The Daily Star

FOUNDER EDITOR
Late S. M. Ali

DHAKA THURSDAY JUNE 3, 2021, JAISHTHA 20, 1428 BS

Border districts woefully underprepared for Covid-19 surge

Authorities must ensure healthcare facilities there have the capacity to deal with it

OVER the past week, there has been a worrying surge of coronavirus cases in border districts, with some displaying positivity rates that range from 20 percent to a whopping 40 percent. While there is, of course, a pressing need for action to contain transmission and ensure the new strain of Covid-19 doesn't spread across the country, it is equally important to ensure that there are adequate facilities in place to deal with the fallout should the cases continue to rise in these districts.

However, a report in this daily yesterday detailed how almost all of these districts are woefully underprepared. Examples from upazila health complexes, general hospitals and medical college hospitals paint a dire picture—of insufficient numbers of oxygen cylinders and concentrators, inefficient processes of refilling said cylinders, lack of N95 and KN95 masks, limited isolation beds, limited or no ICU facilities, inadequate manpower in covering daily shifts, and more.

What is truly frustrating is that although we have been dealing with the pandemic for over a year and experts have been issuing warnings of a potential second wave of Covid-19 for a while now, the concerned authorities seem to have taken little heed. For example, although these districts received some N95/KN95 mask supplies last year, the government's own data shows that other than Rajshahi Medical College Hospital and the occasional general hospital, most healthcare facilities have been supplied with nothing this year to protect their staff from becoming infected. In Chapainawabganj, Natore and Kushtia, there are already more admitted patients than there are isolation beds. Across the board, we see a health system that is struggling with very limited facilities and lacking the capacity to handle a Covid-19 surge.

While it is heartening to know that the DGHS has given the green light to all healthcare facility heads in the bordering districts to collect all necessary equipment from the Central Medicine Store Depot, we cannot help but wonder: if there are enough PPEs and oxygen cylinders available at the Depot, why on earth are so many healthcare facilities operating below capacity, more than a year into the pandemic?

The health ministry has come under severe scrutiny for the widespread corruption that has been exposed during the pandemic—from the scandal of fake N95 masks and subpar PPEs to irregularities in the purchase of medicine, surgical equipment and other machines. The border districts' lack of capacity in dealing with what could be an impending crisis is the symptom of a much wider issue of mismanagement and corruption, a lack of planning and blatant inefficiency. Although these issues should have been dealt with months ago, the authorities still have a small window of opportunity to ensure that healthcare facilities in the border districts have the capacity to provide proper care to Covid-19 patients while also protecting their frontline staff. It is absolutely imperative that they take actions now.

Corruption in public hospitals must be stopped

Exemplary punishment has to be given to corrupt officials

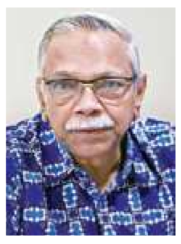
WE'RE shocked to know that a hundred steel almirahs which would normally cost Tk 23,000 each have been bought at Tk 96,000 each by the 250-bed TB hospital in Dhaka, according to a finding by the Anti-Corruption Commission (ACC) as reported by *The Daily Star*. Such blatant graft and waste of taxpayers' money leaves us disheartened and feeling helpless. At a time when the country is undergoing a devastating health crisis, it is shocking how such activities are being allowed to continue in the health sector.

Unfortunately, this type of incident is nothing new in the country. Overinvoicing or overpricing items has occurred many times before. In 2018, for instance, the same hospital purchased 19 essential medical items or equipment at an exaggerated price. The ACC's probe found that the former and current deputy directors of the hospital misappropriated around Tk 4.46 crore of public money in collaboration with the suppliers of the equipment. The said former deputy director initiated this trend by fixing prices of medical supplies at an excess rate in collaboration with the suppliers, floating tenders afterwards and finally giving contracts to those suppliers who bid the highest amount, according to the ACC.

Another report published on July 10, 2020 highlights that more than Tk 100 crore was misappropriated by 14 contractors from the funds of various government medical college and hospitals. Once again, the ACC had prepared and submitted an investigation report with ample evidence and asked the Directorate General of Health Services (DGHS) to take necessary actions. The DGHS took six months just to blacklist these suppliers/companies. As we can see, lack of coordination between ACC and DGHS is resulting in the embezzlement of a huge amount of public money.

It is high time some sort of monitoring and auditing was incorporated in public procurement in these hospitals so that no one can get away with such irregularities. The ACC revealed a significant amount of information on graft but most of the time their contributions remain unheard of and undermined. And even if someone pays heed to them, it takes months for something to happen. The government must provide the ACC with more regulatory power so that it can take decisions on its own without depending on others. Most importantly, exemplary punishment has to be given to those healthcare providers and medical equipment companies who are part of this kind of corruption, stealing from the public and patients they are supposed to take care of.

How Bangladesh transformed from its challenging beginning into a middle-income country



Barkat-e-Khuda

ON the occasion of the golden jubilee of Bangladesh's independence and the 100th birth anniversary of the Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, it is an opportune time to discuss how the country has transformed itself since its very challenging beginnings—from being a "bottomless basket" to "the test case for development" to finally a middle-income country.

Since its independence in 1971, Bangladesh's gross domestic product (GDP) has increased manifold, from less than USD 6 billion to around USD 350 billion, and its per capita GDP has increased from less than USD 90 to USD 2,227. In PPP terms, the GDP is USD 953 billion, and the per capita GDP is USD 5,811. Bangladesh is projected to be the world's 28th largest economy by 2030 and the 23rd largest economy by 2050. The GDP (PPP) is expected to grow to USD 1,324 billion in 2030, and USD 3,064 billion by 2050.

The major drivers of our economic growth are: (i) growth in the agriculture sector, (ii) growth in the industrial sector, (iii) expansion in the services sector, (iv) export earnings from the RMG sector, and (v) remittances sent by the migrant workers. Also, our economic growth has been helped by a decline in the population growth rate.

At the time of independence, agriculture contributed around 50 percent to the GDP, and the industry and services sectors contributed 13 percent and 37 percent respectively. In 2020, the relative shares of these sectors were 13.3 percent, 51.3 percent and 35.4 percent respectively.

The agriculture sector has witnessed remarkable progress with a four-fold increase in food grain production. Rice production increased from 9.78 million metric tons (MT) in 1971-72 to 37.40 million MT in FY 2018-19—and wheat production from 0.11 million MT to around 1 million MT. The increase has been made possible by the liberalisation of input markets and expansion of irrigation, encouraging farmers to adopt the new seed-fertiliser technology. Also, during the last 3.5 decades, fish production increased around six times to 4.6 million tons. Fish products are exported, although it's still quite low (only around 3 percent of fish production is exported).

Bangladesh inherited a low industrial base at the time of independence. Beginning in the late 1970s and early 1980s, Bangladesh achieved considerable growth in its industrial sector. The open market policy followed by the government resulted in appreciable industrial growth in the 1990s. Since then, growth in the sector has been quite remarkable, except in a few years.

The expansion of the RMG sector has been a major growth driver in the overall industrial sector. It is the most important industry employing around 4.5 million people. Other industries include the pharmaceuticals, leather goods, ship building and breaking, food processing, ceramics, fertilisers, chemicals, etc. In addition to large industries, there are cottage, minor, small and medium enterprises (CMSMEs) that play a vital role in promoting economic growth, poverty reduction, and employment generation in Bangladesh.

The expansion of the RMG sector has been a major growth driver in the overall industrial sector. SOURCE: **STAR FILE PHOTO**

There has been a wide range of policy reforms to facilitate the growth of the services sector including reforms in trade policy, industrial policy, monetary policy, fiscal policy, and promotion of foreign direct investment. Liberalisation of the services sector—particularly the telecommunication and financial sectors—received considerable importance. The services sectors are increasingly becoming the core of the national economy. A striking feature of Bangladesh's growth performance has been the strength of its services sector.

In 1972/73, exports were only around USD 380 million. It witnessed a ten-fold increase to USD 40.5 billion in 2018-19. However, it declined to USD 33.67 billion in FY 2019-2020, and it was USD 28.92 billion during the July 2020-May 2021 period due to the adverse effect of the Covid-19 pandemic. The RMG sector accounts for around 82 percent of the total exports of the country. Garments exports increased from USD 6.8 billion in 2005 to around USD 35 billion, but then declined to USD 29.8 billion during July-March FY 21 due to the adverse effect of the pandemic.

The RMG sector brought about three important structural transformations in the economy: (i) increasing reliance on export earnings compared to the declining dependency on foreign aid; (ii) complete change in the export structure that is largely dominated by manufactured goods, in a shift from earlier dependence on primary goods; and (iii) providing wage employment to the female workforce, which, in turn, has contributed to the process of empowerment of women in the country.

Being a labour-surplus country, about half a million Bangladeshis migrate abroad annually in search of jobs. There were around 13 million labour migrants until February 2021. With the increase in the number of migrant workers, the amount of annual remittances increased considerably, from only USD 339 million in 1980 to USD 21.7 billion in 2020, and further to USD 22.8 billion during the July 2020-May 2021 period. Remittances as percentage of export earnings and import payments were over 50 percent and 40 percent respectively in FY2019-2020. Remittances increase the country's foreign currency reserves, and contribute to the process of economic development and poverty reduction in the country.

There has been considerable reduction in poverty, from around 80 percent in 1971 to around 22 percent, which, however, increased to around 30 percent following the pandemic. Further, there is concentration of income among the richer households, and growing inequality in income distribution.

Looking at some key social indicators, there has been a sharp decline in the annual population growth rate—from around 3 percent to 1.1 percent. Both fertility and mortality rates declined quite appreciably. Life expectancy increased to around 73 years from 46 years in 1971. Also, considerable success has been achieved in health and nutrition, although there are inequities by the socio-economic status of the population. Further, there has been an increase in the availability of drinking water; better access to, and use of, toilets; and an increase in the net attendance of children in primary and secondary schools. Gender parity has been achieved at both primary and secondary levels. The human development index (HDI) increased from 0.394 in 1990 to 0.632 in 2019.

The country's growth and development have been, however, constrained by various impediments including infrastructural deficits; near-stagnation in investment-GDP ratio, especially affecting the private sector; inequities in income and healthcare outcomes; poor quality of education; inadequate coordination among implementing agencies; weak monitoring and supervision; and insufficient accountability and transparency.

Growth and development are being further hindered by the crisis resulting from the pandemic, as in other countries as well. Economic growth has declined to around 5 percent; unemployment has increased to around 25 percent; poverty has gone up (with around 2 million more people being added to the ranks of the poor); and the healthcare delivery system is constrained in providing general health care services to the population in addition to those suffering from Covid-19 as well as those suffering from serious non-Covid diseases such as cardiovascular, diabetes, and mental health conditions. The government's generous stimulus packages of over Tk 1 trillion (about 3.5 percent of GDP) and the Bangladesh Bank's refinancing and credit guarantee schemes are directed towards addressing the needs of those affected. However, the problem of implementation continues to hinder desired outcomes.

To thrive as a middle-income country and to become a developed country by 2041, the government needs to undertake appropriate measures on an urgent and priority basis to remove the various impediments to development.

Barkat-e-Khuda, PhD, is a former Professor and Chairman at the Department of Economics, Dhaka University, and Dr Muzzafar Ahmed Chair Professor at the Bangladesh Institute of Bank Management (BIBM). This is a highly summarised version of a paper presented on May 29, 2021 at a webinar organised by Dhaka University as part of its centenary celebrations.

The Mountbatten factor in India's partition

STRAIGHT LINE

Muhammad Nurul Huda

IT can be said without any fear of contradiction that one of history's most massive displacements of population with the attendant violence and misery took place when, in 1947, the Indian subcontinent was partitioned along communal lines, resulting in the creation of two independent states: India and Pakistan. Despite the passing of seventy-four years since then, the debate on the justification of the partition continues, and perhaps will go on for an indefinite period, largely due to the deep wounds caused to so many people who were uprooted from their hearth and home.

A question arises as to whether India's last Viceroy's "forced march" to the demission of power further heightened communal tension and made partition inevitable and tragic. It would be relevant to recall that British Prime Minister Clement Attlee on February 28, 1947 declared that power would be transferred by June 1948 to such an authority or in such a way as would seem most reasonable and be in the best interests of the Indian people. Mountbatten arrived in New Delhi on March 22, 1947 with plenipotentiary powers and a clear mandate to expedite the process of British withdrawal. Therefore, when the Viceroy on June 3, 1947 announced his new plan and proposed to advance the date of transfer of power from June 1948 to August 15, 1947, the "forced march" began with disastrous consequences.

So why was Lord Mountbatten in a hurry? Recent revelations indicate that "it was his intention to rush back to the fleet as soon he could extricate himself from India and to vindicate his father's reputation". His father, the "First Sea Lord of the Royal Navy, Prince Louis of Battenberg, was forced by London's fierce anti-German prejudice during World War I to abandon the fleet over which he had once so proudly presided. His then fourteen-year-old son resolved to join the Navy himself and remain in it until he became the First Sea Lord".

It would not be inappropriate to observe that Lord Mountbatten had already decided to make fast work of his India assignment. Interestingly, although the British cabinet gave him eighteen months to complete the job, he never had any intention of taking so long. To many experienced British administrators who had earlier served in India, even the eighteen months' time was an unduly hurried process which—if not reconsidered and its early terminal date not pushed back—would cause severe ruination of Indian regions and communities. The new Viceroy, however, was so eager to get on with the job that he would cut the all-too-brief allotment of time in half.

Even Winston Churchill, who was not favourably disposed to India's freedom, commented in the British Parliament that "the government, by their fourteen months' time limit, have put an end to all prospect of Indian unity … How can one suppose that the thousand-year gulf which yawns between Muslim and Hindu will be bridged in fourteen months? … It is astounding." He called the time limit a "kind of guillotine". He further added that, "Will it not be a terrible disgrace to our name and record if, after 14 months' time limit, we allow one fifth of the population of the globe ... to fall into chaos and carnage? Would it not be a world crime ... that would stain ... our good name forever?" However, the quit-India-quickly policy won the House of Commons vote by 337 to 185.

Lord Louis Mountbatten, the last viceroy of India, meets with Indian leaders to discuss the 1947 partition in this undated photo. SOURCE: **MAX DESFORS/AP**

While the complexity of subcontinental politics, intransigence of the politicians, and personal ambitions of certain important political leaders—as well as the divide-and-rule policy of the British establishment—impacted the process of transfer of power, it has to be noted that none of those played as tragic or central a role as did Mountbatten. He had been largely responsible for the "tragedy of partition and its aftermath of slaughter and ceaseless pain".

The rush for partition resulted in the horrid plight of ten million desperate refugees over Northern India. "Hindus and Sikhs rushed to leave ancestral homes in newly created Pakistan, Muslims fled in panic out of India. Each sought shelter in next door's dominion. Estimates vary as to the number who expired or were murdered before ever reaching their promised land. A conservative statistic is 200,000; a more realistic total, at least one million". The tragedy occurred as the last Viceroy did not have the wisdom and patience necessary to accomplish a delicate task. Additionally, he did not have the humility or good sense to appreciate the wise counsels of Indian leaders who "tried their frail best to warn him to stop the runaway juggernaut to partition before it was too late". Mountbatten's negativity towards Jinnah, and its tragic significance for all of South Asia in the aftermath of partition, has been traced from the recent study of transfer of power documents.

Partition maps, revealing the butchered boundary lines, were kept under lock and key on Mountbatten's orders. Had this not been so secret, then the governors of Punjab and Bengal could have saved countless refugee lives by dispatching troops and trains to "what soon became lines of fire and blood", but Mountbatten had decided to wait until "Independence Day festivities were all over, the flash bulb photos all shot and transmitted worldwide…"

"Only in the desperate days and weeks after the celebrations of mid-August did the horrors of partition's impact begin to emerge. No Viceregal time had been wasted in planning for the feeding and housing and medical needs of ten million refugees."

Muhammad Nurul Huda is a former IGP of Bangladesh.