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An update of National Health Policy : Process & Content

National Health Policy

The Ministry of Health & Family Welfare has published the final draft of revised National Health Policy (NHP) on its website 3rd August, 2008. The MOHFW as a part of its responsibility to formulate policy has brought out national health policy, national food and nutrition policy and national population policy in different times. The NHP was first issued in 2000 introducing program changes like Sector Wide Approach (SWAp), adoption of Essential Services Package (ESP). As a result of a process of review and update a draft was prepared in 2006 in order to incorporate changes in programs and approach though was not finalized. It is explained that the need for the update is to provide a broad framework of goals and priorities for poverty reduction and the achievement of the MDGs. The process bears out the ambiguity of the present so called caretaker government's activity by putting a big question mark on their eligibility to review and revise such a national policy as present government's activity should and must be confined to secure a free and fare national poll which has already been directed by the High court. Any activity by this government especially in policy level that does not relate to election is completely illegal and unwanted.

The unjust process

A complete health policy was formulated in the year 2000 following long term five year plans since independence for governing health care system. In case of all five-year plans including the national health policy of 2000, involvement of government; doctors; politicians and people's participation was evident (Osman, F., A. Policy making in Bangladesh, 2004, pp. 148-156). During formulating health policy three stakeholders were identified, these were primary stakeholder or care receiver; secondary stakeholder or care provider and external stakeholder or donor which is not outlined properly during sketching 'national health policy - an update'. By recognizing Alma Ata in1978 nationally it was also decided to ensure participation of citizen through their representatives (Osman, F., A. 2004, annex 4.8, p. 372) though not followed here. Interestingly, it is written in bold 'strong political commitment' at the end of the draft of this health policy (National Health Policy - an Update, 2008. P. 18). What will happen when a political government elected by people will come into play. Will it own such a piece of work where its people and politicians were never attached or included? Caretaker government has accepted itself that it needs a strong political will to make the health policy work. If it is so, than the present government should be forbidden of doing such task and it should be left for the next elected government. Even previous health policy could be criticized for lack of involvement of all stakeholders and improper piloting. Comparing to the previous one new health policy lacks all these components even more. These facts put a huge amount of doubt on thee success of the health policy of 2008.

Developed countries like the United Kingdom, Finland, Spain and developing countries like India and Pakistan usually formulate health policy over a period of time and then implement it for next 10 to 15 years (Health Policy of India 1982 & 2002 and Health Policy of Pakistan 1991 & 2001). It is time consuming to materialize all the components of a policy. Policy must not be changed during this period otherwise all efforts and financial investments will be worn out. But in Bangladesh, health policy that was produced in 2000 after failed efforts in 1988 and 1994 had not been given adequate time to work properly by the next government who became very active to review that in 2006. It is worth to mention the separation of health and family planning department which was unified later and then separated again. Such lack of planning resulted in failure in achieving targets in both sectors.

Present picture

Government claims to have achieved significant progress in health outcomes. Such as, reduction in infant and child mortality rates, steady rise in life expectancy, 50% reduction of total fertility rate, decline in maternal

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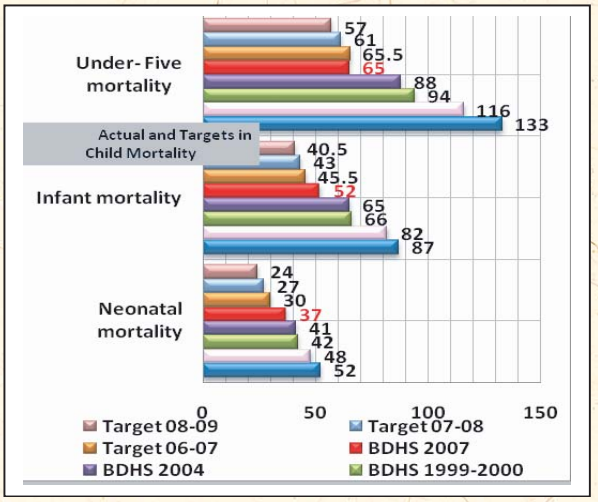
mortality and under-nutrition rates, national elimination of polio and leprosy, significant progress in treatment of tuberculosis and remarkable improvement in building countrywide health care network. We must remember that ministry of health & family welfare has failed to achieve its annual target (except under-5 mortality and TFR). Moreover, we shall fail to achieve MDG 6 by 2015 if we

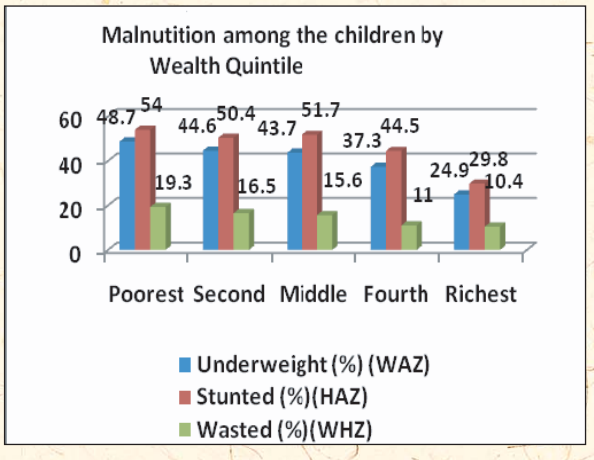


move in this velocity (MOHFW. BDHS 2007; Revised Annual Plan 2006-2010). On the other hand, we have fallen behind the achievement in immunization we have gained over last 10 years. The government has invested more money and effort than required in tackling HIV situation. This is very frustrating to learn that the government has claimed to be decreased the rate of malnutrition. Natural calamity and economic disaster the country has faced over the last couple of years has definitely impacted on the overall malnutrition situation by pushing Bangladesh towards food insecurity(statistics used in the draft are not up to date).

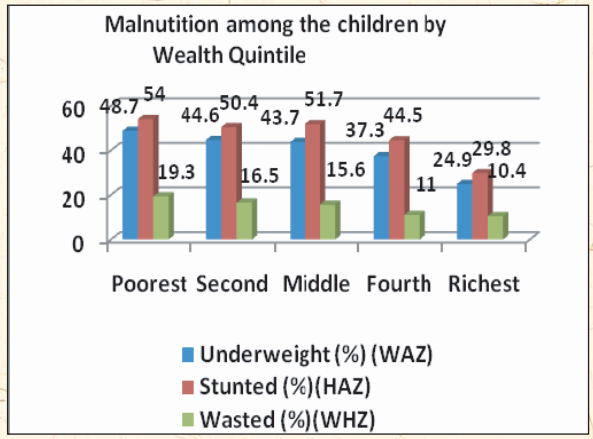
Actual and targets in child mortality

The rate of population increased due to change of policy and reduction of the number of health workers. Population increase affected heavily on the economic growth of the country. To achieve NRR 1 by 2010 we have to achieve CPR 70. Instead of increase our CPR is decreasing (58.1 in 1993, 55.1 in 2007). Unmet contraceptive rate was 18% in 2007 which was 11% in 2004. Government claims to be able to provide secondary, tertiary and specialized health care facility to the urban part of the citizen of Bangladesh though the statistics suggest the opposite. Bangladesh has not developed proper system of managing and disposing waste product. What we are doing in the name of waste management is aggravating the environmental degradation. Field is being prepared for producing dioxin by using incinerator dumped by developed countries. The incinerators are being used by main hospitals of Dhaka including ICDDR,B. Waste management policy is needed in order to eliminate persistent organic pollutants properly.

There is lack of adequate trained health worker, at the same time present workers have a strong tendency of absenteeism. A clear indication towards the solution of these problems is required, not an indication towards the problem only. Existing procurement and supply policy has not been able to provide proper service for the grass-root level. This is very important to elaborate how service can be extended towards the grass-root level. It is well known that the poor condition of the health system of Bangladesh is due to negligence, lack of proper monitoring and corruption. In this reason, marginalized population has become victims of reprehensible health system. But the government has confined its activity in pointing out problems in the name of health governance. Initiatives must be taken to work out proper guideline to activate health governance.



Nutrition status of children



Trends in nutritional status

Incomprehensible direction

Different issues have come into the discussion but those are not prioritized accordingly. Health risks due to population burden, climate change, global warming was needed to be addressed appropriately. Policy should have been outlined how we shall adopt with the changing situation and what we need to do in order to mitigate climate change. This is a good initiative to increase work force through public and private sector but government should remember that it will be of no use to increase the number only. Previous failures of ministry, DGHS, BMDC and the universities have added quantity only but quality. There should be clear guidance in the health policy how an effective and quality workforce can be built up.

Key Issues	Addressed in NHP 2008	Overlooked in NHP 200
Nutrition	• The National Nutritional Program (NNP) will be expanded • Dissemination of proper knowledge about nutrition	• Malnutrition of pregnan women • Chronic energy deficiency
Family planning	• Availability of contraceptives • Emphasis on clinical and permanent methods of contraception.	• Reasons behind the recent failure and guidelines to ta that • Proper step to encourage people for permanent contraception
Primary health care	• Spending at least 60 per cent of the budget of the hnpsp at upazila and below level • Popularizing essential services package	• The way primary health ca would be delivered • Reasons behind ESP for th marginalized and specializ service for the rich
Referral system	• Encouragement of outdoor treatment • Developing network of well-worked out	• The pathway from GP to Specialized doctors

Informal system of health service produces 'below-quality' health care for marginalized population by training TBA. This is out and out violation of the constitution of Bangladesh to assign specialized service for wealthy population and TBA for marginalized population. On the contrary, we agree in our policy that we have to equalize health service for overall population. Special attention is being given on women, children and senior citizens. There is no direction about male and adolescents. Does equity and access mean two different systems for two separate group of population? According to the constitution one of the basic rights is health which is established on the base of gender equality, access equality and ethical conduct. These were forgotten long before. As long we set essential services package for the marginalized and specialized service for the rich, we shall not be able to achieve equity and accessibility. Health policy is still delivering erroneous ESP. The quality of health service cannot be improved overnight for sure but it is also certain that proper management of the vast workforce would lead to a much more improved health services after a certain period of time. A regulatory framework for ensuring accountability of service providers to the patient or their superior needs to be prepared. There should be a proper guideline about the referral system. The role of GPs and specialized consultants needs to be defined clearly. The point of health service delivery for urban population is either general or medical college hospitals which are known as hospitals of secondary and tertiary level. On the other hand, place for rural people is health complex. This is inequitable service.

Key Issues	Addressed in NHP 2008	Overlooked in NHP 2
Drug issues	• Review of NDP • Increased attention for rational use of drugs • Strengthening DDA	• Illegitimate use of vulnerable drugs • Proper system of dispensing drugs
Medical waste management	• Improve capacity of DGHS for inspection and monitoring of medical waste management • Encourage private sector	• Environmental saf
Surveillance of diseases	• Strengthening and review of existing disease surveillance system • Maps of all major diseases for each district	• Outbreak investiga and management
Food safety	• Strengthening and review of food safety laws	• Food price • Role of MOHFW i monitoring food adulteration
Climate change and health	• Climate change in health research agenda	• Mitigation and adaptation from pu

Bringing public-private partnership in

The conspiracy of relocating health system in private sector is clearly getting visible over last 10 years. Public-private partnership in health sector will produce such a system which will benefit the rich and recommend for credit for the marginalized who cannot simply buy health care (Save the Children USA, 2006). The newer version of the health policy is well written but should be avoided. It starts with article 15(a) which says 'constitutionally the government of Bangladesh obliged to ensure provision of basic necessities of life including medical care to its citizen". On the other hand, health policy informs that health sector's financing by the government alone is insufficient to ensure improved health care for all in Bangladesh. Expansion of private sector investment would help to bridge the gap in needed resources for extending and improving the service. We must get rid of such pressure of donor organizations. Srilanka is providing satisfactory health care service having almost same economic growth. India has never promoted its NGOs in the name of transferring health system from public sector to private sector. India has innovated system like providing health care under the supervision of 'panchaet' (Chatterjee, A. Voluntary Health Association of India; Khoj project). People of Bangladesh will never accept privatizing health sector about which we can have a bit of idea from the Shatkhira event where People have performed human chain protesting privatizing Shatkhira general hospital.

Public health issues

Prevention is always better than cure. There is no explanation why are we emphasizing adaptation in place of mitigation in climate change issue. Pressure from curative sector can be released by preventing emerging and reemerging issues through health education and health promotion. This will help the country to attain highest level of health at comparatively low cost that Srilanka and Finland have achieved. There is no specific guideline about building up preventive and curative health care system for the people of different occupation. Developed countries provide occupational health service for different professionals because it is established that disease pattern changes with occupation. Corruption and malpraxis that is evident from the top to the bottom level of the health sector has not been addressed. Clear guideline is needed about corruption. Governance is already mentioned in HNPSP possibly better than this health policy. One should not forget that has not helped to alleviate corruption.

Key Issues	Addressed in NHP 2008	Overlooked in NHP 2008
Public health services	• Improving counseling services • Introduction of new vaccinations	• Region specific health promotion and health education for people around all over Bangladesh
Human resources	• Improvement of quality of existing workforce • Production of additional workforce in both public sector and private sector	• Specific plan for improvement of nursing • Avert appointing unskilled person as nursing stuff in private clinics • Modernizing curriculum of MBBS • Practice based post graduate study
Health governance	• Citizen's Charter for health service delivery • Strengthening the local government administration and institutions • Expansion of private sector's health service provision	• Accountability of health professionals • Specific guideline about punishment for malpraxis • Mechanism of monitoring of private sector
Health budget and financing	• Expansion of private sector investment • The development partners	• Sources of financing • Coordination with national budget • Condition for private sector investment • Transparency in case of agreement with donor agency
Health research	• Emphasis on priority areas • Strengthening research institutions and individuals	• Provision of research on therapeutic drug and vaccine

Our expectation

This unspecific health policy surely is not going to benefit the general people of Bangladesh. Government must stop the procedure of privatization in health sector. Health policies of countries like the United Kingdom, Spain, and Finland can be analyzed who deliver proper and equitable health care through National Health Service (NHS). There should be a uniform health care system for every citizen of the country though there could be options for private health care system for the affordable. The government has not mentioned about coordination between upazilla parishad and upazilla health system after local government election. This is not clear how upazilla parishad will oversee upazilla health system after the election.

In a nutshell, this can be said that this government should not do anything that does not relate to the election. In that sense this is an illegal act. It is all the same to update any policy and formulate newer one. Comparable countries have formulated policies for the span of 10-15 years. We need to follow those examples. People's participation is a well-discussed subject. It would be a big slip-up to come up with any new policy without people's participation. Countries in whole world have secured participation of all stakeholders including general population in policy-making to attain a sound health care system. That is why it is better to await this effort of updating national health policy and should concentrate to implement existing programs. The health care system is the most volatile in this turbulent time. There is no wonder that the public is concerned, if not confused, about what is going on and what the future holds are. Direct democratic decision-making might not be advocated but public involvement in achieving goals, principles and values for the healthcare system is essential. Involvement of technical panel including marginalized population and representative from all high risk areas would make the health policy helpful for outlining proper strategy and program for implementation. Deliberative participation procedures provide a means for insuring needs and interests that facilitate setting goals of health care policy and the means of achieving them.

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