

## Gonoshasthaya finally gets

FROM PAGE 1

Adnan, Raed Jamiruddin, Firoz Ahmed and Mohibullah Khondoker.

This approval by the DGDA is a significant shift from its earlier position that Gonoshasthaya must go through any of the contract research organisations (CROs) to validate the test kit.

When a Gonoshasthaya team went to the DGDA on April 26, the latter's Director General Maj Gen Mahbubur Rahman had instructed it to go through the CROs.

The same day, Zafrullah held a press conference to tell the public that the DGDA was not cooperating with them for the kit validation despite the risks of the Covid-19 infecting more people every day.

The following day, the health ministry held a press conference and said Bangladesh was not going for rapid test kits for now as the World Health Organization does not recommend it and that there are high rates of inaccurate results in this method.

On April 28, Gonoshasthaya wrote to the DGDA, saying it would not go through the CROs and added that CROs are a vehicle of corruption and that going through them will raise the cost of the kit.

It then requested the DGDA to write to the public institutions like the BSMMU, the Institute of Public Health, Armed Forces Institute of Pathology or the Institute of Epidemiology, Disease Control and Research for validation of the kits.

In line with Gonoshasthaya's request, the DGDA's permission came two days later.

Zafrullah said they are now waiting for the Rapid Dot Blot kit's protocol clearance. The organisation had submitted the kits to the Bangladesh Medical Research Council (BMRC) for this purpose.

"We hope we can get the BMRC clearance in a day or two and then [we will] submit the kits to the BSMMU for validation."

Rapid Dot Blot and RT-PCR will be compared in various ways during the

validation process, he said, adding that it should not take more than 10 days.

The rapid test kit is mostly used for surveillance purpose, Zafrullah said, explaining that many of the RMG factories are now open for obvious reasons, but it is not possible to conduct RT-PCR test on all the workers going to the factories because it is expensive, as well as time-consuming.

On the other hand, it takes five to 15 minutes to test with the rapid test kits.

"You set up a testing camp at the entrance of a factory and test the workers and others. Those found negative will be allowed and others [should be sent] to isolation," the veteran physician said.

On the government's concerns of inaccuracy, he said it depends on the quality of kits.

"All tests have some level of errors. Rapid test kits may also have some errors. But the accuracy level of our rapid kit would be no less than that of RT-PCR," he said.

Currently, Bangladesh is using RT-PCR test, which diagnoses the virus in fluids of the nose or throat. It is considered the gold standard for Covid-19, but many countries are also using the antibody test.

Dr Zafrullah said due to the fact that Rapid Dot Blot can test both antibody and antigen, its accuracy is higher than that of only antibody test.

"We believe these results that we have found during our internal testing will come out in the validation as well. We thank the DGDA for allowing us to go directly to BSMMU for validation," he said.

BSMMU Vice-Chancellor Kanak Kanti Barua yesterday told The Daily Star that they have received the letter from the DGDA requesting for validation of the Gonoshasthaya kit. He said they also have received the letter from Gonoshasthaya Kendra.

"We will contact Gonoshasthaya Kendra next Saturday. We will need to exchange scientific documents before we go for validation," the VC said.



With two of them wearing masks and the other his down, three children walk hand in hand on a street in the capital's Gulistan area yesterday, apparently oblivious to the importance of social distancing in the fight against Covid-19. Children are finding it tough to stay indoors amid the nationwide shutdown since March 26. PHOTO: FIROZ AHMED

## Are these right masks?

FROM PAGE 1

Brig Gen Md Shahidullah, director of Central Medical Store Depot (CMSD), "We have around 1.4 lakh masks -- KN95, FFP-2 and others. As America stopped selling the N95, we could not collect those masks anymore."

Earlier this month, major US mask manufacturer 3M said the government has asked it to stop exporting US-made N95 masks to Canada and Latin America.

In a statement, 3M said the government had invoked the act "to require 3M to prioritise orders from the Federal Emergency Management Agency (Fema) for our N95 respirators", and had also requested that 3M import more respirators made in its overseas factories into the US, the BBC reported on April 3.

Currently, 17 hospitals in Bangladesh are dedicated for Covid-19 treatment, and Brig Gen Md Shahidullah said around 300 to 400 masks are required every day for health professionals in these hospitals.

He, however, did not provide details on the current stock of masks of various brands.

Contacted, a CMSD source said around 4,470 N95, 6,195 FFP2 and 60,210 KN95 masks have been deposited at the CMSD. The FFP2 masks are European and KN95 are Chinese standard for respirators.

The CMSD director said they were distributing face masks among five groups of professionals -- doctors and nurses dealing directly with coronavirus patients, technologists of PCR test, sample collectors, and doctors and nurses engaged in coronavirus screening and in ICU management.

A mask costs between Tk 450 to Tk 1,200 depending on the quality and price in the international market, he added.

### WHAT IS N95, ACTUALLY?

Experts say N95 a particulate-filtering face-piece respirator that meets the US National Institute for Occupational Safety and Health (NIOSH) N95 classification of air filtration.

N95 means a respirator that blocks at least 95 percent of very small -- 0.3 micron -- airborne particles. A micron is one-millionth of a metre, and viruses are in the range of 0.3 microns.

However, types of N95 mask vary from one manufacturer to another.

Since Covid-19 was first detected in the Chinese city of Wuhan in December last year, and subsequently spread across the world including to the United States and Europe, N95 masks have become scarcer and pricier.

The price of an N95 face mask shot to \$12 from \$1.75, according to a Washington Post report published on

April 18. The report also said hospitals in the US were complaining of a shortage of face masks.

The skyrocketing demand across the world made it difficult for developing countries like Bangladesh to source face masks from China, which meets more than half of the global demand for face masks.

According to various media reports, prices of Chinese face masks have "quadrupled". There are also reports of China companies not being able to comply with the influx of orders.

Then, there is the question of quality. Be-Nazir Ahmed, former director (disease control) of the DGHS, said the Directorate General of Drug Administration or the CMSD should properly check the masks as the quality of the Chinese masks is questionable.

"I personally saw some masks labelled as N95 but basically those were not. So, if we fail to provide the right masks to health officials, it will be a disaster."

Prof Muzaherul Huq, former adviser (Southeast Asia Region) at the World Health Organisation, said, "As we failed to collect N95 masks, we have to accept the KN95 and FFP2 masks."

"But we have to ensure that the quality is checked as there is a question about Chinese masks."

**MISTAKE?** The supply of fake N95 masks came to the fore when doctors, nurses and other health workers in different hospitals bemoaned the scarcity of N95 masks, with some resorting to social media to vent their frustration about the shortage of masks and supply of fake ones.

JMI Group, a Bangladeshi company producing medical equipment certified by the DGHS, has been supplying masks, gloves, and sanitisers to the CMSD.

CMSD, the government body that sources medical supplies, collected a total of 20,600 face masks from JMI Hospitals Requisite Manufacturing Limited, and later disbursed these to hospitals.

But when it surfaced that the supplied masks were far from N95 quality, the CMSD started withdrawing the masks.

Talking about this blunder, CMSD Director Shahidullah said JMI was not supposed to supply N95 masks.

He added JMI had long been supplying surgical masks. The company was asked to supply regular surgical masks and they delivered accordingly, but wrongly labelled those as N95.

Asked whether there was any negligence from CMSD in examining the product, he said, "We try our best but sometimes it is not possible because it is an emergency."

"We show-caused them over the

## RMG units reopening haphazardly

FROM PAGE 1

Chattogram started resuming operation haphazardly the same day, ignoring the schedule.

Thousands of workers began pouring into these industrial belts from their village homes since April 27, raising fears of wider transmission of the deadly coronavirus. Ensuring the much-needed social distancing in the factories has now become difficult as more and more workers are joining work every day.

As per the schedule, the factories in Savar, Dhamrai and Manikganj were scheduled to reopen on April 28, 29 and 30.

The factories in Roopganj, Narsingdi and Kanchpur would resume operation on April 30, and those in Gazipur and Mymensingh on May 2 and 3, it said.

The schedule also mentioned that knitting, dyeing and sampling sections of factories would reopen between April 26 and 30, cutting section on May 2, sewing section on May 3 and finishing section on May 4.

Ahsan H Mansur, executive director of the Policy Research Institute, said the factory authorities should have waited for at least a week and utilise the time to better prepare for resuming operation.

"The decision to reopen factories came on April 25, and the factory authorities started resuming operation the following day without giving much thought," said Mansur who was present at the April 25 meeting.

The authorities should have made an announcement first and then reopen the factories gradually, he mentioned.

matter. They replied to us saying it was a mistake and we have withdrawn all their masks after the matter came to light."

In an official statement, JMI explained that ordinary masks were wrongly put in N95 packets and it was a packaging mistake.

The CMSD recalled 7,000 masks distributed at government hospitals first in the wake of the growing outrage over the fake N95 masks.

When the CMSD has been struggling to collect N95 masks, Gazipur City Corporation Mayor Mohammad Jahangir Alam claimed to have brought about 28,000 N95 masks from China using his own resources and distributed those.

He also claimed a consignment of 20,000 N95 masks were under the process of shipment.

Asked whether those are real N95 respirators, Jahangir said, "It is Chinese N95. China manufactured those by copying the American N95 mask."

The mayor, however, said he did not crosscheck it with the DGDA regarding the authenticity and quality of the product.

He added that each piece of those cost RMB 30 to 40 or TK 400-450.

Recently, Grameen telecom has also imported 50,000 N95 masks from China and given samples to the DGDA for approval along with necessary test reports.

"We brought N95 GB19083-2010 medical protective masks from China. They meet the NIOSH standard of N95," said Ashraf Hasan, managing director of Grameen Telecom.

N95 masks are tested and certified by the National Institute for Occupational Safety and Health (NIOSH), a research agency that is part of the Centres for Disease Control and Prevention (CDC) in the US.

In its current guidance, the FDA says when pre-approved respirators are not available, the agency "generally would not object" to the use of unauthorised masks if they are on the CDC list of alternatives, which includes the KN95.

The Grameen Telecom MD also said the mask they brought is registered with China National Medical Product Administration.

He added that buying authentic face mask from different sources in China is a big challenge and warned that lower-quality or ill-fitting masks are more likely to let airborne pathogens through, putting healthcare workers in a vulnerable situation.

Prof Dr Iqbal Arsalan, president of Swadhinota Chikitshak Parishad, said in the beginning, there was some chaos over masks but now things are getting better.

"The factories resumed operation without giving any notice to the workers..."

"The number of coronavirus patients may increase in the worst-affected areas in Dhaka, Narayanganj and Gazipur after eight to 10 days as there is a risk of virus transmission among garment workers," he added.

Talking to this correspondent, Amirul Haque Amin, president of the National Garment Workers Federation, said the factories in the industrial belts outside the capital resumed operation in an unplanned way.

"The factory owners violated their own decision by reopening the factories haphazardly," he said.

Seeking anonymity, a top leader of the BGMEA, said, "It is true that some factories reopened without following our staggered and zone-wise approaches."

The staggered approach means opening different sections of a factory gradually. For example, the knitting section of a factory can resume operation on a specific date and the sampling section a few days later, the BGMEA leader explained, adding that the approach was adopted to avoid influx of workers into the industrial belts.

Asked whether the BGMEA would take action against those factories, the BGMEA leader said, "We have not yet written to them about the violations..."

"Six teams from BGMEA are regularly visiting factories in all the industrial zones. We found that two of the 105 factories inspected so far did not

## Covid-19 claims lives of 2 more policemen

STAFF CORRESPONDENT

Two more Dhaka Metropolitan Police (DMP) personnel have died with Covid-19 in the last two days.

The dead are Abdul Khaleq, 26, assistant sub-inspector of Public Order Management, Mirpur; and Asheq Mahmud, a constable of DMP's Traffic North Division.

According to police, ASI Khaleq died around 4:30am yesterday while Constable Asheq breathed his last around 9:30pm on Wednesday. Both of them were kept on isolation after they showed coronavirus symptoms.

Over 500 police personnel have been tested positive with Covid-19 so far and around 1100 placed in quarantine across the country. Of the infected, more than 250 are attached to DMP.

## Tk 2k to each

FROM PAGE 1

Transport workers and hungry villagers in different districts have been demonstrating on highways demanding food for the last few days.

Hundreds of thousands of people in the country's informal labour sector became unemployed or had their income drastically reduced after March 26, when the government announced the shutdown to contain the spread of coronavirus.

### FOOD PROGRAMMES

The government will continue to sell rice among poor people at low prices throughout May under its Food-Friendly Programme, which was supposed to end in April, according to food ministry Secretary Mosammat Nazmanara Khanum.

Besides, the government has decided to continue until the end of June the Special OMS (open market sale) Programme for 12.5 lakh families of city corporation areas and divisional cities.

Under this programme, the enlisted families will be able to buy rice at lower prices. But no family will be allowed to buy more than 20 kg at a time, she told The Daily Star yesterday.

Cards required to avail the opportunity will be distributed among soon.

### PACKAGE APPROVED FOR BORO FARMERS

The Food Planning Monitoring Committee (FPMC) yesterday approved the purchase of eight lakh tonnes of paddy. The approval came four days after the official procurement started on April 26.

"We are purchasing paddy from farmers to ensure that they get a fair price for their crop. Initially, we decided to purchase six lakh tonnes. We increased the amount as per the prime minister's direction," Nazmanara said.

Agriculture Minister Abdur Razzaq, fisheries Minister SM Rezaul Karim, health Minister Zahid Malik, and local government Minister Tajul Islam joined the FPMC meeting via video conference.

Besides the eight lakh tonnes of paddy, the government is also purchasing one million tonnes of parboil rice and 1.5 lakh tonnes of sunburn rice.

The yield of paddy this boro season will probably be around 1.95 crore tonnes, the agriculture ministry estimates.

## It has spread

FROM PAGE 1

As of yesterday, a total of 956 Covid-19 patients were undergoing treatment in Dhaka hospitals.

Of them, 95 were admitted in the last 24 hours until 2:30pm yesterday.

So far, 160 people have recovered from the disease, taking the tally to 160.

The recovery rate is too small compared to the deaths and the total number of infections.

During the briefing, Prof Nasima Sultana informed that a total of 4,965 samples were tested in 29 laboratories across the country yesterday.

**PRIVATE HOSPITALS GET PERMISSION FOR COVID-19 TEST** Prof Nasima Sultana informed that any private hospitals can run Covid-19 laboratories after getting permission from the DGHS.

Evercare Hospital has started testing while Square Hospital and the United Hospital have started collecting samples for test, she informed.

Besides, Labaid, Ibn Sina and some other diagnostic centres have sought approval for Covid-19 testing.

"The applications are under scrutiny and will be permitted under some conditions within one or two days," Prof Nasima said.

### NUMBER OF INFECTED DOCTORS INCREASING

With the number of Covid-19 cases spiralling, many doctors are contracting the virus.

At least 500 doctors got infected with the virus as of last night, Nirupam Das, chief administrator of Bangladesh Doctors' Foundation, said.

Lack of poor quality of Personal Protective Equipment (PPEs), improper use of PPEs, community transmission and tendencies of some patients to hide their disease history are to be blamed for the increase in infection among doctors, he said.

Apart from the infected doctors, some 600 to 700 doctors are currently either in home or institutional quarantine, he added.

## Large number of children

FROM PAGE 1

education expenses. Instead, it would be better for the family if I could earn something," she said, while helping Belmoni achieve her daily leaf plucking target of 20-25 kg to earn the day's wage of Tk 102.

In the same garden, 16-year-old Sakhina Munda started plucking leaves two years ago after dropping out of school at grade VII.

"My mother, a registered worker in this garden, has tuberculosis and my father died a few years ago. So, I have to work here to feed our family of four," she said. Like other tea workers, she works at least seven to eight hours a day.

A 2018 baseline survey by BBS, funded by Unicef, found that 18.8 percent of all children between the ages of five and 17 in tea gardens of Moulvibazar, Habiganj and Sylhet districts are engaged in child labour.

The percentage of tea-garden children aged 5-17 and involved in child labour in Habiganj is 29.8 percent, in Moulvibazar 15.6 percent and in Sylhet 19.3 percent.

The study, the first of its kind on the country's tea gardens, was conducted under Unicef's Global Multiple Indicator Cluster Survey (MICS) programme.

Another MICS report from 2019 shows the total child labour in the country for children aged 5-17 is 6.8 percent.

The findings from the tea gardens show that low wages, malnutrition, inadequate maternity and health services lead children to work in tea gardens.

Tea-garden children mostly work as a substitute of or in addition to a family member, mentioned yet another study.

Faisal Ahmed and Ismail Hossain, professors of the Department of Social Work, Shahjalal University of Science and Technology, conducted a study titled "A Study Report on Working

Conditions of Tea Plantation Workers in Bangladesh" and published in 2016 and funded by the International Labour Organization (ILO).

Some children work as a replacement of a parent who is unable to work, so that they do not lose their residence in the workers' colony. Living quarters are given only to active workers, the study said.

During peak season, the tea-garden authorities welcome children to work alongside their parents to finish the plucking within the stipulated timeframes. Workers also take their children to work to meet targets or secure more income, stated the findings.

"We do not want our children to work. We want to send them to school. But how can we afford that when we cannot even afford three meals a day?" Ajit Banerjee, a tea worker in Barlekha upazila of Moulvibazar, asked.

Pankaj Kondo, vice president of Bangladesh Cha Sramik Union, told this correspondent that, according to national law, children under 18 are not allowed to work in tea gardens, but they still do.

Generally, male child workers dig canals, repair broken roads in the tea gardens and take care of the tea plants. Female child workers pluck tea leaves and sometimes put tea into sacks in the factories, he said.

GM Shiblee, chairman of the Sylhet branch of Bangladesh Cha Sangsad, the tea garden owners' association, said they rejected the MICS survey findings.

"They conducted the survey without contacting us," he complained, adding that some people take jobs in the tea gardens with fake documents.

Shah Alam, chairman of Bangladesh Cha Sangsad, told this correspondent, "We do not employ any child."

When asked about the findings of studies, he said action will be taken against those who employ children in tea gardens.

## Test seekers swamping BSMMU

FROM PAGE 1

Yesterday, around 1,000 people were standing in line to get tested.

Like Farzana, people with fever and other ailments started lining up from early morning but only 200-250 people get the chance every day.

The BSMMU authorities said they have nothing to do except saying sorry. They were planning to introduce online ticketing system, they said.

"Now, we can do around 250-270 tests a day. We have one PCR machine to conduct the tests. The DGHS gave us the machine but did not give us biosafety hoods. So, we cannot run our activities in full swing," Nazmul Hasan, assistant Prof of BSMMU's internal medicine department, told The Daily Star.

He said apart from the outdoor patients, there are some indoor patients' samples which too have to be tested.

Institute of Epidemiology, Disease Control and Research (IEDCR) started the test on February 28. Initially, only those who returned from abroad and had coronavirus symptoms were tested.

The first case of coronavirus was confirmed in the country on March 8, and the testing facilities were expanded from March 30. Later, the facilities were stretched to various government hospitals and then to some private ones.

But people's sufferings did not mitigate as many had to wait for two to

three days to get tested.

The BSMMU began Covid-19 tests on April 2, and 4,069 tests were done and 1,160 were found positive until April 28.

Wasim Noor, another fever patient, who came to the hospital for test said the way people stood in the queue was risky.

"There is no distance from each other. If anyone is not contracted, they have a huge chance of getting infected with coronavirus," he said, adding that he had been suffering from fever for the last three days.

"This is inhuman for a patient to stand in the queue for hours to get tested. The government is saying everything is prepared. Is it an example of preparation?" aggrieved Noor said.

He said the hospital authorities should come forward with a plan to reduce people's sufferings.

Contacted, Saif Ullah Munshi, chairman of BSMMU's virology department, said, "We understand the problem, but at the same time we have limitations. We cannot collect samples going beyond our capacity."

There are other labs in the capital, he said, suggesting that people go there for tests, otherwise their sufferings will not reduce. "We can say sorry for their sufferings. We are now planning online ticketing from next week to avert such problem."