

For the Sustainable Development Goals see <https://sdgs.un.org/goals/goal6>

countries, but regional and worldwide dengue epidemics began in the 1970s and spread in the next two decades. By 2012–13, the face of dengue incidence in India radically transformed. Dengue has become an annual epidemic in many parts of southeast Asia, and the disease is becoming more hazardous as the environment changes. According to the most recent data, 110 473 dengue cases were documented in India between January and October, 2022, which is similar to the number of cases reported in 2018 (101 192). Notably, there was a substantially higher number of dengue cases recorded in previous years: 188 401 in 2017; 157 315 in 2019; and 193 245 in 2021.⁵ When the COVID-19 wave began in India in 2020, dengue incidence reduced by 56–60% (44 585).⁵ Between 1951–60 and 2012–21, the number of months appropriate for *A aegypti* dengue transmission in India increased by 1.69% every year to 5.6 months.⁶ However, locations with endemic dengue face the risk of a twin pandemic, which could overwhelm health-care systems as the world grapples with the weight of the COVID-19 pandemic, and could be difficult to discern due to clinical and laboratory markers that are similar.⁷

We must not underestimate the current COVID-19 pandemic's severity, which has wreaked havoc in terms of morbidity, mortality, and economic burden, and has occasionally affected the prevention, control, and management programme of infectious and vector-borne diseases, including dengue, as a result of changes in health policy and priorities related to COVID-19. The rising frequency of dengue and COVID-19, and the possibility of co-infection, are putting a strain on health-care infrastructure. Reducing transmission and fatality will be made possible by treating dengue cases as soon as possible and addressing the socioeconomic and environmental factors associated with dengue and other vector-borne illnesses.

I declare no competing interests.

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The human rights to water and sanitation, gender equality, and the State

Isha Ray authored an interesting Review¹ of my book on the human rights to water and sanitation.² I appreciate her definition of the book's approach as a compelling "moral and political case for water and sanitation rights" and she made me proud when suggesting that it is aligned with Eleanor Roosevelt's idea that human rights begin in places "so close and so small that they cannot be seen on any maps of the world".

Ray, however, made two points on which I want to remark.

She argues that when genders other than "cisgender male" are considered as having "special" needs, this would norm the male and relegate the female to a deviation from that. I agree with

this and the book, instead of using the idea of "special" needs of women and girls, emphasises that "special attention" to specific gendered situations is key—language also used in the Sustainable Development Goals. My argument is that policies intended to be gender neutral eventually benefit some groups more than others concerning access to water and sanitation. This was the reason why I dedicated an exclusive chapter to gender, although many other gender elements were infused in other chapters, highlighting relevant dimensions of this challenging issue. The situation of trans and non-binary people was extensively addressed throughout the book, alongside inequalities that affect women and girls.

Another relevant discussion on Ray's Review relates to the role of the State in rights realisation. She highlights the case of China, which has impressively incremented the population's access to services in a short period. I agree with her suggestion that China's case, and others, could be a symbolic gateway to discuss how different models of states are more or less capable of progressively realising rights, a discussion that goes beyond my intention in the book. However, my request throughout the book is that the realisation of the human rights to water and sanitation should not be reductionist and focus only on accessing infrastructure. Can access to services be considered a full realisation of the rights even when not meeting requirements of acceptability, accountability, participation, or sustainability?

I declare no competing interests.

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