

# The Daily Star

FOUNDER EDITOR: LATE S. M. ALI

## Removing illegal gas lines long overdue

But we must address the hidden reality behind it

We commend Titas authorities for taking steps to identify and disconnect around 600,000 illegal gas lines from October 2021 to June this year, after years of public outcry over the issue. However, there is no room for complacency, for the question still remains: why did Titas allow such a large number of illegal lines to accumulate over the years, if not decades? Was it negligence or deliberate oversight that led to such an enormous drain on our resources?

One may recall that an investigation by the Anti-Corruption Commission (ACC) in 2019 had found 22 sources of corruption inside Titas, and highlighted that unscrupulous employees in collaboration with technical experts were involved in providing illegal connections, especially at night, in exchange for bribes. Over the years, we have also reported about the involvement of Titas officials with various syndicates, with little action taken to root out the corruption within the organisation. At a press conference on July 10, the Titas managing director stated that punishment had been meted out to 228 corrupt officers and employees – with eight of them sacked and 16 suspended. While this move was long overdue, we cannot help but wonder if all the perpetrators had been identified or punished, particularly those in positions of power within the organisation, given the enormity of the problem.

The MD further claimed that his employees have little involvement in the irregularities, with most illegal lines being installed by outsiders, including local political leaders, supporters of local lawmakers and welding technicians. If that is indeed the case, then criminal action must be taken against these outsiders, irrespective of how much power they wield. Simply blacklisting the subcontractors, as Titas has done, is not enough – those involved must be brought to book.

Meanwhile, it would be dangerous for the organisation to ignore or downplay the serious allegations of corruption within it. It must also address the fact that it did not have an in-built mechanism to identify illegal lines as and when they were set up, raising concerns about how it will ensure they remain disconnected in the future. At a time when our gas reserves are running low, we cannot afford to waste the little that remains. The authorities must remain vigilant to ensure that problematic past practices do not continue, and that there is indeed “zero tolerance” of corruption within Titas.

## Misleading by example?

Public offices fined for allowing Aedes mosquitoes to thrive on their premises

There is no denying that dengue would be far less of an epidemic if individuals and institutions just behaved a little more responsibly. After all, all it takes to prevent it is removing stagnant water from building/office premises, which we should be doing anyway to maintain their cleanliness. Yet, this seems to be a big ask, and on Monday, when a DNCC mobile court fined four state-run institutions for harbouring Aedes larvae on their premises, it was clear that we are far from where we should be even after Bangladesh witnessed the highest numbers of deaths and hospitalisations from dengue this year.

Such irresponsible conduct from public institutions sets a bad example. It dilutes the message against dengue, undermines the efforts of health authorities, and encourages similar offences by citizens. After imposing fines on the guilty companies, the DNCC mayor said, “If they had taken Tk 500 worth of measures instead of [each] committing a Tk 5 lakh worth of offence, then Aedes mosquitoes would not have been bred.” The message is simple, and with the dengue virus now spreading to all but four of the districts, it extends to all government and semi-government offices in the country who must lead by example in implementing preventive measures. Private offices, educational institutions, student dormitories, and citizens too must do their part.

The severity of the dengue situation this year has caught everyone off guard. The fatalities have already reached a staggering 76, even though we are yet to enter the peak season. Hospitals are overwhelmed. At the Mugda Hospital in Dhaka, for instance, there has been an unprecedented surge in incoming patients. The hospital staff, already stretched thin, is facing tremendous pressure, with patients being treated on floors and corridors. While it is crucial to increase the capacity of all hospitals, not just in Dhaka but other major cities, combating mosquito-borne diseases like dengue and chikungunya depends a lot on small, everyday measures like proper cleanliness. We, therefore, urge the health authorities and all city corporations to ramp up their cleaning, spraying and awareness-raising efforts.

New Message

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# ‘Health services deeply troubled by corruption, lack of accountability’

Dr Iftekharuzzaman, executive director of Transparency International Bangladesh (TIB), talks about how corruption and a lack of good governance have crippled the country’s healthcare services, and what needs to be done to overcome the challenges facing this sector, in an exclusive interview with Naznin Tithi of The Daily Star.

Recently, there have been allegations of irregularities in the recruitment process of Bangabandhu Sheikh Mujib Medical University (BSMMU), specifically against its vice-chancellor. Although the health minister said the allegations would be looked into, we still do not know of any action being taken by the government. What could be the reason behind this?

Allegations of irregularities in the recruitment process of public bodies, such as general and specialised public universities, are nothing new. Barring a few exceptions, it has become almost a way of life. According to credible research and investigative reports, the main factor behind the wide prevalence of such irregularities is the lack of both preventive and corrective measures against partisan political influence, nepotism, favouritism, and various types of illicit payments – which have been allowed to be institutionalised violating the relevant rules.

The BSMMU corruption recently revealed by several evidence-based media reports represents the typical ball game of the recruitment business. It is disappointing that recruitment at such a premier institution, dedicated to advanced health education and medical services, is bedevilled by

compromises fundamentals of due process, accountability mechanisms, and institutional integrity.

Some recent incidents have also exposed the lack of accountability and ill practices prevailing in private healthcare facilities. The tragic death of a mother and her newborn (the latter in the capital’s Central Hospital) is a case in point. How can we hold private healthcare facilities accountable?

The private sector has agreeably filled a significant gap of health service facilities against a growing demand, which the public sector is justifiably unable to meet. Regrettably, due to a lack of specific legal and regulatory framework – and more so, in the absence of any strategically designed road map towards achieving health service excellence – the private health sector has witnessed mushrooming growth,

The High Court recently observed that corruption has permeated every level of the health sector. It has also criticised the Anti-Corruption Commission (ACC) for not playing its role.

This is not the first time that the High Court has made such observations about corruption and the role of ACC. The court’s concerns over health sector corruption and its doubts about ACC’s role provide a judicial validation for a prevailing trust deficit about whether the commission is effective in delivering its mandate, especially when the “big fish” are involved.

To be sure, ACC has its own limitations. Those with power in political and governance spaces have not fully come to terms with the concept of an independent, specialised corruption control body. This is manifested by a history of legal amendments and administrative actions taken to curtail its powers. The ACC itself hasn’t always shown the courage or capacity to exercise whatever legal and institutional capacity it has been endowed with, without fear or favour. Effective delivery of the ACC mandate, therefore, demands changes of mindset and actions within the commission and beyond.

TIB has been working for long to unearth the ill practices in our health sector and has also given some recommendations to change the situation. What happens after the TIB reports are published? What kind of reforms are needed to heal our health sector?

Indeed, TIB’s work on health sector corruption, as for any other sector, is aimed at catalysing positive changes on legal, institutional, policy and practice levels through its research and knowledge-based engagement and advocacy with stakeholders (including government and other relevant authorities). Every report we publish is transformed into policy briefs containing specific recommendations for change, using which we reach out to the authorities and try to push for actions, which often result in fruition. I would not say that we have been able to control corruption as such, which is not our mandate anyway. But as a demand-side actor, we have in fact been able to contribute to build stronger potentials of the state to control corruption through numerous new or amended laws, policies, institutions, and strategies. Regrettably, the problem remains in enforcement and implementation. We bring the horse to water; whether it will drink or not depends on itself.



Dr Iftekharuzzaman

FILE PHOTO: STAR

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Like any other public service delivery sector, health services are deeply troubled by corruption and lack of accountability. The sector has always been starved of resources due to one of the lowest rates of budgetary allocation by the global standards. More importantly, even the comparatively meagre resources are subjected to various forms of corruption, misappropriation and misuse, procurement fraud, extortion, and swindling. As the health sector was exposed to sharper spotlight after the onset of the Covid pandemic, the long-nourished anomalies in the sector were more graphically exposed, accompanied by evidence of how the pandemic became a blatant profit-making opportunity for some patronage-rich, vested quarters.

A frustrating picture of governance deficit and corruption was recently revealed by a study conducted by TIB on the Holy Family Red Crescent Hospital. The findings were particularly disappointing, given the hospital’s glorious history as a service provider carrying the International Red Cross and Red Crescent brand, no less.

Similar revelations have come to the fore through earlier TIB research conducted on both public and private

with the almost-exclusive motive of making profits.

Professional expertise, experience, and excellence have been undermined to allow private health businesses to flourish on power drawn from money, fraudulence, and connections. The much-talked-about Regent Group’s collusive fraud to extort public money in the name of providing health services during the Covid crisis, without meeting the minimum basic requirement of having a licence, is no isolated event. It is common knowledge that the overwhelming majority of private healthcare establishments do not meet the minimum level of professional skills, equipment, and facilities.

Again, there are definitely some exceptions. But the private health sector has been captured by unscrupulous hospitals, clinics, and diagnostic centres all over the country, creating a thriving business sector that is based on extortion, fraud, and various other illegalities, and non-compliance of whatever regulations or policies that exist. All these have rendered quality health service in Bangladesh a pipe dream. The Central Hospital story is just an example of a frustrating state of health rights and security.

## Our world has entered its hottest days. What now?



**POLITICS OF CLIMATE CHANGE**

Dr Saleemul Huq is director at the International Centre for Climate Change and Development (ICCCAD) and professor at Independent University, Bangladesh (IUB).

SALEEMUL HUQ

Over the last few months, I have been saying at different meetings that 2023 will see the beginning of the era of losses and damages from human-induced climate change. I have also been saying that every new day, week, month, and year will bring more climate change impacts, and no country is prepared for what is to come.

It was on July 3 this year that the world had its hottest day ever. On July 4, that record was broken. On July 6, it was broken again! The first week of this month was the exact point in time when the world crossed into the new era of loss and damage from human-induced climate change globally. The impacts can be seen around the world. In June, severe wildfires in western Canada caused many Canadians to lose their homes and become climate refugees, while the smoke from the fires travelled across the country and into New

York in the US. The smoke is now travelling across the Atlantic Ocean towards Europe.

At the same time, across the world, in the Pacific Ocean, we are seeing the beginning of a new El Nino year, which means that we have to expect significantly higher temperatures globally – not just for one year, but for several years to come.

One of the most severe and immediate impacts has been higher-than-normal atmospheric temperatures in many countries such as Bangladesh, India, Spain, and the US. In some places, the temperature has gone up to 50 degrees Celsius, which is the limit of human tolerance. Unfortunately, this is likely to become more frequent and most countries are not well-prepared to deal with it.

At the same time, sea surface temperatures are also above normal, which causes regular cyclones to become super cyclones. We saw this

happening with Cyclone Mocha a few weeks ago, which went from Category 3 to 4 to 5 (which is super cyclone status) while it moved up the Bay of Bengal towards Bangladesh and Myanmar. Fortunately for Bangladesh, the cyclone veered eastward before making landfall. But it did cross the southeastern tip of

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Bangladesh before moving towards the Rakhine state in Myanmar, where over 200 people died. Cyclone Mocha was also a good example of how being better prepared can reduce losses and damages. In Bangladesh, over half a million people had received

the cyclone warning and were well-prepared in shelters, whereas those in Myanmar were caught off-guard. In other words, better adaptation can help minimise losses and damages.

At the same time, there has been severe flooding in countries such as China, India, and Italy, showing that serious climate change impacts are no longer limited to poor countries. This also demonstrates that no country is prepared for what is yet to come, and that all countries need to enhance adaptation actions in order to minimise the inevitable losses and damages from the impacts of human-induced climate change.

Thus, at the next COP28, to be held in Dubai in December, world leaders will need to raise their game to ensure more rapid mitigation to reduce greenhouse gas emissions as quickly as possible and keep the global temperature rise below 1.5 degrees Celsius – which is still possible with requisite political will from all leaders. At the same time, the emphasis and requisite funding for adaptation and addressing the reality of losses and damages must also be put in place.

The bottom line for all world leaders is to regard COP28 as COP01 of the new era of loss and damage, and to treat it as the crisis that it has already become.