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FOUNDER EDITOR  
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## Don't overlook dengue danger

City corporations must resume anti-mosquito and larvae destruction drives

AT a time when the country is seized with the virulent virus, the prospect of onset of dengue looms ominously on the horizon. In this very column not many weeks ago, we had alerted the administration, busy coping with Covid-19, to be also mindful of this seasonal disease that afflicts us regularly. The untimely rain this year has preponed its onset considerably, facilitating breeding of Aedes mosquitoes, the vector of the disease. Last year, the number of Aedes affected patients had crossed the six figure mark, half of them from Dhaka city itself. Of those, 179 died of the disease. And till Sunday, at least 292 dengue patients were admitted to different hospitals across the country since January 1, according to the Directorate General of Health Services.

The dengue hazard couldn't have come at a worst time. When the health system is up to its neck fighting Covid-19, dengue has become an additional burden to our distress. And it has been made even more complicated because of the virtual lockdown in order to prevent the spread of the virus. As a consequence, the anti-mosquito drive has all but stopped in the capital due to the shortage of manpower in the city corporations. One would have thought that the city corporation health workers provided essential services and should have been, as such, outside the ambit of the general prohibitory orders on movement.

We are happy to note that the government has decided to form a "Dengue Monitoring Cell" to fight the disease in the city. We believe that such a cell should be formed without delay. The health workers of the two city corporations should be provided with the necessary protective gears and employed in full swing. Failure to take timely and aggressive action may well prove right the dire prediction of the experts—that if the authorities failed to take necessary steps to control Aedes mosquitoes immediately, there might be a surge in the number of dengue patients, which would pose a serious danger in the midst of the coronavirus pandemic.

## Doctors at private hospitals left vulnerable

Why are the authorities not providing them with enough PPEs?

THERE appears to be no end to the crisis facing frontline workers in the fight against coronavirus. Earlier this week, we got confirmation from a report by this daily that Bangladesh might be the only country in the world where the Covid-19 death rate is higher than the recovery rate. This is largely due to the mismanagement in the treatment of patients as well as the authorities' failure to adequately deploy and equip the doctors, who are just as much a victim of this mismanagement as their patients. We get an idea of the personal risk facing the doctors from Bangladesh Doctors Foundation (BDF), an association of physicians, which said that an average of more than 30 doctors tested positive daily over the last week. Doctors at public and private sectors are equally at risk. According to BDF, at least 373 doctors have contracted the virus till Monday—179 from government hospitals, 84 from private hospitals, and the rest from different specialised hospitals.

Now an online survey by the BDF, conducted between April 20 and 26, reveals that more than one third of doctors at the private hospitals surveyed have not been provided with any personal protective equipment (PPE). We wonder why this is the case despite the government's assurance that there are enough PPEs for all health workers. Clearly, there is a disconnect between the official line and the reality on the ground. Currently, there are around 5,500 registered private hospitals and clinics across the country, according to the DGHS. Although no private hospital formally treats Covid-19 patients, the medical staff at these hospitals ensure the provision of vital healthcare services for general patients, and are hence equally exposed to the threats of the virus. There can be no excuse for treating them any differently when it comes to providing necessary safety gear.

Experts have repeatedly urged the government to solve the problems related to lack of PPEs as well as the supply of poor-quality safety gear—problems that are also driving the high infection rate among health workers. The need for an urgent intervention in this regard cannot be overemphasised as the number of confirmed coronavirus cases in the country crossed the 6,000 mark. The numbers of infections and deaths keep rising every day. If we want to fight this virus with any degree of success, we must urgently ensure that all staff, both at hospitals treating Covid-19 patients and non-Covid-19 hospitals, are equipped with proper PPEs so that they can lead the fight successfully.

## LETTERS TO THE EDITOR

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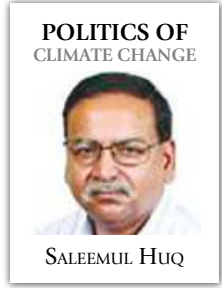
### Miss reading newspapers

Several newspaper outlets have been affected by the nationwide lockdown, and despite the selective newspapers which remain active, the physical paper is not reaching many readers, especially those outside the capital. As an avid reader of this daily, holding the newspaper in one's hands and turning through the pages is a feeling that the digital platform can never substitute and that I miss very much. If the paper is in circulation, why aren't we able to get them when other essentials are readily available? Especially in the rural regions, where "analogue" is still preferred over "digital", the newspaper is somewhat of an essential too. I hope the concerned authorities and publishers will look into this matter urgently.

Hussain Abu Musa, by email

# A renewed focus on social capital

## Rethinking our dependency on financial capital for a post-pandemic world



THE old order into a new (and hopefully better) order going forward, we can build a better world by fixing much of what was wrong with the old world.

Today, I will share some thoughts on how we need to focus on enhancing social capital as a priority in place of our over-reliance on financial capital, which has dominated our thinking for so long.

Let me start by picking a few aspects of the prevalent financial capital paradigm that are proving to have been myths. First is to acknowledge that when money is needed, governments can produce it to save what they feel are high priorities. Hence, trillions of dollars are now being made available when we were told that there was no money to do the same things we have to do now. It is clear that lack of money was never the main constraint, but rather the priorities for which it was allocated. Investment in proper public health planning has been neglected, as has tackling climate change, with the excuse that there was no money available. At the same time, money for weapons never seemed to be in short supply. Today, we are seeing the most expensive machines of war, namely the aircraft carriers, being grounded by Covid-19.

A second myth that is being exposed is that the billionaires are the most valuable members of our society. They are now sitting at home while their food is being delivered by low paid delivery workers, making it apparent that the money that they have has nothing to do with their value to society. Indeed, every year there seems to a competition amongst the billionaires to see how few of them can accumulate more money than the rest of the world. This upward flow of capital from everyone else to just a few billionaires needs to be rectified by adequate taxation.

A third factor that we are now recognising is that professionals like doctors, nurses, teachers and health workers are not paid any where near their value to society, even though they are the ones facing coronavirus to keep the rest of us safe. These people have invested time and worked hard to become professionals, not to become

high earners, but rather to help their fellow human beings. They need to be better recognised (which is happening now) but also better paid in future.

So as we move forward to deal with the current crisis in public health and then towards tackling the climate change crisis, we should look to invest in building social capital and not allow financial capital to dominate as much as it did before. This is not to say that money is not important, but rather to argue that those with the billions should no longer be allowed to decide where to invest. Investment strategies must be targeted at what society deems most

make this happen.

Unfortunately, while Bangladesh is good at adopting good policies on paper, we often fail to implement them in practice. Now is the time for the Prime Minister to ensure that her political followers, as well as her bureaucrats and the defence forces, are galvanised to work for the people against Covid-19 now, and against climate change after that.

The second major asset of social capital that we have are our NGOs, in which many thousands of professionals are working to help their poorer fellow citizens, and not only for their salaries.



PHOTO: COLLECTED

valuable.

So how might this work in practice? The following are some suggestions in the context of Bangladesh, but these ideas are also applicable in other countries and indeed at a global level as well. We can start with two major assets that Bangladesh already has, and then suggest ways to build on them. The first asset is that Prime Minister Sheikh Hasina is already well convinced about the need to invest in Bangladesh's social capital and has put in place policies to

We have the biggest NGO in the world in BRAC, as well as the pioneer of micro-finance in Grameen Bank. Indeed, Professor Yunus was the person who showed us that the social capital of a group of women could replace the collateral that a traditional bank would require when giving a loan to anyone. These NGO workers are a major social capital that can be galvanised to deal with the Covid-19 pandemic as well as climate change going forward. On the Covid-19 front, we are also seeing Dr

to be brought into the struggle to tackle both Covid-19 and climate change.

What we need is a dynamic all-of-society approach to give us the necessary ability to link up all the different sectors of our society, enabling us to work together for a common purpose. Out of crisis also comes opportunity to make things better than before, but only if we take it.

Saleemul Huq is Director of the International Centre for Climate Change and Development at the Independent University Bangladesh.

# Supporting elderly people during the pandemic

MD ABDUL KARIM

BANGLADESH has an elderly population of about 13.5 million, which is increasing by about 4.41 percent every year. The World Population Forecast estimates that by 2050, about 20 percent of our total population will be elderly persons, compared to 21.5 percent globally. Although Bangladesh enjoys the demographic dividend with about 62 percent of our population being young, we are projected to have 43 million elderly people by 2050. Our government has formulated the National Policy for the Elderly, 2013, the Parents Maintenance Act, 2013 and other rules and regulations to ensure safe, dignified and poverty-free lives for our senior citizens, but we still need to plan different initiatives for ensuring their financial security, healthcare services, physical safety/security, recreational facilities etc. The immediate necessity is the adoption of appropriate measures for protection of this vulnerable group from the present global pandemic. All older people should be treated with dignity and respect during these trying times. Scientific data and evidence show that they are at the highest risk from Covid-19.

Older adults in Europe and Japan have been found to be extremely vulnerable to the global pandemic. About 95 percent of the Covid-19 related deaths in these countries/regions were of the age of 60 years or above. More than 50 percent of all fatalities involved people aged 80 years or above. However, authentic data about the actual number of coronavirus infections among the elderly population of Bangladesh is relatively scarce. It is extremely important to ensure compliance with WHO guidelines, along with the instructions issued by Bangladesh's health authorities, to protect and treat our older people. The Johns Hopkins Health Department has issued detailed instructions about treatment and caregiving for elderly persons. While general instructions of frequently washing hands, avoiding crowds, maintaining social distance, etc are equally applicable, ensuring social

and physical distancing for elderly persons is crucial. However, it might be difficult to convince a lot of the elderly population of how important this is. Faith communities are found to be a big part of their lives, and they may be persuaded by religious authorities to follow instructions. The highest authorities of the two holy mosques in Mecca and Medinah have urged Muslims to perform prayers at home alone. Even Juma and Taraweeh prayers have been restricted in the holy mosques.

During these times, technology can

Maintaining a healthy lifestyle while in self-quarantine or in isolation is crucial for older persons. Even during normal times, they are often dependent on family members or caregivers in maintaining daily routines, eating balanced meals and staying active. Mental health is also a key consideration during the present pandemic. Many of our older people do not have access to a digital platform, which makes staying connected difficult.

The situation of elderly people in Bangladesh is worse than in developed countries because of resource constraints.



PHOTO: COLLECTED

be a useful tool to help isolated older adults stay connected to their near and dear ones. In developed countries, they have learnt to chat with others using their laptops, tablets or smartphones. If these devices are not available, telephone calls and notes from relatives can also help the elderly feel less lonely. In Bangladesh, it is extremely important to ensure adequate supply of food, medicines and other essential commodities to older people. Visits to doctors for minor problems should be kept to a minimum to reduce the risk of Covid-19 infection. However, physical distancing of quarantined elderly adults should not mean social isolation. Friends, relatives and family members should maintain contact with them through various means.

A vast majority of our elderly population live in deplorable conditions. Those living in climate vulnerable areas are often refused access to healthcare services and other basic human needs, and the pandemic has made them even more vulnerable. During their youth, they had contributed significantly towards nation building. Now is the time for us to assist and protect them from the pandemic. If elderly persons do become infected with coronavirus, we must make sure they are able to access healthcare. For this, we must also do what we can do protect our frontline heroes—doctors, nurses and health workers—so they can continue to provide their essential medical services.

Caring for the elderly is an important religious obligation. The Holy Quran

But in spite of all religious and moral obligations, the elderly continue to be subjected to disease, discomfort, ignorance, oppression, insult and abuse all over the world. Societal degradation from material pursuits has contributed to their deprivation, dispossession and loneliness. According to HelpAge India, every second elderly person suffers abuse within the family. Many of them are coerced to work worse than domestic servants, in spite of the provisions of the Indian National Policy on Elderly Persons, 1999 and the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. Every year, an estimated 2.1 million older Americans are reported to be the victims of abuse and neglect, according to the American Psychological Association.

The world has lost respect for the old; many societies now see their older generations as a burden. Due to strong family bonds and community culture, the situation may be better in a few Asian countries, but reliable data and statistics are not available about the actual plight of the elderly. The current Covid-19 pandemic has definitely worsened their plight and made them more susceptible to neglect. Many people are dying without proper care and treatment in the old-homes of Europe and America. Let us stand by our senior citizens, including those who are coronavirus patients, with all sincerity, dedication, and financial and material resources at our disposal.

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