

The Daily Star

FOUNDER EDITOR: LATE S. M. ALI

## Overuse of anti-gastric medicine must be curbed

Awareness and proper policy are vital

ONE of the banes of poor regulatory controls and easy availability of certain medicines in Bangladesh is the long and random use of those drugs, which can result in self-medication—and overuse—and lead to the users suffering from harmful effects. It is our experience that people are generally predisposed to administering medicines on themselves without seeking doctors' advice. While till recently antibiotics topped the list of such drugs, a recent study shows that PPIs, or proton pump inhibitors, which work by reducing the amount of stomach acid made by glands in the lining of the stomach, have now topped the list.

It is little wonder that given the quality of cooking ingredients, the poorer sections of society get afflicted by gastric and stomach problems. The anti-gastric medicines are available over the counters, as most medicines are, and the need for quick relief encourages prolonged use, without the user knowing the irreparable harm that it can do to their bodies. And anti-gastric medicines are taken for all kinds of stomach ailments—from constipation to diarrhoea. The negative effects of taking such medicines were revealed at a recent seminar on the overuse of PPIs at the Bangabandhu Sheikh Mujib Medical University (BSMMU). It is astounding that around 45 percent of cases of gastric or stomach cancer is caused by the overuse of PPIs. Earlier this month, one of the five types of PPI medicines available, Rabeprozole, was banned by the health authorities for its adverse effects.

We believe that time has come to exercise stricter control on the sale of over-the-counter medicines. As it is, the national drug policy prohibits the sale of antibiotics without prescription. But the policy is observed more in its violation. Certainly, sale of those drugs that are commonly used for common ailments must also be brought under regulatory purview. One must also not lose sight of the reality that not all have the means to seek a qualified doctor's advice, and they consequently seek recourse to alternative means. So their predicament must be addressed, too. Besides, public awareness campaigns should be initiated to sensitise people to the danger of drugs whose long-term use is harmful. It is important to drive home the point that in curing gastrointestinal conditions without expert advice, one runs the risk of inviting more serious diseases on oneself.

## Is the world about to face another pandemic?

Take early measures to prevent monkeypox outbreak from happening

IT is deeply concerning that right as the world looks set to recover from the Covid-19 pandemic, another deadly disease is making the rounds in countries where it is rarely found. As of May 21, 92 confirmed cases and 28 suspected cases of monkeypox have been reported from 12 UN member-states where this disease is not endemic, according to the World Health Organization (WHO). Monkeypox is endemic in parts of West and Central Africa, where it can be caught from infected wild animals such as rats, mice, and squirrels. Recently, however, cases have been detected in the UK, Spain, Portugal, France, Germany, Italy, Belgium, Sweden, the US and even Australia.

The WHO recently convened a videoconference of international experts on monkeypox because of the reported cases. And even though experts present at the meeting stressed that the monkeypox outbreak did not resemble the same scenario that we witnessed during the early days of Covid—as monkeypox is not as easily spread—they also recommended countries and individuals to remain cautious and learn about the disease, and how to stay protected from it.

Monkeypox is similar to human smallpox. Its initial symptoms include fever, headache, muscle ache, backache, swollen lymph nodes, chills, and exhaustion. Though human-to-human transmission typically occurs through respiratory droplets or contact with an infected patient's skin lesions, many of the current cases have been identified at sexual health clinics—leading experts to suspect that it is being spread as a sexually transmitted infection. Similar to Covid, those infected with the disease should isolate themselves. Maintaining good hygiene is a great way to combat it as well.

Scientists have already discovered that the smallpox vaccine is around 85 percent effective against monkeypox. Therefore, governments around the world as well as the private sector and WHO should set up the capacity to mass-produce the smallpox vaccine, should that become required. However, given that the world is still reeling from the tremendous harm done by Covid, it would be more beneficial for all concerned if countries took early precautionary measures to prevent any such outbreak from happening altogether. Thus, we urge countries that have already seen cases to remain cautious and carefully observe those who have been infected, and make sure the disease does not get transmitted any further.

The Bangladesh government should also keep a close eye on how the situation develops, and consider setting up mechanisms to prevent the disease from entering the country, including through stricter monitoring of incoming passengers at airports and other ports of entry. Moreover, building expertise among healthcare providers early is essential.

# GDP: A misleading measure of development



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ANNUAL GDP refers to the financial value of all the products and services produced in a country in a given year. This means as a country's financial transactions increase, so does GDP. GDP growth in Bangladesh has been relatively good over the past decade. According to government estimates, Bangladesh's per capita income has now exceeded USD 2,800 a year. However, many reasonable questions are being raised about the methods used to measure GDP—as well as the acceptability and reliability of the data used to do so. Our obsession with GDP has overshadowed many urgent questions.

While there can be many questions about how much has been achieved and how, there is no doubt that our national income has increased. When it comes to measuring a country's economy with GDP, we follow the guidelines of the World Bank and IMF. The World Bank divides the world's countries into four main categories on the basis of per capita income: 1) Low-income countries (per capita income up to USD 1,025); 2) Lower-middle-income countries (USD 1,026-4,035); 3) Upper-middle-income countries (USD 4,036-12,475); and 4) High-income countries (more than USD 12,476).

Bangladesh became a lower-middle-income country in 2015. According to the rules of international organisations, Bangladesh is no longer eligible for certain facilities, such as special benefits of the World Trade Organization (WTO) meant for low-income countries, and loans at low interest rates.

Reviewing the experiences of different countries, Nobel laureate Amartya Sen has shown that even if a country's GDP is very high, its performance when it comes to sustainable development can be weak. Even if a country's per capita income is high, the standard of living of the majority of its people can be low. In many African countries, the per capita income is higher than that of Bangladesh. Although they graduated to the middle-income status way before Bangladesh, the living standards of their populations are still poor. Nigeria's per capita income is more than double of ours, but it cannot be said that their standard of living is twice as good as that in Bangladesh. Sri Lanka's per capita income was higher than Bangladesh's, but that could not prevent their economic crisis.

Therefore, we can only get an idea about a country's financial transactions, commercial production, distribution, and the availability of services from per capita income, but it cannot perfectly depict the socioeconomic situation of the country. Rather, in a society where inequality is high, the average income estimate gives some misleading information. If one family earns Tk 10 lakh and another family earns Tk 10,000 per year, then the annual average income of both the families stands at Tk 5.05 lakh. Does their average income explain the financial

reality of the two families?

In fact, the per capita income of 80 percent of Bangladesh's population is less than 30 percent of the official figure. The top five percent of the population have one-third of the GDP. Black money or the thousands of crores of taka that is laundered abroad is not taken into account in this estimate. Since a large

people—they will be vulnerable to natural disasters—but it will increase the GDP.

Doubts are now rising in mainstream economics about measuring development on the basis of GDP and per capita income. That is why many ways and methods, such as Human Development Index, Genuine Progress Indicator, Gross National Happiness, etc are

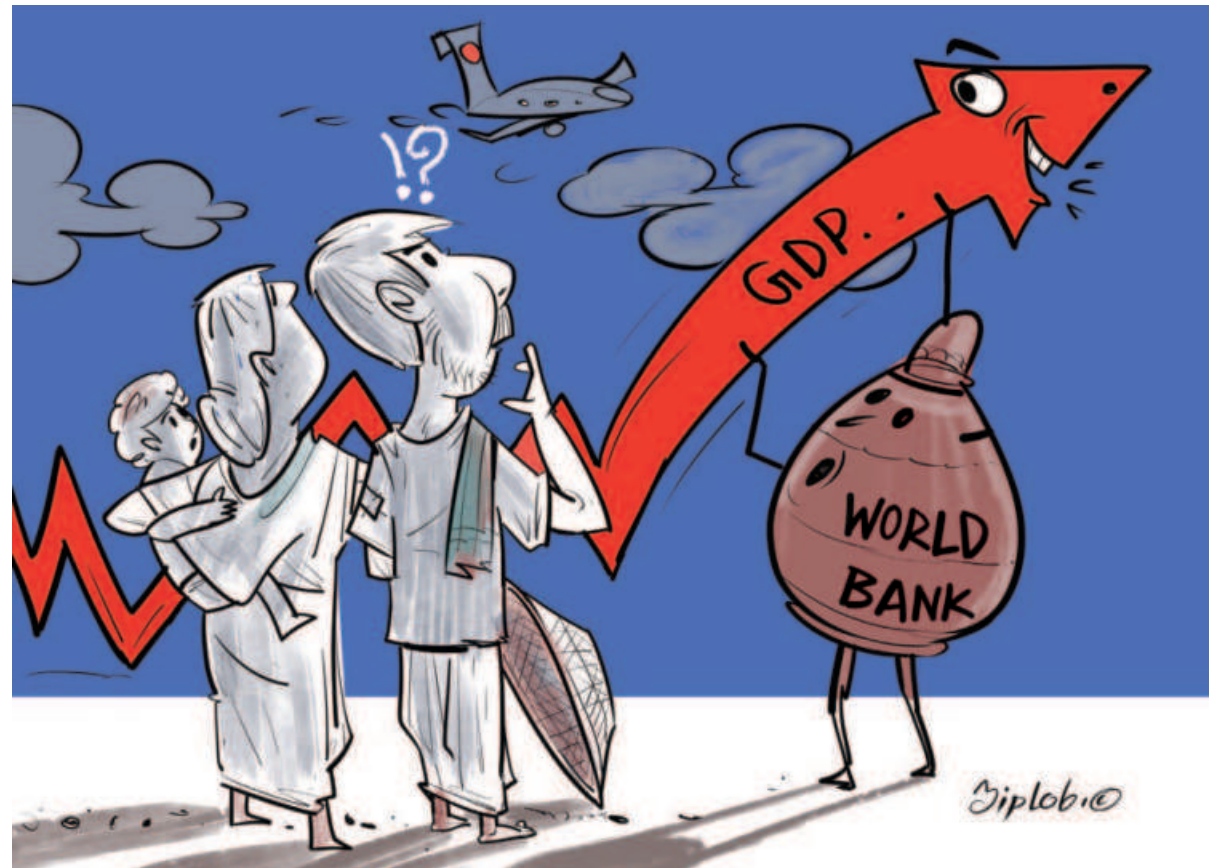


ILLUSTRATION: BIPOLOB CHAKROBORTY

amount of wealth is concentrated in the hands of a small group, even though the GDP swells, the condition of ordinary people remains unchanged, if not worsened.

In fact, remittance and RMG are the major contributors to the steady growth of GDP and per capita income in Bangladesh. There is also the agriculture sector, as well as non-institutional sectors. But both income and safety of life of those working in these sectors are uncertain. While the GDP increases due to the corrupt activities of people involved in money laundering, the livelihood of a large section of society remains precarious. GDP can also increase through the grabbing and destruction of rivers, canals and forests, but that does not ensure sustainable development—rather, it puts the economy and the livelihood of a large number of people at risk. When the project costs increase due to corruption and wastage, the annual development programmes also look big, and the GDP figure also increases. In addition, people's access to education and healthcare has decreased due to increased cost and commercialisation of these basic services. But this increased cost also increases the GDP.

The Sundarbans saves the lives and properties of millions of people during natural disasters, but that does not count in the measurement of GDP. On the other hand, if a coal-fuelled power plant is constructed there by destroying the Sundarbans, there will be irreparable damage to the country and its

used to measure development in many countries. Despite being a so-called underdeveloped country, Bhutan is far ahead of Bangladesh with regard to per capita income. When the per capita income in Bangladesh crossed USD 1,200, Bhutan's per capita income was more than double that figure—USD 2,500. Instead of obsessing over the per capita GDP, Bhutan rejected the method of GDP calculation and invented their own method to measure development, focusing on nine areas: psychological well-being, use of time, community vitality, cultural diversity and resilience, ecological resilience, standard of living, health, education, and good governance.

It is possible to hide many qualitative aspects of GDP by only highlighting the quantitative aspects. This is convenient for the government, the corporate groups and their economics. Due to the nature of various development projects, loans and taxes are also increasing in the country. Along with the increased cost of living, destruction of our rivers and forests are also continuing. If our GDP increases in this way, the country will be in danger in the long run.

Therefore, in order to measure real development, we need to take into account the qualitative aspects, rather than focusing on quantity only. Socio-environmental damages and opportunity costs must be included in the measurement as well.

The article was translated from Bangla by Naznin Tithi.

**Reviewing the experiences of different countries, Nobel laureate Amartya Sen has shown that even if a country's GDP is very high, its performance when it comes to sustainable development can be weak.**

## How to prevent future cholera outbreaks

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NURULLAH AWAL and HASIN JAHAN

CHOLERA outbreaks in Bangladesh are quite common, particularly during pre- and post-monsoon times. There are over 20 cholera hotspots in the country, and Dhaka also remains at high risk, according to the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b).

One of the worst cholera outbreaks of the last 60 years took place two months ago in Dhaka. During the first week of March this year, icddr,b received around 500 patients a day, which more than doubled by the last week of the month. The highest daily average number of people who needed hospitalisation at the icddr,b was around 1,000 during the diarrhoea outbreaks in 2007 and 2018. This year, the number of patients exceeded 1,200.

The icddr,b noted that they were getting relatively higher numbers of patients from five areas in Dhaka: Jatrabari, Dakkhinkhan, Mohammadpur, Sabujbagh and Gandaria. The media revealed that the flow of patients was greater from areas that were suffering from water crisis. A group of researchers detected the cholera germ in water bodies within both the Dhaka city corporations and their peripheries. The chlorine level in the water at the consumer end was also found to be lower in some places. Having tested the water samples from

different zones of the capital, Dhaka Water Supply and Sewerage Authority (Wasa) claimed to have found no contamination. Recently, Dhaka Wasa has been trying to replace the old pipelines with new and better ones. However, there have been instances of leakage in the existing pipelines, which could have led to infections.

Diarrhoea is mainly a water-borne disease. The number of patients rise during summer when people consume street food and drinks. And outbreaks in Dhaka are often most severe in slums and low-income communities. Many slums where NGOs do not operate lack access to safe water. Solid waste is also not collected in a systematic way from urban slums, which leads to poor sanitation.

Malnourished children face higher risks of suffering from diarrhoea and cholera. Due to having lower immunity and because of living in poor conditions, their conditions often become critical, requiring hospitalisation.

During summer, the quality of water generally deteriorates. Therefore, extra attention by Dhaka Wasa is required to ensure the quality of the water supplied, especially when they are collected from surface water sources. People from low-income communities, floating population and street food vendors are more vulnerable, as they neither have legal and safe water supplies, nor sanitation facilities. They should get more attention both from Wasa and the city corporations, so that they can have access to safe water easily,

affordably and, at the same time, can use public sanitation facilities available within their proximity. To bring this segment of the population under the required services, installation, proper operation, maintenance and management of water ATMs, mobile toilets and public toilets are required. Additionally, solid waste management system to the slum areas should be ensured.

Bangladesh is one of 20 countries in the world that are trying to eradicate cholera. It approved the National Cholera Control Plan in 2019, which clearly emphasised the role of safe water, sanitation and hygiene to eradicate the disease. The government is also thinking of preventive approaches like providing oral cholera vaccine to people. This initiative could be very useful during emergencies.

At the same time, however, it could be a quite costly venture and difficult to manage. Therefore, a combined multisectoral preventive approach might be useful by merging oral cholera vaccines with ensuring safe water supply, safely managed sanitation and adequate hand-washing practice with soap by Wasas and city corporations, with support from relevant government authorities and development agencies. To obtain a sustainable solution, the health ministry, together with city authorities and utility service agencies, should take preventive measures at the beginning of every summer to educate the people about the risks of cholera and diarrhoea.

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