



Given our recent Covid-19 pandemic experience, why have the authorities not done anything to enhance the capacity of our healthcare system?
PHOTO: PRABIR DAS

DENGUE CRISIS

Our health sector clearly needs an overhaul



A CLOSER LOOK
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TASNEEM TAYEB

Over the last few years, dengue has evolved into a formidable adversary for Bangladesh's public healthcare sector, with the latter – already weakened by rampant corruption and gross mismanagement – doing a shoddy job of providing medical care to the increasing number of dengue patients. Last year, Bangladesh witnessed the highest dengue deaths, with 281 lives lost, since the first major outbreak in the country in 2000. But, as of Monday, the mosquito-borne disease has already claimed 416 lives this year, while the caseload stands at 87,891 – a significant jump from the already alarming 62,382 dengue cases recorded last year.

Dengue has become endemic to Bangladesh – ever-present, always lurking in the shadows. Moreover, the sharp spike in dengue cases this year should not come as a surprise since entomologists and health experts have been flagging this concern for some time now. But the authorities neither paid sufficient heed to these concerns, nor took timely measures to strengthen the healthcare system to bear the expected load of dengue cases. Starting from a shortage of regular beds, ICU facilities, resources and staff, to an imminent shortage of saline at present, the public healthcare system is close to succumbing under stress. Critical patients lying in hospital corridors, gasping for oxygen, for medical care, for medicine, and for an ICU bed is not an unfamiliar sight in any of the public hospitals in Dhaka. The scenario outside the capital is no better either.

According to the Directorate General of Health Services (DGHS), there are about 1,323 ICU beds and 886 HDU beds in various public hospitals across the country. But these numbers look paltry compared to the ever-increasing number of critical dengue patients. Take the case of Shaheed Suhrawardy Medical College Hospital, which has about 20 ICU and HDU beds. In the face of more and more patients seeking medical care at the facility, the hospital is now having to take signed undertakings from family members before admission. A similar situation also prevails at other hospitals, including Mugda Medical College and Hospital, Sir Salimullah Medical College Mitford Hospital, and Dhaka Medical College Hospital, among others.

This daily recently reported the case of 14-year-old Raifa, who had to be shifted to three different hospitals seeking critical care for dengue. Not a single vacant ICU bed could be found. Finally, her parents were forced to get her admitted to Shaheed Suhrawardy Medical College Hospital, knowing well that the hospital did not have the capacity to tend to Raifa's critical medical needs.

So, there is no doubt that the public healthcare system is in shambles. It is high time for the authorities to investigate and identify what has brought this sector to its knees. Of

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course, another question arises here: why have the authorities not been able to learn from the recent Covid-19 pandemic experience, and enhance the capacity of our healthcare system?

As a starting point of their soul-searching journey, the health authorities should look into why the health sector budget is not being fully utilised or properly implemented. Every budget season, experts and health professionals complain of the allocation for the health sector not being enough. But the problem does not lie with the allocation itself, rather with the utilisation of the allocated budget.

According to one report, from a 96 percent utilisation in FY2011, the figure plummeted to a disappointing 69 percent in FY2021. Also, over the last two years, the health sector's budget has witnessed utilisation rates below 80 percent. While the government has justified its high

budget allocation for tertiary level healthcare with visions of setting up specialised hospitals in all divisional headquarters and new intensive care units and dialysis centres at district hospitals, the fact remains that, at the district and even divisional levels, existing healthcare facilities are often not even properly equipped to support primary medical care.

As such, while harbouring a grand vision for the health sector, the authorities should not lose sight of the current realities, namely the widespread corruption and resource mismanagement plaguing the sector. Corruption in the health sector has been well-documented by the media in various reports published over the last few years – unfortunately, to no visible effect. Meanwhile, the mismanagement of existing resources leading to human suffering has become a norm. This daily recently reported on how an X-ray room at the Madhabpur upazila health complex has remained locked and out of service for more than 16 years. The reason behind this? A new technician was not hired after the previous one was transferred in 2006. The machine itself was installed at the health complex in 2001. Of course, this has resulted in the suffering of locals from 11 unions of Madhabpur upazila, who are now being forced to seek X-ray facilities from private healthcare centres at a much higher price. In the report, the president of Madhabpur Press Club has alleged that the X-ray room has been kept under lock and key intentionally so that private X-ray businesses can reap more profits. If true, this would be a classic example of corruption in the form of a deliberate mismanagement of public resources.

Reportedly, public hospitals in at least 25 of the country's 64 districts do not have ICU facilities, leading to critically ill patients being turned away and sent to Dhaka for medical care. In the current context, critical dengue patients are being sent to Dhaka from various divisions to receive treatment, which is putting more pressure on the already crumbling capacity of the capital's hospitals.

Given the grim realities, it is safe to assume that our authorities have failed to leverage their experiences of past health crises to address the gaps in the health sector. Also, the under-utilisation of the yearly budget remains a major roadblock to the development of the sector, which is taking a toll in the form of a loss of human lives. All in all, Bangladesh's health sector needs to be cured of the corruption and mismanagement, which have been plaguing it for long. It needs major overhauling. The country's people must not die preventable deaths due to the incompetence and inefficiency of an ailing, corruption-ridden system.

While some buy citizenship, others can't even afford eggs



THE OUTSPOKEN ONE

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ANUPAM DEBASHIS ROY

Have you been to the kitchen markets lately? If so, and if you are a middle-class or a lower-middle-class citizen of this country, you must have noticed the astounding prices of necessary commodities. The price of everything is going up by so much that ordinary people can no longer afford them. The much-discussed recent International Republican Institute (IRI) poll has shown that, above many concerns, Bangladeshis are mostly worried about the alarming rise in the prices of daily necessities. And this is a large chunk of Bangladesh. On the other side, though, are the looters and money launderers, one of whom was recently exposed in an investigative report of this daily. These people are syphoning millions of taka abroad with impunity, and buying lavish real estate properties and even citizenships in foreign countries.

This is not a singular incident by a lone actor, but is representative of a number of businesspeople who are using their proximity to those in power to amass huge amounts of wealth, and then laundering

the "system." Are these citizens really so pessimistic to think that nothing will ever change as they wish for it to?

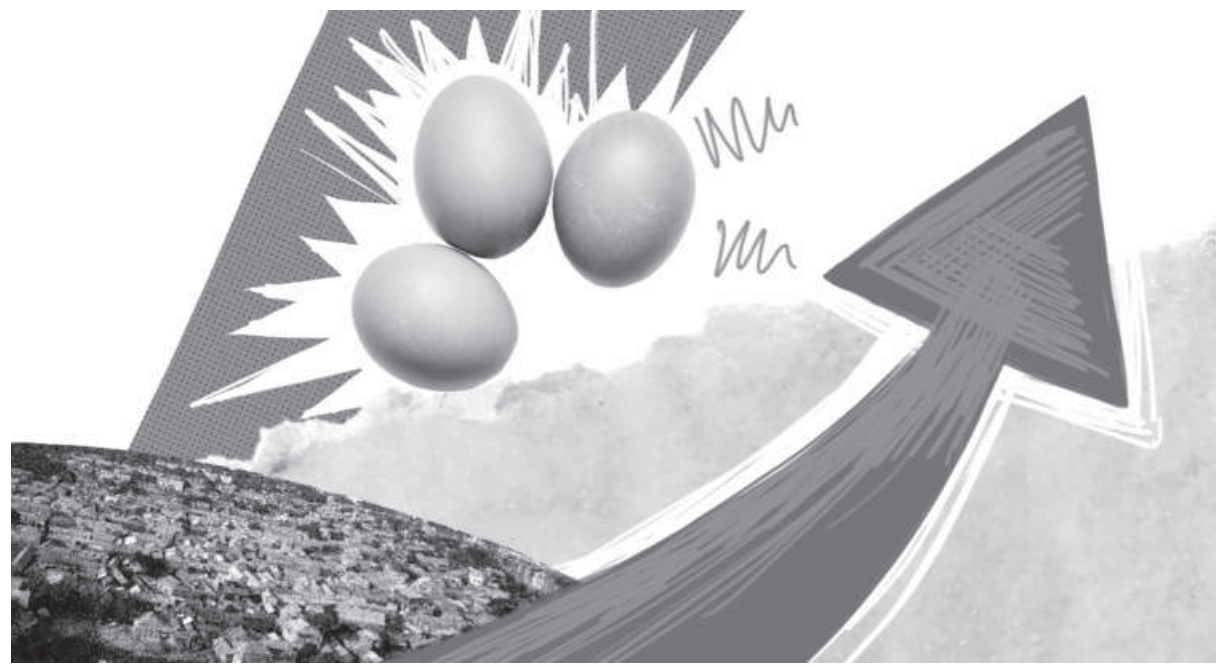
The aforementioned IRI poll also revealed that the acceptability of the opposition in Bangladesh has increased recently. It is true that many do not believe that the opposition has anything new to offer. Nevertheless, the political pendulum swings and it may be that an aversion for the incumbent is in effect. At least, as far as the market prices are concerned, people want a respite. And as far as the looters are concerned, people want to see them be brought to book. If the opposition can strongly vow to deliver on that, it is possible that their acceptability would rise even higher than what the IRI poll has shown.

Then again, let's try to understand the issue of price hikes at a personal level. How can this not anger the average citizen? Have we, as a population, become so jaded that manipulation of this level does not move us into action? What lies behind the apparent

the prices of necessities – is being exhausted for the political activism of the opposition. The opposition, however, has largely failed to make the two major causes of people's concern the centrepiece of their activism. Leaders of the opposition have sparingly commented on this, but their activism remains focused

The questions that are difficult to ask must be raised. We must ask how it is that regular people are not able to buy chicken or a dozen eggs while the super-rich are allowed to practically loot the country. We must demand answers from the administration about its inability to prevent these – the inflation and the money laundering – from taking place.

on the instalment of a caretaker government that may increase their chances of getting to power. If the opposition does not pivot to a more people-centric approach, the zeal of their movement may be lost as the people will not be able to connect with them.



VISUAL: REHNUMA PROSHOON

that abroad. This practice is not an exception to the rule; it seems to be the rule. In short, if you want to amass a lot of money, it is not ingenuity or innovation that will help you to the top, but joining the unholy nexus between the state and unscrupulous businesses.

But we must also view this from the perspective of the average daily shopper. They are aware of what is happening. They follow the news and are on social media. Many leave a frustrated comment or share a relatable post. Others silently observe the situation, not expressing their opinion for fear of repercussions. But that, of course, does not stop them from forming an opinion. They witness their deprivation and find themselves trapped within the constraints of

inaction of the middle class and the lower income groups in the face of this massive jump in prices? Social movement theory suggests that when there is such a level of strain and deprivation in a society, the people would be compelled to act. However, the strain and deprivation have to be "perceived." If it is treated as being part of business as usual, and the people start to believe that no other alternative is available, then their inaction is understandable. Is that what is happening in Bangladesh?

One may interject that the lower classes are acting by joining the protests and demonstrations of the opposition party. If this is true, then the fuel for a social movement – demanding a curbing of corruption and the lowering of

The questions that are difficult to ask must be raised. We must ask how it is that regular people are not able to buy chicken or a dozen eggs while the super-rich are allowed to practically loot the country. We must demand answers from the administration about its inability to prevent these – the inflation and the money laundering – from taking place. The share market manipulation, the looting of the banks, and the manipulation of the private sector must all be accounted for. When we hit a financial crisis, the super-rich will flee to the countries in which they have investments or in which they have bought citizenship. But it will be the general people who will have to keep suffering. This must change.

CROSSWORD BY THOMAS JOSEPH

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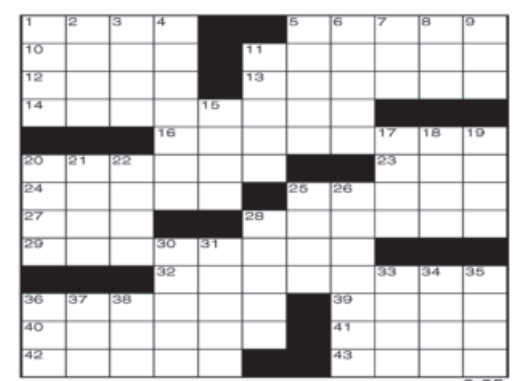
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YESTERDAY'S ANSWERS



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