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EUROPEAN UNION
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Bangladesh

Hepatitis

Medical Country of Origin Information

May 2024

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MedCOI

May 2024

Manuscript completed in May 2024

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Luxembourg: Publications Office of the European Union, 2024

PDF ISBN 978-92-9410-110-5 doi: 10.2847/517145 BZ-09-24-270-EN-N

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Cover photo/illustration: Goncharuk film, Prevention viral hepatitis concept. Top view of clipboard, liver, awareness ribbon, stethoscope, medical mask, syringe, pills, blood samples on pastel blue background with space for message, © Adobe Stock, n.d., https://stock.adobe.com/images/prevention-viral-hepatitis-concept-top-view-of-clipboard-liver-awareness-ribbon-stethoscope-medical-mask-syringe-pills-blood-samples-on-pastel-blue-background-with-space-for-message/622433931

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Acknowledgements

The EUAA acknowledges International SOS as the drafters of this report.

The report has been reviewed by International SOS and EUAA.

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Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA, nor any person acting on its behalf, may be held responsible for the use which may be made of the information contained in this report.

The drafting of this report was finalised on 25 March 2024. Any event taking place after this date is not included in this report.

Glossary and abbreviations

Term	Definition
ALAT	Alanine Aminotransferase
AFP	Alpha-Fetoprotein
ASAT	Aspartate Aminotransferase
BDT	Bangladeshi Taka
BSMMU	Bangabandhu Sheikh Mujib Medical University
CT	Computed Tomography
ERCP	Endoscopic Retrograde Cholangiopancreatography
GT	Glutamyl Transferase
HBcAb	Hepatitis B Core Antibody
HBeAb	Hepatitis B e-Antibody
HBeAg	Hepatitis B e-Antigen
HBsAb	Hepatitis B Surface Antibody
HBsAg	Hepatitis B Surface Antigen
HCB	Hepatitis B Virus
HCV	Hepatitis C Virus
IPD	Inpatient Department
MRI	Magnetic Resonance Imaging
PET	Positron-Emission Tomography
PT	Prothrombin Time
PTHC	Percutaneous Transhepatic Cholangiography

Term	Definition
SGOT	Serum Glutamic-Oxaloacetic Transaminase
SGPT	Serum Glutamic Pyruvic Transaminase
TIPS	Transjugular Intrahepatic Portosystemic Shunt
OPD	Outpatient Department

Introduction

Methodology

The purpose of the report is to provide information on access to hepatitis treatment in Bangladesh. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

Terms of reference

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference (ToR). The initial drafting period finished on 09 November 2023, peer review occurred between 09-30 November 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 25 March 2024. The report was internally reviewed subsequently.

Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Bangladesh.

This report is based on publicly available information in electronic and paper-based sources gathered through desk-based research. This report also contains information from oral sources with ground-level knowledge of the healthcare situation in Bangladesh who were interviewed specifically for this report. For security reasons, all oral sources are anonymised.

Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023),[1] the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023)[2] and the EUAA Writing Guide (2022).[3] Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the

[1] EUAA, Country of Origin Information (COI) Report Methodology, February 2023, url
[2] EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, url
[3] EUAA, The EUAA Writing Guide, April 2022, url

comments from reviewers were reviewed and were implemented to the extent possible, under time constraints.

Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include governmental publications and academic publications.

In addition to using publicly available sources, one oral source was contacted for this report. The oral source is a professor and is anonymised in this report for security reasons. The oral source was assessed for its background and ground-level knowledge and is described in the Annex 1: Bibliography. Key informant interviews were carried out in September 2023.

1. Prevalence of hepatitis

A nationwide hospital-based study of hepatitis A and hepatitis E conducted at 10 surveillance hospitals in the country from 2014 to 2015 found the overall seroprevalence of hepatitis A and hepatitis E to be 19 % and 10 %, respectively. The median age of hepatitis A patients was 12 years and that of hepatitis E patients was 25 years.[4]

The study further reported that hepatitis A was more prevalent among females (24.9 %), while hepatitis E was seen more in males (11.2 %). Among children aged 0 to 14 years, hepatitis A prevalence was 60.7 %; and for adolescents and adults between the ages of 15 and 60 years, hepatitis E prevalence was 12.4 %. The study results showed that 63.2 % of the cases of hepatitis A were from Chittagong and majority of hepatitis E cases, 35.6 %, were from Dhaka district.[5]

The Bangladesh Health Bulletin 2020 reported that the prevalence (total burden) of chronic hepatitis B virus (HBV) was 5.5% and the prevalence of chronic hepatitis C virus (HCV) was 0.6 %.[6] Banik S. et al. conducted a systematic review of hepatitis in Bangladesh, which reported pooled prevalence of hepatitis B, from 1995 to 2017, as 4 % and showed that the prevalence of hepatitis B was higher among females than males.[7]

A case control study aiming to identify hepatitis E risk factors in rural Bangladesh found the only conclusive risk factors to be enteric routes.[8] Research findings from another study conducted in a tertiary hospital concluded that hepatitis E was an important cause of severe acute viral hepatitis, fulminant hepatitis and decompensation of liver in cirrhosis.[9]

2. Access to treatment

An experienced medical specialist in liver diseases states that patients with hepatitis go from *Upazila* health complexes to tertiary and specialised hospitals for liver diseases. Patients visit *Upazila* hospital complexes or lower facilities with symptoms and signs of general weakness and other complaints that mimic several other diseases. Those patients are then subjected to simple investigations, such as liver function tests for bilirubin, albumin and total protein estimation. If these levels are elevated, patients are advised to take treatment and rest or are

[4] Khan, A. I., et al., Nationwide Hospital-Based Seroprevalence of Hepatitis A and Hepatitis E Virus in Bangladesh, March 2020, url, pp. 1, 2
[5] Khan, A. I., et al., Nationwide Hospital-Based Seroprevalence of Hepatitis A and Hepatitis E Virus in Bangladesh, March 2020, url, p. 2
[6] Bangladesh, MOHFW, Health Bulletin 2020, 2022, url, p.117
[7] Banik, S., et.al., The Prevalence of hepatitis B virus infection in Bangladesh: a systematic review and meta-analysis, 2022, url, p. 1
[8] Labrique, A. B., et al., An Exploratory Case Control Study of Risk Factors for Hepatitis E in Rural Bangladesh, May 2013, url, p. 1
[9] Mahtab, M.-A.-M., et al., HEV Infection as an Aetiologic Factor for Acute Hepatitis: Experience from a Tertiary Hospital in Bangladesh, 2009, url, p. 18

referred to higher level hospitals, including district and medical college hospitals, for better management and treatment of hepatitis. If found necessary, patients can be transferred to specialised public hospitals, including the Sheikh Russel National Gastroliver Institute & Hospital[10] and the Bangabandhu Sheikh Mujib Medical University (BSMMU).[11] Both of these hospitals are specialised and offer services for liver diseases.[12]

Usually, there is no bar for access to treatment for liver diseases; however, costs relating to treatment, including cost of transportation, patient consultations and admittance, are a limitation.[13]

3. Cost of treatment

All consultation fees of patient with hepatitis in the outpatient departments (OPDs) or inpatient departments (IPDs) must be paid by the patient. Other associated costs for diagnostic services and admittance fees to hospital, including hospital bed fees, must also be paid by the patient. This applies to both public and private health facilities. The Social Welfare Department of a public facility can grant a discounted payment. This is dependent on the economic status of the patient and can be applied to OPD or IPD, including hospital charges for admittance and laboratory charges. Private facilities have no provision to exempt patients from payment for any hospital service charge. For hepatitis patients, additional costs are incurred due to cost of food, transportation and accommodation.[14]

Official prices are set for laboratory investigations, fees for consultations, rents for patients' bed and operation charges in public facilities; these are strictly implemented. Health insurance coverage for hepatitis is not available in Bangladesh.[15]

For the treatments listed below, there is usually no exemption, but in public health facilities the Social Welfare Department can recommend a partial or full discount to the fee.[16]

[10] Facility webpage: https://srngih.gov.bd/
[11] Facility webpage: https://bsmmu.ac.bd/
[12] Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.
[13] Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.
[14] Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.
[15] Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.
[16] Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.

Table 1. Prices for consultation[17]

Specialist	Public outpatient treatment price in BDT	Public inpatient treatment price in BDT	Private outpatient treatment price in BDT	Private inpatient treatment price in BDT
Internist	100	200 (Consultation fee, medications and hospital stay not included)	1 500	1 800
Gastroenterologist	100	200 (Consultation fee, medications and hospital stay not included)	1 500	2 000
Hepatologist	200	200 (Consultation fee, medications and hospital stay not included)	1 200	1 800
Infectiologist	200	200 (Consultation fee, medications and hospital stay not included)	1 200	1 500

Table 2. Prices for treatments and diagnostic tests[18]

	Public treatment price in BDT	Private treatment price in BDT
Laboratory tests for hepatitis		
Laboratory test: Hepatitis B antibodies: HBsAb, HBeAb, HBcAb	HBsAb, HBeAb, HBcAb – 650 each	HBsAb, HBeAb, HBCAB – 1 500 each
Laboratory test: Hepatitis B antigens: HBsAg, HBeAg	HBsAg, HBeAg – 750 each	HBsAg, HBeAg – 1 800 each

[17] Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.
[18] Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.

	Public treatment price in BDT	Private treatment price in BDT
Laboratory test: liver function (PT, albumin, bilirubin, transaminases: ASAT(=SGOT), ALAT(=SGPT) etc.)	PT – 500 Albumin – 300 Bilirubin – 300 SGOT – 400 SGPT – 400	PT – 600 Albumin – 600 Bilirubin – 500 SGOT – 900 SGPT – 900
Laboratory test: Fibrotest; incl. 6 serum markers: alpha-2-macroglobulin, haptoglobin, apolipoproteine A1, gamma GT, total bilirubin, ALAT	Alpha-2-macroglobulin – 1 500 Haptoglobin – 500 Apolipoproteine A1 – 3 000 Gamma GT – 600 Total bilirubin – 300 ALAT – 300	Alpha-2-macroglobulin – 2 500 Haptoglobin – 1 000 Apolipoproteine A1 – 5 500 Gamma GT – 1 000 Total bilirubin – 500 ALAT – 500
Laboratory test: HCV antibody in case of Hepatitis C	4 000	2 500
Laboratory test: HCV genotype (hepatitis C)	4 000	6 000
Laboratory test: viremia of hepatitis D + HBsAg	900	2 000
Laboratory test: alkaline phosphatase	400	400
Laboratory test: alpha-fetoprotein (AFP)	1 300	3 000
Diagnostics for hepatitis		
Diagnostic imaging by means of ultrasound (of the liver)	1 200	2 500
Diagnostic test: liver biopsy	750	2 000
Diagnostic research: transient elastography; test for liver fibrosis (e.g. fibro scan)	4 000	10 000
Diagnostic imaging: MRI scan	9 000	15 000

	Public treatment price in BDT	Private treatment price in BDT
Diagnostic imaging: computed tomography (CT scan)	6 000	10 000
Diagnostic imaging: computed tomography (CT scan) with contrast	10 000	18 000
Diagnostic imaging: PET/CT scan	25 000	50 000
Diagnostic imaging: percutaneous transhepatic cholangiography (PTHC or PTC)	PTHC-ERCP – 145 000	PTHC-ERCP – 145 000
Treatment		
Clinical admittance on internal/ infectious disease department (daily rate)	Bed charges – 2 000/day	Bed charges – 2 000
Transplantation of liver including all pre- and aftercare	Transplant of liver – 2 000 000	Transplant of liver – 6 000 000

4. Cost of medication

Prices from online medicine shops are provided in Table 4. Cost of medications. These are taken from the following websites:

Table 3. Online medicine websites

Website name	Web address
Lazz Pharma Limited	https://www.lazzpharma.com
MedEx	https://medex.com.bd
ePharma	https://epharma.com.bd
Arogga	https://www.arogga.com

Relating to all medicines in the table below; medication prices are usually not reimbursed by any public health insurance mechanisms, but the Social Welfare Department can recommend free or partial payment for the public facilities.[19]

Table 4. Cost of medications

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in BDT	Place (pharmacy, hospital)
Hepatitis B medication						
Adefovir	Infovir®	10 mg	tablet	20	750	Pharmacy
Entecavir	Replivir®	1 mg	tablet	10	900	Pharmacy
Telbivudine	Sebivo®	600 mg	tablet	28	8 750	Pharmacy
Tenofovir disoproxil	Foviral®	300 mg	tablet	8	682	Pharmacy

[19] Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in BDT	Place (pharmacy, hospital)
Tenofovir alafenamide	Alenvir®	25 mg	tablet	10	900	Pharmacy
Lamivudine	Hepavir®	100 mg	tablet	20	503	Pharmacy
Hepatitis C medication						
Daclatasvir	Dakovir-C®	60 mg	tablet	14	5 600	Pharmacy
Glecaprevir + pibrentasvir (combination)	Mavixen®	100 mg glecaprevir, 40 mg pibrentasvir	tablet	21	84 000	Pharmacy
Ledipasvir + sofosbuvir (combination)	Dualvir®	90 mg ledipasvir, 400 mg sofosbuvir	tablet	28	28 000	Pharmacy
Ribavirin	Rivarin®	200 mg	capsule	60	18 000	Pharmacy
Sofosbuvir	Buviren	400 mg	tablet	6	3 600	Pharmacy
Both hepatitis B and C (classic medication)						
Interferon alfa-2a	Interon®	4.5 MIU/ 0.5 ml	injection	1	1 200	Pharmacy
Peg interferon alfa-2a	Pegin®	180 mcg/ 0.5 ml	injection	1	9 800	Pharmacy

Annex 1: Bibliography

Oral sources, including anonymous sources

Source A, telephone interview, Dhaka, 28 September 2023. Source A is a Professor of Medicine and Liver Disease at Mymensingh Medical College. The person wishes to remain anonymous.

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Annex 2: Terms of Reference (ToR)

Hepatitis

Note for drafters: These are guidelines on the information to be included. If one aspect is not relevant, e.g., there is no national institute to treat this disease or no international donor programme, there is no need to mention it. Keep the focus on treating medicine – preventive care can be mentioned but is of less interest to the target group.

General information

- Briefly describe prevalence and incidence of hepatitis / types of this disease (epidemiologic data).
- How is the health care organized for hepatitis?
- How is hepatitis treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat hepatitis [public, private not for profit (e.g., hospitals run by the church), private for-profit sector]? Include links to facilities' websites if possible.
- How are the resources organized in general to treat patients with hepatitis? Are there sufficient resources available to treat all patients?
- Is there a particular type of hepatitis for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating hepatitis?
- Are there any national or international plans or (donor) programmes for hepatitis; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for hepatitis? If so, what are the eligibility criteria to gain access to it and what they contain?
- Are there specific government (e.g., insurance or tax) covered programmes for hepatitis? If so, what are the eligibility criteria to gain access to it?
- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? What is the number of people having access to treatment? Keep focus on e.g., waiting times rather than the exact number of specialists in the field.
- If different from information provided in the general section; is the treatment geographically accessible in all regions?
- What is the 'typical route' for a patient with this disease (after being diagnosed with the disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment? Are there

waiting times for treatments (e.g., liver transplantation, consultation by a specialist, etc)?
- What must the patient pay and when?
- Is it the same scenario for a citizen returning to the country after having spent a number of years abroad?
- What financial support can a patient expect from the government, social security or a public or private institution? Is treatment covered by social protection or an additional / communal health insurance? If not, how can the patient gain access to a treatment?
- Any occurrences of healthcare discrimination for people with this disease?

Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by international donor programmes, e.g., Gates foundation, Clinton foundation etc.
- Include any insurance information that is specific for patients with hepatitis.

Cost of treatment

Guidance / methodology on how to complete the tables related to treatments:

- Do not delete any treatments from the tables. Instead state that they are not available or information could not be found if that is the case.
- In the table, indicate the price for inpatient and outpatient treatments in public and private facilities and if the treatments are covered by any insurance or by the state.
- For inpatient, indicate what is included in the cost (bed / daily rate for admittance, investigations, consultations…). For outpatient treatment, indicate follow up or consultation cost.
- Is there a difference in respect to prices between the private and public facilities?
- Are there any geographical disparities?
- Are the official prices adhered to in practice?
- Include links to online resources used, if applicable (e.g., hospital websites).

Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report. Any treatment without a found price was removed at the editorial stage.

Cost of medication

Guidance / methodology on how to complete the tables related to medications:

- Do not delete any medicines from the tables. Instead, state that they are not available or information could not be found if that is the case.
- Are the available medicines in general accessible in the whole country or are there limitations?

- Are the medicines registered in the country? If yes, what are the implications of it being registered?
- Indicate in the tables: generic name, brand name, strength of unit, form, pills per package, official prices, source, insurance coverage.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.? If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).

Note: a standardised list of medication was also included in the original ToR, as can be viewed in the report. Any medication without a found price was removed at the editorial stage.

NGOs

- Are any NGOs or international organisations active for patients with hepatitis? What are the conditions to obtain help from these organisations? What help or support can they offer?
- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children for instance).

BZ-09-24-270-EN-N

ISBN 978-92-9410-110-5