

HEALTH AND NUTRITION STRATEGY (2025-2030)



The Challenge

As we embark on the last five years of the Sustainable Development Goals (SDG) era, Bangladesh has several unfinished agendas in health and nutrition-related goals.

- The maternal mortality ratio has declined considerably but remains high
- Neonatal mortality accounts for two-thirds of under-five mortality
- High prevalence of stunting and micronutrient deficiencies among children under five and adolescents
- Early marriage, teen pregnancies, violence and gender-based disparities place adolescent girls at greater risk
- High prevalence of acute malnutrition among infants and young children, particularly among the marginalised communities and displaced population
- Weak public sector health and nutrition services in urban areas
- Higher burden of poor health and nutrition among urban slum-dwellers
- Increasing impact of climate change on mortality, morbidity and undernutrition
- Many households lack access to safe water and sanitation facilities, particularly during emergencies

Our health and nutrition systems and services have many gaps that need to be addressed to accelerate progress:

- Public health facilities at all levels are not adequately equipped with infrastructure, staffing, supplies and information systems to deliver high-quality health and nutrition services
- The health and nutrition workforce faces shortages, absenteeism, maldistribution, skill-mix imbalances, and knowledge and skill gaps.
- Households obtain most of their health services from the private sector, resulting in rapidly increasing out-of-pocket expenditures.
- Government stewardship to oversee the provision of services in the private sector has several limitations.
- The engagement of communities and citizen voices in planning, delivering and monitoring the services is inadequate.
- Weak coordination among the bifurcated service delivery and management structures in the public sector
- The rapidly growing private sector must be engaged in collective action in health and nutrition services.
- Opportunities in other sectors, such as education, agriculture, water and sanitation, transport, employment, and economic development, must be better leveraged for optimal health and nutrition outcomes.
- Social, religious, cultural and gender norms hinder women and girls' decision-making about their health and well-being.

Bangladesh Health and Nutrition Strategy (2025-2030)

Vision

The people of Bangladesh lead healthy and productive lives that contribute to the country's overall development.

Goal

To achieve optimal health and nutrition for women, children, and adolescents so that they can survive and thrive, leaving no one behind.

Target Population

Our health and nutrition programmes target people living in extreme poverty in rural and urban areas. We deliberately focus our efforts on improving health-related and nutritional outcomes for children under 5, adolescent girls and boys (10 – 19 years), women of reproductive age (15 – 49 years), and pregnant and breastfeeding women, as these groups are among the most vulnerable.

Objectives

1. Empower and enable individuals and families to have control over and improve their health and well-being.
2. Build responsive and resilient health and nutrition systems to ensure equitable access to, availability, and use of quality health and nutrition services for all people.
3. Create an enabling policy, governance and social environment for individuals to exercise their right to optimal health and nutrition.
4. Promote a culture of innovation, evidence generation, learning and continuous improvements.



**Children under
five years**



**Children between
0-2 years**



**Adolescent girls &
boys (10-19 years)**



**Women of reproductive age
(15-49 years)**



**Pregnant and
breastfeeding women**



Conceptual Framework



Vision

The people of Bangladesh lead healthy and productive lives that contribute to the country's overall development



Goal

To achieve optimal health and nutrition for women, children and adolescents to survive and thrive, leaving no one behind



Result Areas

We strive to achieve optimal health and nutrition outcomes for the prioritised target populations in the following five areas.

1. Reproductive, maternal, newborn, and child health

We follow a continuum-of-care approach to ensure access to preventive, promotive, and curative care during adolescence, pregnancy, childbirth, the postnatal period, and early childhood. The interventions will strive to maximise continuity of care from families and communities, outpatient and outreach services, and health facilities.

2. Maternal and early childhood nutrition

We strive to achieve optimal nutrition for mothers and children during the 1000 days, from conception to the first two years of life. We prioritise preventing malnutrition as the primary focus, along with treating malnutrition should the prevention fail. Additional focus will include children under five to prevent nutritional deficiencies, including stunting, wasting, and micronutrient deficiencies.

3. Adolescent sexual and reproductive health and nutrition

We focus on ensuring equitable access to sexual and reproductive health and nutrition services and information, particularly for girls. We strive to address the underlying gender inequalities and socio-cultural norms that perpetuate poor health and nutritional outcomes for adolescent girls.

4. Impact of climate change on health and nutrition for women, children and adolescents

We strengthen climate-resilient health systems and community-led actions to mitigate the effects of climate change on health and nutrition to minimise the impacts of climate change on women, children and adolescents.

5. Health and nutrition in emergencies and humanitarian action

Our humanitarian response programmes aim to minimise the impacts of emergencies on the health, nutrition and well-being of women, children and adolescents.

Guiding Principles

Need-based and equity-focused: We ensure that the most vulnerable, marginalised, and extreme poor people can access health and nutrition services and the necessary information. We address disparities arising from socio-economic, geographic, gender, and other inequalities.

Systems thinking: We emphasise holistic approaches, considering the complex interactions between various factors influencing health and nutrition outcomes. Instead of addressing isolated issues, our programmes integrate multiple sectors, policies and stakeholders to create sustainable and practical solutions.

Empowering: We strive to build the knowledge, skills, and agency of individuals, communities, and healthcare providers so that they can take greater control of their actions and improve their health and nutrition.

Gender-transformative: We seek to understand and address the underlying gender inequalities impacting health and nutrition outcomes across the life cycle. We strive to shift social norms, empower women and girls, and promote gender-equitable decision-making within households and communities.

Partnerships and collaboration: We recognise that the complex determinants of poor health and nutrition require the concerted efforts of various actors in the health and nutrition sectors. We work with multiple stakeholders and partners to leverage resources, complement expertise, and share innovations. We will strengthen our existing partnerships and collaborations with government, non-government, and private sector stakeholders and seek new alliances, especially with the private sector, academic and research institutions, and civil society organisations.

Locally-led: Our programmes will empower local actors, communities and institutions to lead and implement the interventions. This will ensure that our programmes are culturally appropriate, context-specific, and sustainable, leveraging local knowledge, resources and leadership.

Programming Approaches

- ◆ Equity and Needs Analysis ◆ Community Empowerment ◆ Youth Engagement
- ◆ Social and Behaviour Change Communication ◆ Health Facility Readiness
- ◆ Private Sector Engagement ◆ Resilience-building ◆ Cross-sectoral Interventions
- ◆ Information Systems and Data Use ◆ Research and Evidence Creation ◆ Advocacy



ENDING EXTREME POVERTY WHATEVER IT TAKES



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