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Extension of shutdown a good decision

But ensure vulnerable groups are not adversely affected

THE decision of the authorities to extend the country-wide shutdown for another week is a commendable one, and we express our full support for this timely pronouncement. It has been almost a month since the first case of coronavirus was detected in Bangladesh, and it is crucial that we enforce social distancing during this time to ensure that community transmission does not occur on a large scale. However, this will only be possible if a lockdown is enforced on the strictest possible terms. The gravity of the situation must be communicated to the general population. In this case, the government should have taken a step further and announced these few weeks as a "lockdown"—instead of a "general holiday". Using the latter term is bound to give the wrong impression, as we have seen from the crowds who left the cities to go home as soon as it was announced. But there is still time for the authorities to clarify that these measures are being implemented in order to avert a national crisis.

While we understand that an extension of the shutdown is crucial at this moment, we also worry about its impact on the vulnerable groups in our society, who are already facing financial hardship and food shortages. A report in this daily shed light on the plight of children living on the streets of the capital, many of whom beg or sell flowers and tidbits to get by, and are now struggling to find food. Multiple reports have also focused on the serious impacts of this shutdown on workers from the informal sector, particularly day labourers and rickshaw-pullers. Slum-dwellers, who are already at risk due to their cramped living spaces and lack of access to proper sanitation and hygiene facilities, now face the added risk of losing their sources of income. What will be done for them?

Although police and public administration have started distribution of food assistance in certain areas, and many NGOs, organisations and even private individuals have come forward to try and fill these gaps and provide assistance to the needy, these efforts are not adequate. We need the government to put forward a concrete plan for these vulnerable groups for the coming weeks that will not only provide food support but ensure financial help as well. We must ensure there is a safety net for those who are likely to be most adversely affected, and ensure that they do not slip through the cracks and fall into even further hardships during these difficult times.

Limited testing may propel pandemic

More tests will give the real picture

EVEN though the Institute of Epidemiology, Disease Control and Research (IEDCR) says that there has been community transmission of the coronavirus on a limited scale, approximately only 1,606 individuals have been tested so far—and when that number is compared to the projected population of 164,283,529 in Bangladesh, such an evaluation by the IEDCR seems grossly inadequate, to say the least. However, such a claim can only prove valid after extensive testing has been carried out across the country.

We rank among countries with fairly low testing rates, given our restrictive policy which only allows those with recent travel history to affected countries, or those known to have come into contact with confirmed cases and have Covid-19 symptoms, to be tested while ignoring a lion's share of the citizens who remain vulnerable. This needs to change. Given the fact that many coronavirus patients can be asymptomatic, such a practice of limited testing during a pandemic allows carriers of the virus to infect more people over time, thereby increasing the risks of fatality. Also, it does not give us the real picture.

One of the major reasons behind limited testing is the lack of sample collectors, along with the inadequate supply of test kits. It would be relevant to mention that six other organisations recently got the government's approval to conduct tests for Covid-19, which were carried out solely by IEDCR earlier. Medical technologists of 130 healthcare organisations recently completed training arranged by the government, for collecting samples from suspected Covid-19 patients. Out of the 92,000 kits for Polymerase Chain Reaction (RT-PCR) tests in the possession of the Directorate General of Health Services (DGHS), they have distributed 21,000 kits to various laboratories. More labs are also being readied nationwide to conduct mass testing.

There seems to be a gap between our policy regarding coronavirus and its implementation. Furthermore, implementing those policies effectively is a matter of time and trial. We had the opportunity to learn from countries like South Korea, Singapore and Taiwan, which were able to tackle the spread of the virus on time by conducting widespread testing of suspected cases. Yes, steps are being taken to scale up our capacity to contain the contagion, but time is crucial. We can no longer afford delays as we already lag behind in our preparations to confront the crisis. When hours and minutes are so valuable, we cannot take a conservative approach to testing. Thus, the government must emphasise immediately on extensive testing to get the complete picture of the situation and proceed accordingly.

LETTERS TO THE EDITOR

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Dhaka's improved air quality

Ever since the shutdown went into effect amidst the coronavirus scare, one good thing that happened to Dhaka is the drastic improvement of its air quality. As of March 29, Dhaka's Air Quality Index (AQI) stands at 91, a giant leap forward from the typical range of 260-319 recorded at the beginning of the year. According to experts, such an improvement has not been seen in a long time.

This also signals a marked difference from before when newspapers were almost always filled with news about the health hazards of air pollution. However, now that most citizens remain indoors, pollution has reduced significantly and it should serve as a lesson to us all that it is indeed possible. What is important is to maintain this quality of the air instead of poisoning it again.

Nafees Ahmed Noor, *Dhaka*

Why testing is paramount

MUHAMMAD SOUGATUL ISLAM

THE Covid-19 pandemic has touched almost every territory of the world and terrified its 8 billion population. As of this article going to print on Wednesday, some 876,782 people have been infected by the disease and the global death toll stands at 43,533 and counting. There are 648,284 active cases, many among them in critical conditions, while the number of patients who recovered are 184,965. Those who keep an eye on the day-to-day update of the outbreak can understand how quickly the virus is spreading. In many countries, the contagion has pushed their healthcare systems to the limit.

In this situation, the most important thing that a country can do is testing. Because, testing allows the infected people to know that they are infected. This can help them receive the care they need and let them take measures to reduce the probability of infecting others. Responsible agencies can take appropriate measures involving contact tracing, quarantine and isolation once the infected are identified. On the other hand, if an infected person goes unidentified, they risk infecting others. Even if they stay at home, they are likely to infect their family members and spread the infection in their neighbourhood. Therefore, testing is critical for an appropriate response to such a highly contagious disease. It allows us to understand the nature of the spread of the disease and take evidence-based steps to slow down the spread.

If we look at the infection figures of the Covid-19 globally, we can have some understanding as to why large numbers of testing are essential in a pandemic. The more tests a country has done, the more confirmed cases it has. Since we can only get a positive test if a test is carried out in the first place, countries that have performed more tests tend to have more confirmed cases. In other words, there is a positive correlation between tests performed and cases confirmed. That doesn't necessarily mean that countries that have done more tests really have more cases, although in many cases they might. However, the differences between countries can tell us important things. For instance, we can see that some countries have done more tests per confirmed case. For example, the UK has done more tests than other European countries with a similar number of confirmed cases. A look at a chart showing the number of tests performed in each country can also be quite revealing. For instance, South Korea has done more tests than other countries. Inevitably, it can be expected that the number of confirmed cases or positive test results in South Korea is closer to the real number of infected people than it is in other countries.

For a contagion like Covid-19, per capita tests performed in a country is also another crucial factor. Just look at a chart that takes the size of the population into account and shows the total number of tests per million people against the total number of confirmed cases (per million people). The higher the dot, the more tests per million people have been carried out in that country. The further right it is, the more tests per million people have come back positive. Therefore, we see that countries with higher rates of confirmed cases tend to be also countries where a larger share of the total population has been tested.

However, again, there are important differences between countries. Vietnam, for example, shows a much higher testing rate than Indonesia, although as of March 20, both have a similar number of confirmed cases per million people. From this perspective, it is clear that the US is lagging behind. The number of tests per million people in the US is almost 10 times lower than in Canada, and about 20 times lower than in South Korea. The US has been lagging behind these countries in terms of rolling out their testing strategy, although it seems to be fast catching up. Indeed, the number of a country's population and the capability of its health system are two main factors that determine how many tests a country can perform.

Unfortunately, the capacity for Covid-19 testing is still low in many countries around the world. For this reason, we still do not have a good understanding of the spread of the pandemic. Bangladesh is not an exception and testing is still available only in Dhaka (although some measures to decentralise testing are underway). The number of tests carried out since the first Covid-19 patient was identified in Bangladesh has crossed 1,600 and, out of them, 54 positives have been identified so far. This number is not satisfactory. The tests should have been started earlier and by this time thousands of tests should have been done.

The reality is, we have never faced such a pandemic in the past and our capability to tackle this is not strong enough. But we got enough time to prepare for the outbreak since the disease originated in December 2019 in Wuhan, China. We had over two months' time to prepare several testing laboratories with trained personnel. The most common tests for Covid-19 involve taking a swab from a patient's nose and throat and checking them for the genetic footprint of the virus by a technique called RT-PCR. The method was developed soon after the onset of the outbreak and now it is part of the World Health Organization's recommended protocol for dealing with the disease. Definitely, we could have adapted it and started it across the country. Diagnosing the disease by this technique is not very easy and it needs trained personnel under the supervision of experts. It also needs proper containment of the diagnostic facility, called a Biosafety Level 2 (BSL2) laboratory, in order to protect the working personnel and also to contain the disease from spreading from the laboratory.

Swabs for testing for the coronavirus are seen at a laboratory in Neuilly-sur-Seine near Paris, France, on March 24, 2020. PHOTO: REUTERS/BENOIT TESSIER

In two months' time, we could upgrade our existing laboratories to BSL2 and develop some new ones utilising our resources. However, it is heartening to know the ministry of health has taken the initiative to set up diagnostic facilities at the division and district levels. Some selected medical colleges will have the capability to test soon. Local experts from different institutes and universities should be coordinated and mobilised to quickly launch those facilities and keep them under safe operation. Test quality control is also very important. Generally, in RT-PCR, quality control is a challenging task and the quality of test results can be compromised in any step down the process like sample collection, viral RNA extraction, PCR mix preparation, running the PCR reaction, etc. Any possible contamination while handling RNA has to be strictly avoided and appropriate controls have to be put in place in every step. The process requires strict temperature control and an absolutely contamination-free environment, otherwise the specimens can show false negative/positive results.

These are the reasons why the tests should be performed under a uniform guideline or protocol that should be developed considering our context without any further delay. So far, the number of positive cases identified per tests performed in Bangladesh is quite different from that of other countries. It is imperative that we take extra measures to maintain the quality of our tests.

The government has taken some serious measures to contain the disease so far. People have also responded well and they seem to be quite aware of the danger. However, we have to keep in mind that a huge number of people entered Bangladesh from countries worst affected by the Covid-19 pandemic in February and March. An outbreak may start from any corner of the country at any moment. Therefore, the next few weeks are very important for us in tackling the spread of the disease. We know the limitations of our health system and hospitals, public or private. The system will be saturated early in a potential Covid-19 outbreak which causes patients to require critical care. It will also be a challenge to keep our healthcare professionals safe across the country. As well as addressing these challenges, our strategy should be centred on doing more and more tests of the suspected patients as well as subsequent isolation or quarantine of their contacts to prevent further transmission of the virus. Indeed, it is a tough time for all of us. Nevertheless, by undertaking pragmatic steps we can overcome the current crisis and prepare for the future challenges.

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West First policies expose myths

JOMO KWAME SUNDARAM *and* ANIS CHOWDHURY

AS the epicentre of the Covid-19 pandemic shifts from China to the developed West, all too many rich countries are acting selfishly, invoking the "national interest", by banning exports of vital medical supplies.

US President Donald Trump has reportedly gone further by seeking exclusive rights to a future coronavirus vaccine, although the report has been denied by a German drug company and some investors believed to be involved.

Europe first

Following France, Germany, the Czech Republic and Poland now also want to ban the export of certain types of protective equipment and gear, prompting Stella Kyriakides, the EU Health Commissioner, to contradict them, insisting instead that "Solidarity is key".

Dr Hans Kluge, WHO Regional Director for Europe, also appealed to EU governments to reconsider their export restrictions on medical supplies, including personal protective equipment for frontline health workers.

Nevertheless, the EU has since announced export restrictions on medical supplies needed for the Covid-19 pandemic to countries outside the European single market, ignoring earlier pledges when developing countries were reluctant to commit to EU-promoted "free trade".

This EU response may trigger export restrictions by non-EU countries which now have little reason not to turn to China and other "non-traditional" suppliers instead. After all, the EU imports USD 17.6 billion of medical products—the category it has now imposed export controls on.

Furthermore, supply chains for European medical equipment production, such as ventilation machines produced in Germany and Switzerland, use parts that cross the EU's external borders, sometimes more than once.

Meanwhile, some major developing countries have retaliated with similar measures, with India and China restricting medical equipment exports. Although India has reversed some restrictions on mask exports, allowing some to go to China, export bans remain on 26 pharmaceutical ingredients and some products made with them, such as paracetamol.

Already, export bans have widened to some essential non-medical products, e.g., with Kazakhstan banning some key food exports since March 22. However, such moves are ultimately short-sighted and self-defeating as Covid-19 contagion knows no borders.

It is also in the rich world's self-interest to help poor countries, just as imperial powers were once very concerned about infectious diseases, such as malaria, in their colonies which threatened to damage their own interests in the longer term.

Solidarity, not isolation

Dangerously, such selfish moves are politically attractive, with Trump's approval ratings hitting an all-time high. Much of the US public agrees with Trump blaming China for the Covid-19 outbreak, with some senior UK Tory politicians joining the chorus, warning that China will face "a reckoning" over it.

With the Western media seeing commercial and strategic considerations as behind all China's actions, much of the North views China's offers of help with great suspicion as "medical diplomacy". To the consternation of US and UK leaders, China's offers of cooperation have been welcomed by most of the developing world and many in the developed world as well.

As soon as available in early January, China shared its findings on the genetic sequencing of the SARS-CoV-2 virus causing Covid-19. This has allowed researchers around the world to study how it makes people sick, and to quickly work on testing, tracing, treatment and prevention.

At last week's Saudi-convened virtual G20 emergency meeting, China announced it will increase its supplies to international markets of active pharmaceutical ingredients, daily necessities and other supplies to cope with the pandemic.

Other developing countries are also offering to help despite their own limited means. India has offered rapid response teams and other expertise to deal with the crisis in the region besides offering USD 10 million to start an emergency South Asian regional fund to fight the Covid-19 outbreak.

Despite suffering from US-led sanctions for six decades, with its record of sending medical teams to scores of developing countries, Cuba has joined China in sending doctors and nurses to Italy, and even to its former imperial ruler, Spain, in humanitarian solidarity.

Much of Europe now wears a deserted look. PHOTO: REUTERS

Crisis of humanity

As many observers, even Time magazine, have emphasised, the Covid-19 crisis is not just one of health and the economy, but also has other dimensions. Covid-19 is already challenging our assumptions about humanity, about society, about greed and selfishness, about the need to cooperate.

The pandemic has exposed fault lines in trust among humans, among groups, among countries, between citizens and governments, and faith in many of our assumptions about life, not only beliefs and humanity, but also knowledge itself.

Thankfully, many of us still recoil in disbelief, shock and despair when we learn of those already infected who put others at risk, who ruin, destroy and compromise society's already modest, inadequate existing health capacities through their selfish behaviour.

Meanwhile, as with global warming deniers, a number of leaders and others with influence see the Covid-19 crisis as a minor blip, a temporary interruption before returning to "business as usual", following a V-shaped recovery.

We are beginning to doubt social media and many other previously trusted sources of information and knowledge, as we slowly realise that we are inundated with fake news, information and advice, not least by those we have become accustomed to trust, including family and friends.

We are learning that purported "solutions" often ultimately come from those with agendas of their own, resulting in self-interested promotion of egos, influence or business opportunities, e.g., to sell medical supplies or some other really or purportedly needed "solutions", items and services.

After Covid-19?

We also need to begin to address and come to terms with what life is going to be like after we get past the lockdowns and other "inconveniences" imposed by the virus and its consequences. This time, it is different, really different. And we will not be able to simply revert to "business as usual" after we get over this crisis.

By beginning to think about the desirable, we must also consider the realm of the possible, and address the probable or the likely to strive to ensure that post-Covid-19 life will also be more secure, equitable, inclusive and sustainable.

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