

## Don't let malnutrition threaten our future

### More targeted interventions required to address the crisis

It is concerning that Bangladesh is not making significant progress in reducing child malnutrition, despite its success in lowering infant and maternal mortality rates. Almost two-thirds of children under age five face food poverty in the country, while one-fifth experience extreme food poverty. This means a large number of young children don't get to eat sufficient amounts of breastmilk, eggs, dairy, grains and legumes, meat and fish, and vitamin A-rich fruits and vegetables, as recommended by WHO and Unicef. As a result, 24 percent of children across the country suffer from stunting (shorter height for age), with the incidence being higher in urban slums, 11 percent from wasting (low weight for height), and 22 percent from underweight (low weight for age)—prevalence rates that carry high public health significance as per WHO.

While rising food prices have been limiting people's ability to provide nutritious meals to their families, early marriage is another key contributor to malnutrition. Bangladesh has the highest prevalence of child marriage in South Asia. Adolescent mothers, mostly from low-income families and often suffering from anaemia and malnutrition themselves, give birth to underweight children with poor brain development. This leads to intergenerational malnutrition, with children suffering from stunting, wasting and underweight conditions. Stunting hampers learning ability and academic performance, which can put children at a disadvantage in adulthood and further entrench the cycle of poverty. Meanwhile, wasting weakens the immune system, placing children's lives at a greater risk, according to Unicef.

Although various measures have been taken over the years to address the root causes of malnutrition—such as poverty, lack of education, and inadequate healthcare—these efforts have largely focused on awareness-building. Experts now recommend scaling up direct intervention programmes. Currently, per capita nutrition spending stands at \$18, of which 98 percent is allocated to "nutrition-sensitive" programmes, and only two percent to direct nutrition interventions. Thankfully, the government has decided to restart the School Feeding Programme in government primary schools across 150 poverty-prone upazilas, providing children with eggs, UHT milk, bread rolls, bananas, and fortified biscuits five days a week.

However, according to a *Jugantor* report, the programme is already delayed and allegations of irregularities have surfaced in the tender process for food suppliers. The government must investigate these allegations and ensure that food quality and quantity are not compromised. Strict monitoring is essential to guarantee that the intended beneficiaries of the programme are not deprived. Additionally, separate interventions should be designed for urban slums, where stunting rates are especially high. Efforts such as maternal supplementation, promotion of breastfeeding, dietary diversity, and hygiene practices must be strengthened via frontline health workers. Finally, ministries including health, food, social welfare and education must coordinate effectively to ensure that the allocated resources are fully utilised and that programmes deliver the desired nutritional outcomes.

## We must rethink healthcare wages

### Low pay is fuelling brain drain, weakening the healthcare system

It is a matter of shame for this nation that its doctors and nurses get the lowest wages and benefits in South Asia. Despite carrying the burden of national healthcare services, their salaries lag far behind those of their regional peers. A recent policy dialogue revealed that, on average, a doctor in Bangladesh earns around Tk 3 lakh annually, while a nurse earns Tk 1.9 lakh. In contrast, doctors in India receive more than Tk 16 lakh, and those in Nepal get over Tk 10 lakh. Nurses in these countries also earn three to four times more than those in Bangladesh. Considering such disparities, it is not surprising to see the dissatisfaction among our medical professionals, the impact of which is already visible on service delivery.

The crisis has both domestic and international dimensions. Young professionals entering the field find that their years of training earn them a little more than a subsistence income, especially in the private sector, where entry-level salaries often range between Tk 18,000 and Tk 25,000. Many have to resort to long hours of private practice for survival. So, the lure of significantly higher pay abroad makes migration a rational choice. As a result, the country's healthcare system is suffering from not only a declining morale but also a brain drain.

What makes this more concerning is the absence of a sector-specific pay framework. Doctors and nurses in the public sector are tied to a uniform national pay scale, which does not account for the specialised and life-saving nature of their work. In the private sector, on the other hand, there are no minimum standards, leaving salaries inconsistent and often exploitative. Experts have repeatedly called for a separate salary structure for the health sector, aligned with regional benchmarks. This must include performance-based incentives, allowances for those working in remote or high-risk areas, and enforceable minimum wage standards for the private sector. Such measures are essential not only to retain talent but also to protect patients from the consequences of an overworked, demoralised workforce.

The health of the nation rests squarely on those who deliver care. Failing to compensate them fairly is not only unjust, but is dangerously short-sighted. We cannot afford to lose our doctors and nurses to neglect. Without urgent reform, the quiet exodus of health professionals will continue, eroding one of the country's most vital public services.

## THIS DAY IN HISTORY

### Sputnik 1 launched by Soviet Union

On this day in 1957, the Soviet Union launched Sputnik 1, the first artificial satellite, which orbited Earth until 1958. This mission inaugurated the Space Age and heightened Cold War competition between the USSR and the US.

# EDITORIAL

## The silent genocide

### Killing our children with every breath



#### BLOWIN' IN THE WIND

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The new handbook on children's health and the environment, published recently by the Directorate General of Medical Education (DGME) in collaboration with Unicef, offers a harrowing tale of an invisible killer that is hidden in plain sight. Touted as the most polluted country in the world in 2023, with the unenviable reputation of its capital being the second most polluted city globally for four straight years, Bangladesh saw 235,000 deaths, including 19,000 children under age five in 2021. The tally does not even consider the quieter casualties: premature birth and pneumonia because of the pollutants which a child is born into, as well as autism, ADHD, and childhood leukaemia related to PM2.5 exposure.

Have you ever wondered why many households have nebulisers and why children are calling in sick more than ever? Every cough has an economic cost. The health sector thrives on the sick without any remorse. They make money as our children are forced to take medicines and supplements instead of food. They make money when aggressive medical interventions are administered. Conversely, pollution, responsible for many of these illnesses, is more than a health crisis. It is an economic time bomb. Sick children become less productive adults. Cognitive impairment from lead and PM2.5 exposure lowers learning outcomes, reducing lifetime earnings and workforce capacity. Repeated respiratory illness keeps parents away from work.

According to the World Bank, air pollution alone shaves off around three to four percent off of Bangladesh's GDP annually through lost productivity and healthcare costs. Crores of taka thus literally vanish in thin air. The impact of pollution on our children needs immediate attention from those who have come to power in a movement powered by the youth

and sacrifices made by many children. It is a time when the NGO/GO divide is at its thinnest in our known history to make pollution a top priority. So next time when we talk about Zero Carbon, we must take responsibility for some of the imported poison responsible for turning our country into an



Exposure to various pollutions is causing premature birth, a number of lifelong and fatal diseases, cognitive dysfunction, and even premature death of our children.

FILE PHOTO: STAR

environmentally hazardous one. The crisis is far deeper than pouring water from a glass jug, ignoring the plastic jars in which the water was brought into the venue.

Let us consider the imported toxicity disguised as industrialisation. We have opened our borders to industries that other nations have shut down for poisoning their people: tanneries, ship-breaking, toxic dyeing units, lead smelters, and informal e-waste recyclers. We allow plastics below global safety grades to be produced and then see the fashionable rejection of bottles by our leaders in public events. We flood our markets

dismantling the carcasses of other people's progress. Lead joins the rank of air to become another silent killer of our children. Unicef tells us over 3.5 crore Bangladeshi children have high blood lead levels, impacting their intelligence and emotional health. Every day, our children dance with disasters.

And who do you think is offering the dance beats? Our capital is a huge boombox where the average sound levels reach 119 dB, more than double the 55 dB limit advised by WHO. Seventy-five percent of that comes from traffic. Vehicles of our bosses and rulers are decorated

with hydraulic horns and hooters to separate them from the mere mortals. Our emergency services use them as priority passes even when not required. Our construction works, microphone mania, and not to mention our street rage—all contribute to noise pollution. Experts believe that noise-induced stress raises cortisol, impairs learning, and can even affect foetal development. There will soon be a time when we will all be deaf to the crying of our own children.

As a developing country, we need to build a lot of basic infrastructure. The rapid urbanisation has initiated us into a race towards development. But that race does not have to be louder, dirtier, and faster. What good is a growth model that replaces GDP for oxygen? How beneficial are our bridges and skyscrapers when the next generation remains neurotoxic, asthmatic, or half-deaf? There are many models of "just transition" to progress. Implementing those models requires professional responsibility, integrity, and convictions.

Try to imagine 19,000 coffins in front of the Parliament House. Then do a cost-benefit analysis before you negotiate with the transport syndicate unwilling to retire unfit vehicles, before you convince the real estate moguls to comply with rules related to kilns, before you force factories to implement clean energy transitions. Quit assuming that drinking water from a glass as a public display discourages the use of substandard plastic and dyes. And how difficult is it to deploy community policing to create noise-safe zones around schools? And how about greening the city to reduce both carbon and noise? With so many Formula-1 battery rickshaws in the city, we are so focused on protecting ourselves from physical harm that we often don't think of the e-waste: our discarded batteries, laptops, phones, and other gadgets. Can we expect a system of e-waste recycling from our eco-conscious government?

It is high time we included child health as a measurable indicator in every development project. As Prof Abu Jafor warned in the handbook, around 90 percent of brain development occurs in the first six or seven years of life. Pollute those years, and you pollute the nation's mind. And don't forget the tally of dead children that will stain our conscience forever.

#### UN HIGH-LEVEL CONFERENCE ON THE ROHINGYA CRISIS

## Global community too diplomatic to find pragmatic solutions



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#### SHAIKH ASHRAF ALI

The High-Level Conference on the Situation of Rohingya Muslims and Other Minorities in Myanmar, held at the UN General Assembly Hall in New York on September 30, has once again confirmed that the Rohingya crisis, now in its eighth year since the 2017 exodus, remains one of the world's most protracted humanitarian tragedies. This was not just another diplomatic gathering, but an event that reaffirmed that the plight of over 10 lakh Rohingya refugees in Cox's Bazar has not been forgotten.

The conference achieved something concrete on the humanitarian front. Both the US and the UK announced fresh aid commitments, with the US pledging \$60 million and the UK \$36 million. When donor fatigue

has become a pressing concern, this renewed commitment is significant.

It reinforces the collective resolve to alleviate the immediate suffering of the Rohingya refugees while acknowledging Bangladesh's extraordinary burden as the host.

This conference was the result of consistent diplomatic effort. Bangladesh Chief Adviser Prof Muhammad Yunus, during the 79th UNGA last year, appealed to the global community to sustain focus on the Rohingya crisis. His call bore fruit in the form of this high-level meeting—a clear diplomatic victory for Bangladesh. During his speech in this year's conference, Yunus laid out a seven-point plan

to address protection, repatriation, accountability, and sustainable development for the Rohingya.

The conference featured a long list of influential voices: UNGA President Annalena Baerbock, UN High Commissioner for Refugees Filippo Grandi, UN human rights chief Volker Türk, UN Special Envoy Julie Bishop, and representatives of over 20 member-states, including the US, the UK, Germany, Indonesia, and Bangladesh as well as the EU and Organisation of Islamic Cooperation representatives. The National Unity Government of Myanmar, the civilian government ousted by the military junta, was also given the platform to speak.

But silence can speak louder than words. The absence of China, India, Thailand, Malaysia, and Russia was glaring. These are countries that either host Rohingya or other displaced minorities or hold the geopolitical keys to resolving the crisis. Also absent was Myanmar's military junta, the very regime whose actions have forced more than 50 lakh people across Myanmar into displacement.

Many of the speeches were empathetic yet predictably cautious.

continue to stand with the Rohingya refugees and other minorities who have suffered under the Myanmar military. These are welcome words, but they underscore the reality that rhetoric far outweighs enforcement.

Filippo Grandi captured the essence of the problem when he said, "The most important, however, is not to forget that this crisis originates

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in Myanmar. And that is where the solution lies." The problem is that under the UN Charter, the UN cannot interfere in a sovereign state's internal affairs unless the UN Security Council invokes Chapter VII and declares the situation a threat to international peace and security. But in practice, repeated attempts to pass binding resolutions have been blocked by China and Russia. This leaves the UN confined to humanitarian assistance, advocacy, and documentation—

worthy but ultimately insufficient tools.

Listening to the speeches, I could not help but notice the absence of Myanmar's immediate neighbours—India, China, Thailand, and Malaysia, countries that host hundreds of thousands of Rohingya refugees and other displaced minorities. These nations are not passive bystanders; they are active players whose policies shape the lives of Rohingya refugees.

Without these regional actors, the conference could reaffirm principles but not chart practical pathways.

Russia's absence was equally significant. Moscow maintains warm ties with Myanmar's military rulers and has consistently wielded its veto to block stronger UNSC measures. For any meaningful progress, the participation or at least the acknowledgement of these actors is essential. Their absence risks reinforcing the perception that the conference was more about moral posturing than actionable diplomacy.

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So, what comes next? Will this meeting open new doors to dialogue among Bangladesh, Myanmar, and regional interlocutors? Or will it simply add to the long list of international declarations that never move beyond paper? More than 50 lakh displaced people in Myanmar, including over 10 lakh Rohingya refugees in Bangladesh, are waiting for an answer.