
BANGLADESH TOWARDS **BETTER HEALTHCARE**



B a n g l a d e s h T o w a r d s
Better Healthcare

Introduction

Bangladesh is the eighth most populous country in the world with about 160 million people and has recently been applauded as an exceptional health performer. The nation has held a long standing commitment to expanding healthcare services in the grassroots which lead to significant improvements in the sector and achieving the Millennium Development Goals (MDGs) well ahead of time. The government is now working to provide all citizens and communities with affordable health services they need by 2032.

Since the mid-1980s, the maternal mortality rate and the child mortality rate has dropped significantly. Improved life expectancy, immunization coverage, and tuberculosis and diarrhea control are also part of this remarkable success story. Exceptional performance might be attributed to a pluralistic health system that has many stakeholders pursuing women-centric, gender-equity sensitive and highly focused health programmes in family planning, maternal and child health, immunisation, nutrition interventions through the work of widely deployed community health workers reaching all households. Bangladesh offers lessons such as how gender equity can improve health outcomes, how health innovations can be scaled up, and how direct health interventions can partly overcome socioeconomic constraints.

Bangladesh has seen remarkable health improvements since gaining independence in 1971, and has evolved to an exemplar of “good health at low cost”. Although initially cautious about the goal of Universal Health Care, the government’s plan provides an initial roadmap that recognizes the complexities of universal coverage in a largely informal economy with a pluralistic health system and limited fiscal space.

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01

Major Successes in the Healthcare Sector



• Bangladesh to avail Universal Health Care by 2032

• Health care budget 2017-18 is Tk 20,679 crore/ 5.2 percent of the total budget.

• Improvements in the survival of infants and children under 5 years of age, life expectancy, immunisation coverage, and tuberculosis control in Bangladesh are part of a remarkable success story for health in the South Asian country.
- **The Lancet Journal 2011**

■ Maternal Mortality in 1000 live birth

242



2010

176



2016

■ Child Mortality Under-5, per 1000

49.4



2010



2016

■ Infant Mortality

37.4%



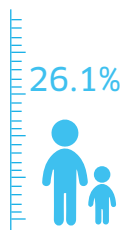
2010

30.5%



2016

■ Stunt Birth Rate



2010



2017

■ Immunisation Coverage

81.8%



2008

85.84%



2016

■ Access to clean water

54%



2010

98.9%



2016

■ Sanitation Coverage

34%



1990

70%



2016



International Recognition for Achievements in the Health Sector:

United Nations award in 2010 for reducing child mortality rate nearly by two-thirds well ahead of the stipulated time-frame.

United Nations Assistant Secretary General and coordinator of scaling up nutrition (SUN) global movement, Ms Gerda Verburg commended the progress of nutrition-related programmes in Bangladesh.

Global Alliance of Vaccines and Immunization (GAVI) Award received in 2012 for reducing the number of un-immunized children by 52 percent and best immunization performance among six large populous countries.

UN Food and Agriculture Organization (FAO) awarded the prestigious CERES' medal to Prime Minister Sheikh Hasina in recognition to her fight against hunger in 1999.

Prime Minister Sheikh Hasina has also received the 'South-South Award' in 2013 for her government's achievement in alleviating poverty in Bangladesh.

Life Expectancy A remarkable feat Prime Minister fulfilled promise 6 years ahead



A remarkable feat
Prime Minister fulfilled
promise **6 years ahead**



Life Expectancy **72 years**,
Higher than World Average



Male life expectancy
70.6 years, female life
expectancy **73.5 years**
-Bangladesh Bureau
of Statistics

02

Factors behind the Success

Guiding Principles of National Healthcare Approach of Bangladesh

Constitutional Obligation

- Basic Medical Requirements to all People
- Improve Public Health
- Improve Nutrition

National Health Policy Obligation

- Recognize health as a human right
- Ensure primary and emergency health care
- Increase and Expand citizen centric quality health care ensuring equity
- Enable people seek healthcare and undertake healthy life style



Stronger healthcare infrastructure

Over 600 hospitals: 482 primary care hospitals at sub-district levels & below 65 secondary hospitals at district level, 15 medical & dental college hospitals (18 more under construction for tertiary level); 11 postgraduate level super-specialized hospitals; along with chest hospitals, Infectious disease hospitals, leprosy hospitals, other specialized hospitals, etc.



Sheikh Hasina National Burn and Plastic Surgery Institute and Hospital

Stronger Healthcare Infrastructure

- 1 Established **16,438** community clinic and union health centers to provide healthcare services to the doorstep of rural people
- 2 Established a number of new general and **specialized hospitals**
- 3 Established a **bone marrow transplant center** in the capital
- 4 **Expanded intensive care** units, and angiograms and angioplasty services to all medical college hospitals Expanded kidney dialysis services to many medical college district hospitals;
- 5 Established **trauma centers** along busy highways
- 6 Expanded **burn units** in district hospitals
- 7 Establishing one large **multidisciplinary hospital** in each city zone

Strengthening Medical Service

- 1 30 types of free medicines provided free of cost
- 2 Tele-medicine service has been launched in 43 hospitals around the country for providing medical service at home round the clock
- 3 30,000 satellite clinics for child and maternal healthcare
- 4 Health Call Centre: 24/7 health call center 16263 for free medical consultation, ambulance reservation and providing health information services.
- 5 103 service centers for disabled persons servicing 500,000 children with autism free of cost
- 6 Nationwide community-based skilled birth attendant (CSBA) training program organized
- 8 Expanded Cardiac surgeries in several hospitals
- 9 Strengthened care for emergency parents in public hospitals and private hospitals;
- 10 Promoted private hospitals and encouraged public-private partnerships in healthcare
- 11 Added several hundred new ambulances including boat ambulances
- 12 Free medical services ensured for freedom fi-ghters and their families.

Other Successes



Target to achieve universal health coverage by 2023 that will pay **70% of the medical expenses**



97% medicine demands are met by local pharmaceutical industries



Primary Health Care is **free of cost** and inclusive of health screening



Bangladesh has the **world's largest** deployment of District Health Information System (DHIS2) software.

Extensive Healthcare Network

About **70,000** Community Health Workers engaged in domiciliary service

About **19,000** day care health facilities including community clinics and union health & family welfare centres

Courses introduced for midwifery and **3,000** midwives post created

New Health Institutions and Seats (Patient Capacity) Expansion between 2009 & 2016

Type of Health Institutes	No.	No. of seats
Medical college	42	4,106
Dental college	19	977
Nursing college & institute	59	3,520
Medical Assistant Training School	171	10,166
Institute of Health Technology	54	4,035
Total	345	22,804

Addressing 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 few mentionable institutions include:

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-edged 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.

ICT in Healthcare Development



The e-Health initiative in Bangladesh began in 1998 when the Ministry of Health & Family Welfare (MOHFW) undertook the Health & Population Sector programs (HPSP) to enhance efficiency of program implementation. e-Health is being given special emphasis due to the Digital Bangladesh campaign of the present government, which gives special preference to delivery of health services to citizens through ICT. In 2011, the Government of Bangladesh approved the 5-year long Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016 for MoHFW. The HPNSDP 2011-2016 comprises of 32 operational plans, of which one is the e-Health. The government's strategic policy guidelines for 'Digital Bangladesh' were highly appreciated by the global & national experts and one of its stated objectives is that:

“Quality healthcare will be provided to all citizens through innovative application of ICT”.



- In 2009, **Management Information System (MIS)** in Directorate General of Health Services (DGHS), Bangladesh has established the Internet connectivity across all health points down to the sub-district level. **mHealth (Health Service through Mobile Phone)** was also established in each of all district and sub-district hospitals. It has been provided with mobile phones to act as a local medical advice call center for delivering medical advice as 24/7 basis mainly for poor people living in rural areas. Medical advice is now also available for people live in long distance from hospital and late night.

- In 2009, Bangladesh undertook a **Geographical Information System (GIS)** through the existing information staff for mapping of health facilities and services. Currently each divisional and district health office has been provided with a GIS device called global positioning system (GPS). It helps in disease surveillance and also in mapping service availability.

- In 2010, **Pregnancy Care Advice** through text messaging has launched in Bangladesh with the

funding from USAID. This service has contributed to the achievement of MDG (Millennium Development Goal) 4 and 5 through improving neonatal and maternal health.

- The **telemedicine service** in eight hospitals was inaugurated in 2011 and currently there are 29 telemedicine centers in operation. The Access to Information (A2I), (winner of World Summit on Information Prize 2014), under the Prime Minister's Office operates Union Information and Service Centers in 4,547 unions of Bangladesh. Telemedicine service is now one of the most popular value added services, mainly for rural people, in respective UISCs.

- The telemedicine system installed at CRP (Centre for the Rehabilitation of the Paralysed) in July 1999 was the first of its kind in Bangladesh. This was made by the support of the Swinfen Charitable Trust in the UK. CRP have access to consultants from the Royal Hospital, Haslar, in the UK with a variety of specialties who are agreed to provide consultation at free of cost.

- Display boards at hospitals, describe how to send complaints by text messaging for improving service, were added in 800 public hospitals. Patients and all people visiting the hospitals can send text messages if they are not satisfied with the service. These text messages come to a web portal and assigned staffs oversee the complaints.

- A draft of the **Medical Biotechnology (MBT)** law has been prepared to further strengthen medical biotechnology laboratories in medical colleges of Bangladesh. Medical biotechnology is often termed as the technology of the future, which applies the techniques of genetic engineering to modify biological organisms. It's implication in the economic, health and livelihood improvement is expected to be unparalleled.

- Making a permanent online Electronic Health Records (EHR) of all citizens of Bangladesh is now on progress. The reason for maintaining integrated health record for a patient is to enable care providers to improve their service quality. The project included the rural citizens, who

represent 76% of the country's population.

- A software consortium comprising both local and non-local IT houses is now engaged in developing integrated national **e-Health Enterprise Architecture (eHEA)**. The data collected on 120 million rural citizens, using machine readable paper forms are now towards completion of digitization in searchable database format. These data, which comprise basic health-records of the citizens, will make the foundation of future investments and improve the quality of healthcare services.

- The Ministry of Health and Family Welfare in Bangladesh is jointly planning with the World Bank to automate over 300 public hospitals. One government clinic (Bangladesh Secretariat Clinic) is already transformed into an automated system. In 2012, three hospitals have been included for automation. These hospitals are National Institute of Kidney Diseases & Urology (NIKDU),

Source: Bangladesh Bureau of Statistics & Ministry of Health and Family Welfare



03

Case Studies

Community Clinics

"Bangladesh is doing excellent job in providing healthcare to poor people, especially women and children. I want to showcase your exemplary success stories to other countries,"



Ex United Nations Secretary General **Ban Ki-moon** during Mobarakpur Community Clinic in Moulvibazar district, 2011.



1 Community Clinic for every 6000 people



16,438 community clinic and union health centers



80% patients are women and children



460.88 million visits between 2009-2015



One stop service outlet for Health, Family Planning & Nutrition



Provides limited curative care, screening of NCD-Hypertension, Diabetes, treats emergency & provides referral to higher facilities



To address gaps in the healthcare system in the grassroots, the Government of Bangladesh in 1996 planned to establish Community Clinic (CC) to extend Primary Health Care to the door steps of the villagers all over the country. The Community Clinic is a unique extension of Primary Health Care services to the doorsteps of rural people. Community Clinic is the lowest tier health facility at primary level established throughout the country including very hard-to-reach, remote & isolated areas. Now it has become an integral part of health system in Bangladesh and millions of people are getting services from the community clinics.

The construction of CC establishment started in 1998. During 1998-2001, 10,723 CCs were constructed & about 8,000 started functioning. Health Assistants and Family Welfare Assistants were service providers in addition to their domiciliary services. They received training on ESP (Essential Service Package) under Health and Population Sector Programme (HPSP). For management of CC activities, there was one Community Group for each CC having 9-11 members headed by Land Donor/his or her representative. The CCs were on board for a short

time as CCs were closed in 2001 after the change of government and remained as such till 2008. In 2009, the Bangladesh government has initiated the project 'Revitalisation of Community Health Care Initiatives in Bangladesh (RCHCIB)' to further develop the Community Clinics (CCs) and strengthen their operations in delivering primary health care from 2009-2015.

This is a unique example of Public-Private partnership as all the CCs have been constructed on community donated land while construction, medicine, service providers, logistics & all other inputs are from the government but management is both by community and the government through Community Group (CG). The community owns CC and also plays active role for its improvement in all regards. People have been satisfied with the services of CC as it is the one stop service outlet in respect of Health, Family Planning & Nutrition. It is the flagship programme of the present government. At present there are 16,438 CCS and number is gradually increasing

From 2009-2015, 460.88 million visits were made to CCs for services of which 9.071 million emergency and complicated cases were referred to higher facilities for proper management. Among the service seekers about 80% are women and children. On average 9.5-10 million visits are in CCs per month and 38 visits per day per CC. In many cases Medical Officers are visiting CCs periodically and providing services to the complicated cases. All the CCs have been provided with Laptop and internet connection and have been reporting on line.

All the CCs are outreach sites for routine Immunisation and observation for National Immunisation Day. It addition, it provides limited curative care (treatment of minor ailments), screening of Non-Communicable Diseases, Hypertension, Diabetes, identifying emergency and complicated cases with referral to higher facilities. In a substantial number of CCs, normal delivery is being conducted subjected to the availability of skilled manpower, proactive Calculated Globulin (CG), committed local health management and where from patients can be referred within a short time or necessary support can be provided from union health centres. CC are now expected to contribute substantially in achieving SDGs and ensure healthcare for all.

World's Largest Burn and
Plastic Surgery Institute

"I believe it's possible to provide world-class treatment in the country. The doctors of my country are brilliant enough. Opportunities have to be created for them. Advanced facilities have to be ensured for them."



HPM Sheikh Hasina

Every year, about 600,000 people in Bangladesh suffer burn injuries, with the majority of them occurring at home. Hospital burn units are constantly overflowing with patients, but Bangladesh lacked the medical facilities and expertise to treat these patients. In order to address this problem, the government constructed the \$65 million Sheikh Hasina National Burn and Plastic Surgery Institute in the capital in 2016. The institute is now open to public for treatment as well as for specialized training in treatment for burn patients.

A multidisciplinary team from Singapore General Hospital is to train 300 specialist and 10 hospital leaders in areas such as reconstructive surgery, surgical wound managements for massive burns and rehabilitation. The training is to be extended to another 900 nurses over a period of three years. The aim of this collaboration is to help Bangladesh create a more systematic approach to their training and help nurses and allied health workers to take on expanded roles.

The Sheikh Hasina National Burn and Plastic Surgery Institute aims to provide the best treatment facilities for burn patients. The 12-storey building has 500-beds and is built on three blocks including a Burn block, Plastic Surgery block and academic block.



04

Health Progress under Sustainable Development Goals

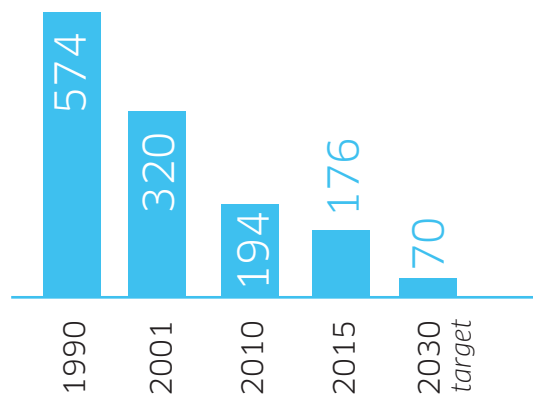


Despite the many constraints of demography, climate change and wealth inequality. Bangladesh has performed outstandingly in the health related Millennium Development Goals. The government has now provided a strong foundation for the attainment of the Sustainable Development Goals.

Maternal Health



Maternal
Mortality
Ratio reduced by
70% between
1990 - 2015



Government Initiatives to Improve Maternal Health



- 3000 midwife positions in government jobs and introduced international standard midwifery course since 2010
- Introduced 6 months paid maternity leave for government job holders
- Introduced vouchers scheme for mothers from poor families, to support the cost of antenatal, childbirth and postnatal care (including cost of travel, surgeries and medicines)
- Established daycare centres in government and some private sector offices
- 152 operating government hospitals to provide 24/7 emergency obstetric care service
- Introduced special adolescent health program in line with Global Strategy for Women Children and Adolescent's Health
- Electronic registers to track pregnant women to ensure effective maternal health service

Neonatal and Child Health

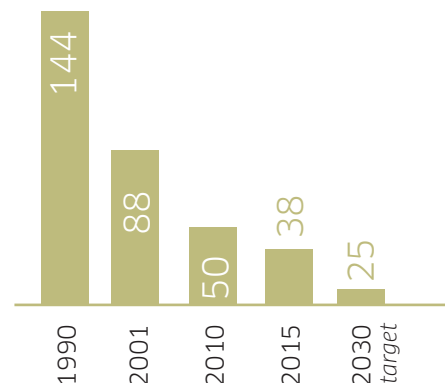


Under 5 mortality reduced by 74% between 1990 to 2015

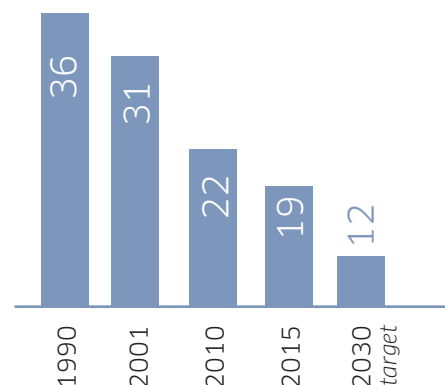


MDG 4 required a 2/3rd reduction in in under 5 mortality rate, Bangladesh outperformed by achieving 3/4th by 2015

■ Under 5 mortality



■ Neonatal Mortality Rate

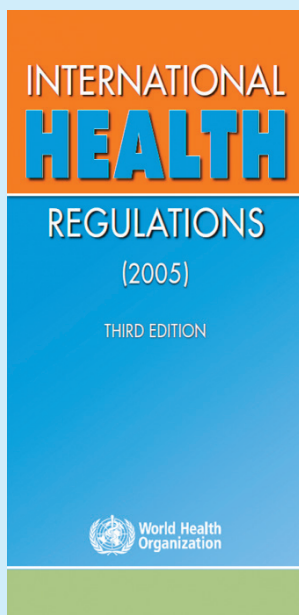




Number of vaccines in national Expanded Programme on Immunization (EPI) has been raised from 6 in 1995 to 11 in 2012. For successful immunization coverage, Ministry of Health and Family Welfare of Bangladesh received GAVI Award in 2009 and 2012. With a great future vision, Prime Minister Sheikh Hasina established community clinics, which boosted maternal and child healthcare as well as primary healthcare for the rural and marginalized population. Bangladesh made outstanding success in coverage of Vitamin A capsules, anthelmintic administration, and in control of childhood pneumonia, Acute Respiratory Infection, diarrhea and expansion of Integrated Management of Childhood Illness programs.

Neonatal Mortality although shows a slower reduction rate of 47%, the causes have been identified and interventions have been introduced. Bangladesh expects to achieve this SDG's child health target.

Communicable Disease Control



Bangladesh received its WHO Polio Eradication Certificate in 2014. The country has also eliminated or is in the verge of eliminating certain communicable disease.

Leprosy - Eliminated, Filariasis - Achieved Preliminary Elimination. Kala azar - Almost Eliminated, Rabies & Malaria - Moving towards elimination,

Bangladesh remains in the frontline in implementation of International Health Regulation 2005 and has built effective surveillance and response system for emerging and reemerging diseases like Ebola, SARS, MERS-Corona Virus, Dengue, Nipah, Chikungunya, Avian Influenza, Anthrax, etc.

SDG Indicators

	No. of new HIV Infections among adults per 1000 uninfected population	No. of Tuberculosis patients per 100,000	No. of new malaria cases per 1000 population at risk	Infants receiving 3 dose of hepatitis B vaccines (%)
Bangladesh Situation	0/01	225	0.8	95.0
WHO_SEAR*	0.16	246	17.9	75.0
Global Average	0.50	142	94.0	82.0

Non Communicable Disease Control (NCD)

	SDG Indicators	
	SDG 3.4.1 Probability of dying from any of CVD, Cancer, Diabetes, CRD between age 30 -70 (%)	3.4.2. Suicidal Mortality rate per 100,000 population
Bangladesh Situation	21.5	5.5
WHO_SEAR*	23.2	12.9
Global Average	18.8	10.7

NCD is the cause of 59% mortalities in Bangladesh

- 17% Cardiovascular Disease(CVD)
- 10% Cancer
- 11% Chronic Respiratory Disease(CRD)
- 03% Diabetes
- 18% Other NCD

4th Health Population and Nutrition Sector Development Program designed to address NCD challenges.

*South-East Asia Regional Office

Autism and Neurodevelopment Disease

It is estimated that over 2.8million people suffer from neurodevelopment disease in Bangladesh alone. This special needs population group, once neglected now finds new hope in living a quality life. During the past 16 years, a wide range of awareness programs and coordinated national response activities were carried out.

Some major actions include:

- Endorsement of resolutions in the United Nations General Assembly and World Health Assembly on Autism and NDDs through Bangladesh initiatives.
- Saima Wazed Hossain nominated as the Member of the Advisory Panel on mental Health of WHO headquarters and Goodwill Ambassador for Autism in WHO South- East Asia Region
- 22 child development centres in different public and private hospitals established
- The Institute of Pediatric Neurodisorders and Autism in Children in Bangabandhu Sheikh Mujib Medical University established
- The National Strategic Plan 2016-2021 has been developed with coordination from the Institute of Community Inclusion, University of Massachusetts and Shuchona Foundation to address the elements of neurodisorder and autism care.

Substance Abuse

Alcohol Consumption Significantly lower than Global Average - Bangladesh 0.2 %, WHO - SEAR - 4.0, Global Average - 6.4

Drug abuse other than tobacco is mainly prevalent in urban Bangladesh. Alcohol is less prevalent; however, some tribal groups consume home-made alcohol as a part of their cultural traditions. In Bangladesh the use of heroin is relatively low, however Buprenorphine is used through injection. A codeine based cough syrup named Phensedyl was popular during the last two decades, however an Amphetamine Type Stimulants(ATS) tablet - Yaba has gained popularity during the past few years. Traditional smoking of cannabis is still prevailing among all segments of society. While a new substance called 'dandy' (adhesive made from toluene) has emerged as a cheap and popular drug among the street children. The number of intravenous drug users in Bangladesh is still negligible, however often share needles, in spite of the awareness and prevention programs run by NGOs. In general people are mostly unaware of drug abuse related disabilities and diseases. The government is currently working in cooperation with NGOs to increase awareness and treatment centres.

The National Institute of Mental Health and Hospital provide specialized care for psychiatric and mental disorder patients while the Department of Narcotics Control (DNC) provide exclusive services for drug abusers. The DNC operates a Central Drug Treatment Centre, a 40 - bed hospital in Dhaka. The DNC also coordinates, monitors and supervises the NGOs and private drug addiction treatment and rehabilitation centres and other services licensed by DNC.

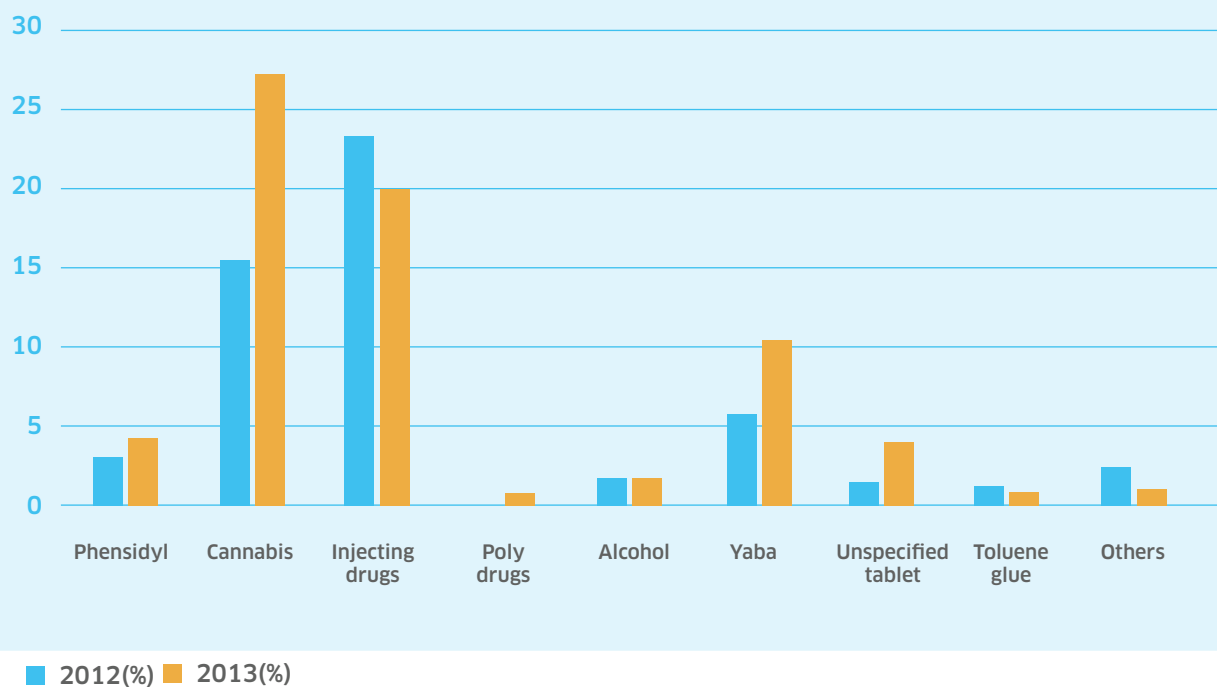
The National HIV/STD program in collaboration with the DNC runs an oral substitution therapy (OST) for the intravenous drug users aiming to prevent the spread of HIV and other communicable disease such as Hepatitis B and C. The clients' adherence to this service is excellent showing 85% daily attendance by the clients, which is the highest recorded in South-East Asia.

Age Distribution of Drug Abusers
(%) who came for treatment in
Dhaka Treatment Center

1.2%	15 and Under
12.2%	16- 20 Y
48.8%	21-30 Y
27.4%	31 – 40Y
9.4%	41 – 50 Y
0.9%	50 + Y



Percent distribution of treatment seekers among the drug abusers
by type of drug they used



Sexual and Reproductive Health

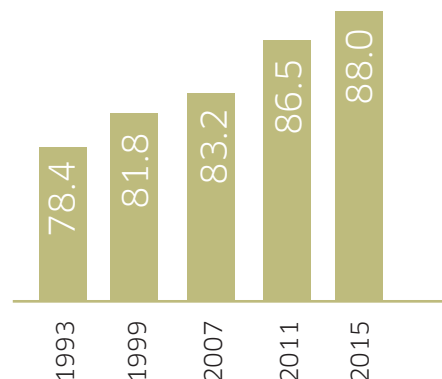
“Perhaps most important was the strong strategic bias (by Community Clinics) towards women and girls. The approach used explicitly recognized that empowered women will turn health into a nation-building strategy. Their needs, including for sexual and reproductive health services, came first. Their human rights were legally protected. That approach led to a stunning reversal in excessive mortality of girls compared to boys.”



Margaret Chan,
former WHO Director General in Singapore, 2015, on how Bangladesh was realizing Universal Health Coverage.

Despite being host to a large percentage of conservative Muslims; Bangladeshi women are very progressive when it comes to family planning. This is a result of the years of women's awareness and empowerment programs. To ensure strong support to sexual and reproductive health services in Bangladesh, a National Population Council has been constituted. With the increasing acceptance of modern family planning method, a woman on average is having fewer children.

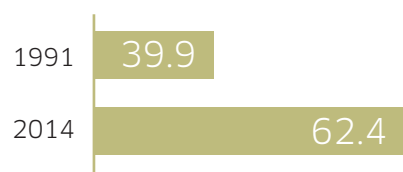
■ Married women using modern method of family planning (%)



■ Fertility rate in Bangladesh



■ Fertility rate in Bangladesh



The adolescent pregnancy rate among teenage girls (15-19 years) is 31 % (2014) and dropped only 4% since 2000. This issue has been identified as a result of underage marriages. The government is conducting string social mobilization campaigns to resist early marriage, which had positive reception. The ministry of Health and Family Welfare has launched a program urging teenage women to avoid early pregnancy.

Universal Health Coverage (UHC)

The Government of Bangladesh provides the following health services from public health centres free of cost:

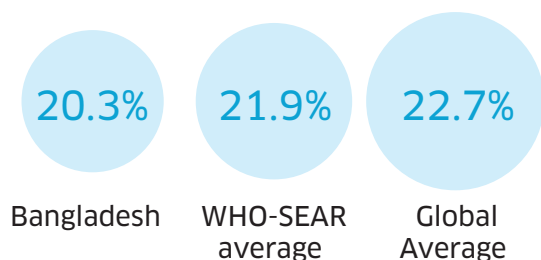
- Routine immunisation, Vitamin A and deworming tablets
- 30 types of medicines from community clinic and almost all medicines from daycare health facilities and hospitals run by the government
- Almost entire spectrum of outpatient, inpatient and emergency services and procedure in public hospitals
- Full package of maternal healthcare including antenatal, child delivery and postnatal cares
- Essential reproductive healthcare, adolescent healthcare, essential family planning service, essential and pediatric care
- First aid and emergency life-saving support from all public health facilities
- Routine preventive healthcare such as domiciliary visits
- Screening and control program for selected health conditions like NDCs and surveillance and outbreak response for communicable diseases etc
- Diagnosis and treatment for malaria, Kala-azar and TB



Bangladesh has a strong presence of private sector healthcare providers, which means the people who are able to afford it, have the freedom to choose any provider. Bangladesh still has a per-capita health expenditure of US\$ 37 which is one-third of the World Health Organisation (WHO)-recommended \$ 85-112. Currently the out of pocket expenditure is 63%, thus the government is in the process of speeding up the establishment of UHC in Bangladesh. The Ministry of Health and Family Welfare has piloted a fully subsidized health insurance package called 'Shashtho Shurokkha Kormoshuchi' or Health Protection Scheme in selected sub-districts. The government is also innovating new financial models to mobilize resources for increasing national healthcare budget to achieve UHC.

Framework Control on Tobacco Control

Age-standardized prevalence of tobacco smoking among persons aged 15+



As per the WHO report on the Global Tobacco Epidemic 2015, prevalence of adult smoking in Bangladesh fell from 34.6% to 20.0% between 200 and 2013.

Bangladesh has strengthened enforcement of tobacco law and is creating public awareness and adopted higher taxes on all types of marketed tobacco products. More than a quarter of the adult population in Bangladesh use smokeless tobacco or chewing tobacco. Bangladesh signed the WHO framework on Convention on Tobacco Control (WHO FCTC). The government through amending tobacco control law enforced tobacco warning graphics that cover 50% of the package, banned all media advertisement on all tobacco products, raised tobacco tax by 76%. The government in collaboration with WHO and the International Union Against Tuberculosis and Lung Disease prepared a series of trainings to facilitate the strategic planning and action among those responsible for promoting, developing and implementing and enforcing effective and sustainable national tobacco control; programs for compacting tobacco epidemic in the country. A tobacco tax cell has also been set up in the National Board of Revenue.



Access to Vaccines and Drugs

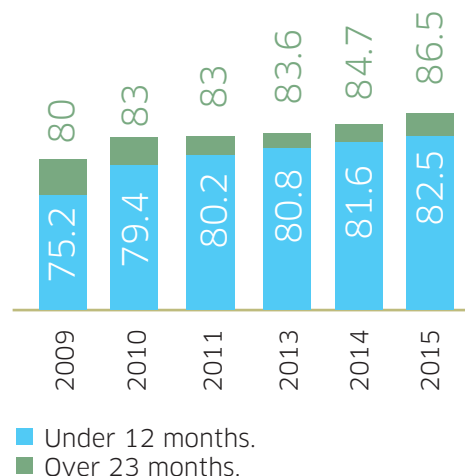


Bangladesh is a Global Success Model

The immunization program in Bangladesh is a consistent success story for which Bangladesh has been praised globally. In 1985 the vaccination coverage was as low as 2%. The Expanded Program on Immunisation (EPI) in Bangladesh attempts to eradicate or eliminate vaccine preventable disease. As of 2016, Bangladesh has a 99% coverage rate in treating tuberculosis and has eradicated the threat of neonatal tetanus. Similar results have been seen in eradicating polio, diphtheria and hepatitis. The government has raised the number of vaccines in the National EPI program from 6 to 11 in 2012.

Bangladesh has been awarded by the Global Vaccine Alliance twice - in 2009 and 2012 for the consistent progress in the immunisation program.

■ Percentage of fully Vaccinated Children in Bangladesh



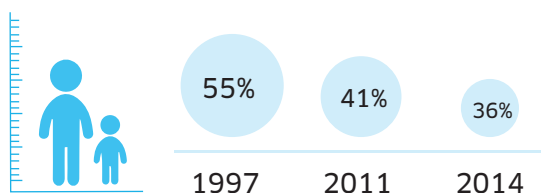
05

Nutrition Interventions

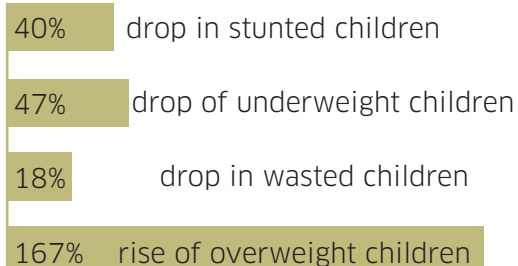
Underweight Children
Under 5 in 2015

33%

■ Under 5 Stunting



■ Between 1990 and 2014



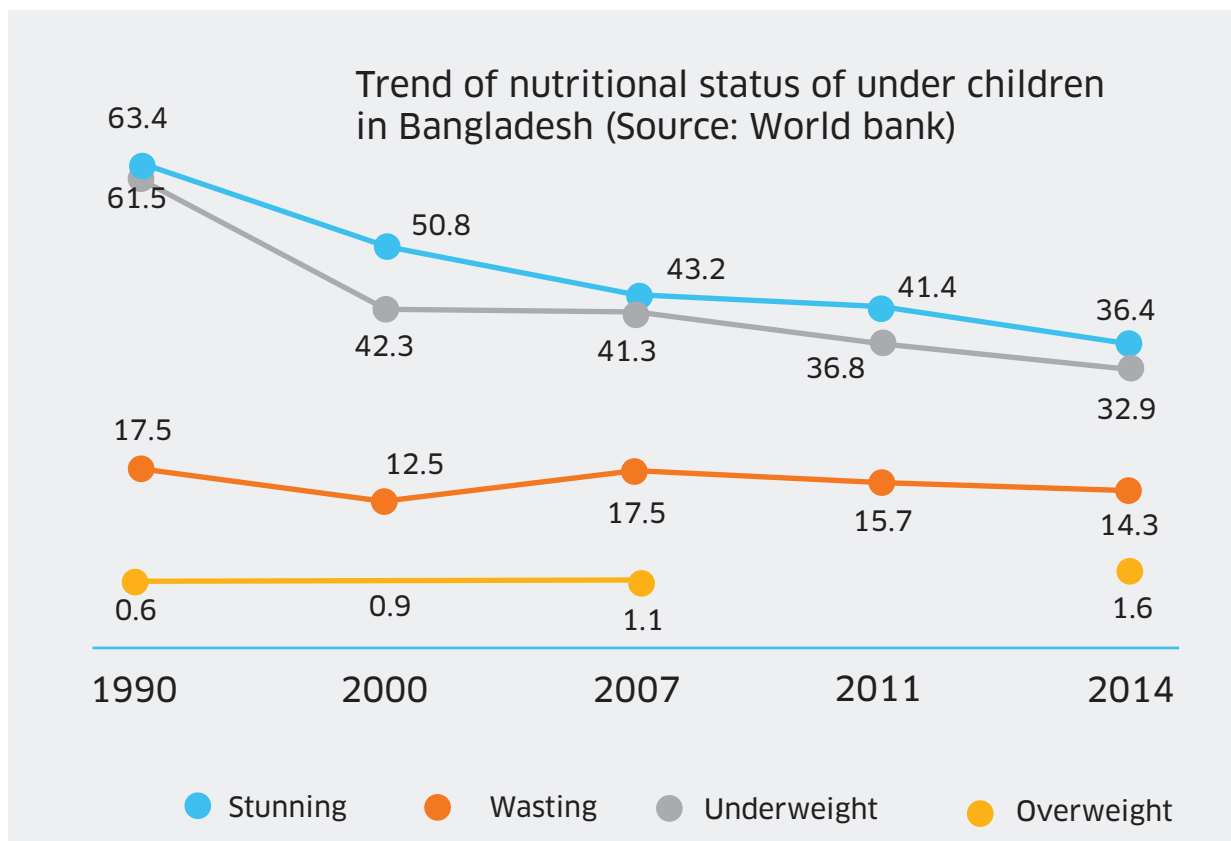
The national Nutrition Program (NNP) has been working with the goal to improve the nutritional status of all citizens and reduce all forms of malnutrition, with a focus on children, adolescent girls, pregnant women and lactating mothers.

Under this program, facilities to treat acute malnutrition has been introduced to 142 public hospitals, nutrition corner has been established in each district and sub district hospital. The government has also enacted the Breastmilk Substitute Act 2013, establish Food Safety Laboratory to identify adulterated foods and prepared the National Healthy Dietary Guideline.

Currently the exclusive breastfeeding rate among infants under 6 months is 55.3% which is higher than the global average of 43%.

Bangladesh has become celebrated as a country that has made considerable progress in nutrition in recent years. The proportion of children under 5 years of age moderately or severely stunted has declined and has been reported as one of the most sustained reductions in child undernutrition in the world.

President Bangabandhu Sheikh Mujibur Rahman ordered the formation of a Bangladesh National



Nutrition Council (BNNC) in 1975. A year after the Awami League came to power in 1996, the government made the first national nutrition action plan.

BNNC approved the 2nd National Plan of Action on Nutrition (NPAN) 2016-2025 in 2017. Its goal is to improve the nutritional status of all citizens and reduce all forms of malnutrition, with a focus on children, adolescent girls, pregnant women and lactating mothers.

It comprises sets of nutrition specific and sensitive public policies and direct actions in an array of sectors including health, education, agriculture, fisheries and livestock, environment, social protection, women empowerment, and disaster management. One of the key elements of the new plan is the enhanced monitoring mechanism. This plan is also a step towards reflecting Bangladesh's commitment towards Sustainable Development Goals, Scaling up Nutrition, Second International Conference on Nutrition and World Health Assembly.

Reflecting the work of more than 17 ministries, numerous stakeholders and partners, NPAN 2 is the first costed nutrition plan in Bangladesh. NPAN 2 comprises sets of nutrition specific and sensitive public policies and direct actions in an array of sectors including Health, Education, Agriculture, Fisheries and Livestock, Environment, Social Protection, Women Empowerment, Disaster Management etc.

In Bangladesh where stunting and malnutrition has been a reoccurring issue the new NPAN 2 provides a strong basis for the multi-sectoral response needed to fight against malnutrition. Specifically, the NPAN 2 focuses on children, adolescent girls, pregnant women and lactating mothers to improve nutrition and eradicate all forms of malnutrition across the country. It also takes into account that flooding caused significant damage to food production and stresses the importance of ensuring nutrition in addition to food security. An important element the new plan brings is the enhanced monitoring mechanism. Through continuous monitoring activities, progresses of NPAN 2 will be observed and challenges addressed.

The plan comprises nutrition specific and sensitive public policies and direct actions in an array of sectors including health, education, agriculture, fisheries and livestock, environment, social protection, women empowerment, and disaster management. The new plan builds on the first national nutrition action plan, launched in 1996. NPAN 2 is an important step towards reflecting Bangladesh's commitment to Sustainable Development Goals, Scaling up Nutrition, Second International Conference on Nutrition and World Health Assembly. Formulation and draft dissemination of NPAN2 was coordinated by Ministry of Health and Family Welfare of Bangladesh with support from World Health Organization Bangladesh Country Office.



The planned activities contained within the National Nutrition Service Operational Plan include:

- Growth monitoring and promotion (GMP)
- Maternal nutrition and Infant and young child feeding (IYCF) services
- Behaviour change communication (BCC)
- Vitamin A supplementation for children 6-59 months
- Iron-Folic Acid (IFA) supplementation for pregnant and lactating women and adolescent girls
- Prevention and control of anemia in children under-5
- Deworming of children (1 - 5 years) and adolescent girls
- Other micronutrient supplementation for public health importance (Zinc, Calcium, etc)
- Management of severe and moderate acute malnutrition (facility and community based)
- Promotion of use of iodized salt
- Nutrition during emergencies
- Training and capacity building
- Monitoring and Evaluation of nutrition surveillance
- Mainstreaming gender

06

Health and Nutrition Policies in Bangladesh

Key Nutrition Policies in Bangladesh

- National Health Policy (2011)
- Health Population and Nutrition Sector Development Program (2011) (National Nutrition Services is formed)
- National Food Safety and Quality Policy (2012 draft) led to set up of Bangladesh Food Safety Authority as part of 2013 Food Safety Act
- National Nutrition Policy (2015)

Children Specific Policies

- National Strategy on Infant and Young Child Feeding (2007)
- National Communication Framework and Plan of Action on Infant and Young Child Feeding (2010)

Maternal care

- Maternity Protection Law (2011)
- International Code of Marketing of Breast-milk Substitutes provisions (2012 draft to replace 1990 Breast-Milk Substitutes Act)

Policies for Micronutrient deficiencies

- Prevention of Iodine Deficiency Diseases Act (1989)
- National Strategy for Anemia Prevention and Control in Bangladesh (2007)
- National Guidelines for the Management of Severely Malnourished Children (2008)



Conclusion

The Government of Bangladesh played a key role in policy and strategy development and implementation of health and nutrition interventions during the last decade. 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. Bangladesh has made tremendous strides in different health indicators like survival of under-five, immunisation, and tuberculosis control. Despite its resource constraints, Bangladesh has successfully evolved a pluralistic healthcare system that combines the technology in healthcare with a focus on women's participation in its health indicators such as family planning, immunisation, oral rehydration therapy, and vitamin supplements. Bangladesh's healthcare system has also successfully addressed the first generation of poverty-linked infections, and nutrition and maternity related diseases.

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