

A crisis born of delay and neglect

Govt must bolster vaccination drive to tackle measles outbreak

The ongoing measles outbreak—a disease that Bangladesh once brought under control through the widely lauded Expanded Programme on Immunisation (EPI) launched in the late 1970s—has laid bare the cost of state negligence. The official death toll has already crossed 50 children, and is likely to rise, as hospitals across the country report a steady increase in infections. Disturbingly, most of those infected had not been vaccinated despite reaching or passing the recommended inoculation age of nine months. Even more alarming, babies younger than nine months are now contracting the disease.

How did such a lapse occur? A Prothom Alo report points to delays in vaccine procurement caused by bureaucratic indecision within the health ministry and related departments during the interim government's tenure. As stocks ran out and campaigns were postponed, the number of unvaccinated infants grew, setting the stage for the present outbreak. Given that measles is highly contagious, with one infected person capable of infecting up to 18 others, the spread has been quite rapid. Many children have already been infected, particularly across Dhaka, Chattogram, Rajshahi, Chapainawabganj, Pabna, Barishal and Mymensingh. The lack of ICU facilities in most hospitals, especially outside Dhaka, has further contributed to the high fatality rate.

Against this backdrop, Health Minister Sardar Md Sakhawat Husain on Wednesday announced that an emergency measles vaccination campaign will start from April 5. Earlier, although measles rubella vaccines were stocked, a nationwide campaign remained stalled due to a shortage of syringes. That said, successfully containing this crisis will require firm commitment and persistent action from the government. Experts recommend aiming for 100 percent vaccination coverage for all children between six months and 15 years. Immediate door-to-door campaigns and widespread awareness efforts are essential to inform parents about the urgency of vaccination, the symptoms to watch for, and when to seek medical care. Simultaneously, ICU capacity must be expanded nationwide with dedicated wards for measles and rubella patients, an approach that was successfully implemented during the Covid-19 pandemic. Provisions should also be made for older children and adults who missed being inoculated.

It is unconscionable that infants are dying from a preventable disease due to gaps in routine immunisation. The government must urgently revive and strengthen all EPI programmes, while ensuring that hospitals are equipped with essential life-saving supplies such as oxygen and critical medicines. Encouragingly, as part of the emergency vaccination campaign, the government is said to be prioritising upazilas with a high number of measles cases, eventually covering all children aged between six months and 10 years. But plans alone will not save lives. Vaccination must continue aggressively. Nationwide coverage of other essential vaccines must also be ensured. Every day of delay risks more infections, more preventable deaths, and the loss of hard-won public health gains.

End the silence on marital violence

Rising number of calls to 999 indicates a deepening crisis

We are alarmed by the rising number of calls made to the national emergency helpline 999 in 2025, depicting a deeply troubling picture of violence against women within marriages. Per a recent report by Prothom Alo, an average of 51 calls a day were made by survivors alleging abuse by their husbands—the highest in eight years. This marks a 63 percent increase from 2024, when an average of 31 calls were made per day. In 2023, the number was 27. Per the report, more than half of the complaints related to violence against women were linked to spousal violence. A 2024 national survey on violence against women reveals an even grimmer scenario: three in every four women in the country have faced some form of intimate partner violence in their lifetime.

The stories are disturbingly familiar. The nurse in Gopalganj who was beaten, threatened with a knife and locked in a room, and the housewife in Dhaka who was forced out into the night after being assaulted, as narrated in the report, are just two examples among many. While the rising number of calls may partly reflect increased awareness and growing trust in the emergency service, as noted by officials, it would be dangerously misleading to interpret this solely as improved reporting. Rather, it underscores the persistence of abuse within marital relationships, rooted in entrenched patriarchal attitudes and a desire to exert control.

Unfortunately, in many cases, even when complaints are filed following police intervention, little progress is made afterwards, even though legal remedies exist under the existing laws. The Gopalganj survivor, for instance, did not seek protection under any legal framework, and her case saw no further progress. Alongside institutional shortcomings, many women don't want to pursue legal recourse due to fear of family breakdown and social stigma.

Breaking the cycle of marital violence requires better laws and services along with a collective refusal to tolerate abuse in any form. We urge the government to ensure an effective enforcement of the existing laws to address violence against women. Police and local administration must be trained to handle such cases with sensitivity and urgency, ensuring that complaints lead to concrete outcomes. Public awareness campaigns must be intensified so that women are informed of their legal rights and encouraged to seek help. At the same time, deeply ingrained social attitudes that normalise or justify spousal abuse must be challenged through community engagement and education.

THIS DAY IN HISTORY



Jinjira Massacre in 1971

On this day in 1971, Pakistani forces razed villages in Keraniganj, Dhaka to the ground, killing hundreds. This incident is known as the Keraniganj Genocide or Jinjira Massacre.

Budget must stabilise economy amid mounting pressures



Dr Selim Raihan is professor of economics at Dhaka University and executive director at the South Asian Network on Economic Modeling (Sanem). He can be reached at selim.raihan@gmail.com.

SELIM RAIHAN

The government of Bangladesh, formed less than two months ago, finds itself at a delicate yet consequential moment as it enters the 2026-27 national budget cycle. The economy is not grappling with known cyclical ups and downs, but rather a combination of domestic constraints and external shocks. Growth has significantly slowed down compared to earlier years, inflation remains persistently high, foreign exchange reserves have yet to stabilise fully, there is mounting pressure on the exchange rate, and private investment continues to lag. At the same time, global uncertainties are becoming more pronounced. The ongoing crisis in the Middle East is already taking a toll on our economy through energy markets, remittance flows, and disruptions to trade logistics.

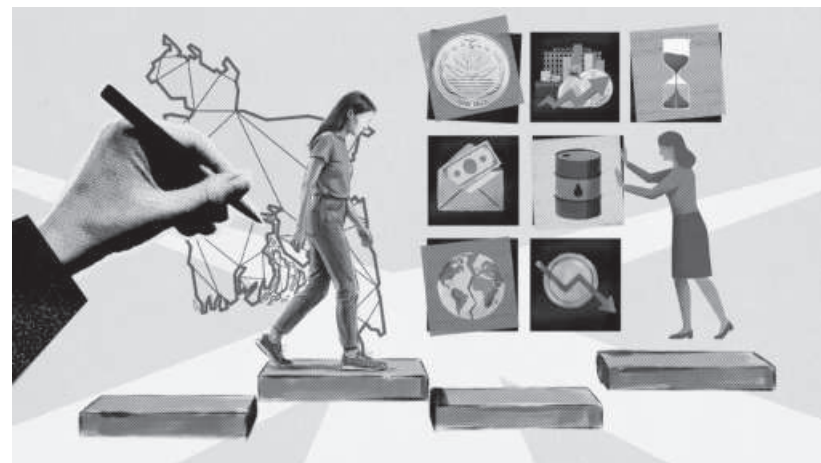
In this context, while the government has several election promises to deliver, it cannot treat the upcoming national budget as a routine fiscal exercise. Rather, it must serve as a strategic instrument to stabilise the economy in the short term, while also preparing for a more demanding transition, particularly in light of the country's forthcoming graduation from the Least Developed Country (LDC) status.

External shocks and transmission channels

The Middle East crisis adds a new layer of unprecedented complexity to an already constrained macroeconomic environment. Its implications for Bangladesh are complex, and they work through various interconnected channels.

First is energy. Bangladesh's heavy reliance on imported fuel exposes it to global price fluctuations. Persistent rises in oil and gas prices, as well as deep uncertainty about availability in time and sufficient quantity, would increase import and production costs, raise the current account deficit, and increase inflationary pressure. At the same time, continued reliance on fuel subsidies may not be fiscally sustainable. A gradual adjustment strategy, clearly communicated in advance, and complemented by targeted support to the most affected groups, would be more feasible. Meanwhile, the effort to diversify energy supplies and build renewable capacity must speed up.

Second is the remittance channel. A large portion of Bangladesh's labour force works in Gulf countries. Any economic slowdown in those countries, or disruptions to labour markets linked to geopolitical instability, could conspire to reduce inflows of remittances. This would immediately impact household consumption and foreign exchange availability. Another risk is the possibility of return migration from the Middle East. Proactive planning is, therefore, essential. This also involves identifying who may return, what the capacity of the labour market is to absorb them, and how temporary support measures are shaped.



VISUAL: ANWAR SOHEL

The third channel is trade and logistics. Disruptions to maritime routes and rising freight costs would hike import costs and erode export competitiveness. Combined, these channels indicate a scenario of higher inflation, tighter external balances, and weaker growth.

If the crisis persists and worsens, these pressures will increase. So the upcoming budget should be prepared with caution, keeping a long-term perspective in mind while also considering potential downside scenarios.

Aligning political commitments with fiscal realities

The government enters this budget cycle with a set of political commitments that are both ambitious and socially significant. The Family

Card programme, support measures for agriculture, and broad reforms in social protection are all aimed at addressing structural inequalities and vulnerabilities.

These commitments are all the more crucial in a time of increasing economic stress. However, their efficacy will derive not only from scale but from design as well. The country's social protection system has long been characterised by fragmentation, duplication, and leakage. Expanding the social protection programmes without fixing the structural problems would risk a rise in fiscal pressure without corresponding advantages. And in the context of high inflation, especially food inflation, protecting vulnerable households is an urgent task.

Hence, the budget should prioritise consolidation and integration. Developing a unified beneficiary registry, strengthening digital delivery mechanisms, and improving targeting criteria are essential steps. The budget must come up with a mechanism to shift focus from only the volume of

expenditure to its effectiveness.

Revitalising investment and competitiveness

Reviving investment is central to restoring growth momentum. However, fiscal incentives alone are unlikely to suffice. Investor confidence depends on broader institutional and policy conditions. Hence, improving the business environment is critical. This includes enhancing the predictability of policy, strengthening transparency in regulatory issues, and increasing efficiency in public service delivery. Investment in large-scale infrastructure should continue, but be increasingly refocused on quality and connectivity as well as economic returns.

Foreign direct investment can supplement domestic endeavours; however, its growth will rely on further

changes to trade policy, transportation, and governance systems. The impending LDC graduation also calls for the urgency of such reforms, since Bangladesh will have to compete in a much more demanding global environment with no preferential market access.

Monetary policy and financial sector reform

Monetary policy has already adopted a tightening stance in response to inflationary and external pressures. However, tighter monetary conditions also constrain investment and economic activities. Monetary policy effectiveness is closely tied to the soundness of the banking sector. Structural weaknesses, including high levels of non-performing loans (NPLs) and governance deficiencies, hamper financial intermediation. Therefore, it is vital to address these challenges. The budget needs to support a comprehensive reform agenda for the banking sector. The key will be to strengthen regulatory oversight, improve loan recovery frameworks, and enhance transparency. Without such reforms, the transmission of monetary policy will continue to be limited.

Fiscal policy and revenue mobilisation

Fiscal policy under the 2026-27 budget will have to balance competing demands in a context of a limited resource envelope. However, given limited fiscal space, the need for further support to households and key sectors must be balanced against new expenditures.

Fuel prices pose an especially complicated problem. Fuel taxes and levies are a key source of revenue, but they also have an impact on inflation dynamics. Therefore, fuel taxes and levies must be finely calibrated.

More fundamentally, the tax system needs to be reformed. Bangladesh has a low tax-GDP ratio, limiting its fiscal space. Expanding the tax base, improving compliance, and reducing reliance on distortionary taxes should be prioritised.

The 2026-27 budget comes at a critical moment for the country. This situation demands a budget that is not only prudent but also future-oriented. It needs to stabilise the present and set the stage for future competitiveness. Adapting policy and continued surveillance of changing conditions will be important. Ultimately, the effectiveness of the budget will depend on coherence across fiscal, monetary and structural policies. The challenges are daunting, but the opportunity to guide the economy towards a more resilient and sustainable path is still within reach.

Why rural healthcare is failing persons with disabilities

Md. Al Mamun is research associate at the BRAC Institute of Governance and Development (BIGD), BRAC University.

Marufa Alam is lecturer in the Department of Public and Community Health at Frontier University Garowe in Somalia.

MD. AL-MAMUN and MARUFA ALAM

Access to healthcare is a human right and a cornerstone of universal health coverage (UHC). Yet for millions of persons with disabilities around the world, receiving even basic health services remains a difficult and uncertain journey. In Bangladesh, the government has made notable efforts to improve disability rights. The Rights and Protection of Persons with Disabilities Act 2013 recognises healthcare access as a fundamental right, while the operation of over 13,000 community clinics is designed to bring essential health services closer to rural populations. Despite these institutional advances, the everyday experiences of persons with disabilities, especially in rural regions, reveal significant gaps between policy commitments and practical realities.

According to the International Labour Organization (ILO) approximately 2.8 percent of Bangladesh's population lives with some form of disability. However, researchers and disability advocates often argue that the real figure may be higher due to underreporting and social stigma. In rural communities where poverty, limited mobility, and lack of information intersect, persons with disabilities often face compounded challenges in seeking healthcare. One of the most overlooked barriers

is the absence of clear and accessible referral systems within rural healthcare networks.

During recent fieldwork in Jashore, Jhalakathi, Habiganj, Sirajganj, Kurigram, and Mymensingh as part of a study by the BRAC Institute of Governance and Development (BIGD) at BRAC University, we encountered a recurring pattern illustrating the challenge. Many persons with disabilities and their caregivers reported that they do not know where to seek treatment or which doctor is capable of addressing their specific health needs.

In principle, Bangladesh's healthcare system follows a structured referral pathway from community clinics to upazila health complexes, district hospitals, and specialised facilities. In practice, however, this pathway is rarely clear to rural patients.

A caregiver in Kurigram described the frustration of navigating this system: "First, we visited a village doctor who advised us to go to the district hospital. When we reached there, another doctor suggested a private clinic in another town. Each visit meant travel costs, consultation fees, and medicines, but we still did not know which doctor could properly treat my son."

Without clear referral guidance, patients are often forced to move from one healthcare provider to another in a process of trial and error. This not only delays treatment but also places a heavy financial burden on already vulnerable households.

According to the World Bank, out-of-pocket payments account for more than 70 percent of total health expenditure in the country. For families caring for persons with disabilities who may require long-term medical attention, rehabilitation services, or

assistive devices, these expenses can quickly become overwhelming. As a result, many families eventually reduce or completely stop seeking medical care. Untreated conditions may worsen over time, leading to additional disabilities, declining health, and increased economic hardship for families.

Another critical challenge is that many persons with disabilities and their caregivers have limited knowledge about available services, rehabilitation options, or specialised treatment facilities. In rural settings where digital access and health literacy remain uneven, this information gap significantly affects healthcare-seeking behaviour. Therefore, improving healthcare access for persons with disabilities is not only about building more hospitals or clinics. Rather, it requires strengthening the connections between existing health services and the communities they are meant to serve.

Rural community clinics could play a transformative role in promoting disability-inclusive healthcare. Community Health Care Providers (CHCPs) are often the most accessible healthcare professionals in rural communities. With proper training and institutional support, they could serve as local health navigators for persons with disabilities. CHCPs could help families identify appropriate healthcare facilities and specialists through structured referral guidance. Maintaining simple referral directories or communication channels with upazila hospitals and district-level specialists would greatly reduce confusion for patients.

Community clinics could also function as local information hubs. Persons with disabilities and their caregivers frequently need guidance

on where to find physiotherapy, rehabilitation services, or assistive devices. Providing reliable information at the community level would help families make informed healthcare decisions. Moreover, home-based outreach services could significantly improve access for individuals with mobility challenges. Regular visits by community health workers would enable persons with disabilities to receive basic services such as health monitoring, medication distribution, or injections without the burden of travelling long distances.

Better coordination between community clinics and specialised disability services is essential. Collaboration with rehabilitation centres, physiotherapists, and disability-focused organisations could ensure that patients receive comprehensive care rather than fragmented treatment. Finally, addressing social attitudes towards disability within healthcare settings remains critical. Training health workers to adopt inclusive practices and respectful communication can help reduce stigma and ensure that persons with disabilities receive dignified care.

Bangladesh has already demonstrated that community-based health interventions can achieve remarkable success. Extending this community-oriented approach to disability-inclusive healthcare could significantly improve access and outcomes for millions of citizens. The challenge now is not merely expanding infrastructure, but ensuring that existing health systems work effectively for everyone. If Bangladesh is truly committed to inclusive development, then ensuring accessible healthcare for persons with disabilities in rural communities must become a national priority.