

Covid vaccination programme on the right track

Its success will depend on smooth supply, inclusive coverage

WE appreciate the government for inoculating around half of our population—over seven crore people—with the first dose and over five crore people with the second dose of Covid-19 vaccine by now. The government has also set a target to inoculate all eligible persons with a double dose by June and with a booster dose by the end of this year. It has already started vaccinating children above 12 as well as the booster dose campaign on a limited scale. Moreover, the government's plan to set up a vaccine plant by this year to produce our own vaccines also seems very promising.

So far, the progress the government has made in vaccinating the population is quite good given the various challenges it had to face in procuring vaccines, maintaining the cold chain, ensuring a smooth supply as well as managing a digital system through which people have to register for the vaccines.

One of the major reasons for our progress in vaccination is that we have a strong Expanded Programme on Immunisation (EPI). Because of this, we could better manage the vaccination campaigns despite the fact that most of our public healthcare facilities are ill-equipped. The efforts our healthcare professionals have made in this regard is also remarkable.

Now that we have overcome the basic hurdles as the supply of vaccines has become smooth, we should not become complacent. There is still a lot more to do as a majority of our people have still not gotten the first dose of the vaccine. We should, in fact, expedite our vaccination programmes since a new Covid-19 variant Omicron—which has raised alarm bells across the world—has been detected in the country. The WHO has already warned the world about the looming danger of Omicron, saying that it may overwhelm the healthcare systems around the world. Already countries in Europe, China and the US have been facing a rapid surge in Omicron cases.

Against this backdrop, it is extremely necessary for our government to prepare and improve our public healthcare facilities to cope with any possible surge in Covid cases. However, for a country like ours with a weak healthcare system, it will be judicious to focus more on strengthening our vaccination drives because vaccination will curb hospitalisation and deaths.

As such, in order to ramp up our vaccination drives, the government needs to launch special drives to bring more people under its coverage. Attention needs to be given to vaccinate the rural people as they have limited access to online registration. At the same time, vaccinating more children should be given a priority this time around since the new variant is found to have harmful effects on children.

We hope the government will be successful in fulfilling its target of vaccinating all citizens by the end of this year through ensuring a smooth supply of the vaccines. Setting up a vaccine plant in the country will further strengthen our vaccination drive.

Police officer's reckless disregard for life

Law enforcers' sense of impunity must be addressed

WE are left baffled and wondering how strong a sense of impunity a police officer must have had in order to be able to take control of a heavy vehicle and plough through a crowd, leading to fatal injuries. That is what Assistant Sub-Inspector (ASI) Emdadul Haque did last Thursday in the capital's Gullistan. Witness accounts say that ASI Haque forced out the driver of an empty bus—after the latter had had an altercation with another plainclothes policeman—saying it was being seized and would be taken to Paltan police station. Though the DC of Motijheel division DMP claimed that the driver and conductor had fled the scene and the ASI was forced to drive the bus away from traffic, witnesses testified otherwise. Once Haque had control of the vehicle he swerved violently, ploughing into a crowd, and eventually drove into the rail of a footpath. His reckless manoeuvre killed two people, injured three, and damaged multiple motorcycles and rickshaws.

It should be noted that the area in which the incident occurred was not under the jurisdiction of Paltan police station, and that ASI Haque had not informed the concerned DMP Wari division before seizing the bus. Importantly, the ASI was not even supposed to take control of the vehicle, even if it had been abandoned, as the Motijheel DC claims. Several traffic police officers confirmed that he should have called for a tow truck and removed the bus to a safer location. Though the ASI was placed on a two-day remand on Friday, we don't know yet what his plan was when he drove into the crowd. What is clear, however, is the immense sense of power our law enforcers must feel they have, with no regard for the consequences of their actions.

Though this may seem like a one-off event, we believe this is just another exhibit of the callous and, frankly, reckless attitude of some members of law enforcement. We would urge the authorities to investigate this incident. It is also crucial to end the culture of impunity which our law enforcement agencies generally enjoy. Otherwise, we risk becoming a country where citizens have to fear law enforcers, rather than look to them for protection.

Why Bangladesh may not meet its SDG health goals



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When the United Nations General Assembly laid out its 2030 agenda in 2015, no one could have imagined that Bangladesh would surpass some of the milestone targets for health ahead of time. The Global Goals for Good Health—Sustainable Development Goal (SDG) number 3—includes child-related indicators of under-five mortality rate and neonatal mortality rate, as well as women-related targets for maternal mortality ratio and deaths by road accidents. Indeed, Bangladesh ranks above two South Asian giants—India and Pakistan—in its overall performance.

In terms of health, Bangladesh has managed to achieve its performance by establishing an extensive network of over 13,000 community clinics, which provide primary care for a significant number of people. There is no doubt that preventive medicine, by means of primary care, is the key to achieving all the targets. However, the nine years that we have left will not be enough to develop the complete infrastructure required to deliver the entire spectrum of preventive healthcare across the country.

The only other approach that could be used to achieve these targets in the given time is by developing emergency care services, where essential medical treatment is provided appropriately for time-critical cases such as sepsis, bleeding, stroke, and heart attack. This was recognised by the 72nd World Health Assembly back in 2019, when they adopted Resolution #72.16, which states that emergency care systems are essential for universal health coverage.

This would be a promising path for the country to take, were it not for the fact that Bangladesh does not have any efficient emergency care systems in place. This may sound odd, especially as the casualty

department has existed in most medical colleges, and the High Court has directed the government to ensure that healthcare facilities and practitioners provide emergency medical services to every patient brought to them.

It is true that all hospitals have now introduced emergency departments; the bastion that is Bangabandhu Sheikh Mujib Medical University (BSMMU) only

South Asian countries developing this field, Bangladesh has yet to recognise emergency care.

Recognition of this specialty would allow for standardised training of not only doctors, but also of nurses, paramedics, and other related healthcare professionals, so that patients receive quality care in the moments when they need it the most. This, unfortunately, leads to the second major issue that Bangladesh faces. Due to the lack of recognition, there are no defined career pathways for professionals in emergency care. This leads to clinicians being seconded to the emergency departments from a parent specialty for a short period of time. It is well and good when a cardiology trainee receives a patient with crushing, central chest pain in the emergency department, but the value they provide would be questionable when they are to deal with a new mother who is bleeding profusely following childbirth. Also, a placement for six months or so does not allow a clinician to develop new skills with confidence—especially when those skills learnt will never be called upon again. It is, therefore, vital that clinicians get embedded in the emergency department and move up their career ladder, so that they may instil confidence in their patients.

Nine years may not be enough time to bolster up the primary care services in the country to achieve its targets for SDG 3, but an emergency care training programme for clinicians across the country over the course of the next five years will contribute to bringing down death rates and ratios across all spectra of health issues. We do have time to amend our course, but the time of action is now. We have the benefit of skilled human resources by virtue of a local and expatriate community of trained medical professionals, as well as the support of regional and national organisations keen to develop a framework for emergency care. The Covid-19 pandemic has already proven that the health sector in Bangladesh is ready to take up a challenge, no matter how large; all we need now is guidance.



Although most medical colleges in Bangladesh have somewhat functional emergency departments, emergency care has yet to be recognised in the country.

PHOTO: ANISUR RAHMAN

just opened its emergency department in November 2021. These, however, can be described as cosmetic facelifts at best, as the systems required to deliver standardised emergency care are grossly lacking.

Emergency care has been in development since the 1950s in the West, arising from the casualty departments of old, developing into accident and emergency in the UK and finally into its own field of emergency medicine. Training in this specialty allows a single clinician to provide the first few hours of care appropriately for any patient presenting any condition. As opposed to other fields of medical science where diagnosis is key, this field looks at optimising a patient's condition before they receive definitive care by more traditional specialties. Despite its 50 years of existence, and all the other

THREAT OF NUCLEAR WAR

Not a thing of the past



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ANTONIO GUTERRES

We live in worrying times. The climate crisis, stark inequalities, bloody conflicts and human rights abuses, and the personal and economic devastation caused by the Covid-19 pandemic have put our world under greater stress than it has faced in my lifetime.

But the existential threat that cast a shadow over the first half of my life no longer receives the attention it should. Nuclear weapons have faded from headlines and Hollywood scripts. But the danger they pose remains as high as ever, and is growing by the year. Nuclear annihilation is just one misunderstanding or miscalculation away—a sword of Damocles that threatens not only suffering and death on a horrific scale, but the end of all life on earth.

Through a combination of luck and judgement, nuclear weapons have not been used since they incinerated Hiroshima and Nagasaki in 1945. But with more than 13,000 nuclear weapons held in arsenals around the world, how long can our luck hold? The Covid-19 pandemic has brought a new awareness of the catastrophic impact of a low-probability event.

Following the end of the Cold War, nuclear arsenals were dramatically reduced and even eliminated. Entire regions declared themselves nuclear-weapons free zones. A deep and widespread repudiation of nuclear testing took hold. As the prime minister of my country, I ordered Portugal to vote for the first time against the resumption of nuclear testing in the Pacific.

But the end of the Cold War also left us with a dangerous falsehood: that the threat of nuclear war was a thing of the past.

Nothing could be more mistaken. These weapons are not yesterday's problem. They remain today's growing threat.

The risk that nuclear weapons will be used is higher now than at any point since the duck-and-cover drills and fallout shelters of the Cold War.

Relationships between some countries that possess nuclear weapons are defined today by distrust and competition. Dialogue is largely absent. Transparency is waning and nuclear weapons are assuming greater importance as national security strategies find new contexts for their use.

Meanwhile, technological advances and the emergence of new arenas of competition in cyber space and outer space have exposed vulnerabilities and increased the risk of nuclear escalation. We lack international frameworks and tools that can deal with these developments. And today's multipolar global order means that regional crises with nuclear overtones threaten to draw

The NPT is one of the main reasons why nuclear weapons have not been used since 1945. It contains legally binding commitments to achieve nuclear disarmament, including by the five largest nuclear-armed countries. It is also a catalyst for disarmament—the only way to eliminate these horrendous weapons once and for all.

The 191 countries that have joined the NPT—representing the vast majority of the world—have pledged not to acquire or develop nuclear weapons. And these pledges are policed and enforced by the International Atomic Energy Agency (IAEA).

Soon, the countries that are members of the NPT will meet for their regular five-yearly conference to look at the treaty's progress.

Another United Nations conference for a treaty with an acronym may not seem particularly newsworthy. But the NPT is critical to the security and prosperity of all people on earth.

We must seize the opportunity of January's NPT Review Conference to reverse dangerous and growing trends and escape the long shadow cast by these inhumane weapons.

The review conference must take bold action on six fronts: 1) Chart a path forward on nuclear disarmament; 2) Agree new measures of transparency and dialogue, to reduce the risk of nuclear war; 3) Address simmering nuclear crises in the Middle East and Asia; 4) Work to strengthen the global frameworks that support non-proliferation, including the IAEA; 5) Promote the peaceful use of nuclear technology for medical and other uses—one reason why the NPT has won the adherence of non-nuclear-weapons states; 6) And remind the world's people—especially its young people—that eliminating nuclear weapons is the only way to guarantee they will never be used.

I urge governments to approach the conference in a spirit of solidarity, frank dialogue, and flexibility.

What happens in the NPT negotiating rooms in January matters to everyone—because any use of nuclear weapons will affect everyone.

The fragility of our world has never been clearer.

I hope people everywhere will push governments to step back from the abyss and create a safer, more secure world for all: a world free of nuclear weapons.



ILLUSTRATION: UN OFFICE OF DISARMAMENT/IVAN PALOMINO

in other nuclear-armed countries.

The nuclear landscape is a tinderbox. One accident or miscalculation could set it alight.

Our main hope to reverse course and steer our world away from nuclear cataclysm is the Treaty on the Non-Proliferation of Nuclear Weapons—better known as the NPT—which dates from the height of the Cold War in 1970.