The Daily Star
FOUNDER EDITOR: **LATE S. M. ALI**

We must fix the logistical issues

Govt must implement a master plan to address these costly inefficiencies

A poor and costly logistics system has long been a thorn in the side of Bangladeshi businesses. At a recent roundtable organised by this daily, business leaders identified it as a major hurdle to the country's readiness for graduation from Least Developed Country (LDC) status. They warned that, post-LDC, when preferential trade benefits will end and a high tariff regime will drive up costs, inefficient logistics may further erode our competitiveness.

According to a World Bank official, as much as 16 percent of Bangladesh's GDP is spent on moving goods from factories to customers—well above the global average of 10 percent. Experts argue that the problem lies more with poor coordination and planning than with infrastructure deficits. For example, only four percent of Bangladesh's freight is transported by rail, compared to India's 20 percent. A lack of locomotives and skilled manpower to operate freight trains is commonly cited as a reason for this underutilisation. So why has the railway's freight-carrying operation not been prioritised over the years?

Between 1970 and 2019, the railway's freight transportation fell from 488,000 tonnes per kilometre to 396,000. A Financial Express report notes that since the 1980s, the modal share of road and highway transport for both passengers and goods has increased, while railways have declined and waterways have remained stagnant. However, road transport costs Tk 6 more per tonne per kilometre compared to water transport. Despite this, businesses are still opting for the more expensive mode due to delays and inefficiencies in the cheaper alternatives.

The inefficiencies and underutilisation of our existing sea and river ports compound the logistical challenges. In the last five decades, we have not been able to develop a fully functional alternative to Chattogram port, which often remains congested. Meanwhile, Mongla remains underutilised because of a lack of supporting infrastructure; construction work is still ongoing at Payra even after a decade, and Matarbari is functioning only partially. As a World Bank official recently pointed out, what is lacking in Bangladesh is not planning but execution.

Thankfully, the interim government is preparing a guideline for the next government to eliminate delays and irregularities in project implementation. We also hope that it will form an inter-ministerial panel to address the logistics issues and start implementing the 2024 National Logistics Policy. We agree with experts that the country requires a long-term master plan and a central logistics council—a single authority for coherent policy execution. An integrated transport ecosystem covering roads, rail, waterways, aviation, ports, and digital networks is a must to handle the higher volume of trade and retain our competitive advantage, whether we graduate out of LDC in 2026 or not.

This means not only investing in infrastructure development but also enhancing capacity through manpower development and training. At the same time, relevant laws should be updated to welcome private investment—under government oversight—in sectors such as the railway and waterways to reduce logistics costs and increase efficiency.

Let's not ignore the risk of influenza

Public awareness, vaccination can check its spread

We are quite concerned about the increasing number of influenza cases this year, with both children and adults falling ill to the virus. According to a joint surveillance study by the Institute of Epidemiology, Disease Control and Research (IEDCR) and icddr,b, July saw 2.75 times more influenza cases than the same month last year. The study revealed that out of 2,455 patients who visited 19 designated hospitals with symptoms such as fever, cold, and body aches, 1,453 were diagnosed with influenza. The positivity rate was 21.5 percent in July last year, and 33.4 percent the year before—both far below this year's 59.2 percent. This is the highest rate recorded since influenza surveillance began in the country in 2007. Although health experts expect the caseload to come down from October onwards, we have to be prepared to deal with any possibility.

According to the World Health Organization, seasonal influenza is an acute respiratory infection that spreads easily through droplets when people cough or sneeze. While medication is generally unnecessary, those from vulnerable groups, such as the elderly and those with comorbidities, should seek medical attention, since the illness can significantly weaken the immune system. Health experts have advised wearing masks, avoiding gatherings, and maintaining hygiene to curb the spread. But with the presence of multiple viral diseases during this year—including dengue, chikungunya, and COVID—people suffering from high fever and severe cough are thronging hospitals fearing the worst. Due to this, diagnosis and treatment have also become more complicated, burdening our hospitals.

We, therefore, urge the authorities to take appropriate measures to prevent further spread of influenza. Since the infection rate is significantly higher this year compared to previous years, it must be addressed with greater efficiency. People, especially those experiencing cold and cough symptoms, should wear masks, avoid crowded places, and adhere to hygiene protocols to minimise transmission. For this, raising public awareness through campaigns and media advertisements is essential. It is also important to educate the public about influenza symptoms and care, as dengue, chikungunya, and COVID all can have similar symptoms. Typically, Bangladesh experiences two major flu seasons: March-April and August-September. Therefore, individuals should be encouraged to take the influenza vaccine during February-March, ahead of the seasonal surge. However, as the vaccine remains costly for many, health authorities must explore ways to make it more affordable for the general population.

THIS DAY IN HISTORY

Dhaka grenade attack

On this day in 2004, a grenade attack took place at a rally organised by the Awami League on Bangabandhu Avenue in Dhaka, killing 24, including senior party leader Ivy Rahman, and injuring about 300.

How to make the BB autonomy ordinance effective

OPEN SKY

Dr Birupaksha Paul
is professor of economics at the State University of New York in Cortland, US.

BIRUPAKSHA PAUL

While most reform initiatives under consideration by the interim government have achieved little progress or, at best, a fragile consensus, its banking reforms have gathered ample momentum among economists and civil society. The most notable among them is the long overdue Bangladesh Bank Ordinance (Amendment), 2025, which is designed to award long-coveted autonomy to the central bank. The ordinance seems good enough to fend off the finance ministry should it try, as it did during the Awami League regime, to use the Bangladesh Bank (BB) as its money-printing press in the name of deficit financing. If enacted, the amendment can bring a revolutionary change over the Bangladesh Bank Order (1972), which has fallen behind the art of modern-day central banking.

The main points of the proposed ordinance include: a) the governor's status which is to be equivalent to that of a minister; b) a search committee which will propose three names for the governor's post; c) the prime minister's advice to the president for the governor's appointment; d) parliamentary approval for the appointment and removal of the governor; e) exclusion of any government bureaucrats from the BB board; f) the governor and deputies to be sworn in by the chief justice; and g) the governor's tenure which is to be increased to six years from four.

While most of them reflect the necessities of modern-day central banking, some of them require corrections so that the governor's appointment remains fair and authentic to uphold the central bank's institutional integrity. The ordinance must clarify how the six-member search committee, which will propose three names for the governor's post, should be formed. The committee members must possess adequate expertise, banking-related knowledge, and ample reputation for wisdom to ensure fairness.

It is likely that a highly politicised committee will eventually choose the names suggested by the prime minister, either directly or indirectly. Therefore, the formation of the search committee is immensely crucial, as it would accept nominations or applications for the governor's position. The governor candidates must be known to society for their scholarly contribution in the fields of economics, finance, banking, and macro policymaking. The search committee must be transparent in its recruitment guidelines and sequential decision-making in the selection process.

Next, these three names should go to parliament for open discussion among the lawmakers. US Congress members engage in open debate about the potential Fed chair's background and credentials. After debate, the parliament should determine the order of its preference from one to three and give the list to the prime minister, who can select only two names from them and then hand over the shortlist to the president for the final selection. Here, judgement is expected to be invoked at every stage, and every entity has a role to play rather than being used like a rubber stamp. This level of rigour and integrity is required to select a central bank guru who will form a parallel government alongside the political regime.

The governor, being a constitutional position, is to be sworn in by the chief justice under the new ordinance. But why the deputies, too? Deputy governors are appointed internally through promotion and sometimes favouritism. They are in-house professionals who are supposed to support the governor. Deputies would never go through the same selection process a governor would be required to.

The initial draft-makers seem to have cultivated bias from the central bank's point of interest without understanding the ground reality in a country where both fiscal and monetary policies must work in tandem. Hence, ignoring the political government and the bureaucratic apparatus quite enthusiastically has turned impractical. The task of forming the BB board must involve other government officials to make the central bank's policy measures work fruitfully. As the draft ordinance says, the BB board of directors would comprise the governor, two deputy governors nominated by the governor, and eight other directors appointed by the government from a list submitted by the governor. This sounds like a one-man show by the governor. To be fair, there should be two lists: one from the governor and the other from the search committee. The government can choose from both lists to maintain a balance.

In addition, the inclusion of the finance secretary, NBR chair, BIDA chair, and BSEC chair is imperative since all of them are key policymakers for the economy. The success of the Bangladesh Bank's policymaking hinges on deep coordination with these institutions. BIDA, NBR, BSEC, and the finance ministry are all integral parts of the central bank's prime responsibilities involving inflation control, deposit mobilisation, credit expansion, investment promotion, reserves maintenance, employment maximisation, and ensuring macro stability.

The provision for the BB governor's removal should be equally important. The finance adviser supported BB's autonomy but insisted that security and accountability must be ascertained. Many central bank governors are fired when inflation breaks an upper ceiling set for their respective economies. The BB governor must use tools like the policy and exchange rates to ensure a healthy level of reserves and sound macro stability that can attract foreign investors. Hence, there should be another section in the documentation that includes clear guidelines for measuring accountability. Authority without accountability breeds malpractice and corruption.

VISUAL: **ALIZA RAHMAN**

There are three basic changes that demand consideration. First, monetary policy should be presented at parliament, just like the budget. The coverage of monetary policy in GDP is no less than that of the annual budget. Second, the proposed ordinance can be named as the Bangladesh Bank Autonomy Act, which clarifies the objective and justifies the move. Third, the time has come to think about changing the name of our central bank. Simply the "Bangladesh Bank" sometimes sounds like a private or public commercial bank, particularly overseas. Rather, the "Bangladesh Central Bank" sounds more appropriate to reflect its great stature as the supreme financial commander and the reserve bank of the country.

When climate change becomes your doctor's problem too

Barrister Noshin Nawal
is a columnist for The Daily Star. She can be reached at nawalnoshin1@gmail.com.

NOSHIN NAWAL

Climate change used to be that thing your cousin from abroad mentioned while nibbling gluten-free brownies. Now? It's here. It's in your armpits, your nosebleeds, your prescriptions, your health records, and your mum's dizzy spells. And it's barging into our hospitals—uninvited, unfiltered and, naturally, unfunded.

Dhaka has just endured one of the worst heatwaves in recorded history. Except we didn't really endure it; we sweated, we wheezed, we staggered around like dazed kebabs in an open tandoor. The government, ever efficient, issued guidelines, "Stay indoors," as if we all had the luxury of lounging in centrally air-conditioned drawing rooms, sipping electrolyte water and waiting for foreign remittance. Most of us were marinating in rooftop heat, trapped in tin sheds, or passing out on public buses that felt like mobile saunas with steering wheels.

Let's talk healthcare, that miraculous thing we keep expecting to work despite treating it like the last kid picked in a game of cricket. During the heatwave, hospitals were flooded with patients with heatstroke, dehydration, asthma, and rashes—the full buffet of climate-induced ailments. Doctors were trying to resuscitate fainting grandmothers while wiping sweat off their own brows. And all this in buildings that haven't been renovated since the British Raj, with ceiling fans that sound like dying goats, and ventilation systems that give up by noon.

Meanwhile, dengue has returned with the punctuality of a Shakib Khan film on Eid. Mosquitoes are thriving in places they never used to—hello, climate change—and bringing the gift of viral fever to all. In 2023, over 1,700 people lost their lives suffering from dengue, not because they didn't use mosquito nets, but because our health system failed to contain the disease.

Coastal areas are now grappling with rising salinity, which is causing high blood pressure, kidney disease, and complicated pregnancies among the locals. In Satkhira, women are developing urinary tract infections (UTIs) simply because the water they're using consists of elements that are unsafe for their hygiene. But sure, let's keep pretending climate change is just about "weather" and not the fact that it's literally pickling people.

Rural clinics, meanwhile, are collapsing under climate-linked disasters. Cyclones destroy infrastructure. Floods cut off access. There's one community clinic in a char area with no electricity, no medicine and no doctor. Still, climate change is treated like a side hustle in our health planning. Most district health strategies don't mention it. No one's training doctors to identify or respond to climate-related illnesses. There's no fund going into climate-proofing hospitals. And the best we've got are donor-funded pilot projects that disappear faster than ORS sachets in a paediatric ward.

But wait, there's more: the healthcare system is not just the victim. It's part of the problem too. Hospitals running on diesel generators, air conditioners from the '90s, and supply chains that emit enough carbon to make a Thanos snap look gentle. Medical waste—needles, bandages, expired medicines—ends up in rivers, lakes, and, if you're lucky, your nearest beel.

Now let's talk mental health—or the lack of it. Eco-anxiety isn't just some Western indulgence. It's what happens when Bangladeshi youth are told to study hard and dream big, only to see their future swallowed by floodwater or smog. One day it's their exam results, the next day it's their school collapsing in a landslide. How are they supposed to function when climate-induced trauma is now a graduation requirement?

And let's not forget the healthcare workers. Expected to be Florence Nightingale, Bear Grylls and Dr House all rolled into one, while working 12-hour shifts in unbearable heat without PPE, training or even a working fridge to keep insulin cool. When a system burns out its staff as quickly as its diesel, you know the emergency isn't coming—it's already here.

The solution? No, it's not more awareness campaigns with "climate-smart" slogans and forced group photos. It's hard cash and hard reform. It means redesigning hospitals to withstand floods and heatwaves. It means training healthcare workers on climate-linked illnesses. It means integrating climate data into epidemic forecasting. It means treating climate not as a buzzword, but as the underlying diagnosis behind half our public health crises.

Climate change is no longer creeping in—it's taking your blood pressure, biting your ankles, and casually suggesting an ICU admission. And if we don't act now, your next trip to the hospital won't be for treatment. It'll be for shelter.

So yes, climate change is your doctor's problem now. And if our leaders don't start treating it like one, they'll soon need a different kind of prescription: one for a collective collapse.

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