WHO Country Cooperation Strategy

Bangladesh

World Health Organization

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INTRODUCTION

The Director General of WHO has given very high importance to improving impact of its work at country level. To achieve this, WHO announced Organisation wide Country Focus Initiative (CFI) at WHA 2002. The CFI is being implemented in the countries through the mechanism of Country Cooperation Strategies developed by WHO in consultation with Government and other relevant partners. The Country Cooperation Strategies define strategic agenda for working in and with individual countries and implication and adaptation of WHO's technical response repertoire to optimally implement it. Also, as a part of organisation wide changes, CFI envisages to ensure well led, well equipped and well staffed WHO country teams who work in partnership with relevant partners at country level to support member states along WHO technical and policy lines. In this context, the Country Cooperation Strategy (CCS) for Bangladesh has been developed.

T CCS document presents WHO's strategy for cooperation w Bangladesh. Its emphasis is on an initial period 2004 – 2007.

Its overall objective is to contribute to the achievement of the Millennium Development Goals (MDG) in Bangladesh through supporting both the National Strategy for Economic Growth, Poverty Reduction and Social Development (IPRSP) and the associated Health, Nutrition and Population Sector Programme (HNPSP) which also aim to achieve MDGs.

This CCS for Bangladesh is the outcome of wide consultation between WHO and a number of Politicians e.g. Hon'ble Minister of Health, State Ministers, Senior policy level representatives of several ministries i.e. secretaries of health, education, finance, establishment along with national health and development institutions, representatives of NGOS and other development partners.

The rationale and main lines of action of the CCS were discussed and agreed with GoB during a first mission in September 2002. It took place at an opportune time when both the IPRSP and the HNSP conceptual framework were being conceptualised and thus enabled WHO both to contribute to the strategic dialogue as well as to identify the framework for this CCS which will contribute to the achievement of MDGs.

Since then, a number of consultations have taken place between Headquarter/Regional Office/Country Office to finalise this document. I wish to acknowledge the contribution of CCS team from WHO Headquarter/Regional Office/Country Office staff/GoB counterparts and the Development Partners who contributed to the lines of action mentioned in the document.

Dr Suniti Acharya
WHO Representative to Bangladesh

Background

Since Independence in 1971, Bangladesh has made significant achievements with regard to reducing poverty and improving health status.

Infant mortality has declined from 153 deaths per thousand live births in 1975 to 94 in 1990, and to 66 by 2000. Under five mortality rate declined from around 240 deaths per 1000 live births to 94 over the same period. Life expectancy at birth rose from 48 years in the mid 1970s to 61 years by 1998.

The current population of Bangladesh is 130 mi[illegible]ns, with a population density of 876 per sq. km. Total Fertility Rate declined from 6.3 in 1975 to 3.3 in 1997-99 with a consequent fall in annual population growth from 2.9 per cent per annum in the mid-1970s to 1.5 per cent in the late 1990s. Average household size is currently 4.8 persons compared with 5.5 in 1991.

During the 1990s income poverty declined by some 1.5 per cent per year. However, achieving the MDGs by 2015 will require considerable additional efforts. The overall goal of reducing income-poverty by half will require a 3.3 per cent decrease in income poverty per year over the period 2000 – 2015. This will have to be achieved for a population that is expected to reach 180 million by 2025.

With regard to health, the MMR (320 per 100000 live births) is one of the highest in South Asia and in the world outside Sub Saharan Africa. Levels of malnutrition are also amongst the highest in the world. Women and female adolescents, as well as children, are seriously affected. The DHS 1999/2000 found that 45 per cent of under-fives are stunted, 10 per cent wasted and 48 per cent underweight, 78 per cent of infants are anaemic, as are 49 per cent of women.

At the same time patterns of mortality and morbidity are changing. Based on WHO burden of disease estimates, mortality due to communicable, perinatal and maternal causes will decline from around 50 per cent to 30 per cent of total mortality during the period 1990 to 2010. Non-communicable diseases (including cardiovascular diseases, diabetes,

cancers and mental illness) will increase to around 60 per cent of total mortality. Injuries (intentional and accidental) are predicted to increase slightly from around 9 per cent to 11 per cent. Monitoring and analysis of major health risks, defining appropriate, affordable health systems responses, including engaging other sectors, will all require WHO advice and support. A particular challenge will be reorientation and strengthening the capacities of the national health system to address the transition and scale up the interventions needed to protect and improve the health status of the poor.

These projections neither take account of disturbing regional trends in HIV/AIDS and TB, nor the possible emergence and reemergence of other communicable diseases including SARS, dengue, kala azar and malaria. Strong WHO support for national surveillance and rapid response will be required in this respect. Environmental risks including the evolving problem of arsenic contamination of drinking water will also continue to occupy WHO's attention.

Against this background, Bangladesh has initiated a new, more intensive strategy for economic growth, poverty reduction and social development with the aim of achieving the MDGs. The country's longstanding group of development partners, including WHO, are expected to play important roles.

Health is an important integral component. In this regard a new Health, Nutrition and Population Programme (HNPSP) has been elaborated. The first phase of HNPSP will extend from July 2003 to June 2006. Its scope is broad, incorporating most of the current and emerging public health issues outlined above.

In the light of the substantial changes outlined above, this WHO Country Cooperation Strategy (CCS) has been elaborated with the aim of optimising WHO's impact and influence as principal development partner in the field of health.

ACCELERATING PROGRESS TO ACHIEVE THE MDGs

In strategic terms, the most significant challenge for WHO is to adjust to the shift in the way that health is perceived in the development process in Bangladesh. Until recently health was perceived primarily as one of a series of development goals and as a consumption sector. Now health is seen as a core element of the new National Strategy for Economic Growth, Poverty Reduction and Social Development. This strategy comprises five component policies, as follows:

a) pro-poor economic growth
b) human development
c) women's advancement and closing gender gaps
d) social protection
e) participatory governance

Improving health outcomes for the poor, through protecting, promoting and improving health status, is central to the human development component which aims to radically improve the capabilities of the poor. Health outcomes are also intimately linked to the women's advancement and social protection components as well. There is also an important linkage with the fifth component since improving the performance of the health sector itself will require action with regard to governance – including increased accountability to the public, especially the poor.

WHO will need to monitor and maintain linkages with all of these components in order to ensure the strategic overview necessary to inform WHO policy and technical advice to each of the components, especially human development.

HNPSP – STRATEGIC CHALLENGES

In the period since the first CCS mission the MoH has elaborated both the conceptual framework and first implementation plan for the new health sector strategy (HNPSP) duly emphasising its place within the overall strategy for economic growth, poverty reduction strategy and social

connection with its future strategic importance in Bangladesh:

(i) How to increase the impact of health on productivity and poverty reduction?

(ii) How can WHO become a closer partner of GOB in pursuing this goal?

(iii) How can WHO increase its influence amongst the development partners in the context of poverty reduction?

STRATEGIC IMPORTANCE OF THE WHO CORPORATE STRATEGY

The WHO corporate strategy provides a very useful framework for designing a more coherent and focused programme of support to Bangladesh. It was noted that WHO support to date has concentrated only on two of the elements (disease control and health sector development) and that, even in the health sector component, a pro-poor focus has not been very prominent.

WHO's PRINCIPAL FUNCTIONS IN BANGLADESH

The meeting concluded that WHO's principal functions should be as follows:

(i) To provide the latest global health information, examples of good practice and WHO policy positions to countries i.e. not only to ministries of health, but also to finance and planning and the research and training institutions that support them.

(ii) To support development of national health, poverty reduction policies, strategies and plans, including public health norms and standards in collaboration with other Development Partners and UN Agencies.

(iii) To provide international technical expertise in areas of newly-agreed importance e.g. in macroeconomics and health; pro-poor health systems; as well as core public health areas where national expertise and capacity requires urgent strengthening e.g. communicable disease surveillance, control and management.

(iv) To support analysis of operational problems in health systems organisation, financing and access to services, especially by the poor.

(v) To bring examples of country success and good practice to international attention e.g. Bangladesh Human Development Report 2000 and the Interim PRSP.

(vi) To influence thinking and policies of development partners by sharing global health information, good practice and WHO policy positions and advice from global, regional and country levels.

(vii) To support GoB in mobilising resources such as GAVI and Global fund (GFATM)

IMPLICATIONS FOR WHO – SOME KEY PRINCIPLES

(i) Strengthen WHO presence through more and better quality support from both SEARO and WHO HQ for high priority and new emerging issues. In addition to better flows of information and advice through WHO's evolving communications system, it is clear that more frequent and well timed visits by WHO experts would add substantially to WHO ability to influence policy development and implementation.

(ii) Reorient WHO support to a new generation of health issues within the framework of national poverty reduction strategies

(iii) Focus the WHO biennial work programme on fewer, less fragmented and more strategic high priority areas, in keeping with (i) and (ii) above. Inherent in this process would be the need for a better balance between WHO engagement in programme implementation and activities with a more strategic focus such as strengthening national policy, sharing good practice and capacity building in key areas. WHO's expertise in areas such as disease control and EPI and polio eradication is probably unique and "hands on" support is necessary for sometime. In other areas such as Health System Development, Reproductive Health, Human Resources Development, Environmental Health, Nursing, HIV/AIDS, presence of WHO experts at country level is being seen by GoB as well by Donors as an overall strategic technical support to the planning, implementation and monitoring of health sector programme as a whole and as such is being reflected as WHO contribution in the annual operational plans of specific priority programme of the DGHS. This is an innovative way of being an active partner in SWAp while keeping WHO mandate, processes etc. intact and such practice will continue. This is

also in line with strengthening WHO country presence and country focus initiative and this will be continued.

PRINCIPAL THEMES FOR WHO'S COUNTRY COOPERATION STRATEGY IN BANGLADESH

In the light of current health trends, and the central role of health in national poverty reduction and development strategies in Bangladesh, particularly the Interim PRSP and the HNP Sector Programme, the following themes provide an appropriate and coherent framework for WHO cooperation for the foreseeable future of at least five years. They should be adopted as the core elements of a new WHO Country Cooperation Strategy.

- Macroeconomics and Health
- Developing a pro-poor health system
- National Surveillance System and rapid response to communicable diseases
- Protecting and improving women's health and reduction of Maternal mortality, especially among rural poor
- New WHO initiative on environmental crisis affecting children's health
- Initiating action on new, emerging health issues

Note: Annex 1 of this document contains a number of specific examples of activities to be taken up within the CCS.

CCS AND WHO/GOB COLLABORATIVE PROGRAMME 2004-2005

The CCS needs to be put into operation as soon as possible in order to enable WHO to take its place with GoB and other development partners in taking forward the HNPSP. The immediate need is to integrate CCS into the ongoing preparations of Country Work Plans for the 2004-2005 biennium, which has started already and should be further refined.

The overall WHO "Managerial Framework" and guidelines for elaborating the Programme Budget 2004-2005 foresee no significant changes in the principles, terminology, content or format being used for the preparation of 2004-2005 country work plans. The salient features are:

- application of logical framework
- application of results-based budgeting principles and
- use of limited number of areas of work which serve as common building blocks for programmes and budgets across the organisation.

These criteria fit well with the CCS objectives and principles. Thus, attempt has been made in the core principle in the preparation of the Bangladesh Country Work Plan 2004-2005 to align WHO's activities to support achievement of HNP outcomes, through its agreed strategies, approaches, (selected) thematic technical areas and monitoring, based on the CCS framework and with due regard and adherence to WHO's Managerial Framework.

In further development of the work plans, a degree of flexibility will be retained in order to incorporate WHO priority areas which lie outside the HNPSP frame. WHO support to strategic planning and monitoring of HNPSP needs to be intensified.

In order to improve impact and cost-effectiveness in implementing the Country Programme, further development of the WHO Programme Budget 2004-2005 will apply the following principles and directions.

CONSOLIDATING AND PRIORITISING WORK PLANS TO SHARPEN FOCUS

The 2002-2003 programme contains 24 areas of work covering a total of 45 work plans. This is seen to spread limited resources too thinly. Adoption of the CCS and linkage to the HNPSP frame will enable the 2004-2005 programme to focus on a smaller number of priority areas within WHO's Areas of Work.

INTRODUCING A STRATEGIC APPROACH TO STRENGTHEN AND CONSOLIDATE CAPACITY OF NATIONAL INSTITUTIONS

Training under the WHO collaborative programme in the past has been handled on regional basis. During the current (2002-2003) biennium a bold initiative has been introduced with a view to availing in-country resources and capabilities.

In line both with this initiative and the ongoing management and capacity building initiatives by MOHFW/DGHS, it is proposed to review national/in-country fellowships in terms of fields of study, training institutions, syllabi and content, logistics and other organisational aspects. The expected outcome will be considerable upgrading of the capacities of core national health and health-related institutions and creation of a critical mass of human resources necessary for carrying through health reforms in line with set objectives.

STRENGTHENING NATIONAL DISEASE SURVEILLANCE AND RESPONSE SYSTEM TO IMPROVE ANTICIPATION AND REACTION

Bangladesh is prone to natural disasters, emergencies and epidemics. It is proposed to undertake an in-depth review of the capacities required by the key institutions such as Director Disease Control in DGHS office, Civil Surgeons' office at district level, IEDCR etc with a view to creating a competent national network of expertise with the capacities for surveillance, forecasting, preparedness and response. This process will take place in the wider context of WHO support for improved surveillance and response to outbreaks of communicable diseases worldwide.

NETWORKING OF PUBLIC HEALTH INSTITUTIONS TO STRENGTHEN CAPACITY AND CREDIBILITY OF NATIONAL EXPERTISE IN HEALTH WITHIN HNPSP

The prominent place accorded to health in the national strategy for economic growth, poverty reduction and social development creates a

major challenge to the national health institutions. Against that background it is proposed to support the institutions of excellence in establishing a dynamic networking of institutions within the country, region and outside the region. This will include provision of exchange visits, continuing and group educational activities and pilot project initiatives in critical and innovative areas such as health financing, planning and management; exchange of global health information and examples of good practice; and support for analysis of operational problems in health systems organisation, success stories, good and innovative and employable practices.

CREATING PARTNERSHIPS AND MECHANISMS TO ENSURE SUSTAINED SUPPORT FOR HEALTH WITHIN NATIONAL STRATEGY FOR ECONOMIC GROWTH, POVERTY REDUCTION AND SOCIAL DEVELOPMENT

In line with the ongoing global follow up to the CMH Report, and to ensure appropriate dialogue on investing in health in Bangladesh, it is proposed to create a sustained relationship with the Ministry of Finance and other key stakeholders as partners through the setting up of a committee on Macroeconomics and Health. Its principal outcomes will include:

- estimation of the cost of a pro-poor health system, development of national health investment plan, measures to assist in analysing and predicting impact of disease on productivity and economic growth
- identification of sustainable measures to increase health sector expenditure

CONCLUSION

The Government of Bangladesh is committed to achieving the Millennium Development Goals (MDGs) and is fully aware that greater efforts will be required. Against this background GoB has welcomed WHO's initiative to refocus and deliver its support in a more upstream and strategic manner. This first CCS for Bangladesh has been developed through consultation with a wide range of partners in the development process – government, NGOs and external partners.

Annex 1: Examples of activities under each theme of CCS

The 2002 mission outlined a range of examples of possible focused activities under each of the main themes of the CCS framework, as follows:

1. Macroeconomics and Health
    - Estimating the cost of a pro-poor health system
    - Developing national health investment plan in context of macroeconomic instruments e.g. Medium-Term Expenditure Framework
    - Improving health sector expenditure to justify increased allocations
    - Human Resources Planning and capacity building – implications for a pro-poor system
    - Analysing and predicting impact of disease on productivity and economic growth
    - Strengthening MOHFW capacity for stewardship role

2. Developing a pro-poor health system
    - Prioritisation of health sector interventions and analysis of trade-offs
    - Geographical targeting to benefit high poverty areas
    - Social insurance mechanisms, including through micro-finance
    - Access by the poor to affordable and good quality essential drugs
    - Behaviour of health personnel as obstacle to access by poor women

3. Rapid Response to Communicable Diseases
    - Strengthening national surveillance system
    - Improving response to outbreaks
    - Control, management and monitoring of diseases which are major causes of poverty e.g. TB

4. Protecting and Improving Women's Health, especially the rural poor
    - Better access to health services in general, in addition to reproductive health services
    - Community-based management of pregnancy and delivery through skilled birth attendants
    - Improving women's nutrition
    - Combating violence – a public health response
    - Promoting rights-based approach to health

5. Healthy Environments for Children
    - household drinking water – quantity and quality
    - hygiene and sanitation
    - indoor and outdoor air pollution
    - disease vectors e.g. mosquitoes
    - chemicals e.g. pesticides and lead
    - accidents and injuries

6. Public Policy Response to New and Emerging Public Health Issues
Achieving health outcomes for the poor requires a policy response across many sectors
    - Tobacco control
    - Arsenic contamination
    - Trade – addressing national public health implications of international trade agreements, including access to medicines
    - Violence against women and children – a new public health response
    - Road traffic Accidents

List of Abbreviations

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CCS	Country Cooperation Strategy	1
CFI	Country Focus Initiative	1
MDG	Millennium Development Goals	1
GoB	Government of Bangladesh	1
HNPSP	Health, Nutrition and Population Sector Programme	1
iPRSP	Interim Poverty Reduction Strategy Paper	1
MMR	Maternal Mortality Rate	2
DHS	Demographic & Health Survey	2
HIV	Human Immuno Deficiency Virus	3
AI	Acquired Immune Deficiency Syndrome	3
SARS	Severe Acute Respiratory Syndrome	3
HPSP	Health and Population Sector Programme	5
SWAp	Sector Wide Approach	5
ESP	Essential Services Package	5
IDA	International Development Agency	5
PIP	Project Implementation Plan	6
GDP	Gross Domestic Product	7
SEARO	South East Asia Regional Office	8
CMH	Commission on Macroeconomics and Health	8
NID	National Immunization Day	10
LCG	Local Consultative Group	11
GAVI	Global Alliance for Vaccines and Immunization	14
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	14
EPI	Expanded Programme on Immunization	14
DGHS	Directorate General of Health Services	14
IEDCR	Institute of Epidemiology, Disease Control and Research	17
NGO	Non-governmental Organization	1
WHA	World Health Assembly	1
IMCI	Integrated Management of Childhood Illness	11
MOH	Ministry of Health	4
MOHFW	Ministry of Health & Family Welfare	17

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