WORLD HEALTH DAY

Are we getting any better?

Dr N. Paranietharan, the WHO Representative to Bangladesh since July 2014, in an email interview with The Daily Star, talks about the state of healthcare in Bangladesh, the role of WHO in combating major diseases and what we should be focusing on to ensure better health for our people. Dr Paranietharan is a medical doctor from Sri Lanka with a Master of Public Health degree and post graduate training in leadership and management from the Johns Hopkins University, USA.

Do you think access to healthcare has improved over the years? We still read reports of hospitals in dearth of doctors, medicine, and equipment in the health centres all over the country. How can we ensure better healthcare for our people, based on your experience in other countries?

Bangladesh has made commendable progress in ensuring access to healthcare through a good network of hospitals, upazila health complexes, union-level health and family welfare centres and community clinics over the years. This is well documented and recognised globally. While access has improved, quality of health services needs further improvement. Concerted efforts need to continue so that all health facilities remain fully equipped, adequately staffed, and stocked with essential medicines and supplies all over the country.

We commend the government for opening up health facilities and expand service availability at the community level. There are many NGOs providing valuable health services along with government facilities. This pluralistic health system with public and private mix is a success story of Bangladesh and can be expanded towards achieving universal health coverage by 2030.

Healthcare is also very costly in Bangladesh for most people? What would you recommend in terms of making it more affordable?

With only $27 per person per year as total health expenditure in 2012, and about two-thirds of these funds coming from out of pocket expenditure, it will be difficult to provide and sustain quality health services at affordable costs. Increased government budget allocation for the health sector is a necessity and it would be good if the government can gradually increase and maintain budget allocation to the health sector to at least 10 percent of the total government budget.

It is important to invest adequate human and financial resources to prevent both communicable diseases, such as diarrhea, pneumonia, dengue, malaria etc., as well as non-communicable diseases such as diabetes, hypertension, cardio vascular diseases etc. Preventive interventions are cheaper and will result in overall cost savings for the health sector. Creating health workers who exclusively work on preventive activities at district and upazila levels, such as epidemiologists who help with prevention and control of communicable diseases, and midwives and nurses providing preventive and promotive health services at community level, would be a good start.

It is inevitable that the expectations and demands from the citizens will grow along with a rapidly growing economy. Bangladesh's health system needs to rapidly adapt and transform over time to be able to meet the demands of a stable middle income country. As part of the policy and plans to achieve universal health coverage and achieving SDG 3, focus should be at the district, upazila and community levels.

We commend the government's efforts to launch the 'Health Insurance Pilot for the Poor' (Shasthyo Suroksha Karmashuchi - SSK) scheme, which aims to improve access to hospital inpatient care for the poor by reducing financial barriers and introducing a performance based financing model. When scaled up, this will further improve financial protection and increase access to healthcare for the poorest of the poor in the country.

Dr N. Paranietharan

Why is diabetes the main focus of WHO this year? How is WHO addressing this disease?

Each World Health Day, WHO focuses on an important health issue in need of more attention and action. Diabetes has been chosen for 2016, as this condition is on the rise. In 2014, 422 million adults around the world had diabetes, a fourfold increase since 1980.

In Bangladesh, diabetes is a major public health issue of national concern, with almost one in ten adults affected. Sedentary lifestyles coupled with sugary, salty and fatty diet, that are also rich in starchy carbs – including those from white rice and refined flour – are driving the epidemic of Type 2 diabetes, which account for the majority of the condition. Diabetes affects more people in lower income groups compared to other socioeconomic groups in Bangladesh. Furthermore, lower income groups are forced to spend higher proportion of their income on medical expenses to manage their condition, which further aggravates inequity.

We address diabetes through advocacy, policy, prevention, management and surveillance. For advocacy, we recently released the first WHO global report on diabetes.

All efforts to prevent and treat diabetes are important to achieve global SDG 3, which has a target of reducing premature mortality from non-communicable diseases (NCD) by one-third by 2030. At the national level, WHO supports governments to put in place policies and practices to prevent and treat diabetes.

We worked with the Government of Bangladesh to finalise the national action plan for NCD, to reduce the prevalence of modifiable diabetes risk factors – such as overweight, obesity, physical inactivity and unhealthy diet – in the general population. We worked with the government to produce the National Guidelines for the Management of Diabetes Mellitus. WHO also promotes breastfeeding and early childhood nutrition.

WHO regularly supports studies on risk factors, such as the national survey on non-communicable disease risk factors, using a standardised WHO approach known as STEPwise Surveillance (STEPS) conducted in 2010 in Bangladesh. Results showed that around 83 percent of the survey population had never had their blood glucose measured among other important findings. We will support the government to repeat this survey in 2016/17 in order to measure progress and monitor trends.

We read about a case of a patient contracting the Zika virus in Bangladesh. How much of a threat is it for this country? If there is an outbreak, what strategies have WHO suggested for the government to adopt?

Yes, one case of Zika virus disease has been confirmed in Bangladesh, from a sample collected from Chittagong in August 2014, after we supported the establishment of laboratory capacity to test for Zika virus in Bangladesh. As you know, Zika virus is spread through Aedes mosquitoes, therefore any area where these mosquitoes are found is potentially at risk of an outbreak, including Bangladesh. WHO is providing technical assistance and relevant support to the Ministry of Health and Family Welfare to strengthen preparedness for a potential outbreak situation. Reducing the risk of people being bitten by Zika-infected mosquitoes is the most effective way to prevent people from getting the virus. We advise to scale up vector control efforts and ensure that individuals and communities are aware of how to protect themselves from bites and how to eliminate mosquito breeding sites. This will not only prevent a potential Zika virus disease but also, and more importantly, will prevent dengue and chikungunya infections.

WHO strongly recommends that people protect themselves from mosquito bites by wearing clothes that cover as much of the body as possible (preferably light-coloured); using physical barriers such as screens, closed doors and windows; using insect repellent; and using mosquito nets while sleeping during the day. At the household levels, people should empty, clean or cover containers that can hold even small amounts of water, such as plastic bottles/containers, buckets, flower pots and tires, so that mosquitoes cannot use them to breed.

INVESTMENT IN CHILD HEALTHCARE

For a better future

NAHID AKHTER JAHAN

IMPROVED child health means improved productivity of adults, and improved productivity leads to development of an economy. Healthy children have better cognitive development which enhances their ability to learn, and enhanced learning will add to human capital – an important determinant of economic growth.

Initiatives for better child health can reduce healthcare burden on families and the state. Moreover, healthy and productive individuals can contribute to government's earning from tax.

Both domestic and foreign employers are interested in employing healthier workforce. Initiatives for better child health can reduce healthcare burden on families and the state. Moreover, healthy and productive individuals can contribute to government's earning from tax. Bangladesh has laid high emphasis on child health as reflected in the government's plan and Poverty Reduction Strategy Paper (PRSP). Investment in child health is extremely important for a country aspiring for rapid development.

The worthiness of this investment is very high if we take into account its positive "externality" occurring in a particular period as well as over time and generations. Investment Case Analysis (ICA), which is based on the Marginal Budgeting for Bottleneck (MBB) tool, appears to be very promising in the context of difficult areas of the country.

Bangladesh has made substantial progress in improving the child health scenario, especially in neonatal health, over time. The Millennium Report: Countdown to 2015 placed Bangladesh among the only 16 countries in the world that are on track to achieve MDG 4 with regard to child mortality. Under-five mortality has reduced from 116 in 1996-97 to 46 in 2014. Similarly, infant mortality rate has decreased by more than half in the same period (38 per 1000 live births in 2014). The proportion of one-year-old children immunised against measles has also increased by more than 80 percent compared to the status during 1990-91.

In Bangladesh, the aggregate level of achievement in child health is satisfactory, although it is still lagging behind in terms of accomplishment at disaggregate level. Bangladesh cannot develop at the desired pace, unless regional disparities can be reduced and need-based resource allocation is ensured.

The results of the MDG needs assessment and costing study showed that the estimated per capita resource requirement was more than 2.5 times for child health (US$ 4.38), compared to that of the maternal health (US$ 1.72). The total per capita investment needed was US$ 19 to achieve the health related MDGs from 2009-15 (GoB 2009). The total health expenditure in the country was US$ 27 in 2012, including both private and public health care financing (MoH&FW 2015).

The above estimates of the required investment for maternal, newborn and child health (MNCH) services appertains to the aggregate level only; it does not explicate the resource needs at the level of specific areas and specific segments of population. But the situation widely varies from upazila (sub-district) to upazila as well as within upazilas. The obstacles, which stand in the way of rapid increase of the use rate of MNCH services and the needed strategies, will differ in the difficult areas from the general obstacles and strategies. The strength of the ICA is that it first identifies the obstacles specific to areas and formulates strategies needed, and then calculates the required amount of investment and selects the most cost effective interventions. To do this investment case analysis (ICA) exercise, there exist many tools, among which the MBB tool is a competent one.

Recently, a study on ICA has been carried out in two selected districts, Chittagong and Sylhet, by the Institute of Health Economics, University of Dhaka, with the support of the UNICEF

Bangladesh in close collaboration with the Directorate General of Health Services (DGHS) and Health Economics Unit of the MoH&FW. Three investment scenarios were developed for each district using the validated data, identified bottlenecks and proposed strategies in district and central workshops.

The major bottlenecks included inadequate provision of emergency supplies, vacant posts of Community Health Workers (CHWs), absenteeism of providers, high travel cost, insufficient transport facility, lack of trained medical persons, and lack of knowledge of the clients.

Implementation of the basic scenario in Chittagong is expected to reduce the under-five mortality, infant mortality, and neonatal mortality by more than 22 percent at an additional cost of only US$ 0.45 per capita. The implementation of expanded scenario shall increase the reduction in the under-five mortality, infant mortality, and neonatal mortality marginally compared to the basic scenario. The additional cost of implementing this is $1.20. A comprehensive scenario is expected to reduce the under-five mortality, infant mortality, and neonatal mortality by more than 30 percent at an additional cost of $2.27 per capita.

Implementation of the basic scenario in Sylhet will help to reduce the under-five mortality by 15.6 percent, infant mortality by 13.0 percent, and neonatal mortality by 6.8 percent at an additional cost of $0.55 per capita. Implementation of the expanded scenario shall further reduce the under-five mortality, infant mortality, and neonatal mortality slightly. The additional cost of $0.93 per capita is needed to implement the expanded scenario. A comprehensive scenario shall reduce the under-five mortality, infant mortality, and neonatal mortality by around 30 percent at a cost of $2.33 per capita.

In Chittagong, the incremental cost effectiveness ratio for averting under-five deaths is lowest, under a basic scenario compared to that of expanded and comprehensive scenarios. This implies that the health service delivery will be most cost effective if full utilisation of the existing resources can be ensured. Under the basic scenario, US $516 is required to avert one under-five death. In Sylhet, the increase in the number of human resources and infrastructure is expected to reduce child mortality in a cost effective way and the incremental cost effectiveness ratio to avert one child death (US $723) is lowest under comprehensive scenario.

It is extremely important to improve maternal and child health status in Bangladesh, both for attaining the targeted health status of the population as well as pacing up socio-economic development. Investment in child health is highly return-generating and use of the ICA for choosing investment options in the local level planning for MNCH services will be greatly effective for the formulation and implementation of the plan.

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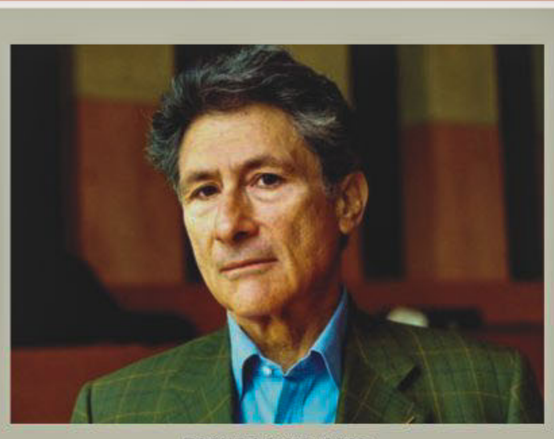
QUOTABLE Quote



EDWARD W. SAID

You cannot continue to victimize someone else just because you yourself were a victim once—there has to be a limit.

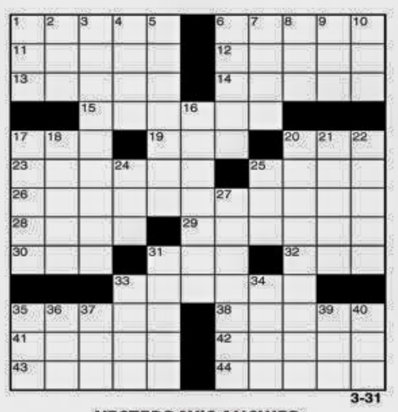
CROSSWORD BY THOMAS JOSEPH

ACROSS

1 Betrayed nervousness
6 Potpourri bit
11 Stay away from
12 Daisy variety
13 Twangy
14 Ignore the limit
15 Designer Pucci
17 Excellent, in slang
19 Rent out
20 Lynx or lion
23 Baltimore player
25 Stallion's mate
26 Shams
28 Scraped (out)
29 Zealous
30 "-- Kapital"
31 Debate side
32 Spring month
33 Electronics part
35 Vatican-based
38 Melodies
41 Spanish resort isle
42 Like draft beer
43 Friend of Wendy
44 Mean

DOWN

1 Signing need
2 Gardner of movies
3 Police paperwork
4 Wax-coated cheese
5 Novelist Don
6 Suggest
7 Trade fair
8 Player's peg
9 Yeoman's "yes"
10 Went first
16 Away from the wind
17 Under sedation
18 Christensen of "Traffic"
20 Window frames
21 Game spot
22 Snappish
24 Ancient
25 Fuming
27 Salad nugget
31 From the Arctic
33 Rat's test
34 Moon goddess
35 Orange seed
36 Homer's pop
37 Deep hole
39 Have something
40 Mole, for one



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YESTERDAY'S ANSWER

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BEETLE BAILEY by Mort Walker

BABY BLUES by Kirkman & Scott