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FOUNDER EDITOR
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Why are we losing so many of our doctors?

The loss to their families and to the nation is irreparable

WITH the situation on the ground worsening each passing day, we must grapple with the fact that we are losing our healthcare professionals at the frontline of the war on Covid-19 at an alarming rate. At least 35 doctors have already sacrificed their lives while fulfilling their oath of serving humanity, and as many as 1,169 doctors have been infected as of June 12, according to Bangladesh Doctors' Foundation (BDF). A report published by this daily shows that 16 of these 35 doctors were senior physicians at the professor-level, who not only provided life-saving treatment to critical patients, but also mentored whole generations of doctors and contributed to healthcare policies and medical practices.

There can be no doubt that the loss of these esteemed and experienced professionals, who are the backbone of our healthcare system, is irredeemable. Particularly, at a time when the sector is completely overwhelmed and struggling to provide treatment to the ever-increasing number of patients both in the Covid-19 and non-Covid facilities, the passing of senior doctors will only push the sector towards further devastation. We must ask ourselves—and answer—whether enough precautions were taken to ensure utmost safety of those leading the fight. From the beginning, we have witnessed the authorities' failure to come up with a comprehensive plan on how to tackle the overwhelming pressures on the healthcare system brought about by the pandemic and the mismanagement in adequately deploying and equipping doctors. This has no doubt pushed our healthcare providers towards further exposure. We must now, as a nation, pay the heavy price for such reckless disregard.

There is as yet no compiled data on the number of nurses, paramedics and other healthcare providers who have been infected or lost their lives. We mourn for and pay our utmost respect to the doctors and healthcare providers who put their patients' lives before their own. The flailing healthcare sector, which failed to protect them, is now even more vulnerable with their passing.

The authorities can no longer afford to be apathetic to this harsh reality.

Increase budgetary allocation to education

Govt should have a specific recovery plan in the revised budget

WHILE educationists and NGOs working in the education sector have long been demanding an increased allocation for education in our national budget and were hoping that the government would have some specific plan this year to recover the learning loss created by the pandemic, it is unfortunate that the concerns raised by them have not been taken into consideration by the government. While educationists suggested that at least 15 percent of the budget should be allocated for education, it remains stagnant at 11.69 percent in the proposed budget, which is only 2.09 percent of the GDP.

We wonder why our investment in education is still the lowest among the South Asian countries in terms of GDP. Why can't we prioritise this sector along with other priority sectors? A recent survey conducted by the Campaign for Popular Education (CAMPE) warned that the pandemic might increase the dropout rate in schools which may give rise to child labour, child marriage and early pregnancy. What are the government's plans to address these issues?

The finance minister said that the government's most important task in education for the next fiscal year would be to bring back continuity in the curriculum and cover the learning loss caused by the long study break. He also said that the government allocated sufficient resources to achieve this objective. However, we do not understand what he meant by "sufficient resources" and how the government would make up for the learning loss with this limited allocation.

Around 40 million students across the country have suffered discontinuation of regular academic activities due to Covid-19. While it would take a long time to recover the loss even with higher budgetary allocation and specific recovery plans, how can the government expect to address these complex issues with the current allocation and without any special initiatives?

When educational institutions reopen, increased allocation will be needed for school stipend programmes, school meals, wash facilities and health hygiene. And during the closure, the government must spend money to provide the teachers with the necessary training so that all of them are prepared to take online classes. Allocation is also needed for giving the teachers their salaries on time. Moreover, for enlisting the new educational institutions under the Monthly Pay Order (MPO) scheme, separate allocation is needed.

We hope that these issues are addressed in the final budget after proper discussions in parliament, considering the experts' opinions. While Unesco recommends that six percent of GDP and 20 percent of the national budget should be spent in the education sector, it is disappointing that we still could not increase our allocation in education to at least 15 percent of the national budget.

LETTERS
TO THE EDITOR

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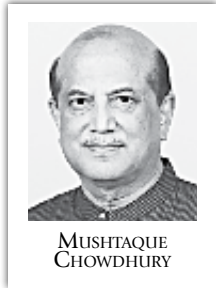
Japan imposes flight ban

Bangladesh was allowed to operate special chartered flights to and from selected countries including Japan, on the condition that all intended passengers must have health certificates stating that they are Covid-19 negative. But I was shocked to learn from the news recently that the Japanese authorities have restricted the special chartered flights. The decision was made after four Bangladeshi passengers tested positive for Covid-19 in Japan despite having certificates stating they were safe to travel.

The authorities must immediately investigate who was involved behind providing the fake health certificates and bring them to book.

Monir Hossain, Dhaka

More money, thanks. But what's next?



MUSHTAQUE CHOWDHURY

NEVER in the history of budget placement in this country has there been so much of excitement and interest. People from different walks of life were waiting eagerly to listen to the finance minister. The reason—what breath of fresh air does he bring to the pandemic flustered populace through smart and appropriate allocation? The reaction to the budget thus far has been mixed. This is not entirely unexpected as no budget can satisfy everyone.

While the additional money allocated for health is not enough (and is perhaps never enough), this at least demonstrates that the government is attuned to the expectations. The other good news is that the sectors which are closely related to tackling the effects and after-effects of Covid-19 such as education, agriculture, safety nets, etc. have also seen a boost in their allocations. However, why the environment, forest and climate change sector got a cold treatment is not understandable, particularly when good health cannot be achieved without ensuring a good environment. The case of arsenic in both drinking water and agriculture chain is a case in point.

The devil is in the details, goes the idiom. Here too, we need to know more details. The simple question is: "Well, we have the additional money which is great, but how and where will this be used?" If it is "business as usual", then it's just old wine in a new bottle, with some additional allocations to the existing heads including misappropriation.

As the saying goes, never let a good crisis go to waste, we must use the Covid-19 as an impetus for bigger and better actions. "As a result of the learnings from the present pandemic, the health sector will be refurbished and the budget will include initiatives in this regard," the finance minister told a news channel two days ago. The question, again, how is the government going to "refurbish" the health sector and what new "initiatives" are they going to take? In my opinion, we are past the point of refurbishment and it is time to consider a complete overhaul.

The minister in his budget speech mentioned seven areas where "reforms" would be implemented. Unfortunately, the health sector did not appear in the list. Does this mean that these tall words are only lip service and lacklustre of what

kind of "refurbishment" is expected? We hope not. On the contrary, we do hope that the government understands and appreciates the opportunity created by this unprecedented crisis and go for a total reform of the sector that will galvanise us towards the dream of Vision 2041. Experts have been deliberating on the immediate steps to trigger the reform process. There is quite a remarkable unison in the way they have been thinking about it. Some of these are discussed in the following.

Formation of a Permanent National Health Commission: As a first step, the government should form, through an Act of Parliament, a high-level Permanent Health Commission to decide on the roadmap to achieving the vision for health. The government has committed time and again in various global forums the health sector. This office would be the holder of the entire health sector budget and disburse to different sub-sectors (such as hospitals, primary health care, related institutions) based on population needs and demands. The Office would monitor the expenditures through strict regimes of internal audits and monitoring. This would be an autonomous Office headed by an individual with the rank of a senior secretary. This would do away with the current faulty system where both the purchaser and provider of the services is the Ministry of Health and Family Welfare (MoHFW).

Management and governance are the keys: Much has been written about the poor management of our health systems, both public and private. Examples galore on the poor delivery of health services by the public system. Absenteeism is the name of the game and in any given time, not even two thirds of the relevant staff are found in facilities which require their presence 24/7. Such an issue of management has to be seen from both the supply as well as the demand side perspectives. I don't think we have discussed it enough, let alone addressed the root cause of why such management and governance failures happen. Same goes with the private sector healthcare where the absence of regulatory enforcements is turning the sub-sector into an uncontrollable monster.


A moratorium on infrastructure building: A major source of spending in the MoHFW is the infrastructure. It is well known that not all the infrastructure are made based on sound rationale and that concomitant funds are not made available to utilise and maintain



to achieving Universal Health Coverage (UHC). Universal Health Coverage, as we know, is achieved when everyone can access health services they need without suffering financial hardship. To be headed by an individual of repute, s/he should have a good and holistic understanding of public's health and the factors that affect and is affected by it. It is critical that the head should have enough clout and status (a cabinet minister status). Commissioners should be drawn from people with expertise in related areas including public health, medicine, economics, finance, business, gender, politics, and civil society.

Making the health sector accountable: An important measure to increase the accountability of the health sector is to set up an independent National Health Security Office (NHSO) whose task would be to act as the financier of

The budget falls short to be Covid-19 responsive



SELIM RAIHAN

THE fundamental objective of the budget for the next financial year (FY21) should have been to resolve the unparalleled health and economic threats raised by the Covid-19 pandemic, and to restore economic stability. Though the budget has acknowledged the context, it falls short to be a Covid-19 responsive budget.

Health sector

The health crisis that the country is going through and the incompetence and lack of resources of the government to handle this problem is an accumulated result of decade long problems. For decades, the health sector, especially the public health system, has been overlooked. In the private health sector too, there is a lack of transparency and accountability. Against this backdrop, the total allocation for health budget increased by 14 percent to Tk 292.47 billion in FY21 from Tk 257.33 billion in FY20. The proposed increase in health budget is necessary but seems inadequate given the ongoing health hazard. However, there is a provision of a block allocation of Tk 100 billion, which is proposed to fulfil emergency requirements. This allocation should be used judiciously. Allocation of Tk 1 billion to finance the activities for the development of research in health-education and science and technology is commendable and the allocation should be increased quite significantly in coming years.

Along with increased allocation, despite inadequate, the management of the health sector must also be improved. Without the improvement of management, effective usage of the increased allocation will come under question. The health ministry lacks capacity in implementing the budget. There are questions regarding corruption and mismanagement in the health sector. In the budget, claims have been made that hospitals have been transformed into specialised hospitals for Covid-19. However, the question remains whether these hospitals are actually in operation, as media reports indicate a huge gap between announcement and implementation. Most of these hospitals lack doctors, nurses and supply of essential medical equipment.

Social safety net

The increased social-safety net allocation

is expected, but the allocation should have been increased more. It should be kept in mind that a large portion of the social protection budget allocation is actually devoted to pension and allowance schemes. Therefore, the question remains, how much allocation was effectively increased for the poor and vulnerable population. A huge number of people have slipped below the poverty line in the current crisis and



What we needed was a mid-term "recovery plan" under which the proposed budget for the FY21 should have been formulated.

is not realistic at all. Total revenue target in FY21 is proposed at Tk 3,780 billion from which Tk 3,300 billion is proposed to be collected through the NBR. The non-NBR tax revenue is estimated at Tk 150 billion whereas non-tax revenue is estimated at Tk 330 billion. The question is if the revenue target is not met, how will there be funding for increased allocation for health, social protection and other sectors? Therefore, other financing options should be explored. However, due to unrealistic revenue targets, exploring other options for financing might get dissuaded. The option of borrowing from international organisations with flexible conditions and low-interest rates should be explored vigorously.

Budget deficit

The overall budget deficit in FY21 will be Tk 1,900 billion which is 6.0 percent of GDP. In FY20, the revised budget deficit is estimated at 5.5 percent of GDP. The government plans to borrow Tk 706.04 billion from external sources to fund the next year's deficit and hopes to secure Tk 40.13 billion as foreign grants. In addition, the government wants to have Tk 1,099.83 billion from domestic sources, of which Tk 849.83 billion would come from bank borrowing and Tk 250 billion from non-bank sources like savings certificates. Though, it seems that the budget deficit in FY21 is likely to increase further if the revenue target is not met and the pressure to spend high escalates, under the current crisis, it should not be a big problem.

the infrastructure in the expected years. A moratorium on building new infrastructure should be enforced for the next two years. Such a measure would free up substantial funds to invest in other areas of immediate concerns.

Re-emphasise primary health care and community participation: The primary health care (PHC) has been a subject of systematic neglect. The building of Community Clinics (and Union and Upazila level centres) has brought the infrastructure close to people, not the care. There is a perennial shortage of healthcare workers, equipment and essential drugs which make these less popular destinations in care seeking, particularly for the poor. If the PHC was strong, we wouldn't have seen such a big pressure on our hospitals during these last days. Similarly, there is no alternative to community participation in healthcare and its management. Many of us have written on the value of a "whole of the society approach" in combatting the Covid crisis.

Revamp planning, research and data systems: Any reform or even maintaining the status quo to a certain level of quality delivery, appropriate, relevant, and timely availability of quality data is a *sine qua non*. A number of institutions in the public sector are vested with this role of collecting, analysing and publishing the data. Unfortunately none of them have played their expected role in addressing the Covid crisis. The issues which plague these institutions include leadership, bureaucratic dilly-dallying, lack of capacity and inadequate financing. The government (and the above proposed National Commission) should review the role of each and every such institution and take steps to activate them so that they can perform their role in the Covid crisis as well as in the new post-Covid health systems.

Initiating the above reforms will require commitment from the highest office. We have seen in the past 10 years that the present government can deliver if they want to. It has been proven in a number of cases, including the construction of the Padma Bridge and power generation. This can also be done in the case of health. As has been shown in many countries, leaders doing such reforms as UHC become national heroes. Undertaking such a reform is very befitting in the context of celebrating Mujib-borsho and the golden jubilee of our independence.

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The stimulus package

At the beginning of the crisis, the government announced stimulus packages. The stimulus package will, however, be operated largely through the banking sector, which is itself in crisis, as we know. The problems in the banking sector involve mismanagement, institutional weakness, default loans, and political patronage. The budget should have had a guideline for the operation of the stimulus packages through such a crisis-ridden banking sector. The Small and Medium Enterprises (SMEs), in particular, are facing various difficulties in accessing their Tk 200 billion stimulus package through the banks.

GDP growth rate

Targeting a Gross Domestic Product (GDP) growth rate of 8.2 percent in the next fiscal year (FY21) indicates that economic growth has been expected to quickly take up the normal pace and the economy will experience a strong rebound. However, such an assumption is highly questionable. Given the increasing scale of health hazards, rising cases of infections and deaths, it is quite uncertain when the resumption of full-fledged economic activities will be possible. Also, two major drivers of economic growth—exports and remittances—are under acute pressure as the global economy has been plunged into a long term recession and, in particular, the European Union (EU) and North America—the two biggest destinations of our exports—are predicted to experience negative growth. Furthermore, with the unprecedented fall in the oil price, the economies of the countries of the Middle East, where our workers are employed, have contracted. Thus, as our workers lose jobs in those countries, there is a high concern of falling remittances in the coming months as well as reason to worry that these countries might send back a large number of our people.

In conclusion

What we needed was a mid-term "recovery plan" under which the proposed budget for the FY21 should have been formulated. There was a need for undertaking out-of-the-box measures, go beyond the usual thinking and a strong political will. Though some reflections of political will are visible in the proposed budget, there is a lack of coherence and a clear guideline on how such will can be translated into proper actions.

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