The Daily Star
FOUNDER EDITOR: **LATE S. M. ALI**

We must prioritise food security

PM's call in this regard is a welcome one

The prime minister on Sunday instructed the Bangladesh Bank to intervene if any bank faced a dollar shortage while opening letters of credit for importing food, fertiliser, and other agricultural inputs to ensure uninterrupted food supply to the country. She also said that the government would continue to subside agricultural inputs, while cutting back subsidies on LNG and electricity. We welcome the PM's proposed moves to ensure that our food supply remains stable. However, we have to remember that the ongoing economic crisis, while exacerbated by external factors, is also the result of certain structural issues that have long persisted as a result of internal weaknesses and mismanagement, as pointed out by experts and the media repeatedly.

And this, in turn, is having a significant impact on our food security.

While ensuring food security is a must, the only way it can be achieved is by strengthening other economic fundamentals. For example, one of the biggest worries for us when it comes to importing food right now is dollar availability or the lack thereof. The primary reason for the ongoing dollar crisis is that the value of our exports is rising, while the value of our imports and remittance inflow is falling. And remittances have been falling because the central bank has decided to artificially set the exchange rate at which banks are buying and selling the dollar, making it more profitable for individuals to send remittance through unofficial channels – whereas, if migrant workers send it through the official channel, they will comparatively make a loss. Economists have been calling on the government to fix this discrepancy, but to no avail.

Right now, the central bank reportedly has foreign currency reserves of USD 35.7 billion, which is enough to meet about four months' import bills. Thus, the PM also called on the authorities to reduce the gap between export earnings and import payments – or the current account deficit. This should have been done a long time ago. Nevertheless, the authorities now need to work extra hard to achieve that target, particularly because the present global environment is least accommodative for that.

Due to the ongoing inflationary pressure, lower- and fixed-income groups are becoming increasingly more food-insecure. The government needs to ensure that its programme to sell essential goods, including food, at lower prices to one crore low-income families is carried out efficiently. Previously, we had heard a similar government promise to deliver such aid to 50 lakh people. However, in reality, the government allegedly could not deliver the aid to more than 38 lakh people. We urge the government to address this kind of discrepancies and build capacity to deliver on its promise this time. It must make sure that food items actually get delivered to their intended beneficiaries.

Trainings, or shopping excursions?

Govt must restrain top officials from going on unnecessary foreign trips

In a virtual address recently, the prime minister, for the umpteenth time, reiterated her call to the people to exercise austerity. But then, a group of government officials, for the umpteenth time, showed that they are above such instructions possibly because they are "a different class of people" – as the attorney general recently told the apex court, while defending public servants' exemption from arrests without permission. We are talking about a flagrant disregard for the PM's austerity call here, coming in the form of an unnecessary foreign trip being planned for senior public officials.

According to our report, a group of bureaucratic heavyweights are set to visit Germany for a "training exercise" as part of a project of the Bangladesh Water Development Board. Under the project, 905 automated wells with data loggers and telemetry systems have been installed. But six of the eight people selected for the trip are secretary and director level officials, and one is an executive engineer. None of them, however, are involved with the day-to-day maintenance of the work involved. Reportedly, the cost of the tour would be no less than Tk 30 lakh – money that could be saved in this time of great crisis, or better utilised through training field-level officials who could actually ensure the public get their money's worth.

Just like the tour plan, the project itself seems to be on shaky ground. For example, around 150 automated wells installed as part of the project have already gone out of order, even before the project could be finished, necessitating the training for field officers to learn about troubleshooting and maintenance of automated systems. Only, they will not be attending the training. As well as concerns over the selection of high-profile attendees – who seem to have self-selected themselves – there is an equally important question: How could so many wells go out of order so soon? This cannot be a normal development. It only shows the laissez-faire approach with which most government projects are executed, with corruption, mismanagement and inefficiency coming every step of the way.

Unfortunately, ill-planned trips like this are increasingly becoming the norm. This is despite the fact that the finance ministry, on May 12, issued a notification about the government decision to place an embargo on all kinds of overseas trips by public officials, including exposure visits, study tours, workshops or seminars, to ease pressure on foreign exchange reserves. On July 25, the PM also restricted all government-funded overseas visits except in cases of foreign aid. Why, we wonder, would government officials still go on such trips, the costs of which are ultimately borne by citizens? Often, these trips are attended by soon-to-retire or senior officials who have no way of using their costly training for the benefit of relevant projects. This is totally unacceptable.

We urge the higher authorities to bring an end to this gross violation of official instructions by public offices themselves.

Why is dengue becoming such a serious public health threat?

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MOHAMMMAD SOROWAR HOSSAIN

This year's dengue epidemic pattern is unusual. Over 50 percent of total cases have been reported in October, whereas in the past, dengue cases dropped around this time. During the country's largest outbreak in 2019, only eight percent of total cases were recorded in October, while it was 19 percent during the 2021 outbreak. This data indicates that the seasonality of dengue is shifting in a changing climate. One recent study projected that dengue transmission could occur all year round in Bangladesh because of climate change.

Dengue, the fastest spreading mosquito-borne disease, has been ranked by the World Health Organization (WHO) as one of the top 10 global public health threats. It has spread to 129 countries, with 400 million annual infections and 40,000 deaths. In Bangladesh, dengue was first documented as "Dhaka fever" in 1964, with the first official outbreak occurring in 2000.

The extraordinary genetic diversity of the dengue virus has particularly contributed to the severity of these outbreaks. There are four different types of dengue virus, and research shows that dengue complications increase with variations in virus types. If you are infected for the first time, your body will produce protective antibodies that make it less likely to get infected with that same type. However, if you are subsequently infected with other types, it can be clinically more complicated than before, the severity of which will only increase with further infections. Nearly 75 percent of people with first-time exposure to dengue have no symptoms, which is also a major concern.

In the past three years, dengue, which was mostly contained to Dhaka, has spread across Bangladesh, into district towns.

FILE PHOTO: **RASHED SHUMON**

The existing dengue surveillance system needs to be strengthened to measure the actual burden of dengue. Currently, patients admitted to only 51 hospitals in Dhaka are being counted, even though there are hundreds of hospital clinics in the city.

Studies have revealed that the clinical spectrum is changing as well, with an increasing trend of gastrointestinal symptoms (such as vomiting, abdominal pain, diarrhoea, and constipation), while symptoms of bleeding and joint pain are decreasing. Worryingly, Dengue Shock Syndrome (DSS) has increased by up to 10 times in recent outbreaks. Our clinical experience suggests that dengue is likely experiencing an epidemiological shift towards becoming a more severe illness in Bangladesh, with young adults being predominantly affected.

In the past three years, dengue has also spread into non-endemic areas such as district towns. Nearly half of all cases (48.4 percent) were recorded from all 64 districts during the biggest 2019 epidemic. Similar circumstances were observed in 2021, where 20.4 percent of cases were documented from regions other than Dhaka. Currently, the ongoing 2022 epidemic has seen more than one-third of all cases recorded outside Dhaka city. Based on the analysis on the southern districts, Jashore, Pabna, Cox's Bazar and some districts in Barishal division appear to be potential dengue hotspots in coming years.

Until 2018, dengue outbreaks were mainly confined to Dhaka city. Although there were cases reported from outside Dhaka, it was not possible to confirm whether they contracted mosquito bites locally. Research suggests that dengue probably spread across the country during the 2019 Eid holidays, when about 10-12 million people from Dhaka travelled to different parts of the country. At the time, most of the cases were reported from Dhaka city till Eid, but after the Eid holidays, dengue cases outside Dhaka started to increase, with four to seven times more cases being reported from some of the southern districts. Later in 2019, a hospital-based study found 262 dengue patients who had not travelled to Dhaka before come to the city for treatment. Later, another study confirmed this hypothesis. This year's dengue epidemic in the Rohingya camps also confirms that dengue is spreading nationwide.

Factors that act as catalysts for the spread of dengue include unplanned urbanisation (which creates habitat for mosquitoes) and climates conducive to the spread of Aedes mosquitoes. If we consider suitable temperature and rainfall, every district in Bangladesh is conducive to the spread of dengue mosquitoes, which have been found across the country. Rapid unplanned urbanisation (and subsequent waterlogging) over the last decade has further contributed to this. For example, according to our recent study, urbanisation in Jamalpur sadar upazila has increased eightfold in the last 30 years.

In this context, what are the priorities in terms of public health preparedness? The existing dengue surveillance system needs to be strengthened to measure the actual burden of dengue in the country. Currently, patients admitted to only 51 hospitals in Dhaka are being counted, even though there are hundreds of hospital clinics in the city. As a result, there is no way to know how many people are infected in Dhaka.

According to a multinational study, an estimated 2.4 million people are infected with dengue every year, mostly in Dhaka. On the other hand, at the district town level, only government general hospitals are under surveillance. Notably, 70 percent of patients in Bangladesh seek treatment in private healthcare facilities. How can we truly understand the spread of dengue without adding every hospital and diagnostic centre to the surveillance system?

District-level healthcare support systems must be developed to prevent public health disasters. Treating critical dengue patients requires tertiary care hospitals, and often, ICU support. District-level hospitals are not equipped to treat such severe dengue patients.

Finally, even though dengue is caused by mosquito bites, there is a poor correlation between mosquito density and large, severe outbreaks. Disease severity and major outbreaks depend on the type of virus circulating in the environment. Therefore, a molecular warning system is required to track the changes in the dengue virus throughout the year. At present, this issue is mostly neglected. So far, the government has not taken many initiatives to engage the community in mosquito control. Going forward, empowering the community will be critical in managing the impending dengue crisis in Bangladesh.

Hollow democracies make the most noise

CHINTITO SINCE 1995

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NIZAMUDDIN AHMED

Probably on account of my two consecutive pieces in this column on Covid and dengue, an observant and aware citizen approached me with the query of whether I was a medical doctor.

"Depends on what you are suffering from," was my response.

"Democracy," he said.

Floored though I was, having met patients suffering from "papacracy," "moneycracy," "celebritycracy, and the terminal "petticoatacracy," I was not in the least surprised. Amused, yes? More about these and other "-cracies" another day.

"Mmm... What are your symptoms?"

"Well, for one, I am allowed to speak on TV talk shows."

"Can a TV show be without any talking? What is this programme about?"

"A host, *eedaning* a hostess too, calls up several of his/her regular contacts a couple of hours before going on air to discuss anything – from the rising price of onions to 'Putinocracy'. Those of us who have nothing else to do agree to have our face powdered, and then deliberate on matters that we don't know about until the time is up. The art of being recalled is to wear a very *chintito* face, even when they hand you a handsome amount for keeping their airtime occupied."

"What do you get to say in these televised armchair sittings?"

"We say our hands and feet are tied, that the atmosphere is suffocating. But in reality, we can speak out against government issues, against opposition political parties, against any politician, businessman... Occasionally, we talkers get to the point of a fist fight, or at least in a situation where we generate incoherent clamour. Channel owners find that very exciting. Good for TRP."

"Does anyone not counter your claims?"

"They always have a lackey who speaks out against our issues nastily. Talk shows, in my mind, are true democratic platforms."

"Do these programmes have any audience?"

"Our family and friends, as well as enemies searching for weak points in our argument, listen to us with complete devotion."

"Don't the channels lose money?"

"Actually, no. Viewers are always switching channels, having 60-70 choices. So, no one is watching anything for long, unless it is a replay of a cricket match involving a rare Bangladesh win. Live matches are very stressful, not good for the weak of heart. In a way, channels, too, are surviving because of such democratic remote control."

"Mmm... any signs of the disease proliferating?"

"At public meetings, we have a field day. In the midst of our supporters (there could be the odd *jasus*), we can call our political opponents names, such as fascist, vote dacoit, liar, illegitimate, autocrat, residents of Begum Para, fugitives of the law..."

"Don't you need documented evidence to make such serious defamatory claims?"

"Not at all. It's a free-for-all situation with our MAGA partisan followers making such a din that much of the speech is a rambling of words. But we get a 'yay' at repeated intervals."

"MAGA?"

"Make Adversary Get Angry."

"Are you not vulnerable when you go home?"

"We don't, that is after any day of fiery rhetoric. For that sacrifice, maybe in the comfort of a friend or a family member's house, we earn sympathy from our fellow aficionados. Of course, we also register political points with our higher-ups."

"Is there no legal action against your brand of 'Democrats'?"

"No, things are soon forgotten. If perchance we are cornered by the law or some tough guy from the opposite camp or the media, we utter a readymade statement, 'It was a public meeting, not a court, *bhai*.' Never miss the *bhai* in the end. Or you may go missing."

"Does anyone else you know have similar symptoms?"

"Now you are talking, Doc. You never walk alone in this crazy world of democracy. This is a very contagious disease. Many, thousands of people I know suffer from this sort of democracy. Now seriously, do you have a cure for this ailment? Anything, Doc! I am sick and tired of lying through my nose day in, day out. My wife... oh, what the heck! She has gotten used to the idea."

"But I thought that was the trademark of a politician?"

"Your thoughts are totally garbled. There are many great leaders, famous for their truthful oratory, wonderful examples of mankind, icons for generations. I need a prescription, Doc."

"Did you try shaking hands with the opponent, as a gesture of atonement?"

"Wow! Doctor! You want me to make peace with those fascists, vote dacoits, liars, autocrats, residents of Begum Para, fugitives of the law...?"

"Easy, easy. But that is the only medicine that will work. You will not have to lie – well, occasionally maybe. You will be nice, as much as possible..."

"Thank you, Doc! I think I will get a second opinion."

"Yes, please do that. I know some doctors in Singapore."

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