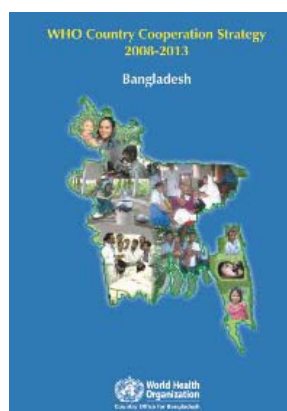


Bangladesh



Bangladesh achieved independence in the year 1971. It is a riverine country with low, flat land and a tropical climate. It has an economy that is easily burdened by external economic shocks and high inflation rates. It has an extremely high population density (about 140 million people living in an area of 147 570 sq. km), a low resource base, suffers frequent natural disasters, and is already feeling the brunt of climate change.

Health is regarded as a basic right in the constitution. The current health sector programme, and all previous ones, implemented so far, has given special emphasis to vulnerable groups, and had a pro-poor focus. Since 1998, the national health programmes have adopted a sector-wide approach (SWAp).

HEALTH & DEVELOPMENT

Bangladesh has made considerable progress in recent decades in improving the health of its people. The population growth rate has declined, life expectancy at birth has increased, infant and under-five mortality rates have decreased, and a demographic transition is beginning to emerge. Health services are moving steadily from the age-old, free public services to for-profit private services. Public health provisions are now mainly concentrating on services for the lower quintile of the population and there is emphasis on improving equity in access to care.

Health of Vulnerable Groups: Women, Children, Adolescents and the Elderly

Child health in general has been improving, though neonatal and maternal mortality remains unacceptably high. Nearly half of pregnant women suffer from malnutrition and anaemia, and the proportion of deliveries assisted by skilled personnel was low (13.4%). Malnutrition continues to be a serious problem in children and adolescents, especially girls. In addition, risky sexual behaviour is common among youth (10-25 years).

Disease Burden: Communicable and Noncommunicable Diseases

Considerable progress has been made in communicable diseases control, but noncommunicable diseases (NCD) are showing a rising trend. Among communicable diseases of concern are malaria, tuberculosis, vaccine preventable diseases, HIV/AIDS, endemic diseases such as kala-azar and emerging diseases like avian influenza. Unhealthy lifestyle, tobacco use, and an ageing population have contributed to the increased burden of NCDs.

Environmental Health

Ensuring safe drinking water is a major challenge but the recent introduction of water safety plans will help develop preventive management capacity. Access to sanitation has increased steadily but adoption of appropriate hygiene practices has been slow. Climate change is a great concern and needs a multi-sectoral approach. Indoor air pollution, food safety, occupational health and safety, and health care waste are also important issues.

Emergency Preparedness and Response for Disasters

Bangladesh is prone to natural disasters including cyclones, floods and tornadoes. Improved disaster preparedness including early warning systems and provision of cyclone shelters in coastal areas have led to substantial reduced mortality from cyclones and tidal bores in recent years.

Health System's Response

Health system performance has been improving steadily in recent years. However, governance and stewardship functions are not adequate to make the services efficient and equitable. In addition, the total health expenditure is not sufficient to scale-up interventions needed for improvement. There are chronic shortages, mal-distribution and imbalances in the skill-mix of the health work-force.

Total population (2005) (millions) ¹	140
% population under 15 (2004) ²	37.8
Life expectancy at birth (2005) in years ³	64
Under-5 mortality ratio per 1000 live births (2004) ¹	77
Maternal mortality ratio per 100 000 live births (2004) ²	365
Total expenditure on health as % of GDP ⁴	3.1
General government expenditure on health as % of general government expenditure ⁴	4.4
Human Development Index Rank, out of 177 countries (2003) ⁵	139
Gross National Income per capita US\$ (2005) ⁶	470
Population living below national poverty line % ⁷	40.2
Adult (15+) literacy rate % (2004) ²	51.6
Adult male (15+) literacy rate % (2001) ³	53.9
Adult female (15+) literacy rate % (2001) ³	40.8
% of population with access to improved drinking water source (2002) ⁵	75
% of population with sustainable access to improved sanitation (2002) ⁵	48

Sources:

¹ World Health Report 2006

² Bangladesh Bureau of Statistics

³ UNESCO Institute of Statistics

⁴ World Health Report 2005

⁵ Human Development Report 2005

⁶ Bangladesh Economic Review, Ministry of Finance, Bangladesh

⁷ Bangladesh National Strategy for Accelerated Poverty Reduction

⁷ Bangladesh National Strategy for Accelerated Poverty Reduction

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The existence of SWAp health programmes with particular emphasis on the vulnerable and pro-poor International donors are providing funds to the pool fund under the SWAp health programme Increasing voluntary contribution funds to expand WHO activities to meet health challenges 	<ul style="list-style-type: none"> Reducing under-five and maternal deaths Combating major communicable diseases Containing the increasing trend of major NCDs and reversing the trend Ensuring equitable and sustainable access to safe water supply and sanitation, and promoting environmental and occupational health Strengthening epidemic alert, emergency preparedness and response Enhancing health system's responsiveness for equitable access to quality health care, fairness in health care financing, and improved governance and stewardship of the health sector Strengthening human resources for health development

PARTNERS

The nation's health sector is supported by many development partners with their own priorities and mechanisms for providing support. Moreover, national and international NGOs are also contributing significantly for national health development.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Growing recognition of WHO leadership in health development at the country level. • Existence of the donors' consortium to facilitate coordination in health development. • Increasing attention to joint UN programmes. 	<ul style="list-style-type: none"> • Focusing effort on priority health problems and actions in which WHO has comparative advantage. • Balancing the technical function of WHO and the role in supporting the implementation of health programmes. • External support to WHO activities predominantly for communicable disease areas. • Expanding partnerships beyond the Ministry of Health and Family Welfare.

WHO STRATEGIC AGENDA (2008-2013)

The overarching principles of the strategic agenda are a commitment to primary health care, the human right to health, and gender equality and equity. The strategic agenda will be results-based and give strong emphasis to research and knowledge management. Seven strategic directions for 2008 – 2013 are shown below.

1. Promote access of vulnerable groups to health services ensuring continuum of care throughout the life course.
2. Enhance capacity for prevention and control of major communicable diseases and diseases targeted for elimination/eradication and strengthen integrated disease surveillance.
3. Promote healthy lifestyles and cost-effective interventions for prevention and control of major NCDs and injuries, and for mental health promotion.
4. Enhance equitable and sustainable access to safe water and sanitation, reduce environmental and occupational health risks and promote food safety.
5. Strengthen multi-sectoral approaches for emergency preparedness, response and recovery.
6. Strengthen the health system with a focus on health workforce development and equitable access to quality health care.
7. Foster partnership and coordination for national health development.

ADDITIONAL INFORMATION

WHO Country page

<http://www.who.int/countries/bgd/en>

WHO country office web site

<http://www.whoban.org>



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WHO/DGR/CCO/08.05/Bangladesh