

Government's decision to increase the number of ICU beds

A positive step, but a little late for comfort

IT should come as good news that the government has decided to double the number of ICU beds in Dhaka to cope with the surge of Covid-19 patients. And it is expected to be done in the next ten days. We, however, feel that the decision should have come sooner. It is another instance of the administration taking the right action—but much delayed. We do not doubt that many lessons had been learnt during the last one year from the experiences of combating the pandemic, and one had hoped that the planning elites would have acted timely on their experiences to remove the lacunae in various areas. The prevailing conditions suggest that they did not.

The most acute of all was the critical shortage of ICUs in both public and private hospitals. It was felt back then, and even after 13 months the problem exists. Regrettably, the number of cases is increasing every day and critical patients are being turned away because of lack of space in Covid wards and ICUs. For the already affected, the decision to increase the number of ICU beds after ten days can be of little comfort, especially those requiring immediate and urgent care.

It is not that the indicators were not present. We witnessed the emergence of newer strains in Europe and the US early this year. Our biggest neighbour, India, has had the misfortune to be struck most severely by the second strain. Yet we did not react till very recently.

But it is not the matter of ICUs only—even oxygen has been in short supply, and as a result, uninterrupted supply to critical Covid patients is not being ensured. The situation has not improved over the last one year, unfortunately, even though we recall this point being highlighted in the media as well as in the deliberations of the Committee to combat the pandemic last year.

Doubling the ICU and normal beds is a tall order, but we hope the government will meet its aim. Facilities outside Dhaka should also be increased—we have seen how severe the shortage of facilities to treat Covid-19 patients is in other districts. It would be well for the authorities to keep in mind that the pandemic is not likely to be a one-off event. Experts fear that it will be with us for some time. We should therefore take timely actions, which was not the case this time, and plan for tomorrow rather than yesterday.

Two child patients per bed!

Authorities need to increase Patuakhali hospital's capacity

A stream of child patients with typhoid and cold-related diseases, including pneumonia, has been causing serious overcrowding at the paediatric ward of the Patuakhali General Hospital for the last one month. And the authorities, in order to provide treatment to the maximum number of patients at the 48-bed ward, have been allocating each bed for two patients, along with their attendants. This, of course, means that the Covid-19 safety guidelines are impossible to follow at the ward, putting the parents of these children, as well as the hospital staff, at great risk of contracting the disease. Moreover, given that the virus is constantly mutating and is not yet fully understood by us, what guarantee is there that the children will not be affected at all by it in some way?

Over the past month, 681 patients had to be treated at the ward, which clearly does not have the capacity to deal with such an influx. While we appreciate the hospital's attempt to provide treatment to all the patients coming in, cramming so many people in together at a time like this has its own dangers.

Since the overcrowding has been going on for a month, the authorities should have taken some steps to increase the hospital's capacity to provide paediatric treatment, once it realised that the influx was not a one-time event. Why wasn't such action taken? Was it due to a lack of resources? Or was it due to a lack of initiative taken by the hospital authorities? Either way, a situation like this cannot be allowed to continue. At a time when the authorities should be doing everything to control the spread of the Covid-19 virus, cramming so many children and their parents into one ward cannot be the final solution.

The authorities must immediately do what is necessary to increase the hospital's capacity to treat the child patients. Moreover, the hospital should strictly follow the relevant Covid-19 safety guidelines to ensure that it does not turn into a Covid-19 hotspot, which would be completely counterproductive.

LETTERS TO THE EDITOR

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Help Covid patients

For want of due support, people infected by Covid-19 are suffering. The public hospitals in our country are poorly equipped even more than a year after the outbreak. Almost every one of these hospitals lack proper oxygen support, something that can make the difference between life and death for a coronavirus patient. As a conscientious citizen, I insist the concerned authority take effective measures immediately.

MD Rasel Sheikh, Uttara.

WORLD HEALTH DAY 2021

Together, towards a fairer and healthier post-Covid-19 world

Why we must seize the moment to advance health equity and achieve universal health coverage



POONAM KHETRAPAL SINGH

THIS World Health Day, the World Health Organization (WHO) is highlighting the opportunity we have to build a fairer and healthier post-Covid-19 world. For well

over a year now, marginalised and disenfranchised communities across the world and in the South-East Asia Region have borne the brunt of the Covid-19 pandemic. In countries rich and poor, socioeconomic, political, educational and geographic factors, among others, have facilitated the spread of the SARS-CoV2 virus, impacting health outcomes and compounding inequalities. In our unequal world, preventable social and economic inequities continue to impede the right of everyone, everywhere, to achieve the highest attainable standard of physical and mental health—an injustice that we must not accept.

Covid-19 is just the latest disease to expose, exploit and exacerbate inequalities that negatively impact health and socioeconomic outcomes between and among vulnerable groups. In countries at all levels of income and development, health and illness follow a social gradient: the lower the socio-economic position, the worse the health and the poorer the access to health services of adequate quality. This is why the burden of communicable diseases in the Region such as TB, hepatitis and HIV is most acute among poor and disadvantaged populations, which has the tragic effect of entrenching these communities' poverty and marginalisation. And it is why noncommunicable diseases such as stroke and heart disease can be more commonly found among populations that are exposed to socially determined risk factors such as unplanned urbanisation

and inadequate housing, which can contribute to household air pollution, food insecurity and malnutrition.

To remedy these and other health inequities, and to create a fairer and healthier post-pandemic world, WHO is calling on leaders in the health sector and beyond to make concerted efforts throughout the Covid-19 response and recovery to ensure that all people have living and working conditions that are

the health services they need, when and where they need them, without financial hardship. And we have made real progress. Trend data from the Region's 2020 monitoring report show that health service coverage is now, on average, above 63 percent, as compared with 49 percent a decade ago. The density of health workers—around 70 percent of whom are women—continues to increase, with nine countries now above the first WHO

they have been throughout the Covid-19 response. Community outreach and empowerment, including through women-led organisations, can help identify the root causes of inequities and find localised solutions, and also enhance coordination between health and social services and target communities. The whole-of-government, whole-of-society approaches that countries have mobilised to respond to the pandemic provide a compelling model by which they can accelerate progress towards UHC, and with it, Sustainable Development Goal 3 and the wider Sustainable Development Agenda.

On the Region's onward journey, countries must continue to prioritise the collection of high-quality, timely and reliable health data. To adequately uncover inequities and enable policies that tackle them, health data should be collected on a disaggregated basis and analysed by key stratifiers for inequities, such as by sex, geography, income, education, or other pertinent metrics. The findings should then be fed into health policy-making and implementation. The Region's WHO-supported Health Information Platform, which provides an integrated database of country progress across a range of indicators, must continue to be leveraged to close gaps and eliminate disparities.

We can—and must—prevail. The emergence and spread of Covid-19 have laid bare the inequities that influence health outcomes between and among groups in the Region and across the world, and which make us all more health-insecure. We must reduce and ultimately end those inequities and accelerate towards UHC. All people have the right to achieve the highest attainable standard of physical and mental health. A fairer and healthier Region and world is possible. We must dare to be bold and achieve our vision.

Dr Poonam Khetrapal Singh is WHO South-East Asia Regional Director.



PHOTO: COLLECTED

conducive to lifelong health and well-being. Clean water and air, income and social protection, and food security among other environmental and public policy goods are vital to achieving this goal, and can best be secured through a "health-in-all-policies" approach that is gender-responsive and human rights-focused, and which advances the core principle of the 2030 Sustainable Development Agenda: Leave no one behind.

Health systems themselves have a critical role to play. Since 2014, the Region has pursued universal health coverage (UHC) as a Flagship Priority, with the aim of ensuring all people have access to

threshold, compared with six in 2014.

But the fiscal constraints imposed by the pandemic threaten to stall or even reverse progress unless budgets are actively reprioritised and health is apportioned additional resources. New sources of revenue should be explored, for example increases in taxation on unhealthy products such as tobacco, alcohol and sugar-sweetened beverages. Value for money must continue to be improved, including through investments in primary healthcare and pro-poor initiatives that help mitigate the social determinants of health.

Crucially, communities must continue to be engaged and listened to—precisely as

One year into the pandemic: What lessons have we learnt?



NAVEED AHMED

AS I settle down to pen this write-up, the incessant calls and messages on my phone serve as a poignant reminder of how our lives have been reshaped and defaced by

the Covid-19 pandemic. In response, I offer what medical advice I can regarding Covid tests, treatment and follow-up, but can't oblige the requests of help with admissions in hospital beds, especially in the Intensive Care Units (ICUs). There are no vacancies anywhere, it seems. The increasing frequency of the news of deaths of near and dear ones is unnerving and unsettling. A year on, and we're back to square one. It has been a little more than a year since the first coronavirus cases were detected in Bangladesh, but the same, if not deeper, challenges and uncertainties remain.

"Building a fairer, healthier world" is the theme of World Health Day this year, which marks the 73rd founding anniversary of the World Health Organization (WHO). Before I dissect the aptly named theme in the context of the pandemic, I want to touch base first. Since the first coronavirus cases were detected on March 8 last year, Bangladesh's pandemic journey has been a predominantly unpredictable one so far. A total of 651,652 people have been infected and 9,384 people have sadly lost their lives thus far, amounting to a mortality rate of 1.44 percent. The morbid part of this statistic is that these numbers are ever rising. An indicator to that end is the record high, staggering test positivity rate (infection rate) of 23.40 percent recorded two days ago, and the country has been forced into a lockdown once again.

When the first wave of the pandemic hit home last year, it truly was a jolt to an already beleaguered health system grappling with inadequate financial allocation and unequal distribution of manpower and resources, coupled with a weak governance structure and undeniable mismanagement. The sudden surge in Covid-19 cases, Covid-19 related deaths and a dearth of hospital beds and ICUs at that time brutally exposed the gaping cracks of a health sector whose budget allocation for fiscal year 2021 stands at 5.14 percent, which is a meagre 0.9 percent of the country's GDP. A few months into the pandemic, despite a

myriad of challenges and the initial shock to the system, the brave and selfless healthcare professionals of the country—doctors, nurses and other providers—were able to treat and manage patients better with improved outcomes, marked by better recovery rates and reduced mortality.

The wider scale effects of the pandemic, however, was a far reaching issue, adversely affecting people's lives

taken to prevent this second wave?

Well, the answer is not a clear cut one. Compared to the time of the first wave, the Ministry of Health and Family Welfare have established guidelines on an overall management system with lessons learnt in preparation for the second wave, and there has also been a sharp rise in the testing facilities and daily testing capacity. In addition, Covid-19 dedicated hospitals, dedicated beds and ICU beds have also

information on the importance of getting vaccinated, as well as addressing any myths and safety concerns around vaccination.

The global vaccine race has also once again highlighted the glaring disparity in healthcare globally, which is a deterrent in achieving a "fairer, healthier world" as envisioned in this year's World Health Day theme. In a world of vaccine inequity, a handful of rich nations like the US, Canada, UK, countries in the EU, China and the UAE, among a few others, have hoarded almost 65-70 percent of the world's doses, despite having only 16 percent of the global population. It is estimated that these rich nations are vaccinating one person every second while the majority of the poorest nations are yet to administer a single dose. These high income nations have stockpiled one million doses more than is needed for their populations and is an embodiment of "vaccine nationalism".

It is with keen interest that I keep tabs on the vaccination programme in the country since this is the only sustainable way of reducing the infection load. We have a commendable history of successful vaccination programmes, including the Expanded Programme on Immunisation and other drives. Keeping in line with that track record, the vaccination drive is going well so far. The Oxford-AstraZeneca vaccine has been administered to approximately five million people since the first dose was given on January 27 as a "dry/test run" and since the official vaccination programme began on February 7. This means that around 3.5 percent of the total population will be fully vaccinated (two doses) within June of this year. This is a good achievement on the balance of things.

However, uncertainties around the ability of Serum Institute of India (SII) supplying doses on time, according to the agreement, means that we will now have to scramble to find other sources of safe and effective vaccines. The single dose, easy-to-preserve Johnson & Johnson vaccine, with an estimated efficacy of 90 percent, would be a good choice, but Chinese and Russian alternatives should also be explored. As we fight through the second wave of this pandemic, it is imperative that we vaccinate a majority of the population in the quickest feasible time, and sourcing different types of vaccines is crucial to that end.

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Another glaring deficiency is the lack of adequate high flow oxygen delivery systems across hospitals in the country.

PHOTO: ANISUR RAHMAN

and livelihoods throughout the country—culminating in severe ramifications on an economy which had otherwise seen robust growth over the past decade. In the midst of this gloom, further evidence of the stoic resilience of the Bangladeshi people came to the fore. As infection rates kept dropping and relative normalcy was restored, with resumption in activities of business and commerce, the economy gained some momentum towards the end of last year. As a result, projections made in a study in early 2021 by Standard Chartered Bank Bangladesh stated that Bangladesh was likely to recover faster than its Asian peers from the Covid-19 fallout thanks to improving exports, growth in domestic consumption and remittance inflow.

After a welcome drop in cases between August and September last year, health experts had predicted that the second wave would hit the country during winter. However, that second wave has now hit us in March this year with renewed vigour, once again exposing a fragile health system. Were adequate measures

been increased a few fold. Unfortunately, however, these increments have not proven to be enough to counter the ruthless second wave thus far, as is evident by a shortage of available hospital beds and ICU beds. Also, the plan undertaken last year of setting up temporary Covid hospitals with high bed capacities to counter peaks of infection did not come to fruition.

Another glaring deficiency is the lack of adequate high flow oxygen delivery systems across hospitals in the country, a good one year into the pandemic. High flow oxygen therapy is a vital component in managing very sick Covid patients. There could certainly be a better, more widespread allocation in this regard. Moreover, there has been a shortage of some essential drugs such as remdesivir and tocilizumab in the management of this infection, and adequate stockpiles will need to be ensured for the coming weeks and possibly months. It is also of utmost importance to step up and sustain the public health awareness campaigns and messages of health directives and