How we lost leverage in cricket diplomacy

BLOWIN' IN THE WIND

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When the Fizz was pitched as a slingshot to hit back at the monstrous decision of the IPL that forced the Bangladeshi fast bowler's franchise team to release him on security grounds, we vaulted our cricket board as David, on whom our nationalist pride rested, and expected the Indian (and by extension the international) cricket authorities to yield like Goliath. As a proud nation, we were angered by the trivialisation of our national hero in a flimsy, politically constructed context with racial undertones. Our cricket board rightfully asked, "If you cannot provide safety for one of our players in your own words, how do you expect our players, staff, media, and fans to be safe during the T20 World Cup?"

The grievance was legitimate. The players' welfare is one of the central concerns of the International Cricket Council (ICC), and they immediately followed the protocol to initiate a third-party risk assessment. A Canadian firm did the survey and found the playing condition suitable. Bangladesh's grievance was valid, but its diplomatic execution was flawed. The cricket council board outvoted our plea 14-2, with only Pakistan supporting us.

The "professional" body had little to say about the strong nationalist, albeit populist, stance taken by Bangladesh. The country's call to boycott India as a game venue due to security concerns has received overwhelming support from locals, as evidenced by their social media outcries. But we failed to gain international sympathy. Consequently, Bangladesh is left to its own devices, with the possibility of Scotland, the top performer in the qualifying round, filling in the void created by our non-participation. The outcome signifies that the cricketing world is unimpressed with our diagnostic reasoning regarding the Fizz episode as a real concern.

We needed to argue that this episode is not a mere sentimental tantrum, as there have been many reported incidents of Bangladeshis or presumed Bangladeshis being attacked in different parts of India. In that given context, to play in the opening match against the West Indies on February 7 in Kolkata is a difficult proposition. Bangladesh does not seek retaliation but equal and fair treatment. We hoped India, above all teams, would share our concerns, as they have created the exclusive option to play against Pakistan in neutral venues. Bangladesh's plea is backed by the 18 crore viewers whose national dignity should also be a priority for an international body. And realpolitik would have allowed some leeway to de-escalate the tension and provisions for future engagement.

The problem that Bangladesh cricket is facing now is a backlash from showing its cards even before the game is played. Our sports-in-charge adviser publicly threatened non-participation as a populist veto, without allowing the Bangladesh Cricket Board (BCB) to address the conditional concerns in phases. His symbolic resistance contains all the elements needed to make domestic audiences respond to the nationalist tune. It has high visibility but little institutional traction. ICC displayed its professionalism by smartly shifting the argument from security to logistical disruption.

Bangladesh's moral logic failed to triumph over the procedural governance issues. Why would other countries, sponsors, fans, and communities suffer due to the last-minute request for a venue change? If West Indian fans have already booked their tickets and hotels for Kolkata, what right does one have to tell them to rebook their flights and stay in Colombo? This is a no-brainer.

There are lessons to be learnt from this abortive attempt to turn any sympathy we might have for Fizz's security concerns into professional support at the ICC meeting. I don't know whether there was any shuttle diplomacy engaged by BCB to employ its foreign envoys or lobby firms to talk to member countries before the board meeting was held. From information available in the public domain, I can discern that ICC stuck to its operational logic, highlighting third-party security assessments, broadcast schedules, ticketing, sequencing issues, and fear of future late-stage applications. While Bangladesh pitched the arguments of dignity and safety, the ICC upheld transactional realities, risk factors and institutional reputations. ICC could go to the extreme of looking for a replacement without any compromise because Bangladesh showed the thumbnail of "non-participation" before playing out its full content.

In an asymmetrical power arrangement, we can rue the hypocrisy that exists not only in sports but also in geopolitics. With Pakistan on our side, we probably thought the India–Pakistan neutral venue issue would give us some sort of leverage. For Pakistan, supporting Bangladesh would enhance its moral claim, especially since Pakistan is adversely affected by India's refusal to play the other "Midnight's Child" at home, which is justified by security concerns. Bangladesh failed to realise that the ICC's governance might treat the India-Pakistan case as a "legacy exception." Weeks before a tournament, we cannot expect such exclusivity and disrupt governance. Exposing the hypocrisy has not given us any bargaining leverage. Our adventurous tryst with triumphalism overlooked the need to reach out to neutral boards for support at the board meeting. Instead of a unilateral escalation of tension, we need to build a coalition with an emphasis on enhanced safety protocols for conditional participation. Cricket started as a test of endurance. One must be committed to the long term. Instead, we approached the issue with a typical boundary-or-die *(chhokka naile mokka)* mentality.

We showed minimal concern for the players who should have been the central focus of the issue. World Cups represent unique opportunities for many players. These are gateways to careers, income, and recognition. Ironically, to protect the prestige of one player, we have now diminished the potential of many others. One official has already publicly humiliated national players for earning money without bringing any noteworthy trophies. Again, such rhetoric is not healthy for the morale of the players before an international tourney. We don't know to what extent the ICC will punish us: demerit points, future participation in sports, damage claimed by sponsors, revenue loss. The list is not exhaustive.

It is imperative that we revert to the fundamental objectives of sports. This entertainment serves as a licensed platform for rivalry, transforming political anxiety into regulated competition. The current episode exposes rather than confines aggression. Instead of using cricket as a buffer zone, it has been pulled back into geopolitics. The ICC can very well question how some state actors overshadowed the guaranteed sovereignty of BCB.

It is too early to assess the true cost of this incident right now. We will have to wait, and we will see how the future unfolds. However, the controversy surrounding the Fizz issue has taught us a valuable lesson: cricket diplomacy thrives when it maintains dignity in a quiet manner, but it falters when it is proclaimed loudly.

VISUAL: **ALIZA RAHMAN**

We need a national RSV vaccination strategy

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Respiratory syncytial virus, known as RSV, is a common virus that most adults mistake for a mild cold when affected. Common symptoms such as a runny nose, slight cough, or a low-grade fever rarely cause concern. But for babies under 12 months of age, RSV can turn deadly. In newborns, severe RSV infection attacks the lungs, causing excessive breathing difficulty and leading to serious illness such as pneumonia and bronchiolitis. As RSV appears more or less harmless in older children and healthy adults, it is frequently underestimated, allowing the virus to spread unnoticed until a baby becomes critically ill.

In early 2025, a premature 10-week-old in Dhaka was rushed to the hospital, struggling to breathe. What began as a mild cold quickly became a medical emergency. Doctors diagnosed RSV, and the baby required oxygen support and intensive care to survive. In one of many similar cases, a six-week-old baby girl in rural Bangladesh fought the virus and narrowly survived after prolonged hospitalisation. These are not isolated cases. Across hospitals in Bangladesh, infants are repeatedly admitted with severe RSV infection, raising serious concern among healthcare providers, yet remaining largely unnoticed beyond hospital walls.

From October to April each year, RSV circulates widely across the country. During this peak season, hospitals admit thousands of infants with severe respiratory illness. Many arrive too late. RSV is now one of the leading viral causes of pneumonia, which remains the leading cause of death among children under five in Bangladesh.

Evidence clearly shows the scale of the problem. Globally, a major international health study published in 2024 by *The Lancet*, one of the world's leading medical journals, estimates that RSV infects about 33 million children under five, leading to 3.6 million hospitalisations and more than 118,000 deaths every year. In Bangladesh, the latest Global Burden of Disease estimates indicate that RSV contributes to more than 500 child deaths annually and accounts for over 47,000 years of healthy life lost. Even more concerning is that RSV-related deaths among Bangladeshi children have increased steadily over the past three years.

This virus is especially dangerous because it strikes babies before they are old enough to receive routine childhood vaccines, creating a critical gap in protection. The question, therefore, is not whether RSV is serious, but how we can protect infants during this most vulnerable period of life.

One proven solution is maternal immunisation. When a pregnant woman is vaccinated, her body produces protective antibodies that pass to her baby before birth, providing immediate protection from day one. This approach is not experimental. Bangladesh has already used maternal vaccination to nearly eliminate newborn tetanus. Additionally, many high and low-middle income countries now offer maternal vaccines for whooping cough, influenza, Covid, and, most recently, RSV. Maternal immunisation has become standard public health practice, not an exception.

After decades of research, we now have new tools to prevent RSV. In 2023, the first RSV vaccine for 32-36-week pregnant women was approved for use. In 2025, the World Health Organization (WHO) prequalified this vaccine, confirming that it meets global standards for safety and effectiveness. This creates an important policy opportunity for Bangladesh, with potential financial support from the Global Alliance for Vaccines and Immunization (Gavi), which works to expand access to life-saving vaccines in low-income countries.

Some may also be concerned about whether Bangladesh can deliver vaccines at the correct stage of pregnancy. But Bangladesh already delivers time-sensitive antenatal interventions every day. For example, pregnant women receive tetanus vaccines at specific stages, and antenatal corticosteroid injections are given to mothers at risk of preterm birth to help mature a baby's lungs before delivery. These services rely on accurate timing and existing antenatal care systems. With appropriate guidance and digital tracking, the same systems can safely support maternal RSV vaccination.

Evidence from real-world settings is compelling. In Argentina's 2024 RSV vaccine rollout, where about 60 percent of pregnant women were vaccinated, severe RSV illness in infants fell by nearly 75 percent. Hospital admissions dropped sharply, intensive care admissions declined by more than three-quarters, and, notably, all RSV-related infant deaths occurred among babies whose mothers had not been vaccinated. The message is simple and clear: vaccinating mothers saves babies' lives.

Bangladesh is not starting from scratch. The country is globally well recognised for its Expanded Programme on Immunization (EPI), which has achieved high childhood vaccine coverage and dramatically reduced diseases like measles and polio. The delivery platforms, cold chain systems, trained health workers, and public trust already exist. What is missing is a coordinated maternal immunisation platform that brings pregnancy-based vaccines into routine antenatal care across both public and private sectors.

Digital systems under Bangladesh's national Health Management Information System (HMIS) are already in place. These systems can register pregnancies, schedule vaccines, and send reminders. With better use of these tools, maternal and child immunisation services can remain closely connected, ensuring no woman or baby is missed. Public awareness is equally important. Expectant parents need to know that maternal vaccines are safe, carefully tested, and designed to protect both mother and child. Bangladesh has shown sustained leadership in public health, from pioneering oral rehydration therapy to achieving high childhood immunisation coverage. Maternal immunisation is the next step in the trajectory.

Policymakers must establish a dedicated platform and formally include RSV vaccination within national immunisation guidelines for pregnancy. Health managers must integrate maternal vaccination into routine antenatal care. Development partners, including Gavi, should align financing to support rapid introduction. Healthcare providers must be trained and supported to counsel and vaccinate pregnant women, even in busy and resource-constrained settings. Delay will cost lives. With the systems, evidence, and experience already in place, Bangladesh has a real chance to protect its newborns and infants before serious illness takes hold. When we vaccinate a mother, we protect two lives and secure the promise of tomorrow.

CROSSWORD
BY THOMAS JOSEPH

ACROSS
1 Title holder
6 Hand makeup
11 Cruise vessel
12 La Scala offering
13 Supplement
14 New Jersey player
15 Handles
17 Genesis name
18 Reggae's kin
19 Concert extras
22 Yang's counterpart
23 Hot
24 Flea market unit
25 State as true
27 Tree flow
30 Comic that debuted in 1930
31 Memorable time
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33 Film awards
35 City on the Missouri
38 Breaks, perhaps
39 Poker costs
40 Make blank
41 Goddess of the hunt
42 Cars' scars

DOWN
1 Elegant
2 Baseball's Matsui
3 Like llamas
4 Citi Field team
5 Joined the picketers
6 Haddock's cousin
7 Big galoot
8 Esteem
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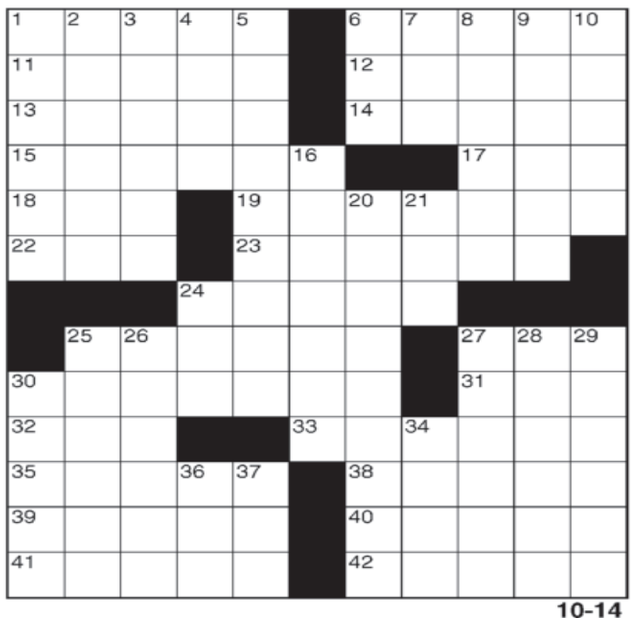
10 Company division
16 Smallest Great Lake
20 Like some wills
21 Outmoded
24 Taxpayer's ID
25 Reunion group
26 Bach piece
27 Mariner
28 Collar
29 Goes by
30 Expansive
34 Have concerns
36 Brood watcher
37 Simile center



10-14

THURSDAY'S ANSWERS

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F	E	T	E	D	■	P	E	R	S	E
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C	A	N	S	■	T	O	T	O	■	■
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