

## Mainstreaming of Health Governance into Disaster Risk Reduction

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The world is now at a binary position which is not only suffering from non-communicable diseases, but communicable diseases have also aggravated health problems in developing world. Though the policy makers are more concern about the development of new policies related to emerging and unpredictable health problems, but health polices has become an unfinished agenda due to emerging disasters and unanticipated health problems in the last decade. Frequent disasters have also added a new dimension in health sectors. Emergency situation that arise out of disasters and hazards, affects fundamental requirements for healthcare services which it affects directly or indirectly human health, as during emergency disasters and its impacts on health are very multifarious and diverse in nature. Recent studies reveal that though Bangladesh have achieved expected results in fertility and mortality and age at marriage, it is still an unpredictable health performer due to high level of malnutrition, high population density (around 160 million) and low achievement in some basic health indicators as per 6th Five-year plan. Despite a remarkable achievement in Millennium Development Goal (MDG) 4 in child mortality and maternal mortality reduction goals MDG-5, the country still suffers from the highest health risks such as diarrhea, cholera, typhoid, skin diseases, sexual and reproductive health related problems for women and adolescent etc. because of increasing frequency of disasters in the last decade and poverty remains high which is 49.6 percent of the population still subsists on less than US \$1.25 per day (World Bank, 2011).

According to a World Bank report (2008), health is the most important shock that happens to Bangladeshis accounting for 22% of all shocks. Furthermore, because of destroying health care services the affected people cannot get their minimum health requirement. Apart from this, due to non-availability of safe drinking water, sometimes under compulsion they drink polluted and saline water and they suffer from various water borne diseases and other diseases like skin, itching, sore, genital problems, eye problem etc. As part of performing their daily household chores the women bear additional workload which not only creates extra burden, also make many women's severe health hazards. The women in disaster affected areas often suffer from reproductive health related problems as well. They are also experiencing with itching or irritation in the vaginal area with discharge related problem, genital sore or ulcer, bad odor along with a discharge and severe abdominal pain with, physical weakness, headache and irregular menstruation during and post emergency situations. Though different GOs, INGOs and NGOs are working in the area of disaster risk reduction, health sector is still at high risk because of giving less importance on it compared to other sectors.

Patience health sector is an important determinant of disaster risk reduction to achieve the goals of MDGs. It is mentionable, these have become more ineffective during and post emergency period because of destroying health facilities and communication system by frequent disasters. In emergency situation these health services provided by different service providers are not remarkable. Therefore,

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the people are unable to find out proper care during and post disaster because of unavailable doctors, lack of medicines, lack of nurses, insufficient medicines in the health centers. Like other health services, the pregnant women require safe delivery services and delivery kits for the pregnant mother, support for managing ovary infection, services for prevention and management of STIs etc. during and post emergencies. Thus, to lessen multiple health exposures the crucial roles of health care promoters are important for providing better health and family planning in rural community. Though government is trying to ensure all health services related to primary health care and sexual and reproductive health services in achieving the VISION 2021, several reasons such as lack of effective coordination mechanisms between NGOs and GOs during emergency, inadequate technical modern equipments, lack of medicines, lack of skilled doctors and nurses, irregular visits of health workers etc. are major challenges to achieve that goal.

Moreover, lack of effective cooperation and coordination between different health service organizations and lack effective monitoring have also delayed the expected achievement as per MDGs and VISION 2021. Especially, the poor health systems governance cannot afford health services of the poor people in rural areas of Bangladesh. During emergencies this poor governance system undermines the quality of health system, and makes it less effective and less efficient and creates multifarious problems due to not functioning in right way in health care systems while good governance is an important tool for the effective use of medicines, information, human resources and finances to deliver health services and contributes to better health outcomes, which is always absent in health care system of Bangladesh. The inter-linkage and individual government could be built for rebuilding holistic governance in disaster risk reduction system. There is also need to develop comprehensive disaster governance following disaster risk reduction model and long-term recovery plan comprising health system which would be enable the local communities and health institutions to prepare and respond adequately to disasters and emergency. Similarly, mainstreaming of health governance into the national policies and strategies related to disaster risk reduction and health issues could be a path way for ensuring the equity of access to all resources such as political, economic, social, institutional, educational, and environment circumstances, among others, which are now seen as important determinants of better health outcomes.