

The Final Sky



KNOT SO TRUE
RUBANA HUQ

DART-throwing chimpanzees predict wars and economic collapses almost as good as super-forecasters who predict events much better than chance.

Some say, it's easy for an intellect to know all forces that set nature in motion and hence, if we were to submit data to analysis, then the future would be as clear as our past and we would be able to predict time. While an early nineteenth-century astronomer Laplace grew confident about this omniscient demon predicting tomorrows, in the twentieth century, an American meteorologist, Edward Lorenz, contradicted it by saying that while it was possible to know when exactly it would rain by watching the water vapour coalesce around the dust particles, it was impossible to know how a particular cloud would develop or the shape it would take. While Laplace's forecasting demon can predict tides, eclipses or the phases of the moon, Lorenz punctured predictability by presenting a hypothesis of a massive rock bumping Earth off its orbit around the sun.

While many life insurance companies continue being in business by predicting disability and death by analysing someone's age and profile, gender, income and lifestyle, the human life still subscribes to clouds and not to clocks. Though algorithms are now cheap and more efficient than subjective judgment, and though today the world has travelled quite a way from IBM's Deep Blue beating Garry Kasparov to commercial chess programmes which beat humans in no time, we still don't know about our final hour and hence we remain forever unprepared to watch and live death.

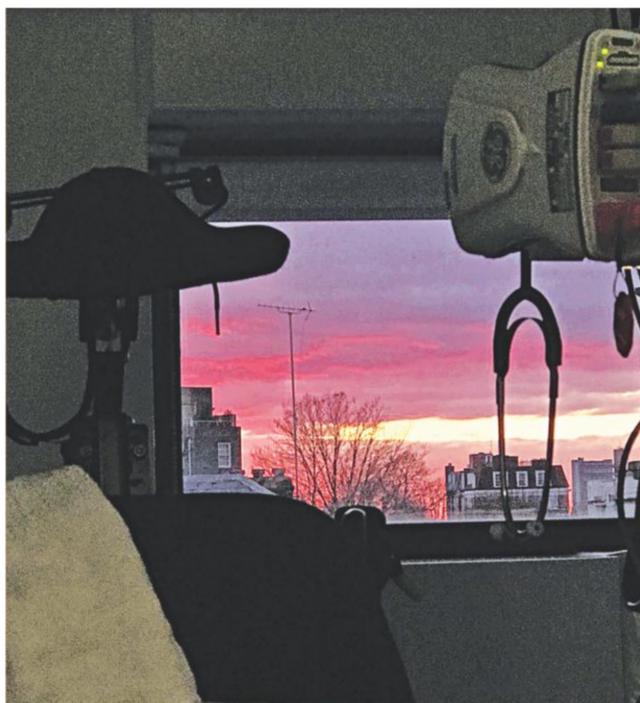
My husband's death was one of

impeccable timing. In media, with the many programmes that he anchored, he knew how to spot climax, maximise on love and then suddenly one fine morning, he would just decide to end the season. That is how Annisul Huq, the Mayor of Dhaka North City Corporation, decided on his last bow and left the audience in awe. Neither the doctors nor I ever thought that he would leave us this soon.

In spite of a biopsy, with his still inconclusive diagnosis of primary cerebral vasculitis, I watched my husband for the last four months disappear into a grey zone and then eventually embark on his final journey. The Queen Square hospital—the National Hospital for Neurology and Neurosurgery—with 500 neurologists, enjoys an impeccable reputation. They are meant to rescue brains and bring patients back to a more meaningful, dignified life. But with Annis's pre-existing condition of his blood vessels narrowing since mid-June, and with the strokes that he continued to suffer starting from end July, prognosis was gloomy. I felt drained responding to questions about whether he was in or out of the ICU and whether he was conscious.

As months went by, in desperation, I imagined a recovering Annis who would eventually require neurorehabilitation. I searched for different methods that could impact his consciousness level and stumbled upon a few fascinating books that explained the value of life and why it was important for me to believe that while he lay unconscious for almost the entire period, he was actually listening to all the news I was reading out to him, that he was actually aware of the music being played for him, that he actually knew that I was there right by his side, unwilling to let go of him.

My mind ran faster than it could. Could deep brain stimulation help?



A view of the final sunset from the room of the UK hospital where Mayor Annisul Huq was seeking treatment.

COURTESY: AUTHOR

Could we look for extensive neurorehab? Could we shift him to a ward that would ensure safe transit to intensive care, if and when required? I looked for answers and met and consulted doctors who were mostly worried about my wellbeing and recommended a slower pace and shared that reality required me to slow down. At that point, little did I know that Annis's body would actually let go and refuse to be nursed; little did I know that this man, with whom I spent three decades, was too proud to be seen in a wheelchair and would rather go as

a hero, always dressed in factory shirts and *kurtas*, sporting cheap watches and shoes without socks.

In the meantime, the doctors also told me that in spite of being as medically fit as he was, he would still have to fight his infections. They also predicted a few bumps along the road and said that he would often survive ICU trips and would return to the ward and then with time, his body may recover enough to make space for his brain to rest and even partially revive.

During the four months of Annis's hospitalisation, what became painfully

clear was the inability of medicine to predict a definite outcome. Protocols were set, exceptions applied and yet, the words of the second-century physician Galen to Roman emperors rang in my ears: "All who drink of this treatment recover in a short time, except those whom it does not help, who all die." While modern medicine takes pride in randomised trial experiments, cautious measurements and statistical strengths, it is perhaps the lack of doubt that causes medicine to fail in cases like my husband's.

As for myself, towards the end, I had already prepared for the last page of the book that I thought would never end and had grown a distaste for prophecies and miracles both. And, by the third week of November, I got ready to let go of my expectations, and listed my regrets, fights, tears et al.

Finally, on November 30, 2017, his body caved in to sepsis in his lungs, unable to fight back as a result of intense immunosuppression. My children and I just prayed together, kissed Annis and watched him fall off the cliff, making that grand leap into the unknown. While we did that, we watched a wonderful sunset and the final sky through his window. Almost instantly, we knew that he would return to shore, somehow, someday. Maybe we'll spot his spirit in an emerging generation of dedicated public servants, setting the bar of expectation and performance higher. Maybe we'll spot him in a regular dad next door, in a regular cousin of his Noakhali clan, in an apologetic husband routinely forgetting anniversaries and birthdays, in a young businessman wanting to make a clean break, in a television anchor touching hearts, or maybe in any young pair of eyes drenched in dreams wanting to change things around.

Rubana Huq is managing director of Mohammadi Group.

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Middle-income Bangladesh has to be a healthy Bangladesh



HOSSAIN ZILLUR RAHMAN

ECONOMIC progress is meaningless if the people are not healthy enough to enjoy the progress. As Bangladesh pursues its dream of becoming a middle-income country, this dream must also be one of a Healthy

Bangladesh.

Not just in Bangladesh—across the world health is graduating from being only a sectoral to a strategic agenda. Four reasons stand out. Stresses of modern living, shrinking open spaces and poor lifestyle choices are leading to a quantum jump in the incidence of non-communicable diseases such as cancer, diabetes, respiratory diseases and heart ailments. Unplanned urbanisation is producing unprecedented levels of air and water pollution as well as elevating injuries and accident fatalities into a 21st-century epidemic. Climate change is raising the spectre of new pandemic risks. Galloping healthcare costs have become entrenched sources of economic shocks, not only for the poor but also the middle classes. All these together have transformed health into a strategic agenda of our times; not just healthcare, but healthy living itself.

Health is a poverty driver if unaddressed and can also be a growth driver if addressed holistically. The stakes thus have gone beyond the confines of the health sector only. The world, including Bangladesh, observed December 12 as UHC (Universal Health Coverage) Day. The time is appropriate to galvanise a national discussion and mobilise a cross-section of stakeholders at the national and local levels on translating UHC awareness into a sustainable action agenda. Many initiatives are already underway. The government has adopted a new UHC-focused Health, Nutrition and Population Sector Program (HNPPSP). There are also multiple

initiatives by NGOs, community-level actors, the private sector and others. A new civic platform branded as "Healthy Bangladesh" was also launched on May 13 this year. But the reality is that the sum is yet to be greater than the parts.

Budgetary allocations on health remain limited to around three percent of GDP. Sixty-seven percent of health expenditures are privately incurred—meaning out-of-pocket (OOP)—putting not only the poor but also many middle class families in serious financial risk. Urban health, particularly for the urban poor, continues to be a glaring gap in the health infrastructure. The referral system is largely non-functional putting enormous strain on the tertiary hospitals as can be seen in the chaotic over-crowding of patients in the wards and hospital floors. Awareness and more importantly the practice of healthy lifestyles are agendas yet to take off in any comprehensive manner. The social and environmental determinants of health too pose enormous challenges—urban sanitation, air and water pollution, unsafe foods, to name the most critical ones.

Bangladesh, to its credit, has many success stories when it comes to the health sector—particularly notable are the achievements in reduction in child and maternal mortality, increased life expectancy, near-eradication of open defecation, a pluralistic healthcare delivery system, growth of a domestic pharmaceutical industry, and policy visibility on selected agendas such as disability. However, as the country's economy marches ahead, the health sector challenges are also shifting towards curative care and non-communicable diseases. The issues that currently demand priority attention include efficiency of healthcare delivery, quality of medical education, healthcare costs and sustainable financing of healthcare.

But who will deliver these outcomes, or to put it differently, what are the sustainable

paths to realising the goals of accessible, affordable and quality healthcare and of the larger goal of Healthy Bangladesh? The health minister was very candid during the launching event of the Healthy Bangladesh platform

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earlier this year. He said that progress on many reform measures remains stalled due to lack of consensus amongst health professionals and due to entrenched bureaucratic hurdles. The challenge thus is not only of paper policies but of system-strengthening on the ground as well as mobilising and empowering the drivers that can create a momentum for change.

The recent experiences of district-level dialogues implemented by the Power and Participation Research Centre (PPRC) as the secretariat of the Healthy Bangladesh plat-

form with support from the Health, Finance and Governance project of USAID have thrown up several interesting areas where UHC can be elevated to a game-changing social agenda. Dialogues held so far include those in Bera in Pabna, Jhenaidah, Nilphamari, Satkhira and Sylhet and these have brought forth at least three potential agendas that stand to energise the UHC agenda.

A crucial entry point emerging from these grassroots dialogues is the enormous potential of a focus on *school health*. A stark reality we discovered during these grassroots experiences was that during menstruation, many girls avoided going to schools due to the absence of women-friendly toilets. Danger of urinary tract infection is widespread due to the same reason. This is but one issue pertaining to school health. But whether it is boys or girls, there are two game-changing agendas related to school health. One is about health awareness—cleanliness, food habits, healthcare-seeking, etc. The other is about regular screening of students for early detection of birth defects, NCDs and other health risks. In truth, the government has a programme called school health, but like many others this is also mere words on paper than a reality. The challenge here is not of a paper policy but of a practical arrangement on the ground between schools and health professionals that is stewarded by platforms such as Healthy Bangladesh in partnership with urban and rural local governments.

A second under-addressed but vital agenda is the issue of hospital management. For want of good management, many hospitals present an unclean and chaotic environment that severely detracts from the goals of accessible, affordable and quality healthcare. The government's policy thinking has not prioritised this issue but on the ground we have seen the positive outcomes which can flow when this has been adopted as a priority by the relevant

local actors. Pourashavas and city corporations can play a critical supportive role in this regard when the health professionals take a lead and prioritise the issue. We saw firsthand the positive outcomes in terms of cleanliness and patient satisfaction during the visits to the Jhenaidah Sadar hospital and Sylhet Osmani Medical College. Such management initiatives can also ensure adequate doctors' time for the patients when the hospital prohibits the entry of over-zealous medical representatives "pushing" their brands with lucrative "incentives" to the doctors during official hours. Unethical pharma promotional activities lie at the root of many problems including over-prescription and monopolising of doctors' time.

A third priority agenda indicated by the grassroots dialogues was the multi-dimensional significance of progress on urban sanitation. This is as much a health agenda as it is an urban agenda. Unclean kitchen markets drive unsafe foods. Poor garbage management is at the heart of the poor quality of urban environment and high levels of pollution, with the poor being the worst victims. We are happy to flush but give so little thought to where the waste eventually goes. The reality is nothing short of alarming.

There are certainly many other agendas towards the goal of Healthy Bangladesh. The imperative today is not to see this merely as a policy option but as an essential dimension of our middle-income dream. Even more importantly, the challenge is one of a game-changing engagement on the ground. Accessible, affordable and quality healthcare, cleanliness, nutrition and fitness—the Healthy Bangladesh platform invites everyone to engage on these paths that will make our middle-income aspiration a truly meaningful one.

Hossain Zillur Rahman is the executive chairman of Power and Participation Research Centre (PPRC) and the convener of Healthy Bangladesh.

A WORD A DAY



CRYPT
noun

An underground room or vault beneath a church, used as a chapel or burial place.

CROSSWORD BY THOMAS JOSEPH

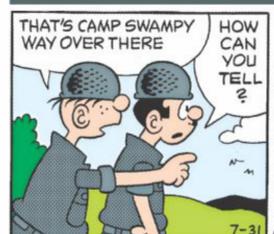
- ACROSS**
- 1 Tv's Lauer
 - 5 Book of maps
 - 10 Smell
 - 11 Checked
 - 13 Norse trickster
 - 14 Fortitude
 - 15 New Jersey capital
 - 17 Under the weather
 - 18 Members of the graduating class
 - 19 Miniature
 - 20 Parched
 - 21 Shopping aid
 - 22 Worry
 - 25 Analyze grammar
 - 26 Considerate
 - 27 Sedan or SUV
 - 28 Director Lee
 - 29 Some bikes
 - 33 Brewed beverage
 - 34 Quebec neighbor
 - 35 Book boo-boos
 - 37 Outdoor promenade
 - 38 Phone button
 - 39 Norwegian city
 - 40 Secluded valleys
 - 41 Clutter
- DOWN**
- 1 Sheds a skin
 - 2 Find darling
 - 3 Game piece
 - 4 Tobago's island neighbor
 - 5 Weapons store
 - 6 Prom crowd
 - 7 Set fire to
 - 8 Dove's stance
 - 9 "Being There" star
 - 12 Strike out
 - 16 Wrongful act
 - 21 Pungent spice
 - 22 Rink patron
 - 23 Color close to cranberry
 - 24 Fencing cry
 - 25 Gasp for air
 - 27 Venice ways
 - 29 Add up
 - 30 Make blank
 - 31 Flour factories
 - 32 Songs for one
 - 36 Be under the weather



YESTERDAY'S ANSWER

VANISH MESS
ATONCE ALOT
LARVAS NEMO
ELMER LIVEN
TEAR FACADE
STAB TAR
OKEYDOKEY
BRO PERU
LANCES WRIT
ALTOS LAURA
SLIM MAILER
TAKE INTENT
SWIT DAISES

BEETLE BAILEY



BY MORT WALKER



BABY BLUES



BY KIRKMAN & SCOTT

