

**BANGLADESH UPDATE**



**1,765**

New cases in 24hrs



**8,02,305**

Total cases



**12,660**

Deaths



**7,42,151**

Recoveries

**GLOBAL UPDATE**



**3,567,536**

Deaths



**171,591,164**

Total cases

## 41 more die, 1,765 new cases

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In 24 hours ending at 8:00am yesterday, 41 more people died from Covid-19 -- which is the highest since May 9, when 56 people breathed their last, said a press release of health directorate.

During the period, 1,765 new cases were detected against 18,250 tests -- the highest since May 6, when 1,822 people were found positive.

Compared to the population size of more than 160 million, the number of daily tests has remained stagnant around 15,000 most of the time since the Covid-19 broke out in the country on March 8 last year.

Only on April 12 this year, the daily tests rose to the highest 34,968, says the Directorate General of Health Services (DGHS).

If daily tests increase, daily cases may go up to 5,263 on June 15, while the daily case detection may hit around 9,000 by June 30, according to the projection.

Experts, however, apprehended that the country may observe the peak much earlier -- by the end of June -- due to the community transmission of the Indian variant and for not adhering to the health safety guidelines.

Proportionately, the death toll and hospital admissions will also rise, they said.

"The peak will be in mid-July with daily cases up to 10,000. If the government's test capacity stands as it is, we will not be able to detect so many cases," Shafiqur Shimul, an associate professor of health economics at Dhaka University, who leads the projection team, told The Daily Star yesterday.

The other team members are: Mofakhar Hussain of the University of Toronto, Abu Jamil Faisal, member of the public health and epidemiology committee of the DGHS, Prof Syed

Abdul Hamid and Prof Nasrin Sultana of Dhaka University, and Abdul Kuddus of James Cook University, Australia.

"As the Indian variant is highly transmissible and infects the young people mostly, I think we will observe the peak much earlier -- may be by late June," Abu Jamil Faisal told this correspondent.

He said there is no alternative to enforcing strict lockdown in the districts with higher positivity rate immediately.

On March 8 last year, the health directorate reported the first three cases of Covid-19 in the country. Since then, the country observed the first peak during June and July last year and the second one during November and December.

During January and February, the daily Covid-19 cases and the death toll from the viral disease decreased to the lowest since the first peak. That time, the positivity rate was below 5 percent for around two months.

But from the second week of March this year, the transmission started rising again, marking the second wave of Covid-19 due to lax enforcement of health safety guidelines. This time, the daily number of new cases surged to the all-time highest -- 7,626 -- on April 7 and so the number of deaths to 112 on April 19.

To curb the transmission, the government imposed partial movement restriction from April 5 for a week, which was later extended several times and is scheduled to end on June 6.

Prof Mushtaq Hussain, consultant of the Institute of Epidemiology, Disease Control and Research (IEDCR), told this paper, "As the movement restriction has become eased in reality, there is a chance for spike of Covid-19 cases. In this context, we need to increase the number of tests and isolation cases."



A big chunk of earth along Dhaka-Tangail highway was eroded by rain water yesterday, making this part of the road risky. The photo was taken in Ashekpur Bypass area of Tangail.

PHOTO: STAR

## Underequipped for Covid surge

FROM PAGE 1

complex received 130 N95 masks last year and that was it.

In neighbouring Kaliganj Upazila Health Complex, Store Keeper Srikanta Das had a similar sorry tale. "We have 10 oxygen cylinders but we have to send them to Jashore. They don't get filled immediately -- we leave it and then go pick it up at a later date."

The upazila health complex, which also serves a locality that is separated from India by just the Ichamati river is facing an impending crisis with just 2 doctors -- which makes the roster system impossible.

According to the government guidelines, facilities are supposed to keep a healthcare provider on duty for a fortnight before following up with a quarantine period of a fortnight.

With the current manpower, this very crucial hospital can barely cover all three of the daily shifts.

Taking the worsened Covid-19 situation in India into consideration, the Bangladesh government is contemplating enforcing lockdown in eight bordering districts: Satkhira, Khulna, Rajshahi, Kushtia, Jashore, Naogaon, Natore and Chapainawabganj.

But outside the major divisional medical colleges, the situation is pitiful in many places.

For example, while all of these districts got some supply of life-saving N95/KN95 masks last year, this year the government's own data shows that other than Rajshahi Medical College Hospital, and the occasional general hospitals, most of the healthcare facilities have been supplied with nothing to protect their staff from breathing in the same infected air as the patients.

The store keeper of Khoksha Upazila Health Complex in Kushtia, Abul Hashem said that no N95 or KN95 masks exist in store for them. At least four of their staffers were affected last year. "We however have about 700 PPE," he said.

But his unit is one of the lucky ones. With 52 oxygen cylinders and 3 oxygen concentrators, he belongs to a district with significantly more oxygen concentrators than the rest

being spoken about.

While Kushtia has 22 oxygen concentrators, Chapainawabganj has 11, Khulna has 8, Satkhira and Naogaon have 1 each and Natore has zero, according to data from the Supply Chain Management Portal of the Ministry of Health and Family Welfare.

For a population of 23,85,900, and a positivity rate of above 20 percent, Naogaon has 191 isolation beds for the whole district.

In Chapainawabganj, which has a population of 16,47,521 and an infection rate of above 25 percent, only 20 isolation beds exist, according to the DGHS portal.

Natore has a population of 18,26,140 and 29 isolation beds. In 24 hours ending yesterday morning, 32 samples were tested for Covid-19 and 17 came positive, according to the civil surgeon.

Kushtia has a population of 19,46,838 and a positivity rate of above 20 percent but only 115 isolation beds.

Satkhira has a population of 20,79,884 and a positivity rate of above 25 percent. The district has only 86 isolation beds.

Khulna has 52 isolation beds but a population of 23,202 and a positivity rate of above 20 percent. Rajshahi fares better with a similar population and a lower positivity rate of 15 percent and 90 isolation beds.

Jashore has 101 beds, but a much lower population and positivity rate -- 13,86,293 and 15 percent.

In fact, some upazila health complexes cannot even keep Covid-19 patients because they do not have isolation beds. Health officials of Nachole Upazila Health Complex in Chapainawabganj spoke about how they refer Covid patients to Rajshahi or Chapainawabganj sadar because they do not have an isolation system.

But once at Chapainawabganj's general hospital, the patients would find isolation beds if the situation gets too critical, but there is no intensive care unit. In addition, at a point where the curve is still on the rise, but yet to reach the peak, the 20 isolation beds of the hospital are at the moment are filled with 21

patients.

Dr Zahid Nazrul Chowdhury, civil surgeon of Chapainawabganj, stressed the need for more oxygen cylinders. "We are getting 50 percent of the oxygen we currently need," he said.

At Natore too, the sadar hospital has no intensive care unit. The 31 isolation beds yesterday were filled to the brim with 32 Covid-19 patients.

While 16 oxygen cylinders to support these patients, only 8 can be used at a time, because similar to the hospitals in Satkhira, the Natore Sadar hospital needs to send their cylinders to Rajshahi to get filled up, said civil surgeon Dr Mizanur Rahman.

In addition, the civil surgeon told our Natore correspondent that there is no RT-PCR machine, and whatever tests are being done, are done using Gene Xpert and rapid antigen tests.

Kushtia Medical College has four ICU beds to serve patients from the entire district. Meanwhile, 34 covid-19 patients are admitted against 30 beds in the hospital, reported our correspondent.

Though Jashore is a very risky place being one of the major points of illegal entry from India, there is no central oxygen system, the most important facility for serious covid-19 patients, at its 250-bed general hospital.

The hospital is supported by 265 small and big oxygen cylinders. Each big cylinder can support oxygen for up to one hour, said Dr Arif Ahmed, RMO of the hospital.

He also said that the installation of a central oxygen system is ongoing, but the oxygen tank is yet to be imported from India.

The general hospital in the district has recently started a three ICU bed with very minimum facilities.

In Khulna Medical College Hospital (KMCH), there was a 5 kilo litre capacity central oxygen system, which has been upgraded to 10 kilo litre by Linde, Bangladesh recently. However, the capacity of the system is still below the demand of the 500 bedded hospital, which has an average of 1,200 patients undergoing treatment daily, said Dr Bidhan Chandra Ghosh, director (in charge), KMCH.

## Murder attempt on Buddhist monk in Khagrachhari

SANJOY KUMAR BARUA

Two criminals attempted to kill an indigenous Buddhist monk in remote Panchhari upazila of Khagrachhari early hours on Monday.

The criminals broke the door of the temple and attacked monk Augra Jyoti Mahasthabir, 47 with sharp weapons said Sonshay Chakma, a devotee of the temple.

Monk Augra Jyoti was the principal of Pujgang Pragyga Sadhona Bono Vihar (temple) of the area, said Sonshay.

"I woke up when the two criminals broke the door of the temple" said Augra Jyoti.

"Breaking the door they entered the temple and indiscriminately attacked me with sharp weapons", he said.

"I became senseless later", he added.

"Among the two criminals one is around 25 years old of near Chantila settler village", said the monk.

Both the attackers belong to Bengali speakers community living in the area.

Sanchay Chakma said "The indigenous villagers of the area scared after the attack on the Buddhist monk".

"After getting information we rescued the monk and rushed him to Panchhari upazila health complex. Later we took him to Khagrachhari Sadar hospital", said Sonshay.

"The criminals also took around one lakh taka of the temple", he said.

Khagrachhari residential medical officer Dr Ripon Bappi said "the injured monk had wounds on his head, hand and other parts of the body."

Dulal Hossain, officer-in-charge of Panchhari police station "We were informed the murder attempt on the Buddhist monk. A case is under process."

## Minister's cellphone

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7:00pm when the vehicle got stuck in traffic. The minister had just left his office, Selimuzzaman, officer-in-charge of Kafur Police Station, told The Daily Star yesterday.

As the window of the SUV was lowered, an unidentified person grabbed the iPhone and ran away, he said.

"A case was filed following the incident. We are trying to recover the phone and arrest the culprit," he added.

Such incidents of mobile phones being snatched from people in vehicles are common in the city's Bijoy Sarani and Farmgate areas.

## Pfizer vaccine

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They also said administering the vaccine with 0.3 ml syringe would be a challenging task for the health professionals.

The health minister said apart from the registered people, frontline health workers and other frontliners, who did not get the first shot, will be given priority in the Pfizer vaccine.

The Directorate General of Drug Administration (DGDA) had approved the emergency use of the Pfizer vaccine on May 27.

Bangladesh is expected to receive 68 million doses of Covid vaccines from COVAX.

The health minister said the country will also receive six lakh Chinese Sinopharm vaccine doses as gift next week.

"Chinese officials have informed us that the vaccine will arrive in seven to 10 days," he added.

On May 12, Bangladesh received five lakh Sinopharm vaccine jabs from China as gift. The government has already started administering those doses to healthcare students on a priority basis.

Asked about the procurement of the Chinese vaccine, Zahid said they signed all the documents; sent those to the Chinese authority and were waiting for their response.

Bangladesh suspected administering the first dose of Covid vaccine on April 26 due to depleting stock. The administration of the second dose was also suspended in many places due to the same reason.

The government has only around three lakh doses of Covid vaccine in hand.

Bangladesh had started mass inoculation against the novel coronavirus on February 7 with a target of vaccinating all its citizens aged 18 and above in phases.

The government suspended the vaccination registration process on May 5.

Bangladesh's mass inoculation campaign stumbled after the Serum Institute of India failed to ship Oxford-AstraZeneca vaccine.

As per an agreement, Bangladesh was supposed to receive three crore shots of the vaccine in six months.

Serum delivered the first 50 lakh doses in January, but shipped only 20 lakh shots the following month. No shipment has been received by Bangladesh since then.

## A missed opportunity

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month lockdown. Workers returned to factories. Public movement also increased.

The arrival of the Covid vaccine jabs in January this year, for which the government deserved kudos, fuelled the optimism further.

The people, concerned more about feeding their families than Covid, gradually lowered their guard against the virus.

They cared little about maintaining health protocols amid lax enforcement of rules, creating the ground for the second wave that caught the nation entirely off guard.

It became evident that very little was done in preparing for the worse while the going was good. And valuable time was wasted.

At the height of the crisis last year, poverty doubled, and at least one crore people became new poor. Incomes fell as high as 80 percent.

Almost all who had lost jobs from April to May last year due to the economic downturn found work by February this year. But 86 percent of them said they are not earning enough to meet their daily necessities, according to a survey by the Centre for Policy Dialogue.

One of the priorities of the government was to expand the coverage of social safety net programmes to reduce the hardships of the poor.

But it could not spend two-thirds of around Tk 25,000 crore cash-food support packages for the poor and vulnerable, frontline health workers and low-income farmers.

In December, a government survey revealed that the social safety net schemes failed to cover millions of urban people facing food insecurity.

The implementation of the schemes gained momentum recently.

Despite attaching the highest priority to the health sector, the government could not rebuild the creaking healthcare system. It could implement only 26 percent of the sector's development budget in the first 10 months of the current fiscal year.

Agriculture did very well as always, helping the country combat the crisis. But the government has failed to build adequate food stock owing to the reluctance of farmers and millers to sell the produce at the government-set rates which were lower than the market prices.

But beefing up the food stock was of paramount importance through early imports because one bad crop can drastically change the situation and compel the government to buy the rice at higher prices from the international markets.

The fall in revenue expenditure was a welcome development. But the economy didn't benefit due to the inability to speed up spending for development purposes.

The worrying thing is that the ministries, which were instrumental in tackling the pandemic and helping the poor and the vulnerable, were among the worst performers.

Nothing was done for the expatriates who were forced to return home, though they, along with around one crore others who are still toiling on foreign soils, have supported the economy through thick and thin.

Cottage, micro, small and medium enterprises, too, received inadequate attention despite being the bedrock of the economy.

Also, the failure to maintain a steady supply of Covid vaccines was a major disappointment.

Revenue generation didn't pick up as expected because of the slowdown in economic activities. And the country will surely miss the goal set for fiscal 2020-21, as it did in the previous fiscal year when it posted negative growth in revenue collection for the first time.

The government revised down the GDP growth projection to 6.1 percent from 7.4 percent for 2020-21 as the pandemic continues to batter the economy.

It, however, hit the target in terms of whitening black money. A record Tk 14,295 crore was legalised in the first nine months of fiscal 2020-21 because of the opportunity to disclose untaxed assets at only 10 percent penalty, and that too without facing any question about the source of the income -- an unprecedented tax incentive.

Whether the 10 percent tax rate on the undisclosed amount is a penalty or reward is a moot point because the preferential treatment allows the black money holders to save at least 15 percentage points upfront compared to a taxpayer who pays tax regularly at the highest rate.

The government didn't do well in carrying out reforms.

One example is the VAT and Supplementary Act 2012. It was formulated in 2012 but was put into action two years ago in a compromised form.

Yet, the country has not been able to benefit fully from it as the infrastructure that would boost value-added tax collection is not ready yet.

The government, however, took some measures to encourage business activities and save public money.

In November, the parliament passed a law allowing an individual to form a company to give a boost to entrepreneurship, draw investors and support the growth of small and medium enterprises.

The government closed down 25 loss-making jute mills and seven sugar mills to reduce losses. This hinted that it no longer intends to inject funds into unprofitable state-run enterprises.

It also asked state-owned companies like Bangladesh Telecommunications Company Ltd to be self-reliant.

Digitalisation is one area that saw several steps in the right direction.

The social welfare ministry, which spends bulk of the funds under social safety net schemes, and other ministries are working to disburse these funds through mobile financial services (MFS), which will ensure transparency and prevent leakage.

In the past, the government used to channel only the stipends in the education sector through the MFS.

Besides, Bangladesh Bank allowed micro-merchants and underprivileged businesses to open personal retail accounts with MFS providers, allowing them to accept payments digitally.

Throughout the year, the finance minister has been supported by bearable inflation, good crops, stable exchange rate, moderate exports, record foreign currency reserves, a robust flow of remittance and foreign aid.

Since the Covid outbreak, the finance minister did not hesitate to make funds available. Now, he has to get to the root of the barriers to implementation of the government initiatives and uproot those so that the country does not miss the boat again.

## Tk 23000 almirah bought

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Mohammad Shahjahan Meraz filed three separate cases yesterday against the hospital's Deputy Director Dr Md Abu Raihan, former deputy director

Imran Ali, proprietor of Nirjhara Enterprise Afsana Islam, Promixco Limited Chairperson Mousumi Islam and proprietor of Ahmed Enterprise Munsif Farrukh Hossain.

In 2017, former health minister Mohammed Nasim inaugurated the hospital with facilities including 150-bed indoor services, outdoor services, 24-hour emergency services, operation theatre with thoracic surgery, etc.

"Even before the allocation of money, former deputy director of the hospital Imran Ali fixed the price of the products at an excess rate with the collaboration of suppliers. He then floated tenders and awarded contracts to the suppliers," said an ACC source.

Nirjhara Enterprises supplied a diathermy machine at Tk 8 lakh and a spirometer full system at Tk 54 lakh. However, in the enquiry the ACC found the price of a diathermy machine to be Tk 2.19 lakh and spirometer to be Tk 3 lakh.

The hospital authorities procured six items of different quantities from Promixco.

"It took Tk 2.07 lakh for a syringe pump worth Tk 56,412, Tk 5.84 lakh for an ECG machine worth Tk 73,040," ACC sources said.

Promixco supplied eight ECG machines. It supplied 10 Infusion pumps each at Tk 2.55 lakh whereas the authentic price was Tk 88,917, the enquiry found.

The price of a full system bronchoscope was Tk 20.24 lakh but hospital authorities bought it at Tk 85.45 lakh.

The hospital bought 20 stabilisers at Tk 11,800 each, but the authentic price was Tk 3,924.

Promixco was also the supplier of the almirahs.

The third contractor, Ahmed Enterprise, supplied a defibrillator, a video laryngoscope, a headlight for surgery, five pulse oximeters, autoclave machine, 10 patient beds (tri-functional), five high-flow nasal cannulas, five syringe pumps, a CPR meter, an oxygen analyser, four patient monitors and five ICU ventilators to the hospital.

The ACC in its enquiry found that the original price of the supplied products were Tk 19.81 crore but the hospital authorities paid them Tk 2.42 crore extra.

The money was misappropriated by the accused, reads the case statements.

**OLD ACCUSED**  
Of the three accused contractors, two have already been facing graft cases for misappropriating huge public money.

On August 16 last year, the anti-graft watchdog filed a case against the proprietor of Nirjhara for allegedly misappropriating about Tk 1.29 crore from a tender meant to buy books and journals for Sheikh Hasina Medical College in Habiganj.

Ahmed Enterprise was blacklisted by the Directorate General of Health Services (DGHS) in June last year.

Its owner Farrukh is brother of Munshi Sazzad Hossain, who was administrative officer of National Institute of Diseases of the Chest and Hospital. Apart from being an official of the hospital, Sazzad used to supply medical equipment to government hospitals. He is also the owner of the blacklisted Anik Traders.

The ACC filed a case in November 2019 against Farrukh, Sazzad and their brother Abdullah Al Mamun for embezzling about Tk 10 crore in the purchase of medical supplies for the Faridpur Medical College Hospital (FMCH).

The Daily Star could not reach them for comment.

Contacted, Kamal Shahriar, personal secretary of Promixco's chairperson, told The Daily Star yesterday that he would talk with her and convey their statement in this regard.

But no further correspondence was made from their end.

TB Hospital Deputy Director Raihan said he was not involved in the tender process. "When I joined in March 2018, the tender process was at an advanced stage. It was not possible for me to halt supply of the important medical equipment," he said.

The Daily Star could not reach Imran Ali for comment.

## HRW says Yemen rebels blocking Covid vaccines

AFP, Dubai

Yemen's Huthi rebels, who control most of the country's north including the capital Sanaa, have been blocking international efforts to supply Covid vaccines, Human Rights Watch said yesterday.

The New York-based group accused Huthi leaders of suppressing information about both the dangers of Covid and the prevalence of the disease in territory under their control.