

Impacts of climate change on health in Bangladesh

Annex:

1. References

2. Overview of existing policies and plans

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1. References

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2. Overview of existing policies and plans

Policy or plan	Year	Aim and activities
Primary Health Care (PHC) strategy	1978	<p>Supported by WHO and UNICEF, the Bangladesh government launched the PHC strategy which aimed to provide basic health care services, such as maternal and child health care, immunisation, family planning, and disease prevention. It was based on community participation and inter-sectoral coordination and deployed community health workers to provide basic health care services, health education and health promotion activities in their community.</p> <p>Criticisms and unintended consequences:</p> <p>Although the PHC was largely successful in improving the health of the nation and considered a model for other developing countries, there were some drawbacks. One of the main criticisms was that it heavily depended on external funding and support. Therefore, it was unclear how the programme would be sustained over a long period of time. It also diverted resources away from hospitals and higher-level health care facilities. In some cases, people who needed more specialised care were not able to access it, which led to increased morbidity and mortality.</p>
Expanded Programme on Immunisation	1979	<p>The Expanded Programme on Immunisation (EPI) was launched in Bangladesh in 1979 to provide immunisation services particularly to children under the age of five, against six vaccine-preventable diseases: tuberculosis, diphtheria, pertussis, tetanus, measles, and polio. The EPI was implemented through health facilities and community-based health workers.</p> <p>Criticisms and unintended consequences:</p> <p>Some critics argue that the EPI was not successful in reaching some parts of the population, particularly those in physically difficult-to-reach areas. This was due to the programme's reliance on fixed immunisation sites that were not easily accessible to all communities. There was also a lot of vaccine hesitancy at the time due to misinformation and rumours about vaccines spread within communities. This led to some parents being hesitant about having their children vaccinated.</p>
Health and Population Sector Strategy (HPSS)	1998–2003	<p>Introduced in 1998, the priority of the HPSS was to ensure universal access to and equity in health care. This strategy formed the basis for the future national health policy and is based on several key principles: greater orientation to the needs of the population, especially women; improved quality, efficiency, and equity of government health services; provision of a package of essential health services; expanded private sector role in providing health and population services. This strategy saw a shift from a project basis towards a coordinated sectoral programme which fed into the 2000 National Health Policy. The 2022 amendment has been criticised for largely ignoring the recommendations that had been called for by worker representatives and labour leaders.</p>

National Health Policy	2000, updated many times until 2011	Bangladesh's first National Health Policy (NPS) was approved in 2000. The policy included four main key objectives: first, to provide basic health services to people at all levels, especially the poor; second, to ensure the availability of primary health-care services at the union and upazila/thana [district sub-unit] level; third, to improve maternal, child and reproductive health services; finally, to strengthen family planning services.
National Health Policy (Updated)	2011	The stated objectives in the National Health Policy of 2011 were: (i) strengthening primary health and emergency care for all, (ii) expanding the availability of client-centred, equity-focused and high-quality health care services, and (iii) motivating people to seek care based on rights for health. In addition, one of the primary goals of NPS was to ensure adequate epidemiological tracking of disease patterns and the impacts of climate change on health. It recommended identifying adaptation options to avoid disastrous impacts from climate change. The policy saw many revisions until 2011, but without any dramatic shift in its focus.
Health Population and Nutrition Sector Programme (HPNSP)	2003–2010	The HPNSP marked a shift from a multiple-project approach to a single sector-wide approach. It concentrated on the country's achievements in the health, population, and nutrition (HPN) sector, targeting resources for the poor, and aiming to create a health care system that is efficient and accountable to its users. It was initially planned from 2003 to 2010 but was extended until June 2011. The main objectives of the HPNSP were affordable and efficient services in the form of an Essential Services Package (EPS) as well as improved hospital services, and nutritional services to the entire population.
Health, Population and Nutrition Sector Development Programme (HPNSP)	Updated (2011–2016)	This plan aims to provide guidance towards building resilience to the impacts of climate change on health. One of the key components of the plan is health of the workforce with a focus on strengthening the health system and promoting collaboration between health and other sectors.
National Adaptation Programme of Action (NAPA)	2005 Updated 2009	<p>The updated HPNSP, covering the period 2011 to 2016, built on the successes of the earlier programmes initiated in 2003. It focused on reducing maternal and child mortality rates, improving the quality and accessibility of health services, strengthening health systems, and promoting public-private partnerships to enhance service delivery. The programme also emphasised community engagement and empowerment, particularly in rural areas, and included provisions for better monitoring and evaluation to ensure effective implementation and accountability.</p> <p>Criticisms and unintended consequences:</p> <p>One of the main criticisms was that the programme focused primarily on the supply side, with a heavy emphasis on improving the health system and service delivery, rather than addressing the demand side and socioeconomic determinants of health. Critics argue that the programme disproportionately benefitted the wealthier and urban population, not adequately addressing issues of equity.</p>

<p>Bangladesh Climate Change Strategy and Action Plan (BCCSAP)</p>	<p>2008, updated 2009</p>	<p>The main objective of the BCCSAP is to eradicate poverty and achieve economic and social wellbeing through a pro-poor climate change strategy which prioritises adaptation and disaster risk reduction. The action plan is based on six thematic areas: food security, social protection and health, integrated disaster management, infrastructure, mitigation and low carbon mechanisms, R&D management, and institutional efficiency. The key health theme conducts research and monitoring of the impacts of climate change on disease patterns and the social and economic costs of diseases. It also aims to develop adaptation measures for health sectors.</p> <p>Criticisms and unintended consequences:</p> <p>The policy has been criticised for poor planning, implementation, monitoring and evaluation due to a lack of institutional capacity. In addition, there was an insufficient baseline scenario due to a lack of research and data and a lack of funding, which caused only partial achievement of the plan.</p>
<p>National Adaptation Programme of Action (NAPA)</p>	<p>2005, updated 2009</p>	<p>The NAPA is centred on four key pillars: food, energy, water and livelihood security. The priority mechanisms were poverty reduction and sustainable income generation of communities along with enhancement of adaptive capacity in terms of skills and capabilities at the community and national levels.</p>
<p>Revitalisation of the Community Health Care Initiatives in Bangladesh (RCHCIB)</p>	<p>2009</p>	<p>Under this programme, over 13,000 Community Clinics were established to extend primary health care to the rural population, enabling access to essential primary health services for all, and ensuring no one is left behind. This community-based health care programme has been incorporated into the mainstream health sector programme, with its own Operational Plan (OP) and budget under the 4th Health, Nutrition and Population Sector Programme (HNPSP).</p>
<p>Health Care Financing Strategy</p>	<p>2012–2032</p>	<p>The Health Care Financing Strategy provides a framework for developing and advancing health financing in Bangladesh. It is aimed at increasing the level of funding for health and ensuring an equitable distribution of the health financing burden. In addition, its objectives are to improve access to essential health services, reducing the incidence of impoverishment due to catastrophic health care expenditure and reduce out-of-pocket payments to 32% by 2032.</p> <p>Criticisms and unintended consequences:</p> <p>The strategy has been criticised as the existing scenario and framework in place are hindering movement towards attaining universal health coverage (UHC) with budgetary allocation for the health sector being depleted at an alarming rate.</p>
<p>Five-year plan (7th edition)</p>	<p>2016–2022</p>	<p>The 7th FYP aimed to develop strategies, policies and institutions to further accelerate job creation and reduce poverty. Additionally, it aimed to comply with new commitments to meet Sustainable Development Goal (SDG) targets. Some of the key objectives were to conduct more research on the health sector to address climate-related health problems and diseases and to address</p>

		environment-related health concerns such as access to safe water, lack of sanitation and poor indoor and outdoor air quality.
National Preparedness and Response Plan for COVID-19	2020	The National Preparedness and Response Plan for COVID-19 was a comprehensive plan that aimed to prevent and control the spread of COVID-19. Its aim was to ensure that health facilities were prepared to manage cases and to minimise the impact of the pandemic on vulnerable groups, while maintaining essential services. The plan included strategies such as strengthening the health system, implementing social distancing measures, conducting testing and contact tracing, increasing public awareness, supporting vulnerable groups, and coordinating with international partners.
National Action Plan on Short-Lived Climate Pollutants (SLCPs)	2020–2040	The National Action Plan on SLCPs aims to identify and implement the most cost-effective pathways for SLCP mitigation measures. The main objectives of the plan are to strengthen and secure the national SLCP planning process from the first phase in 2014. It aims to update estimates of the major SLCP source sectors using the latest data and review the emission reduction potential of the measures to reduce SLCP from major source sectors.
National Adaptation Plan	2023–2050	The National Adaptation Plan (NAP) recognises the critical role of health in building resilience to climate change and outlines several adaptation measures to address the impacts of climate change on health. The NAP encompasses eight distinct sectors: water resources; disaster, social safety and security; agriculture; fisheries, aquaculture and livestock; urban areas; ecosystem, wetlands and biodiversity; policy and institutions; capacity development, research and innovation; and considers 11 climatic stress areas.