# Bangladesh

### **Country Focus Areas**

- Build capacity on health financing to support evidence generation and advocacy on the need to increase the share of the government budget allocated to health.
- Increase spending on primary care targeting the poor by increasing the availability of midwives and increasing the operational budget at the level of the Upazila (subdistrict).
- Support the development of health system governance, management, and service delivery capacities.
- Implement an essential service package that includes key RMNCAH-N measures, particularly in vulnerable areas of Sylhet and Chittagong.
- Reduce adolescent pregnancy rate by keeping girls in school and increasing access to adolescentfriendly health and nutrition services.
- Strengthen private sector engagement and collaboration in the delivery of health care services.

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### **RMNCAH-N** Core Indicators

Maternal mortality ratio: 169 per 100,000 live births

Neonatal mortality ratio: 16 per 1,000 live births

Under-five mortality ratio: 29 per 1,000 live births

Adolescent birth rate: 73.1 per 1,000 women

Percent of births <24 months after the preceding birth: 11.3%

Stunting among children under 5 years of age: **36%** 

Moderate to severe wasting among children under 5 years of age: 14%

BANGLADESH

## Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: US\$6.14

Ratio of government health expenditure to total government expenditures: 3.38%

Percent of current health expenditures on primary/outpatient health care: Not available

Incidence of catastrophic and impoverishing health expenditures: **10.3%** catastrophic 2.6% impoverishing



Total

US\$1,100,000,000

GOVERNMENT WORLD BANK CANADA GFF TRUST FUND DFID SIDA - - GAP

The resource mapping

for Bangladesh covers FY2018 to 2023. This chart

includes one of the two World

Bank projects, and is focused

specifically on health and nutrition. The

second project, which is co-financed by the

GFF, is an education project focused on keeping girls in school in an effort to improve adolescent health. However, it is not included in the resource

there is only an 8% gap in financing for the IC.

mapping since it is not part of the health sector. Presently

NETHERLANDS

Private sector engagement

a priority

Management of medicines and supplies / supply chain interventions

Investment case for RMNCAH-N or equivalent (e.g., national healthplan)

Set of evidence based priorities financed

Results monitoring strategy and framework in support of IC\*

Country-led multi- stakeholder platform (e.g., new or established from an existing platform)

Government focal point

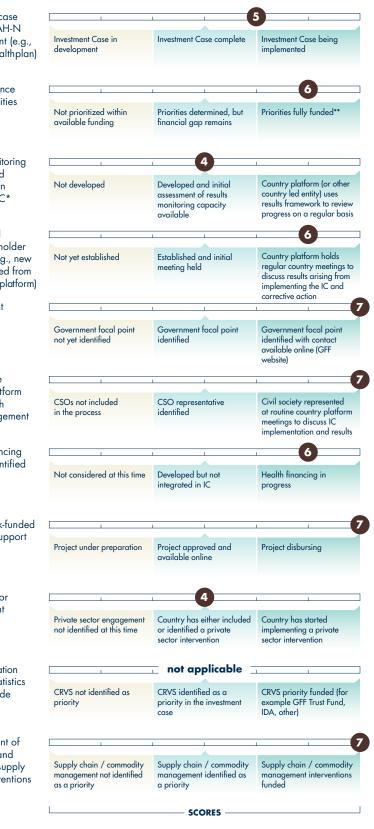
An inclusive country platform process with CSO engagement

Health financing reforms identified

World Bank-funded project in support of the IC

Civil registration and vital statistics (CRVS) made

# Monitoring the Country-Led Process



\* Both included in the IC document or a separate document

- \*\* Meaning that funding was allocated, disbursed and released payment done \*\*\* ANC4 = four antenatal care visits
- ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria. Tetanus, and Pertussis: ORS = oral rehydration solution: PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.