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Revisiting the ethos of equality on this Independence Day

Let us pledge to protect the poor and vulnerable

IN the 49 years since independence, Bangladesh has lived through and tackled many natural and man-made disasters—from famines to floods, from industrial disasters to autocratic dictatorships—but this is the first time in our history that we are facing a crisis of such disastrous proportions. The threat posed by the coronavirus is particularly acute for the poor and marginalised populations of this country, who can neither afford the luxury of “social isolation” and “self-quarantine” nor have access to healthcare facilities if and when they fall ill. As the country moves towards a lockdown, what will happen to the day labourers and workers who live from hand to mouth and who, in the absence of their daily wages, may simply starve to death? What of the factory workers who are looking at an uncertain future because some of their owners are claiming they cannot pay wages on time because of cancelled orders from foreign buyers? When even upper- and middle-income groups are struggling to access healthcare and dying from lack of treatment, what hope is there for low-income groups who are denied basic services to which they are constitutionally entitled, even under ordinary circumstances?

This Independence Day, as we pay respect to our martyrs and freedom fighters, we must also remember that this country was built on the ethos of equity and equality and that socialism was one of its foundational pillars. Today, more than ever, we must pledge to protect the weak and the vulnerable, and both the public and private sectors must come together and prioritise the health, food security and well-being of the masses. In a welcoming move, the government has announced it will roll out a massive rescue package for the low-income group, businesses and industries. However, we urge them to act urgently and ensure that the funds reach those most in need of government safety nets. We must guarantee that no citizen in Bangladesh will starve to death because of the impending lockdown on our country. We must ensure that government healthcare facilities in each upazila have designated and adequate services to treat the poor.

The impending crisis has laid bare our economic and social vulnerabilities and reminded us how far we still are from our independence leader Bangabandhu Sheikh Mujibur Rahman’s vision of a just and equal Bangladesh. We must all rise to the occasion now, as we did in 1971, in our collective fight against the pandemic.

Declaration of a general holiday gave people the wrong message

The govt must take stringent measures to prevent Covid-19 spread

WE are worried at the way hundreds of people left the capital after the government announced a ten-day general holiday starting from today till April 4. Although the government announced closure of all public and private offices for the same period as part of its efforts to contain the spread of Covid-19, and also asked people to stay home, the declaration of a “holiday” could be self-defeating. As hundreds of city-dwellers boarded buses, trains and launches to go to their village homes, we fear that this could further help spread the virus throughout the country. The rush of home-bound people was so much on Tuesday that the Bangladesh Inland Water Transport Corporation was forced to carry only passengers, instead of vehicles, on ferries on the Shimulia-Kathalbari route in the Padma river. And all this happened due to a lack of foresight and proper planning on the part of the government to handle the spread of the pandemic.

What the government should have done instead was declare a medical emergency, raise awareness among the public about the importance of staying in their homes, and publicise the WHO directives about travelling and personal hygiene, including washing hands properly and frequently, as much as possible.

The lack of proper planning was evident from the very beginning of the crisis when the government failed to quarantine the returnees from foreign countries, at the beginning of this month. And even after some Covid-19 cases were confirmed by the IEDCR, necessary steps to contain the virus were not taken. There has always been a lack of coordination among different government bodies and experts in dealing with the situation. Declaring a general holiday without clear-cut directives regarding social distancing and staying home was not a wise move. We think a medical emergency, not a general holiday, should have been announced to contain the spread of this highly contagious and deadly virus.

However, there is still so much the government can do in this regard. From now on, it should take every step by consulting and coordinating with the health experts and all the agencies concerned. It should also make all the committees formed at the district and upazila levels effective so that they can raise awareness even among the most vulnerable section of the society. And if people do not take “social distancing” seriously, the government should also consider imposing more stringent measures in the country.

Healthcare in the time of Covid-19

What can Bangladesh do?

FAHMIDA KHATUN and SYED YUSUF SAADAT

THROUGHOUT the world, governments of various countries are taking extraordinary measures to deal with the crisis created by the COVID-19 pandemic. Cross-country evidence shows that governments that adopted the most extreme measures most promptly were the ones most successful in reducing the number of new cases and deaths. The scale and speed of the pandemic has proved that there is no way to contain the spread of the coronavirus without strict social distancing. The experience of Italy shows that the self-quarantine method cannot be operationalised effectively and thus does not work.

The Communicable Diseases Prevention, Control and Eradication Law, 2018 of Bangladesh was signed before the discovery of COVID-19. So there is no mention of the disease in the law. But in view of the present situation, the government needs to immediately issue an official gazette recognising COVID-19 as a communicable disease. Once such a declaration is made, there will be a legal ground for regional or countrywide lockdowns under Section 11 of the law which states that access to and movement within infected areas may be restricted or prohibited.

The COVID-19 wave showed how unprepared the world is in terms of managing its health and economic implications. Worse, no country has enough medical preparation and support for tackling COVID-19. As of March 25 evening, the coronavirus has affected 196 countries and territories around the world with at least 435,374 confirmed cases, 19,618 deaths and 111,878 recovery cases, according to the website Worldometers. The number of affected countries is increasing every day and the number of cases is multiplying.

Bangladesh is no better than other affected countries in preventing the coronavirus pandemic. The existing healthcare infrastructure and the available medical equipment are not adequate even in ordinary situations, let alone in facing the coronavirus. The COVID-19 pandemic has put our health sector to the ultimate test. Medicare facilities for the common citizens are extremely limited. According to Bangladesh Bureau of Statistics (BBS), as of 2017, there was one hospital bed for every 1,196 individuals in the country (BBS, 2019). The Bangladesh Health Facility Survey 2017—conducted by National Institute of Population Research and Training (NIPORT), Associates for Community and Population Research (ACPR), and Improved Coordination for

International Climate Finance (ICICF)—shows that among the healthcare facilities in Bangladesh, 5.1 percent had emergency transport, 21.5 percent had alcohol-based disinfectants, 27.5 percent had medical masks, 28 percent had all basic equipment, 34.5 percent had lab facilities, 43.1 percent had regular electricity, 55.1 percent had soap and water, 83.7 percent had paracetamol oral suspension, 86.3 percent had thermometer, and 90.1 percent had improved water source, as of 2017.

Apart from the lack of infrastructure and equipment, healthcare facilities in Bangladesh are also not staffed with adequate numbers of healthcare service providers. As of 2018, there was one registered physician for every 1,581 individuals in the country (BBS, 2019).



A woman taking advice from physicians, in hazmat suits, at the ticket counter of the capital’s Shaheed Suhrawardy Medical College Hospital, on March 23, 2020.

The report by NIPORT, ACPR, and ICICF (2018) also shows that among the healthcare facilities in Bangladesh, 28 percent had specialists, 59.1 percent had general practitioners or medical officers, and 79.7 percent had nurses, as of 2017.

The level of healthcare awareness among the general population was also found to be very low in Bangladesh. For example, the World Health Organization (WHO) recommends washing hands frequently and thoroughly with soap and water in order to kill viruses such as the coronavirus that may be on people’s hands. According to Bangladesh’s National Hygiene Survey 2018, only 15 percent people were aware of the need for washing hands using soap and water before feeding a baby, 36 percent people were aware of the need for washing hands

before preparing or serving food, 40 percent people were aware of the need for washing hands before eating, and 55 percent people were aware of the need for washing hands after defecation.

In order to address the health emergency posed by COVID-19, a range of short and longer term measures are required in the healthcare sector.

In the short term, public health awareness messages must be communicated more clearly and frequently. Wide dissemination of information on the nature of the disease and its health impacts has to be ensured. People are yet to comprehend the full horrors of COVID-19. There has been initial neglect from the relevant policymakers in taking this seriously and taking immediate action. People were not



informed about the importance of good hygiene and sanitisation practices, living in self-isolation after returning from abroad or having cold, fever and cough symptoms, and above all, maintaining social distance since the outbreak of the virus. Unfortunately, many policymakers seemed to be in a state of denial at the initial phase. However, we have now observed far more seriousness on the part of the government. Drastic steps have been taken for movement of people and moving towards a wider lockdown.

Second, the current situation demands more allocation for addressing the pandemic immediately. Resource allocation should be increased in a focused and targeted way. New financial channels from foreign sources to support health-related actions should be

mobilised. These should include a flexible procurement system for medical supplies. The government’s move to extend tax rebate on imports of all essential medical supplies required for confronting the COVID-19 challenge is commendable.

Third, given the limited number of hospitals, necessary make-shift healthcare facilities should be arranged at district and upazila levels. Of course, these should be adequately equipped for treatment and health support.

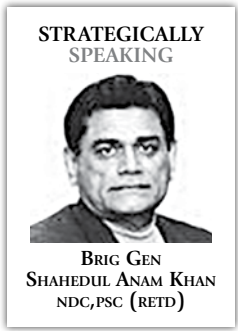
Fourth, all medical colleges, nursing institutions and other health establishments and voluntary organisations should be mobilised to extend their support towards addressing the COVID-19 emergency. However, they should be adequately provided with personal protective equipment (PPE). It may be emphasised here that health professionals are equally vulnerable to COVID-19. Italy is a case in point, where the highest number of doctors died compared to other countries due to the shortage of essential medical supplies and equipment.

In the longer term, sufficient investment in the healthcare sector is critical. Unfortunately, years of neglect of this sector by the policymakers has left it in a poor state. The healthcare system faces multifaceted challenges including lack of public health facilities, scarcity of skilled workforce and inadequate financial resource allocation. The WHO estimates that as of 2015, out-of-pocket expenditure on healthcare in Bangladesh was 71.8 percent of the total personal expenditure, which is the highest in South Asia.

While we observe a huge investment in physical infrastructure, soft infrastructure has always been neglected in the country. Thus, allocation for health as a share of total budget has fallen from 5.1 percent in the budget of FY2019 to 4.9 percent in the budget of FY20. Since 2017, the share of health budget as percent of the Gross Domestic Product (GDP) has remained at 0.9 percent level. This is much lower than the WHO’s benchmark of 5 percent of GDP. Finally, global cooperation is essential for public health. In poor countries with high population density, a pandemic can have unprecedented impacts on the people’s health and livelihood. It can worsen the poverty situation and lower the human development situation. The COVID-19 experience shows that no country can fight such a crisis alone. Therefore, all countries should come forward to collaborate to overcome this deadly disease.

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We have enough to destroy but not enough to save lives



THE COVID-19 pandemic has once again exposed our soft underbelly, particularly of the richest and the most militarily powerful countries in the world. The outbreak has revealed how ill-prepared the world is to fight a disease whose onset was entirely unexpected. However, it is not so much the inability to produce an effective antidote for the virus but the failure to provide the necessary healthcare service to those afflicted by it—the most susceptible and vulnerable among them being the elderly and those with compromised immune systems—that has put in sharp contrast expenditures of governments for military preparedness compared to appropriate expenditures on the preparedness for a health emergency, such as the one we are facing now.

It’s a war, a new kind of it—a world war of sorts, one may say—since the entire international system is at the point of a breakdown. But the frontline fighters—doctors, nurses and other medical workers—do not have the proper equipment or, if at all, not in adequate quantity, to ward off the virus and prevent its propagation. The basic medical supplies in countries most affected by it are under tremendous strain, e.g. Italy and Germany and even the US.

As COVID-19 wreaks havoc on its healthcare system, people’s normal lives and on its economy, the US—possessing the biggest economy and the largest military apparatus in the world, with its mighty presence in hundreds of military bases for the sake of US national security and national interest—has shown how ill-equipped and ill-armed it is to thwart this new enemy. In the face of the pandemic, its entire system has fallen short.

The US case and indeed that of the European countries demonstrate that while trillions of dollars are being spent in the name of national security and national interest, it all turns out to be a big cipher when it comes to the question of actual security of the people vulnerable to a situation like the one they are facing today. In the US, the hospitals are already strained and some of them are

at the tipping point. Reportedly, in the US, the coronavirus could result in 10 to 34 million hospital visits, according to the Harvard Global Health Institute. About one-fifth of those patients will require intensive care. The following data is equally interesting, not to say discouraging. According to the NYT, with 2.8 hospital beds per 1,000 people, the United States has fewer than Italy’s 3.2 beds per 1,000, China’s 4.3 and South Korea’s 12.3. The estimated 45,000 intensive care unit beds in the country would be swamped by even a moderate outbreak of about 200,000 in need of ICU admission.

The situation is so serious that the US

with news about the deadliest disease to visit the planet in the last hundred years, a significant news report about the world production and trade in arms has gone totally unnoticed. It shows the trillions of dollars in legal arms trade—the largest exporters during 2015-19 being the United States, Russia, France, Germany and China, taking credit for the 5.5 percent jump in arms sales over the preceding half-decade. The US not only leads in arms exports, it is also the world’s leading arms manufacturer with the largest defence budget. The approved 2019 Department of Defense discretionary budget is USD 686.1 billion. It has a USD 617 billion for the base budget; the remaining USD 69 billion

in others’ lands, and in keeping local conflicts alive so that the arms industry can rake in billions of dollars yearly, with countries setting aside billions of dollars for war funding, of all things. And no one talks about the biological arsenal held by some countries (16 of them are known to have BW). Shockingly but not surprisingly, most of it becomes irrelevant, totally useless, in the face of an enemy of a different kind. It seems ironic that hospitals in the US are facing the prospect of shortage not only of respirators and ventilators; fast-moving items like testing reagents, swabs and masks are also running out. And that is the picture in the countries most affected by it.

Time has come to recast our minds to who our actual enemy is. It seems like a cruel joke when the US offers to help Iran fight the pandemic at a time when Iran is facing the most stringent US sanctions. In fact, not only not those sanctions have been revoked, a more stringent sanction has been imposed last week in the midst of the pandemic, thus stunting Iran’s efforts to import the lifesaving medicines and equipment it needs to fight the pandemic and save lives.

One could ask if it is feasible to prepare for an unanticipated health emergency. What is the datum level of adequacy? Can one prepare a hundred thousand ventilators and keep it ready for some unknown future health crisis? There may be some merit in these observations, but surely there can be little excuse for the basic medical supplies running out so quickly without any arrangement for prompt replacement. The question is, if tons of accoutrements of war can be stockpiled for a war that might never occur in even the distant future, why can’t the fast-moving medical supplies be stored as strategic reserves, not only in the US but all other countries?

COVID-19 has come as a catastrophe but it has carried some important lessons with it for all of us—for all countries large and small, powerful and not-so-powerful. One of them is to prioritise our budget expenditures. Catering for medical contingencies of such a large scale will carry a retrospective cost, but that is an investment we must make so as not to pay dearly in future costs—particularly in human lives. People’s health and wellbeing is the best guarantee for national interest and national security.

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World leaders have invested heavily in arms sales and production, whereas they should have invested in healthcare and the wellbeing of their citizens.

government is literally scouring the globe looking for medical supplies, according to the New York governor. We are also informed that healthcare workers from Oklahoma City to Minneapolis have sought donations of protective equipment. And the staff at a Detroit hospital have begun creating homemade face masks for workers. The United States has appealed for donations of respirator masks to combat a shortage of the lifesaving equipment. European countries, which have better healthcare than most of the world, are also suffering from the acute shortage of medical equipment, specially ventilators.

But while the media is being swamped

has been set aside for “war funding”.

The reference to arms trade is to situate in perspective the problem that the world is grappling with in terms of human security at the moment. The rich and the powerful states are trying to outdo their adversaries and prospective enemies by spending trillions of dollars in perfecting the killing machines and investing in human resources to operate those, in conducting wars thousands of miles away from their own shores for decades, threatening often to blow the enemy to smithereens, in maintaining huge nuclear arsenal as deterrent, thereby encouraging the proliferation of conventional weapons, in maintaining hundreds of military bases