

# Public Health Approaches Towards Achieving Universal Health Coverage

## 5th Public Health Foundation Day & International Conference with Health Fair 2017

8-9 December, 2017  
Venue: BCPS, Mohakhali, Dhaka



Public Health  
Foundation of  
Bangladesh



Public Health Approaches Towards  
Achieving Universal Health Coverage

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# Program Summary

## Day-1, December 8, 2017

8.00-8.50am	: Registration and Seat taking
8.50 am	: Recitation from Holy Quran
9.00 – 9.30am	: Session 1: Keynote Speech-1
<b>9.30-10.30am</b>	: <b>Inauguration Ceremony &amp; Celebration of 5th PHF Day, 2017</b>
<b>Address of Welcome</b>	: <b>Professor Dr. Fatema Ashraf</b>
<b>Introduction to phfdb</b>	: <b>Prof. Dr. Sharmeen Yasmeen</b>
<b>Speech by Guests of Honour</b>	: <b>Prof. M. Muzaherul Huq</b> <b>FH Arif</b>
<b>Speech by Special Guests</b>	: <b>Professor Dr. Baizid Khorshid Riaz</b> Director, NIPSOM
<b>Distribution of Public Health Awards to</b>	: <b>Professor Dr. T A Chowdhury</b> <b>Mr. Vashkar Bhattacharjee</b>
<b>Speech by the Awardees</b>	
<b>Speech by Honorable Chief Guest</b>	: <b>Professor Syed Saad Andaleeb</b> Vice Chancellor of BRAC University
<b>Vote of Thanks</b>	: <b>Dr. Samir Kumar Saha</b>
<b>10.30-11.00am</b>	: <b>Tea &amp; Photo Session</b>
11.00-11.30am	: Inauguration of Health Fair & Visit of Stalls
11.30-12.00am	: Session 2: Keynote Speech II
12.00-1.00pm	: Session 3: Theme: Health System
1.00-2.30pm	: Prayer, Lunch & Poster session
2.30-3.30pm	: Session 4: Theme: Communicable Disease & Antibiotic Resistance
3.30- 4.30pm	: Session 5: Theme: Non Communicable Diseases-I (Diabetes Mellitus)
4.30-5.30pm	: Health Stall visit & Poster Session
5.30pm	: Tea

## Day 2, December 9, 2017

9.00-9-30am	: Session 6: Keynote Speech III
9.30-10.30am	: Session 7: Theme: Maternal & Reproductive Health
10.30-10-45am	: Tea
10.45-11.45am	: Session 8: Theme : Mental Health
11.45-12.30pm	: Session 9: Theme : Oral & Dental Health
12.30-1.15pm	: Session 10: Theme : Environmental & Occupational Health
1.15-2.15pm	: Prayer & Lunch
2.15-3.00pm	: Session 11: Theme : Child health & Public Health Nutrition
3.00-4.00pm	: Session 12: Theme : Non Communicable Diseases-II
<b>4.00-5.00pm</b>	: <b>Closing Session</b>
Address by Founding Chairman, phfdb	: Prof. Dr. M Muzaherul Huq
Address by Chairperson, phfdb	: Prof. Dr. Fatema Ashraf Distribution of certificates among the presenters, Ambassadors and Health Fair's Participant (Team Leader on behalf of Organization) by Chief Guest
Address by Chief Guest	: Professor M Shamsheer Ali, Founder Vice-Chancellor, Open University, Bangladesh, Eminent Scientist & Researcher
Vote of Thanks by CEO, phfdb	: Dr. Samir Kumar Saha
5.00-5.30pm	: Tea
5.30- 7.00pm	: Cultural Show
7.00-8.00pm	: Dinner



# Committee

## ORGANIZING COMMITTEE OF 5TH PUBLIC HEALTH FOUNDATION DAY & INTERNATIONAL SCIENTIFIC CONFERENCE WITH HEALTH FAIR, 2017

**Advisor: Prof.Dr. M. Muzaherul Huq**

**Conference Committee:**

- Chair: Prof Dr. Fatema Ashraf
- Co-Chair: Prof Dr. Sharmeen Yasmeen
- Organizing Secretary: Dr. Samir K Saha

**Members:**

- Dr. Aftab Uddin
- Dr. Shah Emran Khan
- Dr. Sharmila Huda
- Dr. M. Islam Bulbul
- Dr. M. Tasdik Hasan
- Nutritionist Tamanna Sharmin
- Psychologist Mahmuda Muhsina Bushra
- Pst. Nymuddin Roby

**Sub-Committee of the Total Event:**

**1. Coordination Committee:**

Convener: Prof. Dr. Fatema Ashraf  
Co-convener: Prof. Dr. Sharmeen Yasmeen  
Members: Psychologist Bushra Mahmuda  
– Rtn Atiqur Rahman - Dr. Tasdik Hasan  
- Dr. Rhedya Nuri Nodi - Dr. Sifat Rahman

**2. Finance Committee:**

Convener: Dr. Sharmila Huda  
Co-Convener: Nutritionist Tamanna Sharmin  
Members: Dr. Atiqur Rahman  
- Dr. Nazmul Hasan  
- Dr. Iqbal Naser - Dr. Salma Binte Faruky  
- Dr. Umme Kulsum  
- Ms. Sayeda Fatema Alam

**3. Registration Committee:**

Convener: Dr. Sharmila Huda  
Co-Convener: Nutritionist Tamanna Sharmin  
Members: Dr. Naym Uddin Roby  
- Dr. Mahjabin Shakur - Dr. Nurun Nahar  
- Dr. Tasnuva - Dr. Rhedya Nuri Nodi  
- Dr. Jinnat Ara Islam  
- Md. Sharif Hossain

**4. Scientific Committee:**

Convener: Prof. Dr. Sharmeen Yasmeen  
Co-Convener: Dr.Md.Kapil Ahmed  
Members: Prof. Md. Mahfuzar Rahman  
- Prof. Abdur Rahman - Prof. Tahmina Begum  
- Prof. Nazma Haque - Dr. Shakila Banu  
- Dr. Shegufta Mohammad - Dr. Farida Yasmin  
- Dr. Nowrin Aman

**5. Publication Committee:**

Convener: Dr. Md. Alimur Reza  
Co-Convener: Mr. Nizam Khan  
Members: Dr. Anwarul Azim - Prof. Tahmidur Rahman  
- Dr. S. M. Niaz Mowla - Dr. Md. Shafiqul Islam  
- Dr. Md. Mominul Islam - Dr. Mohammad Al Mamun  
- Dr. Syeda Wahida Fairuz -Dr. Ishrat Bhuiyan  
- Md. Shahriar (Ambassador)

**6. Entertainment Committee:**

Convener: Prof. Dr. Nurul Gani  
Co-Convener: Dr. Shah Emran Khan  
Members: Dr. Sadia Jabin Khan - Dr. Sharif Uddin Ahmed -  
Dr. Rahat Chowdhury - Dr. Jinat Ara Islam  
- Ms. Sharmin Sultana - Dr. Samia Afsana Islam  
- Dr. Sayeda Nazmiun Nahar Rhidi

**7. Advertisement Committee:**

Convener: Dr. Shah Emran Khan  
Co-Convener: Dr. Parveen Akhter  
Members: Dr. Shifat e Tasnim - Md.Rayhan Mostak  
- Pst. Bijoy Das - Dr. Ashiqur Rahman Moon (Ambassador)

**8. Citation of Honor & Crest Committee:**

Convener: Dr. M Islam Bulbul  
Co-Convener: Dr. Atiqur Rahman  
Members: Dr. Shanjida Huda - Dr. Nazimuddin  
–Monjurul Bayezid

**9. Reception Committee:**

Convener: Dr.Aftab Uddin  
Co-Convener: M Arifur Rahman  
Members: Prof.Tahmina Begum – Rtn Nasima Rahman  
– Rtn SM Zahurul Haque - Prof. Sharmeen Yasmeen



# Committee

## 10. Venue Management Committee:

- Convener: Dr. Samir Kumar Saha  
Co-Convener: Dr. Nymuddin Roby  
Members: Dr. Zinat Ara Islam  
- Dr. Ashiqur Rahman Moon  
- Dr. Iqbal Hasan Mahmud - Dr. Shanjida Huda  
- Dr. Nazma Haque,  
- Dr. Naureen Mahub - Dr. Ebnan Ashraf

## 11. Media, press and publicity committee:

- Convener: Nuhu Abdullah  
Co-convener: Mr. Nymuddin Roby  
Members: Prof. Humayun Kabir Talukder  
- Dr. Samir Kumar Saha - Dr. Shanjida Huda  
- Dr. Sifat Rahman - Md. Iqbal Hossain  
- Dr. Sayeeda Rahman  
- Mr. Mohammad Rafiqul Islam  
- Dr. Abhishek Bhadra

## 12. IEC Committee:

- Convener: Prof. Dr. Yeasmin Jahan  
Co-convener: Dr. Rhedya Nuri Nodi  
Members: Nowrin Aman  
- Fatema Alam  
- Masuma Sarkar Shetu

## 13. Cultural committee:

- Convener: Psychologist Mahmuda Muhsina Bushra  
Co-convener: Dr. Shanjida Huda  
Members: Dr. Sifat Rahman  
- Dr. Nafisa Ekhlas - Dr. Shakila Sultana Shili

## 14. Journal Committee:

- Convener: Dr. Anwarul Azim  
Co-convener: Dr. Bulbul M Islam  
Members: Dr. Sharmeen Yasmeen  
- Dr. Rehnuma Tasnim Chowdhury  
- Dr. Shakila Banu

## 15. Health Fair Committee:

- Convener: Dr. Yeasmin Jahan  
Co-convener: Rtn Mohammad Kaiser  
Members: Dr. Rhedya Nuri Nodi  
- Md. Rafiqul Islam – Dr. Rahat Chowdhury  
- Dr. Md. Yameen Hamid

## 16. Documentation committee:

- Convener: Dr. Aftab Uddin  
Co-Convener: Dr. M Islam Bulbul  
Members: Dr. Rehnuma Tasnim Iqbal  
- Dr. Nurul Gani - Tasdik Hasan

## 17. IT Committee:

- Convener: Pst. Nymuddin Roby  
Co-Convener: Mr. Sohel  
Members: Nuhu Abdullah  
- Dr. Yameen Hamid - Avishek

## List of Ambassadors:

### 17. Ambassador Coordinator:

- Dr. Imtiaz Hafiz  
Syeda Fatema Alam  
Moomtahina Fatima  
Dr. Moynul Hossain Khan  
Samira Dishti Irfan  
Dr. Mahmudul Hassan Khan  
Mohammad Azmain Iktidar  
Sudipta Sarker  
Tonazzina Hossain Sauda  
Sahadat Hossain  
Masuma Sarker  
Joarder Jannatul Ferdous  
Sayeda Nazmun Nahar  
Abida Alam  
Md. Kamruzzaman  
Md. Sharif Hossain  
Md. Ahsan Habib  
Anika Shahrin  
Mohammed Amir Rafei  
Anannya Roy  
Sameera Shafique Chowdhury  
Nowrin F. Aman  
Md Ashiqur Rahman Ashiq  
Phurba Sange Moktan  
Suneeta Karki  
Aminul Kibriya  
Al Imran  
Farhana Nusrat  
Alina Firoze  
Monjurul Alam Bayazid  
Man Bdr Paudal



## Message

It gives me an immense pleasure to know that Public Health Foundation of Bangladesh is going to organize a 2 days International Conference & Health Fair on 8 & 9 December, 2017 and at the same time celebrating 5th Public Health Foundation day on December 8, 2017 with full enthusiasm. It will offer an opportunity for the researchers, professionals and academicians to disseminate factual findings beyond their own community.

Currently Bangladesh is experiencing rapid health transition. Though we have achieved significant improvement in health sector still there are various areas where we need to address for effective public health interventions. In order to overcome the challenges, a multi-sectoral holistic approach is always considered as one of the important strategies through which many countries have successfully achieved their targeted parameters for SDGs including the goals of Universal Health Coverage by the year 2030.

In this international conference there will be sharing of knowledge and experience which would explore new ideas and thoughts in health & related sectors. Participants attending from various countries & institutes would be greatly benefited from the scientific sessions. Especially it is very encouraging for the young health professionals as it has opened a new platform for them.

I thank and congratulate the organizers for organizing this august event in a very well-coordinated way. I wish a grand success of this event.

**Professor Syed Saad Andaleeb, Ph.D**

Vice Chancellor of BRAC University

&

Distinguished Professor Emeritus, Pennsylvania State University, USA



## Message

I am pleased to know that Public Health Foundation of Bangladesh is celebrating 5th Public Health Foundation Day and organizing an International Conference & Health Fair on 8 & 9 December, 2017. This is a great opportunity for sharing knowledge and experience between the learned national and international participants from a common platform.

Bangladesh has achieved remarkable progress in health related MDGs despite having resource limitation. Reduction of maternal mortality, child mortality, increasing life expectancy & per capita income are among the frontline successes. Community clinics are now functioning as one stop service center. With these achievements, a confidence has been built up to tackle the challenges of Sustainable Development Goals (SDGs) by 2030. The public health workforces are the key players to bring out the success.

In the scientific sessions of the conference, discussions on the public health challenges like climate change, global warming, malnutrition, emerging and re-emerging diseases, non-communicable diseases and other diversified issues will generate new and innovative thoughts in problem solving issues. I am sure everyone will be benefited from each other.

I wish the celebration of 5th Public Health Foundation Day and International Conference & Health Fair, 2017 a grand success. My heartiest congratulations to the organizers, participants and other concerns who worked day and night to make it happened.

**Professor Dr. Baizid Khorshid Riaz**

Director,  
National Institute of Preventive & Social Medicine (NIPSOM)  
Mohakhali, Dhaka



## Message

It's a pride & pleasure the Public Health Foundation if organizing its 5th Foundation day today. A warm welcome to you on this day & Congratulation. You are all wonderful people gathered today in this auditorium with a commitment to work, contribute, change & bring improvement to the health of our beloved nation. I feel proud to as founding chairman & part of public health foundation, Bangladesh. We are in the rapid transition in improving the quality of health of our people. We are facing the prevailing public health challenges & moving forward with admiration from UN & other agencies. We have already achieved many set goals & targets. World is now targeting SDG goals with the health goal of universal health coverage (UHC) with equitable access to health care of all population 'Everyone & everywhere', in villages or in urban townships.

To achieve UHC, our health system needs to be reshaped with focus on access to health care for every citizen of our country. If we want to ensure this our Upazilla Health Complexes need to be properly functional.. We have one of the best health infra structures we can be proud of with 31-50 bedded hospitals with more than two dozens of doctors & specialists which include Medicine, Surgery, Gynae & Obs, Cardiology, Orthopedic etc. The diagnostic facilities & operation theatres are equipped with necessary logistics. Ambulance services are also available. But there is shortage of health workforce, we need more midwives, nurses & paramedics to make the health services at this level properly functional. Another shortcoming as a barrier to make it better functional is administrative & financial autonomy. Though Bangladesh is one of the countries who are in acute crisis of these categories of health workforce even then an equitable distribution of available resources including health workforces could bring an improvement in our health care services. We are to re- visit our health policy & strategies with health impact studies on our population whether we are in right path to achieve the targets of UHC in time. Do we need any change in policy? Do we need change in our strategy? Do we need health system reform? Public health activists should look for the answers through research. Our health system should be evidence based taking care that our health budget is very limited, our out of pocket health expenditure is 63% for availing health care which is not affordable by our large number of population. Moreover about 4.5 million of our population become poor every year to meet their health expenses. We are to be able to do more than fighting disease but for promotive, preventive & rehabilitative care. This is we can call a cost effective affordable 'Public Health Approach'

We are to move forward to achieve the UHC goals. We can only achieve this with a functional Upazilla health care service. Now let us hold our hands to move together to build a healthy nation with a public health approach. Public health foundation is committed to build 'Bangladesh a healthy nation'.

I wish the 5th Foundation day & international scientific conference a great success.

Long live public Health Foundation & long live Bangladesh.

Prof. M. Muzaherul Huq IOM  
Founding Chairman  
Public Health Foundation, Bangladesh  
&  
Former Regional Adviser, WHO, SEARO





## Message

Rotary is a global network of 1.2 million neighbors, friends, leaders, and problem-solvers who come together to make positive, lasting change in communities at home and abroad. Solving real problems takes real commitment and vision. For more than 112 years, Rotary members have used their passion, energy, and intelligence to take action on sustainable projects. From literacy and peace to water and health, we are always working to better our world, and we stay committed to the end. Rotary members believe that we have a shared responsibility to take action on our world's most persistent issues. Our 35,000+ clubs work together to promote peace, fight diseases, provide clean water, sanitation, and hygiene, save mothers and children, support education and grow local economies. Founded in 1905 Rotary integrates professionals with diverse backgrounds dreamed to come closer to exchange ideas, form meaningful and lifelong friendships, and give back to their communities. Rotary's programs are developing the next generation of leaders in making the world a better place, and making peace a priority.

On this auspice moment of celebrating their 5th Foundation Day of Public Health Foundation of Bangladesh through the 'International Scientific Seminar and Innovative Health Fair' we congratulate them and thanked them for partnering with Rotary. I am indeed glad to know that this conference is showcasing the evidences of studies and initiatives happening in Bangladesh and globally in the field of public health. Sharing experience and views is something very significant for getting inspired and inspiring others. As Rotary actively works on health, this collaboration opens up new window for better and stronger actions needed for any public health issues. I am really looking forward to see the best possible outcomes of this partnership.

Humbly wish all the very best for all good dreams for all good causes by all of you in 'Public Health Foundation of Bangladesh' and hope through this partnership we, together, will be able to translate all our good thoughts into good deeds and make a difference. I wish every success of the Seminar.

Sincerely yours,

**Rotary District Governor**  
Rotary International District 3281,  
Bangladesh



## Message

Greetings from the World Federation of Public Health Associations to the Public Health Foundation of Bangladesh (Phfbd). It was good to meet you at the World Congress on Public Health in Melbourne and to learn about the work of the Phfbd.

I am writing to congratulate you not only on your fifth anniversary to be celebrated at your scientific conference on the 8th and 9th December, 2017 but also on the conference itself. At the WFPHA we are delighted that your organization has been a platform for experts from different clinical fields, researchers, public health professionals, nutritionists, physiotherapists, microbiologists, other allied health professionals and social activists all are working together. This is an excellent example of public health in action. The WFPHA has released A Global Charter for the Public's Health (The Charter) – which you can find on the website of the WFPHA. The Charter identifies the importance of a broad approach around protection, prevention and health promotion and highlights the importance of capacity building, accurate information, good governance and effective advocacy. The Phfbd is an important organization for playing a significant role in the implementation of the Charter.

Inclusion in your scientific program of the “Health Fair” is a brilliant example of public health in action. The exhibition of different innovative, low cost, preventive and promotive health projects is very exciting indeed. On behalf of all of the members of the WFPHA we wish you well for your ongoing developments in public health.

**Michael Moore AM**  
President  
World Federation of Public Health Associations  
CEO Public Health Association of Australia



## Message

Greetings and congratulations from Nepal Public Health Foundation (NPHF) for organizing the celebration event of 5th Public Health Foundation Day and 2 days International Conference on 8th & 9th December, 2017.

We in Nepal Public Health Foundation are delighted to learn about the different events happening in that occasion and I, on behalf of NPHF and on my own, wish you a very successful conference with excellently accomplished events.

Since its inception, PHFBD has demonstrated an inspiring commitment to uplift the health of the people of Bangladesh. As we both NPHF and PHFBD are working together in our respective countries to improve the health of the people, we do hope to collaborate in the near future in the areas of regional and global public health.

Once again please accept my very best wishes.

Sincerely,

**Dr. Mahesh Maskey**

Executive Chair

Nepal Public Health Foundation

Phone: 977-1-4412787, 4410826

Website: [nphfoundation.org](http://nphfoundation.org),

Email: [info@nphfoundation.org](mailto:info@nphfoundation.org)



## Message

Honorable Chief guest, Special guests, guest of Honour, the dignitaries, participants, ladies and gentlemen, it is my proud privilege and immense pleasure to welcome you all to the celebration of '5th Public Health Foundation day'.

In an environment of rapidly changing from MDGs to SDG, public health issues need to be addressed unanimously. We the Public health experts, Clinicians, Researchers, Govt. and all stake holders should join hands to implement changes that make sense and that make a positive difference. Though Bangladesh deserves appreciation for lowering child mortality and maternal morbidity but there are still huge issues and new challenges of non-communicable diseases, higher rate of accidental injuries-death, Gender based violence, early marriage, consequences of unintended pregnancies, coping up of ageing population and recent issue of accommodating a huge number of Rohingya people are waving our peace and existence. The burden of health related costs unbearable by persons, need proper exploration of health care delivery system to make it accessible and equitable to all. We need to supply adequate nutrition, education, health care and after all the whole facilities for all of our people leaving under the same sky. Our young professionals are also here to exchange and share their observations and hopes among us. They are our future product and we hope they will be brought up with the vision to build a healthy Bangladesh. We have our Foreign delegates among us, starting now, for our common interests, we can work together to define the issues, their root causes, and make plan to address them. This is our commitment and I look forward to the continued expertise, wisdom, guidance and input from all our partners to make positive change towards a reality. Insha'Allah we, with your support will achieve it.

Long live public Health Foundation and long live Bangladesh.

**Professor Dr. Fatema Ashraf**  
Chairperson  
Public Health Foundation of Bangladesh



## Message

### **Public Health Foundation- a Platform towards Dynamicity & Reciprocity**

The global concept of public health has now extended and expanded beyond boundary. It recognizes the concerned professionals and stakeholders working together from grass root to highest professional level in combating public health challenges with skills and innovations. The world is moving very fast and if we want to cope or survive within this inevitable situation, we must train ourselves with the current trend of health problems and their impact on human and nature phfbd since inception follows a unique direction led by a group of well reputed, committed & dedicated professionals who are proactive, innovative and selfless. It follows a holistic approach in its plan of action encompassing public health education & training, research and health care service. Public health awareness and social mobilization are the two key components to bring positive and permanent desirable societal changes and we are working on it from the very beginning.

Currently in Bangladesh, the inappropriate skill-mix health workforces are to be tuned to generate appropriate skilled workforce and there are rooms to intervene and interact in accordance to country perspective. Universal health converge for all without financial hardship is an aspirational issue but we strongly believe in reality it is possible to attain even in a low resource setting country like Bangladesh. Quality time management in the working environment is crucial for the best outcome to happen. National health system, health budget, health workforce, service coverage, integration and coordination are to be tied up in a unified direction keeping pace with time. Accountability is to be strengthened and recognition is to be added for motivation and motivation is the key to success.

Public Health Foundation believes in “Working Together towards Action”. It already has achieved membership of World Federation of Public Health Association (WFPHA) and Southeast Asia Public Health Education Institutes Network (SEAPHEIN) and World NCD Federation.

Today on the eve of celebration of 5th Public Health Foundation day we have successfully organized the International Conference. Health Fair is a new addition for the very first time. Learned speakers from home and abroad, participants from various institutions would surely share and exchange their views and ideologies. Blending of knowledge of young professionals with the experience of senior professionals will generate and sensitize our participants to exert more energy and efforts for sharpening their efficiency and proficiency.

So dear participants, thank you so much for joining your mind, heart and hand together and it solidarities that very soon “We shall overcome”.

**Prof. Dr. Sharmeen Yasmeen** M.Phil, MPH. MBBS

Convener, Scientific Committee

5th Public Health Foundation day and International Conference and Health Fair

And

Vice-Chairperson, Public Health Foundation of Bangladesh (phfbd)

Head of the Dept of Community Medicine

Bangladesh Medical College, Dhanmondi R/A, Dhaka

Email: sharmeenbmc@yahoo.com



## Message

Public Health Foundation is committed to building Bangladesh a healthy nation.

Public Health Foundation, Bangladesh aims to make a positive desirable change by establishing a fairer, more equitable and healthier society with the objectives of addressing priority public health challenges with activities, mobilizing resources, and delivering health services. It was founded as an independent, autonomous, non-political & non-profitable organization. It is led by a group of well reputed, committed & dedicated professionals who are proactive, innovative and selfless. Our foundation follows holistic approach in its plan of action encompasses public health education & training, research and health care service. It works in partnership with gov't, non-govt & other national and international stakeholders.

World is now targeting universal health coverage (UHC) with equitable access to health care of all population wherever they are, in villages or in urban townships. Universal health coverage can only make Bangladesh a Healthy Bangladesh.

Public health activists should involve themselves more on public health research including policy research & health system research to make our health policy evidence based & our health system based on evidences. Our responsibility is to work so that our health policy be tuned with Universal health coverage goals & our health system by guided by that policy.

I believe, yes! "Together we can make a difference".

Lastly I convey my thanks and gratitude to all our honorable guests, learned experts, participants and all other concerns for their efforts to make this event grand success.

**Dr. Samir Kumar Saha**  
Executive Director  
Public Health Foundation, Bangladesh (phfd)



## Brief Bio-sketch of Public Health Awardee- Professor Dr. T A Chowdhury

**Professor T A Chowdhury** is a legendary personality in the field of Gynecology and Obstetrics in Bangladesh, born in Dhaka on 10th October, 1937. He completed MBBS degree in 1960 from Dhaka Medical College and stood 1st in the University with Honors in Obstetrics & Gynecology. He passed primary FRCS Course at King Edward Medical College, Lahore and went to U.K. for higher studies on government scholarship and the obtained FRCS degree from the Royal College of Surgeons of Edinburgh. He had his MRCOG degree from the Royal College of Obstetricians and Gynecologists in 1965.

Prof. Chowdhury is an excellent teacher, academician as well as a very reputed clinician. He worked under Governmental Health Service of Bangladesh in different Medical Colleges and afterwards he worked at the then Institute of Postgraduate Medicine and Research (IPGMR) as Professor of Obstetrics and Gynecology and served in this capacity for 22 years till his retirement from government service in 1994. He was also appointed as Director of that prestigious institute and worked in that capacity for the last seven years before his retirement. Currently he is working as Professor of Obstetrics and Gynecology at BIRDEM and is as active as before in his academic and clinical work.

He was pioneer in organizing and expanding the scope of postgraduate education in the country. He was the Founder Secretary General of OGSB and served as its President for several years. He was also the Founder President of the Bangladesh Peri-natal Society and Fertility and Sterility Society of Bangladesh. He served as the Vice-President of Asia and Oceania Federation of Obstetrics and Gynecology and also the President of the South Asia Federation of Obstetrics & Gynecology (SAFOG). He was an elected Councilor of BCPS consecutively for more than 20 years. He published many scientific papers in National and International Journals.

Prof. T A Chowdhury received recently the most prestigious "Independence Award, 2017" from Honorable Prime Minister of Bangladesh Sheikh Hasina. He was awarded the ATCO Gold medal for standing First in the MBBS Examination of the Dhaka University; 'Gorkha Dakshin Bahu Gold Medal' one of the highest Civil Award in Nepal, by the King of Nepal for his contribution in producing postgraduate trained medical manpower for Nepal; the Rotary Gold Medal for social services and his contribution towards health care in Bangladesh; Lifetime Achievement Medal by OGSB and Presidential Medal of the South Asian Federation of Obstetrics & Gynecology.

Prof. Chowdhury is married and blessed with three daughters, all of whom are well established in their respective academic and professional fields. We wish for him a happy, healthy and long active life.



## Brief Bio-Sketch of Public Health Awardee - Mr. Vashkar Bhattacharjee

**Vashkar Bhattacharjee**, a person with visual impairment, resides in the port city of Chittagong in Bangladesh. As the National Consultant for Accessibility in the Access to Information (a2i) Programme of the Prime Minister's Office in Bangladesh, Vashkar is involved in creating an enabling environment for innovations to come up for empowering persons with disabilities which are then scaled up and made accessible for all. His current focus is on implementing inclusive university in University of Chittagong, one of the largest and most prominent universities of Bangladesh.

Mr. Vashkar is also serving as a Program Manager looking after the disability portfolio of Young Power in Social Action (YPSA), a social development organization. Before joining a2i, Vashkar worked with YPSA to develop a WSIS award winning project, Multimedia Talking Book, which has made education accessible for students from grade 1 to grade 10. Also he has managed a team of persons with disabilities in YPSA to develop Bangladesh's first Accessible Dictionary that can make learning English and Bangla language easier for readers with visual disabilities. He received Henry Achievement Awards for his work to Promote Accessible Books and Information for empowering people with disabilities through innovation."

Vashkar is the focal person for DAISY, (Digital Accessible Information System), Accessible Books consortium, Federation of DPO's in Sitakund in Bangladesh and the 2nd Vice President of GAATES. Vashkar has completed Duskin leadership training from Japan and completed his Masters degree from university of Chittagong. He can be reached at [vashkar79@hotmail.com](mailto:vashkar79@hotmail.com).

We wish Mr.Vashkar to move forward with many more achievements which will light up the innovations and possibilities among the able and differently able people.



## CONFERENCE & HEALTH FAIR PARTNERS


- **Co-organizer :**

Rotary Club of Dhaka Uptown   
RI District 3281, Bangladesh

- **Supported by:**

NAARC   
Nutrition And Action Research Center

Freedom Within   
CHOOSE THE LIFE

IFMSA, Bangladesh   
International Federation of  
Medical Students' Associations

Sh.S.M.C.H (Dept. of Gynae & Obstetrics) 

CMUD

HEAL (Healthy Energetic Active Life)

- **Sponsored by:**

Beximco Pharmaceuticals Limited

Incepta Pharmaceuticals Limited

General Pharmaceuticals Limited

UniMed UniHealth Limited

Renata Pharmaceuticals Limited

NRB Bank



# Program Schedule

## Day-1, December 8, 2017

### 1. Session 1: Time: 9.00 – 9.30am: Keynote Speech-1

**Topic :** Universal Health Coverage- Critical Policy Choices for Bangladesh

**Speaker:** Mr. Ashadul Islam, Director General, Bangladesh Employees Welfare Board, Ex-Director General, Health Economics Unit

**Chairs:**

- Prof. Dr. M Muzaherul Huq, Founding Chairman, phfbd & Former Regional Adviser, WHO, SEARO
- Dr. Abbas Bhuiya, Member, Board of Trustees, icddr,b

9.30-10.30am	:	<b>Inauguration Ceremony &amp; Celebration of 5th PHF Day, 2017</b>
10.30-11.00am	:	<b>Tea &amp; Photo Session</b>
11.00-11.30am	:	<b>Inauguration of Health Fair &amp; Visit of Stalls</b>
Address of Welcome	:	<b>Professor Dr. Fatema Ashraf</b>
Introduction to phfbd	:	<b>Prof. Dr. Sharmeen Yasmeen</b>
Speech by Guests of Honour	:	<b>Prof. M. Muzaherul Huq FH Arif</b>
Speech by Special Guests	:	<b>Professor Dr. Baizid Khorshid Riaz Director, NIPSOM</b>
Distribution of Public Health Awards to	:	<b>Professor Dr. T A Chowdhury Mr. Vashkar Bhattacharjee</b>
Speech by the Awardees	:	
Speech by Honorable Chief Guest	:	<b>Professor Syed Saad Andaleeb Vice Chancellor of BRAC University</b>
Vote of Thanks	:	<b>Dr. Samir Kumar Saha</b>

### 2. Session 2: Time: 11.30am – 12.00am: Keynote Speech 2

**Topic:** Public Health Education in South East Asia- How It Contributes in Achieving UHC ?

**Speaker:** Prof. Dr. Hafiza Arzuman, Professor and Ex-Faculty of Medicine, SEGi University, Malaysia, and Medical Educationist

**Chairs:**

- Prof. Syed Masud Ahmed Director, CoE-UHC, JPGSPH, BRAC University, Dhaka
- Prof. Dr. Mohammed Abu Sayeed, Professor of Community Medicine, Ibrahim Medical College, Dhaka

### 3. Session 3: Time: 12.00-1.00pm: Theme: Health System

**Chairs:**

- Prof. Dr. Md. Mahfuzar Rahman, Head of the dept. of Community Medicine, Anwer Khan Modern Medical College, Dhaka
- Dr. Aftab Uddin, Head, Technical Training Unit, icddr,b, Mohakhali, Dhaka

**Topics & Speakers:**

1. Exploring the perceptions, practices and challenges on maternal and neonatal health care among the teagardens community in Bangladesh: a qualitative study. Speaker: Dr. Animesh Biswas
2. A national protocol on Health Sector Response to Gender Based Violence: key to address Gender Based Violence in health care setting. Speaker: Dr. Rahat Ara Nur
3. Level and Determinants of Willingness-to-Pay for Health Insurance at Educational Institutions in Bangladesh: A Study in Gaibandha Sadar Upazila in Bangladesh. Speaker: Md. Golam Rabbani.
4. Skilled Health Workforce: The Prime Component of Universal Health Coverage. Speaker: Dr. Yeasmin Jahan



# Program Schedule

## Day-1, December 8, 2017

5. Engagement of IHP in continual learning using simulation based e-learning service.  
Speaker: Dr. Muhammad Yameen Hamid
6. Long Term Care for Elderly People in Developing Countries. Speaker: Prof. Dr Lochana Shrestha
7. Improving quality of care in district by general practitioner; an experience from Nepal. Speaker: Pantha S
8. Observations by the medical teachers regarding the existing MBBS curriculum, 2012 for further improvement in future. Speaker: Dr. Chinmoy Baidya

### 4. Session 4: Time: 2.30-3.30pm: Theme: Communicable Disease & Antibiotic Resistance

#### Chairs:

- Prof. Dr. Be-Nazir Ahmed, National Consultant, UNICEF at DGHS Bangladesh
- Prof. Dr. Nilufar Begum, Head of the Dept. of Microbiology, Bangladesh Medical College, Dhaka

#### Topics & Speakers:

1. Detection of giardia lamblia and cryptosporidium sp. In diarrheal stool samples of slum children and in waste water & soil samples by real time multiplex pcr and taqman array card (tac) system.  
Speaker: Fahmida Sarker
2. Impact of mobile communication to reduce Adverse Drug Reactions (ADRs) of MDR TB patients in a specialized tertiary care hospital. Speaker: Dr.Mahmudul Hassan Khan
3. Impact of helminthic infection on antimycobacterial immune responses in UK migrants.  
Speaker: Dr. Shaheda Anwar
4. Knowledge, Attitude and Practice of General Public in Dhaka City regarding Use of Antibiotics.  
Speaker: Dr. Md. Alimur Reza
5. Determinants of Adult Tuberculosis in Bangladesh: A Matched Case Control Study. Speaker: Samira D Irfan
6. Determinants of HIV/AIDS knowledge among ever married women of reproductive age in Bangladesh: Evidence from BDHS 2014. Speaker: Md. Tariqujjaman
7. Prevalence and Antibiotic Resistance Pattern of Uropathogens and Physicians Antibiotic Prescription Pattern: Report from a Teaching Hospital in Bogra, Bangladesh. Speaker: Chandrika Das Gupta

### 5. Session 5: Time: 3.30- 4.30pm: Theme: NCD-I (Diabetes Mellitus)

#### Chairs:

- Prof. Dr. Shuvagata Choudhury, Professor of Medicine, BIRDEM, Dhaka
- Prof. Shamim Ahmed, Professor of Nephrology, Kidney Foundation Hospital & Research Institute, Dhaka

#### Topics & Speakers:

1. Prevalence of diabetes mellitus and related cardiovascular disease risk factor in an ethnic community of Bangladesh. Speaker: Dr. Sabrina Ahmed
2. Proportion and Risk Factors of Diabetic foot ulcer in Diabetic patients at BIRDEM General Hospital , Dhaka.  
Speaker: Dr. Nadira Mehriban
3. Pattern of drug, diet and physical activities among diabetic patients: In-depth and concerning socio-economic status index. Speaker: Bilkis Banu
4. Orthostatic Hypotension in Tpe-2 Diabetes Mellitus Patients and its Associated Factors.  
Speaker: Dr. Farzana Haque
5. Service delivery provisions for prevention and management of type 2 diabetes in selected health facilities of Dhaka division, Bangladesh: A qualitative study. Speaker: Dr. Punam Ganguly

4.30-5.30pm : Health Stall visit & Poster Session  
 5.30pm : Tea



# Program Schedule

## Day 2, December 9, 2017

### 6. Session 6: Time: 9.00-9-30pm: Keynote Speech 3

**Topic:** The role of the new genomics in improving the health of the population of Bangladesh

**Speaker:** Professor Ann Dalton, Pathologist, Chair of the Association of Clinical Genetic Science and Director, Sheffield Diagnostic Genetics Service and Clinical Director of the Division of Diagnostics, Pharmacy and Genetics, UK

**Chairs:**

- Prof. Dr. Mahmudur Rahman, Former Director, IEDCR and Professor of Epidemiology
- Prof. Dr. Fatema Ashraf, Head of the Dept. of Gynae and Obstetrics, Sh.H.M.C and Chairperson, phfbd

### 7. Session 7: Time: 9.30-10.30am: Theme: Maternal & Reproductive Health

**Chairs:**

- Prof.Dr.Abdur Rahman, Chairman, Dept. of Public Health, Jahangirnagar University
- Prof.Dr. Lochana Shreshtha; Treasurer, Nepal Public Health Foundation & Head of the Department of Community Medicine, Nepalese Army Institute of Health Sciences (NAIHS)

**Topics & Speakers:**

1. Community delay in decision making and transferring complicated mothers at facilities caused maternal deaths: a qualitative study in rural Bangladesh. Speaker: Abu Sayeed Md. Abdullah
2. Maternal Death: Audit in a Tertiary Hospital. Speaker: Dr. Kaberi Guha,
3. Basal Body Temperature and Endometriosis. Speaker: Prof.Dr. M.A. Bashed
4. Resettlement and Perinatal Experience of Immigrant Women: a study conducted among Bangladeshi immigrants living in New York City. Speaker: Kamrun Mustafa, Ph.D
5. Sexual and Reproductive Health Services Utilization by Adolescent Girls from Adolescent Friendly Sexual and Reproductive Health Centers in Sunsari District, Nepal. Speaker: Hari Prasad Bhusal
6. A Novel approach to manage infertile couple at primary level care through transferring Medical information, Tuning Psychological state and counseling. Speaker: Shumaya Aziz
7. Knowledge and practice of women about maternal health in an underprivileged community of Bangladesh. Speaker: Md. Shamsuz Zaman

**10.30-10-45am** : **Tea**

### 8. Session 8 : Time: 10.45-11.45am: Theme: Mental Health

**Chairs:**

- Kamrun N Begum PhD, Associate Professor of Public Health, Daffodil International University & Adjunct Assistant Professor, University of Southern Mississippi, USA
- Dr. Helal Uddin Ahmed, Associate Professor, Child Adolescent and Family Psychiatry, NIMH, Bangladesh; Secretary General, BACAMH.

**Topics & Speakers:**

1. Transactional Analysis and Cure in Human Personality. Speaker: Nasima Akter
2. Eye Movement Desensitization and Reprocessing: an effective therapy for psychosocial Trauma. Speaker: Mahmuda Muhsia Bushra
3. Internet Addiction and Sleep Quality among Medical Students: A Population-Based Cross Sectional Study in a Private Medical College of Dhaka. Speaker: Dr. Syeda Mushrefa Jahan



# Program Schedule

## Day 2, December 9, 2017

4. Communication Skills of Children with Autism Spectrum Disorder. Speaker: Ms. Rabaye Bosery
5. The Impact of Physical Exercise on Mental Health of Medical Students in Bangladesh. Speaker: Dr. Emiko Sultana
6. Predictive Psychiatric Disorders and Social Problems among Children and Adolescents Attending Pediatric Outpatient Department of a Tertiary care Hospital in Dhaka City. Speaker: Chiro Islam Mallik

### 9. Session 9: Time: 11.45-12.30pm: Theme: Oral & Dental Health

#### Chairs:

- Prof. Zakir Hossain, Professor & Head, Dept. of Orthodontics, Dhaka Dental College & Ex-Principal, Dhaka Dental College
- Prof. Dr. Sharmeen Yasmeen, Head of the Dept. of Community Medicine, Bangladesh Medical College and Vice-Chair, phfdb

#### Topics & Speakers:

1. Sterilizing Practices of Dental instruments in some Dental Chambers in Dhaka City. Speaker: Dr. Sazia Huq
2. Awareness on Personal Hygiene of Cleaners Worker at General Hospital in Savar. Speaker: Dr Farhana Hoq Shusta
3. Nutritional Status of Under Five Children Suffering from Oral Health Problems Attending the Out Patient Department of Two Selected Dental College Hospitals in Dhaka City. Speaker: Dr. Nabhira Aftabi Binte Islam
4. Prevalence of dental carries and associated factors among primary school children in Dhaka city. Speaker: Dr. Mst Mostary Zannath
5. Pattern of dental problems and dental health care among female garment's worker at selected garment at Dhaka city. Speaker: Dr.Shaikh Kaniz Sayeda

### 10. Session 10: Time: 12.30-1.15pm: Theme: Environmental & Occupational Health

#### Chairs:

- Prof. SA Mansur Ahmed, Professor of Public Health, Daffodil International University, Dhaka
- Prof. Sardar Mahmud Hossain, Professor and Head, Department of Public Health, Northern University, Bangladesh

#### Topics & Speakers:

1. Health staffs' job satisfaction in tertiary level hospitals. Speaker: Lt Col (Dr.) Syed Abul Hassan Md Abdullah
2. Knowledge regarding prevention and control of hepatitis among the garment workers of Dhaka city. Speaker: Dr. Kazi Sefayet Enam
3. Hydraulic horn: A major public health and legal concern. Speaker: Dr. Mamun Murshed
4. Study on Low Back Pain and Disability in Auto Rickshaw Drivers. Speaker: Dr. Kazi Rakibul Islam
5. Advantage and Disadvantage of Improved cook stove use to prevent indoor air pollution and health hazards: experience from a rural community. Speaker: Dr. Shaikh Abdullah Al-Jami

1.15-2.15pm : Prayer & Lunch

### 11. Session 11: Time: 2.15-3.00 pm: Theme: Child health & Public Health Nutrition

#### Chairs:

- Prof. Dr. Arunodaya Barman, International Researcher & Medical Educationist
- Prof. Syeda Afroza, Head of the Dept of M H Samorita Medical College & Medical Educationist



# Program Schedule

## Day 2, December 9, 2017

### Topics & Speakers:

1. Nutritional status of street-dwelling children: a cross-sectional study in capital city of Bangladesh. Speaker: Dr.Muhammad Enamul Karim
2. Prevalence of Underweight and Associated Factors among Preschool Children of Dhaka City. Speaker: Sadia Nahar
3. Maternal Nutrition in Pregnancy and Impact on Autism. Speaker: Mohammad Arifur Rahman
4. Prevalence of Anemia among Adolescent Girls in Urban Dhaka and their Awareness Level. Regarding Anemia along with the Food Intake Pattern. Speaker: Samia Alam
5. Status of Under nutrition among children with exclusive breast feeding: a scenario from the Northern part of Bangladesh. Speaker: Dr. Sumon Chandra Debnath

### 12. Session 12: Time: 3.00-4.00pm Theme: Non Communicable Diseases-II

#### Chairs:

- Prof. Md. Abdul Jalil Chowdhury, Professor of Medicine, BSMMU and Councilor & Hony. Secretary, BCPS
- Dr.Kapil Ahmed, Deputy Director (Research & Evaluation), Bangladesh Centre for Communication Program

#### Topics & Speakers:

1. Changes in burn mortality in Bangladesh: Findings from Bangladesh Health and Injury Survey (BHIS) 2003 and 2016. Speaker: Dr. Riffat Ara Shawon
2. Status of Noncommunicable disease risk factors among medical and nonmedical undergraduate students of Dhaka city. Speaker: Rajib Mondal
3. Knowledge, attitude, and practice on cervical cancer screening among the female outdoor patients in a selected private clinic of dhaka city. Speaker: Dr.Susoma Ferdous
4. Exploration of gaps and challenges in managing burn injury at district and sub-district govt. health facilities in Bangladesh. Speaker: Dr. Rehnuma Tabassum
5. An Overview of Obesity & its management with Unani system of Medicine. Speaker: Dr.Md. Shahjalal Chowdhury
6. Effects of Progressive Physiotherapy along with or without active rest at hospital for the patients with chronic nonspecific Low Back Pain (LBP) in Bangladesh. Speaker: Dr. Sonjit Kumar Chakrovorty (PT)
7. Informal supply chain and debacle of tobacco control program: Bangladesh perspective Speaker: Syed Ejaz Ahsan

### Closing Session : Time : 4.00-5.00pm

- Address by Founding Chairman, phfdb : Prof. Dr. M Muzaherul Huq  
 Address by Chairperson, phfdb : Prof. Dr. Fatema Ashraf  
 Distribution of certificates among the presenters, Ambassadors and Health Fair's Participant (Team Leader on behalf of Organization) by Chief Guest  
 Address by Chief Guest : Professor M Shamsher Ali  
 Founder Vice-Chancellor, Open University, Bangladesh, and Eminent Scientist & Researcher  
 Vote of Thanks by CEO : Dr. Samir Kumar Saha

- 5.00-5.30pm : Tea  
 5.30- 7.00pm : Cultural Show  
 7.00-8.00pm : Dinner



# Keynote 1

## Universal Health Coverage: Critical Policy Choices for Bangladesh

### Md Ashadul Islam

Director General (Secretary in-Charge)

Bangladesh Karmachari Kallyan Board and Secretary (Incharge) to the Govt. of Bangladesh

Ministry of Public Administration

### ABSTRACT

Bangladesh has adopted universal Health coverage (UHC) as the goal for its Health Population and Nutrition Sector which is consistent with its plethora of relevant policies - National Health Policy 2011, Vision -2021, 7th Five Year Plan etc. - that are largely drawn upon the spirit of the country's constitution. UHC which has been considered as the main component for achieving the health SDG is also a critical element for attaining a couple of other SDGs for which Bangladesh is a great proponent.

This adoption of UHC as the health sector goal amidst steady progress in the HPN sector has required the government to develop new plans and strategies in the area of health system strengthening, service delivery and coordination. Government has responded to the demand through developing a number of plans, strategies and programmes i.e Health Care Financing Strategy, Strategic Plan for Quality Improvement, Strategic Investment Plan for HPN Sector, and the sector program (HPNSP 2017-2022).

However, pursuing UHC is a complex, costly and politically sensitive process. It requires critical policy decisions and choices, and also some trade-offs between coverage of population, coverage of services and quality. Policy makers and political leaders face tough choices and trade-offs when considering where to allocate the limited resources at their disposal. The designs, in theory, should be determined by the country context i.e, the health need of the population, the level of economic development and country's socio-cultural- political environment. However, competing priorities make such decisions very hard, and political dynamics offer a bigger role is determining the answers apart from the evidence based evaluations.

This paper tends to present the policy areas and the choices for Bangladesh health sector for moving further forward with the UHC agenda. Drawing upon this lessons from different countries it tends to suggest that health sector needs a transformative investment and repositioning to take the UHC goal on a faster track. It can only be achieved through a publicly governed and coordinated process with a high priority to achieving full population converge of an affordable package of services.

It also highlights the role of Research Organizations, Professional Platforms and Associations, and Academics to assist this government in having the options and making pragmatics choices is the journey with proper analytical information.



## Keynote 2

### **Public Health Education in South East Asia – how it contributes in achieving goals of Universal Health Coverage**

**Prof. Dr. Hafiza Arzuman**

Professor and Ex-Faculty of Medicine, SEGi University, Malaysia, and Medical Educationist

Email: hafiza.arzuman@gmail.com

#### **ABSTRACT**

The degree of improving the health of a community depends on the quality and preparedness of the public health workforce, which is dependent on the applicability and quality of its education and training. Public health professionals are the specialist public health workforce, who has higher qualifications in public health and occupy spots exclusively focused on population health.

Public health is beneficial to achieve the wide nature of health and to simplify its boundaries in terms of public health practice and public health education.

Most of the South East Asian countries are undergoing an epidemiological transition with a burden of new and emerging diseases, challenge of health issues due to environment change, ageing population and the challenge of rising epidemics of non-communicable diseases.

Despite this situation, Public Health Education in South East Asian countries largely been ignored compared to Medical Education. Most of the countries of this region are challenged with problems of health workforce shortage, maldistribution, and limited capacity for the production, management and deployment of human resources for health. It is extremely important to strengthen the public health education planning of a country for producing skilled workforce for facing the emerging challenges. We need to move forward towards more realistic Public Health Education. The public Health component of curricula should be revitalize, strengthen and priority should be given in balancing the preventive and promotive aspects of health care with the curative and rehabilitative aspects. Teaching medical ethics, communication skills, research methodology to undergraduate, strengthening teaching learning resources, faculty development, and institutional capacity building in undergraduate and postgraduate education, using technology in teaching learning should be taken care off. In this region there should be strong networking among the educational institutions and organizations to form a common regional platform for continuous reforms and standardization of Public Health Education to adjust the public health needs of the countries. These initiatives should be implemented and followed strictly for improving the health systems and capacity building to achieve the goals of universal health coverage.





## Keynote 3

### **The role of the new genomics in improving the health of the population of Bangladesh**

**Speaker: Professor Ann Dalton**

Director of Sheffield Diagnostic Genetics Service and Clinical Director of the Division of Diagnostics, Pharmacy and Genetics

#### **ABSTRACT**

The new genomics technologies promise much, but can only deliver significant benefit to populations if part of a systematic approach to their use and application in clinical pathways and healthcare systems. Distinction has to be made between the technology which can deliver whole human genome sequence within a week and the actionable outcomes from the analyzed data, which are entirely focused on a small proportion of the ~20,000 genes and 3 billion base pairs in each sequence.

Considering the health challenges facing Bangladesh, important decisions have to be made as to what are the priorities to improve public health? Next generation sequencing (NGS) can deliver diagnostic testing for rare diseases at all stages from prenatal diagnosis through newborn screening to adult diagnosis and carrier screening pre-conception. A diagnosis provides an answer for families struggling with unexplained illness or disability and help families make informed decisions. NGS can also transform cancer treatment and deliver targeted therapies for acquired disease. Focusing on specific examples such as genomic testing for thalassemia and inherited predisposition to breast cancer, and the role of genomic testing in newborn screening, the technical and clinical challenges of implementation are considered and the impact on population health explored.

# **DAY 1 : ORAL PRESENTATIONS**

**Session 3 : Theme : Health System**

**Chairs :**

**Prof. Dr. Md.Mahfuzar Rahman**

**Dr. Aftab Uddin**



Public Health Foundation Day 2017

### **Exploring the perceptions, practices and challenges on maternal and neonatal health care among the teagardens community in Bangladesh: a qualitative study**

Dr Animesh Biswas<sup>1</sup>, PhD, Dr Sathyanarayan Doraiswamy<sup>2</sup> MD, Abu Sayeed Abdullah<sup>1</sup> MS,  
Dr Fazlur Rahman<sup>1</sup> PhD, Dr MA Halim<sup>1</sup> PhD

<sup>1</sup>Centre for Injury Prevention and Research, Bangladesh (CIPRB), Dhaka, Bangladesh.

<sup>2</sup>The United Nations Population Fund (UNFPA), Dhaka, Bangladesh

**Presenting Author:** Dr Animesh Biswas; Email: ani72001@gmail.com

#### **ABSTRACT**

**Background:** High maternal deaths in Sylhet division is a challenge to reduce overall maternal mortality in Bangladesh. National maternal and perinatal death review (MPDR) findings shown that over 37% of total deaths in Moulvibazar district is from the teagarden catchment areas. Neonatal deaths are also higher in this community. Poor care seeking behaviour, access to services and availability of services delivery at facilities were identified from the death review findings.

**Objectives:** The study was done to explore the views of the teagarden community on perception, practices and challenges about maternal and neonatal care and also to identify the views of health care providers working at the teagarden facilities on services gaps and challenges in the teagarden facilities.

**Methods:** A qualitative study was conducted in selected five teagardens of Moulvibazar district. A total number of six focus group discussions (FGDs) were conducted with the teagarden community people and twelve in-depth interviews (IDIs) were conducted with health care providers working in those teagarden facilities. Thematic analysis was performed as per different themes.

**Results:** Misperception and malpractices existing among in the families in teagarden which restrict them to access quality of care. In majority of the cases, mothers are not careful about antenatal care; most of the deliveries conducted at home by untrained birth attendants. Like this, mothers used to stay at the mud floor for two to three weeks with child after delivery. Community usually do bathing of neonatal immediately after delivery, postnatal care is not in practice. Teagarden health facilities are not well equipped and ready to provide quality services. Registered workers (pregnant mothers) receive some extent of antenatal care and medicine and unregistered workers have limited scope to ensure supplies of medicine and adequate care at the teagarden facilities.

**Conclusion:** Socio-cultural barrier and myths are key challenges in the teagarden community for ensuring quality maternal and neonatal care. Readiness of the garden facility is another gap to overcome. It is important to minimize knowledge gaps of the community people. Provision of quality antenatal care, safe delivery conducted by trained providers in the garden facilities can improve overall situation.

**Keywords:** Maternal health, neonatal health, teagarden community, Bangladesh



Public Health Foundation Day 2017

### **A national protocol on Health Sector Response to Gender Based Violence: key to address Gender Based Violence in health care setting.**

Dr. Rahat Ara Nur<sup>1</sup> MPH, Dr. Ayesha Afroz Chowdhury<sup>2</sup> MPH, Dr. Sathyanarayanan Doraiswamy<sup>1</sup> MD,  
Dr. Quazi Mamun Hossain<sup>1</sup> MPH, Dr. Nishat Tasnim<sup>2</sup> MPH

<sup>1</sup>The United Nations Population Fund (UNFPA), Dhaka, Bangladesh

<sup>1</sup>Gender, NGO and Stakeholders Participation Unit (GNSPU), Health Economics & Financing,  
Health Service Division, Ministry of Health & Family Welfare

**Presenting Author:** Dr. Rahat Ara Nur, E-mail: nur@unfpa.org

#### **ABSTRACT**

**Introduction:** The Violence against Women (VAW) survey 2015 revealed that about 73% of ever married women in Bangladesh have experienced any kind of violence by their present husband, 55% reported any type of violence in the past 12 months, and 50% reported physical violence in their lifetime. Gender Based Violence (GBV) persists largely due to deep rooted patriarchal social norms and the worst manifestation is child marriage which is widely prevalent in the country. About 59 percent of women aged 20-24 marry before they turn 18. Consequences of GBV are injury, anxiety, depression, low self-esteem and other problems that harm well-being and personal development even death.

**Objective:** The Ministry of Health and Family Welfare (MoHFW) with technical support from UNFPA embarked on a forum of developing a national guideline to strengthen Health Sector Response to Gender Based Violence. The abstract outlines the process and outcome of the effort.

**Methods:** A Technical Working Group was formed under the leadership of GNSPU of MoHFW consisting of professionals from obstetrics and gynecology, forensic, psychiatry, public health and legal departments. They have reviewed relevant national and international standards and guidelines and developed their own part in the context of Bangladesh. The compiled draft protocol was reviewed by national and international experts and provided their feedback which was incorporated and shared with key stakeholders in a workshop. Finally, the protocol was endorsed by MOHFW and disseminated to the large audience.

**Results:** A standard national protocol for the health service providers on health sector response to GBV has been developed in a participatory way and endorsed by MOHFW.

**Conclusions:** The national protocol will be implemented in 2 districts as a pilot and then, scale up gradually.

**Keywords:** gender based violence, health sector response, protocol.



Public Health Foundation Day 2017

### **Level and Determinants of Willingness-to-Pay for Health Insurance at Educational Institutions in Bangladesh: A Study in Gaibandha Sadar Upazila in Bangladesh**

Md. Golam Rabbani  
Student, Institute of Health Economics, University of Dhaka.

**Presenting Author:** Md. Golam Rabbani; Email: rabbaniduihe@gmail.com

#### **ABSTRACT**

**Introduction:** Enormous financing gap and huge out-of-pocket payment (OPP) is the major concerns in the health sector of Bangladesh. To achieve Universal Health Coverage (UHC), the health-related SDGs and nationally set goals, the high OPP for healthcare is one of the obstacles. Bangladesh needs to seek alternative ways to reduce financing gap and high OPP. In this situation, to access and afford the healthcare the role of health insurance is very important.

**Objective:** The study was conducted to assess the factors influencing the purchase decision of health insurance policies and to elicit willingness of teachers to join or contribute to a proposed health insurance scheme under private initiative.

**Methods:** The study follows a cross sectional survey approach combining with quantitative and qualitative data. We administered a structured questionnaire containing a detailed list of questions on perception about health insurance, willingness to join or contribute to the scheme. We used a mixture of bidding game and open-ended approach to elicit preference for and willingness to contribute to the health insurance schemes. We used both descriptive and tabular data analysis as well as statistical software STATA 13 to analyze the data by using cross tabular format across different groups of teachers at school and college level. In the multivariate analysis, logistic regression used to predict willingness to pay by demographic and respondent characteristics and the qualitative data analyzed by themes.

**Results:** Willingness to pay (WTP) for a health insurance (HI) scheme was expressed by 91% of formal employees. Monthly average WTP was 354.39 BDT and varied significantly across level of occupation and income. WTP was highest among high school teachers (454.28 BDT), followed by primary school teachers (297.56 BDT) and College teachers (118.57). Analysis of this study identified monthly income, occupation, education level, probability of disease, and past cost of illness as the key determinants of WTP.

**Conclusion:** Different socioeconomic state shows different magnitude of Willingness to Pay. Findings of this study enable to introduce such schemes. But in decision making regarding the implementation of such schemes should consider employees occupation and income etc.

**Keywords:** Willingness to pay, Health Insurance, Determinants, Educational institutes, Teachers.



Public Health Foundation Day 2017

### **Skilled Health Workforce: The Prime Component of Universal Health Coverage**

Dr. Yeasmin Jahan  
Deputy Project Director (Service Delivery)  
Urban Primary Health Care Services Delivery Project, Local Government Division,  
MOLGRD&C, Govt. of the People's Republic of Bangladesh  
and  
Associate Professor of Gayne& Obstetrics,  
Shaheed Suhrawardy Medical College & Hospital, Dhaka

**Presenting Author:** Dr. Yeasmin Jahan; Email: yeasminjahan139@gmail.com

#### **ABSTRACT**

The theme 'Health for all' is past now. Recent thinking is universal health coverage. It is one of the important component of the Health goal of SDGs. For Universal health coverage of our population, we have very good infrastructure facilities but there is shortage of well trained and efficient health workforce from community clinic to tertiary level specialize hospital. In private sector, mostly nursing services are given by uncertified staffs. Private sector of upazilla& district level are also lacking of skilled health workforce. Limitation of financial resources and retention problems are the main barriers behind it. Their quality of service delivery is not standard or up to the mark. Payment by the service recipients is also low there. Besides indigenous health services are also prevailing among a good number of people.

In community clinic there works one community health care provider (CHCP) for 6000 people. This CHCP has huge workload and he has no supportive staff. Upazilla health complex, district hospital, medical college hospital and other health facilities are facing crisis for supportive services as well. In the policy level there is lack of multi-sectoral coordination. Experts of health economics, health journalism, and health administration are not well integrated and well-oriented. As a result there are gaps in health service delivery at all levels. So human resource development in health sector is very urgent task for achieving UHC. For all types human resource development Health Academy is very essential in our county. Health academy will give training to all types of health workforce for their capacity building both from public and private sector following a comprehensive training module which will be good enough to meet up the need of health care demands.

Different health facilities are strengthened by well trained health workforce. The theme for the World Health Day in the 2002 was "Act for health". Now we need "Act for Health towards achieving universal health coverage" for the service recipient & service provider for attaining health equity. Trained personnel of health academy will make "Act for Health". Innovative thinking is formation of HEALTH ACADEMY.

**Keywords:** Universal Health Coverage, Health workforce, Prime Component



### Engagement of IHP in continual learning using simulation based e-learning service

Dr. Muhammad Yameen Hamid<sup>1</sup>, Arafat Rahaman<sup>1</sup>, Irfan Sharif<sup>1</sup>

<sup>1</sup>Product & Experience Team, Jeeon Bangladesh

**Presenting Author:** Dr. Muhammad Yameen Hamid, Email: yhamid91@yahoo.com

#### ABSTRACT

**Background:** Informal Health Care Providers (IHP) play an important role in the rural health care system. Essentially IHPs are not registered MBBS doctor but they are known as Village Doctors (VD). VDs are providing the health service to a major share of the rural population without having adequate knowledge and training.

**Objective:** In this study we tried to test the hypothesis that if we provide a simulation based e-learning mobile application for the VDs, it will engage them in the learning process.

**Methodology:** A prototype of mobile application was created providing three simulated clinical cases in gradually increasing difficulty level based on the questions asked. The application was installed to 35 VD's smart phone in Kishorganj and Netrokona district. They used the application for 2 weeks. Data of their usage was gathered in back end, they were interviewed and analysis was done by using MS Excel sheet.

**Result:** Out of 35 VDs 27 (77%) tried the application to solve at least one case. 22 of this 27 (81.5%) VDs tried for the second time in one or more cases. Percentage of VDs scoring 100% decreases as the difficulty level increases. Daily usage was recorded 4 times a day on average. The interview elicits they found the application very interesting and contents were relevant & helpful for providing primary health care to the village people.

**Conclusion:** The result concludes that the simulation based e-learning application is highly engaging in small sample of VDs. Variation of score in different level indicates that there is a strong demand of such learning content among them. This study suggests that there is a possible scope of empowering the untrained and unskilled VDs with adequate knowledge to serve the primary health care for rural community.

**Key Words:** IHP, Village Doctors, E-learning, Simulation based learning



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## Long Term Care for Elderly People in Developing Countries

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### ABSTRACT

By 2050, 80% of older people will live in low- and middle-income countries. With growing number of elderly people worldwide, different problems among them is in increasing trend. In order to address the problems we all have to prepare now onwards to prevent the crisis in all aspect of health and health related areas. In this background this study would like to highlight the overview of long term care for elderly people in developing countries.

Long-term care (LTC) is- variety of services which help meet both the medical and non-medical needs of Elderly people with a chronic illness or disability who cannot care for themselves for long periods.

Elder people in low- and middle-income countries carry a greater disease burden than those in the rich world. This burden is mainly non-communicable diseases which needs different aspects of special care that is basically long term care. Hence the need for long-term care is rising.

Long-term care-provided in different places by different caregivers, depending on a person's needs as follows:

- Home based care with family education and training
- Developing facility based long term care with limited coverage by public
- Increasing need of institutional long term care delivery system...

There are large gaps in the provision of and access to such long term services in many developing countries. There should be government commitment for the development of Acceptable, Affordable and Accessible long tern health care support system for elderly in all developing countries. In parallel there should be promotion of public private partnership for the delivery of this service to increase the coverage of quality services.





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## Improving quality of care in district by general practitioner; an experience from Nepal

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### ABSTRACT

**Introduction:** Government health facilities in developing countries are often considered of poor quality. A district hospital should not only provide the basic services but should also provide some advanced services including surgical interventions. General Practitioners (GPs) have been far considered as the only drivers for specialist care in rural and remote areas of Nepal where there is lack of trained human resources. They can provide a variety of care to the patients, be it be surgical, orthopedic or obstetric emergencies.

**Objective:** The objective of the study was to identify the variety of services provided in the hospital by a GP and the effect of the introduction of surgical services on the overall patient flow in the hospital.

**Methodology:** An audit of the emergency and elective surgical care provided from the district hospital of Myagdi, a district in western Nepal over a period of fifteen months in between October 2013 to February 2015 was retrospectively reviewed. In addition HMIS data of district hospital was also reviewed to see the utilization of four service categories, emergency, in-patient, out-patient and the labor ward. Approval was taken from the district health office for the study.

**Results:** We conducted 314 interventions under anesthesia. A variety of medical fraternity was covered by surgical services. After these services were introduced, there was nearly 20% increase in patient flow in all areas; outpatient, emergency and in the inpatient department. With further introduction of Caesarean Section services, number of deliveries conducted in the hospital increased and the need of referral for maternity care reduced from an average of 14 per month to 4 per month.

**Conclusion:** Providing variety of services from the district hospital have improved patients' perception towards the hospital and subsequently increased service uptake. In addition, the need of referrals out of district also reduced. General Practice is a specialty that can produce leaders in the frontline health care in the rural and remote areas of the countries, where there is lack of trained human resources and country should develop more GPs in order to achieve SDG goal 3 and attain Universal Health Coverage and Health for All.

**Key Words:** General Practitioner, Rural Health Care, Obstetric Care, Surgical Care



## Observations by the medical teachers regarding the existing MBBS curriculum, 2012 for further improvement in future

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### ABSTRACT

**Background:** Medical education produces medical professionals. The BMDC course curriculum is the Bible of medical education in Bangladesh. New course curriculum has many merits but some deficiencies and demerits are there.

**Objective:** Main objective of this study was to focus on important demerits of the current MBBS curriculum in order to improve it in future.

**Methods:** This qualitative study was conducted in a selected medical college in Chittagong. Data were collected by in depth interview from 22 head of the departments of various disciplines of that medical college. Various observations came out from this study. Summary findings are

1. More time allocations for foundation subjects (Anatomy, Physiology & Biochemistry)
2. Pathology, Microbiology & Pharmacology should be in 2nd phase & time allocation should be one & a half year.
3. Community medicine and forensic medicine should be in 3rd phase because these are partially dependent on above subjects.
4. Carry on system should be allowed at least for referred students.
5. More trained teaching staffs must be provided for intensive and small group teaching.
6. Interpersonal relationship, Medical ethics and minimum managerial skill should be given due emphasis.
7. Evaluation system should be simplified and corruption free. Results must be published at earliest possible time. Remuneration should be reasonable.
8. Internship should be at least for one & half years. An evaluation system of performance should be there and it should be properly valued.
9. All outdated obsolete matters should be discarded from the curriculum.
10. Latest discoveries, inventions, innovations should be included in course curriculum.

**Conclusion:** Avoiding duplication, redundancy & less important subjects we can accommodate more important issues so that course could be completed within stipulated time. Such curriculum could produce medical professionals having heart which never hurts a patient.

**Keywords:** MBBS curriculum, Medical teachers, Improvement, Observations