The Daily Star

Growing crisis at RMCH

Govt must sufficiently equip hospitals as Covid cases soar

IT'S deeply worrying that Rajshahi Medical College Hospital (RMCH), the central hospital in the division, is struggling with a growing crisis of ventilators and ICU beds amidst a surge in Covid-19 infections. The hospital is turning into a Covid hotspot, with more patients hitting its doors, many of them turned away because of lack of capabilities. On Friday, at least 225 patients were reportedly undergoing treatment at its Covid-19 unit, while more than 40 other patients were waiting for an ICU bed. In the 24 hours until that morning, at least 16 people had died from Covid-19 there—it was the highest single-day death toll reported by the hospital, amounting to nearly half of the fatalities recorded across the country.

The crisis at RMCH is unfolding against the backdrop of a fast-deteriorating Covid-19 situation in the bordering areas. Four districts of Rajshahi division are reported to be particularly suffering, with varying but still very high positivity rates. Although the authorities are yet to heed calls for a "complete lockdown" in those districts because of economic priorities, partial lockdown and night-time travel restrictions have been imposed in some places. We're not convinced if these measures will work given how fast the virus is spreading, thanks to the deadlier and more infectious variants. The challenge right now is two-fold: containing rising infections and providing treatment to more patients. Both need serious attention.

Unfortunately, the official response to what some have described as the "third" wave of Covid-19 has been most frustrating so far. Nor are the people in general showing any signs that they've learned the importance of doing their part in reducing community transmission. While the government must come up with better plans to contain the virus and make people obey, it should also pay equal attention to increasing testing facilities and sufficiently equipping hospitals, especially those in border districts, so they can provide treatment to more patients. Restrictions, testing, treatment and inoculation—no one measure, public or private, will work unless all of them do.

The crisis of ventilators and ICU beds in RMCH and other hospitals in Rajshahi (and similarly affected regions) must urgently be resolved. We have had over a year to learn from and prepare for this crisis. This must not be the moment when we fail to deliver. We urge the government and local administrations to rise up to the challenge of reinvigorating our Covid-19 response considering the gravity of the situation.

Four Chattogram corporate groups supplying free oxygen during the pandemic

They stand as an example of how the corporate sector can support their communities

WE applaud the initiative taken by four corporate houses based in Chattogram, who have been supplying oxygen to hospitals and patients for free in several districts, like Chattogram, Cox's Bazar, Feni, Cumilla, and Sylhet, since the middle of last year. So far, they have distributed 12,000 cylinders to 35 private and government hospitals and during the surge of infections in March and April this year, they refilled around 700 oxygen cylinders free of cost every day.

It is heartening to see the corporate sector step in to support their local communities during times of crises. What is even more reassuring is that these corporate houses—Mostafa-Hakim Group, Abul Khair Group, GPH Ispat and Master Group—have now expressed willingness to extend their free oxygen supply support to Covid-19 patients and hospitals in border districts, where we are once again seeing a surge of infections due to the Delta variant from across the borders. Although the DGHS said last week that there is no shortage of oxygen yet in the border districts, only in April this year, the health minister told a press conference that the situation may change if the infection rate increases too drastically (which is what we are seeing in certain border districts right now). According to the World Health Organization, 15-20 percent of Covid-19 patients require hospitalisation and oxygen support.

In this scenario, coupled with the fact that our oxygen supply has been disrupted due to the oxygen crisis in India and a ban on oxygen exports—Bangladesh used to meet 15-20 percent of its monthly requirement of around 5,400 tonnes of both medical and industrial oxygen through imports from India—the health sector can use all the help that it can get. In June last year, at the height of the pandemic, families of critical Covid-19 patients were forced to buy oxygen cylinders at almost triple the price. Initiatives such as the one by the four corporate houses in Chattogram can, in future, provide an important lifeline to marginalised families struggling with the expenses of Covid-19 care.

We hope the concerned authorities will accept the generous offer of these Chattogram corporate houses without the added burden of cutting through any bureaucratic red tape. We also hope that their actions will be an example to all other actors who are able to step up and support the health sector in its fight against Covid-19.

LETTERS TO THE EDITOR

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Protect women and children from violence

Rape appears to be a worryingly common thing in our country. The recent heinous incident of a gang rape of a woman on a running bus in Ashulia has created huge concerns about the safety of women, especially at night. Given this situation, I insist the concerned authorities take every measure against the rapists, and make sure that the rights of women are upheld properly. Maybe then our women and children can lead their lives without fear.

Md Rasel Sheik, *Ghoraghat, Dinajpur.*

Why are NID services being transferred from the Election Commission?
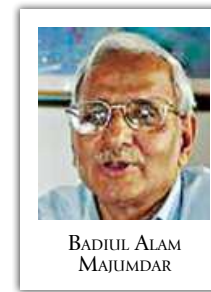
BADIUL ALAM MAJUMDAR

ON May 24, the Cabinet Division wrote to the Secretaries of Security Division of the Home Ministry and the Election Commission (EC) to amend the National Identity Registration Act (*Jatiyo Parichoypotro Nibondon Ain*), 2010 and transfer the personnel and infrastructure used for providing NID services, which includes 594 server-stations, to the Security Division. This decision of the government to transfer the NID services from the Commission to the Home Ministry has already created quite a bit of hue and cry. In speaking to journalists recently, the Chief Election Commissioner (CEC) opposed the government's decision, taken without consultation with the EC, on the grounds of violation of the Constitution. The Commissioner, Mahbub Talukdar, in a news briefing, warned that the decision would not only dismember the limb of the EC—it would also drive a final nail into its coffin.

The former Commissioner Dr Sakhawat Hossain and the legal luminary "The EC's responsibility is to frame the electoral roll. It does not have the capability to provide NID services".

As a constitutional body, "The Election Commission shall be independent in the exercise of its functions and subject only to this Constitution and any other law", according to Article 118(4) of the Bangladesh Constitution. Such independence is for it to faithfully and independently perform the functions entrusted to it by the Constitution, one of which is to "prepare electoral rolls for the purpose of elections to... Parliament" (Article 119).

In the past, we witnessed many controversies regarding the electoral roll. During the Aziz Commission, there were allegations of about 1.2 crore fake voters, caused primarily by multiple registration of voters in different locations, leading to widespread violence and bloodshed. The matter was later adjudicated in the Supreme Court. Subsequently, under the stewardship of the Dr Shamsul Huda Commission, the Bangladesh Army prepared an electoral roll with pictures in 2007 with assistance from donors. The electoral roll that was prepared was audited by a well-known American organisation, the International Foundation for Electoral Systems (IFES), which found it to be accurate, attracting door-to-door, as well as poor supervision by the Commissions, a "gender gap" developed in the electoral roll, with more men appearing than women. In addition, through political influence, some Rohingyas illegally became voters. However, such weaknesses in the electoral roll can easily be remedied by close supervision by the EC in the future.

We hope the government realises that the electoral roll and the NIDs are closely

FILE PHOTO

In fact, the NIDs originate from the electoral roll: voter identity cards and later NIDs were issued using the voter database, unlike in other countries. If the personnel and infrastructure are transferred to the Security Division, the EC will have no such facility to house the database and update the electoral roll.

Dr Shahdeen Malik opposed the government's decision because it would complicate the EC's task of developing the electoral roll and undermine its independence. On the other hand, Minister for Liberation War Affairs, AKM Mozammel Haque, argued that the order had already been issued and the transfer of NID services to the Home Ministry had already begun. He also reasoned:

many international accolades. Thus, the electoral roll with pictures became a symbol of great national pride.

This electoral roll continues to be largely accurate, despite some minor problems caused by the failings of various Commissions. For example, the original electoral roll had about 14 lakh more women voters than men. However, due to the enumerators' failures to go related. In fact, the NIDs originate from the electoral roll: voter identity cards and later NIDs were issued using the voter database, unlike in other countries. If the personnel and infrastructure are transferred to the Security Division, the EC will have no such facility to house the database and update the electoral roll. Thus, the Home Ministry will become the custodian of the electoral roll, creating serious complications.

Note that, as part of its nearly 5,000 personnel, the NID wing carries out other activities that the EC is mandated to perform. Thus, the Commission is unlikely to have extra manpower to transfer to the Home Ministry. In other words, to offer NID services, the government will have to hire new personnel and create parallel infrastructures, which it can possibly do by creating a database of the birth registration information presently collected at the grassroots.

The Liberation War Affairs Minister's claim that the EC has no capacity to provide NID services has no basis as it has issued, without any serious hitch, over 11 crore NIDs over the last 13 years, merely for the costs of printing and materials. Thus, we are getting the NIDs with a negligible marginal cost as a byproduct of the electoral roll.

An important question in this connection is—what could be the government's possible motive behind this decision? Are there political intentions behind it? The implementation of this decision will afford the government access to information of crores of citizens, which could be used politically and misused by law enforcement agencies. In addition, by imposing the requirement of police verification for issuing NIDs, opportunities for manipulation and corruption will open up. More seriously, the government may, through imposing conditions, deprive political opponents of their NIDs. Even under the present government, people have been deprived of jobs and of performing election duties because of alleged connections with opposition political parties.

The most serious concern is that the NID may be used for manipulating future election results. There are already concerns about influencing the electoral outcome through "digital tampering" as technologically inferior electronic voting machines, without "verifiable paper audit trails", could be used in future elections.

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What role can the private sector play in creating a healthy nation?

A M SHAMIM

BANGLADESH, under the able stewardship of the present government, has made huge strides in socioeconomic indicators. The role of the private sector in this journey was pivotal, and the health sector is no exception. The open market economic policies since 1990, which created more disposable income, also made an important contribution to this.

The private healthcare industry has grown to be one of the largest sectors of the country, both in terms of revenue and employment. Private enterprises cover roughly 60 percent of the health sector in Bangladesh, employing approximately 70,000 doctors with roughly 100,000 hospital beds, providing employment to around 12 lakh people and with a combined investment of around Tk two lakh crore. This sector receives preference from patients due to its quality, efficiency and reliability of services.

However, when it comes to spending, almost 67 percent of medical costs are spent out of pocket due to low budgetary allocations. Per capita healthcare

On that note, we can analyse the challenges that the private sector in healthcare faces in general, followed by a host of solutions that can be considered to achieve our goal of a healthy nation.

The first of these challenges is the centralised nature of the health system, along with a weak governance structure. There is also a lack of advanced health technology information and integrated services, which reduces people's confidence in the sector's customer care. Costs and out-of-pocket expenses tend to increase regularly, and the payment process can be difficult. Additionally, there is a lack of skilled healthcare professionals (nurses, technologists, etc.), alongside various ethical challenges. Regulatory bodies with haphazard regulations and high capital expenditures in comparison to neighbouring countries only add to this.

Thankfully, there are many solutions that can be implemented to deal with these challenges. There is a need for transparent healthcare policies for both public and private healthcare services, with a separate Directorate for private healthcare. A separate Directorate, by structures (in comparison to those of neighbouring countries like India, Thailand, etc.) will ensure standardisation and quality.

A national accreditation system and the implementation of mandatory two-yearly accreditation and quality processes for service providers will rapidly enhance the quality of this sector. Non-branded (Generic) drugs would also be of use—if hospitals categorised in grades B or C get the opportunity to provide non-branded medicines, it will cut their costs of service However, for greater access to health coverage, local community clinics must be strengthened as well. One way to do this is by organising them under committees, comprising members from local authorities and public representatives, that are led by medical professionals. Private sector players can support the clinics in a social enterprise model.

Another crucial need for the present is health education en masse. Every person needs to take care of their physical, mental, social and spiritual health.

Implementation of health insurance (in phases) is necessary for universal access to healthcare. We also need to have geographically distributed, zonal health workers such as family physicians who will be responsible for the health of a local community. They should be connected through a referral system to the district hospitals for specialised advice.

PHOTO: COLLECTED

spending stood at USD 42, as of 2018. To add to the perspective, total allocation (after increase) in the 2021 budget was Tk 292.5 billion (USD 3.4 billion), which is about 5.14 percent of the total budget and less than one percent of GDP (while total healthcare expenditure is about 2.34 percent of GDP). This percentage-wise allocation is lower than that of our other South Asian neighbours. Health is a central tenet in Sustainable Development Goal Three or the Global target (as formulated by the UN) to "ensure healthy lives and promote well-being for all at all ages" by 2030.

providing one-stop services (such as, for the purpose of licensing, which at present is provided from 17 different offices) will help the private sector facilities run smoothly.

There is also a pressing need for strong regulatory bodies with accountability. Setting up bodies, where applicable, and empowering bodies like the Bangladesh Medical and Dental Council will enhance much-needed transparency. The grading of services, as well as monitoring of service providers with a grading system for hospitals, clinics, etc. into A, B, or C categories, along with proper fee

while also preserving quality.

In both the public and private sector, we need clear career pathways for health professionals, who should be categorised according to their type of work—academic, administrative and practicing. This should be coupled with continuous medical education training and research and development (R&D). Private sector R&D is critical for the future development of the health sector. Research findings can be applied at the policy level to make changes to costing, accountability and governance. This will be critical for dealing with emergencies like the Covid-19 pandemic.

At this point, it is crucial that we have a digital healthcare platform so we can incorporate electronic medical records with National ID Cards (NID) to ensure that the basic health information of people is recorded, along with sociodemographic information. This way, doctors can access necessary medico-lifestyle information easily, allowing for swift and safe treatment.

Implementation of health insurance (in phases) is necessary for universal access to healthcare. We also need to have geographically distributed, zonal health workers such as family physicians who will be responsible for the health of a local community. They should be connected through a referral system to the district hospitals for specialised advice. In this way, the burden on specialist medical professionals will be minimised.

NGOs, which are already covering many of these areas, can play a pivotal role here. Some of their interventions like literacy programmes, nutrition, social awareness, primary and preventive healthcare, skills-building, mass counselling in high-risk industries (such as ship-breaking), etc. can be strengthened by more investments.

Another way forward is through public-private partnerships, such as the *Aarogyasri* programme in India. The private sector, as we know, carries the majority burden of healthcare in Bangladesh. With proper support and conducive conditions, this sector can be made more efficient and effective in bringing better quality healthcare and outcomes for citizens. Some estimates suggest that as much as USD 1,000 crore is being spent abroad by Bangladeshis every year for the purpose of health treatment. This huge amount of foreign currency can be saved by building people's trust in our own health sector.

We also need a strong association for the voices of healthcare providers. This can not only promote the voice of the sector, but can also enhance self-accountability and healthy competition among members. Finally, environmental, social and corporate governance (ESG) elements should be the three central factors in measuring feasibility and societal impact, which in turn will make the healthcare industry more sustainable.

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