Is Bangladesh on track to achieving the SDG targets for health? A health systems perspective

Date: 30th June, 2021
Time: 3:00 pm - 4:30 pm (GMT +6)

Registration link: facebook.com/InnovationpresentsBangladeshMiracle
Keynote Speaker

Professor Dr. Kaosar Afsana
James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

50 years of Celebrations in Bangladesh
Successes in Health: Lessons and Implications
Congrats Bangladesh!!!

• Bangladesh - a champion and an exemplar in the world in decline of fertility, under-five mortality, maternal mortality and increase in life expectancy
  • Economic growth of GDP -13.9 in 1971 to 8.1 in 2019
  • Two successful stories – immunization and family planning

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Why Immunization is prioritized

• WHO globally introduced Expanded programme on immunization (EPI) in 1974
• Bangladesh launched EPI in 1979 in eight upazilas with few health facilities along with WHO and UNICEF
• In mid-80s, immunization coverage was 2% in eight upazilas
• Aligned Universal Child Immunization (UCI) in 1985, phase wise EPI intensification initiated to protect children from deaths and diseases

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What was done for system change

- Political commitment and resource allocations
- Global Partnership
- Partnership with NGOs and private sectors for innovations and expansion
- Capacity of human resources: mid-level managers, supervisors and field workers
- Cold chain system development and management from EPI Headquarter to District and Upazila level to the vaccinations points
- Hygienic practices
- Procuring and managing logistics supply and micro-planning
- Monitoring and surveillance system developed
- Community mobilization and engagement
- Immunization campaign
- Regional network for monitoring, quality and accountability

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Achievement in immunization

- Immunization coverage increased from 2% in 1984 to 70% in 1990 in 8 upazilas
- Rapid scaling up across the country
- Immunization coverage was 88% in 2019 with introduction of more vaccines
- Covid-19 locked halted routine immunization briefly in 2020
- Immunization coverage is still very high
- Decline in under-5 mortality from 245 in 1971 to 29 in 2020 per 1000 livebirths and reduction in childhood diseases

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Immunization: Lessons

Strengths
- Political commitment and investment
- Strong global partnership and Local partnership with NGOs and private sectors
- Systemic change and transformation
- Evidence based decision-making
- Task shifting for proper utilization of human resources
- Community engagement

Challenges
- Domestic resource mobilization
- Continual monitoring for addressing gaps and immunization divide
Why Family Planning is prioritized

• Population control identified as the number one national priority in the First Five Year Plan (1973-1978) of Bangladesh
• The 1975 Bangladesh Fertility Survey reported total fertility rate (TFR) 6.3 and contraceptive prevalence was 3%
• In 1976, the government of Bangladesh endorsed the first National Population Policy
• Highlighted population control and family planning (FP) integrated with maternal and child health (MCH)
What was done for system change

- Political commitment and strong leadership
- Resource allocations
- Role of donors, especially USAID was a key
- Partnership with NGOs and private sectors
- Capacity development of female field workers - family welfare assistants (FWAs) and family welfare visitors (FWVs)
- Household visit with information, motivation of women and couples, and distribution of FP methods and referral for other methods
- Construction of facilities at the union and upazila levels with provision of FP services
- Community mobilization including engagement of religious leaders
- Procuring and managing logistics supply
- Record-keeping and micro-planning
- Monitoring, supervision and research
- Incentivizing clients and providers for permanent methods
Achievement in Family Planning

- Rapid scaling up across the country
- 13,500 female family welfare assistants in late 70s, 35,000 in 90s were hired and trained
- Contraceptive prevalence increased from 3% in 1971 to 45% in mid 1990s and 62% in 2017
- Total fertility rate (TFR) declined from 6.3 to 2.3
- Immense contribution to reduction of maternal and under-5 mortality
- Covid-19 lockdown impacted use of short term methods which might increase unintended pregnancy
Family Planning: Lessons

Strengths
- High political commitment and leadership
- Resource allocations
- “Culturally sensitive” social movement
- Task shifting for addressing health workforce
- Public-private partnership
- Integrated into health system and expands with more services

Challenges
- Low uptake of long active and permanent methods
- Hard to reach areas
- Stagnant TFR at 2.3 due to early marriage and early pregnancy, short birth spacing and discontinuity
Implications for Health System

- Systemic change is critical to improve the health system
- Commitment, leadership and investment
- Quality of care
- Public-private partnership
- Evidence-based decision making
- Task shifting and task sharing
- Accountability
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Science-Policy Interface

• Science and policy interfacing for policy and institutional innovations and technological innovations and modelling

• Progressing toward SDG 3 – strengthened health system supported by reinforcing interactions of SDGs influencing health