Yemen's collateral damage

A humanitarian disaster with no end in sight



TASNEEM TAYEB

٦HE five year long bloody civil war that spiralled out of control soon after it broke out in 2015, has claimed the lives of "tens and thousands" of civilians. Yes "tens and thousands"that's how the civilian casualties in

Yemen is presented by the media because no accurate data is available. Why? The UN stopped updating the death toll in Yemen in 2017 when it had reached 10,000 fatalities. Independent research organisations though have tried to keep track of the casualty figures and estimates range between 60,000 and a

According to a UN report in early 2019, by the end of the year the death toll in Yemen was estimated to have been 233,000, or 0.8 percent of Yemen's population of nearly 30 million—102,000 lives lost to conflict while another 131,000 to diseases. 2019 has ended but we do not know for sure how many have died so far. And this is just one of the tragedies of Yemen.

While the dead are gone and are finally at peace, it is the living who are suffering: from hunger, from the pain of losing their loved ones, from the wounds of conflict, often wishing to join the dead.

The UN has termed the situation in Yemen "the world's worst humanitarian crisis". And why not? According to the UN, 10 million people in Yemen are on the brink of famine and 80 percent of the population are in need

"More than three million people have been displaced, cholera epidemics have killed hundreds, and at least 2.2 million children under 5 suffer from severe malnutrition", Al Jazeera recently reported citing the UN.



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All this due to various factors that prevent aid from reaching the affected people. First of all, donors and the rich countries of the world are failing to live up to their pledged donation figures. As of August 2019, less than half of the pledged USD 2.6 billion has been raised to support the helpless Yemenis, resulting in the UN pulling the plug on lifesaving programmes in the country.

And to rub salt on the Yemenis' wounds, more than half of the USD 2.6 billion aid had been pledged by countries involved in the war, including the Saudis and the US. No wonder aid was slow—if not absent altogether—in coming.

And even with the aid that is coming in the country—in cash or kind (including food and

medicine supplies) most of it is not able to reach the affected people.

The indiscriminate bombing by the Saudi coalition in Yemen—often allegedly intentionally targeting civilian cites and key infrastructural positions such as bridges and important roads—has made it difficult to deliver essentials to the innocent civilians severely in need of them. Mostly because of damaged land connectivity.

And while this is a problem, what is trickier and more cumbersome is getting the aid, especially food supplies, out of the ports and to the affected people. Both the Iranian-backed Houthis—officially known as Ansar Allah—and the internationallybacked Yemeni government's coalition

with the Saudis, are doing their best to turn humanitarian aid into weapons of political power. Both have been accused of hindering aid transportation to the affected areas/ regions, often delaying issuing visas, charging extra payment for issuing visas, asking for a diverse range of documents, permits and seals at the various check-points the country has become riddled with, and often not authorising the agencies to distribute them among the affected people.

In one instance, the Houthis delayed the distribution of 2,000 tonnes of food that could have fed 160,000 people in the district of Aslam, where the people had been reduced to eating boiled leaves. According to an aid official quoted by Al Jazeera, by the time the Houthis gave the clearance in November, the food was spoiled "beyond the point of salvage". And despite the availability of food, the villagers were left with leaves to eat.

Not only that, the Houthis had also asked for a two percent tax on the aid and supplies that they would clear to distribute in areas held by them. And while they had to later back down on this incredulous demand under pressure from the international community, the Houthis are still persistent about the myriad other demands from the international community.

According to a UN aid official, almost 300,000 pregnant and nursing mothers and children under five years of age had not received nutritional supplements for more than six months because the Houthis "held beneficiaries hostage to the 2 percent" demand.

And the Houthis are not the only party seeking to use aid for political gains. According to Middle East Eye, in 2018, the Saudi-led coalition revealed a new plan to deliver "unprecedented relief to the people of Yemen". The plan was simple: Yemen Comprehensive Humanitarian Operations (YCHO) as the aid programme was called,

aimed at "addressing immediate aid shortfalls while simultaneously building capacity for long-term improvement of humanitarian aid and commercial goods imports to Yemen". And how was this to be done? Through increasing the capacity of the ports in Yemen. But there was a catch: the ports excluded the ones not under the coalition's control-Hodeidah and Saleef. These two handled 80 percent of all of Yemen's imports. And of course, the Saudi-led coalition asked for cut down in the flow of cargo these two ports handled: meaning the starving people would be further starved. No wonder the Saudis had been accused by the UN Panel of Experts on Yemen of starvation politics with regard to the closure of the two said ports. The Houthis later had to withdraw from the ports of Hodeidah, Saleef and Ras Isa as part of a ceasefire deal reached in Sweden in December

But the war wages on amidst sporadic clashes, amidst the selfish interest of the warring parties. And the helpless civiliansoften targeted intentionally by the various actors—become collateral damage. Just last week, while retaliating to Houthis downing a Saudi Tornado fighter jet, the Saudis launched airstrikes in al-Jawf killing 31 civilians, including 19 children.

While mercy flights have finally started carrying critically ill patients to Jordan, it is a tiny ray of hope that things might change for the better in Yemen. A permanent end to this atrocious civil war remains a far cry. Yemen still remains the world's worst humanitarian crisis, where people suffer and perish for the political and economic lust of the warring parties, and their suppliers of arms. Perhaps human suffering will persist as long as economic gain and political supremacy prevail over humanity.

Tasneem Tayeb is a columnist for The Daily Star.

The coronavirus threat is far from over

IFTIKHAR AHMED

EARLY two decades have passed since a coronavirus known as SARS emerged in China, killing hundreds of people and creating severe panic that sent a chill through the global economy. The new coronavirus spreading across China already appears to be much worse. The outbreak has had a negative impact on the global market, disrupting virtually every major industry, from food and fashion to technology. There is no sign that the devastating economic impact is about to ease up.

Moreover, as the virus spreads in close contact, medical staff are also at risk and are therefore using protective suits while dealing with patients. US government-funded Radio Free Asia (RFA) posted a footage, which shows heartbroken relatives of several doctors sobbing and hugging each other as their ioved ones board a stait coach, going on a deadly mission to save the lives of people burdened with the emergence of the alarming viral strain.

Coronavirus, an airborne virus, spreads in a similar way to colds and the flu. It attacks the respiratory system, causing pneumonia. The clinical features include a runny nose. headache, cough, fever and shortness of breath. In most cases, patients would not know whether they have a coronavirus or a different cold-causing rhinovirus. When a coronavirus infection spreads to the lower respiratory tract, it can cause lesion in the lung, more so in older people, people with heart disease or those with compromised immune systems.

The first 2019-nCoV cases reported in December 2019 were traced to Wuhan, the capital of Hubei Province in China with 11 million people. The residents of the city have been under lockdown for a few weeks due to the fatal scenario. To contain the virus, China's government imposed a ban on travel to cut off transport links inside and outside

The World Health Organization on February 11 proposed an official name for the illness caused by the new coronavirus: COVID-19. The acronym stands for coronavirus disease 2019, as the illness was first detected towards the end of last year.



The first 2019-nCoV cases reported in December 2019 were traced to Wuhan, the capital of Hubei Province in China with 11 million people.

The director general of the WHO, Tedros Adhanom Ghebreyesus, noted that the new name makes no reference to any of the people, places or animals associated with the coronavirus and the goal was to avoid stigma. The officials also announced that nearly 15,000 new cases and 242 new deaths were recorded in a single day in Hubei Province, the epicentre of the coronavirus outbreak.

Bioresearchers at the Centers for Disease Control and Prevention are hoping that diagnostic platforms previously used to develop tests for outbreaks of other epidemic respiratory diseases, including SARS and MERS, can be built on to develop new tests to detect cases in the current coronavirus outbreak as stated by US infectious disease

authorities. This comes as more patients are monitored around the US for the infection.

Until now, only infections confirmed by specialised testing kits were considered accurate. But those kits have been in such short supply and so many sick people remain untested that the authorities in Hubei have started counting patients whose illness have been screened and identified by the physicians. The result was a sudden and large spike in the overall tally for the coronavirus: more than 1,600 people killed and well over 68,000 infected.

The change in how cases are counted is only one factor that has made it difficult for experts to determine the true scale of the epidemic. Co-Diagnostics, a molecular diagnostics company with a unique,

patented platform for the development of molecular diagnostic tests, recently announced that it has completed principle design work for a PCR screening test. The company claims that their platform and the proprietary structure of CoPrimer molecules dramatically enhance the output of molecular diagnostic tests conducted via real-time polymerase chain reaction tests. They noted that it achieves this by creating reactions that are far more specific than competing PCR technologies and 2.5 million times more effective in minimising amplification errors.

One of the most important advantages of the modality is its ability to reliably and accurately differentiate between similar genetic sequences, in order to reduce the

likelihood of a false-positive result. Within a month of initial 2019-nCoV reports, the CDC had developed a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test that can diagnose 2019nCoV. As time progresses, ČDC will share these tests with domestic and international partners through the agency's International Reagent Resource.

As far as treatments, broad-spectrum antivirals—including remdesivir as well as lopinavir have shown promise against MERS-CoV in animal models and are also being assessed for activity against 2019-CoV, the bioresearchers emphasised.

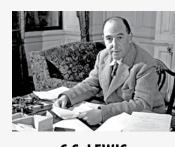
As there is no vaccine for coronavirus, right now scientists are trying to accomplish something that was inconceivable a decade ago-to create a vaccine against a previously unknown virus rapidly enough to help end an outbreak of that contagious virus. Nonetheless, they are working to stop the spread of the new coronavirus that has already infected tens of thousands of people, mainly in China, and given rise to a respiratory condition now known as COVID-19. Although making a new vaccine takes longer, new genetic technologies along with thoughtful strategies have made researchers optimistic that they can shorten that time to months and possibly weeks and have a tool by the fall that can slow the spread of the infection. Chinese scientists made genetic sequence from the new coronavirus public in early January, just weeks after the first infections with the virus were reported which prompted several labs to start working on a vaccine.

It is worth noting that vaccines work by educating an individual's immune system to recognise the invading virus while neutralising it.

As it spreads quickly, a densely populated country such as India and Bangladesh can be adversely affected with the possible entry of the virus and its enormous economic and social impact. Though we are fortunate enough to date, we need to be proactive to protect ourselves if it gets loose across the South Asian region.

Dr Iftikhar Ahmed is a WHO Fellow and Head of the Department of Microbiology at Enam Medical College

QUOTABLE



C.S. LEWIS (29 November 1898-22 November 1963) Writer and Theologian

What you see and what you hear depends a great deal on where you are standing. It also depends on what sort of person you are.

CROSSWORD BY THOMAS JOSEPH

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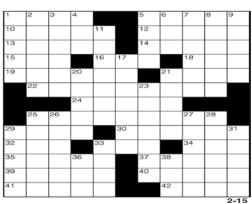
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by Kirkman & Scott

