The Daily Star

FOUNDER EDITOR
LATE S. M. ALI

DHAKA MONDAY MAY 11, 2020, *BAISHAKH 28, 1427 BS*

Focus more on epidemiological surveillance

It is crucial to contain Covid-19 outbreak

WHILE conducting an epidemiological surveillance is crucial to understand and fight the outbreak of an extremely contagious disease like Covid-19, it is worrying that we are yet to carry out any such surveillance to handle the outbreak of the disease in the country. With such a surveillance mechanism in place, public health professionals can continuously gather, analyse and interpret data about the disease, and disseminate their findings to relevant agencies. If we had a surveillance mechanism in place, our public health officials could have made suggestions to the government about the next course of action—when and how the ongoing shutdown should be relaxed or withdrawn, which area is highly vulnerable and what measures to take, etc.

While by now the Institute of Epidemiology, Disease Control and Research (IEDCR) should have conducted the surveillance and let the government and the policymakers know their findings, unfortunately, they have only started their work in this regard. In the meantime, the government has reopened factories and businesses without having any comprehensive scientific findings on the actual coronavirus situation in the country. Now, the decision to reopen may become dangerous for us as it has been taken only considering our economic condition and without taking into account any epidemiological evidence, which could help check the infection rate, decipher how many of a representative group of people of a community have generated antibodies to fight the virus, determine the magnitude of the pathogen's spread in the broader population and also shed light on how the virus has been transmitted among people. Thus, any future decision to relax the shutdown should be taken after we have an epidemiological surveillance in place.

So far, the IEDCR has made their projections based on the trends of the identified cases only. But in order to get an accurate picture of the Covid-19 outbreak in the country, there is no alternative to conducting surveillance. Therefore, we urge the IEDCR to focus more on research and the ongoing epidemiological surveillance of Covid-19 which should be completed as soon as possible as it is crucial to containing the pandemic in the country.

Soaring youth unemployment can have disastrous outcome

Govt should make robust, targeted interventions

WITH the "Great Lockdown" poised to cause the worst global recession in nearly a century, young Bangladeshis—who were already struggling with declining employment prospects even before Covid-19—are particularly at a disadvantage now, as many wait to begin their career or resume work in sectors that are partially or fully shut down. According to the International Labour Organization, the young are more vulnerable to falling labour demand and losing their livelihoods. Considering the manifold effects of this on the wider society, experts at an online seminar (webinar) recently suggested including the unemployed youth in the social safety net. They also said there should be interest-free loans to small and medium-sized enterprises (SMEs) operated by young people.

Their suggestions were based on a study that looked into the effects of Covid-19 on the youth of Bangladesh. The research identified six areas in which the pandemic is affecting the youth: health, education, employment, income, poverty, and domestic violence. The pandemic has affected all these areas in varying degrees. While each of them requires remedial steps, the employment factor is of particular concern amidst an extended lockdown. Over a crore people have arguably lost their income opportunities already. What will happen if the informal sector—where the majority of all employed youths are believed to be engaged—cannot be set back to its pre-Covid-19 state? What will happen to those who lost their jobs or facing layoffs? What will happen to the people who are waiting to enter work? The social, economic and mental health outcome of such a large number of individuals struggling without income or employment opportunities will be profound. It is, therefore, important that the government, training providers and employers work in tandem to address this problem urgently.

The government's stimulus package has neither provided any direct allocation nor offered a way forward for the young people. True, it has partially reopened the economy but it may be a long time before the benefit of a phased lockdown relaxation reaches the majority of young employment seekers. This being the case, we think the government should make robust, targeted and regional interventions to support young people into work. It should also have contingency plans to ensure that young people who have been unable to access work-based training do not fall through the cracks, by taking steps to widen access to skills development programmes free of cost. All this is necessary because, as experience shows, soaring youth unemployment can lead to myriad problems for a country.

LETTERS TO THE EDITOR

letters@thedailystar.net

Are online classes feasible?

The importance of conducting and attending online classes during this crisis is no doubt undeniable. Both private and public universities have evaluated not only taking online classes but arranging assessment and examinations as well.

Many students do not have access to constant internet connection or a personal computer, both of which are required for online classes. And for those who have left the cities and went back to their villages, circumstances are even more difficult. There are many prerequisites that need to be met before online classes can be successfully implemented.

Afzal Hossain, *Tangail*

Health sector cannot be improved only by resources

MACRO MIRROR

FAHMIDA KHATUN

INCREASING allocation for the health sector is a common and justified demand in Bangladesh. With an allocation of 0.9 percent of gross domestic product and less than five percent of total budget expenditure the country has very little healthcare investment for its citizens. In the current fiscal year (FY 2020) per capita allocation is only Tk 1,537. As a result, out of pocket expenditure is as high as 66 percent. That is, if the health cost is Tk 100, government's support is Taka 34 and the patient spends Tk 66. This may not be a problem for those having the ability and access to private healthcare services, but the larger section of the population find it hard to finance their health needs.

Of course, the commendable progress made by Bangladesh in achieving some of the health related targets cannot be overlooked. For example, life expectancy at birth has increased to 72 years in 2017 compared to 65.2 years in 2005, infant mortality rate per 1,000 live births has reduced from 50 in 2005 to 24 in 2017, under five mortality rate per 1,000 live births has reduced from 68 in 2005 to 31 in 2017, and maternal mortality ratio per 100,000 live births has reduced from 348 in 2005 to 172 in 2017. Increased immunisation coverage, and contraceptive prevalence rate, control of diarrhoea and tuberculosis are also among the remarkable advancements in the health sector.

These have been possible due to targeted policies and investment in the sector by the government, the private sector, non-government organisations and development partners. Among the recent policies, the National Health Policy 2011 recognises health as a right of citizens. It aims to achieve better health for all and strengthen primary health and emergency care for all. It also advocates for equitable access to healthcare by gender, disability and poverty. The other important initiative—the Health, Population and Nutrition Sector Programme covering the period 2017-2022 aims to move towards "Universal Health Coverage" and achieve health-related Sustainable Development Goals. Moreover, the Health Care Financing Strategy for the period 2012-2032 has the objective to reduce out of pocket payments to 32 percent by 2032, and raise the health budget to 15 percent of the national budget by 2032. One of the major initiatives for bringing primary healthcare services to the doorsteps of the people in rural areas has been the establishment of community clinics.

But resource allocation and policy formulation are only a part of the solution to the health challenges in Bangladesh. There are larger issues related to the sector, such as what is the quality of the expenditure, who gets how much, how much is wasted, what is the human resource situation, what type of management, regulatory and governance are in place and what is the accountability mechanism.

Currently, health outcomes across various sections of the society indicate that everyone does not benefit equally from the existing public healthcare system. The poor are more exposed to diseases because of their living conditions, lack of access to safe and clean environments, and poor-quality healthcare. Therefore, during health crisis such as COVID-19 they are the ones who are most vulnerable. However, they do not get any priority in accessing healthcare.

PHOTO: ANISUR RAHMAN

People in protective gear, presumably healthcare employees, watch as a father puts his child, who has been tested positive for coronavirus, into an ambulance.

Management is another key issue in the health sector. Shortages of nurses, midwives and medical technologists are acute. There is one registered doctor for 1,581 people. The vacancy rate of doctors in rural, remote and hard-to-reach areas is high. Absenteeism is also common. Higher salaries alone cannot attract doctors to stay at their duty stations unless there are provisions of good education for their children and other public amenities. This is related to the bigger issue of decentralised development policy which is absent at present. In many public hospitals, equipment is available but positions of technicians or anaesthetists are vacant. Recruitment and retention is important. Equally important is training and development of health workers. There are incidences when hospitals have machines but no one knows how to operate those. While the machine loses life under the dust, patients die due to such negligence.

Actual benefit from budget allocation by patients is low since a significant part of the allocated resource goes for physical infrastructure development, salary and allowances. Procurement and budget for construction of infrastructure are often sources of misappropriation of the health budget. Doctors and health professionals would know better how the procurement of medical equipment is done, who gets the contracts, what prices are quoted for equipment and how much resources are wasted. Doctors who try to point out any irregularity are often given punishment posting.

But for ensuring efficiency of resource utilisation, wastes of resources should be reduced and budget management should be improved. It would be a good idea to undertake an audit of all health related procurements during the last five years. The Parliamentary Standing Committee on Health or on Public Accounts may initiate this noble process to establish the culture of accountability of public resources. Unless the vicious cycle of corruption is destroyed and a system of accountability in healthcare services is established, there is little hope to improve the healthcare services.

As the economy of Bangladesh is progressing healthcare services through the private sector is expanding. These should be regulated and monitored effectively by the government to ensure the quality. Because the quality and cost of health services varies across the unregulated private health providers. Private healthcare system should be integrated within the overall national health system. Quality of pharmaceutical products also need to be monitored through strong oversight mechanism by the Ministry of Health and Family Welfare.

A related issue is improving the governance of the health system. Oversight of the multiple actors in the health system is critical. A decentralised governance structure should be put in place which will be able to respond to local needs and be accountable to stakeholders.

Another neglected area within the health system is negligible resources for advanced health research. Health research institutes and medical colleges should be equipped with high-quality state-of-the-art technologies.

Data is the "new oil". It provides a true picture on the current situation and helps to formulate better policies. There is a huge data gap in the health sector. Most health related data are not updated regularly. Hence, the true condition of the health sector cannot be understood and monitored. Data limitations also constrain research and analysis on health-related issues.

COVID-19 crisis testifies how ill prepared we have been to tackle a health crisis. Limitations are evident in many areas—from facilities such as testing kits, ventilators, hospital beds, and intensive care unit in hospitals to number of doctors and health workers. This surely indicates the need for higher investment in the health sector. Without major investment by the government, affordable and accessible healthcare for all cannot be ensured and the inequity in healthcare outcomes cannot be reduced. If we want to sustain the economic growth, the country must provide universal and good-quality healthcare services to each and every one. But the COVID-19 crisis also revealed our weaknesses in management and coordination capacity. The improvement of the health sector should be looked at holistically. And we have an arduous path to get there.

Dr Fahmida Khatun is the Executive Director at the Centre for Policy Dialogue.

Impact of COVID-19 on waste and sanitation workers

PLABAN GANGULY

THE greatest dilemma that Rajib Chandra Das, a waste and sanitation worker form Laksam, Cumilla experienced over the last couple of months was whether to serve or starve. Sadly, he has to choose the first. "Serving amidst a pandemic without proper safety gear is a threat to life, but I can't tolerate my family starving. Of course I do fear death, but I hate hunger the most."

Rajib works for Laksam Municipality's conservancy section as a garbage cleaner. He gets paid on a work basis. On average, he earns Tk 3,000 per month. After completing his duty on the first half of the day, he works for a private hospital as a cleaner and earns around Tk 5,000 per month. Additionally, he empties septic tanks through personal contact once or twice a month. Being the only bread winner, this is how he manages to support his five-membered family. Following his forefathers, like all the families from his community has done for hundreds of years, he used to live in the Railway Medical colony, a demesne of Bangladesh Railway Authority. The authority has evicted the slum very recently, and Rajib had to move to another slum. He rented a room there where everyone shares a toilet, kitchen and drinking water. This home rent was an addition to his living cost. Moreover, the outbreak of COVID-19 pandemic has affected his livelihood gravely and his struggle for survival has become even more difficult.

Like other sweepers, he has to work extra hours with no additional payment as the municipal authority wants to clean up the waste around the municipality quicker than before to tackle COVID-19. This has shortened his opportunities to work for others and earn money. On the other hand, payment of their regular work is being delayed due to very short working hours of the municipal officials and banks.

Municipal authorities provided him a package of relief consisting of 10 kilograms of rice, five kilograms of potato, one-kilogram lentil and one-litre cooking oil which is insufficient for him and his family's needs.

Rajib's tale represents almost all the waste and sanitation workers in Bangladesh. Characters, plots or emotions might be different but the tragedy remains the same. Despite the Labour Law and the Labour Rules 2015 in place, the rights of informal waste and sanitation workers are yet to be realised and functionalised. They are paid sub-standard wages considering their long working hours and the intensive labour they endure. Female waste collectors and sweepers earn Tk 130-150 per day while the male workers earn Tk 250-300 per day. Waste pickers, commonly known as *tokai*, earn around Tk 80-200 per day. Pit-emptiers, commonly known as *mathor*, never get paid enough to meet anything beyond their core needs. Their work schedules are very uncertain, as is their income. Inorganic waste recycling, particularly plastic, is rapidly growing. A huge number of workers, hawkers, pickers, and a significant number of small and medium entrepreneurs, popularly known as *bhangariwala*, are involved in collection, gradation, compaction, storage, transport, cleaning, processing and supplying to large industries. Besides, roughly 30-40 percent of the total waste workers are employed by the city corporations and municipalities, and 20-30 percent works for several private organisations like industries, banks, corporate offices, hospitals, etc. However, almost all of them work on an individual contract basis to earn their living which has shrunk drastically for the last couple of months.

With the outbreak of coronavirus, all the sources of their income have dried up because of the country-wide shut down. Now, they can hardly earn their daily wage and whatever savings they had, are all gone.

In addition to the financial crisis, waste and sanitation workers are facing a huge health security concern. Due to the nature of their occupation, they are highly exposed to coronavirus. Unfortunately, almost all of them are not provided with appropriate safety equipment except few face masks and gloves. Personal Protective Equipment (PPE) is still a far cry to them.

As COVID-19 continues to spread across the country, experts are recommending that people avoid large crowds, practice hygiene, and stay home from work and contact the government helpline or a doctor if they feel ill. We are getting information from every possible corner on good hand and respiratory hygiene practices for public spaces and elsewhere. But there's a major problem with that advice—waste and sanitation workers can't afford to follow it while living in cheek-by-jowl urban slums in one of the most densely populated countries in the world. A septic tank emptier, who cleans the manhole, can hardly afford to maintain hygiene, and using sanitising products is an absolute extravagance to them.

Take, for example, healthcare professionals' key piece of advice: to avoid contracting virus, avoid crowded areas, and more specifically, from coming within six feet of others. Many low-income families, who are more likely to live in urban slums and share toilets and kitchens with 20-30 people, simply can't self-quarantine as effectively as, say, a couple living in a two-bedroom, two-bath home. And, if these waste management aides and other sanitation workers do get sick, a lot of them won't be able afford to stay home from work.

This ill paid job of dealing with filth can't be done remotely, and the recruiting agencies—government (municipalities, city corporations, hospitals), semi-government and private agencies—don't offer paid sick days. Though the pattern of the job makes the workers highly vulnerable to several health hazards, they are disproportionately uninsured or underinsured for medical care, and for many, even stocking up the pantry can be an impossible financial hurdle.

Good news is, the government has started realising this pressing need for urban cleaning workers and acting accordingly to fight any public health crisis like Covid-19. Stressing on the safety of frontline workers during this pandemic, Local Government Ministry has been providing PPEs for the protection of cleaning workers. Additional support from UNDP and the Australian Government will further intensify our efforts. The government, with support from UNDP and Australia has provided 5,000 PPE for urban waste cleaning workers of Dhaka North and South City, Chattogram and Narayangaj City Corporations (*The Daily Star*, April 29, 2020). However, this is very insufficient considering the total number of workers countrywide, both formal and informal.

As the government, with the diehard support from the law enforcing agencies scramble to address the COVID-19 outbreak in the country, they have shut down schools along with creating containment zones, and enforcing quarantine. These measures, again, often have outsized, though unintended, downstream effects on poorer people.

Historically, the children of waste and sanitation workers are deprived of education as the mainstream society considers them outcast and has left them to live in exile. Children of these communities largely rely on government primary schools and child centres run by several NGOs for free schooling. Moreover, their low-income parents can't always afford minimum care when their school age kids are suddenly home all day. As schools across the nation float virtual learning in lieu of traditional classroom instruction, the thousands of households that lack access to internet might be out of luck. This may affect the future of these unprivileged kids in the long run.

"I am very worried for my 10-year-old grandchild who studies in grade five in a government primary school nearby. I don't want him coming into this profession and going through the same sufferings I experienced. Normally, children from our community are deprived of education. Though a very few continue, but dropout rate is very high and willingness for higher studies is very rare here as getting other jobs is very difficult because of our inherited occupational identity, whether we want to stick to our traditional occupation or not. This deep-rooted reluctance to education has become a vicious cycle for us. I suspect, if this situation continues for a longer period, the same thing can happen to my grandchild as well. He will drop out from school," said Rafiq Sheikh, a 60-year-old veteran pit emptier from Faridpur.

The same thing was echoed in Sanjay's voice dejectedly, a 45-year-old sanitation worker from the same district. "Neither me or my wife can teach our children as we are uneducated nor can we afford private tuitions. If it continues like this, surely, they will fail in exams and lose the keenness to go to school. This will be a disaster for me."

Plaban Ganguly is an anthropologist and development communication expert. He is currently coordinating the marketing and communications unit for Practical Action, an international charity.
Email: plabanganguly@gmail.com