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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

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.

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



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

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.

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Covid-19 and its aftermath

A national council is imperative

STRATEGICALLY SPEAKING

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.



The government has deployed its resources and it is good to see the prime minister take charge of directing the anti-COVID effort.

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

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

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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.

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