

End this farcical mayoral standoff

Protracted paralysis of DSCC is hurting residents

We are appalled by the absurdity of the situation unfolding at Dhaka South City Corporation (DSCC). As if the monthlong paralysis of Nagar Bhaban following a siege led by BNP leader Ishraque Hossain was not enough, the latter has now seemingly taken the step of unilaterally assuming mayoral power, running a "parallel administration" without taking the required oath of office. On Tuesday, he held a meeting with nearly 70 ward secretaries. The day before, he met with over 70 sanitation inspectors and announced the resumption of emergency civic services—all while being introduced as "Honourable Mayor" on a banner displayed behind the podium. He also formed a so-called "Mayor's Cell". Ishraque, it may be recalled, had earlier threatened to take the oath himself if the government failed to administer it. His mayoral posturing now serves not only as a challenge to the interim administration but also a reckless disregard for democratic processes.

The justification he provided—that the court cleared the way for him to take charge—is legally and politically tenuous. The ruling he refers to may have restored his claim to mayorship, but it did not authorise him to begin discharging mayoral duties without completing the mandatory swearing-in process. Nor did it address the disputed nature of elections held under the authoritarian Awami League regime. In the absence of political consensus on such matters, a mere legal clearance—controversial in its own right—cannot resolve the underlying crisis of legitimacy. In reality, what we are witnessing is an unauthorised takeover dressed up as a "citizen-led" movement.

That said, we're also disturbed by the authorities' handling of this crisis. Despite being fully aware of the disruptions being caused by the siege, they have remained shockingly passive. If, as top officials claim, there are legal and procedural complications preventing Ishraque's swearing-in, those should have been addressed swiftly and transparently. Failing that, stronger action should have been taken to end the unlawful lockdown of a public institution. Neither has happened. The most regrettable aspect of this saga is the message it sends to citizens. When a leader, however aggrieved, occupies a public office with the help of loyalists, it sets a dangerous precedent for our already fragile democracy. And when the government chooses to let this drama play out, it too abdicates its duty.

The longer this farce continues, the more it damages trust in both the interim government and those positioning themselves as alternatives to the ousted authoritarian regime. Political legitimacy cannot be acquired by force or theatrics. It must be earned through transparency, public mandate, and the rule of law. We urge both sides to end this impasse immediately and ensure that the DSCC runs without any further disruptions.

Hilsa contaminated with microplastics!

Address growing plastic contamination in our aquatic ecosystems

We are alarmed by the level of microplastic contamination in our aquatic ecosystems. A recent study has found microplastic particles—smaller than 5 millimetres—in the intestines, liver, and even muscle tissue of hilsa fish. Heavy metals such as cadmium, lead, mercury, and arsenic have also been detected in the fish's body. These particles, originating from plastic bags, bottles, synthetic fabrics, tyres, and cosmetics, are ingested by fish as they make their way into rivers and oceans. This raises serious concerns about food safety in the country as hilsa is a widely consumed fish here.

Plastic pollution, especially microplastic contamination, has now become a global issue, and Bangladesh seems to be in a more vulnerable state in this regard. Reportedly, between 2005 and 2014, Bangladesh experienced a 169 percent surge in plastic production, which is significantly higher than the global average growth rate of 25 percent. The presence of microplastics is higher in our coastal areas, where fishing boats and cargo ships dispose of plastic waste. Household waste disposal also contributes to this. So, fish in this area tend to ingest a higher amount of microplastics. Several studies have estimated that 10 to 30 billion microplastic particles are discharged into the Bay of Bengal daily through the Ganges River and its tributaries. The impact of this contamination is clearly visible at the Meghna estuary, which is the most important habitat and breeding ground of hilsa fish. Previous research also found the presence of microplastics and heavy metals in hilsa fish from the Meghna basin and the Bay of Bengal.

Not only hilsa, other fish and aquatic creatures are also vulnerable to plastic pollution. A 2022 study revealed that 17 species of fish and three species of shellfish from three key rivers in the Sundarbans were contaminated with microplastics. The study estimated that an adult consuming 300g of microplastic-contaminated fish muscle per week would ingest 74,282 microplastic particles annually, while a child eating 50g weekly would absorb 12,380 particles a year. These findings underscore the severity of plastic pollution in our aquatic ecosystems and the risks it poses to both marine life and human health. We need drastic action to reverse the trend.

Unfortunately, despite the ban on single-use plastic, the authorities are failing to prevent its use or discharge into rivers, and they are also failing to enforce the ban on polythene bags. We therefore urge the government to take strict action to ensure enforcement, raise public awareness, and make alternatives to plastic products widely available for a greater effect.

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On this day in 2023, the experimental submersible 'Titan' imploded during a dive to the wreck of the Titanic; all five people on board were killed.

EDITORIAL

A blueprint for health reform



Dr Syed Abdul Hamid
is professor at the Institute of Health
Economics at the University of Dhaka, and
convenor of Alliance for Health Reforms
Bangladesh (AHRB) and Network for
Healthcare Excellence (NHE).

SYED ABDUL HAMID

The recommendations of the government-constituted Health Sector Reform Commission represent a timely, comprehensive, and transformative initiative. These recommendations go beyond merely enhancing services or improving infrastructure. They call for a fundamental shift in perspective. At the heart of this transformation is the commitment to ensuring people-centric, universal, accessible, and high-quality healthcare. However, recommendations alone are meaningless without action. What is urgently needed now is a clear implementation roadmap and its effective execution.

A central proposal of the commission is to recognise primary healthcare as a constitutional right, ensuring that every citizen has access to free and equitable healthcare. The report recommends integrating existing primary healthcare facilities—union sub-centres, family welfare centres, and community clinics—into a unified service framework. This would address shortages in manpower and equipment, ensure efficient service delivery, and prevent confusion among service recipients. For urban populations, the establishment of ward-based primary healthcare centres is proposed. Additionally, the report suggests introducing creative health education programmes in schools and healthcare centres to foster health awareness among children and adolescents. Emphasising public health services, the commission recommends restructuring public health administration and clinical health administration into separate frameworks.

The commission proposes introducing specialised healthcare at the district level and advanced tertiary care at the divisional level to reduce Dhaka-centric patient travel. This would save time, money, and inconvenience. By separating public health and clinical administration into distinct, efficient structures, accountability and capacity in both sectors can be enhanced.

The commission recommends establishing a national health emergency service network for swift responses in crises. Similarly, creating national networks for pharmacies, blood transfusion, diagnostics, and patient transportation would ensure seamless and high-quality healthcare across all regions.

To address medicine shortages in public hospitals, the commission suggests introducing 24/7 pharmacies. It emphasises a transparent, centralised procurement system, promoting generic medicines, incentivising active pharmaceutical ingredient (API) production, controlling medicine prices, and ensuring quality through centralised oversight. The report also proposes mandating generic names in prescriptions, along with training and audits to ensure evidence-based prescribing practices.

The establishment of a National

Women's Health Institute is proposed to provide women with centralised, high-quality, and specialised care for maternal and reproductive health.

The commission recommends setting a standard where every patient receives at least 10 minutes of consultation time with doctors. It also emphasises measuring service quality, implementing digital complaint mechanisms, and ensuring training and safety for healthcare workers.

To address leadership crises in health administration, the commission proposes forming an independent and permanent "Bangladesh Health Commission" as the apex body for policymaking, standard-setting, and oversight. Additionally, it suggests introducing a unified administrative framework called "Bangladesh Health Service" by merging the Directorate General of Health Services and Medical Education and Family Welfare Division. The commission also recommends establishing three divisions (public health, clinical services, and education)

and 11 autonomous regional authorities, alongside decentralising administration at the district and upazila levels.

A separate "Public Service Commission (Health)" is proposed to make recruitment, promotions, and policies in the health sector more professional and transparent. The commission suggests forming a pay board to create a fair and incentivised salary structure for healthcare workers. It also recommends establishing a Food, Drug, and IVD Medical Device Administration to ensure expertise and safety in medicines and medical technology.

The commission recommends modernising curricula and training methods in line with the World Federation of Medical Education standards. It proposes closing substandard medical colleges, reducing political interference in education, introducing community and skill-based education, and establishing family medicine courses and continued medical education programmes.



FILE VISUAL: SHAIKH SULTANA JAHAN BADHON

The report advocates transitioning the entire healthcare system to a digital platform, introducing unique health IDs and electronic health records. It also proposes digital logistics and procurement systems to ensure transparency in supply chains.

The commission suggests strict policies, such as banning doctors from accepting gifts from pharmaceutical companies, regulating participation in conferences, mandating financial transparency for medical conferences, and prohibiting product promotion in doctors' chambers.

The commission proposes increasing the health sector budget to 15 percent and establishing a national health fund.

The report recommends gradually granting autonomy to the eight older medical colleges and specialised institutions. Public health institutions like NIPSOM, IEDCR, IPH, and IPHN should also be brought under policy-level autonomy.

Proposals include a "one-stop service" for licensing and administrative

processes of private healthcare institutions, quality-based grading systems, management boards led by senior doctors, and public-private partnerships to reduce dependency on foreign healthcare and establish advanced services.

Implementing a reform programme is a significant challenge for any government, but it is particularly complex for an interim government. Structural or policy reforms are not merely administrative decisions. They require clear political commitment, typically outlined in party manifestos before elections. An interim government naturally lacks this political groundwork. Additionally, with national elections likely in early 2026, the few months remaining are insufficient for fully implementing structural reforms.

Nevertheless, despite these constraints, some policy reforms can be initiated. For instance, restructuring the primary healthcare system, establishing a permanent health commission, and forming the "Bangladesh Health Service" could be started immediately. Such initiatives would serve as a positive precedent for the interim government and lay a foundation for future governments.

Some initiatives can be launched through simple government orders (GOs), such as integrating primary healthcare services in rural areas and establishing an effective referral system, as well as introducing primary healthcare with referral systems in urban areas through administrative directives.

However, certain critical areas require legislation or ordinances, such as establishing a permanent health commission and the "Bangladesh Health Service" as a professional and impartial administrative framework. These proposals need to be implemented through legal and institutional frameworks, not just policy decisions.

Additionally, some reform initiatives require finalising frameworks beforehand, such as drafting the structure and operational guidelines for the "Bangladesh Health Commission" and "Bangladesh Health Service." A technical committee should be formed to finalise these drafts and prepare necessary ordinances.

Furthermore, an inter-ministerial high-level steering committee, comprising advisers of the interim government, is needed to provide guidance and ensure coordination among relevant ministries and departments. Crucially, both the technical and steering committees should operate under the direct supervision of the Chief Adviser's Office, not the Ministry of Health and Family Welfare (MOHFW), to avoid administrative bottlenecks and conflicts of interest, as past experiences suggest.

Rethinking our investment strategy



Dr Nawshad Ahmed,
a retired UN official, is an economist and
urban planner. He is currently working as an
independent consultant and can be reached
at: nawnahid@gmail.com.

NAWSHAD AHMED

Investment is the lifeblood of an economy. There is ample evidence showing that both domestic and foreign direct investment (FDI) have a significant positive effect on economic growth. Ideally, investment spurs employment, which drives up production, leading to higher consumption and savings. Macroeconomics examines these factors since they influence growth and addresses issues like unemployment, inflation, falling growth rates, and trade gaps, providing policy guidance.

It is commonly believed that investment in consumer goods production is key to achieving higher growth. However, both theoretical and empirical literature recognise that additional investments in infrastructure, energy, industrial plants, and new technology drive economic growth through a ripple or multiplier effect. Infrastructure is built by the public, private sectors, and NGOs, while most new plant and technology investments are made by the private sector. These create jobs and enhance effective demand for goods and services. Furthermore, investments are made to build human capacity by the government, through budgets for education and training, and by the private and non-profit sectors. Investments in healthcare, nutrition, housing, sanitation, agriculture, and clean water are also critical to creating an enabling environment for growth. All forms of quality investment are

essential when made according to actual needs and in balance. For instance, high investment in infrastructure like roads and bridges but low investment in education and training will not result in higher growth.

The gross investment as a share of GDP for Bangladesh and India is about the same—slightly over 30 percent in 2024. The level of investment depends on various factors, and many developed countries have lower investment GDP ratios: 20.7 percent in the US, 18.2 percent in the UK, 26 percent in Canada, while China's ratio is 41 percent. Bangladesh's private investment GDP ratio was 23.51 percent, with the public sector ratio at 7.47 percent in FY 2024. Investment levels are influenced by factors such as private sector investment, government

spending, monetary policy, interest rates, incentives for private investors, FDI, exchange rates, inflation, political stability, and legal frameworks.

Bangladesh has achieved significant industrial growth due to higher investment in the sector. The industrial sector's contribution to GDP increased from about 10 percent in 1990 to 38 percent in 2024, and its share of



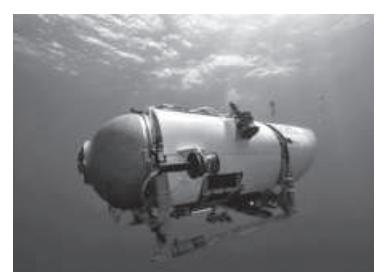
FILE VISUAL: SALMAN SAKIB SHAHRYAR

These factors are equally important for local investors. FDI should not be seen as an alternative to domestic investment. Local investment is responsible for most employment in both formal and informal sectors. It is unrealistic to formalise all informal sector jobs quickly in Bangladesh, but modernisation, skill-building, and formalisation of employment should be long-term goals.

FDI has had mixed results in different countries. In some, it has brought capital, new technology, and decent jobs. But in others, it has been concentrated in industrial sectors with limited impact on employment and economic growth. In Bangladesh, FDI has been mainly focused on manufacturing, power, and gas. However, there is significant potential for foreign investment in sectors like construction, transportation, ports, telecommunications, information technology, healthcare, and tourism, where local and foreign investors could collaborate.

Foreign investment is generally preferable to borrowing. Paradoxically, while FDI inflows to Bangladesh have declined over the last eight years, foreign borrowing has increased sharply. Between 2017 and 2022, the average annual FDI in Bangladesh was \$2.92 billion—less than 1 percent of GDP. In 2023, FDI net inflows fell to \$1.27 billion, and in 2024, to \$1.46 billion. Meanwhile, the country's external debt has doubled from \$51 billion in FY 2016-17 to \$103 billion by December 2024. This decline in FDI is concerning, and it is crucial to assess the reasons behind this trend. A review of the Foreign Private Investment (Promotion and Protection) Act of 1980 and other relevant legal frameworks is necessary to address barriers and improve the investment climate to attract more foreign investment to Bangladesh.

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