

Inadequate Relief

While we have been worrying over what happens to the Kaptai Dam, Faridpur protection embankment has been breached and water has entered the jails in Narayanganj and Manikganj.

These are frightening possibilities. The Aus paddy loss has already amounted to about 5 lakh ton in only 15 days of the floods.

This is but a travesty of help. Relief should be geared to enabling victims to survive till they get their feet on dry ground.

Food, clothes and medicines, the three main items of immediate relief, seem to be in very short supply with the government.

A Productive SAARC Day

The inaugural day of the SAARC summit in Colombo ended on a substantive rather than ceremonial note true to the gravity of the situation starting in the face of the 7-nation economic grouping.

While it was for the Prime Ministers of India and Pakistan to assure the leaders of smaller neighbouring countries of an undistracted quest for economic emancipation of the common man in all of South Asia the latter in a chorus had to remind the big two that they better resolve their differences peacefully to let the whole grouping function to its full potential.

A certain unity of thought discernibly wove through the first day's proceedings and we are so happy for that, Sharif said, "it is for us to steer away from the gathering storm."

And, on the focal-point of attention — Kashmir — did they not sound conciliatory in their approaches to it, the finer nuances regardless! Well, to the satisfaction of the whole world, Nawaj Sharif and Atal Behari Vajpayee held their first bilateral meeting since the nuclear tests and agreed to resume formal talks for easing the aggravated tensions between them.

Our Prime Minister laid stress on constructive dialogue between India and Pakistan, collective fine-tuning to the impact of WTO, establishment of complementarities between key sectors in South Asia, collective development of infrastructures and creation of a SAARC fund for the 100 million disabled people in South Asia.

The host Sri Lankan leader Kumaratunga spoke for everybody when she asked for a joint quest for economic cooperation and peace and stability.

Let the Railway Really Roll

Buoyed by positive results of its earlier experiments, Bangladesh Railway authority has decided to lease out commercial operations of two more trains to private hands.

One of the reasons we left the country was the lawlessness in the country. Can you find one citizen in Bangladesh who gets proper help from police when needed? I am sure you won't find a single person.

Experts in urban transportation are of the opinion Bangladesh should go for Light Rail Transit (LRT). It is a modern and modified version of tram. It is less expensive than full subway and offers high capacity service with modern image.

It was Saturday, 25 July. An encouraging news-report made my day. The headline read, Minister briefs on National Health Policy.

Yet, as a number of studies and empirical evidence indicate, there is a yawning gap between the actual and officially recommended services in those facilities.

The efficacy with which the existing health care and manpower are utilized or not utilized becomes clear from the following dismal numbers.

Life expectancy for women is 56 years, substantially below India's 61, Pakistan's 63 and Sri Lanka's 74 years. Crude death rate in Bangladesh is the highest in South Asia.

As an assessment of the governance of public health in Bangladesh points out, all past governments emphasized health sector development through adopting various programmes in the national development plan with the purpose of building a network of primary health care services.

To the Editor...

Letters for publication in these columns should be addressed to the Editor and legibly written or typed with double space. For reasons of space, short letters are preferred, and all are subject to editing and cuts.

Death of Rubel

Sir, I found the death of Shamim Reza very disturbing. In a civilized society where there is supposed to be rules and regulations to keep the society crime-free, what I can see is that now we need to protect ourselves from the very people who are out in the streets to protect us.

I have been living in the US for the last four years as a student and what I have seen so far is that this society also has had elements. People of the law enforcing agency are out there to save the common people from them.

We should exercise the freedom of not only us but also of the people around us, to ensure a free society. Anybody suspected of any wrongdoing should be considered innocent until proven guilty.

I wonder how could an international airline like Saudia choose Plaza Inn (at best a third rated one in terms of food and lodging) for its passengers? Imagine an international airline providing you a hotel room with no TV, fridge, telephone or no working A/C.

It is really unfortunate that Saudia — which earns huge revenue from their flights to Dhaka — is so apathetic to its passengers. I wonder whether it is because we are the citizen of a poor country like Bangladesh or because we do not have white skin.

A Sufferer Dhaka

I condemn

Sir, I am a Bangladeshi (now Australian) residing in Australia. I am horrified and shocked at the event which caused Shamim Reza Rubel's death while he was in police custody.

One of the reasons we left the country was the lawlessness in the country. Can you find one citizen in Bangladesh who gets proper help from police when needed? I am sure you won't find a single person.

I strongly condemn the death of Shamim Reza at police custody. In a democratic country like Bangladesh, this should not happen any more.

Shuura Melbourne, Australia

No courtesy for Bangladeshi people?

Sir, I was a passenger of Saudia Airlines from Zia to Riyadh on 25-7-98 at 12 noon. Due to engine problem, it couldn't fly as scheduled.

Although the condition of the engine and the possibility of

Health for All

"He who has health has hope and he who has hope has everything." (An Arab Proverb)

70 per cent of mothers suffering from nutritional anemia. Some 30,000 children go blind due to vitamin A deficiency and about 2 million suffer from iodine deficiency.

As an yet to be published document, Bangladesh 2020, notes, measured by the international norms of the Human Development Index, Bangladesh's level — HDI of 0.37 — is far too low.

"Lifting it will be costly, but no better or more productive investment of public funds can be imagined than a programme which would increase annual

outlays for health and population from the current level of \$7 per capita to \$9 per capita by 2005, by virtue of which it would be possible to deliver the Essential Package of basic health services (ESP)".

However, much of the increased allocation must be targeted towards those segments of the population who are as yet deprived of immunization and basic health care services. Let us remember that only 12 per cent of the rural population have access to the Rural Health Centre facilities at the Thana level.

A recent BIDS study shows that the poorest of the poor spend anywhere between 25 to 30 per cent of their minuscule income for private health care. This is provided by non-degree holder practitioners, grocers who also act as pharmacists, village 'dais', traditional herbalists (the dying breed of

Hekim's and Kaviraj) and more recently by bare-foot doctors of NGOs like BRAC or Gono Shasthya Kendra. One should not forget that public health need not just be equated with public sector health care since it embodies the public health care as well as public policy on the private sector health care.

I would like to repeat in that context what I said in my last week's column. According to Dr. Amartya Sen, many things that affect our lives deeply, especially in poor countries, depend greatly on public support, e.g., availability of health services, having an epidemic-free surrounding, living in a safe

and sound environment. It is therefore that I applaud the formulation of first ever National Health Policy as reported in the newspapers on 25 July. The focus is appropriately on delivery of essential services package and the priority clientele are women, children and the poor, particularly in the countryside and depressed urban neighbourhoods, an euphemism for urban slums.

It is also heartening that the conflict ridden and fragmented services for health care, family planning, maternal and child welfare will be integrated. What is equally and perhaps more important than the increased outlays for public health is community managed and participatory delivery mechanism that can vastly improve the efficacy with which the existing facilities and man power are utilized.

In considering the mechanism, the first challenge to be squarely faced is the question of who benefits, the powerful few or the powerless many. Allow me to paraphrase and sometimes quote verbatim from the soon to be published document, Bangladesh 2020.

In an environment of limited resources, difficult choices

are to be made. One such choice is between building new hospitals versus strengthening primary health care. For instance, and this is my personal opinion, if a government decides to allocate resources to build a large city or urban hospital, it may mean deciding not to build a large number of rural community clinics. It may also mean investing disproportionately on specialized urban doctors rather than village health workers. Resources spent on expensive curative care benefit fewer and relatively richer people than if the same resources were spent on primary and preventive care services that address health needs of the poor.

A second problem is that the poor have relatively little access to hospitals which then end up subsidizing the care of the well to do in society at the expense of the less fortunate and the least privileged.

Consider a proposal, and here I quote from the 2020 report, to establish a new 250 bed tertiary care hospital (at a cost of Tk. 21 crore to build, will provide in patient care to 11,500 patients annually (at 100 per cent occupancy and 8 day average length of stay) and outpatient care of 105,000 patients. It would further cost an estimated Tk. 108 lakh annually to cover staff costs, equipment and physical maintenance, supplies, etc. The equivalent costs can be spent instead on making available an essential package of cost effective services (health and family planning) to one quarter million Bangladeshis a year for five years; providing complete immunization to 28 million Bangladeshis children; or buying enough Iron and Folic Acid supplementation to malnourished and lactating women for every thana in Bangladesh for two years.

It is undoubtedly true that with 3200 people per hospital bed in Bangladesh, compared to 388 in China and 365 in Sri Lanka, Bangladesh is behind in the provision of curative health care for its population. Building hospitals, a highly visible activity, is politically difficult to argue against.

Yet, for optimum social benefits of health expenditures, public policy requires a balance between cost effective preventive health care for the entitlements of large segments of our population and the relatively expensive hospital care that tends to benefit the rich more than the poor.

As I applaud the announcement of the National Health Policy, I would make an urgent plea as has been made in the 2020 document, that in order to have a realistic chance to fund the essential package and meet the health and population sector needs, the government might set itself some priorities for simultaneous implementation. Urgent elements among them are:

Raising expenditure on these services from about 1 per cent of GDP to at least 2 per cent of GDP by the year 2005. A reasonable target for 2020 would be 6 per cent of GDP (private and public) to provide adequate services to the population.

By 2005, 70 per cent of the health and population budget should be devoted to the essential package, up from 60 per cent in 1990.

Improving the efficiency of inputs and service delivery by raising the non-salary input of the health budget as has already been proposed in the draft National Health Policy.

Expand the partnership with private health providers and NGOs and expand community participation.

Greater cost recovery and cost sharing must be ensured, while protecting the poor, to augment the flow of resources for health population and nutrition.

Expand the Bangladesh Integrated Nutrition programme to cover the entire country by the turn of the century.

Reinvigorate and integrate the current family planning programme with the public health services, especially to help unwanted pregnancies, reduce maternal mortality and improve reproductive health.

No less a personality than the Prime Minister has said that if human development is to be woven around people and by the people themselves, the primary pre-requisite is the health and nutritional status of the vast majority of our people. Let us not fail our people and the political commitment of a truly people's democracy.

Do/Dare! AZM Obaidullah Khan

so that this kind of incidents do not take place. The CDA however requested the Foreign Office to bring to their knowledge any specific allegation against any official.

As a matter of fact, Bangladeshis who go to the US Embassy, honestly expect that their visa application are sympathetically reviewed and considered by the visa officials and in case of any lapse, the applicants expect the officer concerned to guide them to overcome the lapse through polite cooperation.

Of course, it is also a fact that in some cases some visa applicants (a very few in number) submit false or even forged documents which the officer on duty often detects through verifying information or by machine and which irritates him and other officials. As a result all other innocent and genuine visa-seekers suffer.

Meanwhile, it may be suggested that the US Embassy in Dhaka may establish a formal link with our Ministry of Foreign Affairs to help protect the genuine visa-seekers against any sort of harassment.

M Zahidul Haque Dhaka, Sher-e-Bangla Nagar BAI, 1207

Experience of an experienced smoker

Sir, As an experienced smoker, the message I get from the no-smoking campaign is that not only my lungs have blackened and burnt out, but the power of my brain has also been impaired, and I am a greater menace to the society than an alcoholic and the latter wields more power, money and influence than those who simply hide themselves beside smoke-screens.

I foggly note that the smuggling of foreign brands of cigarettes is not diminishing, and the worldwide turnover of sales and profits in the cigarette industry is impressive, in spite of the massive no-smoking campaigns of the UN and others.

The data and curves of the decrease or increase of smoking in Bangladesh are not released to the press for reasons best known to the authority. Perhaps the medical experts who dominate the campaign are not PR experts, and are content in confining the criticism to anatomical parts of the human body.

Why the sociologists are degraded in the team? Where are the inputs and the outputs of the psychologists? What are the views of the tobacco industry? Why are they being suppressed? The public should be provided with an overall picture, including the weak, strong, and the debatable points. Good propaganda meets the points of the critics.

The purpose of the campaign appears to be to depict the smokers as some sort of minor criminals whose company should be avoided, not to avoid passive or second hand smoking. Still the government does not dare to declare smoking as a punishable and criminal offence, but it spares no change to heap indignities on the smokers for no offence covered by the

Thanks, FO! Our Foreign Office deserves appreciation for handing a note verbal to the US Charge d'Affairs (CDA) Theodore Nist on harassment of Bangladeshi nationals seeking US visa allegedly by visa and consular officers at the US Embassy in Dhaka. The CDA has been requested to take necessary steps

law. A persuasion campaign should not smell of indirect blackmail.

In view of this pessimistic situation, the following proposal may be considered: from a slightly off-centre smoker possibly suffering from damaged brain functions of the logical control centres in the left and right sides and in the cerebellum due to smoking.

— all government service holders who smoke should be asked to give up smoking or finally resign; otherwise they must go out of the premises to smoke, including the senior officers.

— no smoker can contest any seat in any election. It means that MPs and Ministers have to be non-smokers; as also all office-bearers.

— no smoker can hold the post of the head of any department in any limited company, bank, corporation, hospital, clinic, school or educational institution, airlines, military service.

— the post of teacher should be banned to all smokers at all levels of education.

— smokers and non-smokers may talk to each other only over the telephone or through recorded or written messages, as no direct face-to-face contact may be allowed for fear of passive disease due to passive smoking.

— a law should be enacted on husbands who smoke, to reserve the human rights of the wives who are the victims to the smoking cruelty of such husbands.

— during marriage negotiations, the boy's side must not hide the fact that the future groom is a smoker (a marriage should never, never, go up in smoke!).

Examining the above short list, it appears that about half the resulting variances cannot be filled by women, non-smoker candidates. Therefore it is better to have separate smoking and non-smoking departments and offices, keeping up with public polarizations in other unmentionable fields.

A Middle Aged Smoker Dhaka

The French leave

Sir, Bagerhat Govt Mohila College has become a den of malpractice and misconduct.

The principal of the college doesn't attend office regularly. He is seldom found except on Saturday and Thursday. Besides these two days, everyday is like Friday to him.

The majority of the teaching staff including the vice-principal have taken the principal as an ideal model of French leave. They are also doing the same. The newly recruited lecturers have been enjoying such leaves so regularly that they even forget to submit their monthly pay bill to the treasury/audit office in due time.

Though an eyewitness vigilance team has been formed but its purpose is to 'show' that teachers' attendance to daily classes are being supervised and ensured — their motive is to yield some 'voucher-based' benefit against it.

All Ahmed Houlader Bagerhat

efits of health expenditures, public policy requires a balance between cost effective preventive health care for the entitlements of large segments of our population and the relatively expensive hospital care that tends to benefit the rich more than the poor.

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Hartal and medical team

Sir, During hartal time the police often injure the hartal followers. Sometimes such victims' condition get very critical and the person is about to die for want of medical aid.

and surprisingly our so-called politicians wait for the victim to die, because a deadbody would make their movement more fierce.

Therefore, my suggestion is, along with the police van there should also be a medical team for the injured hartal followers.

Maeen Uddin Sabuj 416, Zia Hall Dhaka University Dhaka-1000.

It's dead

Sir, So it's dead. Nobody is bothered about the dead body since nobody knows who should care. But when it'll start to decay it's predictable everyone will take notice. The 'department x' has been dead for a while and soon it will be in a decaying stage. It's just a matter of time; we cannot tolerate an institution in decomposed state, can we?

The rotting smell will be too much for us to bear. Will someone bury the dead or is there still light at the end of the tunnel?

A Student Dept. of Architecture, BUET

To study, or not to study

Sir, The situation in BUET is very disappointing to those who have kept on trying to keep it going smoothly; disheartening for the students who would have rather carried on with their lives (after all life is more important than study). It has been an accomplishment to those who have brought about all the chaos and marred the institution's reputation.

Classes have resumed once again from the 14th July. Meanwhile Architecture students still dwell on whether to go to class or to follow their general students' urge to go to class is being crushed and contained by life threatening influences and forces of the mentors and their aides. As if they have the power to punish and avenge anyone who dares displease them.

So questions arise — what kind of teachers are they who plan to get back at the cost of their students' precious time? Don't they realise that the students have sacrificed all they had to offer? Even now the students are wasting an opportunity to start a new term, to avail the courses or receive a failing grade for registering and not withdrawing from it officially. While the doors of the department remain open for the second week, the students have not yet made their move. Enough fruitless discussions have taken place — it is high time that the students are set free.

A Concerned Guardian Dhaka