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Is Bangladesh Ready for Climate-Resilient Health Systems?

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Bangladesh is in a crossroad. Being among the most climate-sensitive nations on the planet, it now faces a public-health crisis, which is no longer hypothetical. Whether climate change is transforming health in Bangladesh is no longer a question, but whether the national health system can keep pace to safeguard its 170 million people.

The geography of the country- the low delta land that is almost three-fifths of the total land area and one-third of the entire population is within the coastal areas- has long been subject to cyclones, floods and saline intrusion. These threats are increasing with climate change and being augmented: long-term heatwaves, unpredictable rainfall, and spreading of vectors and waterborne illness. The outcome is an early rearrangement in the disease burden of the nation with significant consequences that touch on equity and health-system capacity (Mamun & Kayenat, 2026).

The red flags have come. Bangladesh experienced its highest death toll in a dengue outbreak since records were first kept in 2023: 321,179 cases were confirmed with 1,705 deaths. Instead of going back to the seasonal cycle, transmission has turned out to be a year-round rounding, brought about by the increase in temperatures, the extended humidity and urban waterlogging. In 2024 and 2025, hospitals in Dhaka and other cities were repeatedly overwhelmed, and the number of cases and deaths continue to be alarmingly high (about 100,000+ cases and hundreds of deaths per year) (Hossain et al., 2026; Hasan and Hamim, 2024). At the same time, excessive heat in cities, especially in Dhaka, is generating quantifiable increases in heat exhaustion, heart conditions, and lost labour among people who work outside, rickshaw pullers and informal workers. Intrusion of salinity into coastal districts is associated with high blood pressure, skin illness and poor maternal outcomes. Climate-induced displacement also is a further burden on already overwhelmed urban health services (Mueller et al., 2024).

It is not the first time such events occurred; they are the structural change of the epidemiological picture in Bangladesh. Climate change is increasing the pre-existing disparities: urban poor in slums, women, children, the elderly, and the informal-sector workers are the most affected. The health system, which is still mostly reactive, will not be able to cope without directed intervention.

There are real strengths of Bangladesh. Its globally recognized disaster-risk- reduction system and the recent introduction of the Health National Adaptation Plan (HNAP) 20262031 are signs of political awareness of the climate health nexus. Nevertheless, the health system is not adequately prepared to be that big and extensive. Disease surveillance does not have built-in climate and meteorological data to achieve actual early-warning.

Most of the facilities in flood and cyclone prone regions are still at physical risk. There is a poor inter-ministerial coordination among health, environment, urban planning and local government and inadequate funding to support climate resilient health infrastructure (O'Donnell and Sovacool, 2026).

It is now necessary to make a radical change to resilient health systems as opposed to reactive ones. There are five priority actions that are particularly notable:

To begin with, health facilities should be climate-resistant. Hospitals, upazila health complexes and community clinics need elevated structures, flood resistant constructions, back-up power reliability and passive cooling to withstand extreme heat and waterlogging.

Second, surveillance should be made climate informed and predictive. Real-time combination of meteorological, hydrological and entomological data with health information systems would entail targeted early warnings particularly in the cases of dengue as well as other diseases caused by vectors which would enable proactive control of vectors and deployment of resources instead of response to the crisis.

Third, there is an urgent need to develop comprehensive urban heat-health action plans especially on Dhaka and other fast-growing cities. These must integrate occupational safety measures of outdoor workers, cooling centres to the public, heat warnings, and urban greening policies that also result in co-benefits to mental health and air quality.

Fourth, there should be an enhancement of governance via the authentic intersectoral platforms. A standing coordination mechanism amongst the city corporations, the Ministry of Environment, and local government, should be led by the Ministry of Health and Family Welfare to align planning, budgeting, and accountability.

Fifth, equity should be central to all the interventions. Priority should be provided to slum dwellers, climate migrants, women and girls, informal workers and coastal communities--already facing the steepest increases in climate-sensitive morbidity and mortality.

Bangladesh has shown remarkable ability to cope with acute disasters on several occasions. This same ingenuity, mobilization of communities, and political will are now needed on the less urgent, less visible, and less obvious, but no less menacing, health effects of climate. Lancet Countdown on health and climate change has explained that the time to take protective measures is closing all over the world (Watts et al., 2025).

The national initiatives, such as the HNAP 2026, give a roadmap. What is lacking is a faster action, sufficient funds and a clear action between planning documents and system wide change. By taking urgent action now - climate-proofing facilities, climate intelligence embedded in surveillance, protecting the most vulnerable citizens, and establishing authentic cross-sectoral governance - Bangladesh stands a chance of creating a health system that is fit to face the climate century. Otherwise, the warning signs, which are being witnessed in the country today, will be the systemic failures tomorrow.

The choice is stark, but the opportunity remains open.

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