## **EDITORIAL**

## The Baily Star

FOUNDER EDITOR: LATE S. M. ALI

## Develop a patient referral system

Ease pressure on tertiary facilities, re-imagine healthcare system

It is unfortunate that 53 years since independence, we have failed to develop a functional referral system, with a staggering three out of five patients directly referring themselves to specialists and tertiary hospitals, according to a recent study. This inevitably overwhelms tertiary facilities, leads to long waits, and deprives critically-ill patients of due attention and care. Unlike in countries such as the UK, where patients are required to see a general practitioner before being referred to a specialist, it is common practice in Bangladesh for patients to directly visit specialists even for minor ailments. This has created a lop-sided system, where the tertiary hospitals bear an overwhelming brunt of the pressure, while primary and secondary facilities remain underutilised and underdeveloped.

A well-designed referral system can help streamline the healthcare network, and create an effective linkage among three tiers of healthcare services. Primary healthcare facilities, which should be the first point of contact for any patient, should be fully equipped to take care of basic cases, referring only the complex cases to specialists. A 2023 study found that a referral system can filter as many as 65 percent of patients at primary and secondary healthcare facilities at upazila and district levels, freeing up tertiary facilities to focus on their core functions. Given the obvious advantages of such a system, the question is: why have we not implemented this system so far?

There have been various discussions over the decades about instituting such a system, but previous attempts to implement it have stumbled for various reasons. A referral system for Rangpur was announced in 2014 by the then health minister Mohammad Nasim, but it failed as a result of inadequate logistical support and unavailability of qualified physicians and auxiliary workforce at primary healthcare centres. Attempts to get the system going in 2016 and 2019 also fizzled out in the end. What is obvious is that ad hoc attempts at implementation will not work without a radical reimagining of the healthcare system and appropriate investments and capacity-building to ensure a successful transition.

The good news is that Bangladesh already has primary healthcare infrastructure in rural areas, with community hospitals and community clinics, but their systemic issuesshortage of staff, equipment and inefficiencies in operationsneed to be addressed if they are to play their due role within the referral system. Meanwhile, tertiary facilities have mushroomed in urban areas at the cost of primary and secondary facilitiesan imbalance that must first be addressed.

If we are to move forward, we need political will and a welldefined policy about how to implement a well-designed referral system. The system must be built on a strong foundation of well-equipped primary healthcare facilities, a sufficient number of trained specialists at all levels, and a public that trusts and understands the system.

### **Punish kidney** racket mastermind

Arrest of Bangladeshis involved in illegal transplants a wake-up call

We are horrified to learn of a cross-border racket of illegal kidney transplant in India that has been sourcing the organ from Bangladesh for years. According to a report by The *Indian Express*, police recently arrested seven individuals in Delhi, including three Bangladeshis and an Indian doctor, in connection with this racket. Delhi Police also said the mastermind of the racket is a Bangladeshi national, and those involved with this illegal operation are all suspected to have links with Bangladesh. This racket is a part of a larger interstate network in India involving Bangladeshi patients in Rajasthan and Haryana, sources at Delhi Police say.

The racket, according to Delhi Police, targeted kidney patients by visiting dialysis centres in Bangladesh. They found donors from poor and marginalised backgrounds, luring them to India under the pretence of employment. It also arranged to falsify documents under the name of Bangladesh High Commission in Delhi to show that the donors and recipients were related by blood—a requirement for kidney transplant per the Indian law. Dr Vijava Kumari, who was employed at the Delhi-based Indraprastha Apollo Hospital (IHS), facilitated the transplants even when she knew about the donors and recipients not being blood-related. The now suspended doctor performed 15-16 such illegal transplants between 2021 and 2023 at the Noida-based Yatharth Hospital.

Police also found documents carrying records of transactions that took place for the transplants from one of the Bangladeshi accused. Donors were paid four to five lakh rupees for their kidneys, while recipients were charged 25-30

While we are glad that police nabbed the culprits, we are disturbed that so many illegal transplants took place with no one being the wiser. The Bangladeshi trio who were arrested in Delhi had been arrested on the same charges last month. How did they get out and continue their nefarious activities? We urge both the Bangladesh and Indian authorities to coordinate and delve deeper into the matter and uproot the entire network. On the Bangladesh side, a thorough investigation must be conducted to find the mastermind of the racket and all its members, and bring them all to book.

#### THIS DAY IN HISTORY



#### 2010 FIFA World Cup Final

On this day, The Netherlands and Spain fought for the prestigious football trophy in Johannesburg, South Africa. Spain won the match 1-0 and the 2010 FIFA World Cup.

# Has poverty-alleviation spending made any difference?



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One critical question raised the context of poverty alleviation in Bangladesh is whether poverty reduction spendings have made any dent on poverty in the country. Sometimes, we generalise the responses to this question. Sometimes, the responses are based more on rhetoric, rather than hard facts. And sometimes, the responses are partial, rather than comprehensive. But an objective response to the question requires an understanding of the dynamics of poverty in Bangladesh, the nature of poverty alleviation spendings. It requires familiarity with poverty and inequality data, and a sense of the magnitude of the poverty alleviation expenditures.

Poverty in Bangladesh has many dimensions. At one level, it can be structural, rooted in the structure of the economy. It can also be transient, which has more of a seasonal nature. Thus, people can be permanently trapped in poverty, or they can

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get in and out of the poverty trap, depending on the seasonality of the economic outcome. The sources of impoverishment may also vary, ranging from socio-economic shocks (for example, recession or Covid-19) to environmental degradation, giving rise to the environmental poor. Poverty can be absolute, or relative, which is people who live on ecologically fragile intermittent years, the figure stood at lands need targeted interventions, such as social protection.

A careful review of the poverty data of Bangladesh clearly indicates that over the years, the incidence of poverty has come down significantly. The 2022 Household Income and Expenditure Survey, published by the Bangladesh Bureau of Statistics puts

more than 55 percent. However, direct expenditures for poverty alleviation show a declining trend—in the fiscal year of 2020-21, more than four-fifths of the public expenditures on poverty alleviation were allocated towards directly fighting poverty. In the fiscal year of 2024-25, the relevant share has come down to two-thirds.

In the context of all these figures, the two relevant observations are that firstly, even though a correlation is not easy to establish between the huge amounts of resources going to poverty reduction in Bangladesh and its impressive achievements in poverty reduction, a possibility of a strong association between the two cannot be overruled. In fact, a significant part of the poverty reduction has to be accounted for by the public expenditures on poverty alleviation. However, the issue is how the allocated public resources to poverty reduction can be made more efficient and effective. Secondly, a declining share of direct expenditures on poverty reduction make the poorest and the most marginalised people more vulnerable. What can be done about it?

Inordertomakepublicexpenditures on poverty reduction more efficient, macroeconomic and sectoral poverty reduction programmes and projects should be formulated with a concrete focus. A sensible implementation plan with an achievable timeline will safeguard against resource leakages. The effectiveness of such programmes and projects in alleviating poverty can also be enhanced if they are solidly anchored in Bangladesh's overall development plans aligned with its overall goals and objectives, and if the macroeconomic framework and sectoral policies are poverty-sensitive. Linking poverty alleviating measures with employment generation, social services, and pro-poor economic growth would make public resources

for poverty reduction more effective. Protection of the ultra-poor and the marginalised groups require increasing resources for direct expenditures for poverty reduction, not reducing them. It would require intensifying various existing social protection measures and exploring new innovative mechanisms. The need for all these measures has become even more important given that Bangladesh faces high inflation and there can be more external and Over the years, more than half of the internal shocks. The second phase of the National Social Security directed towards poverty alleviation. Strategy can be solidified. The Rural **Employment Opportunities for Pubic** Assets Programme (REOPA) can also were allocated for poverty alleviation. be an effective instrument for poverty The figure has gone up to 58 percent reduction among the poorest and the



Protection of the ultra-poor and the marginalised groups require increasing resources for direct expenditures for poverty reduction.

like educational achievements, but also in opportunities such as access to health services.

the Looking alleviating expenditures, there are two dimensions to them-poverty impacting expenditures and targeted expenditures for poverty alleviation. The first set of expenditures are not exclusively directed to poverty alleviation, rather they impact poverty through various channels. Thus, expenditures on social services like health, education, and access to clean drinking water help reduce impoverishment. In societies where poverty is significantly widespread, poverty reducing strategies at the macro and sectoral levels are essential. In fact, in such instances, macroeconomic policies must be geared towards poverty reducing measures—expenditures indirectly impact poverty work through channels like economic growth, employment generation, and expansion of social services, etc. Yet, even with such policies, a significant nothing other than inequality. And number of people will remain outside inequalities occur not only in income, of the macroeconomic policy net. And but also in non-income dimensions. those people will need direct targeted Furthermore, inequalities are not poverty reducing interventions.

the income poverty rate in Bangladesh at 19 percent, down from 58 percent in 1990—down by more than two-thirds. The extreme poverty in the country stands at about 6 percent. There is no doubt that these are impressive

But the same thing cannot be said about relative poverty, or inequality. In fact, the income Gini-coefficient (the economic measure of inequality) of Bangladesh is alarmingly high-it was 0.50 in 2022. In theory, the value of the Gini-coefficient ranges between 0 to 1. Higher values within the range indicate higher inequality. A Ginicoefficient value close to 0.5 would mean high inequality. Inequality is also manifested in Bangladesh in other non-income dimensions. For example. in the area of child malnutrition, while 38 percent of the children in the poorest households are stunted, the comparable figure for the richest households is 20 percent.

public expenditures in Bangladesh was 21,55 percent of the public expenditures always explained in terms of outcomes Extreme poor, people with disabilities, in the fiscal year of 2024-25. In the marginalised groups.

# Was Iran's election a smokescreen?



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#### NOORA SHAMSI BAHAR

During Iran's latest presidential elections, the hashtag #electioncircus was trending among the Iranian community on X. This may be due to the illusion of a political competition that is encouraged by the Velāyat-e faqīh, or Supreme Leader, Ayatollah Ali Khamenei, in an established theocratic system, where presidential elections are mostly a facade because ultimately, the decision-making power rests with the Supreme Leader.

So, how do presidential elections work in Iran? The Shourā-ye Negahbān (Guardian Council) handpicks the most suitable candidates from a pool of presidential candidates, who then compete against one another. To secure victory, a candidate needs more than 50 percent of the people's vote. If no candidate achieves this majority, a run-off ensues a week later between the two candidates who received the highest number of votes in the initial

And what is the Guardian Council? It constitutes 12 members who are directly/indirectly appointed by the Supreme Leader, who hold power to vet/veto legislation, and oversee elections. The Guardian Council can bar candidates from standing in elections to parliament, the presidency and the Majles-e Xobregân-e Rahbari

(Assembly of Experts). For example, Ali Larijani, an ex-parliamentary speaker and former Commander of the Islamic Revolutionary Guard Corps, was disqualified during the 2021 presidential elections by the Guardian Council, possibly owing to his centerright ideology. Noteworthy to mention, disqualified candidates are disallowed from protesting the council's rejection.

Among the seven candidates who were selected by the Guardian Council for the 2021 presidential elections was the to-be president, Ebrahim Raisi, a far-right hardliner, known as the "Butcher of Tehran" for his role in allegedly carrying out mass executions of up to as many as 30,000 political prisoners in 1988, as thethen Deputy Prosecutor General of Tehran. Following Raisi's death after a helicopter crash on May 19, 2024, new presidential elections took place shortly after, which culminated on July 5, 2024.

This time, out of 80 candidates, 74 were disqualified by the Guardian Council, which included four female candidates, as has been the case for all presidential elections since the Islamic revolution—a testament to the accusation that Iran is a gender apartheid state. According to Iran's Ministry of Interior, there was a record-

the Islamic Republic, where only 40 percent of the more than 61 million eligible Iranians voted during the first round, which evidences that most do not support clerical rule. I will skip any comment on the speculation that even these embarrassing numbers are fabricated, as has been the claim, given the staggering majority's decision to abstain from voting.

Among the six selected candidates this time around, Dr Masoud Pezeshkian was the only so-called "reformist"—a widely circulated theory that has thrown dust in the eves of many non-Iranians. It won't be too absurd to assume that Pezeshkian's approved candidacy by the Khamenei-controlled Guardian Council was a ploy to increase political participation. Pezeshkian won against ultra-conservative Saeed Jalili, but one wonders what moderate reforms he will he bring about without challenging the state's theocratic system, especially when he himself has given a public statement declaring that confronting Iran's power elite of clerics will never be part of his agenda.

Anyone who understands Farsi can easily find Pezeshkian's stance on women's rights. In an interview, an elderly Pezeshkian proudly states that even before the first Supreme Leader, Ayatollah Khomeini, established the mandatory hijab law in 1979, Pezeshkian enforced women to wear long trousers, the longsleeved manteau (a long overcoat), and the hijab at the Tabriz University of Medical Sciences (where he was pursuing an MBBS) as well as at the hospital across the medical college. One alumna of the university recounts incidents from 1979, when Pezeshkian

low turnout since the inception of and his comrades, whom she dubs as "terrorists," attacked and harassed women who didn't comply, and even carried weapons, such as knives and chains, as scare tactics.

Should a reasonable skeptic, who relies on the independent investigation of the truth, believe that the same man who didn't believe in women's right to freedom of choice is now a changed "reformist" under the same regime that has committed human rights violations in relation to the Zan, Zendegi, Azadi (Woman, Life, Freedom) movement in Iran? Should I, a Bangladeshi citizen belonging to the Iranian diaspora, believe that Pezeshkian will, for instance, make any legislative amendments to dismantle gender apartheid? Or will he be able to ensure a stop to persecutions against non-Shiite religious minorities such as the Baha'is, who are barred from having tertiary education and government jobs, whose properties are confiscated, whose dead are denied the right to dignified burials?

Even if Pezeshkian is given the benefit of the doubt, what power does he hold at the end of the day? None, really. It is therefore disappointing to see every international news portal misleadingly labeling the new president as "reformist" or "moderate" or to see clickbait titles such as the BBC's "Iran's new president gives hope to some women and younger voters," when the content of the article itself goes on to say: "...with Ayatollah Khamenei having final say over government policy - there is little chance of real change," and "... regardless of Dr Pezeshkian's win, the supreme leader remains the 'puppeteer' in Iran."