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Handbook on Child Health in Bangladesh



Bangladesh Public Administration Training Centre

Savar, Dhaka, Bangladesh

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Rector (Senior Secretary to the Govt.)
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Foreword

BPATC and UNICEF Bangladesh signed an MoU on 18 July 2016 in order to promote cooperation in the areas of training, retraining and upgrading the quality of public administration, research, consultancy and also developing mutual sharing of expertise and resources based on own statutes and mandates. Both the organizations have made various bilateral efforts for implementing a number of designed activities under the partnership for promoting child rights in Bangladesh. This 'Handbook on Child Health in Bangladesh' is a fundamental part of the premeditated activities.

The purpose of the Handbook is to disseminate hand pack information to the trainees of BPATC about rights of the children relating to health matters, existing health situation of the children, initiatives of Government and other agencies, SDG related to children's health and actions need to be implemented to realize child rights in Bangladesh, etc. It would be possible to utilize the Handbook for imparting knowledge-based training to government officers and other related stakeholders of the concerned field. Thus the Handbook by supporting in capacity building of the officials in the allied fields will contribute to some extent towards the implementation of the Vision 2021, manifesto related to child rights of the Government, Vision 2041, and the SDG-3 of the United Nations.

We have received immense support from the linked officials of UNICEF Bangladesh, officials of different line ministries, departments, organizations, academicians & BPATC Faculty Members for this hard venture. They had recommended on the issues to be included and also assisted in selecting contents of the Handbook. It could not be finalized without their deep support and cooperation as the task was exigent. These supports are really appreciating as this could be a milestone for the development of the children of Bangladesh. Hence, my supreme gratitude goes to all concerned for this endeavour.



Dr. M Aslam Alam



Representative
UNICEF Bangladesh

Foreword

It is definitely pleasing that Bangladesh Public Administration Training Centre has developed four sectoral Handbooks on Child Protection, Education, Health, and WASH (Water, Sanitation & Hygiene) for the officials who undergo various training courses at the centre and other places at its supervision. This 'Handbook on Child Health in Bangladesh' is one of the four ones that bear enormous significance.

We started our partnership at the beginning of 2016 with clearly stated results as 'Institutionalize knowledge-base on children's issues and increased awareness among officials with preferential focus on the situation of children in Bangladesh and roles of the officials for children in respective sectors and departments.

Development of the sectoral handbooks is a key activity under BPATC-UNICEF Bangladesh partnership. It presents an up-to-date picture on the situation of children in Bangladesh with candid reflection in the areas of child deprivation with data and evidence which will be very useful for local level sectoral development plans with the allocation of required resources for children.

It is highly expected that the Handbook will be used as a ready reference on the health situation in Bangladesh with special focus on children for all the trainee officials as well as for the officials of different ministries and organizations.

Appreciating the joint efforts of BPATC and UNICEF team, I wish the continuation of this partnership and hope it will make a significant contribution toward the improvement of lives of children in Bangladesh through institutional support.

Looking forward to a better future of every child of Bangladesh.

Edouard Beigbeder



Director, BPATC

Preface

This ‘Handbook on Child Health in Bangladesh’ is eventually a result of a scrupulous effort in the concerned field. A Consultation Workshop on the draft of the Handbook was held at BPATC, Dhaka on 22 July 2018 where officials of different line ministries, departments, organizations, academicians, BPATC faculty members as well as UNICEF officials participated and in the workshop, they have provided diverse recommendations. Suitable recommendations made by the participants have been incorporated in the Handbook and later on, the Handbook was sent to all faculty members of BPATC for opinions and suggestions with view to making it more useful and effective. Their invaluable suggestions have also been considered. The Handbook will help trainees of different training courses by providing diverse information on health rights of the children, health situations, initiatives of the government and other agencies, SDG targets related to health, etc. It is expected that the handbook will contribute to the capacity building of the government officials for promoting child rights in the country. Ultimately, BPATC Faculty Members, officials of line ministries, departments, local government bodies, NGOs and other peoples of the related fields will be enormously benefitted from the Handbook. Thus the Handbook will contribute to some extent in realizing the Vision 2021, manifesto related to children and the Vision 2041 of the Government as well as the SDG-3 of the UN.

I would like to convey my supreme and immense gratefulness to Dr. M Aslam Alam, Rector (Senior Secretary to the Govt.) of BPATC for his incessant guidance that absolutely facilitated to progress the Handbook. Concomitantly, I feel proud in extending genuine appreciation to Mr. Edouard Beigbeder, Representative, UNICEF Bangladesh for his luminescent eager to promote child rights through institutional support and cooperation.

I am hereby expressing my appreciation to external resource person Mr. M. Hifzur Rahman, a Researcher and Documentation specialist. He has undergone enormous pains in assisting us to draft the Handbook. Concurrently, I am immeasurably grateful to Mr. Mohd. Anwar Hossain, Programme Specialist and Focal Point of UNICEF Bangladesh and officials of different ministries, organizations, and academicians for their substantial cooperation and critical views.

Cordial gratitude also goes to the Thematic Group and other Faculty Members of BPATC for their inexorable support and encouragement that helped and moved us tremendously in bringing out the Handbook brashly. A number of research publications, booklets, brochures, reports, websites, etc. have helped to generate the Hand Book otherwise it could be difficult to accomplish the daunting task within a short time. I am placing endless gratitude and acknowledgment to all the authors and editors of those documents.

Md. Jahidul Islam

Acronyms & Abbreviations

ARI	: Acute Respiratory Infection
BBS	: Bangladesh Bureau of Statistics
BDHS	: Bangladesh Demographic and Health Survey
BPATC	: Bangladesh Public Administration Training Centre
C4D	: Communication for Development
CBHC	: Capacity Building of Community Based Health Care
CCs	: Community Clinics
CGs	: Community Groups
CRC	: Convention on the Rights of the Child
CSGs	: Community Support Groups
DGHS	: Directorate General of Health Services
DPs	: Development Partners
ECCD	: Early Child Care and Development
EPI	: Expanded Programme on Immunization
GoB	: Government of Bangladesh
HIES	: Household Income and Expenditure Survey
HMISs	: Health Management Information Systems
HNPSp	: Health, Nutrition and Population Sector Programme
HPNSDP	: Health, Population and Nutrition Sector Development Programme
HPSP	: Health and Population Sector Programme
MDGs	: Millennium Development Goals
MMR	: Maternal Mortality Ratio
MoH&FW	: Ministry of Health & Family Welfare
NGOs	: Non-Government Organizations
NIPORT	: National Institute of Population Research and Training
NSUs	: Newborn Stabilization Units
OHCHR	: Office of the United Nations High Commissioner for Human Rights
SCANUs	: Special Care Newborn Units
SDGs	: Sustainable Development Goals
UHCs	: Upazila Health Complexes
UN	: United Nations
UNCRC	: United Nations Convention on the Rights of the Child
UNICEF	: United Nations Children's Fund (Original United Nations International Children's Emergency Fund)
WB	: World Bank
WHO	: World Health Organization

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1. The Basis of Child Rights

Children are an integral part of society and they are the future of human civilization. Future of the world, as well as the prospect of any country, depends on the environment the children are growing up. Children become good citizens when they enjoy different rights recognized by the society, state and international community. Therefore, children should have indubitable rights as an integral part of society. And the global community has acknowledged the rights of the children in the recent time. The Charter of the UN recognizes that inherent dignity along with equal and incontrovertible rights of all human family members is the basis of liberty, justice as well as peace of the universe. The UN Charter also reaffirmed the basic human rights, dignity and value of the people along with the determination of promoting social advancement and improved life standard in big scale freedom.

The UN has declared and agreed in the Universal Declaration of Human Rights 1948 and in the International Covenants on Human Rights that everybody has the entitlement to enjoy every right as well as freedoms placed within them without any disparity. Recalling these, the UN has proclaimed in the Universal Declaration of Human Rights that childhood is entitled to scrupulous care as well as support.

The Geneva Declaration of the Rights of the Child 1924 and the Declaration of the Rights of the Child accepted on 20th November 1959 in the General Assembly pledge the requirement to extend special care for children. The Declaration of the Rights of the Child 1924 announces that the child requires particular safeguards, care, and lawful protection before and following its birth. Besides, the well-being of the children has also been focused on the statutes and related instruments of the international organizations and specialized agencies. The UN Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules), as well as the Declaration on the Protection of Women and Children in Emergency and Armed Conflict, felt that children living in exceptionally intricate conditions necessitate special consideration. There are also different provisions such as promoting placement including adoption both countrywide and internationally in the Declaration on Social and Legal Principles involving security along with the welfare of the Children. Besides, each people bear traditions in addition to cultural values in the field of protection along with harmonious improvement of the children. Bearing, recognizing and considering all these historic credentials, the UNCRC 1989 came into force on 2 September 1990 as per the article 49. The CRC recognizes the family as the basic group and natural atmosphere for the human being especially for the growth and welfare of the children and hence, every child should be grown up in a family setting where happiness, adore and understanding prevail. It also opines for international cooperation for better living situations of the children in all countries, especially in the developing ones.

Bangladesh is amongst one of the 22 states that ratified the CRC first. Bangladesh has shown her commitment toward the children through ratifying the CRC on 26th January in 1990 in the first day and expressing commitment to implement the CRC on 3rd August in the same year. There is a surge of awareness of rights of the children in Bangladesh after the ratification of the CRC that has been reflected in different laws and social programmes. In Bangladesh, state activities through legislation regarding children have been progressed from protection to rights oriented legislation. Today legislations symbolizing social policy for children touch various areas of the children's lives. These laws, in fact, mirror views of the society on matters of children. Here it should be pointed out that a child is an abridged adult possessing rights those cannot be abridged. A child is a human being for all realistic purposes. It observes, feels and imitates as well as reacts to what is happening surroundings.

2. The CRC 1989 and Health Rights of the Children

The CRC, 1989 which was adopted by the General Assembly of the United Nations is the key instrument for ensuring the rights of the children across the world. As per the CRC, a child should be provided a friendly and happy atmosphere, love and understanding environment so that he or she can develop and grow up own personality according to the necessity of the society.

The CRC stresses on the dignity of a child, his or her freedom of grow up without any hurdle as well as a serene, equal and harmonized environment as he or she will prepare himself or herself as the essential part of the larger society.

The origin of the CRC arises from the Geneva Declaration of the Rights of the Child, 1924 adopted by the League of Nations and the Declaration of the Rights of the Child, 1959 accepted by the General Assembly of the UN. Both of the declarations stress as well as recognize the right of a child and his or her development and this right is also aligned with the Universal Declaration of Human Rights 1948, International Covenant on Civil and Political Rights, 1966, International Covenant on Economic, Social and Cultural Rights, 1966, etc.

As per the CRC, a child should be entrusted with the safeguard as well as special care for developing his or her mental, social as well as physical maturity before and after birth take place. There are certain articles in the CRC which have specified the health rights of the children for their development and special care. The articles related to the health of the children in the CRC are 19, 23, 24 and 25 which have been discussed below:

Article 19: Protection of the child against all types of oppression has been guaranteed by article 19. Article 19 (Sub-clause 1) proclaims protection of the child from all sorts of physical and mental violence, damage, abuse, sexual abuse, negligence or neglectful treatment, ill-treatment and exploitation when they remain in the care of his or her parent(s) or legitimate guardian(s) or other individuals responsible for carefulness of him or her. The countries shall take actions in these regards. As per sub-clause 2 of the article 19, the protective actions should be proper including setting up of social programmes for providing required support of the child as well as for those having the care of the child and the states shall also adopt other types of prevention and in the case of instances of maltreatment of the child mentioned heretofore, proper identification, reporting, referral, investigation, treatment and follow-up for judicial proceedings (OHCHR, 2018).

Article 23: This article announces that a child with disability has the right to distinctive care, education as well as training for assisting himself or herself in enjoying a complete decent life with pride as well as attains the highest level of self-reliance and active participation for social integration which all shall be ensured by the states as per available resources. The states shall also provide necessary assistance to the child or his or her guardians as per application depending on existing resources without charges whenever possible considering financial assets of the parents or guardians. The education, training, health services, rehabilitation services, employment preparation along with recreational facilities must design in such a way that the child having a disability get actual access and obtains these fully for social integration, personal, cultural and spiritual development. The signatory countries shall promote international cooperation for the betterment of the children with disability and also improve the capabilities and skills of the states, and broaden their experience in the areas of information, health care, rehabilitation, education, vocational services, etc.

Article 24: Every child has the right to enjoy the uppermost attainable health standard and facilities for the treatment of his or her illness as well as rehabilitation of health and states must endeavour to confirm that no child is dispossessed of in accessing such health care services as per sub-clause 24:1. Sub-clause 24:2 promulgates that the states must pursue complete execution of this right, especially shall adopt proper actions-

- to reduce infant as well as child mortality;
- to make sure the proviso of required medical assistance as well as health care for all children and in doing so, development of primary health care will be emphasized by the States Parties;
- To fight against disease as well as malnutrition together with a structure of primary health care by the use of readily existing technology along with the provision of sufficient nutritious foods and clean drinking-water considering the dangers including risks of environmental effluence;
- to confirm suitable health care for the mothers during pre and post-natal times;
- to make certain that all people of society, especially parents and children are well-versed about their access to education and are receiving support for using the fundamental knowledge of child health, nutrition, the benefits of breastfeeding, hygiene as well as environmental sanitation along with preventing accidents;
- to develop a health care system which will be preventive, and also develop guidance for parents, education of family planning and services.

Sub-clause 3 of the article illuminates that all sorts of effective as well as proper actions must be taken by the signatory countries in order to eliminate the traditional practices harmful for children's health while sub-clause 4 calls for the promotion and inspire international cooperation to achieve gradually the complete realization of the right which has been recognized in this article. Sub-clause 4 also stresses on the requirements of developing states in this matter.

Article 25: This article emphasizes the right of a child to receive a periodic review of the treatment delivered to him or her placed by the appropriate authorities for care, protection or treatment of his or her physical or mental health. The article also recognizes the right of the child to receive a periodic review in all other situations pertinent to his or her placement.

3. Constitution of Bangladesh and Health Rights of Children

The Constitution of the People's Republic of Bangladesh contains certain guidelines regarding the health rights of the citizens. The directive principles have been mentioned in Part II that is in the 'Fundamental Principles of State Policy' part of the constitution (GoB 2010). The articles which are pertinent to the health rights of the citizens in Part II are article 11, 15 and 18. Children have the same health rights as the adults. Article 11, 15 and 18 are being mentioned herewith:

Article 11: This article declares that Bangladesh will be a democratic country where fundamental human rights, freedoms, dignity as well as worth of the human being have been guaranteed.

Article 15: This article provides the guidelines of fundamental needs of life, for instance, food, clothing, shelter, education and medical care for all citizens. Here medical care has been recognized as a fundamental need of all people including the children.

Article 18: In this article, increasing the nutritional level and improvement of public health has been recognized as one of the primary duties of the state.

The above principles are directive to the government but not judicially enforceable. The state will formulate policy and conduct activity in line with these directives.

4. Health Institutions, Systems and Governance in Bangladesh

The right of the healthcare for the citizen of Bangladesh has been incorporated and protected in the Constitution of Bangladesh right after independence. Though more than four decades have passed after independence but the issue is still very crucial and burning for achieving by the government, NGOs and other development partners and related agencies. For ensuring proper policies and implementing strategy, the Ministry of Health and Family Welfare is solely responsible for health care and health education. By this time, different policies, acts, strategies and programmes have already been taken place and some are under the process of formulation to strengthen the capacity as well as the quality of the health service (DGHS 2018; MoH&FW 2008). Among the legal instruments passed or amended in recent times are-

- National Health Policy 2011
- Health sector and Health, Nutrition and Population Development Strategy of the 7th Five Year Plan
- National Nutrition Policy 2015
- Mental Health Act 2018
- Organ transplant in Human Body (Amendment) Act 2018
- 4th Health, Population and Nutrition Sector Program (HPNSP) 2017-2022
- Health care Financing Strategy 2012-2032: Expanding Social Protection for Health: Towards Universal Coverage
- Bangladesh Health Workforce Strategy 2016–2021

Multiple departments and agencies are working in the health sector of the country. For instance, Directorate General of Health Services, Directorate General of Drug Administration, Directorate General of Family Planning, and NIPORT, etc. are working under the MoH&FW. The directorates have huge infrastructures and manpower although there is a lack of coordination among them. On the other hand, multiple NGOs and development agencies are working in the sector that also lacks coordination.



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Bangladesh has good institutional health set up as well as infrastructure under the MoH&FW across the country. At the grass root levels, the government has established 13500 CCs as a one-stop service centre for the rural people. In the second tier, it has the Union Health and Family Welfare Centre, and also has 33 Mother and Child Welfare Centre, 10+20 bed hospital 43 and Union Sub-centre 1228. At the Upazila level, it has 435 Upazila Health Complexes and also Sadar Upazila Health Office 60 and Thana Health Centre 37. At the district level, the country has district hospitals where specialized services are provided. At the national level, 35 specialized hospitals exist for specialized services at the top level (MoH&FW 2008). Besides these institutions, people also get health services from medical college hospitals. Department of Family Planning also provides various services for mothers and children at different levels.

To improve the health, nutrition and population sector, Government of Bangladesh and the DPs has focused on the wide approach since the late 1990s. Consequently, the first sector programme HPSP was executed for the period of 1998 to

2003, second sector programme HNPS was executed for the period of 2003 to 2011 and in the third stage, HPNSDP was implemented with the duration of 5 years from July 2011 to June 2016. After the end of the third sector-wide programme, MoH&FW is presently implementing the fourth sector programme titled as '4th Health, Population and Nutrition Sector Program (4th HPNSP)' which will cover five and a half year period from January 2017 to June 2022 and the estimated cost for this programme has been fixed to US\$ 14.7 billion with the assistance of DPs. The programme intends to ensure health and well-being for all people of the country through expanding access to quality and equitable healthcare in a healthy and safe living environment. Three components have been encompassed in the 4th HPNSP which are (i) Governance and Stewardship, (ii) HNP Systems Strengthening, and (iii) Provision of Quality HNP Services. Besides this sector programme, the WB is executing its Health Sector Support Project (HSSP) composing three components since October 2017 and the WB is thus providing support to the 4th HPNSP (MoH&FW 2008).

Bangladesh is committed to achieving the Sustainable Development Goals 2030 and MoH&FW cherishes to realize the health-related SDGs and its targets. MoH&FW is particularly responsible as a lead ministry to implement the targets of SDG-3. The targets related to children of the SDG-3 are being mentioned herewith (Detail with indicators in Annexure-1).

SDG-3: Ensure healthy lives and promote well-being for all at all ages

Targets	Targets
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.c Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	

Targets	Targets
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Source: United Nations 2018

To implement the targets of the SDG-3, Government need to formulate proper legislations, prepare implementation plans, improve the governance system as well as increase capacity of the whole workforce.

5. Child Health Situation in Bangladesh

Key Child-focused Health Indicators at a Glance

Indicator	Value	Latest Year With Data
Neonatal mortality rate (deaths per 1,000 live births)	20	2016
Under-1 mortality rate (deaths per 1,000 live births)	24	2017
Under-five mortality rate (deaths per 1,000 live births)	32	2017
Prevalence of stunting among children under 5 (%)	36	2014
Prevalence of wasting among children under 5 (%)	14	2014
Overweight among children under 5 (%)	1	2014
Prevalence of Proportion of births attended by skilled health personnel (%)	42	2014
Adolescent birth rate (births per 1,000 girls 15-19)	83	2011
Number of new HIV infections per 1,000 uninfected population (adolescent girls 15-19)	0.01	2016
Malaria incidence per 1,000 population	1	2015
Maternal mortality ratio (maternal deaths per 100,000 live births)	176	2015

- In the case of reducing maternal and child mortality, Bangladesh has achieved remarkable advancement over the past two and a half decades. The rate of under-five mortality has declined from 144 deaths per 1,000 live births in 1990 to 32 in 2017 (UNICEF 2018). On the other hand, Infant Mortality Rate that is below 1 year of age per thousand live births came down to 24 in 2017 (GoB 2018). This remarkable achievement is largely attributable to improved immunization of children, improvements in access to safe water, oral rehydration salts for management of diarrhoea, improved management of pneumonia and other childhood illnesses, vitamin A supplementation, exclusive breastfeeding and improved nutrition along with reduced total fertility rate, birth spacing, improved mothers' education and improved access to health facility for maternal health services.

Despite huge success, there has been slow progress on reducing newborn deaths, and currently, around 73 percent of infant deaths and 52 percent of Under-5 deaths occur during the first twenty-eight days of life. At present, the rate of neonatal mortality is 20 per 1000 live births (UN IGME 2017; UNICEF 2018). That means annually, around 62,000 newborn dies in Bangladesh without reaching the first 28 days of their life. 88 percent of neonatal deaths in

are from three preventable causes: severe infection, intrapartum-related (asphyxia) and complications of preterm birth (NIPORT 2015). Similarly, there is stagnation in the reduction of maternal mortality. Bangladesh is still struggling to reduce the burden of maternal deaths as Maternal Mortality Ratio stands at 196 per 100,000 live births in 2016 and in 2018 the Maternal Mortality Rate came down to 176 per 100,000 live births in Bangladesh and Government has planned to reduce the rate 105 by 2022 (MoH&FW 2008). The major barrier for high newborn and maternal deaths is the quality of care during the perinatal period. Most of these deaths occur at the community level and even not accounted in the national level mortality tracking landscape.

- Care during labour and around birth and the first week of life as well as care for the small and sick newborn, have the greatest impact on ending preventable neonatal deaths and stillbirths (NIPORT 2015). Thus, universal coverage of high-quality interventions before, during and after delivery can bring a ‘triple return’ in saving the most newborn lives, while also preventing maternal deaths (5,200/year) and stillbirths (83,000/year). Although 230 stillbirths occur every day in Bangladesh, this issue remains largely unrecognized and not effectively addressed in the current health programme.

Although 230 stillbirths occur every day in Bangladesh, this issue remains largely unrecognized and not effectively addressed in the current health programme.

Evidence-based interventions for prevention and management of stillbirths will need to be prioritized through the quality improvement of care during the time of delivery in particular. Notably, adolescent mothers are especially likely to suffer from severe complications e.g. obstructed labour, delayed labour, fistula, again contributing to high neonatal mortality and both neonatal and maternal morbidities. Almost twice as many newborn deaths occur among very young pregnant women (younger than age 20) compared to those who are older. As highlighted above, pre-term complications are the major cause of newborn deaths in Bangladesh that is 33,000 out of 74,000 newborn deaths per year or 45 percent (NIPORT 2015). Thus, evidence-based and proven interventions, such as the use of Antenatal Corticosteroid, essential newborn care, Kangaroo Mother Care, and full supportive care at facilities, have been prioritized for universal coverage. In line with the vision of increasing facility delivery in the Sector Investment Plan, quality facility-based newborn care will be emphasized through scaling up of SCANUs in all 64 districts by 2020, along with NSUs in all Upazila Health Complexes for management of sick newborns. However, 40 districts are covered with SCANUs, and provision of NSUs also requires rapid scaling up in all UHCs to immediately stabilize the sick newborn and refer her/him in severe cases to district-level hospitals. Further, quality newborn care under national guidelines should be integrated into private-sector facilities under an effective regulatory framework, with the provision of newborn referral transport at district and upazila levels through a public-private partnership mechanism.



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Engaging CGs and CSGs will be vital for the social norm and behavioral change, thereby stimulating demand for enhanced maternal and newborn care practices and establishing linkages between communities and facilities for

effective service use. This will require the CBHC programme for monitoring and mentoring of CCs, CGs and CSGs.

In addition, innovative social models need to be employed to establish community support systems linking CC, CG/CSG and local government/NGO networks to promote key newborn care practices and service use. Resources also will need to be mobilized for effective implementation of the national newborn campaign with priority newborn interventions, using different communication channels and media.

- The Universal and National Immunization Programme works as a significant catalyst to reduce child and infant deaths in the country. For example, the introduction of the polio vaccine, with an efficient surveillance system, resulted in the country being certified as polio-free in 2014. Vaccination coverage has increased over the year as measles vaccinations increased to 87.5 percent in 2016 and full vaccination coverage reached to 86.8 percent (DGHS 2018). The statistics indicates that still 13.2 percent children are out of full vaccination coverage which calls for special attention of the authorities and health workers.

Currently, the full course of Childhood Vaccines under EPI consists of 3 doses of Pentavalent Vaccine (diphtherias, pertussis, tetanus, hepatitis B, and Haemophiles influenza type B), 4 doses of oral polio vaccines (OPV), 1 dose of Bacille Calmetto-Guerin (BCG) vaccine against tuberculosis. 1 dose of measles-rubella (MR) and a measles second dose (MSD) vaccine. Besides these, EPI incorporated TT Vaccination for 15-49 years-old women as well as MR vaccine for 16-17 year old adolescent girls.

EPI Childhood Vaccination Schedule:

Name of Vaccination	Doses	Minimum interval between doses	Starting age
BCG	1	-	At birth
Pentavalent	3	4 weeks	6 weeks
OPV	4*	4 weeks	6 weeks
MR	1	-	9 months
Measles second dose (MSD)	1	-	15 months

Source: BBS, IMED and UNICEF 2017

EPI has become a prioritized programme by the Government of Bangladesh which has a positive role to reduce infant death in the country. Its successes in traditional routine immunization, introducing new vaccines, eradication poliomyelitis and control of measles and rubella are to name a few. Pneumococcal vaccine (PCV) introduced in 2015 in Bangladesh to better protect more than 3 million babies from pneumonia. After successful interruption of indigenous wild polio virus (WPV) transmission and ‘imported’ WPV, the country received the Polio Free Certificate along with 11 other countries of South East Asia in March 2014. The country also received Maternal and Neonatal tetanus elimination status in 2008. Bangladesh has made tremendous progress in reaching children with fully vaccinated by 12 months to 82 percent in 2016. But the progress is not even and inequalities remain across different socio-economic groups and geographical locations. For example, difference exists between the highest (92.6 percent) and lowest-performing districts (68.5 percent). Since 2012, several micro-plans have been taken and implemented to



reduce the gap in immunization coverage through providing RED EPI (Reach Every District) since it is very tough to reach some remote areas compared to urban and other center points in the case of communication. Therefore, the performance of some areas remain low or not up to the mark. Therefore, the government should emphasize in this area through more allocation in the budget and separate plan based on geography and density of population.

- Access to age-appropriate health services represents a key challenge for adolescents in part because of the unavailability of adolescent-friendly health services at fixed sites and of outreach to this important population group. Gendered bottlenecks, involving cultural practices and social barriers that constrain access to adequate information and knowledge, also constrain positive outcomes for adolescents. Since the adolescent period is very important for a child, the health of adolescents was included under the programme of Health, Population and Nutrition Sector Development Programme (HPNSDP) 2011-2016 as well as in the Plan of Action of the Adolescent Reproductive health Strategy 2011-2016. Yet access to adolescent-friendly health services continues to be very low because of a strong need for higher prioritization. and resource allocation by Government and DPs alike. This is further compounded by low awareness among adolescents and their parents/families about adolescent health needs, including psycho-social counselling.

Therefore, UNICEF is emphasizing on adolescent healthcare under its strategy of 2016-2030 which is explicitly based on Healthcare of adolescents. The main focus under this strategy are adolescent and key issues related to adolescent health, right of adolescents and advocating them in the case of their health care, government programmes and policies to support adolescents, providing appropriate support for strengthening service delivery and involving communities through empowering them, etc (UNICEF 2016a).

- Around 77 percent of the children below the age of 2 years do not get sufficient food with quality and diversity. Among the pregnant women, nearly 46 percent have anemic which also causes low birth weight, child and maternal mortality. Rural and urban disparities are prevailing regarding the nutritional position of the children. Especially child nutrition is worse in the slums of urban areas. Merely less than 25 percent children below the age 5 in slums of Dhaka city follow meal frequency as well as diet practices as per the trained health workers recommendations (BBS, IMED and UNICEF 2017).
- Epidemiological studies found that low birth weight primarily caused by poor nutrition, micronutrient deficiency, and inadequate monitoring during pregnancy is associated with pre-term delivery. Pre-term delivery also increases the likelihood of neonatal death. It could always be mentioned that the health of mothers during pregnancy is more than important for the health of the child.

There is a positive well-built relation among the stunting of children (low height), cognitive functioning, poor attention span, physical growth and mortality, and remains prevalent in Bangladesh. It is reported that 36 percent of children less than 5 years of their age are stunted while 31.9 percent children in the same age are severally or moderately underweight (1 in every 3) in Bangladesh.

The scenario, even worse in the case of wasted (too much thin compared to their height). In this regard, 9.6 percent of children are suffering moderately or severally (1 in 10 children). The figure is almost unchanged between 2010 and 2013. However, in the case of stunting and underweight, the number is reducing though the amount is not that much significant. For instance 1.1 percent stunting and 1.2 percent underweight this means that around 6 million children are stunted while 2.4 million are wasted. It can also be mentioned that 0.6 million children are suffering from malnutrition, especially in urban slums. In Bangladesh, it has been observed that during monsoon season, the under nutrition problem, for the children, has increased, therefore it can be called a seasonal issue. This is one of

the crucial issue and problem especially for the children and women in Bangladesh which impacts on the overall health condition of children and women.

However, the situation is improving especially in the case of the nutritional issue for the children. For instance, the condition of stunting and underweight has sharply fallen in the last couple of years because of different projects and initiatives by the government as well as NGOs and international organizations like UNICEF. The rate of stunting among the children was 51 percent in 2004; however, it was declined to 36 percent in 2014. In the case of wasting, the country has to do more initiatives and activities as the achievement in this regard was not up to the mark.

- One of the important issues in the case of child healthcare is breastfeeding since it is a great and ideal source of nutrition. It is very effective to protect children from various diseases and it is very safe and economical. On the other hand, it increases the immunity power of children. Therefore, it is suggested by the child health experts that within one hour of birth, every child has to go under the process of breastfeeding and until 6 months it is the only food for a child whether it is a baby boy or baby girl. They also suggest that until 2 years or more, the mother can continually provide their children with this food. In the case of breastfeeding, the scenario is very good in Bangladesh since almost all the children, around 97.1 percent are breastfed in their life after birth. However, the condition of breastfeeding in the case of one hour of birth is very poor as only 3 children amongst the 5 are under this. Yet, regional disparities, in this case also is existed in Bangladesh since in Sylhet division, the percentage is 73.5 whereas it is 47.3 in the case of Khulna division (UNICEF 2015).
- It has been proved that motivation, congenial and safe environment, bonding, proper care, attachment, etc. in the early stage of children have a positive influence in their brain. And those who get above mentioned positive environment can grow in a better way compared to those do not. Therefore, early 5 years of age for any child is very important since it is the foundation of the brain's architecture. It is also evident from the empirical research that investment in early childhood provided better and more result in any country. Therefore, developing countries like Bangladesh should invest in the early stage of childhood like other developed countries for ensuring a safe and congenial environment for every child who will be the future boatman of the country. Therefore, another important area for Bangladesh is access to ECCD. Strong political commitment and initiative are mandatory for ensuring access to ECCD in the country.

6. Child Health Situation in the Urban Areas of Bangladesh

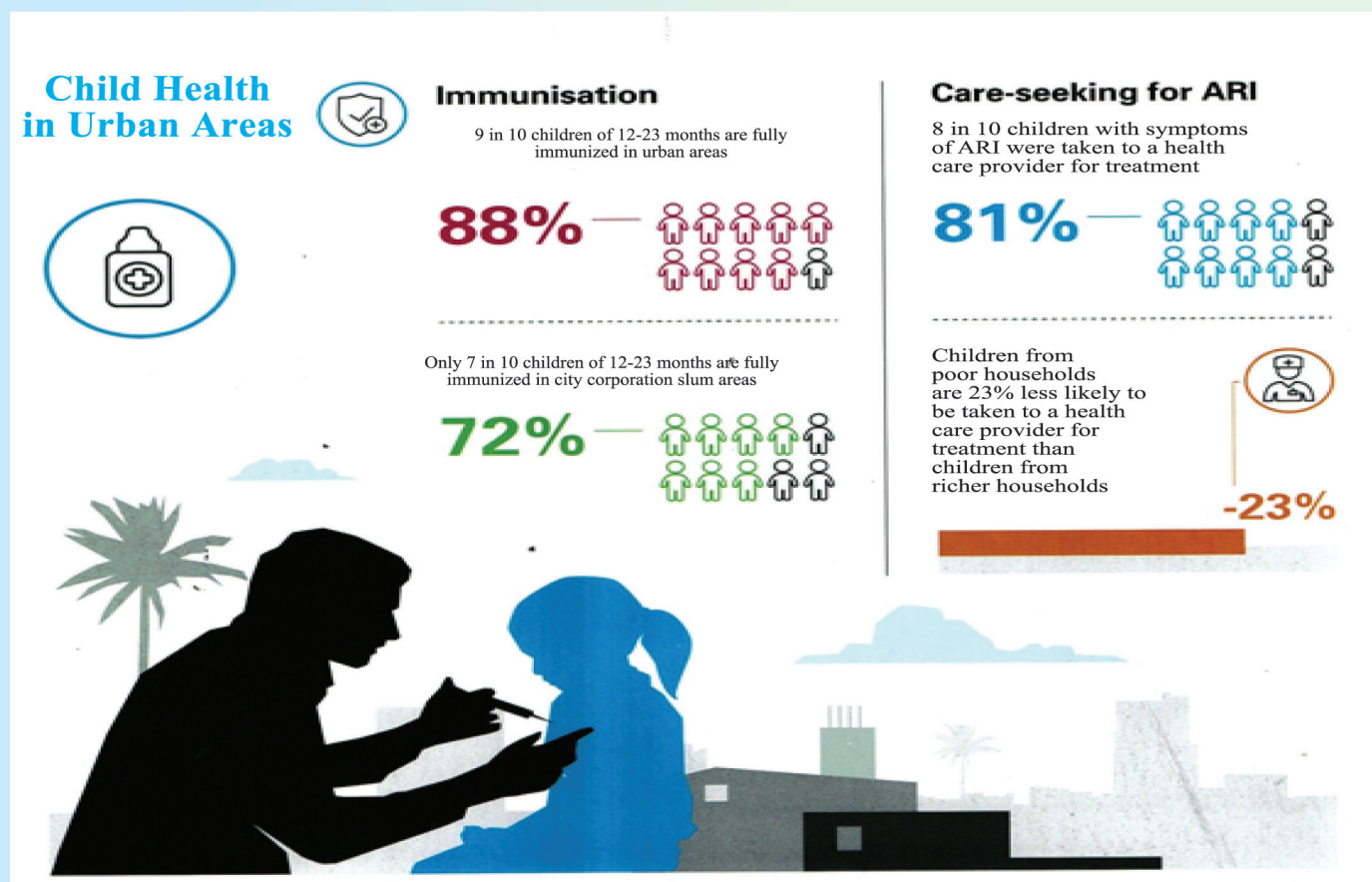
In urban areas health is a very crucial issue for the people of the slums. Though health facilities and service are available within the 2 kilometres of every slum but those are mainly provided by the NGOs. However, those are very basic health facilities such as first aid and in terms of quality, not up to the mark. Using hygienic latrine is another vital issue for the urban slum people as they have to use a common toilet which again indicates low access to a hygienic toilet by them. A Survey was conducted during 2016 in the urban areas of Bangladesh by the Bangladesh Government, Bangladesh Bureau of Statistics and UNICEF, titled as 'Child Well-Being Survey in Urban Areas of Bangladesh 2016'. Some key features regarding immunization, care-seeking for ARI and water, sanitation and hygiene practices for management of health of the urban areas are found from the survey which are as such:

- In urban areas, full immunization coverage amongst children of age 12-23 months was 88.0 percent. Of them, around 86.4 percent were entirely vaccinated by the age of 12 months. In City Corporation slums, full vaccination coverage was 72.1 percent while in City Corporation non-slums, the coverage was 92.1 percent and 87.3 percent in other urban areas. These results indicate that all the children are not fully vaccinated and there is a marked difference between urban areas and its slum areas.

- 81.2 percent of children below 5 years' age with ARI symptoms in the last 2 weeks prior to the survey wanted advice or treatment for ARI from a health facility or provider. No mentionable difference is found between children of City Corporation non-slum areas (79.4 percent) and City Corporation slum areas (78.5 percent).
- 59.4 percent of urban children below the age of 5 with diarrhea in the last two weeks (6.1 percent) preceding the survey had received advice or treatment form a health facility or health provider.
- Around 88.8 percent of children below the age of 5 years with diarrhea has taken any ORS fluid.
- In general, 36.1 percent of urban children with diarrhea has received oral rehydration salt (ORS) as well as Zinc.
- 99.2 percent households use drinking water from improved water sources.
- Around 57.3 percent of urban population is using improved sanitation facilities (not shared with members of other households). But it varies by type of urban areas as such 51.3 percent in City Corporation non-slums, 18.9 percent in City Corporation slums and 62.4 percent in other urban areas. Use of improved sanitation facilities (not shared) is the highest in Barisal (80.7 percent), and lowest in Dhaka (47.1 percent).
- Overall 56.7 percent of urban population use both improved drinking water source and improved sanitation facility. In City Corporation non-slums the percentage is 50.5, City Corporation slums 18.2, and other urban areas 61.9 percent. It is found that in City Corporation slum areas the percentage is very low.
- In general, 55.4 percent of households has specific place for hand washing with water and soap available. But the percentage varies based on the nature of urban areas as such 67.1 percent in City Corporation non-slums, 35.4 percent in City Corporation slums, and 51.1 percent in other urban areas.

The slums' people also dispose of their garbage in the open space which forces the authority to take urgent and immediate action in this regards.

Child health situation of urban areas on immunization and care seeking for ARI may be summarized as follows:



7. Health Situation of the Children with Disabilities

The Census 2011 has identified 1.41 percent of people (a total of 101, 585 disables) have disabilities in Bangladesh while the HIES 2010 estimated 9.01 percent for the overall disability prevalence. The percentage of disability varies as the census and survey used different approaches for calculating disability prevalence (BBS 2015). As per World Bank statistics of 2004, 10 percent of the country's population has disabilities. The prevalence of disability among those below the age of 18 is estimated at 6 percent. A report of Ministry of Social Welfare mentions that 1 in every 500 children is facing health care problem related to autism which means almost 280,000 are facing this problem currently in the country.

Health issues of disabilities people have been recognized by the National Health Policy 2011, and urge the health systems to give attention to meet the health needs of the people with disabilities. The 4th Health, Population and Nutrition Sector Programme (2017–2022) recognizes the need to make user-friendly, accessible facilities for old and physically challenged people. As per the MoH&FW, psycho-social issues i.e. autism are very crucial for the country, therefore, it is very essential to formulate appropriate action plan to implement the mental health act.

However, the children with disabilities and women are not getting proper healthcare and service especially in the case of mental and neonatal health services. The main reason behind this is that children with disabilities and women do not get proper attention during formulating policies and plans related to their health. Even, they are not consulted as stakeholder and data are also not available in this case. But the scenarios is improving in this case compared to the last few decades though the country will have to go a long way in ensuring proper nutrition for children and mother as well as in ensuring maternal healthcare.

Since there are lots of challenges existing in the healthcare system of children with disabilities such as lack of drug, manpower particularly skilled manpower, coordination and management problem, unattended remote areas, etc. Due to many problems, children with disabilities are not getting their equal rights from the society as well as from the government. Even, medical professionals and health care workers are not aware of their psychology and special needs and problems. It is hardly possible to get appropriate data related to immunization of children with disabilities. Till today stigma and superstition are prevailing in the countryside of Bangladesh. Therefore, many of them are not able to get health services from the hospitals and clinics which are even very close to their home. Discrimination is very persistent in this case.

Many government institutions and NGOs are helping to provide health services for some children with disabilities, and to advocate mainstreaming health care for them in Bangladesh. However, they cannot provide their services all over the country and as a result, the regional disparity is remaining. On the other hand, their resources are very limited. Therefore, government and DPs should emphasize more in this case.

8. Health - Supports of UNICEF in Bangladesh

■ Child survival

For reducing infant death, UNICEF supports immunization, newborn and child health. UNICEF has been continuously supporting countrywide drives of immunization against measles, tetanus, hepatitis, polio, and other childhood diseases and the progress is inspiring, for instance, the percentage of vaccination of the under 1 year age children against measles reached to 87.5 percent in 2016 which was 77 percent in 2004.



A child is being vaccinated at Tetulia Upazila Health Complex in Panchagarh district

■ Childhood Illness

In the childhood period, children have to face some diseases such as pneumonia infection & diarrhoea, etc. and during this time parents and family members should ensure proper treatment for the children. UNICEF provides support to the family members through awareness programmes for ensuring better healthcare system and health education for the children. Therefore, the rate to death of children from pneumonia has sharply reduced since the rate of visit healthcare centres during this period has increased significantly from 20 percent in 2004 to 30 percent in 2007.

During the lifecycle-based Country Programme 2017-2020, UNICEF will continue to support strengthening the health system by contributing across age groups with particular strategic interventions for delivery of quality Maternal, Neonatal and Child Health services. In all cases, the focus will be given to the most marginalized and excluded children, adolescents as well as women. The country programme will pay special attention to the interventions related to newborn care (UNICEF 2016 b).

These major interventions (see also the table below) are divided into three major categories: (1) interventions with high coverage levels of at least 80 percent (e.g., immunization), which requires particular emphasis on remote and slums (urban) to reach the unreached children; (2) key existing interventions that have low coverage (below 50 percent), which require scaling up in hard-to-reach areas and low-performing districts; and (3) interventions with high efficacy and strong impact on reducing mortality and morbidity, but yet to be introduced at scale.

Figure: Health Programme Key Interventions

Sustain the high coverage

- Focus on hard-to-reach areas and urban slum to sustain the current coverage of the Expanded Programme of Immunisation (EPI)

Scale up existing interventions and increase utilisation

- Improve coverage of essential newborn care
- Establish SCANUs in 24 new districts for sick newborn care
- Ensure functioning comprehensive and basic emergency obstetric care in all district hospitals and selected UHCs
- Scale up case management of pneumonia and diarrhoea
- Calcium supplementation for pregnant women
- Scale up water, sanitation and hygiene promotion to reduce diarrhoea and ARI

Prioritise high-impact interventions at scale

- Four priority newborn interventions (chlorhexidine cord care, Antenatal Corticosteroid for pre-term birth, Kangaroo Mother Care for pre-term/low birth weight babies, neonatal sepsis management)
- Priority focus on care during labour, child birth and first week of life
- New vaccines (pneumococcal/ Rotavirus/cholera)

9. Major Achievements in the Health Sector in Bangladesh

Bangladesh is one of the most successful countries in the case of achieving MDGs and its goal and targets especially in reducing child mortality. As per the government data, the country has reduced the child mortality under-5 up to 48 deaths per 1000 live birth which was the target under MDG. And presently Under-5 Mortality Rate in Bangladesh is 32 per 1,000 live births (UNICEF 2018). On the other hand, Infant Mortality Rate that is below 1 year of age per thousand live births came down to 24 in 2017 (GoB 2018). Even, in the case of adult mortality, the country has also achieved huge success. For example, compared to 1975 and 1991, the rate of death for the age of above 40 and above 60, has reduced significantly. Therefore, the overall life expectancy of the country has increased to 72 years in 2017 (GoB 2018).

In the case of Child healthcare and its several indicators, Bangladesh has achieved tremendous success and international acknowledgment for its remarkable progress. It is one of a select group of countries included in a high-profile ‘Good Health at Low Cost’ study published in the renowned medical journal Lancet in 2014. According to that study, Bangladesh did very well in the case of increasing life expectancy and reducing fertility rate and the lowest infant and under-5 mortality rates in South Asia despite spending less on health care than several neighboring countries. Therefore, Bangladesh was awarded the MDG Award by the UN for reducing child mortality and ensuring better health care system for all especially for women and children.

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Application of Evidence-based intervention approach in all spheres has played a vital role in improving the maternal as well as child healthcare system in Bangladesh. There are some other factors which contributed positively for improving maternal and child care system in Bangladesh such as involving and mobilizing community, pro-people policies and engagement of poor in activities which were taken for them, collaborative activities by the government, civil society, and NGOs which is really unique in the region. Besides that, the government shows its strong political commitment to improve the scenario and ensure sufficient allocation of resources in this sector.

Bangladesh has formulated and approved the National Strategy for Maternal Health in 2001 which is known as a comprehensive strategy to ensure safe motherhood for all the women in the country irrespective of race, religion, and region. The specialty of this strategy is that it emphasizes the implementation process for making the certainty of safe motherhood throughout the country and HNPS also priorities this strategy. In HNPS, gender equality had also been focused to ensure gender mainstreaming and empowering women at all levels. Poverty is a very crucial issue for reducing maternal mortality and violence against women which had also indicated in the Poverty Reduction Strategy Paper (PRSP) of the government. From comparative studies by the government and different organizations, it has been revealed that the situation has improved significantly and is improving after initiated the programme and the strategy.

Since the government showed its political commitment and took different policies in favor of women, different life-saving technologies and facilities have been reached even in the rural areas of the country that has significantly contributed to decreasing maternal mortality.

10. Health Sector in Bangladesh- Key Challenges

The country needs to travel a long way to ensure child as well as people's friendly medical care to realize the universal coverage of health and the SDG-3 targets. To achieve all these high ambitions and targets, Bangladesh will have to face numerous challenges which are as follows:

- One of the most crucial challenges for the country is to ensure equitable health services for people of all ages all times across the country. Disparities and inequality exist among the urban and rural regions, inside the cities and towns and people from different strata though the government has taken huge initiatives for reducing those. As a result, many people are not able to meet the health services. Therefore, it is critical to eliminate the disparities and inequalities to ensure equitable health services for all. Special initiatives and projects are required for reducing regional disparities and inequality amongst the regions and people.
- The country has a mammoth institutional structure as well as infrastructure in the health sector but quality service cannot be ensured. The urban primary health care service delivery is also inadequate and ineffective. There is a deficit in Quality Assurance System, medical auditing, accreditation and the legal frameworks regarding these issues are weak in the sector. Therefore, ensuring quality health services across the country remains as a key challenge.
- Though, in general, Bangladesh has achieved significant progress in the case of reducing child mortality, maternal mortality and some other indicators compared to its past decades, still preventable deaths of infant and child are high in Bangladesh.
- The country needs to decrease child mortality of under-1 year age which are occurring after one month of its birth. High rates of neonatal deaths prevail especially in rural and hard-to-reach areas. Low rate of deliveries by skilled birth attendants cause injuries to child health. These areas necessitate keen attention of the government, NGOs, and DPs as well as require increased special allocation.
- The health services need to be made gender sensitive and child-friendly. As the number of children huge, it requires more and more child specialized hospitals or units across the country for their intensive and quality treatment.
- There are inadequacies of doctors, nurses, technicians, and managerial personnel in the health sector. A lot of posts remain vacant round the year. On the other hand, doctors and technicians are reluctant to stay at upazila level and those who are posted in the remote areas or upazila level, many of them are unwilling to work regularly and timely. There is also an acute promotion problem for the doctors as well as lack motivation and coordination in the grass root level. Therefore, adequate recruitment and using manpower properly, especially by the government, is a gigantic challenge. Improper management of the manpower may cause harm to the health of the people. Thus, coordination and using manpower appropriately becomes the key governance issues of the health sector. To overcome these issues needs strong Management Information System (MIS) functions along with sustained monitoring and evaluation system.
- The country has a very striving agenda for achieving and scaling up the Universal Health Care Coverage within 2032. The government will have to ensure sufficient allocation and skilled manpower for achieving this agenda. In this case, the political government has to show their strong political commitment otherwise it would not be possible to reach the targets by 2032. The consequence of that will be children and women will suffer a lot in the case of healthcare and health education. In this field, persistent poverty and unemployment are the biggest challenges for the country. To overcome this for universal health coverage need to introduce health insurance for all the people or free health care for all may be ensured which will be a daunting task.

- Malnutrition and micronutrient deficiencies prevail hugely in the country. These conditions are not favourable to build a healthy nation. For achieving the Vision 2021 and Vision 2041 of the Government require a healthy nation and for healthy nation require proper nutritious food from childhood and equitable as well as available health services at all ages.
- Multiple departments and agencies are working in the health sector of the country but they lack proper coordination. On the other hand, various NGOs and other agencies are working in the sector without, again, lack of coordination which may increase threat and risk in this sector.
- Since child marriage creates many health problems for the children and mothers, it needs to be stopped which is not easy. Eliminating child marriage will take time and require inter-ministerial intervention.
- The poor people do not have easy access to the health services or health facilities due to lack of information and ignorance. Maximizing utilization of public health facilities by the poor is also a challenge for the country.
- The country also faces emerging and re-emerging diseases, disasters as well as the impact of climate change. These factors seriously affect the health of the children as well as the adults and cause deaths.
- One of the key challenges of the health sector is to ensure adulteration free medicines and food to ensure public health for both children and adults. Adulteration refers the act or function of making food or drugs worse in quality by adding something to them and this has become a serious concern for Bangladesh. Adulteration widely prevailing in the sector of food, medicine, diagnosing diseases etc. which need to be stopped. For stopping adulteration, need serious intervention of the concerned ministries and the field administration. It is appreciating that government has expedited the activities of the mobile courts for reducing adulteration of various sectors.
- To achieve the targets of SDG-3 related to the health matters of the children and the adults is a high ambitious task which will require proper policy, plan, guidelines or strategy and implementation plan. Developing key instruments to ensure better health of the people of all ages at all times is really challenging task but not impossible.



11. Underlying Causes of Key Health Challenges

There are various underlying causes behind the challenges of the health sector in Bangladesh which may be identified as follows:

- Poverty;
- Hard-to-reach areas i.e. urban slums and Chattogram Hill Tracts (CHT) areas;
- Emerging, re-emerging diseases, recurrent disasters and impact of climate change;
- Lack of skilled human resources, especially for taking care of the children with disabilities and also lack of skilled midwives with updated knowledge about child healthcare;
- Absence of proper knowledge amongst the Healthcare Workers in critical issues such as autism, reproductive healthcare and special care for adolescents;
- Lack of capacity as well as awareness of the women in decision making regarding Antenatal Care (ANC), family planning, etc.;
- Insufficient allocation and inequity for the remote areas, slums, and various regions;



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- ❑ Lack of awareness and knowledge amongst the family members about health care and attitudinal problem;
- ❑ Absence of decentralization of the specialized health services.

12. Health - Way Forward

Health is one of the basic human rights. It means that everyone irrespective of age, sex, gender, and race has the right to access available standard health services whenever it is necessary. It means that all the hospitals, clinics, and other health service providers will be accessible for the service seekers as per their demand and they will be entrusted equitable and quality health services. Following recommendations can be considered for ensuring standard health services for the children as well as the adults in Bangladesh:

Policy/Strategy	❑ Health for all with state expenditure or introducing health insurance for all where a major portion of the premium of the poor people will be given by the state. Strategic action will require for reaching Universal Health Coverage. ❑ Increasing resource allocation in the health sector and also need to augment resource allocation for the hard-to-reach areas and urban slums with a view to closing the equity gap. ❑ Reducing the gap of health facilities between Dhaka and all other districts and thus demands specialized health facilities at least at districts levels. ❑ Quality medical education and training for doctors and allied all people. ❑ Specific action plan to achieve the targets of SDG-3.
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Institutions/Governance	❑ Creating decentralized capacity of the health system, enrichment of the HMIS and planning capacities. ❑ Enhancement of capacity of the DGHS and its subordinate offices as well as the Medical College Hospitals. ❑ Institutionalization of quality assurance and quality control up to community clinic. ❑ Increased focus on sufficient numbers of skilled human resources including technologists in all medical set ups.
Programme/Project	❑ Promoting low-cost and high-impact interventions. ❑ Supporting reproductive and neonatal health as a pressing priority. ❑ Emphasizing on adolescent health and their awareness especially in adolescent clubs or in educational institutions. ❑ Improved counseling for preventing the suicide of the children/adolescents. ❑ Incorporating the prevention of child injuries to ECCD and C4D strategies. ❑ Gearing up life-saving, healthy as well as preventive behaviors and helpful social norms with a view to confirming maternal, newborn and child health. ❑ Intensifying awareness for creating demand for quality services. ❑ Ensuring the sustainability of programme and project outputs.
Monitoring and Evaluation, Data/Knowledge Management and Innovation	❑ Promoting a strong monitoring and evaluation culture in the whole health sector. ❑ Demonstrating and replicating best practices/models in managing emerging challenges, neonatal management, preventing drowning, detecting early disability, etc. ❑ Generating behavioral data for demonstrating progress in the achievement of programme/project objectives. ❑ Accurate, reliable and real time data for monitoring different services and SDG indicators. ❑ Supporting innovation to successfully manage health-related problems and risks.

References

- BBS & UNICEF 2017, *Child Well-Being Survey in Urban Areas of Bangladesh*, Bangladesh Bureau of Statistics and UNICEF, Dhaka.
- BBS 2015, *Disability in Bangladesh: Prevalence and Pattern*, Bangladesh Bureau of Statistics, Ministry of Planning, Dhaka.
- BBS, IMED and UNICEF 2017, *An Assessment on Coverage of Basic Social Services in Bangladesh*, IMED, Dhaka.
- DGHS 2017, *Bangladesh EPI Coverage Evaluation Survey 2016*, Directorate General of Health Services, Ministry of Health and Family Welfare, Dhaka.
- DGHS 2018, *POLICY, PLAN, STRATEGY*, viewed 20 November 2018, from <http://www.dghs.gov.bd/index.php/en/publications/annual-report>.
- GoB 2010, *The Constitution of the People's Republic of Bangladesh*, Ministry of Law, Justice and Parliamentary Affairs, Dhaka.
- GoB 2018, *Bangladesh Economic Review 2018*, Ministry of Finance, Dhaka.
- MoH&FW 2008, *4th Health, Nutrition and Population Sector Program*, viewed 6 December 2018, from http://www.mohfw.gov.bd/index.php?option=com_content&view=article&id=78&Itemid=59&lang=en.
- NIPORT 2015, *Bangladesh Demographic and Health Survey 2014*, NIPORT, MoH&FW, Dhaka.
- OHCHR 2018, *Convention on the Rights of the Child*, viewed 10 November 2018, from <https://www.ohchr.org/documents/professionalinterest/crc.pdf>.
- UN IGME 2017, *Levels and Trends in Child Mortality: Report 2017*, viewed 26 November 2018, from <https://www.un.org/en/development/desa/population/publications/mortality/child-mortality-report-2017.asp>.
- UNICEF 2015, *Analysis of the Situation of Children and Women in Bangladesh*, UNICEF, Dhaka.
- UNICEF 2016a, *Strategy for Health 2016-2030*, viewed 5 December 2018, from https://www.unicef.org/health/-files/161201_Strategy_for_health_2016-30_report.pdf.
- UNICEF 2016b, *UNICEF Bangladesh Country Programme for 2017-2020 Country Programme Document and Strategy Notes June 2016*, viewed 22 November 2018, from http://files.unicef.org/transparency/documents/Bangladesh_Programme%20Strategy%20Notes%20-%20June%202016.pdf.
- UNICEF 2018, *Country Profile*, viewed 24 November 2018, from [file:///C:/Users/zahid/Downloads/country_profile_bgd%20\(1\).pdf](file:///C:/Users/zahid/Downloads/country_profile_bgd%20(1).pdf).
- United Nations 2018, *Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development*, viewed 17 November 2018, from <file:///D:/All%20lec%20folder%20Faisal-Jahid%20last%202.2.19/indicators%20of%20SDGs%20last/SDG%20Indicators%20—%20SDG%20Indicators.html>.

Annexure 1: SDG-3

SDG-3: Ensure healthy lives and promote well-being for all at all ages

Target	Indicator
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 Death rate due to road traffic injuries
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged) 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all 3.c Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older 3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis 3.c.1 Health worker density and distribution 3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness.

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GOOD HEALTH AND WELL-BEING

