

## Drop in Covid-19 infection rates reassuring

*But there's no scope for complacency, health guidelines must be followed*

THAT the country yesterday saw the lowest number of Covid-19 deaths in a single day since March 28 is indeed good news. It is not difficult to come to the conclusion that the drop in Covid-19 cases and deaths can be attributed to the lockdown that has been enforced from April 14. Some experts suggest that when transmission slows down, the fall in infections/deaths follows suit in around two weeks. This is validated further when you look at the recent data on positivity rates: yesterday, the positivity rate was 9.89 percent (with 1,682 newly infected), whereas on March 28 (before lockdown), the positivity rate was a whopping 17.6 percent, with 3,908 new cases of infection.

While the recent drop in cases is encouraging, we must be cautious about letting our guard down prematurely, especially since a relaxation of the lockdown rules and the opening of shops and malls have attracted huge crowds of shoppers since April 25. We are yet to see what consequences the gathering of crowds will have on transmission rates and Covid-19 data over the next month or so. Multiple reports in *The Daily Star* over the past week have detailed how health and safety rules are not being followed due to the sheer number of customers in most establishments. Although mobile courts have taken steps and sporadically handed out fines to ensure that shops and shoppers follow the rules, more needs to be done in an organised manner to ensure that we do not experience another spike in Covid-19. This vigilance is especially necessary now that public buses are being allowed to operate within districts again.

Almost every country of the world has faced the trade-off between livelihoods and lockdowns during the pandemic, and Bangladesh is no different. While we are worried about increasing transmission rates, we also understand that it is not possible to close down shops and restrict public transport indefinitely. However, the people have a duty to act responsibly and adhere to health and safety guidelines, and the authorities have a duty to ensure that these guidelines are being enforced. And most importantly, the government must ensure that the people are protected against the virus by collecting vaccines from alternative sources, since the fast-depleting stock of Oxford-AstraZeneca jabs has thrown the countrywide vaccination programme into uncertainty. While it is heartening to know that five lakh doses of the Chinese Sinopharm vaccines will arrive in Dhaka on May 12, and that the government is at the final stage of signing a deal for Russia's Sputnik V vaccine, it still does not make up for the current shortfall (over 14 lakh) of the second dose of the vaccine. We hope the government is working to provide a solution to this end.

## Dhaka continues to be choked by plastic waste

*How long before the authorities take their commitments seriously?*

AT a time when the planet is being choked by pollution and experts and leaders across the world are coming together to deal with what is being called the "climate emergency" before it turns into a full-blown crisis, it is extremely disheartening to learn that Dhaka city alone produces 646 tonnes of plastic waste every single day, which is 468 tonnes more than the amount 15 years ago. This unbridled production of plastic waste is continuing despite promises from the highest levels of government to reduce pollution and ensure sustainable, green growth.

One does not have to look too hard to find the costs of this pollution on our environment, particularly our rivers. Only in March, it was announced that the cost of dredging work in the Karnaphuli River had increased by Tk 49 crore (19 percent), as workers now have to remove a thick layer of plastic waste from the riverbed. A few months earlier, dredging operations to remove silt from Barishal River Port dragged on for months due to the huge amount of polythene, plastic and other trash dumped into the water. We have been writing for years on how the Buriganga river is being choked by pollution, which includes sacksful of plastic bottles that have not only choked the river, but killed the marine life as well.

Bangladesh has made a commitment to fulfilling the Sustainable Development Goals. If we are to meet the goals of responsible consumption and production, sustainable cities and communities, climate action and others, we cannot drag our feet in addressing plastic pollution. Recently, university students and youth participated in the Plastic Circularity Innovation Challenge, and came up with innovative solutions on collection, sorting and recycling of plastics, and the use of digital technology to cope with the plastic pollution. The government must create more platforms for such innovations, take the voices of the younger generations into account and commit to ending plastic pollution in Bangladesh for good.

However, although coming up with green technology and a proper waste management system is key, the authorities will not be able to combat pollution if they continue to fail to take strict actions against the polluting industries and individuals, who are rarely, if ever, held accountable for the damage they cause to the environment.



BLOWN' IN THE WIND  
SHAMSAD MORTUZA

A breath of fresh air: the University Grants Commission (UGC) has decided to allow public universities to hold online examinations. After a virtual meeting with the vice-chancellors of 49 public universities, UGC Chairman Professor Kazi Shahidullah told the press on May 6, "We have taken the decision to allow public universities to hold their exams online, maintaining quality and international standards."

According to media reports, a draft proposal was presented before the vice-chancellors of the state-funded universities who agreed to hold online examinations. The proposal includes some suggestions and guidelines to recover from the loss caused due to the Covid-19 outbreak. These include using creative questions or assignments on shorter syllabus instead of traditional question patterns and conducting exams through electronic devices that have both audio and video features, such as computers, laptops, or smartphones. The guideline will be sent to the Ministry of Education for approval. Meanwhile, the universities have been asked to engage their academic councils to formalise the implementation of the guideline after May 24, when the universities reopen.

The meeting did not say anything about the hundred-plus private universities whose assessment process is stalled due to a UGC sanction. On March 9, the UGC "requested" all private universities not to hold any examination amid the closure of the universities till May 23. The universities were earlier permitted only to continue online classes, while suspending all examinations and laboratory activities. Exactly a year ago, on May 7, 2020, the UGC charted a list of dos and don'ts for the private universities for implementing online classes and assessments. The sudden embargo on the assessment process created considerable confusion as teachers were told to teach without any mechanism to assess what the students are learning. Students who are already in the middle of an academic semester need to have grades for their academic continuity and degree completion. Private universities take special efforts in maintaining academic

calendars and not allowing any session lag or jam to creep into their system. The toned-down requested ban on exams has now made session jam a possibility.

Conversely, the one-sided decision of the UGC, allowing one segment of higher education to resume examination with no hints of a decision about the other segment, has confused all stakeholders: educators, students, parents, and employers. Many of the private universities are coming to the end of their

examinations, many of the private university students will be market-ready for employment.

One reason as to why the public universities did not pursue online teaching/testing soon after the closure was because the universities needed to ensure that all their teachers and students have the digital devices or literacy to take full advantage of the new mode of teaching. Teachers had to be initiated to different online platforms and teaching tools. The



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academic semester. If we consider the Eid vacation, there is not much response time between now and May 23. One wonders, why would the UGC, with the mandate of overseeing both public and private universities, issue such a partial guideline?

The instruments for assessment mentioned in the UGC guideline have been followed by the private universities in the last 3-4 semesters since the closure of physical classes in March 2020. These are standard practices and tested protocols in any remote/distance learning platforms. The question is, why did the UGC delay in adopting this decision on online teaching and testing for public universities for such a long time? Why take so much time to reinvent the wheel? One can only assume that the bureaucratic engagement of the ministry and academic councils will delay the procedures even further for the public universities. By the time students of the public system will resume

issues of accessibility and affordability loomed large. There have been some incentives given by the government with free education data packages for students and mobilisation of fund for digital devices, but their efficacy has relatively remained unmet and unseen. The public system was particularly overwhelmed by the sheer number of students with which it had to deal.

In contrast, the smaller class size and the flexibility of decision-making system made the private universities embrace new technology with relative ease. Besides, they had the urgency to stay afloat as they knew that without this adoption of new technology, the entire system would have drowned. In the absence of zero finance from the government, these universities solely depend on tuition fees of their students. Failure to provide services to the students would simply mean that they would have to let their teachers go and shut down the

## Why is India struggling in its vaccination drive?

ASAD RAUF

THERE is hardly anyone left in India, including yours truly, who has not lost a loved one to the devastation wrought by the second wave of the coronavirus. Although some states are doing a relatively decent job, like Kerala, states and areas such as Delhi, Uttar Pradesh and Maharashtra are in utter chaos. Patients are dying in homes because the healthcare infrastructure has collapsed. They are dying in hospitals because hospitals are not getting oxygen supply in time. Incinerators in crematoriums are melting down because of overuse. Parking areas and animal crematoriums are being converted to makeshift human crematoriums. The stories coming out of India are mind-numbing. As one newspaper sardonically put it: India has descended into "Covid hell".

In such an apocalyptic situation, the only weapon India has is vaccines. However, with each passing day, it becomes evidently clear that India's vaccination drive has floundered as well. As of the first week of May, India administered a total of 156 million doses of vaccines. In absolute terms, these numbers look impressive, but they amount to only 2.6 percent of the population fully vaccinated with both doses. This is a far cry from the 70-80 percent required for a country to achieve herd immunity. With its current vaccination policy and administrative ineptitude, India is unlikely to achieve that number anytime soon. This is an embarrassing situation for a country that has decades of experience in mass vaccination programmes.

When this unprecedented global pandemic began, India was blessed to be in a unique position. Dubbed as the "pharmacy of the world", India is the manufacturing hub for vaccines. For instance, the vaccine developed by AstraZeneca and Oxford University was licensed to the Serum Institute of India (SII), the largest producer of vaccines in the world. SII would then have exclusive rights to manufacture and sell these vaccines in India. Additionally, Indian scientists were also able to develop an indigenous vaccine. Bharat Biotech (BB), another pharmaceutical company in India with a stellar reputation, developed its own vaccine against the virus. Although questions still remain about the hastened approval process for the BB vaccine, and

lack of peer-reviewed efficacy data even till date, there is, by and large, a consensus in the scientific community that it is a vaccine that works and is safe to use. Thus, the Modi government had the most powerful weapon to fight the pandemic handed to him in a silver platter.

Despite being in such an advantageous position, India's vaccination policy has now become an unmitigated disaster. India should ideally be vaccinating at twice or thrice the speed of what it was doing before. Appallingly, the daily vaccination rate has dipped to about

*Severe supply constraints and uncertain delivery timelines, coupled with confusion over who should buy and who would pay (state governments or centre), have crippled India's vaccination drive.*

half of what it was a few weeks ago. The question, of course, is why? There are two main reasons: supply constraints and vaccine pricing.

The main reason why India is falling behind in its vaccination drive is that there simply aren't enough vaccines. As of April, SII had a capacity to manufacture 60-70 million vaccine doses a month. BB, on the other hand, had a much lower manufacturing capacity of 12-15 million doses. To vaccinate everybody in India above the age of 18, India needs almost 2 billion doses of vaccines. It simply did not have the manufacturing capacity to produce enough vaccines to vaccinate everybody within a reasonable time frame. The Indian government knew this but did nothing to shore up production capacities.

For some inexplicable reason, the Modi

government did not see the urgency to vaccinate Indians. Even more shocking was how the government was treating other pharmaceutical companies such as Pfizer and Russia's Sputnik, who had applied for approval of their vaccines in India but were denied. The only explanation for such a hare-brained approach was that the government did not think they needed to vaccinate Indians at a mass scale. This false belief was bolstered by government-friendly "economists" and "experts" who had begun opining in leading newspapers that India had "achieved" herd immunity. Modi himself declared early this year that India had won the war against Covid. When a government begins to believe its own propaganda, the country is bound to be in trouble.

The second reason for the unravelling of India's vaccination drive was the policy with regards to vaccine pricing. Initially, the central government was the sole buyer of vaccines from both the manufacturers. When the central government first ordered vaccines, the price agreed was reasonable but at the same time allowed the vaccine manufacturers to make some profits. The central government then distributed these vaccines to the states, and some to private hospitals, who then began administering them to Indians aged 60 years and above (later reduced to 45 years) for free (or a token administration fee).

In mid-April, the central government was under pressure to appear to do something to stem the mayhem caused by the second wave. It hastily widened the vaccination drive and included anyone above the age of 18. However, there was a catch. The Centre was not going to purchase the vaccines to inoculate those below 45 years. The government allowed the two home-grown manufacturers to sell half of their manufactured products to state governments and private players at a price that the companies had the freedom to set.

The government's arguments were two-fold. First, they argued that this would give flexibility to states, as they can now directly engage with not just the two Indian vaccine producers but also foreign vaccine producers, and buy directly from them as per the state health policy. Secondly, the policy would open up the private market and engage the private healthcare infrastructure to deliver vaccines at higher prices to those who could afford to pay. This, they argued, would speed up the vaccination rate. So

campuses. Already, there are many private universities that have stopped paying full salaries or bonuses to their staff members. They are struggling as the number of students has dropped during the pandemic, affecting the financial health of these institutions. The state-funded universities, although autonomous as per the University Act 1973, do not have this added pressure of depending on the revenue from tuition fees for their survival. This allowed the public university teachers to be rather lacklustre in their approaches.

Is it possible that the UGC has just realised that the two sectors under its banner are moving at two different speed limits, and one system is leapfrogging the other? The public universities, especially the old ones, traditionally attract the pool of meritorious students as they are virtually free. The number of limited seats makes the competition in these institutions fierce, where each slot is coveted. Before the pandemic, these universities were enjoying prestige and social recognition. During the pandemic, however, the newer private universities have shown greater resolution and agility. These universities are hungry for success, because they know that they can attract better students only by being successful. They are willing to adopt technology to be global actors and partners. They are working hard to get international accreditation and rankings.

The UGC as a monitoring body is responsible for both public and private universities that are catering to 4 million students enrolled in higher education. It is the responsibility of the UGC to make sure that all these students receive the essential skill sets for a changed world where knowledge will be interdisciplinary with technology being its essence. Creating a rift within the two, or seeing them through two different lenses, will not benefit anyone. To pause one system while allowing the other to play is unfair.

One cannot help but think of the Aesop's fable "The Tortoise and the Hare". The overconfidence and the complacency of the public system allowed its counterpart to slowly find its way back in the race. The UGC, as the umpire, should ensure that the rules of the race are maintained. Circulars that are partial in nature will only create confusions, adding to the ones that we are already experiencing.

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far, the opposite has happened.

There are two problems with the government's approach. The first glitch in this model is that it operates under the assumption of no supply constraints—that any buyer could buy without impacting the prospect of others buying vaccines as and when they need. As stated earlier, the manufacturing capacity of vaccines in India is severely limited (and buying from other foreign manufacturers is a distant reality). Such severely limited supply constraints provide unfettered profiteering opportunities to the two vaccine manufacturers. True to this cause, both SII and BB quickly seized the opportunity and set exorbitantly high prices for state governments and private players. States now have to shell out from their severely limited finances and buy vaccines from manufacturers, whose price had now jumped three-fold.

The second problem is that since the government has left it to the vaccine producers to set their price, the vaccine producers have set three different prices: one for central government, one for state government and one for private players. The vaccine producers now have incentives to shift as much of their supply to private players as possible to maximise their profits. This can potentially impact the public vaccination drive as manufacturers may prioritise delivering to private participants over states. The pricing also incentivises corruption as supplies delivered to state governments can be illegally diverted to the private market to make arbitrage profits from the price differential. This is bound to increase leakages in the public vaccination programmes. Not to mention, the high price of vaccines will increase vaccine hesitancy as the price of two doses in the private market has now become higher than the average monthly income in India.

Thus, severe supply constraints and uncertain delivery timelines, coupled with confusion over who should buy and who would pay (state governments or centre), have crippled India's vaccination drive. Relying on free market principles during a pandemic is a bad idea. For what it's worth, even the citadel of capitalism, the United States of America, is not relying on free market forces to vaccinate its citizens. They are simply buying in bulk and providing it to their citizens for free.

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