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

Panic buying may only deepen fuel crisis

Govt must tighten oversight, deter hoarding

As the war in the Middle East continues to unsettle global energy markets, Bangladesh is beginning to feel the ripple effects. Over the weekend, filling stations in Dhaka, Chattogram, and elsewhere were overwhelmed by motorists rushing to buy fuel amid fears of supply disruptions. Long queues formed at many stations, with drivers waiting for hours to fill their tanks. The country relies heavily on imported energy, particularly fuel oils and liquefied natural gas (LNG) from the Middle East, and the closure of the Strait of Hormuz has raised concerns about potential disruptions to supplies for transport, industry, and households. Around one-fifth of our crude oil imports pass through this vital route. Although most refined petroleum products are sourced from other Asian suppliers, uncertainty in global energy flows has increased consumer anxiety. Their reaction is therefore not entirely surprising, though the situation does not appear to warrant panic.

According to the Bangladesh Petroleum Corporation (BPC), the country currently has around two weeks' supply of petrol and diesel and nearly four weeks' supply of octane. Additional diesel shipments have already arrived at ports and are awaiting unloading. In other words, while global developments may complicate supply logistics, there is no immediate sign of a collapse in imports. However, panic buying could create the very shortage that people are fearing. On a typical day, Bangladesh sells about 12,000 to 13,000 tonnes of diesel, but in recent days daily sales have reportedly exceeded 20,000 tonnes. This surge appears to be driven not by genuine demand but by stockpiling. To manage the situation, the BPC has imposed a cap on daily fuel sales, which is a welcome measure. The state minister has also assured us that fuel stocks are adequate.

Still, the government must act decisively to manage potential shortages efficiently. Moreover, experts warn that instability in the Middle East is affecting not only the supply of fuel but also of natural gas, a key input for urea production in the country. And rising gas prices in the international market are pushing up fertiliser costs, meaning Bangladesh may soon face higher bills to secure both energy and agricultural inputs. Reportedly, five domestic fertiliser factories have already been shut due to gas shortages. The government must act urgently to address this situation.

To curb panic buying, the government must communicate clearly and consistently about fuel availability, stock levels, and import schedules so that fears do not give rise to unnecessary anxiety. At the same time, authorities must strictly monitor filling stations and depots to prevent hoarding, black-marketing, and price manipulation. Ensuring fair and orderly fuel distribution is equally important. While restrictions on sales are necessary, they must be implemented in a way that protects the livelihoods of those who depend on fuel for daily income, such as transport workers and ride-sharing drivers. We may still overcome the current global energy turbulence without major disruption, but that will require careful management, collective discipline, and the responsible use of our limited resources.

Gas explosions rising, destroying families

Negligence from authorities, users concerning

Over the last few years, a horrifying rise in gas leak-related explosions has claimed many lives and destroyed families. On February 23, six members of a family died in a fire caused by a gas pipe leak in their home in Chattogram. Three children, aged between four and 10, survived but sustained burns on over 40 percent of their bodies. On the same day, four members of another family, including a three-year-old, suffered severe burns from a fire reportedly triggered by a gas leak in Dhaka. A report by *The Daily Star* found that half of the victims of similar accidents treated at the burn institute in Dhaka had burns covering 20 to 100 percent of their bodies, significantly reducing their chances of survival.

Blasts usually occur when gas leaking from pipes or stoves accumulates in a closed space with poor ventilation. Fire officials and experts blame both the negligence of gas suppliers and the lack of awareness among users. Fire service data show that gas cylinder-related fires are on the rise, with 920 incidents last year, up from 702 in 2024. Fire incidents related to gas pipe leaks increased to 562 last year, from 465 in 2024. Even tiny leaks in a pipeline or a loose LPG cylinder regulator can allow gas to build-up, leading to a deadly fire. Gas can also accumulate in sewerage lines or septic tanks. Given that around one crore consumers rely on gas cylinders and 38 lakh households use pipeline gas, it is unfathomable why successive governments have been so negligent in this regard.

Major gas explosions linked to Titas Gas pipelines have also occurred. In 2020, one such explosion in a mosque in Narayanganj caused at least 34 deaths. Another, in the capital's Moghbazar in 2021, left 12 people dead and 50 others injured. It was reportedly caused by large accumulations of methane gas from leaks in the pipeline and sewerage lines inside the building.

Given the increasing frequency and severity of such incidents, we urge the government to properly adopt the measures advocated by experts. Beyond regular monitoring of all gas lines and cylinder connections, other precautionary steps must be taken seriously by both the authorities and ordinary users. The authorities should conduct regular inspections to detect faults in pipelines. Widespread awareness campaigns are also needed. Users must understand that kitchens should have an open window or door to allow leaked gas to disperse. Gas stoves must always be turned off after use, especially before going to bed. Septic tanks must be regularly cleaned to ensure proper ventilation. Gas detectors can also be installed in homes and offices. These steps are vital to ensure safety.

Six years on, have we learnt our lessons from Covid?

A CLOSER LOOK

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TASNEEM TAYEB

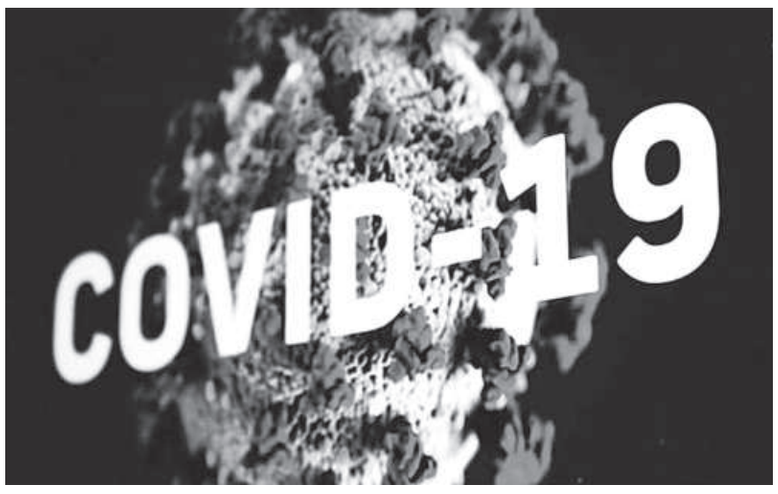
It has been six years since the first known cases of Covid-19 were reported in Bangladesh, on March 8, 2020. By then, the pattern became difficult to ignore: global Covid infections crossed one hundred thousand, the virus reached more than a hundred countries, and outbreaks across Europe were accelerating rapidly, with Italy emerging as the epicentre outside China. And the illusion that the crisis could be contained geographically was beginning to dissolve. What followed over the next two years would be remembered as a catastrophic, all-consuming global pandemic.

Hospitals filled, borders closed, economies slowed sharply, and in many cities, morgues struggled to keep pace as vaccines were rushed from laboratories into supply chains stretching across continents. Covid also revealed something deeper than the behaviour of a virus: it exposed how fragile many of the institutions designed to protect people, not just here but across much of the world, had become.

In Bangladesh, many national healthcare facilities had already been operating close to capacity before the pandemic appeared. Intensive care units were built for efficiency rather than surge capacity. Medical supply chains depended on global production networks vulnerable to disruption. The systems responsible for disease surveillance and outbreak detection remained chronically under-prioritised. The pandemic only exposed the implications of that imbalance. Even countries with advanced medical capabilities found themselves scrambling for protective equipment, oxygen supplies, and diagnostic capacity and precision. Covid turned what once seemed like "technical" matters—epidemiological modelling, genomic sequencing, infection surveillance—into matters of national emergency.

Epidemics like this leave behind a choice. Countries can treat them as temporary disruptions and move on, or as indications of deeper structural vulnerability requiring long-term redress. Six years after Covid, the question for Bangladesh is whether that process of institutional learning and redress has been embedded in its healthcare system.

During the pandemic, Bangladesh, like most countries, responded through rapid improvisation. Hospitals expanded intensive care capacity. Oxygen supply systems were strengthened. Vaccination campaigns eventually reached millions of citizens within a relatively short period of time, although the vaccine procurement controversy left a lingering shadow. Those efforts demonstrated an ability to mobilise under pressure, but crisis response and institutional resilience are not the same thing. The harder question lies in the years that follow a crisis: whether emergency adaptations become permanent capacity or whether the underlying structure returns to its earlier state.



'Six years after Covid first reached Bangladesh, the memory of that crisis should serve as more than a historical marker.' FILE VISUAL: STAR

Recent findings from the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) suggest that vulnerabilities remain. A study conducted in several intensive care units in Dhaka has identified the presence of the drug-resistant pathogen *Candida auris*, a fungal organism that has drawn global attention because of its resistance to common treatments and its ability to spread within hospital environments. In recent years, there have been several similar disclosures of such superbugs, especially in public hospitals. Hospital-acquired infections tend to reflect broader weaknesses in infection control—hygiene practices, antibiotic regulation, laboratory monitoring, and clinical oversight, to name a few. A surge in such infections thus justifies persistent concerns about our institutional capacity.

This is but one indicator of what changed (or not) in the health sector since the pandemic ended. Financing is another area deserving close scrutiny. True, public spending on health has risen gradually over the past years. Budget allocations have moved from over Tk 32,000 crore in the early pandemic period to nearly Tk 42,000 crore in the most recent fiscal cycle. This upward movement may look encouraging on paper, but the wider budget structure tells a more layered story, with health spending remaining close to five percent of the national budget for years. As a share of GDP, it continues to sit well below one percent, which is frustrating. Even within that envelope, utilisation has seldom kept pace with allocation, with development spending frequently revised when projects struggle to move through procurement and implementation.

Bangladesh allocates significantly larger shares of public expenditure to sectors such as defence, transportation, and major infrastructure. Those choices reflect understandable concerns about national security and economic growth, but the pandemic has demonstrated that a health crisis can affect a nation just as profoundly. Public health infrastructure rarely looks attractive in budget tables, and laboratory networks, oxygen supply systems, infection-control teams, and epidemiological surveillance units seldom command headlines, but their importance becomes visible only when they fail.

Hospitals reveal another layer of the system. Drug-resistant organisms such as *Candida auris* tend to emerge where infection-control practices are irregular. They appear in environments where antibiotic use is poorly regulated, hygiene protocols are inconsistently applied, and monitoring systems struggle to track transmission patterns early. Vulnerable patients, invasive procedures, crowded wards and heavy antibiotic use all create conditions in which resistant organisms can move between patients. Preventing their spread requires proper institutional support, discipline, and oversight—a combination that, unfortunately, has yet to materialise evenly.

We must remember that outbreaks rarely appear without warnings. Clusters emerge in laboratory reports, unusual symptoms appear in emergency wards, and patterns develop in hospital admissions long before the public hears of a pathogen. The ability to recognise those warnings early is what epidemiologists often describe as epidemic intelligence. Bangladesh expanded elements of its surveillance capacity during the pandemic. Testing laboratories increased. Reporting systems improved in several areas. But the structure still remains irregular.

Information flows among hospitals, laboratories, and central health authorities still do not always move systematically. Private healthcare facilities, which treat a large share of patients, are not consistently integrated into national reporting structures. Environmental monitoring of emerging pathogens remains limited. If the past years have taught us anything, it is that sustained institutional strengthening must be prioritised. The government must treat public health safety as an inseparable part of national resilience, requiring consistent financing for laboratories and hospital infrastructure, systematic strengthening of infection-control systems across public and private hospitals, and making surveillance networks capable of detecting unusual disease patterns early. These investments and tasks may not seem politically urgent but they remain paramount.

Six years after Covid first reached Bangladesh, the memory of that crisis should serve as more than a historical marker. It should function as a reminder that pandemics do not just test hospitals; they also test the preparedness, coordination, and foresight of entire systems. We must ensure that this lesson is fully learned and properly acted on.

Women must lead, not just participate, in the labour force

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MAX TUNON

Bijly Baroi is the sole breadwinner for a family of six. A caregiver in Barishal, Bijly entered the healthcare workforce after her father, a former carpenter, became unable to work due to illness. She received the specialised training and certification necessary for formal employment to build a life of dignity for herself and her siblings. Across Bangladesh, working women like Bijly are empowering themselves, strengthening household resilience, and contributing to key economic sectors and social services.

Yet the data tells a troubling story: women's labour force participation fell from 2.53 crore to 2.37 crore between 2023 and 2024, according to the Bangladesh Bureau of Statistics. Despite near-parity in secondary school enrolment, only 20 percent of women proceed to university, and of those who do, just one in four enters the workforce. This gap between education and employment is not an accident; it is the product of persistent social expectations, the unequal distribution of unpaid care work, and workplaces that remain unwelcoming, or outright unsafe, for women. Frequently, societal expectations for women to manage the household and take on the primary responsibility for raising children prevent even highly educated women from entering or remaining in the labour market.

The International Labour Organization's (ILO) starting point is the labour law, and the organisation worked closely with the government to strengthen the Bangladesh Labour Act in 2025, which now includes many positive provisions that explicitly prohibit discrimination, gender-based violence, and harassment in employment. While women are technically protected by law, the reality is often shaped by power asymmetries that make voicing grievances impossible.

The law now recognises both direct and indirect discrimination; crucially, this can address unwritten restrictions and informal exclusions that have long defined women's experience at work: being passed over for promotion without cause, being assigned lower-value tasks, or being quietly edged out by unwritten rules regarding overtime that reduce their earnings compared to men. Critically, Bangladesh recently ratified ILO Convention No. 190 on violence and harassment at work, a landmark commitment that provides the necessary legal teeth to ensure gender equality moves beyond rhetoric and into workplace practice.

Ratification alone, however, does not change what happens on a factory floor, in a hospital ward, or in a corporate office. That is why the ILO's work goes beyond legislation by supporting the strengthening of labour inspection systems so that rights are enforceable in practice. We work to build accessible, confidential complaint mechanisms that women can use, which is particularly important given that workplace harassment remains severely under-reported.

With over 90 percent of women workers in the informal economy, where legal protections are weakest, the ILO supports the government and social partners to develop policies that progressively protect all workers. While domestic workers are legally recognised, they must achieve full equality of opportunity and treatment under the Bangladesh Labour Act. Central to this is the fundamental right to freedom of association. Women must be able to organise, participate in workplace decision-making, and raise concerns without fear of retaliation.

Legislative reform alone cannot close the gap in labour force participation; consequently, Bangladesh and its partners have recognised the urgent need to invest in skills development. The inter-ministerial Gender and Skills Taskforce (GST) represents a critical institutional response: a coordination platform designed to address occupational segregation and increase women's entry into high-growth sectors, including digital services, green technology, and skilled professions.

To close the gender gap, the ILO is driving a Transformative Care Agenda in Bangladesh. By applying the 5R Framework for Decent Care Work—recognising, reducing, and redistributing unpaid care, while rewarding and representing care workers—ILO tackles the "time poverty" that holds women back. Through the Gender and Skills Action Plan 2025–2027, the ILO is mobilising investment in childcare and social protection to ensure that vocational training translate into sustainable economic empowerment.

The reform agenda is clear: increasing women's participation in education, formal employment, and broader economic activities. The ILO stands as a long-term partner in this effort: supporting the government, employers, and workers together to build a labour market where women are not just present, but protected, valued, and anchored as leaders.

The resilience of women like Bijly helped build the Bangladesh of today. But the Bangladesh of tomorrow—one defined by dignity, productivity, and shared prosperity—cannot be built by leaving them behind. Rights must be enforced and justice made accessible. But for rights to be real, they must be anchored by market-responsive skills and a robust care economy.

Bangladesh now has a transformative opportunity to push this agenda forward. Therefore, action must be immediate and bold. Now is the time to move from promises to implementation, placing women's decent work at the very heart of Bangladesh's next chapter.

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