PPRC NEWSLETTER

ISSUE 10

Healthcare & Out-of-Pocket Expenditure Challenge

Power and Participation Research Centre

Independant Policy Centre, Bangladesh

MESSAGE FROM THE CHAIRMAN

The period covered in this 10th issue of the PPRC Newsletter was a tumultuous one with heightened political and economic uncertainties for Bangladesh. But whatever be the new issue and new concerns, some of the old concerns remain as intractable as ever. One of these is the burden of healthcare costs. This is the major story of this issue. And appropriately so as PPRC completes its yearlong surveillance study on healthcare costs with support from the Health Economics Unit of the Ministry of Health and family Welfare. In the latter part of 2024, we hope to share the analytical findings through a national dissemination event.

Health is becoming an increasing focus of PPRC's research engagement. Besides the issue of healthcare costs, issues of local-level health system strengthening, last mile challenges in reproductive health services, social mobilization on preventive health agenda are some of the areas in which PPRC is seeking to deepen its research and advocacy engagement. During this period, PPRC completed a local-level health system strengthening study focused on Khulna City Corporation in partnership with Concern Worldwide and local NGO JJS. PPRC is also in active conversation with a cross-section of health advocates for a collective big push on the SDG3 priority of universal health coverage.

From its inception, PPRC has consciously avoided the lure of ivory-tower policy discourse. The founding principle of the centre has been to remain closely attuned to the dynamics of ground realities at micro, meso and macro levels. PPRC has pursued this principle through field research, identifying and engaging with new and relevant stakeholder constituencies, innovative formats for dialogue and consultations as well as building partnerships of trust both within grass-root and policy circles. We remain committed to this approach while recognizing the increasingly difficult funding terrain for independent research.

- Dr. Hossain Zillur Rahman

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INSTITUTIONAL NEWS

New Members

Mohammad Ihtesham Hassan recently joined PPRC as a research associate. He has completed both his master's and bachelor's degrees in health economics from the Institute of Health Economics, University of Dhaka. His research interest lies in understanding social dynamics, governance, inequality, and various domains of health economics, including health financing and economic evaluation.

Islam Al Faid joined PPRC as a Research Assistant recently. He studied Health Economics at the Institute of Health Economics, University of Dhaka. He has a strong interest in healthcare, data analysis, visualization, and policymaking. He intends to enhance his experience in the healthcare industry.

Sanjida Ahmed works as a research assistant at PPRC. She has completed her Master of Public Health from Jahangirnagar University. She previously worked for IID as a research intern and BRAC as a data enumerator, data collection officer, and intern before joining PPRC. Her research interests include environmental health, urban health, health education, health policy, etc.

Sakib Imran Ali is a Power and Participation Research Centre Research Assistant. He completed his Master's from Bangor University, United Kingdom, with a Bachelor's from Independent University, Bangladesh (IUB). His interest topics are bird management, people's perception of wildlife habitat, and human behavior, and relates the three topics to a possible research study.

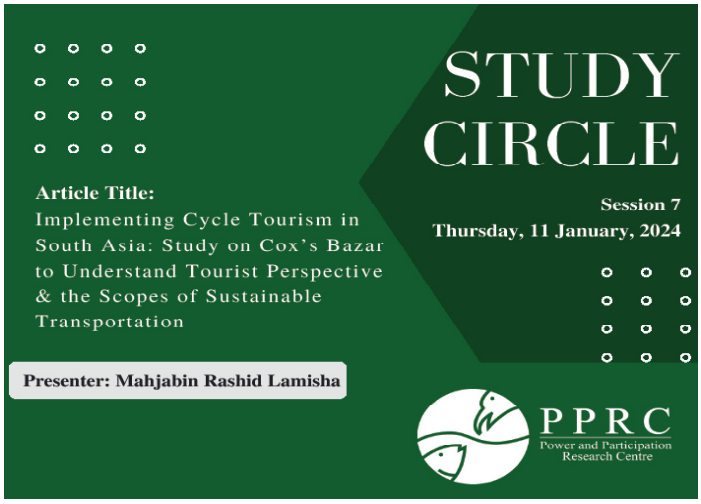
Pratyusha Kundu, a Research Intern at PPRC, completed her B.Sc. in Computer Science and Engineering (CSE) in 2022 from the Military Institute of Technology (MIST), Dhaka. Her favorite pastime is Travelling.

PPRC RETREAT, 2023

Team PPRC, along with their friends and well-wishers, went on a retreat on December 31, 2023, to start the new year with a fresh perspective. The retreat was set amidst the serene beauty of 'Jol O Jongoler Kabbo' and included activities aimed at improving collaboration and communication among the team members. The retreat concluded on a positive note, leaving everyone feeling recharged and united as a team.

At A Glance

PPRC in collaboration with Jagrata Juba Shangha (JJS), has undertaken a research initiative named 'Resilient Urban System for Health (RUSH)' within the Khulna City Corporation (KCC). A dissemination workshop, held on Tuesday, December 26, at Hotel Sarina, Dhaka, provided a platform to unveil the study's findings. The session, moderated by Hossain Zillur Rahman, Executive Chairman of PPRC, featured welcome remarks by Muhammad Emranul Haq, Consortium Program Manager at Concern Worldwide Bangladesh, and ATM Zakir Hossain, Executive Director of JJS.



On January 11, 2024, PPRC conducted 7th session of its in-house study circle, featuring a presentation by Mahjabin Rashid Lamisha, a Research Intern. Her paper, "Implementing Cycle Tourism in South Asia," delved into the tourist perspective and the potential for sustainable transportation, focusing on Cox's Bazar. The session sparked insightful discussions on various facets of cycling tourism, enriching the collective understanding.

On September 5, 2023, 33 participants, including tea workers, sex workers, and various marginalized communities, gathered in Dhaka. Chaired by Dr. Hossain Zillur Rahman, research adviser to BRC, and facilitated by Philip Gain, BRC's program director, the meeting focused on identifying the strengths and market potential of each community, addressing their demands.

In Memoriam

Saleemul Haque, a pioneering force in the battle against climate change, who departed on 28th October 2023. As the founder of the International Centre for Climate Change and Development (ICCCAD) in Bangladesh, he had indelible impact on climate research and community-based solutions is immeasurable. Beyond academia, Haque actively engaged with policymakers and grassroots movements, advocating for policies that prioritized vulnerable communities.

National Professor Brigadier (Retd) Abdul Malik, the respected founder and president of the National Heart Foundation of Bangladesh passed away on December 5th, 2023. His life was characterized by an unwavering commitment to education, public service, and national development. Additionally, he founded the National Center for Control of Rheumatic Fever and Heart Diseases and served as Project Director from 1987 to 1989. Dr Malik was also closely involved in PPRC's Healthy Bangladesh initiatives.

As we bid farewell to these two inspiring souls, we hope that their memory continues to inspire future generations to serve with the same passion and dedication.

Events

ICPD 3Zeros Consultation on Grassroots CSO (Gaibandha)

In July 2023, PPRC, UNFPA, and Gana Unnayan Kendra (GUK) convened a significant CSO consultation in Gaibandha, Bangladesh, aiming to align National Voluntary Survey findings with ground realities on population dynamics and sustainable development. Thirty-one stakeholders, including NGO workers, government officials, and educators, participated, resulting in essential recommendations. Priority areas included combatting child marriage by challenging societal norms and leveraging technology for age verification. Emphasis was also placed on addressing child marriage alongside maternal health, considering holistic approaches. Concerns regarding climate change's impact on vulnerable communities and the need for targeted integration plans, particularly for groups like the Santals, were highlighted. Moreover, participants stressed addressing gender-based violence and dowry-related issues, advocating for legal measures and women police involvement. These recommendations are pivotal for shaping policies and strategies to advance sustainable development goals, with potential dissemination at global platforms like the 7th Asia Pacific Population Conference (APPC).

ICPD 3Zeros Consultation on Grassroots CSO (Cox's Bazar)

On August 5th, 2023, PPRC, UNFPA, and Youth Power for Social Action (YPSA) organized a significant consultation in Cox's Bazar, Bangladesh, a coastal and disaster-prone area hosting displaced Myanmar nationals. The consultation aimed to align grassroots realities with the findings of the Voluntary National Survey (VNS), focusing on poverty, inequality, and climate vulnerability. With 32 local stakeholders participating, including NGO workers and government officials, discussions addressed the urgency of ending child marriage and improving education, particularly for girls. Concerns about the ambiguity of marriage registration and institutional delivery gaps were raised, emphasizing the need for holistic approaches to address societal issues and environmental challenges exacerbated by poor governance. These insights are vital for shaping policies and strategies for sustainable development, underlining the significance of grassroots perspectives in tackling complex development challenges on both local and global scales.

National CSO Consultation on Population, Sustainable Development, and Cross-Cutting Issues:

On August 23rd, the National CSO Consultation on Population, Sustainable Development, and Cross-Cutting Issues was hosted by UNFPA Bangladesh and PPRC. Led by Dr Hossain Zillur Rahman, Executive Chairman of PPRC, and joined by Ms Kristine Blokhus, UNFPA Bangladesh Representative, the consultation aimed to align National Voluntary Survey findings with real-world progress, address challenges, and share global best practices. Participants from academia, NGOs, CSOs, the private sector, government, media, and development partners discussed key issues, including data gaps, social inclusion, child marriage discourse evolution, youth empowerment, and climate change impacts. The insights will inform preparations for the 7th Asian and Pacific Population Conference in 2023 and contribute to a substantive report for future actions. The event showcased a shared commitment to positive change and a sustainable future, emphasising the importance of collaborative efforts in driving progress. Appreciation was expressed for the contributions of all participants, speakers, and partners, with a call to continue working together for a brighter, sustainable future.

Book Launch Event - “Dhaka Delirium”

PPRC organised a Book Launch event for “Dhaka Delirium,” a groundbreaking and unconventional book written by Dr. Adnan Morshed, a professor of architecture at the Catholic University of USA in Washington DC. The event took place at the LGED Auditorium (Level 2) in Agargaon, Dhaka, on Saturday, 15 July 2023, at 10 a.m. The distinguished guests included the Honourable Minister for Planning, Dr Hossain Zillur Rahman, Farah Kabir, and other notable personalities.

Project News

Resilient Urban System for Health (RUSH) in Khulna City Corporation

Funded by Concern Worldwide

Teaming up with PPRC and JJS, a local development organization in Khulna, Concern Worldwide, spearheaded the 'Resilient Urban System for Health (RUSH)' study within the Khulna City Corporation (KCC). The study's core objective is to bolster KCC's urban health system through resilient, participatory, and evidence-based decision-making processes.

Employing a mixed-method approach, the study undertook a cross-sectional survey within Khulna's impoverished settlements to grasp the healthcare needs, access, and service expectations of households. Concurrently, qualitative techniques such as Key Informant Interviews (KIIs) and stakeholder consultations were conducted to capture diverse perspectives from healthcare providers in KCC. Stakeholder mapping facilitated a comprehensive understanding, listing pertinent participants for mobilization as needed.

The study's findings underscored the imperative for collaboration among development entities, local stakeholders, and NGOs. It shed light on slum dwellers' preference for pharmacies due to limited access to other healthcare facilities, highlighting profit-driven practices and antibiotic overuse without prescriptions. Recommendations included governance reforms and a proposed Public-Private Partnership for medical waste management. Emphasizing the multifaceted nature of urban health issues, the study advocates for context-specific, evidence-based solutions to ensure equitable healthcare access and affordability for diverse urban demographics.

Impact Assessment Survey of Ferdousi Healthcare Services

Funded by Centre for Zakat Management (CZM)

The Center for Zakat Management (CZM) is a pro-poor social enterprise dedicated to harnessing Zakat as a driver for economic prosperity among the needy. Operating through the Ferdousi Healthcare Center, CZM aims to address the vulnerabilities faced by the underprivileged by providing comprehensive primary healthcare services to Zakat right-holder households. Their initiatives encompass a wide range of services including health promotion, disease prevention, medicine distribution, tertiary-level treatment referrals, community rehabilitation, and hygiene care support, spanning across 58 health service delivery centers spread across 37 districts nationwide.

Recognizing the importance of assessing its impact, CZM has partnered with PPRC to conduct an evaluation of Ferdousi Healthcare's effectiveness. This evaluation employs a mixed-method approach, combining quantitative and qualitative assessments. It includes a survey targeting 400 households, 25 Key Informant Interviews, and 10 Focus Group Discussions. Through these methodologies, the evaluation seeks to delve into various aspects such as healthcare outcomes, adherence to CZM's guidelines and Standard Operating Procedures (SOPs), and the overall strategy effectiveness. Additionally, the evaluation aims to understand the coping capacities and resilience of beneficiaries in the face of natural disasters and economic shocks through the examination of individual case stories.

By conducting this comprehensive evaluation, CZM endeavors to refine its healthcare services, ensuring that they are not only effective but also responsive to the evolving needs of the communities they serve. This approach underscores CZM's commitment to fostering sustainable development and improving the well-being of the underprivileged across Bangladesh.

Budget Tracking in Water, Sanitation & Hygiene (WASH)

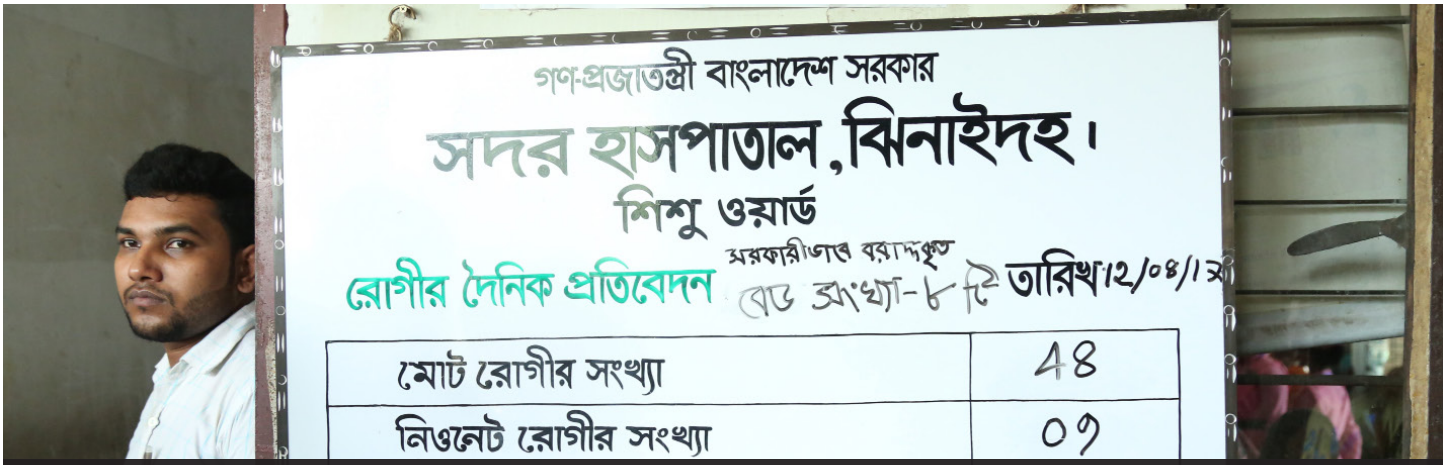
Funded by WaterAid

This project comprises two essential phases: the pre-budget and budget stages. In the pre-budget phase, PPRC conducted a thorough budget analysis to develop recommendations for the forthcoming budget. This analysis aimed to provide insights into fiscal priorities and allocations. Following budgetary decisions, a meticulous process of budget tracking and comparison unfolded, offering valuable financial insights and ensuring effective resource allocation. Concurrently, an extensive study was conducted in Paikgacha, Khulna, focusing on Water, Sanitation, and Hygiene (WASH)-related climate risks and protective measures. This research deepened the understanding of environmental challenges and laid the groundwork for strategic planning to mitigate these risks effectively. By addressing WASH-related climate risks, the project aimed to enhance community resilience and well-being. In anticipation of upcoming elections, the project invested efforts in crafting an election manifesto centred on WASH issues. This manifesto reflects the project's commitment to sustainable policies and community development priorities, aiming to influence political agendas towards addressing critical WASH challenges. This project exemplifies a holistic approach, integrating fiscal responsibilities, environmental resilience, and civic priorities. By intertwining these aspects, it advances evidence-based policy recommendations and community-oriented initiatives. Ultimately, the project seeks to contribute to building a resilient and sustainable future where communities are empowered to thrive amidst environmental challenges and political transitions.

Surveillance Study on Healthcare Expenditure

Funded by Health Economics Unit

Over the past few decades, the Bangladeshi health system has grappled with persistent challenges, showing only marginal improvements and some encouraging signs in health indicators while experiencing concerning regression trends. The core of these challenges spans from individual households to the national policy level, primarily revolving around the affordability and accessibility of healthcare services. In pursuit of universal health coverage status by 2032, Bangladesh initiated the Health Care Financing Strategy 2012-32, with a target to reduce out-of-pocket (OOP) health expenditure to 32% by 2032. However, despite these efforts, the rate of OOP expenditure increased from 62% in 2012 to 67% in 2015 and has continued to rise in recent years, posing a significant barrier to achieving the Sustainable Development Goal of universal health coverage. To tackle the escalating OOP healthcare expenditure, a comprehensive study titled 'Measuring the Financial Hardship of Households caused by Health Care Expenditure and Determinants of Such Expenditures in Bangladesh' was commissioned by PPRC and undertaken by the Health Economics Unit. This study initiated December 2022 is the most extensive surveillance study on financial health expenditure, drawing data from over 10,000 households using the IMPS framework developed by the Bangladesh Bureau of Statistics. Unlike previous studies relying on cross-sectional data, this ongoing study employs a panel model, collecting data from the same households four times a year to capture a complete picture of the financial burden over time. Preliminary findings reveal significant insights into healthcare costs, with average expenses for outpatient visits, hospitalization, and treatment abroad. These findings will inform policy-level recommendations aimed at reducing the OOP expenditure burden, thus advancing progress toward achieving universal health coverage by 2032.



Healthcare & Out-of-Pocket Expenditure Challenge

Dr. Hossain Zillur Rahman

Though billed as a successor to the widely-known Millennium Development Goals (MDGs), the SDGs or Sustainable Development Goals push humanity's ambitions much further and much wider. A particularly striking feature of the SDGs is the scaled-up focus on health as a cross-cutting strategic agenda. SDG3 on good health and well-being and in particular the constituent target of Universal Health Coverage (UHC) underscore the Health is a poverty driver if unaddressed and can also be a growth driver if addressed holistically. Advancing effectively on this multi-dimensional significance of the health agenda requires a level of stakeholder mobilization and engagement that goes far beyond traditional sectoral constituencies and aiming for results that are a sum greater than its parts.

Four meta-trends are converging to invest the health agenda with greater strategic urgency. Climate change is already bringing home the spectre of new health risks. Unplanned urbanization is producing unprecedented consequences for air and water pollution as well as elevating injuries and road fatalities into a 21st century epidemic. Sedentary lifestyles, stresses of modern living as well as shrinking commons have ushered in an epidemiological transition. Non-communicable diseases or NDCs — diabetes, cardio-vascular diseases, cancer, respiratory diseases, birth defects, trauma — now pose the bigger health challenge accounting for over sixty percent of mortalities.

Affordability of healthcare and the persistent and rising high level of out-of-pocket (OOP) expense burden has elevated financial risk of healthcare into an entrenched source of economic shocks for the poor and middle classes alike. High OOP burden can impoverish families. It can also lead to people either avoiding or deferring recourse to treatment. It can also force families to cut back on other essential household needs.

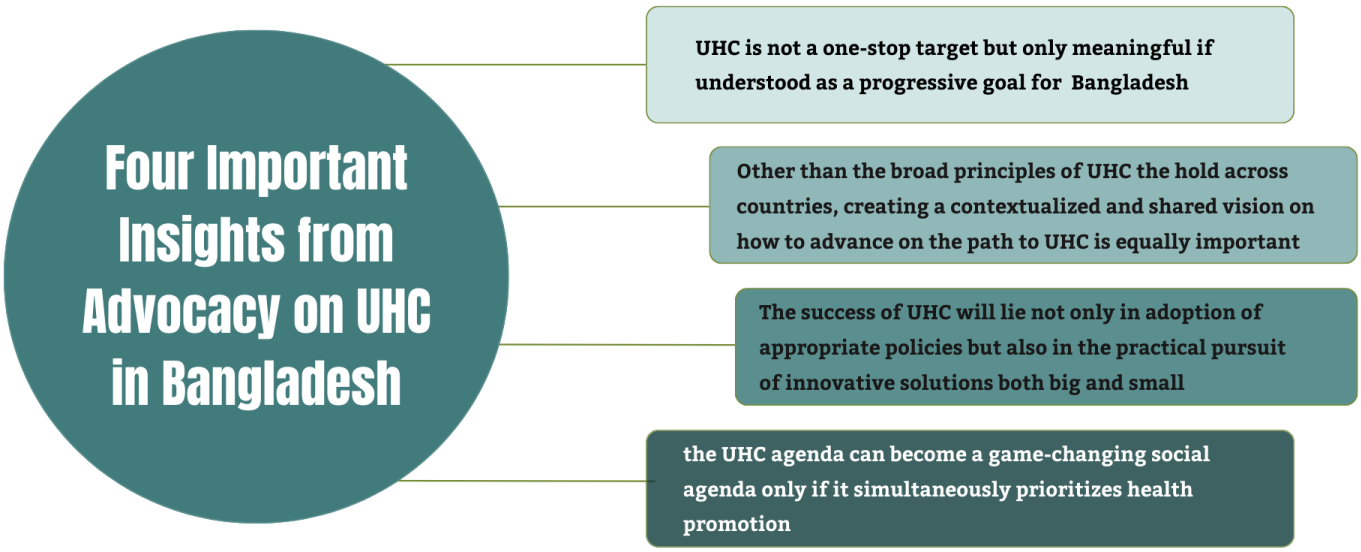
Advocacy on UHC in Bangladesh thus far have yielded four important insights: firstly, UHC is not a one-stop target but only meaningful if understood as a progressive goal for a country like Bangladesh, secondly, while the broad principles of UHC — access, affordability, quality — hold across countries, creating a contextualized and shared vision on how to advance on the path to UHC is equally important, thirdly, UHC success will lie not only in adoption of appropriate policies but also in

the practical pursuit of innovative solutions both big and small, and fourthly, the UHC agenda can become a game-changing social agenda only if it simultaneously prioritizes health promotion i.e. the preventive agenda, as much as accessible, affordable and quality healthcare i.e. the curative agenda.

Bangladesh already has many health sector successes such as in child and maternal mortality. However, many of the successes so far have come through stand-alone vertical programs that progressed despite system weaknesses. Today's Universal health Coverage (UHC) challenges such as those emanating from NCD and OOP burdens as well as the under-focused agenda of health promotion and healthy lifestyles present a different level of complexity that demand newer cross-sectoral conversations and coalitions. A narrowly sectoral vision is no longer adequate. Focused multi-sectoral conversations amongst the medical community, civic actors, local governments, economists, private sector and policy-makers are a 'must' if the right solutions are to be identified and carried forward. Such conversations are already underway but require far greater momentum and strategic focus.

A health balance-sheet for Bangladesh shows several pluses. These include reduction in child and maternal mortality, increased life expectancy, near-eradication of open defecation, a pluralistic healthcare delivery system that combines public, private and social sectors extending down to the grass-roots, growth of a domestic pharmaceutical industry, and, policy visibility on selected agendas such as disability.

Important and striking as these achievements are, they are no guarantee for overcoming the critical challenges in the new round of health priorities facing Bangladesh such as non-communicable diseases, out-of- pocket expense burdens and new pandemic health risks of climate change. For example, Bangladesh has a reasonably adequate health infrastructure but it is producing sub-optimal outcomes due to poor inter-tier linkage, low workforce motivation, inefficiencies in resource-



use and gaps in awareness particularly as they pertain to non-communicable diseases. At the same time, a rapidly urbanizing Bangladesh is facing acute new challenges in urban sanitation, absence of a comparable level of public health infrastructure for the urban poor and a largely unaddressed and rising problem of mental health among others. Most critically, the rising burden of out-of-pocket health expenditures has made financial risk protection perhaps the stand-out challenge in realizing the UHC goal i.e. ensuring that all members of the population have access to quality essential health services without incurring financial hardship.

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Measuring the magnitude of catastrophic health expenditure (CHE) with identifying its underlining causes is the first step to reshape the health financing arrangements to address the financial hardship associated with health care expenses. An important weakness of current methodology is that measuring catastrophic expenditure based on cross sectional data, captures only the health expenditure associated with out-of-pocket payment of a particular household over a short period of time. This may not accurately reflect the household's capacity of absorbing the financial shock over a period of time. In this context, CHE estimated at least over 12 months based on surveillance data may provide more accurate and clearer picture of financial hardship pertaining to health expenditures by the household. Another weakness of current methodology of estimating CHE is that only direct cost of health care services is measured while there are important indirect costs – both non-medical costs of accessing healthcare and opportunity costs of foregoing income-earning opportunities while spending time in accessing healthcare. The latter issue is particularly significant for the large number people engaged in informal occupations. A third weakness of existing methodology for CHE measurement is that there is no focus on identifying the disease or underlining causes that are the key drivers of financial hardship. Taking all these limitations into account, PPRC with support of the Health Economics Unit of the Ministry of Health and Family Welfare has embarked on a major surveillance study to measure the financial hardship of accessing healthcare in an accurate and holistic way and identify the key drivers of such expenditure using data from this surveillance survey. The findings of this study expected to be completed mid of 2024 will hopefully provide crucial researched data and analysis for health system policy planners to improve financial protection from healthcare expenses for the people of Bangladesh.

Photo Taken from The Financial Express

Social Determinants of Health That Must not be Ignored

Hasnat M Alamgir

A host of factors determines our health. For making health policy, and developing and delivering health programmes, it is very important to know what these determinants are, how these influence health, and then develop a useful framework to understand it. Bangladesh has been building facilities extensively as developing physical infrastructure has been its primary agenda and focus to improve population health. However, conceptualising the broader concept of health and understanding all influencing factors of health appears to be generally missing in Bangladesh.

If we look around us, our family, friends, and other people in the community, what becomes obvious is that health is quite variable; it just does not only vary between individuals but also across different population groups within the same society or a region. Why?

If we look at the life expectancy of a child born in Japan today, he/she will live to be 84.26 years old on average while if born in Canada, he/she will live to be 82.24 years. For Bangladesh, it is 74.25 years on average and for Somalia, it is only 56.47 years. The difference in life expectancy between Somalia and Japan is about 28 years.

There are differences in life expectancy even

within regions and countries. For example, the life expectancy of native people is about 10 years lower than that of non-indigenous people in Australia. For Bangladesh, it also varies; if we had good data we could show how this varies by region and ethnic monitories.

Social class influences health; people with higher income, greater educational attainment, and holding a safer and high-paying occupation have better health and a higher life expectancy. For example, studies of migrants have shown that the type of diseases, health behaviours, and risk factors are different in migrants in their host country compared to those in their country of origin. For example, the Rohingya in Myanmar and the Rohingya in Bangladesh will be different with respect to their disease profile and burden, health behaviours, and other risk factors. Key health indicators like maternal mortality and child mortality among them will vary between Bangladesh and Myanmar.

Why is there so much variability? We must understand the determinants better that influence health.

A range of factors called determinants of health influences an individual's health. These include individual factors such as age, sex, and genetic makeup.

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We must understand the determinants better that influence health. A range of factors called determinants of health influences an individual's health. These include individual factors such as age, sex, and genetic makeup."

This also includes their health behaviours such as physical activity, alcohol use, smoking, sleep pattern, and diet. Health is largely influenced by the conditions in which people are born and they grow, live, play, work, and age. Determinants also include their social and community networks. The socioeconomic, cultural, and environmental conditions where people live strongly influence their health status. In addition, the health care systems of the country-- how health care services are planned, developed, delivered, and monitored shape the health status of the population. All these are collectively called the social determinants of Health.

The social determinants of health are shaped by the distribution of money, power, and resources at the international, national, and local levels; they create health equities and inequities.

The social determinants of health work across many levels, and there are complex interactions

between them. To understand and explain how these determinants influence and interact with each other to affect the health and well-being of the people, several models or frameworks have been proposed. The World Health Organisation (WHO) developed one.

According to the WHO framework, there are two broad types of health determinants that influence health; these are structural determinants and intermediaries. Structural determinants refer to the socio-economic and political context in which an individual is born and lives. These include how society organises itself to make and implement economic, social, and public policies. In addition, social and cultural values vary by community. These factors determine and lead to the unequal distribution of resources which shape a person's socioeconomic standing. A person's place in society affects the exposure, vulnerability, and outcomes to conditions that determine their health. A number of factors such as education, occupation, income, gender or ethnicity, and social class determine someone's socio-economic position.

The socio-economic position then affects the intermediary determinants of health and these include quality of housing and neighbourhood, financial ability to buy healthy and fresh food and groceries, clothing, or other requirements for healthy living. Stressful living and behavioural circumstances also affect health.

In addition to these, the healthcare system has an impact on the type and quality of healthcare services available to people. It determines how easy it is for people to access and receive the health care they need. Social cohesion and social capital are factors that describe the readiness of people in a community to cooperate with each other for a bigger or greater benefit.

The links between these different determinants are not always linear but are complex and can go in both directions. For example, income and education can affect health, and a person with poor health has limited opportunities to participate in the labour force or receive a good education.

"The links between these different determinants are not always linear but are complex and can go in both directions. ealth, and a person with poor health has limited opportunities to participate in the labour force or receive a good education."

Addressing the social determinants involves identifying the structural and intermediate determinants of health and taking appropriate actions to improve them. This requires actions across all sectors of society and at all levels, including local, national, and international. The actions depend on the existing socio-economic and political context, resources that are available, and a commitment to action. Bangladesh needs to go beyond training healthcare workers, building hospitals, and buying machines to improve the population's health.

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Op-Ed Highlights: Perspectives in Print

15th May 2023- January, 2024

Is Bangladesh at a triple crossroads?
Hossain Zillur Rahman, Daily Star, 12 August, 2023

All about fair and unfair elections
Hossain Zillur Rahman, Daily Star, Friday 3 November, 2023

মুহাম্মদ ইউনূস: তাঁর উন্নয়নদর্শন
ড. হোসেন জিল্লুর রহমান, প্রথম আলো, 7 November, 2023

ডেমোগ্রাফিক ডিভিডেন্ড ও আগামীর বাংলাদেশ
ড. হোসেন জিল্লুর রহমান, বণিক বার্তা, 5 June, 2023

‘চোখ-কান খোলা রাখলেই গরিবের কান্না দেখতে পাওয়া যায়’
ড. হোসেন জিল্লুর রহমান, জাগো নিউজ, 24 May, 2023

প্রবৃদ্ধিকেন্দ্রিক উন্নয়ন মডেল বৈষম্য বাড়াচ্ছে
ড. হোসেন জিল্লুর রহমান, সমকাল, 5 May, 2023

Urban policy discourse and the knowledge gap thus far
Hossain Zillur Rahman & Shabbir Ahmed, The Business Standard, 21 May, 2023

দেশে নীতি প্রণয়নই হচ্ছে দুর্নীতির স্বার্থে
ড. হোসেন জিল্লুর রহমান, প্রথম আলো, 19 September, 2023

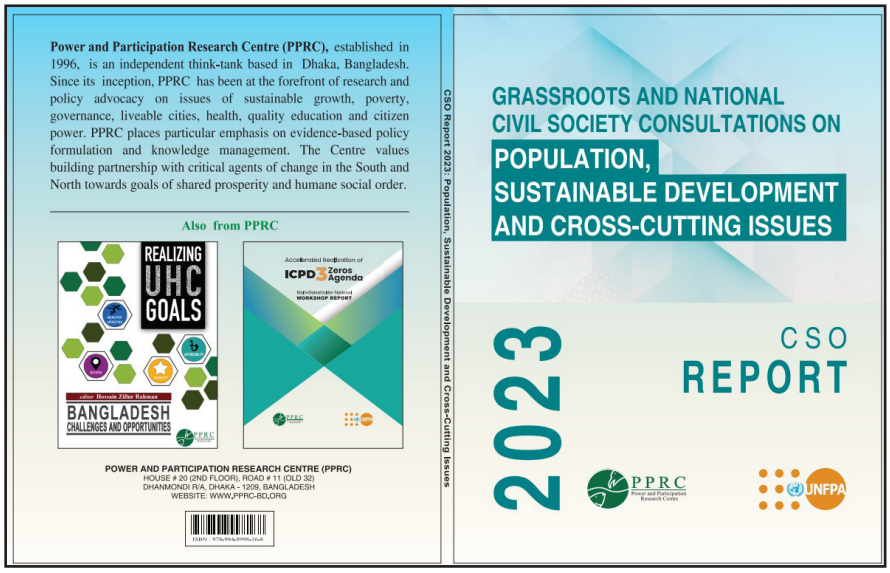
Development needs to benefit all segments of society in Bangladesh
Hossain Zillur Rahman, New Age, 24 October, 2023

প্রতিযোগিতাহীন নির্বাচন দীর্ঘমেয়াদি সংকট তৈরি করবে
ড. হোসেন জিল্লুর রহমান, প্রথম আলো, 26 November, 2023

চ্যালেঞ্জ মোকাবিলায় তরুণ প্রজন্মকে তৈরি হতে হবে
ড. হোসেন জিল্লুর রহমান, খবরের কাগজ, 27 December, 2023

অর্থনৈতিক অবিচারই এখন নীতি হয়ে গেছে
ড. হোসেন জিল্লুর রহমান, সমকাল, 1 January, 2024

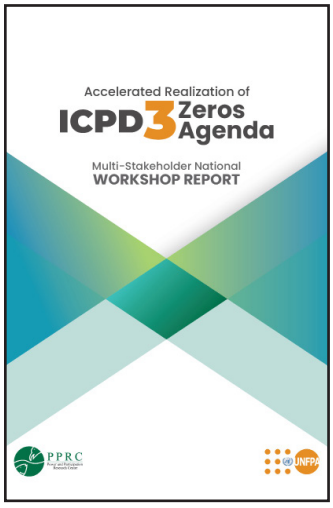
PUBLICATIONS



While progress in poverty reduction and maternal health was celebrated during Bangladesh's consultations for the 7th APPC, shadows of persistent challenges lurked. Child marriage and adolescent pregnancy remain deeply rooted, fueled by knowledge gaps in sexual and reproductive health (SRH) and inconsistent legal realities.

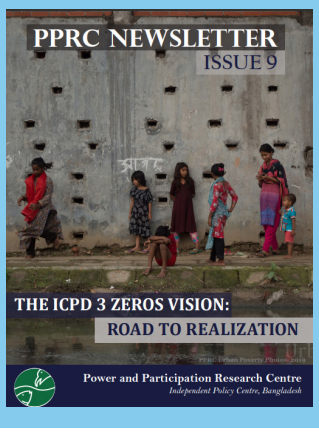
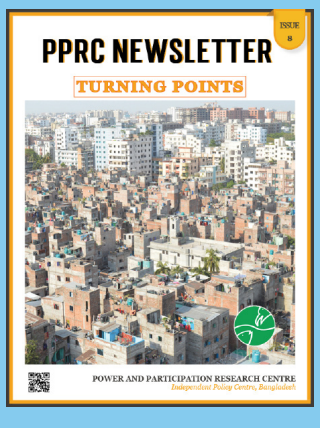
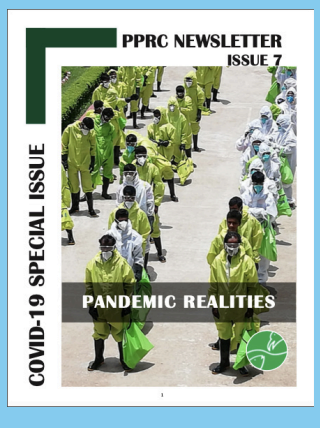
Only by weaving these threads together can Bangladesh break harmful cycles and truly advance towards the 3 Zeros agenda.

ICPD3ZerosAgendaMultistakeholder National Workshop Report



PPRC and UNFPA organized a multi-stakeholder national workshop on 14 September, 2022 in Dhaka. This workshop Report provides an accurate and analytical account of the rich discussions and action strategies elaborated during the daylong event.

Unpacking Resilience Under Covid-19 Impact

COVID-19 slammed poor in Bangladesh, research reveals deep economic, livelihood, and poverty impact. PPRC-BIGD research initiative tracked the evolving crisis, highlighting the need for innovative policy responses and ongoing support for vulnerable populations.

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