BANGLADESH HEALTH REFORM

Health reform people can feel

Four clear promises for better care, closer to home

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promises

for every citizen

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The Commission and the Government share one direction

COMMISSION REPORT

A practical blueprint

What needs to change

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GOVERNMENT COMMITMENT

A public mandate

Authority to act

The task now is delivery

Four promises can explain the whole reform

1. Care managed closer to home
2. Medical colleges focused on teaching, care and manpower development
3. Primary healthcare guaranteed as a citizen right and government’s obligation
4. Budget gradually increased toward 5% of GDP

Families pay too much when someone becomes ill

72%

of health spending came directly from households

62%

of household health spending went to medicines and supplies

0.7–0.8%

of GDP went to public health spending

A fair system protects people before a health crisis becomes a financial crisis.

Local health leaders can solve local problems faster

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divisional health directorates

Today	Too many decisions wait for Dhaka
Reform	Each division manages staff, budgets and services

People should know who is responsible when services fail.

National standards, local decisions, faster answers

BANGLADESH

Sets national rights and standards

DIVISION

Plans services and manages resources

DISTRICT AND UPAZILA

Delivers care and reports results

A local shortage should have a local solution

Medical teachers need time to teach, conduct research and care patients

FULL-TIME ACADEMIC POSTS

Teachers remain present in the medical college

Clinical practice takes place inside the institution under clear rules

Teaching and patient care strengthen each other.

Students learn better when teachers are present

STUDENTS

More teaching and supervision

PATIENTS

Senior care inside teaching hospitals

TEACHERS

Clear duties and fair institutional practice

Better training today creates safer care tomorrow.

Primary care should be citizen’s constitutional right

RIGHT

Quality primary healthcare

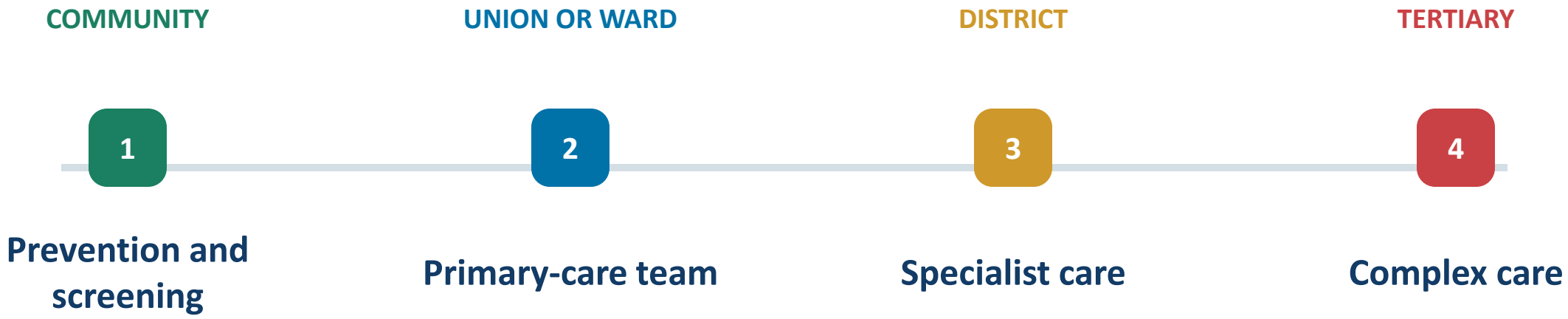
Close to home

Free at the point of service

Connected to referral hospitals

Care should begin before illness becomes severe

Most care begins near home



Referral moves the patient forward. Information returns to the primary-care team.

The health budget should rise toward 5% of GDP

5%

of GDP

A phased increase

Each annual budget adds funding against a published plan

More money must produce visible services.

People should see where every additional taka goes

MEDICINES

Essential drugs available when needed

HEALTH WORKERS

Skilled persons present where people seek care

WORKING SERVICES

Investigations and referral links

Publish results so citizens can see what changed

Early action can reduce hardship

FREE ESSENTIAL MEDICINES

Start in primary care and for the poorest households

FREE HOSPITAL CARE

Cover the poorest 20% first

SERVICES OPEN 24/7

Hospital pharmacies and essential diagnostics

Immediate relief builds trust in long-term reform.

One E-health Card can keep a patient's care connected

E-HEALTH CARD

One secure health identity

- Past visits
- Test results
- Prescriptions
- Referrals

Consent and privacy protection must be built in from the start.

Early progress should be visible

1. Give the reform programme legal authority
2. Start essential-medicine support
3. Choose demonstration districts in all divisions
4. Publish responsibilities and a public scorecard

A NATIONAL PROMISE

Care closer to home

Better medical teaching and safer treatment

Primary healthcare for every citizen

A health budget that can deliver

The report gives us a plan. The Government can turn it into care people experience every day.

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