

The Daily Star

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## Fix the testing gap, contain measles

### Secure adequate supplies of testing kits, explore alternative procurement channels

At a time when the country is grappling with a severe measles outbreak, with infections, hospitalisations, and deaths continuing to rise, another worrying problem has emerged: a shortage of measles testing kits. According to recent reports, the country's only measles testing facility at the Institute of Public Health in Mohakhali has only a handful of kits left. At the current rate, testing could come to a halt after May 11 if fresh supplies do not arrive. The inability of the health authorities to ensure even basic testing capacity shows how fragile and inadequate our measles response has been.

While the laboratory should be testing hundreds of samples daily, it is now able to process only a fraction of that number. Thousands of samples from across the country are already pending, with more arriving every day. In many cases, delayed test results are prolonging hospital stays and hiding the true scale of infections and deaths. The shortage first emerged in April, but earlier warnings appear to have gone unheeded. The Institute of Public Health had reportedly requested additional kits in February, but supplies arrived only in mid-April, in insufficient quantities. Promised follow-up deliveries have also been delayed. These gaps point to a serious lack of urgency, both among national authorities responsible for procurement and international partners tasked with supply.

The centralisation of testing in Dhaka has also compounded the crisis. With no facilities at district or divisional levels, samples must be transported from across the country, leading to delays in diagnosis and treatment. Paediatricians have warned that such delays are contributing to severe complications among children, including pneumonia, oxygen deficiency, and even neurological conditions. The lack of adequate infrastructure outside the capital, particularly ICU beds and oxygen support, has further worsened the outbreak.

Experts have repeatedly stressed that the outbreak has reached an alarming level and should be treated as an epidemic. This would have enabled a coordinated treatment protocol, rapid training and deployment of healthcare workers, and a systematic approach to testing, isolation, and patient care. Sadly, our health authorities have not taken such a step.

Since March 15, some 263 children have reportedly died in the country from measles or related symptoms, with 54 confirmed measles cases. Unless the outbreak is declared an emergency and addressed accordingly, more deaths are likely to follow.

We therefore urge the government to take all-out action to contain the outbreak and save children's lives. Authorities must urgently secure adequate supplies of testing kits, explore alternative procurement channels, and remove bureaucratic barriers that delay response. Testing must be decentralised, district-level healthcare must be strengthened, and a coordinated national response put in place. Greater transparency, stronger inter-agency coordination, and meaningful engagement with both public and private healthcare providers are also essential. While the vaccination drive has made some progress, it must continue at pace. No more children's lives should be lost to preventable gaps in the system.

## Press freedom should not be elusive

### Amend laws, train police appropriately to stop journalist harassment

When a new government assumed power following a landslide victory in a free and fair election after the 2024 July uprising, there was a flicker of hope that journalists' safety would finally be ensured in Bangladesh. However, a recent report by the Human Rights Support Society (HRSS), noting that at least 75 journalists were harassed across the country just last month, dashes that hope. According to the report, which aggregated information from 14 dailies, 42 journalists were injured, 17 assaulted, 10 threatened, three detained, and five were accused in four separate cases. It has been nearly three months since the BNP government took office, yet the number of harassment incidents is already higher than last year's monthly average (HRSS recorded 318 attacks throughout 2025). This raises a vital question: can we ever expect a regime where journalists can carry out their work in this country without fear of harassment, threats or arrests?

Sadly, an analysis by this daily of Sweden-based Varieties of Democracy's (V-Dem) press freedom data shows there has never been a period in our history when journalists did not face harassment from powerful actors, be it government or non-government. V-Dem scores range from -3.33 (journalists cannot operate without facing certain harassment) to 4.13 (journalists are never harassed). In its 55 years, and irrespective of whether it had a political or non-political government, Bangladesh never went above 0.5, indicating an environment where some journalists were suppressed while others managed to continue freely. The only period when the situation was relatively better was during the tenure of President Ziaur Rahman, father of current Prime Minister Tarique Rahman.

One might expect the BNP to follow that example to ensure a fear-free environment. Indeed, their manifesto pledges to ensure freedom of expression, and the party boasted about doing so in its "60 notable initiatives" in its first 60 days. Ironically, around the same time, a cartoonist was arrested under the Cyber Security Ordinance, 2025 for satirising a BNP politician. Although he was later granted bail, a number of journalists, who were arrested—often on flimsy and false charges—after the fall of Sheikh Hasina, remain behind bars without trial, some for over 600 days.

As we noted recently, as long as problematic clauses in laws like the Cyber Protection Ordinance remain, journalists will face harassment. We urge the government to revisit and amend laws that restrict free speech, train law enforcers on this issue, and rein in party activists. Above all, forming a media commission and a functional and independent National Human Rights Commission is urgent to ensure press freedom and journalists' safety.

# Political shift in West Bengal and its regional ripples



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KAMAL AHMED

BJP's victory in the West Bengal assembly elections has been widely described as a tectonic shift—only the second change in power in the state in the last 50 years. Both transitions are significant: the first ended 34 years of rule by the socialist Left Front, while the second has now replaced the centrist Trinamool Congress (TMC) with the right-wing BJP, a party rooted in Hindutva politics.

Although broadly secular forces governed West Bengal after India's independence, the state was also home to the early seeds of Hindutva-based politics. BJP's ideological forebear, Shyama Prasad Mukherjee, who was associated with the Hindu Mahasabha and Jana Sangh, hailed from West Bengal. It is, therefore, unsurprising that BJP's state leadership marked its victory by paying homage to him, underscoring the symbolic significance of this political shift.

According to data from the Election Commission of India, the BJP secured 45.84 percent of the vote, improving upon its roughly 40 percent share in the previous three elections, while the TMC's vote share declined to 40.80 percent. Muslims constitute about 27 percent of the state's population, and nearly one-third of constituencies have substantial Muslim electorates. In 2021, the TMC won 84 out of 88 Muslim-majority seats, reflecting strong consolidation behind Mamata Banerjee. While early indications suggest that the TMC retained considerable Muslim support in this election, minor inroads by smaller Islamic groups were noted in some areas.

The BJP, meanwhile, appears to have offset this through broader Hindu consolidation, aided by its electoral strategy. A high voter turnout—reported to be more than 92 percent—further reflected the intensity of the contest. Ironically, Mamata Banerjee herself had earlier facilitated the BJP's entry into the state's political landscape through an alliance during the Atal Bihari Vajpayee era, a partnership that has

now come full circle.

The deletion of around 2.7 million voters under the controversial Special Intensive Revision (SIR) of electoral rolls added another layer of complexity. While its precise impact on the outcome remains debated, preliminary analyses suggest that in at least 49 constituencies, including Banerjee's own, the margin of defeat was smaller than the number of removed voters. Nonetheless,



Election officials count votes of the West Bengal state legislative assembly election, inside a counting centre in Kolkata, India on May 4, 2026.

incumbency fatigue, allegations of corruption, and concerns over law and order, particularly involving alleged party-linked elements, contributed to public discontent. BJP's promise to expand social protection programmes with a larger financial outlay also resonated with sections of the electorate. Above all, the party's rhetoric of change appears to have found a receptive audience.

Critics argue that the SIR disproportionately affected poorer and minority voters, especially Muslims and migrant communities in border districts. Yet, the scale

of BJP's rise cannot be attributed to this factor alone. For many observers, it represents the delayed political consolidation of a legacy long associated with Shyama Prasad Mukherjee. Notably, his opposition to Article 370 and subsequent death in detention in 1953 in Jammu and Kashmir has acquired renewed political symbolism, especially after the provision's abrogation in 2019.

Celebrating the victory, India's Prime Minister Narendra Modi emphasised that it was "a time for change, not revenge." His campaign centred on transformation, though a dominant theme was the issue of so-called "infiltration," portrayed as a root cause of problems such as unemployment, crime, cross-border smuggling, and security threats. These concerns were frequently linked to migration across the eastern

lose citizenship and face risks of being deported. A logical question arises: to where will they be sent? Given the recent admission by BJP's Himanta Biswa Sarma, chief minister of Assam, another northeastern state in India, that he pushes Bangla-speaking Muslims into Bangladesh under the nighttime darkness, there is every reason to fear a repetition of similar tactics by another state run by his party. If any such coordinated operation is mounted from three surrounding BJP-run states (the third being Tripura), then Bangladesh will face a serious humanitarian crisis.

Sarma's statement last month warranted the summoning of the acting high commissioner of India at the foreign ministry in Dhaka to express its displeasure and concerns. It was the first occasion of an unpleasant diplomatic development since a newly elected BNP government led by Prime Minister Tarique Rahman took office. Delhi, it may be recalled, welcomed his election, expressing hopes of a reset in strained relations. Dhaka-Delhi bilateral relations dipped to a low level following the ouster of Sheikh Hasina as the interim government led by Prof Muhammad Yunus sought her repatriation, and reciprocal visa bans adversely impacted trade, road, and rail transportation as well as jointly undertaken projects.

For decades, Kolkata has been portrayed as a centre of intellectual and cultural progressivism in the subcontinent. BJP's sweeping victory challenges that perception, suggesting a shift in the state's political and cultural identity. Mamata Banerjee's efforts to promote a distinct Bangalee identity—symbolised by slogans like "Joy Bangla"—appear, in this context, to have produced unintended consequences.

Dhaka has largely refrained from publicly commenting on the rise of religion-based politics in India, even as Indian discourse often frames Islamist politics in Bangladesh as a security concern. However, the growing prominence of religious polarisation in the region risks fuelling reciprocal dynamics across borders. With unresolved bilateral issues, including water sharing, border management, and trade imbalances, such developments could complicate efforts to maintain regional stability. The hope remains that political leadership on both sides will act with restraint and foresight to preserve harmony in the region.

# Rethinking healthcare for children in the CHT



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In the remote hills of Bandarban, a child's illness is rarely just a medical event. It is a test of distance, terrain, poverty, and trust. A recent report in The Daily Star on child deaths and suspected measles-like illness in Alikadam brings this reality into sharp focus. For many families from Mro and Marma communities, accessing formal healthcare can be an excruciating ordeal. The journey to the nearest facility can take hours, sometimes even days, requiring crossing steep, unforgiving paths, with costs that far exceed a family's monthly income. Such harsh realities often lead to the community members relying on traditional remedies, which is not always a choice on their part.

It is tempting, from a distance, to prescribe familiar solutions: build more hospitals, deploy more doctors, and expand infrastructure. But those who have lived and worked in the Chattogram Hill Tracts (CHT) know that this terrain resists one-size-fits-all solutions. The crisis is seldom only about the absence of services; it's also about the lived realities of the hills.

The first step towards a meaningful response would be to shift how we approach the problem. Instead of expecting patients to travel for healthcare services, it must be ensured that care reaches patients

regardless of geographical challenges. To bridge immediate gaps, facilities such as mobile healthcare units—equipped for immunisation, maternal and child health services, and basic diagnostics—can be introduced. These ideas are not new, but their consistent and well-resourced deployment in hard-to-reach unions remains limited. Regular outreach, on fixed schedules known to communities, can build both access and trust, ensuring that services are not sporadic but dependable.

Investing in people from these communities is equally important, especially when it comes to bridging the healthcare gap in the CHT region. Training local youth as community health workers could be an important long-term strategy. These workers would have the unique advantage of understanding the language, cultural nuances, and the topography. They can help identify early symptoms of an outbreak, provide basic care, support immunisation drives, and facilitate timely referrals. In places where an outsider's advice may be met with hesitation, a familiar face can make the difference between delay and action.

However, referral itself remains a weak link. When a child develops complications, the window for effective treatment is narrow.

For many hill families, arranging transport—be it by foot, boat, or motorcycle—is both logistically complex and financially crippling. A community-based emergency transport and referral system is, therefore, essential. This could include locally managed funds to cover urgent travel costs, transport options adapted for hilly terrain such as motorbike ambulances, and simple communication networks to alert facilities in advance. Without such mechanisms, even the best primary care cannot prevent avoidable deaths.

Another dimension that demands careful engagement is the role of traditional healers and Indigenous knowledge systems. Public health responses often treat these as obstacles to be overcome. In reality, they are deeply embedded sources of trust. A more pragmatic approach would be to engage local healers to recognise danger signs and encourage timely referrals, while respecting their role within the community. This could help bridge the gap between tradition and modern healthcare.

Communication strategies also need recalibration. Health messages crafted in the capital rarely resonate in remote CHT villages. Language barriers, differing worldviews, and limited exposure to formal education—all shape how information is received. Hence, community engagement must be participatory and localised. Campaign materials should use Indigenous languages, adopt the hill's style of storytelling, and utilise trusted community forums. When mothers understand why a vaccine matters, not as an abstract concept but as a shield against a familiar fear, they are more likely to seek it.

At the same time, there is a need

for modest but strategically placed health posts. They should not aim to replicate urban hospitals; they would serve as the first point of contact. They could be instrumental in offering essential medicines, routine services, and a base for outreach teams. Over time, such initiatives can strengthen the overall referral network, making the system more responsive and less fragmented.

All of these interventions, however, require a policy framework that recognises the unique advantages and challenges of the CHT. Uniform national strategies often fail to capture the diversity and complexity of the hills. Dedicated budget lines, flexible implementation models, and stronger collaboration between government agencies and NGOs are critical. Development partners, too, must move beyond pilot projects and support scalable, context-sensitive programmes.

The measles situation in Bandarban reminds us that even if inequity in healthcare is not always visible, it is deeply felt. A child in Alikadam should not have a lower chance of survival simply because of where they are born. Addressing this injustice demands more than infrastructure; it needs empathy translated into policy and policy translated into practice.

Those who have spent time in the hills know that communities are not passive recipients of aid. They are resilient, resourceful, and willing to engage if approached with respect and understanding. The task before us is to listen, adapt, and act. Because in the end, healthcare is more than about facilities and medicines; it is about reaching people where they are and standing with them when it matters most.