

# Coordinated efforts needed to combat thalassemia



LAILA KHONDKAR

**R**UMA (not her real name) is working as a nutritionist and counsellor in an organisation that offers treatment and support to thalassemia patients. She was diagnosed with

thalassemia in her adolescence and suffered from the disease for almost eight years, before she was able to get the right treatment, and her condition improved. She obtained a master's degree in nutrition. Now married, she enjoys her life and her job. Meeting her was inspiring, as she has proven that it is possible to have a functional life while dealing with a critical health condition like thalassemia.

In Bangladesh, there is a lack of data on thalassemia patients. The

Bangladesh Thalassemia Samity Hospital conducted a survey on 4,000 students at different colleges, universities and institutions, and found that 10-12 percent of the participants were carriers of the blood disorder. Dhaka Shishu Hospital also had similar findings in another survey. With the available data, it could be safely said that more than 10 percent of the population in Bangladesh are

*Thalassemia is a treatable disorder that can be managed with blood transfusions and chelation therapy*

thalassemia carriers. Presently, 90,000 children and adults are suffering from thalassemia, and it is estimated that around 12,000-15,000 children are born with it every year. Due to limited testing, many cases remain undiagnosed.

Thalassemia is an inherited—i.e. passed from parents to children through genes—blood disorder. This is caused when the body does not make enough haemoglobin, an important component of the red blood cells which carries oxygen throughout the body. When there aren't enough healthy red blood cells, not enough oxygen is delivered to all parts of the body, which may cause fatigue, weakness or shortness of breath. This is called anaemia. People with thalassemia may have mild or severe anaemia. Severe anaemia can damage organs and be fatal.

While visiting Bangladesh

Thalassemia Samity Hospital, I met several young patients, who are brought there once or twice a month for blood transfusion. This is the only organisation in the country which was formed and is run by thalassemia patients and their parents. The hospital was established in 1989 by Omar Golam Rabbany, whose son was diagnosed with thalassemia in 1983 and died at the age of 22. At that time, there were very limited opportunities for thalassemia treatment in the country. Omar dedicated his life to support thalassemia survivors and create awareness to prevent the illness in Bangladesh.

Thalassemia is a treatable disorder that can be managed with blood transfusions and chelation therapy to prevent iron overload, which may happen due to the transfusion. A person with thalassemia will need to receive medical care on a regular basis from a doctor who specialises in thalassemia treatment. Keeping vaccinations up-to-date, eating nutritious food, exercising, and developing positive and supportive relationships also help thalassemia patients to maintain a healthy life. In some cases, thalassemia could be cured through bone marrow transplant. But this is an extremely expensive option, and there could also be severe side effects that could be life-threatening.

Traits for thalassemia are more common among people from Mediterranean countries, like Greece and Turkey, as well as among people from Asia, Africa, and the Middle East. A review of the effectiveness of thalassemia prevention programmes, published by the Thalassemia International Federation in 2021, looked at data on different components of thalassemia prevention and treatment measures

in 51 countries from various regions, and each country was given a grade between A and D (D is the lowest and “describes countries which demonstrate serious weakness, gaps and challenges calling for many and multiple actions to be taken at the national level”). Bangladesh received the grade D, which means we must do more regarding thalassemia prevention and treatment.

There are several government and NGO-run hospitals across Bangladesh which provide treatment for thalassemia, but the existing system is widely inadequate. It is a struggle to get the amount of blood required for those who need transfusions. Some of the medicines (e.g. chelating agents) are also very expensive. Thalassemia treatment could cost from Tk 7,000-20,000 per month. It is challenging to afford such costly treatment for most people in Bangladesh. Some organisations offer free treatment, but they cannot fulfil the needs of all those who require the support. Many thalassemia patients remain untreated and die premature deaths. Some awareness-raising efforts are there, but they are quite inadequate too.

A person who is only a carrier of thalassemia does not have any symptoms and can lead a regular life. If both parents are carriers of thalassemia, then the risk of their child having the blood disorder is higher. A simple test (haemoglobin-electrophoresis) could identify if someone is a carrier. If young people receive information on thalassemia before entering a relationship and get tested free of cost, then they will be able to make responsible decisions. Media can also play an effective role in creating mass awareness regarding the importance of preventing thalassemia. Nobody should feel guilty for being a carrier or patient of this disease. And

everyone should be made aware that it's not a contagious disease either. This may be helpful in protecting thalassemia patients from facing potential discrimination in their communities.

Thalassemia prevention efforts include creating a database of the patients, pre-marital screening and counselling, training of doctors and other healthcare professionals, and public awareness. It is due to a combination of these initiatives that thalassemia has come to an almost zero level in Cyprus and several other Mediterranean countries.

During a conversation, Dr AKM Ekramul Hossain Swapan, CEO of Bangladesh Thalassemia Samity Hospital, told me: “In Bangladesh, the government has announced the establishment of specialised thalassemia centres in all divisional hospitals, in addition to government hospitals in Dhaka, which will gradually be expanded to the district level. They also have plans to create awareness throughout the country. This is positive news. In addition, a national strategic plan for thalassemia prevention and treatment should be developed, and actions have to be taken for implementation of the plan. It is important to coordinate government and NGO-run initiatives, which will be helpful in strengthening all efforts to prevent thalassemia, and offer effective treatment and support to the survivors.”

Let's hope that the government will provide leadership in coordinating all efforts regarding thalassemia prevention and awareness. This will contribute to ensuring quality of life for thalassemia patients, and create better support systems for patients with thalassemia.

Laila Khondkar is an international development worker.



Thalassemia patients need frequent testing and blood transfusions to maintain a healthy count of red blood cells. FILE PHOTO: REUTERS

## Climate Injustice at Glasgow Cop-Out

ANIS CHOWDHURY and JOMO KWAME SUNDARAM

**T**HE planet is already 1.1 degrees Celsius warmer than in pre-industrial times. July 2021 was the hottest month ever recorded in 142 years. Despite the pandemic slowdown, 2020 has been the hottest year so far, ending the warmest decade (2011-2020) ever.

Summing up widespread views of the recently concluded climate summit in Glasgow, former Irish President Mary Robinson observed: “People will see this as a historically shameful dereliction of duty ... nowhere near enough to avoid climate disaster.” A hundred civil society groups lambasted the Glasgow outcome: “Instead of a multilateral agreement that puts forward a clear path to address the climate crisis, we are left with a document that takes us further down the path of climate injustice.”

Even if countries fulfil their Paris Agreement pledges, global warming is now expected to rise by 2.7 degrees Celsius from pre-industrial levels by the century's end. Authoritative projections suggest that if all COP26 long-term pledges and targets are met, the planet will still get warmer by 2.1 degrees Celsius by 2100.

The United Nations Environment Programme (UNEP) suggests a strong chance of global warming disastrously rising over 1.5 degrees Celsius in the next two decades. Earlier policy targets—to halve global carbon emissions by 2030, and reach net-zero emissions by 2050—are now recognised as inadequate.

The Glasgow UN Framework Convention on Climate Change (UNFCCC) Conference of Parties (COP26) was touted as the world's “last best hope” to save the planet. Many speeches cited disturbing trends, but national leaders whose countries are most responsible for greenhouse gas (GHG) emissions offered little. Thus, developing countries were betrayed yet again. Despite contributing less to the accelerating global warming, they are suffering its worst consequences. They have been left to pay most bills for “losses and damages,” adaptation and mitigation.

### Glasgow setbacks

Glasgow's two biggest hopes were not realised: renewing targets for 2030 aligned with limiting warming to 1.5 degrees Celsius, and a clear strategy to mobilise the grossly inadequate USD 100 billion yearly—promised by rich country leaders before the Copenhagen COP in 2009—to help finance developing countries' efforts.

An exasperated African legislator dismissed the Glasgow Leaders' Declaration on Forests and Land Use as an “empty pledge,” as “yet another example of Western disingenuousness

... taking on the role of ‘white saviour’,” while exploiting the African rainforest.

Meanwhile, far too many loopholes remain open for abuse, undermining efforts to reduce emissions. Further, no commitment to end fossil fuel subsidies globally—USD 11 million every minute, around USD 6 trillion annually—was forthcoming.

No new oil and gas fields should be developed for the world in order to have a chance of achieving net zero by 2050. Nevertheless, governments are still approving such projects, typically involving transnational corporate giants.

Various measures—e.g. “carbon capture and storage” and “offsetting”—have been touted as solutions. But carbon capture and storage technologies remain controversial, unproven at scale, expensive and rarely cost-competitive.

*Carbon emissions by the wealthiest one percent of the world's population were more than twice those of the bottom half between 1990 and 2015*

The Glasgow outcome did not include any commitment to fully phase out oil and gas. Meanwhile, the language on coal has been diluted to become virtually toothless: coal-powered plants will now be “phased down,” instead of “phased out.”

### Offsets off track

Offset market advocates claim to reduce emissions or remove GHGs from the atmosphere by some to “offset” emissions by others. Thus, offsetting often means paying someone poor to cut GHG emissions or forcing them to pay someone else to do so. With more means, big business can more easily afford to “greenwash.”

Carbon offset markets have long overpromised, but under-delivered. As they typically exaggerate GHG emission reduction claims, offsetting is a poor substitute for actually cutting fossil fuel use. Meanwhile, disagreements over offset rules have long stalled international climate change negotiations. Most of the established offset programmes—e.g. the United Nations' REDD+ programme or the Kyoto Protocol's Clean Development Mechanism—have clearly failed to meaningfully reduce GHG emissions.

### Loss and damage?

Vulnerable and poor nations

have argued for decades that rich countries owe them compensation for irreversible damage from global warming. In fact, no UN climate conference has delivered any funding for losses and damages to countries affected. Rich countries agreed to begin a “dialogue” to discuss “arrangements for the funding of activities to avert, minimise and address loss and damage.” Representing developing nations, Guinea expressed “extreme disappointment” at this ruse to delay progress on financing recovery from and rebuilding after climate disasters.

Developed nations account for two-thirds of cumulative emissions, compared to only three percent from Africa. Carbon emissions by the wealthiest one percent of the world's population were more than twice those of the bottom half between 1990 and 2015! Low-lying small island nations—from the Marshall Islands to Fiji and Antigua—fear losing much of their land to rising sea levels. But their long-standing call to create a Loss and Damage Fund was rejected yet again.

South Pacific island representatives have expressed disappointment at the lack of funding for losses and damages, as well as the watered down language on coal. For them, COP26 was a “monumental failure,” leaving them in existential peril.



### Climate injustice

According to the UN secretary-general, “over the past 25 years, the richest 10 percent of the global population has been responsible for more than half of all carbon emissions, and the poorest 50 percent were responsible for just seven percent of emissions.”

The World Bank estimates that, if left unchecked, climate change will condemn 132 million more people into poverty over the next decade, while displacing more than 216 million from their homes and land by 2050. Meanwhile, poorer countries—who have the least amount of contribution to the cumulative GHG emissions—continue to suffer the most. To address climate injustice, rich countries, who are most responsible for GHG emissions and global warming, must do much more. Their finance for developing countries ought to be much more ambitious than USD 100 billion yearly. Financing terms should be far more generous than the existing ones. Also, funding should prioritise adaptation, especially for the poorest countries most at risk.

Anis Chowdhury is adjunct professor at Western Sydney University and the University of New South Wales, Australia. Jomo Kwame Sundaram is a former economics professor and a former assistant secretary-general for economic development at the United Nations.

Copyright: Inter Press Service

		<b>গণপ্রজাতন্ত্রী বাংলাদেশ সরকার</b>			
		বাংলাদেশ পুলিশ পুলিশ সুপারের কার্যালয় রাজবাড়ী			
<b>দরপত্র বিজ্ঞপ্তি নং-০২/২০২১-২০২২</b>					
দি পাবলিক প্রকিউরমেন্ট আইন/২০০৬ ও পাবলিক প্রকিউরমেন্ট বিধিমালা/২০০৮ (সংশোধনীসহ) অনুসারে ২০২১-২০২২ অর্থ বছরের ৩য় কোয়ার্টার (জানুয়ারি-২০২২ হতে মার্চ-২০২২ পর্যন্ত) রাজবাড়ী জেলা পুলিশ রেশন স্টোরের জন্য রেশন সামগ্রী ক্রয় এবং রেশন স্টোরে মজুদকৃত বস্তা নিলামে বিক্রয়ের নিমিত্তে প্রকৃত ঠিকাদার/সরবরাহকারী প্রতিষ্ঠানের নিকট হতে নিম্নবর্ণিত শর্তসাপেক্ষে সীলমোহরকৃত খামে দরপত্র আহ্বান করা যাচ্ছে।					
১	মন্ত্রণালয়/বিভাগ	স্বরাষ্ট্র মন্ত্রণালয়।			
২	সংস্থা	জননিরাপত্তা বিভাগ।			
৩	দরপত্র সম্পাদনকারী প্রধান	পুলিশ সুপার, রাজবাড়ী।			
৪	কি কারণে দরপত্র আহ্বান	রাজবাড়ী জেলা পুলিশ অফিসার ও ফোর্স, এনএসআই এবং বীর মুক্তিযোদ্ধাদের জন্য রেশন সামগ্রী ক্রয় এবং রেশন স্টোরে মজুদকৃত বস্তা নিলামে বিক্রয়।			
৫	দরপত্রের সূত্র ও তারিখ	পুলিশ সুপারের কার্যালয়, রাজবাড়ী এর স্মারক নং-৬৫০৭/ই, তারিখঃ ২২/১১/২০২১খ্রিঃ।			
<b>কাজের বিবরণঃ</b>					
৬	দরপত্রের পদ্ধতি	উন্মুক্ত দরপত্র।			
<b>অর্থের উৎসঃ</b>					
৭	বাজেট ও অর্থনৈতিক খাত	রাজস্ব খাত।			
<b>তথ্যাদিঃ</b>					
৮	দরপত্র বিক্রয়ের শেষ তারিখ ও সময়	১৪/১২/২০২১খ্রিঃ বেলা ১৪.০০ ঘটিকা।			
৯	দরপত্র জমা প্রদানের সর্বশেষ তারিখ ও সময়	১৫/১২/২০২১খ্রিঃ বেলা ১২.০০ ঘটিকা।			
১০	দরপত্র খোলার তারিখ ও সময়	১৫/১২/২০২১খ্রিঃ দুপুর ১২.৩০ ঘটিকা।			
১১	দরপত্র মূল্যায়নের তারিখ ও সময়	১৫/১২/২০২১খ্রিঃ বেলা ১৪.০০ ঘটিকা।			
<b>অফিসের নাম ও ঠিকানাঃ</b>					
১২	দরপত্র ডকুমেন্ট/সিডিউল বিক্রয়কারী অফিস	(১) ডিআইজি, ঢাকা রেঞ্জ কার্যালয়, ঢাকা। (২) পুলিশ সুপারের কার্যালয়, রাজবাড়ী। (৩) পুলিশ সুপারের কার্যালয়, ফরিদপুর।			
	দরপত্র গ্রহণকারী অফিস	পুলিশ সুপারের কার্যালয়, রাজবাড়ী।			
	দরপত্র খোলার স্থান	পুলিশ সুপারের কার্যালয়, রাজবাড়ী।			
<b>দরপত্র সম্পর্কিত তথ্যঃ</b>					
১৩	দরপত্রদাতার যোগ্যতা	(১) হালনাগাদ/নবায়নকৃত ট্রেড লাইসেন্স (২) হালনাগাদ/নবায়নকৃত টিআইএন নম্বরসহ আয়কর সনদপত্র (৩) ভ্যাট রেজিস্ট্রেশন সনদপত্র (৪) ব্যাংক সচ্ছলতার সনদপত্র (৫) অন্যান্য যোগ্যতা যা টেন্ডার ডকুমেন্ট/সিডিউলে উল্লেখ আছে।			
১৪	মালামালের বিবরণ				
ক্রমিক নং	আইটেম	পরিমাণ (টন)	দরপত্রের মূল্য টাকা (অফেরতযোগ্য)	নিরাপত্তা জামানত (টাকা)	কাজ সম্পন্ন সময় (দিন)
(ক)	উন্নতমানের দেশী ছোট দানার মস্তর ডাল (৩.৫, ৪ ও ৫.৫ কেজি প্যাকেটজাত)	২০,০০০ কেজি (কম/বেশী)	৭৫০/-	৩,০০,০০০/-	৩য় কোয়ার্টার (জানুয়ারি-২০২২ হতে মার্চ-২০২২ পর্যন্ত)
(খ)	উন্নতমানের সয়াবিন তেল (বোতলজাতকৃত ও বিএসটিআই কর্তৃক অনুমোদিত)	১৯,০০০ লিটার (কম/বেশী)	৭৫০/-	৩,০০,০০০/-	
(গ)	কুকিং সাইজ শুকনা জ্বালানি কাঠ (রেইনট্রি/কড়াই)	চাহিদা মোতাবেক	৪০০/-	১০,০০০/-	
(ঘ)	নিলামে বস্তা বিক্রয়	মজুদ মোতাবেক	৪০০/-	৫,০০০/-	
(ঙ)	উন্নতমানের পোলাও এর চাল (প্যাকেটজাত)	১,০০০ কেজি (কম/বেশী)	৪০০/-	৫,০০০/-	
(চ)	লোড-আনলোড কুলি কাজ	চাহিদা মোতাবেক	৪০০/-	৫,০০০/-	
(ছ)	রাজবাড়ী পুলিশ রেশন স্টোরের গম পেছাই কাজ (২ কেজি ও ৫ কেজি প্যাকেটজাত)	চাহিদা মোতাবেক	৪০০/-	৬০,০০০/-	
<b>দরপত্র সম্পাদনকারীর বিবরণঃ</b>					
১৫	দরপত্র আহ্বানকারী কর্মকর্তার নাম	জনাব এম এম শাকিদুজ্জামান।			
১৬	দরপত্র আহ্বানকারীর কর্মকর্তার পদবী	পুলিশ সুপার।			
১৭	দরপত্র আহ্বানকারী কর্মকর্তার ঠিকানা	পুলিশ সুপারের কার্যালয়, রাজবাড়ী।			
১৮	দরপত্র আহ্বানকারী কর্মকর্তার যোগাযোগের মাধ্যম	☎-০২-৪৭৮৮০৭৫৭৬, ☎-০২-৪৭৮৮০৭৪৯০।			
<b>বিশেষ শর্তাবলীঃ</b>					
ক) পুলিশ হেডকোয়ার্টার্সের নির্দেশনা মোতাবেক ভোজ্য তেলের ভিটামিন এ দ্বারা সমৃদ্ধকরণের মাত্রা হবে ১৫ হতে ৩০ পিপিএম (Parts per Million) অর্থাৎ প্রতি গ্রাম ভোজ্য তেলে অন্যান্য ০.০১৫ হতে অনধিক ০.০৩০ মিলিগ্রাম ভিটামিন এ (০.০১৫-০.০৩০ mg/g) এবং ভোজ্য তেল কন্টিনারে প্রদর্শিত বা প্রতীক “সঠিক পুষ্টি সুস্থ্য জীবন” থাকতে হবে। দরপত্রের সাথে দাখিলকৃত নমুনা এবং গ্রহণের সময় Random Sample নমুনা সংগ্রহপূর্বক পরীক্ষার জন্য Accredited ল্যাবরেটরীতে প্রেরণ করা হলে এ সংক্রান্ত যাবতীয় ব্যয় দরপত্রদাতাকে বহণ করতে হবে”					
খ) কোন কারণ দর্শানো ব্যতিরেকে কর্তৃপক্ষ যে কোন দরপত্র গ্রহণ বা বাতিল করার ক্ষমতা সংরক্ষণ করেন।					
গ) দরপত্র পাবলিক প্রকিউরমেন্ট আইন-২০০৬ ও পিপিআর-২০০৮ (সংশোধিত আইন ও বিধি-বিধান সংশোধনীসহ) মোতাবেক সকল শর্তাবলী কার্যকর হবে।					
ঘ) নির্দিষ্ট সময়ের পর কোন দরপত্র গ্রহণ করা হবে না।					
<div><div><div><div><div><div><span></span></div><div>২১.১১.২০২১</div></div><div><div><span></span></div><div>এম এম শাকিদুজ্জামান</div></div><div><div><span></span></div><div>বিপি-৭৭০৫১০৫২৫০</div></div><div><div><span></span></div><div>পুলিশ সুপার, রাজবাড়ী</div></div></div></div><div>জিডি-২১৫১</div><div>☎-০২-৪৭৮৮০৭৫৭৬, ☎-০২-৪৭৮৮০৭৪৯০</div></div></div>					