

BANGLADESH UPDATE



7,626
New cases in 24hrs



6,59,278
Total cases



9,447
Deaths



5,61,639
Recoveries



2,892,456
Deaths



133,468,310
Total cases

ROHINGYA REPATRIATION

Dhaka seeks regional, multilateral initiatives

UNB, Dhaka

Foreign Minister AK Abdul Momen has said serious consideration should be given now to take regional or multilateral initiatives for the repatriation of Rohingyas to Myanmar as it remains a compelling priority for Bangladesh.

"Canada, with its global stature and standing on human rights issues, may consider taking a leading role in such initiatives. Bangladesh always stands ready to work with Canada and other partners in this direction," he said.

Momen was addressing a webinar, "Evolving Rohingya Crisis and International Response: Canada's Future Role in Repatriation and Accountability Initiatives", held on Tuesday night.

The minister said the Rohingyas are also desperate to return home with safety and dignity at the earliest.

"It's our collective responsibility to help these distressed people materialise their dreams and aspirations. Only through our concerted efforts, sustained repatriation can become a reality."

Bangabandhu Centre for Bangladesh Studies in Canada (BCBS) in cooperation with Conflict and Resilience Research Institute Canada (CRRIC) organised its first webinar on Rohingya crisis resolution.

Bangladesh High Commissioner to Canada Khalilur Rahman, Senator

Marilou McPhedran CM, Heather McPherson, Brad Redekopp, Prof John Packer and Neuberger-Jesin, professor of International Conflict Resolution, also spoke at the programme, moderated by Kawser Ahmed, executive director of CRRIC.

The speakers said the Rohingya crisis might turn into a broader regional and global security issue if not resolved sooner.

They said Canada must step up with pragmatic "actions" and genuine "willingness" regarding continuing humanitarian assistance, imposing effective economic sanctions, stopping investing in Myanmar, and supporting the ICJ case.

A call for urgent multilateral action would enable like-minded actors to intervene in actualising safe and dignified repatriation of Rohingyas to Rakhine, the speakers added.

There is a need to explore the possibility of the "Aceh model", which would guarantee the rights of minorities in Myanmar under a viable confederation within Myanmar, they observed.

The speakers said there is also a need to address the educational needs of thousands of Rohingya children, who are growing up in the camps, as they might end up being the "lost generation".



A kitchen market on an open space in Dhupkhola in the capital yesterday. Shops in the market were arranged in this manner to reduce the risk of Covid-19 transmission.

PHOTO: AMRAN HOSSAIN

'Lockdown' exists only on paper

FROM PAGE 1

The government should have considered public health interventions much earlier but this was not given due importance, he said.

Now the government is thinking about it while hospitals are struggling to cope with a huge rush of patients, Prof Liaguat added.

On Sunday, the Cabinet Division issued an 11-point directive to be followed from 6:00am Monday to 12:00am on April 11 to contain the spread of the virus in the country. Punitive actions will be taken against violators of the directives.

However, the restrictions are not applicable to offices, employees and transports involved in maintaining law and order, relief distribution, emergency and health services, electricity, water and gas supply, fire service, port activities, and telephone and internet services.

Banks will operate from 10:00am to 12:30pm. Public, private and autonomous offices can facilitate commute of their employees to workplaces, using their own transport on a limited scale. Industrial units and factories can do the same for their workers. Construction works will go on. Ekushey Boi Mela will also continue from noon to 5:00pm every day.

Yesterday, bus operators resumed services in all 11 cities across the country after a two-day pause.

The authorities on Tuesday issued a circular allowing public transport

services in the cities from 6:00am to 6:00pm. Many buses in the capital, however, were seen operating even after the stipulated time.

Vehicles, except for the ride-sharing motorbikes, resumed operation in the capital yesterday.

About bus services in cities, Prof Nazrul Islam, a noted virologist, said the health safety guidelines and the policy of 50 percent seat vacancy must be implemented, and the government can arrange more buses to make it happen.

The authorities should immediately carry out sample surveys in the areas with high infection rates and isolate the infected persons, said Prof Nazrul, also a member of the government's National Technical Advisory Committee on Covid-19.

He further said the government, if necessary, can deploy army personnel to ensure enforcement of the health safety guidelines.

DEMO CONTINUES
Motorcyclists providing ride-sharing services staged demonstrations in different parts of the capital, demanding that the government allow them to continue their services during the weeklong restrictions.

Some of them blocked the road in front of Dhaka Metropolitan Police Headquarters to press home their demands.

Bangladesh Road Transport Authority put restrictions on ride-sharing motorcycles from Monday to

help curb the spread of the virus.

In the capital's Gulistan, Bangabazar and Phulbaria areas, shop owners and employees protested the government restrictions on running businesses.

"Why our shops have to be kept shut when everything else is open? Even the city bus services have resumed. What is our fault?" asked Abdul Mannan, president of City Plaza Shop Owners Association.

"We could not recoup the losses we suffered during the shutdown imposed by the government last year. If we cannot do business during this peak season, we will be ruined," Mannan, also owner of an apparel shop, told The Daily Star.

The shop owners and employees, who had demonstrated in the capital's New Market and nearby areas for three consecutive days since Sunday, did not hold any protest programmes yesterday following the filing of two cases on Tuesday afternoon over the demonstrations.

Meanwhile, operators of private airlines have urged the government to let them run domestic flights.

Mofizur Rahman, managing director of Novo Air, said, "Air transport is considered the safest mode of passenger transport in terms of risks of virus transmission."

"It's unfortunate that air communication remains suspended during the restrictions though the government has allowed resumption of road transport services on a limited scale," he told this newspaper.

AstraZeneca clot risk 'very rare'

Says EU's drug regulator, confirms the Covid vaccine's benefits outweigh risks

AFP, The Hague

The EU's drug regulator said yesterday that blood clots should be listed as a "very rare" side effect of the AstraZeneca coronavirus vaccine but that the job's benefits continue to outweigh the risks.

No specific risk factors, including age, have been identified for thrombosis with the AstraZeneca shot, which could stem from an immune response, the European Medicines Agency (EMA) said.

The watchdog's findings come after

several countries halted the use of the vaccine following dozens of cases of people with clots in blood vessels draining from the brain after receiving jabs, some of them fatal.

"EMA's safety committee has concluded today that unusual blood clots with low blood platelets should be listed as very rare side effects" of the AstraZeneca jab, the Amsterdam-based watchdog said in a statement.

But it stressed that it believed people should continue to take the vaccine as part of the battle against the disease.

S African variant dominant

FROM PAGE 1

the same South African variant," Dr Mustafizur Rahman, senior scientist at the icddr, told The Daily Star last night.

He said that they found the SA variant in 64 samples out of 99 positive samples tested last week (between March 12 and 17).

"In the first week of March [between March 5 and 11], we genomic-sequenced around 30 samples but found no existence of the South African variant," said the lead scientist.

He said that samples were collected from 13 districts but most were collected from Dhaka, adding that the study represents mostly the situation in Dhaka.

"We observed that the South African variant became the most prevalent variant during the third week of March by replacing other variants, including the UK variant. Our findings warrant continuous monitoring of genetic variations of SARS-CoV-2, which is crucial for vaccine effectiveness and patient's management," said Rahman.

Recently, the UK, South African, and Brazilian variants have spread all over the world, according to different studies across the globe.

These variants are said to have increased their transmissibility and have harboured new genetic changes, which may impact clinical manifestation and vaccine effectiveness, scientists said.

Icddr initiated variant surveillance

in December 2020 in collaboration with the Institute of Epidemiology, Disease Control and Research (IEDCR) and Directorate General of Health Services (DGHS).

Between 01 January and 24 March 2021, a total of 16,265 specimens were tested for Covid-19 using RT-PCR in icddr's Virology Laboratory.

Of those, 2,751 (17 percent) were positive, said the study.

The icddr scientists identified the first UK variant on 6 January 2021; however, the SARS-CoV-2 sequence database at GISAID.ORG indicated that the UK variant was already circulating in December 2020 in the country.

"The UK variant gradually increased over time until the second week of March 2021, with the highest positivity rate [52 percent]," it said.

Considering the recent resurgence of Covid-19, everyone should follow the standard mitigation measures including wearing masks properly, washing hands, maintaining physical distance, and avoiding gatherings regardless of the previous infections, vaccination, or new variants, the study suggested.

It also stressed that all need to abide by the restrictions recently announced by the government.

The SA variant, known as the 501.V2 variant, was identified by South African researchers and details have been sent to the World Health Organization in December last year.

Frontliners yet to get it

FROM PAGE 1

president of Swadhinata Chikitsak Parishad, a pro-Amami League doctors' organisation, told The Daily Star.

He said, "It is unacceptable that only the healthcare professionals will have to take all the responsibilities, not the health ministry."

Arsalan, also a member of the National Technical Advisory Committee on Covid-19, said at least the government should arrange quarantine facilities for the healthcare professionals, otherwise they will be hampered severely.

According to the government circular, a doctor will receive a daily allowance of Tk 2,000 for 15 days a month in the capital whereas the allowance for a nurse is Tk 1,200 per day and Tk 800 per day for other healthcare professionals.

Doctors outside the capital will get Tk 1,800 per day, while a nurse will be entitled to Tk 1,000 per day and other hospital staffs will get Tk 650 per day.

The healthcare professionals will treat patients for 15 days in a month and then go through a mandatory quarantine period for the next 15 days, as per the Covid-19 guidelines.

Ever since the pandemic hit the country in March last year, many public healthcare professionals stayed at different hotels during their quarantine period.

But there was a huge hue and cry over the abnormal hotel bills and also medical professionals raising

questions about the quality of services at government-designated hotels.

Later, the government arranged a number of training centres, including the Bangladesh Institute of Administration and Management (BIAM) in Dhaka city, as accommodation facilities for the frontliners.

However, some healthcare professionals of Covid-19 dedicated public hospitals started getting special honorarium, announced by the prime minister in April last year.

The finance ministry issued a circular on July 9 in this regard. The special incentives were equivalent to two months' basic salaries for all healthcare professionals in public hospitals dedicated to Covid-19 treatment.

Md Enamul Haque, joint secretary (Budget-1,2) of the health ministry's Health Services Division, said until yesterday, they processed this special allowances for 1,800 healthcare professionals of 14 hospitals.

"The rest are in the pipeline and will be settled soon."

Asked about the daily allowance for quarantine, he said, "We sought clear opinions from the Directorate General of Health Services regarding the pending hotel bills. After settling the issue, we will process this allowance."

Contacted, ABM Khurshid Alam, director general of DGHS, said, "We have forwarded all the necessary documents related to the daily allowances to the health ministry."

Empty ICU bed hardest to find

FROM PAGE 1

high dependency unit. She had also been waiting for an ICU bed since March 30.

"We tried so hard, and got her a seat in the high dependency unit, but in the end, it didn't matter because she needed an ICU bed," said Jahangir Hossain, a relative of the deceased.

Deputy Director of DMCH Dr Alauddin Al Azad said the current situation is absolutely critical.

"Finding an empty ICU bed in DMCH is basically like finding a golden deer. A lot of critical patients who need ICU support are just waiting for their chance at life. We are not turning away any patients however -- if we cannot provide an ICU [bed], we are giving them [patients] oxygen via a high-flow nasal cannula," he said, adding that he is trying to add 14 more beds.

Visiting the Kurmitola General Hospital yesterday morning, one of the first sights was that of a skeletal, frail old woman in a pink nightgown being transferred into an ambulance.

She was frothing at the mouth, sitting in a vegetative state in a wheelchair with her head lolling over to one side. She was hooked to an oxygen cylinder but was wearing her oxygen mask upside down, meaning the oxygen was escaping through the sides of the mask. As her relatives took off the oxygen mask to transfer her to the stretcher, the frothing intensified.

"There are no ICU beds empty here. She was admitted here, but she needs

immediate ICU support. We are taking her to Rampura," said a relative.

They were so distressed with the situation that these correspondents could not get further details about the patient.

Kurmitola has 10 ICU beds and all are occupied. Medical staff inside the hospital told said the current waiting list is 29 patients -- meaning the whole ICU unit has to empty out three times over for them to be able to accommodate the backlog that accumulated till yesterday. With each passing day, the waiting list could only be expected to increase.

The total number of empty ICU beds at Kurmitola has stood at a grand total of zero since April 1, according to statistics from the DGHS.

Faced with this reality, Asaduzzaman sat under a tree and was busy on his phone, desperately trying to manage an ICU bed for his brother, who was inside the Kurmitola hospital.

"More than 48 percent of his lungs are shot. I need an ICU bed desperately but this hospital's ICU unit has been full for days. How is this possible that I will only get an ICU bed when someone dies?" he asked.

As he and his relatives called one hospital after another, they were met with rejection everywhere. He took out a large wad of cash, handed it to a relative and instructed him to go to hospitals across the city and try and book a seat.

Hours into the ordeal, he finally got a seat at Hi-Care General Hospital Ltd.

Have we learnt any lesson?

FROM PAGE 1

When the deadly virus was raging thought the country last year, Prime Minister Sheikh Hasina on June 2 ordered setting up of ICUs in every district hospitals.

Nine months have gone by but the Directorate General of Health Services (DGHS) could neither finish the job nor say when it would be done.

Similarly slow is the progress of setting up high-flow oxygen support at public hospitals.

When a serious Covid patient is gasping for air and his or her oxygen saturation level is tumbling, availability of high-flow oxygen support could be a question of life or death.

But the DGHS could ensure 178 high-flow nasal cannulas in 10 Dhaka hospitals, which is inadequate to say the least given the rising number of coronavirus cases.

The situation in the rest of the country causes concern. There are only 720 high-flow nasal cannulas in government and private hospitals dedicated to Covid-19 patients.

The progress of setting up a central oxygen supply system, required for high-flow nasal cannulas to work, in the hospitals across the country is also dismal.

In June last year, the DGHS took

up multiple projects to install central oxygen supply systems in 124 hospitals in the country. But only 59 of them got the system so far.

All these bring us to the question: in the absence of ICU facilities in a district, where would a family with a critical patient turn to? Will Dhaka be the ultimate destination for critical patients? Would they have the time or the money to move the patient?

It seems Bangladesh has a health crisis in the making. With an exponential rise in infections, the public healthcare facilities are on the verge of being overrun as most Covid-19 dedicated hospitals in Dhaka are at capacity, in terms of ICU and general beds.

We are seeing families running from one hospital to another with critical patients after being turned away by hospitals.

This was not supposed to be. The pandemic allowed us the time to take stock of the work that remained, and tie up loose ends, which we failed to do properly.

Over the last one year, the pandemic delivered an unprecedented blow to the economy and took at least 9,447 lives. It exposed the systematic ills plaguing our fragile healthcare system and brought to the fore many issues that we've long known existed, like healthcare

disparities and poor investments.

It makes us wonder what lessons the healthcare authorities had learnt over the last one year. What measures had they taken to prepare for the healthcare emergency we are staring at now?

The aforementioned crises of ICU beds and oxygen supply are glaring examples of how slow the authorities had been to get a move on and be ready.

Had the healthcare authorities addressed some crucial issues, we might not have had to see the helplessness of families with critical patients seeking life-saving services.

Amid such a crisis, Health Minister Zahid Maleque's comment invokes despair and frustration at the same time.

He said if the infections keep rising as they have been, it would not be possible to treat everyone even if entire the Dhaka city was turned into a hospital.

Does it mean that we should stop building capacity for healthcare, ICU, central oxygen system that are required to fight the new surge?

The situation may look bleak but perhaps time has not run out. May be we can turn the tide, follow scientific methods, give our healthcare system due priority, give it proper budgetary allocation, and ensure good governance and management.

Mamunul

FROM PAGE 1

Prime Minister Narendra Modi on the occasion of the golden jubilee of Bangladesh's independence.

He was later released. In another development, Rab yesterday arrested a BNP leader from his house in Mijmiji area of Narayanganj's Siddhirganj in a case filed over vandalism and arson attack on vehicles in the district on March 28 when Hefajat enforced a daylong strike.

The arrestee is Iqbal Hossain, 42, councilor of Narayanganj City Corporation ward-2 and a member of the district's BNP convening committee.

Nine cases were filed with Rugganj and Siddhirganj police stations after Hefajat carried out a rampage on March 28 in Narayanganj. Several local leaders and activists of the BNP and the Jamaat-e-Islami were accused in the cases.

ASP Jasim Uddin Chowdhury of Rab-11 said Iqbal was among the accused in one of the cases.

THE CASE BY THE JOURNO

The journalist who filed the case yesterday was assaulted by Hefajat supporters.

Habibur Rahman, 40, Sonargaon correspondent of private television channel Channel S, alleged that Hefajat men also vandalised his house early Tuesday.

Md Zayedul Alam, superintendent of police in Narayanganj, said the journalist, in the case statement, said Mamunul and a woman were confined at the resort by some locals on April 3.

As the news spread, some journalists rushed to the spot, went live on Facebook and asked the Hefajat leader different questions, the statement said.

Later, several Hefajat men alleged that Habibur had grabbed Mamunul by his beard. Since then, Hefajat men had been intimidating the journalist, said the statement.

In the early hours of Tuesday, while the journalist was sleeping at his home in Bhatirchar village, Hefajat leaders and activists attacked the house, dragged him out and asked him to apologise to Mamunul on Facebook Live. As Habibur refused to do so, he was beaten up, the complaint read.

Police arrested a Hefajat activist named Md Mostafa, 40, over vandalism at the resort.

In another development, Awami League General Secretary Obaidul Quader yesterday said Hefajat was continuously causing mayhem in different parts of the country and it had crossed "all levels of tolerance".

At a press conference at his residence in the capital, Quader, also the road transport and bridges minister, said the patience of the country had a limit and exceeding it would bring Hefajat dire consequences.

AL Joint Secretary Mahbul Alam Hanif yesterday visited party leaders and activists houses, which were attacked by Hefajat supporters in Sonargaon.

He said those who were creating anarchy in the name of religion should be brought to book.

Instructing the aggrieved leaders and activists to file cases, Hanif said that the miscreants of Hefajat, BNP and Jamaat, who committed vandalism and arson attacks, should be identified and sued.

BCL LEADER 'HARRASED'

In Sylhet, a Chhatra League leader of Dhaka University was allegedly harassed by many locals of Jayasree union of Sunamganj's Dharmapasha on Tuesday afternoon in police presence over a Facebook post criticising Hefajat-e-Islam.

The BCL leader, Afzal Khan, 24, a Master's student of the department of social welfare, is a deputy secretary for the DU BCL international affairs unit.

He alleged that union AL General Secretary Abul Hashem Alam's son Al Muzahid led a mob to harass him. They held him inside the union AL office for around two hours and kept harassing him even after police arrived.

Police handcuffed him while taking him to the local police station, he alleged.

Muzahid denied the allegations.

In a statement yesterday, Dhaka University unit of BCL President Sanjit Chandra Das and General Secretary Saddam Hossain condemned the incident and demanded that everyone involved be punished.

Mizanur Rahman, superintendent of Sunamganj Police, said, "Being informed by the DU BCL president, a police team rushed to the spot and rescued him [Afzal]. We're investigating the incident."

Police sources said SI Jahirul Islam and ASI Anwar Hossain were closed to Police Lines following the incident. SP Mizanur declined to make any comment in this regard.

No meeting

FROM PAGE 1

all mosques, and everyone must wear a facemask. Social distancing must be ensured during prayers.

People should go to mosques after performing ablutions and offering Sunnah prayers at home, it said.

The circular further said the entire mosque should be cleaned with disinfectants before prayers, and every worshipper should bring a prayer mat with him.

Children, the elderly and those attending the sick should refrain from saying prayers in congregation, mentioned the circular.

Khatibs, imams and members of mosque management committees have been asked to implement these directives.

The administration and law enforcement agencies will take action against violators of the directives, it added.