Country Cooperation Strategy at a glance

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. Bangladesh has maintained 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 10-year national elimination target. Additional attention is needed in neonatal health, introduction of long acting and permanent family planning method (LAPM) services, and regulation as well as quality of health services. It is important to identify health financing priorities, more resources for health and their efficient use.

There are many challenges that need to be addressed, such as the high levels of neonatal and maternal mortality which is currently at 176 per 100,000 live births, the prevalence of emerging and re-emerging communicable diseases, among which particularly vector borne diseases pose an increasing threat. Concurrently, there is a marked and continuing rise of noncommunicable diseases (NCD) including injuries, which accounted for more than half of hospital deaths in 2012. 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 the shortage of a trained health workforce, especially for nursing and midwifery, the continuing low rate of deliveries attended by skilled health workers, inadequate governance and stewardship (regulatory) functions, and the very high component of out-of-pocket private expenditure on health. Further work is needed to reach full compliance with the International Health Regulations; Bangladesh also needs to increase access to safe water sanitation for its population. 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. Furthermore, health emergency preparedness measures such as mass casualty management need more attention. This is of particular importance for the risk of earthquakes.

HEALTH POLICIES AND SYSTEMS

The Government of Bangladesh (GoB) aims to become a middle income country by 2021. The next sector plan for 2016-2021 will focus on gradually moving towards universal health coverage, guided by the principles of equity, efficiency, and quality.

The country developed the National Health Policy in 2011 and the National Population Policy in 2012 to strengthen interventions in the health sector. In 2015, the GoB has approved the Health Workforce Strategy and established different professional regulatory and statutory bodies to oversee the development of a competent and motivated professional workforce, ensure provision of standardized and quality health services, and protect the people’s right to gain access to health services. The Health Care Financing Strategy was approved in 2012 with a view of improving financial risk protection and reducing out of pocket expenditures.

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; iv) strengthen preventive approaches and control programs for communicable diseases; v) expand NCD control efforts at all levels; vi) strengthen various support systems by increasing the health workforce at sub-district and community levels, and enhancing the capacity building, management information, and monitoring and evaluation functions; vii) strengthen the management and prohibition of quality drugs; and viii) pursue priority institutional and policy reforms, such as decentralisation and local level planning, and increase incentives for service providers in hard-to-reach areas.

COOPERATION FOR HEALTH

The sector wide approach SWAP-based HPNSDP has ample room to engage in partnerships with development partners and other stakeholders. Contributions to the HPNSDP have been pledged by a consortium of donors led by the World Bank/JIDA. The World Bank and JICA provide credits and grants; whereas other development partners provide direct grants. Like most of the UN agencies, WHO is a non-pooling contributor to the HPNSDP. 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, New born and Child Health (Hi4); and the Global Measles Control Initiative.

WHO actively participates in these partnerships. In line with the “Paris Declaration”, efforts are being made 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 May 2016
http://apps.who.int/gho/data/moe.de.cc
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2017)

#### Strategic Priorities

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<th>Strategic Priority</th>
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<td><strong>STRATEGIC PRIORITY 1: Communicable Diseases</strong></td>
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- 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 people  
- Strengthen diagnosis and treatment of kala-azar, filariasis, leprosy and dengue |
| **STRATEGIC PRIORITY 2: Noncommunicable Diseases** |  
- Support effective implementation of the Noncommunicable Disease (NCD) Prevention Strategic Plan, and pilot and scale-up the Package for Essential NCD Interventions in the upazila health system  
- Support the generation of evidence for policy and programmes on mental health, including early detection and prevention of mental/neurological disorders  
- Ensure effective planning on visual and hearing disabilities, and implement comprehensive community-based rehabilitation programmes in light of the National Disability Act and global guidelines  
- Promote the United Nations Decade of Action for Road Safety |
| **STRATEGIC PRIORITY 3: Promoting health through the life course** |  
- Support the development, adaptation and use of national policies, guidelines, standards, and tools to enhance health services for mothers and children from birth to adolescence  
- Build the capacity of health providers to ensure quality 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  
- Support the national strategy to mainstream nutrition through the development of policy, protocols and guidelines involving different sectors  
- 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) |
| **STRATEGIC PRIORITY 4: Health systems** |  
- Support the formulation of legal and regulatory frameworks to move towards universal health coverage, including the Health Care Financing Strategy  
- Strengthen the national regulatory authority to ensure quality medical products and support the formulation of the National eHealth Strategy, developing health data  
- Strengthen the civil registration and vital statistics system, and encourage the use of International Classification of Diseases version 10 in morbidity and mortality reporting  
- Support the development of a national human resources for health plan  
- Strengthen capacity for evidence-based nursing and midwifery services and practices, and build the capacity of primary health-care providers for quality service delivery  
- Provide policy and planning support at district and upazila levels  
- Contribute to reducing health inequality through monitoring and mainstreaming gender, equity and human rights in national health strategies, programmes and activities |
| **STRATEGIC PRIORITY 5: Emergency preparedness, surveillance and response** |  
- Support the national plan of action for the International Health Regulations 2005  
- Work to improve laboratory facilities for the diagnosis of emerging and re-emerging infectious diseases  
- Support the effective implementation of the Emergency Response Framework and form a core group of emergency responders at national and sub-national levels  
- Assist in strengthening routine immunization, withdrawing type 2 component of oral polio vaccine, introducing inactivated polio vaccine and sustaining polio-free status |