

## An unhealthy health ministry

*Will the corrupt officials ever be held accountable?*

SINCE the beginning of the Covid-19 pandemic last year, the Ministry of Health and Family Welfare has found itself mired in one corruption story after another. Starting from the scandal of fake N95 masks and subpar PPEs being found in public hospitals, fake Covid certificates being issued, private hospitals operating without a license, to a DGHS driver having somehow amassed Tk 1,000 crore of wealth—the extent of corruption taking place right under the nose of the ministry has been mind-boggling.

What is even more dismaying is how deep the roots of such misconduct go and how lax the government has been in holding those involved accountable. As reported in this daily yesterday, experts say that such corruption in the health sector is a direct result of a long-running syndicate involving officials of the health ministry, from top to bottom.

In January 2019, the Anti-Corruption Commission (ACC) had identified the sources of graft in the health sector. Along with listing the areas of corruption, it also detailed 25 recommendations for the ministry to prevent such graft. However, the ministry's response to this has been limited to blacklisting only 14 suppliers of medical equipment in June of last year. As for the fake Covid test certificate scam, it removed only the director general and some top officials of the DGHS, while no ministry official was held accountable. Instead, the then health secretary secured a promotion into another ministry.

As recently as last month, there surfaced another allegation of financial corruption regarding the appointment of 2,500 medical technologists in public hospitals. We would like to know if this allegation has been investigated and, if so, what the findings of the probe were and also what actions were taken.

In any case, it is appalling to know that this has been the state of the ministry of health during the Covid-19 pandemic. A ministry that should be the most proactive and be its most efficient in these times to serve the public is rather entangled in deep, systemic corruption. This is not just a pandemic issue, however. It signals the consistent lack of accountability and transparency within certain government sectors which gravely compromise the government's efficiency and prevent it from working primarily in the interest of the public, which it is mandated to do. The government must live up to its promise to root out corruption from all sectors. The Ministry of Health seems to be a good place to start.

## Donor pledges for the Rohingya not enough

*International community must show more solidarity towards refugees*

THE February military coup in Myanmar has plunged our neighbouring country into unrest and brought its uncertain journey towards democracy to a grinding halt. As the military junta continues to brutally suppress pro-democracy protests and wage war against ethnic armed organisations, driving thousands of its own people into refugee camps, the situation of the Rohingya refugees stranded in Bangladesh has become even more precarious, with mounting uncertainty over their repatriation.

At a time when the international community should be stepping forward to support refugees as much as possible, it is surprising to see that only around 35 percent of the requirements of the 2021 Joint Response Plan (JRP) for the Rohingya Humanitarian Crisis—launched by the Bangladesh government, UN and other aid agencies via a virtual donor conference from Geneva this week—has been pledged so far, amounting to USD 340 million. Last year, the UN appeal to meet the needs of the Rohingya refugees and host communities in Cox's Bazar also met only 59.4 percent of its target funding. This reflects a worrying trend of diminishing international concern not only for the Rohingya, known to be one of the world's most persecuted communities, but also for Bangladesh, which generously provided shelter to the refugees when no other country in the region was willing to shoulder the responsibility.

This year's appeal is aimed to protect and assist 1.4 million people, over half of whom are women and children, and more than 40 percent of the appeal focuses on food security and health. Not only is the international community failing to take a strong stance against the Myanmar military junta's crimes at home, they are now failing to show compassion and help provide the most basic needs of hundreds of thousands of refugees. We urge all international donors to show more solidarity and ensure the wellbeing of Rohingya refugees, and work towards their safe, dignified and voluntary return and reintegration in Myanmar.

## LETTERS TO THE EDITOR

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### A Clarification

I understand that an Indian journalist had discussed an article of mine on economic growth in Bangladesh and then uploaded it on YouTube. His commentary was most generous, and I am very grateful. But unfortunately, he had mistakenly identified me as a Pakistani academic. This could easily be dismissed as a minor error. But this could also lead to confusions and misunderstandings. Hence, this clarification. The article was solicited by a respected Pakistani journal for a special issue to celebrate Bangladesh's 50th anniversary. There were several other Bangladeshi academics who contributed, and all had been clearly identified. Moreover, my article was reprinted verbatim in The Daily Star (with proper attribution).

I wanted to add that I had participated in the Liberation War as an FF in Sector 2. I also returned to Bangladesh to serve my beloved country after 42 years abroad.

Ahrar Ahmad, Gyantapas Abdur Razzaq Foundation, Dhaka, Bangladesh

# Brazen Violations, Bizarre Charges

*The predicament of journalist Rozina Islam*



C R ABRAR

IT was quite a sight. Viewers of television channels and readers of the dailies that carried the images of incarcerated journalist Rozina Islam were baffled at the scale of security measures taken by the state. A sea of police personnel was accompanying the accused, being taken to the magistrate's office to face charges. No, it was not the dreadful serial killer Ershad Sikder, the ruthless series bomber Bangla Bhai, or the "bandit queen" Phoolan Devi. The accused in question was a decorated journalist of the largest circulated daily of the country, *Prothom Alo*.

On Monday, Rozina was detained for more than five hours in the hub of the country's administration, Bangladesh Secretariat, against her wishes. She was allegedly harassed, manhandled and abused by her captors that included senior functionaries of the state. Her mobile phone was confiscated and her handbag violated. Unable to withstand the physical and mental trauma, the journalist with a blood pressure condition fell sick and threw up a few times during the period of her captivity. She was subsequently transferred to the Shahbag police station instead of a hospital (contrary to the information provided to the media and family members). Later, Islam was charged under various provisions of the Penal Code, 1860 for theft and the Official Secrets Act, 1923 on suspicion of photographing government documents without permission. Finally, after being held overnight at the police station, she was presented before a magistrate on Tuesday, who rejected the police petition for 5-day remand and also denied her bail and committed her to prison pending bail hearing on Thursday.

While the state claims that Islam's actions (if not thwarted) would have led to revelation of non-disclosure clauses signed for procurement of Covid-19 vaccines from China and Russia, resulting in grievous harm to its interest, her lawyer accused the health ministry of targeting Islam because of her recent reports exposing alleged graft in the public health system. "It was a false case and the sections of the laws mentioned in the case were conflicting with each other," he further claimed.

Islam's sister denied that the journalist took any photographs or document from the ministry. She further alleged that "some employees tried to put some papers

in her bag at the ministry room."

The treatment of Rozina Islam at the hands of the state authorities was marked by a series of violations of rights and laws. Likewise, the charges pressed against her appear to be frivolous and a reflection of vendetta against a journalist who dared to step outside the box, being loyal to her profession. The actions of the state against Islam raise a number of concerns.

First, Islam's detention against her wishes by the state authorities within the Secretariat premises for more than five hours is a violation of her right under Article 32 of the Constitution and Article 9 of the International Covenant on Civil and Political Rights, 1966. While the ministry officials claimed that she was handed over to the police soon after they arrived to the "crime scene", the law enforcement agency contested such an assertion. Notwithstanding this wrangling,



A locked-up Rozina Islam seen on a camera screen.

PHOTO: MUNTAKIM SAAD

the fact remains that Islam was not legally detained during this period.

Second, images are rife in print, electronic and social media about the physical and psychological harms that Islam had to endure at the hands of her detainers. Most prominent among those was the image of attempted throttling by an Additional Secretary of the concerned ministry. Clearly, these images convey the message that Islam was deeply distraught and frightened. Physically harming a person in such a situation is a violation of the High Court directive on the *Bangladesh versus BLAST* case, 2004.

Third, under such a stressful condition, a hypertensive Islam threw up a few times. In all likelihood, her condition had aggravated as she secured her Covid-19 vaccination that very day. From the images available, there is little doubt that she needed immediate healthcare. Denying

access to healthcare to an individual under the custody of the state is also a criminal offence. The authorities also need to explain what prompted them to misinform the media and the family of the victim that Islam was being taken to the hospital for treatment when, in reality, she was being shifted to the police station.

Fourth, so far, the state has failed to back up its claim that Islam illegally took photographs of sensitive state documents in breach of the law. One does not need to be very smart to surmise that to frame an individual, one can easily take shots with a cell phone either without the knowledge of its owner or by forcibly seizing the device from them. Images have also circulated that show Islam was resisting the forcible seizure of her cell phone. Isn't confiscation of personal items a breach of the privacy law according to article 43 of the Constitution that guarantees,

protection of sensitive documents and data.

Sixth, after she was brought to the Shahbag police station, the officer-in-charge refused to grant her bail. If a sick mother of a little child with considerable professional reputation does not qualify to merit such discretion, one wonders about the yardstick against which such decisions are taken. Likewise, despite the fact that all charges brought against Islam were bailable, the magistrate in his wisdom decided to commit her to prison, for at least three days. There is nothing to suggest that Islam posed a flight risk, nor was she a threat to public security. One wonders under what consideration was she denied bail. Does not "postponing bail hearing amount to denying bail"?

And finally, the allegation of breach of Official Secrets Act, 1923 is also problematic on two counts. A cursory glance at the text of this legal instrument proves that it is essentially an anti-espionage law. This is evident from the umpteen references to "defence establishment", "arsenal", "naval, military or air force", "military telephone, telegraph and wireless facilities, wireless stations", "dockyards", "munitions of war", "submarines, aircrafts, tanks and torpedoes", "railway, road, air and channels" and the like. Islam has not been accused of being a spy of any country, and thus charging her under the Official Secrets Act is frivolous, to say the least.

Likewise, shouldn't the Official Secrets Act be considered a dead law in a country that takes pride in framing the Right to Information Act, 2009 recognising the freedoms guaranteed by the Constitution and ensuring transparency and accountability for establishing good governance, and the Public Interest Information Disclosure Act, 2011 extending protection and safeguards to whistleblowers? As a nation fifty years after independence, shouldn't the authorities refrain from taking refuge to these colonial vestiges?

There is little doubt that the treatment meted out to veteran journalist Rozina Islam was a gross violation of the law and the charges brought against her are baseless. In all likelihood, these efforts are an attempt to silence a beacon of ethical journalism, a rarity in these trying times. The state should immediately withdraw the charges against her, offer unconditional apology and hold the perpetrators of the wrongdoings to account.

C R ABRAR is an academic with interest in human rights and migration. He acknowledges the insights from his *Nagorik* colleagues Barrister Jyotirmoy Barua and Rezaur Rahman Lenin.

# Our health sector is 'sick' because of government apathy



ERESH OMAR JAMAL

IN a report published on May 1, this newspaper revealed that according to a recent study, the Covid-19 treatment cost is abnormally higher in private hospitals compared to public hospitals. Whereas the government spends on average Tk 1.28 lakh for the treatment of a Covid-19 patient in general beds and Tk 4.08 lakh in an intensive care unit (ICU), private hospitals spend around Tk 2.42 lakh in general beds and Tk 5.09 lakh in ICU beds, which is completely borne by the patients. This illustrates that private hospitals are not following the national Covid-19 treatment protocol, recommending unnecessary tests and/or prescribing more expensive medicines despite the availability of cheaper alternatives.

Not only is this something for the Health Directorate to look into, but it also perfectly captures the lack of ethicality that is plaguing our health sector. Who is to blame for this, really? Only the profit-hungry private hospital owners? The answer isn't that simple.

After all, in every country, it is the public healthcare sector that sets the trend for how its private health institutions, and even the non-profit ones to some extent, get to function.

In 2019, ICDDR,B and BRAC's James P Grant School of Public Health published a study that found that 68.9 percent of the country's citizens found it hard to bear their medical bills, with the annual average bill per household being Tk 40,000 and the lowest being Tk 18,000. While the majority of the people struggle to afford quality healthcare, people from affluent sections go abroad even for simple medical treatments, draining out huge foreign currencies. Additionally, the absence of quality public healthcare services for critical diseases like cancer, kidney diseases, heart complications and brain diseases compel people to go to private or overseas hospitals for treatment on their own finance. As a result, "most of the private hospitals are making money cashing in on the critical diseases," according to public health expert Quazi Quamruzzaman.

The lack of competitiveness of the public health sector, especially in terms of its quality (and also its lack of capacity to treat many patients at a time), means that the private sector can pretty much run riot as people know very well that they have no option but to rely on it for much of their medical needs. Lack of competition—from the public healthcare sector which lags far behind its private counterpart in most cases—to reign in healthcare cost in private hospitals, as well as the lack of government

vulnerable financially to any serious or unforeseen health complications. This is also evident from the fact that in 2016, about seven percent of the population were forced into impoverishment due to OOP expenditures. One can only guess as to what that number rose to during the Covid-19 pandemic, which has already caused so much economic strife for the people.

What is worse is that the little amount that is allocated to the healthcare sector is often left unused, due to the Ministry of Health and Family Welfare's lack of capacity, or is poorly spent. This is the reason why, according to planning ministry officials, the health ministry did not see a significant rise in allocation in the last budget, despite the Covid-19 pandemic dominating budgetary discussions at the time.

Lack of implementation has remained a major "problem for the health ministry", according to Professor Syed Abdul Hamid of the Institute of Health Economics at Dhaka University. "A lengthy process of preparing proposals for development projects, feasibility tests and tender are some of the key reasons for the delay in [health related] project implementation", as well as "corruption". Since the pandemic began, we have seen one corruption-related disaster after another in this sector.

First, we had Regent Hospital hogging the headlines with its business of issuing fake Covid-19 certificates—and its owner enjoying undue privileges because of his political connections. Then we saw the debacle of a company favoured by government officials supplying fake N95 masks. JKG Health Care authorities were also caught issuing fake coronavirus test reports, affecting hundreds of migrant workers' travel to their destination countries. The involvement of officials of the Directorate General of Health Services in the scams led to major changes in the national health agency, including the removal of its director general, but health ministry officials, who were also accused of complicity in the irregularities, remained untouched while the health secretary received a promotion. Allegations of corruption in the World Bank and Asian Development Bank-funded emergency Covid-19 projects kept surfacing one after another, but no steps were taken, except for removing and transferring the officials

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monitoring of the private health institutions, have given rise to private healthcare costs skyrocketing.

Public expenditure on health in Bangladesh stands at 0.47 percent of GDP. This is not only one of the lowest expenditures in the world but also low even when compared to the average of the lower-middle-income countries, which is 2.8 percent, or the average in the South Asian region, which is 2.1 percent. The high cost of private healthcare services along with the low budgetary allocation for public healthcare mean that Bangladesh has one of the highest out-of-pocket (OOP) health expenditures in the world—74 percent, compared to the global average of 18 percent. This large share of OOP expenditures also means that most households remain

involved in the projects.

While hospitals across the country were struggling to cope with the number of Covid-19 patients, a much-hyped 2,000-bed Covid-19 temporary hospital was set up in the open space of International Convention Center Bashundhara last year. According to health officials, the government spent around Tk 38.5 crore in five months on the project. Yet, it had to quickly shut down apparently due to no patients showing up, while the hospital itself had a huge operating cost. Like the Bashundhara hospital, the DGHS also closed 11 other Covid-19 hospitals. Has there been any inquiry made into how much public money was wasted on them? Most likely not!

So what does this all tell us?

That the government health projects are so poorly planned that it almost seems as if the authorities don't really care to improve the healthcare services available for the majority of the people. And why would they? Most members of the government themselves never really use the public healthcare system. They go abroad for their medical needs, or go for expensive treatment at private hospitals. Moreover, the ministry of health has remained largely incapable of catering to people's health needs, as evidenced by the fact that it cannot even spend the little money that is allocated to it, despite there being a desperate need for funds in the sector. And even when the money is spent, a lot of it is wasted, mainly because of lack of planning, transparency and corruption.

So, yes, private hospitals are making windfall profits from patients. And a lot of the time, they are doing so by ignoring government directives and any and all ethical considerations for patients and their families. But all that is being possible due to the "apathy" of our government and particularly the health authorities, who seem to care just as little for the wellbeing of people as some private hospital owners do. That is why our healthcare sector is in a shambles. That is why the quality of our healthcare, particularly in the public sector, is so poor. And that, in turn, is why private hospitals can get away with overcharging patients, even when we have a national health emergency on our hands.

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