

**Policy Dialogue**  
**on**  
**Integrating Risk Communication and**  
**Community Engagement in the National Health Care System**  
**Program Concept Note**

**Program Background:**

Bangladesh's health program strides with many achievements and are gradually achieving many health outcomes while stepping towards improved health indicators. But our health service delivery is still focusing on the curative services having less focus on preventive and promotive services. Emphasis is putting on medication/treatment services rather than health care service approaches bringing community perspective and their household knowledge. When we need providing household information to prepare individual/family with model health behavior we are concentrating more on clinic-based services. These unproportionate and inappropriate focuses is probably forbidding us in community preparedness for combatting emergency health risk by engaging the community which we have faced with the catastrophic health situation in the Covid-19 pandemic.

In view of the above perspective a policy dialogue has been planned to hold with the policy level professionals on integrating risk communication and community engagement in the national health care system with an objective to advocate to the respective GoB authorities to consider pertinent issues and undertake policy reformation/adaptation in conjunction with the integration issues. So that we can aware people about household health practices and prepare the individual/family and the community for combatting and preventing any existing and emerging health risk like Covid-19.

**What is Risk Communication and Community Engagement?**

Risk communication and community engagement (RCCE) is a critical component of the response to any infectious disease outbreak or in any risky health behaviors for communicable and non-communicable disease related health cares. This could range from face to face communication to national and community level campaigns in which outreach level discussions with community members at their doorsteps, all the way through to large mass and social media campaigns, sponsorship of public events that help describe the risks of catching a particular disease and how to protect ourselves.

Community engagement is the process of supporting communities to consider themselves as partners in undertaking preventive measures for non-communicable disease and in any communicable disease outbreak response, and to have ownership in controlling an outbreak. It is a principle rather than a defined set of activities, and the approaches to this vary depending on factors such as local social structures, community coherence, preferred communication methods, and relationships with authority. Health risk communication without proper community engagement takes a more 'top down' approach and risks ignoring local needs and customs, and ultimately being less effective as a result. Furthermore, the hard to reach communities can be reached through the community mobilization and engagement process.

Risk communication and community engagement helps people make the right decisions at the right time about how to protect themselves, when to seek care, and to avoid contributing to panic about the disease and its effects:

- It is very important to make sure that people have the right information, delivered in the right way, to take appropriate and proportionate steps to protect themselves.
- Where possible, effective risk communications should be clear and easy to understand e.g. by focusing on easily achievable tasks like; early prevention measures for non-communicable diseases and handwashing while avoiding face touching or maintain social distancing in case of communicable diseases.
- Panic about any disease outbreak like Covid-19 has its own consequences that are harmful both to outbreak control, and to societal cohesion. Panic and fear can result in the stigmatization of might preventing people to seek for health services.

Bangladesh's guidance for care-seeking may differ based on health system capacity and structure that are prevalent locally. Risk communications also needs to consider specific guidance for vulnerable or potentially vulnerable groups, whose experiences and risk will also vary depending on location for example, those with existing health problems, women especially the pregnant women, children and the elderly.

In this situation communication for community awareness and promotion for increased household knowledge to inform and mobilize individuals practicing required health behavior. This will bring about a collective model health behavior which is expected to become a social norm.

### **Policy Dialogue: Event issues**

**Title of the Policy dialogue:** Integrating Risk Communication and Community Engagement (RCCE) in the national health care system

**Objective:** Advocate to the respective GoB authorities to consider pertinent issues and undertake policy reformation/adaptation in conjunction with the integration of RCCE in the national health care system

**Date, time and discussion medium:** September 26, 2020 at 11:00 A.M in the online Zoom platform

**Chief guest:** Prof. Dr. Md. Habibe Millat, MP

**Chairperson:** Prof. Shah Monir Hossain, Chairperson, PHAB and former DGHS

**Key note presenter:** Dr. Zeenat Sultana, Program Director, BCCP

**Moderator:** A K Shafiqur Rahman, Joint Director, BCCP

**Panelist:**

Prof. Mahmudur Rahman	Consultant, CDC and former Director, IEDCR
Prof. Dr. Meerjady Sabrina Flora	ADG, Planning & Development, DGHS
Prof. Shameen Yasmeen	Chairperson, Public Health Foundation of Bangladesh
Dr. A J Faisal	Former Country Director, Engenderhealth-Bangladesh

**Discussants:**

Mr. Helal Uddin	Additional Secretary, Planning Wing, HSD, MoHFW
Mr. Md. Abdul Hakim Majumder Ndc	Project Director, UPHCSDP-II
Adv. Safia Khanam	Chairman, Zilla Parishad, Rangpar
Mr. Quazi A K M Mohiul Islam	Former DG, DGFP
Dr. Muhammod Abdus Sabur	Adjunct Professor Institute of Health Economics Dhaka University
Mr. Md. Rafiqul Islam,	Deputy Secretary, Community Clinic Health Trust
Mr. Md. Anisur Rahman	Chairman, Upazila Parishad, Taraganj, Rangpur
Dr. Shams Arefin	Senior Director, Maternal & Child Health Maternal and Neonatal Health, ICDDR,B
Dr Taufiq Joarder	Executive Director, PHFB
Mr. Gobinda Bar	Sr. External Relation Officer, BRM, ADB
Ms. Mehrin A. Mahbub	Sr. External Affairs Officer, World Bank-Dhaka

**Observer remarks:**

Mr. Shakhawat Hossain	Additional Secretary, ME & FW, MoHFW
Mr. Nitish Chandra Sarker	Additional Secretary, Pop. and Law, ME & FW, MoHFW
Mr. Abdus Salam Khan	Joint Secretary, Planning Wing, ME & FWD, MoHFW

**Expected outcome of the Policy Dialogue:**

- Importance of promotive and preventive measures alongside treatment/medication part of the health care system
- How collective health behavior may turn in to community's model health behavior and practice by provisioning household information
- Point out issues related to risk communication and community engagement and its importance for the improvement of health service delivery system
- How the risk communication and community engagement can be integrated in the medical education, health education and in the national health care system in general.

**Follow-up and next step:**

- A position paper will be developed over the discussions and recommendations takes place in this Policy Dialogue event and be sent to the DGHS, DGFP, BMDC and to the MoHFW for necessary sensitization and considerations.
- Advocacy effort will be made with the MoHFW along with DGHS and DGFP in pursuance with the position paper.
- Pursuance and advocacy for policy formulation and policy change in favor of the integration of risk communication and community engagement in the national health care system.
- Follow-up meeting with the small groups of the policy maker to persuade advocacy for policy formulation and policy change.