Agenda Item 3b  
Bangladesh

Round table 2:  
**Health, including sexual and reproductive health and reproductive rights**  
Thursday, 16 November 2023 (10:30-12:00 UTC+7) Bangkok and online  
*(some input for this section is received from DG FP)*

**Objectives**  
The round-table discussion is expected to provide insights into progress and challenges with regards to health, including sexual and reproductive health and reproductive rights.

**SDG 3 Ensure healthy lives and promote wellbeing for all at all ages**

Reproductive health (RH) is defined as all health events related to reproduction in the life cycle. Its components include-

- Family planning, Post abortion care, Safe pregnancy and safe motherhood, Reproductive tract infections, sexually transmitted diseases, HIV/AIDS, Cancer of the reproductive tract, Infertility, Female genital mutilation, and Gender-based violence.

**Family Planning:**
Bangladesh has a long and well-established family planning program. Family planning commodities being distributed free of cost.

**Maternal health:**
Skilled birth attendance (SBA) increased to 70% and Institutional delivery to 65%.

**Adolescent health:**
1/5 of the population in Bangladesh consists of adolescents between 10-19 years of age who have limited knowledge of SRH issues including contraception, sexuality, family planning and sexually transmitted diseases. To promote and protect Adolescent health and well being Ministry of health and Family Welfare has taken several initiatives - like

1) National Adolescent Health strategy, 2017-2030  
2) National Plan of Action on Adolescent Health strategy, 2020-2030  
3) Costed Action Plan on Adolescent Health strategy, 2020-2030  
   Establishment of Adolescent friendly Health services

**Reaching Young People** and promoting Adolescent Health in Schools

**Reaching Newlyweds couples** with information boxes containing a suite of information on family planning.

**Creating New Materials** to Promote Behavior Change and Generate Demand for AYSRH Services

**Promoting a Whole-Site Approach** - from Home to Community (Court yard meeting and Satellite clinic) educational institution (Curriculum based School health session), Adolescent club (> 5000 clubs) and Health facilities (1253 AHFC)

Providing Reproductive health related drugs free of cost

**Improve menstrual hygiene management providing Quality sanitary napkin free of cost**

**Sexual and Reproductive Rights in Bangladesh:**
Population and Health Policies and Strategies
Bangladesh adopted the ICPD Program of Action (PoA)
Bangladesh adopted the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW)
Adolescent Reproductive Health Strategy, 2006-facilitates women and adolescents with decision making capacity, negotiation skill, and sexuality education in the school curriculum.
National Policy on HIV/AIDS and STDs in 1996
Antiretroviral Therapy (ART) treatment guidelines, 2006

Policy or strategy document issued by the government on Sexual and Reproductive Health Rights (SRHR) are:
4) National Population Policy (2012),
5) Health Policy (2011),
6) Maternal Health Strategy 2011-2016,
7) Integrated National Policy on HIV/AIDS and STI-related Issues and
8) Adolescents Reproductive Health Policy 2003
9) Adolescent Reproductive Health strategy, 2006
10) National Adolescent Health strategy, 2017-2030
11) National Plan of Action on Adolescent Health strategy, 2020-2030
12) Costed Action Plan on Adolescent Health strategy, 2020-2030

Guiding questions:
1. Who is deprived of accessing health services including services for sexual and reproductive health?
   Marginalized and Vulnerable Communities:
   Rural Population: This can be due to geographical barriers, lack of infrastructure, and healthcare workforce shortages.
   Indigenous Communities: Indigenous peoples often experience discrimination and cultural insensitivity when seeking healthcare. Language and cultural barriers can make it difficult for them to access services.
   Migrant Workers: Migrant workers, both internal and international, may not have access to healthcare services due to their legal status, language barriers, and discrimination.
   Sex Workers and LGBTQ+ Communities: Stigma and discrimination can lead to a lack of access to sexual and reproductive health services for these communities. They may also face legal restrictions and societal prejudices.
   Adolescents and Young People: Lack of Comprehensive Sexual Education:
   Women and Gender Inequality
   Economic Factors: Poverty, Healthcare Costs
   Health System Challenges: Health Workforce Shortages, Lack of Infrastructure
   Legal and Policy Barriers: Restrictive Laws, Lack of Policy Implementation
   People of hard to reach area, Persons with disability, Vulnerable and Marginalized groups like Gender diverse people, sex worker, street girls and women

What are some of the underlying factors that contribute to this?
● Policy does not allow to serve some marginalized groups

● Legal Barriers: Have legal restrictions on access to contraception and abortion for young people, making it challenging for them to exercise their reproductive rights ● Negative attitudes of health workers

● Affordability ● Social discrimination

● Long queue at health facilities

● Distance to facilities

● Lack of political will

● Legislative barriers to providing and accessing SRH services

2. In what ways do megatrends such as climate change, disasters, conflicts, digitalization, the COVID-19 pandemic, and the post Covid-19 economic downturn impact UHC, including SRH and rights?

Disasters cause socioeconomic disadvantages, threaten food security, and create barriers to SRHR services for women. Furthermore, women and girls experience acute vulnerability related to SRHR, antenatal care, safe delivery, and postnatal care during disasters.

Integration of FP services into disaster management programs will benefit providers and receivers. The two programs will be able to help each other by delivering to each other the messages.

**Climate Change: climate resilient health system development**

**Disasters:** Disasters can lead to displacement and a lack of access to SRH services for affected populations, increasing vulnerability.

**Conflicts:** In conflict-affected areas, there is an increased risk of sexual violence, leading to SRH issues for survivors.

**Digitalization:** Digitalization can improve the delivery of healthcare services, including telemedicine and online access to SRH information and consultations, making services more accessible.

**Resilience and Preparedness:**

**Health System Integration:**

**Community Engagement:** Engaging communities in disaster risk reduction, emergency preparedness, and health promotion is crucial to ensure continuity of SRH services.

Gender Equality and Empowerment: Addressing gender-based violence and empowering women and marginalized groups are key components in protecting SRH rights during and after crises.

**Resource Allocation:** Governments and international organizations must allocate sufficient resources to maintain UHC, with a focus on essential services like SRH.
3. What laws, policies, systemic changes and approaches have been successful in building momentum to reach UHC, including SRH and reproductive rights for all?

Bangladesh National Strategy for Maternal Health 2019-2030

National Strategy for Adolescent Health 2017-2030

**Comprehensive Sexual Education:** Implementing comprehensive and evidence-based sexual education programs in schools and communities can empower individuals to make informed decisions about their reproductive health.

**Reduced Out-of-Pocket Expenses:** Policies that reduce or eliminate out-of-pocket expenses for essential healthcare services can ensure that financial constraints do not limit access to SRH services.

**Cross-Sector Collaboration:** Collaboration between healthcare and other sectors, such as education, social welfare, and gender equality, can address the social determinants of health and promote SRH and reproductive rights.

**Public Awareness and Advocacy:** Raising awareness about the importance of SRH and reproductive rights, as well as advocating for policy change, can generate momentum for UHC in these areas.

**Private Sector Engagement:** Partnering with the private sector to expand healthcare services, while ensuring affordability and quality, can help bridge gaps in healthcare provision.

**Task Shifting and Task Sharing:** Training and authorizing a broader range of healthcare workers to provide specific services, like family planning and maternal care, can help address healthcare workforce shortages.

**Accountability Mechanism:** Establishing mechanisms for monitoring and holding healthcare providers and policymakers accountable for delivering SRH services and upholding reproductive rights is essential.

**Inclusive Policy Development:** Involve diverse stakeholders, including civil society, women’s groups, and marginalized communities, in the development and implementation of UHC and SRH policies.

**National Health Insurance Programs:** Increase access to essential healthcare services, including SRH services, for all citizens, regardless of their ability to pay.

**Legal Frameworks and Entitlements:** Enacting laws that guarantee the right to health and reproductive rights is crucial. These laws should ensure access to contraception, safe abortion services, maternity care, and comprehensive SRH education.

4. How could data collection and analysis be improved to enable better tracking of SDG indicators linked to health care, including SRH and reproductive rights?
**Standardization of Data Collection:** Develop standardized data collection tools, questionnaires, and data formats for SRH-related indicators.

**Capacity Building:** Invest in training and capacity-building programs for data collectors and analysts.

**Technology Integration:** Digital data collection systems – eMIS, eLMIS, real-time data collection and reporting.

**Data Disaggregation:** Collect and analyze data by sex, age, geography, and socio-economic factors to identify disparities and target interventions more effectively.

**Data Quality Assurance:** Regular data validation, verification, and cross-checking, to ensure the accuracy and reliability of collected data.

**Timely Reporting:** Establish regular reporting mechanisms for SDG indicators.

**Funding and Resources:** Allocate adequate funding and resources to support data collection and analysis efforts.

**Monitoring and Evaluation:** Continuously monitor and evaluate the data collection and analysis processes to identify areas for improvement and adapt to changing circumstances.