Remembering the good doctor

Third World Resurgence pays tribute to the late Dr Zafrullah Chowdhury, the pioneering Bangladeshi public health activist who provided affordable medical care to the masses.

BANGLADESH has lost a devoted son, and the public health movement a steadfast champion, with the passing of Dr Zafrullah Chowdhury.

Chowdhury, who was 81, had been suffering from kidney and liver complications after contracting COVID-19. He died on 11 April while undergoing treatment at Gonoshasthaya Nagar Hospital in Dhaka.

The hospital is part of the network of health facilities – from rural clinics to tertiary medical centres – set up across Bangladesh by Gonoshasthaya Kendra (GK, People's Health Centre), the organisation Chowdhury co-founded. GK provides accessible and affordable healthcare, mainly to the poor, and also runs a health insurance scheme based on ability to pay. Chowdhury believed that health services 'must not only become available, but affordable too. The free market does not deliver that. To cover everyone, solidarity is more important than competition.'

Genesis of GK

It was this keen sense of solidarity that prompted a 30-year-old Chowdhury, who trained as a surgeon in the United Kingdom, to leave London with a few colleagues and return to Bangladesh during its war of independence in 1971. There they established the Bangladesh Field Hospital at the border with India to treat wounded fighters and civilian refugees. After the war, they stayed on to contribute to the wartorn new country's rebuilding effort, and Gonoshasthaya Kendra was born.

GK set up base in Savar, a village 40km from Dhaka, after Chowdhury witnessed firsthand the dire living conditions of its residents. In an interview with *Down To Earth* magazine, he recalled that Savar 'was so near the capital and yet so backward – only 1.2 percent of the women and 8 percent of the men were literate. We began by talking to the villagers to understand what they wanted and founded the kendra on April 24, 1972 .... Our objective was to set an example for society and to change society if possible. We wanted to make the village independent. We decided to develop the kendra and the village with our own resources and the help of the villagers.'

From its humble beginnings and first hospital in Savar, GK's reach now extends not only to its countrywide network of medical facilities but also to operating educational institutions, water and sanitation projects and agricultural programmes, in line with Chowdhury's holistic perspective on the socioeconomic determinants of health.

Yet it is medical services that continue to be the mainstay of GK's work, and the stalwarts of its healthcare delivery system are the 'paramedics' who provide basic medical care and raise awareness of health issues in rural communities. Chowdhury described these village-level health workers as 'the backbone of healthcare', with GK being the first place outside China to give comprehensive training to paramedics, instructing them in preventive and simple curative medicine.

Most of the paramedics are young women; like GK itself, this concept had its roots in the independence war. Facing a lack of nurses at the Bangladesh Field Hospital, Chowdhury trained young women in the refugee camps to give first aid and assist in operations. 'The girls learnt very fast in treating the patients, cleaning wounds, giving IV [intravenous] fluids...,' he recounted to the *Bulletin of the World Health Organization*. Today, the young women trained as GK's paramedics travel to villages where they educate the residents on basic healthcare and the services available at the hospital, sometimes offering

basic treatments and vaccinations.

Chowdhury's wholehearted commitment to health for all extended to advocacy for access to essential medicines. Spearheading an expert committee advising the government on pharmaceutical sector reform, he was the driving force behind Bangladesh's groundbreaking National Drug Policy. At the time, the country's pharmaceutical market was dominated by the multinational corporations (MNCs) and flooded with unnecessary and even harmful medicines. The National Drug Policy, adopted in 1982, banned such products and instead encouraged the local manufacture of affordable generic versions of essential medicines. Over the years, as a result, a vibrant domestic pharmaceutical industry has developed that can now meet 97% of the country's medicine needs and has also emerged as a major exporter. Chowdhury would look back on the policy's achievements and challenges in his book *The Politics of Essential Drugs – The Makings of a Successful Health Strategy: Lessons from Bangladesh* (Zed Books, 1995).

'[Chowdhury] regarded the task of improving the lives of the people, especially those in medical need, as a moral imperative.'

Explaining the motivation for the policy, Chowdhury told *Down To Earth*: 'MNCs were producing tonics without any therapeutic value instead of the drugs that the poor actually needed, on the excuse that they were introducing sophisticated technology. But what is the sophistication required to produce a bottle of syrup? Making a chappati requires more skill.'

However, a policy that confronted so many entrenched and influential interests met with no little high-powered opposition. Chowdhury recalled that on the very day it was announced in June 1982, Bangladesh's then leader Hussain Muhammad Ershad was informed by the US ambassador that the policy was not acceptable to Washington. 'Our friends were the people. The policy survived because as soon as it was proclaimed, Ershad got congratulatory letters and wires from all over the world. Reagan asked him to revise the report, but American scientists supported the policy. Ershad realised the US government was against us, but not the American people.'

Recognising the importance of cooperation across borders, Chowdhury was a leading figure in the People's Health Movement and Health Action International, two global networks of activists and civil society organisations dedicated to advancing health rights. In turn, international recognition of his work was also forthcoming. He was conferred the Ramon Magsaysay Award from the Philippines, International Health Hero award of the University of California, Berkeley in the United States, and, along with GK, was a recipient of the Right Livelihood Award (often called the 'alternative Nobel Prize') for 'their outstanding record of promotion of health and human development'.

But it is surely in his beloved Bangladesh that 'Zafar Bhai' will be remembered with the deepest appreciation. As academic Md Mahmudul Hassan wrote in the Bangladeshi daily *New Age*: '[Chowdhury] dedicated his entire life to providing the have-nots with affordable medical care .... He regarded the task of improving the lives of the people, especially those in medical need, as a moral imperative.' – *TWN* ◆

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