Annexes

Table A 4.1.1. Historical VIA and CBE performance (2015-2024)				
Program	**Total tests**	**Total positive**	**Overall positivity**	**Peak year performance**
VIA (2015-2024)	5,145,653*	220,993*	4.3%*	September 2024: 3.5%
CBE (2015-2024)	5,224,087	69,258	1.33%	July 2024: 2.4%

*Note: Calculated based on available data; requires verification

Figure A 4.1.2. MPDSR Program coverage and performance 2024			
District category	**Districts covered**	**Maternal Deaths reviewed**	**Response plans developed**
UNFPA-supported	8 districts	525 deaths	5 district workshops
Government-led	56 districts	Data pending	In progress
Total	64 districts	525+ deaths	National coverage

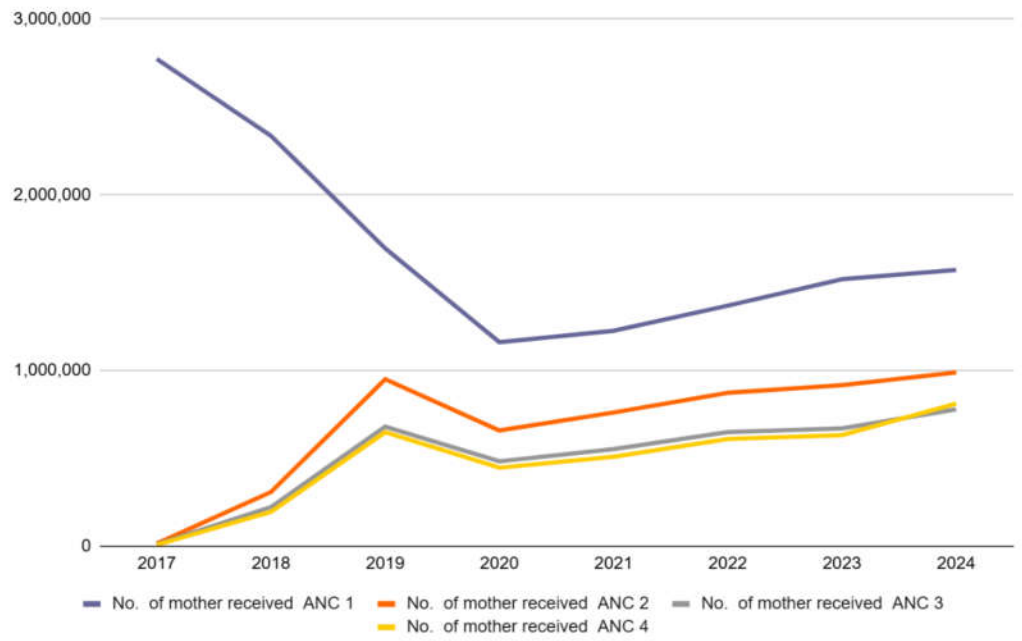

Figure A 4.1.1. Antenatal Care trend 2017-2024

Table A 4.1.3. Institutional delivery and maternal health outcomes, 2022–2024

Year	No. of normal deliveries	No. of Cesarean Section	No. of cases with Post-Partum Haemorrhage	No. of cases with Pre-Eclampsia/ Eclampsia	No. of newborn received PNC 1 services at facility
2022	491,190	421,177	17,693	29,492	778,755
2023	516,841	405,556	18,187	30,340	831,632
2024	567,574	463,599	18569	32,870	990,792

Table A 4.1.4. Distribution of VIA Screening results under the Cervical and Breast Cancer Screening Program (CBCSP), 2024

Year	Total VIA+ve	Total VIA-ve	Total VIA Screening
2024	18700	696723	715423

Table A 4.2.1. Timeline and status of disease elimination

Disease/Condition	Target year	Achievement year	Current status
Poliomyelitis	2014	2014	Certified polio-free
Maternal/Neonatal Tetanus	2008	2008	Elimination maintained
Rubella/CRS Control	2018	2018	Control status achieved
Hepatitis-B Control	2019	2019	Target achieved
Measles/Rubella Elimination	2026	In progress	Working toward elimination
Cervical Cancer Elimination	2030	In progress	HPV campaign ongoing

Table A 4.2.2. Outcomes of the HPV vaccination Initiative

Phase	Coverage area	Target population	Doses administered	Coverage rate
Phase 1	Dhaka division	2,023,732	1,568,570	77.54%
Phase 2	Rest of country	~6.0 million	5,600,000+	92.6%
Total	National	~8.1 million	~7.2 million	89%

Table A 4.2.3. Vaccine introduction chronology

Year	Vaccine introduction	Coverage milestone
1979	BCG, DPT, OPV, Measles, TT	Program launch
2003	Hepatitis-B	Expanded protection
2009	Pentavalent (DPT-Hib-HepB)	Combination vaccine
2012	Measles-Rubella	Enhanced measles control
2015	PCV, IPV	Pneumonia and polio protection

2019	Tetanus-Diphtheria (Td)	Improved adult protection
2023	HPV Vaccine	Cervical cancer prevention
2025	TCV (planned)	Typhoid fever prevention

Table A 4.2.4. Strategic objectives progress monitoring

Objective	Target	Current status	Progress
National Full Vaccination Coverage	≥95%	81.6% (valid)	Approaching target
District Full Vaccination Coverage	≥90%	Variable by district	Needs strengthening
Td5 National Coverage	≥80%	Monitoring ongoing	Data collection
Td5 District Coverage	≥75%	Variable by district	Targeted interventions
Polio-free status	Maintain	Certified since 2014	Sustained success
MNT Elimination	Maintain	Achieved since 2008	Sustained success

Table A 4.2.5. Immunization schedule for children

Vaccines	No of doses	Age of vaccination	Doses Interval	Route
BCG	1	After birth	-	Intra-dermal
Pentavalent Vaccine	3	W6, W10, W14	4 wk	Intramuscular
PCV	3	W6, W10, W14	4 wk	Intramuscular
bOPV	3	W6, W10, W14	4 wk	Oral
IPV	2	W6, W14	8 wk	Intra-dermal
Measles-Rubella (MR)	2	9 months & 15 months	-	Subcutaneous

Table A 4.2.6. HPV and Td vaccination schedule for women aged 10 to 49 years

HPV Vaccine dose (01 dose)	10 years old Girl
Td Vaccine doses	Starting dose/ Minimum Interval between doses
Td1	Age of 15 years
Td2	At least 4 weeks after TT1
Td3	At least 6 months after TT2
Td4	At least 1 year after TT3
Td5	At least 1 year after TT4

Table A 4.3.1. Activities for the control of kala-azar

Activities/Indicators	NKEP	ASCEND	Total
No. of cluster searches conducted	2	135	137
No. of case investigations completed	4	8	12
No. of households surveyed during cluster search and case investigation	138	9,336	9,474
No. of people screened during cluster search and case investigation	595	38,122	38,717
No. of people suspected as kala-azar cases (fever for >2 weeks) during cluster search and case assessment	12	1,081	1,093
No. of people suspected as PKDL (PKDL-like skin lesion) during cluster search and case assessment	0	160	160
No. of rK39-positive cases during cluster search and case assessment	0	39	39
No. of people diagnosed with kala-azar during cluster search and case assessment	0	2	2
No. of people diagnosed with PKDL during cluster search and case assessment	0	24	24

Table A 4.3.2. Training on rabies control in Bangladesh

Sl No.	Title of training	Year	Duration (days)	No. of participants	No. of upazilas covered	Fund
1	Training on animal-bite management and rabies surveillance	January-December 2023	1 day	CS, DCS, Director (Hospital), Assistant Director (Hospital), MOCS, Superintendent, UHFPO, RMO, MO, EMO, SSN, HI, AHI, Statistician, Storekeeper	58	GOB
2	Celebration of World Rabies Day (64 districts)	Sep-23	1 day	Different stakeholders of DGHS, DLS, LGD, all districts, and all upazilas	495	GOB
3	Animal control staff training (13 districts and 1 city corporation)	January-December 2023	1 day	HI, AHI, local dog catcher, expert dog catcher, vaccinator, surveyor	83	GOB
4	Mass dog vaccination (13 districts and 1 city corporation)	January-December, 2023	5 days	HI, AHI, local dog catcher, expert dog catcher, vaccinator, surveyor, porter	83	GOB

Table A 4.3.3. Background information on the existing (functioning) PoE in Bangladesh				
Type of PoE	Number	Designated number	With core capacity assessed	Designated competent authority (CoordinationCommittees)
Airport				
International	4	1	3	1
Domestic				
STOL	7			
Sea port	4	1	2	1
Ground crossing	23	1	11	1

Table A 4.3.4. Targets of the WHO's end TB strategy				
Indicator	**Milestone**		**Target**	
	2020	**2025**	**2030**	**2035**
Reduction in the number of TB-related deaths compared to 2015 baseline	35%	75%	90%	95%
	-43,000	-16,500	-6,600	-3,300
Reduction in the number of TB incidence compared to 2015 baseline	20%	50%	80%	90%
Bangladesh: 225/100,000	(180/100K)	(112/100K)	(45/100K)	(22/100K)

Estimated Size of HIV Positive Key Populations

A comprehensive size estimation of key populations is currently being devised in Bangladesh. According to the available data, the projected sizes of the various key populations are delineated in Table 4.3.4.

Table A 4.3.5. Estimated sizes of distinct key Populations		
Sl No.	**Key population**	**Estimated size (2024)**
1	Street based FSW	37,629
2	Residence based FSW	47,828
3	Hotel based FSW	24,167
Total FSW		109,624
4	MSM	116,498
5	MSW	48,694
Total MSM		165,192
6	PWID (Male)	34,370
Total PWID		34,370
7	TG/Hijra	12,629

Table A 4.3.6. Comprehensive Coverage of key populations: size estimation for 2024					
SL	**Type of KPs**	**Size estimation**	**Percentage of covered**	**No of district**	**Implementing PRs**
1	PWID	34,370	71%	38	NASP, Save the Children and SRs
2	FSW	109,624	22%	14	NASP, SCI
3	MSM	165,192	40%	26	NASP, icddr,b and partners
4	Transgender	12,629	63%	36	NASP, icddr,b

Table A 4.3.7. Aedes Species composition over years				
Year	P. falciparum	P. vivax	Mixed	% Pf of total
2018	8,508	1,675	340	78 %
2020	4,746	1,245	139	73 %
2022	11,952	5,835	408	63 %
2024	6,280	6,055	765	48 %

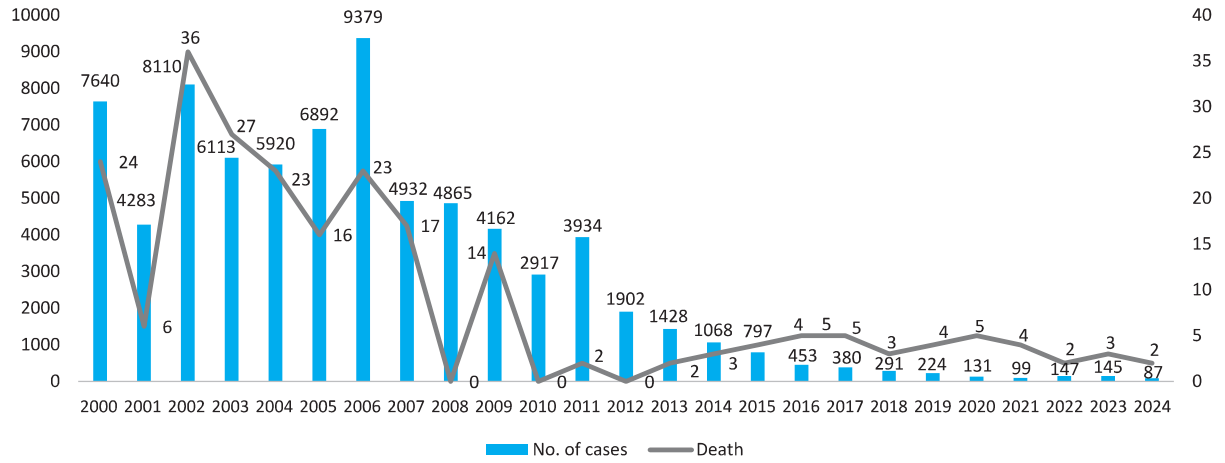

Figure A 4.3.1. Epidemiological trends of Kala-azar cases (Comprising New Instances, Relapses, Treatment Failures, and Post-Kala-azar Dermal Leishmaniasis [PKDL]) and corresponding mortality rates in Bangladesh (2000-2024).

Table A 4.3.8. Availability of Diagnostic Kits and Anti-Kala-azar Drugs in Bangladesh			
Category	**Location / Level**	**Item description**	**Quantity**
Diagnostic kits	UHCs of Kala-azar endemic upazilas	RDT-rK39 kits	11,922
	Tertiary level hospitals	RDT-rK39 kits	516
	Central stores	RDT-rK39 kits	34,445
Drugs – Injection AmBisome	28 treatment centers and tertiary level health facilities	AmBisome vials	656
	Central level	AmBisome vials	1,719
Drugs – Miltefosine (50 mg)	UHCs and tertiary level health facilities	Miltefosine capsules (50 mg)	5,636
	Central store	Miltefosine capsules (50 mg)	11,424
Drugs – Miltefosine (10 mg)	UHCs and tertiary level health facilities	Miltefosine capsules (10 mg)	2,756
	Central store	Miltefosine capsules (10 mg)	1,736

Table A 4.3.9. Healthcare practitioners trained on Kala-azar with Bangladesh Government and WHO funding During January to December 2024.

Sl. No.	**Name of training**	**No. of participants**	**No of Upazila covered**
1.	Indoor Residual Spray (IRS) training for Team leader, Spray man, 1st line supervisor	2159 (116 batches)	81
2.	Training on Kala-azar Modern Management for Doctors and Nurses of all endemic upazilas under NKEP	2202 (38 batches)	38
3.	Training on Kala-azar for HI, AHI, HA and CHCP	684 (19 batches)	57
Total		5045	176

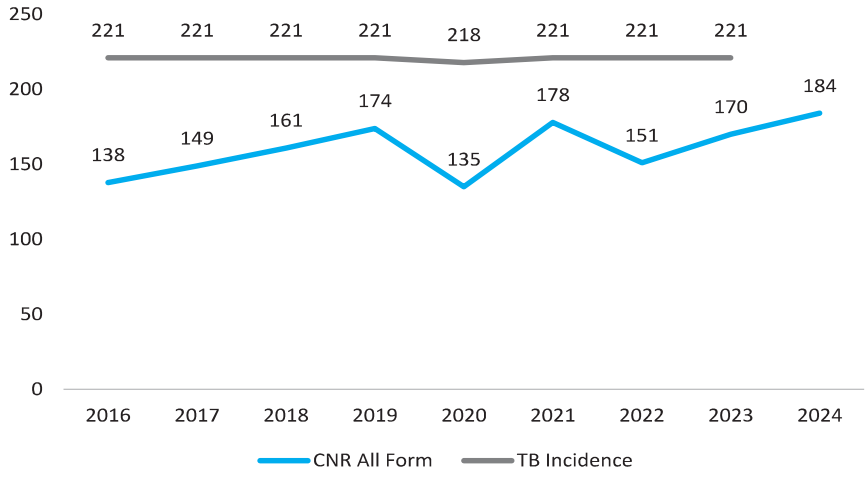

Figure A 4.3.2. Tuberculosis Incidence Rate Versus Case Notification Rate

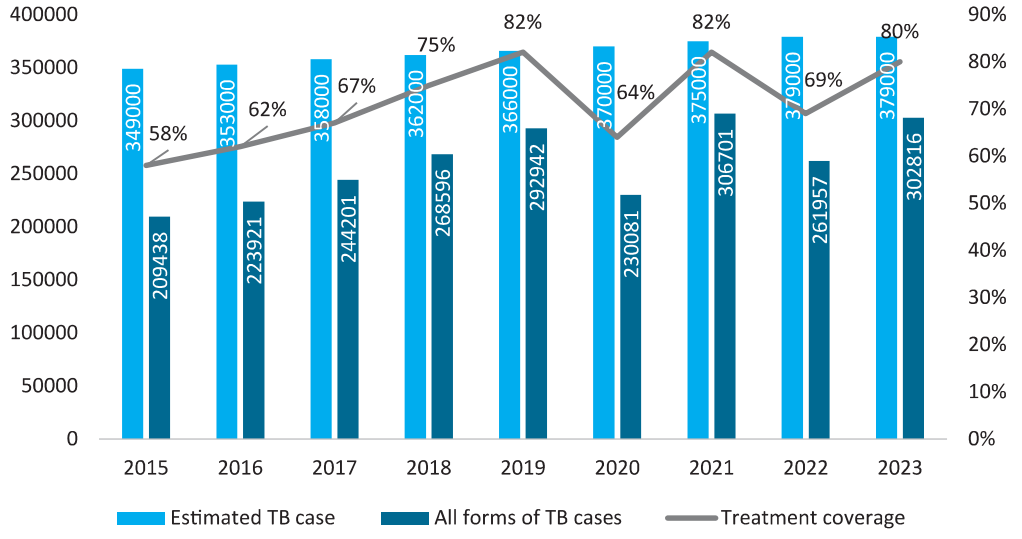

Figure A 4.3.3. TB treatment coverage rate

Table A 4.3.9. New Leprosy cases in Bangladesh	
Parameter	**2024**
Prevalence rate(per 1000 population)	0.18
New case detection	3519
NCDR=New case/100000)	2.12
Child cases	158
Child cases rate	4.49
G2D cases	230
% of G2d	6.54

Figure A 4.3.4. Map of Malaria Parasite Incidence, 2024 (source: NMEP, 2024)

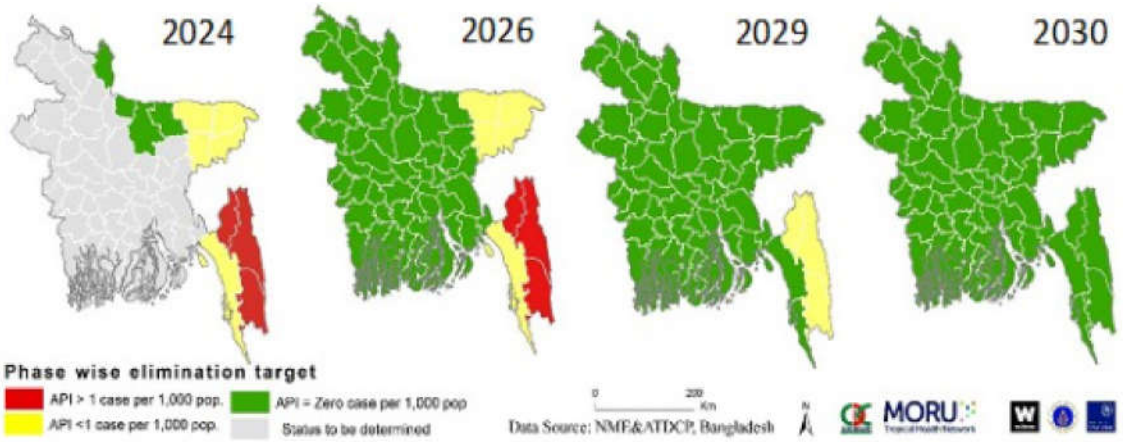

Figure A 4.3.5. Targets of phase-wise elimination of malaria (2024-2030) (source: NMEP, 2024)

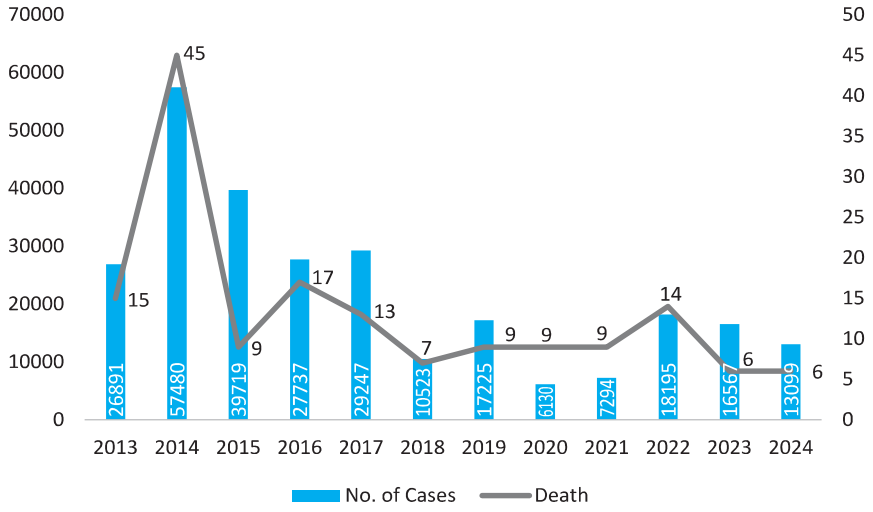

Figure A 4.3.6. Malaria cases and deaths from the year 2013 to 2024

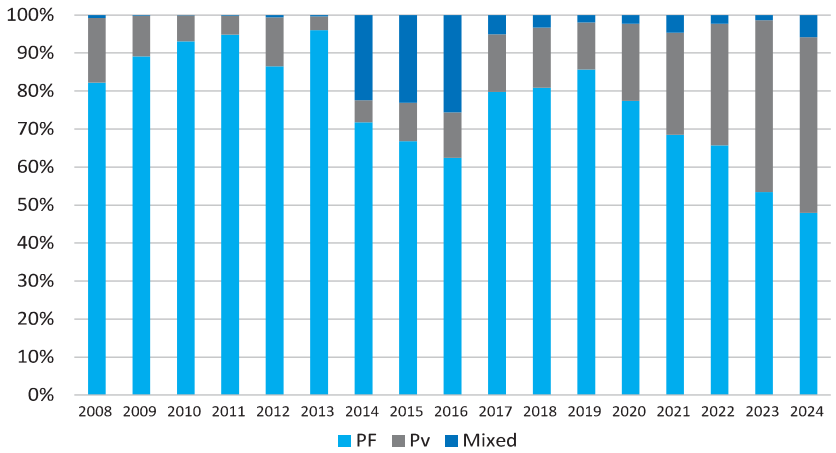

Figure A 4.3.7. Proportion of malaria cases by species of mosquito, 2008-2024 (source: NMEP, 2024)

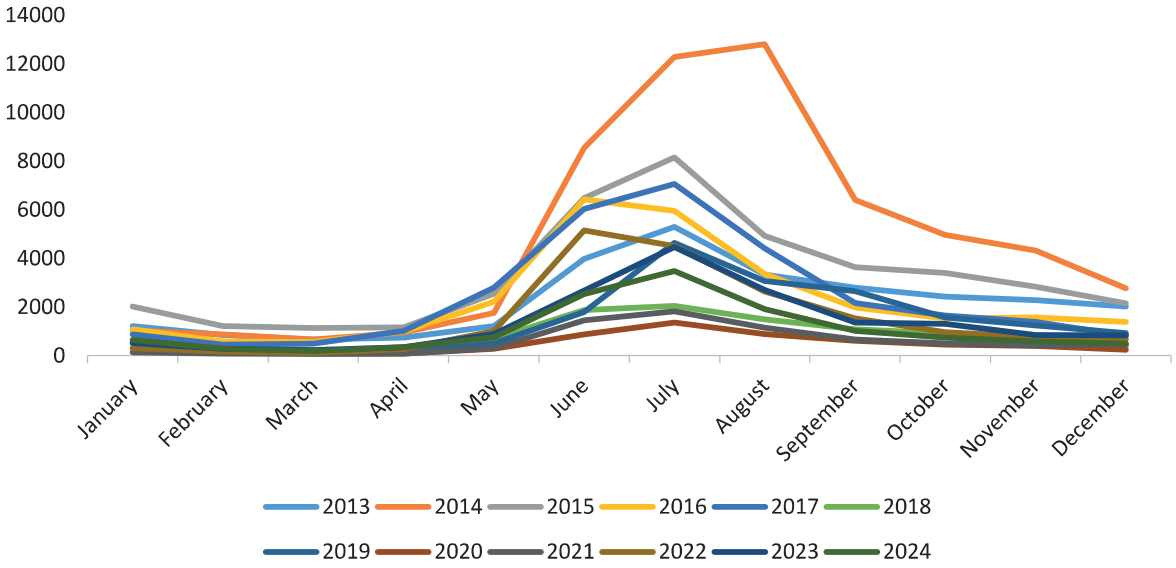

Figure A 4.3.8. Monthly trend of malaria cases (2013-2024) (source: NMEP, 2024)

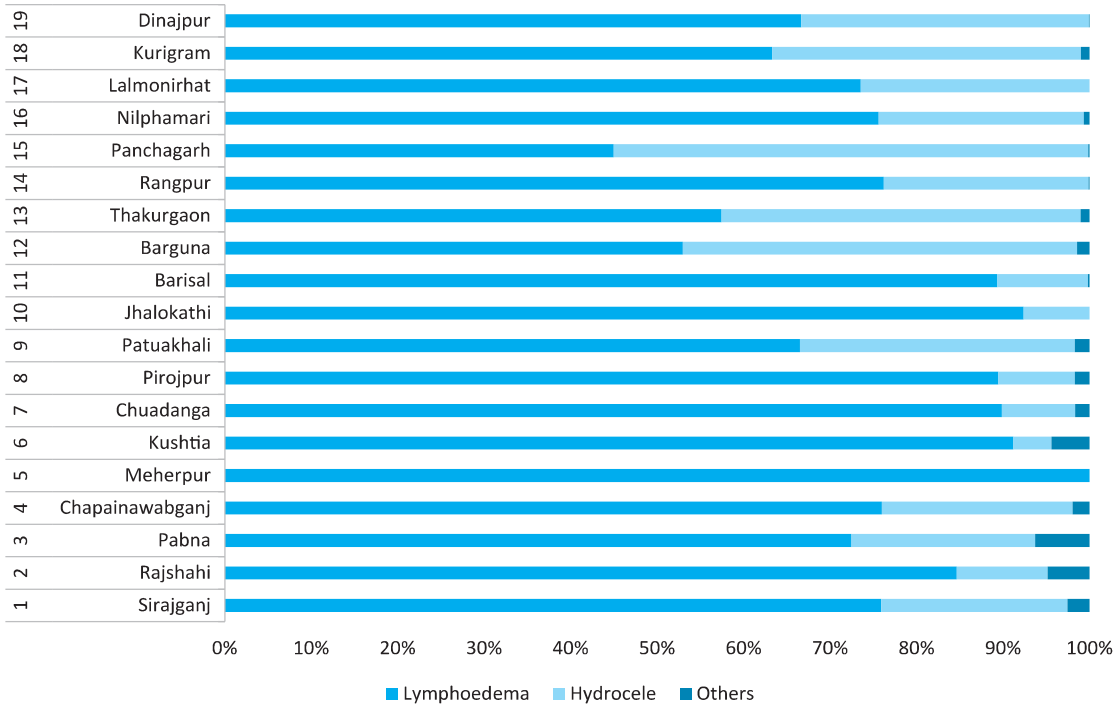

Figure A 4.3.9. District-wise graphical view of chronic LF, hydrocele and other patients in 19 endemic districts

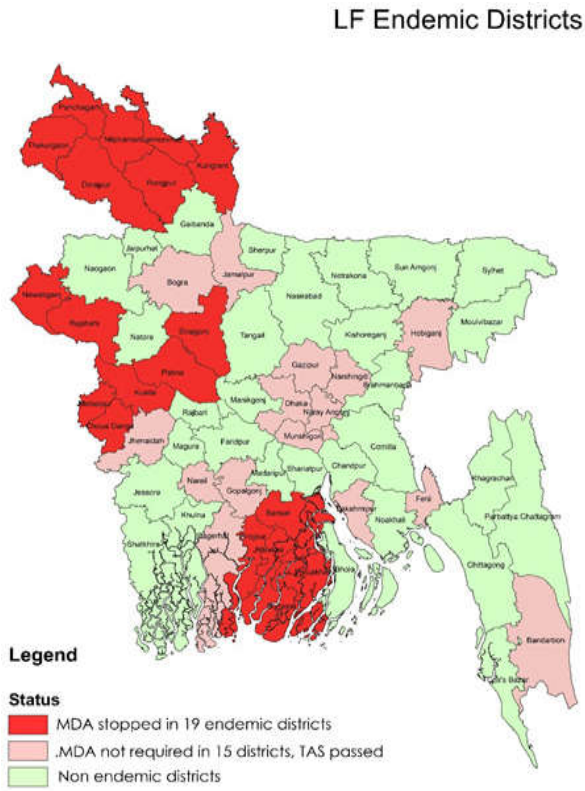

Figure A 4.3.10. Map of LF-endemic districts

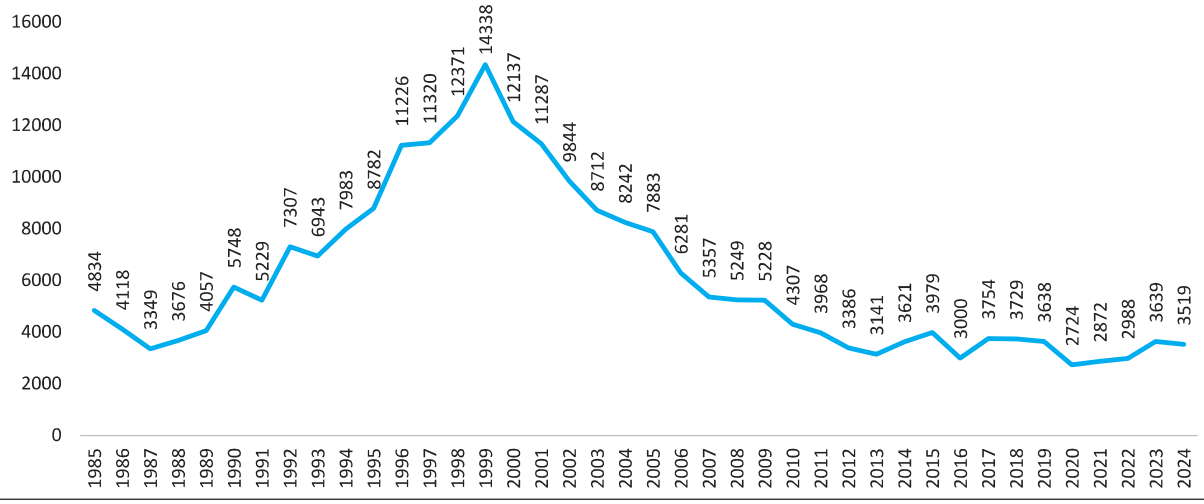

Figure A 4.3.11. New cases of Leprosy in Bangladesh over the year

Table A 4.5.1. IEDCR Key Surveillance Indicators 2024		
Surveillance Program	**2024 Highlights**	**Key Findings**
Nipah Virus Surveillance	5 cases, 100% fatality	Continued seasonal pattern, perfect fatality rate
Japanese Encephalitis	1.9% positivity	Low positivity indicating effective control
AMR Surveillance	Android app and dashboard expansion	Digital transformation enhancing data visibility
Rotavirus Surveillance	62.96% positivity	High burden indicating need for enhanced interventions
Anthrax Surveillance	28 cases positive from Meherpur	Geographic concentration requiring targeted response
Leptospirosis Surveillance	6.8% positivity	Ongoing transmission risks in flood-prone areas
Acute Watery Diarrhea Surveillance	20,670 RDT, 10,204 PCR, 4,180 stool cultures	Comprehensive testing demonstrating robust capacity
Genome Sequencing Activities	144 RSV, 32 SARS-CoV-2, 12 Dengue, 12 Chikungunya	Advanced genomic surveillance for epidemic intelligence
Outbreak Investigation	16 case investigations, 22 outbreak investigations	Comprehensive emergency response capacity

Table A 4.5.2. Community-Based Surveillance Implementation Coverage			
City Corporation	**Wards Covered**	**Trained Volunteers**	**Priority Diseases Monitored**
Dhaka South	4	80	5 priority diseases plus unusual events
Rajshahi	4	80	5 priority diseases plus unusual events
Sylhet	4	80	5 priority diseases plus unusual events
Total	12	240	Integrated surveillance platform

Table A 4.7.1. SAM Program Infrastructure and Capacity		
Service Component	Achievement	Coverage
SAM Units Established	436 units	District hospitals & UHCs
IMCI & Nutrition Corners	581 corners	District hospitals & UHCs
Baby Friendly Hospital Initiatives	913 facilities	National coverage
Healthcare Providers Trained (BFHI)	4,270 staff	Breastfeeding promotion
CCNT Training Coverage	62,000 providers	Comprehensive nutrition training
District Nutritionist Positions	64 positions	All districts covered

Table A 4.7.2. Historical Nutrition Trends (2007-2022) - Detailed Breakdown						
Indicator	**2007**	**2011**	**2014**	**2017-18**	**2022**	**Change (2007-2022)**
ANC from Medically Trained Provider	53%	55%	64%	82%	90%	+37 percentage points
ANC 4+ Visits	22%	26%	31%	47%	41%	+19 percentage points
Child Nutrition Status						
Stunting	43%	41%	36%	31%	24%	-19 percentage points
Underweight	41%	36%	33%	22%	22%	-19 percentage points
Wasting	17%	16%	14%	8%	11%	-6 percentage points
IYCF Practices (3+ practices)	-	21%	23%	34%	29%	+8 percentage points
Diarrhea Treatment Coverage						
ORT (ORS or homemade)	81%	81%	84%	85%	-	+4 percentage points
ORT & Zinc	20%	34%	38%	44%	43.3%	+23.3 percentage points
Vitamin A Supplementation	84%	60%	62%	79%	-	Variable performance

Table A 4.7.3. Current Status of 25 Priority Indicators of NPAN2 2016-2025 NPAN2 output					
SL.	**Indicators**	**NPAN2 Target 2025**	**Baseline of NPAN2 2016**	**Current Status**	**Previous status**
1	Increase the initiation of breastfeeding in the first hour of birth	80%	51%	40% (BDHS 2022)	69% (BDHS 2017-18)
2	% of children (0-6m) exclusively breastfed	70%	55%	55% (BDHS 2022)	65% (BDHS 2017-18
3	% of children (6-23 m) receiving (MAD)	40%	23%	29% (BDHS 2022)	35% (BDHS 2017-18)
4	Percentage of infants born with low birth weight (<2,500 grams)	16%	23%	23%	14.8% MICS (2019)
5	Reduce Stunting among under-5 children	25%	36%	24% (BDHS 2022)	31% (BDHS 2017-18)
6	Children under 5 years who are wasted	<8%	14%	11% (BDHS 2022)	8% (BDHS 2017-18)
7	Children under 5 years who are overweight	1.40%	1.40%	1.5% (BDHS 2022)	2.40% (MICS 2019)
**	children under age 5 are underweight	NA	33% (BDHS 2014)	22% (BDHS 2022)	22% (BDHS 2017-18)
8	% of Women 15-49 yrs. with Anaemia	<25%	42%	28.9% (NMS 2019-20)	28.9% (NMS 2019-20)
Table A 4.7.3. contd.					

Table continued...

SL.	Indicators	NPAN2 Target 2025	Baseline of NPAN2 2016	Current Status	Previous status
9	% of children under 5 with diarrhoea treated with ORT and Zinc	Not yet fixed	38%	43.3% (BDHS 2022)	43.60% (BDHS 2017-18)
10	% of women 15-49 yrs who are overweight or obese (BMI ≥23)	30%	24%	39% (BDHS 2014)	39%(BDHS 2014)
11	% of adolescent girls (15-19 yrs.) with height <145 cm	<8%	13%	4.51% SFNS (2022)	4.51% SFNS (2022)
12	% of adolescent girls (15-19 yrs.) thin (total thinness)	<15%	29%	18% SFNS (2022)	18% SFNS (2022)
13	% of women (20-24 yrs) who have begun childbearing	10%	31%	28%(BDHS 2017-18)	28%(BDHS 2017-18)
14	% of population that use improved drinking water	>99%	98%	98.50%(MICS 2019)	98.50%(MICS 2019)
15	% of population that use improved sanitary latrine (not shared)	75%	45%	59% (BDHS 2022)	43% (BDHS 2017-18)
16	% of caregivers with appropriate hand washing behaviour	50%	27%	27% (FSNSP 2014)	27%(FSNSP 2014)
17	Per capita consumption of fruits and vegetables	≥400g per day	Fruits: 44.7 gm Vegetables: 166.1 gm	Fruits: 95.4 gm (HIES 2022) Vegetables: 201.9 gm (HIES 2022)	Fruits: 35.78 gm Vegetables: 167.3 gm (HIES 2016)
18	% share of total dietary energy from consumption of cereals	<60%	70% (HIES 2010)	30.54% (HIES 2022)	HIES
19	% of women age 20-24 years who were first married by age 18 yrs	30%	59%	51.40% (MICS 2019)	51.40%(MICS 2019)
20	Number of Social Safety Net Programs which incorporated nutrition sensitive & nutrition specific objectives	50%	10% (assumption)	15% (assumption)	10% (assumption)
21	Number of upazilas covered under VGD program to provide nutritionally enriched fortified food	50%	Nill	189 Upajillas (WFP 2019)	189 Upajillas (WFP 2019)
22	% of children (36-59 m) who are attending an early childhood education program	30%	13%	18.90%(MICS 2019)	18.90%(MICS 2019)
23	% of women who completed secondary/higher education	90%	14%	32% (BDHS 2022)	17% (BDHS 2017-18)

Table A 4.7.3. contd.

Table continued...

SL.	Indicators	NPAN2 Target 2025	Baseline of NPAN2 2016	Current Status	Previous status
24	Number of ongoing comprehensive coordinated multisectoral, multichannel advocacy and communications campaign	10	NA	NA	
25	Change in per capita consumption of: i. salt	i. <5 gm/ person/ day (WHO)	i. Salt: not available	i. Salt: 25.37 gm/ person/ day (HIES 2022)	i. Salt: not Available
	ii. sugar consumption	ii. <10% of total energy intake	ii. Sugar: 7.4 (gm/capita / day)	ii. Sugar: 11.64 (gm/ capita /day) (HIES 2022)	ii. Sugar: 6.9 (gm/capita /day) (HIES 2016)

Table A 4.8.1. Community Clinic Service Package 2024

Service Category	Specific Services	Provider	Frequency
Maternal Health	ANC, PNC, Normal delivery (selected CCs)	CHCP	Daily
Child Health	IMCI, Growth monitoring, Vaccination support	CHCP	Daily
Reproductive Health	Family planning counseling, Contraceptive supply	CHCP, FWA	Daily, 2 days/week
Nutrition	IYCF counseling, Micronutrient supplementation	CHCP	Daily
NCD Screening	Hypertension, Diabetes screening & referral	CHCP	Daily
Minor Ailments	Treatment of common conditions, First aid	CHCP	Daily
Health Education	Community education, Behavior change communication	CHCP, HA	Daily, 2 days/week

Table A 4.8.2. Essential Medicine List (22 Items) Supplied to Community Clinics

Category	Medicines	Supply Rate
Analgesics	Paracetamol tablets, Aspirin	Per consumption
Antibiotics	Amoxicillin, Cotrimoxazole	Per consumption
Antidiarrheal	ORS packets, Zinc tablets	Per consumption
Respiratory	Salbutamol, Antihistamine	Per consumption
Reproductive Health	Iron-folic acid, Contraceptive pills	Per consumption
First Aid	Antiseptic solution, Bandages	Per consumption
Others	Multivitamins, Antacids	Per consumption
Total Supply	All 22 items	10 cartons/clinic/year

Table A 4.8.3. Community Engagement Structure			
Governance Level	**Composition**	**Role**	**Accountability**
Community Group	13-17 members (min 4 female)	Clinic oversight, Community mobilization	UP Member (Head)
Union Parishad	Elected local government	Policy support, Resource mobilization	Chairman (Chief Patron)
Upazila Level	Health & Family Planning Officer	Technical supervision, Quality assurance	Civil Surgeon
District Level	Civil Surgeon Office	Program oversight, Resource allocation	Director General of Health Services

Table A 4.9.1. Scope of essential Health services by facility Level: Health Post and Primary Health Centre	
Health Post	**Primary Health Centre**
Curative care	
• Outpatient curative care	• Outpatient curative care (separated pediatrics, • female/ male)
• Standard triage including nutrition screening • (w/h), first aid (stabilization, dressing), treatment of emergency cases	• Standard triage including nutrition screening (w/h), first • aid (stabilization, dressing), treatment of emergency cases • ECG services
	• Inpatient curative care (mild and moderate conditions)
Maternal and Newborn Health	
• ANC	• ANC
• PNC	• PNC
• Stabilization, and referral of newborn, and obstetric emergencies	• Normal deliveries
+ IFA supplementation	• B-EMONC (excluding assisted deliveries)'
• Td vaccination	• Essential newborn care
• Obstetric Fistula screening through clinical history, and referral	• Preterm newborn and sepsis management
• Voluntary counseling and testing for PMTCT	• Post abortion care
	• Menstrual Regulation
	• Td vaccination
	• IFA supplementation
	• Obstetric Fistula screening and referral
	• Voluntary counseling and testing for PMTCT
Table A 4.9.1. contd.	

Table continued...		
Health Post	**Primary Health Centre**	
Child Health		
• IMNCI	• IMNCI	
• Routine Immunization (0-2 years)	• Routine Immunization (0-2 years)	
• Growth monitoring	• Growth monitoring	
Adolescent Health		
• Adolescent friendly services	• Adolescent friendly services	
• IFA supplementation	• IFA supplementation	
• Family Planning		
• Family planning counselling	• Family planning counselling	
• Provision of short acting methods. Counselling and referral for long-acting family planning methods	• <	Provision of short/ long-acting methods.
Gender-Based Violence		
• Have one person trained in Clinical Management of Rape Survivors (CMR during) working hours	• Have one person trained in CMR during duty hours	
• Survivor Identification through referrals, self-reports, accompaniments, health provider suspects injury or condition that can be linked to violence	• Survivor Identification through referrals, self-reports, accompaniments, health provider suspects injury or condition that can be linked to violence	
• Assessment and care for survivors of intimate partner violence that includes the following; Provision of first line support and facilitating safe referrals to GBV service providers including mental health, management of associated minor injuries o conditions	• Assessment and care for survivors of intimate partner • violence: First line support, management of associated minor injuries or conditions • Clinical management of rape survivors that includes; □ Provision of first line support □ History taking & examination, for the purpose of	
Table A 4.9.1. contd.		

Table continued...

Health Post	Primary Health Centre
• Clinical management of rape survivors that includes: □ Provision of first line support □ History taking & examination for the purpose of treatment □ Prophylaxis/Treatment for STI O Emergency Contraception □ Post-Exposure Prophylaxis (PEP)- HIV □ O Menstrual regulation or referrals if needed O Management/treatment of minor injuries □ or conditions associated with the violence; □ TT when it is necessary □ Referral for Hepatitis B vaccination □ Follow-ups and consent-based referrals for other services	• Treatment □ Prophylaxis/Treatment for STI □ Emergency Contraception □ Post-Exposure Prophylaxis (PEP)- HIV □ Menstrual regulation or referrals if needed □ Management/treatment of minor injuries or conditions associated with the violence; □ TT when it is necessary □ Referral for Hepatitis B vaccination □ Follow-ups and consent-based referrals for other services
Nutrition	
	IYCF corner with skilled IYCFE counsellor, breastfeeding corner
• Clinical diagnosis and management of anemia among adults including PLWs, children 6 to 59 months & adolescents' Systematic detection of acute malnutrition (MUAC or/andadults including PLWs, children 6 to 59 months andW/H) among children 6 to 59 months and PLWs adolescents	Systematic detection of acute malnutrition (MUAC or/and W/H) among children 6 to 59 months and PLWs
• Referral of PLW and SAM and MAM children 6 to 59 months to OTPs or TSFPs according to nutritional adults including PLWs, children 6 to 59 months and status and treatment guidelines adults including PLWs, children 6 to 59 months and status and treatment guidelines Clinical diagnosis and management of anemia among	Clinical diagnosis and management of anemia among adults including PLWs, children 6 to 59 months and adolescents

Table A 4.9.1. contd.

Table continued...	
Health Post	**Primary Health Centre**
	Referral of PLW and SAM and MAM children 6 to 59 months to OTPs or TSFPs according to nutritional status and treatment guidelines
Communicable diseases	
• Identification of common communicable diseases, management and referral as necessary	• Identification of common communicable diseases, management and referral as necessary
• Identify, isolate, and refer as necessary for diseases with epidemic/ pandemic potential	• Identify, isolate, test, and treat, or refer as necessary, for diseases with epidemic/ pandemic potential
• Identification and referral of presumptive TB cases to nearest TB laboratories for confirmation.	• Identification of presumptive TB cases; sputum collection for confirmatory testing at nearest TB laboratory; DOTS (in line with National Program); referral to National program TB partner.
• Malaria identification and treatment of uncomplicated cases as per National program	• Malaria identification and treatment of uncomplicated and complicated cases as per National program
• Syndromic management of STI	• Syndromic management of STI/Basic testing and treatment
• HIV Prevention (condoms, BCC), PEP	• HIV Prevention (condoms, BCC), PICT and referrals PEP kits for post exposure prophylaxis
• Oral Rehydration Treatment (ORT) point for treating non severe AWD	• Oral Rehydration Treatment (ORT) corner for treating non-severe AWD
Mental Health and Psychosocial Services	
• Psychological first aid	• Psychological first aid
• Identification and referral of persons with mental health needs (special attention to vulnerablegroups e.g., children, GBV survivors, persons with disability).	• Identification and referral of persons with mental health needs (special attention to vulnerable groups e.g. children, GBV survivors, persons with disability).
	• Management of mental health priority conditions by mhGAP trained clinician; referral of severe cases.
	• Psychosocial interventions provided by trained psychologists, counsellors or psychosocial volunteers
Table A 4.9.1. contd.	

Table continued...	
Health Post	**Primary Health Centre**
Non-communicable diseases	
• Screening and risk assessment for NCD conditions □ Screening of persons for cardiovascular risk □ factors including hypertension and high blood sugar, COPD. □ Risk based management of hypertension and diabetes as per national protocol. □ Management of cardiovascular diseases, COPO and asthma as per national protocol. □ First aid for injuries including road traffic □ injuries, burn and drowning and referral • NCD referrals	• Screening and risk assessment for NCD conditions □ Screening of persons for cardiovascular risk factors □ including hypertension and high blood sugar, COPO. □ Risk based management “of hypertension and diabetes as per national protocol. □ Management of cardiovascular diseases, COPO and asthma as per national protocol. □ First aid for injuries including road traffic □ injuries, burn and drowning and referral • NCO referrals
• Counseling on NCO risk factors	• Counseling on NCO risk factors
• Promotion of healthy lifestyle	• Promotion of healthy lifestyle
Referral	
• Emergency Referral mechanism including patient back referral system as per the sector referral protocol	• Emergency Referral mechanism (with dedicated 24/7 ambulance, clinical staff to escort and independent payment mechanism) including patient back referral system as per health sector referral protocol
• Sustain a routine medical referral mechanism	• Sustain a routine medical referral mechanism with sustainable funding
Support services	
Pharmacy	
• Pharmacy (supply of essential medicines as per Bangladesh essential health service package4 and the national essential medicine list5 and proper storage and records)	• Pharmacy (supply of essential medicines as per Bangladesh essential health service package and the national essential medicine list5 and proper storage and records) • Cold chain & temperature-controlled medicine stock room
Table A 4.9.1. contd.	

Table continued...	
Health Post	**Primary Health Centre**
Laboratory	
• Hemoglobin (HemoCue or Hemoglobin meter) • Usage of ROTs (Malaria, HBsAg, RPR, urine • pregnancy testing) • Urine dipsticks (urine protein, urine ketone and urine glucose) • Blood glucose (glucometer) • Specimen collection and transport (Blood, stool swabs and urine)	• Hemoglobin (HemoCue or Hemoglobin meter)- 24/7 • Blood glucose- 24/7 • Blood grouping and typing- 24/7 • Malaria by ROT and microscopy • Urine dipsticks (urine protein, urine ketone and urine glucose)- 24/7 • Stool microscopy for parasites • Usage of ROTs (i.e., Malaria, HIV, Hepatitis viruses (A, B, C and E), RPR, leptospirosis, dengue, chikungunya, cholera, urine pregnancy testing) • Urine microscopy • Complete blood count (Manual or automated) or • sample referrals to the facilities that provide the tests • Basic serological and blood investigation required in major communicable disease management (i.e., Lipid profile, Kidney function tests) or sample referral mechanism, • External/internal quality control mechanism • Specimen collection and transport (Blood, stool swabs and urine)
Community health	
• Sustain community health program linked to the facility complying the CHWG ToR and standards • Sustain a community level MHPSS program	

Table A 4.9.2. Month-wise Trends of common diseases and health conditions in 2024

Data / Period	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
ARI: non-pneumonia/ URTI	91,487	87,068	87,700	76,838	76,376	64,028	71,358	107,394	80,050	80,749	88,638	81,262	992,948
ARI: pneumonia/ LRTI	9,485	9,461	9,235	7,740	7,849	7,039	6,735	15,120	10,541	6,849	7,280	6,343	103,677
Skin Diseases	41,435	33,927	33,389	31,418	36,931	42,219	42,214	42,994	47,694	55,689	53,220	53,203	514,333
Gastroenteric problems/ PUD	38,189	33,436	33,362	27,262	31,239	31,986	32,229	33,197	30,900	32,947	32,624	30,739	388,110
Diarrhoea-Acute Watery Diarrhoea	9,204	8,893	9,949	9,472	10,974	12,128	12,177	14,347	12,888	14,096	13,847	12,181	140,156
Ear Disease	5,147	4,993	5,000	4,153	4,980	5,531	5,261	6,203	6,233	6,299	6,122	6,042	65,964
Intestinal Worms	4,886	5,477	6,745	5,271	7,131	6,195	5,227	4,288	5,082	5,863	4,783	4,532	65,480
Dental Problem	5,572	5,148	4,848	4,309	5,095	5,184	4,758	6,723	5,282	5,122	5,518	5,567	63,126
Urinary tract infection	4,636	4,820	4,882	4,678	5,520	5,114	5,349	5,051	5,732	6,067	5,179	4,694	61,722
Diarrhoea-Other	3,243	2,391	2,230	2,041	2,864	3,015	3,181	3,496	3,187	3,272	2,886	2,734	34,540
Eye problem-Conjunctivitis	1,687	1,898	2,103	1,695	1,929	2,051	2,418	2,864	3,141	3,489	3,509	2,976	29,760

Table A 4.9.2. continued...

Table contd.													
Data / Period	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Total**
Fever Unexplained > 101°F/38.5°C	2,266	1,936	2,413	2,953	2,750	2,528	2,731	3,135	2,479	2,607	1,917	1,959	29,674
Abscess	1,648	1,277	1,221	1,350	2,823	3,663	2,613	1,993	2,545	2,881	1,955	1,569	25,538
Eye problem-Other	1,718	1,817	1,922	1,573	1,849	1,838	1,555	1,924	2,156	2,188	2,777	2,131	23,448
Dengue-confirmed	258	359	679	597	436	366	1,490	3,364	4,679	3,902	2,399	907	19,436
Sexually Transmitted Disease/STI	1,192	1,063	944	748	1,083	961	1,002	1,152	1,327	1,348	1,296	1,329	13,445
Dengue-suspected	169	104	518	683	462	510	864	1,494	1,880	2,167	1,550	454	10,855

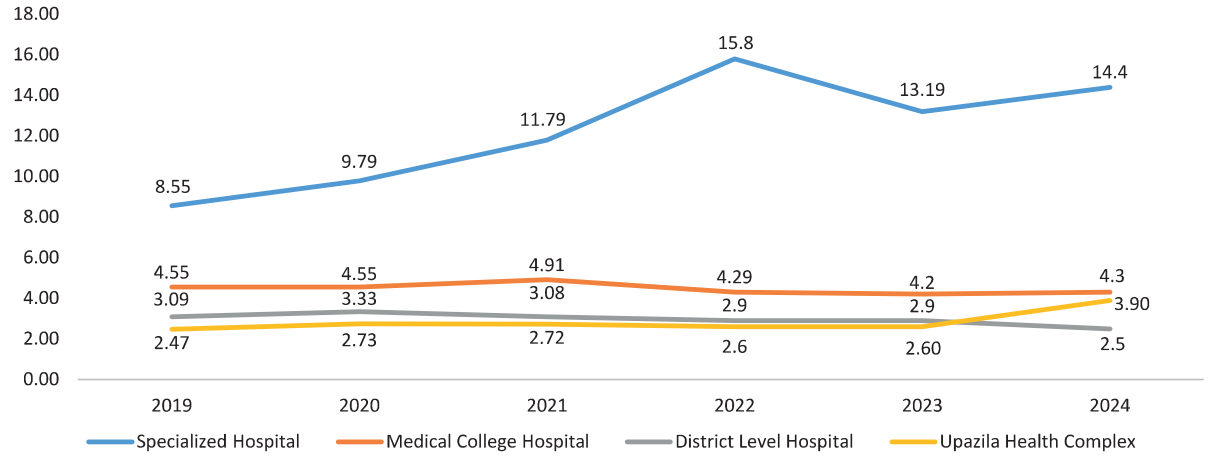

Figure A 5.1. Average length of stay in different levels of government hospitals during the last six years

ALS remained stable across levels, averaging 3–4 days in secondary hospitals and 8–14 days in tertiary hospitals. Specialized hospitals showed the highest ALS due to complex case management.

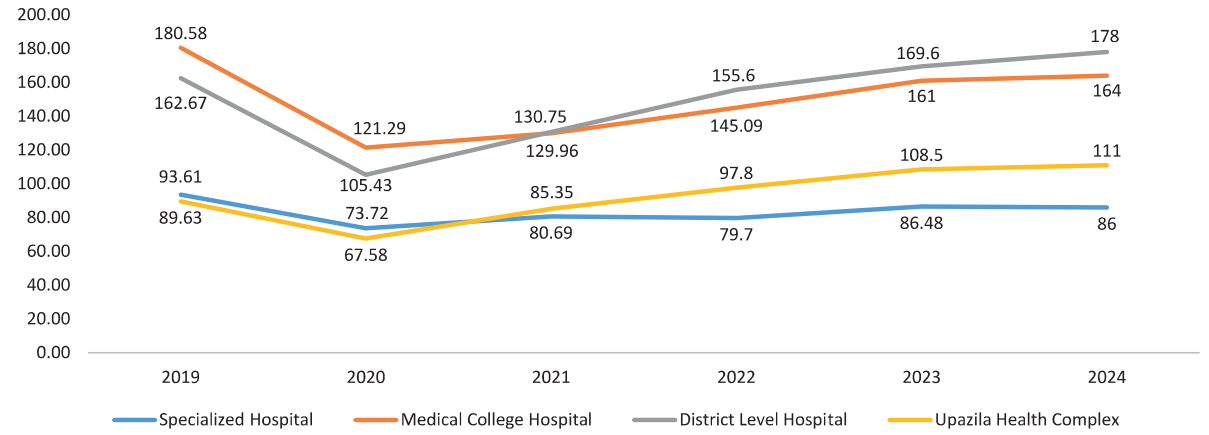

Figure A 5.2. Bed-occupancy ratios in different levels of government hospitals during the last six years

BOR increased consistently across all levels, exceeding 100% in tertiary and district hospitals, confirming strong utilization but also signaling overcrowding pressures.

Table A 8.1. Number of institutions, enrolment capacity of the government and private medical colleges, including dental colleges, and dental units during academic year 2023-2024

Type of institutions	Number of institutions	Estd. year	Enrolment capacity (No. of seats)
Government Medical College	37	1946 – 2024	5380
Armed Forces Medical Colleges and Army Medical College	6	1999 – 2024	385
Private Medical College	67	1985 – 2024	6293
Government Dental College and Unit	9	1960 – 2024	545
Private Dental College and Unit	24	1995 – 2024	1370
Total			**13973**

Table A 8.2. Enrolment capacity of the government medical colleges in academic year 2022-24

Sl. No.	Name of institution	Estd. year	No. of seats
1	Dhaka Medical College, Dhaka	1946	250
2	Sir Salimullah Medical College, Mitford, Dhaka	1972	250
3	Shaheed Suhrawardy Medical College, Sher-e-Bangla Nagar, Dhaka	2005	230
4	Mymensingh Medical College, Mymensingh	1962	250
5	Chattogram Medical College, Chattogram	1962	250
6	Rajshahi Medical College, Rajshahi	1962	250
7	MAG Osmani Medical College, Sylhet	1966	250
8	Sher-e-Bangla Medical College, Barisal	1968	250
9	Rangpur Medical College, Rangpur	1972	250
10	Cumilla Medical College, Cumilla	1992	200
11	Khulna Medical College, Khulna	1992	200
12	Shaheed Ziaur Rahman Medical College, Bogura	1992	200
13	Bangabandhu Sheikh Mujib Medical College, Faridpur	1992	200
14	M Abdur Rahim Medical College, Dinajpur	1992	200
15	Pabna Medical College, Pabna	2008	100
16	Abdul Malek Ukil Medical College, Noakhali	2008	100
17	Cox's Bazar Medical College, Cox's Bazar	2008	100
18	Jashore Medical College, Jashore	2010	100

Table A 8.2. contd.

Table continued...			
Sl. No.	**Name of institution**	**Estd. year**	**No. of seats**
19	Satkhira Medical College, Satkhira	2011	100
20	Shaheed Syed Nazrul Islam Medical College, Kishoreganj	2011	100
21	Kushtia Medical College, Kushtia	2011	100
22	Sheikh Sayera Khatun Medical College, Gopalganj	2011	125
23	Shaheed Taj Uddin Ahmed Medical College, Gazipur	2013	100
24	Sheikh Hasina Medical College, Tangail	2014	100
25	Sheikh Hasina Medical College, Jamalpur	2014	100
26	Colonel Malek Medical College, Manikganj	2014	125
27	Shaheed M Mansur Ali Medical College, Sirajganj	2014	100
28	Patuakhali Medical College, Patuakhali	2014	75
29	Rangamati Medical College, Rangamati	2014	75
30	Mugda Medical College, Dhaka	2015	100
31	Sheikh Hasina Medical College, Habiganj	2017	100
32	Netrakona Medical College, Netrakona	2018	75
33	Nilphamari Medical College, Nilphamari	2018	75
34	Naogaon Medical College, Naogaon	2018	75
35	Magura Medical College, Magura	2018	75
36	Chandpur Medical College, Chandpur	2018	75
37	Bangabandhu Medical College, Sunamganj	2020	75
Total seats			**5,380**

Table A 8.3. Enrolment capacity of Armed Forces Medical College and Army Medical Colleges in 2023-2024 academic year

Sl. No.	**Name of institution**	**Estd. year**	**No. of seats**
1	Armed Forces Medical College, Dhaka	1999	125
2	Army Medical College, Chattogram	2014	50
3	Army Medical College, Jashore	2014	50
4	Army Medical College, Cumilla	2014	50
5	Army Medical College, Rangpur	2014	50
6	Army Medical College, Bogura	2014	60
Total seats			**385**

Table A 8.4. Foreign students' enrolment changes from 2009 to 2024

Name of institution	2009 (No. of students)	2024 (No. of students)	Change in the number of foreign students
Government Medical Colleges	50	98	48
Private Medical Colleges	474	1,485	1,011
Government Dental Colleges and Units	2	5	3
Private Dental Colleges and Units	40	4	-36
Total	**566**	**1,592**	**1,026**

Table A 8.5. Number of graduate and postgraduate doctors in Bangladesh registered in BM&DC (up to December 2024)

Sl. No.	Category		Total	Male	Female
1	Registered Doctor (MBBS)		136760	74888	61872
2	Registered Doctor (BDS)		14310	7113	7197
3	Postgraduate Doctor		22460	13678	8782
4	Degree-wise postgraduate Doctor	(a) Diploma	5283	3596	1687
		(b) FCPS	5758	3152	2606
		(c) FRCS	8	8	0
		(d) MCPS	1334	744	590
		(e) MD	4270	2866	1404
		(f) M.P.H	768	373	395
		(g) MPhil	1808	595	1213
		(h) MRCP	80	66	14
		(i) M.S	3051	2209	842
		(j) PhD	100	69	31

Table A 8.6. Enrolment capacity of government and private institutes of health technology (IHT) in 2022 -2024 academic year by discipline

Sl. No.	Type of institution	Estd year	Total seats by discipline										
			LAB	RDL&IM/ Radiography	PTY	DENT	Pharmacy	Radiotherapy	OTA	ICA	Quota for Freedom fighter and tribal	SIT	Total
1	Enrollment capacity of the government institutes of health technology (IHT)-23	1962 - 2022	990	730	400	455	755	140	25	25	99	100	3719
2	Enrollment capacity of private institutes of health technology (IHT)--57	2001 - 2022	4317	1040	935	2158	60	230	255	180	5	100	9280
Total			**5307**	**1770**	**1335**	**2613**	**815**	**370**	**280**	**205**	**104**	**200**	**12999**

LAB: Laboratory; RDL: Radiology; PTY: Physiotherapy; SIT: Sanitary Inspectorship Training; DENT: Dentistry; OTA: Operation Theatre Assistant; ICA: Intensive Care Assistant

Table A 8.7. Enrolment capacity of the government institutes of health technology (IHT) in 2022 -2024 academic year by discipline

Division	Name of institute with location	Estd. year	Discipline										
			LAB	RDL & IMG/ Radiography	PTY	DENT	Pharmacy	Radiotherapy	OTA	ICA	Quota for freedom fighters and tribes	SIT	Total
Dhaka	IHT, Dhaka.	1962	50	50	50	50	50	20	25	25	7	50	377
	IHT, Tungipara	2019	50	0	0	0	50	0	0	0	3	0	103
	IHT, Gazipur	2019	50	0	0	0	50	0	0	0	3	0	103
	IHT, Kashiani, Gopalganj	2022	50	0	0	0	50	0	0	0	0	3	103
	IHT, Madaripur	2022	50	50	0	0	50	0	0	0	0	5	155
	IHT, Manikganj	2022	25	25	0	0	0	0	0	0	0	2	52
	IHT, Munshiganj	2022	25	25	0	0	0	0	0	0	0	2	52
	IHT, Shibchor, Madaripur	2022	25	25	0	0	0	0	0	0	0	2	52
Rajshahi	IHT, Rajshahi	1962	50	50	50	50	50	20	0	0	7	50	327
	IHT, Bogura	2007	65	55	50	55	55	20	0	0	7	0	307
	IHT, Sirajganj	2017	50	0	0	0	50	0	0	0	3	0	103
	IHT, Joypurhat	2022	50	0	0	0	50	0	0	0	0	3	103
	IHT, Naogaon	2022	25	25	0	0	0	0	0	0	0	2	52

Table A 8.7. contd.

Table continued...

Division	Name of institute with location	Estd. year	Discipline										
			LAB	RDL & IMG/ Radiography	PTY	DENT	Pharmacy	Radiotherapy	OTA	ICA	Quota for freedom fighters and tribes	SIT	Total
Chattogram	IHT, Fouzdarhat, Chattogram	2011	50	50	50	50	50	20	0	0	7	0	277
	IHT, Noakhali	2022	25	25	0	0	0	0	0	0	0	2	52
Barisal	IHT, Barisal	2011	50	50	50	50	50	20	0	0	7	0	277
Rangpur	IHT, Rangpur.	2011	50	50	50	50	50	20	0	0	7	0	277
	IHT, Kurigram	2022	25	25	0	0	0	0	0	0	0	2	52
Khulna	IHT, Jhenaidah	2011	50	50	50	50	50	20	0	0	7	0	277
	IHT, Satkhira	2018	50	50	0	0	0	0	0	0	3	0	103
Sylhet	IHT, Sylhet	2011	50	50	50	50	50	0	0	0	7	0	257
Mymensingh	IHT, Jamalpur	2018	50	50	0	50	50	0	0	0	6	0	206
	IHT, Mymensingh	2022	25	25	0	0	0	0	0	0	0	2	52
	Total		**565**	**505**	**400**	**405**	**455**	**140**	**25**	**25**	**65**	**100**	**3719**
Total no. of institutions: 23		**Total seats**											**3719**

LAB= Laboratory; RDL= Radiology; IMG=Imaging; PTY=Physiotherapy; DENT=Dentistry; OTA=Operation Theatre Assistant; ICA=Intensive Care Assistant; SIT=Sanitary Inspectorship Training;

Table A 8.8. Enrolment capacity of the government and private medical assistant training schools (MATS) in 2023-2024 academic year

Sl. No.	Name of institution	Estd. year	Enrolment capacity (No. of seats)
1	Enrollment capacity of the government medical assistant training schools (MATS)-20	1976–2022	1,390
2	Enrollment capacity of the private medical assistant training schools (MATS)-101	2008–2022	13,540
Total			**14,622**

Table A 8.9. Enrolment capacity of the government medical assistant training schools (MATS) in 2022 -2024 academic year

Sl. No.	Name of institution	Estd. year	Enrollment capacity
1	Medical Assistant Training School, Cumilla	1979	52
2	Medical Assistant Training School, Noakhali	1976	102
3	Medical Assistant Training School, Faridpur	1979	102
4	Medical Assistant Training School, Tangail	1979	102
5	Medical Assistant Training School, Bagerhat	1979	152
6	Medical Assistant Training School, Kushtia	1976	102
7	Medical Assistant Training School, Sirajganj	1979	102
8	Medical Assistant Training School, Jhenaidah	2011	52
9	Medical Assistant Training School, Satkhira	2018	52
10	Medical Assistant Training School, Tungipara	2020	52
11	Medical Assistant Training School, Naogaon	2020	52
12	Medical Assistant Training School, Manikganj	2022	52
13	Medical Assistant Training School, Gazipur	2022	52
14	Medical Assistant Training School, Rajbari	2022	52
15	Medical Assistant Training School, Madaripur	2022	52
16	Medical Assistant Training School, Kazipur, Sirajganj	2022	52
17	Medical Assistant Training School, Tangail	2023	52
18	Medical Assistant Training School, Jhalokhati	2023	52
19	Medical Assistant Training School, Bhola	2023	52
20	Medical Assistant Training School, Joypurhat	2023	52
Total seats			**1390**

Table A 8.10. Postgraduate medical institutions in Bangladesh

Sl. No.	Type of medical institutions	Number of institutions	Number of seats	Provided degree
1	Government	22	1048	Postgraduate Diploma, MPhil., MD, MS, MPH, MMED, FCPS, MCPS
2	Autonomous	7	1112	
3	Non-government	10	112	
Total		**39**	**2272**	

Table A 8.11. Infrastructural progress during 2009 to 2024

Type of institution	Year		Increase in numbers
	2009	2024	
Medical University	1	5	4
Government Medical College	17	37	20
Private Medical College	40	67	27
Army and Armed Forces Medical College	1	6	5
Government Dental College and Unit	3	9	6
Private Dental College and Unit	11	25	14
Government Institute of Health Technology (IHT)	3	23	20
Private Institute of Health Technology (IHT)	38	97	59
Government Medical Assistant Training School (MATS)	7	20	13
Private Medical Assistant Training School (MATS)	23	200	177
Total number of institutions	**144**	**489**	**345**

Table A 9.1. List of administratively approved and technically supported research from planning & research, DGHS in 2024

Sl. No.	Research Title	Applicant	Approval Date
1	'Comparing the Risk Factors of Postpartum Depression in Bangladeshi Women Before and After the Pandemic of 2020.'	Sizamun Arabi Research Assistant Department of Pharmacy, BRAC University, 22 January 2024	22 January 2024
2	"Lived experiences of infertile men and fertility care provision within the biomedical sector in urban Bangladesh"	Dr. Papreen Nahar, Senior Research Fellow Brighton and Sussex Medical School, Dept. of Global Health and Infection	22 January 2024
3	"An Organized Community-Approach Clinical Screening Programme for Cervical, Breast, Oral Cancer, and other NCD in Bangladesh: A Design, Pilot and Implementation Project"	Institute of Health Economics, University of Dhaka and Universal Research Care Limited (URC) January 25, 2024	January 25, 2024
4	"Introducing a National Cancer Screening Program with an Organized Community-based Approach: A Cost-benefit Analysis"	Institute of Health Economics, University of Dhaka	January 25, 2024
5	"Determinants of Community Engagement and its Outcome in Improving Maternal Health Care Service Utilization using Consolidated Framework for Implementation Research (CFIR)"	Dr. Irfan Nowroz Noor (Code-130778, BCS-33), OSD, Department of Health, Mohakhali, Dhaka; Currently on deputation studying for PhD in Health Management at Mahidol University, Thailand.	31 October, 2024
6	«Improved health system design for high-quality care in Bangladesh; Service Delivery Redesign.'	Brigadier General (Retd) Dr. AFM Rafiqul Islam, Project Director, Institute for Healthcare Improvement, Dhaka.	March 10, 2024
7	"Enabling Adolescent Friendly Health Services in a Rural Area in Bangladesh: An Implementation Research"	Dr. Kamrun Nahar, Principal Investigator and Head of Research, Maternal and Child Health Division, ICDDR, B, Mohakhali, Dhaka.	Dhaka. 20 March 2024
8	"Case-area targeted interventions (CATIs) among household contacts and neighbouring households after defining cholera hotspot areas in Bangladesh: The effectiveness of OCV and potential impact on cholera control	Dr. Ferdousi Qadri, Senior Scientist, (IDD), ICDDR, B, Mohakhali, Dhaka-1212.	September 25, 2024

Table A 9.1. contd.

Table continued...			
Sl. No.	**Research Title**	**Applicant**	**Approval Date**
9	"End line survey to assess indicators related to maternal and child nutrition, food security, and gender issues among the vulnerable and hard-to-reach communities in Adopting a Multisector Approach for Nutrition (AMAN) Project in Cox's Bazar, Bangladesh"	Sohan-Shafiq, Project Coordinator, Urban Health Research Group, Health Systems and Population Studies Division, ICDDR, B, Mohakhali, Dhaka-1212.	25 November, 2024
10	Approval to conduct an implementation research on an intervention titled "Reaching Every Mother & Newborn strategy to ensure equitable access to Primary Health Care" being implemented in selected Upazilas of Bangladesh"	Dr. Aminur Rahman, Scientist, Health Systems and Population Studies Division, ICDDR, B, Mohakhali, Dhaka-1212.	30 September 2024
11	"Inequalities in Access to Healthcare in Selected Areas of Bangladesh: The Role of Provider Choice and Gender Discrimination"	Asif Imtiaz (Principal Investigator), Assistant Professor, Department of MIS, University of Dhaka	December 09, 2024
12	"Assessment on Recruitment and Career Progression Issues and Challenges of PHC Workforce in the Healthcare Delivery System of Bangladesh."	Chairman and Professor, Department of Public Health and Informatics, Bangabandhu Sheikh Mujib Medical University.	December 16, 2024

Table A 12.1. Age-group-wise tuberculosis incidence over the years

Years	Age Group				Gender		Total (Per 100,000 population)	Target
	0-14 years	Age 15-24 years	25-64 years	65 years and older	Male	Female		
2015							225	
2016							221	
2017							221	
2018					184	138	221	
2019	12344	33732	195547	51236	166188	126671	221	
2020	9371	26253	155468	39788	128348	102532	221	
2021	10437	33292	210302	53457	167230	140258	221	
2022	10724	32412	172871	46619	147505	115121	221	
2023	13290	34362	196502	57080	171634	129600	221	
2025								112
2030								45

Table A 12.2. Coverage and completeness of Malaria surveillance and treatment reporting						
Indicator	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
a. Number of Malaria Cases confirmed in public sector:-	3,455	940	1,900	3,126	2,971	2,134
b. Number of suspected cases tested:-	1,507,230	1,416,473	1,470,849	1,578,449	1,760,470	1,587,325
c. Number of presumed cases (not tested but treated as malaria)	0	0				
d. Reporting completeness:	100%	100%	100%	100%	100%	100%
e. Fraction seeking treatment in public sector:	20.06%	15.33%	26.05%	17.18%	17.93%	16.29%
f. Fraction seeking treatment in private sector: (NGO and Private)	79.94%	84.67%	73.95%	82.82%	82.07%	83.71%
Total Case	17,225	6,130	7,294	18,195	16,567	13,100
Private Sector Case	46	18	17	51	52	42
NGO Case	13,724	5,172	5,377	15,018	13,544	10,924

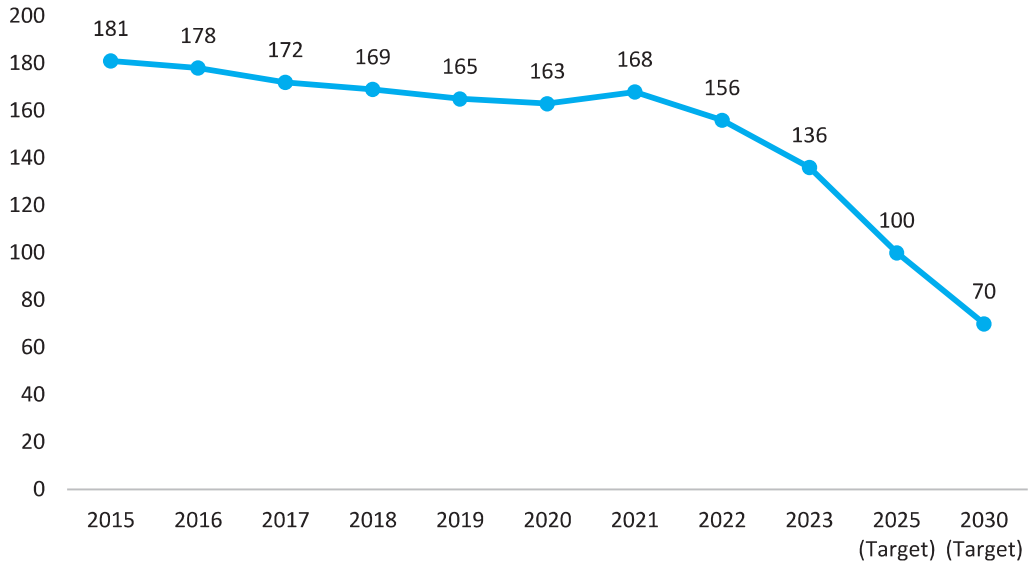

Figure A 12.1. Maternal mortality ratio (MMR) per 100,000 live births

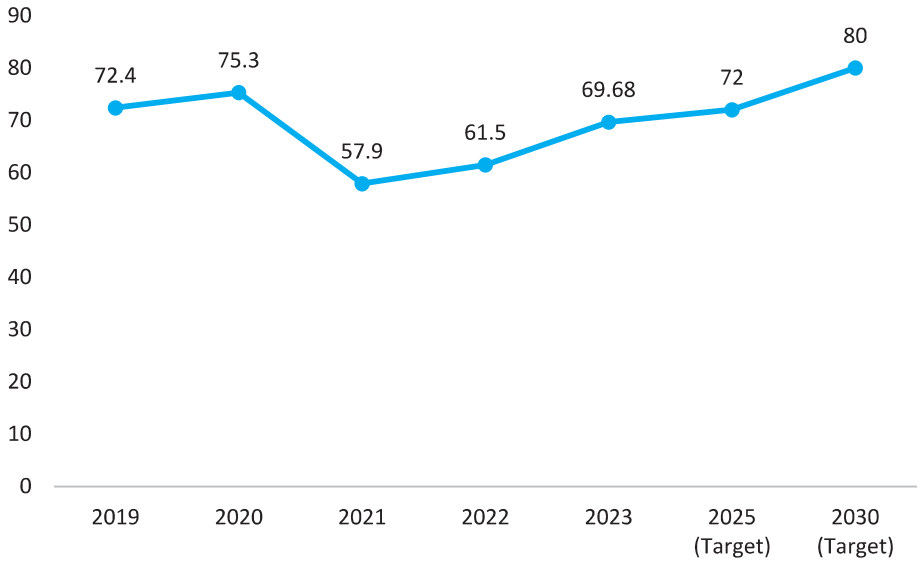

Figure A 12.2. Proportion of births attended by skilled health personnel

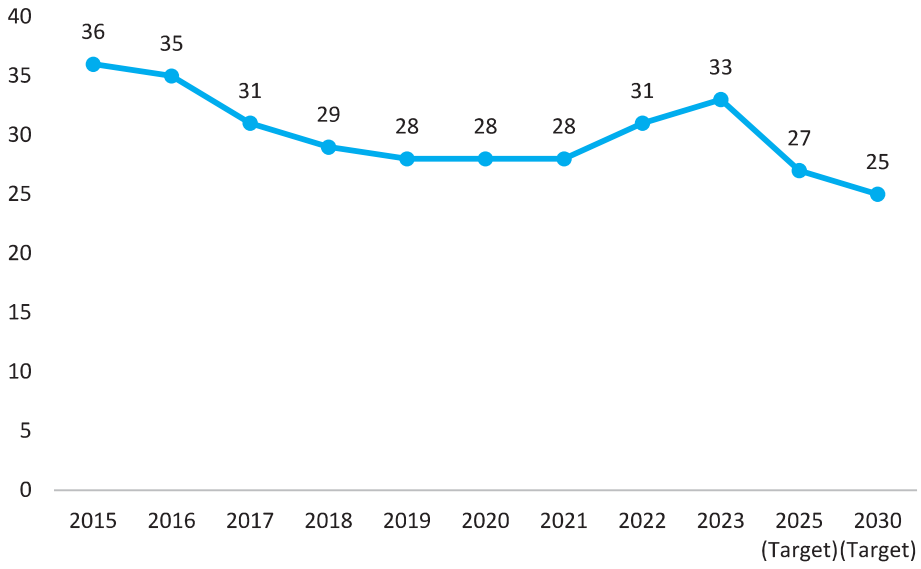

Figure A 12.3. Under-5 mortality rate per 1,000 live births

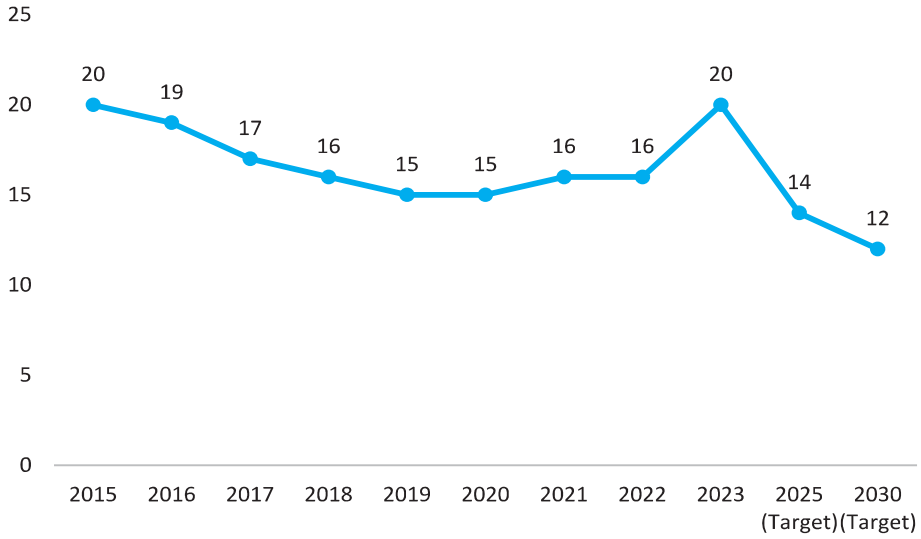

Figure A 12.4. Neonatal mortality rate (per 1,000 livebirths)

Table A12.3. Number of new HIV infections per 1,000 uninfected population by sex, age and key populations

Years	Age Group				Gender			Total
	0-14 years	15-24 years	15-49 years	50 years and older	Male	Female	Transgender	
2019	53	106	764	102	638	271	10	0.006
2022	48	164	796	103	668	271	8	0.006
2024	58	364	1267	113	1110	313	15	0.008
2025 (Target)								0.01
2030 (Target)								0.01

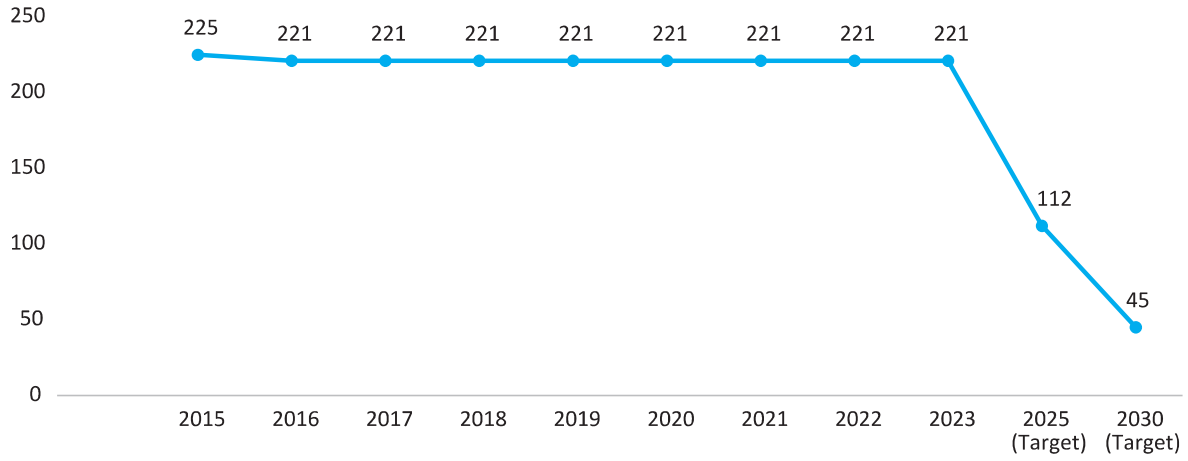

Figure A 12.5. Tuberculosis incidence rate per 100,000 population

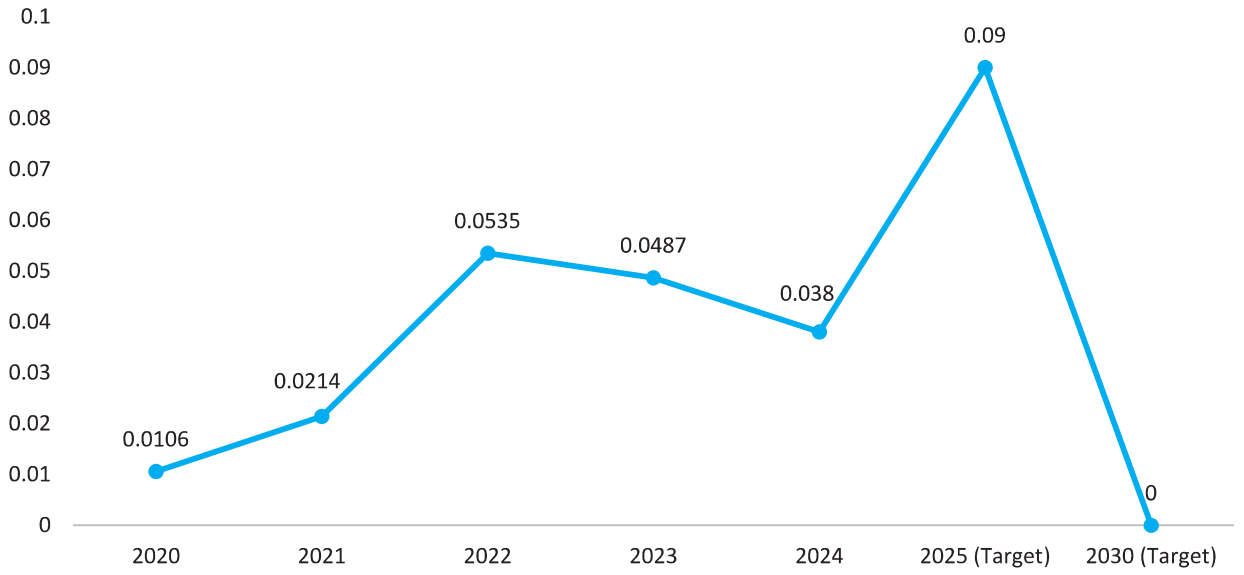

Figure A 12.6. Malaria incidence per 1,000 population

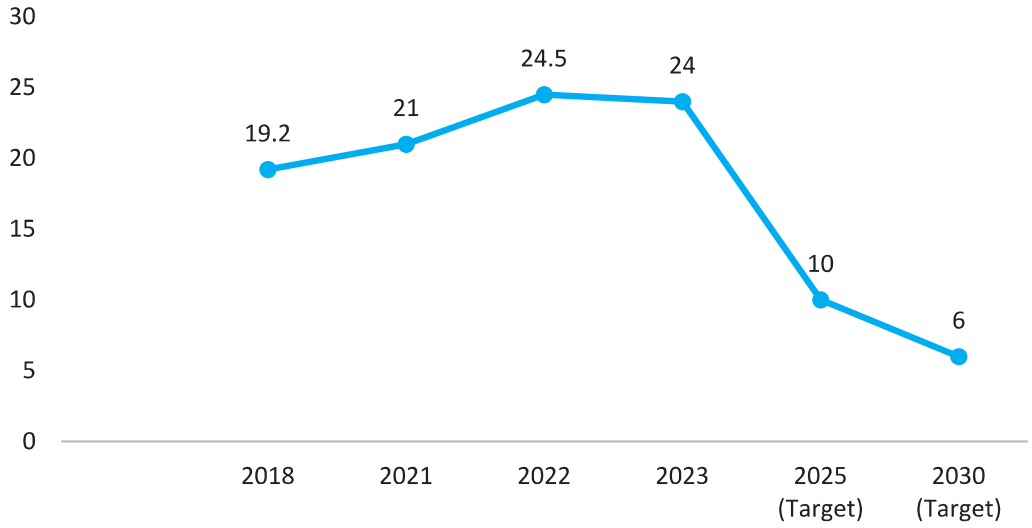

Figure A 12.7. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

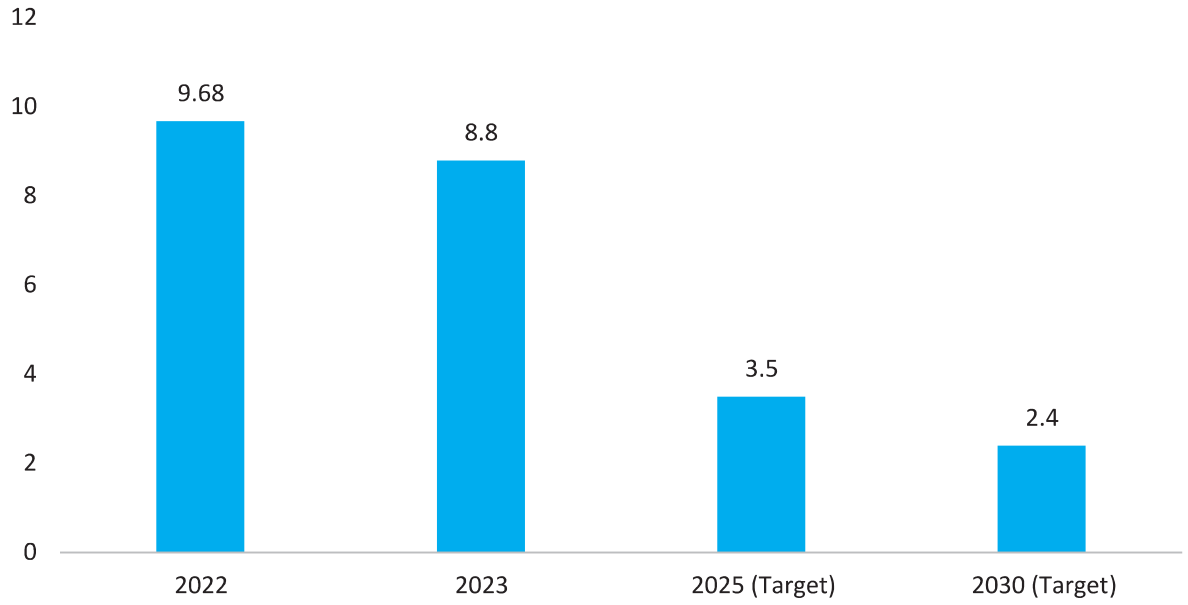

Figure A 12.8. Suicide mortality rate

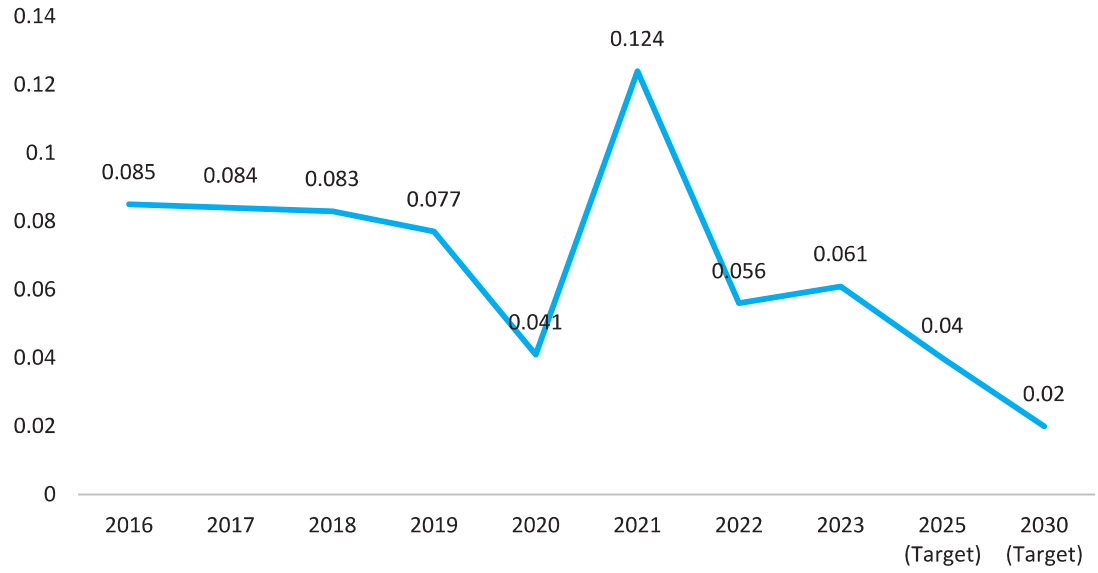

Figure A 12.9. Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

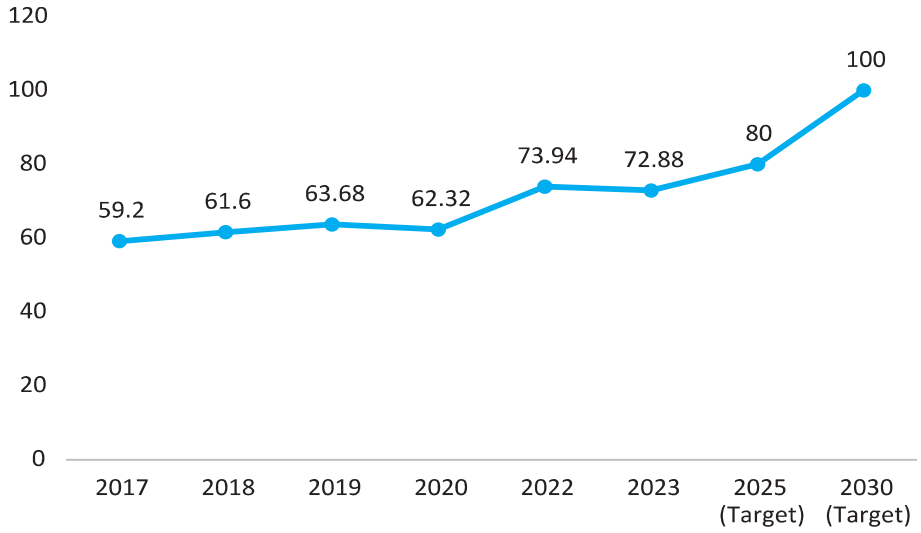

Figure A 12.10. Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

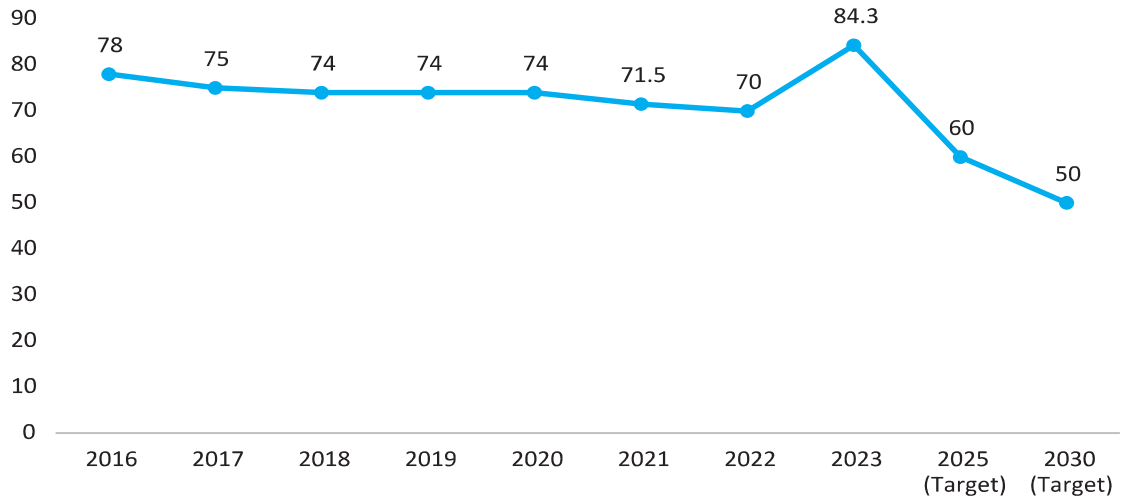

Figure A 12.11. Adolescent birth rate (aged 15–19 years) per 1,000 women

Table A 12.4. Proportion of population with large household expenditures on health as a share of total household expenditure or income

Years	Threshold	National	Urban	Rural	Richest 20%	Second richest 20%	Middle 20%	Second poorest 20%	Poorest 20%
2016	Threshold 10%	24.67	21	26.05	23.92	25.92	24.91	24.55	24.05
	Threshold 25%	9.53	7.71	10.22	9.24	9.7	10.04	9.3	9.36
2022	Threshold 10%	20.55	19.29	21.12	-	-	-	-	-
	Threshold 25%	3.46	3.14	3.61	-	-	-	-	-

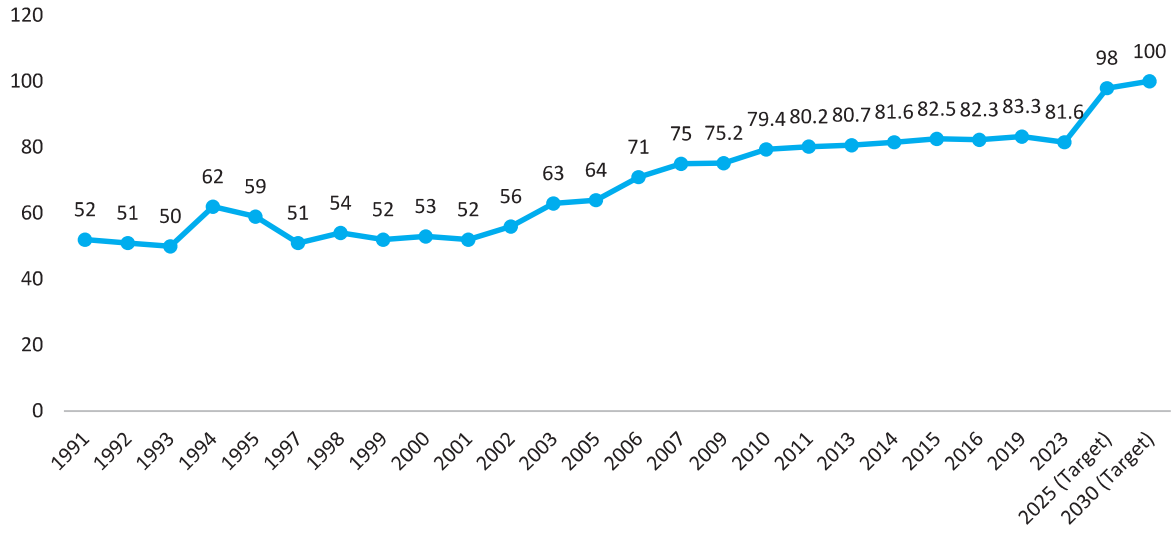

Figure A 12.12. Malaria incidence per 1,000 population

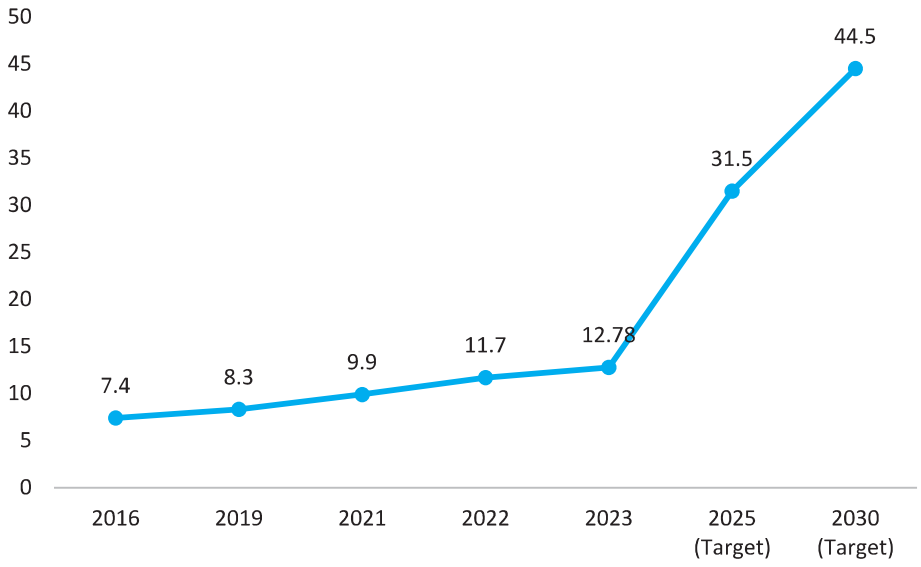

Figure A 12.13. Health worker density and distribution per 10,000 population

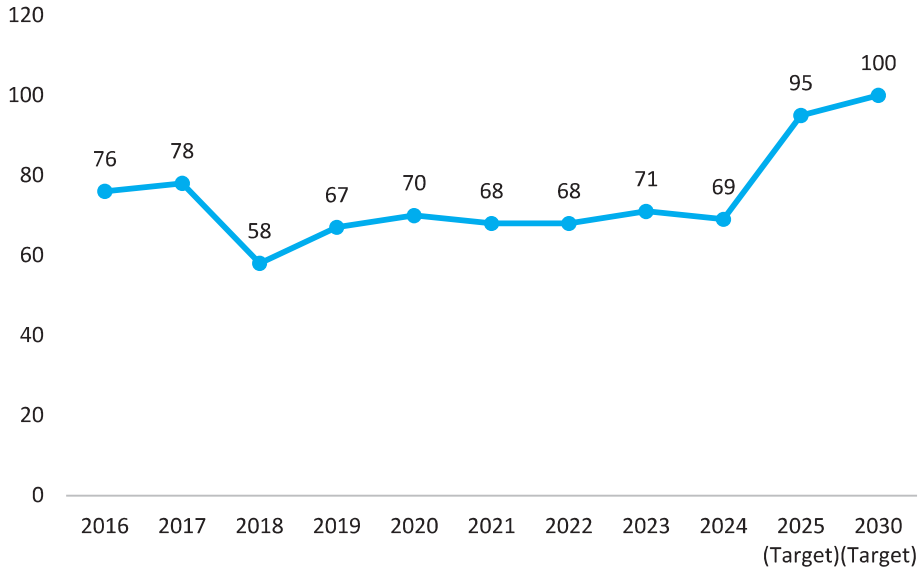

Figure A 12.14. International Health Regulations (IHR) capacity and health emergency preparedness: status against 2025 milestone