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Policy Brief 2: Is Bangladesh on Track to Achieving the SDG Targets for Health? A Health Systems Perspective



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This policy brief summarizes the discussion and recommendations from the webinar titled 'Is Bangladesh on track to achieving the SDG targets for health? A Health Systems Perspective.' The webinar is part of the integrated development dialogue campaign 'Bangladesh Miracle' organized by Innovision Consulting in association with The Department of Economics North South University and The Financial Express along with mPower as ICT partner and Windmill Advertising, Printagraphy, Sarabangla, Colors Fm 101.6 and Young Economists' Forum (YEF) as event partners. Simprints is the exclusive thematic partner for health for Bangladesh Miracle.

CONTEXT

Innovision Consulting Private Limited, in collaboration with Simprints Technology, Department of Economics, North South University, and The Financial Express, organized the second webinar of the "Bangladesh Miracle" campaign, 30th June 2021. The campaign focuses on factors contributing to the success of Bangladesh in key thematic issues over the past 50 years and aims to define the way forward.

Windmill Advertising, Colors 101.6 FM, Sarabangla.net, YEF (Young Economist Forum) from North South University, CARE Bangladesh, Printagraphy, GAIN Bangladesh, ICCO Bangladesh, Pathao, WaterAid Bangladesh, mPower (ICT Partner), BIID, and NextgenEdu are the other partners of the Bangladesh Miracle campaign.

The theme 'SDG Targets for Health' was found appropriate, in the context of the development Bangladesh has achieved in the health sector since its liberation in 1971, especially regarding the SDG targets, and from the point of view of development that is to be achieved in the future.

The health system of Bangladesh is intricately designed with its six pillars: Service Delivery, Human Resources for Health, Governance and Leadership, Health Information Systems, Health Financing, and Medical Products & Technologies. The pillars are ameliorating Bangladesh's health care system and have allowed the country to reach great heights in just half a century. The Expanded Programme on Immunization (EPI) project launched on 7th April 1979 is one of the most successful health projects of the Bangladesh Government. In 2020, Bangladesh has vaccinated over 34 million children aged between 9 months to 9 years, against measles and rubella (MR) in only 6 weeks. These far-reaching achievements of Bangladesh along with the immense support from the international partners have contributed to the improvement of the Bangladesh Healthcare sector.

As we celebrate the victories of the past, we must acknowledge that it is indispensable for the Bangladesh healthcare sector to refine its policies and systems in order to achieve the SDG targets. During the webinar, the speakers called for incentive-based policies for the private sector in the healthcare industry. They also emphasized the importance of improved mental health treatments, usage of health technologies, and better relationships among the stakeholders. The speakers were asked questions regarding the SDG targets for health and the way forward for achieving them. The webinar integrated speakers from all concerning sectors so that they can hear each other's perspectives, and the future is planned in collaboration.

Md. Rubaiyath Sarwar, Managing Director, Innovision Consulting Private Limited, was the moderator of the webinar. Dr. Kaosar Afsana, Professor, James P Grant School of Public Health, BRAC University, Bangladesh, delivered the keynote speech. The acclaimed panelists included: Md. Asad-Ur-Rahman Nile, Country Director, Simprints Technology Ltd; Dr. Taufique Joardar, Vice-Chairperson, Public Health Foundation, Bangladesh; Dr. Rumana Huque, Professor, Department of Economics, Faculty of Social Sciences, University of Dhaka, Executive Director, ARK Foundation; Dr. Gour Gobinda Goswami, Professor, Department of Economics, School of Business and Economics, North South University; Dr. Senjuti Saha, Scientist & Director, Child Health Research Foundation, Bangladesh; Dr. Hasan Mahmud Reza, Professor & Dean, School of Health & Life Sciences, North South University; Dr. Firdausi Qadri, Emeritus Scientist, Infectious Disease Division, International Centre for Diarrheal Disease Research Bangladesh (ICDDR).

CRITICAL SUCCESSES

Decline in under-five and neonatal mortality rate:

With the expansion of clinics, increase in vaccination, and implementation of information technology in the healthcare management system, Bangladesh successfully achieved a decline in under-five and neonatal mortality rates. The under-five mortality rate (per 1000 live births) was 30.8 in 2019, which decreased from 41.6 in 2016. The neonatal mortality rate (per 1000 live births) was 19.1 in 2019, which decreased from 24.6 in 2016.

Successful Family Planning: From 1971 to today, family planning and healthcare have come a long way. Bangladesh is no longer in the MDG era; we talk about the well-being of all now. Starting from a massive decline in the total fertility rate (TFR), which was 6.94 in 1971 and decreased to 2.04 in 2018, to the wider community engagement in family planning, the healthcare sector has been tremendously successful in transitioning from the MDG era.

World Class Immunization Coverage: According to experts, Bangladesh's success in immunization is widely talked about in the international healthcare sector for the country's Expanded Program on Immunization, EPI. The immunization programs started back in 1979, and gradually the country reached new heights. The Immunization coverage of DTP3/DPT/PENTA3 was only 16% in 1988, which gradually increased to 92% in 2013, higher than the global coverage of 84% in the same year, and it increased to 97% in 2019.

Ensuring the affordability of Medicine for all: Availability of cheap but good quality medicine has significantly enriched the health sector of Bangladesh. The 1982 drug policy had an immense contribution in this aspect. Even the poorest social class of the country can afford to purchase over-the-counter (OTC) medicines, and the price of essential drugs such as insulin is kept stable for the betterment of the population's health.

Improved Healthcare services for females:

Bangladesh used to be a country where the female life expectancy rate was lower than that of males. At present, the life expectancy of females is 3 years more than that of males. Immunization, the establishment of clinics, better health services for new mothers, and a decrease in maternal mortality rate, played an important role in this achievement. Over 500 women used to die among one lakh pregnant women in 1990, the number came down to 173 five years ago; although this is a huge success for the country, the rate is still relatively higher than expected. To further decrease the maternal mortality rate Bangladesh country is implementing usage of Health Information Systems for maternal care; the Ministry of Health and family welfare implemented telemedicine technology in maternal health care, and is providing pregnancy care advice through SMS to the registered pregnant women.

Improved quality of life for Children: The children of Bangladesh are receiving better care and nutrition with the advancement of the healthcare system, which is improving their quality of life as a whole. As a result, the stunting of children decreased from 36.1% in 2014 to 31% in 2017, and the atrophy rate decreased from 14.3% to 8% during the same period.

Higher life expectancy rate: The life expectancy of Bangladeshi citizens has increased from 46.59 years in 1971 to 72.87 years in 2020; the average annual growth rate being 0.92%. The rise in life expectancy has been the result of rapid infrastructure and economic expansion. The augmentation of healthcare facilities adhering to the Bangladesh National Health Policy also benefited this cause. Bangladesh National Health Policy established healthcare as a right in all layers of society, and ensured construction of at least one community clinic for every 6000 citizens across the country.

CHALLENGES

Lack of healthcare facilities and manpower: The Coronavirus has exposed the weaknesses of Bangladesh's health system that remained hidden for a while. 2/3rds of the hospital beds available for the total population of the country belong to the private sector; but the country had to depend on public hospitals during the pandemic, which created a shortage of hospital beds. The ongoing services such as the Expanded Programme on Immunization (EPI) project were disrupted during the pandemic, depriving thousands of children of vaccination. There is also a shortage of healthcare workers including doctors and nurses in Bangladesh; WHO estimated that the country has only 3.05 physicians and 1.07 nurses per 10,000 population.

Lack of appropriate regulations and implementation of policies: The private sector of the healthcare system is highly unregulated in Bangladesh. As the country's government healthcare facilities do not have the capacity to cater to the growing population, the private sector facilities are salient for the industry. Since health is not a commodity, it should not be adjusted with a private-sector approach, but in many cases, the private sector of Bangladesh is treating health as a commodity. For example, the practice of cesarean section surgery in the Govt. sector is 35%, NGO is 38%, but in the private sector, it's 83%.

Lack of Proper Budget Allocation for the Healthcare sector: WHO recommends allocating 5% of GDP for health. Bangladesh did increase the total budget allocation for health from 4.72% in FY2020 to 5.15% in FY2021, but allocation for health in terms of GDP increased from only 0.84% in FY2020 to 0.92% in FY2021. The country's budget share for the health sector has been less than 1% of GDP in the last 12 years.

Slow-paced digitalization: Bangladesh is not using the presently available health technologies, and is very slow in adapting to the health system technologies that are already being used in other countries.

The digitization process of the entire healthcare system is slow-paced. Bangladesh has the opportunity to use biometrics and become data-driven, but the country is missing out on these opportunities.

High Maternal Mortality Rate: The maternal mortality rate of Bangladesh is 165 per 100,000 live births (2019). SDG's target is to reduce global maternal mortality to 70 per 100,000 live births by 2030. Bangladesh has less than a decade to achieve this goal and is way behind.

Rise in deaths from noncommunicable diseases (NCD): WHO research says that non-communicable diseases like cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases are responsible for 67% of all deaths in Bangladesh, the majority of which is premature. 20% of the adults aged over 25 are hypertensive in the country, and only 12% of adults were diagnosed with hypertension previously; this indicates a gap in the detection of cases. 10% of the total population are diabetic. Experts have identified four major risk factors for the rise of NCDs: harmful use of alcohol, physical inactivity, tobacco use, and unhealthy diets.

Antimicrobial resistance (AMR) is becoming a serious problem: Bangabandhu Sheikh Mujib Medical University (BSMMU) has said in 2018 that around 70% of deaths across all ICUs in Bangladesh could be put down to superbugs (antibiotics resistant microbes). The experts from this hospital also warned that around 10 million people could die, annually, by 2050 from AMR if effective measures are not taken regarding it. According to experts, the practice of incomplete doses, overuse and misuse of antibiotics, lack of access to clean water, sanitation and hygiene (WASH) for both humans and animals, use of antibiotics on animals with no veterinary supervision, poor infection and disease prevention & control in farms and healthcare facilities are the major causes of antimicrobial resistance in Bangladesh.

POLICY RECOMMENDATIONS

“Our roads started with one lane, now we have two lanes, in future we will get four lanes, yet road safety is not ensured”- one of the speakers highlighted the imminent need for infrastructural change in the Bangladesh healthcare system with this quote.

The speakers provided the following recommendations for the way forward:

Evidence-based Decision Making: Although the under-five mortality rate in Bangladesh has improved, it has reached a plateau and is not improving any further. Speakers emphasized the fact that an evidence-based and data-driven decision-making process is required to improve these further. We need to have a focused target approach in different aspects to be ready as things change.

Incentive-based policies: The speakers highlighted the fact that SDGs are about quality and not quantity. Although the Bangladesh healthcare industry cannot operate without the private sector, there can be better policies for regulating them. Speakers recommended formulating incentive-based policies where the private sector will be rewarded for their research, innovation, equity, and good services. The speakers also said that the private sector should come forward in cases of primary health services rather than being a last resort. One example was provided as a policy recommendation: the private sector could be incentivized to give primary care in exchange for a tax rebate.

Enriching the quality of Manpower and using them properly: Bangladesh is exporting medicine to 144 countries worldwide, and the country's population is getting medicines at affordable prices. Since pharmaceutical companies of Bangladesh have been focused on producing generic drugs, this is affecting the research and development of new medicines. If the pharmaceutical market thinks about the possibilities seriously and starts development, we will have our own researched products available for production in the next 10-15 years.

Graduate pharmacists must be recruited in all hospitals (private and public) immediately. In fact, a good number of pharmacists are ready to join the healthcare system, yet the country is too slow to bring them on board. As a consequence, patients are being deprived of receiving proper pharmaceutical care, and thereby, irrational use of medicines has significantly increased. Any further delay will not only cause harm to a particular patient but also take the whole community under threat. A classic example is the rise of antibiotic resistance worldwide in an unrestrained way.

Speakers also recommended that education in private medical colleges be monitored by an expert surveillance team regularly to ensure quality learning and skill development. To tackle the shortage of healthcare workers, a real-time database of Human Resources for Health (HRH) should be developed, and a task force should be made to identify and determine the real need of the health workforce in the country and to plan how these qualified physicians, pharmacists, and nurses will be produced over the years to comply with the bare minimum requirements set by the WHO. The speakers also think that there should be incentive packages to deploy and retain qualified healthcare workers in rural areas where three-fourths of the population reside.

Automation of the health system: Speakers recommended creating a central repository to contain data of all aspects of the health system. Real-time monitoring and documenting of diseases is essential, as is communication among doctors, pharmacists, and scientists. Once the communication of these people is made possible, only then can they communicate with the appropriate policymakers. The speakers also recommended using the biometric system for maintaining patient data for decreasing common errors and complications.

Inclusion of public health experts in decision making: The speakers recommended the government should think holistically and utilize the public health experts in decision making. If we think about improving the overall healthcare system of the country, we must include public health experts & health systems practitioners; their systems-level understanding & expertise would help immensely in polishing up the present healthcare system of Bangladesh.

Post-covid roadmaps: The healthcare sector requires preparation for impending issues like antibiotic-resistant microbes and the lack of successful adult vaccination programs. The family planning methods and implementation systems are also recommended to be changed for the changing mentality and lifestyle of the population. Bangladesh produces generic medicines and relies on foreign countries for specialized drugs and vaccines; it is recommended for the pharmaceutical companies, with the help of the government & recommended to be self-reliant and produce specialized drugs & vaccines.



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Contact

Md. Rubaiyath Sarwar
Managing Director
Innovision Consulting Private Limited
E-mail: rubaiyath.sarwar@innovision-bd.com
Level 3 and 4, Plot 26, Road 6
Block J, Baridhara Pragati Sarani Dhaka 1212