

Presidential election by February 23

STAFF CORRESPONDENT

The Election Commission yesterday said the presidential election will be held sometime between January 23 and February 23.

EC Secretary Jahangir Alam, after a meeting at the EC office, said the election process has already begun.

“We will contact the Parliament Secretariat and fix the date of a meeting between the chief election commissioner and the Speaker. The election will be held sometime between January 23 and February 23.”

On April 24, 2018, President Abdul Hamid took oath as the head of the state for the second consecutive term, which will expire on April 24 this year.

Hamid’s first five-year tenure had expired on the same date in 2018, after he took office in 2013.

According to article 123 of the constitution, the presidential election must be held 90 to 60 days before the expiry of the five-year term.

And as per the constitution, Hamid cannot become president for another term, as he was elected for two terms.

Speaking to reporters at her Jatiya Sangsad Bhaban office yesterday, SEE PAGE 6 COL.1

Bill to allow govt adjust power, gas prices placed in JS

STAFF CORRESPONDENT

The amendment to the Bangladesh Energy Regulatory Commission act that empowers the government to adjust the gas and electricity tariffs without hearing has been placed in the parliament yesterday.

Nasrul Hamid, the state minister for power, energy and mineral resources, placed the bill, which was then forwarded to the parliamentary standing committee on the power ministry for vetting.

The parliamentary watchdog has been asked to submit its report within five working days.

Earlier on January 5, Law Minister Anisul Huq placed the “Bangladesh Energy Regulatory Commission (amendment) Ordinance, 2022” in the

SEE PAGE 6 COL.1



A car driver parks the vehicle on freshly installed paving slabs near Tejgaon Government High School in Farmgate area yesterday. This was done when workers were on the spot installing the tiles, disrupting their work too.

PHOTO: ANISUR RAHMAN

BIDEN’S HOME SEARCH Six more classified docs found

AFP, Washington

Officials from the US Department of Justice found six more classified documents during a search of Joe Biden's family home in Delaware this week, the president's personal lawyer said in a statement Saturday.

The new disclosure served up another embarrassing twist for Biden in an affair dogging him just as he gets ready to declare whether he will run for another term in 2024.

Biden insists he has done nothing wrong and has downplayed the situation as an innocent mistake.

Documents from his time as vice president and marked as classified first turned up in an office at a Biden-affiliated think tank in Washington last year, and then again at his home in Delaware. Altogether they are about a dozen documents.

After the second find, the White House offered to let the Department of Justice search the Delaware home – the search was carried out on Friday and is now concluded, Biden attorney Bob Bauer said.

“DOJ took possession of materials it deemed within the scope of its inquiry, including six items consisting of documents with classification markings and surrounding materials,” Bauer said. The search lasted more than 12 hours and covered “all working, living and storage spaces in the home,” Bauer said.



“DOJ had full access to the President's home, including personally handwritten notes, files, papers, binders, memorabilia, to-do lists, schedules, and reminders going back decades,” he said.

Some of the new papers seized were from Biden's time in the Senate and some were

from his tenure as vice president, according to Bauer.

The White House has said the earlier batches of documents were turned over to the Justice Department and National Archives, which handles presidential records, as soon as they were found.

On Thursday, Biden dismissed the furor over the discovery of the old classified documents.

Asked by reporters during a trip to California about the issue, he said: “I think you're going to find there's nothing there.”

“I have no regrets. I'm following what the lawyers have told me they want me to do. It's exactly what we're doing.”

“We found a handful of documents... were filed in the wrong place. We immediately turned them over to the Archives and the Justice Department. We're fully cooperating and looking forward to getting this resolved quickly,” he added.

Attorney General Merrick Garland earlier this month appointed a special counsel, former government lawyer Robert Hur, to act as special counsel for the investigation.

Still elusive after all these years

FROM PAGE 1

many go straight to those hospitals with minor illnesses, deterring the hospital's ability to properly treat critical and emergency patients.

They said a solid patient referral system could connect around 18,000 public and 16,000 private healthcare facilities with all other high-level hospitals countrywide.

NO TRUST IN PRIMARY CARE

About 5,000 union healthcare centres countrywide are supposed to be the first place for patients to go to. But none of them work 24/7 due to a lack of doctors and other support staff, health officials said.

Most of the upazila health complexes also fail to properly serve patients due to shortages of doctors, support staff, logistics, and inefficiency in hospital operations.

Without options, people rush to large hospitals in cities.

Joyal Abedin, 62, of Cumilla, had been suffering from chest pain for six months. He had no confidence in the upazila health complex or the medical college hospital in Cumilla. “There's no proper treatment there,” he said.

He travelled 70km to Dhaka and stood in a queue of 500 patients at the National Institute of Cardiovascular Diseases (NICVD).

The NICVD doctor, Nurun Un Nobi Khandaker, said Abedin could have had treatment in his locality. “This is a specialised hospital that handles complex heart-related illnesses. But we have to handle a large number of patients with minor illnesses every day,” he said, adding, “The rush could have been halved if these patients had visited primary healthcare hospitals first.”

If there had been a patient referral system, Abedin would have been seen by a primary healthcare doctor first, who would have sent him for an ECG. After going through the results, the doctor, if needed, would have sent the patient to a better equipped hospital like NICVD. This would have saved travel costs and ensured timely treatment of the patient and reduced overcrowding of NICVD.

Prof Ahmedul Kabir, additional director general (administration) at the Directorate General of Health Services (DGHS), said poor services in primary healthcare facilities make for a great barrier to the referral system.

“Until we are able to provide quality services at the primary level and gain public trust, no matter what we say, the referral system will not be a reality.”

WHY IT FAILS

Health experts believe that budget constraints, inefficiency, and a lack of commitment from policymakers to ensure quality healthcare have been the biggest impediments to the

introduction of the referral system.

Regarding the 2019 initiative to introduce the system in Manikganj and Chapainawabganj, Mohammad Zaved, deputy programme manager at hospital service management of the DGHS, said, “We only had two consultation meetings with healthcare staff in Manikganj, and could not progress further due to the pandemic.”

But the 2016 initiative in Nilphamari and Rangpur, long before the pandemic, suffered a similar fate.

POLITICAL WILL

Experts say that developing a system to manage this massive network requires a political will and a proper budget that can ensure skilled workforce and necessary logistic support at the grassroots.

But keeping medical professionals in rural areas has been a big challenge.

The health and family welfare ministry issued a circular on August 27, 2021, proposing to extend the year-long internship programme for MBBS graduates to two years.

If the proposal had been adopted, the interns would have had to spend the second year at union-level healthcare centres.

The government, however, backtracked amid protests from interns and medical students.

“This was a very good move. But I don't know why the government retracted. It exposes a lack of political commitment,” Gonoshasthaya Kendra Founder Zafarullah Chowdhury told The Daily Star.

He, however, said the rural healthcare centres were not suitable for interns and doctors to stay.

Currently, doctors under the government healthcare service are required to spend the first three years of their job in rural areas. In many cases, they do not stay the full three years, citing poor lodging facilities and a lack of other amenities.

“Healthcare professionals serving in rural areas are incentivised in developed countries. Unless the government incentivises medical students and professionals, they will not like to stay in rural areas. There are security issues too,” Zafarullah said.

Syed Abdul Hamid, professor at the Institute of Health Economics (IHE) at Dhaka University, said secondary and tertiary hospitals need to be simultaneously readied before introducing the referral system.

“There are well-defined and established practices of referral systems in many countries. But the policymakers fail to understand it when they speak about the referral system,” said Muhammad Abdus Sabur, adjunct faculty at the IHE of DU.

Prof Md Eshreshamul Huq Chowdhury, secretary general of

Bangladesh Medical Association, said the country's doctors would happily comply with any initiative to introduce a referral system.

“A referral system will pave the way for utilising the full capacity of our healthcare system and create more jobs,” he said.

In India, there is no nationwide referral system, but many provinces have their own system that connects healthcare facilities at different levels, according to Shariful Haque, deputy programme manager (hospital service management) at the DGHS.

In England, the NHS e-Referral Service (e-RS) is a national digital platform through which patients are referred from primary care to elective care services. The e-RS allows patients to choose their first hospital or general practitioner.

WHAT NEXT

Currently, the hospital service management at the DGHS is working on a referral system, involving public and private facilities, in Manikganj and Gopalganj.

There will be a round-the-clock referral desk at each hospital where the staffers will connect patients to upper-level hospitals, said Borsha Jhinta Soren, deputy programme manager for the structural referral system at the DGHS.

“We have been designing this in a way that hospitals will stay ready with proper treatment arrangements so that patients don't struggle to get treatment in time,” added Borsha.

Five die on roads

FROM PAGE 12

In a separate incident in Gazipur, a security guard of a garment factory died after a truck ran over him at Kaliakoir's Chandra area yesterday morning.

The deceased is Azadul Haque, 35, who hailed from Gaibandha's Govindaganj upazila, used to work for Mahmud Jeans Ltd.

The factory's security in charge Abu Taher Faruki said, the accident happened Azadul was trying to help the factory's workers cross the road in front of the factory around 7:50am.

Agitating workers set fire to the truck. The driver managed to flee the scene.

Vehicular movement on Dhaka-Tangail highway was suspended for nearly four hours as thousands of workers blockaded it. They also vandalised at least 30 vehicles, said Nitai Chandra Sarker, inspector, Gazipur Industrial Police.

Vehicular movement resumed around 12:00pm, he added.

Doctors can run private practice in workplace

FROM PAGE 1

announcement as the government struggles to rein in private practices of the physicians.

To tackle the issue, the government had earlier formed a committee, headed by the Prof Md Sharfuiddin Ahmed, vice chancellor of Bangabandhu Sheikh Mujib Medical University.

The committee submitted a set of recommendations at yesterday's meeting, where leaders of Bangladesh Medical Association were also present, sources said.

Speaking to The Daily Star about yesterday's meeting, Sharfuiddin said, “We have told the government that stopping private practices will not be possible. But the health infrastructure can be used for institutional practices.”

Under the institutional practice system, doctors of the public hospitals will be available to serve patients at the outdoor facilities until 6:00pm by rotation. It, however, will not be mandatory for them.

Besides, the laboratory service units will also remain open during that period, the recommendations said.

Patients will have to pay a fixed amount for taking services from the physicians, a portion of which will be given to the staffers working beyond regular hours. Any remaining amount will be deposited to the hospital's revenue account.

Sharfuiddin said, “We have asked the government to start piloting before introducing it countrywide.”

The meeting also decided that a six-member high-level committee will fix a standard operating protocol in this regard.

The secretaries of the health services division, and the medical education and family welfare division of the health ministry, along with the director general of the health directorate, among others, were included in the committee as members.

Md Ehteshamul Huq Choudhury, secretary general of Bangladesh Medical Association, said, “We cordially welcome the government move. It will ensure efficient use of the resources at public hospitals. Many physicians will also benefit from it.”

When coordination authority

FROM PAGE 1

Line 6 in Sayedabad while Mouchak-Moghbar flyover was an obstruction to the planned Bus Rapid Transit Line-3 between the airport and Keraniganj.

Yesterday's DTCA meeting was held at its new building.

The DTCA is tasked with providing regular supervision and coordination for planning for all transportation infrastructure development work in Dhaka, Narayanganj, Munshiganj, Manikganj, Gazipur and Narsingdi.

After the meeting, Quader said undertaking and implementing of different projects in Dhaka city lacked coordination, and other participants of the meeting made similar observations.

Quader did not directly answer when he was asked whether the new committee was formed because the DTCA failed to play its role as a coordinator.

“He [the LGRD minister] is a vital part of the DTCA ...We are not going beyond our jurisdiction. We have formed it [the committee] for better coordination ...” Quader said.

“This [lack of coordination] is a disease that requires better treatment.”

There can be falling-out

FROM PAGE 1
based multilateral lender committed to providing \$1.2 billion to build the Padma Bridge.

But in June 2012, it declined to sanction the loan after it found “credible evidence corroborated by a variety of sources” that pointed to a high-level corruption conspiracy among Bangladeshi government officials, SNC Lavalin executives and private individuals in connection with the project.

It imposed conditions for the continuation of loan talks with the government.

The conditions were: place all public officials suspected of involvement in the corruption scheme on leave from government employment until the investigation is completed; appoint a special inquiry team within the Anti-Corruption Commission to handle the investigation; and agree to provide full and adequate access to all investigative information to a panel appointed by the WB comprised of internationally recognised experts so that the panel can give guidance to the lenders on the progress, adequacy and fairness of the investigation.

The government refused the conditions and went ahead to build the bridge with its own resources.

In the meantime, the corruption

1 dead after being hit by train

OUR CORRESPONDENT, Brahmanbaria

A young man was killed, and two others were injured, after being hit by a train at the Brahmanbaria Railway Station in Poniout area on Saturday.

They were playing games on their mobile phones while sitting on the railway tracks with their headphones on.

The dead was identified as Rimjhim, 20. The injured are Arafat Mia, 22, and Al-Amin alias Dipu, 25.

Hatem Ali Bhuiyan, SI and in-charge of Brahmanbaria Railway Police Outpost, said, “The three were on the tracks around 11:30pm. As they had their headphones on, none of them heard the incoming Surma mail train.

“Rimjhim was crushed under the wheels and died on the spot. The others were critically injured ... Locals rescued them and took them to Brahmanbaria General Hospital.”

No Covid death in 24hrs, positivity rate 0.41pc

STAFF CORRESPONDENT

No Covid-19 deaths were reported in the last 24 hours till 8:00am yesterday, said a press release by the Directorate General of Health Services.

This means, the total number of Covid deaths in the country remains at 29,441, with the mortality rate at 1.44 percent.

Meanwhile, at least 11 new cases were reported during the same period after testing 2,674 samples across the country, raising the total number of cases to 20,37,444, the release added.

At least 199 patients have recovered during this time, with the number of recoveries now at 19,90,960.

1 killed, 2 hurt after sand pile collapses on them

OUR CORRESPONDENT, Tangail

A worker was killed and two others were injured after they were crushed under a sand pile at a sand unloading station in Tangail's Bhuanpur upazila yesterday.

The dead was identified as Rashedul Islam, 25.

Masudul Haque Masud, chairman of Nikrail union parishad, said the incident occurred at Sarpolshia area around 4:00am, when the sand pile collapsed on the three while they were working.

Rashedul died on the spot and the two others were sent to the local hospital.

Faridul Islam, OC of Bhuanpur police, said Rashedul's body was handed over to his family after autopsy.