



The Daily Star



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GOVT RESPONSE Mired in MISSTEPS

WASIM BIN HABIB and TUHIN SHUBHRA ADHIKARY

The government's response to the coronavirus outbreak has been plagued by inappropriate decisions, delayed actions and muddled thinking -- right from the beginning.

When the virus began to spread at an exponential rate from China's Wuhan -- the ground zero for the global pandemic -- to other countries in January, responsible ministers and government officials in Bangladesh assured people that "adequate measures" were taken and that "we are prepared".

On January 27, Health Minister Zahid Maleque urged the countrymen not to worry about Covid-19 and said, "We are working so that the virus cannot enter Bangladesh. The government is fully ready to face the situation even if the virus infects anyone."

Then again on February 3, he said Bangladesh took all necessary measures to prevent coronavirus from entering the country. "The situation at present is nothing to panic about. Even if it [the virus] comes, we're fully prepared," he said at a seminar in the capital's Segunbagicha.

Those words of assurance kept flowing even after the crisis began to unfold in the country. On March 20, Information Minister Dr Hasan Mahmud at a press briefing in Chattogram said, "Bangladesh has taken various steps and the situation in our country is still better than many other countries."

Three months down the line, those words appear to ring hollow as the country sees a surge in the number of Covid-19 cases with the measures turning out to be inadequate to fight against the deadly virus.

The authorities got three months. But they could not make adequate preparation and trailed behind in taking decisions like closing airports, sending expats to compulsory quarantine and imposing total shutdown.

There was a clear evidence of lax coordination among the government organisations in most of the steps taken. Many of its efforts now made it clear that the government could not fully grasp the gravity of the situation.

SEE PAGE 2 COL 3



Policemen suspicious of a drug delivery van's movement asked the driver to open the cargo hold in Nayabazar area of the capital yesterday. Indeed they were right. People illegally travelling in the van to dodge the shutdown came out.

PHOTO: ANISUR RAHMAN

All Parjatan hotels now free for the health staff

RASHIDUL HASAN AND TUHIN SHUBHRA ADHIKARY

Healthcare employees treating Covid-19 patients may stay in the hotels and motels of Bangladesh Parjatan Corporation for free.

The 22 hotels and motels across the country have been prepared to host them as per government instruction, said Ram Chandra Das, chairman of Bangladesh Parjatan Corporation.

The government instructed, they have kept prepared all of them.

The health department was looking for residential facilities for doctors and other employees engaged in the treatment of Covid-19 patients.

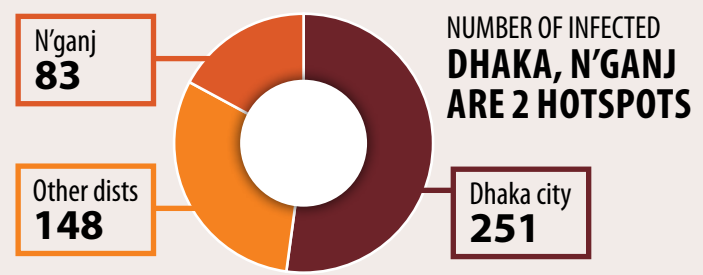
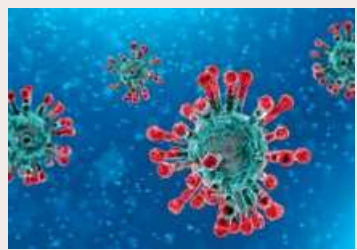
Local administration will be able to use the facilities for doctors and other health staffers whenever they need, Das said.

BPC's hotels and motels are in Dhaka, Khagrachari,

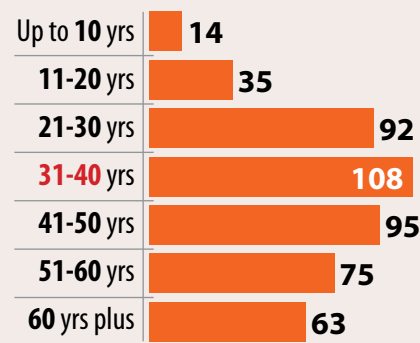
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COVID-19 PANDEMIC BANGLADESH

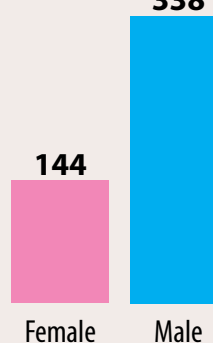
- New cases in 24hrs 58
- Total confirmed cases 482
- Death in 24hrs 3
- Total death 30
- Recovery 36
- Total tests in 24hrs 954
- Total tests so far 8,313



HIGHEST NUMBER OF PATIENTS ARE 31-40 YEARS OLD



70% OF THE PATIENTS ARE MALE



Three die in 24hrs, 58 new cases

STAFF CORRESPONDENT

Three more people died from Covid-19 and 58 new cases were reported yesterday with the government scrambling to expand testing facilities to grassroots level and set up facilities to treat coronavirus patients.

The total number of deaths in the coronavirus outbreak now stands at 30 and total cases at 482, Prof Meerjady Sabrina Flora, director of the Institute of Epidemiology, Disease Control and Research (IEDCR), said in a daily bulletin.

One of the three deceased was from Dhaka while the others from elsewhere. They were aged 38, 55 and 74, she said.

The capital continues to remain the worst affected with 14 new cases, bringing the total number of cases in the city to 251, which is almost 52 percent of all detected cases in the country.

Eight of the newly detected cases were reported in Narayanganj.

SEE PAGE 4 COL 1

Go for mass tests in locked-down areas

Developed countries in Europe, North America, and East Asia, known for their strong healthcare systems, are today grappling to contain the deadly coronavirus. Bangladesh, where the healthcare system is not as developed, too is facing a rising number of Covid-19 cases. How should we go about addressing this crisis? Prof Dr Rashid-E-Mahbub, chairman of the National Committee on Health Rights Movement and former president of the Bangladesh Medical Association, shares his views with Porimol Palma of The Daily Star.

TDS: How do you analyse the present coronavirus situation in Bangladesh?

Dr Rashid: From the situation of other countries, I can say that cases here will reach their peak in the next one to two weeks. But the question is if we are prepared to deal with it. Daily testing capacity has increased significantly, which is good.

But I would suggest the authorities conduct mass screening of people in areas now under lockdown. The government should go for antibody testing, which is based either on detection of proteins from the Covid-19 virus in respiratory samples (e.g. sputum, throat swab) or detection, in blood or serum, of human antibodies generated in response to the virus. Those found positive should be isolated and others should be under observation. The US and India have already approved antibody testing. Also, the government should have a prediction of the number of cases and prepare a fitting plan to address it. The problem we are facing now is that

not all people are realising the need for isolation or home quarantine -- this needs to be enforced strictly.

TDS: The rising number of cases means more ventilators and intensive care units (ICUs) are required. How can we manage with a small number of ventilators and ICUs?

Dr Rashid: Five percent of the cases could require ICU. Government hospitals have some 500 ICU beds. It's difficult to install ICUs overnight, but whatever we have, these can serve well if there are proper technicians and trained doctors. But you cannot get trained technicians and doctors so quickly unless the government has a proper plan and experts are recruited to provide hands-on training. All the ICUs should be functional in order to save lives.

TDS: Under the present conditions, many hospitals or health professionals are refusing patients with Covid-19 symptoms. In some cases, patients have died though

SEE PAGE 2 COL 3

Some places on self-imposed lockdown

MUNTAKIM SAID

Amid a gradual spread of Covid-19 cases, community groups in different areas in the capital are locking down streets and buildings by their own to ward off the looming crisis.

Bamboo barricades have been erected at the mouth of the streets and alleys in several areas while entry gates to many roads and passages were found to be locked in several areas, including Mohammadpur, Mirpur, Banasree, Niketan, Shantinagar, Dhanmondi and some parts of Old Dhaka.

Among 482 Covid-19 cases reported across the country until yesterday, 251 were from 67 areas in Dhaka city, which is about 52 percent of the total infection.

In such a situation, police are locking down the areas and buildings wherever any Covid-19 patients are found.

But in some areas, building owners and community leaders have stepped up to limit movement without waiting for police and administration.

Although many lauded the initiatives, some said it would hamper several emergency services, including the movement of ambulances, in those areas.

Building owners in Mohammadpur's Iqbal Road and Sir Syed Road have closed five out of six entrances in the area. Only one gate near Mohammadpur Post Office was found open.

SEE PAGE 2 COL 1

7 die after showing virus-like symptoms

STAR REPORT

At least seven people, including a 6-month-old child, died after showing Covid-19 symptoms in six districts since Friday afternoon.

Meanwhile, two people, including a policeman in Manikganj, and an Italy-returnee in Noakhali, who died on Thursday, had tested positive for Coronavirus yesterday.

Local health and administration officials collected the samples from the victims' bodies and locked down their family members and neighbours to prevent the risk of spreading coronavirus.

In Brahmanbaria, a 35-year-old woman died of respiratory disease at her rented house in the town's Kawtoli area yesterday morning.

In Khulna, a 6-month-old child died of fever, cough and pneumonia at the Corona Isolation Unit of Khulna Medical College

SEE PAGE 2 COL 6



A homeless family cooking whatever they could gather on a stove made of three bricks on the central reservation of a street in Kamalapur area of the capital yesterday. The Covid-19 outbreak has put the lower-income group in a dire state.

PHOTO: SK ENAMUL HAQ

BORO HARVEST Labour crisis worries farmers

ANWAR ALI, Rajshahi

The labour shortage created by the current shutdown is worrying farmers ahead of the Boro paddy harvest, despite different measures taken by the government to ensure maximum crop yield.

Although the agricultural ministry is making special arrangements for transportation of labourers from different districts to the country's granaries, labour leaders are unwilling to leave home fearing coronavirus infection.

Even the ministry's sanctioning of Tk 110 crore to help farmers buy harvester machines at a subsidy might do little to ease the crisis as small and marginalised rice producers, especially in the haor region, cannot afford such investments.

Harvest of Boro paddy, the principal crop of the country, starts in the haor region in a week, in the Chalanbeel area of the north in two weeks and in other parts of the country in May, agriculturists and farmers say.

Every year, farm labourers from different regions, particularly from Rangpur, Rajshahi, Dhaka, and Barishal divisions, go to the haors to harvest boro before flash floods inundate the area by the end of April.

The labourers then rush to the Chalan Beel area, other plain lands and Barind region for the same work.

But this year, farmer Akbar Hossain from the haor area of Sunamganj district's Jamalganj upazila could not find any labourer with just a week left before the harvest of his boro paddy, cultivated on 50 acres of land.

"No labour leader could assure me of anything. If I can't find labourers, the flood will wash away my paddy," he feared.

Ali Hossain, a farmer of Chalan Beel area in Natore's Shingra, cultivated boro paddy on 31 acres of land. He

SEE PAGE 2 COL 3

Two more weeks of lockdown in India

Modi, state CMs agree in meeting

AFP, New Delhi

India's Prime Minister Narendra Modi is set to extend the world's biggest pandemic lockdown for two weeks, state ministers said after talks on the growing fallout in the country yesterday.

The three-week lockdown is due to end Tuesday. But with the death toll rising, several chief ministers from India's 29 states and territories have been pressing Modi to prolong restrictions for the 1.3 billion population.

Two states -- Odisha and Punjab -- have already extended the lockdown by around two weeks, but critics say a nationwide lockdown is needed to stop people moving between states and potentially taking the virus with them.

India has so far reported about 7,500 cases and 240 deaths. But the government says there is no community transmission.

Delhi's chief minister Arvind Kejriwal said on Twitter after the talks that Modi has taken the "correct decision" to extend the lockdown.

"Today, India's position is better than many developed countries because we started (the) lockdown early. If it is stopped now, all gains would be lost."

Other ministers who took part in the video conference talks yesterday told media the lockdown would go on for another two weeks.

The government made no immediate announcement and officials said Modi may not make a statement until today.

According to reports, the Hindu-nationalist government is worried about the impact of the restrictions and ban on international flights on the economy, which was slowing even before the pandemic crisis blew up.

Millions of people have lost jobs in the past three weeks and the lockdown sparked a mass migration as workers headed for their home villages.

US suffers record death toll

More than 2,000 die in a single day as cases pass 500,000

AFP, Rome

The United States became the first country to report more than 2,000 coronavirus deaths in a single day, marking a grim milestone as billions around the world celebrated the Easter holiday weekend under lockdown from home.

The global death toll from the virus surged past 103,000 on Friday, with the United States quickly becoming the epicentre of the pandemic that first emerged in China late last year.

Europe has so far shouldered the majority of all deaths and infections -- though there were signs of hope the curve could be starting to flatten in some of the hardest-hit countries.

Global infection rate now stands at more than 1.7m

Trump was considering ways to re-open world's biggest economy

On Friday, the United States reported 2,108 new deaths, the highest daily toll out of any country since the outbreak was first reported in the central Chinese city of Wuhan in December.

With more than half a million reported infections, the United States already has more coronavirus cases than anywhere else in the world.

The global infection rate now stands at more than 1.7 million, though with many countries only testing the most serious cases the numbers are likely far higher.



But President Donald Trump said that with the US infection trajectory "near the peak" and social distancing working well, he was considering ways to re-open the world's biggest economy as soon as possible.

He acknowledged the risk of higher death tolls if businesses restart too soon -- after the World Health Organization on Friday cautioned countries against lifting lockdown measures too quickly.

"But you know what? Staying at home leads to death also," Trump added, pointing to the massive economic suffering for millions of Americans.

It is unclear when that will be possible, with New York Governor Andrew Cuomo saying millions in the state -- the hardest hit in the US -- will have to be tested before it can reopen.

Easter weekend kicked off in near-empty churches around the world as

parishioners remained locked in their homes.

More than four billion people -- over half the world's population -- are confined to their homes from New York to Naples to New Delhi as governments scramble to contain the pandemic's deadly march across the globe.

Pope Francis was due to livestream his Easter Vigil from an empty St Peter's Basilica later yesterday, after he presided over an empty Good Friday Service to kick off the holiday weekend.

The pontiff was praised by Italy's prime minister for his "gesture of responsibility" to observe Easter in private.

"We will remember this spring as the one in which, for the first time in history, the pope presided over the general audiences and conducted the Angelus (prayer) by livestream," Giuseppe Conte wrote in Italy's Catholic daily Avvenire.

CORONAVIRUS PANDEMIC LATEST UPDATES

MORE THAN 103,257 DEATHS

Officials have recorded more than 1.7 million cases and more than 103,257 deaths in 193 countries and territories since the virus emerged in China in December, according to a Johns Hopkins University tally at 1200 GMT yesterday. The United States with 503,177 deaths is the hardest-hit country in terms of cases, of whom 18,761 have died. Europe remains the hardest-hit continent in terms of cases and deaths. Italy has the highest death toll at 18,849 followed by Spain with 16,081.

93-YR-OLD PATIENT DISCHARGED FROM TURKEY HOSPITAL

Cheered by her doctors, 93-year-old Ayle Gunduz was discharged from an Istanbul hospital after recovering from the novel coronavirus following 10 days of treatment. Her recovery from the disease that is killing chiefly the old offered some hope to health workers at Istanbul's Cerrahpasa Medical Faculty hospital as they battle the outbreak, which risks hitting Turkey hard.

APPLE, GOOGLE PLAN SOFTWARE TO SLOW VIRUS

Google and Apple unveiled a joint initiative Friday to develop a coronavirus smartphone "contact tracing" tool that could potentially alert people when they have crossed paths with an infected person. The move brings together the largest mobile operating systems in an effort to use smartphone location technology to track and potentially contain the global Covid-19 outbreak.

ROUHANI URGES IRANIANS TO RESPECT HEALTH PROTOCOLS

President Hassan Rouhani urged Iranians to respect health protocols to guard against the new coronavirus as "low-risk" economic activities resumed in most of the country yesterday, state news agency IRNA reported. So-called low-risk businesses resumed across the country from yesterday with the exception of the capital Tehran, where they will restart from April 18. Iran is the Middle Eastern country worst-affected by the highly infectious Covid-19 respiratory disease.

PM ABE CALLS FOR NIGHTLIFE SELF-RESTRAINT ACROSS JAPAN

Japanese Prime Minister Shinzo Abe yesterday called for citizens across Japan to avoid evening spots like bars and restaurants, NHK reported, in a ratcheting of social distancing guidance to fight the spread of the coronavirus. The nationwide call for citizens to stay home in the evenings follows the declaration of a state of emergency in Tokyo and six other prefectures last week. Abe has been gradually tightening guidance, seeking to lessen the impact on the economy as it is hammered by the pandemic, leading to criticism that he has been too slow to act and risks having the virus spread out of control.

PASSENGERS FROM CRUISE SHIP LEAVE FOR AUSTRALIA

More than 100 Australians and New Zealanders left Uruguay on a chartered flight after two weeks stranded aboard a virus-infected cruise ship, Montevideo's Carrasco airport said yesterday. Of 217 people aboard the Greg Mortimer liner, 128 had tested positive for new coronavirus and had been blocked from docking. SOURCE: AFP



Healthcare workers (R) comfort the wife of Esteban, a male nurse that died of the coronavirus disease at the Severo Ochoa Hospital in Leganes, near Madrid, on Friday.

SOURCE: AFP

China reports rise in cases

Wuhan hospital head says can't ignore risk of another outbreak

REUTERS, Wuhan

China yesterday reported a rise in new coronavirus infections, mostly in travellers arriving from abroad, as doctors in the central city of Wuhan, where the virus initially emerged, warned its behaviour was still not well-understood.

Tough curbs imposed in China since January have reined in infections sharply since the height of the pandemic in February, although it has spread worldwide to infect 1.6 million people with 100,000 deaths.

But Chinese authorities fear the possibility of a second wave triggered by arrivals from overseas or asymptomatic patients. "We can't say that there is no such potential risk," said Wang Xinghuan, president of Wuhan's Leishenshan hospital, its second built especially for virus patients.

While some experts do not expect a big second wave, thanks to China's stringent controls, the possibility could not be ignored, he told reporters. "At present, from the hospital perspective, our understanding of the virus is still very insufficient," Wang said, during a hospital tour organised by Wuhan officials.

Virus can travel up to 13 feet

CDC study says droplets can remain airborne for hrs

AFP, Washington

A new study examining air samples from hospital wards with Covid-19 patients has found the virus can travel up to 13 feet (four meters) -- twice the distance current guidelines say people should leave between themselves in public.

The preliminary results of the investigation by Chinese researchers were published Friday in Emerging Infectious Diseases, a journal of the US Centers for Disease Control and Prevention (CDC).

They add to a growing debate on how the disease is transmitted, with the scientists themselves cautioning that the small quantities of virus they found at this distance are not necessarily infectious.

The researchers, led by a team at the Academy of Military Medical Sciences in Beijing, tested surface and air samples from an intensive care unit and a general Covid-19 ward at Huoshenshan Hospital in Wuhan. They housed a total of 24 patients.

Advertisement for 'Hey Jude' lyrics sale for \$910,000. Includes details about the auction, the seller (Paul McCartney), and the lyrics themselves.

'Hey Jude' lyrics sell for \$910,000

AFP, Los Angeles

A sheet of paper bearing Paul McCartney's handwritten lyrics to "Hey Jude" sold for \$910,000 in an online auction held Friday to mark the 50th anniversary of the Beatles' historic split.

The document penned by McCartney and used during the 1968 London recording of the classic song at Trident Studios was sold for more than five times its pre-sale estimate.

California-based Julien's Auctions shifted its sale of some 250 Beatles memorabilia online due to the coronavirus pandemic, with fans around the world bidding for guitars, rare vinyl and autographed items.

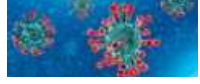
Friday marks exactly half a century since an interview given by McCartney sealed the acrimonious end of the "Fab Four," widely considered one of the most influential bands in history.

McCartney wrote "Hey Jude" after an earlier split -- Lennon's divorce from first wife Cynthia following his affair with Japanese artist Yoko Ono. The song was composed to comfort Lennon's son Julian during his parents' break-up, and was initially titled "Hey Jules."

The handwritten document sold Friday contains partial lyrics along with annotations including the word "break" used to aid the song's recording.

Advertisement for Dandelions 3 Bedroom Apartments at Bashundhara Residential Area. Includes contact information for Asset Developments.

Government of Bangladesh Corrigendum Notice. Includes details about the Department of Public Health Engineering and the National e-GP System Portal.



TAMING CORONAVIRUS RAMPAGE

Making the bell toll for the poor and the vulnerable



SK ENAMUL HAQ



ZAHID HUSSAIN

Are we doing enough to support households dependent on labour income from the formal and informal sectors in this time of distress?

The issue is particularly germane for the 125 million poor and vulnerable. For the vast majority of people in this category, labour is the only marketable endowment.

Let's assume the 6 million formal sector workers, who may not be poor but are surely vulnerable, are covered until the end of June by the Tk 72,750 crore concessional loan package announced so far for the formal sector, including large, medium and small enterprises in industry and services.

Assuming a 60:40 dependency ratio, this means 15 million poor and vulnerable have some sort of support.

The rest 110 million who depend on

agriculture, construction, micro industrial enterprises and a whole variety of services in the informal sector are totally exposed to the vagaries of coronavirus.

Among them, the working population is about 44 million.

All of them are extremely distressed -- some more, some less, but distressed nonetheless. They are exposed to the risks of contracting the virus as well as enduring income losses.

It is important to recognise that for these 44 million workers, the trade-off is between the virus risk and hunger.

It is between the risk of suffering and dying by contracting coronavirus or bearing starvation pain, and even death, due to hunger if they stay home, where physical distance is a luxury for most.

Yet, staying home is surely better for the entire country and for them too if only it is economically bearable.

The question then is how much will it cost from the national budget to provide a minimum guaranteed income to the 44 million uncovered working people and their dependents during the crisis period?

In assessing the total fiscal cost of a guaranteed minimum income, we need to make assumptions about the length of the crisis period and the amount needed per capita per month.

What is a reasonable assumption about the length of the crisis period?

Even Anthony Fauci, the epidemic expert advising US President Donald Trump on the country's coronavirus response, cannot answer this question.

Whatever it is, it must include the time already elapsed. This is nearing a month now in Bangladesh.

The immediate question concerning the budget implementors is how much do we need to add to the fiscal 2019-20's budget?

If we assume, as seems plausible, the "sudden stop" period will not end by June, then for fiscal 2019-20's budget purposes, the crisis period is March-June, which is four months.

The minimum amount needed per capita per month can be derived from the national upper (UPL) and lower (LPL) poverty lines. These were respectively Tk 2,670 and Tk 1,865 in 2016/17. They need adjustment to account for inflation since 2016/17.

Using non-food and food inflation gives a range from which to pick the one that is affordable.

Based on the upper poverty line, this range is between Tk 3,088 to Tk 3,235 per capita per month. Based on the lower poverty line, it is between Tk 2,134 to Tk 2,234 per capita per month.

With 110 million beneficiaries, the total budget based on the UPL estimates ranges between Tk 135,872 crore to Tk 142,340 crore. The total budget has to be between Tk 91,096 crores to Tk 98,296 crores based on the

LPL estimates.

The government has 1.7 per cent of GDP in its social protection budget for fiscal 2019-20.

The public social protection programmes are known to have large inclusion errors.

The impact of coronavirus may have corrected at least part of these errors by making the hitherto ineligible currently eligible because of income losses.

However, a large part of the budgetary provisions may have been spent already.

Assume for simplicity that about two months' equivalent of provision may still be available to pitch in to provide a guaranteed minimum income per capita per month to the uncovered poor and vulnerable. It amounts to about Tk 7,200 crore.

Subtracting this from each of the above estimates, the net additional amount ranges from a minimum of 3.3 per cent of GDP (non-food inflation-adjusted LPL) to a maximum of 5.3 per cent of GDP (food inflation-adjusted UPL).

These are indicative back-of-the-envelope estimates for budget makers to consider based on 110 million poor and vulnerable outside the formal sector.

The latter may appear too large compared with other estimates floating around ranging between 40 to 70 million.

The issue here is how many of the vulnerable do we exclude from the cash assistance because we think they are not as badly affected as those below them and there are resource constraints.

based assistance and Tk 10 per kg rice through open market sales are becoming increasingly evident every day.

Whether it is 40 million or 110 million beneficiaries is something that can be gauged from learning by doing.

Yes, faced with collapsing tax revenues, any addition to the budget is an addition to the budget deficit.

However, faced with a human disaster, surely, we can find a way to finance it, if necessary, through deficit monetisation, as we are most likely to end up doing to finance the support announced for the formal sector.

As suggested by the 2019 Nobel Laureates Abhijeet Banerjee and Duflo, we need to be much bolder with the social transfer schemes. Direct funding of the additional fiscal transfers by the Bangladesh Bank is necessary to facilitate a speedy response.

The key implementation challenges are to identify the beneficiaries and deliver the assistance.

Preparing a completely new list based on means testing is not feasible in quick time.

The existing lists of beneficiaries in various social protection programs are good starting points.

It will need to be expanded to include all poor and vulnerable dependent on the informal sector.

Occupational and geographical targeting can substitute for means testing under the circumstances.

It is important to recognise that for these 44 million workers, the trade-off is between the virus risk and hunger.

informal sector to warrant attention. Instead of seeing it as a deterrent, it could be regarded as an opportunity to expand financial inclusion.

Let's do whatever is necessary to support bringing them into the MFS net using the 500,000 MFS agents that we currently have. Also, as far as I understand, about 80 per cent of the population above 18 years of age in Bangladesh have at least a paper ID.

The finance ministry needs to take the lead with other relevant ministries, parastatals, non-governmental organisations and MFS providers, as needed, to help reach cash assistance to the target groups.

While "testing, testing, testing" is the key to fighting coronavirus, "governance, governance, governance" is the key to delivering assistance to the poor and the vulnerable.

Lawrence Summers, a former chief economist of the World Bank and Treasury Secretary under former US President Bill Clinton, says that the first law of crisis response is to overreact rather than underreact.

This applies to both coronavirus containment and mitigation measures as well as measures to prevent the emergence of conditions undermining the effectiveness of the mitigation measures.

Without minimum social assistance, the hand-to-mouth poor and vulnerable people will have no choice but to defy orders.

Justifiably, one may worry about the impact on the prices of essentials after the cash transfers kick in.

Inflation generally should not be a concern in the present context if the reliance on deficit monetisation is strictly restricted to the duration of the emergency measures linked to the health crisis.

What would be important is to ensure that the supply chain of essentials remains functional and the stock of essentials available in the local markets is adequate. There is an overall contraction in domestic and export demand anyway.

The key priority to focus on now is the mitigation and containment of the virus spread, the consequent deepening of poverty and the spectre of hunger.

The author is an economist

Lawrence Summers, a former chief economist of the World Bank and Treasury Secretary under former US President Bill Clinton, says that the first law of crisis response is to overreact rather than underreact.

The silver lining from the lower estimates is that a lower effort in percentage of GDP -- say 1.2 to 1.9 -- is needed to help at least 40 million depending on which per capita level of assistance we choose.

There is no time to waste being too clever about the design of interventions, says the 2019 Nobel Laureate Esther Duflo.

Let's zero-in on the minimum cash income guarantee for the poor and the vulnerable in the informal sector.

Cash social assistance is a widely used intervention chosen by 71 out of the 106 countries that have announced emergency responses to fight the poverty impact of coronavirus.

The logistical, social distance and governance challenges in delivering the food-

Agriculture, transport, hotels and restaurants, personal services and so on are good candidates.

We have the benefit of poverty maps based on 2016/17 Household Income and Expenditure data.

It should not be too difficult to identify the distressed using data available at the national and local levels and the local knowledge of the staff working for the local level government and non-government institutions.

Delivering assistance to workers who have no bank accounts or access to mobile financial services (MFS) is another challenge already highlighted by many even in the case of formal sector workers.

This number may not be as large as touted, but it is likely to be significant enough in the



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The Daily Star

FOUNDER EDITOR
LATE S. M. ALI

DHAKA SUNDAY APRIL 12, 2020, CHAITRA 29, 1426 BS

Govt's special stimulus package for the extreme poor

Make sure no one goes hungry during the nationwide lockdown

WE commend the government for its plan to offer cash aid to the 34 lakh poor families who have been hard-hit by the ongoing shutdown due to the Covid-19 outbreak across the country. The families will get a monthly allowance for three months starting from April through mobile banking, while farmers will also get an amount to boost crop production. The government also plans to give farmers loans at only three percent interest rate.

Since the enforcement of social distancing measures and countrywide lockdown to contain the spread of the deadly Covid-19, the low income people—the rickshaw and rickshaw-van pullers, transport workers, construction and hotel workers, street hawkers, agricultural and day labourers, garment workers, porters and domestic helps—have been suffering the most as they have lost their livelihoods. A Brac study, conducted between March 31 and April 5, has found that the number of people living in extreme poverty has increased to 60 percent during this lockdown. The study also reveals that 14 percent of low-income respondents do not have any food at home while average household income has fallen by 75 percent during this time.

Under the circumstances, the stimulus package the government is planning to unveil for the extreme poor is really important. Because if financial aid and food assistance do not reach those who need them most, it will compel them to leave home to earn a living defying the lockdown and social distancing measures, which will eventually increase the risk of spreading the virus more.

Therefore, the government should plan judiciously to reach these people and provide them with food and financial assistance. Its plan to send money to vulnerable groups through mobile phones seems to be a good idea as this would, hopefully, prevent corruption in disbursement. However, a key challenge for the government would be to identify all the families who are in need of urgent assistance. We hope the large mobile phone operators in the country would give their full support to the government in tracking these people. However, special efforts will be needed to track and reach the people who do not have access to mobile phones. We hope the non-government organisations working with the most vulnerable groups of society can help the government in doing so.

Since, according to IEDCR, we are now at stage-3 of the coronavirus outbreak, we need to strictly maintain the lockdown and social distancing measures taken by the government. If we fail to do so, we will soon reach the stage-4 of the outbreak, meaning that the spread will be practically uncontrollable. In order to stop that from happening, the government must make sure that all sections of people stay at home willingly. And that will only be possible if food and financial assistance reach the poor and extreme poor at the right time.

Brands must put their money where their mouth is

They can't dishonour contracts and push millions into poverty

IT is truly unfortunate, unfair and unethical that top fashion brands and retailers are cancelling orders or refusing to pay suppliers in their supply chain over the Covid-19 outbreak, pushing millions of workers around the world, who live from hand to mouth, into unemployment and poverty. In Bangladesh, USD 1.8 billion in orders have been put on hold and another USD 1.4 billion have already been cancelled, according to the Bangladesh Garment Manufacturers and Exporters Association (BGMEA). Planned orders for April-December, amounting to nearly USD 1.7 billion, have also been cancelled. As a result, tens of thousands of workers have already been laid off and it is estimated that at least one million RMG worker will lose their jobs in the coming months if brands refuse to share the burden of the economic catastrophe.

Over the decades, brands have continued to push costs downwards and increase their pressure on suppliers despite their professed goals in public to end the exploitative conditions in Bangladeshi factories. According to a research by Mark Anner, director of the Center of Global Rights, the FOB prices for all RMG products have actually fallen by 8.84 percent over the last 10 years, with retailers making no adjustment in prices for the better since the minimum wage was increased in 2013. Meanwhile, retailers have decreased lead times from 94 to 86 days from 2011 to 2016; and they pay suppliers 30.17 days after shipment in 2016 as opposed to 22.74 in 2011.

The pandemic has further exposed the limits of the global supply chain and highlighted the hypocrisies of global brands who claim to care about workers' rights to their consumers while engaging in highly unethical practices themselves with impunity, such as abruptly cancelling orders or declining to pay for products which have already been produced or are in the process of being produced. International labour rights watchdogs have criticised these "bullying tendencies" of brands and called upon brands to respect the contractual terms and conditions as well as take an equitable approach to sharing the financial burden of the crisis.

We reiterate this call to brands and remind them that they are the ones who reap the most benefits in a highly exploitative supply chain, and as such, they should also bear the most responsibility in protecting those who are most vulnerable down the chain.

Notes from a frontline healthcare worker in the UK

MD SALIMUZZAMAN BHUIYAN

I continue to look after ventilated Covid patients in the Intensive Care Unit (ICU). We are dealing with the sickest patients in the hospital. Last night I heard the most dreadful, heart breaking news that the first Bangladeshi doctor has died in London after fighting for his life for two weeks on a ventilator. He is Dr Abdul Mabud Chowdhury Faisal. He was a consultant urologist and working in the NHS as a front line health worker. He wrote an open letter to the Prime Minister Mr Boris Johnson before he was attacked by the virus, urging the prime minister to protect the health care workers by providing them with PPEs and arranging for Covid tests for every health worker. At the time of writing this, Mr Johnson himself is admitted with Covid in a London hospital. This virus doesn't discriminate. I salute my fellow fighter Faisal and express my deepest sympathy to the bereaved family.

In my entire professional life, I have never seen such a severe damage to the lungs caused so quickly by a virus. The condition is called Acute Respiratory Distress Syndrome (ARDS) of lungs. With some patients, we are struggling to maintain the normal oxygen level in the blood despite delivering them with the highest possible oxygen

concentration (100 percent) through a ventilator. We are using high PEEP (Positive End Expiratory Pressure) in our ventilators. We have been regularly "proning" (putting them in a face-down position, lying on the abdomen) and "de-proning" (having them lie on their back) our sedated and ventilated patients twice daily. We usually leave them in the

found in Covid-afflicted lungs following post-mortem studies in Spain, Italy and USA. We have started using a blood thinning Clexane injection (1.5 mg/kg) to break up the clots in the lungs (for the sickest patients only). A young patient was transferred to ECMO (Extra Corporal Membrane Oxygenation) support at the nearest centre in Manchester recently. We

sent water, drinks, chocolate, snacks, fruits and hand lotions to our unit. The medical director of the hospital and the senior executive members are visiting us frequently. These efforts are providing us with the most needed moral support. I received a phone call from the central BMA this morning. They are sending personal support packs (hand sanitizers, razor,



Healthcare workers are on the frontline of the Covid-19 pandemic, and around the world, people have come up with inventive ways to thank them.

PHOTO: OLIVIER DOULIERY/AFP

One of the most painful parts of this process is that we can't allow patients' relatives to come near their loved one, even if they are dying in our ICU. This is a safeguarding measure to stop the virus spreading to the relatives.

"prone" position for 20-22 hours and the "de-prone" position for four to six hours. We found that these measures improve the oxygen level of the blood. But this is very hard work. We have trained and developed a designated proning and de-proning team among the theatre nurses. Now we encourage more patients to continue with Non-invasive Ventilation (NIV) and Continuous Positive Airway Pressure (CPAP) before they end up on a ventilator. Awake patients with CPAP/NIV can practice proning and de-proning on their own. Some other patients, meanwhile, are treated with hydroxychloroquine as well as a broad spectrum of antibiotics as a prophylactic measure.

An evidence of pulmonary micro-thrombosis formation was recently

couldn't maintain the patient's normal blood oxygen level despite aggressive ventilation for six days.

One of the most painful parts of this process is that we can't allow patients' relatives to come near their loved one, even if they are dying in our ICU. This is a safeguarding measure to stop the virus spreading to the relatives. It is stressful and emotionally upsetting, but we try to call the family members twice a day and update them about the patient's condition over the phone.

I would also like to talk about the local and national supports we are receiving here. The local hotels and restaurants in my town are sending food to our ICU every day. One garden centre sent flowers to all our staff last week. The local population have raised funds and

tooth paste, soap, etc.) to our hospital.

Many of my friends and relatives (who happen to be Bangladeshi doctors), including my daughter and son-in-law, are working in the NHS as frontline health workers. I thank you all. I express my sincere thanks to the brave doctors, nurses and healthcare workers in Bangladesh—I am aware that they are risking their lives dealing with the Covid patients against all the odds and despite huge difficulties. I also sincerely congratulate all the voluntary organisations and volunteers in Bangladesh who have come forward to serve the nation in this difficult time. We shall overcome this crisis one day and build a healthy nation again.

MD Salimuzzaman Bhuiyan is General Secretary, Bangladesh Medical Society in the UK. Email: mszaman57@yahoo.co.uk

Covid-19 and its aftermath

A national council is imperative



BRIG GEN SHAHEDUL ANAM KHAN NDC, PSC (RETD)

MUCH has happened between the time the virus struck in Wuhan in December 2019 and now. By the time this piece appears in print more than a million and a half people around the world in more than 200 countries will have been affected and nearly a hundred thousand will have succumbed to the virus. China, the first country to be affected by the new virus, appears to have come out of the worst of the pandemic. Not so for many other of the more than 200 countries affected. At the time of writing this piece, one person is succumbing to the deadly disease every two minutes in New York/US.

Bangladesh is facing a situation of unprecedented severity, whose intensity may not be like what some countries are contending with, and hopefully be spared the outcome that has befallen on some countries in terms of number of infected and fatalities.

The health issue has to be tackled with urgency under elaborate action plans. But even that, it appears, lacks well-organised implementation due mainly to the lacunae in the management of the anti COVID-19 efforts. It would appear that specific SOPs for implementing the guidelines by various subcommittees, as the said national committee guideline calls for, have not been worked out as yet. And thus, the PM's guidelines cannot get along properly.

Admittedly, this is an extraordinary health situation but its imminence in Bangladesh was not entirely unforeseen, given the rapid spread of the virus in other countries. But it would not be fair to say that the administration was not prepared, at least theoretically, to face the situation. The "National Preparedness and Response Plan for COVID-19" issued by the DG Health in March this year, which lays down in very great detail what the four likely ways that virus will find its way into our country, and how to deal with those, is an evidence of the government anticipatory work, at least conceptualisation of the course of action.

Under the plan there is the National Committee for Prevention and Control of Covid-19 headed by the health minister and National Coordination Committee for Prevention and Control of Covid-19 headed by the PM's Chief Physician who himself is a medical specialist. And there are committees down to upazilla level including rapid response teams. However,

National Preparedness and Response Plan for COVID-19—well formulated and drawn from the WHO guidelines published in February 2020—addresses only the health aspect of the issue.

The government has deployed its resources and it is good to see the prime minister take charge of directing the anti-COVID effort. But, in spite of the best intention of the PM and the administration at the centre, its efforts to implement the action plan to a lower level has gone a bit askew at places. And that calls for working out a comprehensive strategy to deal with the several problems both now and the future. I submit that COVID-19 requires addressing a few other likely outcomes that the pandemic will leave in its wake. Apart from the health issue, we shall have to face other problems long after the virus has taken its last toll, most importantly the economic problem.

headed by the prime minister working 24/7, to coordinate, supervise, guide, and provide the overall direction of the operation for the implementation of the directives more efficiently under the national strategy.

For example, although the policy paper spells out the four ways the virus can spread, the first being from the categories of people arriving from contaminated countries, and lays down the courses of action, the on-ground work were inadequate. Vital actions in some instances were a little late in coming, ostensibly due to lack of decision; the consequences were evident. All instructions and announcement must come from the proposed national council. That would help avoid unwarranted situations, the kind of which the RMG workers faced. In a situation like this the decision to keep the RMG factories open or closed cannot be left to

We may not face the same trauma health wise as some countries are facing, but we cannot escape the consequences of the pandemic on the world economy which unlike the 2008 meltdown will have a cascading effect on us.



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We may not face the same trauma health wise as some countries are facing, but we cannot escape the consequences of the pandemic on the world economy which unlike the 2008 meltdown will have a cascading effect on us. And unless all issues are addressed and preparatory action taken for what might come in the future, the consequences might be more severe in terms of human lives and last long after the virus is defeated.

And this, we feel, requires a multi-pronged approach under a comprehensive strategy which makes imperative the creation of a council at the national level

individual owners, as the trade minister had suggested. That decision should be for the government to take.

One feels that the preparatory action in anticipation of return of our citizens, particularly from those countries infected with COVID, could have been better planned and more efficiently laid out. The quarantine station for the incoming Bangladeshi may be OK for haj pilgrims in transit for a day or two, but for families to be quarantined in such a condition for not one two or three days but a least fourteen is unbearable.

Also, for example the government

has taken certain decisions which affect people's daily life. The worst affected group is the marginalised, the day labourers and fixed wage earners who no longer have earning opportunities. Getting necessities for subsistence to these people is a big exercise which can't be played by ears. Lack of coordination will lead to wastage of resources and duplication of effort, and lack of strict supervision will result in pilferage, as was evident.

As this paper has repeatedly stressed, what we face today is a kind of war, and like war it must be faced. In this regard it is imperative that a national council be established immediately. Apart from the PM, the Council may consist of home, health, finance, foreign, trade & commerce, overseas employment, transport and labour ministers, PM's Security Advisor, the heads of services, PSO, AFD, cabinet Secretary, PM's Principal Secretary, IGP, senior virologist, epidemiologist and public health experts. The national council should vet the comprehensive strategy and direct the implementation of it in totality during the ongoing pandemic and after it has ended. That we hope will be sooner than later.

The nodal point should be the national council. Centralised planning and clear-cut directives and coordination, and decentralised implementation at the ground level would ensure more efficient application of the strategy and efficient use of resources. Policy decisions should come centrally and not from any individual ministers, that too from those who are not directly related to the issue.

Brig Gen Shahedul Anam Khan, ndc, psc (Retd), is a former Associate Editor of The Daily Star.

Demise of an iconic scholar and activist

SHAHEEN ANAM

ON March 22, Professor Emeritus Sultana Sarwatara Zaman and Sultana Apa to those who knew intimately passed away, leaving behind a host of friends, relatives and admirers to mourn her death. To me, she embodied what we as women of South Asia aspire to be, strong, courageous, principled, independent yet steeped in the positive culture, values and traditions of our society. She showed us how one can be a professional of the highest calibre yet be a loving wife, devoted mother, and doting grandmother.

Born to an eminent family of Chottogram in 1931, she lost her author mother at a young age. Her father became a Sanyasi after her mother's death and Sultana Zaman's upbringing was left to neighbours, relatives and siblings. She showed promise from a young age and excelled in her studies. She passed matriculation and HSC with distinction. Soon after she got married to Captain Nuruzzaman in 1951 and went to live in West Pakistan. Her studies were disrupted for few years as she played the role of wife and mother bringing up their three children. Her husband, Colonel Nuruzzaman, later to become Sector Commander, Bir Uttom, our most wellknown and valiant freedom fighter was her true partner as they shared a relationship of love, companionship and friendship.

Sultana Zaman went back to her studies and completed her Bachelors and then Masters in Psychology from Dhaka University in 1967 with distinction and was appointed as assistant professor at Dhaka University. In 1971 her family, Colonel Zaman, their two daughters and son joined the war of liberation. She went back to

teaching at DU after the war was over. A teaching job in the most prestigious university of the country would most individuals content, but not her. She wanted to do something that would leave a lasting impact on society. She chose to devote her life to improving the lives of vulnerable people, especially focusing on children with intellectual disabilities.

In 1972 Sultana Zaman set up the Dipshikh Vidyalay for disadvantaged women and children where women were given vocational skills to become economically independent and created opportunity for street children to get education. Her desire for achieving excellence in her field of work made her seek higher studies and at the cost of great personal sacrifice she obtained a Phd degree from Emory College Georgia USA in 1975. In 1977 she established the Society for Children with Intellectual Disability. However, her most important contribution was setting up the Bangladesh Protibondhi Foundation (BPF) in 1984, a not for profit organisation with the aim of providing opportunities and inclusive education to children with intellectual disabilities. In the years that followed BPF has become recognised as the premier institute for introducing state of the art testing, screening and procedures for early diagnosis and prevention of intellectual disabilities in children.

By now Sultana Zaman realised that to sustain work and growth in the field of child intellectual disability there has to be a regular flow of trained professionals. She then founded the Department of Special Education in 1993 at the Institute of Education and Research (IER) Dhaka University. This department is credited for developing high quality human resource for the special education sectors, and continues to train hundreds of young



Sultana Zaman

women and men to join the profession and generate new knowledge through path breaking research and publications. For this contribution she was awarded the prestigious title of Professor Emeritus. She is one of the only two women to receive this award in the past half century. The other is Professor Emeritus Dr Najma Chowdhury for establishing the

Department of Gender Studies at DU. Sultana Zaman has received many awards such as the Rokeya Padak, the Henry Kessler award etc. Besides many other things, she will be remembered for her ability to not only conceive of an idea but bring it to fruition by galvanising and inspiring others. She has left a lasting imprint on the lives of young women in the country who

aspire to go beyond the ordinary and do something extraordinary. She has been an inspiration and mentor to so many and I have been fortunate to be one of them. Most importantly, she built institutions to remain as a legacy of her extraordinary leadership qualities.

She was truly grounded in family values of bringing relatives and friends together. She built a welcoming home with her warmth and hospitality. The Friday afternoon lunches which she cooked herself were sought after by all who knew her. She loved spending time with her four grandchildren and inculcated in them love for the country and its cultural traditions. Yet, she did all this with such elegance and a matter of fact style. Along the way she mentored a host of Phd students who would often say "ish, apar moton jodi ektu hote partam" ("if only we could be a little like Apa"). To add to all this, she took to singing in her later life which gave her much joy and comfort.

Finally, she has gone and her absence will be felt by those whose lives she touched. Her students, professionals in the field, children and their parents who have benefitted from her vision of an inclusive world for children who are differently abled. She lived a full and fulfilled life and has left behind a legacy in her family, her two daughters, who have both attained excellence in their field of work. Dr Naila Khan, Professor of Child Neurology and now Director, Clinical Neuroscience Centre BPF is taking her work to even greater heights. I remember today her with deep respect, admiration and love. She was truly one of a kind, a role model whose life can be emulated by many.

Shaheen Anam, Executive Director, Manusher Jonno Foundation, is a direct student of Dr Sultana Zaman.

Defeating the Four Horsemen of the Apocalypse

MANZOOR HASAN and SANAIL MOSTAFA

A friend enquired whether the four horsemen of death, famine, war and conquest are anywhere to be seen given the current pestilence followed by the recent fires, floods and exodus of millions. Set aside the religious connotation, it is generally agreed that we are globally experiencing an existential threat. The present lockdown offers us the opportunity to reflect on our immediate future. Here are some thoughts.

On April 10, the world recorded nearly 1.6 million corona infections, 95,000 deaths and 3,55,000 recoveries. The US leads, followed by Spain, Italy, France, Germany, China and others. The trend is somewhat exponential and there is no WHO-approved remedy in sight, except that people are advised to practice physical distancing. Based on Chinese and Korean experience, the epidemiologists believe that such a practice reduces the degree of spread of the virus allowing the health service providers to cope with the crisis. "Save Lives" has become a de-facto global goal for all. Corona has become the ultimate leveler—education, wealth, social standing, colour, religion, ethnicity, gender, and nationality hardly matter.

Compared to China, Europe and America the South Asian countries seem fortunate but these are early days, and there is no room for complacency. Some South East Asian countries (e.g., South Korea, Taiwan and Singapore) may have deflected COVID-19 reasonably well. South Asia and others should learn from the South East Asian experience.

Figures from John Hopkins Coronavirus Resource Center give us a global real-time snapshot, and Bangladesh's situation looks favourable compared to many other countries, if the figures are reliable—61 infections, 6 deaths and 26 recovered (April, 4). The Government of Bangladesh have demonstrated its commitment to face this pandemic with courage and the prime minister has announced policies for the poor, businesses and general population to withstand the expected fallout of COVID-19. The citizens wholeheartedly support the government's guidance. The armed forces have stepped in to support the civil administration, which has been welcomed generally. Notwithstanding the figures on Bangladesh, there are some serious concerns and they need to be reviewed.

Assumptions

It appears that Bangladesh's situation is subject to a series of assumptions. They are: First, all COVID-19-like symptoms-affected people have been tested. This pre-supposes that people with such symptoms sought medical care and they were subsequently sent to appropriate medical facilities.

Second, all deaths (not registered as Corona-induced) with symptoms like cough, fever, difficulty breathing, pneumonia in both lungs (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>) have been tested. This pre-supposes that all people who have died recently and had corona-like symptoms sought medical help and their samples were sent for effective testing.

Third, people, who have been socially together with the "positive" tested persons (alive or dead) have also been tested. This pre-supposes that the health officials kept an eye on these people.

Fourth, those who were tested "positive", effectively practiced physical distancing at home and outside. This pre-supposes that these people and their family members have practiced physical distancing.



Mayor Sayeed Khokon during a government food distribution programme on March 31.

PHOTO: STAR

Fifth, the testing kits used were reliable. Given that certain brands of the kits were proved ineffective in Spain and Italy, this pre-supposes that we undertook quality control before using such kits.

Sixth, the personnel using the kits are skilled enough to understand the instructions. This also pre-supposes that the users fully understood the instructions. Recently, the Chinese suppliers have cautioned users about it.

The question is whether these assumptions hold in the case of Bangladesh. If any one of the assumptions don't, the aforementioned data given for Bangladesh are unlikely to reflect the true picture. It will be true of other countries, let alone Bangladesh. Therefore, it is realistic to assume that there are untested corona cases in Bangladesh, which are and will remain potential sources of COVID-19 spread. The return of numerous hardworking migrant workers to their

villages using overpacked transport could be one of many such sources of dissemination of COVID-19. In addition, prayer congregations in mosques, temples and churches could be another potential source.

In order to pursue "Save Lives" goal we need to understand our situation in the context of four-stage framework. Stage-1 (imported cases of COVID-19, which are relatively easily traceable); stage-2 (imported cases and transmission within family and friends, which can still be traceable); stage-3 (community is affected, which becomes untraceable); and stage-4 (mass scale infection, which becomes a serious public health threat). Where are we now? Most likely we are still in stage-2.

In stage-2, Bangladesh's livelihood environment will start to become insecure. As in other countries, unemployment will increase, food availability will become problematic,

health infrastructure will face severe stress, and due to prolonged lockdown people will look for "escape routes" putting law enforcing agencies under huge challenge and scrutiny, businesses will face liquidity crisis and supply chains will be threatened. If the period of lockdown is increased, which is quite likely, the transition to stage-3 will take the stage-2 factors to an even more acute level. The "Save Lives" goal requires an inter-related system of four strategies, they are:

Strategies

First strategy: Ensure a smooth food supply chain for all. Assuming that Bangladesh doesn't have a strategic food reserve of more than a season, we must ensure access to suitable (macro and micronutrient) and sufficient food for all. This pre-supposes that the food is available. Under current reality, importation of food might be difficult, as there will be a "me-first" policy adopted across the world. Therefore,

domestic production must get absolute priority. The farming population should be protected by any means to safeguard agricultural production. In addition, the agricultural land presently not used for other purposes, e.g., housing, should be used for cultivation. In France, the urban educated class is responding to calls of the farmers to work in the field. Special care should be given to children, expectant and nursing mothers and adolescents under the motto "save our future".

The food supply and distribution should be handled in the most cost-effective, cost-efficient and equitable manner. Community-Based Programmes with the participation of local government, army, civil society and police should ensure that the food delivery is made to all families. The government could contemplate reducing gasoline price given the fall of petroleum price in the international

market. A general Food-for-Work Programme may be initiated for those who will assist the farmers. The farmers should have easy access to all agricultural input-support and expertise. The government should consider importation of food grains to establish a strategic food reserve as part of mid to long-term plan to avoid crisis in the future.

Second strategy: Ensure corona-specific health services. Regarding Health Services, Bangladesh can just pursue "Follow the Leader" approach. Other than experts, such as, WHO, Bangladesh can seek information and advisory support from countries, which are experiencing and managing the corona carnage and have already gathered together valuable lessons. Second, the Bangladeshi diaspora, who are actively involved in the health care system in many countries, are sharing their advice on social media. They should be approached for guidance.

Third, the transformation of hospitals into "Corona Care Units" should happen without disbanding other emergency services. In addition to support for physical health, provisions should be made for mental health. Whatever time we have should be utilised most effectively before the window shuts. It is a race against time. Third strategy: Ensure a congenial social, legal and institutional ecosystem. The "Save Lives" goal can only be achieved if the activities occur under a favourable governance environment. If the Corona crisis prevails for another month or more, the business sector will be in crisis. Job and income losses, and fall of remittance are likely immediate impacts, challenging the livelihood of others. These factors will force people to break out of self-isolation in an attempt to find other options to survive. This could create a serious law and order crisis, and thus undermine country's peace and security. Therefore, a concerted government effort is required, which will bring together all the main societal stakeholders. In order to save lives our approach should be to unite and work together irrespective of party affiliation, religion, ethnicity, professional strata and economic standing. Failing to do so will result in social injustice and greater fragility within our society.

Fourth strategy: Devise a gradual exit strategy from the present lockdown situation. While the country prepares for a possible stage-3 situation and a possible extension of the present lockdown, we also need to plan an exit strategy. The government may engage various working groups led by experts, practitioners, academics and scientists, who will craft strategies to explore opportunities in the post-corona environment. Revival of export market, rebuilding of the business sector, export-friendly currency and monetary policy, introduction of the post-corona safety net for the affected population, restructuring of the public health service delivery, and pro-people governance.

We are experiencing a unique event—a global pandemic—and this calls for a new but immediate partnership among the private, public and non-profit sectors. Uncoordinated approach to this once-in-a-lifetime challenge will cause irreparable damage. This has to be avoided at all costs as the pandemic can easily become a spiralling cycle of destruction given our existing fragilities. On the other hand, the corona crisis can be an opportunity to transform and create a "new Bangladesh", which will empower all its citizens to re-embrace the freedom of independence on our 50th anniversary in 2021.

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Chloroquine, zinc tested to treat COVID-19 infection

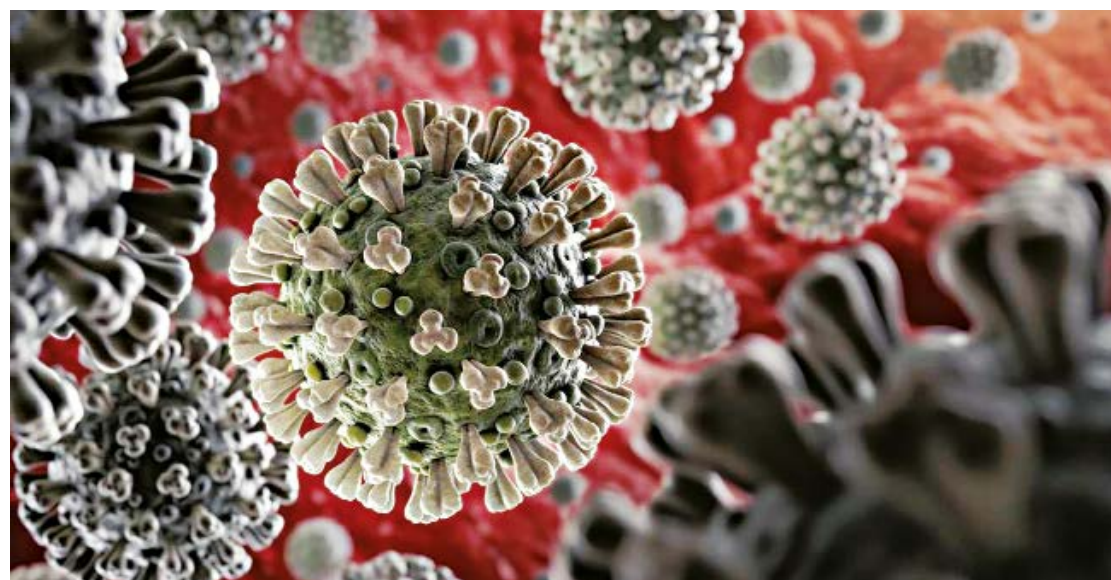
STAR HEALTH REPORT

In the United States and Europe, a handful of clinical trials have begun to test ways to keep healthcare workers and other vulnerable people safe from coronavirus disease (COVID-19).

Most are testing drugs called chloroquine or hydroxychloroquine that have long been used to prevent and treat malaria, and also as a therapy against rheumatoid arthritis and lupus. The hope is that, given before infection or early in the course of the disease, the drugs will protect someone against infection and illness from the virus, or, if they do, will ensure that their case is mild. But whether these drugs will help, hurt or do nothing remains an open question.

The virus that causes COVID-19 uses a backdoor to enter the cell. As it enters, it is exposed to an acidic, vinegar-like environment, which is actually needed for the virus to get all the way inside. Hydroxychloroquine, metaphorically keeps the cap on the vinegar, Greene says, preventing acidification. Thus, there is a scientific rationale for how this drug might exert an antiviral effect.

Mahir Ozmen, a professor of surgery at the Istinye University,



School of Medicine in Istanbul, Turkey, says he thinks the best way to use chloroquine is in combination with zinc and vitamins C and D. He is running a clinical trial, testing to see whether this combination protects health care workers and their immediate families – including his own.

Ozmen, who is collaborating with a chest medicine specialist, an intensive care physician, and two infectious disease experts, says he intended to include only 80 participants, but 98 quickly

volunteered. He began providing prophylactic therapy 2 weeks ago, and expects to complete the trial by July.

Ozmen says, "Hydroxychloroquine helps the zinc get inside the infected cells to destroy the virus, and vitamins A and D support immune function".

He gives volunteers a low dose of hydroxychloroquine every 3 weeks, and a vitamin tablet every day – or every other day for people prone to kidney stones. At the end of the trial,

each participant will be checked for antibodies to COVID-19, suggesting an infection, whether they realised it or not. This kind of prophylaxis will give us the time to develop a vaccine that will offer protection to everyone.

In perhaps the fastest-moving, large prophylaxis trial, researchers at Duke University are leading a US\$ 50 million collaboration across hundreds of American healthcare systems, which will test 15,000 volunteers. Half the health care workers will take hydroxychloroquine, and half a

placebo. Other drugs could be added to the study if they prove promising for preventing or lessening infection, says Adrian Hernandez, the trial's principle investigator.

In France, researchers are running a trial with 1,200 healthcare workers to test prophylactic use of hydroxychloroquine or a combination of two HIV drugs, Lopinavir and Ritonavir, which failed as a treatment in people with severe COVID-19 infections but may work as prevention. It is expected to take 6 months.

In a 40,000-person trial led by the University of Oxford in England, participants in Asia will receive chloroquine or a placebo, and in Europe, hydroxychloroquine or a placebo. That trial is expected to take a year.

Robert Salata, chairman of the department of medicine at UH Cleveland Medical Centre, is including 4,500 patients in his trial of an antiseptic that healthcare workers will spray into their mouth three times a day. The antiseptic, called ARMS-I, made by ARMS Pharmaceutical of Cleveland, is already present in lower concentrations in some mouthwashes, he says.

Source: WebMD

CHILDHOOD CANCER

11 million children are expected to die from cancer

Improving care for children with cancer worldwide will bring a triple return on investment and prevent millions of needless deaths, according to a new commission report published recently by The Lancet Oncology entitled Sustainable Care for Children with Cancer.

Without additional investment in childhood cancer care, new estimates produced for the report reveal that over 11 million children aged 14 years and younger are expected to die from cancer over the next 30 years worldwide. The vast majority of those—more than 9 million deaths (84%)—will be in low-income and lower-middle-income countries.



The landmark report synthesises existing evidence with new modelling and economic analyses to demonstrate that—with investment in expanding worldwide coverage of achievable cost-effective interventions and strengthening health systems—millions of children's lives could be saved, with huge economic benefits that far exceed the costs.

This report provides compelling evidence that improving outcomes for children with cancer is both feasible and a highly cost-effective investment for all countries rich and poor alike. Expanding access to achievable diagnostics, treatment, and supportive care, alongside strengthening health systems more widely, could prevent more than 6 million child deaths and bring almost US\$2 trillion in economic benefits over the next 30 years. The time is right for a global push to expand coverage of care for children with cancer.

HEALTH bulletin



Pregestational diabetes profoundly affects perinatal outcomes

Nearly 3% of reproductive-aged U.S. women have type 1 or type 2 diabetes and 6% of pregnancies are complicated by gestational diabetes. In addition, diabetes diagnosed before pregnancy (pregestational diabetes) is a well-known risk factor for poor pregnancy outcomes, including birth defects.

Assessing risk for individual birth defects related to diabetes has been challenging because of the low incidence of specific anomalies. Therefore, investigators examined data on 31,000 pregnancies affected by 50 distinct foetal anomalies in the National Birth Defects Prevention Study (NBDPS) from 1997 through 2011 to assess more accurately the association of an isolated defect with pregestational or gestational diabetes.

Statistically significant associations (many very strong) with pregestational diabetes were noted for 22 of 26 non cardiac anomalies, and for all 24 of the cardiac anomalies assessed.

These strong associations underscore the detrimental impact on pregnancies of pregestational diabetes, a condition that is dramatically growing in prevalence. Ideally, women should modify their lifestyles to lower their risk for developing type 2 diabetes — and preconception care should be encouraged as it has been associated with a 20% decrease in haemoglobin A1c levels and a 75% decrease in birth defects.

COVID-19: What should we do?

In Conversation with Prof. Samir Kumar Saha

STAR HEALTH DESK

In the current global pandemic scenario of coronavirus disease (COVID-19) Prof Samir Kumar Saha, Head of the Department of Microbiology at Dhaka Shishu Hospital and Executive Director of Child Health Research Foundation (CHRF) shared his views with the Star Health and shed light on the direction of handling the global pandemic in the context of Bangladesh.

When asked about the virus Prof Saha said that we know very little about this virus. New things are getting unfolded every day. Coronavirus was there in this world for many years. In the past, coronavirus caused only minor sickness like sneezing and coughing etc. But now it is causing severe respiratory infections. The virus has evolved going through different animals like birds, especially bats and some other hosts.

Bangladesh is possibly on the brink of a disaster. Maybe a very big wave is coming at us, and we do not know what is going to happen. The next few weeks will be very critical because the viral infection has moved to the community level. We are not sure how it will behave.

We could not screen a large number of cases in Bangladesh because we did not have the arrangements to do the tests. We could not involve more laboratories in time to perform the tests. If we could have done something about it a little earlier, it would have been much more effective in measuring the situation.



Prof Samir Kumar Saha, Head of the Department of Microbiology at Dhaka Shishu Hospital and Executive Director of Child Health Research Foundation (CHRF)

Prof Saha thinks that there should be more detection of cases and immediately they should be isolated. If it is not done the nation might be at risk. It depends on how disciplined we are, and how we are maintaining everything. We need to follow the social distancing, quarantines and all the other instructions that are being placed by the government. If we do not follow that we could face a major problem very difficult to handle.

About the development of a vaccine for COVID-19, Prof Saha says globally there are

many pharmaceuticals, research organisations and universities trying to develop a vaccine but the progress is not known. We are not sure whether there will be a vaccine in a short time. Even if there is any development of the vaccine within the next six months, it will probably take at least a year to come to us because the discovery of the vaccine and then producing it in bulk is not very simple. It requires a lot of time and the involvement of many industries to produce millions of doses.

About the psychosocial consequence of the COVID-19 pandemic, Prof Saha says, "This global pandemic teaches us that human beings cannot live alone. They should live together and they should help each other - that is the only way they can survive. No matter how strong we are, wherever we live in this world, we cannot get protected. We should realise this and try to be a true human being with compassion for each other."



Scan the QR code to listen to the full interview of Prof Samir Saha.



WHO lists two COVID-19 tests for emergency use

The World Health Organisation (WHO) has listed the first two diagnostic tests for emergency use during the coronavirus disease (COVID-19) pandemic. The move should help increase access to quality-assured, accurate tests for the disease. It also means that the tests can now be supplied by the United Nations and other procurement agencies supporting the COVID-19 response.

Both in vitro diagnostics, the tests are genisig Real-Time PCR Coronavirus (COVID-19) and cobas SARS-CoV-2 Qualitative assay for use on the cobas® 6800/8800 Systems.

The Emergency Use Listing procedure (EUL) was established to expedite the availability of diagnostics needed in public health emergency situations. It is intended to help procurement agencies and countries navigate the large presence of different devices on the market and, by assessing them, provides assurance of the products' quality and performance.

The genisig Real-Time PCR Coronavirus (COVID-19) (Primerdesign, United Kingdom) is an open system more suitable for laboratories with moderate sample testing capacity, while the cobas® SARS-CoV-2 for use on the cobas® 6800/8800 Systems (Roche, United States of America) is a closed system assay for larger laboratories.

Source: World Health Organisation



HOW TO HOME QUARANTINE

The home quarantined person should:



Stay in a well-ventilated single-room preferably with an attached toilet



Needs to stay away from elderly people, pregnant women, children



Restrict his/her movement within the house



Under no circumstances attend any social/religious gathering



Wash hand frequently with soap and water or with alcohol-based sanitizer



Avoid sharing household items like dishes, glasses, cups, utensils, towels, bedding



Wear a surgical mask at all time. The mask should be changed every 8-8 hours

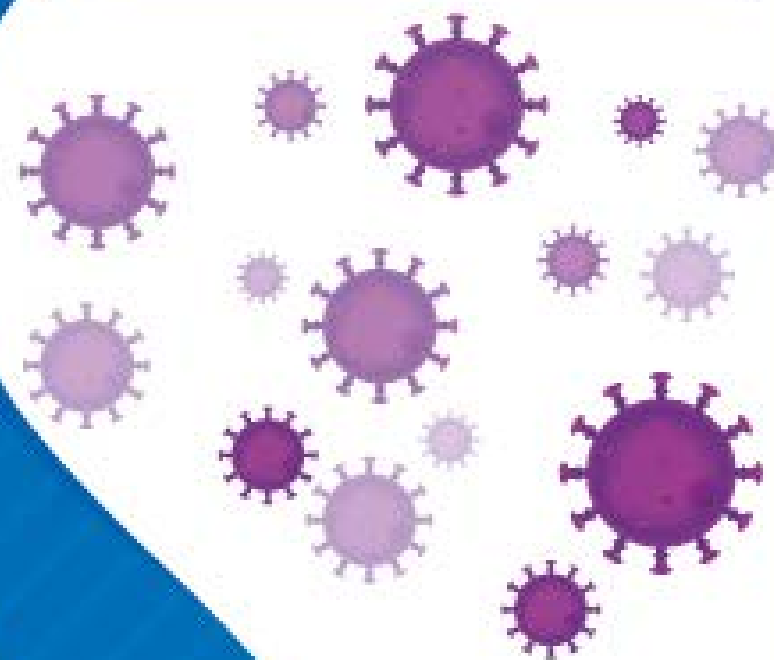


Dispose off used mask in a closed bin and bin should also be handled responsibly



If symptoms appear, he/she should immediately inform the nearest health centre

COVID-19 OUTBREAK



In Search of Excellence



Support staff looking for BCB's support

MAZHAR UDDIN

The Bangladesh Cricket Board (BCB) has come forward to provide one-time monetary support to non-contracted first-class cricketers who were taking part in the Bangabandhu Dhaka Premier League 2019-20 season, and the move was highly appreciated.

The BCB has already handed over cheques to respective clubs to support the cricketers in the wake of the coronavirus pandemic. This was done as the BCB apprehends that the DPL, which was postponed after the first round, may not resume anytime soon.

However, there are coaches, trainers and physios who work their socks off to ensure the game keeps rolling and these people earn their bread through the Dhaka league.

Although the cricketers have got the financial support from the BCB, the coaches and the support staff remain overlooked in these testing times, with their livelihoods heavily dependent on such remuneration.

Among the twelve DPL clubs, each have at least four to five support staff which includes head coach, assistant coach, physio and trainer.

There are a few coaches who are among paid employees of the BCB



PHOTO: COLLECTED

Mamunur Rashid Sumon, assistant coach of Legends of Rugganj, with cricketer-turned coaches Aftab Ahmed and Nazmul Hossain.

such as Khaled Mahmud and Foisal Hossain Dickens, both working for Abahani. There are others like Talha Jubair, Rajin Saleh, Soheli Islam, Alamgir Kabir who are among the paid employees of the BCB. But coaches of half of those twelve clubs are not enlisted as

BCB's employees and they mostly rely on earnings from the DPL, which is currently suspended indefinitely.

Mamunur Rashid Sumon, an assistant coach of Legends of Rugganj team, is one those coaches who is not a BCB employee and one whose livelihood depends on earnings from the DPL.

Since it is still not certain when the league will resume again, Sumon is passing anxious time at home and looking forward for support from the BCB.

"Like the non-contracted cricketers got one-time monetary support from the BCB, we, the support staff, also expect something like that. As I have taken coaching as a profession, I have no other income source except for cricket and DPL is one of the biggest sources of income for me. Although I am also a coach of a cricket academy, but that too has stopped due to the coronavirus. BCB is our guardian and I expect the board will consider our situation too. Things are getting really difficult everyday," Sumon told The Daily Star yesterday.

As the future seems uncertain for many due to the growing spread of the virus, the affluent cricket board should extend its support, not just towards the cricketers but also towards people who work behind the scene.

Matin raring to return

ANISUR RAHMAN



National team's forward Matin Mia is eagerly counting days to return to the pitch after recovering from a hamstring injury which he sustained during the Bangabandhu Gold Cup's semifinal against Burundi on January 23.

Matin, who scored a brace against Sri Lanka in a group-stage match, left the field just four minutes after kick-off with a muscle cramp as the home team suffered a 3-0 defeat.

The 22-year-old then missed out on the first six matches of the Bangladesh Premier League (started on February 13) for his club Bashundhara Kings, who have struggled to sixth position on the 13-team table before league was suspended due to coronavirus.

The lad from Sylhet has now recovered and he feels fit enough to help his side back to the top of the table, but the suspension of the league is delaying his return.

"After the injury, it took me 20 days to get back to training but the injury returned again. Then it took me another 20 days to be fully fit. At the moment, I feel I'm in good condition and fit enough to play competitive matches," Matin told The Daily Star over phone from Sylhet.

Explaining his fitness, Matin said, "Before the postponement of the training camp on March 17, I sprinted smoothly and raced separately under the supervision of the club trainer and I did not face any problem or feel any pain. Even after returning home in Sylhet, I have been training on the school ground adjacent to our home as per the trainer's instructions."

Last year Matin, along with Brazilian striker Marcos Vinicius, formed a lethal

attack for Bashundhara Kings, scoring 25 goals together to help the side win the league title in their debut season. But now Matin feels bad to see his side struggle, especially after failing to play because of injury.

"It doesn't feel good when the team loses or draws. I feel I could have contributed had I been on the ground. Last season, we were always on top but this time we are going through ups and downs. I think we lack a good striker like Vinicius. If I get an opportunity to play in the starting eleven, I think the coach will play me in flank with (Daniel) Colindres in striking zone and I believe I can assist Colindres to score," said Matin, who had readjusted his target of scoring more goals than the 11 he scored last season. His initial target, before injury, was to score 20 goals.

The promising forward, who also scored in the final of the Independence Cup last season to help Bashundhara Kings lift the trophy, has a regret of not being able to play AFC Cup due to the injury.

"I did not play AFC Cup before, so I had a dream of making debut against TC Sports but I had to watch the match from the gallery. However, it was really pleasing to see my team win 5-1," said Matin.

Matin believes the postponement of all domestic and international competitions will give him an opportunity to represent both the club and the national team when normalcy returns.

"I could have missed all international matches had those been held in time but the postponement of the World Cup qualifiers is giving me an opportunity to represent the country again. I really dream to play against India and I believe my dream will come true," said Matin, who has been playing top-flight football for the last three seasons.

Dalglish infected

AFP, London

Liverpool legend Kenny Dalglish has tested positive for coronavirus but is not showing symptoms of the disease, his family said Friday.

The 69-year-old former Scottish international striker was admitted to hospital on Wednesday for treatment for an infection which required intravenous antibiotics.

"He was subsequently tested for COVID-19 despite having previously displayed no symptoms of the illness," said a family statement. "Unexpectedly, the test result was positive but he remains asymptomatic."

The coronavirus has claimed the lives of nearly 9,000 people in Britain.

Barca deny wrongdoing

AFP, Madrid



Barcelona have denied what the club describes as "serious and unfounded accusations" of corruption after a former vice-president claimed someone "had put their hands in the till".

Emili Rousaud was one of six board members to resign on Thursday night as Barca continue to be embroiled in political crisis under their current president Josep Maria Bartomeu.

All six resigning board members called for the 2021 presidential elections to be brought forward in a joint letter published on Friday by the newspaper La Vanguardia.

In an interview with Spanish radio station Cadena Ser, Rousaud discussed the social media controversy that rocked the club in February, when Barcelona were accused of hiring a company called I3 Ventures to

discredit opponents of Bartomeu online, including players like Lionel Messi and Gerard Pique.

"If the auditors tell us the cost of these services is 100,000 euros and we have paid one million, it means someone has put their hand in the till. I have no evidence and I cannot say who," Rousaud told the programme RAC1 on Friday.

Barcelona responded with an official statement that read: "In the light of the serious and unfounded accusations made this morning by Emili Rousaud, ex-vice president of the club, in different interviews with the media, FC Barcelona categorically denies any activity that can be described as corruption and therefore reserves the right to any legal action that may correspond."

Bartomeu terminated the club's contract with I3 Ventures in February. He said the company had been hired only to monitor posts on social media and announced an internal audit to

investigate any irregularity.

"The analysis of the monitoring services of social networks is being subjected to an independent audit by PriceWaterhouseCoopers (PWC), which is still ongoing and, therefore, without any conclusions," Barcelona's statement added.

Rousaud had been appointed as a club vice-president in January and was seen as a leading candidate to succeed Bartomeu, who cannot stand again when the presidential elections come round next year.

Bartomeu has overseen a string of political spats in recent months being played out in public, with Messi also involved.

Messi reacted angrily in January to Eric Abidal, the club's technical secretary, suggesting the players were to blame for the sacking of Ernesto Valverde and last month, the Argentinian criticised the club's handling of negotiations with the squad over pay cuts.



A fan sits in the empty stands during a Belarus Premier League match between FC Neman and Belshina in Grodno on Friday. Belarus remains one of the four countries where football is still rolling despite the coronavirus pandemic.

PHOTO: REUTERS

Tough transitioning back as a player: Holder

ICC



West Indies Test captain Jason Holder confessed that his transition from ODI captain to "just a player" has not been smooth.

Holder was replaced by Kieron Pollard as the white-ball captain last September, and he admitted adjusting to the new demands was tricky.

"To be quite honest, it has been tough transitioning back just as a player," he told the Cricket Collective podcast. "In hindsight, it has been tough trying to understand how to get back in as just a player."



Holder admitted that he has not been a consistent performer over the past year. He took eight wickets in eight innings in the 2019 World Cup. But since then has picked up just seven wickets in 10 ODI innings.

"Performances obviously haven't

been there as I would've probably liked, but I'm not too disheartened," he said. "I don't get too worried because I know my ability. I know what I can produce. I just know that an innings is around the corner, a bowling effort is around the corner."

The 28-year-old said that playing a lot had taken a toll on him and a break from leadership would allow him to recharge his batteries.

"I felt I needed the break after the India series [in December] particularly, just to refresh," he said. "I had played every single series in the entire year [in 2019], I played county cricket as well, and my batteries needed a little bit of a recharge."

'Love, enjoy and tell good stories'

AGENCIES



Michael Atherton is one of the most respected and decorated England cricketers who played 115 Tests and 54 ODIs from 1989 to 2001. He now enjoys a successful career as a broadcaster with Sky Sports and as a journalist with The Times as their chief cricket correspondent.

Atherton visited Pakistan early last month, before the Covid-19 outbreak forced the postponement of the Pakistan Super League, to work on a documentary on the revival of cricket in Pakistan, which is likely to be aired as part of the Pakistan team's build-up for the summer tour of England.

"Love the game. Enjoy the game. Tell good stories. I still think it is about good storytelling. I know statistics and technique and all those kind of things are important and are very much at the heart of the modern landscape. But I think telling good stories is still at the heart of what journalists, broadcasters, documentary-makers and commentators, whatever tell good stories about a great game," Atherton said during a podcast with the PCB when asked about his advice to the current and future generations of cricket correspondents.

He believes that it has indeed become a lot harder for players with the advent of social media than it was during his time as a player.

"I think it is harder for players now than I played. There was no social media when I played. Of course, you still had criticism from commentators and journalists and maybe the tabloid media was a bit stronger in England then than it is now. The social media interest didn't exist then and I think

it is tougher for young players now as it is very hard to get away from social media. The players are encouraged to be on social media for all kinds of reasons: for personal sponsorships and general availability.

"But that level of vitriol and criticism is quite tough to deal with particularly if you are young. I was thinking of some of the young England cricketers. I saw some of the Under 19s this winter in South Africa, who got dumped out of the tournament at an early stage and took a fair bit of criticism

Atherton also believes that the players no longer have something called a personal space due to the social media engagements.

"That is how life has gone a bit. People are much more open than perhaps they were in my generation. Today, in fact, there is an eight-part Amazon Prime documentary series on the Australia cricket team where the cameras have been in the dressing room. They have been in every team meeting and I think the filmmakers had 2,600 hours of footage there and that's just outside of the cricket."



Ronaldo warned over training

AGENCIES, Lij Bone

Cristiano Ronaldo has been warned over his conduct after he was pictured training at a football stadium in Madeira during the lockdown.

The 35-year-old was pictured training at the Madeira national stadium and was far from the only person in attendance. Madeira's regional secretary of health, Pedro Ramos, has urged a global superstar to set a good example for others when it comes to social distancing.

"Ronaldo has no special permission to train. Ronaldo has the right to train as long as he respects the rules like all citizens, there is no privilege," Ramos said. "All citizens can leave the house and do so, as long as they do not cause gatherings and maintain a safe distance during the exercise. Therefore, Ronaldo did what we have seen. There was no special authorisation because we are all the same, we are all facing the same pandemic."

"The best player in the world must use his image to set an example, but Cristiano seems to me to have done just a few minutes of exercise and, therefore, there is no harm in the world. I would not like it to be said that it is trivialisation, because we are all responsible."

CORONAVIRUS FALLOUT

Vegetable growers count huge losses

MAHBUBUR RAHMAN KHAN and MOHAMMAD JAMIL KHAN

Vegetable farmers are incurring severe losses amid the countrywide shutdown that has been imposed to contain coronavirus spread.

One such farmer Saad Mia said he cultivated bitter melon on a 45-decimal but now he was not getting right price for the vegetable because of rapidly decreasing demand of perishable vegetables.

Our correspondent found Saad, who grows vegetables at Haripur village in Cumilla's Meghna upazila, at Shyambazar wholesale market in Dhaka while he was separating rotten bitter melons from the good ones.

"I am offering these vegetables at Tk 60 per kilogramme which is half of its production cost. Still, I do not have customers," he said, adding that he brought around 50 kg bitter melons at Shyambazar.

He later sold his vegetables to a retailer at Tk 40 per kg in front of the correspondent.

According to Saad, he cultivated the bitter melons risking his life amid the Covid-19 outbreak and had a bumper production, yet he had a lot to worry about his future considering the situation.

"I am ruined. I will lose over Tk 1 lakh this season," tearful Saad said.

Amid the countrywide shutdown, people nowadays are visiting kitchen markets less often. Besides, many are prone to buy dry foods and slow perishable items.

Vegetable farmers are bearing the brunt of this situation. The situation was so bad that in some cases farmers were also seen not plucking their vegetables and letting those damage in the fields.

SEE PAGE 4 COL 3



Bitter gourds gone bad are dumped at a corner of Shyambazar kitchen market in the capital. The shutdown has left many avoiding kitchen markets, resulting in poor sales. The photo was taken recently.

PHOTO: MAHBUB KHAN

STAY HOME, STAY WELL

Clean all accessories

MOHAMMAD AL-MASUM MOLLA

Along with clothes and hands, it is also necessary to disinfect accessories such as rings, bracelets, watches, mobile phones or even wallets.

Experts suggest washing hands with soap or using hand sanitiser to mitigate the risk of catching and spreading the novel coronavirus disease (COVID-19), but people have to remove all accessories and sanitise those as well before washing hands.

Kaoser Alam, medical officer of the Bangabandhu Sheikh Mujib Medical University, said, "During the days of shutdown, we stay inside our homes but some of us may have to go outside for groceries."

"So, we wear masks and wash hands properly, but we rarely care

SEE PAGE 4 COL 3

Don't commit genocide

Myanmar president orders civil servants, military officials

DIPLOMATIC CORRESPONDENT

Nearly three months after the International Court of Justice's ruling on the Rohingya genocide case, Myanmar President has asked civil servants, military officials and the general people "not to commit genocide".

In an order issued by Myanmar President's Office on April 8, it directed all ministries, regions and state governments "to ensure that its personnel, officers, staff -- whether military or other security forces, or civil services -- and locals, under its control or direction, do not commit the acts mentioned in Articles II and III of the Genocide Convention."

The order, published on April 9, in Myanmar's Ministry of Information says each ministry, region and state government shall transmit any credible information that it may receive from subordinates about possible acts to the president's office. They were also asked to provide a quarterly report on relevant developments.

This came in response to the January 23 ruling by the ICJ, the top UN Court, that had asked Myanmar to prevent acts of genocide against the country's persecuted Rohingya minority and to stop destroying evidence.

In November, the Gambia filed a suit against Myanmar alleging it was committing "ongoing genocide against its minority Muslim Rohingya population", which forced around 740,000 Rohingyas

SEE PAGE 4 COL 2

FIRST YEAR OF BANGLADESH BANGABANDHU'S NATION-BUILDING CHALLENGES

Pakistan accepts repatriation proposal



Bangabandhu addressing members of the Awami League Parliamentary Party at Engineering Institute on April 11, 1972.

APRIL 11, 1972

SHAMSUDDOZA SAJEN

NEPALESE MESSAGE TO BANGABANDHU

The prime minister of Nepal Kirtinidhi Bista has sent a message of greetings and good wishes on behalf of his majesty's government to Bangabandhu Sheikh Mujibur Rahman and his government on the historic occasion of the inaugural convening of the Constituent Assembly of Bangladesh.

GOVT PROSECUTORS FOR WAR CRIMES TRIBUNAL APPOINTED

The government has appointed SR Pal and Serajul Haque as the chief government prosecutors of the War Crimes Tribunal to try the Pakistani prisoners of war for their atrocities and genocide in Bangladesh.

BHUTTO ACCEPTS INDIA'S OFFER FOR TALKS

Pakistan President ZA Bhutto says today that he has sent his reply to the Indian prime minister's letter dated April 9, 1972, accepting her proposal for a meeting of the emissaries of the two countries to prepare a summit meeting between him and Indira Gandhi.

SEE PAGE 4 COL 5

Don't lift curbs prematurely

Warns WHO as Trump considers opening US economy

AGENCIES

The World Health Organization (WHO) has warned countries to be cautious about lifting restrictions introduced to curb the spread of the new coronavirus as global death toll from the pandemic soar passed 100,000.

The United Nations agency would like to see an easing, but at the same time "lifting restrictions could lead to a deadly resurgence," WHO

Director General Tedros Adhanom Ghebreyesus told a press conference.

Extraordinary measures from New York to Naples to New Delhi have seen businesses and schools closed in a desperate bid to halt the virus's spread, and the IMF has warned that the world now faces the worst economic downturn since the Great Depression.

More than 103,536 people have died of COVID-19 with 1.7 million infections detected globally, according

to a Johns Hopkins University tracker, with nearly 70 percent of the fatalities in Europe.

The United States, now the pandemic's epicentre, became the first country to record more than 2,000 virus deaths in one day and is closing in on Italy's 18,849 fatalities -- currently the highest national figure.

With more than half a million reported infections, the United States already has more coronavirus cases

SEE PAGE 4 COL 4



Army personnel and law enforcers struggle to manage traffic at the capital's Nayabazar as many ventured out around noon yesterday. Inset, army personnel halt some people near Buriganga second bridge for ignoring restrictions.

PHOTO: ANISUR RAHMAN



Make a list of those vulnerable

Writ seeks food aid, medicines for the poor in a week

STAFF CORRESPONDENT

A Supreme Court lawyer yesterday sent a legal notice to the authorities concerned of the government requesting them to make a list of the country's financially vulnerable people and distribute food and medicines among them through the army within a week.

The move is aimed at helping the people during the crisis which

SEE PAGE 4 COL 3



PRAYER TIMING APRIL 12

Fajr	Zohr	Asr	Maghrib	Esha
AZAN 4-35	12-45	4-45	6-24	7-45
JAMAAT 5-10	1-15	5-00	6-28	8-15

SOURCE: ISLAMIC FOUNDATION

করোনায় সারা বিশ্ব আজ বিপর্যস্ত।
মানুষ বাসা-বাড়ি থেকে বের না হলে সংক্রমণের ঝুঁকি বহুলাংশে কমে যায়।
মনে রাখবেন, অসাবধানতায় যে কেউ যে কোন সময় করোনা ভাইরাসে আক্রান্ত হতে পারে।
কাজেই ঘরেই থাকুন সুস্থ থাকুন

- একান্ত প্রয়োজনে বাইরে গেলে অবশ্যই মাস্ক পড়ুন।
- স্বাস্থ্য অধিদপ্তর কর্তৃক প্রদত্ত সব স্বাস্থ্যবিধি অবশ্যই মেনে চলুন।
- বারবার সাবান পানি দিয়ে কমপক্ষে ২০ সেকেন্ড হাত ধোবেন। অপরিচ্ছন্ন হাত দিয়ে মুখ, নাক ও চোখ ছোবেন না।
- জ্বর, সর্দি, কাশি, গলা ব্যথা হলে বাড়িতেই আলাদা থেকে চিকিৎসা নিন। প্রয়োজনে করোনা বিষয়ক হটলাইনগুলোতে ফোন করুনঃ ১৬২৬৩; ৩৩৩; ১০৬৫৫; ০১৯৪৪৩৩৩২২২ অথবা নিকটস্থ স্বাস্থ্যকর্মী বা হাসপাতালে যোগাযোগ করুন।

মনে রাখবেন আপনার সুরক্ষা আপনারই হাতে

স্বাস্থ্য অধিদপ্তর
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়