Medical Country of Origin Information

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Cover photo/illustration: Melita, Metaphor bipolar disorder mind mental. Double face. Split personality. Concept mood disorder. 2 Head silhouette.Psychology. Mental health. Dual personality concept. Tangle and untangle, © Adobe Stock, n.d., https://stock.adobe.com/images/metaphor-bipolar-disorder-mind-mental-double-face-split-personality-concept-mood-disorder-2-head-silhouette-psychology-mental-health-dual-personality-concept-tangle-and-untangle/403085949

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The report has been reviewed by International SOS and EUAA.

Contents

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.

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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
BDT	Bangladeshi Taka
COVID-19	Coronavirus Disease
DGHS	Director General of Health Services
EMDR	Eye Movement Desensitisation and Reprocessing
IPD	Inpatient Department
MOHFW	Ministry of Health and Family Welfare
NIMH	National Institute of Mental Health
OPD	Outpatient Department
PTSD	Post-Traumatic Stress Disorder

Introduction

Methodology

The purpose of the report is to provide information on access to psychiatry 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 an Associate Professor at NIMH 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 October 2023.

1. Prevalence of psychiatric disorders

The National Mental Health Survey 2019 found that 18.7 % of adults in Bangladesh experience mental disorders. The report states that the prevalence of mental health disorders is higher in females (21.5 %) than in males (15.7 %). The detailed categories of different individual mental health disorders mentioned in the report include generalised anxiety disorder (3.5 %), followed by somatic symptom disorder (2.1 %), persistent depressive feelings (1.2 %), insomnia disorder (1 %), depressive disorder condition (1.1 %), major depressive disorder – moderate (0.7 %), major depressive disorder – mild (0.5 %), obsessive compulsive disorder (0.6 %) and schizophrenia (0.4 %). Bipolar and related disorders in the survey were 0.5 %. According to this 2019 report, anxiety disorders stand as the topmost mental health disorder in the country.[4]

The first national survey on mental health disorders conducted in Bangladesh between 2003 and 2005 reported average prevalence of mental health disorders as 16.05 %, with a higher prevalence in females than in males (19 % vs 12.9 %).[5]

A study conducted between January 2019 and February 2020 on anxiety-related disorders in adolescents (12 to 17 years old) amongst urban, semi-urban and rural population in Dhaka reported that 6.7 % of the respondents had severe anxiety, while 13.4 % had moderate anxiety; and 28.4 % of the respondents had mild anxiety, while 51.4 % suffered from minimal anxiety.[6]

Somatic symptom disorder is the second most common mental health disorder in the country, which is “defined and diagnosed when a person has a significant focus on physical symptoms, such as pain, weakness or shortness of breath, to a level that results in major distress and/or problems functioning”.[7] A survey conducted between October and November in 2019 with adolescents (10 to 19 years old) in Bangladesh identified sadness (45.3 %) and aggression (40.5 %) as the most common depressive health symptoms. Other symptoms are confusion (27.7 %), feeling of worthlessness (21.8 %), fatigue (21.5 %) and insomnia (18 %).[8] A study looking at insomnia and anxiety was conducted in an urban slum from October to November 2020. This was during the COVID-19 pandemic and 53 % of the respondents reported anxiety and 43 % reported insomnia.[9]

[4] Bangladesh, NIMH, MOHFW, DGHS, National Mental Health Survey 2019, 2021, url, pp. 3, 4
[5] Firoz, A. H. M., et al., Prevalence, medical care, awareness and attitude towards mental illness in Bangladesh, June 2006, url, p. 10-11
[6] Anjum, A., et al., Anxiety among urban, semi-urban and rural school adolescents in Dhaka, Bangladesh: Investigating prevalence and associated factors, January 2022, url, p. 5
[7] American Psychiatric Association, What is Somatic Symptom Disorder?, 2023, url
[8] Ria, I. I., et al., Depressive Symptoms Among Adolescents in Bangladesh, 30 June 2022, url, p. 1
[9] Koly, K. N., et al., Anxiety and Insomnia Among Urban Slum Dwellers in Bangladesh: The Role of COVID-19 and Its Associated Factors, December 2021, url, p. 1

2. Access to treatment

The National Institute of Mental Health (NIMH) is the specialised institute for mental health conditions in the country. It is located in Dhaka with 300 doctors and health staff. This institute is under the direction of the Director General of Health Services (DGHS) Ministry of Health and Family Welfare (MOHFW) in Bangladesh. NIMH is the topmost referral centre for mental health diseases in the country and is responsible for policy making and training of doctors and staff in mental health. This institute has various departments, including adult, adolescents, children, community and social psychiatry, geriatric, clinical, psychotherapy, addiction therapy, anaesthesiology, radiology and imaging, and laboratory medicine.[10]

A study between July and September 2016 looked at pathways to care for patients with mental health problems. The study found that patients typically attend four other providers before reaching NIMH. These other providers can be non-medical providers, private psychiatric services, private medical specialists, medical college hospitals and psychiatric departments of hospitals.[11] The authors state that the time between the onset of symptoms and first contact with any psychiatric care provider ranged from 1 week to 15 years with a median of 1 year.[12] The authors note that there is a low awareness of mental health in Bangladesh and that mental health issues carry a strong social stigma.[13] The authors conclude that there is an absence of institutional referrals and that the availability of mental healthcare at community/ primary levels is low. They state that non-medical providers play an important role in the care pathway.[14]

3. Cost of treatment

For each consultation by patient either at outpatient departments (OPDs) or inpatient departments (IPDs), for diagnostic services and for hospital beds, patients are required to pay. This applies to both public and private health facilities. A waiver for any discounted payment for any of the elements of consultations can be evaluated by the Social Welfare Department. Consultations either in OPD or IPD, hospital charges for admittance and laboratory fees in public hospitals, as well as other healthcare facilities, may be eligible for waivers. Private facilities have no provision to exempt patients from payment for any hospital service charge.[15]

[10] Bangladesh, NIMH, About National Institute of Mental Health, n.d., url
[11] Nuri, N.N., et al., Pathways to care of patients with mental health problems in Bangladesh, July 2018, url, pp. 2-5
[12] Nuri, N.N., et al., Pathways to care of patients with mental health problems in Bangladesh, July 2018, url, p. 7
[13] Nuri, N.N., et al., Pathways to care of patients with mental health problems in Bangladesh, July 2018, url, p. 10
[14] Nuri, N.N., et al., Pathways to care of patients with mental health problems in Bangladesh, July 2018, url, p. 11
[15] Source A, interview, 8 October 2023, Dhaka. Source A is an Associate Professor of NIMH. The person wishes to remain anonymous.

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]

Table 1. Price of inpatient and outpatient treatment in public and private facilities[17]

Specialist	Public outpatient treatment price in BDT (price of a consultation)	Public inpatient treatment price in BDT (daily rate clinical admittance)	Private outpatient treatment price in BDT (price of a consultation)	Private inpatient treatment price in BDT (daily rate clinical admittance)
Psychiatrist	300	500	1 200	1 800
(Clinical) psychologist	300	500	1 200	1 800

Table 2. Price of selected treatments in public and private facilities[18]

Treatment	Public treatment price in BDT (price per day)	Private treatment price in BDT (price per day)
Psychiatric treatment by means of psychotherapy: e.g. cognitive behavioural therapy	300	800
Psychiatric treatment of PTSD by means of EMDR	500	1 200
Psychiatric treatment of PTSD by means of narrative exposure therapy	500	1 200
Psychiatric treatment by means of psychotherapy: other than cognitive behavioural therapy	500	1 200
Psychiatric treatment: assisted living / care at home by psychiatric nurse	500	1 200

[16] Source A, interview, 8 October 2023, Dhaka. Source A is an Associate Professor of NIMH. The person wishes to remain anonymous.
[17] Source A, interview, 8 October 2023, Dhaka. Source A is an Associate Professor of NIMH. The person wishes to remain anonymous.
[18] Source A, interview, 8 October 2023, Dhaka. Source A is an Associate Professor of NIMH. The person wishes to remain anonymous.

Treatment	Public treatment price in BDT (price per day)	Private treatment price in BDT (price per day)
Psychiatric treatment of alcohol drug addiction in specialised clinic (detox.); daily admission rate	500	1 200
Psychiatric treatment of drug addiction in a specialised clinic (rehab.); daily admission rate	500	1 200
Psychiatric treatment of drug addiction; outpatient care; rate of one consultation	300	800

4. Cost of medication

The government of Bangladesh does not have a policy for health coverage through health insurance. Patients have to bear the cost for consultation, as well as for medication. Patients have to pay in advance to public health facilities to get services and to get medicines. However, the Social Welfare Department of the Government can recommend free or discounted payment based on the evaluation of the poverty level of the patients.[19]

Prices from online medicine shops are provided in Table 5. 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

[19] Source A, interview, 8 October 2023, Dhaka. Source A is an Associate Professor of NIMH. The person wishes to remain anonymous.

Website name	Web address
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.[20]

Table 4. Cost of medication

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in BDT	Place (pharmacy, hospital,)
Antidepressants						
Amitriptyline (also used for neuropathic pain)	Tryptin®	25 mg	tablet	200	352	Pharmacy
Citalopram	Citapram®	20 mg	tablet	30	241	Pharmacy
Clomipramine	Anafranil®	25 mg	tablet	50	462	Pharmacy
Duloxetine	Dulox®	20 mg	tablet	30	240	Pharmacy
Escitalopram	Citalon®	10 mg	tablet	30	300	Pharmacy
Fluoxetine	Fluxin®	500 mg	tablet	20	200	Pharmacy
Fluvoxamine	Relafin®	50 mg	tablet	30	453	Pharmacy
Nortriptyline (also used for neuropathic pain)	Nortin®	25 mg	capsule	100	230	Pharmacy
Paroxetine	Parotin®	10 mg	tablet	30	181	Pharmacy
Sertraline	Andep®	25 mg	tablet	50	175	Pharmacy
Medication off-label use for PTSD						
Alfuzosin (also used with	Uriten®	10 mg	tablet	30	302	Pharmacy

[20] Source A, interview, 8 October 2023, Dhaka. Source A is an Associate Professor of NIMH. 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,)
prostate complaints)						
Lamotrigine (also antiepileptic)	Lamitrin®	50 mg	tablet	30	541	Pharmacy
Topiramate (also antiepileptic)	Topmate®	25 mg	tablet	50	200	Pharmacy
Amisulpride	Amipride®	200 mg	tablet	20	1 000	Pharmacy
Antipsychotics; classic						
Chlorpromazine	Largazin®	25 mg/ 5 ml	syrup	30 ml/ 1 bottle	16	Pharmacy
Flupentixol	Fluanxol®	1 mg	tablet	56	280	Pharmacy
Haloperidol	Perigen	5 mg	tablet	100	100	Pharmacy
Zuclopenthixol	Zentixol A®	50 mg/ml	injection	1	400	Pharmacy
Antipsychotics; modern atypical						
Clozapine	Zapenia®	100 mg	tablet	30	270	Pharmacy
Olanzapine	Xytrex®	10 mg	tablet	100	453	Pharmacy
Quetiapine	Renapine®	100 mg	tablet	50	400	Pharmacy
Risperidone	Residon®	4 mg	tablet	50	450	Pharmacy
Depot injections with classic antipsychotics						
Fluphenazine decanoate depot injection	Flupagen®	1 ml ampoule	injection	5	375	Pharmacy
Zuclopenthixol decanoate depot injection	Clopixol Depot®	200 mg/ml	injection	10	4 300	Pharmacy
Depot injections with modern atypical antipsychotics						
Paliperidone palmitate depot injection	Invega Sustenna®	75 mg prefilled	injection pen	1	9 093	Pharmacy

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in BDT	Place (pharmacy, hospital,)
Risperidone depot injection	Risperdal Consta®	50 mg/vial	injection pen	1	18 826	Pharmacy
Anxiolytics						
Bromazepam	Tenapam®	3 mg	tablet	30	150	Pharmacy
Buspirone	Busper®	5 mg	tablet	10	108	Pharmacy
Clonazepam	Rivo®	1 mg	tablet	30	270	Pharmacy
Diazepam	Seduxen®	5 mg	tablet	10	6.61	Pharmacy
Lorazepam	Lozicum®	1 mg	tablet	100	200	Pharmacy
Oxazepam	Anoxa®	10 mg	tablet	30	105	Pharmacy
Medication for bipolar disorder/ manic depression						
Carbamazepine (also antiepileptic)	Carbazin®	200 mg	tablet	50	300	Pharmacy
Lithium carbonate	Lithosun SR®	400 mg	tablet	100	560	Pharmacy
Medication for sleeping disorder; sedatives						
Flurazepam	Slipam®	15 mg	capsule	30	135	Pharmacy
Melatonin	Melonin®	3 mg	tablet	30	90	Pharmacy
Nitrazepam	Noctin®	5 mg	tablet	100	100	Pharmacy
Temazepam	Temixil®	10 mg	tablet	30	300	Pharmacy
Zolpidem	Nitrest®	10 mg	tablet	30	150	Pharmacy
Zopiclone	Imovane®	7.5 mg	tablet	50	100	Pharmacy
Medication to treat side effects of antipsychotics/ anti-parkinsonism						
Trihexyphenidyl	Trihexy®	5 mg	tablet	30	360	Pharmacy
Medication for alcohol addiction						
Acamprosate	Acamprol®	333 mg	tablet	6	119	Pharmacy
Disulfiram	Soberol®	250 mg	tablet	10	60	Pharmacy

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in BDT	Place (pharmacy, hospital,)
Naltrexone hydrochloride	Alcoxon®	50 mg	tablet	10	900	Pharmacy
Vitamin B1 (thiamine)	Vitamin B1®	100 mg/ml	injection	50	175	Pharmacy

Annex 1: Bibliography

Oral sources

Source A, interview, 8 October 2023, Dhaka. Source A is an Associate Professor of NIMH. The person wishes to remain anonymous.

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Annex 2: Terms of Reference (ToR)

Psychiatry

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 the costs and coverage of treatments and medicines. Costs and coverage of preventive care can be mentioned but is of less interest.

General information

- Briefly describe these existing epidemiological data: prevalence and incidence of various psychiatric diseases (addiction problems are here also defined as psychiatric diseases);
    - mood disorders like depression,
    - anxiety disorders like PTSD,
    - psychotic disorders like schizophrenia and bipolar disorder,
    - sleeping disorders,
    - addiction problems/ psychiatric disorders due to substance abuse: like alcohol- and opioid addiction
- How is the health care organized for psychiatric diseases?
- How are psychiatric diseases treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which types of facilities can treat psychiatric diseases [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 psychiatric diseases? Are there sufficient resources available to treat all patients?
- Is there a (national) - tertiary- institute specialised in treating psychiatric diseases?
- Are there any national or international plans or (donor) programmes for psychiatric diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for psychiatric diseases? 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 psychiatric diseases? 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 issues like waiting times/lists 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 a certain psychiatric disorder (after being diagnosed)? 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., cardiac surgery, consultation by a cardiologist/cardiac surgeon, 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 a certain psychiatric disease (incl. addiction problems)?

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 psychiatric diseases.

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 could not be found if that is the case.
- In the table, indicate the price for inpatient and outpatient treatment in public and private facility 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 information (like the price/coverage) 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 (the strength of the existing medication in the box/package. The prescribed dosage by the treating physician is not meant here), form, pills per package, official prices, source, insurance coverage.
- Are (some of the) medicines mentioned on any drug/medication 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 (include if relevant, otherwise delete section)

- Are any NGOs or international organisations active for patients with psychiatric diseases (incl. addiction problems)? 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).

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