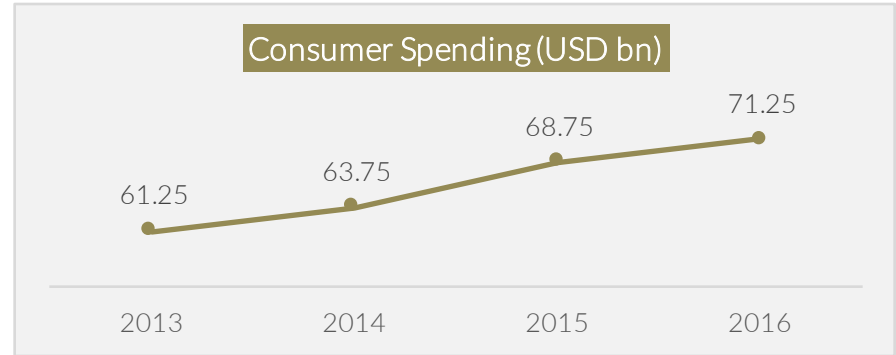
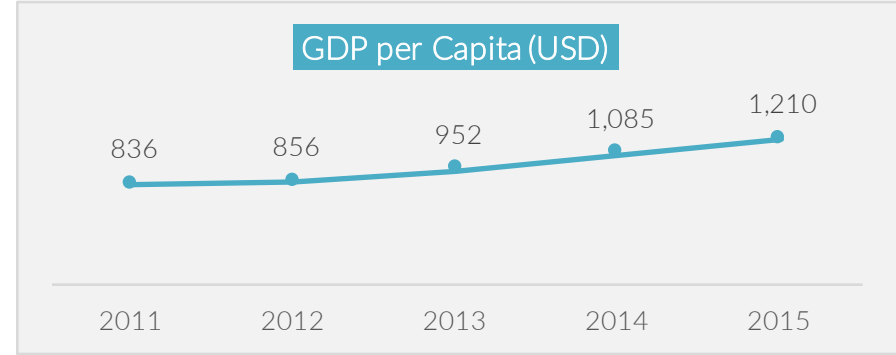
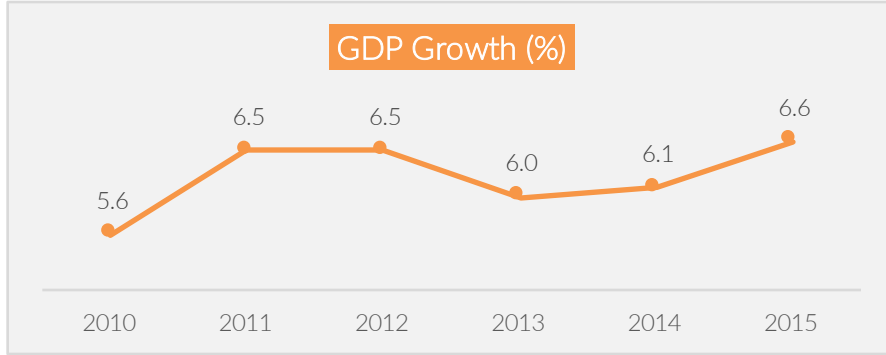




Dignifying Life with Palliative Care

Bangladesh economy growing fast with GDP growth record 7.24pc, per capita income \$1,602. Growth 6.4pc to 6.8pc in 2017-18, predicts WB report



- All these indicators show that Bangladesh economy has been in an upward trend in the last 5 years and this trend is expected to continue over next few years as more investments are being made by both domestic and foreign investors in thrust sectors. <http://www.thedailystar.net/business/bangladesh-gross-domestic-product-gdp-growth-record-724pc-capital-income-usd1602-1405051> Source: The World Bank, 2017

Despite the rapid economic growth, people feel they are deprived of minimum healthcare facilities. Bangladesh health care services are termed as inadequate



64,434 Doctors



6,034 Dentists



30,516 Nurses



27,000 Midwives

In Bangladesh, health workforce ratio of *Doctors to Nurses to Technologists* is **1:0.4:0.2** while the WHO recommended ratio is **1:3:5**

The National Health Policy 2011 identified Bangladesh as one of the 57 countries in the world suffering from a severe shortage in HWF (Health Work force). Qualified health personnel, like physicians, dentists, nurses and technologists, are insufficient in number, particularly in hard to reach rural areas. According to a WHO estimate, Bangladesh has a shortage of more than 60,000 doctors, 280,000 nurses and 483,000 technologists. Bangladesh also does not fare well compared to neighboring countries in terms of distribution of HWF across populations (Table 10.2). http://www.plancomm.gov.bd/wp-content/uploads/2015/11/7FYP_after-NEC_11-11-2015.pdf

Source: Bangladesh Medical Association (2016-17), Bangladesh Health System Review (2015)

Healthcare Sector is Neglected in Bangladesh



Total Healthcare Expenditure is merely 3.7% of a GDP of USD 221 bn. Allocation for healthcare sector in total ADP is only 6.2% for FY 2017-18



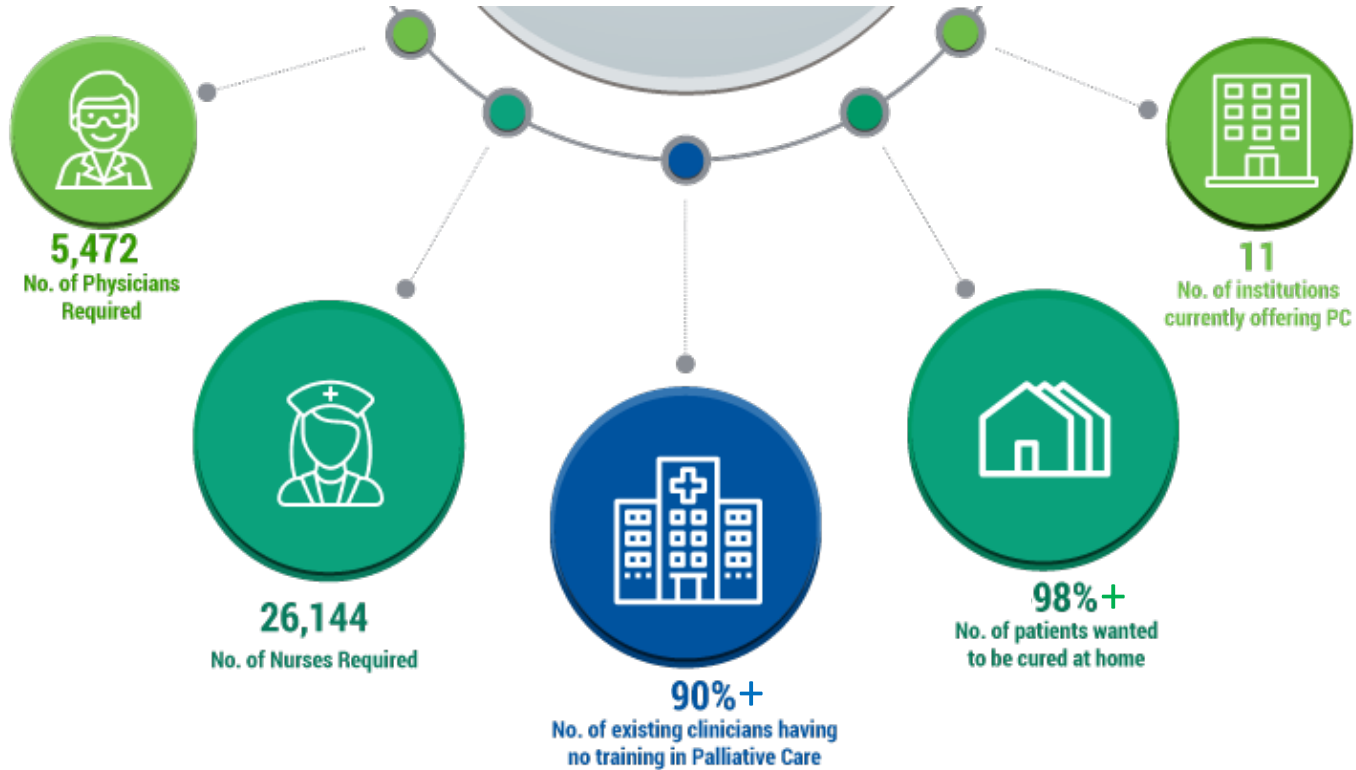
Only 32 USD per Capita Healthcare Expenditure compared to India 75, China 420, USA 9,403 and UK 3,935 USD



Economic Intelligence Unit of The Economist has ranked 80 countries on the quality of healthcare facilities available. In that index, Bangladesh has ranked

- 79th on the Quality of Death Index
- 80th on the Quality of Care Index
- 80th on the Quality of Health Workforce Index

Palliative Care in Bangladesh at A Glance



Lack of Infrastructure, Shortage of Health Workforce dominating Palliative Care Supply Side Dynamics



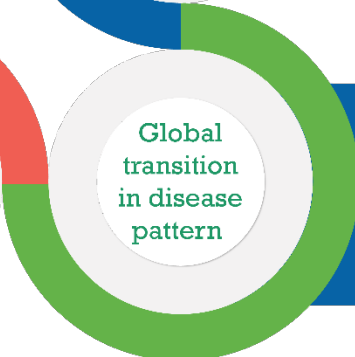
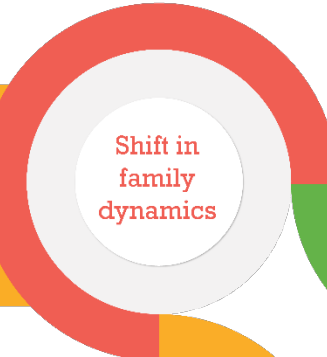
Demand of Palliative Care is Ever-rising

According to WHO estimates, at least 600,000 people would require palliative care at a given point of time in Bangladesh.



By 2030, 20% of the total population will be over 60+ years of age

Young generation (25-54 yrs, 40% of total population) are going for nuclear families and they are now opting for palliative care services for older family members resulting in increased demand as they are busy with their jobs.



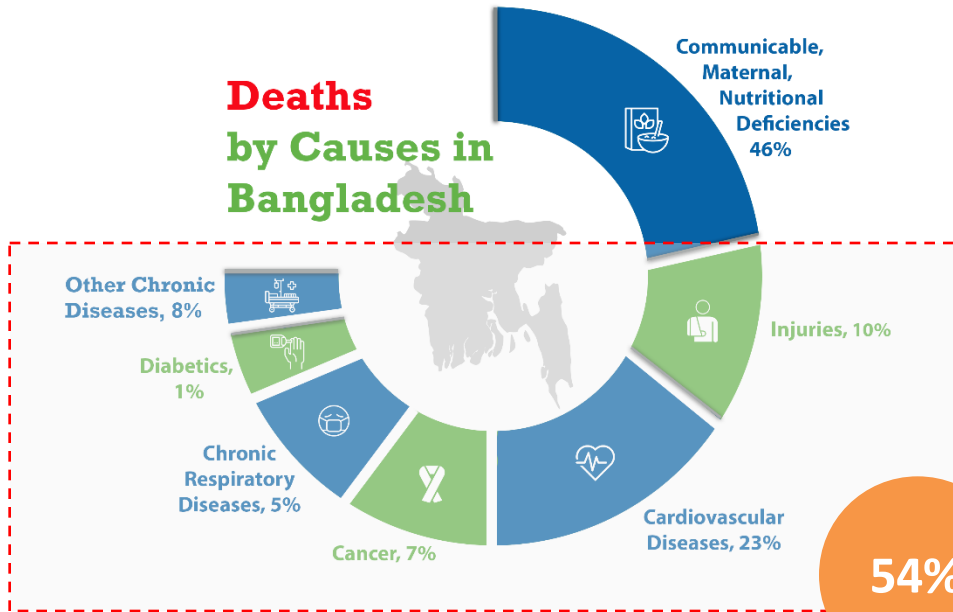
Non-communicable diseases involving cancer, diabetes, high BP and cholesterol are on the rise and now constitute 54% of Bangladesh's total deaths. These patients require palliative care extensively.

By 2030, country's MAC population (minimum monthly HH income is USD 450) will exceed 38 mn



Each year for the next decade, around 2 million consumers will attain annual income of \$5,000 and over, eventually attaining more purchasing power to afford nursing facilities for family members.

A Deep Dive into the Causes of Death stresses the Necessity of Palliative Care Facilities in Bangladesh



- There's a sharp increase in death tolls due to non-communicable diseases
- According to WHO, ~600,000 patients would require palliative care and support annually in Bangladesh
- Besides, with at least 2 family members involved in each of these patients' care, a globally homogenous development of palliative care could improve the quality of life of ~1,200,000 people nationwide, annually.

Increasing Numbers of Patients suffering from Life-limiting Major Non-communicable Diseases also Strengthens this Fact



~200,000 patients are newly diagnosed with cancer each year of which, 80-90% are in incurable state



~40,000 people die each year from chronic kidney diseases while ~30,000 more patients suffer from acute kidney failure – all requiring palliative care along with the regular treatments



Every year, ~300,000 new patients are diagnosed with TB among whom, ~70,000 people die each year.



According to WHO, there are ~8,000 people living with HIV



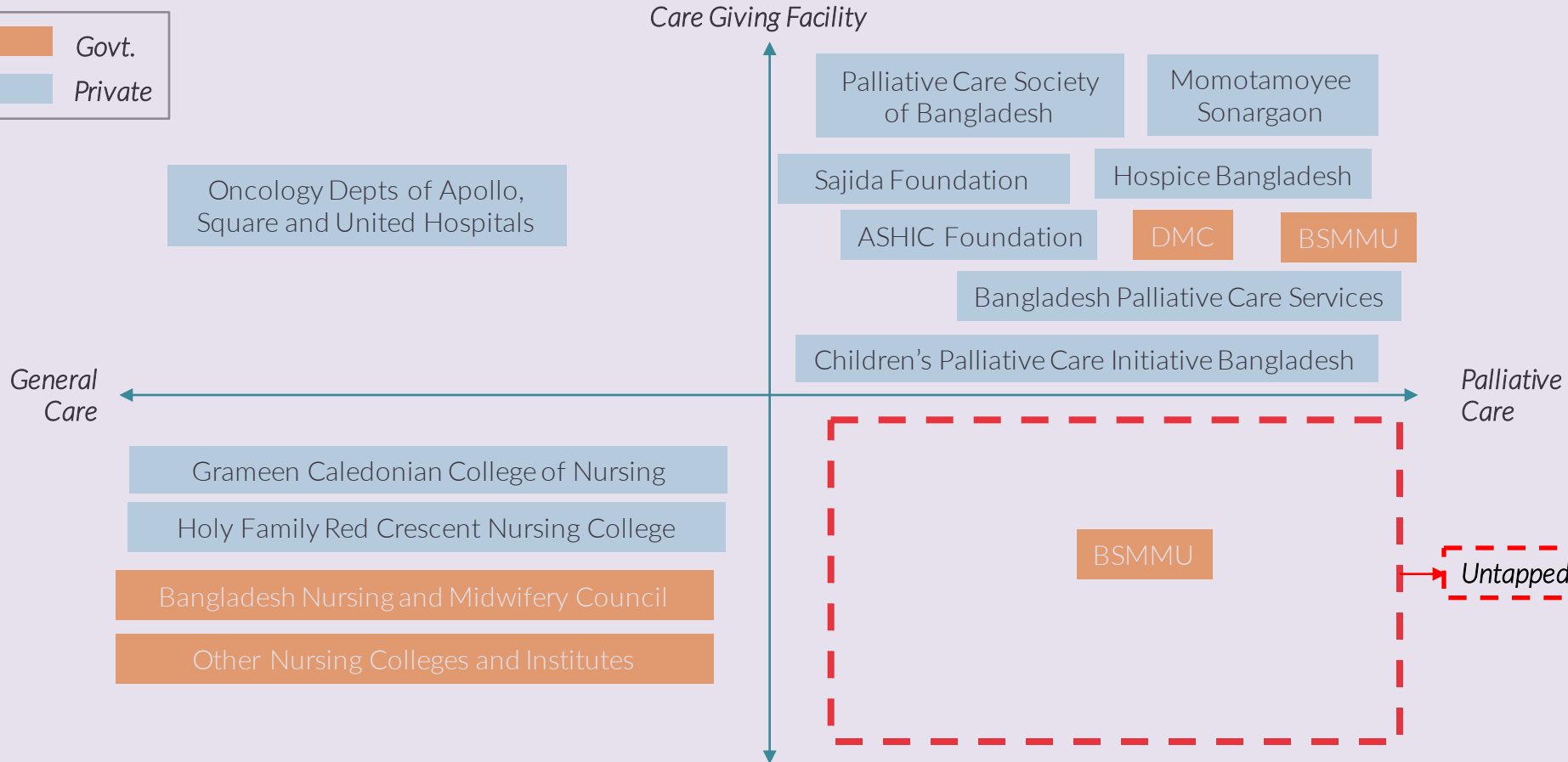
Among the ~12 million older people (aged over 60), a few thousands may be suffering from some form of dementia

- Case Study 1:
 - Mrs. Alvira Begum, aged 78, lost her husband 20 years ago, lives with her only son and his second wife who are extremely busy with their own lives. She has faced a **chronic pneumonia attack** quite recently – but there was nobody to take care of her, except for the maid. She has been suffering from bed sores and some other critical injuries due to lack of movement and proper care. **She knows she's going to die but she wants to die with dignity.**
- Case Study 2:
 - 7 years old Nishat has been diagnosed with **Leukemia**. She has been in the care center for the last 2 months. She misses her home a lot but she has found new friends here as well. She plays with them whenever she can. **Nishat has made many wonderful friends and caring nurses here who often made her smile with funny stories and nice gifts.**



The Competitive Landscape – who is doing what in Palliative Care

Govt.
Private



Coordination and Collaboration among Govt., Donors, NGOs, Private Sector will be the Key solution

- Palliative care **to be included in the national health plan, policies** and related regulations
- **Awareness raising** among the policy makers, regulators and make a connection with NGOs in order to culminate coordinated efforts

- Incorporation of Palliative care as a separate discipline to be made in the **national curriculum of nursing colleges and healthcare institutions**

WHO
Public Health
Model

Drug availability

Policy

Education

Implementation

- Incorporation of changes in policies to **accommodate import and distribution of essential drugs**
- Capacity building in order to train healthcare professionals on **appropriate use of these drugs**

- Allocate more **budget** for public health
- **Establish new** nursing colleges and institutes
- Hospitals to build **own knowledge centers**
- Private sector to come up with **sustainable business models**
- Shift of focus from **urban to rural areas**



*Policy
Advocacy*



*Capacity
Building*



*Essential
Medicines*



*Coordination &
Collaboration*

National Policy Emphasizing Capacity Building, Meds Availability, Curriculum Modernization

Clause 12 of principles of healthcare policy



Capacity building of health workforce i.e., doctors, nurses, technologists and other staffs

Clause 3 of specific purpose of national healthcare policy



to encourage the citizens to avail all required healthcare services

Clause 13 of major objectives and goals of healthcare policy



to modernize and improve the healthcare curriculum and education system in the field of nursing and medical technologies

Clause 15, 25 of strategic approaches of healthcare policy



to modernize and restructure existing capacity building institutions and establishment new ones

Clause 1 of major objectives and goals of healthcare policy



to ensure healthcare facilities for all as a human right

Clause 17 of major objectives and goals of healthcare policy



to ensure availability of essential medicines and control pricing

SDG 3 Emphasizing Healthy Lives and Promotion of Well-being for All at All Ages – Particularly in making Essential Meds Available for all and Health Workforce Capacity Development



3.8
Access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.



3.C
Substantially increase recruitment, development, training and retention of the health workforce in developing countries

The solution in hand
Alignment of the Bangladesh National Health Policy, 2011
with the
Sustainable Development Goal 3

Inclusion in the Five Year Plan
Allocation of fund in Annual Budget

Integrated Quality Health Services
Public and Private Sector Collaboration
Capacity Building and Public Awareness



THANK YOU!