Profile

Mushtaque Chowdhury: seeking health transition in Bangladesh

BRAC

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Mushtaque Chowdhury, principal author of a *Lancet* Bangladesh Series paper, is only too aware of how far his country has come since its creation amid the horror of a bloody civil war 42 years ago. "Overall, there has been a shift from the priority of managing infectious diseases to where we are now, and a focus on public health programmes to mitigate the effects of natural disasters and the burgeoning of non-communicable diseases, especially in the country's urban areas", he says.

Chowdhury talks earnestly of the need to overhaul Bangladesh's health system as a key first step in reducing inequality in the provision of health services. "The sad reality in my country is the iniquitous health system", he says. "The quality of both public and private health services is often poor. It is not uncommon to hear accounts of people being given inappropriate treatment, such as antibiotics for diarrhoea, at great financial cost to the patient."

The "call to action" in this *Lancet* Series proposes that universal health coverage (UHC) should be the ultimate goal for Bangladesh. Chowdhury is convinced that this is the way forward for his country. "It took Thailand 28 years, but the results have been extraordinary, and are a model for other countries in Asia. Though it will take a long time for Bangladesh to get there, it is essential that the government acts decisively to get the path to UHC underway", he urges. An important step on this path, Chowdhury believes, is the need for the government to separate purchaser from provider function in Bangladesh's Ministry of Health. "At the moment both functions are in one office, and what the health system needs is a separate purchasing body to create the necessary accountability. The National Health Security Office is being proposed to fund and insure a future health system in a way that can one day lead the country towards UHC", he says.

Non-governmental organisations (NGOs) play a huge part in delivering health services in Bangladesh, chief among them the largest, BRAC (formerly called the Bangladesh Rural Advancement Committee), of which Chowdhury is currently both Non-Executive Vice-Chair and interim Chief Executive Officer. Created just after independence to provide relief to millions of citizens displaced by the civil war, today BRAC has a central role in providing health, education, and microfinance services to help alleviate poverty. It has a presence in most villages in the country, employs more than 120 000 people, and has trained 105 000 community health workers. "From the health perspective, one of the highlights has been the role of community health workers in the jointly led government-BRAC DOTS programme for tuberculosis, and in the scale-up of distribution of oral rehydration therapy (ORT) across the country in the past two decades", he says. Chowdhury adds that "without doubt BRAC will continue to have a role alongside the government on the road to UHC".

In 2004, Chowdhury helped co-found BRAC University's James P Grant School of Public Health, and as its Dean for 5 years he was instrumental in creating its Masters in Public Health programme. "Students study living conditions in rural homes and the slums of our country's urban areas, and will therefore make a practical contribution to ongoing public health strategy", he says. Outside of Bangladesh, Chowdhury has considerable experience of the wider Asian health context, having previously worked for the Rockefeller Foundation as Senior Adviser in crossborder disease surveillance projects in the Mekong countries of southeast Asia. And he's been involved with seminal global health initiatives, notably the UN Millennium Project's Taskforce for Child and Maternal Health, where, Chowdhury says, "the priority was scaling up, not technical knowledge". A legacy of his time at the taskforce was to take the work of BRAC into countries in sub-Saharan Africa. He also contributed to the GAVI Alliance "where I hope my knowledge of the need for equity in health helped emphasise equity as a key dimension in global vaccination programmes", he says.

Born in Kolkata, in West Bengal, India, in 1950, Chowdhury was brought up in Sylhet in former East Pakistan (now Bangladesh). His first degree from the University of Dhaka was in statistics, followed by postgraduate studies in demography at the London School of Economics in 1979. "Demography was a very relevant area for me to study at that time", he recalls, "as a main challenge confronting Bangladesh at that time was its population explosion". On returning home, he headed up evaluation of BRAC's nationwide ORT programme, later gained a PhD in Public Health from the London School of Hygiene and Tropical Medicine, before becoming a research associate at Harvard's Center for Population and Development Studies. In 2004, he became the first Bangladeshi to be offered a professorial position at an Ivy League university, at Columbia University.

But it is the work of BRAC—to alleviate poverty and improve human development—that drives Chowdhury's future ambitions. "I love to be able to try and improve life for the poorer people of Bangladesh, and, from its international outreach, to people battling poverty in other parts of the world", he says. "My guiding light has been Sir Fazle Abed, the pioneering founder of BRAC. He gave up a highly lucrative job in the oil industry and devoted his life to BRAC and to the development of the population of Bangladesh. If I can do a fraction of what he did, then hopefully I can help steer Bangladesh to an increasingly healthy future."

Richard Lane