

The Daily Star

FOUNDER EDITOR
LATE S. M. ALI

DHAKA TUESDAY MAY 5, 2020, BAISSHAKH 22, 1427 BS

Is it safe to reopen RMG factories?

Health protocols must be strictly enforced

THE picture in yesterday's front page says it all. Hundreds of garment workers leaving their factory in Ashulia in crowds, totally disregarding the government's social distancing directives. This happened after the government decided to allow some garment factories to open while maintaining safety and health standards as stipulated during the Covid-19 crisis. Thus, around 1,000 factories across Savar-Ashulia, Gazipur, Narayanganj and Chattogram industrial belts resumed production at a time. The result is not really surprising—already, 11 garment workers in Savar and Ashulia have tested positive for Covid-19.

It seems that the decision was taken before thinking things through, a regular phenomenon in most of the decisions taken regarding the RMG sector. When the decision to reopen the factories in phases was taken, the government also asked the factories to allow only workers in the locality of the factories to work. But in reality, garment workers who had gone to their villages when factories were closed, came back in droves in fear of losing their jobs, for a second time, thus nullifying the whole purpose of the lockdown—to prevent the spread of the virus. And now workers are again in very close proximity to each other and therefore, at high risk of getting infected.

We understand the pressing economic realities behind reopening the factories. But was this the right decision at this time? It seems not, as now the government is thinking of shutting them again in view of the number of positive cases among the workers.

At a recent interministerial meeting, it was decided that a joint-monitoring committee will be formed to monitor the health measures taken by the factories. We are at a loss as to why such a crucial committee was not formed before the decision to reopen was made. Now the authorities are talking about keeping Dhaka, Narayanganj and Gazipur isolated from the rest of the country, limiting the movement of RMG workers, increasing Covid-19 testing and quarantine facilities for workers and building coronavirus centres in specific zones. These are all very useful measures, but they should have been taken before opening the factories.

According to BGMEA, it has multiple audit teams who are checking whether factories are following the health protocols prepared by the BGMEA, according to WHO and ILO guidelines.

If the government decides to keep these factories open, then it must ensure that all the decisions taken so far to keep the workers safe are implemented immediately. But keeping workers safe inside factories is not enough. They must also maintain social distancing outside the factories too. Without such a holistic approach, the reopening process may have disastrous consequences.

Bidyanondo, SAAF and others, standing by the vulnerable

Generosity can save lives

AT a time when most of humanity is subdued because of the ongoing pandemic, Bidyanondo Foundation has been one of the first responders to the crisis, providing food and medical safety gear to people who needed them the most. Apart from distributing food for the needy, Bidyanondo gave 5,000 personal protective equipment (PPE) and 20,000 masks. They also collaborated with the armed forces in order to cover the remote regions of our country. Now we learn that Suhana & Anis Ahmed Foundation (SAAF) has provided Tk 1.05 crore as a special Covid-19 financial backing to Bidyanondo Foundation, enabling immediate support to 22,000 families in the remote corners of Bangladesh. There are also other organisations and groups in the private sector that have mobilised resources to provide immediate food relief and financial assistance to the hundreds of people who have lost their only source of income during the pandemic and cannot feed themselves or their families.

Private initiatives like this reflect the spirit of generosity and compassion towards fellow humans inherent in many people, which has been activated by this crisis. It is an opportunity for us to demonstrate the best in us. It is also an essential component in our overall crisis response, as it supplements the efforts of the state. Without these altruistic endeavours, many people would be going hungry and be subjected to greater suffering. There are countless families spread across the nation, and the world at large, who are desperately in need of the most basic of necessities. Many are facing unprecedented hardships, trying to cope with the difficulties that the pandemic has thrown at us. And it is during such times that we must demonstrate inclusiveness through our support for each other. As individuals, we should all support these efforts in whatever way we can, according to our own capacities. We must take heed from the above example and try our best to assist such causes as it is the true essence of humanity—to survive all odds and manifest itself in the most difficult of times. More importantly, it is only if society as a whole reaches out to the most vulnerable in this crisis that we will be able to survive.

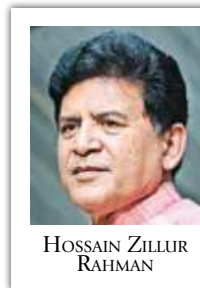
LETTERS TO THE EDITOR

letters@thedailystar.net

The magic of media

A few days ago, I came across a report in this daily titled "Toxic ship heading for Bangladesh" and was greatly worried about the threat it posed to workers' health and our environment. Thankfully, that report had an immense impact, and the government decided to restrict the vessel's entry. I want to congratulate *The Daily Star* on this achievement. I have been an avid reader of this newspaper for many years, and this is not the first time that I've witnessed the positive outcomes of its reporting. The fact that the report had the ability to prevent a disaster from happening makes me proud to have a credible source of information in this age of fake news.

Nahian Zaman, Dhaka



HOSSAIN ZILLUR RAHMAN

Now, nothing appears certain. The daily drip of official statistics on the infection adds to the uncertainty. Not the figures in themselves, but what they may not be telling. Where is Bangladesh on the infection curve? Where may it go? Are we even serious in trying to find an answer? Is low rate of testing a conscious policy decision or simply lack of one?

Compounding the uncertainties is the tendency towards "rosy" reporting by courtiers and armchair bureaucrats that belie ground realities. A spiralling chaos is nearer to the truth if you care to listen to the testimonies seeping out from the frontline, such as the Muga General Hospital on quality of PPE or the long queue for testing and the longer wait for test results. And what of patient experiences? Desperately seeking and failing to find a health facility that will take them, or once admitted, an equally desperate quest for "treatment" within the facility. And now the chaos is about to get murkier.

Policy-makers, seemingly overwhelmed by a dilemma of life-or-livelihood, appear to be giving way to the "livelihood" agenda without the benefit of any clarity on where we stand on the "life" agenda. And this too not in any coordinated way, but in fits and starts, driven by economic lobbies with "voice muscle". First, a hide-and-seek policy game on RMG factory reopening. Then a police authorisation of Iftar restaurants—both with toothless pronouncements of "shasthayabidhi". This week may see the end of the "chuti" altogether. How and when to ease and exit from the "lockdown" is certainly a critical issue, but the disjointed policy pronouncements on the matter gives the impression more of a gamble rather than a well-considered policy decision.

It is very true that no one has been sitting idle—neither the government nor society at large—in the face of the twin crisis of pandemic and economic standstill. Known and unknown actors have swung into action to the best of their abilities. The boro crop has largely been harvested. After initial hibernation, there has been a flurry of policy pronouncements, at least on paper. However, notwithstanding the many initiatives, the sense of uncertainty and escalating crisis appears to be deepening, if not worsening. Why is the sum failing to become greater than the parts?

Looking back, an uneasy conclusion is unavoidable. There has been a critical communication failure in Bangladesh.

A time for truths

Official and social messaging on Covid-19 narrowly focused on hygiene and social distancing protocols only, but failed to prevent an overall panic syndrome taking hold that has led to an entrenched social perception of the corona patient as a "villain". And not just in perception but in practice, being treated so whether in the neighbourhood or in the hospital, or even in the graveyard. This is forcing patients to hide symptoms, on one hand further exacerbating infection spread, and proliferating inhumane treatment of patients and their families on the other.

From the start, the authorities opted to delegate the Covid-19 messaging to departmental mandarins. The urgency really was of creating an informed national mood and an overall atmosphere of trust. The outcome has been anything but. The health mandarins signally failed to rise above their narrow bureaucratic

challenge is as much of establishing the credibility of the messenger as the efficacy of the message. Ultimately, the issue really is about the policy mindset, which to a large extent continues to read the unprecedented nature of the crisis as another "disaster" to be narrowly dealt with by departmental bureaucrats, rather than given purpose and drive through an empowered strategic centre. Not surprisingly, weak implementation has again emerged as a key concern, to a large extent due to the preponderance of "ex-officio" committees plugged into the implementation process. These tend to be over-attentive to status and hierarchy concerns, and usually lack strategic cohesion and the capacity to drive coordination and synergies. Unfortunately, the Covid-19 policy response so far appear to be underpinned

poverty line in February but fell into poverty due to the economic standstill. These vulnerable non-poor, subsisting on average about 40 percent above the poverty line income, suffered a 66 percent drop in income between February and early April and are suddenly a new group of what we have characterised as the "new poor", with particular concentration in urban centres. They will add an additional layer of as much as 22 to 25 percent to the 20.5 percent of poor. But the challenge is not merely quantitative. Existing social protection schemes have not covered these groups. There are no prior lists of such groups. How can one target them effectively and with what support? The government appears to have taken cognisance of the "new poor" but fallen back on the usual bureaucratic channels for targeting. This is a major innovation area, not just in



Women sit on the ground maintaining social distance while waiting to receive relief supplies provided by local police authorities in Dhaka, Bangladesh, on April 2, 2020.

PHOTO: REUTERS

world-views, obsessing with control and red-tapes and brushing ground realities under the carpet. Little wonder that distrust and panic syndrome has become the norm. An unfortunate side-effect has been to put non-corona healthcare virtually out of focus. A combination of the panic syndrome and collapse in frontline health workforce morale—both public and private sectors—has dramatically shrunk easy access to non-corona healthcare needs. This is particularly impacting chronic patients, children and vulnerable segments of the population.

Can we get a grip on the chaos staring at us, without fundamentally taking out the panic syndrome that is clouding the efforts to stem the infection spread and return safely to economic resumption? A rebooting of the communication strategy

by this familiar and ineffective mode of policy implementation.

April has passed. What does May have in store? Power and Participation Research Centre (PPRC) and Brac Institute for Governance and Development (BIGD), through a joint nationwide survey in April, brought home some new realities that demand policy rethinking. Our entire development discourse has been predicated on a certain understanding of poverty dynamics, with the focus only on those below the poverty line. Thus the Bangladesh Bureau of Statistics, projecting from 2016 Household Income and Expenditure Survey data, puts the poverty rate at 20.5 percent in 2019. However, the PPRC-BIGD survey has brought to attention the plight of a segment of those who were above the

targeting but also with regard to the types of programmatic support—now and in the future—that make most sense for the vulnerable non-poor. The government will do well to partner on these strategic tasks with research organisations, NGOs and social platforms with credible track records on the ground.

May should also lead to an expansion of the Covid-19 discussion beyond health and economics, to the social too. Lockdown has not only brought an economic standstill. It has also put youth and students in limbo. Notwithstanding sporadic initiatives here and there, their plight is yet to engage the concerted attention of policymakers and social actors.

Hossain Zillur Rahman is Executive Chairman of Power and Participation Research Centre (PPRC) and a former Advisor of Caretaker Government.

Withdrawal of lockdown: how we should plan

BE-NAZIR AHMED

LOCKDOWN, first instituted by the Chinese government, has become an unprecedented yet effective intervention for prevention of the transmission of Covid-19 throughout the world. At present, about 3 billion of the 7.8 billion world population are experiencing different forms of lockdown. In public health, the preventive non-pharmaceutical measure of physical distancing for transmission interruption are "quarantine" and "isolation". The lockdown is neither quarantine nor isolation; it is an emergency protocol initiated by an authority that usually prevents people from leaving an area. During the last four months, different countries have applied lockdown in different ways and means, and also in different names—starting from a "single house lockdown" to a few houses, a community, town, city, region or even an entire country. The duration has varied from parts of days, whole days, weeks and even months.

Bangladesh has been maintaining a form of lockdown for over a month, since March 26, 18 days after the first coronavirus case was reported on March 8. According to recent reports, this will continue up to May 16, after which there will be a gradual withdrawal. The late closure of international flights, noncompliance with institutional or even home quarantine, uncertainty regarding the magnitude of infections carried in by migrant workers, grossly inadequate testing, insufficient preparations to handle a potential surge in number of patients and the growing insecurity among citizens probably influenced the Bangladeshi authorities in instituting the lockdown in March.

This lockdown was the most effective decision taken so far and possibly contributed to curbing widespread transmission of infections in the absence of proper "trace, test and treat" measures. There were some hiccups in planning and implementation—terming it a "holiday" led to a mass exodus from cities to villages in the midst of a festive mood, and confusion amongst RMG factories led to great grievances

for workers, who have travelled back and forth despite the shutting down of public transport in fear of losing their jobs. While the lockdown has in general been quite rigorous, people roaming around in *paras* and *mohollas* have created concerns and become attractive news items and topics for talk shows. In contrast to the popular consensus on the ineffectiveness of the lockdown due to these breaches, as a public health specialist, I am happy with the lockdown in preventing inter-geographic transmission, although it was ineffective in intra-transmission within communities and was not really meant to prevent that.

Since Bangladesh has been debating

Are populations fully engaged and empowered to live under a new state of "normality"? This will be put to the test in the days following the easing of lockdown conditions. We are yet to make people understand the pandemic through a scientific approach.

on withdrawing the lockdown, how should we plan going forward? The World Health Organisation (WHO) released new guidance for governments looking for exit strategies beyond existing lockdown measures. Six criteria were identified by the WHO to ensure that governments would be able to manage a controlled and deliberate transition from community transmission to a steady state of low level or no transmission. If the Bangladesh government wants to start lifting restrictions, they must first meet the following six conditions.

Firstly, is transmission of Covid-19 under control? If we consider the curve representing reported cases, it becomes evident that the country is in an exponential phase. The increasing number of infections among healthcare providers and other service personnel

makes them at risk of being super spreaders and contributing to sustained transmission. Secondly, do we have the public health capacity to detect, test, isolate and quarantine every case and trace every contact? With certainty, it may be stated that the health system is not in a position to do so.

Are hotspot risks minimised in highly vulnerable places, such as nursing homes? Bangladesh does not have many nursing homes, so this condition may not be applicable, but we could demonstrate our success in managing the few hotspots and clusters that have arisen through implementing effective lockdown. The fourth criteria that has to be met is—have preventive measures

not consistent with public health norms and local contextualisation created confusion and noncompliance of preventive and protective measures like quarantine, social distancing and the use of personal protective equipment (PPE). Regardless of easing the lockdown, there should be strict disease surveillance until we are certain of being in control of transmission, and those at risk should be assessed through epidemiology and laboratory testing. Public health capacity should be significantly increased, and a huge number of public health specialists should be involved in leading preventive interventions. The tracing capacity has to be scaled up to catch every exposed personnel on the frontlines. Laboratory testing capacities also have to be increased so that every public health demand may be fulfilled, which would require improvements in laboratories, diagnostic workforce, diversity of tests, standards, quality and uniformity.

Efforts have to be taken to ensure adequate physical distancing in workplaces, transports and homes, and face masks should be made mandatory when outside. Every workplace should have an infection control plan, a guideline, standard operating procedures and a team to implement infection control measures. There should be adequate standard PPE where required, along with adequate washing facilities. Public health teams should ensure national infection control guidelines are followed in workplaces, with the power to apply the Communicable Diseases Act 2018 with fines. Institutional quarantine has to be made mandatory for travellers coming from affected areas, within or outside the country. Risk communications also have to be standardised in order to develop public opinion based on scientific attitudes rather than misconceptions in order to have informed decisions and practices. It is only when these conditions are in place can we think of doing away with lockdowns.

Professor Be-Nazir Ahmed is a former Director of Disease Control, Ministry of Health and Family Welfare, Bangladesh. His email address is benazir1959@gmail.com.