outside of this arrangement.[48]

Another population group disproportionately affected by COVID-19 is older people. As per medical practitioners, older people are among those considered to be at high risk of being severely ill if infected by the virus. There are 12 million people in Bangladesh aged 60 and above.[49] According to the government's Department of Social Security, only 39% (4.4 million) of them are covered under the Old-Age Allowance, a social protection programme, where a person older than 60 years and above receives BDT 500 [approx. USD 6] per month.[50] With no universal pension scheme in Bangladesh this amount is meagre. Again, there is no incentive in any of the government stimulus packages specifically targeting this group of people. The COVID-19 lockdown also negatively impacted the supply-chain of basic

commodities leading to price hikes, which has further affected older people's ability to make ends meet.[51]

Bangladesh's social security budget for 2019-20 is BDT 744 billion [approx. USD 9 billion]—amounting to more than 14% of the national budget and 2.6% of the GDP.[52] Existing social security programmes cover only about 8.9 million people.[53] However, given the sheer scale of the COVID-19 crisis and the overwhelming number of people affected by the pandemic in a population of 170 million, the current measures taken by the government may need to be significantly expanded in order to mitigate the negative impact of the crisis.

Under international human rights law, states have an obligation to protect and fulfil people's right to social security. Article 9 of ICESCR obligates that state parties must take positive action to facilitate the enjoyment of social security.[54] The Committee on Economic, Social and Cultural Rights (CESCR) in its General Comment No. 19 of 2007 (Paragraph 2) states that "the right to social security encompasses the right to access and maintain benefits, whether in cash or in kind, without discrimination in order to secure protection, inter alia, from (a) lack of work-related income caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member; (b) unaffordable access to health care; (c) insufficient family support, particularly for children and adult dependents."[55] Based on Paragraph 59 of the General Comment, the intended "benefits" must include essential minimum levels, namely essential health services, residence and housing, water and sanitation, food, and the most basic forms of education. Paragraph 34 of the General Comment No. 19 of 2007 firmly states that the social security system must also include workers of the informal sector.

As a party to the ICESCR, the Bangladesh authorities must guarantee access to benefits for workers experiencing income reductions due to this pandemic and must ensure that it upholds the right to an adequate standard of living for all, including workers in precarious employment and low-income workers. These benefits must meet the minimum essential level described in the General Comment, which includes food, housing and health services

Amnesty International urges the Bangladesh authorities to significantly expand its social protection programmes from its current level in order to provide immediate economic relief and food ration to the daily wage earners, and other low-income groups, who lost their income substantially due to the shutdown of businesses and restricted freedom of movements. The Bangladesh authorities must assess its capacity to expand the existing social security programmes to cover the COVID-19 affected people in line with international human rights standards and request assistance from the international community for where it sees gaps and is unable to guarantee necessary protections.

PREVENTING STIGMA AND DISCRIMINATION

The principles of equality and non-discrimination contained in different human rights instruments must remain central to all government responses to COVID-19.[56] Non-discrimination is a non-derogable obligation which applies to the exercise of every human right guaranteed under international law. In accordance with ICESCR General Comment 20, health status is a prohibited ground of discrimination; states should ensure that a person's actual or perceived health status is not a barrier to realizing the rights under the ICESCR; and states should adopt measures to prevent the stigmatization of persons on the basis of their (real or perceived) health status, as this can undermine their ability to enjoy their human rights.[57]

However, the COVID-19 crisis in Bangladesh has unfolded a disturbing pattern of stigmatization, public-shaming and discrimination of medical staff, patients and their families.[58] There are also reports emerging of violence perpetrated against migrant workers who have returned from their jobs overseas, labelling them as carriers of COVID-19.[59] In

some cases, the authorities have failed to protect people from stigmatization and violence, and in other instances the authorities themselves have emerged as perpetrators of such mistreatment.[60]

Migrant workers and other travellers, who have recently returned from overseas, are facing increasing harassment by both the public and the government. The public is treating them as carriers of COVID19, while the government, instead of testing and isolating suspected cases, has implied in its actions that every returnee is a potential carrier. For instance, on 22 March, in the Shariatpur district, a mob beat a 50-year-old man, suspecting him of having recently returned from abroad.[61] He was actually travelling to his relative's place in Barisal district's Ujirpur Upazila. The Shariatpur district has observed one of the largest inflows of migrant workers returning from overseas during the COVID-19 crisis.[62] The locals were fearful that the person could be one of those migrants and a potential carrier.

On 23 March, the Upazila and District administration, and the police in the southern district of Jessore, marked the houses of more than a thousand families of migrant workers who had returned from abroad with red flags[63] — usually considered a bad omen and a sign of "danger"[64] in Bangladeshi society and culture. Amnesty International spoke with relevant officials and locals from several districts and documented similar incidents in Sylhet, Tangail, Bagerhat, Nature, Brahmanbaria, Feni and 22 other districts. Three tiers of government officials are involved in such measures: district administrations or their representatives, Upazila (sub-district) administrations or their representatives, and members of the police. All of them, however, are supported by local government representatives and officials including the chairmen, ward councillors, and members of Village Defence Party (VDP).[65] The government has also been marking the arms of travellers returning from abroad since 21 March, with an identification stamp stating "Proud to Protect Bangladesh: Home Quarantined Until [date]."[66] Both — hoisting red flags and marking stamps — have been done without testing. No attempts have been made to test the returnees even during their quarantine period.[67]

Quarantines are among the many steps taken by governments around the world in order to contain the spread of COVID-19. However, such steps must be targeted, proportionate and carried out in a manner that is safe and respectful of people's privacy. Without testing and isolating positive cases, the visible identification marks targeting migrant workers or people returning from abroad, is leading to stigmatization, public-shaming and in some cases, violence.

People who test positive for COVID-19 must have their right to privacy, dignity and non-discrimination protected by the government. Fear of stigma and discrimination, or even violence, mean that people may not report symptoms or seek medical care when necessary, or when they do, they are likely to hide their actual symptoms, putting their health and the government's public health mitigation efforts at risk. This is already manifesting at an alarming rate in Bangladesh, forcing the Minister for Health to request the public not to hide symptoms and get tested if they appear.[68] Ironically, at the beginning of the crisis, the authorities struggled to cope with hundreds of thousands of requests for testing due to the lack of capacity,[69] while now the fear of stigma and violence is keeping many away from it.[70]

Amnesty International is also deeply concerned about reports of stigmatization of COVID-19 victims and the violations of religious rights of the deceased. On 3 April, a 50-year-old woman from the southern district Noakhali, suffering from shortness of breath and lung cancer for the last six months, died in the Chattogram district.[71] Her family members were carrying her body to her ancestor's place at Noakhali for burial, when the locals barricaded the Chattogram-Noakhali highway with logs and beat the deceased's family members. The locals suspected it to be a COVID-19 related death and feared that the dead body would spread the virus in their community. On 31 March, a 35-year-old man from Shariatpur district died in the isolation unit of the government hospital.[72] He was suffering from fever, cough and

shortness of breath. Staff members of the government's Islamic Foundation took his body for burial to his village next day. The locals resisted his burial fearing that the dead body would spread the virus.

On 24 March, residences in the capital Dhaka's Khilgaon area organized protests against the Dhaka City Corporations' (North and South) decision to bury people who had died from COVID-19 or COIVD19 related symptoms, citing the safety and health of the locals.[73] On 22 March, residents from Dhaka's Uttara area came out in large numbers protesting the government's decision to establish a field hospital to treat COVID-19 patients. The government had to eventually cancel the plan.[74] Similar protests were organized by the capital's Tejgaon residences on 28 March to halt the construction of a private hospital dedicated for the COVID-19 patients.[75]

Public health bodies have noted the harmful impacts of such stigma. The Center for Disease Prevention and Control in the US has noted: “Stigma hurts everyone by creating more fear or anger towards ordinary people instead of the disease that is causing the problem.”[76]

Despite the World Health Organization’s (WHO) guidelines clearly stating that there is no evidence to suggest that people can be infected from exposure to the dead bodies of COVID-19 patients, and that cadavers do not transmit the disease,[77] the incidents of protests reported above establish people’s increasing fear arising from rampant misinformation regarding the spread of COVID-19. Regrettably, the Bangladeshi authorities have done very little to dispel misinformation and raise public awareness around this issue.

The government's dedicated webpage [www.corona.gov.bd] on the pandemic also does not contain any specific information on preventing stigma and violence around this issue. The Bangladesh government should take concrete, deliberate and targeted measures to address this discrimination and stigma, including implementing strategies, policies and plans of action to address actions by public and private actors, and to protect all individuals from mistreatment. The authorities should raise public awareness using the media, and disseminate accurate information regarding the pandemic to dispel people’s fear based on misinformation. The authorities must also guarantee the religious right of the deceased to have a proper funeral; ensure that religious rites and practices are respected in line with international guidelines; and any changes must demonstrate that they are strictly necessary to contain the infection.

RIGHT TO INFORMATION AND FREEDOM OF EXPRESSION

Access to health-related information is a crucial part of the right to health. Providing “education and access to information on the main health problems in the community, including methods of preventing and controlling them” is considered an “obligation of comparable priority” to the core obligations of the right to health.[78] Article 19 of the International Covenant on Civil and Political Rights (ICCPR), protects the right to “seek, receive and impart information and ideas of all kinds.”[79] Although the right to information is subject to specific restrictions, such restriction can only be implemented in limited circumstances and when these are necessary and proportionate to a legitimate aim.[80]

The Bangladesh government, instead of fostering and facilitating access to information, has been clamping down on the press, especially the online media, in the pretext of stopping the spread of rumours. On 21 March, Netra News, a Sweden-based online news site, published a report titled “Covid19: Without government action, over 500,000 may die in Bangladesh” based on a research paper by epidemiologists and public health academics from BRAC University, North South University and Johns Hopkins University.[81] The Bangladesh Telecommunication Regulatory Authority immediately blocked Netra's mirror site for publishing “rumours and false information.”[82] The block on the mirror site was lifted several days later. However, on 28 March, the government blocked the mirror site again after it

published an interagency United Nations (UN) memo titled “National Preparedness and Response Plan for Covid-19”, dated 26 March, which reveals that COVID-19 could result in “between half a million to 2 million” deaths in Bangladesh if the authorities do not intervene to suppress the virus.[83] Amnesty International has received a copy of the memo.[84] The government also blocked Benar News, a U.S. government-funded online news portal, for covering Netra News' story.[85] On 9 April, members of Directorate General of Forces Intelligence (DGFI) paid an unannounced visit to the mother of the Netra News Editor-in-Chief, at her Sylhet residence and told her that her son's journalism is “tarnishing the image of the country.”[86]

The government has also taken punitive measures against its own officials for speaking up against corruption in the COVID-19 response. On 2 May, the administration of Bangabandhu Sheikh Mujib Medical University embargoed its medical staff from speaking to the media, or posting anything on social media that may “tarnish the image of the government and the institution.” Amnesty International has a copy of the directive. On 29 April, the government removed the director of Dhaka’s Mugda General Hospital from his position and attached him to the Directorate General of Health Services (DGHS) as an officer on special duty (OSD)—generally regarded as a punitive measure for government officials—for questioning the quality of surgical masks given to the hospital.[87] On 13 April, nurses in Dhaka’s Kuwait Moitri Hospital complained to media about food shortage, which the deputy director of the hospital ascribed as due to a budget crisis.[88] However, later, on 15 April, the Department of Nursing and Midwifery issued a directive for the nurses barring them from speaking to the media.[89] Amnesty International has received a copy of the directive.

The Bangladesh authorities must ensure that people have free and easy access to information pertaining to all aspects of COVID-19. Obstacles in the right to access of information does not only violate the right to freedom of expression as guaranteed in the ICCPR, which is binding on Bangladesh, but it can also lead to violations to the right to health.

Information accessibility is a vital dimension of the accessibility of health care and includes the right to “seek, receive and impart information and ideas concerning health issues.”[90] All affected individuals and communities are entitled to easy, accessible, timely, and meaningful information concerning the nature and level of the health threat, the possible measures to be taken to mitigate risks, early warning information of possible future consequences, and information on ongoing response efforts.

States should therefore step up their efforts to ensure that they disseminate reliable, accessible, evidence-based and trustworthy information, including on the measures that are being taken to protect public health and address the pandemic, which is crucial to counter false and misleading information.[91] The best way to combat misinformation is to ensure that people have access to accurate and reliable health information through a variety of mediums, including through mainstream and social media.

The Bangladesh authorities are instead arresting individuals speaking out on social media asking for the government's accountability in its COVID-19 response. As reported in the media, according to the Center for Genocide Studies, at least 79 people have been arrested between March and April from different parts of the country, under the draconian Digital Security Act for allegedly “spreading rumours” on social media.[92] However, an Amnesty International investigation finds that more than 30 people have been arrested merely for questioning the government’s preparedness and for talking about corruption and irregularities of ruling party leaders in handling the COVID-19 crisis.

On 5 May, RAB has detained Ahammed Kabir Kishore (cartoonist), Mushtaq Ahmed (businessman) from Dhaka alleged for spreading “rumours” through their art works and social media posts. Police later filed a case against them and nine others under the

draconian Digital Security Act.[93] On the same day, plainclothes men have picked up Didarul Islam Bhuiyan, a political activist and social worker, from his residence in Dhaka and seized his computer hard drive and laptop.[94] He is member of a civil society group "Rastra Chinta" that is focusing on constitutional reforms and has been a critique of the government. His family members alleged to the media that the abductors identified themselves as members of RAB. Though, RAB officials initially denied their involvement,[95] the activist was later (after 24 hours) shown arrest under a DSA case.[96]

On 17 April, Mominul Islam, a local leader of "Sechhasebak League" [Volunteers League], an affiliate of the Awami League, sued two editors of online news sites—Bdnews24 and Jagonews24—under the DSA, for running a report on Mominul's misappropriation of relief materials in the northern district of Thakurgaon's Baliadangi Upazila.[97] On 15 April, the police sued Al Mamun, a district correspondent of Dainik Odhikar, under the DSA for a social media post criticising the district civil administration for its failure to take effective measures to contain the spread of coronavirus during the lockdown.[98]

On 1 April 2020, three journalists Shah Sultan Ahmed, (correspondent of the Dainik Protidiner Sangbad), Mujibur Rahman, (correspondent of Dainik Amar Sangbad), and Bulbul Ahmed, (correspondent of private TV Channel-S) were attacked with a cricket bat by Mahibur Rahman Harun, a local government representative and local ruling party leader of the north-eastern district of Hobiganj's Nabiganj Upazila. The three journalists were attacked for reporting irregularities in relief distribution by the local government administration. One of the journalists suffered critical injuries and was immediately taken to hospital.[99] On the same day, another journalist, Shah Sultan Ahmed, a reporter for the Sangbad Protidin newspaper, was also physically assaulted by a local council chairman (a ruling party leader) and 25 of his men, for reporting irregularities in relief distribution.[100] At least five other journalists who went to Ahmed's aid came under attack too. On 31 March, Sagor Chowdhury, a video-blogger and editor of the 360 Degrees news site was beaten by five individuals including the son of a local ruling party politician who had been implicated in Sagor's report on a relief-distribution scam.[101]

Whilst the authorities have a responsibility to combat the spread of misinformation on social media, they should not undermine the right to freedom of expression and access to information. Public health may be invoked as a ground for limiting the right to freedom of expression in order to allow a state to take measures dealing with a serious threat to the health of the population, but such measures must be provided by law and be necessary and proportionate.[102] They should be specifically aimed at a relevant and legitimate purpose such as preventing the spread of, or otherwise addressing a disease like COVID-19, or providing care for the sick.[103] Exploiting vague legal provisions under Digital Security Act to limit criticism of government responses or cracking down on those who express fears about the virus is not a legitimate reason and undermines human rights.[104]

The Bangladesh authorities must guarantee people's access to information, and respect and protect their freedom of expression. The authorities must also uphold its obligation to protect journalists doing their work.

PROTECTION OF THE ROHINGYA REFUGEES

Since August 2017, Bangladesh has been hosting nearly one million Rohingya women, men and children in densely crowded refugee camps in Cox's Bazar district, most of whom have been the victims of crimes against humanity perpetrated by the military in Myanmar's Rakhine State.[105] The virus has already spread in the Cox's Bazar district, which reported its first COVID-19 case on 24 March,[106] and first COVID-related death on 30 April.[107] As of 13 May, at least 83 cases have been confirmed in the district.[108]

The Bangladesh government, along with the UN and other humanitarian partners working in the refugee camps, has made some efforts to reduce the risk of COVID-19 spreading further in the camps in Cox's Bazar. This includes the formation of the Communication with Communities (CwC) Working Group and the organization of COVID-19-specific trainings and awareness raising sessions among the Rohingya refugees. As of 3 May, 24 "cascade training/ orientation sessions" were conducted by CwC on COVID-19, which were attended by 241 staff/volunteers working in the camps.[109] A further 29,962 neighbourhood-based inter-personal communications sessions attended by more than 100,000 refugees and organized by the staff/ volunteers for delivering key COVID messages, 334 listener group sessions, and 225 video/ film-show sessions on COVID-19.[110] The government is also constructing 11 isolation centres with 1900-bed-capacity for the refugees in Ukhia and Teknaf region of Cox's Bazar district.[111]

However, recent developments have posed further challenges for the government in ensuring access to critical health care for the refugees. A large number of humanitarian workers have either left or stopped working in the camps due to concerns of the lack of access to local health care systems in the face of a medical emergency, thereby hindering efforts of effective containment.[112] On 5 April, ISCG, the United Nations' coordination group in the refugee camps, has voiced concerned about the absence of intensive care capacity and inadequate testing facility in Cox's Bazar Medical College (CBMC), and the lack of PPE for health workers.[113] Living in close quarters in overcrowded camps, it is difficult for the refugees to maintain the recommended physical distance while being in public. People continue to gather in public places like grocery shops and tea stalls, making the risk of both contracting and spreading the infection in camps high.[114] Further, the shelters are not equipped with hygiene and sanitation facilities, forcing people to leave their shelters to queue to use toilets, showers, collect water or any food or non-food item distributions.[115]

On 8 April 2020, the Bangladesh government's Refugee Relief and Repatriation Commissioner issued a directive to restrict the access to services and facilities in the refugee camps and reduce access for humanitarian aid staff by 80 percent.[116] This has put the refugees at greater risk of food and water shortages during a pandemic, making an already volatile situation worse.

Furthermore, the authorities continued to block internet services in the camps, which is hindering health workers' ability to relay critical public health information in real time, and restricting refugees' access to relevant information.[117] The Bangladesh authorities have imposed an internet ban in the refugee camps since September 2019, including preventing residents from obtaining SIM cards for their phones, citing national security grounds.

Access to information is an essential component of an effective public health response to a pandemic. Experts from the United Nations, the Inter-American Commission for Human Rights, and the Representative on Freedom of the Media of the Organization for Security and Co-operation in Europe have issued a joint statement on 19 March stressing that, "internet access is critical at a time of crisis. It is essential that governments refrain from blocking internet access, and broad restrictions on access to the internet cannot be justified on public order or national security grounds."[118]

The older people among the Rohingya refugees are at significant risk of contracting COVID-19 but are being overlooked in the government's response plans. According to the UN Refugee Agency (UNHCR), there are more than 31,500 refugees aged 60 or older in the camps, among the almost 860,000 Rohingya living in Cox's Bazar refugee settlements.[119] As documented in Amnesty International's 2019 report, older women and men often have difficulty accessing camp clinics and, even when they can, find many clinics lack essential medications for non-communicable diseases like high blood pressure.[120] As a result, older people rely disproportionately on purchasing life-saving medications at market stalls. A recent Amnesty International investigation found that the older people are the least included

in the humanitarian response related to COVID-19, and they lack access to even basic information regarding the disease.[121]

Some of the frontline healthcare workers who spoke with Amnesty International shared that they face increasing stigmatization and harassment by the locals for their work in the refugee camps.[122] In some cases, landlords have asked them to vacate their rented facilities, fearing that their exposure to the disease in the camps will increase the risk of spread of the infection in the neighbourhood.[123] One refugee was quoted as telling the UN officials visiting the camps recently: “We are harassed over normal diseases and small problems. They hate us so much…how can we trust that they will not kill us if we go with a deadly disease.”[124]

Bangladesh authorities, and the international community, must step up their efforts to protect the right to health of Rohingya refugees in the COVID-19 response and ensure that the refugees have access to life-saving and essential health care during the pandemic. We also urge the Bangladesh authorities to immediately lift the restrictions on mobile internet and ensure unrestricted access to accurate and timely health-related information via mobile and internet communications. We also urge the authorities to put older people at the centre of their planning and response, to minimize the deadly consequences of this global pandemic. The authorities in addition must take effective action to prevent the stigmatization or harassment of health workers visiting the camps and seek accountability for any past conduct of that nature.

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