

How the private health sector can help achieve SDG 3



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THE Sustainable Development Goals (SDGs) are a collection of 17 interlinked goals designed to be a "blueprint to achieve a better and more sustainable future for all". The SDGs were adopted in 2015 by

the United Nations General Assembly and are intended to be achieved by 2030.

The third goal of SDG, or simply SDG 3, which has health at its core aims to "ensure healthy lives and promote well-being for all at all ages". Under this overarching ambition, the focus areas of SDG 3 include maternal, neo-natal and infant mortality, communicable and non-communicable diseases, tobacco use, universal health coverage, sexual and reproductive healthcare, R&D in health, increasing health financing, training and risk reduction capacities, etc.

The private sector healthcare providers do not only cover doctors and hospitals but also include all prevention, primary through tertiary care facilities, support organisations, and all the technicians, support staff, general employees, and volunteers who are engaged in delivering healthcare services. NGOs—there are about 15 national and 40 international ones—are also a key part of the private healthcare sector.

Here is a general plan on how this sector can be mobilised to help make the SDG 3 a reality.

Public-private partnership

Private sector entrepreneurship covers around 60 percent of the health sector in Bangladesh, having approximately 70,000 doctors and 100,000 hospital beds, providing employment to around 10 lakh people, and investment to the tune of USD 3,500 crore. With proper support and conducive conditions, this sector can be made more efficient and effective bringing

in better quality and outcome for the citizens. The foreign currency of about USD 1,000 crore that is going abroad every year for the purpose of treatment, according to one estimate, can be saved by building people's trust in this sector.

EMR and use of National ID card

EMR, or electronic medical records, can be incorporated or interlinked with our National ID (NID) cards so that basic health-related information of the people can be recorded along with their sociodemographic information. The Emergency ID card will contain the medical records of an individual, and doctors can access them easily, allowing them to provide treatment swiftly and safely.

Separate Directorate for private sector

A separate Directorate General for private health sector will help the sector run smoothly by providing one-stop service for the purpose of licensing, etc. which at present is provided from 17 different offices.

Zonal health workers and national referral

In every zone of every district, there should be zonal health workers who will be responsible for the health and welfare of the local community, along with family physicians. There should be a proper referral system to the district hospital for specialist advice. In this way, the burden on specialist medical professionals will be minimised.

Health insurance

Everyone should be brought under the universal health coverage. There should be different packages of health insurance according to the socioeconomic quintiles of people.

Clear paths for health professionals

Healthcare professionals like doctors, nurses, and allied health workers should be categorised according to their type of work, such as academic, administrative and practicing. It should be done in both the government and private healthcare facilities.

Health education and promotion are key



What happens in the private-sector healthcare is of vital importance not only to the vast number of patients who are dependent on it, but also the policymakers who are under pressure to handle the country's growing health needs.

PHOTO: COLLECTED

A person's physical, mental, social and spiritual health and healthcare needs should be assessed and taken care of. NGOs, which are already covering many of these areas, can play a pivotal role in this regard. Some of their interventions that contribute to the concept of holistic health include literacy programmes, nutrition, social awareness, primary and preventive healthcare, essential and professional skills building, mass-scale counselling for the workforce in high-risk industries (such as ship breaking), etc. So this can be strengthened by more investment and infusion of private equity.

Environmental, social and corporate governance (ESG)

These should be the three central factors in measuring the feasibility and societal impact of healthcare facilities and interventions. These criteria help to better determine the future impact and sustainability of the healthcare industry.

Grading

All healthcare facilities should be graded like Grade I, Grade II and Grade III, according to the pricing, type and quality of services provided. However, the general quality of clinical services has to be similar across all the grades—the difference will lie only in hospitality and other non-essential perks that can vary from one facility to another.

Non-branded (generic) drugs

Hospitals categorised in grades 2 and 3 will get the opportunity to provide non-branded medicines (generic) to cut the cost of services while preserving quality, as it can be assumed that low-income people will generally frequent those facilities.

Focus on local community clinics

Existing community clinics can be strengthened by organising them under committees, which should be comprised

of members from local authorities, public representatives, and led by doctors or medical professionals. Private sector players can support the clinics as part of a social enterprise model.

Accountability

First, Bangladesh Medical & Dental Council (BM&DC) should be strengthened and made the highest body responsible for overseeing activities related to the medical profession, and entrusted with the tasks of registration, recognition, maintenance and monitoring of all medical/healthcare facilities and professionals. Second, there should be a Health Service Ombudsman, answerable to parliament, who will be responsible for protecting the interests of patients as well as health service providers. Third, there should be an independent Health Commission free from the influence of the government and the private sector to oversee all accountability exercises.

Research and Development

Private-sector R&D is critical for future development of the health sector. The research findings can be helpful for the policymakers and should influence decisions related to costing, accountability, and governance. This will also have a critical role while responding to health emergencies like the Covid-19 pandemic—in treatment, vaccination, post-Covid-19 complications, etc.

Accreditation and quality of services

A national accreditation system for healthcare providing organisations, under Bangladesh Accreditation Body (BAB) or some other competent authority, is a must to ensure the quality of services provided and build trust in local health facilities among the general populace.

Finally, to achieve the SDG 3 targets, the public and private sectors should work hand in hand to improve the health and wellbeing of the population in Bangladesh.

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Reinforcing Respect: Considering dignity in the Rohingya humanitarian response

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In our work as researchers with the Centre for Peace and Justice (CPJ), BRAC University, we strive to understand refugee community concerns, which we share in turn with the humanitarians and decision-makers. From June to November 2020, 30 Rohingya refugee volunteers working with us under CPJ's Refugee Studies Unit in Cox's Bazar consulted over 3,000 other camp residents to address emerging concerns and questions during the Covid-19 pandemic.

One frequent complaint from the refugees is about the lack of consultation by humanitarian actors and the failure to reflect community concerns in programme planning and implementation. There is a perception that community feedback is inadequately collected and reflected in programming and aid distribution. As one Rohingya woman shared, "Humanitarian agencies never come listening to our opinions and preferences. We have said that we dislike lentils and certain other foods. Nevertheless, they have yet to replace them with other items." Another Rohingya man said, "Even though we complain frequently, NGOs do not respond to our needs and challenges, which makes us feel as if we are not esteemed."

While NGO staff do sometimes undertake a cursory consultative process, there is insufficient communication to explain if and how community requests end up reflected in programme planning. Refugees are unclear whether agencies' priorities are simply pre-identified—the legacies of a cookie-cutter approach in which identical programming is carried out across different humanitarian responses globally—or whether they do indeed have the right to voice their needs and have them responded to. They



Rohingya refugees living in the refugee camps of Cox's Bazar experience a sense of indignity for various reasons.

PHOTO: REUTERS/MOHAMMAD PONIR HOSSAIN

want to know that NGOs recognise them as dignified human beings, instead of as passive beneficiaries of aid.

NGOs face many unavoidable limitations in regard to their work with Rohingya refugees in Cox's Bazar, such as the short time span allotted for aid projects, inadequate funding, donor demands, and a shortage of human resources. Despite these, respectful treatment should be placed at the heart of conversations around accountability of humanitarians to the affected population. Fortunately, matters of dignity and respect

can always be addressed regardless of these restrictions. Humanitarian agencies can ensure that all staff are equipped with these soft skills as a matter of principle.

Rohingya respondents consulted by the CPJ volunteers emphasised specific social, religious and economic dimensions of dignity. Many of them view formal, polite speech and greetings as expressions of dignity. For instance, according to one Rohingya youth, "You don't need to give us a million dollars to make us happy... just soft behaviour and communication,

with empathy and emotional support." Community members widely complained that field-level staff such as security guards sometimes shout at, verbally abuse and even physically hit refugees with sticks. This often happens in an effort to control crowds waiting in food ration distribution queues or at hospitals.

As a result, refugees—including those who are highly esteemed within their own community, such as elders and teachers—often feel insulted and demotivated to engage with humanitarian agencies to receive further services. The resulting lack of trust is compounded by a sense of resentment that arises as people see NGO staff holding higher social status, earning good salaries, and displaying wealth in the form of vehicles, clothes and equipment. Numerous camp residents have expressed to CPJ volunteers that they feel used by NGOs as a means to personal and organisational enrichment.

For the Rohingya, dignity is also linked with religious and cultural practices. Several respondents said that women's conservative lifestyle of staying inside the home is a matter of prestige. Thus, many camp residents say they would prefer gender-segregated queues during rations distributions. In instances where international norms around gender equity do not mesh well with traditional cultural norms, such as women being required to receive aid directly to ensure equitable distribution, these differences can and should be clearly explained to those who receive services by the responsible agencies.

Rohingya respondents also frequently complained about perceived poor treatment in camp health facilities. They explain that a patient's dignity is affected by the doctor or nurse's style of communication and the amount of time that he or she spends talking

to a patient, listening with empathy and fostering a comforting interaction. Many Rohingya women also hesitate to receive medical treatment from male doctors. Again, women sometimes feel disrespected if they have to wait in queues with men to receive medical services.

The task of feeding and protecting nearly a million Rohingya, a population larger than that of Bhutan and many Western countries, is not a small one, and over 100 Bangladeshi and international NGOs are working from dawn to dusk across the 34 camps to uplift the lives of refugees. Despite their complaints, Rohingya do show ample gratitude to the government of Bangladesh and its people for their incredible support. A cookie-cutter approach was useful in the early stages of the humanitarian response, but a more responsive situational approach is now needed which is more conducive to meeting the expressed needs and preferences of the Rohingya.

The nature of authoritativeness and power distance between the NGO staff and beneficiaries, and bias due to stereotypes, prejudice and preconceived perceptions against the Rohingya, leads to discrimination that should be proactively addressed by those with the power to do so. Finally, while CPJ has not yet studied the ways in which similar dynamics transpire between host community beneficiaries and humanitarian actors, this is an additional area that should be addressed in the interest of overhauling asymmetrical power issues affecting dignity and respect across the aid response in Cox's Bazar.

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QUOTABLE Quote

CONFUCIUS
Chinese philosopher (551 BC-479 BC)

Our greatest glory is not in never falling, but in rising every time we fall.

CROSSWORD BY THOMAS JOSEPH

ACROSS	30 Battery part	5 Derby prize
1 Court player	33 Way off	6 Frying mess
6 Wise ones	34 Buddy	7 Jason's ship
11 - acids	36 Pi follower	8 Italian designer
12 Use a press	37 Tall wardrobe	9 Is jealous of
13 Emotional states	39 Spotted	10 Place
14 Tequila source	40 Long for	17 Blue
15 Goof	41 Not dozing	22 Links number
16 Latvia neighbor	43 Copier need	24 Rent out
18 Fall back	44 Track horse	26 Some swords
19 Popped down	45 Mixes up	28 Prop for Bugs
20 Homer's neighbor	46 Lock	29 Paving stuff
21 Faux pas		31 Diner drinks
23 Sub shops	DOWN	32 Castle parts
25 Crew tool	1 Caravan critters	33 Almanac contents
27 Gun, as a motor	2 Unconcerned with ethics	35 Bounded
28 Rock unit	3 Italian designer	38 Finished
	4 Stop	42 Combat

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YESTERDAY'S ANSWERS

S	P	A	S	S	T	O	P	S	
A	R	C	H	S	T	U	D	I	O
P	E	T	A	L	A	N	D	E	D
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C	A	P	E	R	S	E	S	A	K
U	S	E	R	S	P	I	L	E	D
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R	E	D	I	N	K	O	R	A	L
E	L	A	T	E	S	L	E	N	S
F	L	Y	E	R		D	A	T	E

BEETLE BAILEY BY MORT WALKER

BABY BLUES BY KIRKMAN & SCOTT