

The Daily Star

FOUNDER EDITOR
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DHAKA TUESDAY JULY 21, 2020, SRABAN 6, 1427 BS

Medical personnel at BSMMU provided with fake masks

Who will take responsibility?

WE are dismayed and worried about reports of counterfeit N95 masks—evident by the syntax and spelling errors in the labelling—being given to medical personnel at Bangabandhu Sheikh Mujib Medical University Hospital (BSMMU) recently. It is doubtful that one of the world's biggest suppliers of respiratory protection, 3M, would release products with such errors in the labelling. The doctors who were provided with the masks have given enough reasons to establish the unreliability of the product based on its texture and build quality. What is even more disturbing is that authentic masks were mixed with the fake ones, making them even more difficult to detect. Doctors have already filed complaints addressing the hospital director and concerned authorities.

It is a shame that the hospital authorities tasked with purchasing the masks and other personal protective equipment (PPE) and ensuring the quality of the products have failed to do so, especially at a time when a mask can be the difference between getting infected and possibly dying, or being protected. When infection rates are continuing to rise, how can hospital authorities be so careless about monitoring such vital protective gear? From the beginning, we have witnessed the lack of adequate protection for our healthcare workers struggling to cope with the ongoing pandemic in a fragile healthcare system. If such callousness prevails in a reputed institution such as BSMMU, what example will it set for other facilities? We can't help but question, why weren't the masks checked prior to their procurement?

Experts have repeatedly urged the government to solve the problems related to the supply of poor-quality protective gear—problems which tend to drive the high infection rates among health workers as well as patients. The hospital authorities must acquire supplies from reliable sources and ensure their quality prior to the distribution. The nation already faces a shortage of healthcare professionals, as many have been martyred in the fight against coronavirus, and such unforgivable oversight will further threaten their safety and wellbeing. Strict laws must be in place to bring those perpetrators who are involved in selling these fake products to book. Even though there appears to be no end to the crisis facing frontline workers, the most important thing to do now is to immediately ensure that all medical staff is equipped with authentic masks and PPEs that will ensure their safety so that they can successfully continue their work to try and save lives.

Exporting food in the post-pandemic era

We must not miss this opportunity

ONE of the biggest challenges faced by governments all over the world during this pandemic has been guaranteeing food security, which essentially means supporting the agriculture sector and also ensuring a steady supply of food through imports. For Bangladesh, while food security is a continuous concern, there is a need to explore the opportunities for export of food in the near future, which can be a major source of revenue. We therefore need to develop an agricultural policy that will ensure farmers get fair prices for their crops and promote the growth of diversified crops.

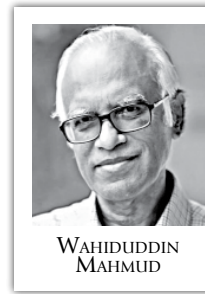
At a recent webinar, media personality and agriculture development activist Shykh Seraj said that while in the coming days the country will face a major challenge to ensure food and nutrition security during the pandemic, in the post-pandemic period, Bangladesh can take advantage of the opportunity to export food as the whole world will be preoccupied with ensuring food supply.

This is not an unrealistic ambition given the scope of agriculture that remains unexplored. One of the biggest hurdles farmers face, apart from floods and rains that destroy their crops, is getting fair prices. Middlemen dominate the agriculture market and take the lion's share of the revenue from selling crops. This has led to farmers giving up their vocation and landowners selling off their land at low prices, which are then used for non-farming purposes. The result is a reduction in agricultural land and hence a decrease in the amount of food grown. This is not the scenario Bangladesh can afford as it compromises local food security and takes away the opportunities to export.

The primary challenge for the government, therefore, is to remove the middlemen from the market so that farmers can directly sell their crops and get fair prices for their hard earned crops.

As Shykh Seraj has pointed out on many occasions, investment in agro-industries have huge returns. There has to be more emphasis in high value agricultural products such as fruit, vegetables and dairy products, all of which have a high demand abroad, especially among expatriate Bangladeshis. Last year, Bangladesh earned USD 909 million by exporting processed items like vegetables, betel leaf, tea, dry food, tobacco, fruit and foliage. This can be scaled up by increasing diverse food crops while maintaining compliance protocols, promoting innovative technologies of growing, increasing cold storage facilities, reducing pesticide use and making sure that the farmers are the ones who enjoy maximum profit from selling their products.

With a drastic fall in export revenue from readymade garments, there is an immediate need for diversifying our export portfolio. Commercialising agro-based products could be a golden opportunity to earn revenue and also provide job opportunities for young people and incentivise entrepreneurship in this sector. It is an opportunity we must not miss out on.



WAHIDUDDIN MAHMUD

infrastructure. These efforts, however, proved inadequate for preventing the countrywide community-level transmission of the infection. The existing public health infrastructure proved too moribund to be repaired easily. The lockdown was marred by inadequate management, including allowing some "super-spreader" events like religious gatherings, mass movements of garment workers and Eid-related holidaying. The current strategy seems to be to continue to gear up the Covid-related health measures, including some lockdowns here and there, while letting the economy regain the normal levels of activities, albeit subject to complying with Covid hygiene. The epidemiological goals of localised lockdowns of certain hotspots remain vague, particularly when the infections seem to have spread almost all over the country, and in the absence of a surveillance system based on adequate numbers of tests to determine both the extent of current infections and the immunity acquired by past infections.

Opinion polls suggest that while the general public could accept the hardship of the initial three month lockdown, they are against a repeat lockdown, which seems to also conform to the current understanding of the authorities regarding the political sociology of such lockdowns. Compliance with Covid hygiene seems to thus remain the only fallback position, at least to let the course of the infections go through a "slow-burning" process without reaching an unmanageable peak.

Fortunately, experts believe that compliance with some simple rules like wearing masks, washing hands and keeping physical distance in public places can provide about 95 percent protection against the infection. The authorities are also now trying to convey this message to the general public in a variety of ways. But such messages seem to remain largely unheeded, as clearly evident from the visual reporting on electronic media. One reason may be that these messages do not have enough credibility with the general public, particularly because of mixed signals from time to time and in the absence of clearly defined, coherent and implementable guidelines. But there may be also other issues of individual incentives and social psychology related to the behavioural norms of Covid hygiene.

First, one of the early messages coming from the official health spokespersons was that Covid-19 is not a serious ailment for most of the infected people, which is factually correct; only about 15 percent of those who show signs of infection may develop serious symptoms, about five



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The unprecedented circumstances unfolding over the last four months due to shutdown of business, transport and daily life are greatly influenced by several societal realities which are, persistent social and economic inequalities, the proliferation of misinformation, and the uncertainties associated with lack of proven strategies and tools to deal with this major crisis.

In Bangladesh, the vulnerability of the working population in both formal and informal sectors became apparent as a result of the shutdown to contain the spread of coronavirus through human contact. Millions of poor people who lack personal savings or alternative means of livelihood to fall back upon during this crisis, quickly became dependent on food assistance and financial support from the government.

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Why do people resist Covid-19 hygiene?

percent may need life-saving hospital-based interventions and less than two percent die, while many do not show any symptom at all. What was not fully comprehended was that Covid-19 may be ten times more infectious than the general cold and flu, so that while the risk for an individual to be seriously ill from this infection may be small, the total numbers of people being seriously ill and needing hospital care may prove overwhelming. Thus, the risk to society as a whole far outweighs an individual's perception of risk; it is the latter that mainly affects his or her incentives for compliance with Covid hygiene.

Second, the incompatibility between the social risk and individual incentive is heightened by the age structure of the population of Bangladesh. Compared to many other countries, the proportion

regarding Covid hygiene may prove less harmful for themselves than for the elderly who are susceptible to serious and fatal infection. As distinct from self-interested behaviour of people, complying with Covid hygiene is thus more of a social responsibility that needs far more vigorous awareness campaigns. Moreover, recent studies on experimental psychology regarding the practice of Covid hygiene also show that, as opposed to established social habit, even simple things like social distancing involve some effort and mental exercise and, therefore, more persuasion.

Since it now looks like Covid-19 is not going away soon, the policymakers have to think beyond routinely adding Covid hygiene merely as a qualifying proposition while making announcements of freeing up more and more economic activities. The foregoing

initiatives, involving volunteers, NGOs and other community organisations and with support from the government administration, can be a means for effective awareness campaigns as well as for identifying and supporting families in need of relief, credit or healthcare. In this respect, combatting the Covid-19 pandemic is more to do with community mobilisation than like conducting a war with a centralised command and control system, as remarked by Amartya Sen in the context of the successful campaign of containing the pandemic in the state of Kerala in India.

The strict compliance of Covid hygiene will inevitably involve considerable economic costs, so that policies will need to be devised to share this burden of cost equitably in society. This cost will be reflected in various ways: investments



The use of face masks in the "new normal" has seeped into street art in different parts of the world.

PHOTO: INDRANIL MUKHERJEE/AFP

of the youth population in Bangladesh is disproportionately large because of the increasing adoption of birth control measures since the late 1980s, which dramatically reduced the high birth rates of the erstwhile period. This has resulted in the so-called "demographic dividend" which is good for boosting economic growth through a youth bulge in the age composition of the population. But since younger people are less susceptible to serious or fatal Covid infections, it means that the larger proportion of the working-age population, being young, can move around with a perception that Covid-19 infection may not do much harm to them.

Third, an even more important source of incentive incompatibility arises from the fact that complying with Covid hygiene is as important for ensuring one's own safety as for protecting others. This is particularly true for the more mobile younger people whose negligence

analyses suggest that effective compliance will need a well-articulated strategy involving strict compulsion measures, along with more vigorous awareness campaigns. The challenges are there, not least posed by the extremely high congestion of human habitation and economic activities, especially in the urban centres. A foreign journalist once remarked on his first visit to Bangladesh: this is the only country where one cannot be in an open space without at least another person being in sight. Physical distancing in such an environment is not always easy.

The hygiene rules need to therefore be practicable while implemented strictly, albeit in a humane way. A rickshaw-puller, for example, may be excused for taking off his mask in the scorching heat of the sun while not carrying passengers; but such instances should be treated only as exceptions to the rules. Local level

needed to create more hygienic work environments in factories, fewer number of passengers carried by buses and other vehicles, suspension of services like ride-sharing by motorbikes, temporary shutting down of entertainment facilities like cinema halls and stadiums, adequate spacing of roadside vendors, queuing of buyers in kitchen markets, and so on. But it should be realised that there are not many options left. Even if we were cynical enough to accept the Covid-related loss of life for the sake of unrestricted opening up of the economy, we would be deluding ourselves in expecting that economic growth can regain its full momentum while the pandemic continues unabated.

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Social research can be an important weapon in the fight against coronavirus



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SOCIAL research is generally not a priority during a serious crisis. Despite the fact that Covid-19 has dramatically impacted our society and altered the life patterns of a large section of the population, we have undertaken very few studies in Bangladesh to assist informed decision-making during this pandemic. While basically a health problem, Covid-19 has led to large-scale socioeconomic impacts. The measures taken to limit the rate of spread of the virus such as quarantining, physical distancing and social isolation have resulted in sudden unemployment of millions of people in the country.

The unprecedented circumstances unfolding over the last four months due to shutdown of business, transport and daily life are greatly influenced by several societal realities which are, persistent social and economic inequalities, the proliferation of misinformation, and the uncertainties associated with lack of proven strategies and tools to deal with this major crisis.

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to 2020. The government has allocated funds to support an additional five million impoverished families with cash assistance and 12.5 million destitute families with food aid in response to the economic crisis resulting from the ongoing pandemic.

A recent study has found that 63 percent of the main income earners of poor families lost their jobs or livelihood opportunities due to this crisis. A big chunk of the urban population have moved to their rural homes. The loss of jobs and

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income, shifting of location, and reduced level of services and amenities in the rural areas have had a debilitating impact on these families.

One thing to notice during this coronavirus crisis is the widespread use of internet, mobile devices and social media. While social media has played an important role in reducing the stress and impact of physical isolation by building social connections, it has also spread misinformation, which created panic among the people. In this situation, the value of social research is vital in bringing

in reliable information. However, in the current situation, the methods of research and data collection have to be modified. Physical distancing requirements will not allow traditional modes of in-person research in many cases and therefore, mobile technologies and data collection by local enumerators should be introduced.

Social research is essential to find out how people's everyday lives have been disrupted by closure of schools, workplaces and businesses. A huge number of people are confined to their homes and are worried about their future. It is important to get the insights of the most at-risk population groups. If more and more research agencies and think-tanks undertake studies, it will reduce misinformation and the lack of evidence-based information.

In an unusually challenging and pressing environment where saving lives is the foremost priority, political decision-making is not easy. In this situation, social research findings can be an important basis for taking innovative decisions. Without the advantage of quality data, policies are likely to be made in a vacuum that may lead to poor outcomes and waste of public resources.

Since we are in uncharted waters with the novel coronavirus, we need to improve our understanding on various responses of the government to the pandemic and its effectiveness in dealing with the spread of the virus. One potential area for research is how people—from different socioeconomic backgrounds, location, age, gender, health or disability status, income, ethnicity/race, educational background and employment status—are responding to the crisis. The other study areas are whether food assistance is reaching target groups as per standards set and if allegations of corruption are valid, how family relationships are influenced by confinement to homes and if domestic

violence is affecting women and children, how students are coping with the disruption to education due to closure of schools, if child labour is increasing due to poverty, and if large-scale school drop-outs are likely to happen in the coming months and what measures are required to stop this.

With falling family income, food consumption of children are also likely to go down. New studies should look at the level of child malnutrition during this pandemic and the policy implications of it. Studies should also look at the performance of the health sector and how much regular child immunisation, disease control and family planning programmes are affected by the pandemic, and how a reasonably satisfactory level of services can still be maintained.

Other possible research questions are: which digital media have been useful for the people in terms of getting information, how helpful digital technologies have been in case of educational and working-from-home arrangements, how have the experiences of teachers and students been in adopting online teaching and learning approaches, what have been the experiences of private medical facilities and health professionals, and how the small industries, dairy, poultry and fishery owners are trying to sustain their enterprises in the face of lower demand.

The government and its development partners are expected to support fresh studies and data generation. The findings of different research initiatives should be fed into policy-making processes to deal with the numerous problems the country is currently struggling with. There is no alternative to taking well-informed and evidence-based decisions, be it in a normal or in a crisis situation.

Dr Nawshad Ahmed is an economist and urban planner. He is engaged in research activities after retiring from the United Nations.