

The Need for a National Health Policy

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Health in a policy perspective is not confined to mere alleviation of disease and infirmity; it also connotes a state of positive well-being that allows people to live a socially and economically productive life. Thus, health policy becomes an essential component of the nation's overall policies and endeavours for social and economic development. Health in this perspective is both an instrument of socio-economic development and the product of development itself. It certainly is not restricted to the provision of medical care in hospitals, nor is it confined to the interest of the health professionals engaged in the delivery of medical care.

There is a considerable pool of international experience and expertise in health development and it would be highly desirable that international experience and technical co-operation to national efforts are harnessed. In today's world, many public health issues and problems as well as their possible solutions are common and it is, therefore, very likely and relevant that international experience and expertise from external sources will help national policies and programmes.

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Health of the people, in this writer's view, is essentially a non-partisan issue. That is not to say that there are no parties and constituencies actively promoting and protecting their particular concerns and interests. In the health sector, as in any other, there are interest groups who have diverse and even conflicting interests. But that does not necessarily argue against the essentially non-controversial nature of the subject matter of national policy that is health of the people at the individual and collective level. Health is considered as an essential social good. Besides, it is beyond controversy that a nation's health i.e. the state of health, and therefore, productivity of the people are essential pre-requisites for social and economic development of a nation.

This writer would like to strongly advocate the case for a non-partisan, consensus-based, and consistent national health policy as much free from pressures of any single and particular interest group as possible. Having said that, it is not suggested that all contentious issues would disappear overnight. But what is important is that all viewpoints and interests would be fairly presented, discussed and resolved in a spirit of broad consensus or deferred for later consideration. Public representatives have the right and privilege to make political and policy decisions. Yet, they also have the right and responsibility to be informed and to be provided with scientific, rational and objective options and implications of alternate policies. And this is where the technical, scientific and professional assistance to policy formulation becomes so crucial. In

fact, availability of objective facts and findings, pooling of knowledge and experience, and evaluation of opinions of the health professions should be mandatory requirements in the formulation process of national health policy.

It is strongly suggested that public health in today's complex society is too important to be left to the medical profession alone. It is also suggested that mere political expediency cannot be an effective substitute. In a democratic society, relative priorities will continue to be political decisions. But it is equally true that in modern civil societies, health policy determination would benefit greatly from technical and scientific rationale as much as it would from a wide range of public participation. An informed and cooperating public is a sine qua non for the success of a nation's health policy. And undoubtedly, there is a considerable pool of evidence to support the contention that in few cases other than health, public involvement becomes a very important determinant. Yet it is equally important, if not even more, that an informed and aware public opinion is generated through wide dissemination of valid information in a language that demystifies public health and hygiene and

empowers individuals and families to make an informed and effective contribution to the protection of health and prevention of disease.

The present state in the health sector in many countries shows that a disproportionately large amount of available health resources are still invested in medical-cure activities without any evidence that these are either equitable or cost-effective. Is it a reflection of failure to sustain and give effect to policy intentions in actual investment decisions?

The Health for All as the main social target of the international community was approved by the World Health Assembly (the world parliament on health) in a historic resolution in 1977. Primary healthcare is a package to provide essential elements of healthcare to all (and not to some). It is founded upon strong principles of equity and social justice and on strong inter-sectoral cooperation and community involvement. Ensuring fair and equitable health service is today far more complex than it ever was. And it is going to be even more complex as the economic and environmental changes and other socio-behavioural developments become more and more inter-

twined with health conditions and outcomes. Essential public health functions need to be revisited and redefined. In fact, this has been long overdue, and not in the so-called developing countries alone. Here again the professions and disciplines have to join together since health outcomes are derived from the effect of activities, programmes and policies of several sectors other than health. Health Ministries alone cannot remain responsible for public health without a concerted and cooperative endeavour by all the sectors involved.

Health policy cannot remain the sole prerogative of a few professional "experts". Broad based consultation, dialogue, exchange of views and contributions of ideas and thoughts from all walks of life would enrich the formulation process. How to bring about the required consultations, the dialogue, the desired reconciliation and consensus of all partners and stakeholders? This is a very important undertaking. Will the establishment of a think-tank or permanent "Advisory Council" mechanism help? Such a body or mechanism has to be broad-based enough to accommodate the political, professional, technical, and most importantly the consumer public. The consumers need impartial and relevant information so that their perceptions and views are informed and responsible. An Advisory Council representing not merely the experts but also all other interest and consumer groups and the people's representatives would lend credibility, acceptability, and consistency. Above all, it would hopefully introduce the crucial element i.e. the non-partisan character to the work and the product of the think-tank or the council and eventually to the health policy itself.

national health policy founded on the principles of equity and social justice and structured on primary healthcare approach should survive changes of government.

This writer believes that there is a strong case for setting up and sustaining a permanent mechanism to advise and assist the Ministry of Health on formulation and implementation of national health policy. The mechanism need not be located in the Ministry itself. It should include various government and non-government sectors, the professions and disciplines relevant to health, and consumer/public representatives. Such a mechanism should be provided with access to state-of-the-art information and international expertise as may be required or requested. A permanent mechanism is recommended since policy formulation is a continuing process. The mechanism will be useful to review, update, and monitor the implementation and re-

sults. It is also obvious from the nature of the subject that the mechanism should be non-partisan in character as far as possible.

Medical care is only a component of healthcare, and the health policy need not be exclusively or excessively confined to issues of medical care alone. Public health is not the responsibility of the Health Ministry alone; policies and programmes of several other Ministers namely Agriculture, Food, Local Government, Education, Trade and Commerce. Information have direct and indirect bearing on health of the people through their respective policies and programmes. Inter-sectoral cooperation and coordination need to be included in the policy formulation. Policy directives on community involvement and role of local government and local representative bodies are needed. The respective roles of the public and private sector of health need to be defined. Standards and norms, quality assurance and surveillance mechanisms need to be spelt out and enforcement methods proposed. The role of the NGOs in the provision of healthcare and their partnership in health development will have to be updated.

It will also be necessary to introduce gender concerns in the formulation process. Women's access to and benefits from healthcare still remains limited. Their needs, however, are not less. Reproductive healthcare, especially pregnancy related care should be high on the agenda. Involvement of the women's organisation would be highly recommended. International experience strongly suggest that particular attention to health of mothers, and care of the children yield not only higher health outcome for the entire family but also improve the social status of women. Women in poor families when targeted for health and other support have benefited more in terms of poverty reduction.

International experience also confirms that education and literacy particularly of females gave consistently higher health returns and better impact on family's health conditions. There is a strong correlation between the level of female education, employment and the improvement of health conditions and quality of life. Thus the health policy has a strong alliance with education policies that give preferential or at least non-discriminatory attention to females especially the girl child and the poor and disadvantaged women.

While there will be always the expectation and desire to formulate a comprehensive national health policy without indication of clear priority or relative feasibility, the real test and purpose of health policy rest not on how comprehensive

it is but on how pragmatic and feasible it is. The possibility of actual implementation is increased when the policy is based on consensus and pragmatism. As argued before, the non-partisan character of the policy-making body and the policy itself is extremely important to improve consistency with real needs and continuity of essential policy and programmes. The "best" and most well-intentioned policy is not good enough or futile if it is not implemented or sustained.

A complementary rather than adversarial relationship between the public and private health sector should be fostered by policy interventions. There is much evidence to commend that public sector funds give higher health returns when spent on population, based health promotion and disease prevention services. These are equitable and provide those services which the private sector cannot or have little incentive to provide primary healthcare with assurance of a minimum essential package of health services to all probably is the most cost-efficient and viable approach.

Peripheral health facilities are inadequately utilised and often bypassed creating conditions of overcrowding and inappropriate use of secondary and tertiary facilities. A policy shift to strengthen the first referral health facilities nearer the people in need with necessary shift of allocation preferentially to these institutions is strongly advocated. Resources are, by definition, limited; and recurrent resources have many concurrent and pressing demands. Paradoxically, there are wastes and inefficiencies even under conditions of shortage of resources. And the health sector is no exception. Sooner or later, the issue of healthcare financing has to be met and resolved in a fair and equitable manner. There is certainly no quick-fixes even though there has been temptations to do just that by way of ad hoc levy of user charges at the point of service and such other so-called user charges for specific services at specific facilities.

There are at least three reasons why a laissez faire free market approach will not give affordable health care to all. Consumers are in a poor position to judge the value and merit of the care they get. Then

there are imperfections in the health care market because of uncertainty of the need of care. Health insurance in the private for profit sector will preferentially protect those whose risks are less and tend to exclude those who are at greater risk. Besides, by reducing direct cost to the consumer and fee for service to providers, insurance stimulate over use and waste.

Governments and societies need to engineer and establish through trial and error a desirable and complementary mix. Policy interventions and regulations will help and might include promotion of voluntary health insurance, private provision in public institutions, purchase of services from private institutions, tax incentives to promote private services at low cost and supplementary user charges where feasible. In addition to the regulatory and quality assurance mechanism, the government has the overall responsibility of public health policies and strategies backed by effective health information and surveillance, disaggregated epidemiological information and related allocation decisions of public resources.

Peripheral issues and issues of parochial interest should not be allowed to obscure central and essential concerns which determine the universality of access to essential primary healthcare of quality and economic affordability. Public sector investments in health should be guided by health outcomes and not short-term ad hoc priorities dictated by loudness of advocacy alone. For example, the issue of "leakage" of foreign exchange due to persons seeking care abroad could mask the real issue of quality and credible care provided at home. Private medical care in free market should compete and flourish on merits of competitiveness and not either on subsidies or protection. On the other hand, all essential public health functions and essential package of healthcare with primacy to primitive, protective and disease prevention care should be the prime concern of national health policy.

The writer is former Director of Programme Management at WHO South East Asia Regional Office in New Delhi. The views expressed in the article are entirely those of the writer and do not reflect in any way the policies of the WHO.

Wide Prospects

THE CP group Thailand's largest conglomerate has set its sights on India. The Bangkok-based group is planning to start a fully-owned subsidiary in the country. CP has business interests ranging from animal feed to motorcycles to cosmetics to semiconductors and telecom.

Gas Gains

IN a move that will edge out its rivals in the natural gas sector, Hindustan Petroleum Corporation of India, has tied up with Total of France. The joint venture will start a Rs 3,600-crore (roughly \$120 million) integrated project involving a liquefied natural gas (LNG) terminal and a 500 MW power project. The companies will establish a two-million tonne LNG import terminal.

CSE/Down To Earth Features

Metropolitan

• What's on today . . . •

Discussion on "Farakka Day": Jatiyatabadi Krishak Dal has arranged a discussion marking Farakka Day. Venue: Jatiya Press Club auditorium. Time: 10 am.

Zahir Raihan Film Society: 'Barton Fink' by Joel and Ethan Coen (USA) and 'Underground' by Emir Kusturica (Yugoslavia) will be screened. Venue: German Cultural Centre. Time: 5 pm and 7 pm respectively.

International Family Day: The inaugural function of the day organised by the Ministry of Social Welfare will be held. Venue: Shilpakala Academy auditorium. Time: 10 am.

Seminar-workshop: Public Relations and Publication Department of Bangladesh Scouts will hold seminar-workshop on public relations. Venue: Shama Hall of the Bangladesh Scouts Bhaban. Time: 9:30 am.

Nari Pragati Sangha: A day-long workshop on Women in Massmedia organised by the Sangha will be held. Venue: WVA auditorium. Time: 10 am.

Workshop: Agriculture Ministry, USAID, Project for Development of Agro-based Industries and Technology, IFDC will jointly hold a workshop on Trade Policy for Processed Agriculture Products. Venue: Hotel Abakash auditorium, Mahakali. Time: 9 am.

Centre for Policy Dialogue: A discussion on Reserved Women Seat in Parliament will be held. Venue: Office of the Centre (6/A, Eskaton Garden Road). Time: 3 pm.

Khetmajur Union: The two-day national council of the Khetmajur Union will begin. Time: 11 am. Venue: Dhaka Zilla Krira Samity Auditorium.

Ganatantri Party: The opening ceremony of the two-day national conference will be held. Venue: Mahbub Ali Institute (Railway Community Centre), Shahjahanpur. Time: 10:30 am.

Classical music confce: On the 4th day of the ongoing classical music conference 'khyal, alhamri, star, santar, sanai and classical dance will be presented. Venue: Auditorium of Bangladesh Shilpakala Academy. Time: 6 pm.

Chouddagram Thana Welfare Assoc: An emergency meeting of the executive committee of the association will be held on the eve of its 1st reunion '97. Venue: TMC Bhaban, 7th floor, 52 New Eskaton Rd. Time: 6 pm.

Newspaper hawker succumbs to injuries

A leader of newspaper hawkers, who was injured last month, succumbed to his wounds at Pongu Hospital in the city Tuesday, reports UNB.

The dead was identified as Shah Alam alias Babul, 35, Uttra branch supervisor of Dhaka Newspaper Hawkers' Multipurpose Association.

Obituary

Ali Ashraf, father of Mostafa Golam Quddus, President, BGMEA, died yesterday at a city hospital, says a press release.

His namaj-e-janaza will be held today at 10 am at Dragon Sweater premises, Malibagh.

Newsman, newspaper employees submit memo to Speaker

Journalists and newspaper employees brought out a rally in the city yesterday demanding announcement of the 5th Wage Board Award. — Star photo

Bangladesh elected member of OPCW executive council

Bangladesh has been elected a member of the 41-member executive council of the Organisation for Prohibition of Chemical Weapons (OPCW) in the first conference of the state parties of the Chemical Weapons Convention, now being held in the Hague, according to a message received in the city yesterday.

It urged the Speaker and the Leader of the House to take steps to protect the interest of the newsman and employees. It also sought cooperation from all Members of Parliament so that the 5th Wage Board Award can be announced immediately.

The committee in its memorandum said the Chairman of the 5th Wage Board submitted its recommendations on April 8 and as per the rule, the award should have been announced on May 8.

A BSS report adds: The State Minister for Information, Prof Abu Sayeed, yesterday night told the House that the Fifth Wage Board Award for the newspaper and news agency employees would be announced as early as possible.

The committee in its memorandum, submitted to the Speaker, the committee said the Ordinance requested the House not to make the Newspaper Employees (condition of service) Amendment Ordinance '97 into a law for the interest of peace in the newspaper industry.

The newsman, who struck work from 11 am to 3 pm, earlier held a rally in the Jatiya Press Club premises and marched in a procession towards the Parliament.

The demonstrators, who were chanting demand for immediate announcement of the Wage Board Award, were intercepted by police at Bangla Motor crossing.

A nine-member delegation

Course on taxation begins at ICMA, B

A three-day professional course on taxation began at the ICMA auditorium in the city yesterday, reports UNB.

Law Minister Abdul Matin Khasru inaugurated the course, organised by the Institute of Cost and Management Accountant, Bangladesh (ICMA, B).

Chairman of the National Board of Revenue Shah Abdul Hannan also spoke on the occasion.

JU Math Deptt cancelled admission test May 22

Jahangirnagar University (JU) authorities have cancelled the examination of two shifts of admission test, for first year honours class of Mathematics Department, held on Tuesday on the basis of the allegations of leakage of question papers, reports UNB.

The decision for cancellation of the examination was taken at an emergency meeting of the central admission conducting committee of the university, held yesterday with Vice-Chancellor Prof Amirul Islam Chowdhury in the chair, a JU press release said.

The cancelled admission test will be held in two shifts from 10 am on May 22, the press release added.

Weather

No change in temp likely

Rain or thundershowers with temporary gusty wind may occur at a few places over Dhaka and Sylhet divisions and the regions of Noakhali and Comilla in next 12 hours till 6 pm today.

According to Met Office, the weather may remain mainly dry elsewhere over the country and day temperature is likely nearly unchanged during the period.

The country's highest temperature 38.7 degrees Celsius was recorded at Rajshahi and the lowest 22.2 degrees at Kutubia yesterday.

The sun sets today at 6:34 pm and rises tomorrow at 5:15 am.

The maximum and minimum temperature and humidity recorded in some major cities and towns yesterday were:

| City/Town | Temperature in Celsius | | | Humidity in percentage | |
|------------|------------------------|------|---------|------------------------|--|
| | Max | Min | Morning | Evening | |
| Dhaka | 35.3 | 26.8 | 75 | 67 | |
| Chittagong | 34.0 | 27.0 | 73 | 72 | |
| Sylhet | 34.8 | 24.5 | 75 | 69 | |
| Comilla | 35.4 | 25.5 | 81 | 74 | |
| Rajshahi | 38.7 | 28.3 | 73 | 55 | |