MINISTRY OF HEALTH & FAMILY WELFARE (MOHFW), BANGLADESH

MOHFW is responsible to ensure basic health care to the people of the country;

• At present the population is 135.2 million
• living within an area of 147520 sq. Km
• with a per capita GDP – US$ 421

MOHFW is the sector leader as;

• It provides most of the HNP services
• It manages & coordinates services of non-govt. & private sector
HNP SECTOR: MANAGEMENT STRUCTURE

Management structure follows the general administrative setting of the country;

1. Secretariat – responsible for policy planning and decision making at macro-level. Headed by Hon’ble Minister & staffed by civil servants.

2. Directorates – implementation wings staffed by professionals and technical manpower
   - Directorate of health services
   - Directorate of family planning
   - Directorate of drug administration
   - Directorate of nursing services
   - CMMU
3. **Divisions** - Divisional Directors office of (Six) health and family planning responsible for support and HRD function

4. **Districts** - Civil Surgeons for district health management & DD(FP) for MCH-RH-services

5. **Upazilas** - UHFPO – Preventive & clinical health service
   - UFPO -FP & RH service
ORGANIZATION OF HNP SERVICE DELIVERY: HEALTH

Public sector health system is structured as a hierarchical pyramid with 5 layers:

- 3 at Primary
- 1 at Secondary
- 1 at Tertiary
# HEALTH SERVICE DELIVERY - PRIMARY LEVEL

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community clinic &amp; home visitation</td>
<td>FP, MCH, immunization, communicable disease control, treatment of common problems &amp; referral.</td>
</tr>
<tr>
<td>Union health &amp; family welfare centre (4300)</td>
<td>Out patient services : FP, MCH, communicable disease control, clinical care, normal delivery &amp; adolescent health care.</td>
</tr>
<tr>
<td>Upazila health complex, (414)</td>
<td>Out patient services, impatient services (31-50 beds) with diagnostic and operative treatments</td>
</tr>
</tbody>
</table>
# HEALTH SERVICE DELIVERY - SECONDARY LEVEL

<table>
<thead>
<tr>
<th>FACILITIES</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospitals (58)</td>
<td>Out door &amp; Indoor Services (50-250 beds) with laboratory, radio graphic &amp; ambulance services</td>
</tr>
<tr>
<td>Maternal &amp; Child welfare Centre (MCWC) – (55)</td>
<td>EOC and other related services</td>
</tr>
</tbody>
</table>
HEALTH SERVICE DELIVERY – TERTIARY LEVEL

- 13 Medical college Hospitals
- 10 Post graduate institutes & hospitals
- 1 Dental College hospital
- 20 Specialized Hospitals
- 1 Homeopathic Medical College hospital
- 1 Ayurvedic Degree College hospital
SPECIALIZED PUBLIC HEALTH INSTITUTES & ROLE

1. Institutes of Public Health – Production of
   - vaccine
     - Serum
     - I/V fluid

2. Institute of Public Health & Nutrition
   - Responsible for controlling Iodine & Vit-A deficiency diseases
   - Research & Training

3. Institute of Epidemiological Disease Control & Research - Epidemiological surveillance,
   - Diagnosis of STD/AIDS, Kala azor
   - Identification of vector.
MAJOR HEALTH INDICATORS

Bangladesh has made considerable progress over the last decade in improving the health status;

- Life expectancy at birth: 61 yrs
- IMR per 1000 live births: 56
- U-5 Child mortality rate per 1000 live births: 80
- MMR per 1000 births: 3.2
- Total Fertility Rate: 3.0
- Contraceptive Prevalence Rate: 58%
- Immunization against 6 diseases: 69%
- Attain almost Polio-free status
RISKS AND CHALLENGES

1. Relatively high MMR due to lack of antenatal & obstetric care.
2. High level of malnutrition from both
   - Protein energy malnutrition
   - Micro-nutrient deficiencies
3. Emerging and Re-emerging diseases
   - HIV/AIDS, TB, Malaria, Arsenicosis, Accidents & Injuries
4. Demographic & epidemiological transition accelerates- Non-Communicable diseases, Elderly population
5. Low utilization of HNP services
Development goals

PRSP & MDGs included some major targets of HNP sector

- Reduce infant and U-5 mortality rates by 65% and eliminate gender disparities.
- Reduce the proportion of malnourished children, U-5 by 50% and eliminate gender disparity.
- Reduce maternal mortality by 75%
- Ensure access to reproductive health services to all
- Combat HIV/AIDS, malaria and other diseases
- Reduction of population growth including TFR
HEALTH CARE FINANCING (ANNUAL)

- Total Health Expenditure in billion US$ - 1.54
- Total Public Expenditure on Health (US$M) - 417
- Total Expenditure on health as % of GDP - 3.2%
- Total public expenditure on health as % of GDP - 0.88
- Total Expenditure per capita on Health (US$) - 12.2
- Public Expenditure per capita on Health (US$) - 3.2
- Public Expenditure on Health as % total public expenditure - 7.5
HEALTH MANPOWER

Doctor: Total- Registered 33573
Nurses - Registered 19500
Dental surgeon- 1286
Medical assistant- 5598 (2003), AHI-4200 Union level
Pharmacist-7622
Radiographer-1054
Lab technician- 2220
Health assistant-20,889(75% male, 4500-UHFWC, 16389 word level)
FWV- 5640-UHC, MCWC, UHFWC, Field
INSTUTIONS FOR HEALTH MANPOWER DEVELOPMENT

- 1 Medical University
- 13 Medical College
- 8 Post graduate institute
- 2 Institute of Health Technology
- 8 Medical Assistant Training School
- 1 Nursing College
- 38 Nursing Institute
Since Independence Health sector development guided by four consecutive 5-year plans with focus on:

• Expand Health facilities to cover entire population
• Increase coverage to include women, children & poor
• Increased Health & FP services to protect from common diseases
• Improve supplies & logistics for quality & availability of services.
DEVELOPMENT PROGRAMS FROM PROJECTS TO SECTOR WIDE

To address the limitations of project-based approach and maximize the resource utilization, first sector-wide program (HPSP – 1998-2003) was formulated with following components:

• Essential service package
• Reorganization of service delivery
• Integrated support service
• Hospital level services
• Sector-wide management
PRESENT DEVELOPMENT PROGRAM – HNPSP (2003-2006)

HNPSP is aimed at-

Sustainable improvement of Health, Nutrition and Family Welfare status of the population specially of women, children & the poor

Through

- Essential service package
- Improved Hospital service
- Nutritional services
- Other Selected services
The Programme has 31 components, followings are the major ones;

- Essential service delivery
- Communicable disease control
- Improved hospital services management
- Procurement, logistics and supplies management
- Family planning service delivery
- Pre-service and In-service training
- Improved financial management
- Human resource management
- Policy reforms
INITIATIVES FOR HOSPITAL DEVELOPMENT

• Development of the existing infrastructure and some new health facilities
• Increase in number of beds in the hospitals
• Higher allocation for diet
• Increased budgetary allocation for MSR
• Providing modern equipment like MRI, CT scan, linear accelerator etc.
• Providing ambulance in every hospital
• Development of skilled health personnel at all level
• Development of strong supervision & monitoring system
FUTURE PLAN FOR HNPSP (UPTO 2010)

Headline objectives

• Reducing maternal, neonatal, childhood mortality and improving maternal & childhood nutrition
• Reducing total fertility to replacement level
• Reducing the burden of TB and Malaria & controlling HIV/AIDS
• Prevention and control of major communicable diseases
• Reducing injuries and improving emergency services
FUTURE PLAN FOR HNPSP (UPTO 2010)

Priority activities to be undertaken in hospital area:

- Introduction of standard procurement & waste management system
- Procurement of equipment to modernize hospitals
- Strengthening the EOC services at district level hospitals
- Development of hospital accreditation and medical audit system
- Piloting of structural referral system
## FINACIAL OUTLAY OF HNPSP 2003-2010

<table>
<thead>
<tr>
<th>Financing Pattern</th>
<th>US $ in million</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOB (Dev)</td>
<td>1,209</td>
<td>22</td>
</tr>
<tr>
<td>GOB (Rev.)</td>
<td>2,522</td>
<td>47</td>
</tr>
<tr>
<td>PA</td>
<td>1,675</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,405</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
POLICY AND STRATEGIC RESPONSE TO CHALLENGES

- National Health Policy
- National Population Policy
- National Drug Policy
- National food and Nutrition Policy
- National Strategy for Maternal Health
- Gender Equity Strategy
- Human Resource Strategy