

Who will pay for the NBR turmoil?



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The National Board of Revenue (NBR), Bangladesh's top tax machinery that is responsible for more than 85 percent of the country's domestic revenue, almost ground to a halt over the last few days. It faced a near paralysis over the recent NBR bifurcation ordinance. Office activities were almost halted, with protests by its employees intensifying, with the fiscal clock ticking and the budget knocking on the door.

The protest erupted following the issuance of an ordinance on May 12 that legally disbanded the NBR and the Internal Resources Division (IRD), replacing them with two separate entities: Revenue Policy Division and Revenue Management Division. The disgruntled NBR employees had planned to go on a complete shutdown in all the revenue offices countrywide, including export-import assessment on sea, land and air routes, from today, but after receiving assurances from the government, they decided to put their work abstention programme on hold, according to a press release they issued last night.

Framed as a long-overdue step in the modernisation of the country's tax system—driven in part by the IMF conditions—the move has run into fierce bureaucratic resistance. Two questions now loom large: i) who will pay for the NBR turmoil?; and ii) when will this deadlock end?

Revenue paralysis comes at a cost

The protest cast a shadow over the NBR's revenue goals. In the first 10 months of the 2024-25 fiscal year, the tax authority collected Tk 2.85 lakh crore, reflecting a low year-on-year growth of nearly three percent, according to provisional data. Despite lowering the revenue target for FY2025 by Tk 18,500 crore, the NBR still has to collect Tk 178,500 crore by the end of June this year to meet the Tk 463,500 crore target. If the protesters resume their work abstention, it



FILE PHOTO: MD ASADUZ ZAMAN

If the NBR crisis is allowed to continue, it risks further dysfunction within one of the country's most critical economic engines.

poses a clear risk to meeting that goal.

Moreover, the NBR is likely to miss its revenue target tied to the IMF's conditions, which require collecting nearly Tk 4.55 lakh crore by June this year and raising the tax-to-GDP ratio to 7.9 percent within that time frame.

Typically, the final two to three months of the fiscal year are critical for the NBR, during which it collects around Tk 40,000-50,000 crore per month. This momentum has been

clearly disrupted this year.

However, even with essential services spared, the bulk of domestic revenue operations would be under strain if the revenue operations shut down completely. Already, over the past few days of protests, businesses saw delays in cargo release, and tax refunds were held up. New compliance drives were suspended. That means less money flowed into government coffers just

clear goods on time and be forced to bear mounting demurrage charges. And if export activities are disrupted, it will inevitably hurt the country's foreign currency reserves. In the long run, the credibility of Bangladesh's entire reform agenda might suffer the most.

A reform without proper consultation?

The proposed reform, backed by global lenders like the IMF and World Bank follows

Protesters are calling not just for a rollback or repeal, but also the NBR chairman's removal and full disclosure of the advisory report. In their eyes, this is not reform. It's a hostile takeover of one of Bangladesh's most technical institutions.

Fortunately, the government has issued statements assuring that it would amend the ordinance, and NBR wouldn't be dissolved before the amendment is done, which will happen only after discussion with all the stakeholders. Following that, the protesters also issued a statement announcing that they were withdrawing their work abstention programme. However, they remain firm on their core demands, which include resignation of the chairman, and they said they would continue non-cooperation with the chairman.

So what's next?

There are no winners in a prolonged bureaucratic standoff. The protesters aren't opposing the separation itself as they want the NBR reformed, not dissolved. Their demand is to restructure it as an independent commission or division, led by officials from the revenue cadre.

With the national budget proposal set to be announced on June 2, both local and foreign investors have begun expressing concern over the unfolding situation. If this crisis is allowed to fester, it risks further dysfunction within one of the country's most critical economic engines. Investors will take note. Development partners will raise eyebrows. And taxpayers will grow more cynical—possibly further weakening an already fragile tax compliance.

A delegation of the protesters submitted a memorandum to the Chief Adviser's Office on Thursday to press their four-point demand, including repeal of the ordinance and removal of the NBR chairman. This crisis will only be resolved if both sides return to the table—and Chief Adviser Prof Muhammad Yunus plays a critical role in resolving the turmoil through an open dialogue. Publishing the advisory committee's report and re-engaging stakeholders in genuine consultation could help dispel suspicion and rebuild trust.

Bangladesh cannot afford a broken tax system, especially now. The sooner this crisis is resolved, the less damage it will have on an already strained fiscal landscape.

Our young citizens can transform our healthcare's future



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In Bangladesh, seeking healthcare services is marked by profound challenges that stem from a complex interplay of demand- and supply-side barriers. On the demand side, pervasive low health literacy severely limits individuals' ability to make informed decisions about their well-being. Sociocultural norms, often deeply entrenched, discourage proactive engagement with healthcare systems. At the same time, misconceptions about medical care, such as equating medicine with treatment, or assuming that costly interventions guarantee superior outcomes, further complicate the issue. Affordability remains a significant hurdle as many families struggle to access even basic services. Additionally, the readiness of public health facilities is often inadequate, undermining trust and discouraging utilisation. On the supply side, the healthcare system is a fragmented, pluralistic mix of providers, ranging from trained allopathic practitioners to unregulated traditional healers. This diversity, coupled with weak regulatory oversight, results in inconsistent care quality and frequent instances of inappropriate treatment.

For decades, efforts to address these issues have centred on behaviour change communication (BCC) campaigns, which aim to educate communities and shift attitudes towards healthier practices. While

these initiatives have achieved some success in raising awareness, their impact is often fleeting. Top-down messaging struggles to resonate with our diverse population, failing to account for regional, cultural, or socioeconomic variations. Moreover, these campaigns rarely address deeper systemic issues, such as widespread mistrust in public health services or the absence of robust regulatory frameworks. As a result, the gains from such interventions tend to dissipate quickly, leaving communities vulnerable to the same barriers. To break this cycle, Bangladesh requires a transformative, community-driven solution, one that harnesses the potential of its youngest citizens to lead a paradigm shift in health literacy and behaviour.

Imagine a classroom in a rural Bangladeshi village where third-graders are not only learning foundational subjects like mathematics and language but also absorbing critical lessons about hygiene, the importance of vaccinations, and the value of clean water. Picture high school students stepping into leadership roles, organising health fairs to dispel myths about generic medicines or teaching their parents how to recognise early symptoms of common illnesses. This vision forms the core of an innovative proposal to train students from classes 3-12 as health ambassadors,

equipping them with the knowledge, skills, and confidence to drive meaningful change in their families, peer groups, and broader communities.

Students are uniquely positioned to act as catalysts for transformation. As trusted members of their households, especially in rural areas, school-going children have a remarkable ability to share knowledge in ways that resonate deeply, often bypassing the resistance that external campaigns encounter. A young girl explaining the importance of antenatal care to her mother might inspire timely visits to a clinic, improving maternal and child health outcomes. A teenage boy challenging myths about traditional healers in his village could shift community perceptions, encouraging reliance on qualified providers. Through their peer networks, students can amplify these messages, normalising behaviours such as seeking care from licensed practitioners or prioritising preventive measures like regular check-ups. In communities where scepticism towards public health services runs high, students can serve as bridges, rebuilding trust by sharing evidence-based information about the benefits of government-run clinics and programmes.

The proposed approach is both practical and adaptable to the developmental stages of students. Children in classes 1-5 would focus on foundational health concepts, such as the importance of handwashing, safe drinking water, and balanced nutrition. These lessons would be integrated into their existing curriculum, making them accessible and engaging through interactive activities like storytelling or games. Older students, in classes 6-12, would tackle more complex topics, including maternal and child health, the management of non-communicable diseases like diabetes, and the dangers of

self-medication or reliance on informal providers. To deliver this education, schools would establish well-being clubs—student-led groups supported by trained teachers. These clubs would serve as platforms for peer learning, fostering a sense of ownership and responsibility among participants.

Beyond the classroom, students would engage in hands-on, community-oriented activities designed to translate knowledge into action. Peer health clubs would encourage students to share what they have learnt with friends, creating a ripple effect of awareness. Community outreach initiatives, such as health fairs or door-to-door campaigns, would allow students to directly engage with neighbours, promoting local health services and addressing common misconceptions.

This strategy offers a sustainable, cost-effective alternative to traditional campaigns. By leveraging existing school infrastructure, the programme minimises the need for additional resources while maximising reach. Teachers, already embedded in the education system, can be trained to deliver health lessons, ensuring consistency and scalability. Local health workers can complement these efforts by providing technical support, such as guest lectures or materials for student-led campaigns. The ripple effect of this approach is profound: a single child educating their family can spark generational change, while peer-to-peer sharing builds a network of informed advocates. Over time, these efforts can reshape community norms, fostering a culture of accountability where citizens demand quality care and providers are incentivised to deliver it.

Evidence from similar initiatives underscores the potential for success. In India, school-based health education programmes have significantly improved

hygiene practices, leading to measurable reductions in waterborne diseases. In sub-Saharan Africa, youth-led campaigns have increased awareness of HIV/AIDS, driving higher rates of testing and treatment adherence. These examples demonstrate that young people, when equipped with the right tools, can affect meaningful change. In Bangladesh, implementation would begin with the development of a tailored curriculum, designed in collaboration with health and education experts to align with national priorities. Teachers and students would undergo training to ensure effective delivery, while partnerships with local health offices would provide logistical support. Successful pilots could be scaled up through integration into national education policies, with backing from government agencies and development partners.

The challenges facing Bangladesh's healthcare system are formidable, but they are not insurmountable. By investing in students as health ambassadors, the country can cultivate a generation of informed, empowered leaders who redefine how communities engage with healthcare. This approach taps into the energy, creativity, and influence of young people, transforming them into agents of change. As students share knowledge, challenge misconceptions, and advocate for better care, they lay the foundation for a healthier, more equitable society. The voices of confident, knowledgeable young ambassadors could ignite a healthcare revolution, ensuring that every citizen has the tools to seek, demand, and access quality care. Through this innovative strategy, Bangladesh has the opportunity to not only address its immediate health challenges but also build a resilient, informed population capable of sustaining progress for generations to come.

CROSSWORD BY
THOMAS JOSEPH

ACROSS

1 Cheese choice
6 Sandbox toy
10 Carved gem
11 Shop tool
12 Turn red, maybe
13 Blood line
14 Infamous czar
15 "Golly!"
16 Fellows
17 "East of Eden" son
18 Simple denials
19 Lion or wolf, e.g.
22 Spill over
23 Neighbor
26 IOU holder
29 Fido's foot
32 Auditor's org.
33 Bunion spot
34 Serengeti setting
36 Plays the ponies
37 Ring thing
38 Code name
39 Scout shelters
40 Close, as a port
41 Therefore

42 West Point student

DOWN

1 Be frugal
2 Legal releases
3 Form a jury
4 Spotted
5 Pop's boy
6 Work the fields
7 Braves legend
8 Foreword
9 Top roles
11 Shuttle cargoes
15 Yoga need
17 Whims
20 Clinic nickname
21 Batting stat
24 Said
25 Foot, in slang
27 Epoch's kin
28 Bristle at
29 Cut partner
30 Following
31 Injustice
35 Wild about
36 Lauderdale neighbor
38 Amp plug-in

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6-14

FRIDAY'S ANSWERS

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