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Bangladesh

Universal Health Coverage (UHC)



Front row (left to right): Dr. Shahidullah, President, Bangladesh Medical and Dental Council; Professor Dr. Nazmun Nahar, Director General, BIRDEM ; National Professor Brig. (retd.) Abdul Malik, President, National Heart Foundation; Hossain Zillur Rahman, Chairman, PPRC; Health Minister M.A. Nasim MP; Dr. Rashidee Mahub, Former President, Bangladesh Medical Council; A.M.M. Nasiruddin, Former Health Secretary & Senior Fellow, PPRC; Dr. Zafrullah Chowdhury, Founder, Gano Shasthaya Kendra.

Back row (left to right): Dr. Khairul Islam, Country Representative, WaterAid; Professor Dr. Humayun Kabir Chowdhury, President, Bangladesh Society for Emergency Care; Dr. Fazlur Rahman, Executive Director, Centre for Injury Prevention & Research and representative of Municipal Association of Bangladesh; Dr. Md. Shafiqul Islam, Mayor, Patuakhali Pourashava (municipality); Al-Haj Abdul Baten, President, Municipal Association of Bangladesh; Professor Fariduddin, President, Dhaka University Economics Department Alumni Association; Nishat Majumdar, 1st female Bangladeshi Everest winner; Professor Dr. Tahmina Banu, Secretary-General, Federation of Association of Pediatric Surgeons of South Asia (SAARC); M.A. Mohit, youth leader & 1st Bangladeshi Everest winner.

Sustaining Universal Health Coverage (UHC) Awareness: Healthy Bangladesh Platform

Multi-Stakeholder Civic Platform to Build UHC Momentum

Adoption of the Sustainable Development Goals (SDGs) in September 2015 marked a dramatic shift in the global focus towards health as a cross-cutting strategic agenda – both as a means to achieve broader development goals and as an end-goal in itself. The new global vocabulary of Universal Health Coverage (UHC), which was incorporated in the SDGs as Target 3.8, has opened a powerful action space for new initiatives and new actors.

In this context, five important insights emerged from an international UHC conference held in April 2015 organized by the Power and Participation Research Centre (PPRC) and its partners:

- *First*, health can be a growth driver if addressed holistically, but is a poverty driver if unaddressed; hence the shift in focus beyond the confines of the health sector.
- *Second*, UHC is not a one-stop target but a progressive goal, especially for a country like Bangladesh.

- *Third*, creating a shared vision of the path towards UHC, and building momentum and a sense of urgency about advancing on this path, are equally important.
- *Fourth*, UHC success lies, not only in the adoption of appropriate policies, but also in the practical pursuit of innovative solutions, both big and small.
- *Fifth*, the UHC agenda can become a game-changing social agenda only if health promotion is prioritized simultaneously and equally with accessible, affordable, and quality healthcare.

Building on these insights, a high-profile group of health professionals, service providers, economists, fitness advocates, and civic and policy activists, undertook a multi-year deliberation process to explore the relevance and viability of a cross-sectoral national platform that could play a stewardship role in building momentum for UHC. To be able to fulfill such a stewardship role, it was necessary to construct a group identity that situated UHC within the larger aspirational agenda of a middle-income Bangladesh. The key rationale for launching a multi-stakeholder civic platform was that economic progress is meaningless if people are not healthy enough to enjoy that progress as Bangladesh pursues its dream of becoming a middle-income country, this dream must also be one of a *Healthy Bangladesh*.

Launch of Healthy Bangladesh

The multi-stakeholder civic platform, *Healthy Bangladesh*, was launched in Dhaka on 13th May 2017 in the presence of the Health Minister and a cross-section of key UHC stakeholders, with the objective of translating UHC awareness into a sustainable, actionable agenda. The formal launch was preceded by a citizen rally and civic program to clean-up a well-known public park in old Dhaka, and a policy dialogue on the quality of medical education both of which were held during the same day. PPRC was declared the secretariat of the platform, with responsibility for planning and coordinating activities.

The Government of Bangladesh has adopted a new UHC-focused 4th Health, Population and Nutrition Sector Programme (4th HPNSP), and multiple initiatives by non-governmental organizations, community-level actors, the private sector, and others are already underway. While these were recognized at the inception of *Healthy Bangladesh*, the sum was yet to be greater than the individual parts. The challenge was not only adopting policies on paper, but strengthening systems on the ground, and mobilizing and empowering drivers to create momentum for change. The operational strategy adopted by the new *Healthy Bangladesh* platform therefore focused on building partnerships to pursue specific, actionable agenda items related to UHC and the social determinants of health.

Healthy Bangladesh Partnership for UHC Advocacy

USAID's Health Finance and Governance (HFG) project partnered with *Healthy Bangladesh* and the Municipal Association of Bangladesh to advance UHC through a series of regional dialogues and TV talk shows on UHC advocacy. Titled *PRERONA* (meaning "inspiration" in Bangla), the series was implemented by PPRC from July 2017 to May 2018 in 11 regional localities: Pabna, Jhenaidah, Nilphamari, Satkhira, Sylhet, Rangamati, Manikganj, Noakhali, Patuakhali, Dhaka City, and Dhamrai in Dhaka district.

As a key partner in the dialogues with significant leverage potential, *Healthy Bangladesh* brought together a highly credible pool of national resource persons whose participation aimed to catalyze grass-root ownership of the strategic health agenda. The civic platform provided over 30 national resource persons, many of whom joined multiple dialogues. *Healthy Bangladesh* also contributed their brand during the regional dialogues, which attracted the attention of an extraordinary range of local partners and participants. The *Healthy Bangladesh* platform also introduced the idea of 'champions'. These were individuals from the localities where dialogues were held who could be tapped for follow-up actions focused on UHC and social determinants of health. By bringing these champions together in a national closing event for *PRERONA*, it was possible to prepare district action plans. This marked a critical milestone in translating UHC awareness into action, with significant sustainability potential. Implementation of the district action plans will be fostered and supported by the *Healthy Bangladesh* platform, and will extend incrementally to other districts through exploring and mobilizing required resources from government sources, as well as private sector and development partners.

UHC Policy Debate through TV Talk-shows

To sustain the momentum generated through the *PRERONA* regional advocacy dialogues, and to reach a wider audience, a series of TV talk-shows were held covering *PRERONA* lessons and their policy implications. This activity relied on the social capital of PPRC and the branding success of *Healthy Bangladesh* to persuade a national TV channel with high viewership to accommodate a UHC-themed policy debate. The debate was integrated within the channel's pre-existing talk-show format, *Tritiyo Matra* ('Third Eye'), which looks critically at issues of contemporary interest. Four episodes were planned, but after completion of this contractual obligation, two additional episodes were aired – demonstrating the success of the *Healthy Bangladesh* brand to retain media interest. The six episodes were aired on 21st August 2017, 23rd November 2017, 18th and 29th December, 2017, 11th February 2018, and 3rd March 2018.

While the program format was a talk-show, PPRC also showed customized footage from the regional dialogues as a running backdrop to each episode. The PPRC Chairman was a common presence in each episode. In addition, the *Healthy Bangladesh* platform mobilized a total of 20 resource persons to participate in the six episodes. The policy issues discussed included the burden of out-of-pocket spending, quality of health care, private practice by public sector professionals, birth defects, community support platforms, health insurance, gaps in referrals, private sector engagement, and coordination challenges across the health system. The talk-show series further consolidated the brand appeal of *Healthy Bangladesh* and marked an important milestone in scaling-up UHC awareness in the country.



Resource Persons in the 3rd episode (left to right): National Professor Brig (ret.) Abdul Malik; Mayor Taskin Ahmed Chisty; Dr. Naseem Ahmed; Anchor Md. Zillur Rahman; Dr Nazmun Nahar; and Dr. Hossain Zillur Rahman



Resource Persons in the 5th episode (left to right): Dr. Zafrullah Chowdhury, Founder, Gano Shasthaya Kendro; Dr. Rashidee Mahbub, Former President, Bangladesh Medical Association; Dr. Shahidullah, President, Bangladesh Medical & Dental Council; Anchor Md. Zillur Rahman; Priti Chakraborty, Chairperson, Universal Medical College and Hospital; Dr. A.K. Azad Khan, President, Diabetic Association of Bangladesh; and Dr. Hossain Zillur Rahman, Executive Chairman, PPRC and Convener, *Healthy Bangladesh*.

Sustaining Post-project UHC Awareness and Action

Since the completion of USAID's HFG-supported PRERONA project, the *Healthy Bangladesh* platform has sustained UHC awareness and advocacy engagement through strategically targeted follow-up activities. These are described below.

Outreach Program in Bera

This activity took place at the site of the first district dialogue in Bera, Pabna. *Healthy Bangladesh* and Bera Municipality jointly organized a two-day child surgery camp and an awareness program for religious leaders on UHC issues. The child surgery camp was a pilot exercise to explore the possibility of volunteer specialists providing outreach services to underserved communities in remote locations. Under the leadership of Professor Dr. Tahmina Banu, Director, Chittagong Research Institute of Child Surgery (CRICS), a team of eight specialists and interns from four different national-level institutions – Shaheed Suhrawardy Medical College and Hospital, Dhaka Shishu Hospital, Matuail Institute of Child and Mother Health, CRICS—successfully carried out 37 procedures using the Upazila Health Complex facilities. Bera Mayor, President, Municipal Association of Bangladesh, was the local host.



Child surgery camp at Bera Upazila Health Complex



UHC awareness session for religious leaders

School Health Screening Program in Chittagong

The regional UHC advocacy dialogues identified school health as an important actionable agenda item, specifically increasing awareness and screening. *Healthy Bangladesh* prioritized this issue and explored promising partnerships. The first such partnership was launched with the support of *Healthy Bangladesh* on 22nd March 2018 in Chittagong between CRICS and a leading school, Dr. Khastagir Government Girls' High School. Health screening of students began on 31st March 2018 with the support of CRICS staff. The outcome of this effort was presented at the national event on 21st-22nd April 2018 in Dhaka.



MOU Signing between Chittagong Research Institute for Children Surgery (CRICS) & Dr. Khastagir Government Girl's High School, Chittagong

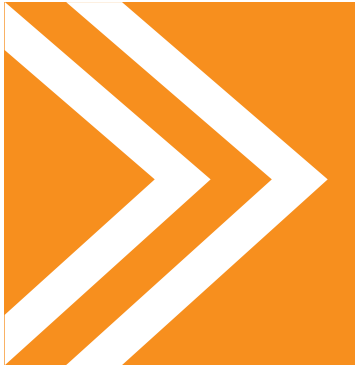


School Health Screening Program in Chittagong

Building Consensus on Institutional Practice Policy Reform

A crucial policy reform issue emerging from the regional dialogues was the controversial issue of private practice by public sector doctors. Current reality underscores two outstanding weaknesses. The first is the gross under-utilization of public sector health infrastructure where work hours end at 2 p.m., depriving local communities of access to health services for a significant part of the day. The second, which is intrinsically linked to the first, is that public sector doctors use their afternoons and evenings for largely unregulated private practice. While providing a measure of incentives for health professionals, this practice has been blamed for excessive commercialization of healthcare.

Two national institutions – Bangabandhu Sheikh Mujib Medical University (BSMMU) and Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine, and Metabolic Disorders (BIRDEM) – have instituted internal policy reform, creating scope for institutional practice in place of private practice. The basic principle is that 'private practice' hours are utilized to provide services within the institution – hence the phrase 'institutional practice' – but an incentive distribution mechanism is in place where patients pay a higher fee that is then shared between the doctor and the institution. While the issue remains sensitive, the regional dialogues indicated potential for such reform, particularly in district and sub-district health facilities.



Participants at the informal consultation on institutional practice - front row (left to right): Professor Humayun Kabir Chowdhury, Ibrahim Medical College; Professor Dr. Rashidee Mahbub, Former President, Bangladesh Medical Association; Hossain Zillur Rahman, Chairman, PPRC; Dr. Nazmun Nahar, Director-General, Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine, and Metabolic Disorders; Professor Sameena Chowdhury, President-Elect, Obstetrics and Gynaecology Society of Bangladesh; and Dr. Md. Shahidullah, President, Bangladesh Medical and Dental Council. Back row (left to right): Professor M.A.K. Azad Chowdhury, Secretary-General, Bangladesh Pediatric Association; Professor A.B.M. Khurshid Alam, Secretary-General, Bangladesh Society of Surgeons; and Professor M.A. Billal Alam, President, Bangladesh Society of Medicine.

The *Healthy Bangladesh* platform initiated a consensus-building effort aimed at an eventual sustainable solution, which may be implemented incrementally from low-level health facilities upwards. The first step was an informal view-exchange meeting with key leaders of various professional associations from the health sector. An informal discussion was held on 8th May, 2018 under the auspices of *Healthy Bangladesh* and facilitated by PPRC. The agreed follow-up was preparation of a concept note to initiate a more formal consultation process. The Director General of Health Services, Professor Abul Kalam Azad, in his deliberation at the national UHC advocacy event indicated that the health ministry was also actively reviewing such policy reform, and encouraged PPRC and *Healthy Bangladesh* to work towards well-argued 'demand' and sustainable solutions for such policy reform.

Way forward: Building Partnerships and Sustaining UHC Action

Through its role in the regional UHC advocacy dialogues, promotion of TV talk-shows debates, post-project follow-up initiatives, the *Healthy Bangladesh* platform brought its branding presence and identified promising paths to sustain UHC awareness. The key operational strategy for the platform is to build innovative and sustainable partnerships to accelerate progress towards UHC. *Healthy Bangladesh* has forged initial partnerships with three critical communities – health professionals, educational institutions, and city governments – with emphasis on working partnerships underwritten by PPRC as the secretariat, rather than mere formal agreements.

The short-term priority is preparation of a three-year action plan that builds on both the *Healthy Bangladesh* network of champions and the three post-project activities (outreach program, school health screening, and policy reform on institutional practice). Partnership with city governments will focus on carrying forward the District Action Plans developed during the national UHC advocacy event (which followed the regional dialogues). Recognizing the multiplicity of other efforts working towards the goal of a *Healthy Bangladesh*, the imperative is to ensure UHC is not merely a policy option but an essential dimension of Bangladesh's middle-income vision. Critical to achieving this vision is game-changing engagement on the ground for accessible, affordable, and quality healthcare, and improved cleanliness, nutrition, and fitness. The *Healthy Bangladesh* platform invites everyone to engage on this path towards making Bangladesh's middle-income aspiration a reality.

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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Agreement Officer Representative Team: Scott Stewart (sstewart@usaid.gov) and Jodi Charles (jcharles@usaid.gov).

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Abt Associates
6130 Executive Boulevard
Rockville, MD 20852
abtassociates.com