



Home Office

# **Country Policy and Information Note** **Bangladesh: Medical and Healthcare** **issues**

**Version 1.0**

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# Preface

## Purpose and use

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in Bangladesh.

## Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual, 2013](#). Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date in the country information section. Any event taking place or report/article published after this date is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of the sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

## MedCOI

Project MedCOI is an Asylum and Migration Integration Fund (AMIF) financed project to obtain medical country of origin information. The project allows 12 European Union member states plus Norway and Switzerland to make use of the services of the 'MedCOI' team in the Netherlands and Belgium. The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team, which includes medical doctors, before it is forwarded to the relevant COI Service.

## Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the [Country Policy and Information Team](#).

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# Analysis

## Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

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## Country information

Updated: 1 April 2019

### 1. Structure of the healthcare system

#### 1.1 General information

- 1.1.1 Under the Constitution, the Government of Bangladesh is responsible for providing healthcare to all its citizens<sup>1</sup>.
- 1.1.2 The World Bank observed in a report of March 2018 ‘Bangladesh has made remarkable progress on the health and nutrition-related Millennium Development Goals (MDGs), with major achievements in increasing immunization rates and reducing the rates of undernutrition, infant and under-five mortality, maternal mortality, and communicable diseases ... Bangladesh has now committed itself to achieving universal health coverage by 2032.’<sup>2</sup>
- 1.1.3 According to the Centre for Research and Information (CRI) in Dhaka, there are over 600 hospitals in the country, including 482 primary care hospitals at sub-district level and below, 65 secondary hospitals at district level, 15 medical & dental college hospitals, and specialist facilities such as chest, infectious diseases and leprosy hospitals. The government has established 16,438 community clinic and health centres and 30,000 satellite clinics for child and maternal healthcare<sup>3</sup>.
- 1.1.4 There is a general shortage of healthcare professionals in Bangladesh, particularly in the public (state) sector. In 2015 there were 0.47 physicians (doctors) per 1,000 population, compared with 0.76 for India and 0.98 for Pakistan<sup>4</sup>. There is also a serious shortage of nurses, particularly in state hospitals, resulting in an inappropriate skill mix. The ratio in 2015 was 1 nurse for every 3 doctors<sup>5</sup>.
- 1.1.5 Following a fact finding mission (FFM) to Bangladesh in November-December 2015, MedCOI identified four major components of the healthcare

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<sup>1</sup> MedCOI, 2015 Fact Finding Mission Report, 2016 ‘The Healthcare System in Bangladesh’.

<sup>2</sup> World Bank, ‘Health and Nutrition in Urban Bangladesh’, 6 March 2018, p.ix, [url](#)

<sup>3</sup> CRI, ‘Bangladesh, towards better healthcare’, September 2018, [url](#)

<sup>4</sup> CIA World Factbook, ‘People and society’, updated 27 February 2019, [url](#)

<sup>5</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, ‘The Healthcare System in Bangladesh’

system in Bangladesh: the public (state) sector, private sector, non-governmental organizations (NGOs) and an 'informal' sector<sup>6</sup>.

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## 1.2 Public (State) sector

- 1.2.1 The Ministry of Health and Family Welfare (MOHFW) manages general health and family planning services through district general hospitals and smaller hospitals and clinics at sub-district and local community levels<sup>7</sup>.
- 1.2.2 Public health expenditure in 2015 was equivalent to 2.6 per cent of gross domestic product (GDP), according to WHO data, compared with a global average of 6.3 per cent. Health expenditure per capita was equivalent to US \$32 in 2015, one of the lowest levels in the world<sup>8</sup>.
- 1.2.3 Despite increasing urbanization of the Bangladeshi population, government health policies over the past 45 years have focused mainly on rural delivery of health services. Consequently, access to quality health and nutrition services for the urban poor has emerged as a major issue. Urban governments do not have a separate budget allocation for health services and they have limited capacity in the allocation of their funds<sup>9</sup>.
- 1.2.4 Public hospitals can treat most medical conditions, but tertiary care is limited to urban areas. As a consequence, specialist treatment is not easily accessible by people in rural communities<sup>10</sup>, who account for over 60 per cent of the country's population<sup>11</sup>.
- 1.2.5 MedCOI cited a lack of hygiene and disrespect for standard disinfection procedures as being issues in public sector facilities<sup>12</sup>.

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## 1.3 Private sector

- 1.3.1 The MedCOI 2015 FFM Report noted 'The private sector is growing rapidly. Private clinics and hospitals are located in urban areas and are only accessible for the financially better-off... The care and services in private hospitals are perceived as qualitatively better and more trustworthy, in comparison to the other providers. This perception is influenced by the services offered in... private facilities and the guaranteed availability of healthcare providers and medication.'<sup>13</sup>
- 1.3.2 The [Apollo Hospital](#) complex in Dhaka offers a broad range of specialist services<sup>14</sup>, including outpatient treatment across 29 disciplines<sup>15</sup>. Apollo is the only hospital in Bangladesh that has received a Joint Commission

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<sup>6</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, 'The Healthcare System in Bangladesh'.

<sup>7</sup> World Bank, 'Health Sector Development Program report, 5 December 2017, p6. [url](#)

<sup>8</sup> WHO, 'World Health statistics 2018', Annex B part 1, [url](#)

<sup>9</sup> World Bank, 'Health and Nutrition in Urban Bangladesh', 6 March 2018, p.ix-xvii, [url](#)

<sup>10</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, 'The Healthcare System in Bangladesh'.

<sup>11</sup> CIA World Factbook, 'People and society', updated 27 February 2019, [url](#)

<sup>12</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, 'The Healthcare System in Bangladesh'

<sup>13</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, 'The Healthcare System in Bangladesh'.

<sup>14</sup> Apollo Hospitals, 'Apollo hospitals specialities', n.d., [url](#)

<sup>15</sup> Apollo Hospitals, 'About the hospital', n.d., [url](#)

International (JCI) accreditation. The blood bank at Apollo hospital is externally controlled. In 2015, registration at the hospital cost BDT 205, consultation fees in the outpatient and inpatient departments ranged between BDT 1,000 and BDT 1,600 (approximately £8.93 to £14.28 at current exchange rate<sup>16</sup>). The nightly rate for inpatient stay in a ward was BDT 3,000 (£26.78). Occasionally patients are treated free of charge, or partially free<sup>17</sup>.

- 1.3.3 [United Hospital](#)<sup>18</sup> in Dhaka has a staff of 1,800, of whom 250 are doctors (including surgeons, specialists and senior doctors) and 600 are nurses. Most doctors are from Bangladesh, and many of those have received training and gained working experience abroad. According to MedCOI, the hospital, which has received several 'Centre of Excellence' awards, focuses 'on patients who would normally travel abroad for treatment.' The hospital takes referred patients from NGOs at subsidised cost, but does not accept referrals from government hospitals.<sup>19</sup>

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#### 1.4 NGOs (non-governmental organizations)

- 1.4.1 The World Bank observed that, as of 2011, 'there were almost 4,000 NGOs, mostly financed by donors. Many NGOs provide health promotion and prevention activities, particularly at the community level, [and] in their health centres and inpatient care at some hospitals.'<sup>20</sup>
- 1.4.2 MedCOI commented in their 2015 FFM Report 'Non-governmental healthcare providers function complementary to the public network and do not form a parallel provider system. They provide mainly preventive and basic care in remote areas, and [in] government non-priority areas. They experiment with alternative approaches and assist the government in vaccination campaigns. There is a good collaboration between the government and the non-governmental sector...'<sup>21</sup>
- 1.4.3 NGO services such as the Bangladesh Rural Advancement Committee (BRAC) 'Health, Nutrition and Population Programme' help to meet the needs of the extreme poor. Community Health Volunteers are recruited from within the community and trained to provide basic health care services, particularly for mothers and young children. They are supported by more highly trained personnel who oversee their activities and provide advice and support<sup>22</sup>.
- 1.4.4 Certain NGOs run private not-for-profit hospitals, some of which are situated outside the main urban areas. Fees at these facilities are somewhat lower than in private for-profit hospitals. Examples include the [Kumudini Hospital](#) in

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<sup>16</sup> XE.com, accessed 14 March 2019

<sup>17</sup> MedCOI, MedCOI, 2015 Fact Finding Mission Report, published 2016, 'Visit of Apollo Hospital'

<sup>18</sup> United Hospital, Dhaka, 'Departments', [url](#).

<sup>19</sup> MedCOI, MedCOI, 2015 Fact Finding Mission Report, 2016, 'Visit of United Hospital'

<sup>20</sup> World Bank, 'Health Sector Development Program report, 5 December 2017, p6. [url](#)

<sup>21</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, 'The Healthcare System in Bangladesh'.

<sup>22</sup> BRAC, 'BRAC's Challenging the Frontiers of Poverty Reduction...', p.15, [url](#).

Mirzapur and the Centre for the Rehabilitation of the Paralysed (CRP) near Chandpur<sup>23</sup>.

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## 1.5 'Informal' sector

1.5.1 MedCOI described the informal sector as comprising pharmacies, retail medicine (drug) shops and traditional healers. MedCOI noted:

'Accessibility is very high, with 80% of the population seeking medical care through this network. Healthcare providers in the informal sector are used by those who are unable to afford either the treatment or the cost of travel to health facilities further away, or by those who are terminally ill and seek alternatives to the general healthcare or are in need of counselling. The informal sector is the principal provider in rural areas.

'In the informal sector many drug vendors are not trained or qualified to dispense medicines. Qualitative shortcomings for medication were mentioned, such as counterfeit medication and the sale of expired medication, but according to most interviewees, this is not a general problem.

'[I]n...rural shops, training [in dispensing] was provided exclusively from the pharmaceutical companies.

'Although...not allowed under drug license regulations, additional clinical services such as giving injections, diagnostic services, burn and wound dressing and vaccinations are also provided in drug shops.

'[T]he majority of the clients buy medicines without prescription and...self-referral is...common, especially in urban areas. Because of financial difficulties, poor people go directly to a pharmacy or drug vendor without consulting a doctor. Bangladesh has a tradition of self-medication.

'Availability of medication is not guaranteed and there is a wide variation in prices.'<sup>24</sup>

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## 1.6 Pharmaceuticals

1.6.1 Following a fact finding mission to Bangladesh, the Norwegian Country of Origin Information Centre ('Landinfo') reported in June 2014 :

'Bangladesh has a significant pharmaceutical industry. Bangladesh exports medicines to more than 80 countries, and covers 97–98 percent of the country's own demand ... According to both DMCH [Dhaka Medical College and Hospital] and WHO [World Health Organisation office in Dhaka], some cancer medicines, among others, are imported, but principally, Bangladesh is self-sufficient when it comes to medicines.

'The pharmaceutical industry in Bangladesh produces around 5600 different types of medicines.'<sup>25</sup>

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<sup>23</sup> MedCOI, 28 January 2015

<sup>24</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, 'The Healthcare System in Bangladesh'

<sup>25</sup> Landinfo, 'Bangladesh: Health sector...', 20 June 2014, accessed via MedCOI



## 2. Cost and access to medical treatment and drugs

### 2.1.1 Landinfo noted in their FFM report:

'WHO [World Health Organisation office in Bangladesh] reported that medicines and treatment at a public hospital are mostly free for poor people. WHO added that there is no fixed definition of "poor" in that regard, and that questions can be raised about who is considered poor and who is not.'<sup>26</sup>

### 2.1.2 MedCOI observed in a response of February 2016:

'The government fixes the maximum retail prices of 117 listed essential drugs. For others drugs the price is fixed 'by the pharmaceutical companies themselves (inflating hugely the profit margin) to which 15% VAT is added, resulting in a steady increase in prices. Normally medicines are provided free of charge in public hospitals. However, these medications are not always available and patients buy them out-of-pocket at pharmacies.

'The [cost] of medication accounts for about 70% of [patients'] out-of-pocket expenditure [on average].'<sup>27</sup>

### 2.1.3 According to the 2017 National Household Survey conducted by Transparency International Bangladesh, 42.5 per cent of the recipients of health services from public institutions said they had been victims of irregularities and corruption while receiving those services. 19.8 per cent of respondents had paid bribes; the average amount paid was BDT 498 (about £4.45)<sup>28</sup>.

### 2.1.4 See '[Private sector](#)' for an example of treatment costs in a private hospital.

### 2.1.5 The WHO 'World Health Statistics 2018' provided an estimate that, in 13.6% of all Bangladeshi households, expenditure on medical treatment and drugs accounted for at least 10% of total household expenditure/income. In 4.8% of all households, expenditure on health care amounted to more than 25% of total household expenditure / income<sup>29</sup>.

## 3. Cancer (oncology)

### 3.1.1 Following a visit to the National Institute of Cancer Research and Hospital (NICRH), The Daily Star (Dhaka) reported on 11 January 2019:

'According to the 2018 report by International Agency for Research on Cancer, every year an estimated 1.5 lakh [150,000] people contract cancer in Bangladesh. However, there is only one functioning palliative care under government management at Bangabandhu Sheikh Mujib Medical University (BSMMU). There are only four specialised cancer hospitals in the country. Outside Dhaka, there is only one functional radiotherapy facility at Chittagong Medical College Hospital in operation for around three months now.

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<sup>26</sup> Landinfo, 'Bangladesh: Health sector...', 20 June 2014, accessed via MedCOI

<sup>27</sup> MedCOI, 17 February 2016

<sup>28</sup> Transparency International, '...National Household Survey 2017', 30 August 2018, [url](#)

<sup>29</sup> WHO, 'World Health Statistics 2018', Annex B part 2, estimates for the period 2007-2015, [url](#)

'We don't have any population-based data on prevalence of cancer. How many patients contract cancer each year? How many patients die of cancer every year? What are the most frequent cancers among Bangladeshis? How many people cannot access treatment?

'Bangladesh's approach to oncology education also lags behind other countries ... Due to lack of a comprehensive oncology education programme, there is a severe shortage of efficient manpower in specialised cancer treatment ... The number of trained gynae-oncologists in Bangladesh is no more than 10 whereas it has been estimated that around 6,582 women die of cervical cancer...each year ...Lack of efficient and experienced doctors make patients extremely vulnerable to both wrong diagnosis and treatment.

'[A specialist at NICRH stated...] "We do not have onco-pathologists in our country who are specialised in cancer diagnosis. We still have to depend solely on microscope and regular pathologists to detect cancerous tumour. We cannot conduct immune-histochemistry test which can diagnose cancer more precisely. We are still dependent on chemotherapy and radiation therapy whereas the world has already advanced to more effective and less harmful immunotherapy.

'Most of the patients we spoke to [said] that they received little to no information on the side effects of chemotherapy and radiation therapy.

'[The director of NICRH said...] "In the last four years, we have turned NICRH into a 300-bed hospital which started with a capacity of only 50 beds. We cannot deny that cancer treatment facility in Bangladesh is not adequate. But we have plans to set up cancer centres at eight medical colleges that will be monitored and coordinated from Dhaka. These will be established within five years and existing gaps can be closed".<sup>30</sup>

### 3.1.2 MedCOI stated in a response of 24 October 2017:

'Bangladesh has only 16 cancer treatment centres, nine of which are government facilities, the rest are private. Hospitals like the National Institute of Cancer Research & Hospital (NICRH) and Dhaka Medical College Hospital are being visited daily by a number of cancer patients beyond their capacity to handle ... According to a newspaper in 2017 "Dhaka Medical College Hospital gets some 200 cancer patients for radiotherapy every day, but it has the capacity to provide radiotherapy to 80 patients."

'The country only has about 180 oncologists and no district level hospitals with facilities for cancer treatment. The few hospitals and clinics that offer specialised cancer treatment are concentrated in the major cities.'<sup>31</sup>

### 3.1.3 MedCOI cited external sources in commenting:

'In the absence of health insurance, cancer treatments are a great financial challenge to the affected individuals and their families. Patients often cannot complete the course of treatment due to unaffordable costs ... Even with the government hospitals providing free cancer treatment for the poor and

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<sup>30</sup> The Daily Star, 'A Fatal Diagnosis: Cancer treatment in Bangladesh', 11 January 2019, [url](#)

<sup>31</sup> MedCOI, 24 October 2017

medicines free of cost to at least 50% of the patients, many cancer patients are still unable to pay for all the expenses.<sup>32</sup>

3.1.4 The situation in private hospitals is quite different. For example, information on the Cancer Care Centre at Apollo Hospital in Dhaka appears on its website [here](#).<sup>33</sup> MedCOI confirmed, 'Service coverage in the organised private sector is wider than in the public sector, but it is mainly profit-orientated and costly. Especially in the urban areas, it offers high-level facilities with state-of-the-art diagnostic equipment.'<sup>34</sup>

3.1.5 As an example of services available in private hospitals, the Labaid Hospital in Dhaka offers the following treatment for childhood leukaemia:

- inpatient or outpatient treatment and follow up by a paediatric oncologist/immunologist
- inpatient or outpatient treatment and follow up by a paediatrician
- diagnostic research: bone marrow puncture
- laboratory research / monitoring of full blood count; e.g. Hb, WBC & platelets
- transplantation of bone marrow including pre- and after care
- stem cell treatment
- haematology: blood transfusion
- access to medicines required for the above procedures.<sup>35</sup>

See also section 14: [Palliative care](#). See [Annex A](#) for list of available medications.

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## 4. Cardiology (heart conditions)

4.1.1 MedCOI advised in May 2018 that the treatment listed below was available at both the National Heart Foundation Hospital in Dhaka (a public hospital) and Apollo Hospital in Dhaka (a private facility):

- inpatient treatment by a cardiac surgeon
- inpatient treatment by a cardiologist
- outpatient treatment and follow up by a cardiac surgeon
- outpatient treatment and follow up by a cardiologist
- cardiac surgery; open heart surgery
- diagnostic imaging by means of specific transesophageal echocardiogram.<sup>36</sup>

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<sup>32</sup> MedCOI, 24 October 2017

<sup>33</sup> Apollo Hospital, Dhaka, 'Cancer Care Centre', n.d., [url](#)

<sup>34</sup> MedCOI, 24 October 2017

<sup>35</sup> MedCOI, 24 January 2019

<sup>36</sup> MedCOI, 22 May 2018

- 4.1.2 The National Heart Foundation Hospital is a 450-bed facility in Dhaka<sup>37</sup> which treats 30 per cent of patients, who are deemed to be poor, free of charge<sup>38</sup>.
- 4.1.3 At these links are descriptions of the cardiology facilities at Apollo Hospital, ([Cardiology](#) and [Cardiothoracic & Vascular Surgery](#)), the [National Heart Foundation](#) and [United Hospital](#) in Dhaka.

See [Annex A](#) for list of available medications.

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## 5. Diabetes

5.1.1 MedCOI noted, following their fact finding mission of 2015 ‘The Diabetic Association of Bangladesh...was founded in 1956 in Dhaka. It is a non-profit voluntary socio-medical service organisation which has established several institutions: research centres, hospitals, medical and nursing colleges; and which manages several projects. The association works on two levels: Research and Treatment. It is present all over the country, there are 64 affiliated associations.’<sup>39</sup>

5.1.2 MedCOI further noted:

‘The Bangladesh Institute of Research and Rehabilitation in Diabetes Endocrine and Metabolic Disorders (BIRDEM) is linked to the [Diabetic Association] and offers healthcare [primarily] to diabetes patients in 2 hospitals [in Dhaka], BIRDEM and BIRDEM II ... The infrastructure is provided by the government and the association also receives an annual grant. In exchange, certain services are provided free of charge. According to the [Bangladesh] statistical yearbook, the institute has the largest diabetic outpatient turnover under a single roof in the world. The department received approximately 3,739 patients a day in the year 2014-2015. The inpatient hospital BIRDEM has 700 beds. BIRDEM II is a 160-bed hospital specifically for women and children.

‘The hospital offers free blood and diabetes tests in the outpatient department. Diabetic patients pay BDT 50 [£0.45] for registration. ... On recommendation of the social welfare department diabetic patients are entitled to free medical consultations and poor patients may receive free medication.

‘[T]he social welfare departments of BIRDEM and BIRDEM II provided 218,121 free insulin injections to 124,583 patients and 2,297 patients were admitted in free beds [during a 12-month period, 2014-2015].’<sup>40</sup>

‘The [hospitals are] accessible for non-diabetic patients, but priority is given to diabetes patients for inpatient treatment. 30% of the beds are free and

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<sup>37</sup> National Heart Foundation, ‘Diagnostic Services & Facilities’, n.d., [url](#)

<sup>38</sup> National Heart Foundation, ‘Hospital and Patient Care’, n.d., [url](#)

<sup>39</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Diabetes’

<sup>40</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Diabetes’

these are given to poor diabetic patients and cases “of academic interest”; medication, examinations and treatment in these beds are free of charge.’<sup>41</sup>

5.1.3 MedCOI advised, ‘Treatment and medication in Bangladesh is also free of charge for Type 1 diabetes patients over the age of 18.’<sup>42</sup>

5.1.4 Novo Nordisk, a Danish pharmaceutical company that is one of the world’s largest suppliers of insulin products, noted in a report of June 2012:

‘As the number of people in Bangladesh who live with diabetes grows, the scarcity of resources means that the government has a limited ability to care for people with chronic health problems.

‘To address the challenge of affordability in the world’s poorest countries, Novo Nordisk decided in 2001 to offer human insulin products in LDCs [United Nations-designated least developed countries] at one fifth or less of their price in the western world.

‘As a share of income, treatment costs decreased from 41% in 2001 to 12% in 2011. Similarly, the share of the population believed to be able to afford diabetes treatment has increased.’<sup>43</sup>

5.1.5 Nevertheless, MedCOI found in 2015: ‘There is an increasing need for insulin. The pharmaceutical sector in Bangladesh can produce it, but not enough to meet the demand. Therefore, more expensive insulin is also imported. Furthermore, storage conditions are delicate which makes the supply chain very costly.’<sup>44</sup>

5.1.6 The MedCOI response of 6 December 2017 confirmed the availability of a range of insulins, including:

- long acting (24hr); insulin glargine such as @Lantus
- rapid acting (2-5hr); insulin aspart such as @Novorapid
- rapid acting (2-5hr); insulin glulisine.<sup>45</sup>

5.1.7 MedCOI have also confirmed the availability of several oral medications, such as metformin, sitagliptin, glibenclamide, gliclazide and tolbutamide<sup>46</sup>.

5.1.8 A MedCOI response dated 6 December 2017 noted that laser treatment for diabetic retinopathy is carried out in Bangladesh<sup>47</sup>. (See also [Eye treatment](#))

5.1.9 The Diabetic Association of Bangladesh advised MedCOI in 2015, ‘[P]ersons diagnosed with diabetes are stigmatised, mostly because of the lack of understanding of the disease and the high costs of treatment involved.’<sup>48</sup>

See [Annex A](#) for list of available medications.

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<sup>41</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Diabetes’

<sup>42</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Diabetes’

<sup>43</sup> Novo Nordisk, ‘Changing diabetes in Bangladesh...’, June 2012, [url](#)

<sup>44</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Diabetes’

<sup>45</sup> MedCOI, 6 December 2017

<sup>46</sup> MedCOI, 10 April 2017

<sup>47</sup> MedCOI, 6 December 2017

<sup>48</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Diabetes’

## 6. Eye treatment (ophthalmology)

- 6.1.1 The Ispahani Islamia Eye Institute and Hospital is the largest 'multi-speciality' eye hospital in the country. Their range of treatments is listed [here](#). The webpage referring to the General Outpatient Department (GOPD), which is staffed by qualified ophthalmologists and optometrists, states, 'We are able to keep our GOPD fees low because we operate on the basis of cross subsidisation ... Our policy is that no patient should leave our hospital without treatment because of limited finances.'<sup>49</sup>
- 6.1.2 The Bangladesh Eye Hospital in Dhaka, a private facility, also provides a broad range of ophthalmic services, including cornea and refractive surgery and laser treatment for diabetic retinopathy<sup>50</sup>.
- 6.1.3 One of the aims of the Ophthalmological Society of Bangladesh is to promote professional standards<sup>51</sup>.

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## 7. Hepatitis B

- 7.1.1 The Dhaka Tribune reported on 28 July 2017 that an estimated ten million people in Bangladesh were carrying the Hepatitis B virus (HBV). The article noted: 'According to the National Liver Foundation, about 60-70% of the infected individuals are not aware about the existence of HBV in their body ... For every 100 children under four weeks old, hepatologists estimate there are 70-80 cases of physiological jaundice and of these, 10 to 11 [were] born with HBV.'<sup>52</sup>
- 7.1.2 MedCOI noted in October 2017 that the following treatment for hepatitis B was available in Bangladesh:
- Inpatient or outpatient treatment and follow up by an internal specialist (internist)
  - inpatient or outpatient treatment and follow up by a hepatologist
  - laboratory research of liver function (PT, albumin, bilirubin, transaminases: SGOT, SGPT etc.)
  - laboratory research / monitoring of full blood count; e.g. Hb, WBC & platelets
  - laboratory research of HBV DNA testing for hepatitis B
  - laboratory research of HBV antibody in case of hepatitis B
- diagnostic imaging by means of Fibroscan transient elastography; test for liver fibrosis.<sup>53</sup>

See [Annex A](#) for list of available medications.

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<sup>49</sup> Ispahani Islamia Eye Institute and Hospital, 'GOPD', n.d. [url](#)

<sup>50</sup> Bangladesh Eye Hospital, 'Services', n.d., [url](#)

<sup>51</sup> Ophthalmological Society of Bangladesh, 'Our activities', n.d., [url](#)

<sup>52</sup> The Dhaka Tribune, 'Why 10 million Bangladeshis have Hepatitis B', 28 July 2017, [url](#)

<sup>53</sup> MedCOI, 31 October 2017

## 8. HIV/AIDs

- 8.1.1 In 2017 there were estimated to be 13,000 people in Bangladesh living with HIV, compared with 10,000 in 2010 and 6,400 in 2005. Of those with HIV in 2017, 65 per cent were men aged 15+. There were 1,100 AIDS-related deaths in 2017<sup>54</sup>.
- 8.1.2 Since December 2012, antiretroviral therapy has been provided free of charge, through major hospitals, to people living with HIV<sup>55</sup>.
- 8.1.3 The US Department of State noted, ‘Social stigma against HIV and AIDS and against higher-risk populations could be a barrier for accessing health services, especially for the transgender community and men who have sex with men.’<sup>56</sup>
- 8.1.4 UNAIDS recorded that, in 2013, 34.6 per cent of women surveyed reported discriminatory societal attitudes towards people living with HIV. In 2017, 5 per cent of respondents (men and women) living with HIV stated they had been denied health care ‘in the past 12 months’ due to their HIV status. A similar number (5 per cent) said that a health-care professional had told others about their HIV status without their consent<sup>57</sup>.

See [Annex A](#) for list of available medications.

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## 9. Mental health

- 9.1.1 An Australian DFAT report of February 2018 noted, ‘Despite considerable needs, there are few support services available for those suffering from mental health disorders and [there is] no specific mental health authority in Bangladesh.’<sup>58</sup> The US State Department 2018 Report on Human Rights Practices similarly observed, ‘Government facilities for treating persons with mental disabilities were inadequate [for the country as a whole].’<sup>59</sup>
- 9.1.2 MedCOI commented in a response of 4 September 2015:
- ‘Based on the information found in several sources, mental illness in Bangladesh is highly stigmatized and mental healthcare is in its nascent stages. Healthcare provision is limited ... However, steps for change and improvement are taken.
- ‘Mental healthcare is offered by both government and private facilities, the vast majority being concentrated in urban areas, especially in metropolitan cities [...] Most psychiatrists work in tertiary care in urban areas. They also work either in private practice or in a mixture of teaching and private practice in cities.
- ‘Healthcare at primary level is provided by healthcare centres (PHC) where a physician can be found and [at] PHC clinics with no physicians.

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<sup>54</sup> UNAIDS, ‘UNAIDS Data 2018’, n.d., p.136, [url](#)

<sup>55</sup> BDNews24, ‘Free HIV/AIDS drugs from Dec’, 19 November 2012, [url](#)

<sup>56</sup> USSD, 2018 Report on Human Rights Practices, 13 March 2019, [url](#)

<sup>57</sup> UNAIDS, ‘UNAIDS Data 2018’, n.d., p.136, [url](#)

<sup>58</sup> DFAT, ‘Country Information Report: Bangladesh’, 2 February 2018, p.7, [url](#)

<sup>59</sup> USSD, 2018 Report on Human Rights Practices, 13 March 2019, [url](#)

‘According to [a WHO report of 2007], all or almost all physician-based clinics (81-100%) have assessment and treatment protocols for key mental health conditions available, in comparison to only a few clinics (1-20%) in non-physician based primary health care centers.

‘Due to the dearth of mental health professionals and poor logistic support, the existing three tier health care delivery system is not functioning well for mental health conditions. Referrals of patient with mental disorders to mental health specialists by the general practitioners or other health care providers are almost non-existent. [Referrals are] also hampered due to superstitious beliefs related to psychiatric disorders.

‘The Bangladesh Health System Review counts 50 outpatient mental health facilities, 31 community-based psychiatric inpatient units and 11 community residential facilities. Schizophrenia is the most common condition treated in outpatient centers.’<sup>60</sup>

- 9.1.3 The [National Institute of Mental Health & Research](#) (NIMH), in Dhaka, is a 200-bed teaching hospital which, according to MedCOI, offers free or low-cost psychiatric care on an inpatient or outpatient basis<sup>61</sup>. Professional services include adult and child psychiatry, psychotherapy and clinical psychology, drug addiction and rehabilitation<sup>62</sup>.
- 9.1.4 The Department of Psychiatry at Bangabandhu Sheikh Mujib Medical University (BSMMU), a public hospital, provides inpatient or outpatient treatment by a psychiatrist and inpatient or outpatient treatment by a psychologist<sup>63</sup>.
- 9.1.5 MedCOI found in September 2017 that these treatment options were available for PTSD and a depressive disorder:
- Inpatient or outpatient treatment and follow up by a psychiatrist
  - outpatient treatment and follow up by a psychologist
  - treatment of PTSD by means of EMDR
  - treatment by means of psychotherapy: e.g. cognitive behavioural therapy
  - treatment of PTSD by means of narrative exposure therapy.<sup>64</sup>
- 9.1.6 An article in the journal *European Psychiatry* noted in 2015 that:
- ‘[A] wing of child psychiatry has [been] established in Bangabandhu Sheikh Mujib Medical University (BSMMU) and separate department named “Child Adolescent and Family Psychiatry” has [been] formed in National Institute of Mental Health (NIMH), Dhaka. [The] Center for Neurodevelopment and Autism in Children (CNAC) [was] also established in BSMMU with the mission to serve the children with neurodevelopmental disabilities, to increase awareness and to train...professionals.’<sup>65</sup>

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<sup>60</sup> MedCOI, 4 September 2015

<sup>61</sup> MedCOI, 4 September 2015

<sup>62</sup> NIMH, ‘Indoor services, n.d., [url](#)

<sup>63</sup> MedCOI, 20 March 2017

<sup>64</sup> MedCOI, 6 September 2017

<sup>65</sup> *European Psychiatry*, ‘Child Psychiatry Services in Bangladesh...’, March 2015, [url](#)



10.1.6 A broad range of medicines for psychiatric treatment are obtainable. To check the availability of a particular generic drug, its brand names and the pharmaceutical company which supplies it in Bangladesh, refer to BDdrugs.com: [Central nervous system drugs](#)<sup>66</sup>.

10.1.7 According to an Australian DFAT report of February 2018, ‘Considerable social stigma attaches to reporting mental illness.’<sup>67</sup>

See [Annex A](#) for list of available medications.

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## 10. Mosquito-borne diseases, including Kala-azar and malaria

10.1.1 MedCOI noted:

‘Kala-azar, or visceral leishmaniasis, is the second largest parasitic deadly disease in the world. Only malaria is more deadly. The disease usually affects the socially marginalized community... [It] occurs in three main forms, visceral leishmaniasis, cutaneous leishmaniasis and muco-cutaneous leishmaniasis.

‘Within Bangladesh, Kala-azar has been reported from 104 sub-districts [as of 2015].’<sup>68</sup>

10.1.2 An international NGO manages a Kala-azar control project, and has introduced Liposomal Amphotericin B (AmBisome) treatment, which has proved to be effective<sup>69</sup>.

10.1.3 APLMA (Asia Pacific Leaders Malaria Alliance) reported in May 2017 that ‘Bangladesh has made significant progress against malaria: A reduction of more than 50% in malaria cases and 54% in related deaths since 2010. However, about 17 million people [are] still at risk from the disease; Bangladesh has a long way to go until elimination.’<sup>70</sup>

10.1.4 The WHO ‘World Malaria Report 2018: Bangladesh country profile’, available [here](#), shows the areas of Bangladesh at greatest risk and gives detailed information on treatment strategies (as of 2017)<sup>71</sup>.

See [Annex A](#) for list of available medications.

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## 11. Neurology, including epilepsy

11.1.1 The National Institute of Neurosciences & Hospital, in Dhaka, is a government run 350-bed hospital with departments of Neurology, Neurosurgery, Paediatric Neurology, Paediatric Neurosurgery, Neurophysiology, Neurointervention, Neurorehabilitation, Neuroradiology, Neuropathology, Transfusion Medicine and Critical Care Medicine, as well as laboratory services. According to its website, ‘Patients get all these

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<sup>66</sup> BDdrugs.com, ‘Central nervous system drugs’, regularly updated, [url](#).

<sup>67</sup> DFAT, ‘Country Information Report: Bangladesh’, 2 February 2018, p.7, [url](#)

<sup>68</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Kala-Azar’

<sup>69</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Kala-Azar’

<sup>70</sup> APLMA, ‘Bangladesh: New plan for malaria elimination (2017–2021)’, 5 May 2017, [url](#)

<sup>71</sup> WHO, ‘World Malaria Report 2018: Bangladesh country profile’, 2018, [url](#)

services almost free of cost or with minimum charges as per government schedule.<sup>72</sup> Outpatient or inpatient (including intensive care) treatment is obtainable<sup>73</sup>.

11.1.2 MedCOI have confirmed that inpatient or outpatient specialist treatment by a neurologist is also available at certain other hospitals, for example the United Hospital in Dhaka<sup>74</sup>.

11.1.3 MedCOI advised in March 2015 that the following drugs were available in Bangladesh: Valproic acid or valproate, levetiracetam, baclofen, diazepam, clobazam and clonazepam<sup>75</sup>.

See [Annex A](#) for list of available medications.

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## 12. Obstetrics and reproductive health

12.1.1 According to a study published in January 2019 in the Journal of Clinical Medicine:

‘Despite substantial improvements in several maternal health indicators, childbearing and birthing remain a dangerous experience for many women in Bangladesh.

‘Maternal mortality in Bangladesh impacts inequities in access to primary health services with a huge gap between women in advantaged and disadvantaged socioeconomic communities.

‘Despite an increase in demand for maternal healthcare, limited supply and difficulties in access during pregnancy and delivery still leave a large number of women at high risk for preventable death.’<sup>76</sup>

12.1.2 During the period 2007-2017, approximately 50 per cent of all births were attended by skilled health personnel. The maternal mortality ratio in 2015 was 176 per 100,000 live births<sup>77</sup>, compared with a global average of 216<sup>78</sup>. In 2018 the estimated infant mortality rate was 30.5 deaths per 1,000 live births<sup>79</sup>.

12.1.3 MedCOI noted in the report of their 2015 fact finding mission:

‘Teams of an international organisation work on a sexual and reproductive health program for adolescent girls between 10 and 19 years old.

Approximately 60% of these girls are married before 18 and they are often pregnant at a young age... They are physically not mature and once they are married, they do not attend school anymore [...] [Childbirth usually takes place] at home under pressure of the family.

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<sup>72</sup> National Institute of Neurosciences & Hospital, Home page, n.d., [url](#)

<sup>73</sup> National Institute of Neurosciences & Hospital, ‘Services’, n.d., [url](#)

<sup>74</sup> MedCOI, 12 October 2017

<sup>75</sup> MedCOI, 6 March 2015

<sup>76</sup> Journal of Clinical Medicine, ‘Women’s Preferences...’, (pp. 1,2), 23 January 2019, [url](#)

<sup>77</sup> WHO, ‘World Health Statistics 2018’, Annex B, part 1, [url](#)

<sup>78</sup> WHO, ‘World Health Statistics 2018’, Annex B, part 1, p.66 (last row) [url](#)

<sup>79</sup> CIA World Factbook, (People and society), updated 27 February 2019, [url](#)

'The organisation provides assistance during home delivery and a follow-up for the baby, and also provides counselling and after-birth support to the mother. The family is consulted to obtain their agreement.'<sup>80</sup>

- 12.1.4 The Daily Star (Dhaka) observed in an article of 8 March 2019 'Gender norms affect health-seeking behaviors and the use of healthcare services. Women and men often have different attitudes towards medical care (including preventative care), and women may not be able to access healthcare if the services are not seen as culturally appropriate. Furthermore, women may not have the resources to pay for healthcare services and, in some cases, require the permission of a male relative.'<sup>81</sup>

See [Annex A](#) for list of available medications.

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### 13. Paediatrics

- 13.1.1 Dhaka Shishu Hospital, a public children's hospital, was established in Dhaka in 1972. It has departments of community paediatrics, neonatology, gastroenterology and nutrition, nephrology, cardiology and rheumatology, haematology and oncology, respiratory medicine, endocrinology, developmental paediatrics, and neurology. An intensive care unit for children was established in the hospital in 1992. As of 1999, the hospital had 212 'non-paying beds' and 88 'paying beds as of 1999'<sup>82</sup>. Dhaka Shishu Hospital is under the administration of the Bangladesh government, which provides 50% of total annual funding; the balance of income is from patient fees, donations and grants<sup>83</sup>.
- 13.1.2 Paediatric specialisation is available in major hospitals. For example, in responses to various queries between April 2017 and March 2019, MedCOI advised that treatment was available from specialists including a paediatrician, paediatric oncologist<sup>84</sup>, paediatric orthopaedic surgeon and paediatric physical therapist<sup>85</sup>.
- 13.1.3 The US Department of State noted that, in 2018, the Ministry of Health established child development centers in all public medical colleges to assess paediatric neurological disabilities<sup>86</sup>.

See [Annex A](#) for list of available medications.

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### 14. Palliative care

- 14.1.1 The Worldwide Hospice Palliative Care Alliance (WHPCA) stated on its website in September 2015:

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<sup>80</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, 'Sexual/reproductive health'

<sup>81</sup> The Daily Star, 'Healthcare In Bangladesh: Women to lead the way', 8 March 2019, [url](#)

<sup>82</sup> Banglapedia, 'Dhaka Shishu Hospital', modified 5 May 2014, [url](#)

<sup>83</sup> Dhaka Shishu Hospital: Dept. of Microbiology, Overview, n.d., [url](#)

<sup>84</sup> MedCOI, 25 January 2019

<sup>85</sup> MedCOI, 13 October 2017

<sup>86</sup> USSD, 2018 Report on Human Rights Practices, 13 March 2019, [url](#)

‘A global mapping of palliative care in 2011 found that Bangladesh has seven hospice and palliative care services.

‘Every year at least 250,000 people in Bangladesh require palliative care at the end of life, but Stephen Connor, researcher and editor of the Global Atlas on End of Life Care (2014) has estimated that only 1070 patients accessed the pain and palliative care treatment they needed in 2012.’<sup>87</sup>

- 14.1.2 There is an established Centre for Palliative Care at the Bangabandhu Sheikh Mujib Medical University (BSMMU), a major public hospital in Dhaka. The Centre provides inpatient and outpatient treatment, as well as home care<sup>88</sup>. It was reported in 2015 that BSMMU, in collaboration with WHPCA, was setting up a pilot project to extend outreach palliative care services into the slum areas of Dhaka<sup>89</sup>.
- 14.1.3 The Daily Star (Dhaka) reported on 11 January 2019 that the National Institute of Cancer Research and Hospital (NICRH), the country's largest cancer hospital, appeared not to have an operational palliative care facility<sup>90</sup>.
- 14.1.4 Independent palliative care services in Bangladesh include Hospice Bangladesh<sup>91</sup> and the ASHIC Foundation (for children)<sup>92</sup>. The Cancer Care Centre at the private Apollo Hospital provides palliative care to its adult and child patients<sup>93</sup>.

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## 15. Renal (kidney) failure and dialysis

- 15.1.1 MedCOI confirmed in December 2017 that kidney transplantation, including all pre- and aftercare and outpatient follow-up treatment by a nephrologist, is available in Bangladesh<sup>94</sup>.
- 15.1.2 The law is restrictive on who can be an organ donor<sup>95</sup>.
- 15.1.3 The Nephrology department at BSMMU (Bangabandhu Sheikh Mujib Medical University) hospital, a public facility in Dhaka, has 24 dialysis machines and is open 24 hours a day. In 2015, a session cost the equivalent of US \$20 to \$30 (about £16 to £24). Sixty per cent of patients received dialysis twice a week; 40% of the patients, 3 times a week. The waiting time for kidney transplantation was 1 to 3 months. Diagnostic tests and medication had to be paid for. Cadaveric transplantations were performed<sup>96</sup>. BIRDEM public hospital had 22 dialysis machines in 2015 and also

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<sup>87</sup> WHPCA, ‘New project reaching...’, 2 September 2015, [url](#)

<sup>88</sup> Centre for Palliative Care ,BSMMU, 2018, [url](#)

<sup>89</sup> WHPCA, ‘New project reaching...’, 2 September 2015, [url](#)

<sup>90</sup> The Daily Star, ‘A Fatal Diagnosis: Cancer treatment in Bangladesh’, 11 January 2019, [url](#)

<sup>91</sup> Hospice Bangladesh, n.d., [url](#)

<sup>92</sup> ASHIC Foundation, n.d., [url](#)

<sup>93</sup> Apollo Hospital, ‘Apollo Cancer Care Centre’, n.d., [url](#)

<sup>94</sup> MedCOI, 6 December 2017

<sup>95</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, ‘Renal failure’

<sup>96</sup> MedCOI, 2015 Fact Finding Mission Report, 2016, ‘Renal failure’

performed transplants. Similar services are available at major private hospitals<sup>97</sup>.

- 15.1.4 The National Institute of Kidney Diseases & Urology reportedly provides dialysis at BDT 400 (approx. £3.57) per session if the patient is deemed unable to afford the standard fee of BDT 2,190<sup>98</sup>.

See [Annex A](#) for list of available medications.

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## 16. Tuberculosis

- 16.1.1 Bangladesh has a relatively high incidence of tuberculosis – 221 cases per 100,000 population in 2016<sup>99</sup>.
- 16.1.2 MedCOI have confirmed that a range of drugs prescribed in the treatment of TB, such as ethambutol, linezolid and moxifloxacin hydrochloride, is available. MedCOI also advised that the following, necessary for treating multi-drug resistant tuberculosis (MDR TB), are available at the National Institute of Chest Diseases & Hospital (NIDCH) in Dhaka, known locally as the ‘TB Hospital’: capreomycine, terizidone and clofazimine. Treatment, including medication, is provided to inpatients at NIDCH free of charge. This hospital has a specialized unit for MDR TB patients, who are required to stay in the hospital for between 9 months and 2 years<sup>100</sup>.
- 16.1.3 Outpatient treatment and follow up by a tuberculosis specialist and/or a pulmonologist is available for non-MDR TB patients. This is free of charge at public hospitals, except for an appointment charge of BDT 100. Laboratory tests for liver function (PT, albumin, bilirubin, transaminases: SGOT, SGPT etc.) and resistance for tuberculosis drugs are available<sup>101</sup>.
- 16.1.4 With support from USAID, the Ministry of Health has introduced technology into hospitals to detect multi-drug resistant tuberculosis<sup>102</sup>.

See [Annex A](#) for list of available medications.

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<sup>97</sup> MedCOI, 2015 Fact Finding Mission Report, published 2016, ‘Renal failure’

<sup>98</sup> Specialist Doctor List, ‘Kidney Dialysis Centers in Dhaka’, 2019. [url](#)

<sup>99</sup> WHO, ‘World Health Statistics 2018’, Annex B, part 1, [url](#)

<sup>100</sup> MedCOI, 25 April 2018

<sup>101</sup> MedCOI, 25 april 2018

<sup>102</sup> USAID ‘Bangladesh: Health and Nutrition’, updated 6 March 2019, [url](#)

## Annex A: List of medicines confirmed to be available, April 2017- March 2019, following enquiries to MedCOI

A	Acetylsalicylic acid (aspirin) <sup>103</sup> , Alprazolam <sup>104</sup> , Amitryptiline <sup>105</sup> , Amlodipine <sup>106</sup> , Amoxicillin <sup>107</sup> , Atenolol <sup>108</sup> , Atorvastatin <sup>109</sup>
B	Bisoprolol <sup>110</sup> , Bromazepan <sup>111</sup> , Budesonide <sup>112</sup> .
C	Calcium carbonate <sup>113</sup> , Candesartan <sup>114</sup> , Capreomycine <sup>115</sup> Cetirizine <sup>116</sup> , Citalopram <sup>117</sup> , Clofazimine <sup>118</sup> , Clonidine <sup>119</sup> , Colchicine <sup>120</sup> , Colecalciferol <sup>121</sup> ,
D	Desloratadine <sup>122</sup> , Dexamethasone <sup>123</sup> , Diazepam <sup>124</sup> , Domperidone <sup>125</sup> , Duloxetine <sup>126</sup> , Dutasteride <sup>127</sup> .
E	Enalapril <sup>128</sup> , Enoxaparine sodium <sup>129</sup> , Entecavir <sup>130</sup> , Escitalopram <sup>131</sup> , Esomeprazole <sup>132</sup> , Ethambutol <sup>133</sup> .
F	Felodipine <sup>134</sup> .

<sup>103</sup> MedCOI, 20 December 2018

<sup>104</sup> MedCOI, 17 September 2018

<sup>105</sup> MedCOI, 24 April 2017

<sup>106</sup> MedCOI, 12 October 2017

<sup>107</sup> MedCOI, 31 October 2017

<sup>108</sup> MedCOI, 6 December 2017

<sup>109</sup> MedCOI, 6 December 2017

<sup>110</sup> MedCOI, 30 October 2017

<sup>111</sup> MedCOI, 17 September 2018

<sup>112</sup> MedCOI, 6 September 2017

<sup>113</sup> MedCOI, 6 September 2017

<sup>114</sup> MedCOI, 11 April 2017

<sup>115</sup> MedCOI, 25 April 2018

<sup>116</sup> MedCOI, 24 January 2019

<sup>117</sup> MedCOI, 24 April 2017

<sup>118</sup> MedCOI, 25 April 2018

<sup>119</sup> MedCOI, 24 January 2019

<sup>120</sup> MedCOI, 22 May 2018

<sup>121</sup> MedCOI, 6 September 2017

<sup>122</sup> MedCOI, 6 September 2017

<sup>123</sup> MedCOI, 24 January 2019

<sup>124</sup> MedCOI, 17 September 2018

<sup>125</sup> MedCOI, 24 January 2019

<sup>126</sup> MedCOI, 24 April 2017

<sup>127</sup> MedCOI, 6 December 2017

<sup>128</sup> MedCOI, 6-12-2017

<sup>129</sup> MedCOI, 31 October 2017

<sup>130</sup> MedCOI, 31 October 2017

<sup>131</sup> MedCOI, 24 April 2017

<sup>132</sup> MedCOI, 31 October 2017

<sup>133</sup> MedCOI, 25 April 2018

<sup>134</sup> MedCOI, 12 October 2017

G	Gliclazide <sup>135</sup> , Glibenclamide <sup>136</sup> .
H	Heparin <sup>137</sup> , Hydrocortisone <sup>138</sup>
I	Ibuprofen <sup>139</sup> , Imatinib mesilate <sup>140</sup> , Indometacin <sup>141</sup> , Insulin <sup>142</sup> , Insulin aspart <sup>143</sup> , Insulin detemir <sup>144</sup> , Insulin glargine <sup>145</sup> , Insulin glulisine <sup>146</sup> , Irbesartan <sup>147</sup> , Iron <sup>148</sup> , Ivabradine <sup>149</sup> .
L	Lactulose <sup>150</sup> , Lansoprazole <sup>151</sup> , Lidocaine <sup>152</sup> , Linezolid <sup>153</sup> , , Liposomal Amphotericin B <sup>154</sup> , Lorazepam <sup>155</sup> , Lormetazepam <sup>156</sup> , Losartan <sup>157</sup> .
M	Macrogol <sup>158</sup> , Mebeverine <sup>159</sup> , Mesalazine <sup>160</sup> , Metamizole <sup>161</sup> , Metformin <sup>162</sup> , Methotrexate <sup>163</sup> , Metoprolol <sup>164</sup> , Mirtazapine <sup>165</sup> , Morphine <sup>166</sup> , Moxonidine <sup>167</sup> , Moxifloxacin hydrochloride <sup>168</sup> , Mycophenolate mofetil <sup>169</sup> .
N	Naproxen <sup>170</sup> , Nifedipine <sup>171</sup> , Nortriptyline <sup>172</sup>

<sup>135</sup> MedCOI, 10 April 2017

<sup>136</sup> MedCOI, 10 April 2017

<sup>137</sup> MedCOI, 31 October 2017

<sup>138</sup> MedCOI, 24 January 2019

<sup>139</sup> MedCOI, 24 January 2019

<sup>140</sup> MedCOI, 25 September 2017

<sup>141</sup> MedCOI, 20 December 2018

<sup>142</sup> MedCOI, 6 December 2017

<sup>143</sup> MedCOI, 6 December 2017

<sup>144</sup> MedCOI, 6 December 2017

<sup>145</sup> MedCOI, 6 December 2017

<sup>146</sup> MedCOI, 6 December 2017

<sup>147</sup> MedCOI, 11 April 2017

<sup>148</sup> MedCOI, 13 October 2017

<sup>149</sup> MedCOI, 12 October 2017

<sup>150</sup> MedCOI, 24 January 2019

<sup>151</sup> MedCOI, 13 October 2017

<sup>152</sup> MedCOI, 24 January 2019

<sup>153</sup> MedCOI, 25 April 2018

<sup>154</sup> MedCOI, 2015 FFM Report, 2016,

<sup>155</sup> MedCOI, 17 September 2018

<sup>156</sup> MedCOI, 11 December 2017

<sup>157</sup> MedCOI, 11 April 2017

<sup>158</sup> MedCOI, 24 January 2019

<sup>159</sup> MedCOI, 6 September 2017

<sup>160</sup> MedCOI, 6 September 2017

<sup>161</sup> MedCOI, 31 October 2017

<sup>162</sup> MedCOI, 6 December 2017

<sup>163</sup> MedCOI, 24 January 2019

<sup>164</sup> MedCOI, 6 December 2017

<sup>165</sup> MedCOI, 24 April 2017

<sup>166</sup> MedCOI, 17 September 2018

<sup>167</sup> MedCOI, 24 January 2019

<sup>168</sup> MedCOI, 25 April 2018

<sup>169</sup> MedCOI, 6 December 2017

<sup>170</sup> MedCOI, 24 January 2019

<sup>171</sup> MedCOI, 12 October 2017

<sup>172</sup> MedCOI, 24 April 2017

O	Olanzapine <sup>173</sup> , Omeprazole <sup>174</sup> , Ondansetron <sup>175</sup> .
P	Paliperidone palmitate depot injections <sup>176</sup> , Pantoprazole <sup>177</sup> , Paracetamol <sup>178</sup> , Perindopril <sup>179</sup> , Piperacilline+tazobactam <sup>180</sup> , Prednisolone <sup>181</sup> , rilocaine <sup>182</sup> , Promethazine <sup>183</sup> , Propranolol <sup>184</sup> , Psylliumseeds <sup>185</sup> .
Q	Quetiapine <sup>186</sup>
R	Risperidone <sup>187</sup>
S	Sertraline <sup>188</sup> , Simvastatin <sup>189</sup> , Sitagliptin <sup>190</sup> , Sodium Feredelate <sup>191</sup> ,
T	Tacrolimus <sup>192</sup> , Tamoxifen <sup>193</sup> , Tamsulosin <sup>194</sup> , Temazepam <sup>195</sup> , Tenofovir disoproxil (Viread) <sup>196</sup> , Terizidone <sup>197</sup> , Tolbutamide <sup>198</sup> , Tramadol <sup>199</sup> ,
V	Valsartan <sup>200</sup> , Vitamin D <sup>201</sup>
W	Warfarin <sup>202</sup>

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<sup>173</sup> MedCOI, 11 April 2017

<sup>174</sup> MedCOI, 13 October 2017

<sup>175</sup> MedCOI, 24 January 2019

<sup>176</sup> MedCOI, 17 May 2017

<sup>177</sup> MedCOI, 11 April 2017

<sup>178</sup> MedCOI, 24 January 2019

<sup>179</sup> MedCOI, 12 October 2017

<sup>180</sup> MedCOI, 31 October 2017

<sup>181</sup> MedCOI, 6 December 2017

<sup>182</sup> MedCOI, 24 January 2019

<sup>183</sup> MedCOI, 24 January 2019

<sup>184</sup> MedCOI, 11 December 2017

<sup>185</sup> MedCOI, 24 January 2019

<sup>186</sup> MedCOI, 6 September 2017

<sup>187</sup> MedCOI, 11 April 2018

<sup>188</sup> MedCOI, 6 September 2017

<sup>189</sup> MedCOI, 6 December 2017

<sup>190</sup> MedCOI, 10 April 2017

<sup>191</sup> MedCOI, 13 October 2017

<sup>192</sup> MedCOI, 6 December 2017

<sup>193</sup> MedCOI, 11 December 2017

<sup>194</sup> MedCOI, 6 December 2017

<sup>195</sup> MedCOI, 11 December 2017

<sup>196</sup> MedCOI, 31 October 2017

<sup>197</sup> MedCOI, 25 April 2018

<sup>198</sup> MedCOI, 10 April 2017

<sup>199</sup> MedCOI, 11 December 2017

<sup>200</sup> MedCOI, 11 April 2017

<sup>201</sup> MedCOI, 6 December 2017

<sup>202</sup> MedCOI, 6 September 2017



# Terms of reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

## COI

- Overview of Health Care System
  - Public sector
  - Private sector
  - Pharmaceuticals
  - Medical conditions: HIV/AIDs
  - Medical conditions: Cancer (oncology)
  - Medical conditions: Mental health
  - Medical conditions: Cardiac
  - Medical conditions: Renal failure/kidney dialysis
  - Medical conditions: Diabetes
  - Medical conditions: Paediatrics
  - Medical conditions: Obstetrics, gynaecology
  - Medical conditions: Hepatitis
  - Medical conditions: Malaria
  - Medical conditions: Tuberculosis
  - Medical conditions: Ophthalmology
  - Medical conditions: Other
  - Palliative care
- Alphabetical list of available medication (MedCOI)

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# Bibliography

## Sources cited

- APLMA (Asia Pacific Leaders Malaria Alliance), 'Bangladesh: New plan for malaria elimination (2017–2021)', 5 May 2017, <https://www.aplma.org/blog/42/bangladesh-new-plan-for-malaria-elimination-2017-2021.html>. Last accessed: 19 March 2019
- Apollo Hospitals, Dhaka, <http://www.apollodhaka.com/our-profile/>. Last accessed: 17 March 2019
- ASHIC Foundation, n.d., <http://ashic.org/en/>. Last accessed: 17 March 2019
- Australian Department of Foreign Affairs and Trade (DFAT), 'DFAT Country Information Report: Bangladesh', 2 February 2018, <https://dfat.gov.au/about-us/publications/Documents/country-information-report-bangladesh.pdf>. Last accessed: 8 March 2019
- Bangladesh Eye Hospital, 'Services', n.d., <https://bdeyehospital.com/#/service/58edc4834311877797c136c9>. Last accessed: 12 March 2019
- Banglapedia: National Encyclopedia of Bangladesh, 'Dhaka Shishu Hospital', modified 5 May 2014  
[http://en.banglapedia.org/index.php?title=Dhaka\\_Shishu\\_Hospital](http://en.banglapedia.org/index.php?title=Dhaka_Shishu_Hospital). Last accessed: 12 March 2019
- BDdrugs.com, 'Central nervous system drugs', regularly updated, <http://www.bd drugs.com/product2.php?idn=4>. Last accessed: 15 March 2019
- BDNews24, 'Free HIV/AIDS drugs from Dec', 19 November 2012, <https://bdnews24.com/health/2012/11/19/free-hivaids-drugs-from-dec>. Last accessed: 21 March 2019
- BRAC (Bangladesh Rural Advancement Committee), 'BRAC's Challenging the Frontiers of Poverty Reduction - Targeting the Ultra Poor Program: Mid-term Review', 31 July 2015, <https://dfat.gov.au/about-us/publications/Pages/brac-targeting-ultra-poor-program-mid-term-review.aspx>. Last accessed: 10 March 2019
- Business-Sweden, 'Bangladesh Healthcare Sector Study', 2 December 2015, [https://www.business-sweden.se/contentassets/885d15e5a480462d8d21101927d57956/151127-bangladesh-healthcare-study-pa13\\_online.pdf](https://www.business-sweden.se/contentassets/885d15e5a480462d8d21101927d57956/151127-bangladesh-healthcare-study-pa13_online.pdf). Last accessed: 15 March 2019
- Central Intelligence Agency (United States), CIA World Factbook - Bangladesh, updated 27 February 2019, <https://www.cia.gov/library/publications/the-world-factbook/geos/bg.html>. Last accessed: 13 March 2019
- Centre for Research and Information (CRI), Dhaka, 'Bangladesh, towards better healthcare', September 2018, [http://cri.org.bd/publication/pub\\_sep\\_2018/better-health/Bangladesh\\_Towards\\_Better\\_Healthcare\\_Sep\\_2018.pdf](http://cri.org.bd/publication/pub_sep_2018/better-health/Bangladesh_Towards_Better_Healthcare_Sep_2018.pdf). Last accessed: 13 March 2019
- The Daily Star,  
Md Shahnawaz Khan Chandan: 'A Fatal Diagnosis: Cancer treatment in Bangladesh', 11 January 2019, <https://www.thedailystar.net/star-weekend/>

[spotlight/news/losing-the-war-cancer-1685734](#). Last accessed: 12 March 2019

'Healthcare In Bangladesh: Women to lead the way', 8 March 2019, <https://www.thedailystar.net/opinion/news/healthcare-bangladesh-women-lead-the-way-1711867>. Last accessed: 11 March 2019

Dhaka Shishu Hospital: Department of Microbiology, Overview, n.d., <http://www.shishu-microbiology.org/dsh.html>. Last accessed: 11 March 2019

Dhaka Tribune, 'Why 10 million Bangladeshis have Hepatitis B', 28 July 2017, updated online on 30 July 2017, <https://www.dhakatribune.com/health/2017/07/28/10-million-bangladeshis-hepatitis-b>. Last accessed: 20 March 2019

European Psychiatry, H.U. Ahmed et al: 'Child Psychiatry Services in Bangladesh: Issues and Concerns', Volume 30, March 2015, <https://www.sciencedirect.com/science/article/pii/S0924933815305514>. Last accessed: 21 March 2019

Ispahani Islamia Eye Institute and Hospital, 'Our services', n.d., <http://www.islamia.org.bd/cataract-services/>. Last accessed: 18 March 2019

Journal of Clinical Medicine, R.A. Mahumud et al: 'Women's Preferences for Maternal Healthcare Services in Bangladesh: Evidence from a Discrete Choice Experiment', 23 January 2019, <https://www.mdpi.com/2077-0383/8/2/132/pdf>. Last accessed: 22 March 2019

Landinfo (Norwegian Country of Origin Information Centre), 'Bangladesh: Health sector and public health services', 20 June 2014, <https://www.medcoi.eu/Source/DownloadAttachment/8142?RepositoryId=18036>. Last accessed: 15 March 2019

MedCOI, see 'Preface: [Project MedCOI](#)'. Last accessed: 6 March 2019

NHS (UK), 'Fitfortravel: Bangladesh malaria map', n.d., <https://www.fitfortravel.nhs.uk/destinations/asia-east/bangladesh/bangladesh-malaria-map>. Last accessed: 20 March 2019

National Heart Foundation Hospital and Research Institute, 'Diagnostic Services & Facilities', n.d., [http://www.nhf.org.bd/our\\_service.php?id=1](http://www.nhf.org.bd/our_service.php?id=1). Last accessed: 19 March 2019

National Institute of Mental Health & Research (NIMH), 'Indoor services', n.d., <https://nimhbd.com/web/index.php/read/indoor-services-of-nimh>. Last accessed: 15 March 2019

National Institute of Neurosciences & Hospital, Home page, n.d., <http://www.nins.gov.bd/nins/>. Last accessed: 18 March 2019

Novo Nordisk (pharmaceutical company), 'The Blueprint for Change Programme: Changing diabetes in Bangladesh through sustainable partnerships', June 2012, <https://www.novonordisk.com/content/dam/Denmark/HQ/sustainablebusiness/performance-on-tbl/more-about-how-we-work/Creating%20shared%20value/PDF/blueprint-changing-diabetes-in-bangladesh-through-sustainable-partnerships.pdf>. Last accessed: 14 March 2019

Ophthalmological Society of Bangladesh, 'Our activities', n.d., <http://osb.com.bd/our-activities/>. Last accessed: 13 March 2019

Specialist Doctor List, 'Kidney Dialysis Centers in Dhaka' (advertisement), 2019. <https://findoutadoctor.blogspot.com/2018/03/kidney-dialysis-centers-in-dhaka.html>. Last accessed: 15 March 2019

Transparency International Bangladesh, 'Corruption in Service Sectors: National Household Survey 2017', published 30 August 2018, <https://www.ti-bangladesh.org/beta3/index.php/en/activities/5671-corruption-in-service-sectors-national-household-survey-2017-66-5-households-face-corruption-estimated-amount-of-bribe-paid-bdt-1-06-889-million>. Last accessed: 12 March 2019

UNAIDS (Joint United Nations Programme on HIV/AIDS), 'UNAIDS Data 2018 (Asia and Pacific)', n.d., [http://www.unaids.org/sites/default/files/media\\_asset/unaid-data-2018\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/unaid-data-2018_en.pdf). Last accessed: 13 March 2019

United Hospital, Dhaka, 'Departments', n.d., <http://www.uhlbd.com/#collapse-56>. Last accessed: 14 March 2019

USAID, 'Reports and data – Bangladesh: Health and Nutrition', updated 6 March 2019, <https://www.usaid.gov/bangladesh/global-health>. Last accessed: 11 March 2019

United States: Department of State (USSD), '2018 Country Reports on Human Rights Practices', 13 March 2019, <https://www.state.gov/j/drl/rls/hrrpt/2018/sca/289242.htm>. Last accessed: 14 March 2019

#### The World Bank Group

Bangladesh: 'Health Sector Development Program (P118708) - Implementation Completion and Results Report', 5 December 2017, <http://documents.worldbank.org/curated/en/201211514407103482/pdf/ICR4281-replacement.pdf>. Last accessed: 6 March 2019

Govindaraj, Raju, Secci, Chowdhury and Frere: 'Health and Nutrition in Urban Bangladesh', 6 March 2018, <https://www.worldbank.org/en/country/bangladesh/publication/health-nutrition-urban-bangladesh> Last accessed: 8 March 2019

Full report: <https://openknowledge.worldbank.org/bitstream/handle/10986/29091/9781464811999.pdf?sequence=2&isAllowed=y>. Last accessed: 8 March 2019

#### World Health Organisation (WHO):

Bangladesh country website (home), <http://www.searo.who.int/bangladesh/en/> Last accessed: 7 March 2019

Global Health Observatory (GHO), 'World Health statistics 2018', [https://www.who.int/gho/publications/world\\_health\\_statistics/2018/EN\\_WHS2018\\_TOC.pdf?ua=1](https://www.who.int/gho/publications/world_health_statistics/2018/EN_WHS2018_TOC.pdf?ua=1). Last accessed: 4 March 2019

Annex B: 'Tables of health-related SDG statistics by country...', [https://www.who.int/gho/publications/world\\_health\\_statistics/2018/EN\\_WHS2018\\_AnnexB.pdf?ua=1](https://www.who.int/gho/publications/world_health_statistics/2018/EN_WHS2018_AnnexB.pdf?ua=1). Last accessed: 4 March 2019

'World Malaria Report 2018: Bangladesh, (Information as of 2017)', [https://www.who.int/malaria/publications/country-profiles/profile\\_bgd\\_en.pdf](https://www.who.int/malaria/publications/country-profiles/profile_bgd_en.pdf). Last accessed: 11 March 2019

Worldwide Hospice Palliative Care Alliance (WHPCA), 'New project reaching older people in urban slums begins in Bangladesh', 2 September 2015, <https://www.thewhpc.org/latest-news/item/new-project-reaching-older-people-in-urban-slums-begins-in-bangladesh>. Last accessed: 18 March 2019

### **Sources consulted but not cited**

Bertelsmann Stiftung/Foundation: Transformation Index, 'BTI 2018: Bangladesh Country Report', <https://www.bti-project.org/en/reports/country-reports/detail/itc/BGD/>. Last accessed: 13 March 2019

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# Version control

## Clearance

Below is information on when this note was cleared:

- version **1.0**
- valid from **3 May 2019**

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