Country Cooperation Strategy

Bangladesh

HEALTH SITUATION

Bangladesh has made remarkable progress in recent decades in improving the health status of its people. The population growth rate has declined, life expectancy at birth has increased, infant and under-five mortality rates and maternal mortality ratio have decreased. The under-five mortality rate in Bangladesh declined from 151 deaths per thousand live births in 1991 to 41 deaths in 2012; during the same period, the infant mortality rate reduced from 94 deaths per 1000 live births to 33 deaths. The maternal mortality ratio (MMR) reduced from 574/100 000 live births in 1991 to 240 in 2010. Bangladesh has been maintaining a “zero polio status” since November 2006. It has also achieved significant success in halting and reversing the spread of tuberculosis, malaria and HIV/AIDS. It has reached the leprosy national elimination target.

There are many challenges that need to be addressed effectively such as the high levels of neonatal and even maternal mortality, prevalence of emerging and re-emerging communicable diseases, and a marked rise of noncommunicable diseases (NCDs) including injuries. Currently, Bangladesh is passing through an epidemiological transition from communicable diseases to NCDs. More than half of hospital deaths in 2012 were due to NCDs. Bangladesh has ratified the Framework Convention on Tobacco Control and passed the Smoking and Tobacco Product Usage (Control) Act of 2005. Despite these gains, the consumption of a variety of tobacco products remains markedly high.

Other challenges that need to be addressed with urgency include a shortage of trained health workforce particularly for nursing and midwifery, low rate of deliveries attended by skilled health workers, inadequate governance and stewardship (regulatory) functions, and a very high component of out-of-pocket private expenditure on health by the households. Bangladesh still needs to ensure access to safe water by 100% of the population. Likewise the sanitation coverage is only 55% against the MDG target of 70%. Considering environmental pressures are intensified by climate change, measures have to be initiated to achieve a well-coordinated approach for protecting health from climate change and for a strengthened post-disaster health delivery system.

HEALTH POLICIES AND SYSTEMS

The Government of Bangladesh (GoB) developed the National Health Policy in 2011 and the National Population Policy in 2012 to strengthen the health sector. There has been a rapid growth of the local pharmaceutical industry since the revision of the 1982 National Drug Policy. The GoB has established different professional regulatory and statutory bodies to oversee the development of a competent professional workforce, ensure provision of standardized and quality health services, and protect the people’s right to gain access to health services.

The GoB is implementing its third health sector programme, known as the Health, Population and Nutrition Sector Development Programme (HPNSDP) 2011–2016. Sector-specific Strategies aim to: i) streamline and expand the access and quality of MNCH services; ii) revitalize various family planning interventions to attain replacement level fertility; iii) improve and strengthen nutritional services by mainstreaming nutrition services; iv) strengthen preventive approaches and control programs to communicable diseases; v) expand NCD control efforts at all levels by streamlining referral systems and strengthening health accreditation systems; vi) strengthen various support systems by increasing the health workforce at Upazila (sub-district) and Community Clinic levels, and enhancing the capacity building, management information system (MIS) and monitoring and evaluation functions; vii) strengthen the management and provision of quality drug; and viii) pursue priority institutional and policy reforms, such as decentralization and Local Level Planning, and increase incentives for service providers in hard-to-reach areas.

The eight priority health services under HPNSDP include: antenatal care, assisted delivery, postnatal care, neonatal healthcare; Children’s treatment for diarrhoea, respiratory illness, measles, malaria, etc.; Vaccination through Expanded Programme on Immunization; Distribution of family planning commodities and providing permanent method of contraception (sterilization); 24 hour Emergency Obstetric Care service; Nutritional education, screening for malnutrition, treatment of complicated cases for severe and acute malnutrition; and Referral from Community Clinics to higher level centers for management of complicated cases.

COOPERATION FOR HEALTH

The SWAp-based HPNSDP has ample room to engage in partnerships with development partners and other stakeholders. The basket of funds is comprised of pool funds, non-pool funds, the GoB contribution, and parallel funding mechanisms. Contributions to the pool fund of the HPNSDP have been pledged by a consortium of donors led by the World Bank/IDA. The World Bank and JICA provide credit and grants; whereas other development partners provide direct grants. Like most of the UN agencies, WHO is a non-pool contributor to the HPNSDP. The global health partnerships active in the health sector in the country include Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); Global Alliance for Vaccines and Immunisation (GAVI); Stop TB Program; Health 4 Initiative for Maternal, Newborn and Child Health (H4+); and the Global Measles Control Initiative. WHO actively participates in these partnerships in Bangladesh. In line with the “Paris Declaration”, efforts are being made in the country to continuously enhance harmonization of donor support and its alignment with national plans and strategies. Various joint working groups and technical committees are active within the networks of the sector programme.

Sources of data:
Global Health Observatory April 2014
http://apps.who.int/gho/data/node.cco

http://www.who.int/countries/bgd/
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014-2017)

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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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<td><strong>STRATEGIC PRIORITY 1:</strong> Reducing the burden of communicable diseases which includes diseases like Tuberculosis, Malaria, HIV/AIDS, Neglected Tropical Diseases (NTD) and vaccine preventable diseases</td>
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  - Sustain high immunization coverage and introduce new vaccines  
  - Achieve “Universal Access” for quality diagnosis and treatment for all TB patients  
  - Strengthen diagnosis and treatment of malaria addressing cross-border transmission  
  - Build capacity of National AIDS/STD Programme for effective treatment, care and support to HIV/AIDS positive people  
  - Strengthen diagnosis and treatment of Kala-azar, Filariasis and Dengue |
| **STRATEGIC PRIORITY 2:** Reducing the burden of noncommunicable diseases through health promotion, risk reduction and cost-effective management |  
  - Support effective implementation of the NCD Prevention Strategic Plan 2011-2015 and global Monitoring Framework on NCDs  
  - Piloting and scale-up of the Package for Essential NCD (PEN) intervention  
  - Support in generate evidences for policy and programmes on mental health / neurological disorders with special focus on autism and epilepsy  
  - Support for effective planning on eye health and deafness and implement comprehensive community based rehabilitation programme  
  - Promote the Decade of Action for Road Safety act launched by the UN |
| **STRATEGIC PRIORITY 3:** Reducing health, nutrition, environmental and occupational risk factors through the life course |  
  - Support for development, adaptation and use of national policies, guidelines, and standards tools for enhancing health services for mothers, newborns, infants, children and adolescents  
  - Build capacity of different level of service providers to ensure quality services  
  - Support in developing a result-based functioning programming monitoring and evaluation system at the national level on MNCH  
  - Support national strategy in mainstreaming nutrition  
  - Build capacity of the local government on safe water supply through integrating WSP into management of water supply and building Climate resilient WASH |
| **STRATEGIC PRIORITY 4:** Promoting universal health coverage with strengthened health systems based on primary health care |  
  - Support in formulating the legal and regulatory frameworks including the institutionalization of the Health Care Financing Strategy  
  - Strengthen the capacity of the National Regulatory Authority in ensuring quality medicines and vaccines  
  - Support formulating the National eHealth Strategy, developing Health data standards and norms for integrating the health information systems and sub-systems  
  - Strengthen Civil Registration and Vital Statistics (CRVS) System including use of ICD-10 in morbidity and mortality reporting  
  - Support development of national HRH plan  
  - Strengthen capacity for delivery of evidence based nursing and midwifery services and practices  
  - Provide policy and planning support on local level planning process for health service delivery at district and upazila level  
  - Support in mainstreaming the Gender, Equity and Human Rights in national health strategies, programmes and activities |
| **STRATEGIC PRIORITY 5:** Reducing mortality, morbidity and societal disruption resulting from epidemics, natural disasters, conflicts and environmental and food-related emergencies, through prevention, preparedness, response and recovery activities that build resilience and use a multisectoral approach |  
  - Support implementation process of the national plan of action for the International Health Regulations (IHR 2005)  
  - Support for establishing improved laboratory facilities for the diagnosis of Emerging and Re-emerging infectious diseases (EIDs)  
  - Support in effective implementation of Emergency Response Framework and build capacity of Core Group for Emergency Responders at national & sub-national level |