

## Make workers’ safety a national priority

### BILS study portrays a grim picture across various industries

Not long ago, we wrote about why workers deserve a better deal in today’s Bangladesh thanks not only to their contribution in the July uprising but also because they have received the smallest share of whatever economic progress has been achieved over the decades, despite being its main drivers. Workers, particularly those in labour-intensive industries, are often deprived of benefits and rights—such as the right to workplace safety—that many take for granted. This has been once again confirmed by a study by the Bangladesh Institute of Labour Studies (BILS) that says that at least 707 workers were killed in workplace accidents in 2024. Among them, transport workers accounted for the highest number of fatalities (273), followed by those in agriculture (402), construction (91), rickshaw pullers (43), migrant workers (38), and day labourers (32).

In comparison, 2023 recorded slightly higher fatalities, with 742 deaths. The BILS study has identified road accidents, roof collapses, electrocution, fires, cylinder explosions, and trawler or boat capsizing as the leading causes of workplace deaths. Many, including fishermen, also died or went missing during natural disasters. Unfortunately, this state of precarity has been persistent throughout the past decade that claimed over 8,000 lives in total—with 2019 and 2021 going down as the deadliest years. The relative decline in numbers in more recent years is not due to any positive shift in industrial policies and practices, however.

The question is, how much longer will workers have to wait for meaningful changes that ensure their safety? When, if ever, will the authorities address the systemic neglect that allow such tragedies to persist? One sector where this neglect has been most glaring is shipbreaking, which recorded nine deaths last year. This doesn’t adequately portray the danger lurking in shipbreaking yards, as workers there routinely face hazardous conditions, inadequate safety measures, and exposure to toxic materials. A recent views-exchange event organised by the BILS in Chattogram’s Sitakunda—where such yards have collectively witnessed 129 fatalities since 2015—brought out their appalling conditions.

Speakers, for example, highlighted the prevalence of unskilled, noncompliant contractors, who often obtain licenses through dubious means, as well as the lack of protections and proper wages for workers. They also expressed concerns about the occurrence of accidents in so-called “green shipyards”, questioning how they receive certification without ensuring workers’ rights and safety. They also raised alarm about the non-implementation of the minimum monthly wage of Tk 16,000 set in 2018. The persistence of such issues, which are by no means restricted to the shipbreaking industry, shows how workers are still being treated as expendable despite their critical role in driving our economy.

This needs to change. Our industries, both formal and informal, must undergo a radical transformation in how they approach workers’ rights, including workplace safety and decent wages. It is imperative that the government not only ensures the implementation of existing safety regulations and wage structures but also introduces stronger mechanisms for worker representation, fair investigations, and transparency in industrial practices. Otherwise, this cycle of preventable workplace tragedies will continue to claim lives.

## Can we ever curb air pollution?

### Lack of progress has been frustrating

It is alarming to learn that this December marked the most polluted month in Dhaka in the past nine years. According to the Center for Atmospheric Pollution Studies (CAPS), over these nine years, the months of December have seen 17 days of “hazardous” air, with 11 of those days being in last December. Research by CAPS found that the average Air Quality Index (AQI) last month was 288—the worst since 2016. On December 14, the pollution level reached an unprecedented 880 AQI at 11 PM.

Thus, Dhaka has suffered from consistently poor air quality over the years. While the air quality slightly improves during the monsoon season, it deteriorates to “unhealthy” and “very unhealthy” levels during winter. But 11 days of “hazardous” air in a single month indicates a tipping point that demands decisive action.

The failure of the previous government has undoubtedly contributed to the current situation. Many projects were undertaken over the past decade to improve air quality, but these failed to deliver results, with allegations of funds being misappropriated by the relevant authorities. But has anything changed since the political transition in August? Reportedly, no significant initiatives have been undertaken to address major pollution sources such as brick kilns, factory emissions, unfit vehicles, indiscriminate waste burning, and unchecked construction activities. We do not need additional projects to curb these illegal activities—what we need is active, consistent monitoring which is sorely lacking at present. The environment ministry must be held accountable for this failure.

It is known that political influence hindered efforts when Awami League was in power, but how to explain the lack of progress since the interim government took charge? After assuming the role of environment adviser, Syeda Rizwana Hasan announced a National Air Quality Management Action Plan to address pollution sources, improve air monitoring, and strengthen enforcement mechanisms. Months have passed, yet there has been no tangible progress. As a result, Dhaka’s hospitals are now overwhelmed with patients suffering from pollution-related diseases.

We do not expect a dramatic change under the interim government, but Dhaka’s residents at least deserve to see some measurable progress in curbing its air pollution. The authorities must not fail them again.

## THIS DAY IN HISTORY

### Spirit lands on Mars

On this day in 2004, NASA’s exploration rover Spirit landed on Mars to study the chemical and physical composition of the planet’s surface.

# The anatomy of free speech



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During President Barack Obama’s second term, when extremist groups were active on social media and college campuses, I faced a situation that was a lesson on the intricacies of free speech. Campus Student Services informed me that one of my students had been “outed” on social media as a member of a White supremacist group. They said the student now felt unsafe to attend class. He had not said or done anything in the classroom to provoke his peers; his affiliation with the White supremacist group had sparked understandable outrage. Student Services asked me to ensure that the student could complete the term without persecution from his peers.

This directive put me in an ethical dilemma. I am a staunch advocate of free speech, and I uphold its importance as a cornerstone of democracy. I also teach that free speech carries with it a grave responsibility: it must not intentionally harm others. In this case, the student’s affiliation with a White supremacist group—not his words—posed a perceived harm to the rights and safety of others in the classroom. I asked the student to meet during my office hours. When he arrived, I wanted to know if he felt safe in the classroom, and he said no. With only a few weeks left in the term, I proposed that he could attend class remotely and meet with me if he had questions about the course material. I did not question his ideology. Instead, I asked him to consider the dual nature of free speech—his right to express an ideology versus the potential harm it might cause others. He accepted the arrangement, completed the course remotely, and he did not contact me again.

The case posed several questions. How does one balance the right to free speech against the need to protect others from its harms? Are affiliations as harmful as spoken words? If so, how do we adjudicate them? The experience underscores the fragile and imperfect nature of free speech. It is not merely an idea to be exercised, but a responsibility to be exercised judiciously. In the US, many believe in an unfettered right to free speech without considering its impact on society. In 1919, US Supreme Court Justice Oliver Wendell Holmes, Jr wrote the most enduring analogy in US Constitutional Law, “The most stringent protection of free speech

would not protect a man in falsely shouting fire in a theatre and causing a panic.” But shouting fire in an open field is protected. That is, the context of speech matters.

Recent events in Bangladesh highlight some of these tensions. We can see the understandable anger around certain political affiliations. But what about the rights of those who belonged to a party but never participated in any unlawful acts? Are they also guilty by association? In my travels in rural Bangladesh, I found that the majority did not debate politics but were concerned about their livelihoods. And no matter whom they



VISUAL: SALMAN SAKIB SHAHRYAR

voted for, their existential realities did not improve. Let’s move to another example. Was it an exercise of free speech when a cow was slaughtered in front of the *Prothom Alo* newspaper office? Or when bureaucrats issued an ultimatum to remove an interim government adviser? These were politically motivated to create chaos in society, but no actions were taken by the interim government for accountability, which sends the wrong signal. The more recent invalidation of journalists’ entry cards at the secretariat following

to death, accusing him of petty theft. University students have physically and verbally assaulted their professors and doctors for their “failures.” Such behaviour exposes mob mentality, lack of civic responsibility, and disregard for others. While criminality should be dealt with through legal procedures, it behoves us to ask: why do the youth behave in this way? And why do some stand aside and let these criminal incidents occur? What are their sources of discontent?

Beyond laws, society must cultivate

systemic issues that result in unequal access to resources. Say for example, the interim government brought down the price of eggs for a month, would that make it a level playing ground for rickshaw-pullers and garment workers?

In a democracy, sovereignty lies with the people, and it is the people who decide the nature of the state. If that is true, then the *krishok* and *majdoor* would benefit from these social “revolutions.” But do they? I fear that we run the risk of forgetting those who need to be heard the most.

# Pharmacies can become urban primary healthcare hubs



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Urban Bangladesh lacks a well-functioning primary healthcare system. Currently, the Ministry of Health and Family Welfare, through its Directorate General of Health Services (DGHS), operates 35 urban dispensaries nationwide. Additionally, the Local Government Division runs a public-private partnership (PPP) model under the Urban Primary Health Care Services Delivery Project (UPHCP) in selected areas across the country.

The need for a well-functioning and structured primary healthcare system with nationwide coverage is paramount. According to the World Health Organization (WHO), primary care can meet around 80-90 percent of a person’s lifetime health needs. If unaddressed, the problems due to inadequate primary healthcare in urban areas are only likely to worsen, exacerbated by the ever-increasing urban population and the consequent increased demand for healthcare.

Consider the situation in Dhaka city. People come from all over the country to the hospitals here, which are often overburdened with patients and operate at overcapacity, struggling to provide quality care. Patients frequently face difficulties, such as limited accommodation, extended waiting times, and transportation hurdles due to late night commutes.

One of the major problems in the

current healthcare system is the lack of an effective referral system and inadequate gatekeeping at tertiary care facilities. Barring emergency care and referrals from lower tier health facilities, patients should not visit hospitals as they are meant to provide tertiary-level care. However, due to the lack of primary healthcare centres—and perhaps also due to the lack of awareness—patients are often left with no choice but to visit tertiary-level hospitals, further burdening these facilities. Patients should have primary care centres close to their homes. The community clinic model in rural areas aims for one clinic for every 6,000 people, trying to mitigate pressure across these facilities.

Urban health-seeking patterns present a more complex scenario. While hospitals remain crowded with patients, data from the Household Income and Expenditure Surveys (HIES) shows that pharmacies are the most frequented healthcare providers. Findings of the 2010, 2016, and 2022 HIES all show that pharmacies consistently emerge as the preferred choice, with 53 percent of healthcare seekers choosing them in 2022, whereas, 11 percent preferred visiting qualified doctors’ chambers, the second most-used option.

So why are pharmacies so frequently preferred? Firstly, pharmacies are easily accessible and

closer to people’s residences, as there are 200,000 registered and over 100,000 unregistered pharmacies across the country. Secondly, the average waiting time to access care at pharmacies is 8.22 minutes in urban areas, significantly shorter than the average of 17.51 minutes at formal healthcare facilities, and 48 minutes at government hospitals, according to

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the 2022 HIES data.

However, pharmacies do not have medically trained professionals who are licensed to diagnose patients. Nor are they pharmacists, as they do not hold a formal degree in pharmacy.

To standardise the retail pharmacy sector, the Directorate General of Drug Administration (DGDA) launched a novel concept in 2016 called model pharmacies, consisting of accredited pharmacies that comply with DGDA-recommended and health ministry-approved standards. Requirements include 300 sq-ft of floor space, an air-conditioning system, a pharmacy-grade refrigerator, a graduate pharmacist, etc.

While the initiative sounded very promising, media reports revealed that many of the model pharmacies were involved in various irregularities, such as non-compliance with the DGDA guidelines for drug sales and absence of registered pharmacists. It has also been found that pharmacies without the DGDA approval use the logo of model pharmacy at their shops and mislead consumers. The DGDA lacks adequate manpower to properly monitor these irregularities.

In the absence of a well-functioning primary healthcare system, the proposition is to leverage the existing pharmacies and transform them into comprehensive points of care for a primary healthcare system. Despite the current shortcomings of the model pharmacies, lessons can be learnt from a thorough evaluation. If the DGDA collaborates with other wings of the health ministry and the local government bodies in formulating a comprehensive policy and guidelines, along with strict monitoring and regulation, there is a potential to create a robust primary care system.

Converting even 10 percent of the 200,000 registered pharmacies into comprehensive primary care centres could result in 20,000 such facilities in urban areas, which would result in a better ratio than one clinic per 6,000 people ratio in rural areas. As pharmacies are already the most popular choice for seeking treatment, transforming them would require minimal resources compared to launching new dedicated primary care centres.

Solving the primary care gap can go a long way in ensuring health equity for all citizens of the country and the country’s ambition of attaining Universal Health Coverage status by 2032.