

Health system responsiveness: What 'COVID-19' reminds us?

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Health systems in both developed and developing countries are now struggling to respond to the challenges posed by COVID-19. As of 4th April 2020, 205 countries and territories have been affected by COVID-19 with more than 11 lakh cases and 62,376 deaths globally. Though the number of detected cases and mortality are relatively low in Bangladesh compared to many other countries, we may have to think about how our health system should respond to address the challenges of such pandemic now and in future. We are at the risk of dengue outbreak soon, and our health system needs to be ready to tackle both the disease outbreak. We have to remember that Bangladesh has made great strides in improving the health of its population through a combination of political engagement, socio-economic development and a range of health and health-related interventions and services in the last decade. Bangladesh is often cited as a success story with good progress against many of the Millennium Development Goals. Bangladesh has one of the bests health infrastructures in South Asia, and Ministry of Health and Family Welfare (MOHFW) can combat the outbreaks through a coordinated and whole-society approach.

MOHFW has already taken several immediate actions to combat COVID-19. Also, MOHFW should now carry out district level planning, should assess the need of each district, and decentralise the diagnosis and treatment facility. City corporation should be spraying the public spaces with disinfectants.

MOHFW also needs to consider medium and long-term action plans to save the country in future. This should be a comprehensive plan, taking into account the entire health system.

1. Health service delivery

- a) This is important that the safety of health professionals receive high priority in the policy, planning, resource allocation, coordination and service delivery systems. Unless the doctors, nurses and lab technicians are safe to provide care, the fight against such pandemic will not be possible. Hence, adequate resources should be allocated to respective unit within Directorate General of Health Services (DGHS) and tertiary/specialised/medical college hospitals for i) procuring personal protective equipment (PPE) for health professionals; ii) proper distribution of the PPE as per need; iii) providing training to health professionals on proper use of PPE for their safety and safety of others. Monitoring of the quality of PPE is required to ensure compliance with the standard safety measures.
- b) Treatment protocol, guidelines and manuals need to be reviewed and updated periodically to provide care during such an outbreak. It is important that health professionals are well trained and follow standardised guidance to provide care at all levels for all age groups, including pregnant women, people living with multi-morbidity and mental illness, as per treatment protocol. The system should be in place to provide

short training/orientation of the health professionals during such outbreak, due to the evolving knowledge and evidence related to the management of such new pandemic. Besides, this might be an opportunity to revisit the curriculum of different health professionals, and include preventive and curative care, as appropriate, in their medical curriculum to provide quality care during the outbreak.

- c) For active, exhaustive case finding and immediate testing, isolation and treatment, MOHFW needs to do 'district level' planning. MOHFW should assess the need of the districts, allocate resources based on need, develop the capacity of diagnosis and treatment at district level, and procure and distribute test kits as per requirement across the districts. A proportion of patients infected with COVID-19 virus becomes severe and critical and requires mechanical ventilation and intensive care. MOHFW has to increase the capacity of government hospitals at national and district levels to provide such care.
- d) Such epidemic and the consequent social isolation, domestic violence, unemployment, death may cause depression, anxiety, stigma and the suicidal tendency among patient, family members and general population during and post-emergency situation. The mental health of the people should, therefore, be prioritised in addition to preventive and curative measures. Directorate General of Health Services, National Institute of Mental Health (NIMH) and the psychiatric units of Medical College Hospitals and District Hospitals should work closely to ensure that the mental health is adequately addressed in policy and service delivery during such crisis and post-crisis period.
- e) Ministry of Local Government, Rural Development and Cooperatives (MOLGRD) provide primary health care in urban areas through their network of selected NGOs under the Urban Primary Health Care Project. They have their plan, service delivery, monitoring and supervision, and recording and reporting system. For comprehensive management of epidemics such as dengue and COVID-19, it is vital that the MOHFW coordinates with MOLGRD ensure access to quality care – both preventive and curative- for urban population. This issue has been discussed for long, and 'Urban health' has been prioritised in the 4th Health Sector Programme. This is the high time for action and Ministry of Health and Family Welfare should take the leadership role to ensure access to quality health care for urban population.
- f) The private-for-profit sector plays a crucial role in providing health care in Bangladesh, especially in urban areas. It may not be possible for government hospitals alone to provide services to a large number of the population during such outbreak. However, private hospitals often deny admitting such patients during outbreak, for multiple reasons, such as fear of transmission among other patients and health professionals, inadequate number of health professionals, lack of skill and equipment/bed/ICU/CCU, and lack of accountability. It is important that the role and accountability of private for-profit hospitals during such emergency are established, and a referral linkage is established, where necessary, from private hospitals and diagnostic centres to government hospitals. A coordinated approach is required to ensure that the private sector plays effective and complementary role during such emergency. This reminds us about the importance of accreditation, licensing and empanelment of private hospitals. DGHS should consider this as a priority, and coordinate with respective ministries for proper implementation of

accreditation and licensing of private-for-profit providers. The 'Public-Private Partnership' strategy of the health sector should look into the role and accountability of private for-profit hospitals during such emergency.

2. Health workforce

- a) This outbreak reminds us once again the importance of having a public health cadre within the health system to strengthen the preventive measures, such as promoting vaccination, personal hygiene and sanitation, hand washing, social isolation, healthy diet. This is the time when Ministry of Health and Family Welfare can negotiate with the Ministry of Public Administration and Ministry of Finance to approve the required number of 'posts' at different levels within the health system and recruit public health professions urgently. There can be senior expert(s) at the central level (DGHS) to coordinate the public health initiatives nationwide, and at least one public health expert at district level.
- b) We have a large workforce of Community Health Care Providers (CHCPs), Health Assistant (HA), Family Welfare Assistants (FWA) and Family Welfare Visitors (FWV) under MOHFW. These frontline health workers are already providing health education to a large population. It is essential to consider how this community health workers can play role throughout the year and during such emergency.
- c) 'Bangladesh Health Workforce Strategy (2016-2021' has been approved in 2015/16. This needs to be reviewed to ensure that 'service delivery during emergency, epidemic and pandemic' is adequately addressed in the strategy. Proper implementation of the strategy needs to be secured.
- d) MOHFW needs to review the role of Divisional Directors with an enhanced delegation of authority for better management and coordination of health service delivery, including the emergency preparedness and control of epidemic.

3. Health information system

- a) Evidence-informed planning depends on availability of reliable data and expertise to analyse the data for planning and budgeting. This is therefore important to strengthen the capacity of Management Information System (MIS) unit and Institute of Epidemiology, Disease Control and Research (IEDCR) for recording and analysing the data. Greater coordination is required between MIS and IEDCR. It is important to collect and analyse district-level data to assess need for each district.
- b) MOHFW and MOLGRD have their own recording and reporting system. This COVID-19 pandemic reminds us once again that it is important to have a single surveillance system for both urban and rural areas, and MOHFW should take the lead in capturing patient data for both urban and rural areas at district.
- c) MOHFW should continue providing information to people through multiple channels about availability of services- preventive, diagnostic and curative care. People should be well informed – what preventive measures should be taken and where to go to get treatment when they are symptomatic. The capacity of the call centres (16263 and 333) under MOHFW needs to be strengthened.

4. Access to essential medicine

- a) Line Directors and Directors need to revisit their plan for the next two years and do evidence-informed planning for procuring medicine, regimens, equipment and other supplies.
- b) Appropriate storage and distribution system needs to be in place to provide medicine and supplies to the local level as per need.

5. Health system financing

- a) Planning Wing, MOHFW and respective Line Directors need to review the Operational Plans (OP), and revise the plans as required, to allocate resources for emergency preparedness and communicable diseases control for the next two years remaining under the 4th Health Sector Programme. This includes, but not limited to, procuring PPE, drugs, test kits, regimens, ventilators, equipment for intensive care unit and providing training. As already mentioned, MOHFW should do 'district-level planning' and do the procure as per local need.
- b) MOHFW can prepare a strategy, guideline and legal framework to coordinate, receive and utilise resources available in the private sector including private hospitals, NGOs, civil society organisations, and professional bodies (e.g. Bangladesh Garment Manufacturer and Exporter Association - BGMEA). For example, MOHFW may contract in and/or contract out services from/to the private hospitals, receive donation and support of civil society organisations for procuring PPE, medicine, equipment during such emergency.
- c) Adequate resources should be allocated to strengthen the Institute of Epidemiology, Disease Control and Research (IEDCR) for research, innovation, screening, diagnosis, and capacity development.
- d) Another critical factor is financial authority among different policymakers at the central level, and delegation of authority to local level within MOHFW. MOHFW needs to review their current delegation of financial authority, and take necessary measures (e.g. negotiate within Ministry of Finance) to make significant changes, as needed, for better coordination, harmonisation and management of such pandemic.
- e) MOHFW can discuss with development partners and agree about the technical support required for the next two years under the 4th Health Sector Plan for coordinated management of such epidemic.

6. Leadership and governance

- a) MOHFW should take the leadership role to form a high-level committee, and prepare a national Response Management protocols, as suggested by World Health Organisation, to ensure the all the relevant ministries are involved, and a whole-society approach is adopted to contain COVID-19. As already mentioned, such an outbreak requires coordination with other ministries. What is the right time to close and re-open education institutes, garment factories? How to ensure required food supply during a lockdown? How to refer patient when public transport is shut down? When do we need to procure

equipment for medical check-up at Airport, how to use that equipment? When do we start the vector (e.g. mosquito) control? When and how long to spray disinfectants? What should be the role of media? How the Ministry of Religious Affairs can support MOHFW during such emergency where social distance is required? All these decisions should be taken in a coordinated way, and MOHFW should take a leadership role in dialogue and decision making. MOHFW should also initiate school-based, mosque-based and community based preventive measures (e.g. personal hygiene, handwashing, sanitation, waste management, healthy diet) through coordinating with respective ministries, private organisations and professional bodies.

- b) MOHFW should consider taking the lead in preparing a population and patient database to track and monitor movement of the people if needed, in coordination with respective ministries and department, including Immigration and Passport authority, and Election Commission.

These recommendations are not new. These have been discussed for long. But this is the time that MOHFW implements these actions with the support of other ministries and help the nation grow and achieve its development targets.