

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 health and family planning (Six) responsible for support and HRD function
4. Districts - Civil Surgeons for district health management & DD(FP) for MCH-RH-services (64)
5. Upazilas- UHFPO – Preventive & clinical health service (460)
 - 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

Facilities	Services
Community clinic & home visitation	FP, MCH, immunization, communicable disease control, treatment of common problems & referral.
Union health & family welfare centre (4300)	Out patient services : FP, MCH, communicable disease control, clinical care, normal delivery & adolescent health care.
Upazila health complex, (414)	Out patient services, inpatient services (31-50 beds) with diagnostic and operative treatments

HEALTH SERVICE DELIVERY -SECONDARY LEVEL

FACILITIES	SERVICES
District Hospitals (58)	Out door & Indoor Services (50-250 beds) with laboratory, radio graphic & ambulance services
Maternal & Child welfare Centre (MCWC) – (55)	EOC and other related services

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 FINACING (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

INSTITUTIONS 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

DEVELOPMENT PROGRAMES

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

HNPSP – MAJOR COMPONENTS

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 HNPS (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

Financing Pattern	US \$ in million	%
GOB (Dev)	1,209	22
GOB (Rev.)	2,522	47
PA	1,675	31
Total	5,405	100

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