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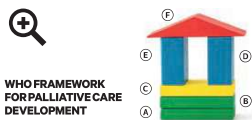


General data

POPULATION, 2023
171,466,990
SURFACE, KM², 2022
147,570
PHYSICIANS / 1,000 INH, 2022
2,518

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
129
GDP PER CAPITA (US\$), 2023
2551,02
HEALTH EXPENDITURE (% GDP), 2021
2,36
UNIVERSAL HEALTH COVERAGE, 2021
52



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- ⓫ PROVISION OF PC

LEVEL OF DEVELOPMENT

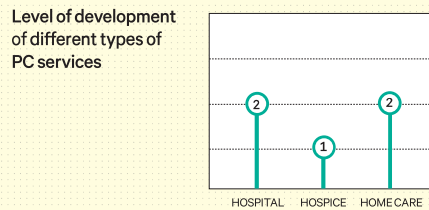
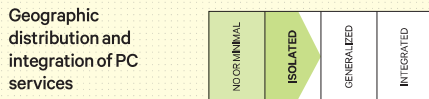
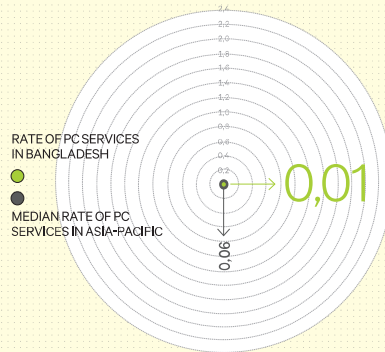
1 EMERGING
2 PROGRESSING
3 ESTABLISHED
4 ADVANCED

Bangladesh

F Provision of PC (Specialized Services)

Total number of Specialized PC services **19**
Rate of PC services per 100,000 inhabitants **0,01**

Bangladesh in the context of Asia-Pacific regions



Pediatric PC Services
GEOGRAPHIC DISTRIBUTION AND INTEGRATION **2**
TOTAL NUMBER **3**

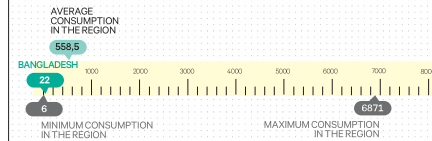
AP

Bangladesh

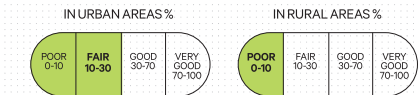
D Use of essential medicines

Opioids consumption (excluding methadone) **22**
S-DDD/MILLIN HABITANTS/DAY

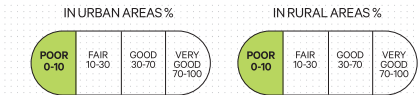
Bangladesh in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **2**

Existence of PC congresses or scientific meetings **2**

National Association: Hospice Bangladesh; Palliative Care Society Bangladesh.
Consultants: Md. Shahinur Kabir; Mostofa Kamal Chowdhury; Rubayat Rahman; Sumit Banik; Wai Wai Mroy John.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: Yes
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **0/107**

Nursing schools with mandatory PC teaching **0/115**

Recognition of PC specialty **4**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **2**

Inclusion of PC in the basic health package at the primary care level **2**



A Empowerment of people and communities

Groups promoting the rights of PC patients **3**



Advanced care planning-related policies **1**

AP Bangladesh

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.</p>	<p>Several groups promote the rights of palliative care patients, caregivers, and disease survivors. These include non-profit organizations such as Palliative Care Society of Bangladesh (PCSB), Hospice Bangladesh, and the Bangladesh Palliative and Supportive Care Foundation (BPSCF), and key organizations such as the Department of Palliative Medicine at Bangabandhu Sheikh Mujib Medical University. These groups advocate for palliative care awareness, support for caregivers, and policy development. While most services are centralized in Dhaka, efforts like PCSB's community projects aim to extend care to broader populations. These organizations address healthcare limitations, rising chronic diseases, cultural barriers, and provide emotional support for caregivers and survivors.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).</p>	 <p>There is no national policy or guideline on advance care planning.</p>	<p>Bangladesh does not yet have a national policy or guideline on advance care planning (ACP). While the Directorate of Health Services' Non-Communicable Disease Control wing has included palliative and geriatric care in their upcoming 5-year operational plan, currently, there is no formal ACP framework in place.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>Developed over 5 years ago.</p>  <p>A national palliative care plan is in preparation.</p>	<p>Currently, there is no national palliative care (PC) policy, strategy, or program, although a concept note has been submitted to the Directorate General of Health Services (DGHS). Since 2022, the DGHS has initiated introductory palliative care training for healthcare providers and published a training module for nurses and paramedics. The National PC Guideline was introduced in 2018, and palliative care is included in the DGHS's pending 5-year operational plan. Oversight of PC initiatives, including training programs, falls under the National Non-Communicable Disease Control Program. However, there are no specific indicators or formal systems to monitor or evaluate progress.</p>
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AP Bangladesh

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care is not yet included in the list of priority services for primary care in Bangladesh's national health system. However, a pilot community-based project, "Compassionate Narayanganj," has introduced palliative care at an outpatient department within a primary health complex, in collaboration with the Non-Communicable Disease Control program (DGHS). If successful, this model could be expanded. Although Bangladesh is a signatory to WHA resolution 67.19 (2014), the integration of palliative care into universal health coverage is still in its early stages.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff..</p>	 <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p>  <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>Palliative care falls under the Non-communicable Disease Control program of the Directorate General of Health Services (DGHS) within the Ministry of Health. Currently, it lacks dedicated staff, a specific budget, or an established implementation plan. However, Palliative Care Operational Plan, along with its budget, is in the final approval stage. Groundwork has been completed, and efforts are underway to secure government implementation, aiming to make palliative care services accessible nationwide.</p>

AP Bangladesh

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There is no regular national-level congress or conference dedicated solely to palliative care in Bangladesh. However, sporadic meetings led by the Directorate General of Health Services (DGHS) have focused on developing guidelines, training manuals, and initiating palliative care services in hospitals. Two international conferences on palliative care have been held in Bangladesh, the most recent taking place in January 2011. More recently, oncology conferences have included palliative care sessions, signaling growing recognition of its importance in healthcare and contributing to the progression of palliative care integration in Bangladesh.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Reflects a limited number of articles published.

Since palliative care is an emerging field with very few institutional frameworks, only a limited number of articles have been published in the past five years.

Medicines

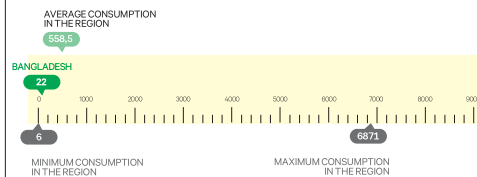
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 22 S-DDD.



COUNTRY VS REGION



AP Bangladesh

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

Bangladesh's 2016 Essential Drug List includes only four palliative care-specific drugs: Hyoscine Butylbromide, Amitriptyline, Propantheline Bromide, and Lactulose. Morphine is listed only for anesthetic purposes, with limited availability in the capital and select divisional cities. Access to pain and palliative care medications from the WHO Model List of Essential Medicines is restricted, especially in rural, coastal, hilly, and border areas. Government facilities struggle to procure essential opioids, except for specialized institutions like Bangabandhu Sheikh Mujib Medical University. Drug availability is more consistent in urban areas, but rural regions face significant shortages.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

Immediate-release oral morphine (liquid or tablet) is not widely available in urban areas of Bangladesh, except in Dhaka, where institutions like the National Institute of Cancer Research & Hospital (NICRH) provide it. Strict narcotics regulations limit production to two pharmaceutical companies, and many doctors lack the knowledge to prescribe morphine, leaving patients reliant on palliative care physicians or oncologists. Morphine is rarely accessible at the primary care level, particularly in rural areas. Public and private palliative care services are centralized in Dhaka, further restricting access to morphine outside the capital.


10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).




Poor: Between 0% to 10%.

AP Bangladesh

Education & Training

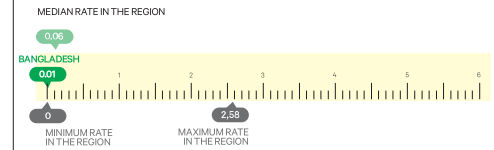
<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country</p>	<p>0/107</p>	 <p>In Bangladesh, palliative care is not included in the mandatory curriculum of the country's 39 public and 68 private medical colleges, nor is it formally integrated into undergraduate medical or nursing programs. While final-year students encounter palliative care concepts through clinical attachments and textbooks, their understanding remains limited. None of the 115 nursing colleges (10 government and 105 private) offer compulsory or optional palliative care education. Efforts are underway to advocate for its inclusion in the national medical and nursing curricula, but no structured modules or dedicated teaching slots currently exist.</p>
<p>11.2. The proportion of medical schools with OPTIONAL teaching in PC...</p>	<p>0/107</p>	
<p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.</p>	<p>0/115</p>	
<p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC...</p>	<p>0/115</p>	


<p>Ind12</p> <p>12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	 <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.</p>	<p>Palliative Medicine became a recognized medical speciality in Bangladesh in 2015. The MD residency program, established in 2016, offers a 5-year course in Palliative Medicine. The Department of Palliative Medicine at Bangabandhu Sheikh Mujib Medical University (BSMMU) trains specialists, with 13 MD students in 2018. The country also engages in public outreach programs, collaborating with both national and international organizations to promote palliative care, particularly for children.</p>
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AP Bangladesh

Provision of PC / Services

<p>Ind13</p> <p>13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p>	 <p>Isolated provision: Exists but only in some geographic areas.</p>	<p>Specialized palliative care services in Bangladesh are largely centralized in Dhaka, with Bangabandhu Sheikh Mujib Medical University (BSMMU) hosting the only dedicated Department of Palliative Medicine, offering inpatient, outpatient, home care, training, and research. Limited palliative care units operate in a few government hospitals, private hospitals, and NGOs. There are no standalone hospice facilities, and hospice care is integrated into existing palliative services. Community-based programs like 'Compassionate Korail' and 'Compassionate Narayanganj' provide home care in underserved areas. Hospice Bangladesh and the Bangladesh Cancer Society also offer home care, with Hospice Bangladesh introducing inpatient care and online consultations. However, services outside Dhaka are minimal, fragmented, and not integrated into the primary health-care system. Bangladesh has an estimated 19 specialized palliative care services, corresponding to a rate of 0.01 palliative care services per 100,000 inhabitants.</p>
<p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p>	 <p>Ad hoc/ in some parts of the country.</p>	
<p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p>	 <p>Not at all.</p>	
<p>13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p>	 <p>Ad hoc/ in some parts of the country.</p>	
<p>13.5. Please enter the total number of specialized PC services or teams in the country.</p>	<p>19</p> <p>← SPECIALIZED PALLIATIVE CARE SERVICES</p>	



<p>Ind14</p> <p>14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p>	 <p>Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.</p>	<p>Bangladesh has a limited system of specialized palliative care services for children, primarily concentrated in Dhaka. The Department of Palliative Medicine at Bangabandhu Sheikh Mujib Medical University (BSMMU) serves as the country's primary centre for palliative medicine, offering pediatric palliative care, including home care, and operating a dedicated 3-bed pediatric ward. Additionally, two private hospitals, the ASHC Foundation and Hospice Bangladesh, provide pediatric palliative care services. Other private hospitals, as well as government institutions, such as the National Institute of Cancer Research & Hospital (NICRH) PC Unit and the Dhaka Medical College Hospital (DMCH) PC Unit, offer pediatric palliative care, though their services are limited. Access to pediatric palliative care outside Dhaka remains minimal.</p>
<p>14.2. Please enter the total number of pediatric specialized PC services or teams in the country</p>	<p>3</p> <p>PPC TEAMS</p>	