

Citizens' participation in formulating health policies can be a game changer



SHAGUFTA HOSSAIN

In the olden days, in the city best known as a democratic city-state, where, arguably, the concepts of citizenship and democracy emerged, there was something called Ecclesia. Here, eligible citizens would gather to have the final say on legislation and the right to call magistrates to account after their year of office. Unlike a parliament, the Ecclesia's members were not elected, but attended by right when they chose. Although these assemblies weren't always inclusive (i.e. of women, rural people or the poor), I suppose it is a reasonable assumption that at least in certain matters, such as public health, the participation on these platforms would be meaningful.

The healthcare system in Bangladesh is presently battling what Al Jazeera recently referred to as "a double blow", with a sharp spike in dengue cases coupled with the worsening coronavirus crisis in the country. In addition, it was recently reported that mental illness is taking a silent toll on healthcare workers. However, while we are all battling the same storm, we are not all in the same boat. In 2015, the Asia Pacific Observatory on Health Systems and Policies published a report that identified inequitable access to health services between urban and rural areas, including variable health financing mechanisms, as a key challenge. One wonders if the response, or at least part of the response, to this challenge might involve greater citizen participation in policymaking.

While ancient Athenians would probably readily agree, we could, maybe, start with asking three questions. Firstly, would a more participatory process help the healthcare system in Bangladesh, especially in the time of this global health crisis? And secondly, how doable is it? And thirdly, if it eases the burden and is feasible, how much of an active effort exists to ensure that the health policymaking in the country is participatory?

To attempt to answer the first question, we have to clarify what we mean by citizen participation. Citizen participation implies the concept of citizen responsibility, right and governance, making full use of intelligence, knowledge and information in formulating policy. It can ensure that the policy represents the views that are shared by the majority.

Now, to answer the question, does a participatory process help the healthcare system in Bangladesh? Theoretically, the

in public policy can outweigh the costs by helping reduce the gaps of power to decide over policies, which affect them and their communities. This will eventually result in a reduction of inequities in services and might, in turn, reduce the cost burden on the health system.

Now, to answer if it is doable, citizens' participation doesn't necessarily mean that people have to gather in assemblies to give their opinion on policies. Participation is not

the country is participatory. Policymaking in Bangladesh is virtually in the domain of the bureaucracy. In a report published by the Bangladesh Health Watch, Dr M Atiqul Haque, Associate Professor at the Department of Public Health and Informatics of Bangladesh Sheikh Mujib Medical University (BSMMU), examined citizen participation to identify principal actors and factors based on views of representatives from states, health service providers and the citizens.

unwillingness and ignorance of government stakeholders. The citizen stakeholders, therefore, are purely ceremonial, and not truly valued for their engaged, constructive participation. Without clarity, or even a definition of which citizens are engaged in stakeholder consultations, citizens are only engaged to tick off boxes.

Now that we have discovered that there is room for improvement in terms of engaging citizens more effectively in policymaking, let's ask a fourth question. How do we ensure a more participatory process in decision-making? Looking to others might help. In Thailand, for example, the National Health Assembly (NHA) was first convened in 2008 after which until 2019, 85 resolutions from 12 assemblies have been implemented, including resolutions on Thailand's Global Health Strategies antibacterial resistance, illegal advertisement of drugs and health products, daily cycling, waste management, health, and housing, to name a few. Despite learning and adopting from the World Health Assembly, the exemplary Thailand National Health Assembly is often cited for its inclusive participation from the government, academia, professions and people throughout the process.

But like any relationship, the relationship between the state and its citizens is a two-way process. What can we do as citizens? Maybe we can start with asking questions. Questions like, how effectively has civil society organised itself over the years? How familiar are those who have the privilege of literacy and knowledge, with the policies that currently exist in Bangladesh? And if there was such a thing as an Ecclesia in Dhaka, Khulna or Rajshahi, how many of us would be able to make meaningful contributions to policies that have direct bearings on our lives? And if we were making meaningful contributions, how prepared is the state to listen to us and take on board citizens' voices? And until the state and the citizens find an equilibrium where they are both ready to listen to each other, how will things improve?

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Inequitable access to health services between urban and rural areas, including variable health financing mechanisms, are a key challenge.

PHOTO: STAR

answer would be yes. Experts agree that effective engagement and a comprehensive pledge from relevant key stakeholders from the very onset are crucial to ensure the development and implementation of effective national policies and strategies. Without the participation of citizens, facilitation and the execution of policy might prove difficult, and multi-sectoral stakeholder involvement is proven to accelerate the process of any political commitment. While ensuring greater citizen participation can be a costly process, the benefits of including citizens' perspective

limited to decision-making. It can include monitoring, and evaluating results and the impact of social policies. So, even if citizen participation in policymaking is difficult, setting up monitoring and evaluation cells led by citizens can improve the quality of health services. And by that definition, it can be made more feasible than, say, gathering people in monthly assemblies to get their feedback on every policy that was proposed in the parliament.

Now, let's investigate whether there are active efforts to ensure that policymaking in

While ensuring greater citizen participation can be a costly process, the benefits of including citizens' perspective in public policy can outweigh the costs by helping reduce the gaps of power to decide over policies.

The findings of the study were that although stakeholder engagement and communication are theoretically cited as important for ensuring transparency, accountability and effectiveness of public health policies and events, there is very little practical action being taken to ensure that there is active public consultation in the decision-making process. Government officials take it as their responsibility to develop policies and so they do it, but only half-heartedly, by making incremental improvements over something that already exists.

So, the participation of civil society or citizens in policymaking is controlled by bureaucrats and is often challenged by the

Why the world needs healthcare that cares for all living beings



RUNA KHAN

The health of a community is dependent on the health of its environment and its ecosystem. Each and every living being in that ecosystem needs to be healthy, and only then a healthy environment for people can be created.

These systems tend to work in silos—human health, animal health and environment. Healthcare systems typically focus on human health, wellbeing, mental health, prevention and cure, often ignoring the ecosystem of life around them of animals, plants and the environment, and often ignoring spiritual health as well.

A pandemic or a climate disaster wakes us up to the links between human, animal and environmental health. One Health, a movement to include the health of all living beings in global healthcare systems, first emerged in the early 2000s and gained worldwide influence after the H5N1 influenza outbreaks, and later, the H1N1 (swine flu) pandemic. More understanding set in, but not always was more action taken towards this being implemented.

The study of linkages between human and environmental health is as old as the field of medicine itself. Hippocrates wrote about it extensively in his work titled *On Airs, Waters and Spaces* in 400 BC. We get our food from plants and animals in our environment. Their health gives us ours. The air we breathe, and the conditions of our environment, are crucial to our survival. A change in temperature or air quality, noise, the amount

of greenery around us, for example, can have a pronounced impact on a community's health.

Scientists began studying the passing of infectious diseases from animals to humans at least as early as the 1800s. The 14th century bubonic plague, the 1918 influenza pandemic, malaria, dengue, HIV/AIDS and Ebola are other examples of public health emergencies originating from animals. The Covid-19 pandemic is also suspected to have emerged from our nonhuman neighbours.

When these health emergencies strike, traditional healthcare systems are swamped and overwhelmed, unable to cope with the sheer numbers of patients. Scientists have shown that ending the destruction of the natural environment can stop pandemics more cheaply and effectively than scrambling to cope with their implications.

Economic aspirations push industries and human dwellings to take over habitats of other species. Thomas Gillespie, associate professor of Emory University, has been studying how shrinking natural habitats cause viruses to jump from animals to humans. Coronavirus, he says, is the tip of the iceberg. "We cut the trees; we kill the animals or cage them and send them to markets," writes David Quammen, author of *Spillover: Animal Infections and the Next Pandemic*. "We disrupt ecosystems, and we shake viruses loose from their natural hosts. When that happens, they need a new host. Often, we are it."

Covid-19 has also shown us that unless all countries of the world have adequate healthcare systems, none of us are safe. Even one unaddressed person can spread the disease, bringing economic and health disasters. Today, decent healthcare is concentrated in a few privileged populations.



Scientists have shown that ending the destruction of the natural environment can stop pandemics more cheaply and effectively than scrambling to cope with their implications.

PHOTO: AFP/SAEED KHAN

Only 0.3 percent of Covid-19 vaccines administered to date have gone to people in low-income countries. But unless all of us are safe, none of us are safe. It is the same for our ecosystem. If animals and environment are not given their space with respect, this imbalance may continue in our world.

The need for healthcare that addresses all living beings, regardless of economic disparities, and gives space and respect to every living being we share our world with, is what brought together the likeminded individuals who began the One Sustainable Health (OSH) Forum. OSH is a global,

multidisciplinary effort to address human health in unison with environmental and animal health, led by Secretary General Benoit Miribel; the French doctor, diplomat and historian Jean-Christophe Rufin, who first chaired the Council of Strategic Orientation; and myself, with others who truly believed in this concept.

The forum is supported by the World Health Summit in Berlin, the Geneva Health Forum, and the One Sustainable Health for All Foundation in Lyon. In July 2021 we launched six international working groups to help develop an integrated approach without

borders in favour of One Health. The working groups bring together scientists, academics and practitioners who will put together concrete recommendations of new operational actions and public policies in favour of universal health. These actions and recommendations will be closely linked to changes in the economic, social, energy and ecological paths that will take effect to achieve the 2030 Sustainable Development goals.

The six working groups will address the following topics: mitigating the impact of environmental pollution, climate change and pressure on biodiversity to reduce diseases, towards sustainable food and nutrition, adapting human-environment paradigms for better human and planetary health, equitable access to quality healthcare, global levers of change to foster OSH, and developing OSH practices and resilience within indigenous and other local communities.

"The health of humans, animals and ecosystems are closely intertwined," said Tedros Adhanom Ghebreyesus, director general of the World Health Organization, in a recorded message at the launch event. "The emergence of Covid-19 has underlined the need to strengthen the one health approach. Working together, we can build the safer, healthier and greener world we all want."

Human health is interlinked to all life. We all have a right to this planet. Humans need to accept this respectfully. We need to consider the ecosystem of all needed elements for survival, so that health is not an element to be addressed dramatically when crises arise, or in isolation—rather, a healthy life can become an outcome of our way of life and living.

Runa Khan is the founder and executive director of the social purpose organisation Friendship.

ON THIS DAY IN HISTORY

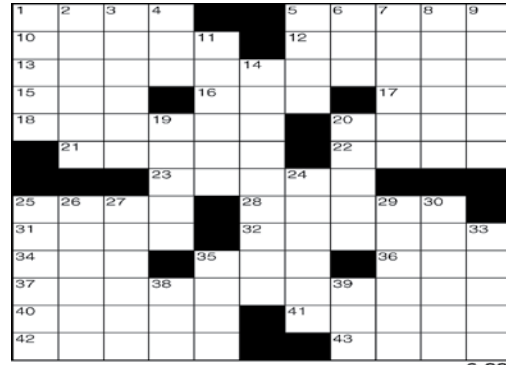


ALBERT CAMUS
French philosopher
(1913 – 1960)

The evil that is in the world almost always comes of ignorance, and good intentions may do as much harm as malevolence if they lack understanding.

CROSSWORD BY THOMAS JOSEPH

- ACROSS**
- 1 Important times
 - 5 Original
 - 10 Jeans material
 - 12 Math comparison
 - 13 Meet up
 - 15 Building wing
 - 16 Doc for dogs
 - 17 Braying beast
 - 18 Think appropriate
 - 20 Poker payment
 - 21 Uses a towel
 - 22 Neptune's domain
 - 23 Fire remnants
 - 25 Blast of wind
 - 28 Conspicuous
 - 31 Creative work
- DOWN**
- 1 Borders
 - 2 Staggered
 - 3 Elk feature
 - 4 Plop down
 - 5 Worry
 - 6 Sewer rodent
 - 7 Flammable gas
 - 8 Midday break
 - 9 Stable group
 - 11 Multiplex offerings
 - 14 Travolta film
 - 19 Decrees
 - 20 Good quality
 - 24 Extremely
 - 25 Makes deep cuts
 - 26 Try to induce a bigger purchase
 - 27 None too obvious
 - 29 Save
 - 30 Tex-Mex snack
 - 33 Held power
 - 35 Trumpeter
 - 38 Bakery choice
 - 39 Hosp. hookups



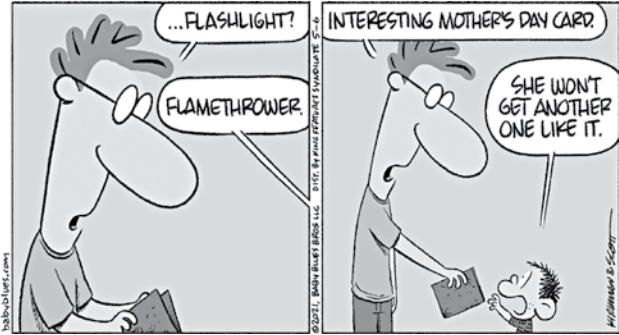
MONDAY'S ANSWERS

B A S E A M A S S
E L L A F A L T E R
A P E R F L E E C E
S H E R B E T P T A
T A P I O C A S I L
D R U G S B E N N Y
R E P S S A T
I T S S T R U D E L
V I C C A N N O L I
E R A S E R I N T O
R E L E N T A N O N S
S E A T S S A N S

BETLE BAILEY



BY MORT WALKER



BABY BLUES



BY KIRKMAN & SCOTT



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