

Enforce Covid curbs properly

But some of the curbs merit reconsideration

THE new Covid-19 curbs, due to come into effect from January 13, 2022, were not unexpected and have not come a day too soon. Hardly had we been able to breathe a bit peacefully when the third wave of the pandemic overtook us with a new incarnation of the coronavirus. One hopes that the curbs, if fully enforced, would prevent the need for a complete lockdown and help avoid the adverse consequences of it.

But we need to be aware of the fact that the Omicron variant is highly transmissible; it has spread like wildfire in the US and much of Europe and the UK. It has high immune evasion capability, but its severity is reportedly low. In other words, it has the potential to infect heavily, saturating the healthcare system, but the casualty rate may not be as high as in the case of the previous variants.

Experience of the last two years of our combat against Covid should prepare the nation well to face the new onslaught. There is no better way to fight the malady than stopping its propagation. That can be done by following the safety protocols—both individual and collective—remaining at home as much as possible, avoiding gatherings of any nature, and, of course, getting vaccinated against the virus.

However, while the restriction orders are comprehensive, there are a few issues that we feel should be pointed out. Religious, political and social gatherings “in open places” have been banned. Are we to understand that such gatherings can be organised in closed spaces? One would have thought that while gatherings of any definition should be shunned, open-place gatherings are safer than closed-door ones, where airflow is restricted and air conditioners work as transmitters of the virus. Moreover, no such caveat has been imposed on malls, shops and big markets, which will operate as per usual business hours. We believe that there is a need for some kind of restrictions on large shopping malls.

Experience has shown that these safety provisions are never fully enforced. This is most acute in the transport sector where, despite the restrictions, we have found public transports carrying passengers at full capacity, yet charging more than the normal fare.

What we find most surprising is that, after January 15, unvaccinated students aged 12 years and above will not be allowed to attend classes in person, and that a vaccine certificate must be furnished to dine at restaurants. We believe these two conditions are inapt. As of January 6, 2022, 39 percent of the targeted population and 31 percent of the total population of the country have received both doses of the vaccine, according to the Directorate General of Health Services (DGHS). Such an order would be appropriate only when the entire population has been given both the shots. This aspect should be reconsidered.

Restrictions can be effective only when they are followed. The administration should not rest by issuing orders only. Ensuring compliance is equally important, if not more.

New kids on the block!

Chess prodigies defeat FIDE-rated players to lift Omicron gloom

AS Omicron spreads across the country and beyond, to top off another year of doom and gloom, two young home-grown talents are reminding us that there is more to life than this. Poly Khatun and Mim Akhter, two kids from Mirpur, underprivileged and uninitiated in the art of chess playing even a couple of months ago, have done the unimaginable: they have defeated internationally rated chess players as part of a local tournament held recently. This is a story of how our children can do wonders if nurtured properly. It gives us hope at a time when hopes are in woefully short supply.

According to a report by this daily, it all started when a local organisation named Agami Education Foundation launched a programme to teach chess to underprivileged school children in Dhaka’s Mirpur and Mohammadpur areas. The objective was simple: help them explore their potential. Funds were raised, professional chess players were roped in to help with the training, and parents were encouraged to send their children. Classes began in October 2021, with mostly female students. Soon, many of them started to show their talents. And then, with less than three months’ training, Poly and Mim, aged around 12 and 15 years, respectively, defeated two International Chess Federation (FIDE) rated players in tournaments held between December 29, 2021 and January 8, 2022.

Such stories of joy and triumph and simple pleasures of life are what we need at this critical juncture. Extracurricular activities such as sports and debate have a transformative role to play in the lives of students. And at a time when our students are still reeling from the long Covid-19 enforced closures, trying to claw their way back to pre-pandemic routines, it is all the more important that they don’t lose sight of the bigger picture: that it takes more than classrooms and guided notes to realise one’s potential. Our children are immensely talented. And to be the future leaders that we need them to be, it is important that they get all the help they need in their pursuits through creative and fun activities.

How to design an emergency care system



Dr Mir Saaduddin Ahmad is academic director at Dr Nizam Medical Centre in Dhaka, Bangladesh, and a trained specialist in emergency medicine.

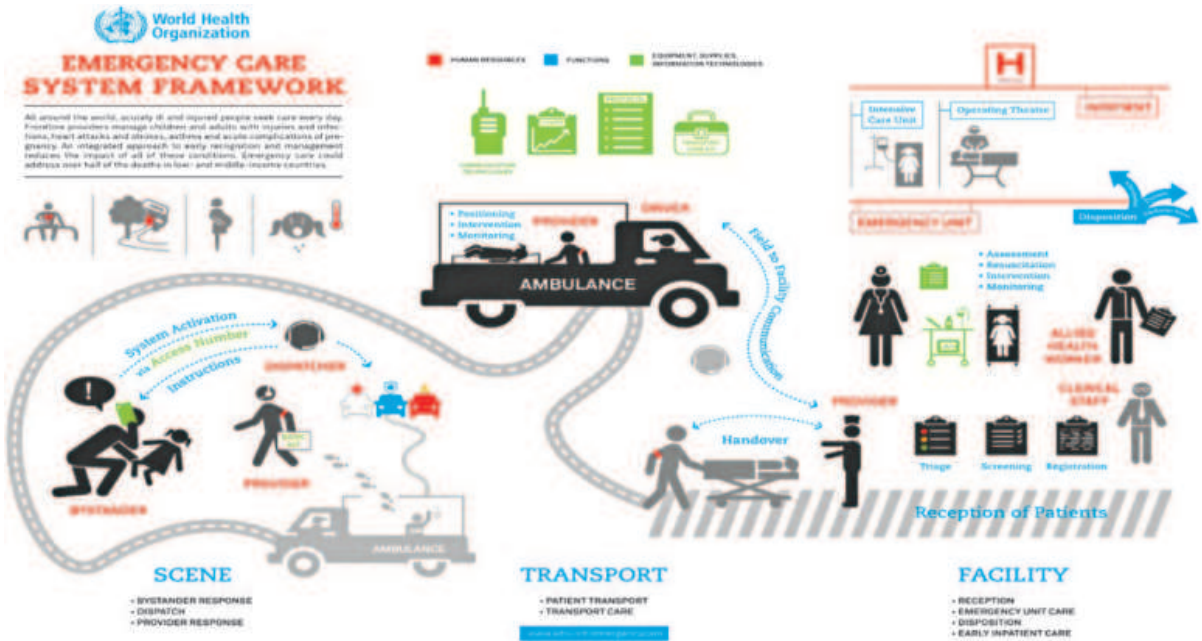
MIR SAADUDDIN AHMAD

DEVELOPING an understanding of emergency care may seem like a daunting task—especially if, like in Bangladesh, there is no working system in place. However, there is a framework developed by the World Health Organization (WHO) that makes it easy to understand how to design an efficient emergency care system. Policymakers in low- and middle-income countries who wish to strengthen their national emergency care systems can study and implement that framework.

The WHO emergency care system framework divides the initial journey of an acutely ill or injured person into three locations: the first is the scene where the illness or injury originates, the second is the transport of the patient, and the third is the facility at which the patient undergoes treatment. It also classifies all the actions taken from the scene of illness/injury to the treatment facility in three segments: human resources, functions and equipment, and supplies and information technologies. When all three locations are interconnected by effective and prompt actions, not only are lives saved, but the overall quality of life after the illness or injury is much improved.

The most sensible aspect of this framework is that most, if not all, of the elements are already present in all health economies. Let’s look at the framework in the context of Bangladesh.

The action plan of any particular case of emergency care may vary, as it depends on the patient and their illness. It may also vary depending on the scene of illness or injury: urban or rural, indoors or outdoors. The only constant in all these situations is the heightened state of emotion that the patient and their close ones experience, and the anxiety that stems from uncertainty. The response of a bystander, if there is any, is crucial in this situation. Whether it is having basic first aid skills or even just the ability to call for help, a bystander is key to providing the initial help to the patient. Bystander



INFOGRAPHIC: WHO

There is no doubt that Bangladesh has all the required elements to design an effective emergency care system; what is needed is the alignment of these elements.

Response can be substantially improved in Bangladesh by means of one of many successful public health campaigns that have already been run, whether it be by media or formal education. Furthermore, the country already has a national emergency helpline, 999, which is accessible free of charge. Training these dispatchers in emergency care and

the country to provide emergency care to patients. But what needs to be looked into is the quality of this emergency care, and standardise all these facilities, so that patients don’t waste time deciding which facility to go to. The fact that most of the health economy in Bangladesh runs on an out-of-pocket scheme should not affect this stage of care, as care must be

efficient methods of communication can help both the bystander and the patient. Transport is a critical factor when it comes to Bangladesh. Firstly, the current state of urban traffic is a huge barrier to providing emergency healthcare due to road congestion. The sense of responsibility to facilitate the passage of an ambulance at any given time must be instilled within the community. A combination of better traffic flow and improved policing is undoubtedly needed for this, but it will take time. However, what is more easily achievable is upgrading the ambulance services; instead of using ambulances as a means of transport, trained first responders and appropriate equipment should be added to the services. At the same time, the authorities concerned can develop a national ambulance service, which should take a relatively short period of time.

There is no shortage of facilities that house an emergency department in Bangladesh. The High Court has ordered all healthcare facilities and providers in

provided before payment. With proper training of all healthcare professionals and planning for infrastructure and resources, patients can be efficiently treated in these emergency units, and appropriate disposition plans can be made.

Effective communication is vital in this entire process, whether it is a dispatcher responding to a bystander and alerting the nearby facility, or the first responder providing a clinical handover to the receiving unit. There should be clear communication with the patient and their attendants as well.

There is no doubt that Bangladesh has all the required elements to design an effective emergency care system; what is needed is the alignment of these elements. The responsibility of ensuring that critical patients survive and make a good recovery does not only fall on the healthcare sector, but all the relevant government sectors as well. This is definitely a challenge—but it is a challenge that Bangladesh appears to be ready to take.

Who still cares about GDP?



Debra Efroymson is the executive director of the Institute of Wellbeing, Bangladesh, and author of 'Beyond Apologies: Defining and Achieving an Economics of Wellbeing.'

DEBRA EFROYMSON

Kennedy famously said, GDP “does not allow for the health of our children, the quality of their education or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages, the intelligence of our public debate or the integrity of our public officials... it measures everything in short, except that which makes life worthwhile.” I realise that after all we’ve been told,

population size matters. But GDP per capita is simply an average. If Elon Musk walks into the room, average wealth will skyrocket—but nobody actually has more money. Averages tell us nothing about distribution, and what we do know is that Bangladesh is rapidly becoming more and more unequal, with wealth accumulating in the hands of the rich. Nor does GDP tell us anything about unemployment or the

GDP includes all kinds of products that we would do better without, such as weapons, junk food, and tobacco.



Why would anyone care about high GDP growth if the resulted wealth is not enjoyed by all members of society?

ILLUSTRATION: BIPOLOB CHAKROBORTY

it seems counter-intuitive that economic growth, measured by GDP, will not mean that growing populations will have enough of what they need. So let’s break it down a little more. As I mentioned, GDP does not measure only what we need, but rather everything we produce—as long as it’s for sale. GDP includes harmful products and excludes beneficial ones, like organic vegetables, if they’re not sold. GDP leaves out household work, despite its necessity to societies. So, GDP can go up without people having more access to basic goods.

Additionally, we measure GDP per capita. On the surface, that makes sense—we have to spread the material wealth among the population, so

quality of existing jobs, or about people’s health or feelings of satisfaction.

It isn’t like we don’t have alternative measures that would give us a better sense of how well we, as a country, are doing. In my research on the topic, the measure I found most impressive, for being the most comprehensive and the closest to measuring what we actually value, is Gross National Happiness. This does not mean, as some people have suggested, that everyone in Bhutan is supposed to smile all the time; what it means is that the Government of Bhutan looks at a wide range of measures, not just one average, and seeks to make things better across all of them: environmental issues, women’s overwork, social isolation in the capital, etc.

Marilyn Waring’s strong words about GDP came as a revelation to me two decades ago. We all need to have a shared revelation about the uselessness of GDP as a measure of a country’s well-being. Let’s stop using a measure that has resulted in obscene wealth for the few and environmental devastation, and focus instead on a measure that takes into account the things we value: access to basic needs for all, clean air and water, time for family, and well-being.