

Resumption of Covid-19 vaccination programme

Arrangements for second jab should also be made concurrently

It is encouraging that after a gap of several weeks, the Covid-19 vaccination campaign has restarted across the country from Monday with Sinopharm vaccines. However, it is on a very limited scale, understandably, and in the four major centres in Dhaka, only the students of public and private medical colleges are being inoculated.

While the restart is most welcome, one wonders whether the policymakers and planners could have gone about the vaccine issue in a more cogent and judicious manner. It should not be lost on them that a large number of the citizens who were administered AstraZeneca vaccines are still waiting for their second dose, beyond the two month gap after the first dose. The second dose for most is long overdue and any inordinate delay is likely to cause the efficacy of the first dose to be lost. The prospect of the rest of the promised AstraZeneca vaccines coming soon seems remote.

Bangladesh was one of first countries that undertook a universal vaccine campaign to bring the affected and vulnerable groups under the programme. However, that stumbled after being let down by Serum Institute of India, our only source at that time, which could only supply a quarter of the agreed 30 million doses as India stopped export of the vaccine when it had to grapple with unprecedented surges of the infection. The Indian government's 3.3 million as a gift was a saving grace, but that did not and will not solve the problem. The million doses as a gift from China has helped to restart the vaccination programme, but our programme cannot suffer from fits and starts as it has since its beginning. What we are getting is dribbles compared to the estimated number we require for 12 crore Bangladeshis to be fully vaccinated—the target laid out by the health minister.

We believe there is urgent need to reevaluate our policy, both with regard to procurement and administration of the vaccine. While we are looking to purchase 70 million doses from Johnson & Johnson, we are not aware of when we might receive them and what the situation will look like by then. We may have to live with the virus for quite some time and the only way to see its end is to get the vulnerable groups fully vaccinated. Domestic production through technology transfer and collaboration with existing producers seems to be the most logical way to ensure uninterrupted supply. Till then, all safety measures that would help stall the transmission of the virus, and personal hygiene measures, must be enforced robustly.

Decisions from years ago retaken by road safety taskforce

But will they make any real difference?

THE taskforce formed in October 2019 in order to reduce road accidents in the country, sat for its third meeting (since its inception) on Sunday, after a six-month hiatus—but not much progress seems to have taken place since its last meeting at all.

According to a report by this daily, they have come up with mostly the same decisions that they had taken in previous meetings or in other related platforms, but had remained unimplemented. For instance, the decision to stop the operation of battery-run rickshaws countrywide was originally taken in May 2011 in an inter-ministerial meeting, but then again on Sunday. As recently as last December (during its second meeting), the taskforce had asked the two city corporations and DMP to take measures for implementing the same decision in the capital. However, these rickshaws continue to operate in areas of the capital such as Mirpur, Nakhla, Tejkuinpara and Kathalbagan.

The scenario is the same for other issues as well, such as those of transport workers requiring appointment/recruitment letters and motorbikers not being allowed more than one pillion on their vehicles—decided long ago, but still not implemented.

Unfortunately and expectedly, no direct answer could be had from the Home Minister (leader of the task force) when asked why the same decisions were being taken over and over again. The secretary general of the Bangladesh Road Transport Owners Association blamed the Covid-19 pandemic for such delays in implementation. The general secretary of the Bangladesh Road Transport Workers' Federation said that they have sent letters to the owners' association after the meetings, but have seen no progress.

According to a report by Nirapad Sarak Chai (Bangladesh's pioneering road safety campaign), at least 3,800 people were killed and 4,954 were injured in 3,232 road crashes in 2020 across the country. However, the numbers were much higher in Jatri Kalyan Samity's reports—at least 6,686 deaths and 8,600 injuries in 4,891 road accidents.

The most common causes of these accidents were said to be "reckless driving, risky overtaking, fault in road design, unfit vehicles, passengers and pedestrians' ignorance, use of mobile phones or headphones while driving vehicles, drunk driving, occupied footpaths and poor enforcement of law for the road crashes". Curiously, battery-run rickshaws did not seem to be a big contributor, so one has to wonder why a ban on those has been one of the major decisions taken by the government's road safety taskforce. We also wonder if the taskforce is focusing on the right things in order to bring down the number of road accidents in the country, and whether the decisions they have taken will be enough to curb these numbers—given that they are implemented at all.

We would urge the taskforce and all related authorities to stick by their own decisions and ensure they are seen through, but to also be more vehement in recognising the major causes of road accidents and to properly implement the Road Transport Act 2018. Otherwise, the numbers of people dying and being injured on roads will keep rising while authorities exchange the blame for it.

Fighting the Delta variant: Do we have a plan?



A CLOSER LOOK

TASNEEM TAYEB

COVID-19 cases in the country are on the rise again. While infections had seen a drop in May with the infection rate coming down to 7.91 percent on the 29th of that month, the infection rates are back on an upward trajectory: as of June 21, 2021, it stands at an alarming 19.27 percent, as reported by this daily. The death rates have also spiked—on June 20, the daily death toll from Covid-19 was 82, whereas a month before that on May 20, this number was at 36. Not that this development was unanticipated. With government-imposed "restrictions" becoming slacker by the day—not that one can remember the last time when the "lockdowns" were properly imposed this year—people are now out and about, dining with family and friends, shopping, enjoying hangouts and partaking in other social activities.

It is only natural that with increased social activities, Covid cases will see a rise. It's a contagious disease after all. While the reality that Covid-19 infection rates are spiking is distressing in itself, what is even more disturbing is the fact that the super-spreading Delta variant is being found in most of the cases: a factor that might be contributing to the sharp rise.

In a study earlier this month, Icdbr revealed that of the Covid-19 patients in Dhaka, more than 60 percent have been infected with the Delta variant. And this study was conducted between the last week of May and the first week of June, when the situation was not as bad as it is now: on June 7, the infection rate stood at 11.47 percent.

This time, the rapid spread of the virus beyond the borders of the capital and its peripheries has shattered our illusion that the rural areas are not impacted as much by the virus. In December last year, the then Health Services Division Secretary Abdul Mannan was quoted as saying, "coronavirus has not spread as rapidly in the rural areas", when elaborating on why Covid vaccinations would be more city-centric in nature.

Infection rates across the country remain high, with a DGHS press release on June 21 suggesting that Khulna division has the highest infection rate at 40.04 percent, Rangpur has an infection rate at 38.94 percent and Rajshahi's rate stands at 24.18 percent. Rangpur division's Kurigram has an infection rate of 52.38 percent. And the highest positive rate in the country has been registered at Rajbari at 63.11 percent.

The statistics look grim and the areas bordering India are highly exposed to the

Delta variant. While the infection rates in the border areas can be attributed to the virus travelling all the way from India, we cannot discount the possibility that the people travelling from Dhaka to their villages to celebrate Eid carried the virus with them. The spike in the divisions can be the result of both these factors.

While the capital itself, with its better-equipped medical facilities, is under intense pressure to cater to the health needs of its residents, the situation in the divisions and districts are more than miserable. There have been reports of under-staffed and insufficiently equipped hospitals scrambling to accommodate Covid-19 patients or provide them with the medical care needed.

According to DGHS, of the 64 districts in Bangladesh, only 27 have ICU facilities to treat Covid-19 infected patients. In total, the country has 105 Intensive Care

surprise that Covid-19 patients are often being deprived of access to treatment—a basic human right—due to shortage of medical facilities. But the question remains, who is responsible for this sordid state of affairs?

As early as May 29, it was recommended by the Epidemiology and Public Health Committee of DGHS to implement immediate lockdown in seven districts where the Delta variant has started community transmission. But the authorities decided otherwise. It was mango-harvesting season, and in the choice between saving lives or livelihoods, the government prioritised livelihoods, putting millions of lives at risk—that too in places where the healthcare infrastructure required to contain an outbreak does not exist. By the time the lockdowns were imposed, the situation had already spiralled out of control.

outside Dhaka? Except for a handful of measures, even the capital's healthcare system was overwhelmed trying to provide treatment to Covid-19 patients at the height of the pandemic. In the first nine months of the outgoing fiscal year, the Health Services Division put up a miserable performance of not being able to exhaust more than 21 percent of the ADP allocation of Tk 11,979.34 crore, citing the fight against the pandemic as the roadblock.

Covid-19 is here for the long haul, and with inept and irresponsible decision-making, the haul might even be longer than expected. And no one knows how many lives this grim reaper will claim before it leaves us for good.

It is a fact that the fight against the pandemic is one full of complicated challenges, where often the decision is

Given the situation, it comes as no surprise that Covid-19 patients are often being deprived of access to treatment—a basic human right—due to shortage of medical facilities.



Faruk Talukder, 60, is pictured waiting outside the 100-Bed Dedicated Coronavirus Hospital in Khulna on June 14. The hospital had no empty beds.

PHOTO: DIPANKAR ROY

Units, according to a *Prothom Alo* report, of which 67 are in Dhaka, and the rest outside. The same *Prothom Alo* report quoted the DGHS, suggested that only three of the seven hospitals selected by the government for treating Covid-19 in Dhaka have ICU facilities—"There are 26 ICU beds at the 200-bed Bangladesh Kuwait Friendship Hospital, eight at the 250-bed Sheikh Russel Gastroliver Institute and Hospital, and 22 at the 500-bed Kurmitola General Hospital. Outside of this, there are six ICU beds in Uttara and Mirpur branches of Regent Hospital and five ICU beds at Sajeda Foundation in Kanchpur, Narayanganj."

And the situation is worse in the outskirts, "There is not a single ICU bed in 16 hospitals in Gopalganj, Faridpur, Manikganj, Shariatpur and other parts of Dhaka district outside of Dhaka metro and Gazipur, Tangail Narsingdi and Madaripur. The situation is the same in district hospitals in Barisal, Rajshahi and Rangpur divisions", the *Prothom Alo* report added. Given the situation, it comes as no

While it is important to support the livelihoods of people, saving lives comes first. The government has been reluctant this year in rolling out its social safety mechanisms to support the people whose lives have been affected by the pandemic. The one-off amount of BDT 2,500 that was provided to 3.5 million families before Eid was insufficient to live through a pandemic, to say the least. This year, the government could not even support the poor with the OMS programme due rice stocks falling to a 13-year low. The overall social safety nets put forward this year have been disappointing. And the government's repeated reluctance to impose hard lockdowns in the name of saving livelihoods has been nothing short of irresponsible.

And why has the health ministry not taken enough measures to strengthen its healthcare facilities, both within and

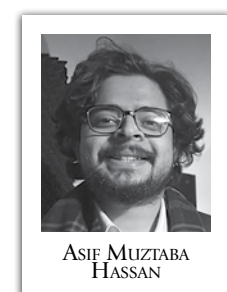
between saving lives and livelihoods. But with the right planning and resource allocation, the government can rise above this generational challenge and shield its people from the sharp scythe of Covid-19. While we cannot just make Covid-19 go away overnight, how well we contain or even manage it is up to the farsightedness, pragmatism and political will of the government.

With the vaccine programme rolling out again, and lockdowns imposed in various parts of the country, one hopes that this extension of the second wave—or perhaps the beginning of the third wave—is contained before it snowballs.

The government needs to have a Plan B to counter the rise of the Delta variant, because Plan A—if there is one in the first place—does not seem to be working.

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Deep decarbonisation: The climate action that can save us



ASIF MUZTABA HASSAN

CLIMATE change is only too real and does not escape our eyes and ears anymore. Even if the average person does not know the complicated theories behind the concept, the drastic temperature rise is not fooling anyone. Owing to Bangladesh's economic status in comparison to the big actors of the world, the country relies heavily on the mercy of massive polluters to fulfil their commitments to the Paris Agreement on climate change and halt temperature rise under two degrees Celsius within this century.

At the heart of all this, the Paris Agreement calls for much greater ambition from all countries—both developing and developed—in adopting drastic measures to reduce carbon emissions. Scientists and scholars have identified two pathways to achieve the Paris Agreement targets, and one of the most efficient, though little practiced, pathways is "deep decarbonisation".

Deep decarbonisation refers to the drastic reduction or elimination of carbon dioxide from energy sources. In numbers, that would mean a country reducing its emissions by half every decade, e.g. the United States has to halve its carbon emissions from roughly 5.29 metric tonnes in 2016 to 2.5 metric tons by 2026, and keep slashing emissions by half every decade to reach net-zero emissions by 2070. Sounds crazy? Well, it is.

Today's energy economy around the world is powered by the combustion of some sort of fossil fuel, emitting greenhouse gases like nitrogen and water vapour, into the atmosphere. The dominant combustion product—carbon dioxide or CO₂ gas—is particularly harmful. If CO₂ in the atmosphere rises, temperatures will increase. According to the latest available official statistics, China's CO₂ emissions have risen from 3.3 billion metric tonnes in 2000 to 9.5 billion metric tonnes in 2016, making it the

world's worst polluter. While the United States—the second-worst polluter in the world—has managed to reduce emissions over the last 16 years, they still emit 5.29 billion metric tonnes of CO₂ into the atmosphere a year.

Eighty percent of the current world economy relies on fossil fuel combustion, which emits mainly CO₂ into the atmosphere. Do we just drop everything and not produce energy? No, we can't

net-zero carbon emissions by around 2070. The G7 countries have recognised decarbonisation as the ultimate way to save the world from the disastrous impacts of climate change, and many heads of state from the G20 countries have publicly declared their intention, and strong ambitions, to pursue this pathway.

Why is deep decarbonisation agreed on in principle yet not widely practised?



Deep decarbonisation refers to the drastic reduction or elimination of carbon dioxide from energy sources.

PHOTO: REUTERS/ALY SONG

do that. But if we carry on combusting fossil fuels the way we are, we will reach the point of no return by the end of this decade. The easiest image of "the point of no return" is imagining the entirety of Maldives and 80 percent of Bangladesh underwater, more frequent cyclones in the South Asian region, and millions of middle-class families becoming climate refugees, moving from shore to shore to find a new home.

We have to meet the demands of nine to 10 billion human beings in a way that does not emit carbon. According to scientific consensus, that will require full decarbonisation and

The first step for all the countries will be to halve their carbon emissions by the end of 2030. However, countries are still "negotiating" decarbonisation. For instance, the US under Barack Obama committed to reducing 26-28 percent of emissions by 2025. Most scientists are now asking if these reduced ambitions will be enough to limit global temperature rise to under two degrees Celsius. If they pursue measures that only reduce emissions in the short term, countries risk returning to high levels of emissions after 2030.

For instance, one of the simplest pathways to reduce emissions by 2030

is to convert coal-fired power plants into gas-fired power. Carbon emissions are instantly cut from 1,000 grammes of CO₂ per kilowatt-hour to half that. Another way could be to bring in internal combustion engines that increase automobile mileage from 35 miles per gallon to 55 miles per gallon. The dilemma with such a "low-hanging fruit" approach is that these are not enough to set countries up for zero-emissions beyond 2030, when the world is collectively looking to achieve 50 grammes per kilowatt-hour by 2050. The alternatives, right from the go, have to be zero-emission technology, not net energy-efficient vehicles.

The lower-hanging fruit pathway achieves a steep reduction by 2030 and probably does it at a much lower cost than any deep decarbonisation initiative, which is why many politicians and policymakers seem to prefer it. It does not take rocket science to figure out that converting an economy into utilising only wind and solar-powered zero-carbon electricity grids, or even replacing current vehicles with electric cars, will be significantly costlier than some patch-up of the currently available technologies. But the scope of reductions using the lower-hanging fruit pathway post-2030 will decrease, and similar conversion costs (to a zero carbon economy) will eventually be inevitable for policymakers since there will be no other string of patch-up measures left to exercise. The likelihood is reaching a dead-end in innovation and climate ambitions.

The next step in the deep decarbonisation debate is to understand the commitment of non-state actors—what, and how much, industries can commit to the initiative, and whether we are set for greener alternatives to take over the world. While the discourse is endless, the facts remain stacked against us. Unless world leaders pick up the pace of decarbonisation and set us up for further slashes in carbon emissions post-2030, we are fighting a losing war even if we win the interim battle.

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