

Rapid testing to get a nod

High time authorities realised the importance of mass testing

SINCE the onset of the pandemic in the country, shortage of testing kits has been a major setback in containing the spread of the coronavirus, made worse by the government's decision to levy fees on Covid-19 tests. According to a recent report published in this daily, the health ministry, in an attempt to cut through red tape, has finally decided to use rapid testing kits (which is yet to receive final approval from the government) in order to increase the number of daily Covid-19 tests and reduce the burden on RT-PCR based tests.

Rapid diagnostic tests (RDTs) are easy-to-use paper tests to facilitate testing outside of laboratory settings within a few minutes to half an hour. These are of two kinds—one that is antigen-based, which is an alternative to the sophisticated RT-PCR tests for detecting the presence of the virus itself, and another that is antibody-based, to examine past existence of the virus and a possible immune response to the infection. Experts including those at the Gonoshasthaya Kendra, whose doctors devised a low-cost, homegrown kit, have long emphasised the importance of rapid testing. Unfortunately, until now, their requests have fallen on deaf ears. Along with the consideration to implement RDTs, the government has reduced testing fees—Tk 100 for samples collected from government-designated centres and Tk 300 for samples collected from homes, which were Tk 200 and Tk 500 respectively. Although we strongly feel the tests should be provided free of cost, we appreciate the move to reduce the costs to make it more accessible to the masses.

We hope the process of approval from the government is speeded up, without any further bureaucratic delay. Rapid tests will enable us to test more people, more efficiently, and hence give us a more reliable reading of where we stand in our protracted battle against Covid-19.

Stealing from the elderly poor!

For how long will social safety net programmes be held hostage by corruption?

THAT corruption has seeped into every aspect of our social and political life is no news, and yet one can't help but be dismayed at the lengths our public officials are willing to go and who they are willing to steal from—in this case, the elderly population of Hajipur union under Kulaura upazila. As per government rules, the minimum age limit to be eligible for the old-age allowance is 65 for men and 62 for women. However, a recent report by *The Daily Star* highlights that people in their forties and fifties are reaping the benefits of the social safety net programme that is supposed to assist impoverished older people to meet their basic needs. In many cases, people who died as long as five or seven years ago are still on the list, and their allowances are being withdrawn by their family members. This means that those truly in need of these allowances are being robbed of their entitlements.

Unfortunately, this is not an isolated incident—the picture is the same in almost all unions and upazilas in the country. Though Bangladesh's Old Age Allowance programme has the potential to alleviate the sufferings of the country's poor older population—even if to a limited extent—it has not been as effective as it could be in reaching the target population because of corruption, malpractice and abuse of power by locally elected representatives who are entrusted with the responsibility of preparing the list of beneficiaries. Even when locals identify and protest against irregularities, hardly ever is stern action taken against errant representatives who misuse their power and cheat those most in need of state assistance.

In this particular case, there are allegations against Union Parishad members which must be investigated. Beyond that, there should be full transparency in the selection process of safety net programmes and the community, particularly the targeted beneficiaries. Community-based organisations in the area should also be included in the implementation of the programme to ensure accountability and success.

LETTERS TO THE EDITOR

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Grading system gone wrong

Due to the Covid-19 pandemic, the June 2020 A-level exams were cancelled and, instead, students were graded based on teachers' predictions which were moderated by exam boards. A-level students had their final grades downgraded from what their teachers predicted by an algorithm as students across the world received their results. A huge proportion of the students were unjustly assessed and got lower grades than they were expecting. In fact, there have been a few students who had done moderately well in school exams and/or previous board exams but still received appalling grades.

A lot of students received much poorer grades than what their class performance would suggest, due to the use of this algorithm, and this has led to the students falling in depression. This has not only affected the mental health of all the students but also hampered their future university plans. We, as students, feel the process has been very unfair and does not reflect the hard work and effort we put in to prepare for these examinations.

Shahitya Khan, by email

THE OVERTON WINDOW



ERESH OMAR JAMAL

AFTER the fall of the Ershad government, signs of a democratic future emerged in Bangladesh in 1991. The two major political parties—AL and BNP—that came together in the anti-

Ershad movement formed their separate coalitions (with smaller parties), and it appeared that Bangladesh would go down the line of a two-party parliamentary/presidential system similar to the ones in the US, Japan and other countries.

For the next decade, the AL and BNP would alternate power, but after every election the losing party would go on to allege that the election was rigged. One important aspect of democracy, which is to admit defeat, still remained missing.

Instead of playing the role of the opposition in case of an electoral defeat, the two parties, from the very beginning, went on to adopt a boycott culture. The parliament became one-sided and ineffective while bitterness between the two parties intensified over time.

Not that there was any love lost between the AL and BNP before August 21, 2004. But the attack that was carried out on that day on an AL rally—which cannot be condemned enough—wiped all civility away from our politics which took a diabolical turn, involving a politically motivated assassination attempt. No longer was it just about coming to office to represent the people and, admittedly, having the many benefits that come with power, particularly in our country. For the two parties, it became a mortal combat.

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MARY FITZGERALD

“THE baby is dead. We can't assist you here.” By the time she heard these devastating words, the pregnant Yasmelis Casanova had endured a long and painful journey, passing through multiple

Covid-19 checkpoints, to the hospital in Caracas, Venezuela. She bled for hours without treatment. When doctors at a second hospital finally operated on her, they removed her ovaries without her prior consent. Then, she spent 20 days there almost entirely alone; due to Covid-19 restrictions, visits were banned.

Venezuela's health-care infrastructure was crumbling well before the pandemic, but the Covid-19 crisis has pushed it to the point of collapse. Many women experiencing obstetric emergencies now struggle to reach hospitals, let alone gain access to adequate care. Yet such failures can be seen far beyond Venezuela, in rich and poor countries alike.

Last month, openDemocracy released the results of a global investigation into the treatment of women in childbirth during the Covid-19 pandemic. Across 45 countries—from Canada to Cameroon, from the United Kingdom to Ecuador—we found what doctors and lawyers describe as “shocking” and “unnecessary” breaches of laws and World Health Organization guidelines intended to protect women and babies during the pandemic.

The WHO's specific Covid-19 guidelines affirm, for example, that women should be accompanied by a person of their choice while giving birth. Yet, across Eurasia and Latin America—including in at least 15 European countries—women have been forced to give birth without companions.

Likewise, the WHO asserts that procedures like C-sections should be performed only when they are medically necessary or have the woman's consent. Yet in 11 countries, women reported that they didn't consent to C-sections, inductions, and episiotomies (the cutting of a woman's vagina) that were performed on them, or said that they

In a way, the attack was an attempt to eradicate or prevent the AL from being the strong oppositional force that it was at the time. Had Sheikh Hasina been killed that day—as was the aim of the attackers—the AL would likely have fallen into utter turmoil from the chaos that would no doubt have followed.

Even before a special court in Dhaka delivered the verdict of the case on October 10, 2018—where BNP's acting chairman Tarique Rahman and 18

others were sentenced to life in prison, while former state minister for home Lutfozzaman Babar and 18 others were given the death penalty on charges of murder through criminal conspiracy—it was evident to the public that the attack had been sponsored by the then ruling party because of how the BNP-led government tried to bury any legitimate investigation into it. Moreover, there were strong suspicions among people that even state agencies were used to plan and coordinate the attack.

Under a neutral government was removed from the constitution and politics became increasingly more confrontational and violent. As a result, the elections we have had since then have been far more questionable. And that has unmistakably taken a toll on our already fragile democracy.

Moreover, not only did the incident make our political waters far murkier, weaken our democratic institutions and damage our democracy, but it also polarised our society as a whole. Aside from being at each other's throats, the two parties also began to view neutral observers and other stakeholders as combatants in their battle for supremacy. Concerned citizens, independent media

and all others who criticised either side became an enemy overnight. And the political intolerance we see today has arguably emerged as a direct consequence of that.

Today, despite being in a dominant position, the AL government continues to receive criticism for often clamping down on the dissenters. On the other hand, the BNP, it seems, is struggling to survive, with hundreds if not thousands of its workers and activists languishing



File photo of an unexploded grenade at the site of the August 21, 2004 attack on an Awami League rally in front of its central office on Bangabandhu Avenue, Dhaka.

PHOTO: STAR

PROJECT SYNDICATE

The preventable trauma of Covid-19 childbirth

did not believe these procedures were medically necessary.

WHO guidelines also dictate that women receive breastfeeding support and the opportunity for skin-to-skin contact with newborns. Yet mothers have been separated from newborns in at least 15 countries—including at least six European countries—and prevented from breastfeeding in at least seven, even though there is no conclusive evidence that Covid-19 can be transmitted through breast milk.

Doctors and health experts agree: none of this is necessary to prevent the spread of Covid-19.

Likewise, there have been multiple reports of pregnancy deaths in Africa,

their partners to the pub, but not to antenatal appointments.

This reflects a long history of the “postcode lottery” dictating access to health care and other services, from *in vitro* fertilisation clinics to domestic violence shelters. And it fits a wider global pattern of downgrading women's rights and needs, including during childbirth. Just last year, a WHO-led study reported that 42 percent of the women interviewed by researchers in Ghana, Guinea, Myanmar, and Nigeria said they had experienced physical or verbal abuse, stigma, or discrimination in health facilities during childbirth.

In Latin America, several countries including Argentina, Ecuador, Mexico,



An Afghan nurse observes newborn children who lost their mothers during an attack at a hospital in Kabul, Afghanistan, on May 13, 2020.

PHOTO: REUTERS

after transport and other lockdown restrictions prevented women from reaching hospitals. Many women in developing countries have been forced to give birth in unsanitary and unsafe conditions. Experts now warn that over the course of just six months, Covid-19 restrictions and health-service disruptions could cause up to 56,700 additional maternal deaths in low- and middle-income countries.

If this is not enough to expose the flaws in current Covid-19-prevention measures, consider how unevenly they are implemented (and lifted). In some parts of England, women can now take

Uruguay, and Venezuela have passed laws against the performance of medical procedures, such as C-sections, without informed consent. But they are very rarely enforced, and advocates report that authorities and medical staff normalise such obstetric violence.

In fact, before the pandemic, 40 percent of babies across Latin America were already being delivered by C-section, though this method poses higher risks for mother and baby. The WHO recommends a rate of around 15 percent, emphasising that C-sections should be carried out only when medically justified.

Furthermore, most African countries were already off track to meet their targets for reducing maternal and infant deaths by 2030, part of the United Nations Sustainable Development Goals. As Jessa Nsungwa Sabiiti, Uganda's maternal and child health commissioner, has noted, the pandemic is likely to delay achievement of the targets even further.

But just as the Covid-19 crisis can impede progress, it can also spur change, by forcing governments and civil society to rethink how our health systems, economies, and societies are organised. So far, discussions, especially among policymakers, have tended to be narrow, focused on short-term solutions. If we are to build the “equitable, resilient, and sustainable” post-Covid world that many leaders advocate, we must embrace a much more ambitious vision of what public health really means.

For example, laws protecting the vulnerable need to be enacted and enforced. Health bodies and other agencies must investigate violations and hold medical providers accountable. And governments and donors must allocate far more resources for advocacy in problematic areas such as maternal health, and for implementing a rights-based approach to medical training and service provision across the board.

The issue extends far beyond direct medical care. Today, women can be imprisoned for having miscarriages (as in El Salvador) and detained for non-payment of hospital bills after childbirth (as in Kenya). Structural inequality and discrimination based on gender, race, class, disability, and more still shapes every aspect of our lives, in rich and poor economies alike. All of these failures undermine public health.

Far too many women have felt alone, scared, and traumatised while giving birth during the pandemic. In openDemocracy's investigation, one woman in Italy expressed her hope that policymakers and medical providers would learn from her suffering, and the suffering of those like her, so that other women wouldn't have to endure what she did. We owe it to these women to ensure that they do.

Mary Fitzgerald is Editor in Chief of openDemocracy. Copyright: Project Syndicate, 2020. www.project-syndicate.org (Exclusive to *The Daily Star*)