Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

HEALTH POLICY
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Health for All: Our Commitment

Health service is one of the basic needs of human beings and ensuring good health of the people is the constitutional obligation of the state. Since the achievement of independence in 1971 through the war of liberation, discussion were held for the formulation of the Health Policy at different initiatives. Documents were prepared through seminars, meetings and discussion on plans for improvement and reform of health services. But it was not possible to formulate a meaningful and realistic Health Policy. Problems in health services gradually increased and situation became more and more complicated. The people are losing their confidence in the existing system of health services.

Bangladesh is in complete agreement with the commitment of "The World Summit for Children" held in 1990 and "The International Conference on Population and Development" held in 1994 to ensure health for all by 2000 globally. But unfortunately steps were not taken for implementation of the declaration and commitment.

After the assumption of office our government started formulating a timely health policy. Our experts with sincere devotion and diligence prepared the draft health policy. The draft policy has undergone open discussion and analysis by individual organizations representing the people. On the basis of their valuable suggestions we have prepared this people-oriented and realistic Health Policy with the aim of ensuring better health services to all the people in the country.

I am confident that this Health Policy will be implemented with the active cooperation of all. I firmly believe that Health Policy will play an important role in fulfilling the dream of our great leader and Father of the Nation Bangabandhu Sheikh Mujibur Rahman, in establishing a prosperous Bangladesh free from hunger and disease.

I call upon the people of the country including all concerned to work with sincerity and devotion for implementation of the Health Policy.

Joi Bangla, Joi Bangabandhu
May Bangladesh Live Forever

Sheikh Hasina
Every individual aspires to live a healthy life—it is one of the needs of a person. The present government, by way of taking up the responsibility to ensure "Health for All", has fulfilled one of its constitutional obligations. The right way to provide healthcare services is through appropriate designing and implementation of a mass-oriented health service policy. The past governments had not realized the necessity for taking up a health policy and consequently failed to take initiatives in this direction. As such, we have inherited an unplanned health service system, the reason behind the lack of development and apparent mismanagement in this sector. In this backdrop, a committee for developing a National Health Policy was formed under the supervision of the Minister of Health and Family Welfare on a directive from the Hon'ble Prime Minister Sheikh Hasina. This committee submitted five separate reports to the Minister. A draft National Health Policy was then designed through compilation of those five reports. At a later stage, the draft was discussed with renowned health system experts of the country and with a broad spectrum of stakeholders in workshops held at the divisional levels. This process of dissemination and discussion of the draft policy, emphasizing on the opinion and needs of the mass people of the country, led to finalization of the health policy. It has now received approval of the Cabinet of Ministers and is being considered as a full-fledged document for ensuring mass-oriented health services. I believe that this policy will be effective in building up Bangladesh as a healthy, strong and energetic nation aimed at realizing Bangabandhu’s lifelong dream of Sonar Bangla.

Joi Bangla, Joi Bangabandhu
May Bangladesh Live Forever

(Sheikh Fazlul Karim Selim)
Message

Every citizen has the basic right to adequate health care. The State and the government are constitutionally obliged to ensure health care for the citizens. The present government, immediately after its assumption of office initiated steps towards formulating a pragmatic and stakeholders focused health policy. A committee was formed comprising members drawn from amongst the health experts, social thinkers and national leaders for formulating the health policy. These members, clustered in five separate sub-committees, submitted several reports that were then compiled in the form of a draft policy with the assistance of a working group. Views of individuals and groups belonging to various segments of society were obtained through divisional workshops. The Cabinet of Ministers then accorded its approval to the draft policy with modifications. A committee chaired by the Honorable State Minister of this Ministry finalized the National Health Policy incorporating the suggested modifications. I firmly believe that this health policy will go a long way towards fulfilling the expectation of the nation and to meet the health care needs of the people.

Improved health care will lead to overall Socio-economic development and impact positively on productivity. I am convinced that the beneficial aspects of health policy, with the support of all, will speed up Bangladesh’s transition to a developed economy. Our efforts in the regards, will help achieve the dream of Bangabandhu’s establishment of Sonar Bangla.

(Sayed Alamgir Farrouk Chowdhury)
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INTRODUCTION
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There are innumerable problems persistent in the existing health system of Bangladesh. The current situation of health care is also not satisfactory. This situation calls for immediate remedial measures. It is now beyond any doubt that a policy framework directed towards assurance of mass-oriented medicare services is urgently needed. It is expected that this policy framework will strike a balance between the people's level of expectations and the actual services obtained by them from the health sector, and will motivate the health workers as well.

Health is defined as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." In addition, good health is one of the basic needs of mankind. It is a constitutional obligation of the state to ensure good health of its citizens. These days, the people of the world and the international organizations are well aware of the birthright of the people, especially children and women, to have access to health care. In the truest sense, man's physical well-being and free thought process have proved to be a precondition for the growth of knowledge and intellectual enrichment in today's human society. As such, it has been stated, with emphasis on health service and care, in Section XV of the Constitution of the People's Republic of Bangladesh that:

"a) Food, Clothing, Shelter, Education and Medicare are the essential elements of life;
b) ..........................................................;
c) A person will have the right to enjoy reasonable amount of rest, recreation and leisure;
d) A person will have the right to access governmental support to ensure his/her social security (e.g., during his/her unemployment, illnesses, disability, widowhood, parentlessness, old age, or one or more of such phenomena)."

Section XVIII. 1 of the Constitution states that:

"The state will consider it to be its prime obligation to ensure enhancement of the level of nutrition and public health of its citizens, and will adopt effective steps to prohibit the use of liquor or narcotic drinks feared to cause health hazards except for cases of medical necessities and other purposes as specified by law of the land."

In this context, it is not enough for the state to focus merely on development and reformation of the health system. Issues like nutrition, pure drinking water, hygienic sewerage, health education etc. also need to be considered. World Health Organization (WHO) has also identified primary health care as one of the basic elements of health system. As a result, primary health care has been emphasized in order to ensure the foregoing health provisions and to effectively implement the commitment of "Health for All" by the year 2000 as stated in the Alma-Ata Declaration.
The goals stated in The World Summit for Children held at New York in 1990 pointed out that the rates of infant mortality, maternal mortality, child malnutrition and child illiteracy would be reduced, and people's access to health and family welfare services, education, safe drinking water and sanitation would be enhanced. It was declared that these goals would be achieved by the year 2000.

Commitment to achieve the following goals was expressed at "The International Conference on Population and Development" held at Cairo in 1994:

- Making mass availability of family planning services with the goal of establishing reproductive health and reproductive rights, as a result of which the mortality of children aged below one year as well as maternal mortality would decrease;
- Integrating population activities with all policies and programs for sustainable development to be adopted in future; and
- Empowering women and girls through ensuring education, health services and employment opportunities.

In line with the declaration made at The Beijing Women's Conference held in 1995, a commitment was made that women would be empowered socially, economically and politically by way of providing them with improved health services, access to education and establishment of their reproductive rights.

Bangladesh expressed agreement on the foregoing declarations.

Since liberation in 1971, the Government of Bangladesh, initiated steps to formulate a health policy at different times. The output of such initiatives amounted merely to the preparation of various documents through a number of seminars, meetings and discussions. Despite this, no meaningful and realistic health policy could emerge, and health service problems remained plagued by numerous complexities. As a result, people lost their faith in the effectiveness of the on-going health services due to an increasing gap between their expectations and the actual benefits received from this sector.

Bangladesh is a developing country, and one of the poorest countries of the world. It has one of the highest population densities in the world at 861 persons per sq. kilometre\(^1\), having a population of around 130.002 million over a total area of 147,570 sq. kilometers\(^1\). The ratio of men-women is almost even (that is, 1.06:1). It is anticipated that this population will double within the next 25 years. A total of 77 per cent of the population live in the rural areas, around 60 per cent of which live below the poverty line. The average income calculated on the basis of per capita annual Gross

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\(^1\) Bangladesh Economic Review 2000, Finance Division, Ministry of Finance

National Income (GNI) is US $ 386 or Tk. 19,555\textsuperscript{2}, and the average income based on the Gross Domestic Product (GDP) is US $ 373 or Tk. 18,896. The literacy rate in Bangladesh is 60 per cent\textsuperscript{3}. Average life expectancy has increased to 60.8 years\textsuperscript{4}. Communicable diseases and diarrhoea are still the main causes of infant mortality. Pure drinking water and hygienic sewerage are absent to a great extent. A large segment of the population still coexists with hunger, poverty, malnutrition, illiteracy and superstition.

The quality of the country's health system is below expectations. It suffers critically from a large number of staggering problems, such as:

- Shortage of necessary medical equipment
- Shortage of skilled operators of the medical equipment
- Dearth of doctors, nurses and technicians
- Overall irregularities in the management system
- Filthy and unhygienic physical environment at the service-providing institutions
- Lack of empathy at the service providers' end for the patients
- Scarcity of power and water
- Pilferage of drugs and medicines
- Low quality of food provided to the patients
- Dominance of the hospitals by local brokers, cheats and terrorists
- Scattered incidents of system-overpowering by certain officers and staff
- Lack of sense of responsibility and accountability
- All-pervading management weaknesses

The prime cause of this crippling situation of the health system is that while the population and number of patients have increased at an alarming rate, the establishment and management of service-providing institutions did not keep pace with the increasing demand. Various unplanned and scattered steps taken in the past for temporary fulfillment of needs, deflecting immediate pressure for providing services, or for attaining political motives - all resulted in an overall imbalance in this sector. The flow of health services thus failed miserably to keep up with the increasing health awareness and the enhanced expectations of the people from the health care system. This led to a lack of trust of the people in the health system.

A lion's share of the country's health infrastructure and health service system has been established under the Government's management and control. The involvement of the private sector is still insignificant and limited to two to three cities of the country. Whereas globally, private institutions have been competing successfully with governmental institutions in the area of health service. Today, the scale of public sector management in the health sector is diminishing in most countries.

None of the past governments had ever allocated more than 3 per cent of the total budget to the health sector. The present government, despite its overall increased

\textsuperscript{2} Education Wing Report, Planning Commission- 2000.
\textsuperscript{3} BBS Data Sheet, 1999.
expenditure in this sector, is spending merely US $3.6 per head. Whereas the total per capita expenditure to ensure minimum health service would require US $12. We cannot obtain a higher level of services by spending such small amount of money given the existing management weaknesses. It is now for the government to decide how much of the total national resources available at its disposal should be utilized for provision of better health services.

It is thus necessary to formulate a health policy to sustain and boost national development and to ensure people's health so as to build a self-sustaining, courageous and active population that will be able to face the challenges posed by the 21st century.

Bangladesh has built up a praiseworthy health infrastructure in this region. Although the expanse of this infrastructure spreads over both rural and urban areas, the quality of services being rendered is rather poor. There is still an acute gap between the physical infrastructure and the technical infrastructure. This lack in parity is largely responsible for the existing weaknesses in management pattern of the health service system. This infrastructure is failing to make optimum contribution due to the lack of proper planning, coordination, inappropriateness of organizational make-up, procedural complexity and management weaknesses.

To date, Union Health and Family Welfare Centres (UHFWCs) have been established in 3,275 out of a total of 4,470 unions. Medical services are being provided with the help of medical graduates in 1,275 UHFWCs. UHFWCS could not be built in 775 remaining unions as yet. Besides, there are Upazilla Health Complexes (UZHCs) in 463 upazillas.

Statistics of various types and levels of hospitals across the country are as follows:

- 31-bed upazilla health complexes : 391
- Various types of district-level hospitals : 80
- Government medical college hospitals : 13
- Postgraduate hospitals : 6
- Specialized hospitals : 25

In addition, expansion of various types of hospitals has also taken place in the meantime. The following statistics reflect the achievements:

- Number of UZHCs upgraded from 31-bed to 50-bed capacity : 12
- Number of district hospitals upgraded from 50-bed to 100-bed capacity : 15
- Number of district hospitals upgraded from 50-bed to 75-bed capacity : 01
- Number of district hospitals upgraded from 100-bed to 120-bed capacity : 01
- Number of district hospitals upgraded from 100-bed to 150-bed capacity : 01
- Number of district hospitals upgraded from 100-bed to 250-bed capacity : 01
- Number of district hospitals upgraded from 150-bed to 250-bed capacity : 01
The total number of registered doctors serving a total population of more than 130 million\(^1\) is around 27,546\(^4\), assisted by 15,804 nurses\(^4\). The doctor to population ratio is also dismal. There is one doctor for every 4,719 persons; and one nurse, on average, for 8,226 persons\(^7\). When the rural components of the availability of doctors and nurses are viewed separately, the scenario appears more precarious. The country has a total of 40,773 hospital beds, out of which 29,402 are located in the governmental hospitals.

The health service system in Bangladesh is a three-tiered one and is as follows:

- Rural Health Infrastructure encompassing the Union Health and Family Welfare Centres and the Upazilla Health Complexes
- The District level hospitals
- Medical college hospitals and the postgraduate medical institutes.

There are 13 government medical colleges and another 13 private medical colleges in the country. The total annual enrolment of students at the government medical colleges is 1,450. The annual enrolment at the private medical colleges is 750. Around 1,500 students graduate annually from these medical colleges. We have 8 postgraduate medical institutes but the number of post-graduation and diploma courses for doctors is very limited compared to the demand. There are only 2 dental colleges, one nursing college, 44 nursing institutes, and 2 medical technology institutes in the country.

The responsibility for supplying pure drinking water and hygienic sewerage has been entrusted to an authority that operates outside the jurisdiction of the health service system, and coordination between these two authorities is rather weak. Knowledge on nutrition is scanty and countrywide implementation of nutrition programs is insignificant. However, a pragmatic step has been taken in the field of nutrition programs through the recent launching of the Bangladesh Integrated Nutrition Project. But there is still room for expansion of the activities of this project.

Although there are intensive programs for population control spreading from the field level up to the centre, these activities are not coordinated or coherent with those of the health service system at the upazilla and other levels.

Despite the country's constant sufferings in inadequate health infrastructure and manpower, certain achievements have been made in this sector. The countrywide fertility has come down from the pre-liberation rate of 6.3 to 3.3\(^5\). The infant mortality rate has reduced from 144 per thousand to 57 per thousand\(^4\), but this rate still calls for further reduction. Our most recent achievement in the health sector lies in the area of the integrated immunization program. The rate of immunization has increased from 10 per cent to 68.7 per cent during the last 5 years. Consequently, infant mortality has

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\(^1\) Bangladesh Economic Review 2000, Finance Division, Ministry of Finance
\(^4\) BBS Data Sheet 1999.
reduced to 39.58 per cent. Though the countrywide health indicators show such signs of improvement, our child and maternal mortality rates are still significantly high. The overall level of malnutrition is alarming. Thousands of children still die due to diarrhoea. This morbid disease is the cause of 25 per cent of mortality of children under 5. Besides, thousands of other people are dying due to such infectious diseases as tuberculosis, leprosy etc. In addition, we are also plagued by other fatal diseases like HIV/AIDS etc.

We need a way out of this unacceptable and sensitive health situation. We must design programs and prepare ourselves to face the challenges of the new century with resolute conscience, courage and wisdom. It is important that we focus sharply on the current reality without any emotional bias. Towards this objective, both government and concerned organizations have to take distinct steps. Most importantly, the catalytic factor will be the sincerity of all those associated with the health service system. The only way to give the country a reliable and self-dependent health care system is through designing and implementing a modern, scientific and time-worthy health policy.
GOAL AND OBJECTIVES OF
THE NATIONAL HEALTH POLICY
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The goal of the National Health Policy will be

To make necessary basic medical utilities reach people of all strata as per Section 15 (A) of the Bangladesh constitution and develop the health and nutrition status of the people as per Section 18 (1) of the Bangladesh Constitution;

Second

To develop system to ensure easy and sustained availability of health services for the people, especially the poor communities in both rural and urban areas;

Third

To ensure optimum quality, acceptance and availability of primary health care and governmental medical services at the upazilla and union levels;

Fourth

To reduce the intensity of malnutrition among people, especially children and mothers; and implement effective and integrated programs for improving nutrition status of all segments of the population;

Fifth

To undertake programs for reducing the rates of child and maternal mortality within the next 5 years and reduce these rates to an acceptable level;

Sixth

To adopt satisfactory measures for ensuring improved maternal and child health at the union level, and install facilities for safe and hygienic child delivery in each village;

Seventh

To improve overall reproductive health resources and services;

Eighth

To ensure the presence of full-time doctors, nurses and other officers/staff, provide and maintain necessary equipment and supplies at each of the upazilla health complexes and union health and family welfare centres (UHFWCs);
Ninth
To devise necessary ways and means for the people to make optimum usage of the available opportunities in government hospitals and the health service system, and to ensure satisfactory quality management, cleanliness of service delivery at the hospitals;

Tenth
To formulate specific policies for medical colleges and private clinics, and to introduce laws and regulations for the control and management of such institutions including maintenance of service quality;

Eleventh
To strengthen and expedite the family planning program with the objective of attaining the target of Replacement Level of Fertility;

Twelfth
To explore ways to make the family planning program more acceptable, easily available and effective among the extremely poor and low-income communities;

Thirteenth
To arrange special health services for the mentally retarded, the physically disabled and elderly populations;

Fourteenth
To determine ways to make family planning and health management more accountable and cost-effective by equipping it with more skilled manpower;

Fifteenth
To introduce systems for treatment of all types of complicated diseases in the country, and minimize the need for foreign travel for medical treatment abroad.

The Ministry of Health and Family Welfare (MOHFW) constituted a National Health Policy Formulation Committee on 28-08-1403 BS/December 12, 1996 AD (Annexure I). Later on, following a decision of this committee, five separate sub-committees operated for more than one year and then submitted their respective recommendations in the form of five different reports (Annexure II: Composition and Scope of Work of the Five Sub-Committees). A Working Group was then formed and entrusted with the responsibility of compiling the recommendations made in those five reports, arranging workshops in each of the six administrative divisions to collect opinions of people from cross-sections of the society on these reports (Annexure III).
Outline and Responsibilities of the Working Group. As per prior decision, the Working Group compiled the five sub-committee reports, collected opinions of people from various social strata on these reports in six workshops held in six divisions for this purpose, and, finally, presented the proposals and recommendations of the people regarding the health policy obtained in the workshops to the National Health Policy Formulation Committee. A report on the health policy was thus formulated on the basis of a consensus (Annexure IV: List of Participants at the Division-Wise Workshops).
POLICY PRINCIPLES
POLICY PRINCIPLES

The following policy principles have been adopted in order to attain the foregoing goals and objectives:

i. To create awareness among and enable every citizen of Bangladesh irrespective of caste, creed, religion, income and gender, and especially children and women, in any geographical region of the country, through media publicity, to obtain health, nutrition and reproductive health services on the basis of social justice and equality through ensuring everyone's constitutional rights;

ii. To make the essential primary health care services reach every citizen in all geographical regions within Bangladesh;

iii. To ensure equal distribution and optimum usage of the available resources to solve urgent health-related problems with focus on the disadvantaged, poor and unemployed persons;

iv. To involve the people in various processes like planning, management, local fund raising, spending, monitoring and review of the procedure of health service delivery etc. with the aim of decentralizing the health management system and establishing people's rights and responsibilities in this system;

v. To facilitate and assist in the collaborative efforts between the government and the non-government agencies to ensure effective provision of health services to all;

vi. To ensure availability of birth control supplies through integration, expansion and strengthening of the family planning activities;

vii. To carry out appropriate administrative restructuring, decentralization of the service delivery procedure and the supply system, and to adopt strategies for priority-based human resource development aimed at overall improvement and quality-enhancement of health service, and to create access of all citizens to such services;

viii. To encourage adoption and application of effective and efficient technology, operational development and research activities in order to ensure further strengthening and usage of health, nutrition and reproductive health services;

ix. To provide legal support with regard to the rights, opportunities, responsibilities, obligations and restrictions of the service providers, service receivers and other citizens, in connection with matters related to health service; and

x. To establish self-reliance and self-sufficiency in the health sector by implementing the primary health care and essential services programs, in order to fulfill the aspirations of the people for their overall sound health and access to reproductive health care.
POLICY STRATEGIES
POLICY STRATEGIES

In keeping with the purposed goals, objectives and principles, the following policy strategies will be adopted:

i. An appropriate implementation of the Health Policy needs mass-scale consensus and commitment that will facilitate socio-economic, social and political development.

ii. Prevention of diseases and health promotion will be emphasized to achieve the basic objective of "Health for All". The Health Policy focuses on provision of the best possible health facilities to as many people as possible using cost-effective methods, and will thus ensure effective application of the available curative and rehabilitative services.

iii. As primary health care is the universally recognized methodology to provide health services, this will be adopted as the major component of the National Health Policy in order to ensure delivery of cost-effective health services.

iv. The Drug Policy will be liberalized and improved in keeping with the Health Policy to fulfil the overall needs for health services. There is need to ensure smooth availability of essential medicines focusing on the current needs for such medicines and their efficacy, including their affordability by all people. Necessary steps will be taken to maintain quality standards of the marketed medicines and raw materials used therein, and to rationalize the usage of medicines. In this line, the required number of skilled manpower will be acquired in the drug administration of the country.

The health policy will ensure distribution of birth control supplies and make improvements in the management of the domestic sources of the same, including encouragement of the domestic entrepreneurs for production of such commodities.

v. Epidemiological surveillance method will be integrated with the disease control programmes. A specific institution will be entrusted with the responsibility of such surveillance.

vi. The basic principles for ensuring quality standards in health care at various health centres will be adhered to. Standard quality assurance guideline including monitoring and evaluation will be provided to every health centre.

vii. A Health Services Reforms Body will be formed based on the Health and Population Sector Strategy aiming at meeting the current demand. The role of the Health Services Reforms Body will be to render the following services:

- Infrastructure reforms,
• Acquisition of human resources,
• Planning and implementation of programs for development of human resources related to the health sector,
• Career planning of the staff,
• Inspection of supplies and logistics,
• Consultations on how to effect overall development of health service including its management styles etc.

Recommendations will be implemented in phases based on the availability of necessary resources.

viii. An appropriate and need-based approach to develop human resources will be designed in order to maximize the utilization of the knowledge and skills of health-related personnel. A number of posts will be created with a view to promoting the eligible staff at the grassroots level on the basis of their seniority and skills acquired. Special care will be taken to ensure that no staff’s promotion is held up.

While a staff is sent for training outside his or her own organization, necessary replacement will be put in place for the term of that training, that is, no training leave may be allowed without replacement.

ix. The people and the local government will be integrated with the health service system at all levels.

x. An Integrated Management Information System (IMIS) and a computerized communication system will be installed countrywide, to facilitate implementation, action planning and monitoring.

The existing information management system will be further strengthened by recruiting more efficient and eligible incumbents. To this purpose, extensive and appropriate training will be arranged, and the available manpower will be expanded and their skills enhanced.

xi. The Bangladesh Medical and Dental Council (BMDC) and the Bangladesh Nursing Council (BNC) will be restructured and strengthened in order to ensure strict supervision of medical practitioners’ registration, their quality of skills, and related ethical issues.

With a view to maintaining the required quality standards of the performance, education and training of the pharmacists, medical technologists and other paramedics, the Pharmacy Council and the State Medical Faculty will be restructured and organized.

xii. Various professional organizations, such as, Bangladesh Medical Association (BMA), Bangladesh Private Medical Practitioners Association (BPMPA), and the unani, ayurvedic and homeopathic societies etc. will be integrated with the country's health service system.
xiii. Need-based medical education and training will be made more people-oriented and updated.

xiv. Arrangements will be made for institutional training, on such issues as management and administration, for improving the doctors’ management capabilities.

xv. Regular training will be provided to the medical practitioners, teachers, nurses, paramedics and other staff at all levels in both public and private sectors through a specific institution. The following types of courses will be offered from there:

- Reorientation Course,
- Continuing Medical Education Program,
- Administrative and Management Courses etc.

In order to create the required facilities for offering such training, a National Training Institute will be established.

taxi. To ensure efficient health services, the management of the medical colleges/institutions and related hospitals will be improved, and higher levels of financial and administrative power will be delegated to them.

taxi. Nutrition and health education will be emphasized, as these are the major driving forces of health and family planning activities. There will be one nutrition education unit and one health education unit in each upazilla, so that they can reach every village of Bangladesh.

Information on health education will be disseminated to the people through incorporating the community leaders and other departments or organizations of the government in the health service system. One of the goals of the health service system will be to improve the nutrition status of the people.

xviii. The government hospitals and clinics will charge a minimum fee from the patients, but there will also be provision for cost-free medical treatment to the poor and the disabled.

xix. NGOs and other private organizations will be encouraged to perform a role complementary to those of the government in the light of the governmental rules and policy.

xx. Infra-structure and transportation will be developed to minimize the disparity in access to health services between rural and urban populations. In order to ensure presence of every officer and staff of the health service system at their respective workplaces and their efficient services, development of education facilities and improvement of the social environment in those neighbourhoods will be made.
xxi. Arrangements will be made to pay non-practicing allowances to those
government doctors/trainee doctors who act as full-time and resident doctors,
thus making them refrain from private medical practice.

Doctors working at a government medical college, hospital or health center
opting for private medical practice using the facilities at the medical college,
hospital or health centre, will be allowed to do so only under a clear policy.

xxii. Accountability of all concerned in the health service system will be ensured. An
adequate procedure will soon be designed to strengthen accountability and
ensure quick and strict legal disposal of cases relating to negligence of duties.

xxiii. A national level health-and-population council will be formed under the
leadership of the Head of the Government. This council will provide support
and advice on the implementation of the National Health Policy and will ensure
effectiveness and accountability of the health service system. The local and
regional councils will monitor the health-related activities in their respective
areas, including review of composition, application and supervision of the
primary health care provided to the people.

xxiv. Inter-sectoral coordination and linkages will be strengthened by way of utilizing
the resources at the disposal of concerned sectors for quick solution of the
health-related problems.

xxv. Research on various management styles and their effectiveness, clinical
services, approach to diagnoses, social and behavioral aspects of human
beings, epidemics etc. will be encouraged by the government.

Information dissemination system will be strengthened, especially by involving
the private organizations, in order to make IEC (information, education and
communication) reach the grassroots level.

A sound referral system will be designed and installed, and its usage will be
strictly supervised, so that a linkage can be established among primary health
care activities at various tiers ultimately increasing the efficacy of this system.

xxvi. Duplication of activities from different projects, programs and activities will be
avoided. In this connection, a policy-planning cell will be established in the
Ministry of Health and Family Welfare, through which effective and sustainable
coordination may be ensured.

xxvii. The goal of the Health Policy will be to provide personal or client-centred health
and reproductive health service, so that an individual can have the opportunity
to select services according to his/her personal needs. This pattern of service-
delivery will be considered an important approach of the National Health Policy
and will contribute to a reduction in the rate of unwanted pregnancies.
xxviii. Governmental allocation of expenditure budget for health centres from the districts to the community level may be redistributed within reasonable flexibility. This redistribution of expenditure budget will provide increased benefits to the poor and destitute communities. As a result, expenses will be optimized and health service will be easily available.

xxix. Alternative health service systems, such as ayurvedic, unani and homeopathic practices will be incorporated into the National Policy. Encouragement will be given to the principle of making these three disciplines of medical science more scientific and time-worthy towards enabling the practitioners in these disciplines to contribute to the country’s health service. Government will provide appropriate support to these systems through enhancing grants and arranging proper training in these areas, and ensure monitoring of the quality of services rendered through these systems.

xxx. The arrangement for delivery of Essential Services Package (ESP) among the people from a single one-stop health service centre will be considered the appropriate strategy for provision of primary health care. This will be introduced throughout the country. For this purpose, well-planned and useful training will also be arranged at the upazilla health complexes.

xxxi. All development activities in the health sector will be conducted through a sector-wide management system.

xxxii. In order to bring every citizen of the country under coverage of this health service system, one community clinic will be established to serve every 6,000 persons. An MBBS-doctor will be deployed in each Union Health and Family Welfare Centre, and each of these centres will also be equipped with residence facilities for the doctor.

Multi-dimensional problems at various tiers of the physical and technical infrastructures of the health service system and among the manpower employed have been creating bottlenecks towards effective provision of health services. These colossal problems accumulated over a long period of time and cannot be solved in a day. Therefore, a comprehensive plan for efficient solution of the existing problems must be formulated urgently after elaborate consideration of the issues involved. Only way to an effective health service system lies in timely modification, reform and correction of the country’s traditional health service through adoption and implementation of a transparent health policy.
NOTIFICATION

It is essential to have a realistic and effective policy for ensuring provision of health and family welfare services to the people. It is now urgently felt that a realistic policy should be formulated in order to ensure quality of health services, to introduce time-worthy medical education; and to solve various problems of the doctors and other professionals. With this objective in view, a National Health Policy Formulation Committee comprising the following members has been formed:

<table>
<thead>
<tr>
<th>No.</th>
<th>Name and Designation</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Mr. Salihuddin Yusuf, Honourable Minister, Ministry of Health and Family Welfare</td>
<td>Chairman</td>
</tr>
<tr>
<td>02.</td>
<td>Prof. Dr. A. Q. M. Bedruddoza Chowdhury, Honourable Deputy Leader of the Opposition in Parliament</td>
<td>Member</td>
</tr>
<tr>
<td>03.</td>
<td>Prof. Dr. M. Amanullah, Honourable State Minister, Ministry of Health and Family Welfare</td>
<td>Member</td>
</tr>
<tr>
<td>04.</td>
<td>Mr. Syed Shamim Ahsan, Senior Policy Adviser, NiPHP, Dhaka</td>
<td>Member</td>
</tr>
<tr>
<td>05.</td>
<td>Mr. Manzoor Ul Karm, Senior Adviser – UNICEF, and Team Leader – Bangladesh Integrated Nutrition Project</td>
<td>Member</td>
</tr>
<tr>
<td>06.</td>
<td>Prof. Dr. Nurul Islam, National Professor</td>
<td>Member</td>
</tr>
<tr>
<td>07.</td>
<td>Director General, Directorate General of Military Health</td>
<td>Member</td>
</tr>
<tr>
<td>08.</td>
<td>Director General, Directorate of Health Services, Dhaka</td>
<td>Member</td>
</tr>
<tr>
<td>09.</td>
<td>Director General, Directorate of Family Planning, Dhaka</td>
<td>Member</td>
</tr>
<tr>
<td>10.</td>
<td>Director, IPGMR, Dhaka</td>
<td>Member</td>
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<tr>
<td>11.</td>
<td>Prof. Dr. Syeda Firoza Begum</td>
<td>Member</td>
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<tr>
<td>12.</td>
<td>Dr. Mostafa Jalal Mohiuddin</td>
<td>Member</td>
</tr>
<tr>
<td>13.</td>
<td>Principal, Dhaka Medical College, Dhaka</td>
<td>Member</td>
</tr>
<tr>
<td>14.</td>
<td>Prof. M. Q. K. Talukder</td>
<td>Member</td>
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<tr>
<td>15.</td>
<td>Prof. Rashiduddin Ahmed, IPGMR, Dhaka</td>
<td>Member</td>
</tr>
</tbody>
</table>
2. Scope of Work of the Committee:

2.1 Formulation of a draft National Health Policy for consideration of the same by the government;

2.2 Recommending ways to ensure the access of people of all strata to quality essential services;

2.3 Exploring ways to ensure easy availability of health services for the people, especially the poor in both rural and urban areas;

2.4 Recommending ways to ensure maintenance of quality standards, acceptance and easy availability of primary health service and governmental health service at the thana and union levels;

2.5 Finding out effective and integrated programs for reducing the level of malnutrition among the people, especially the children and mothers, and for enhancing nutrition of every citizen in general;

2.6 Adopting a program to reduce the existing rates of maternal and child mortality down to an acceptable level within the next 5 years;

2.7 Taking necessary steps down to the union level for improvement of mother and child health, emergency obstetric care (EOC) and pediatric treatment, and arrangement of safe and hygienic child-delivery facilities at every village;

2.8 Creation of facilities related to reproductive health (RH), and utmost development of the RH system;
2.9 Ensuring the presence of full-time doctors, nurses, other related officers/staff, and necessary equipment and medicines including their proper maintenance at every thana health complex and union health and family welfare centre;

2.10 Exploring ways to make full usage of the hospitals/available health service facilities by the people;

2.11 Making arrangements to maintain the quality standards of the management, cleanliness and services delivered in hospitals at various levels;

2.12 Formulating specific policies with regard to the private medical colleges and clinics, and introducing laws relating to the control, management and service quality of these institutions;

2.13 Adoption of effective steps for strengthening and expediting the family planning program, and ensuring replacement level of fertility by the year 2005;

2.14 Facilitating best possible coordination and understanding between the health and family planning cadres, and motivating all concerned officers/staff to work for achievement of the target goals of the Government's Health Policy;

2.15 Assessing the need for staffing pattern in any health or family planning-related institution to the satisfaction of the institutional authority as well as following the actual need for the same; and maintaining the optimum numbers of officers, doctors, nurses, technicians and all types of officers/staff in each of these institutions;

2.16 In addition to the cost-free and low-cost health services being provided to the people, review of the proposal to introduce cost-sharing of the government's health services and put a set of recommendations following such a review;

2.17 Creating opportunities for participation of NGOs in delivery of health and family planning services;

2.18 Effecting stronger public support to the health and family planning program, and integration and participation of communities at all levels;

2.19 Implementing the goal of "Health for every Bangladeshi" by the year 2000 or any other timeframe, as revised by WHO;

2.20 Deciding on different programs, projects and strategies through an integrated sector strategy in the management of health and family planning;

2.21 Exploring ways to make the family planning program more acceptable, easily available and effective among the extremely poor and extreme low-income communities;

2.22 Taking up precautionary measures against communicable diseases especially STD/AIDS, and adoption of steps for prevention and control of such diseases;
2.23 Identifying an approach for making the management of health and family planning activities more skilled, accountable and cost-effective;

2.24 Introducing arrangements for satisfactory treatment of all complicated diseases in the country, and consequently curtailing the need for foreign travel on medical grounds;

2.25 Assuring appropriate allocation of resources and appropriate usage of the available resources catering to the actual needs of the health and family planning sector;

2.26 The Committee reserves the right to include any other relevant issue that it (the Committee) deems fit for inclusion herein;

3. The Committee will take on the following steps in relation to the formulation of the National Health Policy:

3.1 Review of all related reports prepared in the past, and invitation and consideration of the opinions of all professional organizations and individuals related to this sector;

3.2 Visiting the health-related institutions of Bangladesh;

3.3 If required, inducting any individual as a member/adviser, and forming a technical sub-committee.

4. In course of preparation of the Health Policy, the Committee will have the authority to ensure participation of any concerned individual or office under the Ministry of Health and Family Welfare.

5. The Committee will recommend appropriate strategies and an activity plan for implementation of the Health Policy.

6. The Committee will submit its report to the government within 3 (three) months following the date of its (the Committee's) first meeting.

7. The Ministry of Health and Family Welfare will provide secretarial assistance to the Committee and will arrange necessary funds to support the Committee's activities.

By order of the President

(M. Azizur Rahman)
Joint Secretary (Hospitals and Public Health)

Deputy Controller
Bangladesh Government Press
The Government formed the following five sub-committees with the objective of formulating the draft National Health Policy in a decision taken at the meeting dated 21-01-97 of the National Health Policy Formulation Committee:

Sub-Committee-1: Sub-Committee for Reviewing and Evaluating the Existing Situation of Health Services and Determining the Goal of these Services

<table>
<thead>
<tr>
<th>No.</th>
<th>Member Description</th>
<th>Position</th>
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<tbody>
<tr>
<td>i.</td>
<td>Prof. Dr. M. Amanullah, Honourable State Minister, Ministry of Health and Family Welfare</td>
<td>Convener</td>
</tr>
<tr>
<td>ii.</td>
<td>Prof. M. A. Majed, Chairman, BMA</td>
<td>Member</td>
</tr>
<tr>
<td>iii.</td>
<td>Mr. Syed Shamim Ahson, Senior Policy Adviser, NiPHP, Dhaka</td>
<td>Member</td>
</tr>
<tr>
<td>iv.</td>
<td>Mr. Manzoor Ul Karim, Senior Adviser, UNICEF</td>
<td>Member</td>
</tr>
<tr>
<td>v.</td>
<td>Mr. Fazle Hasan Abed, Executive Director, BRAC</td>
<td>Member</td>
</tr>
<tr>
<td>vi.</td>
<td>Director General, Directorate of Health Services</td>
<td>Member</td>
</tr>
<tr>
<td>vii.</td>
<td>Prof. Abu Ahmed Chowdhury, Chairman, BMDC</td>
<td>Member</td>
</tr>
<tr>
<td>viii.</td>
<td>Director General, Directorate of Family Planning</td>
<td>Member</td>
</tr>
</tbody>
</table>

The Scope of Work of the Sub-Committee will be as follows:

- Stock taking of the scope, extent and situation of the services being provided by health service system at various levels
- Determining the target goal and objectives of the Health Policy
- Making recommendations for maximum and best possible utilization of the prevailing physical infrastructure and other facilities
- Recommending steps towards integration of the Health and Population Sector Strategy (HPSS) and the Health Policy
- Suggesting remedial measures for improvement of the existing situation of the health service system
- Finding out ways for motivating the officers and staff of all levels in the health sector to render time-worthy services from their existing situation
- Suggesting ways to make IEC (information, education and communication) more time-worthy.
The Director of IPHN will provide secretarial services to this sub-committee. A PO, a stenographer, and an MLSS will remain attached, among other provisions, to these secretarial services. The Director of IPHN, in order to facilitate proper functioning of the sub-committee, will provide all other support required by it. The Committee, if necessary, can co-opt the issue-specific professionals/organizations/chiefs or other representatives of such organizations.

Sub-Committee-2: Sub-Committee for Formulation of Policies to Ensure Essential Services

<table>
<thead>
<tr>
<th>i.</th>
<th>National Professor Dr. Nurul Islam</th>
<th>Convenor</th>
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<tbody>
<tr>
<td>ii.</td>
<td>Prof. M. A. Majed, Chairman, BMA</td>
<td>Member</td>
</tr>
<tr>
<td>iii.</td>
<td>Mr. Syed Shamim Ahsan, Senior Policy Adviser, NIPHP, Dhaka</td>
<td>Member</td>
</tr>
<tr>
<td>iv.</td>
<td>Mr. Manzoor Ul Karim, Senior Adviser, UNICEF</td>
<td>Member</td>
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<tr>
<td>v.</td>
<td>Prof. A. B. M. Ahsanullah</td>
<td>Member</td>
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<tr>
<td>vi.</td>
<td>Prof. M. Q. K. Talukder</td>
<td>Member</td>
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<tr>
<td>vii.</td>
<td>Dr. Mostafa Jalal Mohiuddin</td>
<td>Member</td>
</tr>
<tr>
<td>viii.</td>
<td>Mr. Khoda Dad Ahmed, Chairman of the Homeopathic, Ayurvedic and Unani Federation</td>
<td>Member</td>
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</tbody>
</table>

The Scope of Work of the Sub-Committee will be as follows:

- Identification and recommendation of the necessary steps required for reduction of maternal and child mortality
- Making recommendations for elimination of malnutrition, especially of children and mothers
- Recommending ways to intensify primary health care and preventive care
- Recommending ways to maintain status quo regarding mortality and birth rates within the year 2005
- Laying down the steps for attainment of "Health for All"
- Suggesting the approach for enhancement of quality of health services at the thana and union levels
- Recommending how to ensure EOC (emergency obstetric care) at the union level
- Identification of the necessary measures required for prevention and control of AIDS and STDs
- Suggesting steps toward optimizing (expanding or restricting) manpower and logistics at the thana and union levels aimed at quality control at these levels.

The Principal of the Dhaka Medical College will provide secretarial services to this sub-committee. A PO, a stenographer, and an MLSS will remain attached, among other
provisions, to these secretarial services. The Principal of the Dhaka Medical College, in order to facilitate proper operations of the sub-committee, will provide all other support required. The Committee, if necessary, can co-opt the issue-specific professionals, organizations, chiefs or other representatives of such organizations.

Sub-Committee-3: Sub-Committee for Formulation of Policies to Ensure Hospital-Based Services

| i.  | Prof. Dr. M. Amanullah, Honourable State Minister, Ministry of Health and Family Welfare | Convenor |
| ii. | Prof. M. Taher, Director, IPG M &R | Member |
| iii. | Prof. Rashiduddin Ahmed, IPG M &R | Member |
| iv. | Dr. Quazi Shahidul Alam, Secretary General, BMA | Member |
| v. | Mr. Ijabul Sobhan Chowdhury | Member |
| vi. | Prof. Dr. Syeda Firoza Begum, Gynaecological Specialist, House 19/E, Road 6, Dhanmondi R. A., Dhaka | Member |

The Scope of Work of the Sub-Committee will be as follows:

- Recommendations for ensuring improved management system in all hospitals
- Making recommendation of necessary steps for management and control of improved services in private medical colleges and clinics
- Recommendation of facilities to ensure treatment of complicated diseases
- Recommending necessary steps after critical analysis of the issue of provision of a higher level of autonomy
- Making recommendations on the existing need for and usage of electro-medical equipment.

The Director of NIPSOM will provide secretarial services to this sub-committee. A PO, a stenographer, and an MLSS will remain attached, among other provisions, to these secretarial services. The Principal of the Dhaka Medical College, in order to facilitate proper functioning of the sub-committee, will provide all other support required. The Committee, if necessary, can co-opt the issue-specific professionals/organizations/chiefs or other representatives of such organizations.

Sub-Committee-4: Sub-Committee for Designing Strategies to Develop, Manage and Implement Human Resource Development Plans

| i.  | Mr. Manzoor Ul Karim, Senior Adviser, UNICEF | Convenor |
| ii. | Mr. Fazle Hasan Abed, Executive Director of BRAC | Member |
| iii. | Director General, Directorate of Health Services | Member |
| iv. | Director General, Directorate of Family Planning | Member |
| v. | Director General, Directorate General of Military Health Service | Member |
| vi. | Prof. Rashiduddin Ahmed, IPGM & R | Member |
The Scope of Work of the Sub-Committee will be as follows:

- Recommendations for enhancement of coordination between the cadres of health and family planning
- Suggesting steps toward improved management of the health service system
- Recommendations for effecting appropriateness, accountability and cost-effectiveness in the health sector
- Recommendation of specific steps necessary for effecting human development and appropriate staffing pattern in the health sector
- Suggesting realistic incentives and other necessary steps to ensure full-time presence of the health service providers at all levels
- Making recommendations for integrating the local government bodies with the health service system to improve quality of health services and to install a system of accountability.

BRAC will provide secretarial services to this sub-committee. BRAC, in order to facilitate proper functioning of the sub-committee, will provide all other support required by it. The Committee, if necessary, can co-opt the issue-specific professionals/organizations/chiefs or other representatives of such organizations.

Sub-Committee-5: Sub-Committee for Integration of NGOs and the Private Sector, and Planning of Sources and Utilization of Funds

| i.  | Prof. A. Q. M. Bodrutooza Chowdhury | Convenor |
| ii. | Mr. Syed Shamim Ahsan, Senior Policy Adviser, NIPHP, Dhaka | Alternate Convenor and Member |
| iii. | Prof. A. K. Azad Chowdhury, Vice Chancellor, University of Dhaka | Member |
| iv.  | Dr. Quamruzzaman, Dhaka Community Hospital | Member |
| v.   | Mr. Fazle Hasan Abed, Executive Director, BRAC | Member |
| vi.  | Dr. Mostafa Jalal Mohiuddin, Former Secretary General, BMA | Member |
| vii. | Dr. Moniruzzaman Bhuiyan, Secretary General, BPMPA | Member |

The Scope of Work of the Sub-Committee will be as follows:

- Making recommendations for financing and allocation of resources to the health sector
- Making necessary recommendations after studying the feasibility of introduction of a health insurance system
- Recommendations after reviewing the feasibility of cost-sharing
- Suggesting various effective steps to encourage the NGOs and the private sector
- Making appropriate recommendations after studying the feasibility of allowing the hospitals to use the income earned by them
- Suggesting necessary steps to ensure provision of health services to the poor and the under-served population.
The Director of NIPSOM will provide secretarial services to this sub-committee. A PO, a stenographer, and an MLSS will remain attached, among other provisions, in these secretarial services. The Director of NIPSOM, in order to facilitate proper functioning of the sub-committee, will provide all other support required by it. The Committee, if necessary, can co-opt the issue-specific professionals/organizations/chiefs or other representatives of such organizations. The Health Economics Unit will provide technical advice and support to this sub-committee.

Signed/-
(Muhammed Ali)
Secretary

Deputy Controller, Bangladesh Forms and Publications Office
Tejgaon, Dhaka.
Outline and Responsibilities of the Working Group

Members of the Working Group:

1. Prof. Dr. M. Amanullah, Honourable State Minister, Ministry of Health and Family Welfare.
3. Dr. Quazi Abu Yousuf, Honourable Member of the Parliament and Chairman, Sub-Committee on Ministry of Health and Family Welfare.
4. Dr. Rustam Ali Farazi, Honourable Member of the Parliament.
5. Prof. A. K. Azad Chowdhury, Vice-Chancellor, University of Dhaka, Dhaka.
6. Mr. Syed Shamim Ahsan, Senior Policy Adviser, NIPHP, Dhaka.
7. Mr. Manzoor Ull Karim, Senior Adviser, UNICEF, Dhaka.
8. Mr. Muhammad Aftabuddin Khan, Joint Secretary (Hospital Management and Gender Issues).
9. Director General, Directorate of Health Services, Mohakhali, Dhaka.
10. Dr. Rashid-E-Mohmub, Chairman, Bangladesh Medical Association (BMA).
11. Dr. Mostafa Jalal Mohiudddin, Secretary General, Bangladesh Medical Association (BMA).
12. Prof. Dr. Rashiduddin Ahmed, Professor, Department of Neuro-Surgery, IPGMR, Dhaka.
13. Dr. Moniruzzaman Bhuiyan, Secretary General, Bangladesh Private Medical Practitioners Association.
14. Chairman of Unani, Ayurvedic and Homeopathic Federation.

Responsibilities of the Working Group:

1. Preparing the draft of the National Health Policy based on compilation of the five different reports submitted by separate sub-committees.

2. Arranging one workshop in each of the six administrative divisions to collect the opinion of people from all occupations and strata on the draft of the National Health Policy.

3. Making a presentation of the recommendations from the workshops to the Main Committee and making necessary modifications to the draft of the National Health Policy based on the suggestions and decisions of the Main Committee.
Divisional Workshops

<table>
<thead>
<tr>
<th>Division</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>Dhaka</td>
<td>15.03.98</td>
<td>Mymensingh</td>
</tr>
<tr>
<td>Khulna</td>
<td>19.03.98</td>
<td>Khulna</td>
</tr>
<tr>
<td>Barisal</td>
<td>22.03.98</td>
<td>Barisal</td>
</tr>
<tr>
<td>Sylhet</td>
<td>22.03.98</td>
<td>Sylhet</td>
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<tr>
<td>Chittagong</td>
<td>24.03.98</td>
<td>Chittagong</td>
</tr>
<tr>
<td>Rajshahi</td>
<td>29.03.98</td>
<td>Bogra</td>
</tr>
</tbody>
</table>

List of Participants

1. Health Assistants
2. Family Welfare Assistants
3. Family Welfare Visitors
4. Health Inspectors
5. Assistant Family Planning Officers
6. Thana Family Planning Officers
7. Thana Health and Family Planning Officers
8. Thana Nirbahi Officers
9. Union Parishad Chairmen
10. Chairmen of Municipalities
11. Religious Leaders
12. Pharmacists
13. Village Doctors
14. Midwives
15. Labourers/Rickshaw-pullers
16. Nurses
17. Deputy Commissioners
18. Civil Surgeons
19. Deputy Directors of Family Planning
20. Divisional Director, Health
21. Divisional Director, Family Planning
22. Divisional Commissioners
23. School Teachers (Male)
24. School Teachers (Female)
25. Eligible Couples (Husbands)
26. Eligible Couples (Wives)
27. NGO Representatives
28. Local Newsmen
29. Members of the Parliament (Party in Power)
30. Members of the Parliament (Party in Opposition)
31. Lawyers
32. BMA Representatives
33. University/College Teachers
34. Representatives of Private
   Medical Practitioners' Association
35. Representatives of Ayurvedic,
   Unani and Homeopathic Federation
36. Representatives of Local Chambers
   Commerce
37. Principals of Medical Colleges
38. Medical Assistants
39. Boatmen
40. A Chronic Patient Who Receives
    Frequent Medical Services
41. Office Peons
THE ALMA-ATA DECLARATION

The International conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III

Economic and social development, based on a new international Economic Order, is of basic important to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The Promotion and Protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

IV

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their people which can be fulfilled only by provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the
country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII

Primary health care:

1. reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;

2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;

3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; and adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; promotion of mental health; and provision of essential drugs;

4. involves, in addition to the health sector, all related sectors and aspects of national and community development, particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;

5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;

6. should be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;

7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.
VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be developed to peaceful aims and in particular to the acceleration of social and economic development of which primary health care as an essential part, should be allotted its proper share.

The International Conference on Primary Health care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a new international Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, non-governmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it particularly in developing countries. The conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.
THE WORLD CHILDREN'S SUMMIT

The World Summit for Children (WSC), at United Nations headquarter, was an unprecedented gathering of world leaders to promote the well-being of children. The high point of the occasion, held under the auspices of the UN in New York, was the joint signing of a world Declaration on the Survival, Protection and development of Children and a Plan of Action comprising a detailed set of child-related human development goals for the year 2000. These included targeted reductions in infant and maternal mortality, child malnutrition and illiteracy, as well as targeted increases in access to basic service for health and family planning education, water and sanitation. Of the 159 Governments represented at the Summit, 73 signed the joint Declaration and plan of Action on behalf of the world's children. The total of signatories had risen to 167 countries as October 1996.

The goals established at the 1990 World Summit for Children have had an extraordinary mobilization of power, generating a high level of commitment on behalf of children around the world, and creating new partnerships between Governments, NGOs, donors, the media, civil society and international organizations in pursuit of common purpose.

The Children's Summit also served as an important model for global mobilization, later adapted by the Earth Summit in Rio de Janeiro (1992) and the Social Summit in Copenhagen (1995). Its involvement of world's leaders and its establishment of time-bound, measurable goals were pioneering endeavours, helping to mobilize resources and commitment and shape new initiatives with clear aims and directions.

Background

Although the decade of the 1980s is often referred to as the "lost decade for development" because of serious economic and social setbacks, significant advances were made in the global status of children. These were due in large measure to collaboration between Governments, NGOs and UN organizations, especially UNICEF and WHO, in focused areas of child survival and health. The "child survival and development revolution", launched by UNICEF promoted low-cost, effective technologies such as oral rehydration therapy (ORT) and immunization against childhood diseases to improve the health of children, even as many developing countries faced economic crisis. Mobilization at national and local levels was crucial to making these technologies widely available. UNICEF and WHO showed that global mobilization for concrete goals was possible by their campaign that raised childhood immunization levels from roughly 20 percent in 1980 in developing countries to 80 percent by 1990. The Children's Summit was inspired in part by recognition that these successes formed a solid basis for broader mobilization on behalf of children.

Further progress was made in 1989, when the UN General Assembly adopted the Convention on the Rights of the Child, building on the 1959 Declaration on the Rights of the Child. An international treaty carrying the force of law, the Convention entered...
THE INTERNATIONAL POPULATION CONFERENCE

The international conference on population and development (ICPD) adopted by acclamation a Programme of Action that will guide national and international polices on population and development for the next 20 years. The programme endorses a new strategy which focuses on meeting the needs of individual women and men rather than on achieving demographic targets. It under-scores the links between development and population and seeks to enable everyone to exercise their reproductive rights, including the right to determine the number and spacing of their children, through the provision of voluntary, quality family planning and reproductive health care programmes. This should be carried out alongside efforts to increase access to education, especially for girls, and to improve primary health care delivery systems in general. In essence, the ICPD Programme of Action provides an unprecedented framework for all people to seek and enhance, freely and responsibility, their own health and well-being. Rather than viewing people as numbers and objects of government policy and considering population in isolation, the international community as made a commitment to people-centred services, based on people-centred development.

At the heart of the ICPD Programme of Action is the recognition that efforts to slow population growth eliminate gender inequality, reduce poverty, achieve economic progress and protect the environment are mutually reinforcing. The Conference called for the empowerment of women and the guarantee of reproductive rights, including the right to determine the number of one's children, as fundamentally important in their own right; it also recognized that meeting these goals would help to stabilize population growth and contribute to sustainable development.

ICPD Programme Sets 20-Year Goals in Three Related Areas

- Making family planning universally by 2015, or sooner, as part of a broadened approach to reproductive and health and rights, thus reducing infant, child and maternal mortality levels as well;
- Integrating population concerns into all polices and programmes aimed at achieving sustainable development;
- Empowering women and girls and providing them with more choices through expanded access to education and health services and to employment opportunities.

The programme emphasizes that adolescents need access to reproductive health information and services; that reproductive health programmes need to involve men as well as women; and that non-governmental organizations should help to formulate, implement and monitor programmes. The Programme of Action also made recommendations in regard to HIV/AIDS prevention, internal and international migration and unsustainable patterns of consumption and production, among other issues.
THE BEIJING WOMEN'S CONFERENCE

The Beijing Declaration and platform for action were adopted by consensus on 15 September 1995. The Declaration embodies the commitment of the international community to the advancement of women and to the implementation of the Platform for Action, ensuring that a gender perspective is reflected in all policies and programmes at the national, regional and international levels. The Platform for Action sets out measures for national and international action for the advancement of women over the five years until 2000.

If implemented, the Platform for Action will enhance the social, economic and political empowerment of women, improve their health and their access to relevant education and promote their reproductive rights. The Action plan sets time-specific targets, committing nations to carry out concrete actions in such areas as health, education, decision-making and legal reforms with the ultimate goal of eliminating all forms of discrimination against women in both public and private life.

The Conference, which brought together almost 50,000 men and women, focused on the cross-cutting issues of equality, development and peace, and analysed them from a gender perspective. It emphasized the crucial links between the advancement of women and the progress for society as a whole. It reaffirmed clearly that societal issues must be addressed from a gender perspective in order to ensure sustainable development.

The overriding message of the Fourth World Conference on Women was that the issues addressed in the Platform for Action are global and universal. Deeply entrenched attitudes and practices perpetuate inequality and discrimination against women, in public and private life, in all parts of the world. Accordingly, implementation requires change in values, attitudes, practices and priorities at all levels. The Conference signaled a clear commitment to international norms and standards of equality between men and women; that measures to protect and promote the human rights of women and girl-children as an integral part of universal human rights must underlie all action; and that institutions at all levels must be reoriented to expedite implementation. Governments and the UN agreed to promote the "mainstreaming" of a gender perspective in policies and programme.

Others Advances That Were Made in the Platform

Women's rights as human rights: The Platform takes the 1979 Convention on the Elimination of all Forms of Discrimination against Women, which recognizes violence against women as a human rights problem, one step further by asserting women's right "to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence".

Right to inherit: Traditional legal structures in many societies discriminate against women inheriting land and property. The Platform calls for a change in these structures by "enacting as appropriate, and enforcing legislation that guarantees equal rights to succession and ensure equal right to inherit, regardless of the sex of the child".