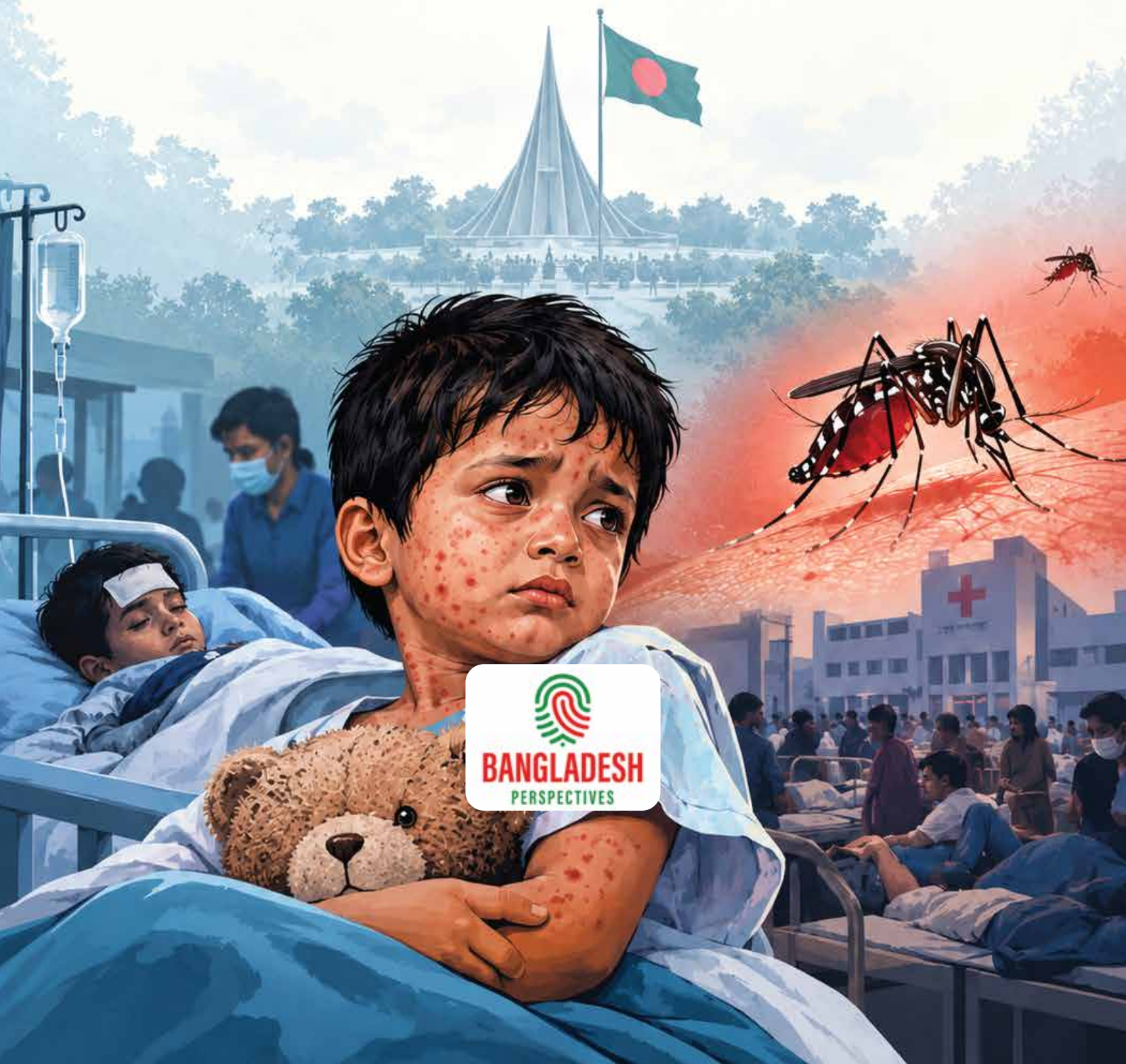


Bangladesh's Health Disaster: How Two Governments Failed to Protect Its Children

A preventable measles crisis and a relentless dengue outbreak have pushed Bangladesh's health infrastructure to its breaking point, and political leaders are looking the other way.

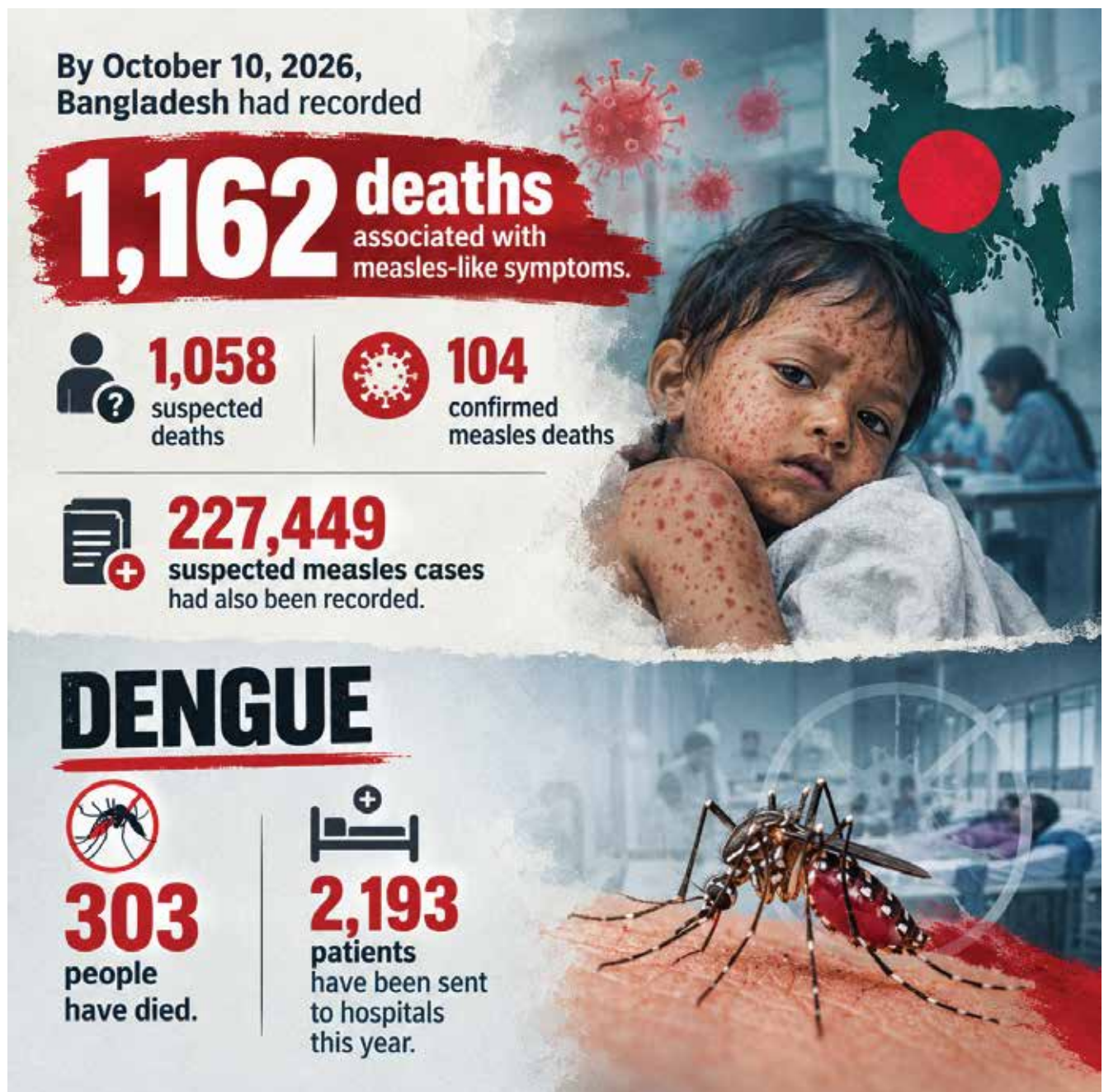


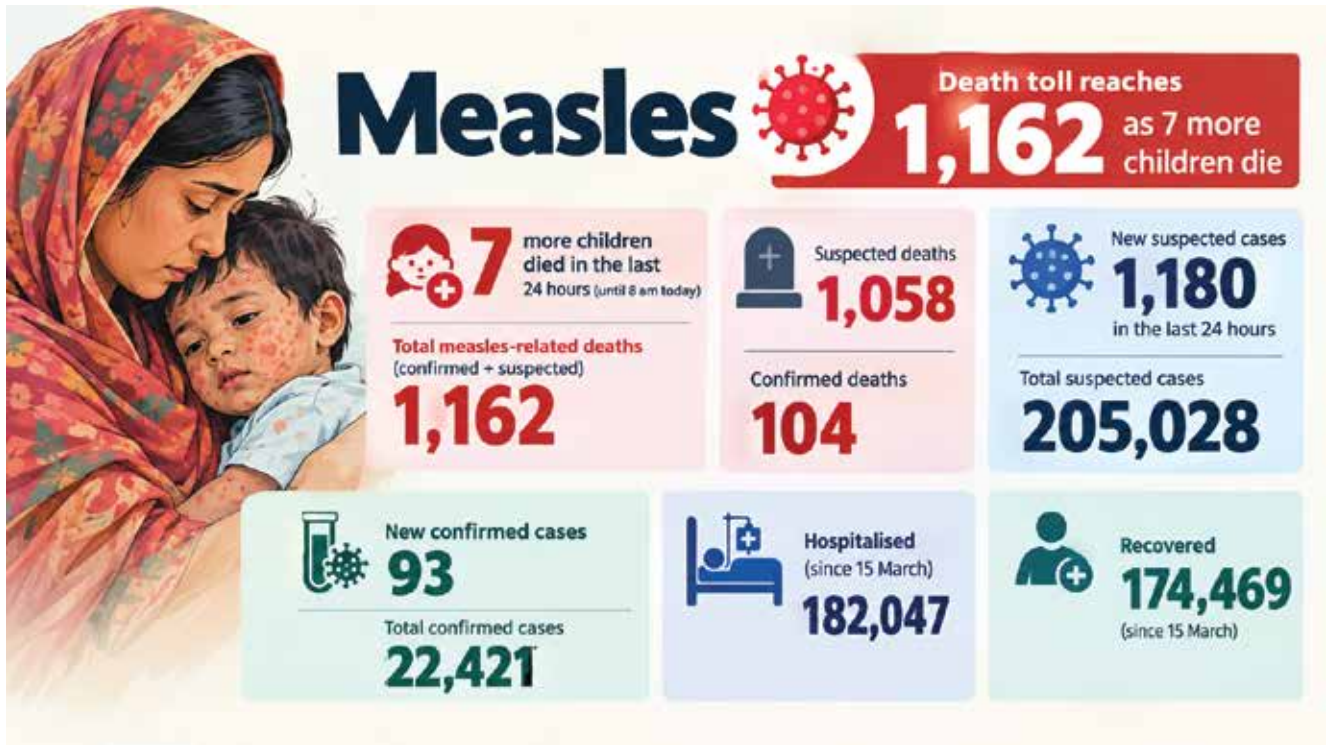
Bangladesh's healthcare crisis is no longer a warning of what might happen. It is a record of what has happened: children dying amid a preventable measles outbreak, dengue overwhelming hospitals, and public authorities struggling to control diseases that demand systematic prevention rather than belated emergency responses.



*Measles, dengue and flu
pile pressure on hospitals*

By October 10, 2026, Bangladesh had recorded 1,162 deaths associated with measles-like symptoms, including 1,058 suspected deaths and 104 confirmed measles deaths. The country had also recorded 227,449 suspected measles cases. Meanwhile, dengue had killed 303 people and sent 2,193 patients to hospitals this year.





Dengue: Four more die, 2,193 hospitalized in 24 hours



Measles: Death toll reaches 1,162

It is easy to blame a crisis like this on bad luck or unpredictable weather. But the reality is far more frustrating: Bangladesh's health crisis is the direct result of political missteps, administrative delays, and a governance system that repeatedly lost sight of its most basic responsibility: protecting its people.

How Missteps In The Interim Government Ignited A Vaccine Nightmare

Bangladesh was once a regional success story in immunisation. Coverage for measles-rubella (MR) vaccine routinely exceeded 95 percent. That progress was systematically dismantled.

Under the Yunus-led interim government, critical decisions unraveled the national immunisation programme. Procurement systems were abruptly changed. Planned nationwide MR campaigns were postponed or cancelled in 2024 and 2025. Vaccine stockouts followed. Routine services were disrupted by political turmoil, staff discontent, and administrative chaos. Coverage collapsed; some analyses put it near 57 percent in the critical period. Immunity gaps opened wide, especially among infants and young children.



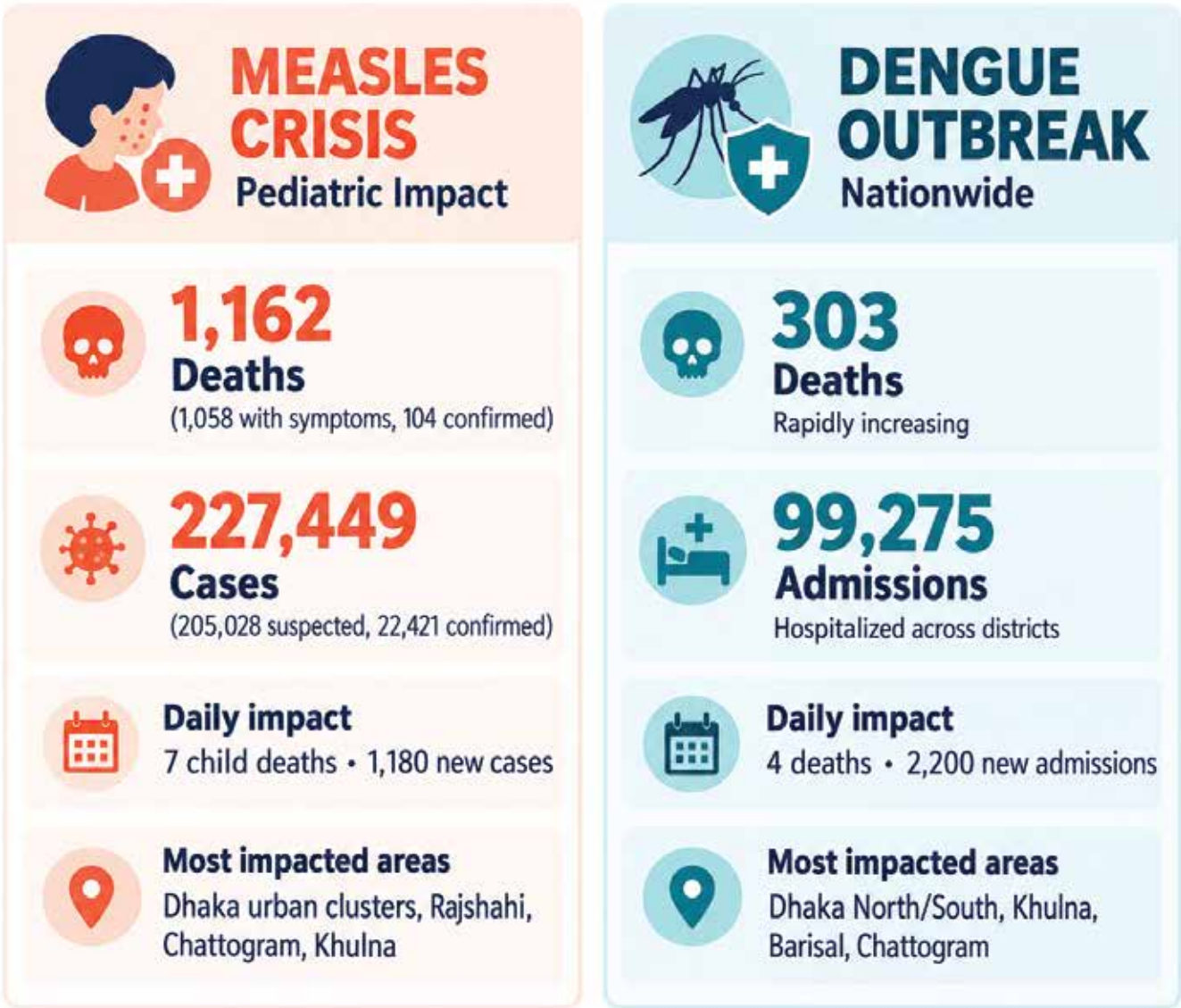
Interim government altered measles vaccine procurement defying UNICEF calls

The consequences arrived with brutal speed in 2026.

The outbreak began in January, accelerated through March, and by April had reached 58 of 64 districts. By October 10, the combined suspected and confirmed death toll had reached 1,162. Hospitals reported patients overflowing into corridors and floors. Paediatric saline shortages compounded the crisis.

Reliable data from the Directorate General of Health Services (DGHS), WHO updates, CDC analyses, and independent reporting leave little room for denial: the immunity collapse was not inevitable. It was the foreseeable result of mismanagement during the interim period.

KEY EMERGENCY METRICS • 2026 DATA



Tarique Rahman's Government: A Response That Remains Inadequate

The change of government has not brought an end to the public health emergency. Although Tarique Rahman's BNP administration inherited a serious measles and dengue crisis, it remains accountable for how it responds. Yet its response has been marked by troubling delays and inadequate measures, raising questions about whether the government fully recognises the scale and urgency of the crisis.



A web of shortages and delays exposes
Bangladesh's faltering measles response



No Centralized Coordination

There is no unified emergency team connecting city anti-mosquito teams with regional hospitals needing ICU beds.



Starved Local Health Services

Municipalities and district clinics lack the budget needed to buy reliable testing kits or pay for regular mosquito spraying.



Overwhelmed Regional Hospitals

Small rural clinics lack basic supplies, forcing thousands of sick families to travel long distances to already packed city hospitals.



Dengue Control: A Failure Of Basic Prevention

At the same time, an aggressive **Dengue outbreak** is tearing through the country. The death toll from dengue has climbed past **300**, with nearly **100,000** people hospitalized. On peak days, over **2,000** new dengue patients arrive at clinics looking for beds that simply aren't available.



Dengue spreads amid weak mosquito control

This Dengue Crisis Isn't Just About Heavy Rains; It's About Poor Planning and Missed Opportunities:



Ineffective Mosquito Control

Dhaka's two city corporations spent approximately **Tk 825 crore** on mosquito-control activities over 11 years, yet recurring outbreaks continued. Experts have criticised weak surveillance, shortages of entomologists, and poor targeting of breeding sites.



Inadequate Preventive Surveillance

A June investigation by *The Daily Star* reported that authorities had not initiated the crucial pre-monsoon entomological survey for 2026. Without identifying mosquito breeding hotspots early, interventions risk arriving after transmission has accelerated.



Fragmented Public-Health Management

Spraying alone cannot eliminate dengue. Stagnant water, open drains, construction sites, inadequate waste management, and inconsistent removal of breeding grounds require coordinated action by health authorities, city corporations, and local administrations.



Why The World Needs To Pay Attention

What is happening in Bangladesh is not just a localized policy struggle; it is a human tragedy that demands global attention. When political transitional errors lead to over 1,000 child deaths, and a new administration fails to take decisive action as hundreds more fall ill to dengue, leaders must be held accountable.

Global health organizations and international partners must step in with immediate assistance, emergency vaccine support, and clear guidance. More than anything, the people of Bangladesh deserve a health system that protects them when they need it most, rather than one that falls apart when crisis strikes.



Primary healthcare gets priority; measles, dengue pose challenges





BANGLADESH
PERSPECTIVES