

The Daily Star

FOUNDER EDITOR: LATE S. M. ALI

## For whom there is no toll

### Why are govt officials exempt from paying tolls?

In the latest episode of government officials misusing their power, they have apparently been avoiding paying tolls on the roads, and under the Roads and Highways Department (RHD) exploiting a colonial era law. The Tolls Act, 1851 exempts "public servants travelling on duty" from paying tolls, but reportedly any and all vehicles now refuse to pay tolls, irrespective of whether the officers are on duty. In the process, they are costing the state a huge amount of revenue – according to a report by this daily, the government lost about Tk 27.37 lakh in the last month alone, as more than 24,000 vehicles carrying government officials did not pay tolls for the Dhaka Bhangra Expressway and the Meghna and Ghumti bridges on the Dhaka-Chattogram highway. Given that the RHD collects tolls on four roads and more than 50 bridges across the country, the loss is too substantial to ignore.

We are appalled that government officials, whose first and foremost duty is to the state, are taking advantage of their offices to refuse to pay for the upkeep of the roads and highways. It is also unclear why such an old law is being invoked in the first place, given that there are more recent precedents and policies. For instance, the Toll Policy, 2014 stipulates that on-duty government officials will be exempted from paying tolls inside the area under their jurisdiction and their vehicles have to have government stickers. Meanwhile, the Bangladesh Bridge Authority (BBA), an agency under the road transport and bridges ministry, withdrew all toll exemption facilities on the Padma, Bangabandhu and Mukterpur bridges in March. In the absence of clear directives about the rest of the infrastructures, however, the RHD officials have been unable to put their foot down when government officials wave their badges.

It is at least encouraging that the Road Transport and Highways Division has finally flagged it as an issue and decided to write to the Cabinet Division and the Prime Minister's Office, seeking directives for officers of all government offices and agencies to pay tolls. We welcome their decision, and sincerely hope that they follow through with their proposals.

It has become an unfortunate norm in the country for anyone in a position of power to flaunt their authority and get undue advantages, often at the cost of the public and the state. Government officials are also citizens of the country, and should be afforded equal treatment by the state.

## Stop concretising our parks

### Alarming lack of greenery in a Chattogram park shows we've learned nothing

After having gone through some of the most punishing summer days on record not long ago, do we need any more incentive to stop what's causing this "man-made" heatwave? Apparently, we do, painful as it is to see. A recent report by *Prothom Alo* shows how – far from dialling back – those in charge are still encouraging mindless concretisation leading to continued depletion of green spaces, further warming our cities.

The report is on a park in Chattogram city where, according to a survey, a staggering 55 percent of its space is covered with concrete infrastructure, blatantly violating building regulations that restrict concrete usage to no more than 5 percent of park space. The Biplab Udyan is under the city corporation, but leased out to two private firms who are largely responsible for its current plight. Its central area is filled with rows of food stores and seating arrangements, all made of concrete. Also, a large part of the park is surrounded by bamboo fences and thus off limits to visitors. They can stroll through the walkways, but those too are made of concrete, as are the benches. There is little sign of greenery in an area which is supposed to be full of it.

It is safe to assume that most parks in our cities – there are not many left – are more or less in a similar state, with commercial interests and lack of care and awareness turning them into concrete-laden landscapes. Green spaces like parks and playgrounds are important for relaxation, recreation, and communal gathering. They are also crucial for controlling temperature in a city. But in our blind pursuit of development, we are destroying not just these urban oases but also our future as a species. This is as true in Chattogram as in Dhaka, where, in DNCC alone, green areas have shrunk 66 percent over the last three decades.

The authorities must reverse this trend. They must stop commercialisation and concretisation of our parks, and take steps to improve the overall coverage of green spaces in our cities.

## LETTERS TO THE EDITOR

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## Please make Dhaka a little more liveable

According to the recently released Global Liveability Index 2023, Dhaka has been ranked the seventh least liveable city in the world. This is nothing shocking to us, but what's truly gobsmacking is how Dhaka beat Ukraine's Kyiv in terms of liveability. Kyiv is a literal warzone, yet how could it do better than Dhaka in the categories of stability, healthcare, culture and environment, education, and infrastructure? I urge the relevant authorities to seriously consider the abysmal state of this city where greenery is abused at every stage, traffic and pollution make commuting a veritable hell, and danger lurks in every corner. If Dhaka continues to fare among the worst cities to live, how can the dream of "Smart Bangladesh" be realised?

Abdullah Ali  
A resident of Dhaka

## EDUCATION IN NATIONAL BUDGET

# A dialogue of the deaf



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MANZOOR AHMED

Commenting on the education allocation in the proposed national budget for the 2023-24 fiscal year in a previous column in this daily, this author said, "Bangladesh's education system needs much larger public investment, but the desired results can be achieved only when the priorities, programmes and strategies for effective action are in place and backed up by high level political decisions." Following the presentation of the budget, and during pre-budget public discussions, the arguments and pleas have been voiced by civil society bodies, academics, activists, and concerned citizens. They have challenged the decision-makers to match the government rhetoric about prioritising education with action in funding and more result-focused and accountable use of resources.

The Centre for Policy Dialogue (CPD) and the Citizens' Platform for SDG hosted a discussion titled "National budgets in Bangladesh: myths and realities" on June 7 as the budget deliberation began in parliament. In presenting his observations, CPD Distinguished Fellow Debapriya Bhattacharya pointed at the overall inconsistencies between the "myths" expressed in expectations about resources, investments, GDP growth, and curbing inflation, and the "realities" of the current and likely economic scenario affecting these parameters. He reiterated that public resources for education were utterly inadequate to achieve the objectives of enhancing skills and capabilities of the next generation for an aspiring higher-middle-income "smart" Bangladesh. The global median value for government expenditure on education is 4.45 percent of GDP; in Bangladesh, it was only 1.83 percent in FY2023 and is even lower at 1.76 percent in FY2024.

Campaign for Popular Education (CAMPE), the civil society forum for education, presented its appeal to the government earlier this year, and again since the budget session began in parliament. Among other things, it emphasised the need for directing larger resources to recovery and remedial actions to overcome learning losses and the wide gaps in students' learning outcomes between where they should be and where the majority are. It pleaded for a comprehensive education sector plan, decentralised education governance



FILE PHOTO: ANISUR RAHMAN

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with accountability, regulatory mechanisms to facilitate an effective role of non-state actors in education, and commitment of resources to match the goals.

A *Daily Star* report on June 17, flagging the low budget for education, saw a pattern in the present government's stand regarding the education budget. Since 2009-10, when the Awami League-led 14 party alliance placed its first budget, the sector's allocation has hovered around two percent of GDP, with a small spike in 2016-17 when it went up to 2.49 percent. However, since then, "it has fallen gradually over the past seven years and hit rock bottom in the budget for the 2023-24 fiscal."

The proposed allocation contradicted the optimistic promise in the budget speech of Finance Minister AHM Mustafa Kamal. "Today's children will make our dream of a developed-prosperous smart Bangladesh a reality. Therefore, we want to enable students to face all upcoming challenges mainly arising from the Fourth Industrial Revolution and climate change, and move forward. Our aim is to provide science-based, technology-based, skill enhancing,

and creativity-supportive education that will instil in them the spirit of delivering services ..." Educators found in the budget only a promise to continue with what has been going on, and little of any creative initiatives or a recognition of the setback in education caused by the pandemic.

The education budget discussion – for that matter, a public discussion

People's right to authorise and scrutinise the government's annual expenditure, exercised through their representatives in parliament, is hardly the way it works in Bangladesh. A 2012 review of the representation and accountability role of Bangladesh Parliament by Rounaq Jahan and Inge Amundsen remains valid today. It said, "The parliament's

overall performance in Bangladesh in terms of its core functions such as legislation, budget scrutiny and oversight lags far behind citizens' expectations and global standards." It went on, "Debate on legislation, and particularly on the budget, is far from rigorous. The budget is not referred to committees... scrutiny and oversight of the government's actions remain inadequate to the task of establishing accountability."

The budget is expected to be passed on June 26 before the parliament recesses for Eid holidays. It is likely to be adopted without any significant change in the objectives and amounts of the proposed allocations. How can the dialogue of the deaf be transformed into a meaningful discourse among the stakeholders that would take on the critical challenges we face, but from which many would like to turn their head away? Perhaps a way would be to appoint a high level permanent education commission to guide the effort, as anticipated in the Education Policy, 2010, provided that narrow partisan thinking can be forsaken in forming the commission and it is encouraged to be objective and transparent.

about the critical issues of quality, relevance, inequality, and exclusion in education – has become a dialogue of the deaf. The education decision-makers have a narrative that largely denies any serious deficiency in the system and would like to continue with the status quo with only incremental changes. The researchers, academics and the active civil society, drawing on national and global information and analyses, see the persistence – and aggravation as a consequence of the pandemic – of the serious issues of poor learning outcomes and widening inequalities. The result is the absence of meaningful communication between policy and decision-makers and the rest.

The parallel narratives without points of intersection are reflected in the absence of receptivity to the views and concerns of those other than the authorities in public resource allocations and other decisions about strategies and priorities. Given the nature of the budget-making and approval process, it is unlikely that there will be any significant change in education provisions in the new budget through a genuine debate in parliament.

## Empower patients to own their healthcare data



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ABMUDDIN

In recent years, patient empowerment has emerged as a groundbreaking trend. It prioritises patients' decision-making power over any providers', heralding a new era for modern healthcare.

But the concept of patient empowerment presents numerous ambiguities. The persistent question is: how do we empower patients? At its core, experts agree on three fundamental factors that need to be ensured: patient data privacy, their rights to manage consent on who can access their data, and patients' unrestricted access to their health information.

Health data privacy is the most traditionally recognised challenge that must be overcome to allow patients to own their healthcare. Data breaches happen more often than even knowledge workers assume. Cybercriminals and bad actors have increasingly focused on healthcare data as a soft target, switching gears from the more traditional victims, such as banking and financial sectors, who continue to fortify their systems against unauthorised intrusions. Given the recent rise of phishing and malware attacks against health information systems, we must safeguard sensitive data. When patient data is compromised, it can risk the

victim's privacy and finances, and even their life in the worst-case scenario.

Health data is everywhere around us: on personal computers, government registries, hospital computers, by printers and fax machines, and in the cabinets and paper files at doctors' offices, on sticky notes. Hence, traditional go-to controls such as role-based access, encryption, unique identifiers, multi-factor authentications, security audits, and employee training and drills must be implemented more realistically to safeguard data.

Of course, robust regulations and privacy laws can enhance traditional impediments to illegal data access. The United States enacted the Health Insurance Portability and Accountability Act, also known as the Privacy Law, in 1996 to provide technical, physical, and administrative safeguards to patient data. It addresses protecting data in all healthcare delivery systems. Many countries adopted their own health data privacy measures. Unfortunately, Bangladesh has not yet passed a strong health data protection law, but we must establish a comprehensive legal data privacy infrastructure.

In the age of digital health, we need to recognise that patients must have the autonomy to grant consent to

share their data. In the ever-expanding world of digital health, managing consent to electronically transmit data in a safe, secure, and timely manner is easier said than done.

One widely used control is the utilisation of certified technology. The question arises, who will certify and accredit that a system, software, or platform is privacy-protected? This requires ultimate integrity and a vendor-agnostic approach. The US has established processes and mechanisms to authenticate technical products and systems as secure before funding a programme.

With electronic health records systems emerging in Bangladesh, we must take proactive measures to shield these infrastructures. We must develop proper guidelines to protect all health and personal information. Passing a strong data privacy law is not enough; the government also must ensure that it provides a proper certification system of health information technology.

The two most utilised tools are "opt-in" and "opt-out" services, which make it seamless for patients to manage their consent around data sharing. The opt-in system requires patients to give explicit written or documented verbal consent to share their data with whomever they wish. Without consent, data remains siloed at the source. Other than certain emergencies, such as saving a patient from an active crime, fire, etc, their records cannot be shared without their agreement. The opt-out system presumes allowing data transactions for authorised and legal purposes unless the patient explicitly withdraws consent.

Patients should even be able to decide what specific health data

sets they want to share. For example, they may choose to share only their medical data but not their behavioural and mental health records, given that they carry social stigma and even cause legal dilemmas for patients. They may be fearful that their drug abuse records can be used against them in criminal court. Based on these concerns, US laws provide patients with the assurance that their health information will not be used against them in legal proceedings, encouraging them to seek care without fear.

Lastly, we must ensure that patients have unlimited access to their data through electronic health record systems, patient portals, electronic devices, and all other digital and non-digital means. This is paramount in that patients can review their medical records, diagnosis, lab tests, encounters, and so on, and decide on their medical care. Access to their prescriptions on a mobile device saves them from missing doses or taking the wrong medication. They can see the prognosis of their conditions over time, enhancing their ability to schedule doctor's visits in a timelier manner. All of these can dramatically improve patients' health outcomes.

The concept of empowering patients entails striking a balance between privacy protection and providing improved health outcomes. It is the patient who owns their data, not their healthcare providers, and they should be able to decide whom they are comfortable sharing their health information with. There is no better way to empower patients than to allow them to manage and understand their data when it comes to making their own healthcare choices.