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

Zero tolerance, but plenty of clearance?

The corrupt should have no place in public service

It is frustrating that the government's "zero tolerance" policy against corruption continues to be a slogan without substance even as it plagues the whole nation. The recent disclosures of alleged corruption involving two top officials of the National Board of Revenue (NBR), following high-profile cases involving a former IGP and an army chief, have once again underscored how widespread corruption has become. The government claims there are stringent anti-corruption measures in place, and that actions are taken whenever an incident is reported. The truth couldn't be more different, however. While we have laws criminalising bribery, money laundering, or use of public resources for private gain, in reality, those are seldom used. If anything, anti-graft laws and regulations targeting government employees have been rather relaxed, lightening penalties for corruption.

A report by *The Daily Star* tracks some of the changes made in relevant laws over the years. For example, in 2018, an amendment to the Government Servants (Discipline and Appeal) Rules (1985) introduced "reprimand" as a penalty for proven corruption. Other penalties include forced retirement, removal from the job, suspension, and demotion. But when public officials abuse their authority to commit crimes including corruption, they lose their moral right to be in service. In any other sector other than public, the punishment for that would be termination. So, penalties like a reprimand, or salary reduction, or "closing", or even demotion do feel like a slap on the wrist, and this is what has been happening in the public sector.

In April, for instance, Promatha Ranjan Ghatak, now an assistant secretary, was found guilty of embezzling Tk 7.35 crore while he served as a land acquisition officer in Madaripur, but was only demoted rather than dismissed. Around the same time, Bir Amir Hamza, an assistant commissioner (land) of Bogura Sadar Upazila, was sentenced to a reduced salary for a year after being found guilty of forgery. The leniency shown in their cases has understandably raised eyebrows. Experts believe the government provided impunity to public servants by enacting the Government Services Act, 2018, which replaced the Public Servants (Dismissal on Conviction) Ordinance, 1985. That ordinance had harsher provisions including dismissal for any employee punished for criminal offences. As per the 2018 act, however, an official can be in service even after being sentenced to up to 12 months in prison. The act also requires the ACC to seek permission before arresting any official.

All such lenient, protective and even discriminatory provisions send a dangerous message: that corruption by public officials, even when proven, will be met with minimal consequences. Against this backdrop, when ruling party MPs decry it, as some of them did in parliament recently, but stop short of using their mandate to toughen up related laws, it comes across as hollow and insincere. To really check corruption, the government must not only get rid of all questionable provisions but also ensure strict compliance with existing rules and regulations.

Painful struggles of coastal women

Govt must address the crisis of drinkable water in southwest

It is disheartening that at a time when Bangladesh is boasting massive infrastructural development, women in remote areas in southwest still have to bear the burden of walking for miles and carrying back heavy pitchers of water for their families. People in these villages lack access to clean drinking water, and are often forced to drink salty water leading to serious health problems. A report by our Khulna correspondent describes the harsh reality of women who have been hit particularly hard by climate change and the proliferation of shrimp business that has resulted in the salinity of all nearby water sources.

According to the report, over 40 lakh people across the southern coast are facing a freshwater crisis with the women being the biggest sufferers, as they are the ones who must take the backbreaking walk to collect clean water for their families. Climate change has also led to lower rainfall, so harvesting rainwater is becoming difficult. Often people are forced to drink saline water and end up having hypertension and kidney diseases. Again, women are more affected by this, many developing reproductive health problems.

Salinity due to overzealous shrimp cultivation has wreaked havoc on the environment for decades. More and more land is being affected by salinity, making them barren and unfit for food cultivation. Yet precious little has been done to reduce the number of shrimp enclosures. The interests of local influentials have always taken precedence over those of the poor people in these areas. Climate change, meanwhile, has forced many paddy-field workers to seek employment in urban areas, leaving their female family members to take on all the responsibilities of the households, making their lives even more burdensome.

Urgent action is needed to address this situation. The government must immediately invest in building proper water infrastructure so that people can access clean water within the villages. It must also reduce salinity of the soil and water by drastically reducing the number of shrimp enclosures. Shrimp traders who have built unauthorised sluice gates in Khulna, thereby weakening river embankments, should be punished. The authorities must also support the women in these areas and end their daily misery of walking for miles under the scorching sun to bring back heavy pitchers of water.

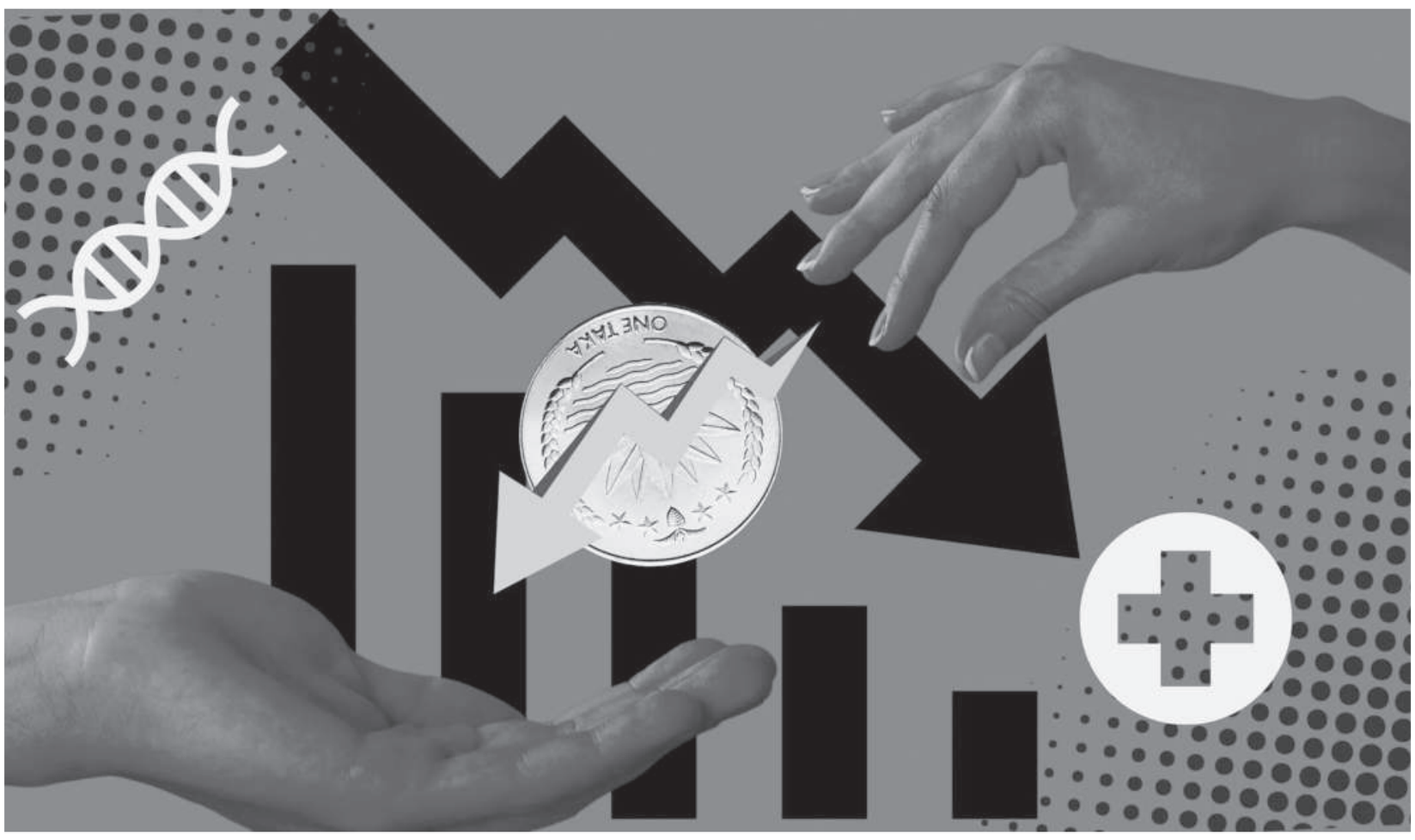
THIS DAY IN HISTORY

Santal Rebellion

On this day in 1885, the Santal leaders Sidhu and Kanhu Murmu organised thousands of Santals to rebel against the East India Company. They protested against the oppressive colonial rule, and specifically the exploitative revenue system, as imposed by the zamindars, police, and the legal apparatus set by the British East India Company.

How healthy is the health budget?

UHC Forum is a coalition of professionals who aim to strategically push for universal health coverage (UHC)—an SDG4 priority. It recently organised a webinar on how well this year's budget relates to key health sector challenges. Five experts share their views on the matter with **The Daily Star.**



VISUAL: **STAR**

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The proposed health sector budget of 2024-25 emphasises on achieving the Sustainable Development Goals (SDGs) by 2030 and the goals of the Perspective Plan by 2041. The proposed allocation for health is Tk 41,407 crore, which was Tk 38,051 crore in FY2023-24. Though this represents an increase of 8.8 percent in absolute terms, in real terms it is a decrease if inflation is considered. With small variations over the past decade, the health sector budget has remained stagnant at around five percent of the national budget. This is far below the international standard, which suggests allocating 15 percent of the government budget to health. Experts suggest that every government should commit to spending at least five percent of their GDP on health and move progressively towards this target. The 8FYP (eighth five year plan) committed to allocate two percent of the GDP towards the health sector by 2025. In contrast, the health budget has remained around 0.7 percent of GDP. India's current public healthcare spending is around 1.6-1.8 percent of GDP, and they are aiming to increase the public healthcare spending to 2.5 percent by 2025.

It is also suggested that the government should ensure health expenditure of at least $88 per person per year. The World Bank data suggests that the per capita health expenditure is $74 in India and $65 in Nepal, but only $58 in Bangladesh. Furthermore, a large portion of this health expenditure is paid by the people themselves: out-of-pocket (OOP) health expenditure as a proportion of current health expenditure is 73 percent in Bangladesh compared to 50 percent in India and 51.26 percent in Nepal and 17.05 percent globally.

The allocation of Tk 100 crore for "Integrated Health-Science Research and Development Fund" is a good initiative, but the key issue here is its efficient utilisation. The import duty on dialysis filters and dialysis circuits has been reduced from 10 percent to one percent on import, but 10 percent customs duty on import of medical equipment and supplies by referral hospitals has been imposed. We need to avoid creating additional burdens on people seeking health care.

There are two important lenses through which to assess this year's budget. The first is an equity lens. Two of the health sector programmes explicitly addressed to poorer citizens—the Shasthyo Shurokhsha Karmasuchi (SSK) and the maternal voucher scheme—have seen no horizontal or vertical expansion in allocation.

The second lens to assess the budget through is an efficiency lens. The proposed budget does not provide any noteworthy plan to enhance the functionality and efficiency of public health facilities. It does not propose measures to fill the current workforce vacancies, to create new positions necessary for dealing with emerging and re-emerging diseases, or enhance the supply chain of essential medicines.

There is a clear need for dedicated modern storage facilities, an updated dispensing mechanism, and improved diagnostic facilities, all of which are not addressed in the current budget. There is a notable absence of initiatives to strengthen primary healthcare in both rural and urban areas. Furthermore, there is no indication of optimising the existing budget by addressing the well-known governance constraints, whether at ministry/directorate level or at facility-level. Genuine political and administrative support is required from the ministry and directorate levels to ensure efficient use of the allocated funds.

***AMM Nasiruddin** is former Secretary, Ministry of Health and Family Welfare.*

An important concern with the health sector budget is incomplete utilisation of allocated funds. Due to this, a substantial amount must be surrendered to the Ministry of Finance at the end of the fiscal year despite the glaring needs of the sector.

There are several reasons for the low utilisation of the health budget. One is the gap in training of health facility managers on government financial management and rules relating to government procurement. Such shortcomings in many cases hinder and cause delays in timely budget utilisation.

A second reason is the over-centralisation of decision-making related to budget utilisation. Implementing authorities have little or no authority for adjustment of line items even when warranted by circumstances. Such adjustments require approval of higher authorities, and the process is both complex and time consuming. Delay in fund release, rigid spending rules, over-spending without appropriation, payment of arrear bills causing budget shortfall, excessive financial management requirements, fear of audit objections, absence of a robust monitoring, and accountability mechanism, etc. contribute to low rate of budget utilisation in the health sector. During the budget finalisation at the end of the month, an explicit recognition of this entrenched problem of low utilisation of the health budget and its well-known underlying reasons will be a very welcome first step.

***Dr Aminul Hasan** is quality care expert and former director, Directorate General of Health Services.*

Despite a nominal increase, this year's budget, as indeed the budgets of previous years too, remain glaringly inadequate given the population size and healthcare demands. The priority health sector requirements are in primary healthcare, maternal and child health (MCH), and non-communicable diseases (NCDs).

The most glaring gap in primary healthcare is in the urban areas which lack meaningful budgetary attention. MCH has seen some increase in allocation, but this too is glaringly inadequate to meet the needs of antenatal and postnatal care, immunisation programmes, and nutrition support, especially in rural areas. NCDs, the growing health sector challenge, is yet to get the budgetary attention it deserves. Minimal allocation for this growing problem is leading to inadequate screening, diagnosis, and treatment facilities, with many patients unable to afford necessary treatments. Preventive measures, patient education, and chronic disease management suffer due to resource scarcity. Strengthening primary healthcare requires investment in infrastructure and capacity building. Enhancing maternal and child health services involves developing comprehensive programmes and community engagement. Addressing NCDs necessitates prioritising preventive health and promoting integrated care models.

***Hossain Zillur Rahman** is executive chairman, Power and and Participation Research Centre (PPRC), and convener, UHC Forum.*

This year's budget has a block allocation of Tk 2,000 crore for health emergencies. This is a welcome step, but how confident should we feel that this allocation will be efficiently utilised? For example, the dengue menace this year is projected to be a possible health emergency. Meaningfully dealing with the problem requires close coordination between the ministries of health and local government. Unfortunately, coordination between these two critical ministries is the exception rather than the norm.

Without such coordination, funds will remain under-utilised and the results will be poor. UHC Forum intends to identify and work on meaningful areas and spaces in which this necessary coordination can be fostered. Health literacy among the general population is also a highly under-appreciated agenda that requires both budgetary and programmatic attention. Neither our attitudes nor our health system is geared towards early identification of health problems. Early screening for birth defects and provision of correctible surgery can reverse the destinies of many unfortunate children who grow up with disabilities.

Outreach programmes which work as reverse referral, taking specialist care to the grassroots, can benefit immensely from budgetary attention. This year's budget is most likely a closed chapter. The conversation must start in earnest so that next year's health budget sits more meaningfully nearer to people's expectations and needs.

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