

The draft 2009 health policy: Some comments

How will the different types of "health" services (e.g. mother and child care, family planning and nutrition services) be delivered; separately by DGHS, DGFP, and NNP, or under a unified service delivery system? Unified service delivery system will reduce duplication and overlap, save costs, and address some of the staff shortage problems.

BARKAT-E-KHUDA

THE draft Bangladesh Health Policy 2009 draws heavily from the 2000 and 2008 health policy documents. While there are several positive elements, there are certain areas which need clarification and elaboration. Keeping this in mind, I have a number of comments and suggestions, which will make the policy more focused and relevant to the needs of the population, especially the disadvantaged and vulnerable groups.

What is critically missing is a lack of involvement of political parties in the process of developing the draft policy. Without their buy-in, it will not be possible to ensure continuity of policies, as has been seen in the past.

Although the draft policy is in the ministry's website, everyone doesn't have access to the website, and hence, there should be wider consultation with all concerned stakeholders to get their valuable inputs and buy-in.

What is missing from the draft policy is an in-depth analysis of lessons learned from the past regarding both the achievements and the failures of the program to be able to guide the health sector perform better in future. For example, what changes/modifications are needed in the existing service delivery system so that its efficiency can be improved, and thereby, people, especially the poor and the disadvantaged groups, can get the needed services of acceptable quality?

The draft health policy consists of 15 "specific" goals. However, the goals have been stated as general statements without specifying any targets and timeline. Since the government has a vision up to 2021, it would be appropriate to set targets at least for the medium-term and long-term. Without setting any targets with timelines, it will not be possible to

measure the success and/or failure in attaining such goals.

How and when will the MDG targets relating to reductions in child mortality (doubtful by 2015) and maternal mortality (impossible by 2015) and replacement level fertility be achieved? The draft policy should clearly spell out the strategies.

The draft policy recognises the need to enhance the share of budgetary allocation to the health, nutrition and population sector, which, by international standard, is extremely low. It, further, recognises that financing by the government alone will not be sufficient to ensure improved health care for all and points to the need for expansion of private sector investment.

The government organisation-private sector (both NGO and for-profit) strategy needs to be more clearly articulated. What should be the role and responsibilities of the government in terms of policy-making, stewardship, setting standards, monitoring, etc.?

Given the resource constraints of the government, what about the role of public-private partnerships (PPP) in setting up, for example, large hospitals and clinics to provide quality health care services?

However, it also needs to be ensured that private clinics/hospitals and diagnostic labs provide quality services and that there is no exploitation of those seeking services, especially the poor.

Issues relating to voice of the people, accountability, transparency and good governance should receive much greater emphasis to ensure value for money. Gender mainstreaming should get much higher priority. Also, there is a need for output-based monitoring, leading to performance-based financing.

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However, it should be ensured that the poor and the needy get access to quality services free of cost.

The decision to have one national health, population and nutrition council, headed by the prime minister, is a step in the right direction. It is expected that the unified council will issue necessary directives for greater coordination and cooperation among the Directorate of Health Services (DGHS), the Directorate of Family Planning (DGFP) and the National Nutrition Project (NNP), eventually leading to integration of health, population and nutrition services. In addition, the council would be able to take stock of what is happening in the sector and provide necessary directives for corrective actions on a regular basis.

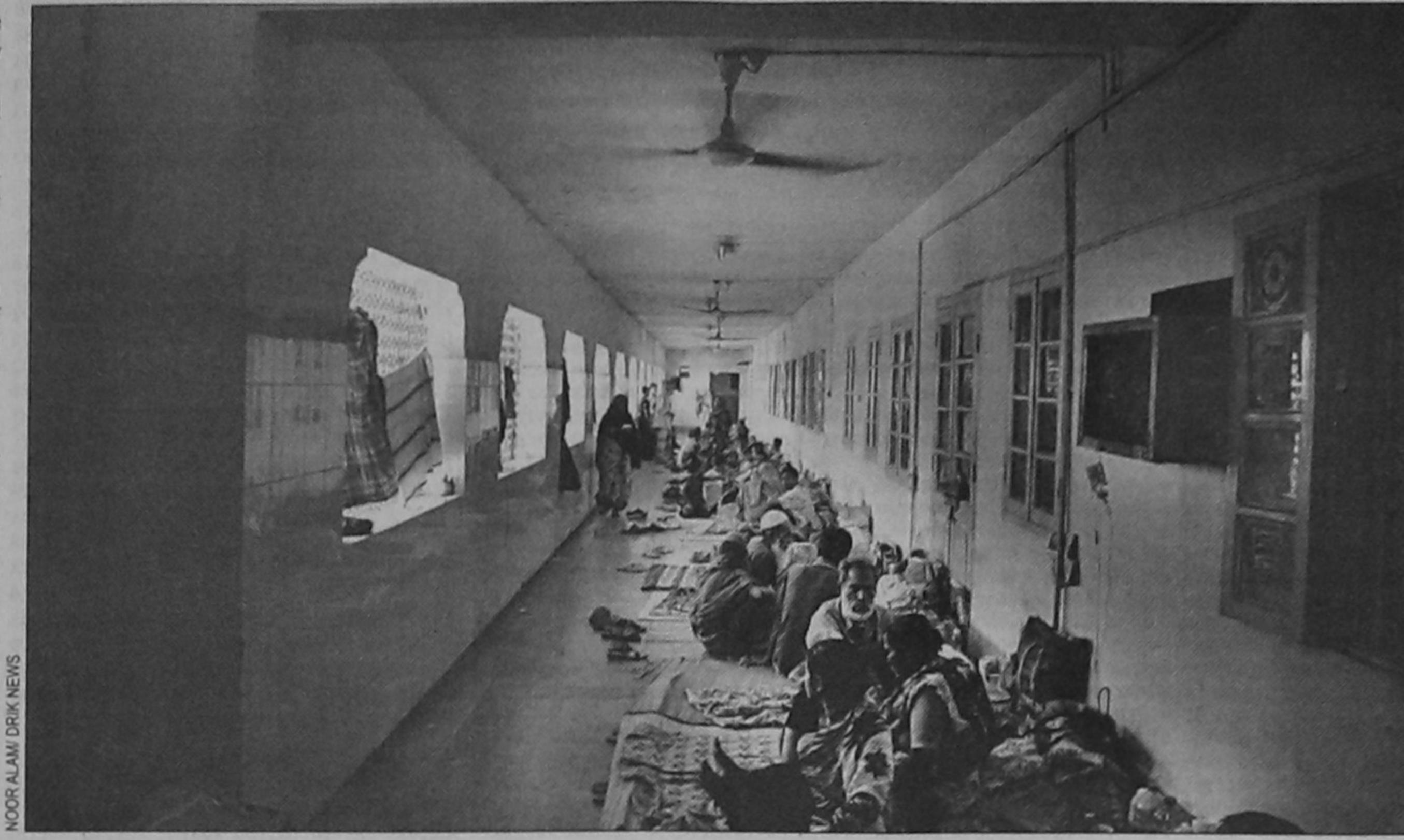
There is a proposal for setting up a health sector reform committee under the chairmanship of the health minister for overseeing the progress of ongoing reforms. However, it is not clear as to who will be responsible for overseeing such work as part of a regular activity, who will be responsible for providing technical assistance in case modification/changes to ongoing reforms become necessary and in the design of future reforms, and who will be responsible for evaluating the success and/or failure of various ongoing reforms.

There is a need to create such a capacity within the MOHFW to work closely with the Planning Unit, the Health Economics Unit, DGHS, DGFP, NNP and other related agencies. Emphasis on health systems research deserves serious consideration.

There is a need to get out of the overly centralised decision-making and program implementation and move toward decentralisation. A related issue concerns hospital autonomy.

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also family planning and nutrition. Given the high level of malnutrition, nutrition activities should be mainstreamed in the overall health sector. Also, emphasis should be given to revitalising primary health care on a priority basis.

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The reintroduction of community clinics is a step in the right direction. However, it should be operationalised as part of an overall health system, and given due consideration to adequate staffing, improved supervision, availability of drugs, and an effective referral and linkage system with higher-level health facilities. What about the possibility of involving some of the NGOs in community clinic activities, especially

in inaccessible areas?

Since Bangladesh has been going through both demographic and epidemiological transitions, adequate emphasis should be given to both communicable and non-communicable diseases. Also, the needs of the growing size of the elderly population and those of various disadvantaged groups, including the physically challenged, should receive greater priority. In addition, there should be greater emphasis on emerging diseases (such as swine flu), drug abuse, mental health, etc; and capacity of the government and the private sector should be adequately enhanced to meet such challenges.

Urban health should receive much higher priority. This is all the more important, given that over a third of the urban population lives in slums and pavements, with little or no access to proper health facilities. Which ministry will have the primary responsibility (MOHFW or the Ministry of Local Government) for developing appropriate policy, setting standards, monitoring and supervision, and

the actual delivery of services? What about greater involvement of the private sector, with due consideration given to quality of services and ensuring that there is no exploitation in the form of unduly high charges, and keeping adequate provision for free services among the poor?

The human resource (HR) issues should be addressed timely. The shortage of health human resources can be redressed at least partly by involving a chain of cooperation and shared intent among the DGHS, DGFP and NNP as well between the public and the private sectors. Also, there is a need to produce more medical doctors, nurses, paramedics and health technologists, and ensure that the quality of medical education is enhanced. Furthermore, to improve performance of providers at all levels, there should be a system of rewards and punishment.

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Dividing India to save it

Review of Jinnah: India-Partition-Independence

The anarchy that is Pakistan today would have visited India six decades ago. What ironic stupidity that a self-styled admirer of Patel should ban a book that describes how Patel and Nehru overcame, groping through complex imponderables and unimaginable horror, the greatest challenge of modern Indian history.

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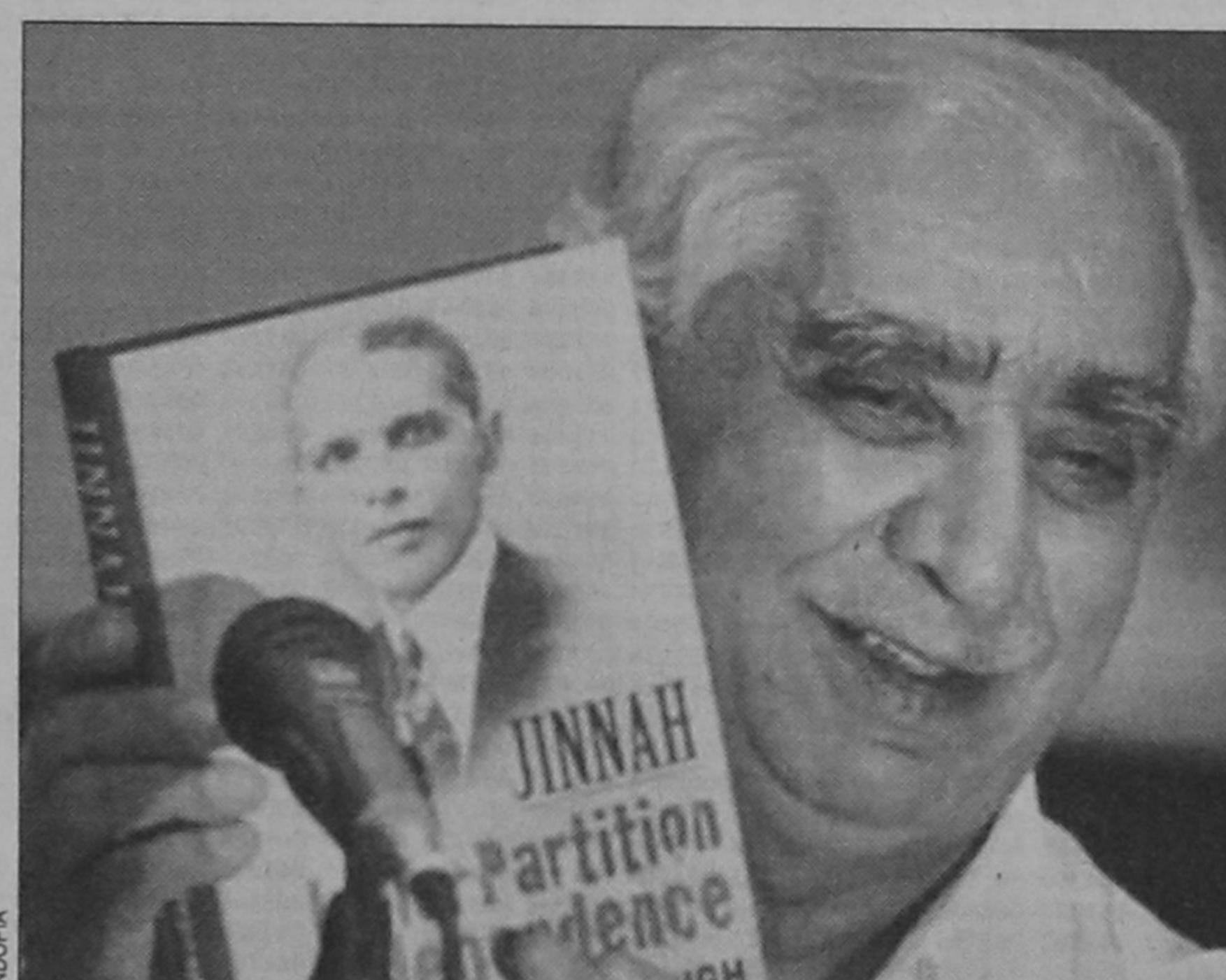
JASWANT Singh's *Jinnah* has certainly provoked much ado about something, but what is that something? Would this biography have made news if the author had not been a senior leader of the BJP? The world of books requires some *chintan*, but fortunately no *chintan baithak*. Who or what, then, is the story: Jinnah or the BJP? The two are not entirely unrelated, for the BJP was formed as a direct consequence of the creation of Pakistan. The umbilical cord still sends spasms up its central nerve.

Two questions frame the Jaswant-Jinnah controversies. Was Jinnah secular? Do Nehru and Patel share the "guilt" for Partition?

Neither question is new, but both have an amazing capacity for reinvention. Jawaharlal's great socialist contemporary, Dr. Ram Manohar Lohia, fired the first broadside in *The Guilty Men of Partition*; the title implied that responsibility extended beyond Jinnah. But since his purpose was polemical, the frisson was lost in forgotten corners of libraries. Jaswant Singh had little to gain from searching for some good interred in Jinnah's bones, and a bit to lose.

For most of his life, Jinnah was the epitome of European secularism, in contrast to Gandhi's Indian secularism. Jinnah admired Kemal Ataturk, who separated religion from state. Gandhi believed that politics without religion was immoral; he advocated equality of all religions, and even pandered to the Indian's need for a religious identity. He never publicly disavowed the "Mahatma" attached to his name, even when privately critical, and understood the importance of "Pandit" before Nehru, although Jawaharlal was not particularly religious.

Azad had a legitimate right to call himself a Maulana, for he was a scholar of the Holy Book. Jinnah was not an agnos-



Raising a storm?

Gokhale." No one could have hoped for higher praise than Jinnah received from Ms Naidu: "...the obvious sanity and serenity of his worldly wisdom effectively disguise a shy and splendid idealism which is of the very essence of the man." Jinnah was only 28.

He scoffed at Sir Sayyid Ahmad Khan's two-nation theory, and wrote an angry letter to the *Times of India* challenging the legitimacy of the famous Muslim delegation to Lord Minto on October 1, 1906, which built the separatist Muslim platform. (The *Times* did not print it.) He ignored the convention in Dhaka on December 30, 1906 where the Muslim League was born.

Perhaps the best glimpse of Jinnah's idealism, in my view, is from the memoirs of his friends. The cool Jinnah broke down and cried thrice in public; after sitting, frozen, for five hours at the Khoja cemetery on the day his young wife, Ruttie, was buried; when he was taking the train back from Calcutta in 1928 after the failure of the talks on the (Motilal) Nehru Report; and when he visited a Hindu refugee camp in Karachi in January 1948.

He relaxed after a tiring day by reading Shakespeare in a loud resonant voice. His politics was nationalist and liberal. His early heroes were Phirozeshah Mehta and Dadabhai Naoroji (known as "Mr. Narrow-Majority" because he was elected to the House of Commons in 1892 by only three votes).

After he met Gopal Krishna Gokhale at his first Congress session in 1904, his "fond ambition," in Sarojini Naidu's words, was to become "the Muslim

and practice. Even after Gandhi's assassination Nehru faced a strong challenge to his leadership, from Purushottam Das Tandon.

The "guilt" centres around Nehru's

response to the Cabinet Mission Plan in 1946 and the Congress Working Committee resolution on March 8, 1947, accepting "a division of the Punjab into two provinces, so that the predominantly Muslim part may be separated from the predominantly non-Muslim part."

(Nehru had earlier voiced the idea of a trifurcation of Punjab; eventually, that is what happened.)

The Cabinet Mission Plan is now of academic interest since it was overtaken by partition, but it is true that on June 25, 1946, Congress accepted it in the hope of establishing a "united democratic Indian Federation with a Central authority which would command respect from the nations of the world, maximum provincial autonomy and equal rights for all men and women in the country." And on July 10 Nehru, newly elected Congress president, rejected "grouping," one of the key (if still opaque) aspects of the Plan. Azad described this, politely, as one of those "unfortunate events, which changed the course of history."

But Nehru was not the dictator of the Congress. Gandhi could have intervened and declared him out of order. The working committee could have convened and reaffirmed its resolution to satisfy Muslim League doubts. The fact that the rest of the Congress was largely (but not completely) silent indicates rethinking. The provisions of the Plan could have left the political map of India an utter horror story, enmeshed by potentially rebellious splinter of princely states, and bulk "groupings" with their own executives and Constituent Assemblies, buttressed by the right to secede in ten years.

Jinnah might have been content with a "moth-eaten" Pakistan. Nehru would not accept a "moth-eaten" India.

The Punjab resolution of March 1947 was passed in the absence of Gandhi and Azad. Patel and Nehru were its stewards. When Gandhi asked for an explanation, he got an excuse. Patel was disingenuous: "That you had expressed your views against it, we learnt only from the papers. But you are of course entitled to say what you feel right."

Nehru was even more evasive: "About our proposal to divide Punjab, this flows naturally from our previous discussions." Gandhi and Azad

were still adamant that they would not accept partition; had Nehru and Patel surrendered behind the back of the man who led the independence movement?

The Punjab resolution was prefaced by a conditional phrase: "Faced with the killing and brutality that are going on." By March 1947, Nehru and Patel were more concerned about saving India from the consequences of Pakistan-inspired violence. The experiment in joint Congress-League had begun against the backdrop of the great Calcutta killings, which started with Direct Action Day on August 16, 1946, and never stopped for a year, when Gandhi went on his heroic fast for peace in Calcutta; Gandhi's supreme courage and conviction have few parallels.

This was followed by the gruesome Bihar riots. There was administrative gridlock in Delhi and a drift towards anarchy across the breadth of India. Gandhi did not intervene to revise this CWC resolution either, despite his public reservations. Elsewhere, Azad and Rajendra Prasad have explained what happened. Patel persuaded the Mahatma that the option was either partition or open war with the Muslim League, which meant a nation-wide civil war. Perhaps only Gandhi believed that Indian unity could have survived the Calcutta riots, and he too wavered.

On April 21, 1947, Nehru said openly that those "who demanded Pakistan could have it." He entered a caveat: provided they did not coerce others to join such a Pakistan, or indeed to set up separate "Stans." Jinnah did his best to partition India further. Nehru and Patel saved India from anarchy by isolating a wound that would have infected the whole, of India if it had not been cauterised and sutured. For this they deserve our deepest gratitude. By early May, Nehru was able, in private conversations with Mountbatten in Shimla, to defuse what he saw as nothing short of Balkanisation of the subcontinent, the details of which are in my biography of Nehru.

The anarchy that is Pakistan today would have visited India six decades ago. What ironic stupidity that a self-styled admirer of Patel should ban a book that describes how Patel and Nehru overcame, groping through complex imponderables and unimaginable horror, the greatest challenge of modern Indian history.