

Humanity is not dead yet

We applaud voluntary initiatives to support those less fortunate

IN these dark and depressing times, when we are bombarded with news of death, hardship and mismanagement of scarce resources, it is truly heartening to see that individuals and small organisations are stepping up and reaching out to those most in need of support. Social distancing measures and shutdown of private and public institutions to stop the spread of coronavirus have left day labourers, rickshaw pullers and domestic help, among other vulnerable communities, in the lurch, with no savings to fall back on. For most people in the margins, who live in overcrowded slums or on the streets, social distancing and purchase of masks and sanitisers are not in the realm of possibilities. They are also in need of basic necessities like food and medicine. It is, therefore, commendable that those who do have the means are doing their part, in whatever limited capacity they can, to ease the sufferings of those less fortunate, be it collecting and coordinating donations for various marginalised communities, buying groceries for rickshaw pullers or providing masks, soaps and sanitisers for free. While some are doing the charity work through their voluntary or non-profit organisations, others are reaching out individually.

It is in these crucial moments of crisis that our humanity is tested. It is easy enough to recoil into our privileged cocoons and wait for the storm to pass, or worse still, to take advantage of the crisis and make profit off of people's miseries. But we are assured, through these small acts of compassion, that humanity is not dead yet and that solidarity and love can, and will, overpower selfishness and greed. We applaud those who have taken these initiatives and call upon others to do the same—let's each do our part to share the burden of low-income and marginalised groups.

Widespread testing will give the real picture

We cannot underestimate transmission

AS we have said time and again in this column, echoing the directives of WHO and experts within the country and outside—we must speed up the testing process on an urgent basis, now that we are entering the fourth week since Bangladesh reported its first official Covid-19 case. So far, Bangladesh has reported 49 cases and five deaths. This hardly gives the real picture and can lead to a false sense of security, grossly underestimating the scale of the outbreak. As we have seen in countries like Italy, Spain, France, Germany and the US, during the initial days when testing was very limited, the number of cases was also low. But after testing was expanded, the number of cases went up exponentially along with the number of deaths, especially after the fourth week.

Bangladesh has one of the lowest testing rates compared to many other Asian countries that have been successful so far in containing the spread of the virus. From January 21 till Sunday, Bangladesh tested 1,185 people for the virus, which is far below South Korea's daily testing capacity of around 20,000. We can take Spain's delayed response, with 45 cases within 31 days of the first reported case, as an example. Now, in about a month, the total number of confirmed cases has crossed 64,000. With such grim statistics, can we afford to wait? Reports of several people dying after getting Covid-19-like symptoms make it all the more urgent to have testing facilities available all over the country.

It is a relief that ICDDR,B has been given permission to start testing, with the government giving it kits. But it begs the question—why was such a world reputed institute that has been doing all kinds of disease related research, not given permission to conduct testing long before this?

Now that the experts and the experience of other countries affected by the virus have given us the facts, the authorities must speed up testing by expanding testing facilities all over the country. Testing kits have to be distributed to the designated hospitals with proper monitoring from IEDCR. At this point, the capacity of IEDCR has to be expanded so that it can carry out more tests, monitor cases all over the country and evaluate the situation in a realistic manner. Without widespread testing, it is not possible to get a clear picture of the transmission rates of the virus, especially within such a huge population. Only better knowledge of the ground realities can guide us to the actions that need to be taken.

LETTERS TO THE EDITOR

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Test more suspected coronavirus patients; it's urgent

We have learned from reports that although IEDCR has been receiving a lot of phone calls on their hotline numbers from suspected coronavirus patients, they are only testing a negligible number of them, which is very unfortunate. Our common sense tells us that if we test less, we will get less patients. So, what is happening is, the IEDCR is not finding many infected patients. There were days when they found no new patients, which seems unbelievable because we are regularly coming across reports in the media that patients with Covid-19 like symptoms have been found all over the country.

So, what we need now is to increase our testing facilities. We need more labs in the capital as well as in the divisional cities so that people do not need to wait for days before they can get tested. If people can get tested at the beginning, it will also make the jobs of the doctors easy, as they will not be afraid to treat patients with common cold, cough and flu like symptoms.

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Covid-induced economic crisis and the world of work

Is the government response adequate?



RIZWANUL ISLAM

THE coronavirus disease (Covid-19) that started in China has now become a global health crisis which, in turn, has caused an economic crisis. The global economy is now bracing for a deep recession. In recent days, several financial institutions, including Morgan Stanley, Bank of America and Deutsche Bank, have forecast a global recession for 2020. And now the IMF Managing Director has also announced that the global economy is in recession.

Countries putting restrictions on travel and gatherings, airlines stopping flights, and people cancelling holidays are adversely affecting a number of service industries, such as hotels, travel, trade etc. Restrictions on public life are also having a negative impact on internal trade, transport, restaurants and hence, on the demand for goods and services. The global economy is in a demand-deficient recession which is going to jeopardise jobs and create an adverse effect on the lives and livelihoods of people.

The economic downturn is affecting the world of work in various ways. Layoffs resulting in unemployment is an immediate outcome of recession. The International Labour Organization (ILO) has projected that open unemployment may rise by 25 million (in the "high" scenario). Compared to the total global unemployment figure of 188 million in 2019, this represents about 13 percent increase. Even in the "mid" scenario of the ILO, unemployment is likely to increase by about 13 million.

Reports of massive layoffs and a sharp rise in jobless claims are already coming from countries like the USA. One projection from the New York Times mentions that the rate of unemployment is set to rise from the current level of 3.5 percent to 6 percent by 2021.

Apart from outright layoffs, labour markets could adjust in other ways, such as through short term work (meaning, in effect, sharing of the reduced amount of work that is available among existing workers), wage reduction, etc.

When the virus hit China, it was thought that Bangladesh would face disruptions in its supply chain which, in turn, may affect production in different sectors. However, the situation changed rapidly, and now the major markets of Bangladesh's export goods, mainly the USA and European countries, are facing recession due to shrinking demand.

Take the case of ready-made garments (RMG). As country after country go into lockdown mode, demand deficiency has already hit the industry. Likewise, the demand for other export items like jute and jute goods, and frozen foods, may also falter.

During this recession, demand deficiency will not remain confined to export oriented goods alone. Measures taken to fight the health crisis are having a dampening effect on a wide range of economic activities including manufacturing, trade, transport, education, etc. The shut-down that started in Bangladesh on March 26 has led to the closure of large swaths of economic activities throughout the country.

How is the labour market going to be affected? In the RMG industry, layoffs may not result immediately because the government has announced a package of assistance aimed at covering wage payments. But the same cannot be said about other sectors that are facing business closure and uncertainties.

In situations where layoffs are caused only (or primarily) by deficiency in external demand, the tendency usually is for the retrenched workers to crowd into informal sector trade and service type activities. But in the present situation,



The RMG industry in Bangladesh employs about 4 million workers, whose wages will be supported by the government during the recession, but what about the millions of workers in other industries?

PHOTO: AFP

with all economic activities coming to a standstill, where are they going to go? There are not many alternatives. In fact, those who are engaged in multitudes of micro and small enterprises in the informal sector are already facing difficulties in maintaining their livelihoods.

Both monetary and fiscal policies may be used to fight recession. Central banks can provide guidance by lowering the indicative rate of interest and if necessary, by adopting quantitative easing. This is done to make credit cheaper and more easily available so that businesses can tide over the difficult period. On the fiscal side, measures may be taken to provide stimulus to economic activities, to bail out targeted sectors/activities, and to strengthen social protection. Both types of policies have already been announced by various countries including the UK, US, Germany, Switzerland etc.

What has the Government of

Bangladesh done? First, Bangladesh Bank announced a few "policy support" measures to protect exporters and importers. What these would imply in reality remains to be seen. Then, on March 25, the Prime Minister announced a set of policies that include the following: (i) a package of Tk 5,000 crore for export-oriented industries, with a stipulation that the money would be used for providing salaries and wages of workers and employees; (ii) provision of assistance through the "Return-to-Home" programme for homeless and landless people under which there would be homes free of cost, six month's food and cash assistance; (iii) continuation of the Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF) and rice for Tk 10 per kg programmes; and (iv) accommodation in Bhashan Char island to provide shelter for 100,000 people.

What do all of the above imply—especially if one looks at the overall magnitude of the problem? Let's look

every time there is a crisis. Couldn't the industry itself devise some built-in mechanism, for example, by creating a reserve fund with contributions from members during periods of growth which could be used at times of crisis to tide over the difficult period?

It's true that the RMG industry employs about four million workers and is also the major source of foreign exchange for the country. But consider the following numbers. Outside agriculture and the RMG industry, there are some 5 million more in various manufacturing industries and another 13 million workers in other sectors, of whom 85 percent are in the informal sector. Many of the five million non-RMG industrial workers are also in micro and small size enterprises. With all economic activities shut down for nearly two weeks (as of now), workers engaged in them, and the self-employed who run many of them, must be struggling to make ends meet. And who knows when economic activities will start again? Shouldn't there be some measure to extend support to them?

Then look at the other measures mentioned, e.g., the return home programme and VGD, VGF, etc. The former is basically an ongoing programme targeted at the homeless and destitute—not an economic activity-based measure. Can that be expected to accommodate the millions who had to leave the urban areas during this period of shutdown? Also, there are many who couldn't leave and are facing joblessness and precarious situations in the cities.

Likewise, VGF and VGD represent targeted programmes—identified with cards given to the target households. Can those programmes be expanded rapidly, with new beneficiaries included for support? And finally, Bhashan Char, where 100,000 people can be accommodated. Are we expecting that those who are facing a jobless and income-less situation in urban or semi-urban areas will apply for relocating to Bhashan Char?

In the absence of real automatic stabilisers like unemployment benefits, measures are needed to provide income support to workers, the self-employed in small businesses and owners of micro and small enterprises. Some innovation would be needed to develop a package of support to such workers and businesses. The possibility of support in the form of food grains also needs to be considered. It is important to formulate a comprehensive package of measures that could simultaneously provide stimulus to economic activities and protection to those who require it. This task is urgent.

The fiscal cost of a stimulus package of the kind mentioned above can be met by a reallocation of the present budget and by tolerating a temporary increase in budget deficit. The rest of the world is doing it that way.

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COVID-19

Why Bangladesh could be amongst the worst affected during this pandemic



MOHAMMAD RAIYAN KHAN

FOLLOWING the declaration of Covid-19 as a pandemic, the global community has faced the insurmountable task of addressing the rising burden of disease. Since early January,

the pattern of Covid-19 has become concerningly familiar. Whilst initial outbreaks appear manageable, nations are given a momentary license to maintain the social and economic status quo. As disease growth becomes exponential, the actions of governments and individuals remain linear. As of February 22, nine cases were reported across Italy. At present, they are confronted with 700 deaths per day, and a health sector on the verge of collapse. The United States and Spain are now facing a similar sequence of events. In the absence of significant preventative measures, any given region is weeks, if not days, from this reality. As of March 30, Bangladesh has 49 confirmed cases and five deaths due to Covid-19. Although these figures may represent significant underestimating, it suggests that we are only at the beginning of an indefinite state of emergency.

To understand the epidemiological burden of an infectious disease outbreak, it is necessary to examine the interplay between the host, pathogen and environment. These factors are often dynamic and subject to variation or external influence. For example, viruses may mutate efficiently enough to produce new strains—an occurrence commonly seen in seasonal influenza. Populations may also develop immunity, either through immunisation or previous infection. The physical environment in

which individuals and viruses interact may either accelerate or restrict the rate of transmission. These factors collectively determine the "basic reproduction number" or "R0" of a pathogen. The R0 represents the number of cases that one infected individual is expected to generate within a population at risk. When R0 is more than 1, outbreaks will continue to spread amongst the population. Recent studies have estimated the R0 of Covid-19 to range between 2.4 and 3.3.

Bangladesh remains especially vulnerable to environmental influences on Covid-19 transmission. The capital, Dhaka, currently has the third highest population density in the world. Many individuals are reliant on public transport for commuting within and between cities. Ferries represent particularly high-risk environments, largely due to the physical proximity of passengers and usage of shared facilities over extended periods of time. During the initial stages of this pandemic, the Diamond Princess cruise ship became an epicentre for Covid-19, resulting in more than 800 cases amongst its 3,700 passengers. Residential environments represent another high-risk population. Around 3 million individuals currently reside within impoverished urban settlements and slums throughout Dhaka. Living conditions are often typified by dense habitation and compromised access to water and sanitation facilities. Observational studies in such settings have shown significantly higher rates of infectious respiratory diseases such as tuberculosis. Through widespread testing of Covid-19, South Korea has identified that individuals between 20-39 years confer higher rates of asymptomatic infection. Although not unique to Bangladesh, elderly residents remain especially vulnerable if preventative measures are not taken within intergenerational households. This

pattern of disease transmission has likely contributed towards the overall disease burden in Italy.

Bangladesh has few protective factors in the context of disease transmission. This is compounded by the possibility of widespread morbidity and mortality. Reported case-fatality rates of Covid-19 have varied significantly between countries. This variation is largely explained by the rate of testing, population risk factors and access to healthcare. With further availability of testing, many experts agree that the true case-fatality rate is closer to 1 percent. Mortality risk factors within a population can be expressed as both modifiable and non-modifiable. For example, Italy's relatively higher case-fatality rate is partly explained by its ageing population—the second highest in the world. When considering modifiable risk factors for Covid-19 mortality, Bangladesh is left in a precarious position. A recent study published in the Lancet revealed the most common comorbidities associated with mortality in Covid-19 were hypertension, chronic obstructive lung disease, diabetes and coronary heart disease. The prevalence estimates for these conditions in Bangladesh are 24.7 percent for hypertension, 12.5 percent for chronic obstructive lung disease, 7.4 percent for diabetes and 5 percent for coronary heart disease. Moreover, individuals affected by multiple comorbidities are subject to a greater mortality risk within the population.

The US Centers for Disease Control and Prevention (CDC) have reported that an estimated 14.3 percent of those affected in the 20-44 age group have required hospitalisation. A further 2 percent within this distribution have required Intensive Care Unit (ICU) support. Italy currently has 12.5 ICU

beds per 100,000 people—the third highest rate in the world. Despite this, the provision of ICU services has been largely disproportionate to demand. Consequently, challenging ethical decisions around which individuals should receive critical care have frequently needed to be taken. Many individuals who would have otherwise received such interventions have missed out due to limited resources. Bangladesh faces this pandemic with significantly less resources than many of these countries. Once ICU capacity is exhausted, there is a significant risk that the rate of hospitalisation and mortality will share a similar magnitude.

At present, lockdown measures have taken place throughout the country. Without a vaccine, physical distancing and hygiene precautions are the only viable means of reducing the burden of disease. During the peak of the outbreak in Wuhan, China, aggressive lockdown measures resulted in the R0 falling to an estimated 0.32. For many citizens, this is likely to result in loss of income and food insecurity. Whilst governments have a duty to provide a safety net for the welfare of those affected, there is a moral imperative for society to share this responsibility. Moreover, these actions extend towards matters of health literacy, as many vulnerable individuals may find themselves without the knowledge required to prevent disease transmission. Individual actions will form the cornerstone of the response to this pandemic. Non-compliance with these measures may result in severe medical, social and economic consequences for society. As many other countries are discovering, every action we take today is worth a thousand tomorrow.

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