



HEALTH POLICY WATCH

স্বাস্থ্য নীতি প্রত্যক্ষণ

Vol-1, Issue-1
July 2008

Bangladesh Public Health Conference 2008

The conference

Bangladesh Public Health Conference 2008 organized by Unnayan Onneshan was held on June 13-14, 2008 at BRAC Inn conference room, Dhaka. The main objective of the conference was to provide opportunities for productive, structured dialogue on the major findings of research and evidence on the challenges facing the national response to various health reforms carried out by the government of Bangladesh. It was a platform for examining, comprehending, and learning on delivery of health care in the backdrop of ongoing reforms in the health system of Bangladesh. Public health conference 2008 promoted inquiry about existing health systems reforms, encourages newer models of pro-poor, equitable and efficient health care systems, and bring up the issues of public-public participation in health care delivery system.



Since the much publicized world development report of 1993, Bangladesh has experienced a series of policy reforms, packaged in Health and Population Sector Programme (HPSP) and later labeled as Health, Nutrition and Population Sector Programme (HNPS). In the elapsing decade Bangladesh experienced market oriented health sector reform through promotion of privatization of health service providers including public private partnership and private financing via user fees. Such attempts seem to have made access to health system inequitable. Services favored the well-off, who need them less, than the poor, who are unable to obtain them. Establishment of

Background

goals for improved health care coverage for the poor is needed and that can hardly be achieved arguably by the types of policies that have been pursued in a donor reigned health policy making system. It is now timely to understand the complexities and provide new comprehensive thinking for funding health care system that serves who needs it most.

goals for improved health care coverage for the poor is needed and that can hardly be achieved arguably by the types of policies that have been pursued in a donor reigned health policy making system. It is now timely to understand the complexities and provide new comprehensive thinking for funding health care system that serves who needs it most.

Themes

Papers were presented in 6 sessions of the conference according to following themes

- Climate change and its impact on health
- The role of the state in health care delivery
- Impact of essential service package on the poor
- Rational use of medicine
- Public-private partnership
- Public-public partnership

Conference proceedings

Prof. Dr. Md. Abul Faez, Director General, DGHS was present in the opening ceremony of the conference as Special Guest. Mr. Rashed Al Mahmud Titumir, Chairman of Unnayan Onneshan told that the state has to take the responsibility of proper and equitable health service for all citizen of the country. Allotment for health in last couple of national budget has been decreased. Health sector in Bangladesh is under tremendous threat due to influence of donors. Mr. Titumir accentuated public-public partnership in order to get rid of current situation. Prof. Dr. Abul Faez said in his speech that 50% of maternal and infant mortality can be reduced if proper use of available technology can be ensured. He pointed out weaknesses of the country in using new technology. Dr. Faez emphasized on proper delivery of service by ensuring full use of limited resource. Mr. Nurul Kabir, editor of New Age was present in the closing session of the conference as special guest.



উন্নয়ন অন্বেষণ
Unnayan Onneshan
The Innovators
centre for research and action on development

Unnayan Onneshan-The Innovators

House # 19A, Road # 16 (New), Dhanmondi, Dhaka-1209
Phone : 880-2-815 82 74; 911 06 36

Fax : 880-2-815 91 35, E-mail : info@unnayan.org Web : www.unnayan.org

The sessions were chaired by Dr. Sheikh Aktar Ahmad, Head of Occupational & Environmental Health, NIPSOM; Prof. Dr. Shubhagata Chowdhury of BIRDEM; Prof. Dr. Md. Zafarullah Chowdhury, Director, NIPSOM; Prof. Dr. A K Azad Chowdhury, Ex Vice Chancellor of Dhaka University; Dr. Khairul Islam, Country Director of Water Aid and Maj. Gen. (Retd) Dr. M Shahjahan of State University of Bangladesh. First session focused



on the current status of environmental degradation and health impact of climate change. Papers based on policy issues regarding climate change were also

included. Second session focused mainly on weakness of the state in health care delivery. Areas of emphasis to improve situation were also brought into light. Third session of the first day was on 'essential services package'. Maternal health, sexual and reproductive health, senior citizens came into discussion in this session. First session of the second day was on rational use of medicine and current situation of Bangladesh ranging from pharmaceuticals to practitioners. Last two sessions were on public-private partnership and public-public partnership. Papers of these sessions explored pros and cons of public-private partnership and the need of public-public partnership.

Pro-poor, equitable health service & State's role

The government of Bangladesh recognizes that the state should provide healthcare to every citizen of the republic as health is one of the basic rights. A comparative study indicated that Thailand and India have done reasonably well in health sector by



decreasing patient and health center ratio by establishing more and more health centers. In India and Thailand, aiurvedic and other indigenous treatment facilities have been given more importance which is always ignored in Bangladesh. Health sector is always ignored by the government of Bangladesh. It is not possible to achieve millennium development goal in health care if such ignorance continues. Poor people especially peripheral population does not get proper health service due to unavailability of adequate health service provider. Doctors are very reluctant to stay at the work station if transferred to rural areas. Rural

population has limited access to reproductive health facility though they are very concerned about reproductive health. Sexual and reproductive health service delivery models need to understand the critical importance of incorporating lay understandings of sexual health.

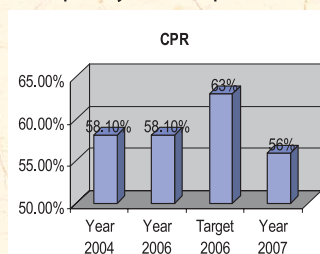
On the other hand, this was found from the discussion that maternal and infant mortality has been decreased considerably though primary health care is still not in a right direction to improve maternal health. The main reason of infant mortality is malnutrition. There is lack of knowledge about nutrition even among the population of Bangladesh staying in the higher wealth quintal end. Emphasis should be given on health education program regarding nutrition to create awareness about nutrition related health problem. Good governance needs immediately to be established in order to make the health sector transparent and accountable. It is the responsibility of the State to make sure that every citizen has access to health care facility.

From family planning to reproductive health: donor driven policy

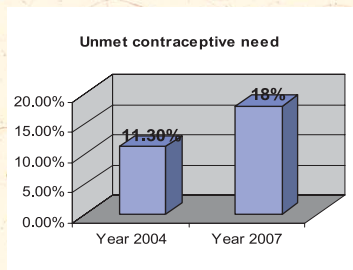
The Family planning program in Bangladesh has undergone a number of transitional phases to achieve the present program Health, Nutrition and Population Sector Programme (HNPS) under phase 9 in 2003-2006. The government's policy of implementing

primarily Health and Population Sector Programme (HPSP) and then the Health, Nutrition and Population Sector Programme (HNPS) is supplied by the World Bank and

donor consortium to introduce decentralization of health care system, promoting public-private partnership by NGO involvement in health care delivery and selling the healthcare to the poor people through introducing user fees. In this phase a consortium of NGOs in Bangladesh began to implement health sector reform measures intended to expand access to and improve the quality of family planning and other basic health services. In 1999 the programme began the process of establishing community clinics through out the country. These clinics created a network of primary level community 'owned' health facility to deliver the essential service package in conjunction with higher level services. The health and family planning workers who previously made home visits were being gradually made to make their base at the clinics and instructed to focus outreach on potential clients who may have difficulty obtaining service. Thus door-to-door contraceptive distribution was discontinued.



The discontinuation of free domiciliary service and promoting family planning in conjunction with other components of reproductive health has provoked detrimental effects on contraceptive prevalence and fertility rates and even on women's health status.



Not only CPR but also performance indicators like Ante and post natal care reflects the fact. It is observed that

introducing user-fees and providing the contraceptive counseling in satellite clinics put some extra financial burden on the poor. Rural males are still reluctant to pay for not only family planning but also reproductive health (BDHS 2004) as they think that they would pay only if there is any life threatening danger for their spouse.

According to projections from various sources Bangladesh will reach a population of more than 180 million by the year 2025 and 210 million by the year 2037. This would create immensely high pressure on use of resources. Doctor Population ratio is now 1: 3012 at present, which is still inadequate in terms of need. Only one fifth of the unemployed population gets significant job each year. It is very obvious that we are not able to support present population size within the existing socio- economic infrastructure.

In order to reduce the fertility levels, measures like disintegration of family planning service from reproductive health service, providing the free doorstep family planning service in the rural area and urban slums, vigorous counseling in the family set-up, promoting male education along with female education, strong campaigning for family planning should be taken immediately. Moreover the policy and programs should be initiated and lead only by the Government of Bangladesh for effective, need based and locally appropriate family planning service.

Public-private partnership versus public-public partnership

Global trend in the 1990s of questioning and seeking to redefine the relationship between the state and private sector has influenced thinking in developing



countries including Bangladesh. In fact concrete steps have been taken to open the door wider for public-private partnership in areas earlier regarded as the domain of the

government. The trend of privatizing different government hospitals is always debated because private sector provision leads to inequalities, attaches a profit incentive to healing, and raises costs. Reinforcing privatization in health sector may have widened the scope of consumer choice but also increased out of pocket expenses for both public and private services. Moreover, lack of manpower and monitoring system of the government makes the private sector carefree to follow guidelines of the government. If community clinics are being moved to private sector those could also not be monitored properly by the government. More importantly, the marginalized people are the biggest victim of so-called public-private partnership. The role of newly developed corporate hospitals in health care delivery was also under tremendous debate.

The strategic activity of the NGO service delivery programme (NSDP) is the essential services package through which health care services are administered by NGOs in Bangladesh. The overall goal of the NSDP is to increase access to essential healthcare services by communities, especially the poor recognizing that the poorest in the community often have no access to essential healthcare



services. But the reality is that the poor people cannot access quality health care due to low income, lack of awareness of the kind of health care services available, deficiencies and inconsistencies in the quality of services, and lack of close proximity to the healthcare facility. A limited range of NGO services are available which does not meet demand. Service charge and price of drugs are higher compared to the market place though there is a lack of experienced doctors at the centers.

Government needs to give more significance to the coordination between different bodies to make health service delivery more effective rather than privatization of government hospitals. It is observed public-private partnership that was developed to provide health care to marginalized population has not been worked. Health is a right and government has to empower people to exercise that right with responsibilities. There are contemporary social movements in different sectors promoting participation as a prerequisite for claiming human rights. But, various health care reforms taken in the country had a very limited scope for participation by citizen and there is hardly any mechanism or an institutional process for citizen's participation for

ensuring accountability with respect to provision of comprehensive health service. Mr. Rashed Al Mahmud Titumir, Chairman of Unnayan Onneshan said in his closing speech of the conference that public-public partnership needs to be strengthened in stead of public-private partnership to save the marginalized people. He said that government should also rethink about health policy.

Climate change and its impact on health

The biophysical and ecological systems of the natural environment are fundamental to human health. Mounting human pressures on the environment are disrupting and depleting these systems. With the revolutionary changes in diagnosis of diseases, medication and treatment environmental health has emerged as focused agenda finding itself in the central position of the health agendas. Health impact of climate-change, spread of arsenic, impact of rapid urbanization on waste management and sewerage, hospital-refuges and industrial waste is jeopardizing the human life in our country. The resulting health risks will particularly affect vulnerable and poorly resourced populations of developing countries like us. World Health Organization estimates that a quarter of global burden of disease, including over one third of childhood burden, is due to modifiable factors in air, water, soil, and food.

Bangladesh is the most vulnerable to climate change due to its high climate variability, population density and inadequate institutional capacity. It was recommended in the conference that Bangladesh should have clear mitigation policies for climate change as developed countries are causing the global warming. Dr. Salim



Ullah Sayed pointed out that developing countries contribute 33% of green house gases whereas, developed countries contribute 67%. Emphasis should be given on protecting the Ozone layer for survival of natural life. Ozone layer shields plant and animal life from ultraviolet radiation. Diarrhoea, skin diseases, malaria, kala-azar, mental disorder, dengue are major climate sensitive diseases in Bangladesh.

Rational use of medicine

Rational drug use implies that patients receive medications appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate period of time, and at the lowest cost to

them and their community. This means that doctors prescribe the right drug, correct dose at affordable price with clear information and instruction about the drug to the patient or guardian. Only 13% drugs are sold according to doctors' prescription. Most irrationally used drugs are antibiotics. Even doctors are not very cautious regarding prescribing antibiotics. Most of the physicians prescribe additional drugs which are not essential. There is no Essential Drug List for last 25 years. Due to exploitative market, almost 50% of our population has no reliable access to modern medicines and the rest 50% have access but are trapped into using non-essential, irrational and even dangerous drugs. This widespread irrationality prevails both in the private and public sectors, leads towards serious health problems and wastage of scarce resources. National drug policy must play an effective role to ensure rational use of medicine. Quality and safety of drug should be assured along with affordable price. Improved public awareness through continuing medical education is the key to establish rational use of medicine.



The session 'Climate Change and its impact on health' of the conference was organized in association with Oxfam GB, Bangladesh.



Oxfam's focus is on gender equality, disaster preparedness and helping people make a secure living and protecting the fundamental rights of the indigenous communities. Oxfam also involve in lobbying for fair and equitable climate regime and fairer trade rules, as well as providing training and advice to small producer associations to help them market their goods overseas and gain a secure income.



Unnayan Onneshan-The Innovators, an independent not-for-profit registered trust, aims to contribute to innovation in development through research, advocacy, solidarity and action. The alternative public policy watchdog was established in 2003 to contribute to the search for solutions to endemic poverty, injustice, gender inequality and environmental degradation at the local, national and global levels.