

What's a healthcare system without data? Simply incomplete.



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The director general of the World Health Organization (WHO), Dr Tedros Ghebreyesus, recently called on world leaders to create strong health systems to tackle epidemics because “viruses do not respect borders, and they don’t need visas.”

His call is timely as the world is facing a “triple-demic” of Covid, the flu, and respiratory syncytial virus (RSV). Health scientists advise that many infectious diseases can never be eradicated. Viruses and bacteria have established that they can quickly overwhelm any country’s health system. They have truly put us on notice to stay prepared, respond, and mitigate.

Is Bangladesh ready to confront these constant threats? What preparedness does it have against these invisible enemies? How do we meet these challenges?

We often get sidetracked by some competing priorities when assessing our own healthcare infrastructure. Should we invest in training medical professionals and giving them equipment so they can treat patients, or should we develop public health data infrastructure. Or both?

An informed public health professional will argue that public health is half medical and half data. Without data, any health system is effectively blind. Data provides visibility into public health emergencies and non-emergencies

alike. It saves lives. It tells us where the government needs to pour its funds and which areas to mobilise resources in. It helps identify gaps in healthcare and measure outcomes. Indeed, data is the eyes and ears of public health.

Being a resource-stripped country, Bangladesh tends to prioritise investing mostly in the purely medical aspects of public health. And that is where we get it wrong.

We must require all major systems to submit healthcare encounter data generated by healthcare professionals – documenting both the clinical conditions diagnosed and the services and items delivered to treat these conditions – especially admission, discharge and transfer data. These data types capture the most important highlights across the care continuum.



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In an advanced healthcare system, data is integral. A prominent emphasis is placed on collecting data from major healthcare players. The data is stored in an enterprise data warehouse and the public is given access to it. Public health researchers bank on this massive database to inform policymaking. All state governments in the US maintain data warehouses for researchers as it remains the primary source for public health research, policy development, and implementation.

In Bangladesh, this culture is almost nonexistent. We do have data repositories with public access. However, we miss out on a huge amount of data as healthcare actors are not bothered to submit them, and private health systems are reluctant to do so. There is also a lack of regulations and financial incentives to encourage them to diligently file data.

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data generated by healthcare professionals – documenting both the clinical conditions diagnosed and the services and items delivered to treat these conditions – especially admission, discharge and transfer data. These data types capture the most important highlights across the care continuum. They bring in richer, more reliable data through which to conduct public and population health analytics.

It is also critical that we invest in health data interoperability – that is sharing, adopting, and utilising data across disparate healthcare systems. It enables various distinct data environments to “talk” to each other using a common language. Such data interoperability essentially converts raw data into human readable information, no matter what technology platforms healthcare providers use. Without interoperability, data is largely useless.

Luckily, the government

of Bangladesh recognises the importance of data connectivity.

In 2012, the Ministry of Health and Family Welfare even developed a data interoperability guideline. That was a solid step, but how much progress have we made on this goal?

The manual, titled “Bangladesh eHealth Standards & Interoperability Framework,” that the ministry published is only a first draft from 2012 that has never been finalised. Moreover, the framework failed to refer to the most prominent healthcare data standard, Health Level Seven International (HL7), which has so far been adopted and implemented by 27 countries, including India and the US. As experts opine, HL7 will take the lead in the world of data standards at least for decades.

At any rate, the government should prioritise the increasingly common data language that is HL7 in order to promote data interoperability in the healthcare data arena.

Aside from internal health dynamics, we must also look at the importance of data exchange through a global lens. In the new health reality, low- and middle-income countries have been forced to forge greater relationships with international entities like the WHO to survive and thrive. The WHO has found new alliances in these countries, and has been providing their public health data to the organisation’s global dashboards. It has been delivering support to impoverished nations by supplying various forms of intervention and education. A framework of interdependency has emerged, shifting international relations to a new norm.

To confront emerging threats, Bangladesh must nurture partnerships with other countries.

Without good comprehensive data, we will be short-sold when bargaining for resources against other countries. We would simply be uninformed about what our gaps are, and would have to resort to relying on our gut feelings, which are often wrong.

Data ensures transparency. A large-scale generation, modelling, design, and production of healthcare data will give Bangladesh an upper hand when dealing with global organisations. To prevail, we must build a comprehensive healthcare data infrastructure, driven by a reliable and interoperable data regime at both private and public levels.

Bangladesh misses out on half of its public health potential because of the absence of comprehensive data. “If you cannot measure it, you cannot improve it,” goes the saying. Data is a basic tool for measuring the quality and progress of our healthcare system. In today’s data-driven world, why aren’t we investing in data to achieve better healthcare?

What awaits Bangladesh’s climate change adaptation in 2023?



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As 2022 comes to its end, let’s review where Bangladesh stands in terms of two well talked-about concepts related to the climate crisis: Nature-based Solutions (NbS) and locally-led adaptation (LLA).

NbS is when we protect, restore, create or sustainably manage our nature. But, an important aspect of NbS is it should simultaneously improve the biodiversity of a locality and benefit its inhabitants. So, the protection of the Sundarbans, management of Tanguar Haor, the floating agriculture of Barishal, restoring of Dhaka’s Hatirjheel, or practising of agroforestry in greater Mymensingh are examples of nature-based solutions.

On the other hand, at the lowest administrative level, when local people and their organisations, local government institutions and other local actors recognise, prioritise, plan, implement, monitor, evaluate and learn from adaptation against climate change, it is known as locally-led adaptation.

Of course, such actions need to be supported by the national and local-level government, private agencies, NGOs and development partners by closely working with the above local entities.

In 2022, the most important progress in Bangladesh’s climate policy has been the approval of the National Adaptation Plan of Bangladesh (2023-2050) (NAP) in October.

This became only the second policy instrument of the country that strongly embraces both NbS and LLA. The first one was the Mujib Climate Prosperity Plan Decade 2030, drafted back in September 2021.

On November 16, I wrote in my column about how NbS has magnificently been mainstreamed in the NAP by identifying 21 adaptation actions – which would require USD 5.9 billion – for ecological management, ecosystem restoration and conservation. Regarding LLA, the term has widely been noted throughout the NAP. However,

its meaning has not been fully elaborated on.

Almost two years ago, the Global Commission on Adaptation (GCA) developed eight principles of LLA, which essentially focused on local-level decision-making, social equity, flexible financing, investing in institutions, understanding climate risks, learning from actions, ensuring transparency and accountability, and promoting collaboration. Since these principles are now endorsed by almost 100 government and

a key role in mainstreaming new concepts and practices of climate change into the country’s planning.

Another event was organised in April 2022 at the Planning Commission to discuss the economic recovery potentials (ERP) of NbS in Bangladesh. In 2021, the University of Oxford, ICCCAD, and Peru’s Instituto de Montaña developed a methodology to measure how specific NbS interventions (like coastal afforestation, floodwater-storing reservoir, or enrichment plantation within mature mangrove greenbelts) can create jobs, diversify livelihoods or increase local productivity, thus helping communities to recover from shocks. The aforementioned meeting and a preceding session with NbS Bangladesh Network members on this topic gave some important insights into how NbS can be harnessed in the coming

have been arranging internal training sessions on LLA and NbS, which is expected to continue in 2023.

Regarding NbS-related knowledge, in the Sixth Assessment Report of the Intergovernmental Panel on Climate Change (IPCC) from February 2022, many pieces of evidence were from Bangladesh, which showcase the country’s progress in the knowledge arena. In September, the World Bank’s “Bangladesh: Enhancing Coastal Resilience in a Changing Climate” report proposed some useful solutions regarding building on nature’s strengths. Similar compilations of evidence and good practices are much needed for NbS and LLA in order for these approaches to be correctly adopted. And while doing so, we should be careful not to misuse these terms.

In January 2022, the Foreign, Commonwealth & Development

Bank (ADB) approved a USD 250 million loan to implement the second Coastal Towns Environmental Infrastructure Improvement Project, wherein NbS has been explicitly identified as a key project intervention.

Additionally, in April 2022, the USAID launched its new Climate Strategy 2022-2030, which clearly focuses on NbS and LLA. A quick visit to USAID’s website on project funding forecast finds several projects for Bangladesh through which the mainstreaming of LLA and NbS would be

possible from 2023 onward.

Similar scopes are found in the Global Environment Facility’s (GEF) Small Grants Programme 2022, under which the UNDP Bangladesh has recently called for proposals to implement projects in the haor regions and in Cox’s Bazar.

We can only hope that the teams designing the above small and large projects realise the needs and opportunities of NbS and LLA for Bangladesh as we move into 2023.



PHOTO: REUTERS

The floating agriculture practice in Bangladesh is one example of nature-based solutions (NbS).

private entities all over the world as a good practice, the Bangladesh government should consider the GCA as well to effectively adopt and mainstream LLA in 2023.

In May 2022, many agencies and individuals shared their experiences and understanding of LLA at a two-day consultation, organised by the International Centre for Climate Change and Development (ICCCAD). In the first meeting of this platform in Dhaka in September, every attendee shared their vision of and commitment to the future of LLA. ICCCAD has been playing

years as we try to recover from disasters, the pandemic and economic shocks.

Capacity development is an important part of mainstreaming NbS and LLA, too.

Over the last two years, the National Resilience Programme of the Planning Commission has trained around 350 government officials across sectors in NbS, along with disaster impact assessment and risk-informed development planning. Similar capacity development initiatives are, however, not taking place widely for LLA. But many NGOs

Office (FCDO) of the UK government launched the long-anticipated Bangladesh Climate and Environment Programme (BCEP). The first output of this GBP 120 million, five-year-long initiative focuses on scaling up both NbS and LLA, and a collaboration between the FCDO and the GCA’s Dhaka office has already started aiming to achieve that.

The second project, expected to be awarded in 2023, would focus on NbS as a means of climate change adaptation. In October 2022, the Asian Development

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স্মারক নং-উপস্বাস্থ্যক/ধাম/ঢাকা-২০২২/২০০০	তারিখঃ ২৭/১২/২০২২
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৫০ শতাংশ বিশিষ্ট উপজেলা স্বাস্থ্য কমপ্লেক্স, ধামরাই, ঢাকার জন্য দি পাবলিক প্রকিউরমেন্ট এ্যাক্ট-২০০৬, পিপিআর-২০০৮ (সংশোধনী-২০২১) অনুসারে ২০২২-২০২৩ইং আর্থিক বৎসরের জন্য রোগীসেবা পথা, মহোদয়ী ও সিলেন সামগ্রী (ইউনিসেট) করার জন্য পৃথক পৃথকভাবে সীলমোহরকৃত নামে প্রকৃত ব্যবসায়ী/প্রিন্সিপাল/সরবরাহকারী প্রতিষ্ঠানের নিকট হইতে দরপত্র আহ্বান করা যাইবে।	
বিজ্ঞপ্তি নং- ০১/২০২২-২০২৩ অর্থ বৎসর	
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২	সজ্ঞাহক সত্তার নাম
৩	সজ্ঞাহক সত্তার জেলা
৪	দরপত্রের নাম/যে জন্য দরপত্র আহ্বান করা হইবে
৫	সজ্ঞাহক পদ্ধতি
৬	বাজেট এবং অর্থের উৎস
৭	দরপত্র প্রকাশের তারিখ
৮	স্টোর ডকুমেন্ট বিক্রয়ের শেষ তারিখ/সময়
৯	দরপত্র দাখিলের তারিখ ও সময়/স্থান
১০	দরপত্র খোলার তারিখ/সময়
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