



Innovision Presents
**BANGLADESH
 MIRACLE**
 CELEBRATING 50 YEARS OF
 DEVELOPMENT PROGRESS
 OF BANGLADESH

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:

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Moderator
Md. Rubaiyath Sarwar
 Managing Director
 Innovision Consulting Ltd.



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



Panelist
Md. Asad-Ur-Rahman Nile
 Country Director
 Bangladesh, Simprints Technology Ltd.



Panelist
Dr. Taufique Joardar
 Vice-Chairperson,
 Public Health Foundation, Bangladesh



Panelist
Dr. Rumana Huque
 Professor, Department of Economics
 Faculty of Social Sciences, University of Dhaka (DU)
 Executive Director, ARK Foundation



Panelist
Dr. Gour Gobinda Goswami
 Professor, Department of Economics
 School of Business and Economics
 North South University (NSU)



Panelist
Dr. Senjuti Saha
 Scientist & Director
 Child Health Research Foundation, Bangladesh



Panelist
Dr. Hasan Mahmud Reza
 Professor & Dean
 School of Health & Life Sciences
 North South University (NSU)



Panelist
Dr Firdausi Qadri
 Emeritus Scientist
 Infectious Diseases Division
 International Centre for Diarrhoeal Disease Research
 Bangladesh (ICDDR,B)

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50 years of Celebrations in Bangladesh

Successes in Health: Lessons and Implications

Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

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Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

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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Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

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



Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

- 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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Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

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



Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

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

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Why Family Planning is prioritized



Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

- 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)

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What was done for system change



Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

- 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

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Achievement in Family Planning



Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

- 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

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Family Planning : Lessons



Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

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

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Implications for Health System



Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

- 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



Professor Dr. Kaosar Afsana

James P Grant School of Public Health (JPGSPH),
BRAC University, Bangladesh.

- 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

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