Healthcare needs and service gaps among urban older adults in Bangladesh

This is the Presentation of the final output.

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Healthcare Needs and Service Gaps Among Urban Older Adults in Bangladesh

Addressing elderly healthcare needs in city environments

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Outline of talk:

➢ Assessing healthcare needs of urban older adults in Bangladesh

➢ Importance of geriatric care for older adults

➢ Healthcare service gaps for older adults in urban setting of Bangladesh

➢ Current homecare services for older adults in urban areas

➢ Professional training needs of the geriatric care workforce in Bangladesh

% of population aged 60+ years, 1996

- up to 10%
- 10 to 19%
- 20 to 24%
- 25 to 30%

% of population aged 60+ years, 2050

Percentage aged 60 or over

- 0–9
- 10–19
- 20–24
- 25–29
- **30 +**
- No data

Source: UN Population Ageing 2006
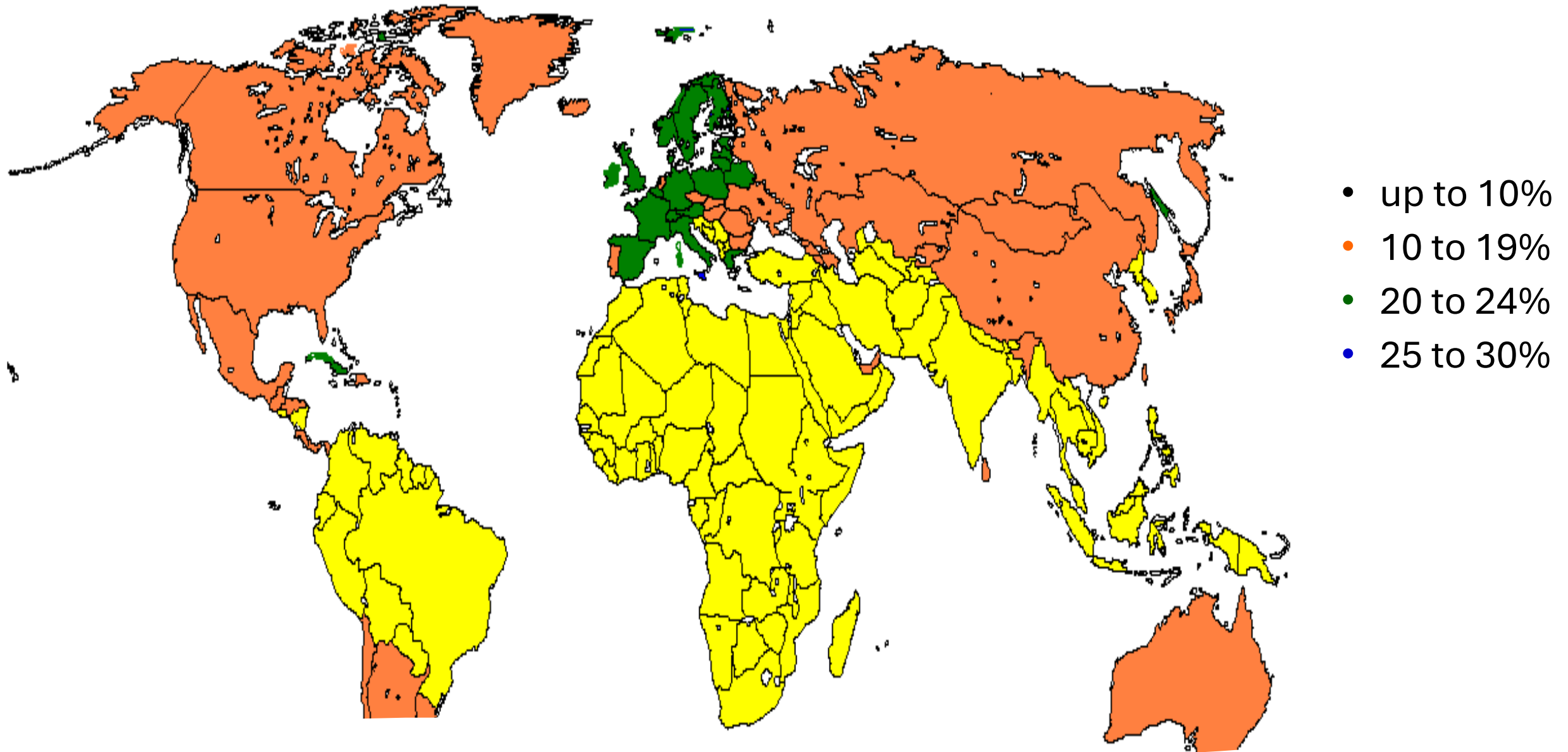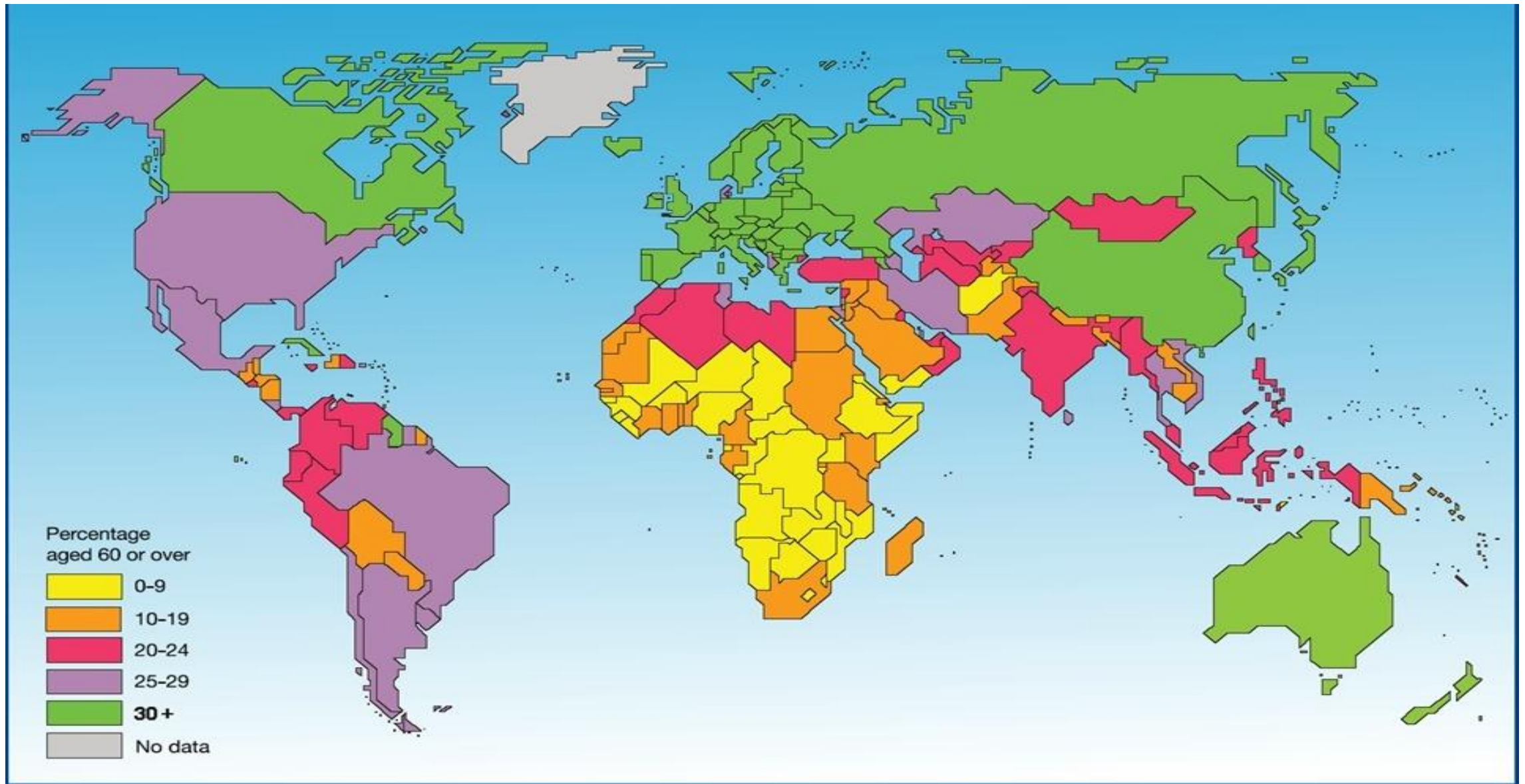
% 80+ population, 2050
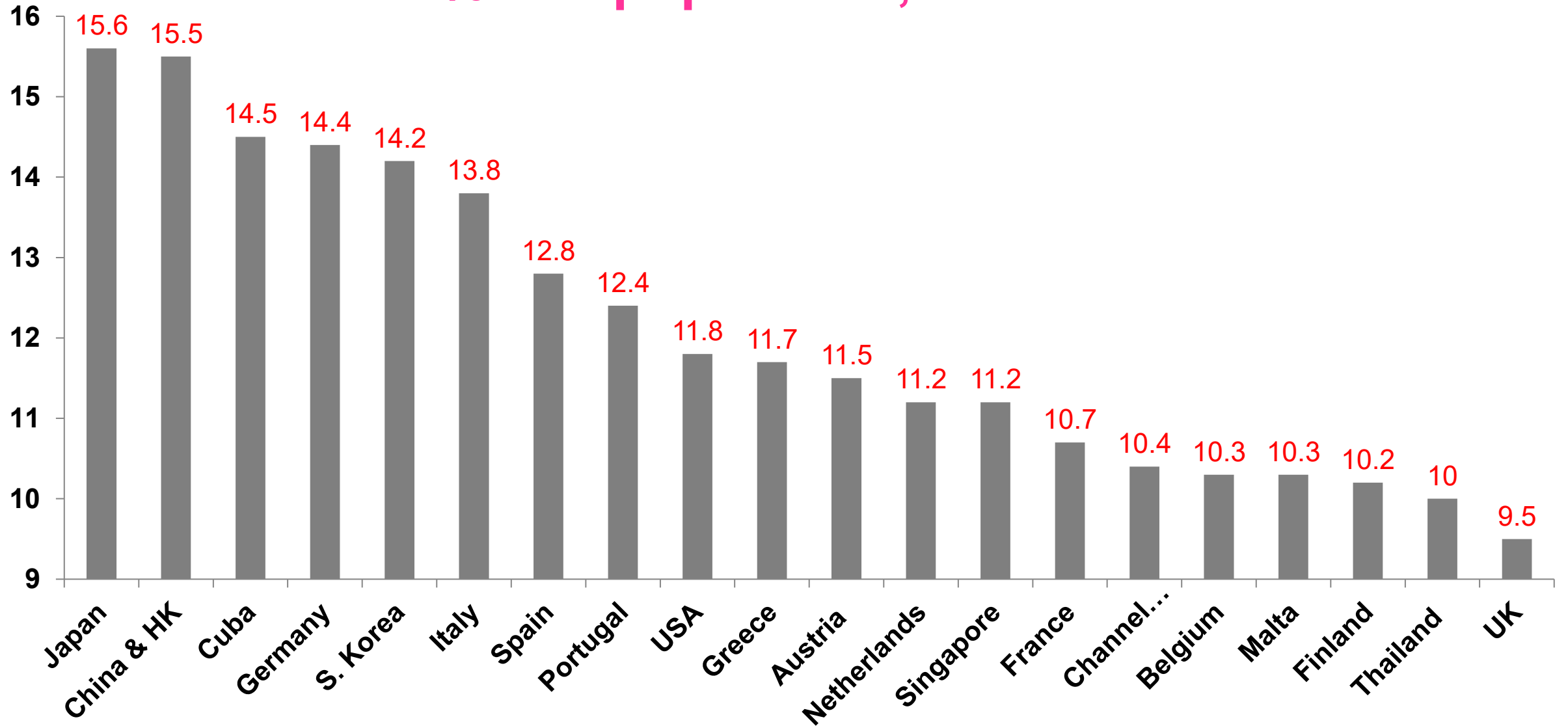
Common Geriatric Conditions

Age-Related medical conditions & illnesses

- Arthritis.
- Cancer.
- Chronic Kidney Disease.
- Chronic Obstructive Pulmonary Disease.
- Dementia, Alzheimer's Disease, and Parkinson's Disease.
- Diabetes.
- Osteoporosis.
- Stroke.
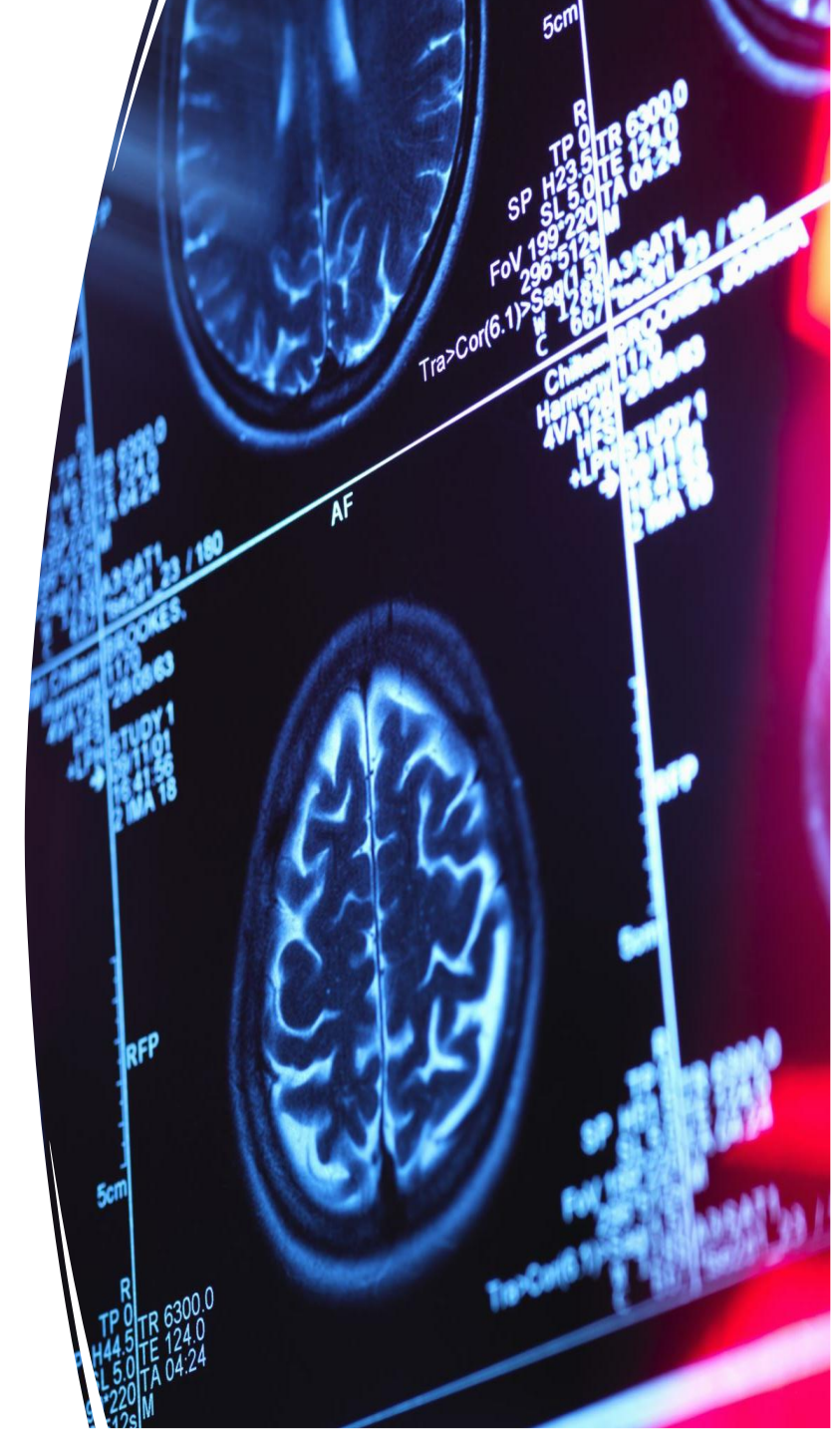
Key risks associated in later life

What are the key challenges of global ageing with regard to the way it shapes our lives?

- Burden of disease in old age

- Financial security in retirement

- Familial resources for elderly care

- Care workforce for elderly

Burden of disease

- Shift in the pattern of leading causes of death away from acute and infectious diseases.

- Non-communicable diseases are big threats such as:

  Heart disease, Stroke, Cancer, Diabetes and Dementia.

- These are also linked with disability, dependency & long-term care needs.

- Highly likely to suffer from multi-morbidities.

Proportion of life spent in poor health at age 65, England (2013 - 2015)

	At birth Males	At birth Females	At age 65 Males	At age 65 Females
Life expectancy	79.5	83.1	18.7	21.1
Healthy Life expectancy	63.4	64.1	10.5	11.2
Number of years in poor health	16.1	19.0	8.2	9.9
% of life in poor health	20.3	22.9	43.9	46.9

Introduction and Current Situation

Introduction

Demographic Shift in Bangladesh

Bangladesh faces a growing elderly population (60+ years) driven by higher life expectancy and urban migration.

Healthcare Needs of Elderly

Healthcare needs are increasing with age. Elderly require care for chronic illnesses, mobility, and mental health in expanding urban areas.

Socio-Economic Implications

Inadequate elderly care leads to increased dependency and reduced quality of life among older adults.

Ageing population trends

Aging Population in Bangladesh (2000-2040)
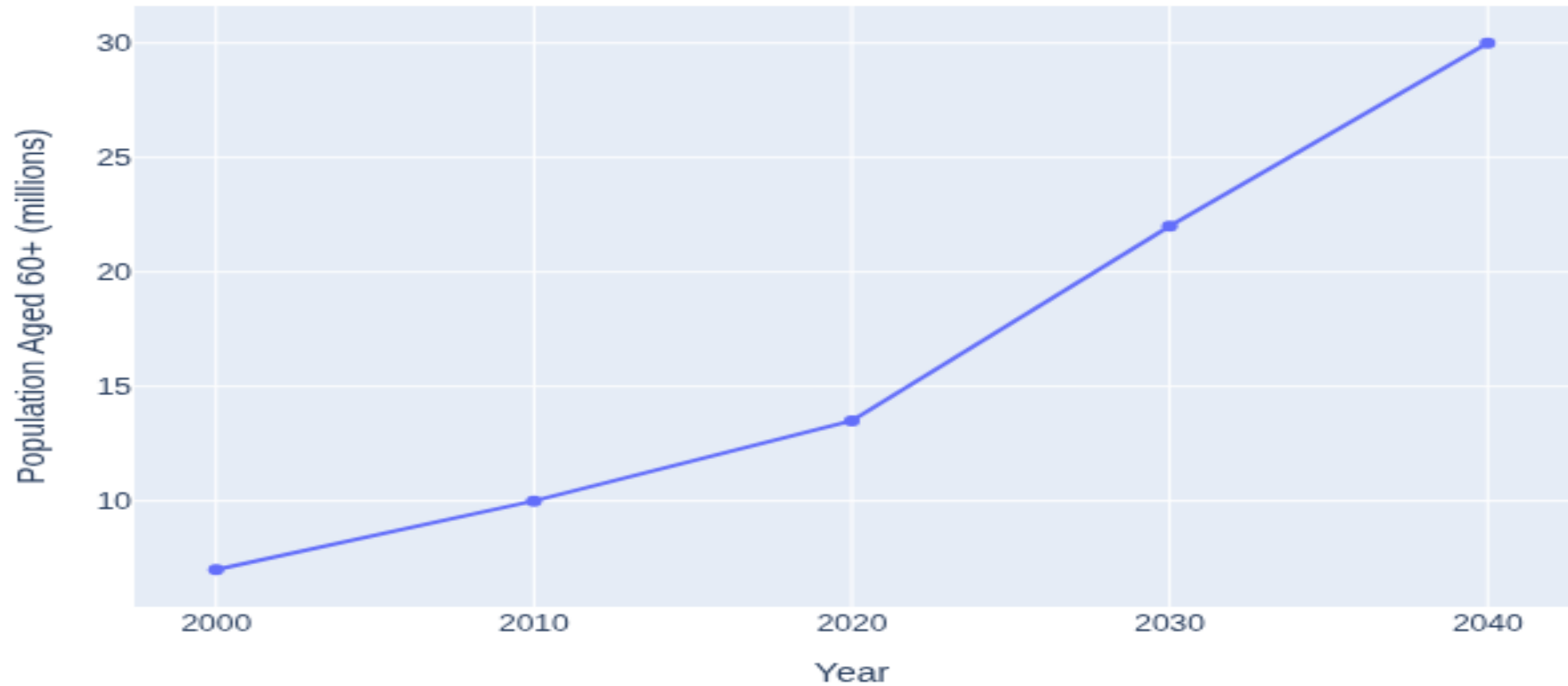
Population 60+ years in Bangladesh

Distribution of 60+ years populations in Bangladesh by sex (BBS, 2022)
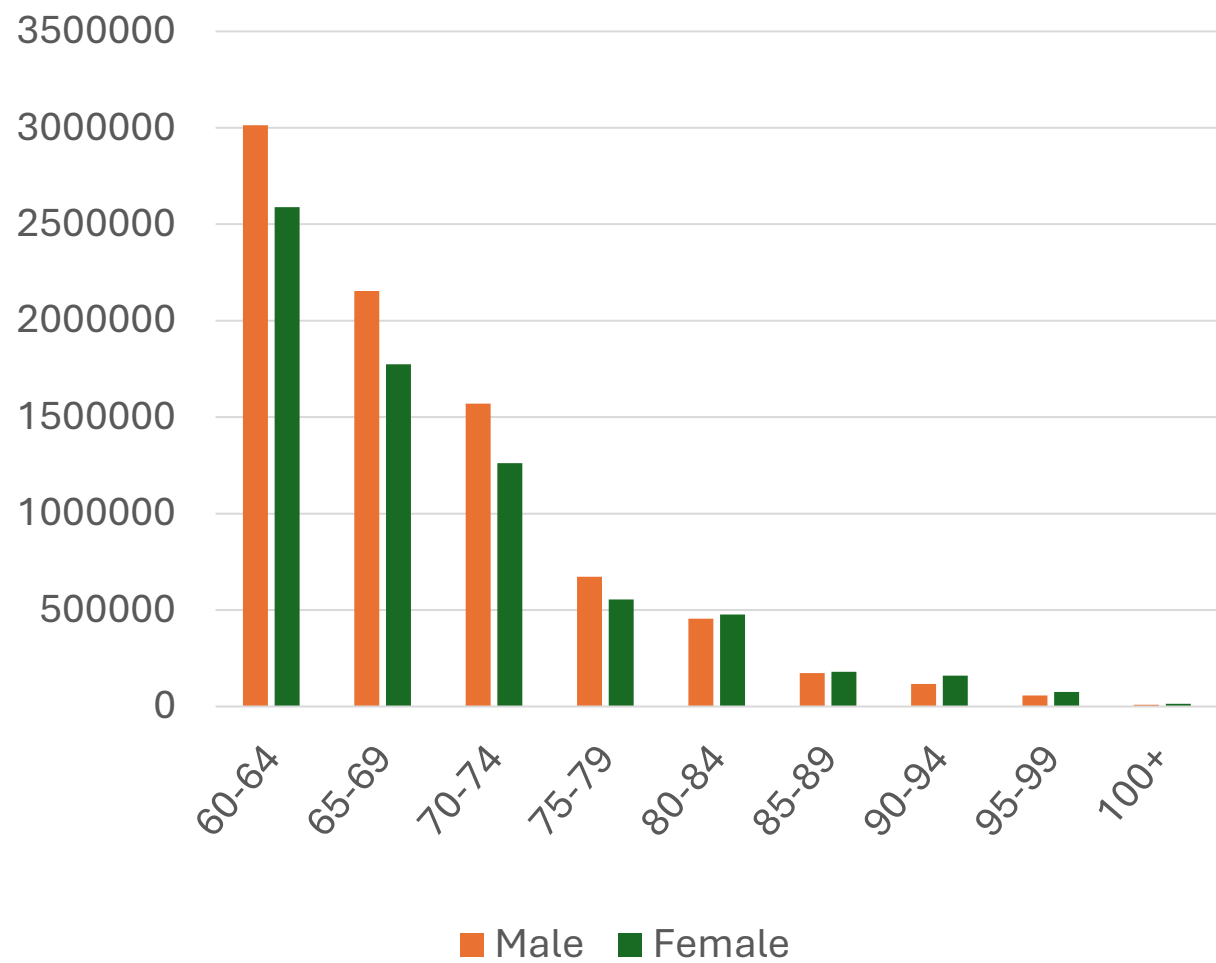
% 60 population by Sex
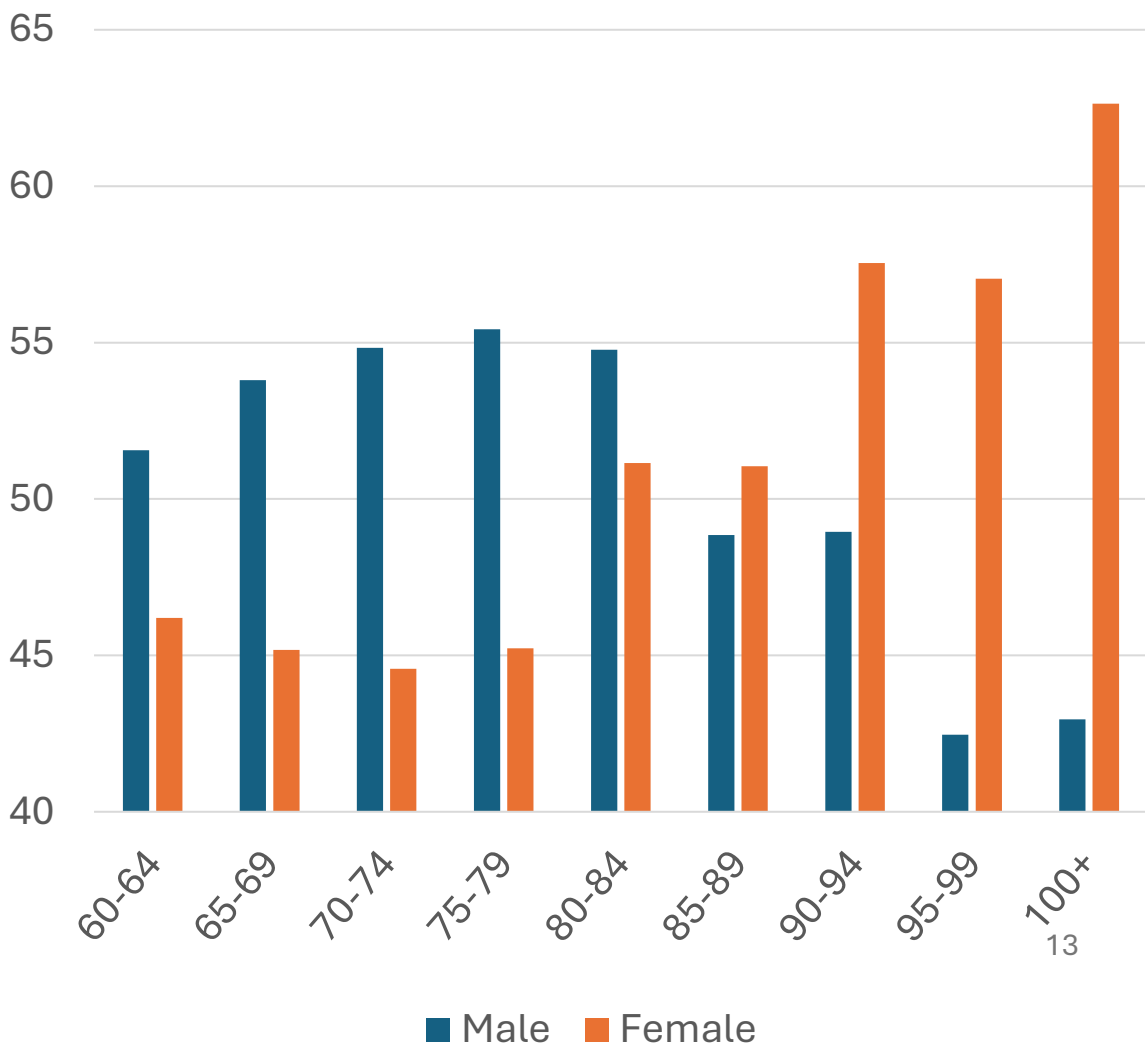
Rural – Urban Populations by Age (BBS, 2024)

Age	Total	Rural	% Rural	Urban	% Urban
60-64	5601878	4074366	72.73	1527512	27.27
65-69	3927127	2900736	73.86	1026391	26.14
70-74	2831819	2113481	74.63	718338	25.37
75-79	1227241	922752	75.19	304489	24.81
80-84	933197	719244	77.07	213953	22.93
85-89	354063	272867	77.07	81196	22.93
90-94	277172	216820	78.23	60352	21.77
95-99	132905	103125	77.59	29780	22.41
100+	23542	19024	80.81	4518	19.19
Sum	15308944	11342415	74.09	3966529	25.91

Source: Population census 2022

Current situation in urban setting

No Dedicated National Budget Line for Elderly Care

Overall, Bangladesh is witnessing modest increases in health spending, but levels remain insufficient, with heavy reliance on private out-of-pocket contributions and limited government prioritization.

Current government budgets do not allocate a specific, separate category for elderly-care spending. Instead, older adults receive healthcare through the general health budget, which in FY2025 equals 0.74% of GDP and 5.20% of the total budget (cpd, 2025).

This means elderly care costs are absorbed within:

Primary healthcare, NCD services, Hospital care, Social protection programmes

Elderly Care Demand and Costs are Rising

World Bank feature highlights the rapid demographic shift:

By 2025, 1 in 10 Bangladeshis will be aged 60+.

By 2050, this will increase to 1 in 5 (world bank, 2025)

This ageing shift causes:

A surge in NCDs (diabetes, hypertension, heart disease).

A dramatic rise in long-term care needs.

Increased financial burden on households and the health system.

Thus, elderly-care-related expenditure is growing rapidly because older adults consume

disproportionately more health services.

Main Source of Elderly Healthcare Financing

Bangladesh has one of the highest Out-of-pocket (OOP) burdens globally:

73% of all health spending is out-of-pocket (cpd, 2025)

Older adults often have multiple chronic diseases, making them especially vulnerable to catastrophic spending.

Older people face barriers such as:

high treatment costs, lack of caregivers, limited affordability, multiple chronic conditions requiring continuous care.

For elderly households, this OOP burden effectively becomes the main "elderly care spending" mechanism, since the government does not provide dedicated geriatric financial protection.

Health Facilities are not Designed / Funded for Geriatric Care

System capacity affects spending needs:

Many facilities lack emergency transport and services for geriatric conditions such as:

impaired vision, hearing loss, musculoskeletal disorders, falls, dementia etc

These gaps mean the country must invest more in:

Geriatric training,

Accessible infrastructure,

Age-friendly services,

Community-based long-term care.

Social Safety Net Spending on Elderly Is Expanding (But Not Healthcare-Specific)

Bangladesh has increased social protection measures such as:

the Universal Pension Scheme,

elderly allowances (social support payments).

However:

These are income-support, not healthcare-spending programmes.

They may indirectly help older adults pay for healthcare but are not tracked as health

expenditures.

Healthcare gaps

Care gaps and Challenges

Knowledge Gap in Elderly Care

Many doctors and nurses lack specialized knowledge in age-related conditions, causing misdiagnosis and poor outcomes.

Healthcare Specialist Shortage

Lack of geriatric specialists leads to inadequate treatment of age-specific health concerns in older adults. A significant shortage of professionals trained in geriatric medicine.

Mobility and Transportation Issues

Limited transportation and mobility restrict older adults' access to healthcare facilities, especially those with disabilities.

Mental Health and Social Isolation

Depression and anxiety are common among elderly due to social isolation and lack of community engagement.

Rising Healthcare Expenses

Healthcare costs for older adults are increasing due to chronic illnesses and the demand for long-term care services.

Limited Geriatric Services

Only a small portion of healthcare facilities provide specialized services for elderly patients, highlighting a gap in care.

Need for Targeted Strategies

Proactive healthcare strategies are essential to address the growing elderly population and ease the burden on healthcare systems.

Need for Specialized Training

Integrating geriatric medicine into education and offering specialized training programs is essential to improve care.

Care options available today

There is a growing range of care options and these fall mainly under home-based personal care, community support, institutional/residential care, and policy-driven social protection.

Care Type	Description
Home-based care	Nursing care, daily living support, chronic illness care, dementia care, companionship
Community-based services	Social centres, empowerment programs, NGO health camps
Government support	Old Age Allowance, social protection policies
Institutional care	Very limited; need for new residential facilities highlighted by research
Day care & assisted living	Offered by private/NGO home-care groups
Hospice & palliative care	End-of-life comfort care through home-based providers

Government Initiatives and Role of NGOs

Government Initiatives

National Health Policy

The policy emphasizes preventive health and community-based elderly care services to improve older adults' healthcare.

Urban Health Centers

Urban health centers provide basic medical care but currently have limited capacity for specialized geriatric services.

Community Clinics Challenges

Community clinics offer primary care but often lack resources and trained personnel for complex age-related conditions.

Need for Program Strengthening

Scaling up funding, capacity building, and policy reforms is essential for comprehensive elderly healthcare in urban areas.

Role of NGOs

Healthcare Services for Older Adults

NGOs provide free or subsidized medical services focusing on vulnerable elderly populations in urban slums.

Awareness and Preventive Care

NGOs conduct health awareness programs promoting preventive care and healthy lifestyles among older adults.

Collaborations and Funding

NGOs collaborate with international organizations to secure funding and expertise for geriatric healthcare projects.

Bridging Healthcare Gaps

NGOs help bridge gaps in healthcare access for low-income seniors who cannot afford private medical services.

Home Care Regulatory Authority:

Unfortunately, Bangladesh does not have a dedicated any agency that can determine the cost of care and monitoring the quality of services:

Non-medical personal care services

Private caregivers ("attendants", "helpers")

Home-based eldercare services

Home-care companies (except few like Evercare Hospital Dhaka as a part BUPA Global)

Most countries use national or regional laws to control the care market:

Provider licensing

Minimum quality standards

Safety requirements

Staffing qualifications (Such as UK, USA, Nordic Europe, Japan, and Canada.)

Proposed Solutions and Future Outlook

Proposed Solutions

Geriatric Healthcare Expansion

Expanding geriatric healthcare in urban hospitals is vital for specialized treatment of age-related conditions.

Affordable Healthcare including Insurance

Introducing affordable health insurance schemes reduces financial barriers for older adults accessing medical care.

Transportation and Home Care

Enhancing transportation and home-care services addresses mobility challenges faced by older adults.

Digital Health Platforms

Digital platforms like telemedicine support remote consultations and chronic illness monitoring for older adults.

Future Outlook

Technology Integration

Digital health tools like telemedicine and wearables improve accessibility and efficiency of elderly care.

Public-Private Partnerships

Collaborations between sectors can expand geriatric care and foster innovative healthcare models.

Preventive Healthcare Focus

Regular screenings and wellness programs reduce chronic disease burden among older adults.

Summary and Call to Action

Urgent Healthcare Needs

Urban elderly in Bangladesh face growing healthcare challenges requiring immediate and comprehensive action.

Collaborative Solutions

Policymakers, providers, and communities must work together to create targeted healthcare interventions.

Innovative Investments

Investing in geriatric services, health insurance, and digital technologies will improve quality of life for elders.

Policy Recommendations

Promote preventive and primary care

Enhance social support and accessibility

Provide culturally appropriate services

Strengthen geriatric healthcare infrastructure

Train healthcare workforce in geriatric care

Develop affordable healthcare services for seniors

Increase government funding and monitoring

Collaborate with NGOs and community organizations

Integrate digital health solutions

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Question & Answer