

'Delayed compensation offers little relief to injured road crash victims'

Saidur Rahman, executive director of Road Safety Foundation, speaks with Naznin Tithi of The Daily Star about the barriers faced by road crash victims and their families in receiving compensation, and how the mechanism can be made more effective, among other issues.

As in previous years, this Eid holiday has also seen a large number of people killed and injured in road crashes. Even though people are being killed and injured on the roads every day, we rarely see victims and their families receiving compensation. According to statistics from the Bangladesh Road Transport Authority (BRTA), only 14 percent of those killed have received compensation since the scheme was introduced. For the injured, the rate is even lower—just over two percent. Why so?

The main reason is that the government is not informing people about this issue. Those most affected by road crashes tend to come from disadvantaged, lower-income, or lower-middle income groups and are often unaware of their rights. Many do not know about the government's compensation fund, and it is the government's responsibility to inform them. There has been little to no effective campaigning in the media, social media, or television. As a result, applications remain low. Furthermore, the application process is complex and needs simplification. That said, extending the application deadline to 90 days is a positive step.

The government claims that people are not applying. But the concern is whether the government could meet the demand if applications increased significantly. Around Tk 266 crore has accumulated in the compensation fund over several years, yet given the scale of annual road accidents, an estimated Tk 500-550 crore would be required. This raises the concern that a limited awareness campaign may, in part, be linked to funding constraints.

There are also several procedural barriers.

In many cases, no general diary (GD) or case is filed with the police after a road crash. But applications for compensation are not accepted without the filing of a case. Ideally, a case should be filed immediately after a crash; if not, then within 15 days. However, police often do not cooperate. Moreover, support is often inadequate at district-level BRTA offices, too. Collecting hospital documents is also difficult for ordinary people, leading to frustration and demotivation.

Another major problem is that the fund does not support immediate medical needs. Compensation takes time—applications are followed by a 30-day investigation period. However, the injured require funds for immediate treatment, which the system fails to provide.

How can the compensation process be made more effective?

The government must take responsibility for road crashes, as many so-called "accidents" are actually structural killings. When crashes occur due to faulty roads, defective vehicles, unskilled drivers, and systemic mismanagement, they are no longer mere accidents. The government must ensure compensation for all victims and survivors and improve management to reduce crashes. The current fund, financed by fines and owner contributions among other sources, is insufficient. The government should allocate funds in the national budget. With adequate funding and public awareness, everyone could receive compensation. But currently, the fund is inadequate.

There are also allegations of bribery. How can transparency and accountability be ensured?

This is deeply concerning. To prevent such

irregularities, a well-structured system must be established involving representatives from various segments of society—civil society members, government officials, academics, lawyers, and influential community figures. Oversight should be exercised through such a committee. Smaller committees are more prone to corruption, whereas larger bodies—comprising 15 to 20 members—



Saidur Rahman.

can reduce such risks. However, in practice, these committees are often dominated by government officials, and allegations of corruption within public institutions persist. Accusations against the BRTA are also not unfounded. The institution has failed to ensure accountability, leading to declining public trust.

Community-level committees, with members including safety professionals, law enforcement representatives, and representatives from different social groups,

can raise awareness, encourage people, and help ensure faster and more transparent compensation.

We have not seen effective implementation of the Road Transport Act, 2018 under any government, political or non-political. As a result, road accidents continue to rise. What are the key obstacles to its proper implementation?

Our road transport sector has never had proper governance. Where there is disorder, there is a greater opportunity for corruption and extortion. Some politically affiliated individuals, transport owners, worker leaders, and dishonest officials benefit from maintaining this disorder. The root problem is the lack of political will. Governments often confine themselves to forming committees and issuing recommendations, with little follow-through on implementation.

We need to develop a sustainable transport strategy and implement it in short-, medium-, and long-term phases. Dependence on road transport must be reduced by shifting people towards rail and waterways. Rail is one of the most sustainable modes of mass transport around the world, but it remains underdeveloped here. This imbalance places excessive pressure on roads, contributing to chaos. Institutions such as BRTA and the Dhaka Transport Coordination Authority (DTCA) must be made more accountable. Although a road transport law exists, a comprehensive road safety law is still absent. Moreover, there is no dedicated economic code or sufficient budget allocation for road safety. Investment in driver training, public awareness, and a culture of safe road use is also extremely limited. We are spending thousands of crores on building roads, but

allocating almost nothing to ensure they are used safely.

What should the government do to build a disciplined public transport system?

Enforcement of the existing road transport law at the field level is weak. Approximately five lakh unfit or expired vehicles remain in operation on our roads, including around 75,000 buses and trucks. There has been no effective initiative to remove them. Whenever action is proposed, transport owner-worker groups call strikes, and the government backs down, worsening the situation.

The government must strengthen its own public transport capacity. The fleet and service quality of the Bangladesh Road Transport Corporation (BRTC) need significant improvement. Buses purchased for public service should not be leased; instead, they should serve passengers directly.

The management and structural frameworks of the BRTA, BRTC, and DTCA must be reformed to ensure institutional transparency and accountability. As these are technical bodies, their top positions should be filled by professionals with relevant expertise rather than members of the administration, so that they can deliver sustainable solutions to existing problems.

Finally, the absence of coordinated, sustainable planning in the transport sector is evident, which must not continue. Rail, road, and waterways should be integrated under a single ministry, which can be called the "Ministry of Transport and Communication." This would improve coordination in policymaking and implementation, simplify decision-making, and help establish an efficient and disciplined public transport system.

Measles outbreak: Did Bangladesh ignore the warning signs?



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Despite the availability of a safe and cost-effective vaccine, there were an estimated 95,000 measles deaths around the world in 2024, primarily among children under the age of five who were either not vaccinated or under-vaccinated. Measles outbreaks have been on a sharp rise: 59 countries experienced large or disruptive outbreaks in 2024, triple the number of countries affected in 2021. A quarter of these countries had previously eliminated measles. The top 10 countries with measles outbreaks last year were India, Angola, Indonesia, Yemen, Pakistan, Cameroon, Mexico, Sudan, Kazakhstan, and the Lao People's Democratic Republic.

Per the The World Health Organization's (WHO) Immunization Agenda 2030 (IA2030) targets, countries must strengthen surveillance, respond more quickly, and reaffirm their political commitment. At least 1.24 crore children in low- and middle-income countries still lack access to basic, routine vaccinations every year. Nearly 50 percent of zero-dose children live in three key geographic contexts: urban areas, remote communities, and in conflict settings.

The ongoing measles outbreak in Bangladesh continues to raise public health

concerns. Many factors contributed to this outbreak, including a shortage of vaccines, inadequate human resources, invalid doses, dropouts, and weak monitoring. The coverage of childhood vaccination dropped in 2023 from 2019. According to the Coverage Evaluation Survey (CES) 2023 (the latest nationally published data on immunisation coverage), valid full vaccination coverage (FVC) by 12 months reduced from 83.9 percent in 2019 to 81.6 percent in 2023. This is well below the country's vaccination coverage target of over 95 percent.

There is also geographical inequity and dropout rates. According to CES 2023, valid FVC by 12 months was the highest in Barishal division (89 percent), and the lowest in Dhaka division (76.5 percent), while urban area coverage was lower than rural area (79.0 percent and 84.6 percent, respectively). The first dose of the pentavalent vaccine (Penta 1) invalid dose was 3.6 percent, Penta 2 invalid dose was 1.4 percent, Penta 3 invalid dose was 0.7 percent, and MRI invalid dose was 9.8 percent in 2023. Therefore, the highest percentage of invalid doses was for MRI. It was also higher in urban areas (12.9 percent) than in rural areas (8.1 percent).

Migration is one of the major reasons for dropouts from childhood vaccination in slum areas, which is contributing to lower coverage in urban areas. FVC with MR2 was only 76.8 percent in 2023, with 75 percent in urban areas and 79 percent in rural areas. Even globally, the proportion of children receiving a first dose of measles vaccine was 84 percent in 2024, slightly below the 2019 level of 86 percent.

and establishing an electronic vaccine logistics management information system. Despite the warning signs and recommendations, we faced a shortage of vaccines and syringes, leading to the outbreak. There is also no real-time tracking mechanism in place at the district and upazila levels. As a result, some upazilas may have more vaccines than they need, while others may have very little, and some may have stockouts.



FILE PHOTO: TITU DAS

The ongoing measles outbreak in Bangladesh continues to raise public health concerns.

The existing inequity in the coverage of childhood vaccination in Bangladesh was reiterated in the National Equity Strategy for Expanded Programme of Immunisation 2023. It recommended ensuring adequate and timely supply of vaccines and other logistics,

Ensuring that vaccines and syringes are supplied together at all immunisation sessions is crucial for meeting the targets of the Expanded Programme on Immunization (EPI). Adequate interpersonal communication (IPC) the day before the EPI session with the

parents or guardians could reduce drop-outs and invalid doses. Exiguous human resources, lack of motivation, and inadequate budget for visiting the outreach centres are causing weak monitoring and supervision, especially in low-performing areas.

Bangladesh has taken steps to procure measles vaccines to cover the children who have not yet received the shots. However, long-term planning is needed to avoid a shortage of all vaccines, not just measles. Reducing the number of zero-dose and under-vaccinated children through collaboration with a wide range of stakeholders is at the core of IA2030. It is essential for a sustainable childhood vaccination programme amid growing urbanisation and population residing in slum areas, and to prevent crises like the present one.

In Bangladesh, the shortage of human resources for EPI should be addressed urgently, and a long-term HR plan must be prepared. Training on the maintenance of cold chain, appropriate vaccination, reducing wastage, and increasing IPC with parents and/or guardians must be provided regularly. Expanding nationwide vaccination campaign, ensuring full coverage, and creating community awareness are crucial. The Ministry of Health and Family Welfare should ensure the use of digital tools for real-time disease tracking and target slums, hard-to-reach areas, and Rohingya refugee camps.

Bangladesh could have taken prior measures based on the experiences of measles outbreak in other countries and avoided the current outbreak. It must be the top priority now to reverse the declining trend of childhood vaccination coverage in the country.

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BY THOMAS JOSEPH

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