

Authorities should stop ignoring life-saving inventions

There is absolutely no excuse for this!

DURING the pandemic, many brilliant minds in our country have come up with prototypes of various life-saving devices. Their urgency was bolstered keeping in mind the fate of their fellow citizens, who had been suffering greatly during the pandemic, especially due to the shortage of ventilators, high-flow nasal cannulas and the likes. Disappointingly, a lack of investment, industry support and government red tape have forced the majority of these innovations to be shelved, putting what could have been life-saving inventions onto the backburner.

Their examples range from domestically produced ventilators that cost a fraction of the price of regular ventilators, to high powered air-purifying respirators that could protect healthcare workers from contamination, and disinfection chambers that use ultraviolet rays to sterilise medical gear. Some of these inventions never saw the light of day due to government restrictions, which in normal circumstances could be understandable. However, given the lack of life-saving facilities available in the country's hospitals, and particularly in government hospitals, that the health officials could not find the time to approve their use nor make special exemptions during the pandemic, allowing them to be produced at greater scale, is shameful. What were they so busy doing?

During the entire pandemic, the government's health system has performed woefully—being riddled in one incident of corruption after another and with health officials making one disastrous decision after the other. This seems to be just another disaster of their own making. At a time when the government hospital system has only 1,225 ventilators and 13,000 patients currently hospitalised with Covid-19, just imagine how much of a relief some of these cheaper ventilators could have provided. And the same applies for all the other devices. Though it is disappointing that the pharmaceutical industry did not show any interest in investing in these devices, the government could easily have funded their production using the Tk 100 crore that has been allocated to finance health research for the current fiscal year—or by saving up on one of its many wasteful spendings that have been exposed over the past couple of years by various media outlets.

We call on the authorities to change their ways—to give innovators the proper shot they deserve to showcase their inventions and prove that they are worthy of being produced on a larger scale. They must invest in them, as well as provide whatever support is necessary for these creations to be brought to market so that lives can be saved.

Patuakhali hospital needs urgent equipment and manpower

Hospital's authorities and govt departments must wake up and work together

WE are shocked to find that the residents of Patuakhali and Barguna—around 28 lakh people—do not have access to crucial healthcare to treat critical Covid-19 patients and have to go all the way to Barisal for treatment. A recent report in this daily has revealed that there are no such services available in the 250-bed Patuakhali Medical College and Hospital. The ICU beds at this hospital are remaining idle without the supply of other necessary equipment. Not only that—the hospital also doesn't have any RT-PCR labs for Covid-19 testing, nor do they have a central oxygen supply. Weeks into the new surge of Covid-19 infections caused by the Delta variant, it is appalling that the only public hospital in the area would be so ill-equipped to deal with this crisis.

It is unfathomable why five ICU beds were kept unpacked in the Patuakhali hospital's ICU unit for months, and even after they were brought out, they were of no use because of the dearth of other accessory equipment needed for the ICU beds to function. The report also found that two ventilators sent by the health directorate a year ago have been gathering dust because there is no oxygen supply. Why this pathetic state of affairs? Why haven't the hospital's higher authorities done anything to get the ICU unit functioning at a time when people are dying because of a lack of ICU beds?

The hospital is also acutely short-staffed. Its authorities have written to the Health Services Division under the health and family welfare ministry seeking urgent appointment of 79 trained employees at the ICU unit of the 250-bed hospital in Patuakhali, but the request is yet to be fulfilled.

According to official data, 3,558 people tested positive for Covid-19, 2,560 recovered and 74 died of the disease in Patuakhali on Sunday. Against this backdrop, the Patuakhali hospital and the related government departments must join hands and work together to deal with the Covid-19 treatment crisis in Patuakhali. RT-PCR labs for testing Covid-19 patients have to be installed for early detection of the deadly virus. Five ICU beds and two ventilators are grossly inadequate for 2.8 million people. The number of ICU beds and ventilators have to be increased too, along with the building of a central oxygen supply system. Quick supply of both medical equipment and skilled healthcare professionals are needed to save the lives of people from Patuakhali and nearby districts.



BLOWN' IN THE WIND
SHAMSAD MORTUZA

WHILE staying with a host family in Pennsylvania during a weekend trip in the late 1990s, I found a statement knifed in the bed's headboard: "Here a battle was won by the Man of the house [date]". The next day at the breakfast table, I expressed my curiosity, and the mother laughed recalling that her son wrote it after he had earned his father's consent for his love marriage. I chuckled remembering a similar parley while convincing my family, who felt I was too young, without any solid grip on my career, to make such a personal commitment. One sardonic comment of an ageing family member—"you can't wait for having 25 maunds of ghee to make Radha dance"—has still stuck with me to this day. This adage, as I later discovered, implied that the chandeliers in the royal courthouse needed a huge amount of

The Millennials, as the social media influencer Simon Sinek succinctly put it, are known for being entitled and narcissistic, probably through no fault of their own. They are the products of bad parenting (we, the Gen-X, have constantly told them that they are special and gave them that whatever they asked for), technology (overexposure to social media affecting their self-esteem; creating individual bubbles, failing to develop deep meaningful relationships and turning to digital devices than actual humans when in stressful situations), impatience (seeking instant gratification in life and not finding any fulfilment or joy), and work environment (a corporate culture where they are treated as numbers for short-term benefits without any vision of long-term gains). During this pandemic, another generation (Generation Z), born since 2000, has started appearing in the real world, literally with their masks on—and we are yet to learn how they will be accommodated in a workplace that is veering between the actual and virtual worlds.

Already, discussions on how the inter-

idea added to the perception that the old ones are weak and in need of protection. While in a country like ours, we still have some semblance of reverence left for the elders, in many countries in the West, the lockdown is seen as restrictions on mobility to protect a particular age group. Two British newspapers recently made headlines over the age card. The *Daily Express* warns of a "Backlash against 'Ageist' over-50s Virus Plan" and the *Daily Mail* maintains, "Make the young socially distance before locking down over-50s, Boris is warned."

As a university administrator, I receive periodic messages from parents asking when the vaccines will be made available to their wards. The vaccine barometer has finally dropped down to 25+ age categories, and we are waiting for our young ones to be inoculated before being brought to campuses. We need the conditional "ghee" for the academic "dance" to happen.

The delay is causing repercussions and frustrations. Often, the intergenerational disparities are translated to mutual blaming. Older adults, for example, are more likely to follow health guidelines,

large over the completion of studies of the new generations and their graduation for the market. The delay is going to impact the social fabric as many life decisions, including jobs, marriages and getting on the property ladder, will be delayed due to this slowdown. To make matters worse, many young employees who are in the early stages of their careers have been forced to get into a debt trap simply to keep themselves afloat.

Adapting to technology is another area

The millennials and Generation Z, who are in the early phase of their careers, are finding it difficult to get suitable jobs in a volatile market.



Uncertainties looming large over the completion of studies of the new generations and their graduation for the market has led to demonstrations like the one pictured here, where students of seven DU-affiliated college demanded continuation of their ongoing exams and reopening of dormitories on February 24, 2021.

PHOTO: PRABIR DAS

oil to fully light up so that Radha could perform.

As members of Generation X (born between 1966 and 1980), the nuptial decision of my future wife and I depended on the previous generation, the Baby Boomers (born between 1946 and 1965). However, during my daughter's recent wedding, as one of the Millennials (born between 1981 and 2000), she made sure to have her own "25 maunds of ghee": the make-up artists, the videographers, the décor—well, the entire wedding planning. My wife and I shared a private joke: ours is a generation that gets thrashed by the ones both before and after.

generational divide will pan out during this pandemic are being conducted. All social indicators suggest that different age categories are affected differently by the coronavirus. While Covid-19 has upended everyone's life worldwide, countries with an ageing population have been hit hard the most; the virus has blitzed through a generation. Pictures of the dead appear regularly on the news portals to announce the latest victims of the virus—and the majority of them are above 50. The older adults are more vulnerable than the younger ones; hence, the first batch of vaccines was made available exclusively to the older generation. This

whereas people in their 20s and 30s are known to be slack in their compliance. The millennials and Generation Z, who are in the early phase of their careers, are finding it difficult to get suitable jobs in a volatile market. They had to cut down their spending more than the people in their 50s and above. While the senior management can work from home, most early career jobs require face-to-face interactions, customer services or physical office presence. By the same token, the older generation has a relatively stable financial cushion than their young counterparts. Then again, there are many uncertainties looming

Building healthcare resiliency during the Covid-19 pandemic



SHAGUFA ANWAR

IF the pandemic has taught us anything, it is that the healthcare system and related organisations must build resiliency to withstand the shocks that may come their way, and be in a position to

pursue the opportunities that rapid and significant change can create.

Every hospital or health system will face a multitude of risks; hence, a healthcare organisation would primarily need to identify and assess credible potential scenarios on its horizon and model the impact these scenarios could have on its current strategic and financial plan if they become reality. Thereafter, it needs to determine alternative pathways that the organisation could follow to maintain or advance its strategic and financial position.

The macro-market scenarios of the pandemic that are foreseeable should be the focus of this planning effort, as these would have a material operational or financial impact—either positive or negative—on the organisation, and many of these would be beyond the organisation's direct control. Modelling the potential timing and impacts of a macro-market scenario would help organisational leaders understand the magnitude of risk, the resources that will be needed to hedge any downside impacts, and the amount of time the organisation will have to adjust to the impacts.

Once key scenarios are identified and their potential impact is defined, leadership should be able to find the

trigger points that indicate change is coming and a response is required. Leadership should also identify and, if necessary, pursue alternative paths forward that will help the organisation maximise upside opportunities or minimise downside risk.

Among the macro-market scenarios of the Covid-19 pandemic in Bangladesh, the infection rate, the number of daily identified cases, the progress of the

terms of resource availability (e.g. bed, manpower, oxygen, high flow nasal cannula, disinfectant, PPE and other safety gear, etc).

The Covid-19 pandemic will likely have lasting impacts on healthcare. The consumer-driven changes in the pandemic also need to be taken up on our journey to sustainability. Having experienced the convenience of tele-health, for example, we have seen consumers become much

preparing for new competition from tech companies entering the healthcare market.

Gearing resources from hospitals to customers (home/office/neighbourhood) should be a major way to expand the healthcare horizon. Creating efficient and trained tech-savvy manpower—mostly in the form of nurses, patient care attendants, lab technologists and even enabling volunteers by training them for basic health check-ups and monitoring—could be the key to achieve a sustainable healthcare service delivery model to cater to the increasing load of Covid-19 patients of different severity. Starting from home sample collection to home health monitoring to home medicine delivery, all will encompass an efficient home care service model pertinent for such times. Establishing e-clinics at local chemist shops, educational institution campuses, priority banking lounges or shopping malls to impart tele-health could contribute towards setting up the new-normal culture in healthcare.

Along with vaccination initiatives taken by the government, mass scale availability of cheaper Covid-19 testing facilities with simpler sample collection methods and faster turnaround time can promise a return to a more stable operating environment in the country. The financial stresses that healthcare organisations, and the economy as a whole, have experienced during the pandemic is expected to heighten the trend towards pursuing new value-based models that bring greater affordability of care.

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The Covid-19 pandemic will likely have lasting impacts on healthcare.

PHOTO: ANISUR RAHMAN

vaccination drive and the availability of vaccines indicate the necessity of imposing lockdowns in the near future, which in turn leads to an assumption of probable lessened patient footfall for cold non-Covid cases. Again, the same scenarios indicate the spike in Covid-19 cases, thereby putting organisations on their toes for Covid-19 preparedness in

more accustomed to digital health visits because of Covid-19 restrictions on in-person visits, making patients less inclined to travel to a doctor's chamber in a hospital for routine care needs. New investments that enhance a health system's digital health platform (tele-health and tele-rehab) could help build customer loyalty to the system, while