



BANGLADESH MEDICAL ASSOCIATION*¹

M. Iqbal ARSLAN¹

Bangladesh Medical Association (BMA) is a well-recognized professional organization in Bangladesh. Government consults this body regularly in health related matters. BMA has contributed significantly in the formulation of National Health Policy by the present government. Although it has to go a long way to have a health system that is efficient, equitable, effective and financial risk protective Bangladesh has progressed much in health sector particularly in attaining MDG-4 and MDG-5 (millennium development goal) targets for which it has achieved MDG award. The present government has given much emphasis on health sector. It has extended health service to the doorstep of the common people by building community clinics—each one serving 6,000 people in its vicinity. Basic healthcare package is provided in the community clinic by a short term trained community health care provider. All these clinics are provided with a laptop computer and a wireless modem which is used for collection of local health related data provision of telemedicine service, community health education and certain other ICT based health solutions.

Bangladesh has introduced eHealth (electronic health) and mHealth (mobile health) which is proved to be very effective. In Bangladesh several private hospitals have been established which maintain international standard like JCI. BMA has organized a workshop on “Policy Dialogue on Tobacco Control” jointly with Bangladesh Center For Communication Programme. BMA plays an advisory role in the medical subject related societies who organize scientific seminar/symposium time to time.

BMA is negotiating with the government to find out the means to solve the crisis arising out of absenteeism of the health workforce specially doctors in the rural setting. It is trying to con-

vince the policy makers and the bureaucrats to introduce incentives both financial and non financial to retain the health workforce in the rural areas.

BMA is working closely with the government to increase the number of health workforce in the country which is only 5.7 per 10,000 population. As a result more than 6,000 doctors and 4,000 nurses recruitment is finalised recently. Another 10,000 nurses will be appointed soon to balance the existing disproportionate doctor-nurse ratio which is 1:0.6.

Frequency of violence against the doctors has increased alarmingly in recent times. The law enforcing agency also arrest the doctors on an assumption that homicide has been committed. BMA has sought the court’s verdict compelling the law enforcing agency not to practice such a measure merely on an assumption. We are also working with the government to formulate a law to curb the violence on doctors and other health workforce. At the same time we are working with Bangladesh Medical and Dental Council to make regulations on ethical behavior and practice by the doctor which will be required to follow.

BMA has supported the victims of natural and man made disaster by its medical teams. It also regularly conducts Free Friday Clinic which are visited mostly by poor. BMA regularly publishes its scientific journal which contains articles written by eminent physicians of the country.

BMA office bearers participate in the congress of World Medical Association, Commonwealth Medical Association and medical associations of SAARC countries. A formal healthcare standard, hospital accreditation system, private healthcare act and proper quality assurance programme were lacking in Bangladesh. BMA has encouraged and assisted the authority to formu-

*¹ This article is based on a presentation made as the Report of Activities by each NMA at the 29th CMAAO General Assembly and 50th Council Meeting, Manila, the Philippines, on September 24-26, 2014.


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late these.

BMA is supporting the government to launch Universal Health Coverage programme within a shorter period. Government has targeted to achieve UHC by 2032. Bangladesh Medical

Association pledges to work with international community to improve the health situation throughout the world. We hope to getting cooperation from all to create a world we will love to live.

29th General Assembly and 50th council meeting of CMAAO
COUNTRY REPORT
BANGLADESH MEDICAL ASSOCIATION



Presented by
Dr. Jamal Uddin Chowdhury
 Member, Central Executive Committee
 Bangladesh Medical Association

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MDG-4: Reduce Infant Mortality

Target	Indicator	Benchmark (Year)	Current progress (Reference)	Target (Year)
Reduce by two-thirds the mortality rate among under-five children	Death rate among under-five children/1,000 livebirths	144.0 (1990)	41.0 (UNICEF 2013)** 44.0 (SVRS 2011) 53.0 (BDHS 2011)	48.0 (2015)
	Infant mortality rate/1,000 livebirths	94.0 (1990)	33.0 (UNICEF 2013)* 35.0 (SVRS 2011) 43.0 (BDHS 2011)	31.3 (2015)
	1-year old children immunized against measles (%)	52.0 (1991)	85.5% (BECEs 2012)* 87.5 (BDHS 2011)	100.0 (2015)

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MDG-5: Reduce Maternal Mortality

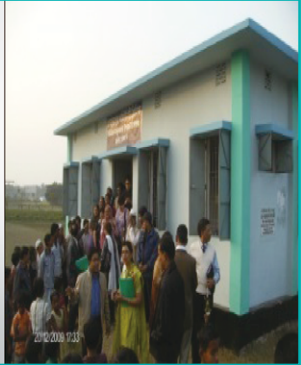
Target	Indicator	Benchmark (Year)	Current progress (Reference)	Target (Year)
Reduce by three-quarters the maternal mortality ratio	Maternal mortality ratio/100,000 livebirths	574.0 (1990)	194.0 (BMMS 2010)*	143.5 (2015)
	Births attended by skilled health personnel (%)	7.0 (1990)	26.5 (BMMS 2010) 31.7 (BDHS 2011)	50.0 (2015)
Ensure, by 2015, universal access to reproductive healthcare	Contraceptive prevalence rate (%)	39.9 (1991)	61.2 (BDHS 2011)* 58.4 (SVRS 2011)	72.0 (2016)
	Birth rate among adolescent mothers/1,000 women	77.0 (1990/91)	105.0 (BMMS 2010) 118.3 (BDHS 2011)	-

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Sheikh Hasina, Prime Minister of Bangladesh is receiving the award

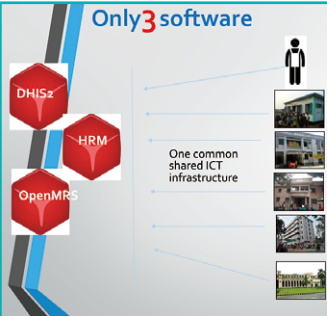
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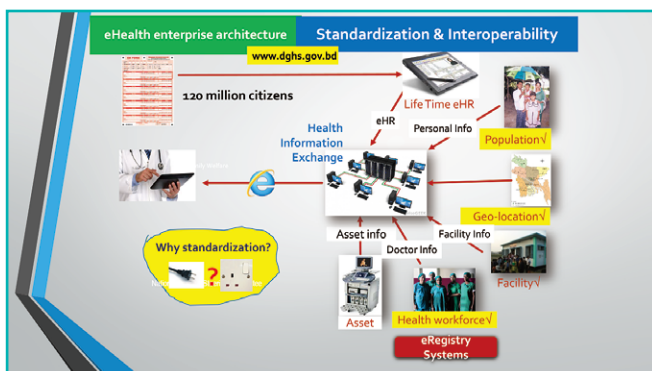
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Only3 software



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- BMA is working closely with the government to increase the number of health workforce in the country which is only 5.7 per 10000 population
- As a result more than 6000 doctors and 4000 nurses recruitment is finalized recently
- Another 10000 nurses will be appointed soon to balance the existing disproportionate doctor-nurse ratio which is 1:0.6.

Country	Density of skilled health professionals (doctors, nurses and midwives) per 10,000 population, c. 2010	Percentage change in workforce required to reach 22.8 threshold* by 2035
Group 1		
Bangladesh	5.7	404
Ethiopia	2.7	7,354
Group 2		
China	13.6	221
Indonesia	16.1	78
Peru	22.2	33
Vietnam	22.3	32**
Group 3		
Brazil	81.4	0
Thailand	17.8	32
Turkey	41.1	0
Group 4		
France	126.6	0
Japan	63.3	0

Source: Global Health Workforce Alliance 2013

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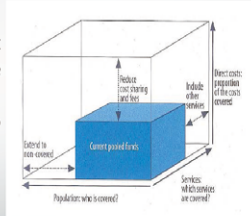


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THANK YOU