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# Intersectoral collaboration: a novel path to promote community health promotion

Malabika Sarker<sup>1</sup> and Taufique Joarder<sup>1</sup>

Intersectoral collaboration in health promotion is not a new concept. Bangladesh Rural Advancement Committee (BRAC), one of the largest non-governmental organisations (NGOs) in the world, demonstrated that non-health sectors could be an effective platform to promote health education. Three classic pioneering documents, the Constitution of the World Health Organization (WHO), the Alma Ata Declaration, and the Lalonde Report, emphasized the need for the health sector to collaborate with different sectors (1) such as agriculture, environment, education, justice, etc. The report by the WHO Commission on the Social Determinants of Health further strengthened this proposal. The report showed that social, political, and economic factors also shared the causal chain of human pathogenesis (2). These seminal documents have increasingly called for Intersectoral collaboration to address these issues. The report of the international conference in 1997 on Intersectoral Action for Health (IAH) has adopted the following definition:

...a recognized relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes ... in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone. (3)

Public health experts, despite their formal acknowledgement of collaborative actions with other fields, often fail to recognize or appreciate the health achievements obtained by other sectors. Similarly, public health academics often fall short of incorporating the valuable knowledge generated and exercised by other disciplines, which could be effectively used towards the improvement of population health.

There is a dearth of literature on different modalities of IAH as well as on its functionalities. The authors draw from the real life experience they gathered

working in BRAC, one of the largest NGOs in the world, and its sister concern BRAC University. These two institutions, the former working in development programmes and the latter serving as an academic institution, set examples of how health can be enhanced through integration with other development programs, not exclusively those targeting health (4).

BRAC Microfinance (MF) programme works through Village Organizations (VO) across Bangladesh, to promote economic development through credit provision, women empowerment, and community collaboration. VO is a group of 30-40 women who come from low income households. This acts as a platform to bring women together, access services, exchange information, and raise awareness. MF programme capitalize on this opportunity to provide regular contact with a BRAC health educator. The group members attend the forum where they receive health information and if needed, the steps need to be taken to access formal health care. Knowledge on Expanded Programme on Immunization (EPI) doses, prenatal, and infant care was found to be significantly higher among BRAC credit forum participants than non-forum participants, which increased with the duration of participation (5).

Education itself has been proven in numerous literature resources to be positively associated with improved health. The BRAC Education Programme, through different initiatives, contributes to the improvement of health both directly and indirectly. Unlike many primary schools in Bangladesh, BRAC school teachers educate the students on brushing teeth, cutting nails, and washing hands. The students also receive training on first aid, basic health and nutrition as part of their general education. These healthy practices contribute directly towards the improvement of the health of the students.

The BRAC education programme launched 'Kishori Kendro', a collaborative project between the

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Adolescent Development Program of BRAC Education Programme and Ministry of Women and Children Affairs and the Department of Youth Development under the Ministry of Youth and Sports, that focuses on improving the health of the teenage girls in rural and slum areas of Bangladesh. In total 8,100 Kishori Kendros (Adolescent Clubs) are currently functioning all over Bangladesh. Each club consists of 25–30 teenagers (10–19 years) and is led by one of the members. The young members not only engage in socializing, playing, singing or dancing, but also in exchanging views and experiences on sexual and reproductive health issues. The peer educator regularly tutors the adolescent girls on topics such as reproductive health, sexual abuse, menstrual hygiene, children's rights, gender, HIV/AIDS, sexually transmitted infections (STIs), eve teasing (verbal sexual abuse), child trafficking, substance abuse, violence, family planning, child marriage, dowry, and acid throwing.

Water Sanitation and Hygiene (WaSH) is a part of BRAC's environmental sustainability programmes. Gender, Justice and Diversity; Legal Aid Services; Social Enterprises (BRAC Salt, Sanitary Napkin, Delivery Kit, etc.); Road Safety; and several other programs are contributing towards the development of the health of the population.

Shifting the focus from BRAC programs to academia, i.e. BRAC University, we experienced among the faculty practices which are conducive of 'intersectoralism'. Our current approach is to integrate other disciplines such as political science, anthropology or economics into public health. The BRAC Masters in Public Health (MPH) programme accepts students with diverse backgrounds, including journalism, engineering, and genetic engineering. Topics like poverty alleviation, socio-economic development, agriculture, climate, and information technology are integrated into the MPH curriculum to give students a holistic view of development.

A recent study at the James P Grant School of Public Health, BRAC University titled 'Revitalizing Health for All: Developing a Comprehensive Primary Health Care Model for Bangladesh' drew heavily on the concepts of citizen empowerment, which again resulted from the key informant interviews with professors of public administration. The James P Grant School of Public Health, department of Architecture and the Centre for Climate change in

BRAC University jointly offer a course on climate change and health, which not only addresses health implications due to climate change, but also economic, social, and environmental implications including mitigation measures and adaptation techniques.

The public health professionals should acknowledge and appreciate the contributions of other sectors in health promotion in order to develop a favorable environment for IAH. A close examination of the Ottawa Charter (1) reveals a set of core values and principles, 'intersectoral action' being one of them (equity, holism, sustainability, and multiple strategies being others). Health is said to be achieved through community structures involving the participation of the concerned population, and comprehensive programmes involving various sectors beyond just the health sector. The Bangkok Charter has further confirmed the relevance of health promotion encompassing intersectoral action in the context of low and middle income countries. It is imperative to better understand how values, principles, and processes relevant to health promotion can enhance the public health capacity to improve population health. In doing so, BRAC's experiences may be regarded as guiding principles of innovative non-health interventions in improving health, and thus paving the way for a new avenue for building effective collaboration based on mutual acknowledgment and respect between health and non-health sectors.

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