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Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

‘Refugee’, ‘risk’ and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA, nor any person acting on its behalf, may be held responsible for the use which may be made of the information contained in this report.

The drafting of this report was finalised on 25 February 2024. Any event taking place after this date is not included in this report.



Glossary and abbreviations

Term	Definition
ARI	Acute Respiratory Infection
BDHS	Bangladesh Health Survey
BDT	Bangladeshi Taka
BSMMU	Bangabandhu Sheikh Mujib Medical University
CDD	Childhood Diarrhoeal Disease
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illness
IPD	Inpatient Department
LB	Live Birth
MMR	Measles, Mumps, Rubella
MOHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
OPD	Outpatient Department
PEG	Percutaneous Endoscopic Gastrostomy
SDG	Sustainable Development Goal
UNICEF	United Nations International Children's Emergency Fund
Upazila	An administrative unit, which is a subdivision of a district formerly known as "thana". Bangladesh has 495 Upazilas.
WHO	World Health Organization



Introduction

Methodology

The purpose of the report is to provide information on access to paediatric care in Bangladesh. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

Terms of reference

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference (ToR). The initial drafting period finished on 09 November 2023, peer review occurred between 09-30 November 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 25 February 2024. The report was internally reviewed subsequently.

Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Bangladesh.

This report is based on publicly available information in electronic and paper-based sources gathered through desk-based research. This report also contains information from oral sources with ground-level knowledge of the healthcare situation in Bangladesh who were interviewed specifically for this report. For security reasons, all oral sources are anonymised.

Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023),¹ the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023)² and the EUAA Writing Guide (2022).³ Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the

¹ EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)

² EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, [url](#)

³ EUAA, The EUAA Writing Guide, April 2022, [url](#)





comments from reviewers were reviewed and were implemented to the extent possible, under time constraints.

Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include: governmental publications, academic publications and reports by international organisations.

In addition to using publicly available sources, two oral sources were contacted for this report. The oral sources are both professors and they are anonymised in this report for security reasons. The sources were assessed for their background and ground-level knowledge. All oral sources are described in the Annex 1: Bibliography. Key informant interviews were carried out in September 2023.





1. Incidence and prevalence of childhood conditions

Kamal et al. examined account data from the Bangladesh Health Survey (BDHS) 2011 and reported that diarrhoea and acute respiratory infection (ARI) were the most common forms of childhood morbidity. The authors reported that each year, 45.7 % of children aged below 5 years old (0 to 59 months) suffer from these conditions.⁴ A professor of paediatrics from Mymensingh Medical College stated that other than perinatal asphyxia and neonatal septicaemia, ARI is the number one cause of child morbidity in the country followed by diarrhoea, meningitis and encephalitis.⁵

A national representative cross-sectional study on child health morbidity, published in 2021, determined the prevalence of childhood diarrhoeal diseases (CDDs) and ARI among children younger than five years old to be 4.91 % and 3.03 %, respectively.⁶

Additionally, there is a difference in incidence of childhood morbidity noted when age of the child, availability of potable water and household wealth are considered. Government data on dengue shows that from January to November 2023, distribution of dengue-related deaths is 4 % across age groups of children under the age of five years.⁷ Dengue is an important cause of morbidity and mortality in children, with a high mortality rate in children under the age of 5 years.⁸

The under-5-year mortality in Bangladesh decreased from 151/1 000 to 53/1 000 live births (LBs) between 1990 and 2011. This is believed to be because of the various health programmes, including high coverage of vaccine-preventable diseases, treatment of diarrhoea and ARIs, implementation of the Integrated Management of Childhood Illness (IMCI) and delivery of newborn health interventions.⁹

⁴ Kamal, M. M., et al., Determinants of childhood morbidity in Bangladesh: evidence from the Demographic and Health Survey 2011, October 2015, [url](#), p. 5

⁵ Source A, telephone interview, 26 September 2023, Dhaka. Source A is a Professor at Mymensingh Medical College, Dhaka. The person wishes to remain anonymous.

⁶ Kundu, S., et al., Prevalence and factors associated with childhood diarrhoeal disease and acute respiratory infection in Bangladesh: An analysis of nationwide cross sectional survey, 14 July 2021, [url](#), p. 2

⁷ Bangladesh, MIS, Health Emergency Operation Center & Control Room, Dengue Press Release, 6 November 2023, [url](#), p. 3

⁸ Source A, telephone interview, 26 September 2023, Dhaka. Source A is a Professor at Mymensingh Medical College, Dhaka. The person wishes to remain anonymous.

⁹ Bangladesh, MOHFW, Partnership for Maternal, Newborn & Child Health, WHO, World Bank and Alliance for Health Policy and Systems Research, Success Factors for Women's and Children's Health: Bangladesh, 2015, [url](#), p. 4



2. Access to treatment

For care of paediatric diseases, there are specialised public health facilities, including Dhaka Shishu (Children) Hospital,¹⁰ the Bangabandhu Sheikh Mujib Medical University (BSMMU)¹¹ and Dhaka Medical College Hospital,¹² and in all medical college hospitals in the country, there are specialised paediatric units. Private paediatric hospitals are also present in the metropolitan cities and several districts across the country.¹³

Bangladesh has high rates of vaccination coverage. According to the World Health Organization (WHO) Bangladesh, full vaccination coverage in the country is 88 % (as per Census 2016).¹⁴ Routine vaccination in Bangladesh for measles is given by measles and rubella (MR) vaccine.¹⁵

The model for accessing care is for the parents or the caretaker of the ill child to take the child to an *Upazila* hospital complex or a lower facility, and then to follow the information and advice which may include taking the child to higher level hospitals, including district and medical college hospitals, for further management and treatment. If necessary, the patient can then be transferred to Dhaka Children Hospital or other specialised public hospitals, including BSMMU. Often children are taken to private hospitals for treatment in case of a serious illness.¹⁶

3. Cost of treatment

Fees and charges, including hospital bed charges, need to be paid for consultation of a paediatric patient either at outpatient departments (OPDs) or inpatient departments (IPDs), for diagnostic services and for inpatient admission. This applies to both public and private health facilities. Any fee waiver or discounted payment for any of these elements is available only if it is evaluated and certified by the Social Welfare Department. Private facilities have no provision to exempt patients from payment for any hospital service charges. For a paediatric patient, additional cost is incurred due to cost of food, transportation and accommodation for accompanying attendants who are either the parent(s) or a caretaker.¹⁷

¹⁰ Facility website: <https://bich.portal.gov.bd/>

¹¹ Facility website: <https://bsmmu.ac.bd/>

¹² Facility website: <https://dmch.gov.bd/>

¹³ Source B, telephone interview, 28 September 2023, Dhaka. Source B is a Professor of Paediatrics, President of Abdul Hamid Medical College, Kishoreganj. The person wishes to remain anonymous.

¹⁴ WHO, South-East Asia, Bangladesh, Supporting an immunization coverage of over 90% for all antigens in all districts, 2023, [url](#)

¹⁵ Incepta Pharmaceuticals Ltd, Immunization Schedule, 2024, [url](#)

¹⁶ Source A, telephone interview, 26 September 2023, Dhaka. Source A is a Professor at Mymensingh Medical College, Dhaka. The person wishes to remain anonymous.

¹⁷ Source B, telephone interview, 28 September 2023, Dhaka. Source B is a Professor of Paediatrics, President of Abdul Hamid Medical College, Kishoreganj. The person wishes to remain anonymous.



Prices are fixed for laboratory investigations, consultations, inpatient beds and surgeries in public facilities, and are strictly implemented. Health insurance coverage for paediatric diseases is not available in Bangladesh. Some private paediatric hospitals in the cities and districts may charge higher fees than reported in the cost table.¹⁸

For the treatments listed below in table 1 and 2, there is usually no exemption for payment, but in public health facilities the Social Welfare Department can recommend a partial or full discount to the fee.¹⁹

Table 1. Prices for consultation²⁰

Specialist	Public outpatient treatment price in BDT	Public inpatient treatment price in BDT	Private outpatient treatment price in BDT	Private inpatient treatment price in BDT
Paediatrician	100	200	1 500	1 800
Paediatric cardiologist	100	200	1 500	3 000
Paediatric neurologist	200	200	1 200	1 800
Paediatric haematologist	200	200	1 000	1 500
Paediatric nephrologist	200	200	1 200	1 800
Paediatric ophthalmologist	200	200	1 000	1 800
Paediatric surgeon	200	200	2 000	2 500
Paediatric psychiatrist	200	200	1 800	2 000
Paediatric physical therapist	200	200	1 200	1 800
Paediatric pulmonologist	200	200	1 000	1 500
Paediatric oncologist	200	200	1 200	1 800

¹⁸ Source A, telephone interview, 26 September 2023, Dhaka. Source A is a Professor at Mymensingh Medical College, Dhaka. The person wishes to remain anonymous.

¹⁹ Source A, telephone interview, 26 September 2023, Dhaka. Source A is a Professor at Mymensingh Medical College, Dhaka. The person wishes to remain anonymous.

²⁰ Source A, telephone interview, 26 September 2023, Dhaka. Source A is a Professor at Mymensingh Medical College, Dhaka. The person wishes to remain anonymous.



Specialist	Public outpatient treatment price in BDT	Public inpatient treatment price in BDT	Private outpatient treatment price in BDT	Private inpatient treatment price in BDT
Paediatrician specialised in metabolic diseases	200	200	1 000	1 800
Child psychologist	200	200	2 000	2 500
Speech therapist	200	300	2 000	2 500

Table 2. Prices for treatments and diagnostic tests²¹

Treatment	Public treatment price in BDT	Private treatment price in BDT
Paediatric care, such as day care (for one day): costs for one day of day care for children with medical conditions which do not relate specifically to mental or physical disabilities	N/A	1 500
Gastroenterological care/treatment, such as tube feeding (PEG) (for a placement of a PEG tube)	200	1 800
Gastroenterological care/treatment such as tube feeding (nasogastric) (for placement of a nasogastric tube)	200	1 800
Haematology: (one day of) clinical treatment in case of sickle cell crises	200	1 500
Intensive care treatment (ICU): one day in the ICU	200	1 800
Neonatal Intensive Care Unit (NICU): one day in the NICU	200	2 000

²¹ Source A, telephone interview, 26 September 2023, Dhaka. Source A is a Professor at Mymensingh Medical College, Dhaka. The person wishes to remain anonymous.



Treatment	Public treatment price in BDT	Private treatment price in BDT
Care for children with combined mental and physical disabilities: long-term institutional 24-hour care (one day)	200	2 000
Care for children with mental disabilities: day care (one day): costs for one day of day care specifically for children with mental disabilities	200	2 000
Care for children with mental disabilities: long-term institutional 24-hour care (one day)	200	2 000
Care for children with physical disabilities: long-term institutional 24-hour care (one day): costs for one day of day care specifically for children with physical disabilities	200	2 000
Care for children with physical disabilities: day care (one day)	200	2 000
Medical devices pulmonology: one spacer (with mask) for inhaler with asthma medication	200	2 000



4. Cost of medication

Prices from online medicine shops are provided in Table 4. These are taken from the following websites:

Table 3. Online medicine websites

Website name	Web address
Lazz Pharma Limited	https://www.lazzpharma.com
MedEx	https://medex.com.bd
ePharma	https://epharma.com.bd
Arogga	https://www.arogga.com

Relating to all medicines in the table below; medication prices are usually not reimbursed by any public health insurance mechanisms, but the Social Welfare Department can recommend free or partial payment for medicines from public facilities. Diphtheria, tetanus, pertussis and rubella vaccines (or combinations such as MMR = Measles, Mumps, Rubella, measles + rubella) are free in the National Immunisation Programme.²²

Table 4. Cost of medications

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in BDT	Place
General medications						
Hydroxycarbamide (= hydroxyurea)	Mylostati [®]	500 mg	capsule	28	392	Pharmacy
Ampicillin	Acmeicillin [®]	125 mg/ 5 ml	syrup	1 bottle	40	Pharmacy

²² Source A, telephone interview, 26 September 2023, Dhaka. Source A is a Professor at Mymensingh Medical College, Dhaka. The person wishes to remain anonymous.

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in BDT	Place
Amoxicillin + clavulanic acid (combination)	Demoxi-clave®	125 mg amoxycillin, 31.25 mg clavulanic acid /5 ml	syrup	1 bottle	150	Pharmacy
Phenoxymethylpenicillin	Penvik Forte®	250 mg/ 5 ml	suspension	1 bottle	84	Pharmacy
Amoxicillin	Kamoxy®	125 mg/ 5 ml	suspension	1 bottle	48	Pharmacy
Trimethoprim + sulfamethoxazole (such as Cotrimoxazole)	Triprim®	(40 mg trimethoprim + 200 mg sulfamethoxazole) /5 ml	suspension	1 bottle	21	Pharmacy
Nitrofurantoin	Nitrofur®	25 mg/5 ml	suspension	1 bottle	80	Pharmacy
Sulfadiazine	Silvec®	silver sulfadiazine 1%/30 gm	cream	1 tube	50	Pharmacy
Vaccines						
Diphtheria, pertussis, tetanus and Haemophilus influenzae type B(=Hib) - vaccine (e.g. Pentavalent vaccine)	Pentaxim®	0.5 ml	injection	1	1 330	Pharmacy
Diphtheria, tetanus, pertussis vaccine	DPT®= diphtheria, tetanus, pertussis vaccine	0.5 ml	injection	1	Free	Pharmacy
Rubella vaccine (or combinations such as MMR = Measles, Mumps, Rubella, measles + rubella)	Rubamax®= measles + rubella vaccine	0.5 ml	injection	1 vial	400	Pharmacy



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in BDT	Place
Mumps vaccine (or combinations such as MMR = Measles, Mumps, Rubella)	Trimovax®	0.5 ml	injection	10 doses	6 986.95	Pharmacy
Measles vaccine (or combinations such as MMR = Measles, Mumps, Rubella)	Trimovax®	0.5 ml	injection	10 doses	6 986.95	Pharmacy
Meningococcal vaccine (prevent meningitis)	Ingovax® ACWY	50 mcg	injection	1	1 000	Pharmacy
Pneumococcal vaccine	Pneumovax 23®	0.5 ml	injection	1	2 470	Pharmacy





Annex 1: Bibliography

Oral sources

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Kundu, S., Al Banna, H., Ahinkorah, B.O., Seidu, A.A., Okyere, J., Prevalence and factors associated with childhood diarrhoeal disease and acute respiratory infection in Bangladesh: An analysis of nationwide cross sectional survey, in: Research Square, 14 July 2021, <https://doi.org/10.21203/rs.3.rs-717076/v1>, accessed 02 December 2023

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Annex 2: Terms of Reference (ToR)

Paediatric Care

Note for drafters: These are guidelines on the information to be included. If one aspect is not relevant, e.g., there is no national institute to treat this disease or no international donor programme, there is no need to mention it. Keep the focus on treating medicine – preventive care can be mentioned but is of less interest to the target group.

General information

- Is there a health program specifically for children? If so, could you explain the content of this program? Are human resources and infrastructures sufficient for the country's needs? At which level of the health pyramid is paediatric monitoring done?
- Is there a program for the partial or total coverage of healthcare for children? If so, what are the eligibility criteria to gain access to it? What financial support can the parents expect from the government, social security or a public or private institution? Is paediatric care covered by social protection or an additional health insurance? If not, how can the patient gain access to treatment?
- Are there any factors limiting access to healthcare for children? If so, are they economic, cultural, geographic? Are there any policies aiming at improving access to care and medication for children?
- What is the 'typical route' for paediatric patients with a disease (after being diagnosed with a disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can he access treatment? Is the treatment geographically, economically, etc. accessible? What must the patient pay and when? Is it the same scenario for a citizen returning to the country after having spent several years abroad?

Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by international donor programmes, e.g., UNICEF or other international donors active in child health, etc.
- Include any insurance information that is specific for these patients.

Cost of treatment

Guidance / methodology on how to complete the tables related to treatments:

- Do not delete any treatments from the tables. If a certain price of a treatment cannot be found for any reason or is not relevant (e.g., if a speech therapist does not work in an inpatient /clinical setting): state shortly "not found" or "not relevant".



- In the table, indicate the price for inpatient and outpatient treatment in public and private facility and if the treatments are covered by any insurance or by the state.
- For inpatient, indicate what is included in the cost (bed / daily rate for admittance, investigations, consultations...). For outpatient treatment, indicate follow up or consultation cost.
- Is there a difference in respect to prices between the private and public facilities?
- Are there any geographical disparities?
- Are the official prices adhered to in practice?
- Include links to online resources used, if applicable (e.g., hospital websites).
- With the column reimbursement/ special program/ free/comments: please also explain the relevance for public and/or private treatments (e.g., are certain reimbursements / coverages only relevant for public or also for private treatments)

Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report. Any treatment without a found price was removed at the editorial stage.

Cost of medication

Guidance / methodology on how to complete the tables related to medications:

- Do not delete any medicines from the tables. If a certain price of a medicine cannot be found for any reason (e.g., the availability could not be confirmed): state shortly “not found”
- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of them being registered?
- Indicate in the tables: generic name, brand name, strength of unit, form, pills per package, official prices, source, insurance coverage.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.?
- If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).

Note: a standardised list of medication was also included in the original ToR, as can be viewed in the report. Any medication without a found price was removed at the editorial stage.

NGOs (include if relevant, otherwise delete section)

- Are there any NGOs or international organisations working on the improvement of access to health care for children? What are the necessary conditions for the patient to be eligible for treatment?



- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children for instance).



