

Consultation on urban health issues for the upcoming Global Strategy for Women's, Children's and Adolescents' Health

PMNCH AND THE DAILY STAR, SAVE THE CHILDREN, BRAC, ICDDR,B, BANGLADESH PEDIATRIC ASSOCIATION

AGENDA SETTING

Dr Arefin Amal Islam, SNL,
Save the Children

Dr Arefin explained role of the global strategy for adolescent, maternal and child health was shared among the audience present and how the consultation will inform the highest level of stakeholders about issues at the country level. He shared the glimpses of the draft new global strategy for adolescent, maternal and child health.



Dr. Shams El Arefin, ICDDR,B

Dr Shams presented the national urban health context. In his presentation he pointed out the status of slum dwellers in Bangladesh where the population density is over 200 000 people per square kilometer.

'The population density of the slum dwellers in Bangladesh is even over two hundred thousand people per square kilometer. These people do not live in multi-storied buildings'. *Dr. Shams El Arefin,*

These people do not live in multi-storied buildings, meaning that the people live in spaces which is almost un-live-able. Going forward in the post 2015 era, these people should not be living in such conditions.

KEYNOTE PRESENTATION

Dr. Kaosar Afsana, Brac

Dr Afsana presented the global strategy for adolescents, maternal and child health and stressed on the issue of rapid urbanization and its health implications. Over all the strategy needs to stress further on the issues of urban health not only for Bangladesh but also from developing and emerging economies.

PARTICIPANTS

- Dr Ishtiaq Mannan, Director Health Nutrition & HIV/AIDS, Save the Children
- Dr. Shams El Arefin, Director, Center for Child Adolescent Health, and Senior Scientist, ICDDR,B
- Dr. Kaosar Afsana, Director Health, Brac
- Dr. Arefin Amal Islam, Deputy Director, SNL, Save the Children
- Prof. Laila Arjumand Banu, President Elect, OGSB
- Dr. Md. Hossain Chowdhury, Team Leader, Urban Health Program, Mariestopes Clinic Bangladesh
- Dr Margub Ali Jahangir, Urban Health Specialist, Unicef
- Adam Ali, Team Leader, Urban Health Strengthening
- Prof. Dr. A. K. Azad Chowdhury, General Secretary, Bangladesh Pediatric Association
- Md. Mokhlesur Rahman, Dhaka Ahsania Mission
- Dr. Umme Salma Jahan Meena, USAID
- Dr. Ali Akber Ashrafi, DGHS, Ministry of Health and Family Welfare
- Dr. Setara Rahman, Asian Development Bank, Urban Primary Health Care delivery Project
- Md. Belal Uddin, Save the Children
- Dr. Amirul Morshed, Bangladesh Pediatric Association
- **Tariq Hasan Shahriar,** Senior Correspondent, The Daily Sun

DISCUSSION SESSION

The session moderator:

Dr Arefin Amal Islam

Dr Ishtiaq Mannan,
Director Health &
Nutrition, Save the
Children

- **Properly addressing urban healthcare issues:**

There is lack of proper urban health programs. Just setting up clinics or hospitals in the urban area is not delivering proper urban health care if it does not satisfy the unique urban context. We need to see if it addresses the issues of urban health care. Replicating the rural healthcare structure may not satisfy the exact needs in the urban areas.

- **Beyond health interventions:**

Essential service package needs to be remodeled in the urban context. Unique urban problems like housing (slums), sanitation, air pollution, drainage need to be addressed properly. Sometimes these require beyond health interventions.

- **Governance and growing urban needs:**

Urban health is managed by the local government ministry but they are not prepared and equipped enough to deliver the adequate services. There is lack in collaborative initiative of ministry of health and local governance. It is admitted that neither ministry alone can deliver proper health services in the urban area. It also requires political courage. Researchers need to come forward to push them having the courage.

- **Added complexity:**

Lack of quality indicates lack of monitoring and regulation.

- **Mobility:**

Continuous mobility including internal migration makes it difficult to deliver and monitor the services. People are dislocated very often in urban areas, especially in the slums.

Dr Margub Ali Jahangir,
Urban Health Specialist,
Unicef

- **Capacity of City Corporation needs to be increased:**

Healthcare is delivered in the urban areas mostly by Urban Primary Healthcare Project (UPHCP). As designed initially, the service delivery of UPHCP was to be taken over by the City Corporation, which has not happened in fact. The healthcare facilities are still dependent on the project. The capability of healthcare delivery of City Corporation has not developed, rather it is worse in comparison to its capacity 15 years ago.

- **Reflection of people's initiative:**

The rate of family planning in the slum area has increased. But it is not the credit of family planning department, rather the credit goes to the private sector. The people are more aware now.

- **Facilities for peri-urban region:**

Many people live in the peri-urban area. About 3 million people live in the peri-urban region. These areas lack almost no facilities. As industrial belt has been created in the peri-urban region, many people live here migrating from different places. They need health services direly.

Prof. Dr. Laila Arjumand Banu,
Obstetric and
Gynecological Society of
Bangladesh (OGSB)

- **Education of women is a must:** Citing the example of Sri Lanka, education of girls and women is a must. It reflects in so many dimensions in life.

- **Low rate of ANC in slums:** One of the reasons of low rate of ante-natal care (ANC) may be due to being working mother. These mothers of low socio-economic groups remain busy during the day time and their work does not allow them to have proper ANC.

- **Awareness for adolescent health:** Awareness programs in schools are very important. 70% reasons of diseases are originated during the adolescent period.

- **Govt-NGO collaboration:** For uniform service delivery, collaboration in the Government and NGO sector is badly necessary.

- **High rate of cesarean section:** Various reasons contribute to the increased rate of cesarean section including increased affordability, individual choice, change of perception etc. But the national figure still is not much high. The OGSB discourages primary cesarean section.

Dr. Md. Hossain Chowdhury,
Mariestopes
Clinic

- **Coordination:** 17 ministries are involved in the urban health strategy, but the coordination is not ensured.

- **Urban health survey:** There is a clinic within 1 Km in slum area and govt hospital within 2 Km. But they cannot meet the demand of health services required.

- **Question of appropriate organizations:** We need to invest to get proper services. When we select organizations to provide with the healthcare services, obviously lower bidder wins the bid. There is question if these organizations are delivering quality service. A good invest ensures proper return.

Adam Ali, Urban Health Strengthening

- **System utilization to be ensured:** Urban development wing in the LGRD are taking initiative to strengthen the healthcare issues of local govt institutions. But with the installation of system, proper utilization needs to be ensured.
- **Commitment of NGOs:** NGOs need to keep their commitment in terms of sustainability. Project based activities work sporadically in piecemeal basis.

Prof. Dr. A. K. Azad Chowdhury, Bangladesh Pediatric Association

- **Prioritizing needs:** There are many problems in our society. We need to prioritize our needs.

Md. Mokhlesur Rahman, Dhaka Ahsania Mission

- **Increasing institutional delivery:** In the slum areas, the number is institutional delivery is very little. We needs increase this number.
- **Improvement of workplace:** Workplace improvement of mothers is important for good health.
- **Improvement of waste disposal system:** The clinics should have proper waste disposal system which is lacking in most of the cases.

- **Poverty alleviation for better access of poor in healthcare:** Although the per capita income has increased, the poor still have less access to healthcare facilities. Poverty alleviation is a must in this regard.

Dr. Umme Salma Jahan Meena, USAID

- **Action plan needs to be endorsed by the govt.:** Action plan needed for repeatedly mentioned issues. The concerned people from the government should acknowledge the issues and their endorsement is a must.
- **Representation of govt. is a must:** Only the engagement of civil society is not enough for any strategy formulation.
- **Money vs planning:** Private sector boomed in the urban area. We should take this forward and utilize this opportunity. We need an effective plan. We do not lack much funding.

Kaosar Afsana, Brac

- **Migration is challenging:** In urban area, migration is a challenging issue.
- **Considering other cities:** We need to consider the small cities, not only the capital city.

Dr. Ali Akber Ashrafi, DGHS, Ministry of Health and Family Welfare

- **Ensuring birth registration:** Birth registration in urban area is not as systematic as in rural areas. It needs to be ensured. Civil Registration & Vital Statistics (CRVS) Secretariat is working in this regard.
- **Coordination:** All the statistics (e.g. education, national facilities) should be synchronized with CRVS.

Dr. Setara Rahman, Asian Development Bank (ADB)

- **Strengthening of project implementation unit:** Project implementation unit of City Corporation should be strengthened. Their involvement is crucial for delivering urban health.
- **Involvement of stakeholders for services for the poor:** 30% poor are getting services free. Involvement of more stakeholders are needed in this regard.
- **Ownership of local government:** The ownership of local government should be strengthened.

Md. Belal Uddin, Save the Children

- **Proper communication:** We need to start communication from the very beginning. We need to know with whom to communicate. We need to communicate with proper people. For example, policy makers should be present in a policy dialogue. Proper policy people should be aware of the issue.
- **Rethinking of existing tools:** We need to rethink if the existing communication tools are working or we should change the tools.

Shams El Arefin, ICDDR,B

- **Roles should be defined:** Where coordination is difficult, we need to underscore to define roles and work from one's point.
- **Lifting people:** We need to work hard to lift poor people from the position where they are right now.

**Dr. Amirul Morshed,
Bangladesh Pediatric
Association (BPA)**

- **Utilization of capacity:** There are some facilities in the urban areas which are underutilized. We need to pay attention to these pockets.

**Tariq Hasan Shahriar,
Senior Correspondent,
Daily Sun**

- **Facilities for the floating people:** Floating people living in slums usually don't get the health facilities properly.

- **Strengthening parliamentary standing committees:** The parliamentary standing committees should be communicated and strengthened as they formulate the policy and place before the parliament.

Over one third of the urban people live in slums with poor housing, water and sanitation facilities, which greatly contribute to the poor health conditions. According to the Bangladesh Urban Health Survey-2013, 50 percent of the slum children below the age of five are stunted, whereas it is 33 percent in the non-slums. Besides, there is a lack of coordination among the government and non-government organizations in conducting health programs, which needs to be addressed urgently. Only half the women living in slums receive antenatal care from the medically trained providers, while it is 83 percent for the non-slum women. NGOs are the major source of antenatal care in the slums amid absence of strong public healthcare facilities there, going forward, urban health service delivery should be more strong from the government side in Bangladesh. The global Strategy 2.0 did not adequately address urban health issues and the feeling from the consultation emphasized for this point.

Video Link: <https://www.dropbox.com/s/5p5uvf2ows0lrgr/Sequence%2001.3gp?dl=0>

