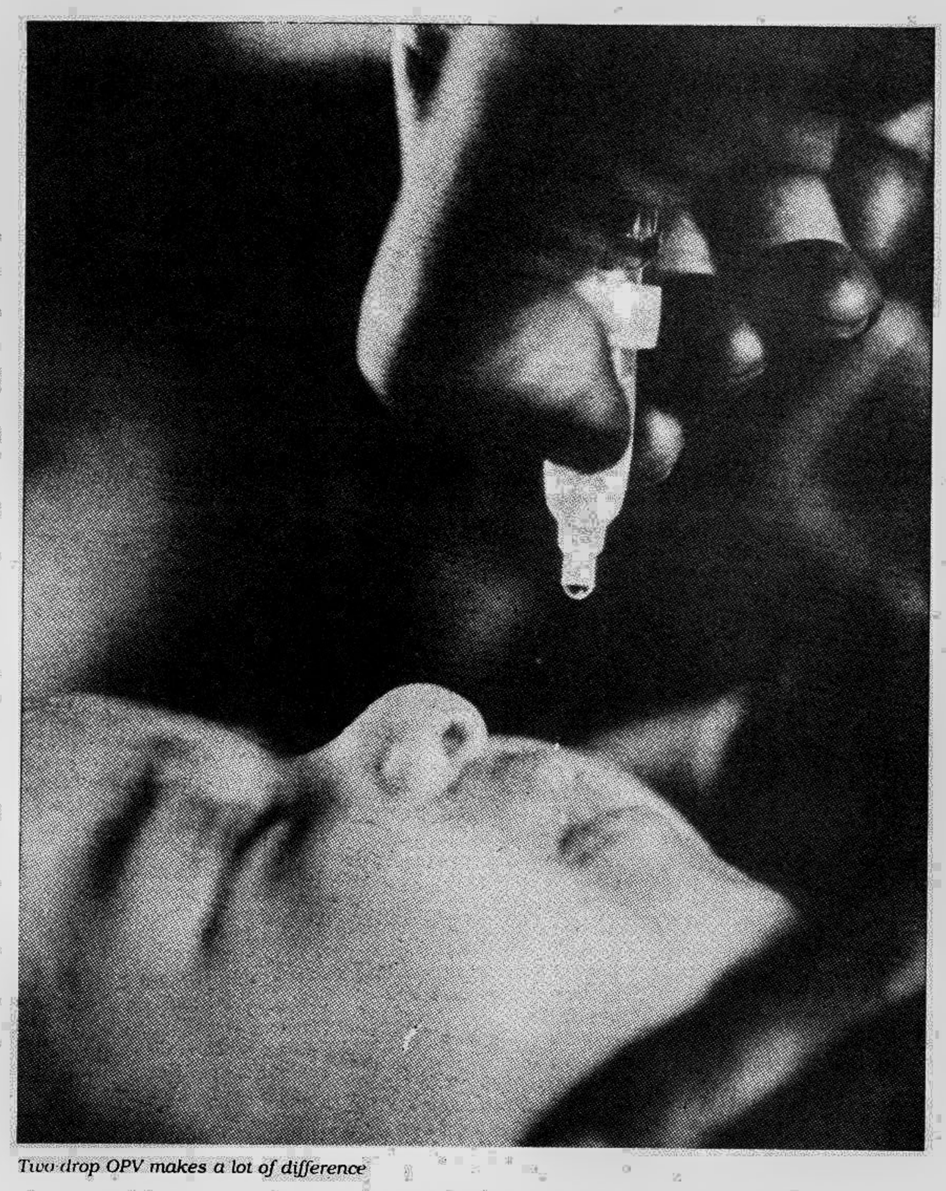
A Committed Horse before the 'Health Care' Cart

Bangladesh may seem eternally engaged in a jugglery of its health care initiatives; but there is hope, if pressing needs get committed attention, **Navine Murshid** and **Ekram Kabir** analyse UNICEF's *The Progress of Nations 1999*



Two drop OPV makes a lot of difference

UNICEF'S *Progress of the Nations (PoN) 1999* has found Bangladesh, to an extent, in a good position as far as the Expanded Programme for Immunisation (EPI) is concerned, especially in its odyssey to eradicate polio. At the same time, the UNICEF has sought debt relief for Bangladesh, emphasising on the country's debt-servicing burden.

The UNICEF, in collaboration with the government of Bangladesh, has undertaken various measures to improve the standard of living for the people in this part of the world. Polio eradication and elimination of diseases related to Vitamin-A deficiency have been a major part of EPI. Such policies to bring about a healthier nation have been acclaimed for being able to reach out to the poorest of the poor. Efforts have been made to make mothers aware of consequences of such diseases and their participation in the programme is mainly responsible for the success achieved. Social workers have worked relentlessly and gone around every corner of the country in order to hold National Immunisation Days (NIDs) and make sure that there is a high participation rate. Volunteers have played a crucial role, especially in the last NID, as some 600,000 volunteers came in to help the nation's children. NIDs now saves about 120,000 lives a year. While the number of polio cases was 2,000 in 1995, last year the number came down to 282.

However, the commentary of the Prime Minister of Bangladesh, *A Priceless Legacy*, in the report reveals that 370,000 children under the age of five still die every year, primarily from diarrhoea, acute respiratory infections, measles, neo-natal tetanus and other vaccine-preventable diseases.

This shows that although Bangladesh is on the right track, it still has a long way to go towards achieving a disease-free position. Death of 0.37 million children each year shows low quality of life and poor dwelling. Yet, there are reasons to be hopeful. The infant mortality rate has decreased significantly and life expectancy has increased. The under-5 mortality rate in 1997 was 109 per 1000, which is lower than what it was in previous years. Life expectancy has been on the rise as well, which is a sign of better living, but according to the health secretary, may cause problems of ageing population similar to Sri Lanka.

If the disease prevention mechanism continues at the present rate it would further lower infant mortality. Often mothers are forced to have more children because of the low probability that a child would survive up to adulthood. When infant mortality falls and life expectancy increases, it means that mothers would not need more children to survive into adulthood. Hence, the population growth will fall. In turn, living standards will rise and there will be fewer children that have to be taken care of. They will have access to health care services and therefore the rate of preventable diseases will decline. Although, figures in the PM's report sound discouraging, the current trend of holding NIDs and establishing policies to eradicate diseases should be kept up.

One of the sources of finance for development purposes and building of infrastructure is borrowing, especially for the developing countries. Starting from long-term boost of economic activities to advancement of human development, foreign aid plays a major role. However, problems arise at the time of repayment. When debt becomes disproportionately high in comparison to the Gross Domestic Product, export and savings, the toll on children is high. To repay debt, a country is forced to divert its already-scarce resources. Consequently, the children are deprived of the basic health care, nutrition and education because government spending is diverted towards debt servicing.

Bangladesh has considerably a better track-record than many other developing nations of debt-servicing. It has been able to repay the interests in accordance with agreements and is thought to be in a position to be able to pay back its debt in due time. At the Cologne Summit of G-8 Finance Ministers last month (June this year), Bangladesh did not receive any debt relief, although they had agreed to forgive $70 billion Third World debts. However, there were conditions. Relief would be available to countries 'pursuing sound policies that demonstrate a commitment to reform and poverty alleviation'. Countries wanting to qualify for debt relief under this initiative will have to establish a three-year record of good economic policies, sustainable development and stability. Donors insist that money saved on debt repayment be used in basic social areas such as health, education and poverty eradication.

Customary observation of "Days" sometimes reveal some home truths in terms of pledging the issue at the centre-stage. As far as the World Population Day this year is concerned, it was obvious from the government-level statements that the old mindset that viewed population as a 'problem' that had to be 'controlled' was still very much present. This leads us to believe that Bangladesh policy makers are still far from adopting a holistic and client-friendly programme.

We welcome 16,000 babies with uncertain future every hour, and 90 per cent of them are in the developing world, where the average GNP per capita is only $800, compared to $19,000 in the First World. They join the 14 million children who die before their fifth birthday, 190 million children who suffer from serious malnutrition and 130 million children of primary school-going age, but not in school. The world population is expected to reach 6.3 billion by next year from 5.8 billion today.

The United Nations Population Fund (UNFPA) marked July 11 as the start of the countdown to the 'Day of Six Billion', set for October 12, when the world will be considered to have clocked up a further billion inhabitants. Exactly 12 years have passed since the first World Population Day, July 11, 1987, when the world's five billionth inhabitant -- a child -- is believed to have been born. And this time around, to quote the UNICEF Executive Director Carol Bellamy's commentary *The Roll of the Dice*: "During this final year of the 20th century, a child will be born, bringing the world population to 6 billion. What lies ahead for this 6 billionth baby, no one can say. But for the majority of babies, the risks are high and the odds daunting. Half the world population are children. Early death from preventable disease, illiteracy or traumatic conflicts awaits them. For the 6 billionth and for all children, the odds can and should be better."

Although according the UNFPA, reaching the six billion mark represents a success for humanity, as it notes that people today live longer and healthier lives than any generation in history, yet the concern is growing over disparity between the North and South, with the population pressure on resources increasing fastest in the poorest countries. As a result, the imbalance in per capita income between the richest and the poorest countries has multiplied by a factor of three in the past 30 years.

But the UNFPA looks at the 'Day of Six Billion' with a positive connotation, because the world population broke through the one billion threshold in 1804, according to best demographic estimates; the second billion took 123 years to accumulate; and then each succeeding billion has come at an accelerating rate.

The problems of high population growth are, however, immense in countries like Bangladesh. There are problems of food crisis as population growth exceeds food supply. As the population growth rate often tends to exceed the economic growth rate, it is very difficult to ensure even the basic necessities of life. High population growth also leads to a high dependence ratio, causing a burden on the taxpayers.

In our context, it adds to the number of children who are severely suffering from malnutrition, who suffer from preventable diseases and contribute to a lower standard of living. Most of these children grow up without access to education, proper food and clothing in an environment where they are economic assets required to earn for the family. As they grow older, they find themselves jobless, or in low-paid menial jobs that leads to other social problems. The burden of population on the environment also be taken into account here.

Solving such problems would not be an easy task. Participation of all the people concerned is required if any family planning mechanism is to be successful. It would also require time, if it is to have any long-term achievement. Education is a necessary tool. People should be made aware of the harmful effects of high population growth. These would be particularly effective if directed at *women* and *children*, especially in terms of reproductive health care.

Our tendency of waiting for the right socio-economic conditions to come about before making positive reproductive health interventions are costing the country dearly: women and children are dying and suffering endlessly. In Bangladesh, a major impediment to any reproductive health policy is its excessive focus on women, keeping men out. Women here are normally excluded from decision-making within the family and it's normally the man who decides how many children a couple should have. Likewise, there is a singular absence of men in the reproductive health services sector. There seems to be no instant solutions to reversing the population momentum. The most enabling action would be simply to ensure that the reproductive and child health programme that already exists is "implemented" without any further delay.

As far as diseases are concerned, Bangladesh is doubly burdened: on one hand, the incidents of non-communicable diseases is expected to rise, and on the other lies the *unfinished agenda* of the fight against infectious diseases, malnutrition and complications of childbirth -- whose main victims are the poor. And added to all this, is the imperative for Bangladesh to break away from the chains of the silent killer, AIDS (Acquired Immuno-deficiency Syndrome).

AIDS is no longer a taboo. The rate at which it is engulfing the people of Bangladesh has forced people to think again. Of course, there are still people who would like to keep their eyes closed, but the reality of the phenomenon cannot be ignored for long. AIDS is prevalent, especially among drug addicts and/or dealers and sex workers, and in no time, it may transcend and reach out to people in all walks of life. AIDS does not discriminate. It can happen to anybody and of all ages.

According to a survey conducted by the ICDDR,B 2.5 per cent of total drug abusers are HIV-positive. This is mainly because of shared needles and syringes. The survey revealed that in order to finance purchase of drugs, 20 per cent of the addicts sell blood to blood banks that are never tested for the virus. It also said that 14 per cent of the commercial sex workers are injectable drug users out of which 20 per cent have regular clients. Their clientele comprises rickshaw-pullers, truck drivers, police and service holders and small businessmen. These men, once infected, pass on the germ to their wives and unborn children. The saddest part is that they hardly ever realise that they are infected.

It is projected globally that 13 million people will die of AIDS by the year 2000, 10.4 million of which will be under the age of fifteen. Out of the 14 million people that have already died of AIDS, 11 million have been African, concentrated in Sub-Saharan Africa. Janat Mukwaya, Minister of Gender, Labour and Social Development of Uganda mentioned an anecdote in the report of *The Progress of Nations* in her article, *The AIDS Emergency*. A volunteer for an AIDS organisation in South Africa, announced that she was HIV-positive at a rally hoping to dispel some of the prejudice that people have against the virus. Eleven days later she was beaten to death by neighbours who claimed that she had brought shame on the whole community and nation.

This speaks, not only of prejudice, intolerance and violence against the vulnerable groups in society, namely women and children, but reminds us once again how they are denied their rights to economic opportunities. Ignorance and fear force them to silence and they continue to 'maintain peace' in silent agony.

This may well be the story in Bangladesh. Women and children are certainly not in a better state than their African counterparts, and in some parts are worse off. Oppression and discrimination has taught them never to say 'no' and hence, AIDS is spreading voraciously, and silently. It is likely to wipe out any gains in social development that includes improvement in health, nutrition and education. The percentage of population affected may appear to be quite low, but what is alarming is the rate of rise of people affected. This is likely to have dire consequences.

If the death toll rises and men and women continue to 'sacrifice' their lives for no cause at all, what would result is a situation similar to Uganda or Zambia. In Uganda, there is a case where a 60-year-old woman is looking after 42 grand children, ranging from the age of 13 down to a few months, after seven of her children died. This may well be Bangladesh's future if no action is taken right now.

Two age groups will exist only: below 15 and above 50. This would drastically disrupt economic activities and production would be at extreme ends. Child mortality is bound to rise as well, as they suffer from malnutrition, neglect and various diseases that would have been prevented, had their parents been alive.

The female Bangladeshi migrant workers are highly vulnerable to exploitation and add to the AIDS problem. When a group of female workers from Bangladesh join work a factory abroad, they become targets of sexual exploitation by various groups, often mostly by their own fellow countrymen. Being in a new country, without the slightest knowledge about the language and often unskilled, they become easy prey. As they try to resist the sexual advances, they are threatened in various forms until they comply. After the initial phase the girls seems to take it as the norm and get into new relationships with locals as well as migrants from other countries. These girls are often lured into the sex business. In this way they can send home three times more money than their male counterparts. Back home, it is considered as a sign of women doing well while the men are thought as being careless about the way they spend. This encourages other people to send their daughters/sisters abroad, while the money-making mechanism remains a secret until these girls reach the country strewn with money.

This has, over time, led to Bangladeshi girls being exposed to the risks of AIDS because of their lack of knowledge and power, reinforced by language barriers in a foreign land. As the trend to send off rural young women to work abroad is on the rise, the problems are taking a precarious toll on the overall AIDS situation.

Some of the policies to eradicate AIDS that has been mentioned in the UNICEF report can be discussed in our context.

First, family planning tools should be made available at low prices, which would not only prevent AIDS but also lower the birth rate. In this respect condom distribution should be encouraged. Voluntary HIV testing should also be encouraged and for that, price is not the only limiting factor. Prejudice and fear deter people from testing. They would rather be ignorant and suffer in silence rather than bearing the humiliation that carrying the virus entails.

In order to bring about a change in social attitude counselling and support services could be a good idea. Frank public debate, especially among teenagers may be desirable to come out of our dogmatic views and break away from the invisible chains that suppress people.

Evidently, health care is at the core of any country's development agenda. Wise investments in health can prove to be the most successful strategies to lead people out of "poverty".

Today, Bangladesh is seeking debt relief and is working towards a position where it would be able to divert resources saved from debt repayment to essential public sectors.

As Bangladesh's annual loan-repayment expenditure snowballed to more than Taka 800 crore, Finance Secretary Akbar Ali Khan quoted to have said: "Bangladesh is persuading debt relief, not for its own interest. Rather, debt relief will benefit many others, as Bangladesh's most credits are multilateral (that is owed to international organisations) and the loan is much less than other developing countries."

It's worthwhile to mention here that Bangladesh's IOUs are: forty-three per cent to the World Bank, fifteen per cent to the Asian Development Bank twenty per cent to Japan, four per cent to the US and the rest to others. The finance secretary also suggested that the expenditure relieved could be used in the social development sectors.

UNICEF Regional Director for South Asia Nigel Fisher, however, said at the *PoN* launching that debt relief would not necessarily mean that the debt servicing will be saved in order to ensure children and women's right to health and education. Both the finance secretary and the regional director of Unicef sound complex, because critically and arguably seen, the specialised UN agencies like the Unicef, World Health Organisation (WHO) have made "health" subject to globalisation; a backdrop in which the gap between rich and poor is greater than ever before, both within and between counties. Arguably again, this factor alone has had grave consequences for the health of the poor.

In Bangladesh, for example, while the elite and the middle classes have grown over the past ten years, malnutrition among the children of the poor has not improved, and may have worsened.

Now, question looms: how do the policies associated with globalisation affect the health sector of a particular country?

Well, when budgetary allocations are subject to declining international assistance, increasing debt may force governments to accept conditions imposed by the World Bank or the International Monetary Fund (IMF) in return for loan. These tied aids or conditional loans force countries to face new rules and regulations, often set by World Trade Organisation (WTO). And of course, the host country more often despises these conditions.

In our context, reduced government spending means less expenditure on health. Since government is the main provider of mother and child health services. Aids prevention work, leprosy control programmes and anti-smoking campaigns, these and other primary health care initiatives are particularly adversely affected. Experience suggests that in the services that are left for government provision after expenditure cuts, user charges are introduced. This way of introducing the market mechanism into the provision of health care makes services less available to the poor. In countries like Bangladesh, privatisation of health and hospital services usually makes the poor suffer, as services become more oriented towards those who can pay.

In theory, a system usually exists which allows the poor to apply for the right to free services, but in practice, however, applying for clearance to various committees could be a tedious process. Poor families ultimately decide either to do without the services or to pay the charges they can ill afford. Even where the government policy does not stipulate that patients should be charged fees, tight government health budget result in underhand informal charging.

For most of the people, unemployment means living in poverty; and no work means no access to health services. Everywhere, unemployment and poverty are associated with declining living standards as people find themselves denied of the right to proper health care services and sanitation. Health takes a rear seat as problems of the basic necessities of life like proper shelter, food and clothing become acute.

The WHO has recently launched a revival of its "health for all" strategy, and is involving non-governmental organisations in discussions. This development may help in strengthening the relative positions of UN concerned agencies against the power of the World Bank, IMF and WTO.

At the same time, the World Bank seems to be taking a new line on the role of governments: one of its World Development Reports makes much of the need for an "effective state" with policies and programmes that "ensure that the benefits of market-led growth are shared, particularly through investments in basic education and health." May be at last *thinking is changing* and more emphasis will be given to health and the quality of people's lives, with special attention being paid to children.

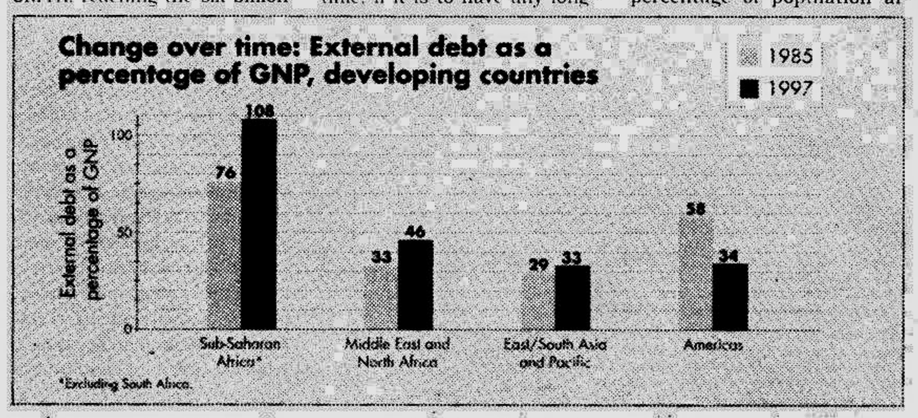
In this year's budget, the total allocation in revenue and development for health and family welfare sector was proposed at Taka. 2519.53 crore, a 56 per cent rise from 1995-96. If Bangladesh is able to move away from the debt burden, the costs can certainly be used in the health sector, hence further increasing spending on health and other merit goods. This would prove to be a two-way mechanism whereby not only Bangladesh is free of debt, but also in a better position in terms of health and environment.

What Bangladesh can do is allow the UN to handle matters of debt forgiveness. The UN initiative to help Bangladesh come out of the debt crisis should be welcomed. The UN will be in a position to judge fairly and in accordance with our needs. As we face the next millennium, this apex world body will increasingly undertake decision-making responsibilities, as powerful trade blocs as the EU strengthen further. The UN will be in a position to handle such delicate issues. One option could be that the UN can buy up the loans and provide conditions as well.

This may sound like the policies of the World Bank or IMF, but it is not wholly so. The UN bears a responsibility towards a member-state and should seek to accomplish the best for each one, taking into account equity and equality. Also, they can be trusted to use policies that work alongside Bangladeshi tradition and norms. They would not be imposing foreign policies, meant for western states on poor countries like ours, which will be unable to implement alien projects. In allowing the UN to mediate and counsel us, we would not only acknowledge UN's decision-making power but also help to bring the UN member-states closer and more united.

By letting the UN take control we can at least hope for a fair hearing that would lead to proper debt management and a more healthy health sector.

Photograph and data are taken from the PoN '99



Progress of Nations

Central Asia, East/South Asia and Pacific, and Americas

	Total population (millions) 1997	Population under 18 (millions) 1997	Annual no. of births (thousands) 1997	Annual no. of under-5 deaths (thousands) 1997	Under-5 mortality rate 1997	GNP per capita ($) 1997	% of under-5 children underweight 1987–98	Net primary school enrolment/ attendance a/ (%) 1987–97	Total fertility rate 1997	Maternal mortality ratio b/ 1980–97 Reported	Maternal mortality ratio b/ 1980–97 Adjusted
CENTRAL ASIA											
Afghanistan	20.9	9.9	1076	277	257	250	48	24 y	6.9	–	–
Armenia	3.6	1.2	46	1	30	530	–	–	1.7	35	–
Azerbaijan	7.6	2.8	128	6	46	510	10	–	2.1	37	–
Georgia	5.1	1.4	71	2	23	840	–	83	1.9	60	–
Kazakhstan	16.4	5.7	303	13	44	1340	8	–	2.3	70	–
Kyrgyzstan	4.6	2.0	118	8	68	440	11	97	3.2	65	–
Tajikistan	5.9	2.8	190	14	76	330	–	–	4.2	85	–
Turkmenistan	4.2	1.9	122	10	78	630	–	80 y	3.6	110	–
Uzbekistan	23.2	10.5	654	38	58	1010	19	–	3.5	21	–
EAST/SOUTH ASIA AND PACIFIC											
Australia	18.3	4.7	248	1	6	20540	–	97	1.8	–	–
Bangladesh	122.7	55.9	3403	371	109	270	56	76 y	3.1	440	–
Bhutan	1.9	1.0	74	9	121	400	38	–	5.5	380	–
Cambodia	10.5	5.0	365	61	167	300	52	97	4.6	470	–
China	1244.0	380.0	20410	959	47	860	16	100	1.8	60	60
India	966.2	392.7	24871	2686	108	390	53	79 y	3.2	440	–
Indonesia	203.4	77.8	4688	281	60	1110	34	94 y	2.6	450	–
Japan	126.0	24.0	1249	7	6	37850	–	100	1.4	8	–
Korea, Dem.	23.0	7.3	491	15	30	970	60	–	2.1	110	–
Korea, Rep.	45.7	12.6	685	4	6	10550	–	92	1.7	20	20
Lao PDR	5.0	2.5	200	24	122	400	40	71	5.8	650	–
Malaysia	21.0	8.7	530	6	11	4680	19	91	3.2	39	39
Mongolia	2.5	1.1	58	9	150	390	10	82	2.7	150	–
Myanmar	43.9	16.1	939	107	114	220	43	85 y	2.4	230	–
Nepal	22.3	10.9	775	81	104	210	47	70 y	4.5	540	–
New Zealand	3.8	1.0	57	0	7	16480	–	100	2.0	15	15
Pakistan	144.0	70.2	5263	716	136	490	38	66 y	5.1	–	–
Papua New Guinea	4.5	2.1	144	16	112	940	–	32 y	4.6	370	–
Philippines	71.4	31.6	2061	95	46	1220	28	100	3.7	210	–
Singapore	3.4	0.9	51	0	4	32940	–	94	1.7	6	–
Sri Lanka	18.3	6.3	326	6	19	800	34	–	2.1	60	60
Thailand	59.7	19.5	1001	38	38	2800	19	–	1.8	44	44
Viet Nam	76.4	32.1	1729	74	43	320	41	81 y	2.7	160	160
AMERICAS											
Argentina	35.7	12.2	712	17	24	8570	–	95	2.6	44	85
Bolivia	7.8	3.6	260	25	96	950	16	89 y	4.4	390	–
Brazil	163.7	60.5	3341	147	44	4720	6	94 y	2.3	160	–
Canada	30.3	7.2	350	2	7	19290	–	95	1.6	–	–
Chile	14.6	5.0	293	4	13	5020	1	88	2.5	23	–
Colombia	40.0	16.0	990	30	30	2280	8	89	2.8	80	80
Costa Rica	3.7	1.5	87	1	14	2640	2	94	2.8	29	35
Cuba	11.1	2.9	146	1	8	1170	9	100	1.6	24	24
Dominican Rep.	8.1	3.3	197	10	53	1670	6	81	2.8	230	–
Ecuador	11.9	5.0	309	12	39	1590	17	97	3.1	160	–
El Salvador	5.9	2.6	165	6	36	1810	11	79	3.2	160	–
Guatemala	10.5	5.4	388	21	55	1500	27	58 y	5.0	190	–
Haiti	7.8	3.9	250	33	132	330	28	68 y	4.4	–	–