

Public health is failing, act now



Around 25% of children under five still suffer from stunting, raising their risk of death three- to fourfold.

PHOTO: COLLECTED

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antibiotics, essential surgical supplies, and other critical elements—are readily available. Crushing financial burdens on patients can be eased only if basic medical needs are reliably met.  
Reducing out-of-pocket expenditure also requires more rational prescribing practices. Too often, medicines are prescribed that are not strictly necessary, adding to patients' financial burden. Pressure from pharmaceutical companies can further encourage the prescription of expensive drugs when cheaper, equally effective alternatives exist.

This problem is particularly evident in the management of non-communicable diseases such as diabetes and hypertension. While Bangladesh has made progress in antibiotic stewardship, enforcement remains weak. Higher-generation antibiotics such as ceftriaxone, ceftazidime, and meropenem should never be sold without a prescription. If restrictions can be enforced for sleeping pills, they can certainly be enforced for higher antibiotics. Ultimately, all antibiotics should be brought under prescription control. Educational institutions and pharmaceutical companies also have a

responsibility to promote ethical practices that prioritise public health alongside profit.  
Bangladesh does not suffer from a lack of policies or institutions in the health sector. What we lack is effective implementation. We already have a Ministry of Health and Family Welfare, along with the Directorate General of Health Services, the Directorate General of Family Planning, and offices overseeing community clinics and nursing education.  
The real issue is ensuring that allocated funds are justifiably spent, which requires good governance.

Although significant resources are allocated to health, weak planning and delayed execution often prevent effective utilisation. There are people assigned specific roles, and the key is to make sure they actually perform their duties. Effective governance is therefore essential. We must also improve budgeting processes, ensure timely planning, and establish strict monitoring throughout the year so that allocated funds are actually spent for their intended purpose.  
When Bangladesh became independent in 1971, the country faced severe food insecurity. Today, despite a much larger population, we no longer face the same level of staple food shortages. However, nutritional inequity remains profound. Around 24–25 percent of children under five still suffer from stunting, placing them at three to four times higher risk of death and limiting their cognitive development. Childhood wasting is an even greater concern. Recent surveys show that wasting has increased from 8 percent to 13 percent nationally—dangerously close to the WHO emergency threshold.  
Malnutrition often begins before birth. Poor nutritional status among adolescent girls and pregnant women leads to inadequate pregnancy weight gain, low birth weight, and persistent childhood undernutrition. Improving the nutrition of adolescent girls and women of reproductive age must therefore be a top priority.  
Dietary diversity also remains inadequate. Although Bangladesh has made progress in producing fish, eggs, milk, and poultry, many households cannot afford these foods. Targeted social safety net programmes are essential to support vulnerable populations, particularly pregnant women and families in hard-to-reach areas.  
Climate change poses serious long-term threats to health and food security.

Rising salinity in southern Bangladesh is already linked to increased rates of hypertension and other chronic conditions. Ensuring access to safe drinking water with low salinity is critical. Bangladesh has developed strong disaster response systems, but routine healthcare services in climate-vulnerable areas remain inadequate. Community counselling, improved housing ventilation, and awareness of heat-related health risks are increasingly important as temperatures continue to rise.  
Additionally, mental health is one of the most neglected areas of public health in Bangladesh. Nearly 19 percent of the population suffers from some form of mental illness, yet stigma and limited access to care prevent many from seeking treatment. Expanding community counselling services—alongside psychiatric care—is essential. Family members, class peers, teachers and work colleagues could be made aware to positively interact with the patients.  
Bangladesh's public health challenges are deeply interconnected, spanning governance, nutrition, environment, and equity. Addressing them requires a holistic approach that strengthens preventative primary healthcare instead of hospital-based care, enforces existing policies, and prioritises the most vulnerable.  
The foundations of a strong health system are already in place. What is needed now is decisive leadership, good governance, and a sustained commitment to implementation. If we can ensure these, Bangladesh can translate its investments into real and lasting health gains for all.  
*This article is based on an interview with Dr Tahmeed Ahmed. The interview was conducted and transcribed by Miftahul Jannat.*



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