

Policy Evaluation Report on National Health Policy, 2011

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Module: 02

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Executive Summary

Government of Bangladesh has taken up different strategies and activities for mother and child health care in line with National Health Policy 2011. Due to improvement of Mother and child care services system, the target of the Child mortality Rate has already been achieved and Maternal Mortality Rate has significantly reduced to reach MDG (Millennium Development Goal). But in post-MDG era there is consensus in health sectors in Bangladesh to achieve Sustainable Development Goal (SDG) 3. With the of this the evaluation report was to review the ground reality of the National Health Policy, 2011 about the mandate of reducing Maternal and Child Mortality and Morbidity according to the target of Seventh Five Year Planning, 4th HNP SWAPs, the Government's Vision 2021 and Sustainable Development Goal (SDG) 3 including achieving Universal Health Coverage by the year 2030.

Updating the existing National Health Policy, 2011 is needed consistency with global improvements in medical science, environmental health issues and with emphasis on Maternal, Child and Reproductive Health Targets and Approaches of SDG 3 including universal access to sexual and reproductive health care services. Modification of National Health Policy, 2011 also be done to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. Redefinition of policy objectives and of maternal and child health Care Services goals and updating of Primary Principles and Strategies are now need based and demand for time regarding Maternal, Newborn, Child and Sexual and Reproductive Health Care Services.

Chapter: 1

General Introduction:

1.1 Background and context

Policy is a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions. Within the context of public health, policy development includes advancing and implementing public health law, regulations, or voluntary practices that influence systems development, organizational change, and individual behavior to promote improvements in health. **Evaluation** is the systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, or inform future decisions about program development.

Policy evaluation is the systematic collection and analysis of information to make judgments about contexts, activities, characteristics, or outcomes of one or more domain(s) of the Policy Process. Evaluation may inform and improve policy development, adoption, implementation, and effectiveness, and builds the evidence base for policy interventions. The World Health Organization (WHO) defined health policy as an agreement or consensus on the health issues, goals and objectives to be addressed, the priorities among those objectives, and the main directions for achieving them.¹ The WHO's approach to public health policy puts health on the agenda of policymakers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health'.²

However, **health policy decisions** are not always the result of a rational process of discussion and evaluation of how a particular objective should be met. The context in which the decisions are made is often highly political-concerning the degree of public provision of health care and who pays for it. Health policy decisions also depend on value judgements, which in any society are implicit, but are very important to understand in order for policy to be implemented, for example, the value placed on women and their health.³ Pal offered a broader but brief definition of policy analysis: 'the disciplined application of policy analysis: 'the disciplined application of intellect to public

problems'.⁴ According to Bardach, policy analysis is more art than science. It draws on intuition as much as method. Bardach proposed a practical framework for public policy analysis, which he referred to as the 'eight-fold path'. The following eight steps form the bases of the path: (1) define the problem; (2) assemble the evidence; (3) construct the alternatives; (4) select the criteria; (5) project the outcomes; (6) confront the trade offs; (7) decide; and (8) tell your story.⁵

The provision of basic health service in Bangladesh is a constitutional obligation of the Government. Article 15 of the constitutional stipulates that it shall be a fundamental responsibility of the state to secure for its citizens provision of the basic necessities of life including food, clothes, shelter, education and medical care. In addition, Article 18 of the constitution asserts the state shall raise the level of nutrition of its population and improve the public health. Despite the constitutional obligation, the scenarios of the health sector have not satisfactory success except CMR (Child Mortality Rate) and MMR (Maternal Mortality Ratio). In line with this broad legal framework and considering the important declaration of the Alma Ata Declaration (1978), the World Summit for Children (1990), International Conference on Population and Development (1994), Beijing Women Conference (1995) the Government of Bangladesh and Millennium Development Goal (MDG) the National Health Policy, 2011 has been approved by Government of the People's Republic of Bangladesh.

1.2 Statement of problem:

The main objective of the Health Policy of 2011 is "To ensure Primary Health Care for every Citizen". This objective of the policy encompasses constitutional obligations and international conventions of ensuring health for all, consequently achieve the target of reducing Mother and Child Mortality Rate.

1.3 Purpose of Evaluation:

To understand how policy options were analyzed, including contextual support or opposition, and potential public health and economic and budgetary impacts. Evaluation findings from the policy analysis domain may be used to inform policy development,

enactment, and implementation by providing a clear picture of potential public health impacts, political and operational feasibility, and economic and budgetary impacts. This information can be used to drive decisions about policy content and roles and responsibilities related to enactment and implementation.

So the purpose of this evaluation is to review the ground reality of the National Health Policy, 2011 about the mandate of reducing Maternal and Child Mortality and Morbidity according to the target of Seventh Five Year Planning, 4th HNP SWAPs, the Government's Vision 2021 and Sustainable Development Goal (SDG) 3 including achieving Universal Health Coverage by the year 2030.

1.4 Justification of the evaluation:

Policy analysis involves identifying potential policy options that could address the problem, then using quantitative and qualitative methods to evaluate those options to determine the most effective, efficient, and feasible option. This involves describing: A) how the policy will impact morbidity and mortality (health impact), B) the political and operational factors associated with adoption and implementation (feasibility), and C) the prospective costs to implement the policy and how the costs may with the prospective benefits (economic and budgetary impact).

So the Justification of the evaluation are as follows-

- Overall health care delivery system (Institutional or organizational structures and management systems) in Bangladesh
- Strengths and weakness of existing health care delivery system
- Overview of the existing National Health Policy, 2011 including policy objectives and maternal and child health Care Services goals and related Primary Principles and Strategies
- Human resource capacity development for Maternal, Child and sexual and reproductive health care services
- Universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

- About discrepancies in patient-doctor and doctor-nurse ratios and about number of specialists, diagnostic and laboratory services and adequate number of patient beds .
- Streamlining and expansion of the access and quality of Maternal , Newborn and Child Health (MNCH) services-
- Facilities readiness and referral linkage for MNCH services
- Social determinants of Growing and Continuing Inequity within the Health System
- Quality MNCH services including maternal, peri-natal death surveillance and review (MPDSR)
- Functional co-ordination of MNCH services, incorporating expertise and facility sharing between DGHS and DGFP;
- Maternal and child health-related MIS

1.5 Scope of Evaluation:

As a part of the 78th SSC Training schedule, we are required to do Health Policy Analysis as a member of Meghna Group. I have selected this about reducing Maternal and Child Mortality and Morbidity according to the target of Seventh Five Year Planning, 4th HNP SWAPs, the Government's Vision 2021 and Sustainable Development Goal (SDG) 3 including achieving Universal Health Coverage by the year 2030. The purpose and scope of my policy analysis is to critically examine the role of the Health Policy to achieve the desired goals.

1.6 Limitations:

Shortage of time was the big challenges. The questionnaire prepared for collection of information was not up to the marks. Due to time constrain all necessary data could not been collected. We had to collect some data from Ministry, DGHS, DGFP and Civil Surgeon's office and District Family Planning offices.

Chapter: II

Evaluation methodology/ Approach :

2.1 Data collection process

At first review of the policy was done, then related literatures reviewed, after developing a questionnaire we visited Mankgonj district for data collection. Thereafter, data was analyzed in the light of existing policy and SDG-3 including Universal Health Coverage (UHC) . Findings report including recommendation (whether any change, modification or updating of the existing policy if any) was composed and submitted to the Institution.

Methodology of the study was designed to achieve the objectives set for the study.

Primary and secondary data/ information was collected on following issues:

- Overall health care delivery system (Institutional or organizational structures and management systems) in Bangladesh.
- Strengths and weakness of existing health care delivery system
- Overview of the existing National Health Policy, 2011
- Policy objectives and maternal and child health Care Services goals in National Health Policy,2011
- Primary Principles and Strategies regarding Maternal, Child and sexual and reproductive health care services
- Human resource capacity development for Maternal, Child and Sexual and Reproductive health care services
- Universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
- About discrepancies in patient-doctor and doctor-nurse ratios and about number of specialists, diagnostic and laboratory services and adequate number of patient beds .
- Streamlining and expansion of the access and quality of MNCH services

- Facilities readiness and referral linkage
- Social determinants of Growing and Continuing Inequity within the Health System
- Quality MNCH services including maternal, peri-natal death surveillance and review (MPDSR)
- Functional co-ordination of MNCH services, incorporating expertise and facility sharing between DGHS and DGFP;
- Maternal and child health-related MIS

2.2 Literature Review

Health Policy of Bangladesh

Every citizen has the basic right to adequate health care. Health is defined as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The State and the government are constitutionally obliged to ensure health care for its citizens.

National Health Policy, 2011

To ensure an effective health care system that responds to the need of a healthy nation, health policy provides the vision and mission for development. Pursuit of such policy will fulfill the demands of the people of the country, while health service providers will be encouraged and inspired. On basis of this National Health Policy, 2011 was approved by Government of the People's Republic of Bangladesh with 3 (three) specific objectives and 19 (Nineteen) main goals. The Health Policy acknowledges 'health' as a right and its stated objectives are: to strengthen primary health and emergency care for all; to expand availability of client-centered, equity-focused and high quality health care services and, to motivate people to seek care based on their rights to health. It advocates for equitable access to health care by gender, disability and poverty to achieve better health for all.

The National Health Policy, 2011 and 7th Five Year Plan, 2016-2021 and 4th HPN SIP, 2017-2022 dealt with maternal and child mortality and morbidity primarily through the policy of delivering comprehensive reproductive health care services. The Maternal and Child health component of the Essential Service Package (ESP) would deal with maternal mortality and morbidity issues including safe pregnancy and delivery and that services. This evaluation report is for analysis of maternal and child health related part of the National Health Policy, 2011.

Specific Objectives of National Health Policy, 2011 are:

- 1) To ensure accessibility of primary health services and emergency medical services for all.
- 2) To increase and expand the easy availability of quality-based, client-oriented quality health care services.
- 3) To encourage people in receiving services based on right and dignity in order to prevent and limit diseases.

Out of 19 (Nineteen) **main goals**, maternal and child health Care Services goals are as follows-

Fifth- To reduce child mortality and maternal mortality rate a rational level by 2021, on the occasion of the Golden Jubilee of Independence.

Seventh- To take satisfactory actions to improve child and maternal health and to ensure the best possible safe delivery services in every village. To achieve the Goals and objectives of the National Health Policy, 2011 the MoH&FW has identified 16 Primary Principles and 39 Strategies.

The Ministry of Health and Family Welfare (MOH&FW) is the lead agency responsible for formulating national-level policy, planning, and decision-making in the provision of healthcare and education. The national-level policies, plans, and decisions are translated into actions by various implementing authorities and healthcare delivery systems across the country from national to the community level through different service delivery points like medical college hospitals, specialized hospitals, district hospitals, Upazila

Health Complexes (UHC), Union Health and Family Welfare Centers (UHFWC), rural dispensaries and community clinics (CCs).

Now we need to have a glimpse of the health policy scenario of Bangladesh to understand and evaluate the influence and impact of the policy in the decline of child and maternal mortality rate according to the target of Seventh Five Year Planning, 4th HNP SWAPs, the Government's Vision 2021, and Sustainable Development Goal (SDG) 3 including achieving Universal Health Coverage by the year 2030. The Maternal and Child health component of the Essential Service Package (ESP) would deal with maternal mortality and morbidity issues including safe pregnancy and delivery and that services. This concept paper is for analysis of maternal and child health related part of the National Health Policy, 2011.

Vision 2021

Over the past few decades, Bangladesh has made remarkable progress in raising incomes, reducing poverty and improving social indicators. The Government's Vision 2021 defines several economic and social outcomes for Bangladesh to achieve by 2021. To convert this Vision into long-term development targets, a Perspective Plan 2010-2021 was prepared to be achieved through the implementation of the Sixth Five Year Plan (2011-15) and the Seventh Five Year Plan (2016-2020). Under the 6th FYP solid progress has been made in reducing poverty through a strategy of pro-poor economic growth. The 7th FYP outlines new strategies, institutions and policies to complete the remaining agenda of achieving the social and economic outcomes of the Vision 2021.

Sustainable Development Goal (SDG)

The 17 new Global Goals of SDG replace and expand the previously agreed Millennium Development Goals. Goal 3 – Good Health and Well-being – aims to ensure healthy lives and promote well-being for all at all ages. Maternal, Child Health and Reproductive Health Targets and Approaches (3 out of 9) of **SDG (Sustainable Development Goal)**

-3 : are-

3.1 Reduce global maternal mortality ratio to under 70 per 100,000 live births

3.2 End preventable deaths of newborns and under-five children

(By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births)

3.7 Ensure universal access to sexual and reproductive health care services.

It also aims to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all. The other SDGs have an important bearing on health and wellbeing through improvements in hunger, food security and nutrition (SDG2), inclusive and equitable quality education (SDG 4), water and sanitation (SDG 6), environments (SDG 11 & 16), reducing inequality (SDG 10), gender equity and empowerment of women and girls (SDG 5). The Goal 3 targets are numerous and wide-ranging and cover issues of communicable and non-communicable diseases, lifestyle and healthy environments and provide a holistic framework for development of national responses.

Chapter III

3.1 Present health system in Bangladesh

Pluralistic governance exists in the Bangladesh health system i.e. different stakeholders with their respective roles are working in various competitive and collaborative combinations. There is at least four such stakeholders. First is the existence of a government sector with a mandate to not only set policy and regulate, but also to provide comprehensive health services. Almost two-thirds of total health expenditure is household expenditure in the private (formal and informal) sectors. Third is the vibrant and large non-government organisation (NGO) sector that focuses resources on the health needs of the poor, often as part of a broad array of development interventions. Fourth is the donor community that exercises disproportionate influences in determining policy and programmatic priorities, orchestrates technical assistance, and directs delivery strategies e.g. urban primary health care.⁶

Bangladesh has low ratios of credentialed professionals—only 0.5 doctors and 0.2 nurses per 1000 people, far less than the minimum standard of 2.28 per 1000 recommended by WHO. Bangladesh also has a shortage of skilled health workers with twice as many doctors as nurses clustered disproportionately in urban areas. There are high levels of out-of-pocket and informal payments for health services and medicines that are exhausting millions of households. Despite these endemic shortfalls in key areas of the health system, pronounced and rapid progress in the most important health measurements e.g. infant and child mortality, maternal mortality, fertility, and contraceptive prevalence—are remarkable.⁷

Bangladesh needs a three-pronged approach to introduce and sustain universal health coverage for all based on a prudently fashioned essential package of services. First, the country must significantly increase its public funding for health care so that the poor are never deprived of essential health care services. Second, Bangladesh needs to invest

“heavily” in improving the infrastructure of health facilities so as to enhance the quality of services offered. Such initial Investment (donors can play a critical role in this) is essential to improve quality of services and thereby attracting the well-to-do classes to publicly funded health system. Third, on a pilot basis Bangladesh should experiment with various kinds of health insurance schemes including community-based social health insurance to generate much needed additional resources from the well-to-do classes: Lessons learned from such pilot projects could be replicated widely. Such a three pronged approach could be pivotal in designing, implementing and sustaining universal health coverage in Bangladesh on the basis of an essential package of services. Clearly significant scaling of public funding for health care is the fundamental building block of such a three-pronged approach for ushering in universal health care in Bangladesh.⁸

3.2 Present situation of Maternal and Child Mortality in Bangladesh:

Bangladesh stands out as a country that has taken giant steps in healthcare and has made significant improvement in health sector, which make it an example for other developing countries even though being a resource poor country. Over the last decades, key health indicators such as life expectancy and coverage of immunisation have improved notably, whilst infant mortality, maternal mortality and fertility rates have dropped significantly. Long before the emergence of contemporary global health initiatives, the government placed strong emphasis on the importance of childhood immunisation as a key mechanism for reducing childhood mortality.⁷

Bangladesh's infant mortality, under-5 mortality, and maternal mortality rates are also superior to those for the other neighbouring countries and regions, except for West Bengal. Bangladesh is ahead of Pakistan in all education and health indicators. Thus, Bangladesh is a so-called positive deviant in terms of its superior health performance relative to other countries and regions.⁹

The decline in Maternal Mortality Rate (MMR) between 2001 and 2010 and further projected decline to 170/100,000 live births (UN interagency estimate) indicates remarkable progress. This is linked to fertility reduction, access to qualified maternal health care; and overall care seeking during the antenatal period.

According to the Bangladesh Maternal Health Services and Maternal Mortality Survey (BMMS)

2010, major direct causes of maternal deaths in Bangladesh include postpartum hemorrhage, eclampsia, obstructed or prolonged labor, complications of unsafe abortion, and other direct and indirect causes (35%). Hemorrhage and eclampsia are responsible for more than half of all maternal deaths. According to the recent estimates of the Global Burden of Disease study (2013), the maternal mortality rate has declined from 333.1 per 100 000 births in 2003, and in 2013 MMR has been estimated at 176.00 per 100 000 live births. There have been reductions in deaths during pregnancy during the delivery and postpartum periods.

The reduction in neonatal mortality is still less than the desired level and stands at around 24 per 1000 live birth. Bangladesh has been able to reduce the under-five mortality below the MDG 4 target, and the rate now stands at 46, against the target of 48 per 1000 live births by the year 2015. Bangladesh has reduced the under-five mortality by 72% since 1990 with an annual rate of reduction of over 5.4%, which stands highest in the SAARC countries. The infant mortality rate is 38 deaths per 1,000 live births, and the child mortality rate is 8 per 1,000 children. Bangladesh has achieved a lot in health sector but has a lot to be achieved also in future. A national human resources policy and action plan, a national health insurance system and an interoperable electronic health information system are among the necessities in future.⁷

Chapter: 4

Evaluation and Findings:

Field Visit:

As Part of National health Policy Review, BPATC has sent our Meghna team to Manikgonj District for collecting primary data and for of secondary data we have visited DGHS, DGFP and Ministry of Health and Family Welfare. During visit at Manikgonj District we met Civil Surgeon, Deputy Director (Family Planning), Doctors and other officials. We have visited Manikgonj Sadar hospital .

Findings:

By all respondents it was wisely felt essential to update the existing National Health Policy, 2011 to maintain consistency with the dramatic improvements in medical science, particularly in treatment and diagnosis, changes in global and environmental health, requirements of addressing occupation health and climatic health hazards.

As there are 3 out of 9 Maternal, Child Health and Reproductive Health Targets and Approaches of SDG (Sustainable Development Goal) -3 namely 3.1 Reduce global maternal mortality ratio to under 70 per 100,000 live births 3.2 End preventable deaths of newborns and under-five children and 3.7 Ensure universal access to sexual and reproductive health care services. Most of the respondents expressed that the existing National Health Policy, 2011 is not sufficient, therefore needs to modify to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

Maximum respondents mentioned that Specific Objectives of National Health Policy, 2011 -(1) To ensure accessibility of primary health services and emergency medical services for all. (2) To increase and Expand the easy availability of quality-based, client-oriented quality health care services. (3) To encourage people in receiving services based

on right and dignity in order to prevent and limit diseases; to be redefined for quality, efficient and equitable maternal and child health care services.

In the National Health Policy, out of 19 (Nineteen) main goals, maternal and child health Care Services goals are - Fifth- To reduce child mortality and maternal mortality rate a rational level by 2021, on the occasion of the Golden Jubilee of Independence. Seventh- To take satisfactory actions to improve child and maternal health and to ensure the best possible safe delivery services in every village. To achieve the Goals and objectives of the National Health Policy, 2011 the MoH&FW has identified 16 Primary Principles and 39 Strategies. Most of respondents suggested in favour of Redefining of maternal and child health Care Services goals and Primary Principles and Strategies.

Maximum respondents commented for reorganization or strengthening of the present health care delivery system (Institutional or organizational structures and management systems) and improving its performance.

The Constitution of Bangladesh, Article 15(a) and Article 18(1), has provided top priority to public health and nutrition as a state policy of governance. As a steward for the health systems, the Ministry of Health and Family Welfare is yet to come up with an overarching strategic direction for the health sector as a whole encompassing both the public and the private sector. Most of respondents suggested a comprehensive health policy including private sectors/ NGOs with a vision for the totality of the health sector.

All of the respondents agreed that although Bangladesh has experienced a rapid expansion of the secondary and tertiary care networks all over the country, there are discrepancies in patient-doctor and doctor-nurse ratios with limited number of specialists, diagnostic and laboratory services and public hospitals do not have adequate number of patient beds.

Most of the respondents suggested a meaningful community participation in the planning and provision of health care services at all level of service delivery points.

Growing and Continuing Inequity within the Health System (Poor and the disadvantaged groups still have significantly less access to health care services than the rich and the privileged) . For many reasons, The MOH&FW could hardly take any effective measures over the years to carefully assess the social determinants of such inequities and to come up with effective corrective measures. So, maximum of them said that it is essential to readdress this issue in the Health Policy.

Reliable and up-to-date health-related information is essential for developing an efficient health system. Only collecting raw data is not enough; those data must be managed, analyzed and disseminated systematically to the appropriate authority to facilitate decision-making and to take prompt actions. By following such unified and standardized health information system, Bangladesh can improve the efficiency of all other components of its health system.

From the field visit, we have known that peoples are getting medicine & advices through Community Clinic, Satellite clinic, UH&FWC, Upazilla Health Complex and Sadar Hospital. People's perception is like that- UH&FWC should be more strengthened through proper training and supplying sufficient Medicine.

Chapter: 5

Revisit of the objectives and a brief overview of findings:

Objectives :

The main objective of Health policy is to ensure primary health services to all and encompass with the reducing CMR and MMR. The Government has taken different initiatives to achieve the target. To review the ground reality of Health Policy, 2011 mandate of reducing Maternal and Child mortality rate according to the target of MDG's 5 and 4

- To understand the overall health system in Bangladesh .
- To review of the current process of Mother and Child care system
- To evaluate Child and maternal mortality situation in Bangladesh
- To identify the health services available in grass root level
- To identify the success Ifailure of the ongoing program
- To overcome the Situation what should be the next action plan

Overview or Discussion on findings:

To maintain consistency with the dramatic improvements in medical science, particularly in treatment and diagnosis, changes in global and environmental health, requirements of addressing occupation health and climatic health hazards, it was wisely felt essential to update the existing National Health Policy, 2011.

As we know, Maternal, Child Health and Reproductive Health Targets and Approaches (3 out of 9) of **SDG (Sustainable Development Goal) -3** are-

3.1 Reduce **global maternal mortality ratio** to under 70 per 100,000 live births

3.2 **End preventable deaths of newborns and under-five children** (By 2030; end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births)

3.7 Ensure **universal access to sexual and reproductive health care services.**

So, to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all the existing National Health Policy, 2011 is not sufficient, therefore needs to modify.

We know Specific Objectives of National Health Policy, 2011 are: (1) To ensure accessibility of primary health services and emergency medical services for all. (2) To increase and Expand the easy availability of quality-based, client-oriented quality health care services. (3) To encourage people in receiving services based on right and dignity in order to prevent and limit diseases. So Redefinition of policy objectives is needed.

In the National Health Policy, 2011 out of 19 (Nineteen) main goals, maternal and child health Care Services goals are - Fifth- To reduce child mortality and maternal mortality rate a rational level by 2021, on the occasion of the Golden Jubilee of Independence. Seventh- To take satisfactory actions to improve child and maternal health and to ensure the best possible safe delivery services in every village. To achieve the Goals and objectives of the National Health Policy, 2011 the MoH&FW has identified 16 Primary Principles and 39 Strategies. Redefining of maternal and child health Care Services goals and Primary Principles and Strategies need to be modified.

Reorganization or strengthening of the present health care delivery system (Institutional or organizational structures and management systems) and improving its performance

The Constitution of Bangladesh, Article 15(a) and Article 18(1), has provided top priority to public health and nutrition as a state policy of governance. As a steward for the health systems, the Ministry of Health and Family Welfare is yet to come up with an overarching strategic direction for the health sector as a whole encompassing both the public and the private sector. In spite of such a fast growing private sector, Bangladesh does not have a comprehensive health policy with a vision for the totality of the health sector.

Although Bangladesh has experienced a rapid expansion of the secondary and tertiary care networks all over the country, there are discrepancies in patient-doctor and doctor-nurse ratios with limited number of specialists, diagnostic and laboratory services and public hospitals do not have adequate number of patient beds .

Lack of Community Empowerment - meaningful community participation in the planning and provision of health care services at the local level is lacking.

Growing and Continuing Inequity within the Health System - Poor and the disadvantaged groups still have significantly less access to health care services than the rich and the privileged. For many reasons, The MOH&FW could hardly take any effective measures over the years to carefully assess the social determinants of such inequities and to come up with effective corrective measures. So, it is essential to readdress this in the Health Policy.

Reliable and up-to-date health-related information is essential for developing an efficient health system. Only collecting raw data is not enough; those data must be managed, analyzed and disseminated systematically to the appropriate authority to facilitate decision-making and to take prompt actions. By following such unified and standardized health information system, Bangladesh can improve the efficiency of all other components of its health system.

Recommendation

- Updating the existing National Health Policy, 2011 consistency with global improvements in medical science, environmental health issues and with emphasis on Maternal, Child and Reproductive Health Targets and Approaches of Sustainable Development Goal (SDG)-3 including universal access to sexual and reproductive health care services.
- Modifying National Health Policy, 2011 to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
- Redefining of policy objectives and of maternal and child health Care Services goals
- Modifying Primary Principles and Strategies with special attention on Maternal, Child and sexual and reproductive health care services
- Reorganization or strengthening of the present health care delivery system (Institutional or organizational structures and management systems) and improving its performance with Human resource capacity development
- A comprehensive health policy with a vision for the totality of the health sector with an overarching strategic direction for the health sector as a whole encompassing both the public and the private/ NGO sector including strengthening meaningful community participation in the planning and provision of maternal and child health care services at all level.
- Minimize discrepancies in patient-doctor and doctor-nurse ratios and increasing number of specialists, diagnostic and laboratory services and adequate number of patient beds .
- Streamlining and expansion of the access and quality of MNCH services prioritized to address preconception; Pregnancy, child birth and the immediate postpartum period by increasing number of skilled birth attendants;

- Facilities readiness with trained staffed and equipped to gradually provide 24/7 services, for appropriate management of complications in delivery with strengthening referral linkage to higher facilities
- An area with high maternal mortality ratio (MMR) needs to be prioritized for providing quality MNH services including maternal, perinatal death surveillance and review (MPDSR)
- Detailed guideline needs to be prepared for functional co-ordination of MNH services, incorporating expertise and facility sharing between DGHS and DGFP;
- Addressing effective measures to assess the social determinants of Growing and Continuing Inequity (Poor and the disadvantaged versus rich and the privileged) within the Health System and taking corrective measures.
- Updating maternal and child health-related information by systematic collection of raw data and by managing, analyzing and disseminating systematically to the appropriate authority to facilitate decision-making and to take prompt actions for developing an reliable and efficient health system.

Conclusion

Government of Bangladesh has taken up various activities mother and child health care in line with National Health Policy 2011. Government has already created posts of doctors for gynecology and obstetrics and Anesthesia down from the upazila level across the country. Monitoring has been strengthened and EPI program. School health services are running properly CSBAs are working in the rural areas. With all these intervention of the government, the target of the Child mortality Rate has all ready been achieved and Maternal Mortality Rate has significantly reduced. Due to improvement of Mother and child care services system, the rate of maternal and child mortality has come down to meet the target of MDG .

This evaluation report is to review the ground reality of the National Health Policy, 2011 about the mandate of reducing Maternal and Child Mortality and Morbidity according to the target of Seventh Five Year Planning, 4th HNP SWAPs, the Government's Vision 2021 and Sustainable Development Goal (SDG) 3 including achieving Universal Health Coverage by the year 2030. Updating the existing National Health Policy, 2011 is needed consistency with global improvements in medical science, environmental health issues and with emphasis on Maternal, Child and Reproductive Health Targets and Approaches of Sustainable Development Goal (SDG)-3 including universal access to sexual and reproductive health care services.

Modification of National Health Policy, 2011 also be done to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. Redefinition of policy objectives and of maternal and child health Care Services goals and updating of Primary Principles and Strategies are now need based and demand for time regarding Maternal, Newborn, Child and Sexual and Reproductive Health Care Services.

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Questionnaire for Analysis on part of National Health Policy, 2011

1. To maintain consistency with the dramatic improvements in medical science, particularly in treatment and diagnosis, changes in global and environmental health, requirements of addressing occupation health and climatic health hazards, it is wisely felt essential to update the existing National Health Policy, 2011. Do you think so?

2. As we know, Maternal, Child Health and Reproductive Health Targets and Approaches

(3 out of 9) of **SDG (Sustainable Development Goal) -3** are-

3.1 Reduce **global maternal mortality ratio** to under 70 per 100,000 live births

3.2 **End preventable deaths of newborns and under-five children** (By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births)

3.7 Ensure **universal access to sexual and reproductive health care services**.

So, to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all the existing National Health Policy, 2011 is sufficient or need to modify?

3. Do you think about **Redefinition of policy objectives?**

Specific Objectives of National Health Policy, 2011 are:

(1) To ensure accessibility of primary health services and emergency medical services for all.

(2) To increase and expand the easy availability of quality-based, client-oriented quality health care services.

(3) To encourage people in receiving services based on right and dignity in order to prevent and limit diseases

4. Do you think about Redefinition of policy goals?

Out of 19 (Nineteen) main goals, maternal and child health Care Services goals are as follows-

Fifth- To reduce child mortality and maternal mortality rate a rational level by 2021, on the occasion of the Golden Jubilee of Independence.

Seventh- To take satisfactory actions to improve child and maternal health and to ensure the best possible safe delivery services in every village. To achieve the Goals and objectives of the National Health Policy, 2011 the MoH&FW has identified 16 Primary Principles and 39 Strategies.

5. Do you think about **reorganization or strengthening of the present** health care delivery system (Institutional or organizational structures and management systems) and improving its performance) ?

6. The Constitution of Bangladesh, Article 15(a) and Article 18(1), has provided top priority to public health and nutrition as a state policy of governance. As a steward for the health systems, the Ministry of Health and Family Welfare is yet to come up with an overarching strategic direction for the health sector as a whole encompassing both the **public and the private sector** . In spite of such a fast growing **private sector**, Bangladesh does not have a comprehensive health policy with a vision for the totality of the health sector. Do you agree it? Have you any comment on it?

7. Although Bangladesh has experienced a rapid expansion of the secondary and tertiary care networks all over the country, there are **discrepancies in patient-doctor and doctor-nurse ratios** with limited number of specialists, diagnostic

and laboratory services and public hospitals do not have adequate number of patient beds . What's your comment on it ?

8. **Lack of Community Empowerment** - meaningful community participation in the planning and provision of health care services at the local level is lacking. What is your comment on it?
9. **Growing and Continuing Inequity within the Health System** -Poor and the disadvantaged groups still have significantly less access to health care services than the rich and the privileged. For many reasons, The MOH&FW could hardly take any effective measures over the years to carefully assess the social determinants of such inequities and to come up with effective corrective measures. How you think it to readdress in the Health Policy?
10. **Weak Health Information System** -Reliable and up-to-date health-related information is essential for developing an efficient health system. Only collecting raw data is not enough; those data must be managed, analyzed and disseminated systematically to the appropriate authority to facilitate decision-making and to take prompt actions. By following such unified and standardized health information system, Bangladesh can improve the efficiency of all other components of its health system. How we can address this issue in the Policy?

A Concept Paper on Analysis of a part of National Health Policy, 2011.

Introduction:

Every citizen has the basic right to adequate health care. The State and the government are constitutionally obliged to ensure health care for its citizens. To ensure an effective health care system that responds to the need of a healthy nation, health policy provides the vision and mission for development. Pursuit of such policy will fulfill the demands of the people of the country, while health service providers will be encouraged and inspired. On basis of this National Health Policy, 2011 was approved by Government of the People's Republic of Bangladesh with 3 (three) specific objectives and 19 (Nineteen) main goals. The National Health Policy, 2011 and 7th Five Year Plan and 4th HPN SIP dealt with maternal and child mortality and morbidity primarily through the policy of delivering comprehensive reproductive health care services. The Maternal and Child health component of the Essential Service Package (ESP) would deal with maternal mortality and morbidity issues including safe pregnancy and delivery and that services. This concept paper is for analysis of maternal and child health related part of the National Health Policy, 2011.

Justification:

Policy analysis involves identifying potential policy options that could address the problem, then using quantitative and qualitative methods to evaluate those options to determine the most effective, efficient, and feasible option. This involves describing: A) how the policy will impact morbidity and mortality (health impact), B) the political and operational factors associated with adoption and implementation (feasibility), and C) the prospective costs to implement the policy and how the costs may compare with the prospective benefits (economic and budgetary impact). The aim of this concept paper is to Analyze part of National Health Policy, 2011 regarding maternal and child health issues to identify where there are gaps between the issues and the policy and to discuss

how the policy can be improved to address these issues more effectively and to make recommendation whether any change, modification or updating of the existing policy.

Specific Objectives of National Health Policy, 2011 are:

- 4) To ensure accessibility of primary health services and emergency medical services for all.
- 5) To increase and Expand the easy availability of quality-based, client-oriented quality health care services.
- 6) To encourage people in receiving services based on right and dignity in order to prevent and limit diseases.

Out of 19 (Nineteen) **main goals**, maternal and child health Care Services goals are as follows-

Fifth- To reduce child mortality and maternal mortality rate a rational level by 2021, on the occasion of the Golden Jubilee of Independence.

Seventh- To take satisfactory actions to improve child and maternal health and to ensure the best possible safe delivery services in every village. To achieve the Goals and objectives of the National Health Policy, 2011 the MoH&FW has identified 16 Primary Principles and 39 Strategies.

Existing Health Systems in Bangladesh:

Bangladesh has a pluralistic health system, marked by a very effective collaboration between the GOB and NGOs in supports with Developing partners. The implementation of health related activities should be viewed within the framework of this pluralistic health system with many stakeholders including government and non-government organizations, who pursue women -focused, equity oriented, nationally targeted programmes including maternal and child health. The Ministry of Health and Family Welfare (MoH&FW) of Bangladesh acts as the steward of the health sector providing overall leadership in policy and program development as well as monitoring and evaluation. The Ministry is the lead agency responsible for formulating national-level policy, planning, and decision-making in the provision of healthcare and education. The

national-level policies, plans, and decisions are translated into actions by various implementing authorities and healthcare delivery systems across the country from national to the community level through different service delivery points like medical college hospitals, specialized hospitals, district hospitals, Upazila Health Complexes (UHC), Union Health and Family Welfare Centers (UHFWC), rural dispensaries and community clinics (CCs).

Methodology : At first review of the policy will be done, then related literatures would be reviewed ; after developing a questionnaire one district would be visited for data collection. Thereafter, data will be analyzed in the light of existing policy and SDG-3 including Universal Health Coverage (UHC) by the year 2030. Findings report including recommendation (whether any change, modification or updating of the existing policy if any) would then be composed and submitted to the Institution.