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Health Watch

"Universal Health Coverage is the single most powerful concept that public health has to offer"
Dr. Margaret Chan, WHO

Call to Action: taking the Universal Health Coverage agenda forward

The recent Lancet Series on Bangladesh was launched on 21st Nov., 2013 by the president of the republic before a distinguished audience of policy makers, development partners and researchers. The articles in the Series explored first generation health systems innovations which resulted in 'unusual success' in improving the health of the population and was lauded as one of the

'great mysteries of global health' given the shortage of human resources for health (HRH) and not-so-well performing health systems in the country. It dwelt with how the myriad innovations at macro and micro level helped (e.g., through community health workers and de facto pluralistic health services and governance) in taking health services at the door steps of the people. Building on this, it called for a 'second generation of health system innovations' for achieving 'universal health coverage' in foreseeable future and proposed a 'five-point reform agenda'.

The first point called for a 'national human resources policy and action plan'. Shortage and inappropriate skill-mix of HRH have been identified as a major barrier to achieve UHC. Bangladesh is one of the few countries in the world where we have more doctors than nurses. Instead of the standard three nurses and five technologists against one doctor, the current ratio is 1: 0.4: 0.24 (doctor: nurse: technologist). To mitigate this situation, the call to action (CTA) emphasizes the formulation of a national HRH policy and a concrete feasible plan for its implementation. Establishment of nurse training institutes over medical colleges, production of auxiliary nurse workforce, midwives and other cadres of health technologists through public-private partnership with adequate regulatory measures for quality control is proposed.

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Projecting a positive Bangladesh in Europe: sharing and disseminating findings from Lancet Series on Bangladesh

Recently, the coordinators of the Lancet Series on Bangladesh, Drs. Abbas Bhuiya (Deputy Executive Director, icddr, b) and Mushtaque Chowdhury (Vice-Chair Person and Interim Executive Director, BRAC) had a tour of few European capitals to share and disseminate findings from the recent Lancet series on Bangladesh and successfully projected a positive picture of the country. Their tour included visits to Stockholm (hosted by Karolinska Institutet), Oslo (hosted by Norad), London (hosted by LSHTM and DFID), and Brighton (hosted by IDS, University of Sussex). In this endeavour, they were accompanied by the founder and Chairperson of BRAC, Sir Fazle Hasan Abed who delivered the keynote speech in Stockholm and Oslo.

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Projecting a positive Bangladesh in Europe: sharing and disseminating findings from Lancet Series on Bangladesh. . .

The high-profile seminar at Stockholm was organised by the Strategic Research Programme of Care Sciences at Karolinska Institutet (KI) in Stockholm. In the seminar "Social Justice through Health: Impressive Health Gains in Bangladesh despite Multiple Inequalities", the remarkable success story of the healthcare system in Bangladesh despite low spending in healthcare, a weak health system, and widespread poverty was highlighted. According to the Series, what makes Bangladesh unique is its 'pluralistic' health system in which many stakeholders including the private sector and NGOs were "encouraged to thrive and experiment". Bangladesh's success 'convincingly' defied the expert opinion that reducing poverty and increasing health resources were the 'key drivers' of improving health.

Sir Fazle Hasan Abed in his keynote speech narrated how BRAC started its journey in 1972 as a small-scale relief and rehabilitation project to help returning liberation war refugees and over time evolved into the largest NGO in the world, with activities expanding beyond its borders in countries of Asia and Africa. Drs. Mushtaque Chowdhury and Abbas Bhuiya presented facts from the Lancet articles, including statistical material comparing the development in Bangladesh with neighboring countries. The Vice Chancellor of KI along with other professors from the institute shared the overview of this seminar and how its overall vision to ensure the development and raise provision of health care services to improve health status across developing nations is addressed. The program was organised by Associate Professor Zarina Nahar Kabir from the Department of Neurobiology, Care Sciences and Society, KI.

The group had attended similar events in the other cities and was warmly received, displaying a keen interest in Bangladesh's success story. This was seen across all citizen groups including the academics, development partners, civil society, media and NRBs (non-resident Bangladeshis). The events were widely publicized. A few national and ethnic media highlighted the Bangladesh story by telecasting interviews with the team. The popular Swedish channel SVT aired in their primetime an interview with Sir FH Abed along with a documentary on BRAC *Shasthaya Shebika*. Two popular Bengali TV channels of UK – Channel S and NTV – also aired interviews of Mushtaque Chowdhury and The Guardian Development Professional Network recorded his interview.

Karolinska Institutet workshop on impressive health gains in Bangladesh. Fazle Hasan Abed, BRAC founder and chairperson; Abbas Bhuiya, ICDDR,B dy. executive director; Zarina Kabir, KI; Lars Eklund, SASNET; and Mushtaque Chowdhury, BRAC Vice Chair.

Readings in Rural Retention of Health Workers

Hatcher AM, Onah M, Kornik S, Peacocke J, Reid S. **Placement, support, and retention of health professionals: national, cross-sectional findings from medical and dental community service officers in South Africa.** Human Resources for Health 2014; 12:14.

Crettenden I, Poz M, Buchan J. **Right time, right place: improving access to health service through effective retention and distribution of health workers.** Human Resources for Health 2013; 11:60.

Buykx P, Humphreys J, Wakerman J, Pashen D. **Systematic review of effective retention incentives for health workers in rural and remote areas: Towards evidence-based policy.** ar_1139 Australian Journal of Rural Health 2010; 18: 102–109.

Moran AM, Coyle J, Pope R, Boxall D, Nancarrow SA, Young J. **Supervision, support and mentoring interventions for health practitioners in rural and remote contexts: an integrative review and thematic synthesis of the literature to identify mechanisms for successful outcomes**. Human Resources for Health 2014; 12:10

Purohit B, Bandyopadhyay T. **Beyond job security and money: driving factors of motivation for government doctors in India.** Human Resources for Health 2014; 12:12.

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Call to Action: taking the Universal Health Coverage agenda forward

Given the income-erosion effect of illness and the very regressive method of healthcare financing in Bangladesh through out-of-pocket at point of use (currently at 64% of total health expenditure, the public expenditure on health being less than 1% of GDP), the second point calls for the establishment of a national health insurance system. Worldwide, the current consensus is to move towards some forms of pre-payment scheme through risk and resource pooling, and the scenario is also ready (e.g., the prospect of becoming a middle-income economy and thus more resources to spend on health, and a permissible democratic environment with emerging political commitment) for Bangladesh to begin the journey.

The third point addresses the problem of generating comprehensive health MIS data and its management using latest 'state of the art' technology e.g., GIS. It calls for using a common system to integrate data generated in the public, private, and non-profit NGO sectors. The fourth point proposes strengthening of the MOHFW and re-organise it into three directorates e.g., hospitals and health services, public health including family planning, and research and training for advancing UHC in the country. Besides, it calls for development and implementing a basic package of high-impact health interventions for comprehensive coverage. Ensuring quality of services and effective regulatory mechanisms, pay-for-performance, task-shifting etc. are some of its other priorities.

Finally, the fifth point calls for the establishment of a supra-ministerial body to coordinate activities from other ministries towards the goal of UHC. They would provide 'explicit direction about what complementary health actions are needed in sectors other than health'. This body would ensure that all implementing agencies, besides MOHFW, are committed to the goals of UHC. To fulfill these responsibilities, this entity would require resources and political power.

There is a need to move the dialogue further forward and present the key issues/themes of the Lancet series before a wider audience of stakeholders within the country. This is important for 1) a shared understanding of UHC and its historical evolution; 2) pushing the UHC agenda forward among the policy/decision makers and public health community in the country; 3) exploring the financing aspects of UHC e.g., health insurance; 4) delivering equitable, efficient and quality health services; and 5) acquiring core competencies for UHC (Bangladesh Health Watch Report 2011). To achieve these, the Centre of Excellence for Universal Health Coverage, JPGSPH (at BIGH) is going to held a series of dialogue with different strata of stakeholders in close co-operation with BRAC, icddr,b, the MOHFW and all concerned stakeholders. The dialogues will be held as part of the UHC forum, a mandate of the UHC centre.

Tidbits

Global Health Vs Public Health: The Dilemma?

'The global in global health refers to the scope of problems, not their location'

Koplan et al

The terms Global health and Public health are not interchangeable, but closely related and have many things in common such as 'concentration on poor and vulnerable sections of the population, emphasis on health as public good and the importance of systems and structures'. While global health emphasize both individual and population health issues, often transcending geographical boundaries (e.g. environment and climate change), public health focuses on issues that affect the health of the population of a particular community or country. Unlike global health, development and implementation of solutions does not usually require global cooperation. It mainly focuses on disease prevention programs for populations. The overarching objective is to attain health equity within a nation or community. It encourages multidisciplinary approaches, particularly within health sciences and with social sciences.

Charles-Edward Amory Winslow, an American bacteriologist and public health expert defined public health as: *"the science and art of preventing disease, prolonging life and promoting physical health and efficacy …"*

Global health can be thought of as *"a notion (the current state of global health), an objective (a world of healthy people, a condition of global health), or a mix of scholarship, research, and practice (with many questions, issues, skills, and competencies):* "...an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide"

Global health is the health of populations in a global context as it transcends the perspectives and concerns of individual nations. In global health, problems that transcend national borders or have a global political and economic impact are often emphasized. These include issues of climate change or preventive solutions such as eradication of polio. A major objective of global health is to attain health equity among all nations and for all sections of the population of a particular country.

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Initiated in 2006, Bangladesh Health Watch (BHW), a civil society advocacy and monitoring initiative dedicated to improve the health system in Bangladesh through critical review of policies, programmes and their performance and recommendations of appropriate actions for change. It publishes a bi-annual report on the state of health in Bangladesh and does advocacy work to catalyze sustainable changes in the health sector. The health watch applies monitoring and advocacy measures such as round table discussions, meetings, press briefings and media reports to engage all key stakeholders in the health sector and the report findings are disseminated with wider audiences. BHW has been currently funded by Rockefeller Foundation.

Towards Universal Health Coverage, together!

Excerpts from article:

Beyond job security and money: why some government doctors stay on in rural areas in India

Deploying and retaining doctors in the rural areas remain a problem in India, as in elsewhere in the world. In a recent study, researchers tried to 'assess and rank' the factors which continue to motivate the doctors in their posts in the rural areas. Findings show that intrinsic factors such as interesting nature of the work, responsibility and independence, and respect and recognition were more important to them than extrinsic factors such as job security or salary. In another study, other intrinsic factors such as 'ethnic (tribal) affinities, rural upbringing, availability of schools, personal values of services, professional interests, co-location with spouse and relations with co-workers' were highlighted. These show that no one policy would help, but a combination of policies depending upon local contexts is needed for addressing the retention problems.

For more info:

1) Purohit B, Bandyopadhyay T. (2014). Beyond job security and money: driving factors of motivation for government doctors in India. Human Resources for Health 12:12 [http://www.human-resources-health.com/content/12/1/12]

2) Kabir S et al. (2012). Location and vocation: why some government doctors stay on in rural Chhattisgarh, India. International Health 4: 192– 199.

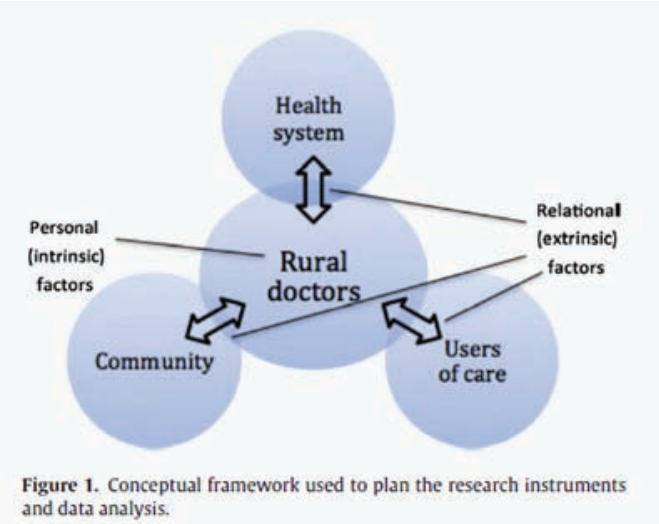

Figure 1. Conceptual framework used to plan the research instruments and data analysis.

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