



## Introduction

The Government of Bangladesh played a key role in policy and strategy development and implementation of health and nutrition interventions during the last decade. The architect of this symbolic model of development being Honourable Prime Minister Sheikh Hasina, who has set the blueprint with her charter of change – the "Vision 2021" manifesto.

Bangladesh's health and nutrition success was achieved in spite of an array of challenges. Bangladesh's life expectancy is superior to that of other countries in the region and its reduction of its stunting rate was a global success story. Bangladesh's infant mortality, under-five mortality and maternal mortality rates are also better than other countries in the region. The vision of the 7th Five Year Plan by the government includes ensuring optimum nutrition and healthcare services as well as aligning the sector as a fundamental component of human and economic development.

The nation has witnessed commendable progress in developing an advanced healthcare sector and nutrition awareness over the past decade. Moreover, the country emerged as the developing world's biggest success stories in attaining most of the Millennium Development Goals (MDGs) and has shown stronger commitment towards the Sustainable Development Goals (SDGs).

## Table of contents

01. Healthcare Successes	05
02. Women & Children's Health	06
03. Sectoral Improvements	08
04. Factors behind the Successes	12
05. Key Health Services at Community and National Level	14
06. Nutrition Interventions	16



## International Recognitions

- 1. UN Food and Agriculture Organization (FAO) awarded the prestigious CERES' medal to Prime Minister Sheikh Hasina in recognition to her fight against hunger.
- 2. United Nations award in 2010 for reducing child mortality rate by two-thirds well ahead of the stipulated time-frame.
- 3. Bangladesh received the 2011 United Nations "Digital Health for Digital Development" award for outstanding contributions to the use of information and communications technology (ICT) for health and nutrition.
- 4. Global Alliance of Vaccines and Immunization (GAVI) Award received in 2012 for reducing the number of un-immunized children by 52% and best immunization performance among six large populous countries.
- 5. The 'South-South Award' was given to Prime Minister Sheikh Hasina in 2013 for her government's achievement in alleviating poverty in Bangladesh.



Bangladesh to avail Universal Health Care by 2032



Average life expectancy: from 69 in years in 2011 to 71.5 years in 2016

Bangladesh Bureau of Statistics Survey 2016



Health expenditure per capita: doubled to \$ 30.83 in 2014 from \$16 in 2000

World Bank & Bangladesh National Health Accounts



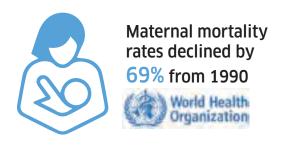
Budget of \$97 million for vaccination programme in 2017

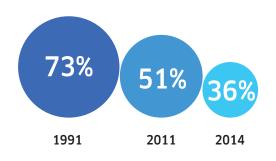
The Directorate General of Health Services (DGHS)



Under 5 mortality decreased from 151/1000 to 53/1000 live births while infant mortality rate fell less rapidly from 87/1000 to 43/1000 LBs over the last 18 years according to WHO. Mortality reductions are associated with improved coverage of effective interventions to prevent or treat the most important causes of child mortality. Increased coverage of vaccines, vitamin A supplementation, oral rehydration therapy (ORT) for diarrhoea, and antibiotics for pneumonia, have been central to mortality reductions.

Fertility decline and increased uptake of maternal and reproductive services over the past two decades. especially antenatal and post-natal care, skilled birth attendance, and facility deliveries, have contributed to the reduction of neonatal deaths. Coverage of essential newborn care interventions has however remained at under 50% over the past two decades. This may account for the modest decline in newborn mortality. Some other developments include improved breast-feeding practices with 57% of newborns being breastfed within one hour of birth in 2014; this compares to just 17% in 2000. Significant progress has also been made in reducing the maternal mortality ratio (MMR) from 569 in 1990 to 176 in 2015 with an average annual reduction of 4.7%. The ratio of skilled-birth attendants also increased from 12% in 2000 to 42% in 2014 and of these 37% are institutional deliveries, according to the Joint Child Malnutrition Estimates by WHO, Unicef and World Bank.





Stunted Children Rate Decline (Bangladesh Demographic Health Survey (BDHS) 2014)

## Joint Child Malnutrition Estimates

Unicef. WHO and World Bank



Childhood stunting rates reduced



Wasting reduced



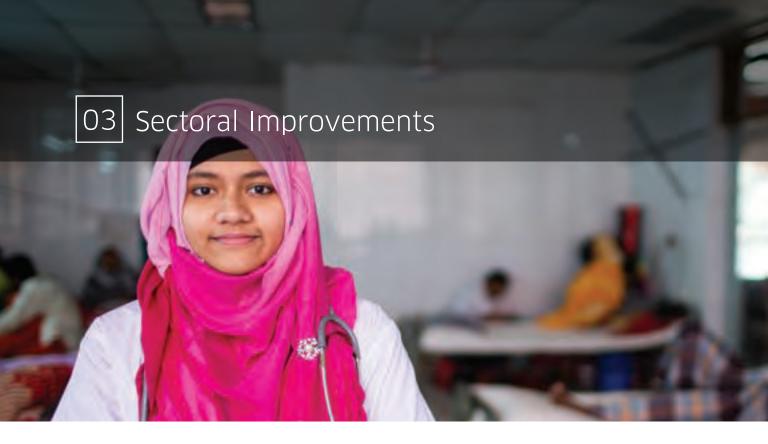
Under 5
Mortality decreased

Under a five-year project undertaken by the government in 2015 addressing women in the grassroots, during each of two pregnancies, women would get Tk 200 for each of four check-ups. A family will receive

Tk 500 a month for checking growth of their babies up to two years of age, and then Tk 1000 every three months until five years of age. Mothers are to receive Tk 500 for attending workshops on child nutrition and knowledge development. Officials say the project has been built on the "successes" of a pilot scheme for cutting maternal deaths

further and addressing malnutrition

by two third



#### Expansion of Medical Facilities 3.1



Health Call Centre: 24/7 health service introduced in 2016.



Over 16,000 community clinics built to enhance basic health care at grassroots.



Cardiovascular operations carried out in the country in 1997 was about 500, while in 2015 the doctors carried out some 10,000 such surgeries in 22 different hospitals.



Government enacted Health Policy 2011 and Population Policy 2012 and built a three-tier health infrastructure at village. union and sub-district enabling people at grassroots to avail healthcare facilities free of cost or with minimal costs.



Installation of 16 government and 🚺 5 army medical colleges.



10,660 beds were added to the government hospitals across the country in the last eight years.



103 service centers for disabled persons servicing 500,000 children with autism free of cost.



According to Asia Pacific Observatory on Public Health Systems and Policies, there are 2.983 private hospitals and clinics registered. The total number of beds provided by the private sector is 45.485 (as of 2013).



In 2012, approximately 5,122 laboratories and other diagnostic centers were registered with the Ministry of Health and Family Welfare (MOHFW, 2012).



2,471 NGOs registered with NGO Affairs NGO Bureau working in the population, health and nutrition sectors (as of 2014).



The government aims to achieve universal health coverage by 2023 that will pay 70% of the medical expenses instead of the 26% paid currently.

Source: Ministry of Health and Family Welfare (MOHFW) & National Nutrition Service(NNS)

# Free medical services

ensured for freedom fighters and their families.

#### Construction of the specialized hospital for Burn and Plastic Surgery

in the capital- a 12-storied institute with a 500-bed hospital is \$65 million to address constant services to the patients of burn injury particularly those sustained severe burn injuries during arson attacks.

#### 320 centers have been established throughout the country to conduct the cervical and breast cancer

screening program and 1,228 service providers from 64 districts recruited.

#### The community-based skilled birth attendant (CSBA) training program

organized in 342 sub districts of 60 districts, and courses introduced for midwifery with 3,000 midwives post created.

### 3.3 Family Planning

Bangladesh has committed \$615 million on family planning under 4th health sector programme for 2017-2021. The amount, which is a 67% increase in allocation from that of the pre-2017 programme, would put Bangladesh on track to attaining the original Family Planning 2020 targets.

Bangladesh also made several commitments under this sector that include taking strategies to reduce total fertility rate to 2 from 2.3, increase contraceptive prevalence rate to 75% from 62%, increase the share of long-lasting and permanent methods to 20% from 8.1%. As well as reducing unmet family planning services availability from 12% to 10%, reduce discontinuation rate of family planning method to 20% from 30% were also parts of the commitments.



#### 3.4 Non-Communicable Diseases

- In the Health, Population and Nutrition Sector Development Program 2011-2016, control of non-communicable diseases is one of the topmost priority areas of healthcare in the country. The government provides both free and subsidised treatment for non-communicable diseases under the following institutions:
  - National Institute of Cardiovascular Disease In 2015, a total of 3,452 coronary angiographies, 99 cardiac, 112 other (peripheral/renal) angiographies and 3,423 other procedures were done. A total of 928 open-heart surgeries, 31 closed-heart surgeries, and 1,861 vascular surgeries were also performed.
  - National Centre for Control of Rheumatic Fever and Heart Diseases There were 27,247 outdoor visits in 2015; 49.2% of the patients treated were senior citizens.
  - National Institute of Kidney Diseases & Urology In 2015, almost 86,000 patients were treated during both indoor and outdoor visits.
  - National Institute of Cancer Research & Hospital This is the only tertiary-level cancer institute in the public sector. It offers a wide range of cancer-related services at low cost or free of charge. There are 23 full-fledged departments working together in cancer management from prevention to cure, from diagnosis to research, and from surgery to rehabilitation. In 2015, the NICRH provided services to 174,037 outdoor, 4,479 emergencies, and 7,285 indoor patients.
  - National Institute of Mental Health & Research During 2015, the National Institute of Mental Health & Research (NIMHR) provided services to 42,703 outdoor patients, 2,501 emergency patients, and 3,085 indoor patients.



10

Bangladesh has polio free status since 2006 and achieved the Maternal and Neonatal Tetanus Elimination goal in 2008

#### Vaccine receiver children under one year has increased from 2% to 99% between 1985 and 2015. -(DGHS)

Bangladesh's Expanded
Programme on Immunisation
is now globally acclaimed
for high vaccination
coverage and contribution
to the reduction in childhood
deaths. It began in 1979 with
6 vaccines which were
increased to 11 in 2015

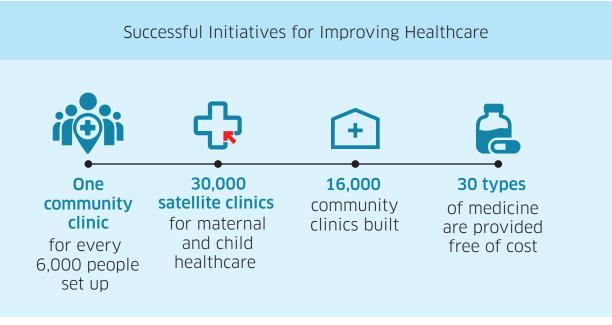
Introduction of
Rota virus vaccine
to prevent a common
childhood diarrhoea
and human
papillomavirus
(HPV) vaccine to
prevent cervical
cancer in 2018

The Communicable
Diseases
Prevention, Control
and Eradication
Law. 2016 introduced

Program on Immunization expanded







## 4.1 Easy Access to Quality Health Service

To address the rural deprivation of quality health care the government established community clinics around the country from 1996. It was targeted to provide a clinic for every 6000 people. By 2016, the number of the community clinics has reached over 16, 000 along with more than 13,500 health care service providers. More than 120 million patients have received services from these clinics and medicines according to the National Nutrition Services (NNS).

### 4.2 | Strengthening Service Delivery

The Ministry of Health and Family Welfare (MOHFW) is implementing the Health Population and Nutrition Sector Development Program (HPNSDP) for a period of five years from July 2011 to June 2016. This program has taken initiatives to strengthen delivery of health, population and nutrition (HPN) services, with considerable increase in service provision at the lowest tier (community level) as a result more people are able to access a comprehensive package of health services.

### 4.3 Countrywide Immunization Program

The government organizes annual immunization programs and vaccination campaign through Expanded Program on Immunisation (EPI) which engages thousands of vaccinators and covers over 170,000 schools and 150,000 immunization centers. Bangladesh has been declared Polio-free on March, 2014 along with other 10 countries. Bangladeshi children currently receive vaccines against 9 diseases: Tuberculosis, Polio, Diphtheria, Pertussis, Tetanus, Hepatitis B, H. influenza type B infection, Measles and Rubella.

#### 4.4 Human Resourse for Health Plan

To provide quality service government has appointed 160,000 community health workers to sub-districts and union levels. Other focuses were stewardship and regulation of health sector human resources (HR), recruitment and career development and retention, performance management processes, leadership and coordination of HR functions, public-private partnerships, effective financing and an Integrated Human Resource Management Information System.

A comprehensive HRH strategy is currently being developed by the Human Resource Development Unit of Ministry of Health & Family Welfare, (MOHFW).

The past Bangladesh Workforce Strategy focused on integrating the system of managing and accreditation of HR across the public, private and NGO sectors. Included measures were:













24-hour emergency services



Antenatal care, assisted delivery postnatal and neonatal healthcare



Reproductive & family planning services



Pediatric Services – diarrhea, respiratory illness, measles, malaria etc.



Vaccination through Expanded Program on Immunization (EPI)



Distribution of essential medicines

## 5.1 Strengthening Service Delivery

Bangladesh received the 2011 United Nations "Digital Health for Digital Development" award for outstanding contributions to the use of information and communications technology (ICT) for health and nutrition.

The government has successfully applied IT to its information and management systems to ensure they are easily accessible for performance assessment of specific programmes at least up to sub district level.

### E-services for Healthcare



Health Service via mobile phone



Telemedicine service



Pregnancy care advice through texts



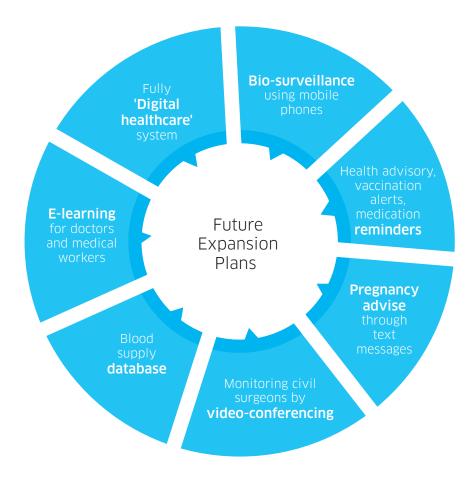
Hospital automation



Online population health registry



Digital training facility





## 6.1 Micronutrient Supplementation

- Nationwide coverage has been attained through campaigns for micronutrient supplementation by the National Nutrition Services (NNS) including:
- Vitamin A supplements for children aged 6-59 months and 6-11 years as well as new mothers, to address conditions like night blindness. These supplements are also provided in emergency situations (post floods, cyclones etc.) to avoid outbreaks of measles, diarrhea and severe malnutrition.
- Iron and Iron folate supplement provided for children aged 6-23 months as well as pregnant and lactating women.
- Zinc supplement provision by the National Nutrition Service along with Oral Rehydration Salts (ORS) is now a part of the protocol for diarrhea management.
- Vitamin D & Calcium supplementation and programs to advocate dietary consumption of calcium rich food among elderly, post-menopausal women and children with deficiencies has been undertaken. This initiative

directly addressed conditions like osteoporosis, osteoarthritis in adults and rickets in children.

- Iodine deficiency disorder and salt iodization programs have been jointly implemented by the National Nutrition Service and the Ministry of Industry to strengthen and expand through advocacy at household levels.
- Food Supplements distribution have been routinely carried out to address the nutritional needs of undernourished children and adults in vulnerable communities especially during lean seasons. Community volunteers have been engaged by the Community Healthcare Provider (CHCP) to carry out the distribution activities of supplementary food (pushti packets).

### 6.2 Community Based Nutrition Services

Alongside supplementation, the government has also taken initiatives to equip community clinics to provide additional nutrition services such as

Nutrition Parent Pregnant Deworming Referral for Regular growth education counseling women for Severe Acute monitoring on childcare counseling children Malnutrition for for children mothers. on self-care (SAM) & other under 2 newlyweds and illnesses vears and wellbeing adolescents

## 6.3 Nutrition for Emergencies and Climate Change

In addition to supplementation and nutrition services the National Nutrition Service (NNS) also coordinates with the Ministry of Agriculture (MoA) and the Ministry of Food and Disaster Management (MoF&DM) in order to respond efficiently during emergencies. This includes preparedness for relief distribution, prioritizing high risk groups and selection of ration that address the micro nutritional needs of the affected areas.

Guidelines have been prepared by the related institutions running this program while health workers received training for disaster preparedness and preventing malnutrition after natural disasters.

As Bangladesh is one of countries highly susceptible to the effects of climate change, the government has taken steps in coordination with relevant ministries and other government for avoiding nutritional deficiencies as a result of climate change. This includes ensuring food security, enhanced monitoring of food sources, providing dietary guidelines, imposing rules and regulations for provision and safety, policy to support pro-environmental behaviour and campaigns to spread awareness.

## Conclusion

The current Bangladesh government has now embarked on the plan of designing and implementing a universal health insurance scheme. The plan envisages quality healthcare for all without financial hardship to any. The first target will be people below the poverty line for whom government will pay their premiums as subsidy. For this programme, the government has designed the Healthcare Finance Strategy 2012-2032 and currently a law is being drafted. Under the scheme, free health cards will be issued to around 100,000 households living below the poverty line.

Additionally, the human resources in the health sector have also been revamped. In the largest recruitment drive in the public healthcare sector, the government is actively appointing and training doctors to ensure health services at everyone's door.



## Bangladesh Health Progress

Published by Centre for Research and Information(CRI), September 2017

H 2, R 11(New), 32(Old), Mirpur Road, Dhanmondi, Dhaka- 1209 Email: info@cri.org.bd www.cri.org.bd



