



Ministry of Health & Family Welfare  
Government of the People's Republic of Bangladesh

# JOURNEY TO SDGs 2030 for **HEALTH**



**BANGLADESH  
SETS MOMENTUM**

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Dedicated to:

Bangabandhu Sheikh Mujibur Rahman  
**Father of the Nation**

Bangladesh emerged as an independent country in December 1971 through a heroic liberation war begun in March 1971. The war was led by Bangabandhu Sheikh Mujibur Rahman, father of incumbent Honorable Prime Minister Sheikh Hasina. Bangabandhu meaning Friend of Bangladesh is the title given to Sheikh Mujibur Rahman in a historic moment of 1969 when he was freed from jail under pressure of a mass movement against the then ruling martial law government of Ayub Khan. Born in 20 March 1920, he is the most charismatic leader of our national life in thousands of years. His unflinching love for his people, depth of patriotism, towering and uncompromising personality gave him the unique distinction of immortality. Bangabandhu is recognized as the undisputed and the greatest leader of Bangladesh of all time. After liberation he became the Head of the Government and started rebuilding the country completely destroyed by the occupation army during the 9 months' liberation war. But, unfortunately within a short range of time he was brutally assassinated on 15 August 1975 along with his family members as part of national and international conspiracy. So, most of his dreams remained unfulfilled.

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# Preface



**Mohammed Nasim, MP**

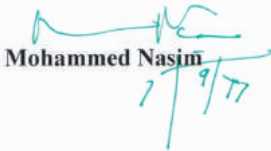
Minister  
Ministry of Health & Family Welfare  
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Bangladesh made miraculous progress in health sector in the past years. We achieved the health-related MDGs, created healthcare infrastructures including 13,300+ community clinics, and enhanced public health prevention interventions to reaching gradually towards achieving universal health coverage. Investment in health, population and nutrition sector has been increased as evident by 126 percent budget increase in 4th Health, Population and Nutrition Sector Program (HPNSP) 2017-2022 compared to that in 3rd sector program 2011-2016.

I am very grateful to our foresighted leader Honorable Prime Minister Sheikh Hasina who is always very supportive to the healthcare need of the people. I am also grateful to my team members at the Ministry of Health & Family Welfare and agencies and organizations in my ministry along with partners in other ministries and agencies, NGOs and civil society organizations who always help me to sustain the National Health service delivery and keep up the progress.

This booklet narrates current status of Bangladesh towards our journey of health-related SDGs. It would be my great pleasure if the readers find this booklet useful.

Joy Bangla, Joy Bangabandhu  
Long live Bangladesh.



Mohammed Nasim  
17/9/17



*Honorable Prime Minister Sheikh Hasina witnessing measles-rubella vaccination following inaugural session of National Measles-Rubella Campaign in 2014*

# Bangladesh

## a Global Development Miracle

# 7.2%

- Current (2017) GDP growth rate: 7.2%;
- Per capita income: \$1,602 (BBS 2017);
- World's second fastest growing major economy (IMF 2016).



## Why global community sees Bangladesh's spectacular development as a miracle?

Bangladesh has only a small land area of only 148,460 sq. km (land: 130,170 sq. km; water: 18,290 sq. km); but with a huge population of over 160 million. Population density is one of the highest in the world (about 1,100 per sq. km.). Rural population comprises 70%. Urbanization is growing. The country is the world's worst and most innocent climate victim showing extreme climatic conditions like cyclones, floods, draughts, landslides, etc. almost every year. On the contrary, Bangladesh's climate mitigation response is world's one of the best.

Bangladesh took advantage of vast plain land and built roads and infrastructures, schools, clinics and hospitals. It has a strong force of domiciliary health workers, agriculture extension workers, and other social enterprises including mobile networks, etc for boosting the economy. People's freedom to information, awareness raising, girls' education and women empowerment, promotion of small scale businesses and growth of garments industries for women employment, export of human resource for earning foreign remittances all helped to upsurge the economy along with reduction of poverty.

## Health sector is the outstanding performer

Health sector of Bangladesh is the outstanding performer. Despite constraints of demography, climatic worsening situation, geographic and wealth quintal disparity, the country achieved all health-related MDGs. Now there is a strong foundation for attainment of the health-related SDGs. International recognitions and praises are ongoing. Credit goes to the foresighted and heroic leadership of the Honorable Prime Minister Sheikh Hasina.

# Guiding principles of national healthcare approach of Bangladesh

## Constitutional obligation

### Government will provide

- basic medical requirements to all people
- improve nutrition
- improve public health

## National Health Policy obligation

### Government, for all citizens

- shall recognize health as a human right
- shall ensure primary and emergency health care
- shall increase and expand accessibility of citizen-centric quality health care ensuring equity
- shall create an environment so that people feel empowered and respected to seek health care and undertake healthy life style

## Global common health goals

- Health-related SDGs
- Bangladesh has given high importance to achieve

## WHO resolutions, guidelines, definitions

- The country follows.
- WHO resolutions
- WHO guidelines
- **WHO definition of health:** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.



A woman in Bangladesh on average lives longer than a man



# People healthier, living longer

# 72 years



Up by **14** years

A baby born now gets this additional life expectancy than a baby born in 1990

## Life expectancy increased

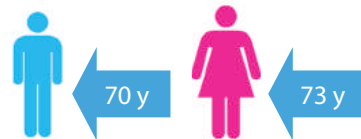
Our Father of the Nation Bangabandhu Sheikh Mujibur Rahman dreamt for a Bangladesh which would be “Sonar Bangla” meaning “Golden Bengal”, a symbolic term pointing to a future vision of building a prosperous, knowledge-based and dignified nation. Prime Minister Sheikh Hasina, being her daughter carries the same vision. She presented Vision 2021 for a middle income Digital Bangladesh by 2021 and a high income Bangladesh by 2041 with persistent economic growth in recent years the increase in life expectancy is the contribution of overall social development.

In 1990, a baby born in Bangladesh could dream for living up to 58 years. If a baby is born now, she or he can dream for living up to 14 years more, i.e., 72 years. In 1996, when Sheikh Hasina became Prime Minister of Bangladesh, the average life expectancy was 63 years. When she completed his first term in 2001, it was raised to 66 years - a 3 years' gain just in 5 years. Sheikh Hasina became Prime Minister for second term in January 2009. Average life expectancy of a Bangladeshi citizen was then 67 years. By 2015, average life expectancy was raised to 72 years- a 5 years gain in 6 years .



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

- Before general election of 2008, Sheikh Hasina presented a long term vision called “Digital Bangladesh Vision 2021” to her people;
- One promise was raising average life expectancy of citizens to 70 years by 2021;
- She formed government in January 2009 and has been continuing through subsequent election (2014) as of now (2017);
- Deadline 2021 for life expectancy commitment is still far; but by 2015, six years before 2021, Bangladeshi citizens gained 72 years' average life expectancy, 2 years more than promised;
- A woman lives longer than a man, on average, 73 years vs. 70 years.

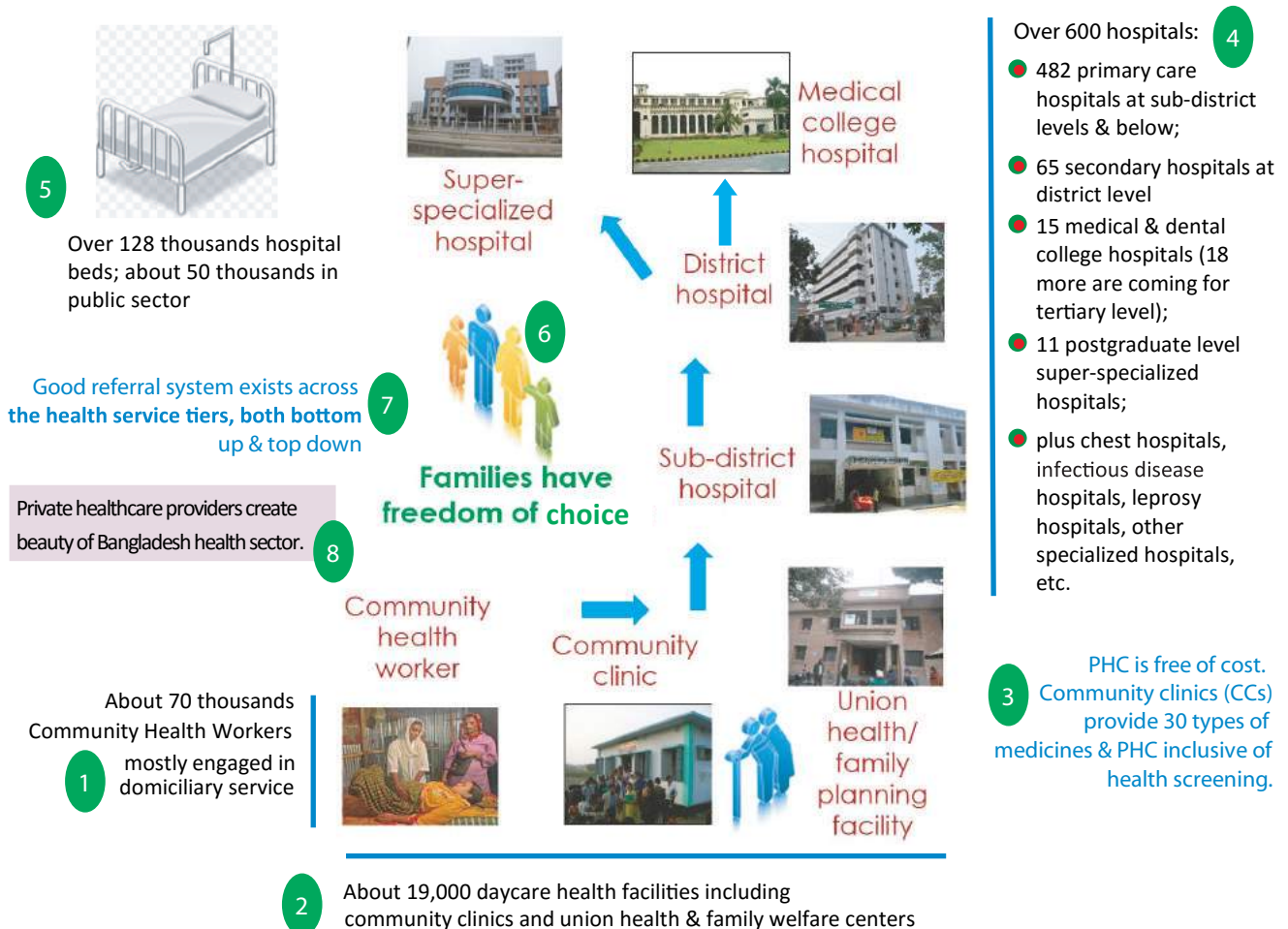


In Bangladesh, woman lives longer than man

# Extensive Health Care Network

## Family has freedom to choose

Over the years, Bangladesh paid attention to create world's one of the most cited well-planned and extensive healthcare networks.



Different tiers of extensively and uniformly distributed healthcare network in Bangladesh



## Supportive government policy Rapid health gain

Over the years, the government pursued supportive policy and collaboration with development partners, NGOs and civil society that enabled rapid health gains.

### Community empowerment

- Social awareness creation;
- Female empowerment
- Enhancing literacy rates;
- Drastic poverty reduction;
- Social safety nets;
- Woman- child friendly health services

### Sector-wide approach for over 16 years in health development

- Freedom of health managers to make decisions;
- Joint planning with the DPs, NGOs & Civil Society Organizations;

## Significant investment Stronger healthcare infrastructure

- Established 13,300+ community clinics,
- Established a number of new general and specialized hospitals;
- Increased about 11,000 public hospital beds;
- Established a bone marrow transplant center in the capital;
- Established trauma centers along busy highways;
- Expanded burn units in district hospitals;
- Expanded intensive care units, and angiograms and angioplasty services to all medical college hospitals
- Expanded Cardiac surgeries in several hospitals;
- Expanded kidney dialysis services to many medical college district hospitals;
- Establishing children's hospitals, one in each region of the country;
- Establishing one large multidisciplinary hospital in each city zone;
- Added several hundred new ambulances including boat ambulances
- Added several hundred new ambulances including boat ambulances
- Strengthened care for emergency patients in public hospitals and private hospitals;
- Promoting private hospitals and diagnostic centers and also encouraging public-private partnership in healthcare;
- Established a well-appreciated 24/7 health call center 16263 for free medical consultation, ambulance reservation and providing health information services.

## World's largest state of the art Institute of Burn & Plastic Surgery



*Hon'ble Prime Minister Sheikh Hasina with the Hon'ble Health Minister Mohammed Nasim during laying foundation stone (6 April 2017) of Sheikh Hasina National Institute of Burn & Plastic Surgery. This state of the art institute with an affiliated 500-bed hospital, planned to start functioning from 2018, will be the world's largest and best in Burn and Plastic Surgery domain. Photograph on right shows the final look of the institute building.*



Future community clinics will look like this

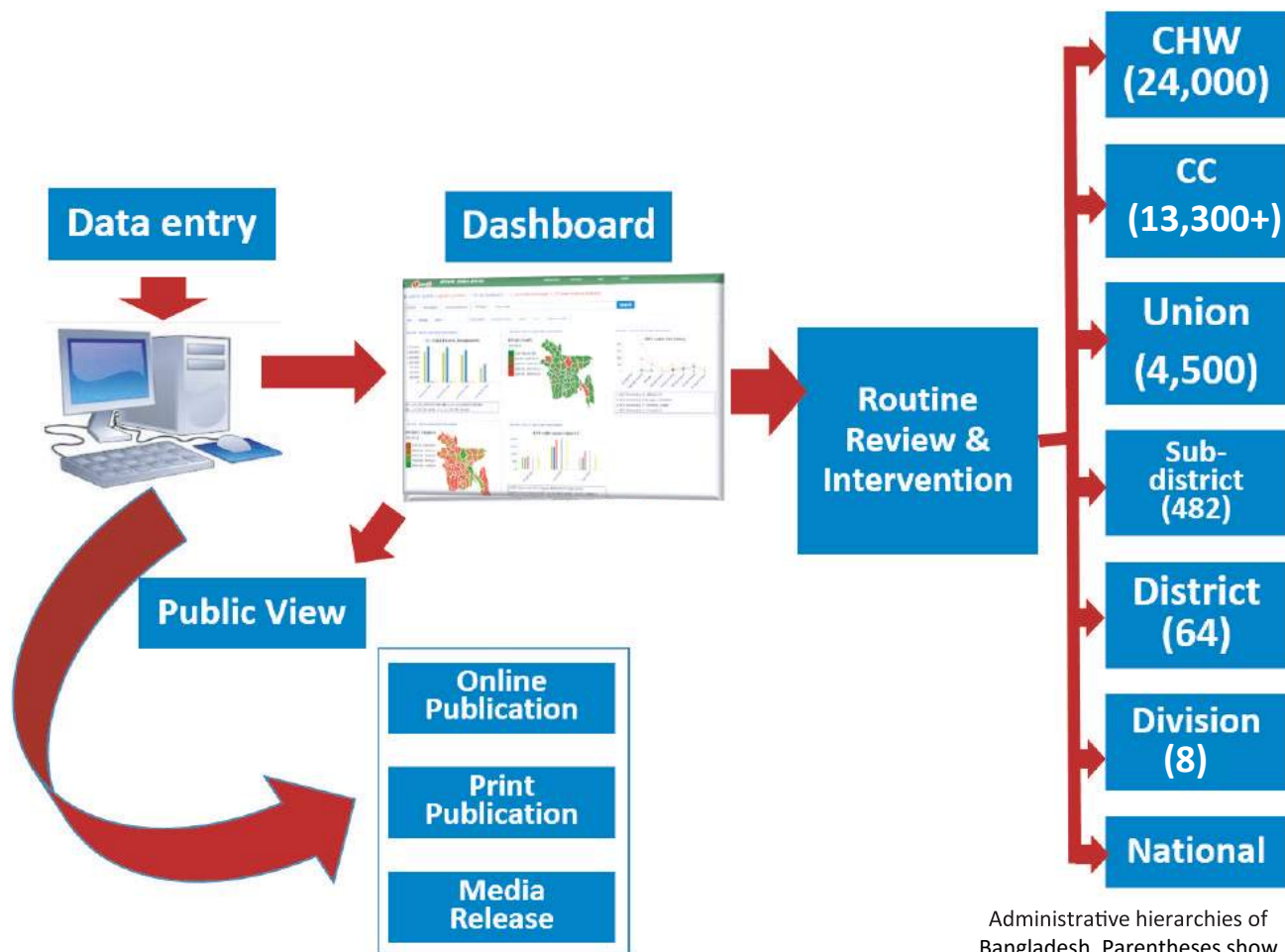
# Community clinics

## a flagship program to achieve Universal Health Coverage

The Founding Father of Bangladesh Bangabandhu Sheikh Mujibur Rahman dreamt of establishing small clinics in rural settings. Her daughter Prime Minister Sheikh Hasina materialized this dream, and as of now she established 13,300+ community clinics equitably distributed across the country. Community clinics already received global recognition. The World Health Report 2010 (WHO) mentioned community clinic as one of the pathways for achieving universal health coverage.

- ?Community clinics bear the principles of community ownership and proactive community participation through a perfect blending of government and community partnership.  
?Local community donates land for constructing structure.
- ?Government builds small building, places permanent paid human resource, provides regular supply of medicines and logistics.
- ?Management and oversight are done by local community-based committee inclusive of elected members of local government body and community support group.  
?Community clinics functions 6 days a week from 9.00 am to 3.00 pm.  
? A salaried trained paramedic called community health care provider (CHCP) is responsible for service delivery, who is assisted by two community health workers, each of latter for 3 days a week.
- ?A range of basic services is provided from CC, viz., maternal and neonatal healthcare services, reproductive health and family planning services, integrated management of childhood illness (IMCI), routine immunization, micronutrient supplementation, limited curative care, nutrition, health education, referral, electronic registration and tracking of pregnant mothers and under-5 children, screening for chronic non-communicable diseases, etc.
- ?Number of CCs conducting normal child birthing is increasing.  
?Community clinics have laptop and Internet connection for electronic updating of required data in the central databases and for other communication.
- ?Thirty essential medicines, which include three simple antibiotics and other over-the-counter-drugs plus contraceptives for temporary methods are supplied from the CCs free of cost.  
? From 2009 from the beginning of Sheikh Hasina's second term as Prime Minister, the community clinics were revitalized.
- ?Since 2009 until now the cumulative number of client visits in the community clinics were recorded as 450 million.  
?CCs are symbol of gender, equity, voice and accountability, having the fact that over 80 percent of CC clients are women and children, 53 percent of CHCPs are female, and at least one-third of the CC management committee members are women.  
?Several client satisfaction surveys were conducted, which show satisfaction rates between 80 and 98 percent.

# Health Information System network of Bangladesh

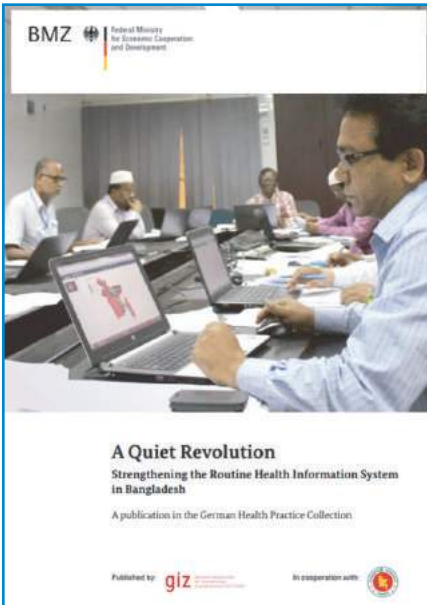


Administrative hierarchies of Bangladesh. Parentheses show total number of health facilities at the respective tier



# A quiet revolution in eHealth

## Strengthening Health Information System



**Hon'ble PM Sheikh Hasina receiving UN Digital Health Award in 2011**

- Entire health sector has been digitalized, which includes 24,000+ community health workers, 13,300+ community clinics, 4,500 union health centers, 600+ hospitals (600+) and all health managers' offices;
- Bangladesh has the world's largest and best deployment of world's well-known DHIS2 software;
- About 100 hospitals have telemedicine services;
- MOHFW operates a nationwide 24/7 call center (16263) called Shaystho Batayan meaning "Health Window" for free medical consultation, ambulance reservation and providing health information service;
- Director General of Health Services holds routine weekly video conference to review health system performance and progress of health-related SDGs with all health managers (100+ locations concurrently);
- MOHFW introduced Shared Health Records to maintain life time electronic health record (EHR) for every citizen and pioneering Civil Registration and Vital Statistics System;
- We follow Open Data policy and provide eye catching data visualization dashboard ([www.dghs.gov.bd](http://www.dghs.gov.bd)>>Dashboard) using Tableau visualization software;
- A World Bank's international independent review finds Bangladesh's eHealth investment worth;
- Health Data Collaborative led by WHO held its first regional MA4H conference in Dhaka (2016); on this occasion, WHO in its website made Bangladesh's eHealth success a top story.
- The left side image is a book cover published by German Government in 2014 to recognize Bangladesh's eHealth success as a global best practice;
- For Bangladesh such global recognition is common and ongoing;



Maternal healthcare given with attention and love



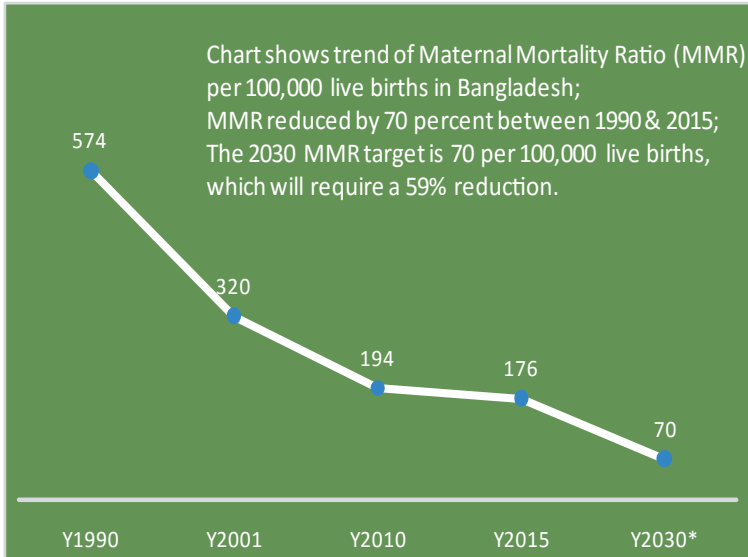
Honorable State Minister for Health & Family Bangladesh Zahid Maleque, MP receiving (2016) certificate from Dr Margaret Chan, former Director General of WHO and Dr Poonam Khetrpal Singh, Regional Director of WHO-SEAR for elimination of maternal and neonatal tetanus from Bangladesh





## SDG 3.1. Maternal health

**MMR reduced by 70% between 1990 & 2015**



# 70%

- Percent by which MMR reduced in Bangladesh between 1990 and 2015;
- MMR reduction target for 2030 is 59%;
- Bangladesh believes it is feasible.

### What government has done to improve maternal health

- Introduced celebration of National Safe Motherhood Day (28 May) annually;
- As per promise made in UNGA 2010, created 3,000 midwife positions in government jobs; introduced international standard midwifery teaching course ; first few midwife batches joined in government job following completion of course;
- Introduced 6 months' maternity leave with full salary for women in government job;
- Introduced voucher scheme for mothers of poor families to support cost for antenatal, child birth and postnatal care even including cost for travel, investigations and medicines, cesarean surgery, etc.;
- Established daycare centers in government and private sector facilities facilitating privacy and ease in breastfeeding babies;
- Observes World Breastfeeding Week every year with government as key player;
- Raised number (from 132 to 152) of government hospitals to provide 24/7 emergency obstetric care services;
- Introduced special adolescent health program in line with Global Strategy for Women's, Children's and Adolescents' Health;
- Electronically registers and tracks pregnant women to ensure effective maternal health service.



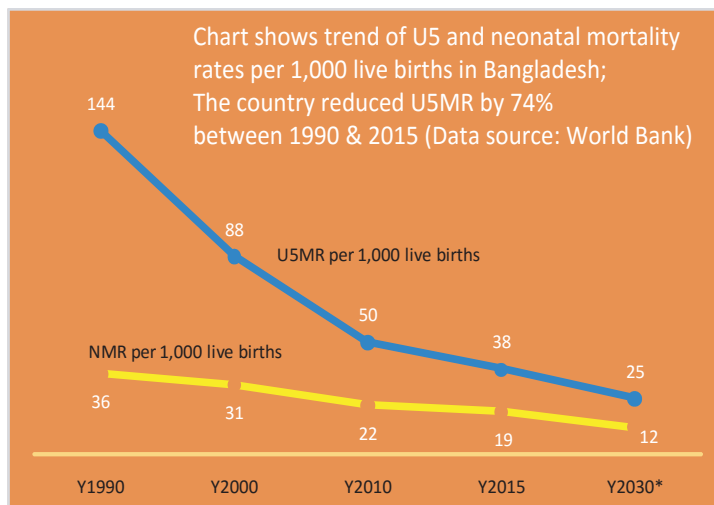


Honorable Prime Minister Sheikh Hasina providing to a child a dose of oral polio vaccine during the measles-rubella campaign



## SDG 3.2. Neonatal & child health

**U5MR reduced by 74% between 1990 & 2015**



### Government's interventions to improve child health

Government of Bangladesh with leadership of Prime Minister Sheikh Hasina has an inherent feeling for the children and their health. The MOHFW strengthened national immunization program to enhance child vaccination coverage. Number of vaccines in national EPI program has been raised from 6 in 1995 to 11 in 2012. For successful immunization coverage, MOHFW of Bangladesh received GAVI Award in 2009 and 2012. With a great future vision, Prime Minister Sheikh Hasina established 13,300+ 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, antihelminth administration, and in control of childhood pneumonia, ARI, diarrhea, and expansion of IMCI programs.

# 74%

- Percent by which U5 mortality rate reduced in Bangladesh between 1990 and 2015;
- MDG4 required a 2/3rd reduction;
- Bangladesh outperformed by reducing about 3/4th by 2015;
- Neonatal mortality shows a slower reduction rate of 47%, which remains as a challenging issue. Cause was identified and interventions started. It is believed that SDGs' child health targets will be achieved in Bangladesh.







In a 2017 outbreak of chikungunya in Dhaka, over 12,000 medical students who are studying in various government and private medical institutions in the city conducted mass awareness and vector control interventions



## SDG 3.3. Communicable disease control

### Success in controlling communicable diseases

#### Polio Eradicated






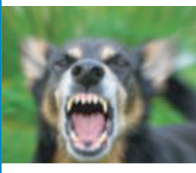

- Bangladesh witnessed last imported polio case in 2006;
- Following successful eradication from WHO-SEA Region, Bangladesh country received WHO Polio Eradication Certificate (2014).

SDG indicator	Current situation	WHO-SEAR	Global average
No. of new HIV infections among adults per 1,000 uninfected population	0.01	0.16	0.50
No. of new tuberculosis patients per 100,000	225	246	142
No. of new malaria cases per 1,000 population at risk	0.8	17.9	94.0
Infants receiving 3 doses of hepatitis B vaccines (%)	95.0	75.0	82.0

Bangladesh remains in the frontline in implementation of IHR 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.

#### Disease Elimination

Bangladesh either eliminated or remains on the verge of elimination of certain communicable diseases.

	Leprosy	Eliminated
	Filariasis	Achieved preliminary elimination
	Kala azar	Almost eliminated
	Rabies	Moving towards elimination
	Malaria	Moving towards elimination





Physical exercise - key intervention for NCD prevention

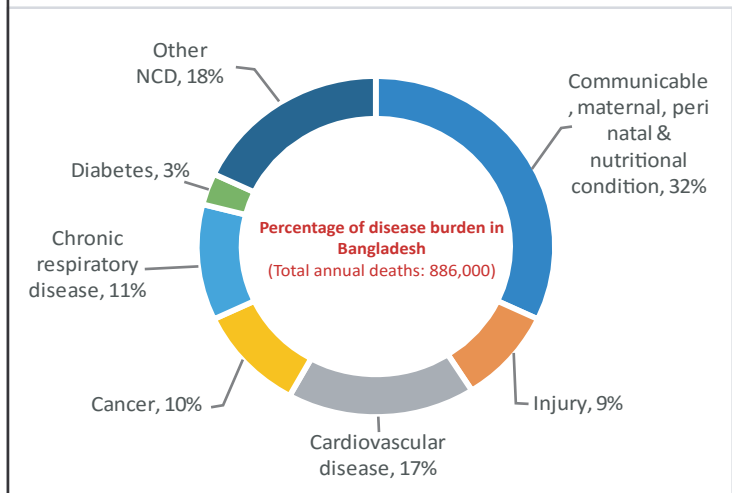




## SDG 3.4. Non-communicable disease control

### 4th HPNSP 2017-2022 to address NCD burden strongly

#### NCDs comprise 59% mortalities in Bangladesh



#### No. of annual deaths in Bangladesh due to NCDs

Cardiovascular disease (17%)	150,620
Cancer (10%)	88,600
Chronic respiratory disease (11%)	97,460
Diabetes (3%)	26,580
Other NCD (18%)	159,480
<b>Total (100%)</b>	<b>522,740</b>

In recent years, with economic growth, urbanization, sedentary life style, change in food habit, smoking, etc., prevalence of non-communicable diseases along with their complications and mortalities has been increased in Bangladesh. Government is fully aware of the situation and responded through intensification programs to address the problem. In the 4th Health, Population and Nutrition Sector Program 2017-2022, prevention programs through raising social awareness and mass mobilization, screening, diagnosis and treatment.

SDG indicator	Bangladesh	WHO-SEAR average	Global average
3.4.1. Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 years (%)	21.5	23.2	18.8
3.4.2. Suicidal mortality rate per 100,000 population	5.5	12.9	10.7



*Saima Wazed Hossain, the well-known global autism activist and daughter of Honorable Prime Minister Sheikh Hasina receiving (2014) the Excellence of Public Health in WHO South-East Asia from Dr Poonam Khetrapal Singh, the Regional Director of WHO South-East Asia Region. Recently WHO has nominated Saima Wazed Hossain as the Good Will Ambassador for Autism in WHO South-East Asia*



# Autism & Neurodevelopmental disorders

## A joy of bringing a neglected issue to global attention

It is estimated that more than 2.8 million individuals are suffering from neurodevelopmental disorders (NDDs) in Bangladesh. These special-needs population group, once neglected, now finds new hope of adding quality in their life. In the past 16 years, a good range of awareness building and coordinated national response activities were done in the country, which also garnered praise from the international community. The inspirations came from Saima Wazed Hossain, daughter of Honorable Prime Minister Sheikh Hasina, both of whom fueled all-out support to the cause of NDDs both in home and globally.

Following list shows some of those activities:

- Endorsement of resolutions in the United Nations General Assembly and World Health Assembly on Autism and NDDs by initiative of Bangladesh;
- Saima Wazed Hossain has been nominated as the Member of the Advisory Panel on Mental Health of WHO-HQ and Good Will Ambassador for Autism in WHO South-East Asia Region; in 2014 she received Excellence in Public Health in WHO South-East Asia Region;
- Government of Bangladesh is conducting various support programs to address the need of individuals with NDDs through coordinated effort of all ministries.

MOHFW of the Government of the People's Republic of Bangladesh:

- Established 22 child development centers" in different public and private hospitals;
- Established Institute of Pediatric Neurodisorders and Autism in Children in the Bangabandhu Sheikh Mujib Medical University;
- Organized side events consecutively in the World Health Assembly of 2013, 2014 and 2015;
- Supported development of a detailed, comprehensive, well-coordinated, integrated and appropriate National Strategic Plan for NDDs 2016-2021 (NSP-NDDs) with engagement of Institute for Community Inclusion (ICI), University of Massachusetts, Boston, USA in collaboration with Shuchona Foundation, Bangladesh through technical assistance of UKAID;

The Government of Bangladesh is now trying to implement this National Strategic Plan.



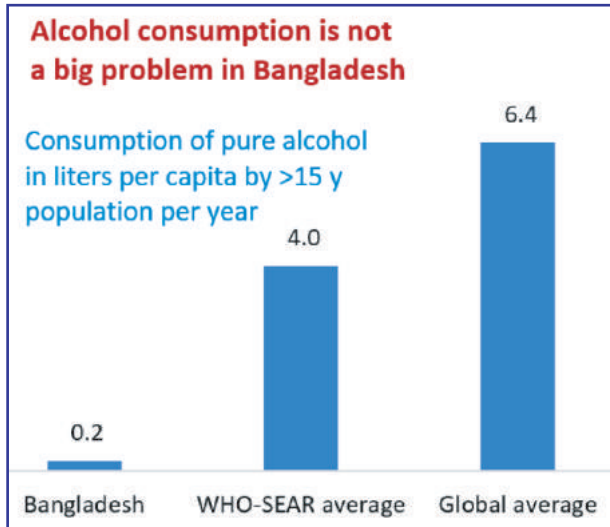
## No to drugs

*Celebrities, elites and students are signing on poster in an anti-drug campaign*



## SDG 3.5. Prevention & treatment of substance abuse

### Low alcohol consumption rate - other drug addiction exists



Drug abuse other than tobacco is mainly prevalent in urban setting of Bangladesh and most of them live in the capital city Dhaka. Alcohol is a less prevalent drug however, the tribal people due to cultural reason consume home-made alcohols.

In Bangladesh, incidence of injecting heroin is almost rare, except in some cases Buprenorphine is used through injection. Heroin is used through chasing the dragon method.

A codeine-mixed cough syrup named Phensedyl was at the top of popularity during last two decades, but recently being replaced by Yaba (an ATS tablet) among the students.

Traditional smoking of cannabis is still prevailing among all segment of population. A new substance called "dandy" (adhesive made from toluene) has emerged as a very cheap and popular drug among the street children.

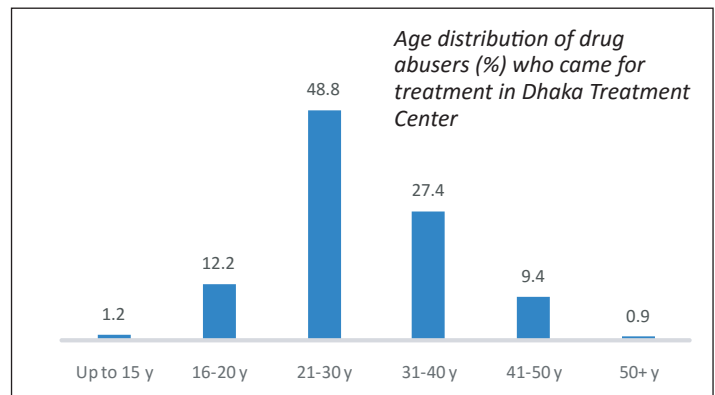
Number of injecting drug abusers in Bangladesh is still negligible. But who use do it in a very unhygienic condition. Needles are often contaminated and shared among the fellow drug users in spite of many prevention and awareness programs run by NGOs. Use of

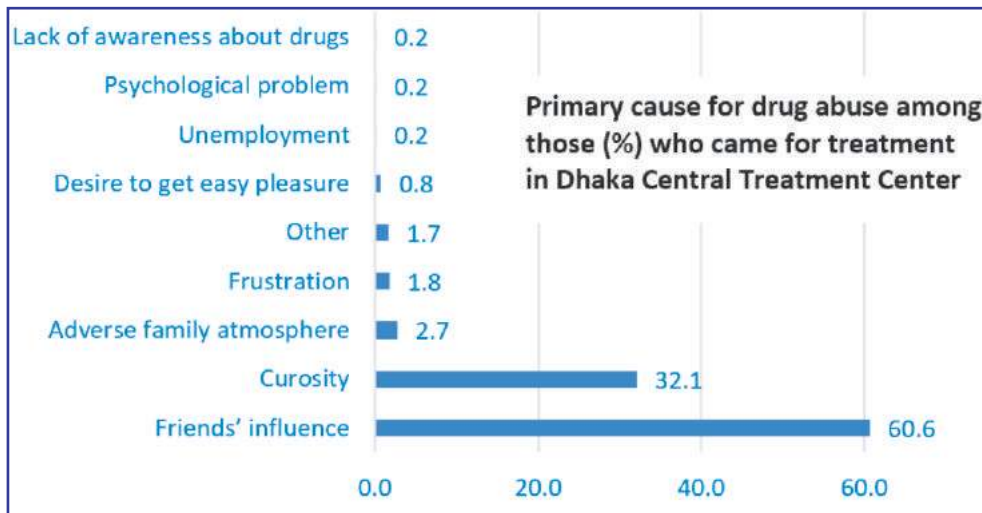
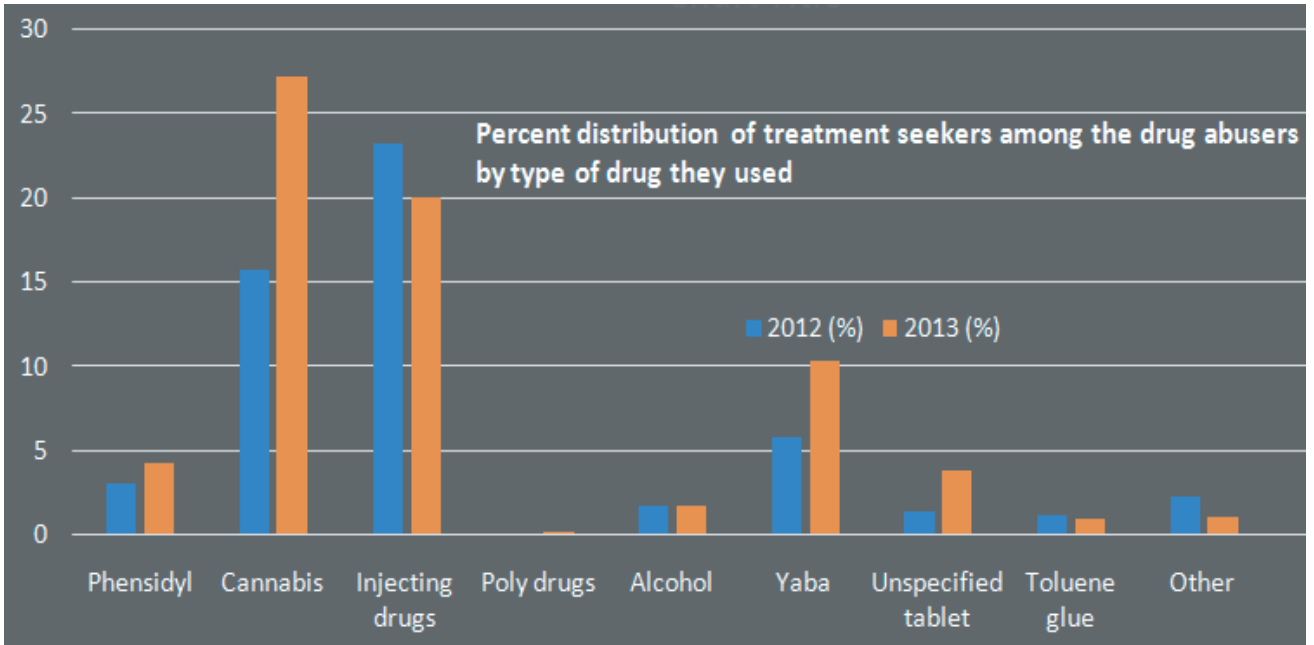
"shisha" is seen to be introduced in some hotels to attract foreign guests which is becoming a youngster craze.

In general, people are not aware enough to consider drug related disabilities and problems as disease. They seek treatment only in complications like liver cirrhosis, hepatitis-B, C, overdose crisis, or severe withdrawal syndrome. Problems like frustration, depression, anxiety, excitement, insomnia, etc. get less attention, and often try self-medication with sleeping pills and tranquilizers. Awareness is being increased gradually and medical advice are being sought in increasing rate.

#### TREATMENT

There is a National Institute of Mental Health and Hospital under the MOHFW to provide specialized care for all kind of psychiatric and mental disorder patients inclusive of identification and treatment drug abusers. There are also psychiatry departments in all medical college hospitals to provide similar kind of services. The Department of Narcotics Control (DNC) under the Ministry of Home Affairs provide exclusive services for the drug abusers. The DNC operates a Central Drug Addiction Treatment Center, a 40-bed hospital in Dhaka where





the MOHFW provides doctors, nurses and all other staffs. The DNC also coordinates, monitors and supervises the NGO and private drug addiction treatment and rehabilitation centers and services licensed by the DNC. The National HIV/STD program under the MOHFW with collaboration of DNC runs an oral substitution therapy (OST) for the injectable drug users aimed to prevent spread of

HIV or other communicable disease such as Hepatitis B and C. The treatment includes daily oral methadone dose, counseling, voluntary testing and counseling for HIV and other supportive services. The clients' adherence to this service is excellent showing 85% daily attendance by the clients, the highest in South-East Asia.





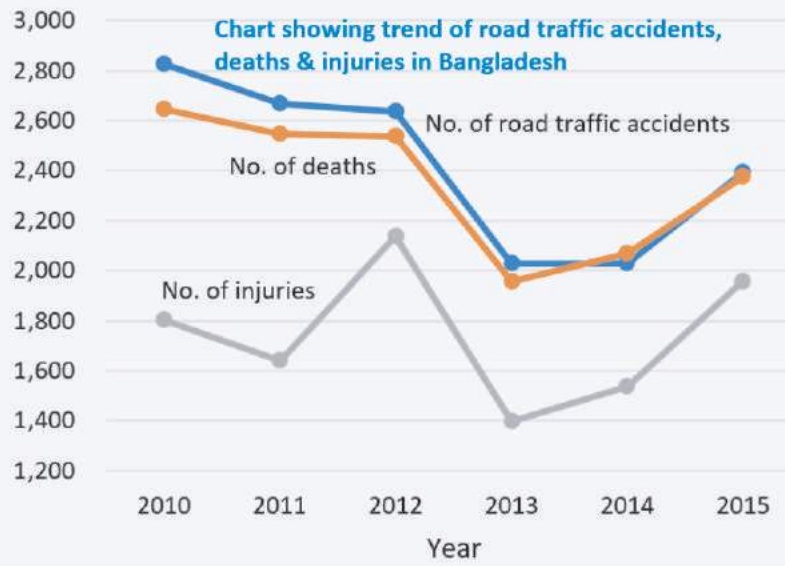
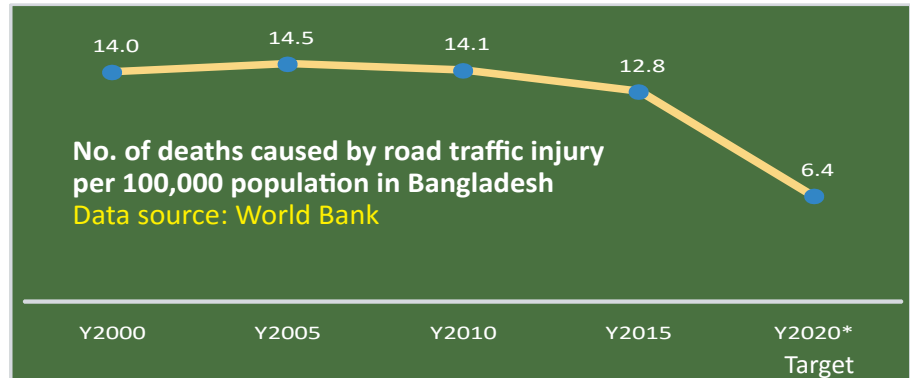
## SDG 3.6. Road traffic injuries & deaths

### Looking for cooperation to achieve target on time

According to WHO and World Bank data, number of deaths due to road traffic accidents in Bangladesh shows, starting from 2014, a slower decreasing trends per 100,000 population. However, number of road traffic accidents (RTA), and deaths and injuries due to RTA show a increasing trend in 2014 and 2015.

A report on 2016 situation (not shown here) claims that there was a decrease both in number of road traffic accidents and consequent casualties. The report identified five reasons for the reduction in the number of road accidents. These are growing public awareness by publishing reports on road transportation on media round the year, arranging different programs against road accidents by different social organizations, active vigilance on the road by Ministry of Road Transport and Bridges, increased responsibility of policemen and mobile courts against faulty vehicles and fake driving licenses and identifying and establishing cautionary signs on different risky turning points, and quick road repair.

To improve road safety, government is increasingly adhering to the “Decade of Road Safety” initiative of WHO. Relevant authorities have been strengthened, viz., (a) National Land Transport Policy (NLTP); (b) National Road Safety Council (NRSC); (c) Road Safety Cell and District Road Safety Committee; (d) Accident Research Institute (ARI) at Bangladesh University of Engineering & Technology; (e) Highway Police; and (f) Road Safety Voluntary & Advisory Group. National Road Safety Strategic Action Plan is being prepared. Training to road safety professionals is being given. NGO initiatives are being mobilized. However, attention should be given to geometric improvement of roads and enhancing regional and international cooperation.





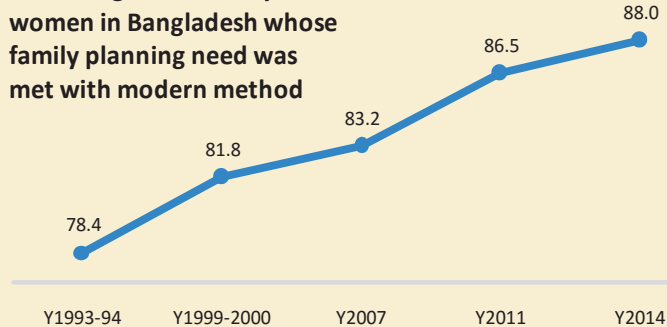
World Population Day 2017 celebration by MOHFW of Bangladesh. Honorable Minister for Health and Family Welfare Mohammed Nasim, MP was present as Chief Guest and Honorable State Minister for Health and Family Welfare Zahid Maleque, MP as the Special Guest. Senior officials of the MOHFW and representatives from development partners are seen on the stage.



## SDG 3.7. Sexual & reproductive health

### Increased attention to adolescent health

Percentage of currently married women in Bangladesh whose family planning need was met with modern method



# 88%

Percentage of women in Bangladesh who are currently married have satisfied their need for family planning with modern method

Despite being a conservative Muslim country, Bangladeshi citizens are progressive in mind set. There is considerable women awareness and empowerment.

To ensure strong support to sexual and reproductive health services in Bangladesh, a National Population Council has been constituted with the Honorable Prime Minister as the chair.

With more and more acceptance of modern family planning method, a woman on average is taking less number of children during her reproductive age. The current total fertility rate in Bangladesh is 2.14. It was 4.49 in 1990, 3.17 in 2000 and 2.33 in 2010.

Contraceptive prevalence rate was 39.9% in 1991, which was found raised to 62.4% in 2014.

However, adolescent pregnancy rate among teenage women (15-19 years) is worrisome, which is 31% (2014) and dropped only by 4% from 2000. One of the reasons of teenage pregnancy is teenage marriage. So, government is conducting strong social mobilization campaign to resist early marriage, which is giving positive results. MOHFW, on the other hand, launched program to urge upon teenage women to avoid early pregnancy.

# “Bangladeshi story shatters the long-held assumption”

**Dr Margaret Chan, Former Director General, WHO**

“Bangladeshi story shatters the long-held assumption that countries must first reduce poverty, then better health will follow almost automatically. Bangladesh decided to reverse the order by first freeing populations from the misery caused by ill health. Driven by a commitment to equity, the country aimed for universal coverage of its vast and very poor population with a package of high-impact interventions. To compensate for a severe shortage of doctors and nurses, the country trained and then closely supervised a brigade of community health workers, mostly women, who followed a doorstep-delivery approach. The country also used its world-class research capacity to experiment with innovations. Formal and contractual arrangements were made with nongovernmental organizations that were best placed to win community trust and reach marginalized populations. Improvements in school enrolment, especially for girls, and in agriculture brought huge benefits for health. The efforts of Bangladesh were driven by another reality. When government health services fail to reach poor areas, private providers and shops selling medicines will mushroom. Charges for services from these unregulated and largely unqualified health care providers work to deepen poverty, not reduce it. To prevent this from happening, the government built and ran nearly 12,000 strategically located community clinics. Perhaps most important was the strong strategic bias towards women and girls. The approaches 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 with boys.”



Dr Margaret Chan, former WHO Director General in her speech in Singapore (2015) described how Bangladesh was realizing Universal Health Coverage





## SDG 3.8. Universal health coverage (UHC) Bangladesh on path to UHC

Universal health coverage is defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services. The principle of UHC does not encourage direct payment at the point of care of health service. Rather it advocates for national resource pooling system to cover citizens' healthcare cost through social insurance, innovative taxation system and safety nets for the poor. To optimize effective healthcare for every citizen, poor or rich, Bangladesh has made good progress. The statement of the former WHO Director General and list of free health services provide a brief overview of Government of Bangladesh's effort. Given the positive context of national healthcare, it is also a fact that there is strong presence of private sector healthcare providers in Bangladesh. Citizens have freedom of choice to go to any kind of providers. People who can afford often choose to a private provider for consultations and in-patient care. Out of pocket expenditure rate is 63%.

So, the government is trying to speed up realization of UHC. MOHFW is piloting fully subsidized health insurance package called Shaystho Surakkha Karmosuchi or Health Protection Scheme in selected sub-districts, which covers full medical care costs for members of poor families against free health cards distributed amongst them. The pilot is being scaled now in neighboring sub-districts. Government is also innovating new financial models to mobilize resources for increasing national healthcare budget for purpose of UHC.

Statistics provided throughout this booklet will give an impression on the status of UHC proxy indicators in Bangladesh

### Preventive healthcare & health services are free in public health facilities

MOHFW of the Government of Bangladesh provides following preventive and other health services from public health facilities free of cost:

- i. Routine immunization, vitamin A and deworming tablets;
- ii. 30 types of medicines from community clinics and almost all medicines from daycare health facilities and hospitals run by the government;
- iii. Almost entire spectrum of outpatient, inpatient and emergency services and procedures in public hospitals;
- iv. Full package of maternal healthcare including antenatal, child delivery and postnatal cares;
- v. Essential reproductive healthcare, adolescent healthcare, essential family planning service, essential newborn and child healthcares;
- vi. First aid and emergency life-saving support from all public health facilities;
- vii. Routine preventive healthcare such as domiciliary visits;
- viii. Screening and control program for selected health conditions like NCDs, and surveillance and outbreak response for communicable diseases, etc;
- ix. Diagnosis and treatment of malaria, Kala-azar and TB.





Traditionally Bangladeshi women were dependent on using fuels like firewood and cow dung to cook and heat their homes. Indoor air pollution leading to illness was a public health problem particularly affecting the women and children. An Improved Cook Stoves (ICS) program, developed by the country's Infrastructure Development Company Limited (IDCOL) with support from the Government of Bangladesh in partnership with World Bank is helping women to come out of the problem providing cleaner, more efficient cook stoves to families. These new cook stoves cut cooking time by nearly half, help save money on fuel like firewood and result in a significant decrease in indoor air pollution. Each cook stove costs a little over \$5.5. One million clean stoves were installed in homes around Bangladesh by January 2017. The stoves are made by local entrepreneurs, sold by local partner organizations, and financed by IDCOL. Almost all of the raw materials, like concrete and grates, procured locally and resulting in more jobs. Bangladesh aims to install 30 million improved cook stoves by 2030.



## SDG 3.9. Pollution free environment

### Significantly less mortality

Mortality rate attributed to household & ambient air pollution per 100,000 population	
Country/ Region	Mortality rate per 100,000 population
Bangladesh	68.6
WHO-SEAR average	119.9
Global average	92.4

# 25.8%

Mortality rate attributed to household & ambient air pollution is 25.8% lower in Bangladesh than global average

### Reducing household air pollution

The source of household air pollution in Bangladesh rural area is fossil fuel, mainly wood and cow dung used in inefficient cooking stoves. Government is facilitating low cost energy efficient and relatively pollution free cooking stoves and also construction of biogas from animal dung and other household garbage. In many urban settings, natural gas through piped supply are available. With economic growth and expansion of supply of electricity, some households use liquefied natural gas and electric burners for cooking. Solar energy and establishment of power plants are being heavily pushed. The present government more than doubled the electricity production since Honorable Prime Minister Sheikh Hasina took charge of the government in 2009. Government is also establishing a nuclear power plant for safe and peaceful energy generation, all for clean energy and reducing air pollution.

### Government measures for ambient air pollution

#### Vehicles

- Only lead free petrol and octane allowed for vehicles since 1998;
- No bus and truck older than 20 and 25 years respectively on road;
- No import of vehicles older than 5 years;
- Need of fitness certificate for vehicle to run on the road.

#### Brick kilns

- License required to establish brick kilns;
- Need to building at least 120 feet tall smoke stacks for fixed chimney kilns;
- Use of wood not allowed as a fuel in kiln;
- No brick kiln within 3 km radius of residence, forests and fruit orchards;
- Need to replace older kilns by any of the modern technologies.

#### Industries

- A set of emission standards exists to cover motor vehicles and brick, cement, fertilizer, power plant and sugar industries;
- Environment Conservation Act (1995) and Rules (1997) exist to regulate emission standards for ambient air quality, vehicular exhaust, river transport and gaseous emission for industries/projects and also to protect environmental health.

#### Conventions

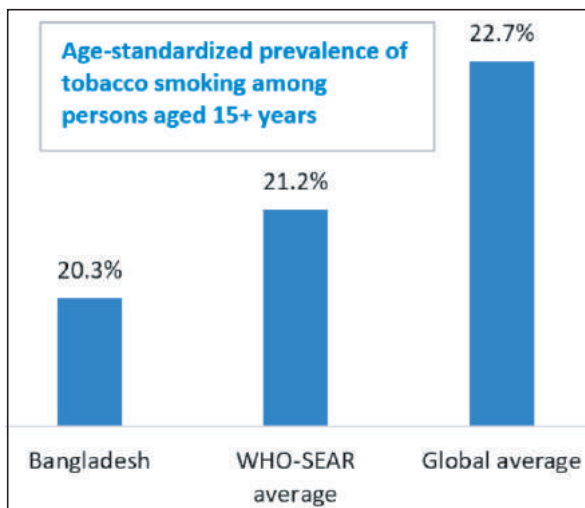
- Bangladesh is signatory of all major international environmental and air pollution conventions.



**No smoking bicycle rally**



## SDG 3.a. Framework convention on tobacco control Implementing several best buy measures



**Bangladesh is implementing several of the best buy measures to reduce tobacco use, with four measures at the highest level of achievement** -WHO

Bangladesh strengthened enforcement of tobacco control law, is creating public awareness and adopted higher taxes on all types of marketed tobacco products. As per the WHO Report on the Global Tobacco Epidemic 2015, prevalence of adult smoking (persons aged 15 years and over) in Bangladesh fell from 34.6% to 20.0% between 2000 and 2013. More than a quarter of the adult population in Bangladesh use smokeless tobacco mostly through chewing. As the first developing country Bangladesh signed the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003 and became Party in 2004. Bangladesh through amending tobacco control law enforced tobacco warning graphics covering 50

**42%**  
Adult (15+ years) smoking rate declined in Bangladesh between 2000 & 2013 from 34.6% to 20.0%



percent surface of any tobacco pack, raised tobacco tax by 76%, and banned media advertisement on any tobacco products. According to the law, smoking is not allowed in public places, school premises or hospitals, and is subject to punishment. Mass-media campaigns have been enhanced manifolds. The MOHFW of Bangladesh with technical assistance from WHO and US-CDC conducted Global Adult Tobacco Surveys in 2009 and Global Youth Tobacco Survey in 2004, 2007 and 2013. The country also completed the WHO STEPwise Approach to Surveillance. Government in collaboration with WHO and International Union Against Tuberculosis and Lung Disease (the Union), a partner of Bloomberg Philanthropies, prepared a series of training packages to facilitate strategic planning and action among those responsible for promoting, developing and implementing, and enforcing effective and sustainable national tobacco control programs for combating tobacco epidemic in the country. Training programs are held to enhance capacity of human resource. A tobacco tax cell has been set up in the National Board of Revenue.





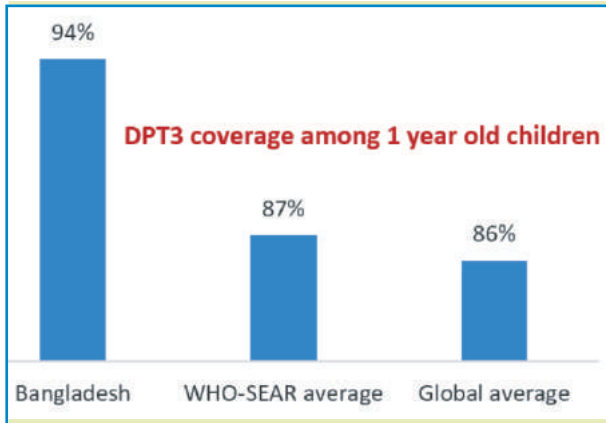
Millions of children are vaccinated every year in Bangladesh





## SDG 3.b. Access to vaccines & drugs

### Bangladesh is a global success model



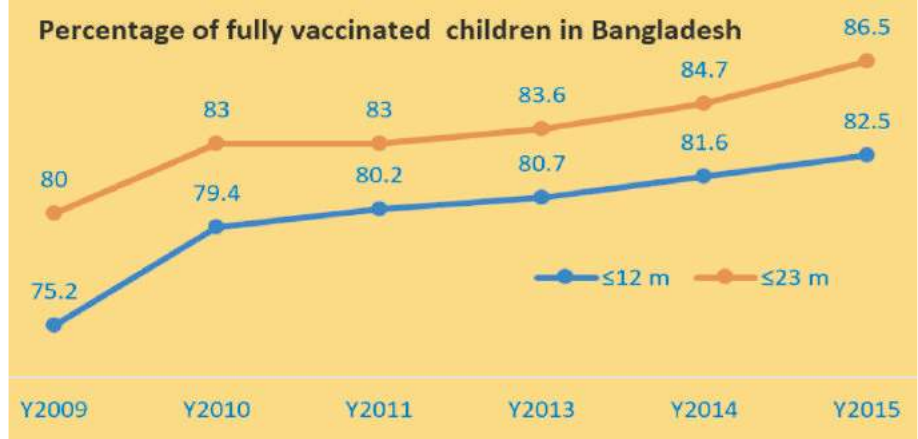
### Bangladesh immunization program - a success story

The immunization program in Bangladesh is a consistent success story for which Bangladesh is praised globally. The success story is of decade long since 1986. Honorable Prime Minister Sheikh Hasina took charge of the Government of Bangladesh in January 2009. In that year the percentage of fully vaccinated children among 1 year age group was 75.2% and among 2 year age group was 80%. It takes lot of effort to even sustaining the coverage rate through maintenance of cold chain, keeping workforce in momentum and keeping

supply chain steady. However, PM Sheikh Hasina added consistent boost to the national immunization program which resulted in coverage of full list of vaccines among 1 year age children as 82.5% and among 2 year age children as 86.5%. During her second term in government, she raised number of vaccines in the National EPI program to 11 in 2012, which was only 6 in 1995. The Global Vaccine Alliance (GAVI) awarded Bangladesh twice in 2009 and 2012 for consistent progress made in national immunization program. The child survival goal of Honorable Prime Minister Sheikh Hasina is further enhancement of National Immunization Program to reach Regional measles elimination target by 2020 and attain other global and regional targets.

# 8.5%

Coverage of 3 doses of diphtheria, pertussis and tetanus vaccines among 1 year children of Bangladesh is 8.5% higher than global average and 7.4% higher than WHO-SEAR average



## Bangladesh meets 97% of domestic demand with high quality medicines manufactured locally

Bangladesh feels proud of its pharmaceutical industries which has grown to a global standards with supportive role of government. Currently 97 percent of domestic demand of medicines is produced locally. Only 3 percent of very high end medicines is imported. In 2008, prior to Honorable Prime Minister Sheikh Hasina beginning her second term Bangladesh could meet 92 percent of the domestic demand. Bangladesh exports medicines to 125 countries in the world which includes USA, UK, and other Pan American, European, Middle Eastern, Asian and African countries. MOHFW operates a state run pharmaceutical company named Essential Drugs Company Ltd. (EDCL) to mainly produce and supply essential medicines. About three-quarters of drug supply to public health facilities are made from EDCL. To ensure quality of drugs produced both in home or imported from abroad, a international standard drug testing laboratory has been established in Dhaka under the Directorate General of Drug Administration.



Honorable Minister of Health & Family Welfare of Bangladesh Mohammed Nasim, MP is handing over the MoU signed with the then counterpart (2014) Honorable Health Minister & incumbent Honorable President of Sri Lanka Maithripala Sirisena to export Bangladeshi medicines to Sri Lanka



## SDG 3.c. Health workforce

### Production & deployment of health workforce increased manifolds

Number of health workforce in Bangladesh was not adequate for serving a huge population, although Bangladesh's plain nature of small land area and concentration of population living per square kilometer compensated the health workforce gap in the country. Honorable Prime Minister Sheikh Hasina prioritized production and recruitment of trained health workforce to efficiently deliver healthcare to the citizens. She understood that only public sector would not be enough to rapidly supply the required number of health workforce. So, in her 1996-2001 term, she issued approval for setting up 9 private medical colleges. 1998, she established the first Medical University in Bangladesh following the name of Bangladesh's Father of the Nation Bangabandhu Sheikh Mujibur Rahman, who was also Prime Minister Sheikh Hasina's father. This university was an upgrade from the Institute of Postgraduate Medicine and Research (IPGMR) established by the Father of the Nation. Bangabandhu also established several other postgraduate institutes and hospitals, viz., on orthopedics and traumatology, cardiovascular diseases, ophthalmology, preventive medicine and pediatrics. Prime Minister Sheikh Hasina established postgraduate institutes and hospitals on kidney diseases and urology, mental health, cancer, neuroscience, digestive diseases and laboratory medicine. Between 2009 and 2016, she established a large number of health institutions in public and private sectors and added 22,804 student seats in different categories of health teaching (shown in table). To enhance medical teaching, training and research, a center for medical biotechnology has been established and medical biotechnology equipment have been expanded to 8 medical colleges of the country.

Recruitment of new government health workforce by Sheikh Hasina's government

#### 1996-2001

- Recruitment of 3,724 doctors and thousand of other health staffs;
- Creation of 1,080 new government positions of doctors;

No. of new health institutions & seats added between 2009 & 2016		
Type of health institute	No.	No. of new 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

#### 2009-2016

- Recruitment of over 60,000 new health workforce in all categories; which include about 14,000 medical doctors and 1,000 dental surgeons. On 7 August 2014, over 6,000 medical doctors joined in government service at a time, a history in the country;
- Recruitment of 15,000 new nurses;
- Upgradation of nursing position in government job from class three to class two to give dignity to the nursing professionals to the society;
- Creation of 3,000 positions of midwives in government service as per Prime Minister's commitment given in the United Nations General Assembly in 2010;
- Opening of new international standard academic course of midwifery;
- Recruitment of first few batches of midwifery students (about 2,000) who completed their course;
- Promotion of doctors and other staffs in large number to boost inspirations of the health workforce at all levels.



During 2017 chikungunya outbreak in Dhaka city Honorable Minister for Health and Family Welfare Mohammed Nasim, MP took part in vector control measures for creating awareness among the city dwellers



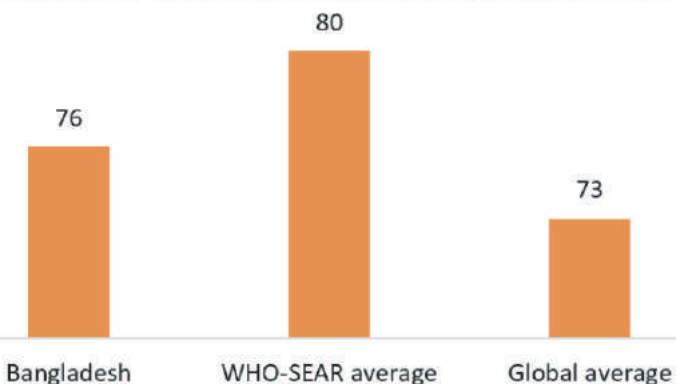
## SDG 3.d. Health emergency response

### Establishment of health emergency operations center enhanced efficiency in response capacity

#### Good progress in IHR core capacity

Bangladesh made good progress in country capacity building nationwide as per the International Health Regulations (IHR) 2005. The country has National IHR Coordination Committee, Technical Committee, Core Group, and National IHR Technical Focal Institute. Bangladesh was among the first few countries which appreciated and conducted the independent international evaluation of IHR national core capacities as per recommendation of WHO. Web-based Integrated Disease Surveillance up to sub-district level has been developed. Two year Field Epidemiology and Lab Training Program (FELTP) course introduced at IEDCR with assistance from US-CDC. Notification and management of potential Public Health Emergency of international concern (PHEIC) up to the grass root level has been achieved. Laboratory capacity for detection of almost all potential PHEICs at national level has built which include National Food Safety Laboratory and National Food Safety Action Plan. Isolation facilities at all 64 district hospitals are available. The country has designated Points of Entry (PoEs) with Coordination Committees. Bangladesh Atomic Energy Commission has developed capability for detection of radio-nuclear events.

#### Average of 13 International Health Regulations Scores



#### National Health Emergency Operations Center

Recently a well-equipped National Health Emergency Operations Center has been established at the Directorate General of Health Services, which played very effective role in handling the chikungunya outbreak (2017) as well as medical relief operations during widespread flood (2017) in the northern and middle Bangladesh.





Honorable Minister for Health and Family Welfare Mohammed Nasim, MP launching Vitamin A Plus Campaign 2017. Senior and other officials of the ministry are seen accompanying him.



## SDG 2.1. Nutrition

### Consistent improvement

Between 1990 & 2014,  
Bangladesh witnessed:

**40%:** drop of stunted children

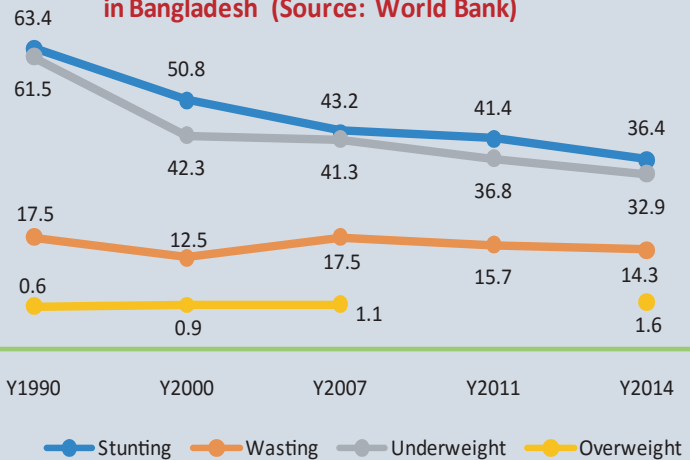
**47%:** drop of underweight children

**18%:** drop of wasted children

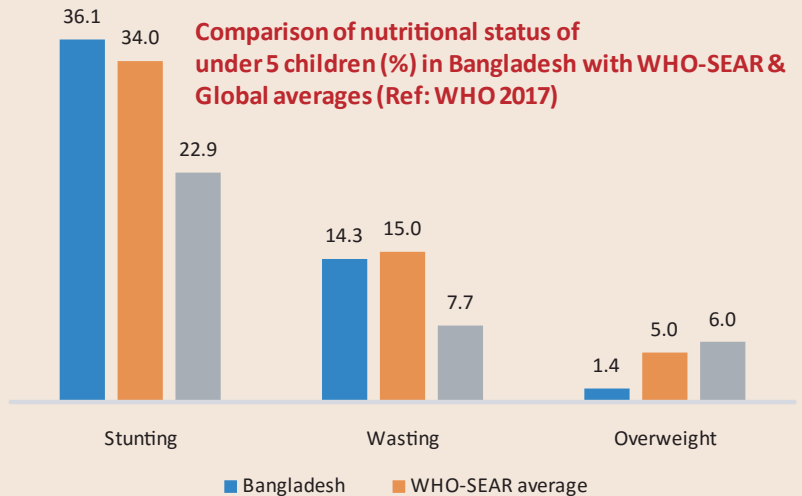
**167%:** rise of overweight children

Although Bangladesh's nutrition situation among the under 5 children is not better than in the WHO-SEAR or global average, Prime Minister Sheikh Hasina's government did make significant progress in dropping the malnutrition among the children. Since 1990, Bangladesh witnessed a drop in stunting rate by 40%, in underweight rate by 47% and in wasting rate by 18%. In 1996 following formation of government for the first term, she observed pale picture of nutrition situation. So, she established Bangladesh integrated nutrition program (BINP) to intensify the nutrition interventions. Latter BINP was scaled to National Nutrition Program (NNP). Her party was not in government between 2001 and 2008. During this window period nutrition situation did not get much improvement. She formed government for the second and third terms in 2009 and 2014 respectively and

Trend of nutritional status of under children in Bangladesh (Source: World Bank)



Comparison of nutritional status of under 5 children (%) in Bangladesh with WHO-SEAR & Global averages (Ref: WHO 2017)



mainstreamed nutrition service with the main healthcare delivery channel. Child nutrition situation shows a sharp improvement since then.

- Current stunting, underweight and wasting rates among children in Bangladesh are 36.4%, 32.9% and 14.3% respectively;
- Prevalence of overweight among the under 5 children in Bangladesh currently although is not very high, but increase since 1990 is remarkable by 167%;
- Currently exclusive breastfeeding rate among infants under 6 months is 55.3%. The global average is 43%;
- Percentage of under 5 children not receiving adequate daily calorie of 2,122 kcals dropped by 50% since 1990 exactly as per the MDG target; The drop rate was 36% and 28% in India and Sri Lanka respectively;
- Government started treatment facilities for acute malnutrition in 142 public hospitals;
- Nutrition corner has been established in each district and sub-district hospital;
- Initiative to transform the medical college hospitals, district hospitals and sub-district hospitals into baby friendly hospitals has been revitalized;
- Government enacted Breastmilk Substitute Act 2013;

- Food Safety Laboratory has been established to identify adulterated foods;

- Government prepared the National Healthy Dietary Guideline.

It may mentioned here that the Founding Father of Bangladesh Bangabandhu Sheikh Mujibur Rahman established the National Nutrition Council with provision of Head of the Government to be chair. Currently Prime Minister Sheikh Hasina is the chair of National Nutrition Council. Government is implementing WHO's Comprehensive Implementation Plan on Maternal, Infant and Child Nutrition and updated National Nutrition Policy in 2015.



Courtyard meeting demonstrating hand washing practice



## SDG 6.1. Water & sanitation

**Better access to safe drinking water & improvement in hygienic practice dropped prevalence of diarrheal diseases by 80%**

Mortality rate attributed to exposure to unsafe WASH service	
Country/ Region	Mortality rate per 100,000 population
Bangladesh	6.0
WHO-SEAR average	20.1
Global average	12.4

**51.6%**  
Mortality rate attributed to exposure to unsafe WASH service is 51.6% lower in Bangladesh than the global average

### WASH Situation in Bangladesh

- Bangladesh for many years is enjoying almost universal access to drinking water which is according to current estimate is about 98 percent;
- Open defecation practice dropped to 1 percent which was 34 percent in 1990;
- Due to great success in creating access to safe drinking water and improvement in hygienic practice of people deaths due to diarrheal diseases in Bangladesh has been dropped by 60% in the past decade;
- In the Multiple Indicators Cluster Survey 2013-2014 of Bangladesh, it reveals that over 59 percent households have water and soap available, the distribution of which is over 70 percent in the urban area and about 60 percent in the rural area.





Bangladeshi doctors are performing adventurous surgeries. On top is Mukta Moni, a girl from southern part of the country, who was suffering from a rare disease of lymphatic malformation (top right). The disease caused her right arm to swell abnormally. When referred to state-of-the-art hospitals outside of Bangladesh, the surgeons there did not agree to take risk of surgery. Finally, Bangladeshi plastic surgeons decided to perform the surgery and Mukta Moni was cured (photo: July 2017). Below are conjoined twins called pygopagus conjoined twins, a rare phenomenon. A 24-member team of doctors, aided by several nurses and support staffers, operated on the twins at Dhaka Medical College Hospital on August 1, 2017. The 10-month-old babies, each weighing 5 kg, were joined from the back to

below their waist (photo: August 2017). Now both babies are separated and returned to home. Honorable Minister for Health and Family Welfare of Bangladesh Mohammed Nasim, MP is seen visiting the suffering children. It may be mentioned that Honorable Prime Minister Sheikh Hasina being aware of the news from media took responsibility for their treatment wherever in world possible.



## Conclusion

### **Dream of wellbeing and quality life for every citizen**

Bangladesh achieved most of the MDGs including the health-related ones due to strong commitment of the government led by Honorable Prime Minister Sheikh Hasina. She is a visionary leader and carries in her blood the wisdom and undaunted high ambition of her father, Bangabandhu Sheikh Mujibur Rahman, Father of the Nation of Bangladesh and the great leader of Bengali Nation of all times.

Honorable Prime Minister Sheikh Hasina is fortunate that she was present in both the sessions of the United Nations General Assembly when the MDGs and SDGs were endorsed by the Nation States. In her speech following endorsement of SDGs, she expressed her determination saying that Bangladesh achieved MDGs, and Bangladesh would also achieve SDGs through all out efforts.

On return to Bangladesh, she undertook relevant measures including establishing a national SDG cell with a Chief SDG Coordinator to oversee the matters related to planning and implementing activities for achieving all the SDG targets in the country. Existing policies, strategies, guidelines, laws and projects were consulted, gaps were identified and additional requirements were listed. The SDG cell developed an online SDG Tracker to monitor with data real time progress on achievement of the SDG targets along with relevant disaggregation. At each ministry, relevant personnel and staffs under leadership of the Honorable Ministers are also engaged to watch and act on the progress of respective ministry.

Health-related SDGs remain in the core of SDGs as they relate to the health, wellbeing and quality of life of every citizen throughout life course. MOHFW of Bangladesh is well aware of the fact and is engaged under the leadership Honorable Minister, Honorable State Minister and senior officials to pursue achievement of all health-related SDGs. So, it is believed that Bangladesh as per the global commitment of Honorable Prime Minister Sheikh Hasina will be able to achieve all SDG targets including the health-related SDGs. The ultimate aim is to gift wellbeing and quality of life to every citizen.

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