The Daily Star
FOUNDER EDITOR: **LATE S. M. ALI**

# Revise power purchase agreement with Adani

## Ensure fair exchange for Bangladesh

We welcome the government's decision to revise its power purchase agreement with Adani Group in light of skyrocketing coal prices, although we cannot help but wonder why such an unfavourable agreement to Bangladesh was signed in the first place – and that, too, in such a clandestine manner.

Bangladesh is set to buy 1,496MW of electricity from Adani Power Ltd for 25 years, under a contract signed by the Bangladesh Power Development Board (BPDB) in 2017. The request for a review of the agreement came after Adani Power asked BPDB to issue a demand note to open letters of credit (LCs) for coal, in which the price of coal was quoted at USD 400 per metric tonne – a significantly higher amount than that paid by the local coal-fired power plants. To compare, the BPDB pays USD 245 per metric tonne for the coal used in the Payra power plant, USD 254.38 for S Alam and Rampal power plants, and USD 270 for the Barishal power plants.

A recent report by *The Washington Post* has exposed the enormous degree to which the agreement would cost Bangladesh, after reviewing the 163-page confidential document. It highlights that the coal price is higher because Adani will use coal imported from its stranded Carmichael coal mine in Australia through Adani ships and Adani-built railways, while the electricity generated will be transmitted via an Adani-built high voltage line. However, it is Bangladesh who must bear all the additional shipping and transmission costs, according to the current agreement.

Worse still, unlike other agreements with foreign power suppliers, there is no cap on the price of coal imported from Adani if it shoots up in the international market.

It is inconceivable that Bangladesh should have voluntarily and enthusiastically entered an agreement that is so detrimental to the nation and its people, who must ultimately shoulder the burden of higher prices. While we appreciate the government's commitment to ensuring high electricity production, we must ask why it has continued to take one questionable decision after another in the process, such as paying exorbitantly high amounts of capacity charges – about Tk 90,000 crore in a decade – for rental power plants to sit idle.

Bangladesh is currently paying about Tk 1,500 crore as annual capacity charges to India, which, ideally, we should discontinue to ease the burden on our stretched forex reserves. Instead, thanks to the Adani agreement, Bangladesh is looking to pay a whopping USD 11.01 billion in capacity charges to Adani power over the 25 years of the deal, according to a report co-published by the Bangladesh Working Group on External Debt (BWGED) and India's Growthwatch, which is simply ludicrous.

In light of the economic and energy crises we are facing, it is imperative that the government revisits not just the clause on coal prices, but other agreements at large to ensure a fair exchange for the people of Bangladesh.

It must also make the existing agreement, and any possible revision, subject to public scrutiny, as it is the public in whose name, and from whose pockets, such large amounts of money will be paid to Adani. Why was the initial agreement signed in such a secretive manner, given that it was not a matter of national security? Why must we find out about its provisions from foreign newspapers?

This secrecy must end, and the government must ensure transparency and accountability to the people of Bangladesh, whose interests it is constitutionally obligated to represent and protect.

# How long before BRTA does its part?

## Rampant irregularities and corruption must be checked

It is exhausting to have to confront news of traffic accidents every day, particularly when we come to learn that the Bangladesh Road Transport Authority (BRTA) has done little to prevent these accidents. According to our report, unfit vehicles have been causing increasingly more road accidents in recent years. This raises serious concerns about the BRTA's inspection quality and its process of issuing fitness certificates to motor vehicles.

Lately, multiple allegations have been brought against the BRTA for issuing fitness clearance certificates to vehicles without carrying out any inspection, which violates the Road Transport Act 2018, and other relevant laws. The most egregious example of this phenomenon came to light in a recent report by this daily. A mini truck, which had been seized by police during a robbery in Cumilla, was apparently given a fitness certificate while it was still in police custody. Last year, another vehicle involved in an accident case was given clearance without any inspection.

Sources at the BRTA confirmed that some unscrupulous officials were involved in this activity with brokers. This is unacceptable, not least given the fact that BRTA has increased its service fee by 233 percent, which is another burden on citizens during the worst cost-of-living crisis in over a decade. We would like to know what actions the BRTA has taken to identify the syndicate in question. And despite repeated reports, why has it failed to put an end to the mockery that the inspection process has been reduced to?

Earlier in 2020, the High Court issued a rule that no unfit vehicles should be allowed to ply our roads. The High Court also asked the BRTA and the IGP to explain what actions they had taken to address the increasing number of road accidents, while directing the authorities concerned to ensure that no vehicle could get fuel without valid fitness certificates. But the directions fell on deaf ears, as usual. A large number of vehicles are not even registered under the BRTA, which means they don't have any fitness reports, but are still plying the streets, endangering people's lives.

The BRTA's failure gives us a glimpse into the sorry state of road safety in our country, despite a number of protests and strong citizen activism in recent years seeking specific redress. We, too, have repeatedly urged the BRTA to take its mandate seriously. We ask again that it makes its services transparent, accessible, and modern. Corruption that has become ingrained within its activities – and, dare we say, its ethos – must be exposed. The BRTA cannot take its role lightly, as people's lives depend on it.

# By-Poll Drama, Hero Alom, and a Smart Bangladesh

THE STREET VIEW

**Mohammad Al-Masum Molla** *is chief reporter at The Daily Star.*

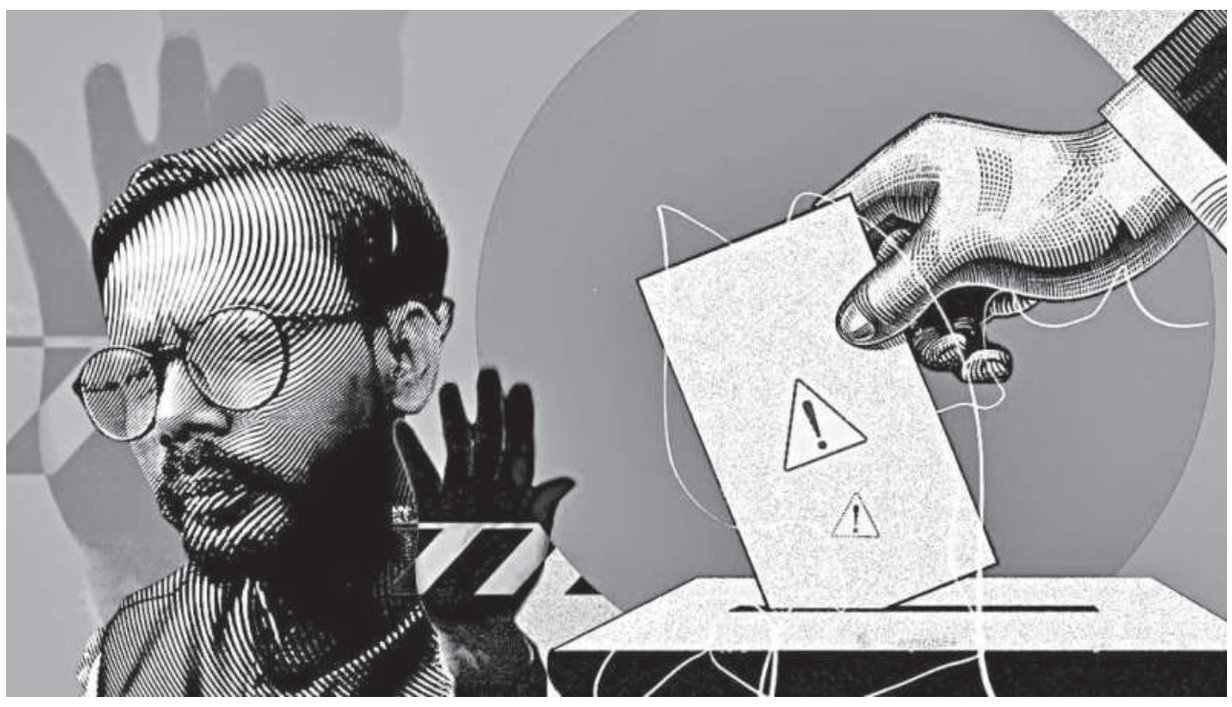
MOHAMMAD AL-MASUM MOLLA

With less than a year to go until the next parliamentary election, by-elections to six constituencies took place on Wednesday, apparently in a peaceful way, bar a few stray but customary incidents of gun-firing and the ever-familiar chase and counter-chase between the supporters of rival candidates.

However, other features of these by-polls were not so customary, at least if we consider how participatory elections used to be held in Bangladesh, amid a festive atmosphere, even a few years ago. This time, there were extremely low voter turnouts (indicating a lack of interest among voters, possibly resulting from the boycott by the main political opposition BNP), ruling party men taking control of polling centres (also because BNP members were absent from the field), and the most alarming of them all – the disappearance of a candidate five days before voting day.

These phenomena raise some serious and obvious questions about the Election Commission's capacity to hold free and fair polls. But what they also indicate has grave consequences for the state of democracy in the country. The commission's primary task is to make sure that all elections are fair, that every candidate gets a fair shot at winning, and where every voter gets the chance to cast their vote in favour of their chosen candidate. But given what happened on Wednesday, it didn't take people long to forget that this same Election Commission managed to hold an impressive by-election (at least by recent standards) in the Gaibandha-5 constituency only a month ago. As if it was just a fluke.

We saw the recurrence of the most alarming trend ahead of the by-poll to Brahmanbaria-2 as well: one of the opposition candidates went missing. Nothing could be worse for a democracy than when the Election Commission, without a shred of proof, speculates that the candidate might have gone into hiding. Should they not have taken a moment to reflect and used common sense to realise that whatever they were saying was completely against the spirit of the very existence of their commission?



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The missing candidate, Abu Asif Ahmed, returned the day after the by-election, saying he had gone away as the pressure of the election had gotten unbearable for him. If that is indeed the case, would one be wrong in thinking that the Election Commission has failed to do their primary job?

Altogether, this adds more weight to the BNP's and other political parties' claim that a fair election under the current Election Commission is not possible. The commission, which has been suffering from a severe credibility crisis – obviously, this commission is not solely responsible for such a situation; the last two commissions contributed a lot to the lack of credibility given how they conducted the last two general elections – will feel more pressure.

The six by-polls were not seen as hugely important when the election schedule was announced. But the drama surrounding Brahmanbaria-2 changed that, as did the Hero Alom saga.

We know that these by-elections will neither bring any changes in the government nor in the electoral system. The ruling party was desperate to prove that the BNP lawmakers' decision to resign from parliament was wrong. It possibly also wanted to send a message to the BNP leaders and aspirants that they might have a chance in the next polls if they betrayed their party.

But what has been more surprising is the desperation of the ruling party. They exercised their maximum strength to ensure the victory of Abdus Sattar (who was elected five times from the BNP ticket and was a technocrat minister during the BNP-led four-party alliance government in 2001) in Brahmanbaria-2.

They succeeded, but at a high cost: they proved once again that a free and fair election under a partisan government is absolutely impossible (at least recent history says so).

That is why we now see Hero Alom, an internet sensation with a huge fan following, pointing his finger at the Election Commission and the local administration with allegations of election result manipulation. Alom contested the election from two constituencies as an independent candidate, losing both. But in Bogura-4, he was neck-and-neck with the other candidate and was confident about his victory when voting was underway.

After the result, he told journalists, "There are some people in the educated society who don't want to accept me. They think that if I get elected, Bangladesh's prestige would suffer; their [the educated people] prestige would suffer. They would be forced to call illiterates like me 'Sir.' That's why they don't want to accept me. They couldn't accept my victory. If the election is rigged and farcical, people will disregard elections forever."

Aside from Alom's concerns about political and educated people's alleged disdain towards him, what is truly concerning is that the Awami League may replicate the Brahmanbaria-2 template in luring opposition candidates like Sattar in the upcoming general election, scheduled for January 2024. That would undoubtedly be a moral and political defeat for the ruling party, and certainly an unsmart move of a government that dreams of a "Smart Bangladesh."

# *Aalo clinics: Changing urban healthcare in Bangladesh*

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MOHAMMAD IHTESHAM HASSAN

Irecently visited the Dhaka Medical College Hospital (DMCH) to conduct a survey for my university coursework. It was essentially my first visit there. My perception of DMCH prior to this visit was that, since it's a government facility, it's not very well-managed, and only gets so many patients because it provides affordable healthcare and related services.

However, only after visiting the place did I realise how dire the situation is at this hospital. It is clearly operating at overcapacity and is burdened with more patients than it can accommodate. Unable to find a bed, sick patients can be seen lying on the floors of corridors and balconies. The agony of those injured or in critical conditions is on open display. I found the overall environment suffocating, and could not help but wonder how the health of a sick individual could improve under such dreadful conditions.

However, we cannot blame the DMCH for this situation. The main reason behind the overcrowding lies elsewhere.

DMCH is a tertiary healthcare facility. That is, the facility's service provision is primarily involved in providing specialised care to patients referred by secondary and primary care facilities. The accepted practice worldwide is, unless it is an emergency, a patient will go to a primary healthcare facility, then get referred to a secondary facility, and eventually a tertiary facility if needed. Yet, a majority of the patients who visit DMCH go there without being referred from the lower-tier healthcare facilities.

Bangladesh became a signatory to the Alma-Ata Declaration in 1978, which means the country is committed to providing primary healthcare. Over the years, despite some setbacks due to the shifting of policies between different governments, Bangladesh has invested significantly in developing its primary healthcare system. For instance, the rural healthcare service delivery system has sound structural design. A hierarchical system is followed, where a patient initially visits a community clinic, then is referred to a union-level health facility, and finally an upazila health complex, depending on their needs.

However, urban areas in Bangladesh don't have a properly defined service delivery system because the health ministry is not responsible for primary healthcare service provision in urban areas. Rather, it is the LGRD ministry's jurisdiction through city corporations and municipalities. However, the LGRD ministry does not have the resources or infrastructure to provide the healthcare services that are required in the urban sphere.

The LGRD ministry currently provides primary care through the Urban Primary Healthcare Services Delivery Project (UPHCSDP) and government dispensaries. However, these healthcare facilities are insufficient in number and cannot cater to the entire urban population. These facilities face various challenges as well, among which are a lack of accountability, weak monitoring system, staff shortages, and provision of limited services. But, most importantly, these facilities are not designed under an umbrella model.

To tackle the existing crises in the provision of primary healthcare in urban areas, Sida of Sweden, Unicef, CMED Health Ltd, and a few other stakeholders recently launched the Urban Clinic Model. The model is currently being operated in six areas under the name "Aalo clinic."

Aalo clinics are designed to provide comprehensive primary healthcare services. The design of this model draws inspiration from Delhi's *mohalla* clinics, UK's general practitioner (GP) system and a few other countries' primary healthcare systems. The model also addresses the challenges that the existing primary healthcare facilities face, and has designed Aalo clinics in a way to mitigate those problems.

Services at Aalo clinics are provided free of cost and each clinic is expected to have a service coverage of 5,000-6,000 households. The goal is to provide all types of healthcare services, which come under the purview of primary healthcare services such as preventive care, communicable and non-communicable diseases, among others.

An Aalo clinic operates in two shifts of 12 hours each. It houses an adequate number of staff: two GPs (one male and one female), a clinical assistant, a cleaner, and a security guard. The staff is well-trained and doctors are explicitly instructed to see an individual patient for a minimum of 8-10 minutes.

Each facility can provide common diagnostic tests and also telemedicine services. The entire system is digitalised. Therefore, accountability can be ensured through constant monitoring. New patients are also registered in the system's database, for which the doctors will be able to view past records for future visits.

Talks are underway for the government, specifically the health ministry, to take over the project and scale up the model to ensure that there are an adequate number of facilities across all the cities and municipal areas in the country. Implementing such a model, where there are free provisions for healthcare services, and a foolproof system to counter absenteeism, poor quality service, etc, can improve the health of lower-income groups in our urban areas and prevent them from facing catastrophic health expenditures.

If the government can implement the Urban Clinic Model, it is certainly expected to completely change the primary health provision landscape in urban areas, and would significantly reduce the burden on tertiary facilities like the DMCH and other medical colleges. By scaling up the Aalo clinic model, we can go a long way in realising our goal of becoming a country with universal health coverage.

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