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Capacity Building Training on Health Journalism

Bangladesh Health Watch

September 2025

I. BACKGROUND

Bangladesh Health Watch (BHW) is a multi-stakeholder civil society advocacy and monitoring network dedicated to build a functional platform in the health sector through which citizens and all other relevant stakeholders of the country can get their voices heard and thereby influence policies and programs impacting citizen's health. As part of its core commitment to advancing equity, transparency and accountability in the health sector, BHW organizes journalism training. This initiative aims to empower local level journalists with the tools and methodologies necessary to expose corruption and promote public accountability through responsible reporting. BHW organised two training programmes for district-level journalists, the first was on **investigative journalism** in October-November 2024 and the other on **knowledge building** in July-August 2025.

In 2024, BHW implemented a training program on "investigative journalism" among journalists in eight districts, where BHW implements its social accountability platform, known as Regional Chapter. The training was intended to strengthen the investigative capacities of local level journalists, through a combination of theories and real-life case analysis. It provided an opportunity for the journalists to understand the methodologies of investigative journalism in health and to gain practical experience in story development. Four criteria were used to select journalists for the training program: at least three years of experience, civil society activists involved in health accountability work, interested to develop investigative reporting skills, and employed with either district wing of national media houses or with local newspapers. A total of 40 local journalists received the training, of which 32 were from national dailies and electronic media and 8 from local newspapers.

In 2025, BHW conducted a "knowledge building" workshop for the journalists in eight districts. The majority of the journalists of Phase 1 training participated in Phase 2 training. Three criteria were used to select the training participants: journalists involved in district and upazila health rights forums of BHW, the participants of Phase 1 training who did investigative reporting, and young journalists. The proceedings of Phase 2 training are described in this report. BHW arranged this training program under the project "Institutionalising Accountability in Health Systems to Improve Access to Services" funded by the Swedish International Development Cooperation Agency (SIDA).

II. METHODS

The journalist training consists of a two-day in-person knowledge building workshop with the purpose of to enhance understanding of journalists on the health system and strengthening their capacity to report on critical health issues. The workshop was also intended to identify issues and opportunities for district-based reporting on local health governance. BHW organised Health Journalism Training in July–August in Dhaka. The training was conducted in two batches. Each batch included the training participants from four districts. The first batch of training took place on 23–24 July 2025 and the second batch on 6–7 August 2025. In total, the training program brought together 40 district-level journalists from Manikganj, Bagerhat, Borguna, Khagracchari, Netrokona, Chapai Nawabganj, Kurigram, and Sunamganj. The training was structured with expert-led sessions that combined theoretical knowledge with practical insights, highlighting the role of journalists in promoting accountability and equity in the health sector. Resource persons for the 2-day training included: current and former health bureaucrats, academics, health policy/systems researchers, NGO program managers, and health sector entrepreneur.

III. PROCEEDINGS

The 2-day training workshop began with a warm welcome by Mr. Faruque Ahmed, Former Executive Director, BRAC International and Member, BHW Working Group. In this introductory session, participants were informed about the purpose, content, scope, action items, and expected outcomes of the training workshop. In the technical sessions, nine presentations were given: five in Day 1 and four in Day 2. The final session in Day 2 was dedicated to group exercise, which was designed to identify issues for district-based health reporting. The event concluded with the formulation of post-training action plans, certificate distribution, and a call to continue health reporting that empowers communities and influences policy.

Day 1: Technical Sessions

Lecture 1: Understanding the Operation of Upazila Health Administration and District Civil Surgeon's Office

The first technical session of Day 1 includes a presentation on the operation of district and *upazila* (sub-district) health administration by Dr Abu Hussain Md Mainul Ahsan, Director-Hospital, Directorate General of Health Services (DGHS). Dr Ahsan started his deliberations by providing a detailed account on how District Hospital and Upazila Health Complex operates, including infrastructure, organogram, emergency, outdoor and indoor services, laboratory services, and medicines. He described a variety of issues of local health administration, including the role of Civil Surgeon (CS) and Upazila Health and Family Welfare Officer (UHFPO) for (i) health workforce management and outsourcing, (ii) financial management and accountability, and (iii) supervision and reporting of both facility and field operations. This presentation also included a description on how outreach services are operated. At the end, Dr Ahsan elaborated on several issues on procurement, indoor meal budget, inadequacy of laboratory test and cleanliness of the hospital as raised by the journalists. This session set the stage for knowledge building on nationally and locally prioritized health topics and issues.

Lecture 2: Health Sector Reform Commission: Why It Matters and What Journalists Need to Know?

The second presentation of Day 1 included a lecture on the content and importance of recently published report of the Health Sector Reform Commission and how journalists can use them. This was an informative session, which was presented by Dr Ahmad Ehsanur Rahman, Scientist, ICDDRB & Member of the Bangladesh Health Reform Commission. At first, Dr Rahman provided a brief account on population trends in Bangladesh, including population size, composition and distribution. Then, a comparison between public, private and NGO facilities and the current healthcare workforce in the health sector were exhibited. Dr Rahman also oriented journalists on current health status (e.g., life expectancy and causes of death), health investments, healthcare expenditures, and drivers of out-of-pocket expenditure in Bangladesh. Finally, he discussed some of the recommendations from the health reform commission report, as considered relevant for the journalists:

- Primary Health Care (PHC) should be free for all citizens and completely funded by the government
- Introduce PHC centers at the union level
- Consider Upazila Health Complexes (UHCs) as secondary level facilities

- Consider District Hospitals (DHs) as the backbone of clinical services and convert them into tertiary level facilities
- Establish tertiary level hospitals with world class facilities in every division headquarters
- Introduce National Pharmacy Network; 24/7 pharmacy in all public hospitals
- Increase total health expenditure from 0.7 to 5 percent of gross domestic product (GDP)
- Introduce health insurance for major diseases that drives catastrophic health expenditure

Lecture 3: Case Study – What Happened in Chaugachha and How?

The third presentation of Day 1 comprised a case study focusing on the process and outcome of a community mobilization intervention, popularly termed as Chaugachha model. This model was the brainchild of Dr Md Emdadul Haque, Director, Ad-din Sakina Medical College Hospital, Jashore. Previously, Dr Haque worked as a health administrator in the public sector when he developed and implemented this model. Dr Haque shared his experience associated with the development, implementation and expansion of Chaugaccha model. The model was based on three pillars: utilization of government resources with integrity, integrated approach with administration and community leaders, and improved management system to ensure effective services. The Chaugachha model was replicated to 10 UHCs and 8 DHs by DGHS. The key lesson is that there are three drivers of change for community-supported intervention: leadership, health workforce, and data-driven planning and accountability.

Lecture 4: How do Private Hospitals, Clinics, and Diagnostic Centres Operate?

After the lunch break in Day 1, a practical experience of a nationally renowned medical entrepreneur on the operation, achievements and challenges of private hospitals, clinics, and diagnostic centres was shared. Dr AM Shamim, Managing Director, LabAid Hospitals discussed how a private-sector tertiary hospital starts its operations and works. On the accountability of private sector hospitals, he explained why price differs across private hospitals, and stated that it is not feasible to fix uniform price for the healthcare services and laboratory tests for the private sector. Dr Shamim emphasized that health reporting plays a pivotal role in shaping public opinion, and ensuring the well-being of people. The lack of knowledge among journalists, along with the absence of specialised training leads to misinformation, speculative reports, and incomplete stories that fail to present the full picture of the treatment at private health facility.

Lecture 5: Accountability in Public Health Facilities: Focus on Absenteeism among Healthcare Workers

In the last presentation of Day 1, Dr Md Khalequzzaman, Associate Professor at the Department of Public Health & Informatics, Bangladesh Medical University shared findings from a recent study on absenteeism among health workforce in rural areas, which helped journalists understand the concept, reasons, and management of absenteeism of doctors. Dr Khalequzzaman narrated the factors underlying absenteeism of doctors in public healthcare facilities in rural Bangladesh, which include limited opportunity for private practice, lack of opportunity for professional skills development among young doctors, dignity of female doctors, work in an unclean environment at the hospital, lack of collaboration among colleagues, undue pressure from local and political elites, lack of quality educational facility for children, and political networking of doctors. He clarified the differences between “authorised” and “unauthorised” absenteeism.

There are several reasonable reasons doctors are not always found present at the hospital, which include: roster duty, attachment with other facility, workshop participation, field visit, attending monthly meeting, and illness. Such absence is not an act of rule breaking; rather it may be termed as "authorised" absence. Absenteeism is defined as the unauthorised absence for more than three consecutive days from the workplace by doctors, which is recognised as an offence by the government; hence, disciplinary action may be undertaken. This lecture depicted an accurate picture of absenteeism, which would help journalists facilitate accountability in public health facilities in the rural setting, without misreporting.

Day 2: Technical Sessions

Day 2 comprised of four knowledge building presentations and one group work session. In the technical session, a focused discussion was held on medicine pricing, inequalities in the health sector, healthcare expenses and disease-specific poverty risk, and women health and reproductive health rights.

Lecture 1: Medicine Prices: High or Low? Insights and recommendations from the Reform Commission

In the first session of Day 2, a concise description on drug industry and pricing was given, and insights and recommendations from the Health Reform Commission on rationalising drug prices were explained. Dr Ahmed Ehsanur Rahman described the status and challenges for the pharmaceutical sector in the manufacture, procurement, distribution, dispensing and regulation. In addition, Dr Rahman talked about the gaps and challenges in availability of essential medicines. Although Bangladesh's pharmaceutical sector currently meets around 98 percent of the domestic demand for medicines, it imports nearly 85 percent of its Active Pharmaceutical Ingredients (APIs), incurring costs of around USD 1.3 billion annually. Dr Rahman mentioned several recommendations from the Health Reform Commission report:

- Make the local industry self-sufficient in API manufacturing, so that a truly self-sufficient pharmaceutical industry is developed.
- Ensure domestic production of all essential drugs. Make Essential Drugs Company Limited (EDCL) self-sufficient in drug manufacturing, which requires modernising its factories and bringing production system to international standard.
- Establish a nation-wide pharmacy network that integrates government and private outlets under a common dispensing and monitoring system.
- Standardise medicine prescription to ensure rational drug use or policy compliance. Prescriptions should include both the generic and brand names of medicines.

Lecture 2: Inequalities in the Health Sector: Causes and the Role of Journalists

Dr Shams El Arefin, Emeritus Scientist, ICDDR,B described inequalities in the health sector and its implications for health reporting. Dr Arefin narrated inequity in health in terms of geography, income, education, and gender. He reminded the journalists that newborn mortality (number of neonatal deaths per 1,000 live births) and facility delivery (percentage of births delivered at health facilities) are major indictors used for health progress tracking. Dr Arefin provided a description of inequity parameters for newborn mortality and facility delivery. Besides, he described the hypertension prevalence in the country as well as differences in hypertension prevalence in terms of geography, income, and education.

Dr Arefin explained the health system performance of all districts, by employing the concept of Effective Coverage (EC) of the World Health Organization. The country has a well-structured service delivery system, with widespread coverage of services to the grassroots level. Dr Arefin underlined the need to consider readiness of facilities and quality of services. He highlighted the importance of gathering information/data on hospital readiness to identify priorities for action towards effective coverage of health services. Civil society organisations (CSOs) and media have a role to play in monitoring and reporting the hospital readiness.

Lecture 3: What Falls Under Health Expenditure? Disease-specific Poverty Risk in Bangladesh and Its Impact on Personal Income

Dr Suzana Karim, Associate Professor, Health Economics Unit, Dhaka University delivered a presentation on trends and patterns of out-of-pocket spending in Bangladesh and its consequences for low-income people seeking treatment for non-communicable diseases. This session explored how chronic diseases like cancer, diabetes, and kidney ailments are pushing families into poverty, underlining the intersection of health and financial vulnerability. Dr Karim narrated health seeking behavior of people and explained the distribution of facilities from where people seek care. Inside the country, private hospitals and clinics are the largest source of healthcare, and the people in general face difficulties to meet the cost services at private facilities. She also informed that a large number of patients in Bangladesh prefer to get better treatment in foreign countries and they spend around $4 billion abroad every year for healthcare.

In addition, Dr Karim described the prevalence of catastrophic health expenditure (CHE). Medical treatment cost for chronic illness has been a significant factor for CHE. To meet the expenses for medical treatment, patients sell land, borrow, or use up their savings. In this connection, Dr Karim mentioned policy gaps in the health sector: absence of health insurance, small health budget, and lack of skills at the PHC for correct diagnosis of disease. She underlined the need to implement safety nets against healthcare consumption, introduce inclusive health insurance or subsidised treatment, and strengthen the public healthcare system in rural areas, which are crucial steps toward reducing CHE.

Lecture 4: Women's Health and Reproductive Rights: Recommendations from Women's Affairs Reform Commission

Ms Samia Afrin, Project Director at Naripokkho provided an overview of women's health, reproductive rights, and gender discrimination in the country. Ms Afrin then discussed on some recommendations from the Women's Affairs Reform Commission, as relevant to women's health. Key health-sector-related recommendations of the commission are to:

- Promote women-friendly health services at all hospitals
- Increase beds for women at all hospitals
- Formulate and implement special policies to control unnecessary cesarean operations
- Deploy skilled midwives at both public and private facilities for normal delivery services
- Increase training and job opportunities for female paramedics and health technologists
- Ensure access to maternal and reproductive health services for ethnic girls and women
- Increase access to healthcare for women with disabilities
- Remove barriers to access to birth control methods and menstrual regulation services
- Amend the National Elderly Policy 2013 to provide special protection to elderly women

Day 2: Group Work

District-based reporting: Issues and opportunities

The last session of Day 2 was divided into two sub-sessions: group work session and concluding session. The first part was dedicated to group exercise, which was designed to identify issues for district-based health reporting. Through group work and guided discussions, journalists developed district-specific reporting ideas and writing plans with support from eminent journalist Shishir Moral. Shishir Moral conducted a guided discussion on group exercise findings. The session concluded with the allocation of assignments among the participants (see Annex 2). Each journalist will publish two investigative reports on the topics assigned to them in two months. BHW will provide data collection support to journalists for report preparation.

There was an exchange of views on how to proceed with reporting. Investigative reporting requires both fund and time from the media house. It emerged from the discussion that local media houses are not interested in publishing investigative reports while local political news is their primary focus. No local media house provides financial assistance to journalists for investigative reporting which requires 5-6 days to prepare. Financial remuneration for district journalists is negligible, and it is not possible for them to conduct investigative reporting without any financial support.

Day 2: Concluding Session

Representatives from SIDA graced the closing session of the training program. Mr. Felix Helgesson, Second Secretary/Health Advisor, Embassy of Sweden joined the first batch of training, and Dr Mohammad Zahirul Islam, Health Advisor, Embassy of Sweden attended the second batch.

Mr Felix Helgessen stated that service delivery alone cannot make the health system fair and inclusive and there is a need to promote accountability in the health sector. It can be done by telling/reminding the authority the challenges people face in accessing healthcare at local health facilities. The capacity and role of journalists is vital to act/raise voice for the wellbeing of community people. Mr Helgessen expected that along with knowledge building, the training would provide a platform for a scholarly dialogue with government health actors, academics, researchers, and public health experts, thereby equipping them to become more effective advocates for health justice and accountability in their respective region.

Dr Mohammad Zahirul Islam indicated that health is yet to become an important agenda for political leaders as well as for local newspaper publishers. There is a need to equip local journalists with the knowledge and skills of on investigative journalism. Dr Islam also opined that fellowship/funding can be provided to journalist based on the merit of the topic for investigative report. He also noted the lack PHC experts for writing articles in Bangla newspapers. As the PHC is prioritised in the country, the role of local journalists is vital. Furthermore, Dr Islam explained the importance of local news for having impact on national news. He advised for greater use of online platform including social media for circulating news. The importance of interconnectivity of print, online and social media was underscored.

Dr Ahmed Mushtaque Raza Chowdhury, Convenor of Bangladesh Health Watch and Professor, Population and Family Health, Columbia University attended the closing session of the workshop. Dr Chowdhury underlined the importance of media engagement in health accountability and the usefulness of this training for journalists in making evidence-based health reporting. [CHECK recording]

IV. WAY FORWARD

Health journalists need strong understanding of the basic medical and social aspects of the health topics and the ability to interpret information and statistics. BHW's health journalism training served as a vital platform for district journalists to build knowledge base and enhance understating on systemic health service gaps, inequalities in healthcare, and importance of financial protection of rural people seeking healthcare. It also provided a platform for journalists to exchange ideas and expertise to foster individual learning and improve capacity. The training also equipped them with the skills on health journalism and investigative reporting and how to make contribution towards health sector accountability at the local level.

BHW's active role in engaging media for policy advocacy is a continuous pursuit. Looking forward, BHW maintains alliance with journalists both at national and local levels to engage them to publish objective reporting on pressing contemporary issues, increasing coverage and impact, and to monitor and publish reports on implementation of health reform commission recommendations and other health accountability issues.

BHW's role in collaborating with journalists to improve the quality, accuracy and visibility of health journalism will be strengthened in the days ahead. Both technical and financial resources for health journalism will be provided as appropriate.

ANNEX 1: Programme

Workshop on Health Journalism

23 & 24 July 2025
BRAC Learning Center, Niketan, Dhaka
Organised by: Bangladesh Health Watch

Session Plan:

Sl	Time	Content	Facilitator/ Guest
Day-1: 23 July 2025 Wednesday			
1	09:00-09:30	Welcome and Introduction	Faruque Ahmed Member, BHW Working Group member
2	09:30-10:00	Workshop content, boundaries and action items	Shishir Morol Special Correspondent Prothom Alo
3	10:00-11:00	Understanding the operation of Upazila Health Administration and District Civil Surgeon's Office	Abu Hossain Md. Mainul Ahsan Director (Hospitals and Clinics), Directorate of Health
Tea break 11:30 AM			
4	11:30-12:30	Health Sector Reform Commission: Why It Matters and What Journalists Need to Know?	Ahmed Ehsanur Rahman Member, Health Sector Reform Commission
5	12:30- 01:30	Case Study: What Happened in Chaugachha and How?	Emdad Hossain Director Ad-Din Health Program
Lunch: 01.30–02.30 PM			
6	02:30- 03:30	How do Private Hospitals, Clinics, and Diagnostic Centres Operate?	A M Shamim Managing Director Labaid Hospital
		Women's Health and Reproductive Rights: Recommendations from Women's Affairs Reform Commission	Samia Afrin Project Director, Naripokkho
7	03:30- 04:30	Accountability in Public Health Facilities: Focus on Absenteeism Among Healthcare Workers	Md. Khalequzzaman Associate Professor. Department of Public Health & Informatics, BMU
8	04:30- 05:00	Homework: All participants	Shishir Morol and Noushin Mouli

Day-2: 24 July 2025 Thursday			
9	09:00-09:30	Recap: Reflections on Day-1	Shishir Morol and Noushin Mouli
10	09:30-10:30	Medicine Prices: High or Low? Insights and recommendations from the Reform Commission	Ahmed Ehsanur Rahman Member Health Sector Reform Commission
11	10:30-11:15	Inequalities in the Health Sector: Causes and the Role of Journalists	Shams El Arefin Emeritus Scientist, icddr,b
Tea break 11.15–11.30			
12	11:30-12:30	Why is there more out-of-pocket spending in Bangladesh? Heart disease, cancer, diabetes, kidney Disease While undergoing treatment People Why?	Sujana Karim Associate Professor Department of Health Economics University of Dhaka
13	12:30-01:30	District-Based Reporting: Issues and Opportunities (Group Work)	Shishir Morol and Regional Chapter Team
Lunch 1.30–2.30 PM			
Opinion sharing with Participants			Ahmed Mushtaque Raza Chowdhury Convenor, BHW Felix Helgesson Second Secretary/Health Advisor Embassy of Sweden Dhaka, Bangladesh Dr Mohammad Zahirul Islam, Health Advisor, Embassy of Sweden
14	02:30-04:00	Finalizing Report Topics, Writing Plans, and BHW's support	Shishir Morol and BHW team
Tea break 4.00–4.15 PM			
15	04:15-04:45	Action Plans: Next Steps After Returning to Districts	Shishir Morol and BHW team
04:45-05:00: Certificate distribution and Closing.			

ANNEX 2: List of topics for investigative reporting by districts

Bagerhat

1. Status of Union Health Sub Center
2. Unhygienic environment at the hospital due to shortage of cleaners
3. Blood bank not yet activated at Bagerhat DH
4. Functioning of health management committee for last 5 years
5. Doctor shortage: Only three doctors manage medical treatment for 150,000 people
6. No use of water treatment plant worth of BDT 2 crore
7. Machines and equipment stay unused due to shortage of manpower
8. Corruption in waste management project of Bagerhat DH
9. No registration for private clinic and diagnostic center
10. Need to investigate quality of private facilities. Private clinics and diagnostic centers have no registration.

Barguna

1. Lack of enabling working environment for doctors (amenities and benefits for doctors)
2. Increased private clinics, but not the quality
3. Mismanagement and different problems: No desired services at Community Clinic
4. Mismanagement of health management committee
5. No regulation and effective measure to control private hospital and clinics
6. Uncontrolled pharmacy business
7. Women not getting adequate health care (broken beds at women and child ward)
8. No breast feeding corner at District Hospital
9. Fishermen in coastal areas cannot afford health care
10. Corruption in tender and middleman complicate rural health services

Chapai Nababganj

1. Non-functioning health management committee in last five years. Inactivity of committee members of Community Clinic
2. Absence of referral to medical college from District Hospital and Upazila Health Complex
3. Shortage of lab equipment and technical for diagnosis of illness. Equipment remain unutilized due to lack of technician
4. Delay in providing services in maternity ward and rude behavior hospital staff (which compels people to go to private clinic)
5. People become impoverished/pushed into poverty because of high cost of diagnostic services of private clinics
6. Shortage of health workforce and modern equipment at District Hospital and Upazila Health Complex
7. Deterioration in services of family planning field workers
8. Disordered condition of Community Clinic
9. Maltreatment by rural medical practitioners
10. High rate of cesarean deliveries than normal deliveries

Khagrachhari

1. Despite rundown condition, Mohalchhari Health Complex continues to provide services
2. Need to conduct study on the impact of traditional treatment (Kabiraj and baidya) on death and disability
3. Widespread tobacco production and its impact on public health
4. Insufficient health care in inaccessible hilly region
5. Investigate the reason for malaria outbreak after a long pause
6. Construction of new hospital building of Khagrachhari Sadar Hospital. People suffer from lack of services.
7. Dissatisfaction among people with drug prices
8. Poor condition of services at HFWC
9. Child marriage increasing among Tripura
10. Shortage of medicines for 9 months in 22 HFWC in Khagrachhari

Kurigram

1. Long-term health risk of stone crushing laborers
2. Prevalence of reproductive and sexual disease in char areas
3. Kurigram DH: Women's health ignored in last 5 years
4. Middle class family barely afford medicines due to high prices
5. Reproductive health for adolescent girls in flood-prone areas
6. Growing risk of hypertension among women
7. Increase in maternal and neonatal deaths, due to unskilled care
8. Increase in catastrophic health expenses: People resort to medicine store for health care
9. People spend to treat chronic diseases, while not financing child education
10. Challenges marginalized groups face to access health care

Manikganj

1. Healthcare spending
2. Nutrition for pregnant women
3. Quality of pharmacy services
4. Inequity in health care
5. No action taken for the complaints against health providers
6. Absenteeism of doctors
7. Equipment in place, but no use/service
8. Making profit is the key purpose, not service
9. Increased spending on NCD
10. Lack of participation of stakeholders to ensure desired services

Netrokona

1. Shortage of health workforce at the facility
2. Health risks for patients due to lack of cleanliness
3. Special children and their care
4. Retarded persons and good hospital services for them
5. Discrimination for general patients seeking care at the hospital
6. UHC provide CS delivery services, but on provision for blood transfusion. Pregnant women visiting UHC have to go to district and division. Cost of healthcare thus increased.

7. Referral health services disrupted due to worn-out ambulance
8. People suffer from under nutrition, at health risk
9. No medicines at HFWC for 8 months
10. Modern hospital for only name sake, in reality no program modern health care services

Sunamganj

1. Discrimination in health care. Marginal people suffer.
2. Doctors are busier with private practice.
3. Valuable machineries/equipment going non-functional, due to lack of technician
4. Poor condition of hospital due to lack of cleaners
5. People suffer from high drug prices
6. Behaviour of nurses not friendly
7. Reporting is needed to control middlemen in hospital
8. Heart disease treatment not being started at Sunamganj Sadar Hospital because of HWF shortage
9. Savings is needed for medical treatment. Awareness promotion needed.
10. Lack of awareness for pregnancy care, discrimination in maternal health care.
11. Inadequate number of female doctors
12. No water ambulance in haor region