

**Concept Paper  
For The  
4<sup>th</sup> HNP Sector Program  
(July 2016 – June 2021)**

**MAY 2015**

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**MINISTRY OF HEALTH AND FAMILY WELFARE**

**Government of the People's Republic of Bangladesh**  
**Ministry of Health & Family Welfare**  
**Planning Wing**

## **Concept Paper for the 4<sup>th</sup>HNP Sector Program (2016 –21)**

### **1. Introduction**

The Government of Bangladesh (GOB) is currently implementing the 3<sup>rd</sup> health, nutrition and population (HNP) sector program, to be completed in June 2016. The upcoming 4<sup>th</sup>HNP Sector Program is also proposed to follow the sector-wide approach (SWAp) as the GOB has already stated its policy of continuing with the SWAp in the HNP sector, through the on-going 6<sup>th</sup> Five Year Plan and the ensuing 7<sup>th</sup> Five Year Plan (FYP).

It is intended that the 4<sup>th</sup>HNP Sector Program will be implemented from July 2016 for a period of five years through to June 2021. A Concept Paper (CP) has been developed by the Ministry of Health and Family Welfare (MOHFW) to provide an outline of the 4<sup>th</sup>HNP Sector Program. The purpose of this CP is to:

- a) describe the intent of GOB to pursue HNP sector development initiatives;
- b) identify a framework of policies /issues/interventions/ actions which will work as a guideline for preparation of the Strategic Investment Plan (SIP) of the 4<sup>th</sup>HNP Sector Program; and
- c) highlight the key elements of the 4<sup>th</sup>HNP Sector Program that will be validated through stakeholder consultations.

The articulation and implementation of the 4<sup>th</sup>HNP Sector Program will reflect past experiences, the GOB's 6<sup>th</sup> and 7<sup>th</sup> FYPs, Vision 2021, MDG experiences, Sustainable Development Goals (SDGs), Universal Health Coverage (UHC) framework and other HNP sector related GOB policies and strategies.

The CP will guide the preparation of SIP for the next Sector Program, which will be finalized through a process of consultations at different levels and with different stakeholders over the next several months. The consultations will involve MOHFW policymakers and program implementers, service providers at different levels, as well as the DPs, a broad range of other stakeholders as well as the service recipients.

### **2. Lessons Learned and Challenges in the HNP Sector**

Bangladesh in its development planning had always prioritized focus on making public health services available/accessible to all its citizens since at least last three decades – through health for all (HFA), primary healthcare (PHC), essential service package (ESP), etc. The adoption of SWAp since 1998 further consolidated those efforts and helped to focus on expanding



service coverage and access, while strengthening service-related systems to meet UHC goal. As a result, Bangladesh made impressive gains in health outcomes.

Increase in life expectancy at birth; dramatic reduction in fertility, decline in child and maternal mortality, high immunization coverage, reduction of stunting and underweight – are some examples of successes in the HNP sector. Service provision has been expanded by both public and non-public sectors. Overall, significant progress has been achieved in terms of key HNP outcomes, as evidenced by the Bangladesh Demographic and Health Surveys (BDHS). The 2014 mid-term review of Health, Population and Nutrition Sector Development Program (HPNSDP), and preliminary results from the BDHS revealed that Bangladesh is on-track to achieving the MDG targets especially MDG 1 and 5 and has already achieved MDG 4.

However, many challenges still remain in the HNP sector along with some unfinished agenda of the HPNSDP. Ensuring skilled attendance at birth, addressing the epidemiological transition and the double burden of communicable and non-communicable diseases (NCDs) - including detection, prevention and control of emerging and reemerging diseases, improving overall nutritional situation, improving quality and safety of food and drugs, providing adolescent healthcare along with ensuring sexual and reproductive health rights (SRHR), adequate health response to gender-based violence, increasing contraceptive prevalence and promoting Long Acting Permanent Methods (LAPM) of contraception, ensuring urban primary healthcare (PHC) service delivery particularly for the poor, improving healthcare for mental and neurological disorders and geriatric population, service expansion to hard-to-reach (HTR) areas, assuring quality of care, etc. are some important and continuing challenges for improving HNP services.

Despite improvements in the health system, particularly in the areas of procurement and MIS, much remains to be done. Ensuring availability of skilled human resource (HR) following an effective and efficient Health Workforce Strategy (HWS); utilizing in full capacity the existing and upgraded public facilities at the district and upazila level; synchronizing expansion of physical facilities with equipment and HR; further improving supply chain management and management of information systems; strengthening governance, stewardship and regulatory functions; mobilizing more resources for the HNP sector and reducing out-of-pocket expenditure; ensuring equity, efficiency and equality for women and vulnerable population; etc. are some key challenges to be overcome.

### **3. The 4<sup>th</sup> HNP Sector Program (2016 – 21)**

#### **3.1 Global Context and the 4<sup>th</sup> HNP Sector Program**

The proposed Sustainable Development Goals (SDGs) of the United Nations related to HNP sector is the *Goal 03: Ensure healthy lives and promote well-being for all at all ages*. It calls for continuing to address the unfinished agenda of the MDGs, i.e., reducing malnutrition, maternal and childhood mortality, fertility, etc. and lays emphasis on achieving universal



coverage for health to achieve the said SDG.

The Universal Health Coverage (UHC) as the overarching goal of the relevant SDG, highlights the right of every citizen of a nation to get quality healthcare without incurring economic hardship and the risk of impoverishment. It may be a long way to achieve UHC, however, it can very well be the direction to move towards the progressive achievement of the goal of UHC. As such the 4<sup>th</sup> HNP Sector Program will design appropriate strategies and gear all concerted efforts for focused and sustained improvements in increasing access and quality of healthcare and improving equity along with financial protection in a way to meaningfully realize the goal of UHC.

### **3.2 Vision, Mission, Goal and Strategic Objective for the 4<sup>th</sup> HNP Sector Program**

Under the GOB's Vision 2021, Bangladesh is set on a target to become a middle income country by 2021. Within this broader context, GOB's **vision** for the HNP sector is to "*see the people healthier, happier and economically productive to make Bangladesh a middle income country by 2021.*" The **mission** is to "*create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health*".

The **goal** for the 4<sup>th</sup> HNP Sector Program will be that "*all citizens of Bangladesh enjoy health and well-being*" and the **strategic objective** will be to "*ensure quality and equitable healthcare for all citizens of Bangladesh by gradually achieving UHC*".

### **3.3 Key Elements of the 4<sup>th</sup> HNP Sector Program**

The 4<sup>th</sup> HNP Sector Program will continue to (a) increase coverage and access of HNP services and (b) improve health systems for program implementation and oversight. However, the newness of the Program will be in terms of its focus on (a) strengthening MOHFW's stewardship and regulatory roles in the HNP sector; (b) emphasizing service quality both in public and private sectors; (c) strengthening systems/ institutions for efficient program delivery and (d) increasingly achieving equitable healthcare for all.

The 4<sup>th</sup> HNP Sector Program will take a holistic approach to tackle the continuing and emerging sector challenges. Some relevant policy issues of importance for improvement of service delivery and strengthening of the systems for ensuring quality of care, equity and efficiency have been highlighted in the subsequent paragraphs.

#### **3.3.1 Policy Issues**

Institutional changes and strengthening as appropriate would be essential to achieve longer term goal of UHC. For this, the following policy issues need careful consideration.

- Focus and strengthen the Districts Hospitals (DHs) with facilities for various priority services along with district capacity development

- Establish a District Health System (DHS) for provision of a need based integrated package of HNP services keeping the burden of diseases in view for different tiers of health and family planning (FP) service facilities
- Restructure key functionaries in MOHFW (e.g., planning and budgeting, M&E, FM, procurement and HRM) with the aim of (a) improving service availability and quality, (b) gaining efficiency and equity for all and (c) strengthening public sector's stewardship and regulatory roles
- Restructure the implementing agencies like DGHS, DGFP, DNS, NIPORT, DGDA and CMSD to strengthen oversight and implementation capacity
- Restructure IPHN and IPH for strengthening mainstreamed nutrition services and for improving food safety and quality
- Promote the inclusion of health in the relevant inter-ministerial policies, viz., drug and food safety

### **3.3.2 Improving HNP Services**

Ensuring access and utilization of quality health services by the poor and the marginalized will be at the heart of improved health service delivery system with a view to gradually moving towards UHC. A few priority issues for improving services are highlighted below.

- Operationalize functional integration of the service providers (DGHS, DGFP, DNS) towards a more effective and efficient service delivery
- Explore and adopt various innovative approaches for improving services at various tiers
- Diversify service provision, particularly for the HTR areas and improve service quality
- Develop a functional referral system from CC to district level health and FP facilities
- Emphasize MOHFW's key role in food safety and quality in collaboration with other relevant ministries and agencies
- Ensure PHC services for the urban poor and build effective liaison with GO and NGO entities to support PHC delivery in urban areas
- Develop and adopt a costed comprehensive package for different types (promotional, preventive, curative, etc.) of quality services and at different levels
- Enhance capacity for need- and result-based budgeting and planning

### **3.3.3 Strengthening HNP System**

The 4<sup>th</sup> HNP Sector Program will continue to strengthen HNP system that may require reorganizing various systems and institutions based on needs of the day. Moreover, with a view to realizing the objectives of the 4<sup>th</sup> HNP Sector Program and gaining efficiency in the management of such a mega program, in addition to continuation of on-going efforts further priority actions will need to be undertaken in the areas mentioned below.

#### *Program financing mechanism*

- Implement the Healthcare Financing Strategy (HFS) to provide financial risk

protection to the people especially the poor and the vulnerable while accessing HNP services

- Undertake efforts to decrease out-of-pocket expenditures
- Undertake efforts to increase government contribution in the HNP sector with appropriate initiatives to increase DP engagement
- Ensure adequate fund availability and increase utilization capacity of MOHFW and agencies under it – also ensure synchronization of revenue and development budget
- Reduce and rationalize financing of projects outside the SWAp Program
- Promote public private partnership (PPP) initiatives in specialized healthcare

#### *HR availability along with accountability*

- Develop a gender mainstreamed Health Workforce Strategy (HWS) to achieve the government's goal and targets for the HNP sector
- Implement the HR Action Plan in a way so as to enable implementation of the various national strategies and policies in HNP sector, e.g., the Healthcare Financing Strategy, Newborn and Maternal Health Strategies, etc.
- Optimize utilization of HR Information System for evidence-based planning, strategic decision-making, and program management
- Rationalize job descriptions of field level workforce of DGHS and DGFP (HA, FWA, CSBA, etc.) in view of changing needs of service delivery
- Optimize performance of existing HR (through task shifting/sharing, outsourcing, engagement of professional organizations)
- Strengthen quality of HR (through licensing, accreditation, training, incentives, etc.) as well as ensure continuing professional education

#### *Nursing and Midwifery education and services*

- Strengthen nursing education and services by deploying qualified nurses (MPH/PhD) to the nursing and midwifery educational institutions
- Upgrade midwifery to a globally accepted standard
- Review and strengthen the structure of the DNS and resolve inconsistencies in the hierarchy (grade, numbers, career path, etc.)
- Rationalize the number of nursing, midwifery and paramedic positions in the public sector to attain a more balanced physicians-nurses, midwives and other healthcare providers ratio

#### *Management of physical facilities*

- Synchronize physical facility construction with equipment and HR and increase facility usage
- Emphasize professional management of hospital facilities including patient-friendly services through education/orientation to service providers and efficient handling of visitors
- Implement facility cleanliness and hygiene systems, especially through maintenance of sanitation facilities, availability of running water, medical waste management, etc



- Introduce in a phased manner, a system of handling patients' complaints in each facility

#### *Drug administration and regulation*

- Strengthen the drug regulatory bodies like the DGDA and the Bangladesh Pharmacy Council (BPC) for ensuring production and dispensing of quality drugs
- Promote rational use of drugs with a decrease in availability of harmful, useless and ineffective drugs
- Enhance the capacity of DGDA in the context of expanding pharmaceutical industries in Bangladesh
- Focus on pharmacovigilance to ensure quality of essential medicines

#### *MIS and e-Health*

- Scale up the already initiated routine health information system (RHIS) along with e-Health
- Harmonize and standardize the existing MI systems, and build capacity of health and family planning managers for use of information
- Develop national standards for ICT in the HNP sector
- Create a knowledge-based platform that enables and facilitates the inclusion of civil society in shaping the HNP sector related policy issues

#### *Monitoring & Evaluation (M&E) and Coordination*

- Strengthen M&E activities of the HNP sector to gradually include private sector
- Strengthen the Planning Units of DGHS and DGFP along with Planning Wing of MOHFW for sustaining their M&E activities on institutional basis
- Implement the M&E Strategy and Action Plan (MESAP)
- Strengthen inter-ministerial and inter-agency coordination (along with GOB-DP coordination following the Joint Cooperation Arrangement)

#### *Efficiency gains and quality assurance/improvement*

- Increase efficiency through increased use of digital systems; streamlining/ updating current procedures; adopting standard frameworks; evidence based decision making; etc
- Reduce wastage and seepage by modernizing existing systems/ facilities
- Increase transparency and accountability through greater engagement of community and user groups and focusing on performance monitoring
- Adopt widely the available Standard Operating Procedures (SOPs) and develop new SOP
- Implement total quality management (TQM) for ensuring quality at facility service

### *Gender equality and women's rights and stakeholder participation*

Ensure gender mainstreaming and implement the following stand-alone measures:

- At institutional level: address the gender gap in terms of representation of women at higher management levels, Committees and in related Community and User Groups
- At facility level: ensure women friendly measures, such as specific waiting space, separate toilets for women and sensitized staff, to increase use of services
- At stakeholders level: implement strategies for ensuring stakeholders' voice and participation

#### **3.3.4 Stewardship and Governance Issues**

Strengthen and enhance the regulatory functions and stewardship role of the MOHFW including the agencies under it by:

- Increasing capacity (number, skills; resources) of the relevant bodies;
- Adopting innovative measures that allow for implementation of the regulatory and stewardship functions, e.g., collaboration with relevant associations/ bodies, User Groups;
- Establishing/ updating standards and accreditation systems and legal frameworks to ensure quality services in both public and private sectors;
- Implementing accreditation of medical, nursing and midwifery including allied educational institutions of both public and private sectors;
- Standardizing the Public Financial Management (PFM) and enforcing accountability mechanism at all levels; and
- Strengthening Financial Management Audit Unit (FMAU) for improving financial accountability.

#### **4. Way Forward**

Multiplicity, variety and inclusiveness have been the hall-mark of the HNP SWAp over the years. The 4<sup>th</sup> HNP Sector Program will build on existing achievement to improve equity, quality and efficiency with a view to gradually moving towards UHC. It may be fairly assumed that the trend of GOB's investment in the social determinants of health like women's education and empowerment, communication and employment, water and sanitation, etc. would continue to help bring about positive health outcomes. However, while MOHFW strives to achieve higher value for money through efficiency gains and strict financial oversight, it will welcome increased DP co-operation for the new Program.



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