

## Bangladesh



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

WHO region	South-East Asia
World Bank income group	Lower-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2014)	55.3
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	97
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	71.8 (Both sexes) 73.1 (Female) 70.6 (Male)
Population (in thousands) total (2015)	160996
% Population under 15 (2015)	29.4
% Population over 60 (2015)	7
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	43.3
Literacy rate among adults aged >= 15 years (%) (2007-2012)	58
Gender Inequality Index rank (2014)	111
Human Development Index rank (2014)	142
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	2.82
Private expenditure on health as a percentage of total expenditure on health (2014)	72.10
General government expenditure on health as a percentage of total government expenditure (2014)	5.66
Physicians density (per 1000 population) (2015)	0.472
Nursing and midwifery personnel density (per 1000 population) (2015)	0.267
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	20.1 [17.7-22.5]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	34.2 [31.0-37.7]
Maternal mortality ratio (per 100 000 live births) (2015)	176 [125 - 280]
Births attended by skilled health personnel (%) (2014)	42.1
<b>Public health and environment</b>	
Population using safely managed sanitation services (%) (2015)	32 (Rural)
Population using safely managed drinking water services (%) (2015)	61 (Rural) 56 (Total) 45 (Urban)

Sources of data:  
Global Health Observatory May 2017  
<http://apps.who.int/gho/data/node.cgo>

### HEALTH SITUATION

Public health has improved substantially in Bangladesh over the past two to three decades. This has led to a reduction in neonatal, infant and child mortality, maternal deaths. The prevalence of stunting, under-weight and wasting have declined while life expectancy at birth increased. Bangladesh has a commendable family planning programme, resulting in a consistently decreasing total fertility rate. Bangladesh has been maintaining a "zero polio status" since November 2006 and made significant progress in halting and/or reversing the spread of tuberculosis, malaria and HIV/AIDS.

The Government (GOB) is highly committed to the SDGs and has substantially increased the budget for the health sector plan.

Recent data, however, also depict some of the major remaining challenges. While trends in antenatal care seeking, deliveries by a medically trained provider and births in health facilities have markedly improved between 2010 and 2016, there has been no positive effect on the ratio of maternal deaths. Moreover, recent data suggest that out of pocket expenditure for health is increasing and that inequality is growing.

Bangladesh is facing a double burden of disease with the majority of deaths (67%) due to noncommunicable diseases (NCDs) – namely heart attacks, strokes, chronic respiratory disease, cancers and diabetes. Tobacco use, unhealthy diet and physical inactivity are leading risk factors for NCDs in Bangladesh. To achieve the Sustainable Development Goals and national targets on NCDs and their risk factors, multisectoral action on the social and economic determinants of health is required. Further, despite the burden of NCDs, the primary healthcare system is oriented to provide treatment for infectious diseases rather than continuous care over a lifetime for those with chronic conditions. Providing affordable and quality services for prevention and management of NCDs and mental disorders in primary health care is essential to achieving universal health coverage.

Bangladesh is experiencing frequent natural calamities like cyclones, floods and disease outbreaks. A large scale earthquake may take place any time since the country is located along the Indian and Eurasian faults. Poverty, urbanization, climate change, lack of awareness and insufficient resources make these events more devastating. Health consequences of these events worse with high number of deaths, illness, disabilities and psychosocial distress among the affected population. WHO supports the country to strengthen its capacity for sustainable development by developing evidence-based preparedness and response plans and implementing the International Health Regulations.

Meanwhile, an estimated of 671 000 Rohingya have crossed the border into Cox's Bazar, since violence broke out in Rakhine State, Myanmar in late August 2017. The speed and scale of influx has resulted in a critical humanitarian emergency. WHO is supporting GOB to a) strengthen communicable disease prevention, detection and control; b) lead and coordinate the over 120 partners working in the health sector; and c) improve access to essential health services.

### HEALTH POLICIES AND SYSTEMS

Bangladesh is gradually moving toward universal health coverage. This can be seen through the establishment of The Health Care Financing Strategy which has been approved in 2012. This strategy aims to improve the financial risk protection and reduce personal expenditure on healthcare services. One of the major focusses of the National Health Policy is to expand the availability of client-centred, equity-focused and high quality health care services.

The country has also engaged in strengthening the regulatory framework to ensure the professionalism of the health workforce, provision of standardized and quality of health services as well as to protect people's rights. In 2016, the National Drug Policy has been updated to regulate and ensure the access to the essential medicines. The National Maternal Health Strategy and the Adolescent Health Strategy have been endorsed by the Ministry in 2017.

Moreover, Bangladesh has prepared divisional level health sector emergency preparedness and response plans based on local level risks analysis in close coordination with all stakeholders for effective, appropriate and timely response in emergencies.

### COOPERATION FOR HEALTH

The sector wide approach based health sector plan has ample room to engage in partnerships with development partners and other stakeholders. Like most of the UN agencies, WHO participates as a non-pool contributor to the sector plan.

WHO is currently chairing the Development Partner's consortium. The global health partnerships active in the health sector include Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); Gavi, the Vaccine Alliance; Stop TB Program; Health-4 Initiative for Maternal, Newborn and Child Health (H4+); and the Global Measles Control Initiative.

Ministry of Health and Family Welfare (MoHFW) and WHO jointly coordinate the Health Sector partners in Cox's Bazar. The 'One Health approach' is applied for outbreak response, epidemic and pandemic situations.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<b>STRATEGIC PRIORITY 1:</b> Communicable Disease	Sustain high immunization coverage and introduce new vaccines
	Achieve 'universal access' to quality diagnosis and treatment for all tuberculosis patients
	Strengthen diagnosis and treatment of malaria, addressing cross-border transmission
	Build capacity of the National AIDS/STD (sexually transmitted disease) programme for effective treatment, care and support to HIV-positive patients
	Strengthen diagnosis and treatment of kala-azar, filariasis, leprosy and dengue
<b>STRATEGIC PRIORITY 2:</b> Noncommunicable Disease	Strengthen multisectoral evidence based action to reduce the burden of noncommunicable diseases and mental disorders as well as to promote health
	Support implementation of the WHO Framework Convention on Tobacco Control through national tobacco control legislation with focus on reduction of demand for tobacco
	Strengthen health system and community capacity to prevent and manage noncommunicable diseases as well as common mental disorders including autism and neurodevelopmental disorders
	Build the evidence base for noncommunicable diseases, mental health and nutrition, and their determinants
<b>STRATEGIC PRIORITY 3:</b> Promoting health through life course	Support development, adaptation and use of national policies, guidelines, standard as well as tools to enhance healthcare service for mother and children from birth to adolescence
	Build the capacity of health providers to ensure quality of services
	Contribute to the development of a functioning result-based programme, monitoring and evaluation system on reproductive, maternal and child health at the national level
	Build capacity of the local government on safe water by integrating the Water and Sanitation Programme into water supply management and building climate-resilient water, sanitation and hygiene (WASH)
<b>STRATEGIC PRIORITY 4:</b> Health systems	Support the formulation of legal and regulatory frameworks to move toward universal health coverage
	Strengthen the national regulatory authority to ensure quality the availability of quality medical products
	Support effort toward improved measurement and accountability with a view of monitoring and reporting health status, financial risk protection and health system performances= in line with the country's UHC and SDG commitment
	Support the implementation of the Health Financing Strategy and the Health Workforce Strategy as well as related implementation plans
	Provide technical assistance to the design and implementation of the Essential Service Package by building the capacity of primary health-care providers for quality service delivery at district and upazila level
<b>STRATEGIC PRIORITY 5:</b> Emergency preparedness, surveillance and response	Contribute to addressing health inequality through monitoring and mainstreaming of gender, equity and human right in national health strategies, programmes and activities
	Assist to strengthen public health emergency operation center (PHEOC) which is enabling effective decision-making and use of resources
	Support the implementation of Emergency Responses Framework for strengthening and maintaining country capacity for prompt and coordinated response in emergencies
	Support the national plan of action for the International Health Regulations 2005
	Assist to increase laboratory capacity to detecting disease under surveillance
	Strengthen effective coordination among the partners through health clusters (GoB, UN agencies, Donor agencies, I/NGOS, academicians, etc.)

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