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Bring bordering districts under strict lockdown

Much time has been lost already

THE government should have gone for a complete lockdown of the bordering districts long ago, at the time when the virus started spreading in India. India is pulverised by a new variant known as B.1.617, which is the fourth variant of alarm. Reportedly, it is more transmissible and has found its way to 50 countries so far. It was detected in India late last year. It would have been prudent for the government to have been proactive and seal the routes of entry and exit to and from India as soon as the situation in India started turning grave. Borders were closed, but much later than it should have been.

What is of concern now is that, the Indian variant has found its way into Bangladesh, not unsurprisingly. And has been transmitted too, apparent from the fact that in Chapainawabganj, seven persons, who had not been to India lately, tested positive for the Indian variant of the coronavirus. The civil administration of the district, very rightly, has enforced strict prohibition on the movement of people.

It is no wonder, therefore, that the Health officials on Saturday recommended that eight bordering districts be brought under lockdown with immediate effect; the districts being Naogaon, Rajshahi, Natore, Kushtia, Jashore, Khulna and Satkhira. All these districts have witnessed an extraordinarily high positivity rate of 30 percent for a week.

We believe that it is no time to dwell on paperwork. Much time has been lost already and we know how quickly the virus spreads. And once again we have betrayed a lack of capability to take proactive measures. We wonder why the situation in India did not ring alarm bells in the appropriate quarters in Dhaka. Had it done so, the 17-member national technical advisory committee, formed in early April of 2020, to tackle the outbreak of coronavirus in the country, would have reacted by way of advisories. We heard nothing nor saw anything being done in this regard.

The suggestions of the health officials should be implemented without delay. The lockdown should be strictly enforced, and contact tracing should be done to trace out and prevent the likely spread and contamination. Testing too must be increased along with strict enforcement of health guidelines for the public. We also hope that the vaccination programme will pick up its pace once vaccines are procured and widely disbursed and administered. Also, the porous areas of the border must be effectively sealed. Reportedly, only in one month between April 26 and now, 77 people were apprehended while crossing illegally into Bangladesh from India. The last thing we would want is to face a situation like the one that India, sadly, is facing.

LSD and other drugs are killing our young

Catch the kingpins, provide better rehabilitation to victims

WE are shocked by a report published by *The Daily Star* yesterday that describes how, the drug Lysergic Acid Diethylamide (LSD) has been smuggled into Bangladesh from the Netherlands since 2017, using the government's postal service. The police department was able to unearth this information only after a Dhaka University (DU) student committed suicide after taking the drug, according to his friends. But what has the police been doing since 2017 and why are we hearing about this drug's presence in Bangladesh after so long and only after the much-publicised death of a university student?

That there are currently three syndicates in the country who are involved in selling this highly hallucinatory drug that causes loss of appetite, tremors, delusions, distortion in one's sense of time and identity, paranoia, severe depression or psychosis and suicidal tendencies, among other side effects, is extremely disturbing. These syndicates bring this drug from Europe as blotting papers stashed inside books so that they look like postal stamps or colour paper. We are relieved to know that the Detective Branch (DB) of the police has arrested three members of one of the LSD syndicates and sent them to prison. Also, DB has found 650 users who used to be customers of these three jailed drug dealers.

LSD trade is not a new phenomenon in our country. Requesting not to be named, a high official from DB said that they have information about two other syndicates involved in the LSD trade in Bangladesh. We're puzzled by the fact that the police are claiming that they have spotted LSD in the country for the first time—a *DS* report published on May 27, 2021 highlights that the chief chemist and forensic head of the Department of Narcotics Control (DNC) said that they had earlier seized LSD in September, 2019 from the capital's Kafurl area. Young people are being lured by the traders of these drugs and can easily become addicted to them leading to tragic consequences. The government must go after the kingpins who control these syndicates. Exemplary punishment must be given to these individuals who are still out of the purview of the police regardless of who they are connected to. At the same time, it is counterproductive to treat those addicted as criminals instead of victims which they are. Many such addicts suffer from mental health issues that have to be treated medically and through counselling. Proper rehabilitation services for them are required. Family, friends, colleagues and other acquaintances have to treat them like human beings, not as pariahs who have to be avoided at any cost. While those who bring in these drugs must be brought to book, the factors that lead young people to become users must be identified and removed so that the demand for these drugs can be eliminated, automatically nullifying supply.

Expectations for the health sector in a pandemic budget



FAHMIDA KHATUN

PUBLIC health has never been a priority sector for the government of Bangladesh when it comes to budget allocation. But the need for a higher expenditure for the health sector in Bangladesh has been felt for long. Reforms in the sector for better healthcare has also been an urgent demand. Unfortunately, the sector has so far received little attention in terms of resource allocation and reforms, irrespective of political regimes. For the past 12 years, the budget share for the health sector has been less than 1 percent of GDP. Sadly, despite the ongoing health crisis created due to the Covid-19 pandemic, the health sector is yet to receive increased attention from policymakers.

The outgoing fiscal year (FY2021) saw only a 14 percent increase in total allocation for the health sector compared to FY2020. More precisely, allocation for health as a share of GDP increased only marginally from 0.84 percent in FY2020 to 0.92 percent in FY2021. As a share of the total budget, allocation for health increased from 4.72 percent in FY2020 to 5.15 percent in FY2021. In the past we have seen higher allocation than now. For example, in FY2010 the health budget was 6.18 percent of the total budget.

The recently approved Annual Development Programme (ADP) for FY2022 indicates that the allocation for the health sector is 7.68 percent of total ADP or Tk 17,306 crores. Though this has been raised compared to FY2020, the increase in health sector ADP is one of the lowest.

As the budget for FY2022 is imminent, there is no scope to expect any changes in what has already been prepared by the Ministry of Finance (MoF). But the MoF may revisit some of its numbers during the next one month (June) before it is approved in the National Parliament at the end of June. Besides, some of the issues related to the health sector cannot be completed within a year and require medium term interventions. Therefore, policymakers need to take those into consideration in the coming years to improve the health sector of the country. A few observations and recommendations are highlighted here:

First, the most important health measure at this moment is to vaccinate all eligible people across the country. The health ministry should procure adequate vaccines from available sources

and vaccinate people free of cost. The government has planned to create a Vaccine Support Fund in the upcoming budget with a loan of about USD 2 billion from donors. Hopefully, this will be used for the vaccination of a large section of the people.

Second, more resources are required for enhancing the treatment capacity of the Covid-19 affected people through more hospital beds, oxygen, intensive care unit beds, testing facilities and free mask distribution. More resources are needed to recruit more doctors, nurses, midwives, health professionals and volunteers.

Third, the composition of the health budget should be changed. In FY2021, of the total health budget, allocation for development budget increased by only 1.90 percent while non-development budget allocation increased by 24.37

percent. The MHFW could spend only 21 percent of its allocated budget during the first nine months of FY2021.

As it is, the average total ADP spending as of March 2021 was also very low—only 41.9 percent of total allocations for ADP. The health sector has been one of the poorest performers in terms of ADP expenditures. Among the 57 ministries and divisions, the health ministry is positioned 51st in terms of ADP expenditure. Low performance in the period of a serious health crisis such as the Covid-19 pandemic indicates how much health services the coronavirus affected people are receiving.

Fifth, the quality of expenditure has to be improved to observe any visible change in healthcare. Budget allocation is only a part of the solution to the perennial problems faced by the health

are inflated. In the process, quality is compromised and resources are wasted. If the government is serious about having a transparent health sector, an audit of all health-related procurement during the last five years should be initiated by the Parliamentary Standing Committee on Health or on Public Accounts. This could be an exemplary measure towards establishing the culture of accountability of public resources.

Sixth, the governance of the overall health system is critical for a better health system. There are multiple actors in the health sector. The inadequacy of public health facilities has led to the rise of private healthcare. But quite often those remain out of government surveillance. The government should bring all private and non-government healthcare under the regulatory framework to establish their accountability and ensure the quality. The unregulated private health providers arbitrarily fix health costs. Their quality of their healthcare also varies. Therefore, private healthcare system should be integrated with the public health system. The MHFW should also monitor the quality of pharmaceutical products through strong oversight mechanism.

Seventh, health research and innovation should be supported. Higher resources for research at health institutes and medical colleges and equipping those with high-quality state-of-the-art technologies will help improve the quality of health services in the country.

Eighth, for effective policy formulation, real time and authentic data are needed. The true picture of the health sector is not reflected due to a huge data gap in the health sector. Most health-related data are not updated regularly. More resources are needed for high quality data generation which would help health related research and analysis.

The pandemic has put the spotlight on the health sector. Though these limitations have existed for long, the pandemic has helped us to look at the health issues afresh. Ironically, after more than a year into the pandemic, the health ministry has not shown any improvement in its performance. The need for more public resources through higher budgetary allocation is crucial for the improvement of the health sector. However, experience also tells us that higher budget alone cannot remove the stumbling blocks that are in place. The health sector needs a total overhauling.

For this, higher government expenditure is not enough. It requires strong government commitment.

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percent compared to that of FY2020. Of course, this is a national trend. In the overall budget the share of development budget allocation also decreased from 48 percent in FY2020 to 43 percent in FY2021. But the decline in the health budget is more disappointing at a time when the country needs more allocation. The increase in total budget allocation for health in FY2021 followed a business-as-usual trend. The need for additional resources during a health crisis of this scale was ignored.

Fourth, budget implementation capacity of the Ministry of Health and Family Welfare (MHFW) should be improved. The Finance Ministry allocates resources against the benchmark of expenditures by each ministry. Though the allocation for the health sector increased only marginally in FY2021 the MHFW could not spend the money allocated to

sector in Bangladesh. The efficiency in the expenditures, the distribution of health services, the management of resources, the regulatory mechanism and the governance and accountability of the health sector have taken the centre stage once again in view of the corruption and irregularities of the health ministry. The lack of measures against such deficiencies even during the pandemic is only a reflection of the insensitivity towards public demand.

A large part of the health budget is spent on physical infrastructure development, and salary and allowances of human resources. Misappropriation of resources is common during the procurement for construction of infrastructure. Investigative media reports have revealed how the contracts are offered, how the procurements are done, and how the equipment prices

Why remove 'except Israel' from passports?

This move contradicts the stance maintained by the Father of our Nation



SELINA MOHSIN

THE outburst of violence between Palestine and Israel during the month of Ramadan led to Hamas firing rockets and Israel bombing Palestine. Israeli air strikes caused at least 254 Palestinian deaths including 66 children and massive destruction in Palestine. On May 18, France along with Egypt and Jordan, announced the filing of a United Nations resolution for ceasefire and the fighting ended.

The prime minister and the foreign minister of Bangladesh gave Bangladesh's support to the legitimate struggles of the Palestinians and condemned Israel's attacks.

Since the establishment in 1971 of Bangladesh as a Muslim majority country, the Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, openly affirmed his position in favour of Palestine and stood against Israeli oppression in the occupied Palestinian territories.

Bangladesh supported the Palestinians against Israel during the Yom Kippur War in 1973, including in the form of sending a medical team and relief supplies for Palestinians.

In 1980, a postal stamp was created depicting a Palestinian freedom fighter, the Al-Aqsa mosque in the background shrouded by barbed wires, and text celebrating Palestinian fighters as "valiant" in English and Arabic.

With the endorsement of the Father of the Nation, all passports contained the clause: "This passport is valid for all the countries of the world except Israel."

Bilateral relations between Bangladesh and Palestine are close and cordial. Bangladesh has been a consistent supporter of the Palestinian campaign for an independent state and has no relations with Israel. Furthermore, Palestine has a mission in Dhaka and Bangladesh offers scholarships to young Palestinians, and the two countries co-operate on other affairs as well.

Now, in a surprise move on May 23, 2021, the foreign and home ministers announced that Bangladeshi passports

will no longer bear the text "except Israel". This move, after 50 years of independence, contradicts the Father of the Nation's commitment to Palestine and the citizens' commitment to Palestinians.

The foreign minister of Bangladesh said that there has been no change in Bangladesh's position towards Palestine as it still does not recognise Israel. But it is surely reasonable to suspect that this deletion means relations with Israel may

of Bangladesh, so much added value we can bring to each other."

These are ominous moves from Israel when the foreign minister says we shall maintain no relations with Israel. Clearly, the Israeli government anticipates further movement. The home minister said the changes are to ensure passports meet "international standard". Yet, "except Israel" was there when the government introduced machine readable passports



A Palestinian man prays as Israeli police gather during clashes at the compound that houses Al-Aqsa Mosque.

PHOTO: REUTERS

move towards normalisation.

On the other hand, if removing the phrase "except Israel" has indeed not changed Bangladesh's position on Israel, the question arises: why remove these words if it does not make any difference if they are there?

Already, Israel's Deputy Director General for Asia and Pacific at Israel's Foreign Ministry has tweeted, "Great news! Bangladesh has removed travel ban to Israel. This is a welcome step and I call on the Bangladeshi government to move forward and establish diplomatic ties with Israel so both our peoples could benefit and prosper."

The Israeli Ambassador to India said, "Look forward to working with the Govt

(MRPs) 10 years ago. Had it also not met international standards back then?

All passports have to maintain the International Civil Aviation Organisation's (ICAO) standard. Yet, Bangladesh's passports already meet it. Passports of all countries meet it, so why the change? And what global standard is he talking about? ICAO is the global standard.

The foreign minister said, "No country uses these words 'except Israel' anymore, not even the Arab nations."

I am amazed at the above comments of the two ministers, who must be familiar with passports of many countries.

To cite a few examples, while Malaysia does have commercial relations with

Israel, the Malaysian passport bears the text, "This passport is valid for all countries except Israel."

Pakistan is one of the countries whose passport explicitly states "all countries... except Israel."

At least twelve countries do not accept Israeli passports, including Algeria, Brunei, Iran, Iraq, Kuwait, Libya, Malaysia, Pakistan, Saudi Arabia, Syria, and Yemen.

Libya's passports state, "All countries of the world except occupied Palestine". Libya does not even recognise Israel. The passports of all the above countries are ICAO compliant.

One has to wonder what the foreign minister and the home minister mean by claiming that "except Israel" is used by no other countries.

The Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, approved passports with the term "except Israel". He also had a meeting with the Palestinian Leader, Yasser Arafat, in Lahore in 1973 at an OIC meeting. The passports that the Father of the Nation endorsed include "except Israel" and such passports are also ICAO compliant.

Who decided to overlook the stand taken by the Father of the Nation and also make statements that are untrue?

Dropping "except Israel", despite its endorsement by Bangabandhu, should have been discussed in public. Why was this move not been discussed in Parliament and in an open house debate? We select our politicians, we vote for them, and they are answerable to us.

The issue of an "administrative problem" was mentioned by the home minister without much specificity. What is the administrative difficulty with having two words—"except Israel"—unless passports have already been ordered without them?

It is quite possible that this has all been due to the influence of powerful and wealthy individuals who have persuaded politicians to take this step.

We need to help Palestine, especially now that recent events have brought a new unity amongst young Palestinians, including many within Israel itself. I request that the two words, "except Israel", be inserted back into the passport again.

Selina Mohsin is a Former Ambassador.