Report on Day 3 Of IPHU, Savar Bangladesh. November 14, 2007.

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After two days of theory and group work in the GKU campus the group was delighted with the opportunity to visit villages that have been involved in the GKU community health programme.
We split into seven groups, poetically named after Bangladeshi flowers and set off for relatively near-by villages. Each group had at least on Bangladeshi member which facilitated travel on local busses and cycle rickshaws and were accompanied by GKU trained paramedics.

Village visits included being present during health checks by paramedics, discussions with community members and opportunities to see the context in which people around Savar live. The community health programme largely revolves around paramedics who are selected and trained by GKU and then paid for three years of work. Subsequently they are expected to find their own employment. All IPHU participants were impressed by the high standards of the volunteers and by the relationship that they had with the members of their target villages. Their training enables them to treat most common illnesses and to participate in preventative health. They also know with their limits and the degree of urgency with which referral to GKU doctors is necessary. A further role is for paramedics to act as advocates for their communities. Highly relevant to the structure of the primary health system is the context in which it developed shortly after the foundation of Bangladesh via war and with very few skilled human resources available and no government infrastructure to support health. Today Savar is less rural than it was, transport is available and so too a government hospital but villagers usually prefer referral to GKU than to the government system.

Village visits were also an opportunity for IPHU participants to talk to community members (e.g. the elected local representative of a community) and even more an opportunity to talk to other participants in the course in a relaxed environment. It was an excellent start to the day, even if some groups did return after the designated lunchtime…

In the afternoon Hani explained us more about The People Health Assembly in 2000 and PHM. The five-days Assembly is not only a moment to discuss and share health matters, but is certainly also a time of dedication, to make everybody enthusiastic and to share the positive energy to take action.

Two years before the preparations of the Assembly started with finally 1.500 participants from all over the world. The villagers made the food, girls were trained to drive the car and picked the participants up at the airport. Even with very less money, this event was possible, thanks to people power. With this international meeting, the big health movement wants to oppose the main stream.

New and better structures have to be build. Information has to be gathered and the mass has to be informed so it can be critical. The World Bank for example can spend 4 times more the budget than WHO. So it isn't hard to understand that there agenda will be followed, although WHO is more democratic as one land has one vote and dollars doesn't count.

The evening session was taken by David Legge who talked about policy on Health and Development. He started by outlining the history of policy from colonial phase to the development of the global fund, including the Alma Ata declaration and the rise of the World Bank as the world's premier policy authority and funder. He continued to say that key questions are how health funds are raised, pooled and then spent. Alma Ata despite offering a new approach to health care but its essential meaning could be lost in many ways and changed into a stratified vertical system rather than a universal horizontal system. There are further multiple questions about comprehensive PHC especially regarding the practitioner. The example was given of the Chinese barefoot doctors who are not chosen by anyone in China with potential to exercise a choice. Ultimately he suggested that Primary Health care is a good model but we always need to balance the model and the principles with the specifics of particular settings.

The second half of the lecture focused on structural adjustment which has resulted in widening inequalities, downsizing public sector and many other negative effects. The World Bank came into health in 1993 with "Investing in Health" which had some sensible recommendations but was potentially damaging to the health of poor people in developing countries. It introduced the DALY (disability adjusted life year). It also defined principles regarding the role of government in health care as the alleviation of poverty delivery of public goods and correcting market failures. This led to interventions which addressed high disease burdens and cost effectiveness and the construction of two minimal health care packages, the public health package and the clinical services package.
The DALY superficially seemed to be a very smart way of looking at health but David gave the example of water supply and sanitation that does not get justification from DALYs. IT failed on the grounds because the ***total cost*** of water supply and sanitation was attributed to the health benefit i.e. saying there were no other functions of wate4rsupply and sanitation. This was an example of how ones ideology influences the answer one gives and with an organization of the power of the World Bank has a huge influence on the direction of the planet. David repudiated the idea of cost effective benefit packages are a devious way of introducing privatization because it supports stratification of funding with only the safety net being funded by cost effective packages and everything else is to be delivered out of pocket.
Structural adjustment has been sold on the basis of "adjust now and improve health later" which depends on assumptions about the global economy and appears dangerous in the context of the post Fordist crisis. In the meantime resources are being transferred from poor to rich. The argument has a number of biases and contradiction.

David ended with contradictory ideas embedded in the WB document: Government is not competent to deliver health services thus we need private heath insurance, which should

be regulated but they claim that governments are incapable of regulating. There is no way out of this knot….

Evening presentation:

Probably the highlight of the course so far was the cultural evening largely motivated by Premdas from Bangalore, India and MC'ed by John from Ghana. Every participant and member of faculty of the course presented an item on stage in the auditorium. Some presented short skits with themes ranging from serious exploration of health issues, inequalities and even of motives for human behavior to humorous take-offs of ourselves while we were also treated to cultural items which included Samba dancing from Brazil, a song sung in Persian and the unforgettable sight of David Legge and Laura Turiano rock 'n roll dancing. It was highly entertaining and a celebration of our diversity as well as an affirmation of common purpose and our common humanity. Staff and students went to bed late but smiling.