

ADB

Co-organized by

AYAT  
EDUCATION

# BANGLADESH CARE FORUM 2025

ADVANCING A RESILIENT AND  
INCLUSIVE LONG-TERM CARE SYSTEM



## Acronyms & Abbreviations

<b>ADB</b>	Asian Development Bank
<b>AYAT</b>	Advancing Your Aspirations Together
<b>BANCAT</b>	Bangladesh Cancer Aid Trust
<b>BIDS</b>	Bangladesh Institute of Development Studies
<b>BIRDEM</b>	Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders
<b>BOESL</b>	Bangladesh Overseas Employment and Services Limited
<b>CSO</b>	Civil Society Organization
<b>DGHS</b>	Directorate General of Health Services
<b>ERD</b>	Economic Relations Division
<b>HR</b>	Human Resources
<b>ICDDR,B</b>	International Centre for Diarrhoeal Disease Research, Bangladesh
<b>ILO</b>	International Labour Organization
<b>JPG</b>	James P Grant
<b>LTC</b>	Long-Term Care
<b>MJF</b>	Manusher Jonno Foundation
<b>NCDC</b>	Non-Communicable Disease Control
<b>PwC</b>	PricewaterhouseCoopers
<b>SPH</b>	School of Public Health
<b>SEU</b>	Southeast University
<b>UCEP</b>	Underprivileged Children's Educational Programs
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Program
<b>USAID</b>	United States Agency for International Development
<b>YPSA</b>	Young Power in Social Action

## 1. Executive Summary

As Bangladesh undergoes a significant demographic transition with a rapidly growing older population, the Bangladesh Care Forum 2025 emerged as a landmark initiative to address the urgent need for a comprehensive, people-centered long-term care (LTC) system. The Forum spotlighted the country's heavy reliance on informal caregiving—predominantly unpaid and carried out by women—and the widespread challenges faced by both caregivers and care recipients, including emotional strain, lack of training, and minimal formal support structures.

Across eight thematic sessions, participants explored pathways to decentralize care services, strengthen workforce development, formally recognize unpaid caregivers, and leverage technology to expand access. Discussions emphasized the need for equitable and gender-sensitive care policies, innovative financing models such as employer-supported care and micro-insurance, and the integration of care into hospitals, workplaces, and public health services.

The Forum affirmed that caregiving must be redefined—not merely as a private or familial responsibility, but as a strategic investment in national development. Participants reached a strong consensus: caregiving is foundational to dignity, resilience, and inclusive economic growth. Insights from the Forum, together with findings from ADB's ongoing country diagnostic study, will inform a national policy framework to guide the development of a sustainable and inclusive LTC system in Bangladesh.

## 2. Background

Bangladesh is undergoing a profound demographic transition, with a rapidly growing older population. As of 2022, approximately 8% of the population is aged 60 or above—a figure projected to nearly triple by 2050, making Bangladesh one of the fastest aging countries in South Asia.

This demographic shift presents both a challenge and an opportunity. While it reflects longer life expectancy and broader development gains—such as reduced infant mortality and increased access to health care—it also demands a bold reimagining of how Bangladesh supports its aging population. Life expectancy has increased from 47 years at independence to over 72 years today. Yet the gap between average life expectancy and healthy life expectancy highlights the need to invest in geriatric and long-term care (LTC) systems that preserve function, dignity, and quality of life.

Older adults in Bangladesh frequently face barriers to accessing appropriate care, including high out-of-pocket expenses, poor transportation, shortages of trained providers, and age-related stigma. These challenges are compounded by rising rates of noncommunicable diseases (NCDs), cognitive impairments, and multi-morbid conditions, which further increase demand for health and social care. Additionally, Bangladesh's climate vulnerability—through floods, heatwaves, and other disasters—disproportionately affects older people who may lack the mobility, support, or resources to cope.

Despite these realities, the country remains heavily reliant on informal, unpaid caregiving—primarily by women and family members—with minimal public infrastructure or regulatory support. The lack of recognition, training, and financial support for these caregivers not only leads to burnout and poor care outcomes but also reinforces gender inequities in economic participation. As such, the current system is ill-equipped to meet the growing and complex care needs of the aging population.

To address this, Bangladesh must prioritize the development of an integrated, people-centered long-term care system that spans health, social protection, education, and labor. This system must include community-based and home-based care options, structured training for care workers, financial protections for families, and robust regulatory oversight to ensure quality and dignity in care delivery.

Recognizing this urgent need, the Asian Development Bank (ADB), in collaboration with AYAT Education Foundation, initiated the first-ever Country Diagnostic Study on Long-Term Care of the Older Population in Bangladesh. To support national dialogue and co-create strategic policy directions, ADB and AYAT co-organized the Bangladesh Care Forum 2025, held on May 28–29, 2025, at InterContinental Dhaka. The Forum brought together over 100 representatives from government ministries, development partners, civil society, private sector actors, care providers,

care receivers training institutions, and academia.

This multi-stakeholder platform served to identify key gaps, share local and international best practices, and align cross-sector priorities to prepare Bangladesh for its aging future. Central to this effort is the understanding that caregiving is not merely a service—but a vital investment in human dignity, national resilience, and inclusive development.

### 3. Objective of the Forum

- Assess the current LTC ecosystem in Bangladesh, including service availability, quality, accessibility, financing, and workforce.
- Identify policy and regulatory gaps, as well as opportunities for cross-sectoral collaboration.
- Benchmark best practices from socioeconomically similar countries.
- Recommend contextually appropriate and scalable care models with a focus on home-based and community care.



## 4. Session Highlights

### 4.1 Inaugural Ceremony

The Bangladesh Care Forum commenced with powerful opening remarks that set the tone for an urgent and inclusive dialogue on LTC in Bangladesh. Francesco Tornieri of the ADB shared his personal caregiving journey, underscoring that LTC is a universal issue, not a distant one. He commended the forum as a vital platform for aligning policies, evidence, and investment, and welcomed key stakeholders from national and international institutions. Special guest Gunjan Dallakoti of the International Labour Organization (ILO) framed care work as central to labor policy, employment, and gender equality, stressing the need for formal recognition and policy inclusion in Bangladesh’s labor laws.

Masudul Haque from the Ministry of Finance echoed this urgency, calling care a social and economic imperative, and advocating for policy, infrastructure, and financing reforms to institutionalize LTC.

Chief Guest Dr. Neyamat Ullah Bhuiyan, Senior Secretary, Ministry of Expatriates’ Welfare and Overseas Employment, emphasized caregiving as both a moral duty and economic opportunity, outlining Bangladesh’s strategy to build a globally competitive care workforce. He highlighted caregiver training initiatives and international employment prospects, calling for ethical migration, digital certification, and cross-sector collaboration.

Finally, ADB Country Director Hoe Yun Jeong contextualized LTC within Bangladesh’s demographic shift, urging systematized investment in inclusive care infrastructure. He announced ADB’s ongoing country-diagnostic study and called for collective action grounded in shared values of dignity and equity. The inaugural session concluded with a unified call to move from intention to action, placing caregivers and care recipients at the center of policy and planning.



## 4.2 Overview of Initial Findings from the Country Diagnostic Study on LTC of Older Population of Bangladesh

Initial insights from the country diagnostic study underscored the pressing need for Bangladesh to address the challenges of a swiftly ageing population. Employing a mixed-methods design, the study gathered data through more than 1,000 surveys with older adults, alongside key informant interviews and focus group discussions to capture a comprehensive view of the current LTC landscape.

The survey findings offered a detailed view of the lived experiences of older adults. The majority of respondents were aged between 60 and 69, with a fairly even distribution across genders and a balanced representation from both urban and rural settings. While many lived with family, this arrangement became less common with increasing age. Despite the widespread presence of chronic illnesses such as hypertension and arthritis, a large portion of respondents self-rated their health as “good” or “fair,” indicating possible gaps in health literacy. Informal care, primarily provided by family members, was the dominant form of support, received by 70% of respondents. However, emotional and physical well-being remained major concerns: 60% reported feeling neglected, 54% experienced emotional distress, and 44.5% suffered physical discomfort. Although 53.4% expressed a willingness to receive formal care, mainly home-based, key barriers included a lack of available services and fear of losing independence.

Insights from focus group discussions with caregivers and training faculty further highlighted systemic weaknesses. Caregivers face underutilization of their skills, often being mistaken for domestic help, and are subjected to long, unsustainable working hours. There is a significant need for targeted training in mental health, dementia care, palliative care, and soft skills. Moreover, access to training is uneven, with programs concentrated in urban areas and heavily reliant on donor funding, limiting opportunities for rural youth. These findings emphasize the urgency for Bangladesh to establish a resilient, inclusive LTC system that respects the dignity of older adults, supports a professional caregiving workforce, and ensures accessibility for all, regardless of geography or income.



### 4.3 International Trends of LTC of Older Population

Globally, the demand for LTC is growing rapidly as populations age, placing increasing pressure on informal care systems, particularly those reliant on women. In response, many countries are transitioning toward integrated, person-centered models that promote aging in place. Formal care systems that combine health, social, and community-based services are expanding; however, gaps in the workforce and Implementation mechanisms remain underdeveloped and present opportunities for system optimization.

ADB-supported pilots in Mongolia, Indonesia, and Vietnam have focused on community-based, integrated LTC services to support aging in place. These initiatives introduced case management systems, covering screening, assessment, and individualized care planning, and adopted mixed financing models involving public, private, and community contributions.

Country-specific innovations included village-level care hubs in Indonesia, collaborations between NGOs and hospitals in Mongolia, and integrating LTC into health insurance in Vietnam. These pilots enhanced care coordination, increased service access, and generated valuable policy insights for developing scalable, sustainable LTC systems across Asia.



## **5. Key Discussion Points and Themes**

The breakout sessions took place during the two-day care forum designed to explore critical aspects of LTC in Bangladesh. There were a total of four breakout sessions, and each session featured two parallel tracks, resulting in discussions across eight thematic areas. These themes were aligned with three overarching objectives: (1) strengthening systems and service delivery, (2) supporting and empowering the care workforce and informal caregivers, and (3) promoting awareness, inclusion, and evidence-based planning.

Each track engaged approximately 18 to 20 participants, representing a diverse group of stakeholders from government, civil society, academia, and the private sector. Participants were provided with a structured discussion form to capture key points and reflections during the sessions. To support meaningful dialogue, each theme was accompanied by a set of guiding questions, which helped focus the discussions and are detailed in Annex B. Below, we have detailed the discussions on each of the themes.

### **5.1 Building Sustainable Long-Term Care: Infrastructure, Service Delivery, and Financing Models**

Participants engaged in group discussions to address key challenges and solutions for developing equitable and sustainable LTC systems. The session explored four critical areas: ensuring equitable LTC access across urban and rural areas, identifying priority services and facilities, securing affordable and sustainable financing, and incentivizing private and NGO investment. Participants emphasized home-based services, decentralization of care infrastructure, workforce development, and the use of innovative models like time banking. They also stressed the importance of national health insurance, cross-sector collaboration, and targeted financial strategies such as cross-subsidization and tax incentives to promote sustainable LTC development, particularly in low-resource settings like Bangladesh.

### **5.2 Recognizing the Backbone of Care: Enhancing Support for Family, Community, and Informal Caregivers**

Participants discussed how to better support family, community, and informal caregivers who are central to long-term care. They emphasized the need for caregiver training, respectful working conditions, fair compensation, and policies that formalize and recognize caregiving as a profession. Discussions highlighted the importance of emotional, physical, and cultural sensitivity in caregiving, along with improved communication skills and awareness campaigns. Participants also called for legislation, mental health support for the old, and context-specific solutions for both urban and rural settings.

### **5.3 Skills Development and Decent Work in Long-Term Care**

Participants emphasized the importance of recognizing caregiving as a formal, skilled profession that requires comprehensive training in clinical skills (such

as vital signs monitoring and emergency first aid), specialized care (including dementia and palliative care), communication, cultural competence, and the use of assistive technologies. They highlighted several significant challenges caregivers face, including a lack of professional recognition, job insecurity, emotional and physical burnout, trust issues with care recipients, and insufficient mental health support. To address these challenges, the group recommended establishing formal employment structures, developing national care standards, creating caregiver support helplines, launching awareness campaigns, fostering practical training partnerships, and integrating digital learning tools, all aimed at ensuring caregiving roles are dignified, well-supported, and sustainable.

#### 5.4 Innovations and Technology in Long-Term and Home-Based Care

Participants from the government, private sectors, and ADB Maldives collaborated to explore innovations and technology in long-term and home-based care, focusing on Bangladesh's current and future care needs. They proposed several key technological solutions, including the creation of a centralized digital database of caregivers and care recipients, user-friendly mobile applications tailored for the old people, telemedicine and e-doctor services, emergency hotlines, digital wearable health monitors, and blended online-offline care models. The group identified major challenges such as limited internet access, low digital literacy among older adults, lack of awareness about long-term care, privacy concerns regarding digital data, and the need for trained LTC professionals with technological expertise. To overcome these barriers and expand digital care tools, they recommended establishing comprehensive policies that formally recognize caregiving, fostering multi-sector collaboration, integrating technology at all levels, leveraging social media for awareness, utilizing existing local digital centers and religious institutions for outreach, investing in research, and maintaining ongoing public awareness campaigns to support sustainable, scalable long-term care innovations.



## **5.5 Enhancing Access and Demand: Awareness, Education, and Community Engagement in LTC**

Participants assessed why LTC services remain underutilized and poorly understood in Bangladesh, identifying deep-rooted challenges such as low literacy, a widespread lack of awareness, the lack of exposure to caregiving concepts within the national school curriculum and strong cultural beliefs that caregiving is solely a family responsibility. Urban-centric service delivery, economic barriers, and the absence of structured policies or a centralized caregiver system further limit public engagement with formal care. To address these gaps, participants recommended a multi-pronged approach: integrating caregiving education into school curricula, conducting awareness campaigns through television, drama, and community acts, establishing national databases and caregiver clubs, and involving NGOs and local organizations. They also emphasized public-private partnerships, structured advocacy strategies, and incentivized caregiver training programs, including incorporating caregiving into academic evaluations to build community-level ownership, reduce stigma, and enhance access to and demand for LTC services across the country.

## **5.6 Gender, Migration, and Equality in the Care Economy**

Participants' discussions centered on the gendered impact of unpaid care work, the vulnerabilities of migrant and left-behind families, and the need for equitable policies in the care economy. They highlighted that women disproportionately shoulder unpaid caregiving responsibilities, limiting their education, personal development, economic independence, and social participation. Migrant and left-behind families face additional challenges such as emotional strain, lack of guidance, early marriage, and poor nutrition, often exacerbated by the absence of gender-sensitive support systems. To address these issues, participants recommended recognizing and formalizing care work as a profession, ensuring fair wages and safer working conditions for women, and providing education and skills training, particularly for migrant caregivers. They emphasized the importance of gender-responsive policies, emotional and social protection measures, and work-life balance to empower women and improve caregiving outcomes for both caregivers and recipients.

## **5.7 Data, Research, and Monitoring for LTC Policy and Planning**

Participants explored the critical role of data, research, and monitoring in shaping effective long-term care (LTC) policy and planning. They identified several missing data elements essential for informed decision-making, including individual assessments, trend mapping, quality assurance data, and accurate records of NGO and facility capacities. Key challenges include a lack of skilled personnel, inadequate government funding, weak monitoring mechanisms, and there is scope to strengthen stakeholder coordination and alignment in care delivery systems. To address these gaps, participants emphasized the need for a collaborative and evidence-based approach involving government, universities, and civil society organizations (CSOs). They called for sustainable investment in

research, integration of LTC topics into academic curricula, and stronger university-government coordination. Suggestions also included connecting CSOs more effectively, increasing the demand for data to drive quality improvements, and using data to forecast workforce needs and guide training. Importantly, accurate and well-utilized data were seen as a tool to improve accountability, equity, and the overall quality of LTC services, while also helping to elevate the status of LTC as a professional and academic field.

## 5.8 Policy, Regulatory Frameworks, and Quality Assurance in Care Services

Participants discussed the urgent need for a comprehensive and context-specific policy and regulatory framework to guide long-term care (LTC) services in Bangladesh. They identified significant policy gaps, including the absence of a national care policy, insufficient social safety allowances, lack of clinical governance, and the disconnect between theoretical caregiving models and real-world practices. To ensure quality and accountability among formal care providers, the group emphasized the importance of establishing a national framework, standardized training programs, and a dedicated regulatory body. Participants also called for a robust legal structure to protect the rights, dignity, and safety of both caregivers and care recipients. Recommendations included adopting international best practices, strengthening monitoring and enforcement, implementing background checks, developing a caregiver code of conduct, and launching national awareness campaigns to combat stigma and prevent abuse, especially sexual abuse of caregivers.



## **6. Panel Discussion and Closing Plenary**

At the end of the care forum, a comprehensive panel discussion was convened to assess collaborative strategies for enabling a scalable and sustainable care economy. The session provided a platform for diverse stakeholders to share insights on overcoming key challenges, fostering cross-sector partnerships, and driving innovation in long-term care service delivery. Below are the key points that were discussed by the panel.

### **6.1 Enabling the Care Economy – Collaboration for Scalable Solutions**

#### **6.1.1 Infrastructure for Community-Based Care**

One key theme was the importance of establishing community-based care infrastructure, such as care centers, in areas near industrial or commercial hubs. While these have traditionally focused on children's daycare centers, the model is adaptable for elder care services. Private employers can play a leading role by setting up or co-financing community care facilities for aging parents or dependents of their employees. This support can directly reduce employee stress and absenteeism while improving productivity, making it both a compassionate and strategic business investment.

#### **6.1.2 Employer-Supported Health Services**

Another prominent theme focused on the employer-provided healthcare services. In Bangladesh, some companies already operate onsite clinics that deliver primary healthcare to their employees. These models can be extended to include geriatric care services, mental health support, and chronic disease management. Though there are challenges, such as infrastructure limitations, low uptake, and high operating costs, strategically designed and demand-responsive care services can create shared value for companies and communities alike.

#### **6.1.3 Technology as an Enabler**

Technology was discussed as a critical enabler for scaling eldercare solutions. The private sector can leverage digital tools, such as telehealth platforms, health monitoring apps, and wearable devices, to deliver affordable and accessible care for older adults, especially in rural areas. Community pharmacies and diagnostic centers, supported by tech companies, can also offer virtual consultations, helping overcome geographic and mobility barriers faced by older populations. Private healthcare providers and tech start-ups have an opportunity to lead innovation in this space and integrate care services into broader health delivery systems.

#### **6.1.4 Strengthening and Expanding the Care Workforce**

A critical issue that emerged was the urgent need to address the shortage of skilled healthcare workers in Bangladesh, particularly in the care economy for older adults. With a wide gap between the number of available nurses and the actual demand, it was emphasized that caregiving roles must be formalized and

elevated as recognized professions. Establishing standardized training curricula, endorsed by the government, alongside practical learning modules, was seen as crucial to building a competent care workforce. Integrating geriatric care into medical and nursing education was identified as a strategic step to prepare future healthcare providers for the aging population's needs. The development of dedicated long-term care facilities and chronic care hospitals was proposed as an essential infrastructure investment. Public-private partnerships were highlighted as a key mechanism to expand training, enhance service delivery, and build overall capacity in the long-term care sector.

### **6.1.5 Financing Models and Insurance Innovations**

An important discussion centered on the need for innovative and inclusive financing models to support healthcare and caregiving in Bangladesh, particularly for older adults. The current system is heavily reliant on out-of-pocket expenses, which limit access to quality care and disproportionately affect low-income families. In this context, employer-subsidized care emerged as a viable and scalable solution, with the private sector positioned to play a leading role through subsidized care packages, employer-sponsored health benefits for older dependents, and partnerships with micro-insurance schemes focused on the health old people.

### **6.1.6 Addressing Social Norms and Recognizing Unpaid Care Work**

The discussion emphasized the urgent need to recognize unpaid and informal care work, which is predominantly carried out by women in Bangladesh without compensation or formal acknowledgment. Integrating data from time-use surveys into national accounts was proposed to reflect the economic value of unpaid labor and influence more supportive public policies. The private sector was encouraged to help shift harmful social norms by adopting HR policies that formally recognize caregiving responsibilities, offering support programs, and promoting greater male involvement in care for the older population. These efforts can contribute to a more equitable care system and work environment.

### **6.1.7 Building Inclusive Care Systems through Civil Society Collaboration, Policy Reform, and Capacity Building**

The discussion highlighted the vital role of civil society organizations (CSOs) in providing grassroots caregiving support, especially through family assistance and advocacy efforts. However, it was noted that many CSOs struggle with limited funding, underscoring the need for greater investment from development partners to build their capacity. Emphasis was placed on creating inclusive health systems that address the emotional, psychological, and social care needs of vulnerable groups, while promoting shared family responsibility for caregiving. Collaboration between private companies and community-based organizations was identified as a promising approach to co-develop care solutions, support local programs, and deliver services such as mobile clinics and home-based care. Overall, it was agreed that strengthening the care economy in Bangladesh requires coordinated efforts across public institutions, private sector actors, civil society, and international partners to build a resilient and inclusive care infrastructure for the country's aging population.



## 6.2 Closing Plenary: From Vision to Implementation: Turning Care Policy into Action

The closing plenary featured powerful reflections from distinguished leaders across sectors, emphasizing a unified approach to transforming caregiving in Bangladesh. Tahsin Aman, Vice Chairperson of Aman Group of Industries and Chairperson of AYAT Care, offered an entrepreneurial lens, positioning caregiving as an investment in dignity, employment, and national development. He called for shifting social mindsets, fostering public-private partnerships, and leveraging technology to professionalize and scale care services.

Gitanjali Singh, UN Women Representative in Bangladesh, underscored the urgency of recognizing and financing the care economy, largely driven by unpaid female labor. She outlined five key strategies, including gender-responsive infrastructure and research investments, while applauding national initiatives like the household production satellite account.

A representative from the Ministry of Education, Siddique Zubair, Senior Secretary, Secondary and Higher Education Division, emphasized caregiving's growing necessity amid shifting family structures and advocated for integrating care for old, training into educational curricula to build awareness and create a care-ready workforce.



Professor Dr. Md Sayedur Rahman, Honorable Special Assistant (State Minister), Ministry of Health and Family Welfare, called for a moral and societal transformation towards a more caring culture. He stressed empathy-driven caregiving, ethical technology use, and intergenerational engagement to ensure dignity for the older population.



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**We need structured education, institutional training, and professional pathways in geriatric medicine, nursing, and caregiving. Without structure, care will remain invisible. With it, we build both dignity and opportunity.**

**Prof. Dr. Md Sayedur Rahman**  
Honorable Special Assistant (State Minister),  
Ministry of Health and Family Welfare



Finally, Akira Matsunaga, Deputy Country Director, Asian Development Bank (ADB), reaffirmed ADB’s commitment to supporting people-centered care systems, emphasizing collaborative leadership, policy innovation, and strategic investments in care infrastructure to prepare for Bangladesh’s demographic transition.



## 7. Actionable Recommendations

Based on the insights gathered during the Bangladesh Care Forum 2025, and the findings from the country diagnostic study, the following high-level strategic recommendations are proposed to guide the Government of Bangladesh and its partners in establishing an integrated, sustainable, and people-centered LTC system.

### 7.1 Develop an Integrated National LTC Policy and Implementation Plan

#### a. Finalize and endorse a national LTC policy

Adopt a comprehensive national LTC policy aligned with demographic trends and grounded in inclusivity, dignity, and quality of care.

#### b. Establish a five-year implementation roadmap

Create a phased implementation strategy with targets for workforce development, infrastructure expansion, financing mechanisms, and monitoring systems.

#### c. Create a national regulatory and oversight body

Set up a dedicated institution to regulate, standardize, and monitor care services across sectors.

### 7.2 Expand Inclusive and Culturally Relevant Care Models

#### a. Promote home- and community-based care

Prioritize non-institutional care models such as home-based services, time banking, and shared care networks, particularly in urban and semi-urban settings.

#### b. Emphasize prevention and rehabilitation

Shift toward early intervention and rehabilitation to reduce dependency, preserve autonomy, and improve quality of life.

#### c. Design culturally appropriate services

Ensure care models respect cultural norms, religious practices, and family dynamics.

### 7.3 Strengthen Care Infrastructure and Decentralized Access

#### a. Decentralize care centers and mobile clinics

Ensure availability of LTC services across rural and hard-to-reach areas through mobile units and local care hubs.

#### b. Invest in accessible infrastructure

Expand physical care centers and provide transport and digital access for those with mobility issues.

#### c. Promote partnerships for infrastructure development

Encourage private sector and NGO participation through incentives and public-private partnerships.

## 7.4 Build and Support a Skilled, Respected Care Workforce

### a. Recognize caregiving as a profession

Formalize the care workforce through employment contracts, labor rights, wage protections, and social security.

### b. Ensure decent working conditions

Promote shift-based systems, reduce overwork, and introduce caregiver mental health support mechanisms.

### c. Address stigma and raise public respect

Run national campaigns to elevate the status of caregivers and distinguish them from domestic workers.

## 7.5 Enhance Caregiver Training, Certification, and Career Pathways

### a. Implement national curriculum for caregiver training

Standardize curricula through BTEB and NSDA for geriatric, palliative, dementia, and psychosocial care.

### b. Include life skills and digital literacy

Teach caregivers communication, emotional support, ethics, and use of assistive technology.

### c. Facilitate internships and real-world training

Promote partnerships with hospitals, nursing homes, and NGOs for practical caregiver exposure.

## 7.6 Enable Ethical Migration and Global Workforce Mobility

### a. Create caregiver migration pathways

Coordinate with MoEWOE, BMET, and BOESL to establish migration channels for skilled caregivers.

### b. Align caregiver training with international standards

Ensure certifications are globally recognized and incorporate language and cultural readiness.

### c. Promote structured, ethical recruitment

Safeguard rights of migrant caregivers through ethical recruitment and monitoring.

## 7.7 Strengthen Financing Mechanisms for Long-Term Sustainability

### a. Pilot national LTC insurance or social protection schemes

Integrate LTC into national health insurance and pension frameworks to reduce out-of-pocket burden.

### b. Mobilize multi-source funding

Leverage public, private, donor, and diaspora investments with cross-subsidization and tax incentives.

### **c. Explore innovative financing models**

Adopt community-based models such as micro-insurance or employer-supported caregiving funds.

## **7.8 Leverage Technology and Digital Solutions in Care Delivery**

### **a. Develop national digital care platforms**

Create databases for care recipients and certified caregivers to streamline access and planning.

### **b. Promote telecare and health monitoring**

Expand remote services using wearable devices, emergency helplines, and mobile apps.

### **c. Bridge the digital divide**

Promote digital literacy, ensure rural access, and address trust and privacy concerns.

## **7.9 Increase Public Awareness and Care Education**

### **a. Integrate care into school and university curricula**

Introduce caregiving awareness in secondary education and health-related academic programs.

### **b. Mobilize community outreach**

Use religious leaders, schools, media, and unions to promote understanding and reduce stigma.

### **c. Empower families through training**

Provide free or subsidized family caregiver training via community centers or online platforms.

## **7.10 Promote Equity and Gender-Informed Care Solutions**

### **a. Recognize unpaid and informal care work**

Include unpaid care in national statistics and economic planning.

### **b. Address gender disparities in care responsibilities**

Provide women caregivers with social protection, legal rights, and economic opportunities.

### **c. Support inclusive access for vulnerable groups**

Design care models that are inclusive of the poor, women, disabled, and minorities.

## **7.11 Strengthen Data Systems, Research, and Evidence-Based Policymaking**

### **a. Build a national care monitoring and data platform**

Track service needs, workforce distribution, and health outcomes to support planning.

**b. Promote research-to-policy pipelines**

Institutionalize academic-government partnerships to translate evidence into decision-making.

**c. Monitor service quality and accountability**

Develop inspection systems, user feedback mechanisms, and performance dashboards.

**7.12 Establish a Multi-Stakeholder Council on Aging and Long-Term Care**

**a. Form a high-level coordination platform**

Include representatives from Health, Social Welfare, Education, Labor, Finance, private sector, and CSOs.

**b. Guide implementation and cross-sector alignment**

Ensure joint monitoring, policy alignment, and funding support across ministries.

**c. Mobilize public-private partnerships and innovation**

Encourage piloting of care models, workforce incubators, and scaling of good practices.

## 8. Conclusion

The Bangladesh Care Forum 2025 marked a pivotal step toward establishing an inclusive and resilient long-term care ecosystem. Across two days of dialogue, stakeholders reached a clear consensus on the need for multi-sectoral collaboration, system-wide reform, and a values-driven approach that prioritizes dignity, equity, and future readiness.

The findings from ADB’s ongoing country diagnostic study—together with the insights generated during the Forum—will form a cornerstone for developing a national strategy and policy framework for care of the older population in Bangladesh.

The Forum underscored the urgency of reimagining caregiving as a critical pillar of national development, deeply connected to health, education, gender equality, and economic prosperity. Key reflections emphasized the need to transform social norms, professionalize the care workforce, embed care into national infrastructure and planning, and recognize the immense economic value of unpaid care.

Innovation, investment in training, and strategic public–private partnerships were highlighted as essential to unlocking scalable, sustainable solutions. Together, the discussions reaffirmed that caregiving is not merely a service—it is a powerful investment in human dignity, social resilience, and inclusive growth.

The momentum generated through this Forum must now translate into coordinated leadership, actionable policy, and long-term commitment—ensuring that Bangladesh is prepared to meet the evolving care needs of its aging population with compassion, efficiency, and equity.



## ANNEX

### ANNEX A: CARE FORUM AGENDA

Day 1: Wednesday, May 28, 2025

09:00 AM–09:30 AM – Registration and Networking

#### 09:30 AM–10:15 AM – Inaugural Ceremony

09:30 AM–09:35 AM Welcome Remarks by **Francesco Tornieri**, Principal Social Development Specialist (Social Inclusion), Human and Social Development Sector Office, ADB

09:35 AM–09:45 AM Remarks by Special Guest, **Gunjan Dallakoti**, Head of Programmes and SME Development Specialist, International Labour Organization (ILO)

09:45 AM–09:55 AM Remarks by Special Guest, **Md. Masudul Haque**, Joint Secretary, Joint Secretary Branch: ADB-1, Economic Relations Division (ERD), Ministry of Finance

09:55 AM–10:05 AM Remarks by Chief Guest, **Dr. Neyamat Ullah Bhuiyan**, Senior Secretary, Ministry of Expatriates' Welfare and Overseas Employment

10:05 AM–10:15 AM Remarks by **Hoe Yun Jeong**, Country Director for Bangladesh, ADB

#### 10:15 AM–11:15 AM – Status and Trends of Long-term Care (LTC)

10:15 AM–10:20 AM Setting the Context by **Nasheeba Selim**, Gender and Social Inclusion Specialist, ADB

10:20 AM–10:35 AM Overview of Initial Findings from Country Diagnostic Study on LTC by **Md Touhidul Imran Chowdhury**, National Aged Care Specialist, ADB; and COO, AYAT Education Foundation

10:35 AM–11:15 AM International Trends in LTC by:

**Adelina Comas-Herrera**, Director of the Global Observatory of Long-Term Care at the Care Policy and Evaluation Centre, London School of Economics and Political Science

**Meredith Wyse**, Senior Social Development Specialist (Aging and Care), ADB Human and Social Development Sector Office, Sectors Group

**Alex Robinson, PhD**, Head of the Disability, Inclusion and Rehabilitation Unit, Nossal Institute for Global Health, University of Melbourne

11:15 AM–11:30 AM - Networking Break

### 11:30 AM–01:00 PM - Breakout Session 1

**Track 1:** Building Sustainable Long-Term Care: Infrastructure, Service Delivery, and Financing Models

*Session Facilitator: **Meredith Wyse**, Senior Social Development Specialist (Aging and Care), ADB Human and Social Development Sector Office, Sectors Group*

**Track 2:** Recognizing the Backbone of Care: Enhancing Support for Family, Community, and Informal Caregivers

*Session Facilitator: **Nasheeba Selim**, Gender and Social Inclusion Specialist, ADB*

01:00 PM–02:00 PM - Lunch Break

### 02:00 PM–03:30 PM - Breakout Session 2

**Track 3:** Skills Development and Decent Work in Long-Term Care

*Session Facilitator: **Tanjilut Tasnuba**, Senior Programme Officer at International Labour Organization (ILO)*

**Track 4:** Innovations and Technology in Long-Term and Home-Based Care

*Session Facilitator: **Md Touhidul Imran Chowdhury**, National Aged Care Specialist, ADB and COO, AYAT Education Foundation*

03:30 PM–03:45 PM - Networking Break

### 03:45 PM–04:30 PM - Strategic Synthesis Workshop 1

Group leads present key recommendations from each session

*Session Moderator: **Nusrat Aman**, CEO, AYAT Education Foundation and AYAT Care*

Day 2: Thursday, May 29, 2025

09:00 AM–09:30 AM - Registration and Networking

09:30 AM–11:00 AM - Breakout Session 3

**Track 5:** Enhancing Access and Demand: Awareness, Education, and Community Engagement in Long-Term Care

*Session Facilitator: **Nasheeba Selim**, Gender and Social Inclusion Specialist, ADB*

**Track 6:** Gender, Migration, and Equality in the Care Economy

*Session Facilitator: **Anne Drong**, National Project Coordinator- Care Work, ILO*

11:00 AM–11:30 AM - Networking Break

11:30 AM–01:00 PM - Breakout Session 4

**Track 7:** Data, Research, and Monitoring for LTC Policy and Planning

*Session Facilitator: **Adelina Comas-Herrera**, Director of the Global Observatory of Long-Term Care at the Care Policy and Evaluation Centre, London School of Economics and Political Science*

**Track 8:** Policy, Regulatory Frameworks and Quality Assurance in Care Services

*Session Facilitator: **Meredith Wyse**, Senior Social Development Specialist (Aging and Care), ADB Human and Social Development Sector Office, Sectors Group*

01:00 PM–02:00 PM - Lunch Break

02:00 PM–03:00 PM - Strategic Synthesis Workshop 2

Group leads present key recommendations from each session

*Session Moderator: **Francesco Tornieri**, Principal Social Development Specialist (Social Inclusion), Human and Social Development Sector Office, ADB*

### 03:30 PM–04:30 PM – Panel Discussion

Enabling the Care Economy: Collaboration for Scalable Solutions

Session Discussant: **Dr. Arif Mahmud**, Group Medical Director, Evercare Hospitals Bangladesh

Session Discussant: **Shaheen Anam**, Executive Director, Manusher Jonno Foundation (MJF)

Session Discussant: **Rashed Noman**, Country Director, Augmedix

Session Discussant: **Uzma Chowdhury**, Director of Finance, PRAN-RFL Group

Session Discussant: **Zareen Mahmud Hosein, FCA**, Director, Shasha Denims PLC

Session Moderator: **Nusrat Aman**, CEO, AYAT Education Foundation and AYAT Care

### 04:30 PM–05:00 PM – Networking Break

### 05:00 PM–06:00 PM – Closing Plenary: From Vision to Implementation: Turning Care Policy into Action

05:00 PM–05:10 PM Presentation of Strategic Recommendations by **Nasheeba Selim**, Gender and Social Inclusion Specialist, ADB

05:10 PM–05:20 PM Reflection from the Private Sector and Caregiving Training Institute by **Tahsin Aman**, Vice Chairperson, Aman Group of Industries and Chairperson, AYAT Care

05:20 PM–05:30 PM Reflections from the Development Partner by **Gitanjali Singh**, UN Women Representative in Bangladesh

05:30 PM–05:40 PM Reflections from the Government by **Siddique Zobair**, Senior Secretary, Secondary and Higher Education Division, Ministry of Education, Government of the People's Republic of Bangladesh

05:40 PM–05:50 PM Reflections from the Government by Prof. **Dr. Md Sayedur Rahman**, Honorable Special Assistant (State Minister), Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh

05:50 PM–06:00 PM Closing Remarks by **Akira Matsunaga**, Deputy Country Director for Bangladesh, ADB

### 06:00 PM–08:00 PM – Dinner Reception

## **ANNEX B: GUIDING QUESTIONS FOR BREAKOUT SESSION**

### **Breakout Session 1**

#### **Track 1: Building Sustainable Long-Term Care: Infrastructure, Service Delivery, and Financing Models**

##### **Guiding Questions for Small Group Discussion:**

1. What are the key considerations and solutions to ensure equitable LTC coverage across both urban and rural areas, especially low-income areas?
2. What type of LTC services and facilities are most urgently needed (e.g., care centers, home-based services, rehabilitation facilities)?
3. How can we make LTC services affordable and sustainable?
4. What approaches can encourage private companies, NGOs, and home-based care providers to invest in and offer LTC services?

#### **Track 2: Recognizing the Backbone of Care: Enhancing Support for Formal and Informal Caregivers**

##### **Guiding Questions for Small Group Discussion:**

1. How do older people receive and perceive the care provided by family members, community networks, and formal and informal caregivers?
2. What types of support (emotional, physical, practical, spiritual, and financial) do caregivers need to continue providing quality care?
3. What policies or programs are needed to better recognize, support, and protect formal and informal caregivers and the essential role they play in long-term care?

### **Breakout Session 2**

#### **Track 3: Skills Development and Decent Work in Long-Term Care**

##### **Guiding Questions for Small Group Discussion:**

1. What are the main areas where formal and informal caregivers need more training and skill development?
2. What are the biggest challenges formal caregivers face in their day-to-day work?
3. What steps can be taken to improve formal caregivers' working conditions, provide better recognition, and ensure access to training opportunities?

#### **Track 4: Innovations and Technology in Long-Term and Home-Based Care**

##### **Guiding Questions for Small Group Discussion:**

1. What new innovative ideas or technologies could help make long-term care better?
2. What are the main challenges in using technology for care in places with limited resources?
3. What kind of support or partnerships are needed to expand the use of digital tools in long-term care?

## **Breakout Session 3**

### **Track 5: Enhancing Access and Demand: Awareness, Education, and Community Engagement in Long-Term Care**

#### **Guiding Questions for Small Group Discussion:**

1. What are the reasons people are not aware of long-term care services in Bangladesh?
2. How can families and communities be more involved in promoting care services and encouraging people to seek help when needed?
3. What communication or education strategies could help raise awareness and reduce stigma about using formal care services?

### **Track 6: Gender, Migration, and Equality in the Care Economy**

#### **Guiding Questions for Small Group Discussion:**

1. How does unpaid care work affect women's economic and social opportunities?
2. What challenges do migrant or left-behind families face when trying to provide or receive the care they need?
3. How can caregiving jobs be made safer and more equitable for women?
4. What gender-responsive policies are needed to support both caregivers and care recipients?

## **Breakout Session 4**

### **Track 7: Data, Research, and Monitoring for LTC Policy and Planning**

#### **Guiding Questions for Small Group Discussion:**

1. What essential data is missing to plan and monitor long-term care effectively?
2. How can we build sustainable research and data systems for LTC?
3. What role can universities, CSOs, and government agencies play in strengthening LTC evidence?
4. How can data be used to improve accountability, quality, and equality in LTC services?

### **Track 8: Policy, Regulatory Frameworks and Quality Assurance in Care Service**

#### **Guiding Questions for Small Group Discussion:**

1. What are the current gaps in policies and regulations guiding long-term care in Bangladesh?
2. What quality standards or accountability mechanisms are needed for formal care providers?
3. How can we ensure care providers' and care recipients' rights, dignity, and safety are protected?

## ANNEX C: LIST OF SPEAKERS (IN ALPHABETICAL ORDER)

Photo	Name and Designation
	<p><b>Adelina Comas-Herrera</b> Director of the Global Observatory of Long-Term Care at the Care Policy and Evaluation Centre, London School of Economics and Political Science</p>
	<p><b>Akira Matsunaga</b> Deputy Country Director for Bangladesh, ADB</p>
	<p><b>Alex Robinson, PhD</b> Head of the Disability, Inclusion and Rehabilitation Unit, Nossal Institute for Global Health, University of Melbourne</p>
	<p><b>Anne Drong</b> National Project Coordinator- Care Work, ILO</p>
	<p><b>Dr. Arif Mahmud</b> Group Medical Director, Evercare Hospitals Bangladesh</p>

Photo	Name and Designation
	<p><b>Dr. Neyamat Ullah Bhuiyan</b> Senior Secretary, Ministry of Expatriates' Welfare and Overseas Employment</p>
	<p><b>Francesco Tornieri</b> Principal Social Development Specialist (Social Inclusion), Human and Social Development Sector Office, ADB</p>
	<p><b>Gitanjali Singh</b> UN Women Representative in Bangladesh</p>
	<p><b>Gunjan Dallakoti</b> Head of Programmes and SME Development Specialist, ILO</p>
	<p><b>Hoe Yun Jeong</b> Country Director for Bangladesh, ADB</p>
	<p><b>Md. Masudul Haque</b> Joint Secretary, Joint Secretary Branch: ADB-1, Economic Relations Division (ERD), Ministry of Finance</p>

Photo	Name and Designation
	<p><b>Md Touhidul Imran Chowdhury</b> National Aged Care Specialist, ADB; COO of AYAT Education Foundation</p>
	<p><b>Meredith Wyse</b> Senior Social Development Specialist (Aging and Care), ADB Human and Social Development Sector Office, Sectors Group</p>
	<p><b>Nasheeba Selim</b> Gender and Social Inclusion Specialist, ADB</p>
	<p><b>Nusrat Aman</b> CEO, AYAT Education Foundation and AYAT Care</p>
	<p><b>Prof. Dr. Md Sayedur Rahman</b> Honorable Special Assistant (State Minister), Ministry of Health and Family Welfare</p>
	<p><b>Rashed Noman</b> Country Director of Augmedix</p>

Photo	Name and Designation
	<p><b>Shaheen Anam</b> Executive Director, Manusher Jonno Foundation (MJF)</p>
	<p><b>Siddique Zobair</b> Senior Secretary, Secondary and Higher Education Division, Ministry of Education</p>
	<p><b>Tahsin Aman</b> Vice Chairperson, Aman Group of Industries and Chairperson, AYAT Care</p>
	<p><b>Tanjilut Tasnuba</b> Senior Programme Officer, ILO</p>
	<p><b>Uzma Chowdhury</b> Director of Finance, PRAN-RFL Group</p>
	<p><b>Zareen Mahmud Hosein, FCA</b> Director, Shasha Denims PLC</p>

## ANNEX D: LIST OF PARTICIPANTS (IN ALPHABETICAL ORDER)

SL	Full Name	Designation	Institution/ Organization
1	Abul Hasanat Alamgir	Director of Research and Training	SEU
2	Afrin Iqbal	Assistant Scientist	ICDDR,B
3	Afruza Tanzi	Innovation and Entrepreneurship Officer	UNDP
4	Ainan Tajrian	Business Consultant	LightCastle Partners Limited
5	Almeer Ahsan Asif	Leadership Development Training Expert; Former Deputy Chief of Party	USAID Bijoyee Project (Skills Development for Youth)
6	Anthonia De Costa	Professor	AYAT College of Nursing and Health Sciences
7	Anwara Begum	Research Director	BIDS
8	Aparna Karmaker	Senior Executive	AYAT Education Foundation
9	Arif Hossain	Executive	Universal Medical & Technical Training Institute
10	Ashik Ur Rahman	Deputy Managing Director, Japan Bangladesh Friendship Retirement Homes; Director, Japan Bangladesh Friendship Foundation	Japan Bangladesh Friendship Foundation
11	A Z M Moushum Islam	Senior Programme Officer, Women Rights and Gender Equity	ActionAid Bangladesh
12	Banasree Mitra Neogi	Director, Rights and Governance Programmes	MJF
13	Barisha Rabbe	Vice President	Culmen Capital
14	Brig Gen (Dr) AKM Nasir Uddin (retd)	Chief Executive Officer	Pro-Active Medical College and Hospital Ltd
15	Dilruba Kabir	Chairperson	Shailan Probeen Nibash

SL	Full Name	Designation	Institution/ Organization
16	Dr. Mostofa Kamal Chowdhury (Adil)	Associate Professor, Department of Palliative Medicine, Centre for Palliative Care	Bangladesh Medical University
17	Dr. Nashid Rezwana Monir	Deputy Chief	Ministry of Planning
18	Dr. Shahinur	Founder and Palliative Care Specialist	Hospice Bangladesh
19	Fahim Istiaque	Consultant	ADB
20	Farhana Sharmin	Lead, Corporate Social Responsibility; Learning and Development	IDLC Finance PLC
21	Humayra Ahmed	Research Associate	BIDS
22	Imelda O. Marquez	Operation Analyst	ADB
23	Imelda T. Alcala	Senior Coordination and Logistical Support Expert (Consultant)	ADB
24	Jafar Ahmed	Deputy Manager	BRAC Institute of Skills Development
25	Jiban Kanai Das	Country Director	Sir William Beveridge Foundation
26	J N Tawhida Shiropa	Founder and CEO	Moner Bondhu
27	Kohinoor Akter	Management Trainee	Identity Inclusion
28	K Tauseef Rashid	Managing Director	Modus Health Technologies Ltd.
29	Laila Karim	Director of Programs	AYAT Education Foundation
30	Lydia Domingo	Social Development Officer	ADB
31	Mahzabin Ferdous	General Secretary	BANCAT
32	Mala Maria Toscano	Vice Principal	AYAT College of Nursing and Health Sciences
33	Md. Al-Azad	Manager, Finance and Administration	AYAT Education Foundation
34	Md. Ashraf Uddin Ahmed	Associate Professor (Medicine), Geriatrician, Palliative Care Specialist	BIRDEM General Hospital

SL	Full Name	Designation	Institution/ Organization
35	Md. Jamal Uddin	Manager (Admin)	RISDA-Bangladesh
36	Md. Manzurul Islam	Practicing Lawyer	Supreme Court of Bangladesh
37	Md. Monzurul Alam	Manager Program	MJF
38	Md. Rashed Suhrawardy	Founder And Secretary General	Dementia Care Foundation
39	Md. Sohel Rana	Lead Trainer	BRAC, JPG, SPH, BRAC University
40	Md. Zakaria Shaon	Assistant Manager	Sheba.xyz
41	Mohammed Iftekher Hussain	Manager Program	MJF
42	Mohammad Nazmul Haider	Assistant Director	YPSA
43	Mohammad Touhidul Hasan	Project Coordinator	Sir William Beveridge Foundation
44	Mohammad Zahirul Islam	Health Advisor	Embassy of Sweden
45	Mohua Ali	Coordinator of Nursing Education	PRAN-RFL Group
46	Mokhlesur Rahman	Head of Operations	Grameen Digital healthcare solutions
47	Morium Nesa	Lead, Women Rights and Gender Equity	ActionAid Bangladesh
48	Mr. Mahmudul Islam Khan	Deputy Secretary	Economic Relations Division, Ministry of Finance
49	Muhammad Shafiqul Islam Romon	Coordinator, Promotion and Job Placement	RISDA Bangladesh
50	Muhammad Mijanur Rahman Miah	Senior Assistant Secretary	MOSW
51	Munmun Khan	Gender and Inclusion Specialist	JAAGO Foundation Trust
52	Nesar Ahmed Julius	Lead Consultant and CEO	PeoplePro Business Solution
53	Nilufar Yesmin	Deputy Secretary	Ministry of Labour and Employment
54	Nudrat Nawar	AVP, Head of Business Development	Sheba.xyz

SL	Full Name	Designation	Institution/ Organization
55	Nusrat Jahan	Senior Vice President	Green Delta Insurance PLC
56	Nuzhat Bari	Proprietor	Kaaruj Bangladesh
57	Rahat Hossain	Co-founder and Chief Operating Officer	AYAT Care
58	Rifat Tasnim	Manager (Overseas Employment-2)	BOESL
59	Rifayet Hasan Sajol	Visualizer	AYAT Education Foundation
60	Saad M Ahmed	Operation Manager	BANCAT
61	Sabrina Sayeed	Research Assistant	Southeast University
62	Saifur Rahman	Head of Communication	MetLife Bangladesh
63	Saimoy Orhan	Senior Executive	Universal Medical & Technical Training Institute
64	Salwa Islam	Research Associate, Country Diagnostic Study on LTC in Bangladesh	AYAT Education Foundation
65	Sams Abu Shomen	Co-Founder and CEO	Parents Care Limited
66	Sanchita Rani Paul	Principal	Kumudini Trade Training Institute
67	Sanjida Ahmed	Advisor, Gender Diversity Inclusion and Protection	Plan International
68	Sarawat Mehjabeen	Assistant Commissioner	MOWCA
69	Saud Khandaker Hussain	Business Development Consultant	AYAT Education Foundation
70	Shadab Mahmud	Associate Director, Healthcare	PwC Bangladesh
71	Shafwan Ibn Hemayet	Managing Director	RISDA-Bangladesh
72	Shameem Ahmed	Medical Officer	Bangladesh Medical University
73	Subinoy Dutta	Deputy Director, Resource Mobilization and Communications	UCEP Bangladesh

<b>SL</b>	<b>Full Name</b>	<b>Designation</b>	<b>Institution/ Organization</b>
74	Sumaiya Khaled	Faculty Member	North South University
75	Sumaiya Tabassum Ahmed	Head of Sustainability	Pran-RFL Group
76	Sumit Banik	Project Coordinator, Palliative Care	AYAT Education Foundation
77	Tahmina Majumdar	Assistant Officer, Admin	RISDA-Bangladesh
78	Tajwar Hoque	Director - Development Programmes	SAJIDA Foundation
79	Tanjum Ara Polly	Program Director	Bharasa Institute
80	Tarikur Rahaman	Liaison Manager	Moner Bondhu
81	Taslima Begum	Principal	AYAT College of Nursing and Health Sciences
82	Zia Ahsan	Policy Advisor	Ministry of Expatriates' Welfare and Overseas Employment

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## **Design**

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This document is a draft report summarizing the discussions from the event titled “Bangladesh Care Forum 2025: Advancing a Resilient and Inclusive Long-Term Care System,” held at the InterContinental Dhaka on May 28-29, 2025. It is intended for participants’ review and feedback.

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