

When will the nasal cannula crisis be resolved?

Health authorities' inaction is costing the lives of ordinary citizens

MAJOR district hospitals like the Khulna and Rajshahi medical college hospitals are currently overwhelmed and struggling to give treatment to Covid-19 patients. One of the main reasons behind this is: despite all districts except Panchagarh and Faridpur currently having central oxygen plants, most district hospitals are not equipped to deal with critical coronavirus patients who need high-flow oxygen because of a shortage of life-saving high-flow nasal cannulas. According to a report in this daily, of the 1,714 high-flow nasal cannulas being used at health facilities across the country, 1,059 are in Dhaka division alone. At least 56 hospitals across the country have less than five high-flow nasal cannulas and 15 hospitals have zero high-flow nasal cannulas, even though almost all hospitals have supply from central oxygen plants.

This excessive centralisation of the public health system is having disastrous impacts in certain districts, with reports surfacing of patients dying from a lack of high-flow oxygen. In Bogura's Mohammad Ali District Hospital, for example, six Covid-19 patients died on July 2—despite having eight ICU beds, the hospital had only two high-flow nasal cannulas. After news of these deaths spread, the hospital received 17 new high-flow cannulas from private donations. This really begs the question: if there already exist supplies of high-flow cannulas on the market, why are the authorities not doing everything in their power to acquire them for the hospitals needing them most? This shortage of nasal cannulas is all the more distressing when one is reminded of the health ministry's massive under-utilisation of funds in the previous fiscal year, when 24 percent of the development budget for the health sector remained unused. This failure to invest in life-saving medical equipment, that too in the middle of a ravaging pandemic, is now costing ordinary citizens their lives.

Even now, in the middle of the renewed Covid-19 crisis due to the widespread transmission of the Delta variant, we are witnessing the same lethargy and inaction from the authorities. More than two months ago, a group of Buet researchers developed a low-cost portable ventilator that can deliver oxygen to patients efficiently without electricity. Named OxyJet CPAP, this device has already been field-tested and approved for clinical trials, and could have been used as an alternative to high-flow nasal oxygen support in cases of emergency (like the ones occurring in district hospitals now). However, according to reports, Buet has not received permission from the Directorate General of Drug Administration for its product on the ground that it was not developed by a company! The High Court has now had to intervene—three days ago, it asked the concerned authorities to inform the PMO and the attorney general about OxyJet.

At almost every step of this pandemic, the decisions taken by the health authorities have been reactive. Frantic and disjointed attempts are made to come up with solutions only when a crisis emerges, and even those attempts are often delayed. The people of this country deserve a public health system that is actually equipped in advance to deal with a crisis, instead of waiting around for said crisis to occur. The authorities are already too late in dealing with the nasal cannula shortage; they cannot waste a second more in coming up with solutions to ensure no more lives are lost.

Govt's haste in transferring 1,239 doctors to Covid units

A much-needed decision that is late and poorly planned

THE government on Sunday and Monday, through various circulars, directed 1,239 doctors from medical colleges to join different Covid units at public hospitals and upazila health complexes across the country. Although it is never too late to take necessary action to fight the nation's ongoing Covid-19 crisis, we, along with the country's doctors, cannot help but wonder if this decision could not have come sooner, and also in a more planned and thought-out manner.

The health ministry's lack of proper planning and various scandals involving corrupt officials during the pandemic have had catastrophic consequences so far. Now, in the face of the worst surge in the country's Covid-19 cases and deaths, the Health Services Division (HSD) seems to be scrambling to find a way to deal with this. But how much forethought has really gone into their latest solution of relocating more than a thousand doctors countrywide in one fell swoop?

First, there are several issues about the list of doctors itself. For instance, the secretary general of Bangladesh Medical Association reportedly complained that the issued transfer orders did not mention the designations or service codes of the doctors. Already the list had to be amended to exclude the names of three doctors who had passed away—such as Dr Jibesh Kumar Pramanik of Bogura's Shaheed Ziaur Rahman Medical College, who had died from the virus in January but instructions were given for his immediate shifting to Mohammad Ali Hospital as per the faulty list.

More worryingly, it seems the HSD itself is not aware of what the job of a medical college professor is. Otherwise, how could a professor and ICU in-charge of the Cumilla Medical College Hospital (CMCH) have been transferred to work in a Covid unit elsewhere, with total disregard for the operation of the ICU unit at CMCH? Baffling as it is, in a report by this daily, a director (admin) at the Directorate General of Health Services (DGHS) said that health ministry officials might have made this blunder assuming that doctors in medical colleges only teach students, when, in reality, they also dispense their services to patients at the college hospitals.

We urge the government and the health ministry to have a solid plan at hand before making such sweeping decisions about something as volatile as the country's Covid-19 crisis. As doctors predict, such a sudden and large-scale transfer of human resources will disrupt the already-crumbling healthcare system. While we hope against hope that this decision will work out to curb the pandemic to some extent, the health authorities must have more forethought in the future before implementing such decisions. The government, meanwhile, must ensure that all health workers, including those who are being transferred, are given all the protection gear, safety training and facilities necessary to ensure their safety while dispensing their duties.

A negative-sum game in the energy sector

Cancellation of coal plants vs. continuation of quick rental power plants

KHONDAKER GOLAM MOAZZEM

RECENTLY, reports of two contradictory developments in the power and energy sector have befuddled readers in Bangladesh. The first report was published on June 28, stating that the state minister for power, energy and mineral resources in a press conference announced that the government decided to scrap 10 coal-fired power plants that are either at a planning stage or at an early stage of implementation. The news got much attention both within and outside the country, owing to its perceived relation

2024 was discussed at the Parliamentary Standing Committee on Power and Energy (New Age, March 2021) and highlighted by the same state minister in a discussion meeting more recently (TBS, May 4, 2021). Even the 8th Five-Year Plan document has been strategised accordingly (Planning Commission, 2021). All this created high expectations that the government may soon announce the closure of all rental and quick rental power plants without any further extension of their operations.

The two developments—cancellation of coal plants on the one hand, and extension of quick rental power plants

generation. Since Bangladesh is one of the most climate vulnerable countries in the world—sixth in the world—and has been seeking international cooperation for adaptation and mitigation, its promotion of fossil-fuel-based power generation through different actions (or inactions) has weakened its case to some extent. Hence, Bangladesh needs to make bold and clear decisions about how it will gradually shift from fossil-fuel based power to renewable energy in the coming years. Lack of clarity sends a wrong signal, and so far, despite repeated urgings, the government hasn't been able to provide a clear direction in achieving its clean energy goals.

Cancellation of coal-fired power plants

Although the state minister for power and energy announced the decision to scrap 10 coal-fired power plants, five of those would be transformed into LNG-based power plants. In other words, the announcement is rather confusing as it indicates moving from one fossil fuel (coal) to another (LNG). In fact, moving to LNG-based power generation would make the power sector dependent on a single energy source with little scope for diversification of our energy mix, which would severely hamper power generation through renewables. While the fate of the 10 power plants has been announced, the decision about the remaining coal-fired power plants is not clear. The 10 now-discarded projects are among the 18 planned coal-fired plants that were reportedly approved since 2008. The question is: what would happen to the rest of the plants which are at different phases of implementation (i.e. LOI, NOA, planning phases)?

The ministry earlier decided to allow the operation of three coal-fired power plants which have seen considerable progress in their implementation, such as the Patuakhali power station, the Rampal power station and the Matarbari power station. Apart from these, there had been public announcements about the implementation of a number of other plants. We think the government should immediately disclose information of all public and private coal-based power plants and send an unequivocal message that it will not allow any new investment in coal-fired power generation in the country.

The state minister in his press



Despite repeated urgings, the government hasn't been able to provide a clear direction in achieving its clean energy goals.

SOURCE:
STAR FILE PHOTO

with the development of the clean energy sector. Civil society members, activists, think tanks including CPD, and private-sector actors who support the development of clean energy welcomed the decision as a first step in the right direction.

Within a week, however, it was reported that the government is mulling further extension of five oil-fired quick rental power plants. The news perplexed readers, particularly stakeholders of the power sector, as it was not long ago that a shutdown of quick rental power plants by

on the other—represent a contradictory policy response on clean energy. In other words, what we are seeing is a negative-sum game in our power sector. Playing such a game will further hinder the development of the much-desired clean power sector in the country.

The latest news also raised doubts about the political commitment of the top leadership of the country. In various international platforms, Bangladesh has expressed its commitment about shifting from fossil-fuel-based power generation to renewable energy-based power

We must protect the rights of mental health patients

TASFIYAH RAHMAN

MENTAL health problems affect our moods, emotions and behaviour, impacting our ability to perform daily activities. Issues such as depression, anxiety and attention deficit hyperactivity disorder (ADHD) can stem from our genetics, brain chemistry, traumas and experience of abuse. Unfortunately, in many countries including Bangladesh, mental health problems are stigmatised, and those who suffer from them are looked down upon, discriminated against and often denied treatment.

In Bangladesh, according to a World Health Organization survey in 2019, the prevalence of mental disorders is 16.8 percent among adults aged 18-99 years and 13.6 percent among children aged 7-17 years. The study also indicated that 92.3 percent of adults and 94.5 percent of children diagnosed with mental disorders do not get proper treatment for their condition, which means, among other things, the authorities are paying little attention to raising awareness of mental health issues and how they affect citizen's lives.

The social stigma attached to mental health, and the disparity in treatment of different socio-economic groups, mean that human rights are also being violated. This matter was highlighted by the United Nations in 2005, when the UN Human Rights Committee recommended the Bangladesh government to develop separate policies to protect the human rights of people with mental health issues in the country. These policies have been under development for the past 15 years with the support of courts and various international organisations trying to consolidate efforts to create an enabling environment for mental health to flourish.

Right to life

Bangladesh Constitution provides that the state shall direct its policy towards securing citizens' right to life, living and livelihood, as set out in Article 32 of the constitution. This right was also affirmed in the case of *Kalam and others vs. Bangladesh and others*, where the court held that slum-dwellers had equal rights in every sphere of life including food, shelter, healthcare and education. Similarly, in the case of *Kalandiar Kabir vs. Bangladesh and others*, a similar statement was made regarding people with mental

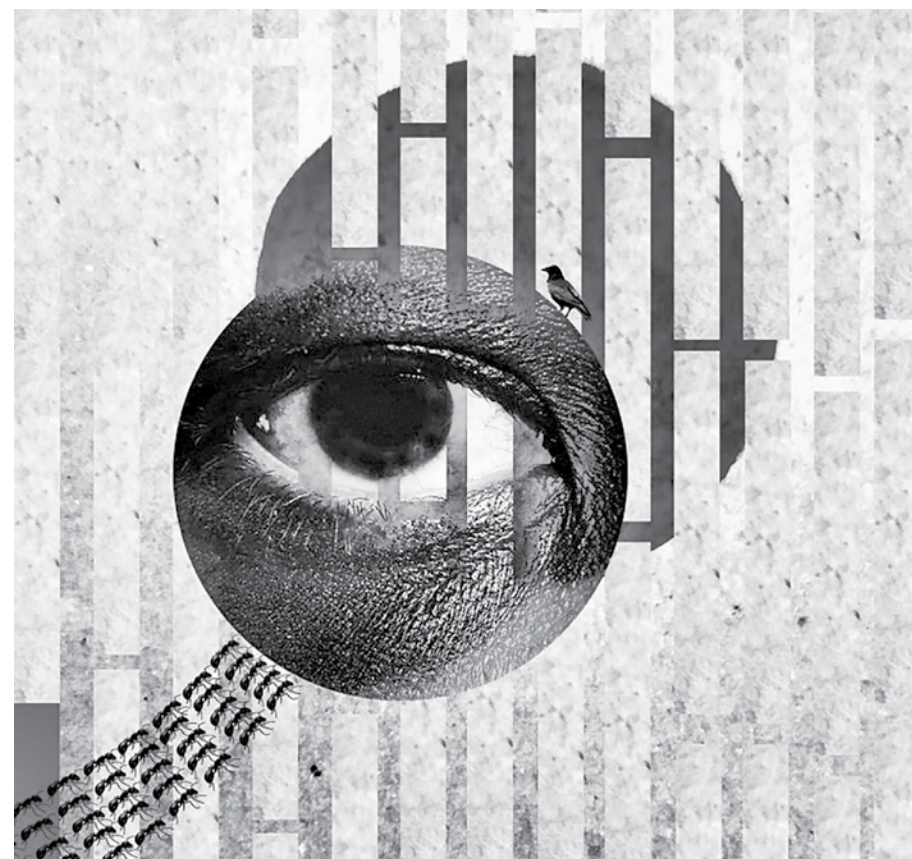


ILLUSTRATION: KAZI TAHSIN AGAZ APURBO

illness where the court acknowledged that people with mental illness are continuously subjected to inhuman and degrading treatment, and that in some cases, it amounted to a clear violation of their right to life.

Protection against discrimination

Article 28(4) of the constitution provides that nothing shall prevent the state from making special provisions in favour of women or children and their rights. The legal requirement of equality in the eyes of the law was also considered in the case of *BLAST and others v Bangladesh and others*, in which a lawyer with mental illness was denied the opportunity of attending exams for the Public Service Commission. Many citizens from different occupations trying to sit for such exams are also often subjected to similar discrimination.

To address the mental health component of the scourge of discrimination, there should be, among other things, special educational services for people suffering from dyslexia, ADHD and other problems, so that they can

get extra learning support and the same career opportunities as other citizens. It is challenging enough for young students who are struggling to juggle their studies with the stress of finding a job—the additional burden of having to deal with this kind of discrimination can be too much for them. Greater understanding and awareness of the right to education is also needed. There are organisations such as WHO and Unicef working on this issue through their platforms and various initiatives, but more such initiatives, especially from the government, are needed for wider impact.

Right to liberty and security

The right to liberty and security for people with mental illness has been guaranteed under Articles 31 and 32 of Bangladesh Constitution. One study shows that an average mental health patient spends 137 days detained in their cells/rooms. This is clearly a violation of a person's right to liberty, and goes against the International Bill of Human Rights. Not all people with mental health issues are violent. But a disproportionate number

conference also announced that a total capacity for coal-fired power generation of 10,000-12,000 MW will be developed by 2030. We think the combined capacity of the three ongoing projects along with the Barapukuria plant would be the limit of our coal-based power generation capacity (4415 MW). These coal-based power plants, each with the lifespan of 25-30 years, need not continue operations for such a long time. Considering the depreciation of power plants, relative availability of renewable energy at cheaper rates, further rise in global pressure against fossil fuel, particularly coal, in the coming years—these plants should be discontinued much earlier, judging from the economic, financial and environmental cost-benefit point of view.

Quick rental power plants

A total of 21 rental and quick rental power plants are currently in operation with a power generation capacity of 1396 MW. Of these plants, nine use expensive heavy fuel oil (HFO). However, only one-third of their total capacity is currently being utilised with the generation of 400 MW of electricity. Bangladesh Power Development Board (BPDB) could not utilise most of their capacity, but a huge amount of capacity payment has been made every year to these power plants. Besides, the operational efficiency of these plants has been declining over the years, raising electricity generation costs and further burdening the BPDB. Moreover, these plants use expensive petroleum (HFO/HSD) as fuel which contributed to high electricity costs and thereby increased the burden of BPDB.

Since the government has principally decided to close rental and quick rental power plants, there is no reason to give these plants further time extensions, even under the clause of "no electricity, no pay". Moreover, if these rental and quick rental power plants get further extensions, the drive for renewable energy-based power generation will continue to face setbacks. All things considered, it is only fair that the government disallows further extensions of any rental and quick rental power plant. Moreover, it should officially announce their closure by 2024 and give a clear roadmap of how it intends to do so.

Dr Khondaker Golam Moazzem is Research Director, Centre for Policy Dialogue (CPD), and Project Director, CPD Power and Energy Study.

of them in Bangladesh are reportedly kept in chains or compelled to stay indoors. It is because people in general have not been sufficiently taught about mental health issues, and therefore, they harbour prejudices against those who suffer from them.

The fact that government-funded mental hospitals are failing to take care of patients with love, care and kindness is utterly disappointing. This reflects lack of concern from those in power. There are also very limited beds for patients, and most doctors have limited experience. In 2015, an article in *The Guardian* newspaper highlighted how people suffering from mental illnesses like schizophrenia and clinical depression in Bangladesh are locked or chained up so they can't harm themselves or others. In response, the then secretary of the cabinet division introduced the Mental Health Act 2018 to address these violations and bring hope for people who are struggling to get proper treatment, including provisions for health and rehabilitative services.

Right to health and medicine

Article 18(1) of the constitution says that the state shall regard raising the level of nutrition and improvement of public health as among its primary duties. The right to health and medicine thus forms the link between mental health problems and human rights, since people with mental health problems often struggle to get proper medication or treatment, especially because they lack the necessary means or support. The Mental Health Act 2018 sought to improve the overall condition of mental patients around the country, protecting their rights to property, ensuring caring services and rehabilitation. This act further aims to ensure that people of all classes have access to equal treatment. What we need to do now is ensure that it is properly and evenly executed.

To sum up, the human rights of people with mental illness are getting routinely violated in Bangladesh. The courts and the government will have to play a pioneering role in terms of addressing this issue. Equally importantly, as members of society, we too have a huge responsibility here: to use our respective platforms and raise awareness of mental health issues so that those suffering from them are treated with care and given all the support they need.

Tasfiyah Rahman is studying law at the BPP University Law School.