

Public Health Care System in Bangladesh

The Role of Public administration

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ABSTRACT

IN BANGLADESH, HEALTHCARE IS OFFERED EITHER THROUGH GOVERNMENT-RUN HOSPITALS OR THROUGH PRIVATELY RUN CLINICS. THIS PAPER LOOKS AT FACTUAL EVIDENCE TO DESCRIBE THE MAIN CHALLENGES FACING HEALTH CARE DELIVERY IN BANGLADESH, INCLUDING ABSENTEEISM, CORRUPTION, SHORTAGE OF DOCTORS/NURSES, INEFFICIENCY AND MISMANAGEMENT. THIS PAPER CONCLUDES THAT GOOD GOVERNANCE, INCLUDING TRAINING AND MONITORING, ALLOWING MORE NON-GOVERNMENTAL INVOLVEMENT AND THE NEEDS OF THE INFORMAL HEALTHCARE SERVICE PROVIDERS IS IMPORTANT IN ENSURING EFFECTIVE HEALTH CARE DELIVERY, AND THAT RETURNS TO INVESTMENTS IN HEALTH ARE LOW WHERE GOVERNANCE ISSUES ARE NOT ADDRESSED.

Keywords: Healthcare, shortage of doctors/nurses, informal healthcare service providers, good governance.

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Abstract (Abridged)

In Bangladesh, healthcare is offered either through government-run hospitals or through privately run clinics. This paper looks at factual evidence to describe the main challenges facing health care delivery in Bangladesh, including absenteeism, corruption, shortage of doctors/nurses, **inefficiency** and mismanagement. This paper concludes that good governance, including training and monitoring, **allowing more non-governmental involvement** and **the needs of the informal healthcare service providers** is important in ensuring effective health care delivery, and that returns to investments in health are low where governance issues are not addressed.

Abstract (Longer version)

Background:

In Bangladesh, healthcare is offered either through government-run hospitals or through privately-run clinics. Bangladesh is still lagging way behind in health care services for the poor as well as the affluent. In recent years, our neighbours, India and Thailand have forged ahead in respect of expertise and experience of doctors, advancement of healthcare technologies and high quality hospitals and health management organisations. To achieve this in our country, we need technological collaboration with technologically advanced hospitals and health management organisations in the developed countries of Asia and the advanced nations of the West.

Objective:

Explore the diversity in public health care practice & implication of workforce in the Public Health care system in Bangladesh and recommend measures to be adopted for enhancing effective career development mechanisms.

Methodology:

This working paper looks at factual evidence to describe the main challenges facing health care delivery in developing countries, including absenteeism, corruption, shortage of doctors, and mismanagement.

Results:

The State of Health in Bangladesh 2007 report published by the civil society group Bangladesh Health Watch makes for some alarming revelations. With this year's report focusing on human resources in the health care sector, the grim facts of the story are that Bangladesh is still running a `staggering shortage of over 60,000 doctors, 2.8 lakh nurses and worse still 4.83 lakh health technologists. Approached from the perspective of availability of health professionals, there are roughly five physicians and two nurses per 10,000 people, the report concludes, revealing also that the country currently has two doctors for every nurse – a scenario inverse of the World Health Organisation's recommendation of having three nurses per doctor in a well-functioning healthcare system. The report's conclusion that roughly 80 per cent of the country's population still seek their first line of care from informal healthcare providers, i.e. traditional healers, faith healers and community health workers. Absenteeism, inefficiency and corruption are also seen common in current health infrastructure.

Conclusion:

Based on the failures in the state run health care system identified by the Bangladesh Health Watch report there will no doubt be a significant thrust to allow more private sector or non-governmental involvement in healthcare services. As the report itself notes, the potential benefits of harnessing the ubiquity and the influence of the informal healthcare service providers could be massive, with training and monitoring. This could be explored as a public-private partnership and can greatly reduce the existing pressure on the medical infrastructure run by the government. The author concludes that good governance is important in ensuring effective health care delivery, and that returns to investments in health are low where governance issues are not addressed. Existing HRD plans need to be reconstructed to have long-term objective to improve the quality of healthcare services (clinical and managerial skills), & to address emerging health problems of Bangladesh. Strong leadership (political, donor, and government) support & public accountability are essential to strengthen a sense of commitment & accountability of Bangladesh health care system, especially in times when the government is exploring means of reform. Above all Bangladesh should immediately translate its Health policies into action to benefit the people of this country by ensuring humanity, equity & poverty alleviation.

Key words: Human Resources Development (HRD), Policy makers, Health policies, Healthcare services.