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FOUNDER EDITOR: **LATE S. M. ALI**

Another display of 'might is right'

US-Israel military aggressions against Iran deeply concerning

We unequivocally condemn the US-Israel military aggression against Iran that has killed the country's supreme leader, Ayatollah Ali Khamenei, and more than 200 others since February 28. We must, however, also state that Iran's retaliatory attacks against its own neighbours, targeting US assets there, benefit no one, neither the Iranians nor other Middle Easterners, let alone the rest of the world. Such actions have only served to escalate the situation.

The attack on Iran has been conducted breaking all international diplomatic norms, rules, and laws. After the latest round of talks between the US and Iran over the latter's "nuclear programme" concluded on February 26, the negotiator, Omani Foreign Minister Sayyid Badr bin Hamad Al Busaidi, expressed hope about its renewal. But the US initiated the attack in collusion with Israel even before the next phase of talks could resume. It is now clear that it was never about denuclearisation but about toppling the regime. What's worse is that among the first targets that were hit was a girls' school in southern Iran, not a nuclear facility.

At least that's what Israel's Prime Minister Benjamin Netanyahu appeared to relay in his Saturday morning speech. He said they believed the negotiations were "fruitless and deceitful" and Iran was only buying itself time "to rebuild their nuclear and missile capabilities" through the talks. Meanwhile, US President Donald Trump, in his Truth Social posts, said Khamenei's killing was "the single greatest chance for the Iranian people to take back their Country." A report published in *The Guardian* also claims that the military offensive was aimed more at toppling the Iranian regime rather than neutralising a nuclear threat.

Perhaps this should not come as a surprise, given what the US did in Venezuela just two months ago: abducting a sitting president and Trump expressing interest in running the country and fixing its oil infrastructure. Indeed, the current war once again indicates that the declarations countries made after World War II to respect the sovereignty of all states, whether big or small, no longer stand. Big powers—be it Russia invading Ukraine or the US bombing Iran without provocation—can do whatever they wish, breaching all international rules and norms. Small, militarily weak sovereign states are at the mercy of big powers.

What happens to Iran remains to be seen, but its continuous retaliatory offensive against its neighbours with US military bases will only invite more hostility and increase instability across the region. The impact of the war is already visible: thousands of flights have been disrupted, including over 50 flights just in Bangladesh. At least four Bangladeshis have been reportedly injured in drone attacks in Kuwait. The lives of many other Bangladeshi expatriates remain at risk as the Middle East is our main labour market. We urge the government to employ all its diplomatic efforts to ensure their safety. If this war continues for a considerable time, the world economy, particularly the energy supply, will suffer. The government must take pre-emptive actions to minimise the impact on Bangladesh.

We also call on world leaders and international bodies to defuse the situation and bring the warring parties back to the negotiation table. A world that is already experiencing subdued economic growth and facing pressures of trade wars and environmental crises cannot afford yet another war.

Rising student suicide rate alarming

Govt must give greater attention to students' mental health

We are alarmed by the findings of the latest survey by Anchal Foundation on the prevalence of suicide among students across the country. According to the report, at least 403 students from schools, colleges, universities, and madrasas died by suicide in 2025, up from 310 in 2024. Even more troubling is that nearly half of them—190 students—were school children. In addition, 92 college students, 77 university students, and 44 madrasa students also died by suicide during this period. The survey also found that suicide rates were higher among female students, 249 being girls. The situation is deeply disturbing and exposes our collective neglect towards students' mental health.

At the school level, 139 girls died by suicide compared with 51 boys, suggesting that adolescent girls may be particularly vulnerable to family pressures, social scrutiny and emotional distress. At the university level, male students slightly outnumbered females, reflecting stressors such as career uncertainty and anxieties about future. Depression, emotional stress, family disputes, mental instability, and sexual abuse remain major causes of suicide, while children face increasing harassment in digital spaces. For school students, competitive environments and exam-related stress are significant drivers. Urban alienation and fragmented family life may further heighten emotional vulnerability, particularly in the Dhaka division, which recorded the highest number of cases.

Apart from students, suicide rates among people of all ages remain alarmingly high. A recent report found that around 13,491 people died by suicide between January and November 2025—an average of 41 deaths per day. This underscores the urgent need for proper intervention in suicide prevention nationwide. Unfortunately, counselling services are scarce in most educational institutions, especially at the school level. Teachers are rarely trained to recognise early signs of depression or anxiety, while parents often miss subtle behavioural changes. The stigma surrounding mental health further discourages open conversation, leaving students to internalise distress until it becomes overwhelming.

To address the rising crisis of students' suicides, all educational institutions must provide comprehensive mental health support and screening. Teachers should be trained to recognise early signs of stress, depression, and anxiety, while primary school teachers should receive psychosocial training to support children's emotional development. Regular awareness programmes should be organised to strengthen communication between students and parents, and sustained media campaigns are needed to reduce stigma and encourage students to seek help. The state, educational institutions, and communities must work together to create safe, supportive spaces where students feel heard and valued.

Can Family Card reset our social protection system?

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The social protection system in Bangladesh has always carried two truths together. On paper, it is large, diverse, and politically important. On the ground, it is often messy, fragmented, and sometimes unfair. The tension is back under the spotlight with the government's new Family Card initiative, scheduled to begin as a four-month pilot from March 10, covering 6,500 families in 14 upazilas, each receiving Tk 2,500 per month through mobile wallets or bank accounts.

Supporters see it as a bold step, even historic. Critics fear it may simply become one bigger programme layered on top of an already crowded landscape. The real question is not whether the Family Card is good or bad in principle; it is whether the country can use this moment to address the deeper design and governance failures that have long held back social protection.

Two features make this initiative politically and economically significant. First, the scale being discussed is unprecedented. If the government eventually brings two crore families under monthly support, it would cost roughly Tk 5,000 crore per month, or around Tk 60,000 crore a year. It is a macro-level commitment that will shape fiscal choices for years.

Second, the architecture proposed goes beyond cash transfer. The draft guideline reportedly envisions a Dynamic Social Registry, integration of existing TCB cards, and a longer-term ambition of turning the Family Card into a universal social identity instrument by 2030, while pushing the social protection budget towards three percent of GDP by 2028. If that direction is real and implemented properly, it could address a core problem Bangladesh has struggled with for decades: a system that has grown in pieces rather than as a coherent whole.

Bangladesh currently runs more than 100 social safety net programmes across 25 ministries, with a budget allocation reported at roughly two percent of GDP. Too often, it produces duplication, inconsistent eligibility rules, administrative waste, and room for discretion at the local level. As a result, some households receive multiple benefits while similarly poor households receive none. While the draft guideline notes that 22-25 percent of the actual poor remain excluded, many studies indicate that the exclusion error could be more than twice this figure. When exclusion errors are that high, the moral argument for reform becomes as compelling as the technical one.

What the Family Card gets right

Three aspects deserve credit because they align with what serious reform requires.

First, using the household as the delivery unit. Many vulnerabilities are shared within the family: food insecurity, health shocks, rent pressure, and job loss. A family-based instrument can reduce the common problem of "one person, one benefit" designs, which miss the broader dependency structure.

VISUAL: **ANWAR SOHEL**

Second, making women the primary recipients. The plan is to issue cards in the name of the mother or female head of household. This matters. There is strong global evidence that transfers routed to women more often translate into spending on food, health, and children's needs, and it can strengthen bargaining power inside the household.

Third, attempting a data-driven selection mechanism. The proposed use of Proxy Means Test (PMT) scoring, door-to-door data collection, verification by social services staff, and QR-coded cards signals an intention to limit patronage. But design intentions do not automatically become delivery outcomes. That is where the real test begins.

Three biggest risks, and how to reduce them

First are targeting risks. PMT is not magic. It can be useful, but it can also misclassify households, especially in urban areas where incomes are irregular and assets are shared informally. Bangladesh's urban poor are often "working poor" who do not look poor on paper, yet remain one illness away from disaster. The pilot locations include major urban slums in Dhaka and other areas, which is good because it forces the system to confront real urban complexity early. What should be non-negotiable is a strong grievance and appeals mechanism, plus routine recertification. If the poor cannot contest exclusion, the registry will turn into another instrument of unfairness.

Second are fragmentation risks. A new programme can worsen the mess. If the Family Card simply adds a large cash transfer without consolidating older schemes, more duplication may emerge. The promise of integrating TCB cards into the Family Card registry is, therefore, pivotal. The reform opportunity here is clear: use the Family Card as the "front door" to social protection, while gradually rationalising overlapping benefits behind it. That requires political courage, because consolidation always creates losers among intermediaries, not among the poor.

Third are fiscal risks: Tk 60,000 crore per year must be financed properly. Large social spending can be good economics if it is well-targeted, predictable, and linked to human development. It can stabilise consumption, protect nutrition, and prevent distress sales of assets. Yet, it can also become a fiscal trap if it expands faster than revenue capacity. To be sustainable, the rollout must include a clear budget plan detailing the balance between redirected funds, new revenue, and savings gained from streamlining the system. Without that, the programme risks being scaled back in a messy way, which would hurt the very families it aims to protect.

The country's National Social Security Strategy (NSSS) is built around a lifecycle approach: support should respond to different risks at different stages of life, from early childhood nutrition to old age security. A single card is a strong tool for aid, but the government must ensure that popular cash handouts do not drain the funding and attention needed for high-impact services like nutrition and disability support.

Therefore, the best use of the Family Card is as infrastructure, not as the entire building. Build the registry, strengthen payment rails, improve verification, and then layer programmes in a coherent way: nutrition and maternal health where needed, education stipends where school dropout is high, climate-responsive support where disasters hit, and portable benefits for migrant workers.

If Bangladesh wants the Family Card to become a genuine reform lever, five practical commitments could define success: 1) a single dynamic social registry that all ministries must use, with interoperable data systems and clear rules on data privacy and access; 2) consolidation milestones, announced early—which programmes will be merged, which will be phased out, and what safeguards will protect current beneficiaries during transition; 3) independent monitoring and public dashboards, including inclusion and exclusion error estimates, payment regularity, and grievance resolution performance; 4) urban portability, so families who move for work do not lose benefits because their address changed; and 5) a credible financing plan, tied to domestic resource mobilisation and expenditure reprioritisation, so the promise does not become an unfunded mandate.

Social protection is not charity. It is an economic policy. If done well, it increases resilience, raises human capital, and reduces inequality in a way that growth alone cannot. Done poorly, it becomes a leaky bucket and a political battleground. The Family Card initiative, in that sense, can become Bangladesh's most serious attempt in years to move from fragmentation to an integrated system, anchored in a modern registry and cleaner delivery. Or it can become another large programme that inherits the old weaknesses: discretion, duplication, and distrust.

BNP's health agenda faces major execution challenges

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The Bangladesh Nationalist Party (BNP) has formulated its 2026 National Election Manifesto with the compelling philosophy of "Bangladesh Before All." Among its most notable pledges are health emergency funding, the introduction of family cards, farmer cards, and e-health cards, the recruitment of 100,000 community health workers, expansion of preventive and maternal-child healthcare, ensuring quality medical services at district and metropolitan levels, and allocating five percent of GDP to the health sector.

These commitments signal an ambitious vision for transforming Bangladesh's healthcare system. However, the reality on the ground presents formidable challenges.

For years, Bangladesh's health sector has struggled with neglect, political interference, and weak accountability. Out-of-pocket expenditure still accounts for 73 percent of total health spending, placing enormous financial burden on families. Meanwhile, non-communicable diseases (NCDs) have emerged as the leading cause of death, responsible for roughly 67 percent of all fatalities and 63 percent of disability-adjusted life years. Hypertension, cardiovascular diseases, cancer, diabetes, and respiratory illnesses are rapidly reshaping the country's health profile.

Human resources remain another critical bottleneck. According to the Bangladesh Health Workforce Strategy 2024, 77,877 sanctioned posts—about 32 percent—remain vacant. Shortages are particularly severe among nurses and midwifery associates (62 percent), doctors (40 percent), allied health professionals (40 percent), and management staff (37 percent). While the BNP manifesto's pledge to recruit 100,000 additional health workers appears promising, numbers alone cannot guarantee improved services.

Bangladesh already has a substantial frontline workforce. Family Welfare Assistants, Health Assistants, and Community Clinic Health Care Providers play vital roles in delivering primary healthcare. Yet, concerns persist regarding absenteeism, weak supervision, and poor accountability. In many communities, frontline workers are rarely seen, family planning supplies are unavailable, and community clinics operate irregularly (sometimes run by substitute staff rather than designated providers). As a result, patients frequently return home without care, and public trust in the system is eroded.

So, will recruiting more staff solve systemic problems, or simply expand inefficiencies? Without clear planning, strong management training, and effective accountability mechanisms, workforce expansion risks becoming a costly but ineffective move.

Currently, many services fall under local government rather than the Ministry of Health, contributing to the rapid and largely unregulated growth of private clinics. Weak regulatory oversight has allowed malpractice to flourish, including the spread of informal broker networks that steer vulnerable patients towards specific facilities for profit.

BNP's pledge to establish free, quality primary healthcare, inspired by the UK's National Health Service (NHS) General Practitioner model, is equally ambitious. The GP model emphasises continuity, accountability, and people-centred care. However, recreating the same success in Bangladesh will require more than structural replication. The proposed reliance on public–private partnerships raises legitimate concerns about maintaining equity, continuity, and accountability—the core strengths of the GP model.

Urban primary healthcare presents additional complexities. Currently, many services fall under local government rather than the Ministry of Health, contributing to the rapid and largely unregulated growth of private clinics. Weak regulatory oversight has allowed malpractice to flourish, including the spread of informal broker networks that steer vulnerable patients towards specific facilities for profit. This not only compromises service quality but also undermines public confidence.

Financing remains perhaps the greatest challenge. The national health budget for FY 2025–26 stands at Tk 41,908 crore, a modest share of total public spending. In contrast, allocating five percent of GDP to health would require approximately Tk 250,000 crore, which is an enormous fiscal leap. While such a commitment is commendable, fulfilling it will demand sustained political will, economic capacity, and careful prioritisation.

The BNP manifesto presents a bold and inspiring philosophy. But philosophy alone cannot heal patients. Real transformation will depend on strengthening accountability, improving governance, enforcing regulation, and ensuring that existing resources function effectively. If the vision of "Bangladesh Before All" is to succeed, harmony must be created between philosophy, policy, and practice. Only then can the promise of healthcare for all become a lived reality rather than an electoral aspiration.

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