Antimicrobial resistance threatens to collapse our health system

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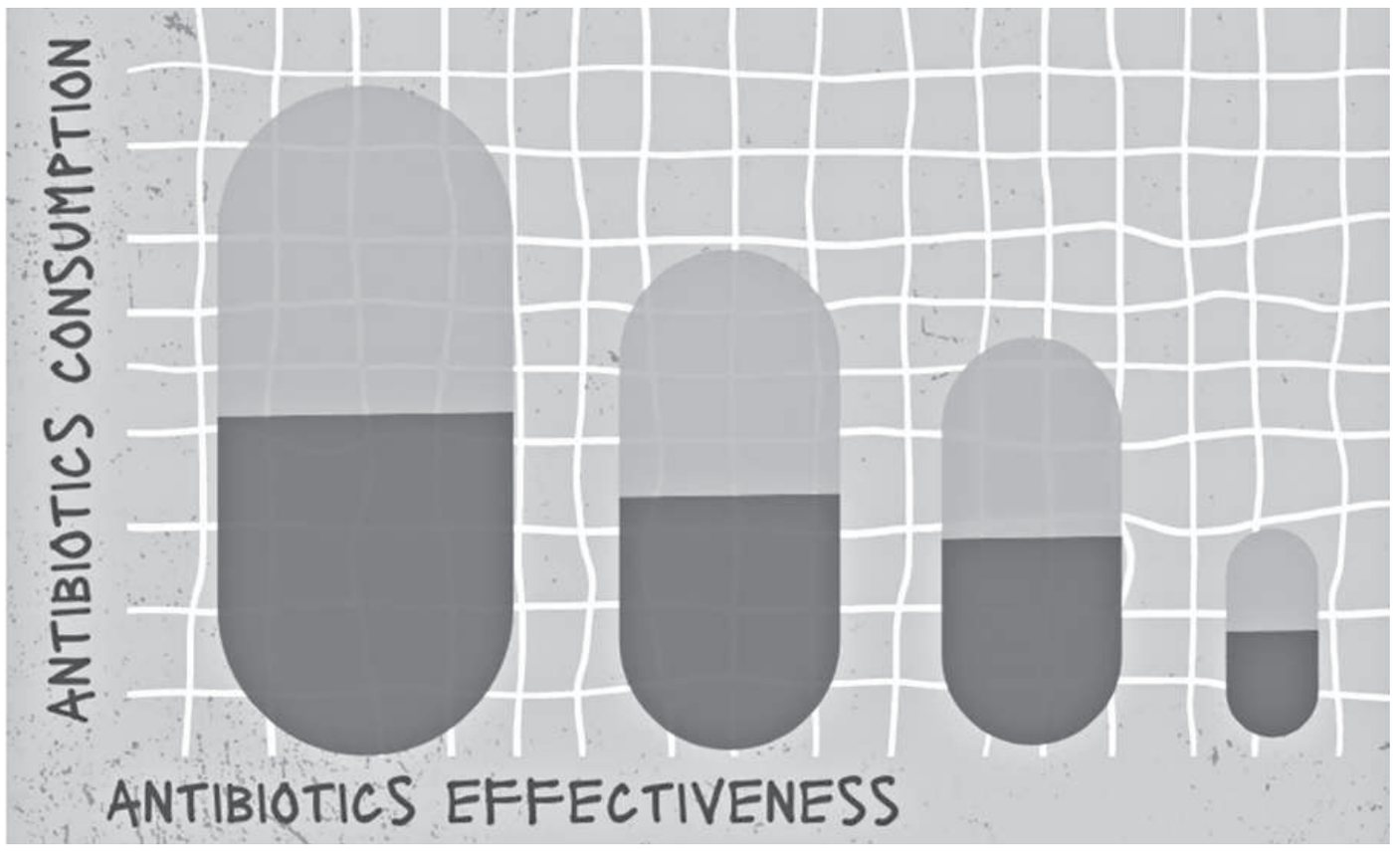
Antimicrobial Resistance (AMR) is no longer a distant threat; it is an unfolding national catastrophe already claiming lives inside our hospitals. Newly released data from the Institute of Epidemiology, Disease Control and Research (IEDCR) exposes the extent of this crisis with chilling clarity. Four in every ten patients admitted to intensive care units (ICUs) are no longer responding to available antibiotics. This single statistic signals a full-scale collapse of our ability to treat infections that should be curable. Many patients who survive traumatic injuries, major surgeries, or life-threatening conditions are dying from infections that antibiotics can no longer control. What was once the cornerstone of modern medicine is crumbling before our eyes.

The situation becomes even more alarming when examining resistance trends to critical antibiotics. Meropenem—one of the most powerful drugs reserved for severe infections—has seen resistance rates jump from 46.7 percent in 2022 to an astonishing 71 percent in 2025. Several other essential antibiotics now face resistance levels between 79 and 97 percent. These medicines represent our last line of defence, and they are rapidly losing their potency. Compounding this crisis is the surge in the use of WHO-classified "watch-group" antibiotics, which should be used sparingly. Their usage has escalated to 91 percent this year, up from 77 percent the year before. This heavy dependence is accelerating resistance even further, leaving us with dwindling options and fragile reserves of once-reliable drugs.



FILE VISUAL: **AFIA JAHIN**

People routinely purchase antibiotics without prescriptions, take incorrect doses, or stop midway when symptoms subside. Each incomplete course allows the strongest bacteria to survive and multiply, ensuring that the same drug will not work again. The ease with which antibiotics can be bought over the counter creates the perfect breeding ground for resistance.

Although the ICU data is the most dramatic, AMR's impact spreads far beyond hospital walls. Globally, drug-resistant infections directly caused 1.27 million deaths in 2019 and were linked to nearly five million deaths. The trajectory is even more frightening: by 2050, AMR could kill 10 million people annually—surpassing cancer and overwhelming global health systems. The economic toll is equally devastating. The World Bank warns that AMR could strip $ 1 trillion to $ 3.4 trillion from the global GDP every year by 2030, driven by longer hospital stays, rising treatment costs, reduced labour productivity, and disruptions in agriculture and food production. Without urgent intervention, AMR could erase decades of medical and economic progress.

The medical system we rely upon—built on the confidence that antibiotics can control infections—is being dismantled one resistant organism at a time.

The tragedy is that AMR is overwhelmingly man-made. Its drivers are fully within our ability to control, yet remain neglected across the entire health ecosystem. At the community level, self-medication continues unabated. People routinely purchase antibiotics without prescriptions, take incorrect doses, or stop midway when symptoms subside. Each incomplete course allows the strongest bacteria to survive and multiply, ensuring that the same drug will not work again. The ease with which antibiotics can be bought over the counter creates the perfect breeding ground for resistance.

The medical system itself is not blameless. Even trained doctors sometimes prescribe antibiotics without proper diagnostic justification, while unregistered healthcare providers prescribe indiscriminately. The IEDCR has repeatedly emphasised the need for culture and sensitivity tests before prescribing antibiotics, but this essential step is still not universally practised. The culture of "prescribing first and investigating later" is fuelling resistance at a terrifying pace. Inside hospitals, poor infection prevention and control practices allow drug-resistant microbes to spread, turning healthcare facilities into hotspots for resistant infections.

The crisis expands further when viewed through a "One Health lens"—looking at health problems through an integrated approach recognising the connection among human, animal and environmental health. Antibiotics are widely misused in agriculture and livestock production to promote growth and prevent disease, resulting in resistant bacteria entering the food chain and environment. Pharmaceutical waste, often released untreated into water bodies, further contaminates ecosystems with antibiotic residues and resistant organisms. These environmental reservoirs continually feed resistance back into human populations, creating a vicious, unending cycle. Meanwhile, the pharmaceutical industry faces little incentive to develop new antibiotics. These drugs are costly to produce but generate low profits compared to long-term treatments for chronic diseases. As a result, the pipeline for new antibiotics has slowed to a trickle just when we desperately need innovative solutions.

Addressing AMR demands urgent, aggressive, and coordinated action across all sectors. Regulation must be strengthened immediately to end unauthorised antibiotic sales and ensure prescriptions are based on proper diagnostic practices. Hospitals must implement strong, well-monitored antibiotic stewardship programmes (strategies for prescribing and administering antimicrobials) and enforce infection control strictly, treating stewardship as a core institutional priority rather than an optional guideline. Governments and global health organisations must intervene to address the market failure in antibiotic research by incentivising investment in new drugs, rapid diagnostic tools, and vaccines that reduce reliance on antibiotics.

From a One Health perspective, antibiotic use in agriculture must be tightly regulated. Alternatives to antibiotics for growth promotion should be mandated, and strict oversight is necessary to prevent environmental contamination from pharmaceutical manufacturing. Without addressing the animal and environmental dimensions of AMR, human health interventions alone will fail. Equally important is public education. A sustained national awareness campaign is essential to communicate clear, consistent messages: antibiotics do not cure viral infections; self-medication is dangerous; and completing the full course of prescribed antibiotics is mandatory. Changing public behaviour is critical because misuse at the community level is one of the primary drivers of resistance.

The rise of AMR is not an unavoidable twist in microbial evolution; it is a direct consequence of human negligence, weak regulation, medical shortcuts, and system-wide complacency. The warning signs are everywhere, and the data is undeniable. Four in ten critical patients in our ICUs are already losing the fight against infections that should be treatable. If we continue on this trajectory, we will enter a post-antibiotic world where minor injuries become life-threatening and modern medicine becomes a gamble.

Antibiotics are not infinite commodities; they are fragile, irreplaceable resources. We must protect them with the seriousness they deserve. The window for decisive action is closing rapidly, and the cost of inaction will be measured in lives lost, economic devastation, and the collapse of medical systems we once believed were unshakable.

How remittances can be reframed for shared community development

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Millions of Bangladeshi migrants living abroad send money home. This transfer for their left-behind families reflects the love and obligation that ripple through villages and towns, supporting livelihoods and boosting income. Although billions of dollars of remittances enter the country through the formal banking system, one question remains: what do these remittances really build beyond the front gate of a family home?

For most of these households, remittances are a lifeline. This is considered a private transfer by migrants to their families, to assist payments for food, rent, medical care, school fees, and other day-to-day necessities. While these outcomes may appear promising at the household level, their impact tends to lose its lustre when examined through a broader socio-economic lens. Research shows that most remittances often fuel conspicuous consumption rather than long-term investment and savings. In a 2014 survey, Bangladesh Bank found that 55.6 percent is spent on different types of expenditure, of which 33 percent was spent on food alone. The pattern is understandable. The country's migrants are mostly low-or semi-skilled, working in construction sites, agricultural plants, or in domestic service across the Middle East and Southeast Asia. Moreover, higher migration costs, combined with shorter durations or less secure employment, are common in destination areas. The precarious migration process often leads to indebtedness, which erodes the capital and production capabilities of the households left behind. So, this seems to be a paradox of progress. The country's foreign exchange increases, yet remittances rarely contribute to empowerment and sustainable community development. Much of the money circulates in what economists call "consumption loops," money in, money out, leaving little lasting trace.

Remittances are a private fund; they cannot replace public spending to create jobs, strengthen local economies, or improve community infrastructure. Let us envision this system through a different lens. What if a tiny slice of each remittance, say, fifty cents per remittance transaction (without reducing the remitted amount received by families), could be redirected into a national fund for community development? Half a dollar may sound trivial, but when considered alongside aggregated remittance flows, it could represent a powerful opportunity. Last year, the country received a total of $30 billion in remittances. Now, imagine what a slice of fifty cents could produce in terms of resources and opportunities if we could manage both the fund and its utilisation properly.

However, this calculation is not straightforward, as remittances are processed on a per-transaction basis. Therefore, it is important to know the average amount sent per transaction, but Bangladesh Bank does not publish transaction-level remittance data, which limits the precision of any estimation. Therefore, for the estimation of per-transaction remittance transfers, I rely on empirical data from IOM and ILO studies that show that migrants send money home three to four times a year, with an average total of $1200. This $300 average benchmark per transaction is actually very similar internationally. The World Bank's Remittance Price Worldwide (RPW) methodology uses $200 and $500 as global reference amounts for small and medium-sized remittance transfers, allowing for consistent comparison of transfer costs across countries. Let's use $250 as a conservative midpoint and divide the total remittances ($30 billion) Bangladesh received by the average transaction amount ($250). The result will give an estimated 120 million remittance transactions per year. Now imagine, if just 50 cents from each transfer were voluntarily allocated to this development fund, it would generate nearly $60 million annually (120 million x 0.5 cents), which is equivalent to around Tk 700 crore to Tk 750 crore. If the contribution were set at 1 dollar, that amount would simply double. And this can further reinforce the transformative potential of remittance-driven development and investment in the rural economy.

FILE VISUAL: **FATIMA JAHAN ENA**

This kind of model is not new; a similar approach already exists in other countries. Mexico's model "3×1 Program for Migrants" shows that for every dollar migrants contribute to a community project, the federal, state, and municipal governments contribute three times to build infrastructure or fund various community development programmes. In Morocco, the Migration and Local Development (MIDL) programme offers another example, forging partnerships between diaspora associations and local councils to co-finance development projects. Bangladesh, too, is not starting from zero. Like the Philippines' Overseas Workers Welfare Administration (OWWA), Bangladesh already operates a worker-contribution mechanism through the Wage Earners' Welfare Board under the Wage Earners' Welfare Board Act, 2018.

Moreover, the current 2.5 percent cash incentive has significantly boosted remittance inflows through formal banking channels. As a result, commercial and private banks have enjoyed higher transaction volumes and profits, benefiting both from government incentives and transaction fees from global remittance providers such as Western Union and MoneyGram. Within this ecosystem, a modest contribution of 50 cents or even one dollar per remittance transaction would hardly affect profitability. Crucially, it could also change how migrants feel about sending money home. When workers from abroad see that even a fraction of their hard-earned income is building schools, training centres, or health facilities in their own villages, it could foster a sense of ownership and pride. That trust can, in turn, encourage more migrants to remit through formal banking channels for expanding both national reserves and community investment.

Strengthening confidence in formal systems and linking remittances to visible community outcomes could amplify a natural solidarity effect. The purpose of this proposed fund would be clear: converting short-term household consumption into long-term social and economic investment. It could support returnee migrants facing debt and unemployment, offer business start-up grants and psychosocial support, and finance training for aspiring workers to move into higher-value occupations abroad. It could also build rural infrastructure, including roads, and build climate resilience and clean water systems that migrant families rely on.

Of course, the key lies in trust. Migrants must believe that their 50 cents or $1 will not be swallowed up by bureaucracy. A transparent system needs to demonstrate where every dollar goes—every school built, and community initiatives are launched. Only this could help build that confidence. Trust can be strengthened by establishing an accountable mechanism with multi-stakeholder oversight complemented by a public digital dashboard and an annual independent audit. Most importantly, such a mechanism could provide a financial foundation for the effective implementation of the updated National Reintegration Policy for Migrants 2025, turning policy intent into measurable outcomes.