

Before signing energy pacts, Bangladesh must define its own strategy



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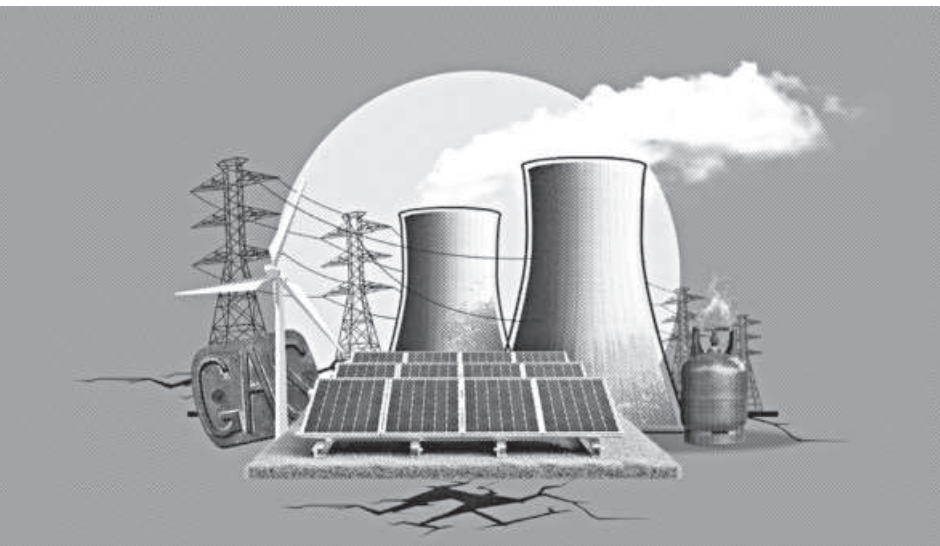
MOSHAHIDA SULTANA

On May 14 this year, the Energy and Mineral Resources Division signed a memorandum of understanding (MoU) on strategic energy cooperation with the US Department of Energy. In a press note on its website, the US Department of Energy said, “The agreement builds on President Trump’s commitment to unleashing American energy dominance and strengthening global partnerships through affordable, reliable and secure energy. The MoU is expected to facilitate millions of dollars in energy-related projects and investment opportunities across the energy value chain, including liquefied natural gas (LNG), liquefied petroleum gas (LPG), petroleum products, geothermal energy, and bioenergy.”

The agreement promises affordable and reliable supplies and diversification of energy sources to secure US energy to drive peace and prosperity at home and abroad. As per a *The Daily Star* report, it also pledges cooperation on capacity-building, knowledge exchange, and research in oil, gas, geothermal and bioenergy. The memorandum points to easier access to LNG, LPG, and other fuel imports from the US at favourable terms.

But this raises two questions: why were these fuels chosen as strategic priorities, and how do they fit in Bangladesh’s own sustainable energy future?

The timing deserves scrutiny. Days before the MoU, the Gas Exporting Countries Forum



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published an expert commentary warning that the global LNG market had entered a new structural phase. Future supply would not be driven by resource scarcity alone but by rising marginal costs and capital constraints.

While LNG trade is expected to expand, the incremental cost of new supply is rising. Projects that once liquefied gas at under \$3 per one million British thermal units (MMBtu) are now seeing rising costs that exceed \$4 per MMBtu—an increase of

roughly 45-55 percent. The analysis points to rising capital costs, greater technical complexity, environmental pressures, and growing uncertainty in project delivery, higher construction costs, remote and risky field development, and fewer low cost sources as reasons.

In short, new LNG is likely to be much more expensive than many policymakers assume. That findings should make Bangladesh

warn that new capacity addition will involve higher prices and higher risks. While existing and under-construction projects remain moderate cost anchors, proposed projects mark a clear step-up in capital intensity and technical complexity. Costs now vary widely by region and technology, with the Middle East as the low-cost anchor, Asia Pacific and Eurasia at the high-cost frontier, and Africa and North America forming a mixed core.

Beside LNG, the MoU elevates bioenergy and geothermal as strategic fuels. That choice is troubling. Bioenergy, outside of energy recovered from waste, competes directly with forests and food production. It increases pressure on land, can raise food prices, and risks harming rural livelihoods. The UN Food and Agriculture Organization has repeatedly warned that unchecked bioenergy expansion can damage food security and the environment. Bangladesh already faces shrinking arable land from urbanisation, infrastructure needs, river erosion, and salinity intrusion. Pursuing large-scale bioenergy may risk aggravating food security at a time when agriculture is under stress. Meanwhile, the country’s geology and hydrology make it an unlikely candidate for meaningful geothermal development. Prioritising bioenergy and geothermal over abundant solar and wind potential is, therefore, neither comforting nor sensible.

These strategic choices also raise domestic political questions. Amid public unease over trade deals, the government has been actively courting investors. A Bangladesh delegation recently led a group of some 25 business leaders to the SelectUSA Investment Summit in Washington and, along with US diplomats, they met with senior executives from Chevron and LNG infrastructure firms. One must ask whether this concentrated attention on export suppliers and investors was aimed at cementing foreign commercial footholds

rather than protecting national priorities.

The core issue here is sovereignty of strategy. Today’s global gas market outlook suggests that an LNG-centric path will be expensive and risky. Simultaneously, bioenergy and geothermal can carry social and environmental costs for Bangladesh. Before making major binding commitments, the government must test these options against our national capabilities, interests, and food-security needs. Where is that independent assessment? Why has parliament not been engaged in a public debate?

It is encouraging that the new energy minister speaks in favour of renewables. If the government genuinely wants to expand renewable use and protect national interests, it should avoid fast-tracking import deals and infrastructure that may strain future budgets. International cooperation must align with Bangladesh’s own priorities, not primarily with foreign commercial aims. Otherwise, these memorandums may contradict ministerial promises and lock the country into costly, environmentally risky technologies.

For decades, Bangladesh has relied on externally driven plans: foreign contracts, foreign loans, and imported fuel. This has increased import dependency, raised debt, and failed to resolve recurring power and fuel shortages. Crises come one after another because domestic expert coordination and national interest seldom lead policy. If one ministry champions sustainability while another signs contrary agreements, the cycle of dependency will continue. Any pact with foreign powers must conform to a domestically determined energy strategy.

The sequence should be clear: define our national energy strategy first, then negotiate international agreements that support it. That is the hallmark of a truly independent state.

How long will the untimely death of children be met with silence?



Sifat Afrin Shams is a member of the editorial team at The Daily Star.

SIFAT AFRIN SHAMS

In the early hours of May 27, the day before Eid-ul-Azha, six newborns died at the same hospital where they had been born hours before. Yet to see the world, know their parents, or celebrate their first Eid, the infants died because of an acute failure in the post-operative ward of Ad-din Medical College Hospital in Dhaka. According to the investigation carried out by the hospital authorities, the blame was conveniently put on the shoulders of two employees from the lowest levels of the hierarchy.

Infant mortality in Bangladesh was nearly halved between 1990 and 2019. However, the newborn mortality rate has risen slightly in recent years, to 26 deaths per 1,000 live births. Most infant deaths occur in the first day or week of life due to poor care at the time of birth, often because there is no skilled professional available to care for them. Only 6 in 10 deliveries in

Bangladesh are attended by a skilled health professional, one of the lowest rates in the world. Those born in rural areas and/or to the poorest families are also most likely to die before they turn five.

But the six infants at Ad-din hospital successfully bypassed the greatest statistical threats facing a newborn in this country. Their parents made all the right choices: they avoided unassisted home delivery, sought care at an established medical facility in the capital, and entrusted their babies to professionals in a post-operative ward. The babies beat the staggering odds of suffering birth asphyxia, which claims so many lives in the first critical hours. Still, they died, not because of a lack of resources, medical access, or parental foresight but because the hospital that was trusted to keep them safe was negligent.

Ad-din Medical College Hospital has agreed to provide Tk 80 lakh in compensation to each of the victims’ families, alongside promises of lifelong free medical treatment, educational support, and job opportunities. While this financial settlement may offer a lifeline to the grieving parents, does it ensure any amount of public accountability? When a medical institution fails so catastrophically that six newborn lives are cut off at once, is it not tantamount to murder?

To understand what children are to a nation is to look into the very foundation of why societies form in the first place. Depending on the lens you look through, children represent the engine of a society’s future survival, the ultimate test of a government’s legitimacy, or the physical embodiment of human potential. When that potential is extinguished prematurely, it is a failure of the state.

The probe committee formed by the Directorate General of Health Services (DGHS) reported a sequence of structural and administrative failures: an irregular air conditioning system, inadequate ventilation, poor lighting, absence of any physician on duty, and delayed medical interventions that left initially stable newborns to deteriorate and die

without timely intervention. But the government’s duty does not end with submitting a report. To prevent a catastrophe of this degree from ever recurring, the authorities must hold the hospital’s top management criminally accountable. Safety rules must also be enforced nationwide. This means shutting down unsafe wards and ensuring no private hospital can ever treat a patient’s life as cheap, disposable collateral.

The cruel lack of oversight at Ad-din hospital and the insufficient course of seeking accountability make one wonder whether we have become desensitised to the sufferings of children in Bangladesh.

Eight-year-old Ramisa was taken from in front of her house in Dhaka’s Pallabi and discovered later, raped and decapitated, in the adjacent flat, only a few feet away from her frantic parents. A 10-year-old student was found hanging in the bathroom of a residential madrasa in Dhaka’s Banasree, an incident that was followed by allegations of the boy being sexually abused by an older student. In Netrokona’s Madan upazila, an 11-year-old girl became pregnant after being raped allegedly by her madrasa teacher. At least 628 children have died from measles and “measles-like” symptoms since

March 15 due to a massive failure of the country’s public health supply chain. And almost one year ago now, on July 21, 2025, a fighter jet crashed into Milestone School and College in Dhaka’s Uttara, killing 28 children and leaving many others with severe burn injuries.

Unfortunately, the list goes on. All these incidents involving the most vulnerable citizens of our country represent a breakdown of systemic safety nets and could have been prevented with strict, proactive enforcement of the rules and regulations we already have.

On paper, the country’s laws are a strong shield for its children. The constitution promises the fulfilment of basic needs, and the Children Act, 2013 ensures safety and justice for the most vulnerable. Recent updates to the Women and Children Repression Prevention Act try to speed up legal trials and enforce zero tolerance for abuse. Yet, a fatal gap between the law and reality becomes evident daily in terms of how those who harm children have no or inadequate accountability.

This gap culminates in our trust in the system being broken again and again. We tell mothers to go to modern hospitals to keep their babies safe. We send our children to schools

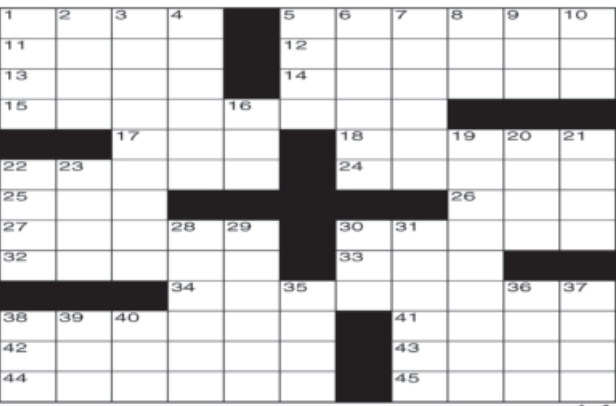
and madrasas to become educated. We want to trust the system. Yet, for the parents of those newborns who died at Ad-din hospital, as well as for so many others, these institutions became death traps.

BNP and 11 other political parties, ahead of the February 12 election, made a promise to our children by signing the Unicef-backed Child Rights Manifesto, which sets practical goals to ensure that every child in Bangladesh survives, learns, and is protected. The political parties committed to creating safer communities free from violence and pledged to turn these priorities into decisive action once elected. Now that the BNP is the ruling party, these promises must be reflected in our current reality. We don’t need more speeches or politically motivated promises; we need our children to stay alive and safe.

Laws and probe reports don’t protect anyone. A piece of paper cannot breathe for a suffocating baby, nor can it fight off a predator. Only uncompromising action can do that. It is time to stop accepting excuses. If we keep allowing the very places meant to keep our children safe become responsible for their harm, we are failing the most basic test of humanity.

CROSSWORD BY THOMAS JOSEPH

- ACROSS
- 1 “Very funny!”
- 5 Seasoned stew
- 11 Homecoming attendee
- 12 Familiar with
- 13 District
- 14 Life list maintainer
- 15 Soda fountain order
- 17 Cry of insight
- 18 Trot and canter
- 22 Propeller type
- 24 As scheduled
- 25 Oahu souvenir
- 26 Geologic period
- 27 Conform
- 30 Takes steps
- 32 Caruso, for one
- 33 Greek vowel
- 34 Heed
- 38 Digestion aid
- 41 First father
- 42 Tickle
- 43 Royal address
- 44 Dancer’s attire
- 45 Bus. course
- DOWN
- 1 Mist
- 2 Sleep like ---
- 3 European language
- 4 Don of “Cocoon”
- 5 Yodel
- 6 Crumbly cheese
- 7 European language
- 8 Unmatched
- 9 Western
- 10 Craggy hill
- 16 Unrefined
- 19 European language
- 20 Ankara native
- 21 Vast expanses
- 22 Thin board
- 23 Yield
- 28 European language
- 29 Hot dish holder
- 30 Soaked
- 31 Comfortable
- 35 Pert talk
- 36 Poi source
- 37 Sign of a sort
- 38 Plopped down
- 39 French friend
- 40 Tote



YESTERDAY’S ANSWERS



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Director's Office

Cumilla Medical College Hospital, Cumilla, Cumilla.

Memo No. Kumek Hass/sha-1/Diet & Others /Tender/2025-26/1560

Date: 09/06/2026

E-Tender Notice

e-Tender will be invited in the National e-GP System portal (<http://www.eprocure.gov.bd>) for procurement of following goods.

SL No	Tender ID No	Package no	Description	Publication Date and Time	Tender Document Last Selling/ Downloading date and time	Tender Closing Date	Tender Opening Date and Time
01	1290836	Procurement of Leverage /drivers and fourth-class employees for the financial year 2025-2026 at Cumilla Medical College Hospital	Leverage /drivers and fourth-class employees	09/06/26 12.00	14/06/26 2.30	15/06/26 12.00	15/06/26 12.00

This is online Tender. where only e-Tender will be accepted in the National e-GP portal and no offline/hard copies will be accepted. To submit e-Tender, registration in the National e-GP system portal <http://www.eprocure.gov.bd> is required. The fees for downloading the e-tender document from the National e-GP system portal have to be deposited online through any registered bank branches.

Further onformation and guidelines are available in the national e-GP System portal and from e-GP help desk (helpdesk@eprocure.gov.bd).

(Dr.Md. Shah Jahan) 09.06.26
Director
Cumilla Medical College
Hospital Cumilla.