## Event Report

Health Policy Dialogue: Engaging Private Sector to Achieve Universal Health Coverage in Bangladesh 28 April, 2018 CIRDAP Auditorium, Chameli House, Topkhana road, Dhaka.

To undertake policy analysis on emerging health issues in Bangladesh and promote discussions on evidence-informed health policy process for improved health outcomes, a Health Policy Dialogue titled "Engaging Private Sector to Achieve Universal Health Coverage in Bangladesh", took place on 28 April 2018, at the CIRDAP Auditorium, Chameli House, Topkhana road, Dhaka.

This Health Policy Dialogue was organized by the European Union Supported Strengthening Health, Applying Research Evidence (SHARE) project of icddr,b. The objective of this dialogue was to identify policy challenges in the private health sector in Bangladesh, explore practical solutions and attribute to developing policy recommendations for future implementation.

Health Policy Dialogue- a Think Tank group involving eminent scientists, academics, development thinkers and civil society members, who have expertise and knowledge in the area of public health, human rights and development issues in Bangladesh was launched in 2017. This Think Tank was engaged in providing policy advice, conducting policy dialogue and commissioning relevant research issues. In order to create supportive policy environment and facilitate trust between mass people and health service providers, this Think Tank is expected to work as platform for bringing together national health experts, policy makers and citizens.

Prof. Dr. T.A. Chowdhury, Chief Consultant, BIRDEM presided over this Health Policy Dialogue and Prof. Robaet Ferdous, Department of Mass Communication and Journalism, University of Dhaka, moderated the event. Dr. Iqbal Anwar, Scientist and Director of the SHARE project of icddr,b presented the keynote speech at the event; while, Dr. Mushtuq Husain, Co-ordinator, Coordination and Support Center, DGHS, Ministry of Health, Government of Bangladesh (GoB) gave his welcome remarks. Mr. Ashadul Islam, Director General (Secretary in Charge), Bangladesh Employees Welfare Board, Ministry of Public Administration, Government of Bangladesh (GoB), delivered the closing remarks.

In his welcome remarks, Dr. Mushtuq Husain praised the Government of Bangladesh in achieving the Millennium Development Goals (MDGs) and discussed its constitutional duties in public health interventions. He urged that momentum should be created for marching forward with involving multiple stakeholders –government, private sector, NGOs and civil society. He reminded the audiences of Bangladesh's achievements in health sector and the challenges it is currently facing and ended with an urge to listen to opinions from different stakeholders and professional groups to chalk out ways to overcome such obstacles.

In his remarks, Prof. T. A. Chowdhury narrated the background of the think tank initiatives which has started undertaking policy analysis on emerging health issues and organizing a series of dialogues for evidence-informed health policy process for improved health outcomes. He noted disappointing scenarios of inadequate government expenditure in health sector of Bangladesh which is much lower than other countries.

He further highlighted formidable challenges of healthcare in private sector in Bangladesh, such as lack of strict government regulation and healthcare policies addressing such issues. He suggested more focused discussions which should be organized periodically with fruitful participation from relevant stakeholders where people from all walks of life will get to discuss economic policy and political principle which determine health sector.

He called for collective efforts of health policy makers, service providers, stakeholders and mass people in improving health services. He thanked all participants for their lively discussions and recommendations. He informed

that this Health Policy Dialogue would continue this health discussion where physicians, scientists, researchers, medical students, health workers, pharmacists, journalists and private clinic owners will be invited to share their ideas. This think tank will initiate more data driven and evidence based discussions on different public health issues in a focused manner.

In the keynote presentation, Dr. Iqbal Anwar gave briefings on informal, formal, for-profit and not-for-profit health sectors in this country, urban health services under local government divisions and private health sector. Dr. Anwar also pinpointed inadequate budget allocation, shortage of human resources, inequality in health service delivery in hard-to-reach areas, prevalence of non-communicable diseases and high out of pocket expenditure of people as key challenges.

Through his multimedia presentation he compared pre-and-post intervention scenarios in an array of public and private healthcare facilities in urban and rural settings and identified lack of adequate human resources as a major problem in health services, both in public and private sectors. He also pointed out the mismanagement in regulating private clinics and hospitals, especially when it comes to financial affordability. He urged the physicians to behave with empathy and care when any patient goes to them with expectation of getting good services.

Mr. Ashadul Islam, Director General (Secretary in Charge), Bangladesh Employees Welfare Board, Ministry of Public Administration mentioned that, often mass people and health sector managers have lack of understanding on good health services and service indicators. High out of pocket expenditure of people and social requirements of health should be addressed properly while designing health service curriculums, especially in the private sector.

He suggested the development of more health-based Think Tanks in this country, which will be actively engaged to identify gaps in health service provision by both public and private sectors. He urged to remove overpoliticization of doctor's associations to get a more efficient and effective health system. He also asked for giving attention to health citizen charter which is applicable to service both providers and recipients.

Prof. Dr. Abul Kalam Azad, Director General, DGHS, MoHFW, talked about improving patients' satisfaction, ensuring adequate time and care dedicated by physicians. Unnecessary diagnosis and prescriptions is another area which he thinks requires immediate corrective steps.

He mentioned that the government is working to promote more career development opportunities of government doctors in comparison to other administrative cadres. He shed lights on lack of maintenance of hospital machineries and budget allocation in maintenance, which need to be confronted and overcome through policy and budgetary reformulations.

Prof. Dr. Nasima Sultana, Additional Director General (Admin), DGHS, MoHFW suggested inviting more public health students, medical students and paramedics practitioners in such health dialogues in the future. Citing current success stories in health sector in Bangladesh, she gave importance on assigning more researchers in health sector and including health science elements in national educational and political curriculum so that challenges in health sector can be addressed appropriately.

Dr. Asish Kumar Saha, Director, MIS, DGHS, MoHFW, stressed that be in a service providing role or a regulatory role, government must give attention in quality health services issues as echoed from different corners of the roundtable. He urged academicians and researchers to dedicate more efforts in strengthening health systems and these efforts should avoid traditional trend of over- reliance on donor fund in any way.

Dr. Emdadul Haque, Ex-Senior Consultant, Gynecology, Jhenaidah Sadar Hospital, shared his experience on how sincerity, dedication and people's trust can bring positive changes in health services in hard-to-reach areas. He suggested strengthening of people's participation in improving health services and conducting relevant research to make our constitutions and national health policies emphasize on serving the under-served localities and population.

Dr. Md. Jahangir Alam, Vice President, Bangladesh Private Clinic & Diagnostic Owners Association urged for all possible collaboration between public and private healthcare facilities to ensure health equity and equality throughout Bangladesh. He requested the government to come up with a socially and politically restructured and inclusive health system where more entrepreneurs will be encouraged to invest in this field in a fair competition. He urged that the government should initiate strict monitoring on private hospitals and clinics who are charging illogically high for providing health services.

Expensive health services of private sector compel people to rethink whether healthcare is a service or a product. It is important to determine government's responsibilities in providing health services for people and policy regulation in private sector, since increasing out of pocket health expenditure is a real concern for Bangladeshis.

Constant unavailability of drugs, commodities, facilities and human resources and overcharging of private health clinics and hospitals have been identified as the major problems in the discussion. Restructuring health system should go through profound changes, so as the erratic capitalist behavioral trends of some health professionals private hospital and clinic owners in Bangladesh.

Discussants have addressed health resources and facilities, especially from the private sector, which are heavily concentrated in urban areas where rural people are facing inaccessibility due to an ever increasing rise in the costs of treatments. Experts referred to constitutional responsibility of Government of Bangladesh in improving health and nutritional status of the people.

This Health Policy Dialogue has demonstrated urgency to improve both the public and private health sectors of Bangladesh. It has fairly addressed the different challenges the Bangladeshi health sector is currently facing.

Evidences should be analyzed and disseminated systematically to the appropriate authority to facilitate decision-making, was duly emphasized in the dialogue.

## **Key Recommendations:**

Theme	Recommendation
Quality of Service	• Service ranking system should take place in hospitals and clinics where clients will give score (ranking) based on the services provided by health facilities. So that, everyone can see the rankings and make proper judgment whether to seek medical service or not.
Regulations	<ul> <li>There should be a regulation to ensure a certain portion of services are kept at free of cost for poor people in all private health facilities.</li> <li>There should be a strict ceiling for the costs of consultation fees, and diagnostic tests. In this regard, the current laws and practices should be amended and made practical.</li> <li>A separate directorate on "Policy and Strategy for Healthcare" needs to be established.</li> <li>Doctors' licenses should be renewed on regular basis and both practical and theoretical examinations should take place for proper evaluation.</li> <li>A comprehensive licensing examination should take place for nurse and paramedics, in regular intervals.</li> </ul>
Health Insurance	• Health insurance is necessary to ensure Universal Health Coverage. It is high time for the government to design and implement a national health insurance package for Bangladeshis.

Partnership	• Need to focus on Public Private Partnership (PPP) and accreditation.
	• There should be a strong referral linkage in between
	public and private sectors.