

BANGLADESH
UPDATE



1,488
New cases in 24hrs



3,62,043
Total cases



5,219
Deaths



2,73,698
Recoveries



GLOBAL
UPDATE



1,007,960
Deaths



33,637,287
Total cases

Hasina advocates cleaner, greener, safer world

Writes in Financial Times; urges businesses, G20 for more adaptation funding

UNB, Dhaka

Prime Minister Sheikh Hasina has said climate change, pandemics and the destruction of nature are common threats and these should unite all in working towards a common solution -- a cleaner, greener and safer world.

"As we say in Bangla: 'Bhabia korio kaj, koria bhabio na' [think before you act, not after you're done], we should not do anything that cannot be reversed," she mentioned in her recent article published in the Financial Times, one of the world's most respected newspapers with its editorial offices located in London.

The PM said water is a matter of life and death in Bangladesh.

"My country is a land of great rivers, vast coastlines and resilient people. But 2020 has been a test for us like no other," she wrote.

In May, Cyclone Amphan left a trail of devastation in its path in the south-western parts and then monsoon rains marooned one-third of Bangladesh, leaving thousands of people displaced and damaging vast tracts of crops, the PM added.

When water batters through someone's house, destroying his possessions, leaving pollution and disease in its way, it is tough, she said.

"It is doubly tough in a year when Covid-19 has struck, making it difficult to access clean water vital for sanitation and pandemic prevention."

Hasina said, "As I write in Dhaka, the waters of the Brahmaputra and Padma basins are receding. My people are getting their lives back, albeit under the shadow of coronavirus."

The premier through her article informed the global readers that the government was assessing flood defences and providing relief to those affected. "As ever, they are drawing up plans to ensure we are better prepared in the future, because in Bangladesh there is always a next time. The climate crisis does not sleep."

She warned the countries that feel they are immune to the climate crisis, to bankers and financiers who feel they can escape it. "You cannot. Covid-19 has shown that no country or business can survive alone. Only together can we tackle global crises. It has also demonstrated that prevention is easier than cure. That makes 2020 the year we must commit to listen to scientists."

20,000 fake n95 masks

FROM PAGE 1
then CMSD deputy director.

Jakir has recently been made superintendent of Cox's Bazar General Hospital.

The other accused are CMSD Assistant Director Dr Md Shahjahan Sarkar, Chief Coordinator and Desk Officer Dr Mohammad Ziaul Haque, Desk Officer Dr Sabbir Ahmed, Store Officer Kabir Ahmed and Senior Storekeeper Mohammad Yusuf Fakir.

"It was their first attempt to supply locally manufactured respirators as N95 masks. Had they become successful, they would have supplied more fake N95 masks," an investigation officer of the ACC told this newspaper, seeking anonymity.

There have also been allegations that the accused health officials made huge amounts of money illegally, the official said but declined to give details.

Talking to journalists yesterday, ACC Secretary Dilwar Bakth said they will enquire into the assets of the accused officials.

Hours after Razzaq's arrest in the capital, ACC Deputy Director Mohammad Nurul Huda, the plaintiff of the case, produced him before the Senior Special Judge's Court and sought his five-day remand.

Judge KM Emrul Kayesh granted the remand and sent him to jail.

According to the case statement, the government allocated Tk 50 crore to the CMSD on March 18 for buying surgical and medical equipment, and chemical reagent for combatting Covid-19.

The Directorate General of Health Services prepared a demand order for monthly supply of respirators, PPEs, and medical equipment.

In its letter to the CMSD, the DGHS sought 135,840 N95 masks a month for doctors, nurses and staffers at hospitals across the country.

Analysing documents, the ACC found that 10 desks, each headed by a desk officer, look after the procurement

The PM said they face a planetary emergency, a triple crisis of climate, health and nature. "Biodiversity loss is accelerated by climate change and exacerbates it."

Bangladesh is not alone in feeling the wrath of nature, she added.

This year fires have raged in the Amazon, Australia, California and Siberia. Cyclones and hurricanes have battered the US, Caribbean and much of Asia. The UK, host of the COP26 climate summit next year, suffered floods, read the article.

Hasina said climate change stems from the lack of sustainability of human activities. "We are experiencing floods, rainfalls, cyclones, heatwaves, landslides and droughts in recent years with more fury and intensity, which also endangers food security. We need to recognise their gravity."

A metre rise in sea level would inundate numerous small islands and coastal nations, she mentioned.

Floods from melting glaciers would bring catastrophe to mountaintop countries, she said, adding that millions of people would become climate refugees. "The world does not have the capacity to shelter such numbers."

The G20 countries are responsible for about 80 percent of emissions while the bottom 100 countries only account for 3.5 percent, the PM said.

She said the emitters have greater responsibility and must make larger contributions through the mitigation needed to cap the global temperature rise at 1.5 degrees Celsius.

Hasina said Bangladesh, as the current president of the Climate Vulnerable Forum, is seeking more support from the international community and the G20 for increased finance and access to technology to speed adaptation for those countries most at risk.

In that group, she said, Bangladesh is one of the best prepared for extreme weather. "We are building sea walls, planting mangrove forests, embedding resilience in all governmental work."

However, Bangladesh cannot walk this journey alone, she said. "Sixty-four countries and the EU have this week signed the Pledge for Nature to respond to the planetary emergency. They represent around 1.4bn people and one-quarter of global gross domestic product. From there, we need to build common political will at domestic and global level."

activities at the CMSD, and Ziaul Haque was tasked with monitoring those.

On March 23, the then CMSD director, Brig Gen Mohammad Shahidullah, approved the contract in favour of JMI Hospital Requisite for supplying 50 lakh pieces of face masks, including N95 masks.

JMI Hospital Requisite supplied the CMSD with 9,600 pieces of "N95 face mask" on March 27, and another 11,010 pieces of "N95 masks" on March 31 in big and small boxes.

"JMI Face Mask" were written on the big boxes and "N95 Face Masks" on the small boxes. However, in the delivery slips, all masks were described as "Face Mask (adult) N95". These masks did not contain any seal from any authorised medical organisation, reads the FIR.

CMSD Senior Storekeeper Yusuf received the masks. Later, Shahidullah who died from Covid-19 a couple of months ago, Jakir, Shahjahan, Sabbir and Kabir signed the receipts.

"A survey committee usually receives products after examining their authenticity. But no checking was done in this case," mentions the FIR.

"Misusing power, the accused colluded with each other to gain or give benefits to suppliers and received the fake N95 masks."

These fake masks were then supplied to 10 hospitals, putting at risk the lives of doctors, nurses and other staffers treating Covid-19 patients, it mentioned.

On March 30, 300 masks were delivered to Mugda General Hospital in the capital. The doctors there became suspicious about the authenticity of the masks as those didn't carry seals of any authorised medical organisation.

Later, Shahid Md Sadiqul Islam, the director of the hospital, requested the DGHS director general to confirm the authenticity of the masks.

Besides, Khulna Medical College Hospital Director Dr Monjur Morshed refused to receive these sub-standard masks.



Two engine boats carrying tourists race each other on the Piya river in Jafong of Sylhet's Goainghat upazila. The boatmen show blatant disregard for safety as they are in a hurry to complete the trip and have a new batch of tourists for the next one to increase their income. The photo was taken on Monday.

PHOTO: SHEIKH NASIR

No better than a jail

FROM PAGE 1
assigned tasks like gardening or cleaning and could play for 30 minutes. Only senior inmates enjoyed the luxury of watching TV.

The experience of 13-year-old Abir (not his real name), who was in the same centre for around six months in 2019 for his alleged involvement in a theft, was no better.

He said around 20 of his fellow inmates were squeezed in a room, where they all slept crowded on the floor. This led to frequent illnesses among them, he said, including diarrhoea, flu, and skin diseases.

"But there was no doctor." Despite suffering from diarrhoea, he was not spared from cleaning the toilets on his floor for seven days at a stretch as "punishment" from senior inmates.

"The superintendent and other officers used to visit us but they mostly talked to the senior inmates, never with us," he added.

Then there are clashes within inmates and between inmates and staff, which speak of a culture of bullying and torture that developed in these centres. The authorities did little to check this, said child rights activists.

The centres also lack professionals capable of handling these children who are especially vulnerable and need greater care, they added.

These correspondents found there is no registered doctor or child psychologist in any of these centres.

While the situation at the girls' centre at Konabari in Gazipur is slightly better in terms of accommodation -- with 80 in 154 available seats -- there is no therapist or special education expert there though it houses eight girls with special needs.

The Daily Star contacted three former inmates of the Konabari centre but all of them declined to speak to these correspondents for the fear of social stigma and harassment.

The only one of their mothers who agreed to talk said, "My daughter was a good student. She got GPA-5 in the PEC exam. But after spending five months in there, she could not continue her studies anymore."

She also became severely malnourished, said the weeping mother.

"We tried to send her to school but her teachers and classmates used to harass her for having been in jail. I am afraid that nobody will want to marry her. She is now looking for a job."

Here comes the issue of rehabilitating these children and experts found such initiatives insufficient.

At the centres, male children can take technical courses such as automobile repairing, wood carving, electrical works, tailoring and computer operating in the centres.

Female children can learn embroidery and computer operating.

However, the number of trainees is very low. Only 71 out of 545 male inmates in Tongi and 22 out of 80 female inmates are currently studying courses.

Contacted, both superintendents of Tongi and Konabari centres denied allegations of abuse and lack of care and said the children were living in quite good conditions, declining to comment further.

Anwarul Karim, deputy director of the District Social Services Office, Gazipur, said, "The living condition in these centres is much better than before. We are closely monitoring its operations."

The children at the Tongi and Konabari centres are sent to a nearby hospital for treatment, if needed, he added.

"We haven't received any allegations from the inmates or their relatives. After the tragedy in Jashore, we have beefed up security and increased our monitoring."

When asked what measures have been taken to improve conditions in Children Development Centre in Jashore, Ashit Saha, deputy director of District Social Services Office, said, "We have strengthened our monitoring system. We have requested for additional security guards (Ansar members) and we will get that soon."

Replying to the question how the monitoring system has been improved there, he said, "We have alerted the centre staff and keeping close watch on

their activities."

When asked what measures have been taken to stop the reported gang culture among the inmates which led to that brutal murder, he said, "There was and is no gang culture among the inmates. That incident was a mistake and we are doing our best to ensure that our children get best services in the centre."

Abdus Shahid Mahmood, member secretary of the Bangladesh Shishu Adhikar Forum, said the brutal killing of three teenagers at the Jashore centre was the inevitable outcome of a common culture of horrific abuse of children in these centres.

Shahid points to the incidents over the years -- a girl killed herself in the Konabari centre in 2013, boys at the Tongi centre self-harmed in protest of abusive treatment by the staff in 2014, and several boys were tortured by their seniors at the same centre in 2016.

"Due to the abusive gang culture and lack of rehabilitation efforts in these centres, children who are released often get involved in more serious criminal activities outside," he added.

Barrister Abdul Halim, chairman of Children's Charity Bangladesh Foundation, said, "These centres are run by non-cadre officials of the social services department who are not trained enough to manage a sensitive facility like these."

"They are also monitored and supervised by officials of the same department and some bureaucrats who do this as additional duty," he added, emphasising the lack of multidisciplinary oversight.

Halim said a monitoring committee comprised of government officials, child rights activists, lawyers, child health specialists, child psychologists and educators has to be formed to ensure transparency in these centres' operations.

Barrister Shanjid Siddique, who represents the three teenage victims of Jashore centre and their guardians, said the government should overhaul the management system of these development centres immediately and align it with the principles laid down in the Children Act, 2013.

DGHS keeps on dragging its feet

FROM PAGE 1
Bangladesh has so far relied on the RT-PCR tests -- considered the gold standard for Covid-19 detection -- ever since the pandemic hit the country in March. The country is ranked at the bottom in the world in terms of conducting Covid-19 tests considering its population of over 160 million.

Only one suspected case is being tested for approximately 100,499 people, shows a recent Institute of Epidemiology, Disease Control, and Research (IEDCR) data.

The decision to launch antigen testing was taken primarily to increase the testing capacity at district hospitals where RT-PCR facilities are not available and also at specialised hospitals to treat critical patients.

An antigen test reveals if a person is currently infected with a pathogen, and it involves taking a saliva sample. It can usually determine whether a patient is acutely infected and contagious within 15 minutes.

Although an antigen test is less accurate than a complete PCR analysis, the major advantages are quick results and the possibility to use it directly on site, according to experts.

Globally, only a few companies out of around a hundred have been able to develop rapid testing kits with proper efficacy and sensitivity and a few countries are using it. India is using antigen kits for massive testing.

On Monday, the World Health Organization (WHO) authorised antigen-based rapid diagnostic tests and announced it will make some 120 million tests available for low- and middle-income countries at a maximum of \$5 per unit.

Initially, the government decided to use 3,000 antigen kits daily at a limited number of public hospitals. That will be increased to 10,000 in 10 specialised and 39 district hospitals where RT-PCR testing machines are not available, according to the "Proposal on Rapid Antigen Test" prepared by the health ministry that laid out the testing protocol.

"We have sent the proposal back. It includes the testing protocol -- who will

be tested and when etc.," Prof Tahmina Shirin, director of the IEDCR, told The Daily Star on Sunday.

The DGDA has set 90 percent sensitivity and 95 percent specificity as the standard for the approval of any antigen kit, the proposal mentioned.

The Daily Star has obtained a copy of the proposal that also viewed that "not more than two or three" organisations in the world have the ability to fulfil the DGDA standard, which is similar to the USA's FDA.

URGENT NEEDED
Experts, however, stressed on the immediate launching of antigen-based rapid testing kits.

"[Using] rapid antigen kit is urgent to separate the suspected carriers of the virus easily. It will also greatly help non-covid-19 patients get treatment timely," Prof Ridwanur Rahman, an infectious disease specialist told The Daily Star on Sunday.

"If any kit shows 50 percent sensitivity, it means the kit will detect at least 50 percent of patients correctly and that will be great help in suppressing the virus' transmission."

He believes that the government should have permitted the use of Gonoshasthaya Kendra's rapid testing kits instead of ruling it out for not meeting their desired standard.

"When we have few options, we have to use what we have. Many African countries like Nigeria and Ivory Coast are using their own rapid testing technologies. If the [Gonoshasthaya] kits were okayed, at least 50 percent of the undetected cases could have been detected," he observed.

Prof Nazrul Islam, member of the National Technical Advisory Committee on Covid-19, told The Daily Star on Sunday that the Directorate General of Drug Administration (DGDA) -- who will give the no-objection certificate based on certain criteria -- may revisit the set of standards considering the reality of the situation and limited options.

"But there must be a testing protocol to take the best advantage of the rapid test kits," Prof Nazrul added.

Delhi to work

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in the meanwhile, are equally committed to move forward on other seven rivers on which data has already been shared with your side."

BORDER KILLING

During the one-hour meeting from 3:30pm yesterday, the Bangladeshi side reiterated that the entire nation was deeply concerned at the rise in killings of Bangladeshis by Indian Border Security Force (BSF).

The Indian side agreed that the loss of civilian lives on the border was a matter of concern. Both the sides urged the border forces concerned to enhance coordinated measures to bring down such incidents to zero, Momen said.

VACCINE

Against a backdrop of the ongoing pandemic, both sides discussed collaboration in the health sector, especially in terms of supply, delivery, distribution and co-production of Covid-19 vaccine.

Dhaka appreciated Delhi's assurance on prioritising Bangladesh for supply of vaccine in the future.

AIR BUBBLE

In the meeting, Dhaka and Delhi agreed to sign an air bubble agreement to operate flights with equal share of frequencies and routes by the carriers of the countries during the pandemic.

"We have instructed the officials concerned to prepare modalities," Momen said. Bangladesh requested India to reciprocally ease visa and land border restrictions for Bangladeshi nationals, particularly for medical patients and students enrolled in various educational institutions in India.

COMMITTEE TO MONITOR PROJECTS UNDER LoC

Both the sides agreed to form a high-level monitoring committee for fast implementation of the development projects under Indian Lines of Credit (LoC). Bangladesh's Economic Relations Division's secretary and Indian High Commissioner to Bangladesh would lead the committee on each side.

They also agreed to enhance cooperation on energy and power through facilitation of tripartite power-energy cooperation among Bangladesh-India-Nepal and Bangladesh-India-Bhutan.

Asked why the projects have slow down, Momen said there were issues on both the sides. On the Indian side, there are issues related to regulations as approvals are required in every step of the projects. "Also, there are conditions that we have to import raw materials from India ... We said if we have the raw materials available here, those should be used."

TRADE

According to a joint statement, the Bangladeshi side thanked India for the concessions being provided under SAFTA (South Asian Free Trade Agreement), but said various non-tariff barriers and lack of adequate trade facilitation impeded the flow of Bangladeshi products into India, particularly, the North East.

Bangladesh requested India to address issues related to accreditation, certification, standardisation, port restrictions and developing port infrastructure to enable Bangladesh's exports to India. Bangladesh also requested India to look into the export of essential commodities, such as onions by India, since this impacts the domestic market of Bangladesh.

Recently, a sudden ban on Indian onion exports has led to hike in its prices in Bangladesh. The Indian minister said they would take adequate measures so that it does not happen in the future, Momen said.

GOLDEN JUBILEE

Both the sides agreed to jointly celebrate the Golden Jubilee of the Independence of Bangladesh and the 50th anniversary of the establishment of diplomatic relations between the two countries.

They agreed that a virtual meeting at the prime minister level would be held in December this year between the two countries.

A number of programmes were proposed to jointly mark the two events, such as revival of the historic Mujibnagar-Kolkata Road, honouring the Indian war veterans, ceremonial military parades on December 16, organising friendship fairs, year-long seminars in different cities of Bangladesh and India and simultaneous launching of a website on 50 years of victory and friendship.

Momen also said Dhaka hoped that as a non-permanent member of the UN Security Council, India would play a more meaningful role for a lasting solution to the Rohingya crisis, including their early repatriation to Myanmar, in a safe and sustainable manner.

Meanwhile, diplomatic sources said a home secretary-level meeting between the two countries is likely to be held in November in Dhaka.

Poorer nations to get 120m

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Meanwhile, Gavi, the Vaccine Alliance, announced yesterday that up to 100 million additional doses of any eventual Covid-19 vaccines will be secured for delivery to poorer countries in 2021.

The announcement doubles the number of doses already secured from the Serum Institute of India (SII), the world's largest vaccine manufacturer by volume, by Gavi and the Bill & Melinda Gates Foundation, following an initial agreement last month.

WHO chief told a news conference in Geneva the tests were currently priced at a maximum of \$5 each but were expected to become cheaper.

"This will enable the expansion of testing, particularly in hard-to-reach areas that do not have laboratory facilities or enough trained health workers to carry out tests," Tedros said. "This is a vital addition to the testing

capacity and especially important in areas of high transmission."

Catharina Boehme, chief executive officer of the Foundation for Innovative New Diagnostics (FIND), a Geneva-based non-profit organisation in the project, said the deal was a "major milestone" as it was urgent to increase testing in poorer countries.

"It is our first line of defence, critical for countries to track, trace and isolate to stop the spread of the virus and to ensure that we are not flying blind," she said.

"We now have two high-quality tests which are the first in a series that are being developed and assessed by WHO for emergency use listing," she said.

The antigen tests - which don't require a laboratory - provide reliable results in just 15 minutes rather than hours or days and will help expand testing, Boehme said, adding: "The tests are as simple to use as pregnancy tests."