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Health and nutrition system

Abdul Bayes | Saturday, 25 January 2020

Of late, health and nutrition status of populations, especially in developing countries like Bangladesh seem to attract a lot of attention. International research funds are flowing to that direction. After the country's remarkable economic growth and success in food grain production (especially rice), the slow progress on health and nutrition aspects remains as a major concern for policy makers and academics. Many of the South-Asian countries are allegedly caught in the quagmire of self-sufficiency in food and deficiency in nutrition. It is also called Asian enigma. In Bangladesh, both internal and external efforts are expended to resolve the paradox of sufficient food and insufficient nutrition.

A Country Brief, prepared by a joint collaboration, on the Stories of Change in Nutrition in Bangladesh throws important insights into Bangladesh's progress: "There have been remarkable improvements in welfare and human development in Bangladesh in recent years. These have been supported by rapid economic growth and many successful social and health programmes undertaken by the government and non-governmental organisations, shrinking family sizes and growing access of women to education. Overall improvements in child nutrition measured in terms of reduced child stunting can be seen as part of this success story, though there are still many areas of nutrition in significant need of attention". The Brief also notes that the association between improved health services and improved nutrition in Bangladesh is very strong. "It does however rest on a relatively weak health system, in which general morbidity remains high…. Antenatal coverage for births increased from 58 per cent in 2004 to 79 per cent in 2014, and 64 percent of women in 2014 benefited from services by a trained antenatal care provider. Birth attendance by a trained skilled provider nearly tripled over a decade from about 16 per cent in 2004 to 42 per cent in 2014. As maternal and infant mortality have declined, so have stunting rates". The picture on sanitation is positive as Bangladesh is one of the 16 countries that reduced open defecation by over 25 percentage points in the MDG period; the access to pure drinking water tremendously increased. Reduction in open defecation led to reduction in stunting, although, absolute child stunting levels are still high at 36 per cent. By and large, nutritional indicators seem to lag behind health indicators in the country.

Notably, much of improvements in nutrition in recent years is likely to be associated within these broad improvements in human development and poverty reduction, "within a wider enabling environment of pro-poor economic growth, rather than through programmes specifically aimed at improving nutrition. As Bangladesh moves into the future, having already made many nutrition-sensitive gains, a more concerted effort on nutrition specific community programmes is needed, if substantial remaining gaps and future challenges (including obesity) are to be addressed.

By and large, much of improvement in nutrition in Bangladesh in recent years is likely to be explained by what can be seen as 'nutrition-sensitive drivers' within wider enabling environment of pro-poor economic growth that is linked to improved agricultural production and diversification; a vibrant NGO sector supporting income generation; expansion of non-farm business and manufacturing sectors

creating employment opportunities; remittance from labour migration, and improving infrastructure and electrification. Also contributed (a) improved access to education, health and family planning services use and availability, (b) demographic change, such as smaller family size, increased birth intervals, and lower age at pregnancy, and (c) more widespread use of safe water and better sanitation. "These drivers are also largely the result of economic and social development, not of programmes and interventions specifically intended to improve nutrition.

Both direct and indirect drivers emerging from economic and social development played pivotal role in improving health situation in Bangladesh. In fact, it is a paradox that Bangladesh performed well with a weak health system. "Yet many millions of children in Bangladesh still grow up stunted because of poor nutrition and levels of acute nutrition deficiencies…the challenge is to make further improvements….Taken together, a major recommendation is that nutrition-specific interventions will need to take on greater role in Bangladesh than they have done to date."

In the discourse on health and nutrition in Bangladesh, a few questions crop up. First, why is it that, unlike smaller ones, large interventions are difficult to scale up? We can possibly identify few constraints to this effect that can be of capital importance - lack of political commitment, resources and transparency, structural problems, stakeholders' political decision. Second, who sets research agenda and of what relevance? In some cases, the agenda is dictated by donors but most of the programmes

could set their own research agenda given sufficient capacity building; sometimes dictated agenda could outperform indigenous agenda in terms of relevance and reality on the ground. Health and nutrition experts suggest a drift away from traditional research reasoning and argue for more relevant research. This obviously calls for a more integrated approach by various stakeholders ranging from conceptualisation to planning to implementation to measurement of outcomes. More importantly, in a regime of dwindling aid and grants, it could be opined that both practitioners and researchers should eye on home-grown sources of funding. More importantly, technological development, especially the spread of mobile phones could impart positive impacts on health access although adverse impacts should duly be accounted for.

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