

Low ADP spending by health authorities

Govt must reverse this trend and improve Covid-19 services

IT'S hard to justify, especially in a pandemic year, the consistently abysmal performance of the health sector. The latest indicator of this is a revelation about the low Annual Development Programme (ADP) spending by the Health Services Division (HSD). In a report released by the Implementation Monitoring and Evaluation Division of the Planning Ministry—which tracked the status of ADP spending by different ministries and divisions—the health division cut a frustrating figure, unsurprisingly, one may add, as it utilised only 21 percent of its ADP allocations in the nine months of FY 2020-2021. This is some 20 percent less than the average ADP spending (of 41 percent) by other divisions and ministries over the same time period.

According to *The Daily Star*, in these nine months, the Health Services Division managed to spend only Tk 2,515.54 crore of its total ADP allocation of Tk 11,979.34 crore, making it one of the poorest performing divisions in terms of ADP implementation. The lack of spending suggests a lack of initiative which is totally unacceptable during a pandemic, which has led to increased spending on health services around the world. Bangladesh seems to be walking in the opposite direction. Evidently, it's not spending as much as it should, or as efficiently, as the lacklustre performance of its many health infrastructure projects would show.

The disclosure of the extremely low ADP spending on health, that too in the middle of a health emergency, is a painful reminder of the lack of vision, efficiency, accountability and transparency that has generally characterised the government's Covid-19 response since its outbreak earlier last year. Even now, when the country is suffering from an unprecedented surge in Covid-19 infections and deaths, the government is failing to shake off its laissez-faire attitude to crisis management. Covid-19 patients across the country are struggling to access treatment. People are running around in search of basic health services and facilities. The ill-planned and ill-executed nationwide lockdown has added a new dimension to their sufferings, not to mention the poor and marginalised groups who suddenly found their source of livelihood cut off, leading to immeasurable hardships.

This cannot go on any longer. The government must shed its business-as-usual approach to Covid-19 containment by allowing expert opinion—rather than politico-bureaucratic interest—to guide its policies and initiatives. And it must increase spending on building or procuring necessary health infrastructure and equipment to lessen people's sufferings in accessing proper healthcare. The Health Services Division has a big responsibility here, and it must deliver or be held accountable for its failures. We hope that the importance of increasing health spending will also be reflected in the upcoming national budget.

DNCC Covid-19 hospital a timely move

Govt has to ensure its proper functioning

WE are relieved to know about the government's latest initiative to turn Dhaka North City Corporation's (DNCC) kitchen market in Mohakhali into a makeshift hospital dedicated to Covid-19 treatment. With both death and the infection rates due to Covid-19 breaking all the previous records and creating new ones (a record 112 people died yesterday), this is a commendable step. As many families are struggling to find treatment facilities for their Covid-19 infected members, this hospital will help in mitigating the ongoing healthcare crisis to a great extent.

According to a report published by *The Daily Star* yesterday, the DNCC Covid-19 hospital is at present the largest of its kind. There are 50 ICU beds, 50 emergency beds and 150 general beds available here right now, which will be increased to 112, 100 and 250, respectively, in the coming days. Adequate oxygen supply has also been ensured, and the hospital will also host 540 isolated high-care rooms for Covid-19 patients. A large number of healthcare professionals and administrative staff have been assigned for uninterrupted service at this hospital, including 130 doctors, 200 nurses, 300 other staff and 100 army personnel.

The announcement to set up this hospital was made by the health minister on March 31 of this year. The swift implementation of such an ambitious project within just two and a half weeks proves that given the situation, the government can be quite efficient and capable in meeting the challenges faced by it, which in the present circumstances is the continuous surge in Covid-19 casualties. It is unfortunate that another healthcare facility with a much bigger capacity, set up by the health ministry on the open space of the International Convention City Bashundhara (ICCB) on May 17, 2020, equipped with 2,031 general beds and 71 ICU beds, was shut down within just four months of its inauguration. The government cited "lack of patients" as the reason. Needless to say that had the ICCB hospital been in operation during the present second wave, many critical Covid-19 patients would have received the urgent treatment they needed there.

The respective authorities have to ensure that the same fate does not befall the DNCC hospital and that it functions properly, with enough supplies of both manpower and healthcare equipment. Also, as the current Covid-19 situation is not showing any sign of subsiding with more virulent variants leading to severe health complications and deaths, the government has to take further steps to establish a few specialised healthcare facilities dedicated solely for Covid-related treatment in other districts too, where healthcare facilities in general are grossly inadequate, to prevent further loss of lives.

Can we prevent a potential collapse of the current education system?

Immediate policy action and financial support is the requirement of the day



MANZOOR AHMED

THE second wave of the pandemic has crashed onto Bangladesh and other countries, including India, after a downturn earlier in the year, dashing the hope for a waning of the pandemic. The

shock has revived deep anxieties about protecting life and livelihood. The budget discussion so far focuses on expanding economic activities and funding the health sector. Mostly left out from the discussion is the plight of 40 million students, a quarter of the population, who have by now lost 13 months of their educational life. They need help to recover their loss in learning and overcoming social and emotional trauma.

In a consultation with Finance Minister AHM Mustafa Kamal on April 11, the Bangladesh Economic Association President Abul Barakat proposed a Taka 14,000 trillion (14 lakh crore) "alternative" budget, about two and a half times of the current year budget, to free the country from the pandemic impact and recast the economy to build an equitable society in the spirit of our liberation. The proposal urges large investments in health, education, technology and other employment producing plans. The resources for these investments are to be found by targeting those who have amassed phenomenal wealth from illegal and corrupt exploitation of the economy.

As reported in the press, the Finance

not an item of discourse.

A public webinar was hosted by the Center for Policy Dialogue (CPD) on April 12 on tackling the second wave of the pandemic. The invited speakers appropriately spoke about necessary moves regarding protection from the galloping spread of infection, the hospital bed and ICU shortages, the efficacy of lockdown and ensuring a square meal for the families of workers surviving on

under government management or financially supported by the government. The proportions vary by stages, but more than half of the students in early childhood education, technical and vocational education and training (TVET), madrasas and tertiary level are enrolled in institutions not financed by the government.

Private institutions, now mostly cut off from their income source, are in

which will remain unspent due to the pandemic. A substantial amount needs to be allocated to support primary and secondary schools to carry out their recovery plan. Schools not covered by monthly pay order (MPO) support should also be assisted, since as many as half of the school-going students are in non-government institutions of various kinds.

The approach for funding support to institutions should be based on the



PHOTO: STAR FILE

What will be the consequences for overall education services in the country and what can be done by way of government policy and financial support to prevent a large part of the education services disappearing? This must be a concern for the policymakers.

Minister refrained from commenting on the proposed structural reform in the economy. Expressing his views, he said that the health sector would receive priority in the new budget. Continuation of the stimulus for economic activities and safety net relief offered in the current year will be major items in the next budget. He said expansion of incentives for new areas of economic activities was supported by the economists. The economists' suggestions would be looked at by his team and the Prime Minister would provide guidance in making the ultimate decisions. Apparently, the collapse of the education system and its budgetary and other implications were

their day's earnings. A large proportion of the 40 million students, who belong to the families at risk of losing their daily sustenance, did not figure in the discussion.

Experts on the viral pandemic predict a flattening of the infection curve when herd immunity is achieved through vaccination or infection or a combination of both. This may take a year or longer, depending on the pace of vaccination coverage, government measures to prevent spread of infection and the people's response to these steps. The World Bank has projected that vaccination coverage in Bangladesh will not reach 70 percent before the end of 2022, which is likely to generate herd immunity.

The current 2020-21 budget for the education sector, prepared after the onset of the pandemic in the second quarter of 2020, was a pedestrian expenditure plan showing no recognition of the looming education threats of the pandemic. There has been no significant pandemic adjustment in later revisions of the education budget.

The response of the two ministries of education so far can be described as the minimum essential required from the education authorities. These included issuing periodic orders to extend school closure; offering distance education lessons through TV, radio and internet which did not effectively reach the large majority of students or cover much of the learning content; and cancelling public examinations and grading students based on their past records.

It must be noted that the majority of the 40 million students are served by educational services not directly

financial distress and many are likely to be shut down permanently. What will be the consequences for overall education services in the country and what can be done by way of government policy and financial support to prevent a large part of the education services disappearing? This must be a concern for the policymakers. The government must consider what to do in the budget for FY 2021-22 to prevent a potential collapse of the education system.

Education Watch, in an interim report of its study titled "Bringing schools and learning back on track", which was presented to the government on January 17, identified key action points including financing measures. The action points include safe reopening of schools in a phased manner, a learning recovery programme that extends to at least two years, its flexible and decentralised implementation that involves civil society and NGOs, and taking medium and longer term views of the actions planned. An expanded Education Watch report detailing these steps is under preparation and is expected to be released shortly.

It is clear that additional public financial support will be required for implementing the school reopening and education recovery programme. Most institutions at primary and secondary level are financially strapped and do not have the resources necessary for offering quality instruction. They will be hard-pressed to comply with the health and safety regulations and carry out the extra efforts and activities anticipated for the learning recovery programme.

About Tk 66,000 crore is in the FY2020-21 education budget, a part of

following principles. At least 10 percent of the revised Ministry of Primary and Mass Education and Ministry of Education budget for this year and the budget next year should be devoted to reopening and recovery support. At least Tk 10 crore for each of the 500 upazilas and thanas should be distributed proportionate to student numbers to support primary and secondary schools (an average of about Taka three lakh per institution each year) to carry out their recovery plan. Schools not covered by MPO support should be assisted in appropriate ways, including interest free and subsidised loans through the banking system. A major investment should be made to expand ICT-based hybrid/blended learning in every school.

At the primary level, schools receiving the modest school level improvement plan (SLIP) grants may begin their reopening and recovery with these funds, but will need further support beyond SLIP, which, in any case, does not cover all schools. An upazila working group should be involved in facilitating, approving and overseeing funding support to local institutions and monitoring its use within the overall central guidelines; the Campaign for Popular Education (CAMPE), as a national education network with member organisations in all parts of the country, can support the government in this process.

The initiatives for the budget measures for education must originate from the two ministries of education. They have to make the case, defend it and convince the decision-makers that they have the capacity and will to make good use of the funds.

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Why you should take the Covid-19 vaccine



REZAUL KARIM

THERE is a lot of discussion right now about the side effects of the Covid-19 vaccine and confusion surrounding the taking of the vaccine. However, if we dissect these discussions, we

will find that the logical conclusion is to take the vaccine in order to protect yourself and others during the pandemic.

Risk of blood clots

This is one of the most widely debated side effects of Covid-19 vaccines. Let us use an example to understand the risks. The Johnson and Johnson Covid-19 vaccines have been given to about seven million people in the United States, but the vaccine has been temporarily paused due to possible blood clots in six vaccine recipients. It is normal to have such a temporary pause. In the meantime, the US Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) will examine if blood clotting has anything to do with the vaccination. Doctors will also be informed during this time on how to treat such side effects if they potentially occur in other persons. It is expected that the FDA will soon lift the pause and reintroduce the vaccine to the public.

But most importantly, if someone becomes seriously ill after being infected with the coronavirus, their chances of blood clots are many, many times higher. It is safe to say that the cases of vaccines causing blood clots are extremely rare

and even if that occurs, it is thought that about 85 percent of cases can be cured through treatment. Any widely used drug (such as paracetamol or antacids) is not 100 percent risk free. Vaccines have some side effects too, which is normal and acceptable. Covid-19 is killing 10,000 to 12,000 people every day around the world. Now, think how extremely rare the chances are, if there are any, of blood clots forming from Covid-19 vaccination

two-dose vaccine develops only partial immunity, so do not neglect to take the second dose of the vaccine. Because the immune system is not completely functional with the first dose of the vaccine, it is important to follow perfectly the protective measures even after the first dose. Immunity will be complete within two to three weeks of the second dose of vaccine. Therefore, the second dose cannot be omitted in any way.



PHOTO: COLLECTED

versus how many people are dying from Covid-19 each day. No doubt, the benefits of the approved Covid-19 vaccines far outweigh the risks, and that is why the European Medicines Agency and WHO are constantly advocating that people take the vaccine.

Can vaccinated people get infected, and why is the second dose so critical? People are also worried about the fact that a minority of vaccinated individuals are still being infected with the coronavirus even after taking the Covid-19 vaccine. This is because taking the first dose of a

Can people who have fully completed the vaccine dose become infected with the coronavirus? The answer is that it is very unlikely, because if the coronavirus enters the body, the immune system will be activated very quickly in those vaccinated individuals and will kill the virus and keep us free from the disease.

However, new variants of the coronavirus are being found around the globe, which is also a normal process. If the vaccine is made using the old variant of coronavirus, the effectiveness of the vaccine against the new variant of the virus might be reduced, so a

Even if someone who has been vaccinated becomes positive for coronavirus, the person will develop mild to moderate symptoms.

small number of people who have been vaccinated (with both doses complete) may still be infected with the new variant of coronavirus. But the most important thing is that even if someone who has been vaccinated becomes positive for coronavirus, the person will develop mild to moderate symptoms as the vaccine will give protection. As a result, that person is highly unlikely to require hospitalisation.

Why safe and effective Covid-19 vaccine should be taken

In sum, the possibility of blood clots as a result of the vaccine is extremely low. Even if a person is infected with a new variant of the coronavirus after receiving the vaccine, he or she will develop mild to moderate but not severe versions of the disease because vaccine-induced immunity will give protection, and he or she will not need to be hospitalised. There is no more effective way to eradicate viral diseases than vaccines. For example, smallpox has been eradicated from the world and polio has been eradicated from Bangladesh—both were made possible due to vaccines. Vaccines are one of the most invaluable gifts of science and we should not squander this opportunity.

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