

A CLEARER VISION FOR BANGLADESH: One million cataract surgeries and eye care for all



DR TAREQ SALAHUDDIN

Bangladesh's eye-care challenge extends far beyond hospital corridors. A 2020 national survey found refractive errors in 48.6 per cent of people surveyed, excluding presbyopia, yet spectacle coverage was only 26 per cent. For many families, something as treatable as poor eyesight still disrupts education, income and independent living. Cataracts, uncorrected refractive errors and diabetic eye disease add to the pressure on a health system where specialist services are unevenly distributed.

Against this backdrop, Dr M A Muhit, Minister of State for Health and Family Welfare, is positioning eye health as a public health priority. His vision, set out most recently at a World Sight Day discussion in Dhaka on 8 October, centres on taking affordable services closer to communities, rather than expecting patients to travel long distances for treatment.

At the centre is a proposed $130 million government investment over the next five years. Muhit says the money will support training for ophthalmologists, better infrastructure and expansion of treatment facilities, including district and remote services. The plan is ambitious: one million free cataract operations, distribution of 10 million spectacles and access to primary eye care for approximately 20 million people nationwide.

His emphasis on cataract surgery reflects the devastating yet often reversible loss of sight caused by untreated cataracts. The distribution of spectacles addresses a different, equally important problem: children struggling to see classroom boards, and adults whose uncorrected vision limits their work. Schoolchildren are explicitly included, with plans for vision screening, spectacles and other necessary eye-care services.

However, the minister's priorities extend beyond a headline target. He has repeatedly highlighted the need for a coordinated national approach in which public hospitals, specialist institutions, professional bodies, non-governmental organisations (NGOs) and development partners work together. At the launch of the WHO SPECS 2030 initiative in August, he warned against leaving eye care as disconnected activities and called for integrated provision, including cataract and diabetic retinopathy services.

In practical terms, that means building capacity outside major cities and creating pathways from early screening to specialist intervention. He has also proposed dedicated outpatient, inpatient and operating theatre services at planned 151-bed upazila hospitals, a step intended to reduce the need for patients to travel to major cities.

It also means treating corrective lenses as an essential intervention, not a luxury. Bangladesh's participation in SPECS 2030 links its domestic ambitions with the global goal of increasing effective refractive-error coverage by 40 percentage points by 2030.

Yet implementation will be the decisive test. Recruiting and retaining trained eye-care professionals, ensuring reliable surgical quality, maintaining equipment and reaching underserved populations will require sustained financing and transparent monitoring. Numbers of operations and spectacles supplied matter, but improved vision and equitable access will be the more meaningful measures.

With the World Sight Day commitments, Muhit has outlined a potentially transformative agenda. Whether it changes the everyday experience of someone waiting for cataract surgery or a child unable to read the classroom board will depend on how quickly these promises become services within reach.

E-mail: tareq.salahuddin@thedailystar.net

Violence leaves scars we cannot always see

Violence rarely ends when the bruises fade. For women and children who experience sexual or gender-based violence, the damage can follow them into classrooms, workplaces, relationships and healthcare settings. Yet too often, survivors carry the burden quietly while systems respond only after harm has occurred.

In Bangladesh, where conversations around sexual violence can still be clouded by shame, fear and social pressure, prevention and compassionate support matter enormously. The Sexual Violence Research Initiative Forum 2026, being held in Bangkok this October, is putting these issues under a global spotlight.

The gathering brings together researchers, policymakers, health professionals and advocates to ask a crucial question: how can violence be stopped before it happens?

Discussions will explore ways to prevent child sexual abuse, make essential services safer for women and girls during emergencies, improve how violence is documented, and understand its lasting impact on mental wellbeing.

For Bangladesh, these conversations carry particular relevance. Hospitals, schools and community services can become important places for recognising danger and connecting survivors with safe support.

Ending violence requires more than reacting to horrific incidents. It means listening without judgement, building safer systems and using evidence to prevent the next survivor from ever having to become one.





The infections quietly fuelling cancer - and the chance to stop them



DR SUMAIYA KHALED

For Bangladesh, the latest global cancer figures carry an uncomfortable message: some cancers may begin with infections that can often be prevented, detected or treated long before a tumour appears. In a country where families already face the emotional and financial shock of cancer, that makes prevention increasingly urgent.

A new worldwide analysis estimates that infections were responsible for about 2.3 million new cancer cases in 2024; roughly one in every eight cancers diagnosed globally. Strikingly, 77 per cent of these cases occurred in low- and middle-income countries.

Two infections dominated the picture. A common stomach bacterium was linked to about 760,000 cancer cases, mostly stomach cancer. HPV, a widespread virus passed through intimate contact, accounted for around 750,000 cases and was the cause behind cervical cancer in the study. Hepatitis B and C, which can quietly damage the liver for years, were also major contributors to liver cancer.

The findings matter for Bangladesh because the story is not simply about treating cancer after it arrives. It is about stopping some cancers before they have the chance to begin.

Vaccination against HPV and hepatitis B can prevent infections that later lead to cancer. Testing and timely treatment for hepatitis B, hepatitis C and the stomach bacterium can also reduce risk. Safer injections, protection against sexually transmitted infections and regular cervical screening add further layers of defence.

Yet the global picture exposes a familiar inequality. Countries with fewer resources carry much of the burden, even though many of the preventive tools already exist. Cost, limited access, lack of awareness and gaps in health services can turn a preventable infection into a cancer diagnosis years later.

Cancer is often spoken about as bad luck, family history or an unavoidable disease of ageing. This research adds another perspective: prevention may sometimes start with something as ordinary as a vaccine, a test or treating an infection early.

For Bangladesh, that is more than a medical message. It is an opportunity to move cancer care upstream before the diagnosis, before the hospital bed, and before a family hears the words it fears most.

Email: sumaiya.khaled@thedailystar.net

The hidden health cost of holding your urine

STAR HEALTH DESK

Ignoring the urge to urinate can seem harmless. A meeting runs late, traffic crawls, a classroom cannot be left, or the nearest toilet feels too unpleasant to use. So we wait. Occasionally, that is usually fine. But repeatedly turning "I'll go later" into a daily habit may carry a hidden health cost. The problem is familiar



to office workers, teachers, students, healthcare staff, drivers and garment workers, whose long shifts, crowded journeys or limited access to clean toilets can make bathroom breaks difficult. Some even drink less water to avoid needing the toilet.

When urine stays in the bladder too long, germs have more opportunity to grow, increasing the chance of painful urine infections. Regularly stretching the bladder may also make it harder for its muscles to work properly, sometimes leaving urine behind after a toilet visit. Over time, this can contribute to urgency, leakage or difficulty emptying the bladder.

There is no prize for enduring discomfort. Drink enough water normally and respond when your body gives a clear signal. If urination becomes painful, unusually frequent, difficult, bloody or comes with fever, seek prompt medical advice. A toilet break is not laziness; it is part of basic healthcare.

When grades become too heavy to carry



SARKER M SHAHEEN

In Bangladesh, a student's future can sometimes feel as if it hangs on a single sheet of exam results. Behind the grades, coaching classes and anxious family expectations, however, many young people may be carrying distress that adults fail to notice.

The warning signs are difficult to ignore. At least ten students died by suicide within six days of this year's secondary school results, according to figures cited from the Aachol Foundation. In 2025, at least 403 student suicides were reported, nearly half involving schoolchildren. The real toll may be higher because these figures rely on media reports.

Yet help remains painfully scarce. An estimated 12.6 per cent of Bangladeshi children live with a mental health problem, while more than 90 per cent receive no formal care. Fear of stigma makes the silence deeper. Sadness may be dismissed as laziness, anxiety as weakness, and sleeplessness before exams as something a child should simply overcome.

Teachers could become an important safety net. Bangladesh is already testing a school-based mental health and suicide prevention programme across 10 districts, reaching about 20,000 students and training 488 teachers.



The next step should be simple but ambitious: train at least one teacher in every secondary school to recognise distress, listen without judgement and guide students towards appropriate help. Schools should also build links with local health centres and involve parents and coaching centres in conversations about exam pressure.

A child's worth cannot be reduced to a GPA. Schools must prepare children not only to pass examinations, but also withstand exam pressure. Sometimes, one observant teacher, one compassionate conversation and one timely referral may change the course of a young life.

The writer is a researcher in child and youth mental health at the Cumming School of Medicine, University of Calgary. Email: sm.shaheen@ucalgary.ca

