

Making Dhaka liveable again is challenging but not impossible

Revitalise basic civic amenities, create satellite cities

THE latest Economist Intelligence Unit's ranking of liveable cities has placed Dhaka as the fourth least liveable city in the world. While we already know the challenges brought about by the pandemic that has affected every city in the globe, Dhaka included, there is little reason for us to hide behind the "pandemic" excuse. We already know that Dhaka, with a density of 47,800 people per square kilometre, is bursting at the seams. The categories for the ranking are healthcare (our score is 16.7), culture and environment (a whopping 30), education (33.3) and infrastructure (26.8).

There is hardly any dispute that overpopulation of the city, caused by everything being Dhaka-centric, has resulted in the capital becoming more and more unliveable. We have a population of about 21,741,000 in this city, with the same length of road network but thousands of more vehicles (mostly private cars) being added every year. Are we surprised that, on normal days, we spend an average of one to two hours just to get from point A to point B? Suffocating gridlocks, inadequate public transport and disregard for traffic rules make travelling hellish for the majority of people. The same problem of too-many-people-for-too-little-resources is applicable in everything that relates to liveability. Although housing has not been included in the EIU's categories, this is a huge problem in Dhaka, with most residential areas being concrete jungles, having very little greenery, no parks for children to play in, poor drainage systems, inadequate waste disposal systems and broken, dilapidated roads that become unusable during heavy rains. With house rent depleting the lion's share of people's incomes, there is a large proportion of the urban population living in slums—should we talk about the liveability in these shanties? With unabated, unplanned construction over the decades, how can Dhaka city even breathe?

Our mayors have said they have master plans to improve the city. We sincerely hope they will have the resources, grit and backing of the government in carrying them out. But we cannot help but ask why, over the decades, this city has been allowed to deteriorate in this way. Decentralisation is the ultimate solution although there is practically no move in that direction so far. Decent jobs, good schools and universities, good hospitals—basic civic services—have to be available in other districts besides Dhaka so that people do not have to rush to the capital to live in subhuman conditions. Satellite cities could also take off much of the pressure.

But even if we leave aside the problem of overpopulation, the government must improve existing conditions and civic amenities. This would require a drastic reduction in private cars on the roads, increase in safe, efficient public transport, strict enforcement of the transport law and basic traffic rules, freeing rivers and water bodies from encroachers, a vigorous drive to clean the cities with heavy penalties for littering, installing an efficient garbage disposal system, increasing the sewerage networks, repairing broken roads and initiating low-cost housing projects for lower-income groups. Physical safety, with special emphasis on women's security, has to be a priority for the government as this is also a basic criterion of liveability of a city.

These are some basic prerequisites of a modern city and entail revitalising and revamping existing systems. Rooting out corruption, however, from agencies and bodies responsible for providing public services, is key to making any city liveable again.

Baffling remarks by the finance minister

Based on what information is he rejecting the data on new poor?

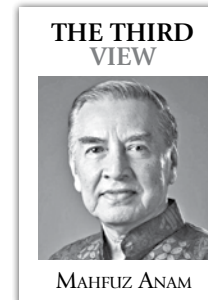
WE are befuddled at the finance minister's refusal to accept data on the new poor, released earlier through surveys conducted by private research organisations to measure the effects of the pandemic-induced income losses. The surveys were done by researchers working at some of the most reputed institutions of our country, and the data was collected through not one but multiple surveys, thus increasing the sample size. The finance minister's refusal to accept their findings, in our books, is quite disappointing.

The minister said he was only willing to accept data from the Bangladesh Bureau of Statistics (BBS) and the Bangladesh Institute of Development Studies. But the last time the BBS updated its poverty-related data was in 2019. What have the authorities been doing since then? Wasn't a national health crisis that would have inevitable economic consequences enough reason to conduct a survey on the number of poor in the country? If the finance minister is unwilling to accept anyone else's data, then why didn't he get the BBS to collect and publish its own data for the last few years? Why have they been sitting on their hands? Are people who are poor and suffering supposed to sit around and wait for them to update their data before succumbing to their miseries? With such a large manpower base, the BBS has no excuse for its inaction. And Covid cannot be an excuse either because the authorities could have easily conducted its own surveys with the help of technology.

What is worse is that the finance minister didn't even say that he was going to get the latest data on this or what he was planning. He simply refused to acknowledge the statistics on the new poor published by several organisations and that's it—giving the impression that he doesn't want to pursue this topic, lest he be asked to increase the budgetary allocation for the new poor or questioned why the budget does not take this most urgent matter into enough consideration.

This denial syndrome must stop, along with this attitude that people are not owed an explanation by their representatives. If the minister is unwilling to accept everyone else's data, the least he can do is explain on what basis he is rejecting the information and share his own with the rest of us, instead of refusing to even discuss the matter. Such refusal gives the impression that he does not want to acknowledge the extent to which the number of new poor has increased in the country. There is little logic to doubt the findings of these research institutes; instead the minister should find ways to alleviate the pandemic-induced economic hardship faced by the poor, old and new.

Pandemic's biggest lesson: Restructure the health sector to handle current and future pandemics



THE THIRD VIEW

MAHFUZ ANAM

SIMPLICISTICALLY put, it is a "procedure vs patient" issue—meaning a "bureaucracy vs ultimate beneficiary" tussle. We, of course, need procedures to work within, otherwise systems would collapse. But of the two, there should not be any doubt as to which should get priority, especially during a pandemic. "Patients" should have been at the centre of the focus but the focus went to "procedure"—meaning bureaucratic control—and that explains why only 24 percent of the development budget for the health sector was spent in the first ten months of the last fiscal year (2020-2021). While most of the block allocation of Tk 10,000 crore for Covid-19 emergencies in the previous fiscal was unspent, patients died due to lack of emergency health services. Tragedy after tragedy occurred when the health ministry was sitting on a Tk 29,247 crore budget allocation. While there were unbelievable sufferings endured by patients all over the country, especially in the big cities including Dhaka, the ministry could not find ways to spend taxpayers' money to provide emergency services to the sick.

The above was well-reflected in the planning minister Abdul Mannan's remarks on Sunday, June 6th, at an AmCham webinar that bureaucrats, despite being well-educated, are not smart enough to implement budget in a timely manner, for which this perennial difficulty may persist. "We have to carry out more reforms in the bureaucracy." We recall how, when the whole country was groping in the dark for ways to fight this unknown virus that crippled the world and us, Tk 100 crore for research lay untouched because bureaucrats could not agree on its methodology—another example of procedure getting the better of the goal.

A public service focused institution like the health ministry cannot be run solely by the same bureaucratic principles and practices as in other ministries that do not deal with human lives. In fact, Covid has revealed, like never before, that a ministry like health must be headed and manned to a significant extent by health professionals who understand the nature of the problems better and have spent their lifetime perfecting ways of serving the people. Of course, there will have to be bureaucratic structures and procedures entwined with this ministry's work, but these should not have the dominance in decision making as they do now.

At present, the whole system is so structured that professionals are always at the periphery of the decision-making process. A good example of it is the working of the National Technical Advisory Committee on Covid-19, consisting mainly of health experts and professionals. It was set up in April 2020 and, through most of its tenure, its recommendations fell by the wayside. Only recently, some of its suggestions have been reaching the higher levels of the government, proving the failure of the bureaucratic leadership. It is our view that if the health ministry was driven by health professionals instead of bureaucrats, the resultant performance of the ministry would have been dramatically

lack qualified human resources like doctors, nurses and medical technicians as well as proper equipment. For decades, these formidable health facilities have remained heavily underutilised due to lack of proper management and accountability.

Some basic statistics will reveal the challenging situation we are in. According to the official "Health Bulletin", 2019, there are 6.73 registered physicians per 10,000 people. Directly in the government employ, there are only 1.55 doctors, 0.88 nurses and 0.60 medical technicians per 10,000 individuals. Prof. Nezamuddin Ahmed of BSSMU commented in 2019 that Bangladesh's health sector is like a "cart before the horse—a huge infrastructure with a huge shortage of human resource." We can easily imagine the quality and effectiveness of the health services provided with such a population-medical personnel ratio. If we add to this the fact of absenteeism, the picture becomes truly grim.

To bring about a dramatic change in this situation, we need to start at the bottom. If we just take the Community Clinics and transform them into functioning, albeit small, healthcare facilities, then we will have revolutionised our health services. At the moment, the CCs exist more in name rather than in

better. There was a time when health professionals used to be appointed in senior positions in the ministry. But those days are long gone. Our suggestion is not a restoration of the old but a complete overhaul and new orientation with the ultimate beneficiaries—the people—at the centre of its thinking.

Ironically, Bangladesh has one of the most elaborate healthcare infrastructures in the developing world. There are about 13,500 Community Clinics (CC) at the union level, followed by 421 Upazila Health Complexes (UHC) along with 1,312 union sub-centres that UHCs also run at the upazila level, followed by 62 district-based hospitals and specialised facilities with the tertiary level at the centre. This four-tier structure—community, primary, secondary and tertiary—gives us a solid public infrastructure to base our health services on. In addition, there are 5,321 public hospitals and clinics and 9,529 registered diagnostic centres.

But as we have reported numerous times in the past, government facilities

any effective and functional manner. It is run by a Community Healthcare provider whose professional qualifications are better left unsaid. These personnel are of a rudimentary level, their knowledge base is very basic and mostly relates to pregnancy-related issues, and cannot really respond to any other medical need. We can start by investing here first.

The Upazila Health Complex—the next level—which is run by a health and family planning officer, has an annual budget of Tk 1 crore. Ironically, though not surprisingly, they lack the capacity to spend this money. A UHC has digital X-ray machines, ultrasound machines and so on. But due to lack of technical staff and the frequent absence of doctors and nurses, people are deprived of services that they are entitled to from these facilities. Again, the biggest challenge is the absence of qualified medical personnel. Here is another scope to invest.

Considering the above, how can the health ministry justify spending only a small portion of its allocated fund of Tk

ministry which, he claimed, is mainly responsible for big-time corruption in the ministry. No investigation was done about the allegations he made. There was a time when it was customary for such allegations to be investigated. Not anymore. Because there is no accountability.

We recall the scandal connected with the Regent Hospital and JKG Healthcare company and the high-powered connections that those scandals revealed. We also have not forgotten the case of driver Abdul Malek, who had property worth Tk 100 crore and whose main source of income was influence-peddling as he was the driver of the health secretary. Nothing much came out following his arrest by RAB. We also recall that no action followed a report by the Anti-Corruption Commission (ACC) of January 2019 that identified sources of graft in the health sector, especially related to purchase of machines, surgical equipment, medicine, etc. Later, when instances of corruption surfaced again, the ACC chairman said, "Had the health ministry followed the ACC's recommendations made last year, unbridled corruption in the health sector could have been reined in."

Bigger allocation and bigger spending by the health sector must be accompanied by a substantial reform of the health sector, especially of the ministry in which strict methods of transparency and accountability have to be installed, particularly in the areas of purchase where the maximum scope for corruption exists.

We are in the throes of the second wave of coronavirus. We did well in the first, although we are not sure how. We may not be so lucky the second time around. Thus, quick reforms in the health sector are a must. As an immediate task, a greater number of health professionals must be brought into the decision-making structure of the health ministry.

The existing Technical Advisory body should be allowed greater involvement and given more power. Immediate steps should be taken to enlarge the services of the Community Clinics and Upazila Health Complexes. The ministry should revisit the recommendations made by the ACC in 2019 and implement the most important ones forthwith. This is important because as the ministry spends more money—and we want them to—the more it will have to check the scope for corruption and waste. As it exists now, the DGHS is too powerful, too big, has too many people, and handles too much money. It should be broken up into more specialised sectors which should be led by health experts and not bureaucrats.

The pandemic is a crisis of a yet-unknown nature. The virus is mutating regularly and posing ever newer threats to the world and to us. We need to be prepared not only for the present but also for what new shape this virus takes, as well as for the newer pandemics that wait in the dark. Global health experts and the WHO are repeatedly warning us about an uncertain future. To tackle the ever-mutating virus and the unknown future health threats, we need to undertake fundamental reforms in our health sector and make it more efficient, science-based, professionally-led and pro-people.

The failure to rise up to the occasion will be a failure whose consequences is totally unknown to us. We have no right to throw our future generation into such uncertainties.

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File photo of a patient giving her sample for Covid-19 test at the Mugda Medical College and Hospital in the capital. Hospitals have been overwhelmed by the recent surge in Covid-19 infections in the country.

PHOTO: PRABIR DAS

29,247 crore? For the coming fiscal year, an allocation of another Tk 32,731 crore has been proposed, with Tk 10,000 crore specifically given for the Covid crisis as before. Are we not looking at a similar performance in the coming year without any reform of any kind in the health sector? In a webinar organised by BIDS on Wednesday, June 9th, Abdur Rouf Talukder, senior secretary of the finance division, expressed his shock saying, "I watched with surprise that the health ministry could not spend a major portion of the funds we gave them amid the pandemic."

In the new budget proposal, there are no hints of any health-sector reform nor any significant changes at the CC and UHC levels.

Let us not have the illusion that a spending rise will automatically lead to better health services. It may lead to greater corruption, as we have seen in the recent past. Even during the pandemic, irregularities in procurement of lifesaving accessories were frequent. Take, for example, the Tk 350 crore scandal against which doctors protested resulting in the removal of the head of the Central Medical Stores Depot. Interestingly, the disgraced director wrote a letter alleging that a powerful "syndicate" was operating in the health

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Why we should restrict the use of plastic bags

QUAZI SALEH MUSTANZIR

OVER the last couple of weeks, while the residents of Dhaka city, blistered by the scorching heat, were pining for rainfall, the subsequent heavy downpour inundating many parts of the city with knee-deep water could not eventually please its dwellers. Each year, the city witnesses such a scenario largely due to plastic bags that stand in the way of our sewerage channel and block the passage of storm water. The wholesale use of plastic bags is no longer a local problem now. Rather, it has become a major concern for the environmentalists and policy makers around the world.

Every day, plastic shopping bags in huge quantities are being thrown away by the shoppers just after single use. These bags are very thin, and having aerodynamic properties they fly in the air, get entangled in trees or find their ways in water. The bags, thus getting out of the recycling process, are posing a serious threat to our environment. They obstruct the storm water drains, clog the sewerage system and cause floods.

Plastic is a petroleum product. Both the production and recycling process of plastic consume a significant amount of non-renewable fossil fuel such as oil, gas, etc. and emit a huge quantity of carbon in the atmosphere. It is estimated that 8 percent of oil production in the world is utilised to produce plastic.

Plastics, once released in the environment, do not biodegrade. It takes

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1000 years for those just to photodegrade, i.e. to break down into smaller pieces. Since they do not rot and turn into compost, they decrease the fertility of the soil resulting in less production of crops.

As many of us may know, oceans cover about 72 percent of the Earth's surface. The human-generated garbage that finds their way into the seas via rivers, canals, harbours, etc. constitutes enormous patches known as "gyres". The most famous of such patches is the Great Pacific garbage patch—a whirlpool in the Pacific that draws trash to an area as big as the size of Texas. A major portion of the trash is made up of leftover plastics. The North Pacific Gyre is one of the six gyres in the world; the others are located in the South Pacific Ocean, the North and South Atlantic, and the Indian Ocean. These gyres together represent 40 percent of the sea and plastics constitute 90 percent of their garbage.

It goes without saying that these accumulated plastics have a very harmful

effect on marine life. They break into pieces after photodegradation and find their ways into the stomachs of marine animals which ingest them, mistaking them for jellyfish, a favourite food item for them. The ingestion of plastic can cause death to the sea creatures. In 2007, a whale with four hundred pounds of plastic in its stomach was found dead off the coast of California.

Likewise, a lot of dead seabirds were found with their stomachs filled with plastic materials. Researchers found almost every kind of fish examined in the central Pacific region with their guts having some fragments of plastic. The plastic obstructs, chokes, clogs or stops the passage of food of marine animals. Not only does the physical obstruction by plastic products account for their death but chemical toxicities too can contribute to their death. Around 100,000 million marine animals die each year swallowing plastic. The ocean water getting mixed with particles of plastic

turns into a "global microplastic soup" or "plastic soup" that is very poisonous and intoxicates the marine animals, which in turn enters our food chain and becomes a menace to our health.

Plastic is responsible for many disorders in the human body. BPA, one of the components of plastic, causes harm to our reproductive system and gender neutrality among babies. BPA causes breast cancer, prostate cancer, early puberty, miscarriage, obesity, type 2 diabetes, ADHD and autism. Polyvinyl chloride causes rhinitis, asthma, eczema, allergies, premature birth, obesity, thyroid dysfunction, insulin resistance, etc. Researchers say that plastic releases harmful dioxin into the air, and people who work in the plastic industries run the risk of contracting cancer and other diseases. Moreover, coloured plastic bags containing chromium and copper can cause allergies in the human body.

Given the harmful effects of plastic on the environment and human health, we should urgently find a way to restrict the use of plastic shopping bags. However, in doing so, we must make sure that alternative options—such as jute bags or paper bags, which are eco-friendly—are available in the market and easily accessible for the common people. There is a misconception that plastic bags brought comfort to our life. Just look back to our grandparents' way of life. They did not use plastic shopping bags, but that did not make them less happy.

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