

The battle against dengue needs collective action



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In Bangladesh, dengue is no longer a seasonal or urban disease; it has spread nationwide and is now prevalent almost throughout the year. According to Bangladesh's Dengue Dynamic Dashboard (2025), from January 1 to September 14 this year, 37,891 people have been hospitalised due to dengue. The actual number of hospital admissions is likely to be higher, as not all hospitals in the country are yet included in the data reporting system. The dashboard further shows that this year, the highest number of cases were reported in Dhaka division—14,987 people, which is 40 percent of the total. However, Barishal's infection rate as a percentage of its total population is the highest compared to the rates in other divisions.

Monthly data on deaths reveal that the highest number of fatalities from dengue occurred in July (41 deaths), closely followed by August (39 deaths). In the first 14 days of September, 28 people have succumbed to dengue, bringing the total number of deaths to 150 between January 1 and September 14. Nearly half of the deceased were aged below 30 and only nine percent of the dead were aged over 60. Clearly, dengue is claiming the lives of children, young people, and those in their

and local government bodies occasionally spray insecticides with fogging machines, but research has shown that such fogging is not effective in destroying the primary dengue vector—the Aedes mosquito. Hospitals face bed shortages, doctors and nurses are overwhelmed, and there is a lack of adequate blood supply, all of which further weaken dengue treatment capacity. Administrative responses remain superficial, while systematic

The social catastrophe the disease brings by shattering families and putting children's education and safety at risk seems to escape our attention. The disease's prevalence did not become severe overnight, however. It is the cumulative effect of failures at the personal, familial, social, institutional, and state levels. As individuals, we do not keep our homes and surroundings clean. Families fail to create dengue awareness among their children. As

used. Besides, a proper mixture of insecticides must be ensured, and applied in scientifically effective ways—for example, adhering strictly to when adulticides and larvicides should be used. At the same time, continuous training must be arranged for mosquito control workers so that they become skilled in proper application methods. Introducing performance-based incentives can be considered to keep workers motivated and attentive.

The effectiveness of dengue control activities must be monitored and observed regularly. Community-based social monitoring could be introduced, where designated individuals ensure that mosquito control workers have indeed sprayed insecticides at scheduled times. Most importantly, a robust surveillance system must be built to support data-driven decision-making.

Communities and educational institutions also need to be effectively engaged. Every school could form a "wellbeing club" through which students are made aware of dengue prevention, alongside other health and wellbeing issues. Similarly, involving Rover Scouts, Girl Guides, the "Little Doctor" programme, and other youth organisations in dengue prevention activities and discussions could multiply the social impact.

In addition, mosques, neighbourhood clubs, and NGOs should be effectively engaged in creating dengue awareness and control. At the same time, citizens must act responsibly by keeping rooftops, yards, flowerpots, drains, and all water-collecting spaces clean on a regular basis. At the state level, integrated policy formulation, sufficient budget allocation, strengthened research activities, and expansion of hospital and laboratory facilities must be prioritised. Above all, continuous awareness campaigns through mainstream and social media and in educational institutions are essential.

Dengue is not just a disease—it is a reflection of our mismanagement, negligence, and failure to uphold responsibilities. If we continue to remain idle, more lives will be lost, families will collapse, and society will grow increasingly fragile. So we must raise awareness in this regard. Through collective effort, under the leadership of local government bodies (city corporations, municipalities, district councils, upazila councils, etc), and with the active participation of social organisations, we can build an effective social movement against dengue.



The highest number of fatalities from dengue occurred in July this year. This photo was taken on July 3 at the capital's Mugda Medical College and Hospital.

FILE PHOTO: PRABIR DAS

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most productive years. The death of a young and working individual is not only a personal tragedy but also a blow to our economic productivity. When an earning member of a family dies, the household loses its source of income. At the same time, the state loses a promising citizen who would have contributed to the economy through income, savings, consumption, and taxes. Such deaths also negatively impact the country's GDP.

This raises the question as to why state institutions are not acting decisively despite so many deaths. The Directorate General of Health Services (DGHS) publishes daily statistics on cases and deaths, but beyond that, no effective policy initiatives are visible. City corporations

and long-term planning is missing.

Ordinary citizens cannot escape responsibility either. We post about dengue on social media, share pictures or news of the dead, express grief briefly, and then return to our usual routine. Beyond that, there is hardly any social response. We seem to have accepted dengue's prevalence as our fate, reflecting a mindset of neglecting duties and responsibilities which is rendering us passive. We do not seem to think about the children left orphaned after losing their parents to dengue or about families who lose their only breadwinner. Neither do we appear to worry about the risk that our own children and family can fall victim, too.

a society, we do not take collective action. Local government bodies evade responsibility. At the state level, there is a lack of policy, weak coordination, and insufficient budget allocation.

Therefore, to reduce the devastation of dengue, immediate collective action is necessary. Local governments must lead ward-based cleanliness drives and effective mosquito control programmes. For those to succeed, the entire ecosystem of the programme must be made fully functional, including a comprehensive, well-structured dengue management plan. This should include regularly testing whether mosquitoes have grown resistant to the insecticides being

The cost of leaving home



MIND THE GAP

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NOSHIN NAWAL

Arif left Dhaka last year for what he called "a better life." On paper, he's thriving: a stable job in IT, a modest flat in Manchester, a new fondness for waterproof jackets. But when I asked him what he missed most, he didn't just say "lazy mornings," "adda over chaa," or "my mother's voice." He mentioned, "having someone to laugh with at 2am without booking it on Google Calendar."

This is the unspoken cost of leaving—the everyday moments that don't fit into migration agency brochures or glossy remittance statistics. Every year, thousands of young Bangladeshis chase foreign horizons. They leave with suitcases stuffed with pickles, dry fish, and dreams, imagining a land paved with career opportunities and better healthcare systems. And yes, the paycheques are bigger, the streets are cleaner, and no one honks when the traffic light turns green. But no one tells you that in exchange for your pounds and dollars, you must mortgage your roots, your community, and sometimes, your sanity.

The first year abroad is often a blur of survival. You're figuring out buses, signing tenancy agreements, and learning how to cook dal without it resembling uputan. You post triumphant photos on Instagram—new jackets, neat flats, foreign skylines—because admitting you cried into a frozen paratha from a supermarket doesn't fit the narrative of success. Back home, your family beams with pride as they whisper to neighbours about "amader chele UK te ase." What they don't see is their son walking home from work through a city of strangers, the silence broken only by the squeak of his shoes.

Across oceans and time zones, the promise of greener pastures often ends with patchy Wi-Fi calls where

mothers pretend not to cry and fathers say, "Don't worry about us, you just take care of yourself."

The festivals hurt most. Eid, which once meant noisy cousins, chaotic kitchens, and new clothes, becomes an awkward Zoom background. Abroad, you microwave frozen samosas, slip into your one neatly ironed panjabi, and send digital

Home is not just geography. It is shared memory, messy togetherness, and the comfort of being known. When we trade that for Western salaries, we gain financial stability but lose something harder to measure: belonging. In the end, I think the question is not just how much we gain by leaving, but how much we lose by not staying.

salamis. The only "Eid crowd" you face is the queue at the halal butcher. It is festive enough for Facebook posts but hollow enough to make you long for the sweaty, noisy, joyful chaos of Dhaka mornings, where 30 relatives fought over who got the leg piece of the roast.

Weddings aren't spared either. Back home, they're three-day-long circuses of colour, gossip, and gluttony. Abroad, you scroll through grainy livestreams on Facebook, hearts breaking as you spot your childhood best friend dancing without you, your favourite auntie crying at her daughter's farewell. You send a congratulatory message with emojis, but deep down you know: emojis cannot hug, and live

streams cannot smell of roses and kacchi biryani.

Even ordinary days are filled with absence. No cousin showing up with shingara on a rainy afternoon. No uncle popping by to argue politics over cha. No rooftop cricket games at sunset, no neighbourhood shopkeeper who already knows your brand of chanachur. Abroad, you are anonymous—another brown face in a sea of commuters, another "Arif" mispronounced as "A-reef." You gain privacy but lose belonging.

And then there are the parents. They age faster in your absence. They pause longer before answering the phone. They skip details about illnesses because they don't want to worry you. You send them money; they send you blessings. Then both sides cry after pressing the red button. In a cruel twist, the very remittances that build bigger houses in Baridhara also build emptier ones, because the children they were meant for live half a world away.

Communities back home feel the loss too. Every farewell party is disguised as a "get-together," with Dhaka increasingly seen as a layover, not a destination. Neighbourhood football teams vanish, rooftops grow quieter, and even weddings lack the warmth they once had. A society can lose more than its workforce; it can lose its laughter, its culture, its collective memory.

None of this is to say staying behind is easy. Bangladesh tests patience in ways no IELTS preparation class ever could. There are traffic jams that feel like psychological warfare, low salaries that make ambition look like a luxury, and politics that would make Machiavelli throw up his hands. It's tempting to leave, and many do. But leaving carries a price tag that no exchange rate can balance: fractured families, eroded traditions, and the slow hollowing out of community life.

Because yes, you can build a house with your pounds, but who will sit in it with you when you come back? You can pay your parents' hospital bills, but will you be there to hold their hands in the waiting room? You can buy your child Lego sets from London, but will they ever know the joy of catching fish in monsoon floods with cousins?

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salaries, we gain financial stability but lose something harder to measure: belonging. In the end, I think the question is not just how

much we gain by leaving, but how much we lose by not staying. And that loss may be the heaviest price of all.

Government of the People's Republic of Bangladesh

Netrokona District Hospital, Netrokona

e-Tender Notice

Memo No. DSH/NET/2025/E-Tender/702

Date: 14/09/2025

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

Tender ID No.	Description	Publication date and time	Online tender closing & opening date and time
1144979	Procurement of Non EDCL Medicine Group	15-Sep-2025 14:00:00	05-Oct-2025 14:00:00
1144988	Supply of MSR Equipment.	15-Sep-2025 14:00:00	05-Oct-2025 14:00:00
1144989	Supply of Gauge, Bandage, Cotton	15-Sep-2025 14:00:00	05-Oct-2025 14:00:00
1144990	Supply of Linen	15-Sep-2025 14:00:00	05-Oct-2025 14:00:00
1144992	Supply of Chemical Reagents	15-Sep-2025 14:00:00	05-Oct-2025 14:00:00
1144993	Supply of Furniture	15-Sep-2025 14:00:00	05-Oct-2025 14:00:00

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 and registered bank branch. Further information and guidelines are available in the National e-GP System Portal and from e-GP (helpdesk@eprocure.gov.bd).

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