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Bangladesh

Universal Health Coverage (UHC)



Concluding policy dialogue on innovations in partnerships on UHC

Left to right: Professor Dr. Tahmina Banu, Director, CRICS; Jalal Ahmed, Executive Project Director, SEIP, Ministry of Finance; Mushtaque Ahmed Robi MP, Satkhira Sadar; M.A Mannan, MP, State Minister for Finance and Planning; National Professor Brig (Retd.) Abdul Malik, President, National Heart Foundation; Ariful Huq, Mayor, Sylhet City Corporation; Ariella Camera, Deputy Director, OPHNE, USAID; Dr. Naseem Ahmed, President, Private Clinic and Hospital Owners Association, Sylhet; Dr. Bushra Alam, Senior Health Specialist, The World Bank

Harnessing Universal Health Coverage (UHC) Awareness: Evidence to Action in Bangladesh

Building Momentum on UHC- Translating Awareness to Action

According to 2017 World Health Organization data, 5.25 million people are at risk of being pushed into poverty every year due to the cost of healthcare. Not surprisingly, health has emerged as the third highest family priority after income and housing¹. However, a health screening survey carried out in a girl's school in Chittagong by the Chittagong Research Institute for Child Surgery (CRICS) in 2018 revealed that 45% of grade 5-9 students had eye complaints and 43% did not take de-worming medicine in the previous six months². These and other facts highlight persistent gaps in universal health coverage (UHC). While increasing awareness about UHC is important, there is need for concerted effort and support to translate awareness into action. This task is not achievable by government alone, but requires a variety of champions across institutional and social landscapes.

Importance of Champions

Typically a 'champion' refers to an individual committed to personal achievement. However, a 'champion' in the context of building momentum for UHC refers to

someone who makes active engagement in achievement of health goals their priority, bringing out-of-the-box thinking and a solution-centric mindset to their engagement. In this context, champions are not focused on personal excellence, but on driving progress through both individual action and/or contribution to group action. Such champions may be evident not only at central levels but also at the me so level of local communities and the micro level of families or other groups. Champions drive progress through sustained efforts, whether big or small, recognizing that small changes, such as on hand-washing or responsible sanitation behavior, can generate significant results.

Mobilizing Regional UHC Champions for Capacity Building on District Action Plans

USAID's Health Finance and Governance (HFG) project partnered with the Power and Participation Research Centre (PPRC) to implement a series of regional dialogues and TV talk shows on UHC advocacy³. The series, titled *PRERONA* (meaning 'inspiration' in Bangla), was implemented between July 2017 and June 2018 in eleven districts. An important focus of the series was identifying potential local champions from amongst dialogue

participants who could be mobilized for follow-up action on UHC.

On April 21st and 22nd 2018, approximately 120 local-level champions representing diverse backgrounds were brought together in a national event at the Local Government Engineering Department Auditorium in Agargaon, Dhaka. The national event focused on three objectives:

- i. Building capacity of local-level champions through a training-of-trainers (ToT) to formulate follow-up action plans on UHC and Healthy Bangladesh for their respective localities;
- ii. Providing peer-learning opportunities through show-casing recent UHC-focused initiatives from various institutions and entities; and
- iii. Ensuring policy dialogue on innovations through partnerships for UHC.

Multi-stakeholder teams participated from eight districts (Pabna, Jhenaidah, Nilphamari, Satkhira, Sylhet, Manikganj, Noakhali and Patuakhali), as well as an institutional team from the Municipal Association of Bangladesh (MAB). A wide range of national resource persons and elected representatives, as well as representatives from government, academia, nongovernmental organizations, development partners, civil society, and the media were present. State Minister for Finance and Planning M.A. Mannan, MP, was present as the Chief Guest at the concluding policy dialogue event.

“If we can establish community support platforms through mutual trust and confidence among elected representatives, hospital management and local civil society, it becomes possible to generate better health outcomes in local hospitals.”

- Saidul Karim Mintu, Mayor,
Jhenaidah Pourashava (municipality)

Capacity Building Approach

The first day of the national event was devoted to capacity building through three sessions: i) elaborating the role of champions in driving progress towards UHC; ii) a ToT session focused on UHC priorities and action opportunities in priority dimensions; and iii) group work in which local multi-stakeholder teams prepared district action plans for UHC in their respective localities.



Role of Champions in Driving Progress on UHC

Left to right: AMR Mushtaque Chowdhury, Vice-Chair, BRAC; Dr. Sukumar Sarker, Senior Technical and Policy Advisor, Office of Population, Health, Nutrition and Education, USAID; Al-Haj Md. Abdul Baten, President, MAB; Hossain Zillur Rahman, Executive Chairman, PPRC; Mir Mushtaque Ahmed Robi, MP, Satkhira; Dr. Mursaleena Islam, Country Manager, HFG; Dr. Rashidee Mahbub, Former President, Bangladesh Medical Association; Dewan Kamal Ahmed, Mayor, Nilphamari Pourashava.



ToT on UHC by Resource Persons

Left to right: Dr. Md. Emdadul Haque, Sr. Consultant, Gynae, Jhenaidah Sadar Hospital; Professor Dr. Humayun Kabir Chowdhury, President, Association of Emergency Care; Professor Syed A. Hamid, Chair, Institute of Health Economics, Dhaka University; Hossain Zillur Rahman, Executive Chairman, PPRC; Professor Dr. Abul Faiz, Former Director General, Health Services; Professor Malabika Sarker, Director of Research, James P. Grant School of Public Health, BRAC University; Jyostna Ara, Female Councillor, Satkhira Pourashava; Dr. Afsana Karim, Program Director–District Implementation, Mamoni Project, Save the Children.



Group work in progress: Jhenaidah team in foreground



Presentation of district action plan, Satkhira

Capacity Building Highlights

The following issues generated interest and discussion during the capacity building session:

- There is an urgent need to improve care at lower levels of the service delivery system to strengthen accessibility.
- There are six dimensions of quality of care: i) effectiveness; ii) safety; iii) efficiency; iv) responsiveness; v) accessibility; and vi) equity.
- Out-of-pocket (OOP) expenditure for health in Bangladesh is very high, and success in progressing towards UHC will depend on realistic and meaningful avenues for redressing the OOP burden. Health insurance initiatives for specific groups, such as university students, are showing promise as evidenced by the Institute of Health Economics students of Dhaka University.
- While reducing the OOP burden is critical, improving prevention practices focused on early detection and diagnosis is equally important. Chowgacha and Jhenaidah upazila and district hospitals, for example, are showing promise in improving health outcomes by focusing on health education, community engagement, service quality, and hospital waste management. Partnership with local government through institutionalization of community support platforms has attracted attention from other districts.

- Building momentum for UHC must avoid creation of unsustainable parallel structures. Instead the focus should be engaging with multiple stakeholders – Ministry of Health and Family Welfare, local governments, and community-based organizations – to make public sector health facilities more functional. By motivating and engaging local governments, maternal health in rural Noakhali has visibly improved.

UHC Video

To bring the power of visual media to UHC advocacy efforts, PPRC with the support of Karuj Communications, produced a compelling UHC video. The video combines key messages, reality checks, and beneficiary testimonies. The video is intended to be a critical resource for future advocacy efforts by PPRC and the Healthy Bangladesh platform, as well as by USAID as needed. For details, please visit: <https://youtu.be/b83CZNttwEE>

Policy Dialogue on Innovations in Partnerships for UHC

Capacity building of local level champions and policy dialogue on innovations in partnerships has created an exciting opportunity to harness awareness for action and

accelerate progress towards UHC. A critical perspective emerging from the *PRERONA* national event is the need for a three-pronged strategy to build momentum on UHC:

- i. Engage local government institutions and other partners;
- ii. Target policy advocacy; and
- iii. Develop an innovative action agenda.

The following insights and ways forward were distilled from the wide-ranging discussions of local-level champions, national resource persons from government, the medical community, academia, nongovernmental organizations, and social sectors:

- There is fiscal space to increase budgetary allocations for health, but this requires greater buy-in from high-level policy-makers through meaningful and well-argued proposals.
- To meet the resource requirements needed to realize UHC goals, Bangladesh has no option but to move towards systems of co-payment. Government is keenly invested in this, though progress will require further experimentation and innovation.
- Grass roots innovations, such as the community support platform in Jhenaidah, are under scrutiny from the health ministry for scaling-up at the national level. Efforts to scale-up such innovative models should be prioritized by nongovernmental stakeholders.
- The magnitude of the UHC challenge, combined with the legacy of structural bottlenecks, puts a premium on thinking out-of-the-box. This is where innovations in partnerships can build momentum.
- School health is both an urgent priority and a promising avenue for innovative partnerships. PPRC and *Healthy Bangladesh* have already initiated such a partnership in Chittagong and will make it a priority in the district action plans.
- Recruitment and retention of the health workforce continues to be a major structural bottleneck for UHC progress. Institutional practice seeks to address the dual problem of under-utilized public health infrastructure and poorly-regulated commercial medical practice; this has become a focus for the reform agenda. Ground-level consensus towards such a reform idea was noticed during the regional dialogues, and the Ministry of Health and Family Welfare is also looking into the issue. This is an advocacy window that PPRC and *Healthy Bangladesh* are actively pursuing.
- The social determinants of health must be prioritized, in addition to healthcare. Three issues were highlighted: safe food, cleanliness, and healthy lifestyles. Many micro-innovations are under way, such as health cards for restaurant workers, small-scale waste treatment plants, and improved school toilets for girls. Civic platforms that can both connect to and create peer-learning opportunities for such innovations will be an important factor in both stewardship and promotion of UHC.
- Three priorities to address the key UHC goal of reducing the OOP burden are: i) *cost reductions* through for example rationalizing medicine prices, as well as process innovations in healthcare; ii) scaling-up promising avenues of *co-payment* systems, such as group health insurance for specific constituencies (e.g., students or municipal staff); and iii) prioritizing the *prevention agenda* to address factors that contribute towards the burden of non-communicable diseases and thereby reduce the need for healthcare.
- Adoption of a social agenda with significant implications for health outcomes is a priority. For example, urban local governments can take specific actions towards the goal of zero child marriage in municipal areas, which is critical for maternal health.



Participants at policy dialogue session

Highlights from District Action Plans prepared by Teams of Champions

District	Team	District action plan highlights
Nilphamari	Team lead: Dewan Kamal Ahmed – Mayor, Nilphamari Municipality Number of team members: 11	<ul style="list-style-type: none"> Engage community and hold a hygiene camp for women and children. Appoint a permanent medical doctor at municipal medical center. Develop awareness for all classes of people in the district. Prioritize cleanliness and safe water. Involve the wealthy and civil society to implement the <i>Healthy Bangladesh</i> and UHC agenda. Make Nilphamari district child marriage free.
Patuakhali	Team lead: Dr. Ekramul Nahid - Medical Officer, Patuakhali Municipality Number of team members: 8	<ul style="list-style-type: none"> Develop school champions to raise awareness about health and UHC. Initiate group health insurance for municipal staff. Deliver free services for diabetics, as well as free blood group tests, medicines, and vaccinations for urban poor. Ensure safe and healthy food in local shops and restaurants.
Pabna	Team lead: Dr. Md. Ayub Hossain - Upazilla Health and Family Planning Officer (UHFPO), Bera Upazilla Health Complex, Pabna. Number of team members: 19	<ul style="list-style-type: none"> Hold quarterly free medical camp for the poor and under privileged in partnership with <i>Healthy Bangladesh</i> platform. Upgrade health facilities to enable access for the physically challenged. Ensure specialist doctor of Gynecology and Anesthetics for maternity support in upazila health complex. Establish gymnasium for physical fitness. Check adulteration of food and medicine for expired date.
Satkhira	Team lead: Taskin Ahmed Chisti - Mayor, Satkhira Municipality Number of team members: 12	<ul style="list-style-type: none"> Conduct school health programs for five schools focused on sanitation, clean environment, and health screening. Form community support platform for local hospitals. Work towards zero child marriage in municipality areas (to improve maternal health). Create healthy environment programs: walk way, plantation, and garbage management.
Jhenidah	Team lead: Saidul Karim Mintu - Mayor Jhenaidah Municipality Number of team members: 16	<ul style="list-style-type: none"> Establish hotline for community medical services. Improve waste management in the hospital. Address rising problem of fecal sludge through improved management. Improve health education in schools and colleges through Health Department and Local Government Division. Ensure easy access to health services through community participation. Develop a referral system from community clinic to Union Health Centre/Upazila Health Center/ District Hospital/Medical College.

District	Team	District action plan highlights
Manikganj	Team lead: Bir Mukti Jodhya Gazi Kamrul Huda Selim - Mayor, Manikganj Municipality Number of team members: 11	<ul style="list-style-type: none"> Conduct and implement health programs by forming a civil society committee under the leadership of the Mayor. Organize health camps for school teachers, parents, and local government staff for health check-ups and awareness. Employ cleaning staff through outsourcing and volunteer services of social workers. Ensure the availability of government medicine for patients. Ensure food safety through monitoring availability of chemical free vegetables and fruits in markets.
Sylhet	Team lead: Abu Taleb Murad - Publicity Secretary, National Heart Foundation, Sylhet Number of team members: 16	<ul style="list-style-type: none"> Improve health awareness in schools with particular focus on motivating students to abstain from drugs. Organize heart camp at the grassroot level with the help of the National Heart Foundation and <i>Healthy Bangladesh</i>. Maintain coordination with health service providers for service quality.
Noakhali	Team lead: Shaheed Ullah Khan - Mayor, Noakhali Municipality Number of team members: 11	<ul style="list-style-type: none"> Establish a prevention center for drug addicted persons. Establish ward-wise health facility in the municipality. Improve modern waste management system and provide safe water. Improve maternal health service delivery through strengthening functionality of union-level clinics. Introduce medical waste management (including for human waste) in municipality areas.
Municipal Association of Bangladesh	Team lead: Parimol Kumar Dev - CEO-MAB Number of team members: 6	<ul style="list-style-type: none"> Form a MAB centric monitoring cell and team to ensure UHC. Conduct regional level training for local government representatives and officers to ensure they are health champions. Organize a seminar, debate, and rally regarding mother and child health care.



Way forward

The preparation of district action plans by local multi-stakeholder teams from participating districts is an encouraging demonstration of transitioning awareness into commitment towards engagement, with deliberation on specific avenues to engage. Both the content and process of UHC-focused action plans provide a promising engagement path towards UHC in which actions can be initiated and innovative and diverse partnerships forged. Such an engagement path will be fostered and supported by the civic platform *Healthy Bangladesh*, extending incrementally to other districts through exploring and mobilizing required resources from government sources, as well as private sector and development partners.

A key element of the way forward is embracing and consolidating the catalytic potential of burgeoning interest among local government institutions to drive UHC-focused governance and system-strengthening changes.

Four priority action areas to build momentum for UHC have been identified: i) community support platforms; ii) school health; c) governance reforms aimed at redressing social determinants of health; and iv) a multi-pronged approach to reduce the OOP burden of healthcare, which combines awareness, co-payment innovations, policy reforms aimed at cost reduction, and outreach programs to bring specialist care within the reach of the poor and disadvantaged.

The way forward also includes advocacy aimed at identified macro policy reforms, alongside the local-level action agenda. There is a need to bring political intelligence to such advocacy efforts to enhance the prospect of success. Advocacy efforts should be concentrated on one or two priority agenda items in any one phase, and the regional UHC advocacy dialogues identified institutional practice as the first priority.



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The Health Finance and Governance (HFG) project works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. Designed to fundamentally strengthen health systems, the HFG project improves health outcomes in partner countries by expanding people's access to health care, especially to priority health services. The HFG project is a five-year (2012-2017), \$209 million global project funded by the U.S. Agency for International Development under Cooperative Agreement No: AID-OAA-A-12-00080.

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