BANGLADESH URBAN HEALTH NETWORK

8th Knowledge Sharing Virtual Seminar Session

Urban Health & Access to Drug and Medicine

Presented By

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Why it Matters?

- Essential medicines are a human right. (1)
- Urban poor face 1.5-2 times higher risk of catastrophic health expenditure (CHE), spending 15-20% of income on health. (2)
- Lower access exacerbates disease burdens, hindering Universal Health Coverage (UHC) goals for 2030. (3)
- Medicine access is justice in health.

1. https://www.un.org/sustainabledevelopment/health/

2. https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02125-3#:~:text=In%20conclusion%2C%20this%20study%20finds,building%20could%20be%20essential%20strategies

3. https://bangladeshhealthwatch.org/reports/bhw-project-progress-report

Urban Health Reality

⚠ Fragmented services: Only 30-40% of urban facilities stock essential NCD medicines consistently. (4)

⚠ Weak regulatory control leads to suboptimal drug outlets and frequent stock-outs (50% of pharmacies). (5)

⚠ Over-reliance on private providers (70% of care) due to gaps in public infrastructure. (6)

⚠ Emerging issues: Antimicrobial resistance (AMR) and inadequate services for slum dwellers. (6)

4. World Health Organization. Bangladesh urban health system assessment 2024. Geneva: WHO; 2024.

5. International Centre for Diarrhoeal Disease Research, Bangladesh. Urban slum health access study 2025. Dhaka: icddr,b; 2025..

6. World Health Organization. Urban pharmacy stock-out report: Bangladesh 2024. Geneva: WHO; 2024.

The NCD Wave

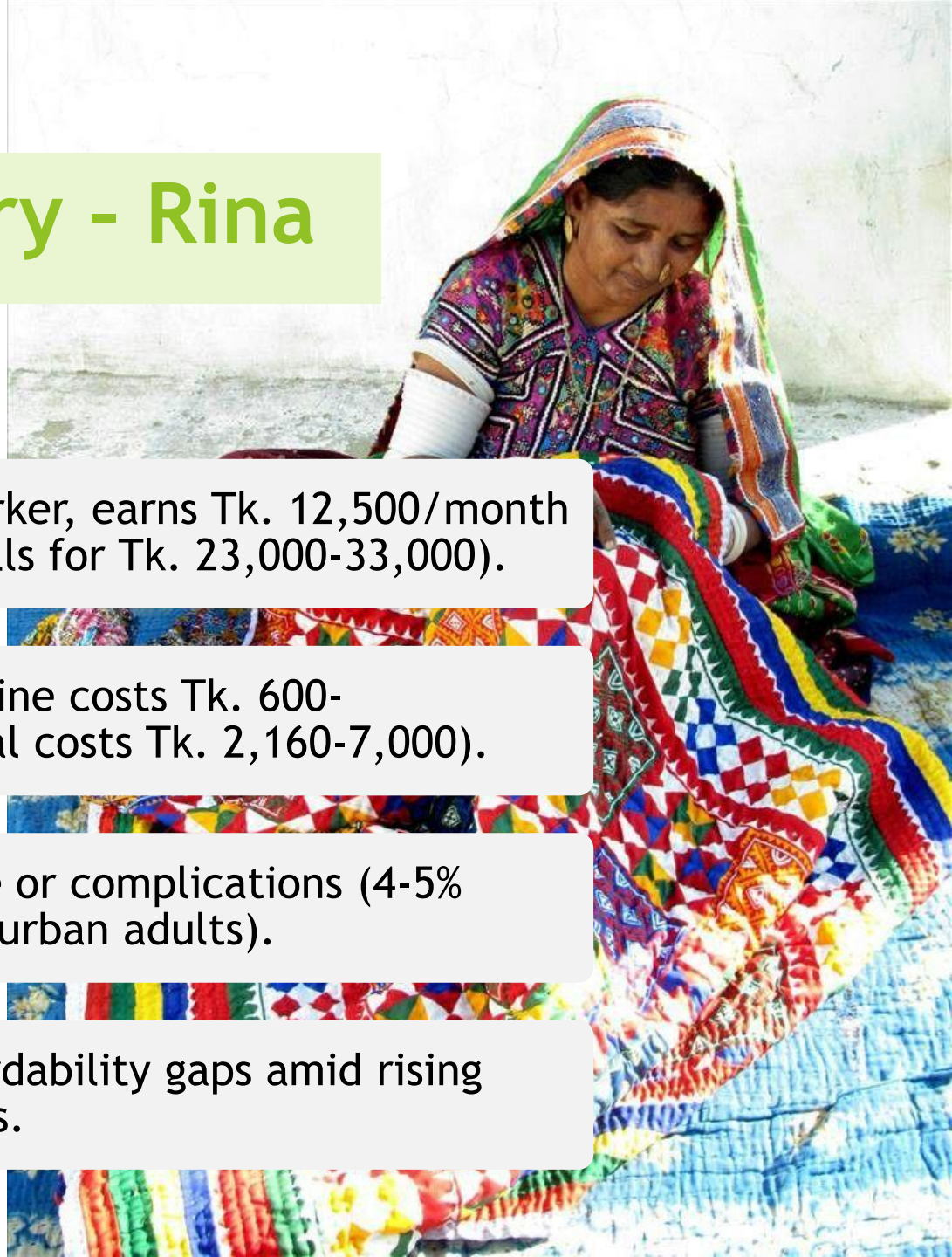
- NCDs cause 70% of deaths in Bangladesh (2019), projected to rise by 2025. (7)
- Urban prevalence: Hypertension (27.3%), diabetes (9.8-14.1%), rising cancer, heart disease. (8)
- Lifelong medicines needed, but affordability and availability are barriers. (9)
- Out-of-pocket costs for NCDs: 48-56% of treatment expenses. (9)

7. World Health Organization. Noncommunicable diseases mortality statistics: Bangladesh 2019. Geneva: WHO; 2019.

8. Bangladesh NCD Alliance. Diabetes and hypertension prevalence in urban Bangladesh 2024. Dhaka: BNCD; 2024.

9. International Centre for Diarrhoeal Disease Research, Bangladesh. Urban NCD burden study 2023. Dhaka: icddr,b; 2023.

Human Story - Rina



- Rina, a garment worker, earns Tk. 12,500/month (minimum wage, calls for Tk. 23,000-33,000).
- Hypertension medicine costs Tk. 600-1,200/month (annual costs Tk. 2,160-7,000).
- Skipping risks stroke or complications (4-5% comorbidity rate in urban adults).
- Highlights NCD affordability gaps amid rising wages but high costs.

Policy Landscape & Gaps

- 📜 National Drug Policy (2016) emphasizes price controls, local production; LDC graduation (2026) threatens TRIPS waivers.
- ❌ Weak urban accountability and poor inter-ministerial coordination.
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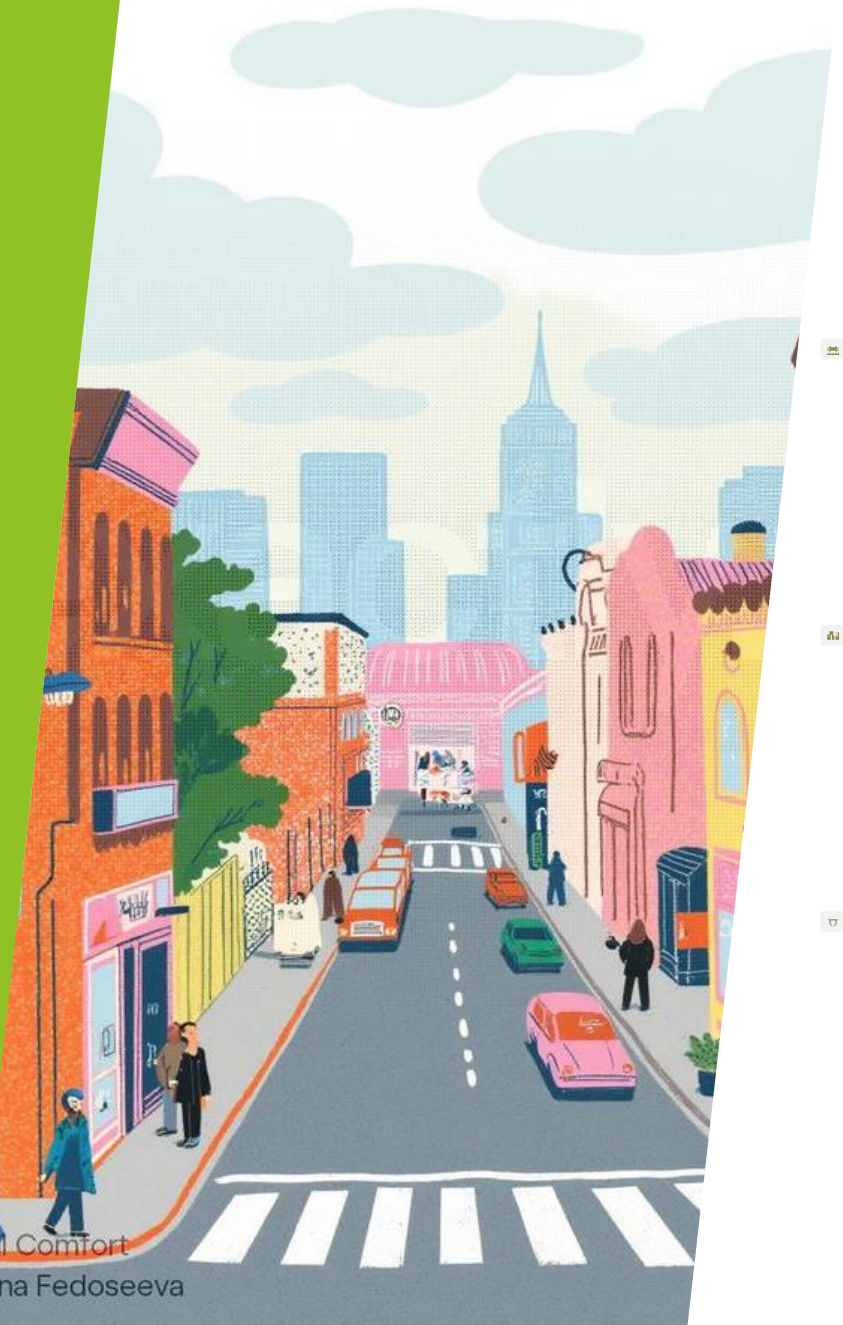
- ❌ Gaps in enforcement: Retail pharmacy inspections, AMR guidelines (updated 2024).
- ❌ Need for updated essential drug lists and pricing for NCDs.

Opportunities

- Digital health tools: E-prescriptions, drug tracking via National Digital Health Strategy (2024).
- Community pharmacy models and apps like Zaynax Health, HEALTHx for teleconsultations.
- Public-Private Partnerships (PPPs) target 80% NCD medicine availability.
- Social franchising for affordable generics; 3M on protocol-based NCD care by 2025.
- Enhanced pharmacovigilance via digital interventions.

Recommendations

- Strengthen urban pharmaceutical governance via post-LDC reforms, AMR awareness.
- Improve supply chains for 80% NCD medicine availability.
- Enhance city system accountability with digital transparency.
- Train/regulate informal providers to address urban inequities.
- Use digital platforms (e.g., e-prescriptions) for tracking.
- Prioritize vulnerable groups in UHC, targeting CHE reduction.

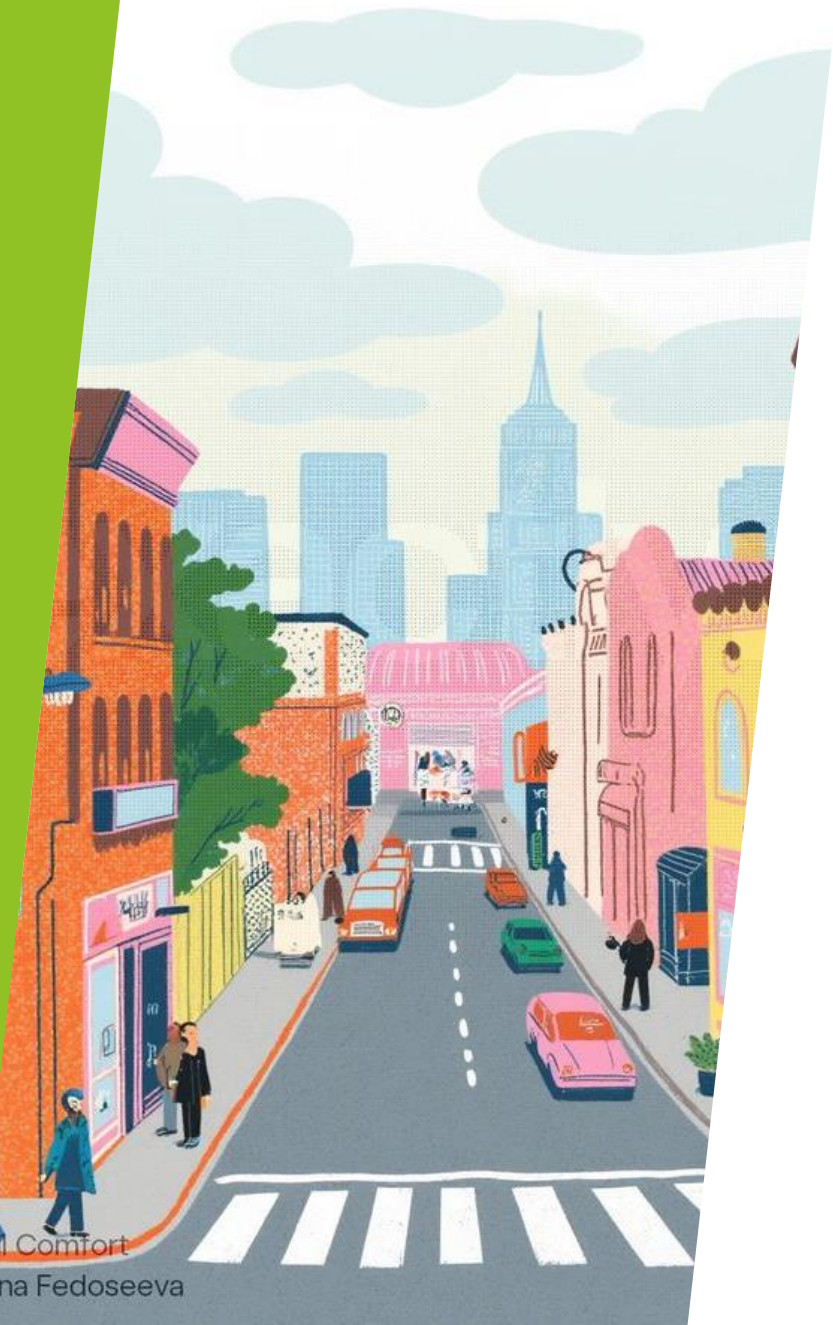


Closing Vision

“Access to medicine is the bridge between illness and health, poverty and dignity.”

Let’s ensure no urban Bangladeshi is left behind in the UHC journey by 2030!

#UrbanHealth
#MedicineForAll #UHC



Thank You

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