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Mental health issues haunting healthcare workers

Is anyone thinking about their physical and mental wellbeing?

RECENT studies have revealed the woeful state of the mental health of our country's healthcare professionals amidst a raging pandemic. Over the last year, doctors and nurses across the country have firmly stood beside the virus-stricken patients at the risk of losing their own lives, and they continue to do so. But this has taken an immense physical and mental toll on many of them which must be addressed. Of the 358 doctors surveyed as part of a recent study, 78.5 percent reported experiencing stress, sadness, sleep disorders, low concentration and self-confidence, and/or difficulty in performing daily activities. Another study has surveyed 547 nurses—of them, more than half were reported to have mild to extremely severe depression and anxiety, and 61.9 percent said they were suffering from "mild to severe psychological impact" due to Covid-19.

Since the outbreak of the pandemic last year, we have lost 154 doctors and 23 nurses to Covid-19, and a total of 5,478 doctors and nurses have been infected, according to Bangladesh Medical Association. It is no surprise that these studies revealed how healthcare professionals are suffering from exhaustion, depression, anxiety, sleep disorders and more due to their inhumanly long working hours, the stress of treating critical patients, and the helplessness they feel when they cannot save many of them. The dip in infection rates at the beginning of this year only brought momentary relief as the situation got worse in the subsequent weeks.

It is extremely disappointing that over 10 months have passed since the government announced a daily quarantine allowance for frontline healthcare workers, and that is yet to be received by any doctor, nurse, or caregiver. These individuals are literally risking it all to save us from a deadly virus. Surely, they deserve some recognition from the government and the people? There is an unfair tendency to take the service of doctors and nurses for granted, to brush off their hardship as being "part of the job". But this pandemic has overwhelmed our healthcare system and many healthcare workers have had to go beyond their call of duty to help save lives.

It is the people's responsibility to stay safe from the virus by practising health guidelines adamantly and by being open about their symptoms with doctors. But the government must ensure that these professionals are duly compensated (in every way possible) for their dedicated and much-needed service. The pandemic has revealed that we need more doctors and nurses as well as counselling facilities for those who are overwhelmed by the demands of treating Covid-19 patients. The policymakers must start taking steps to address these crucial issues, which, if left unaddressed, will further weaken our health sector. We must take care of those who are risking their lives to try to save ours.

Vaccines must be recognised as a global public good

The only way to overcome the pandemic is through international cooperation

FOLLOWING a video conference, the foreign ministers of six countries including Bangladesh, China, Afghanistan, Pakistan, Sri Lanka and Nepal issued a joint statement on April 28 expressing their desire to work closely in various regional initiatives to defeat Covid-19. The six countries also declared that vaccines should be distributed in accordance with the principles of equity and justice, opposing the idea of vaccine nationalism. We are pleased with the direction these countries are willing to take. Every country in the world has suffered heavily due to the pandemic, and by now it is obvious that the only way to overcome the disease is through cooperation.

The recent explosion of Covid-19 cases and deaths in India is a prime example of how the disease can create chaos and misery throughout any country at any time, until it is defeated across the world completely. As long as other countries are suffering from the disease, there is always the risk that the virus can re-enter our borders—and more deadly mutations of the virus at that—and that holds true for every country. The fact that these six countries have recognised this is a good first step towards mutual cooperation that is so desperately needed at this hour.

China also said that it is willing to work on making the vaccine a global public good and carry out continued vaccine cooperation with the participating countries in a flexible manner. Following the export ban on vaccines by India, Bangladesh suffered a lot of uncertainty, and the Bangladesh government has already decided to import the vaccine developed by China to cover the shortage. To ensure that the vaccine reaches people quickly, it may be prudent for the government to work with the Chinese to develop the vaccine locally for faster production and distribution.

We hope that other countries around the world will also quickly recognise the importance of mutual cooperation to overcome this pandemic once and for all. To that end, recognising the vaccine as a global public good would be a massive step in the right direction.

No Scope for Complacency

Lessons from India's devastating Covid-19 experience

THE THIRD VIEW

MAHFUZ ANAM

WHEN Bangladesh was first hit by Covid-19 in March/April last year, we all thought that we would be seeing the end of it soon, at most by the year's end. One year down the line, we are rather worse off, not only for the lack of efficient management of the disease but also because of more deadly and virulent variants of the virus which are causing the second wave. This time around, we may be better prepared with more science-based knowledge but so is the virus—armed with various mutations—to penetrate our immune system. It is almost like a war of wits being waged between human ingenuity and the devilish disease, and the battle scene, for the time being, does not look good.

The lessons from India are many, with the principal one being not to get caught up in one's own words of self-congratulation—India does not have a monopoly on that score—and thus be lulled into a false sense of security which can lead to, as they say in sports, "taking the eye off the ball". Ankita Mukhopadhyay, in an article for Deutsche Welle (DW) on April 23, wrote that "despite having time to prepare, the Indian government focused on denial". While India held political rallies, election campaigns, and religious festivals, its daily infection rate went up from around 10,000 per day in February to above 300,000 per day in April. Such unpreparedness is most unbecoming for a country wanting to be a bigger player than a regional power.

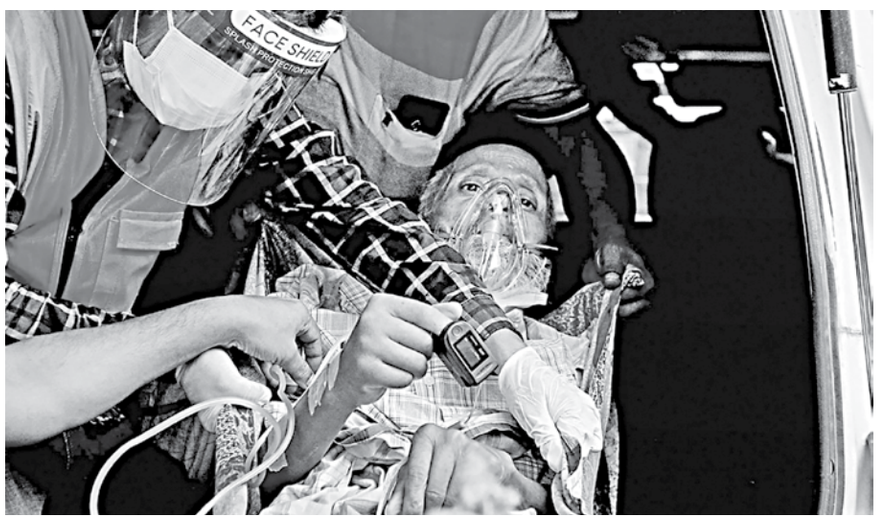
The disaster that hit India - for which we express our deepest sympathy and sorrow and hope and wish that the people and government of India recovers from this nightmare at the earliest - has taken its neighbours by surprise. India has long been the natural destination for advanced healthcare treatment for many in South Asia. For that country to suddenly be in such a state of disarray, and to be unable to provide its own people with rudimentary facilities like oxygen, and for its hospitals—some of them quite renowned—to have to refuse treatment to critically ill patients, which literally amounted to pushing them to their death... all this seems quite surreal. The all-round collapse of the Indian health infrastructure has significantly taken the sheen off India's development narrative.

Keeping India aside, how prepared are we for the second wave? God forbid if that wave brings in either the UK or the Indian "double mutant" variant into play, then we really have a challenge in our hands. According to a report by *The New York Times*, "Doctors, the public and the media are citing anecdotal—but inconclusive—evidence to suggest that a homegrown variant called B.1.617 is driving the country's worsening outbreak. But researchers outside of India say the limited data so far suggests instead that a better-known variant, B.1.1.7., that walloped Britain late last year may be a more considerable factor."

Be it the UK or the Indian variant, it is proving to be highly virulent for the people, in many cases deteriorating into a critical stage within days if not hours of the infection. The danger is both clear and present.

So far, we have detected Brazilian, Nigerian, UK and South African variants in Bangladesh, of which the last is the most widespread. The presence of others is comparatively limited. The South African strain is known to be among the super-spreaders but is considered slightly less dangerous than the Indian variety. As is evident, so far we have been able to keep the second wave within manageable limits. But for how long, is an open question.

Our vaccine rollout, which began excellently, has suddenly stumbled due to the unexpected crisis in India. The Serum Institute of India has declined to supply us the contracted 30 million jabs after giving us only seven million at the urging of the Indian government,



Motiur Rahman, a 68-year-old Covid-19 patient, is being brought to Dhaka Medical College Hospital on April 28, 2021 by his family members who said they could not afford the treatment costs at a private facility. PHOTO: ANISUR RAHMAN

in spite of the fact that we have made advance payment. While India's domestic crisis is, of course, a factor to consider, yet there is a legal obligation to honour international contracts. We will expect the vaccine supply to be restored within the shortest time possible. Meanwhile, we have opened urgent negotiations with both China and Russia for a supply of their respective vaccines and we should credit our government for the quick expansion of vaccine sourcing, although it should be noted that we missed earlier opportunities when China had offered to conduct a third-phase trial of its vaccine—an offer we declined on cost-sharing grounds. A behind-the-scenes machination operated to sustain the monopoly of sourcing and prevent the government from expanding its vaccine options. Though late, we have now expanded our sourcing and given an emergency go-ahead to both the Chinese and the Russians.

Our attempts at ensuring public mask-wearing and social distancing have so far been a disaster. Basically unplanned, followed by half-hearted implementation and run by totally confusing and nonsensical directives, the lockdown as we have seen in Dhaka city so far did very little to mitigate the health concerns. Instead, it drastically affected the livelihood of the poor. First we had a lockdown, followed by a stricter version of it, and finally another stricter version where shopping malls are being allowed to open. What a farce! How can lockdown and mall opening go together?

The justification was obviously to appease the retail traders and shopkeepers. It is well-known that 60-70 percent of retail businesses in some items occur during the Eid festivals. However, it turned the lockdown into an effort devoid of any seriousness. From the looks of traffic jams, public gatherings and the general scepticism about the efficacy of mask wearing and social distancing, it is quite possible that a spike in infection rate with all its heart-rending consequences may occur anytime soon.

As preparations for the second wave, according to experts, we need to urgently attend to two things: increase the availability of oxygen, and expeditiously expand human resources in our health sector.

As for increasing our supply of oxygen, the Indian experience should leave no doubt in the minds of our policymakers as to how urgent and crucial a task this is. The current demand for medical oxygen is around 160 tons per day which we are able to meet, but only just. Any sudden spike in demand will instantly and drastically change the scene and a Delhi-like situation is not beyond the realm of possibility. Setting up new plants will take a year to become operational. So expanding the existing production capacity is the only practical option which, those who are familiar with the situation say, we easily can do. For that to happen, however, the government needs to urgently engage with the producers and help out with both credit and policy assistance so that they can increase their production capacities in the shortest time possible. Not creating the extra capacity for oxygen production on an emergency basis would amount to a criminal negligence of public responsibility.

The second and more complicated task is that of expanding our human resource in the health sector, by hiring more doctors, nurses and technicians and training them for the specialised task of Covid-19 treatment. In addition, we need a more scientific deployment plan for these frontline workers with time for adequate rest and relaxation embedded in their working hours. Treating Covid-19 patients continuously and seeing critical patients suffer and die frequently can create emotional and psychological strains resulting in trauma. Frontline health workers must be given adequate assistance in this regard. As of April 29, a total of 154 doctors and 23 nurses have died, and a total of 2,911 doctors and 2,567 nurses have been infected while saving the rest of us. In addition, 78.5 percent of doctors and 61.9 percent of nurses suffered from mental health related issues during the whole period of the pandemic, according to the Acta Scientific Neurology journal (See *The Daily Star*'s lead story on Thursday).

While Dhaka and Chattogram are somewhat served, adequate and functional ICUs remain a crying need in the district headquarters and the smaller towns.

All in all, government efforts notwithstanding, we have been extraordinarily lucky as far as the pandemic is concerned. Some unknown factor has worked in our favour in keeping our infection and death rates comparatively low, although for the families that have lost their loved ones, the loss is incomparable.

To expect that we will be lucky for a second time is nothing short of foolish and irresponsible. We need to be far better prepared than in the past. The way our health ministry functioned in the last one year—being able to spend only 20 percent of its allocated budget for the current financial year—clearly shows that drastic changes are needed in the health sector both in terms of personnel and mindset. A shocking reality about the mindset is exemplified by the fact that not a single taka out of the Tk 100 crore allocation to the health ministry for research on the Covid situation was spent. The reason given is that the officials could not agree on a research methodology. Why do the officials need to meddle here? Give it to the professional researchers and they will determine the methodology. But, of course, our all-knowing bureaucracy could not let some academic tell them how to do research.

For God's sake, whatever else we do, let us not fall into that dangerous trap of complacency that we are "prepared" to handle a sudden worsening of our Covid-19 situation. We are NOT. Let us face that fact and work accordingly. The sad truth is, when governments make mistakes, only the poor and the destitute suffer. Others suffer too but not in the same devastating way. The rich always find a way out. Hence governments, beholden to the rich, do not mend their ways.

Mahfuz Anam is Editor and Publisher, *The Daily Star*.

PROJECT SYNDICATE

Measuring What Matters

MAXWELL GOMERA

AS many as 150 million people globally, roughly the combined population of Canada, France, and the United Kingdom, may have fallen into pandemic-induced extreme poverty over the past year. Partly as a result, governments are currently pumping unprecedented amounts of money into their Covid-19 response, spending over USD 14.6 trillion on rescue and stimulus measures in 2020 alone.

But a recent report by the United Nations Environment Programme and the University of Oxford indicates that only 18 percent of current recovery investments can be considered "green." That's a problem.

As governments prime the pumps of economic recovery, they must change the yardsticks by which they measure human progress and welfare. Otherwise, their investments risk further fuelling the inequalities and environmental destruction that prepared the ground for the Covid-19 pandemic.

Environmental degradation and increasing contact between wildlife and humans enabled SARS-CoV-2, the virus that causes Covid-19, to jump from animals to people. And the conditions the virus encountered—shaped by vast social inequities—enabled it to erupt into a pandemic with devastating health, social, and economic consequences.

Even in countries that have stated their intention to address both environmental destruction and inequality, rescue packages are dominated by spending that supports unsustainable pre-pandemic economic activities. These misguided investments reinforce the conditions that got us here in the first place.

For example, countries such as India, Canada, South Africa, and China have set aside funding for green recoveries but are simultaneously propping up their fossil-fuel industries. While China has put forward an ambitious green recovery plan, construction of coal plants in its provinces surged in the first half of 2020.

South Africa has earmarked USD 3.5 billion of investment in three new energy projects that will ostensibly "reduce the use of diesel-based peaking electrical generators." But the state-owned electric utility, Eskom, previously built the world's third- and fourth-largest coal-fired power plants. The industrial region around Middelburg, with a population of 4.7 million, includes 12 coal-fired power plants and a huge refinery that produces liquid petroleum from coal. This facility generates more greenhouse-gas emissions annually than entire countries such as Norway and Portugal. Respiratory diseases in the region likely cause more than 300 premature deaths per year.

Only 18 percent of the current recovery investments can be considered "green". PHOTO: COLLECTED

Other unsustainable activities—such as destroying forests, ploughing and paving grasslands, and polluting fresh water—continue unabated. These natural resources sustain billions of people. They account for 47 percent of the rural poor's household incomes in India, nearly 75 percent in Indonesia, and 89 percent in Brazil's northern Amazon. Over 70 percent of people in Sub-Saharan Africa depend on forests and woodlands for their livelihoods.

To correct our course, we must change the way we measure human development and social progress. Without the right signposts, we will be unable to achieve the transformation our economies and societies must undergo to ensure our survival. National gross domestic product, the most widely used economic-development measure, is useful and provides a great deal of information closely related to human welfare. But it offers no guidance regarding how to avoid unsustainable and unequal outcomes.

Fortunately, as countries plan their post-pandemic recovery expenditures, they can consider a new tool: the Planetary-Pressures Adjusted Human Development Index (PHDI), developed by the United Nations Development Programme and its partners.

The PHDI is a gauge of human progress that accounts for poverty, inequality, and planetary strains. It measures not only a country's health, education, and living standards, but also its carbon dioxide emissions and material footprint. The resulting index gives policymakers an indication of how development priorities would change if the well-being of both people *and* the planet were central to defining humanity's progress.

Using this approach, more than 50 countries drop out of the very high human development group based on UNDP's standard Human Development Index, while countries like Costa Rica, Moldova, and Panama rise at least 30 places. Planning that conserves nature would improve the well-being of billions of people.

Some might argue that GDP is a well-established universal yardstick, and that the PHDI is too complicated for countries facing urgent and competing development priorities. But the new index enables us to identify and measure the sustainability problem, and offers a clear alternative to relying on one main indicator—GDP—as a gauge of a country's progress.

Without a different approach, we risk inviting the next pandemic by widening inequities and deepening the environmental crisis. The two go hand in hand. And when disaster ultimately strikes, the best we can hope for will be timely humanitarian relief.

Instead, governments should adopt new measures to address the environmental crisis and growing inequality, and make these part of a longer-term strategy that begins now. By measuring what matters, governments will be able to deliver recovery plans that strengthen green stewardship and reduce inequities, improving the prospects for a healthier and more prosperous future for all.

Maxwell Gomera, Resident Representative of the United Nations Development Programme in Rwanda, is a senior fellow of Aspen New Voices.

(Exclusive to *The Daily Star*)