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**Public Health Facilities in Bangladesh: An Analysis from Political Perspective**

**Ashoke Chandra Biswas**

**Research Scholar**

**Department of Politics and Public Administration**

**Adamas University, Jagannathpur, Kolkata. (WB)**

***Abstract***

*The government of Bangladesh spends substantial amounts of resources on health services but its satisfaction is often expressed over availability and quality of these services. The data shows that, in general, women and the poor are more likely to use these facilities. It is found that although physical accessibility is no longer a major barrier, economic accessibility remains as a major hurdle. The poor people are the largest users of public health facilities but they also bear a disproportionate share of the burden of ill health and sufferings. There exist a number of governance issues which contribute to poor quality of health services in Bangladesh. The data reveal that government efforts to improve health service delivery have not yet produced the desired results for the people. Rebuilding hope among the patients requires great attention. Urgent governance issues must be addressed to ensure that health service providers are available at the facilities. Minimum amount of drugs reach the patients and unofficial payments are very rare.*

**Keywords:** Health Services, Physical Accessibility, Bangladesh, Patients, Human Development

**Introduction**

Health is now universally regarded as an important necessity of human development. Ill health is both the cause and effect of poverty, illiteracy and ignorance. Policies of development raise the income of the people, improve the standard of living, such as life expectancy, health, literacy, knowledge and nurture their future. Health is a chief pathway to human development and an end product of it. Health and development cover and contribute to one another. It seems very true that health is not everything, but without health, everything becomes meaningless. It can be said that better health is one of the prime objectives of development. If the health component is forgotten the important factor in development, namely the human being, his creative energy, his

physical energy are also forgotten. Health sector is an important indicator of the level of development and it includes mainly morbidity and mortality. Bangladesh has achieved significant development in health and population indicators in the last few years. The fertility transition is already underway in the country and the success of the immunization programme is very attentive. Bangladesh is on track to achieve some of the Millennium Development Goals. Still, there are a number of challenges. The difference between the rich and the poor, between the urban and rural, between urban middle classes and urban slums, between men and women is very much disturbing. There has not been desired progress in improving nutritional situation of children and women, especially pregnant and lactating mothers. When Government resources for health are constrained, good management of health services is particularly important to sustain health care access for the poor people.

In Bangladesh health services are free to the public. The people are getting health services from semi-qualified or unqualified medical practitioners and traditional health care providers like ayurvedic, homeopathic, unani and others are common and popular in rural areas leading to low utilisation of public facilities.

### **Availability of Health Services**

The factors underlying availability of health facilities are diverse. Income is only one factor that describes access to health services in developing countries like Bangladesh. Economic factors and non-economic factors like cultural and social constraints, gender inequalities play the important role in determining access to health services in Bangladesh. Indicators of health status as mortality and morbidity rates reflect the impact on the health of the population. Availability of health facilities and services is the essential requirements of health care. For effectiveness in the public health services should be available, accessible and affordable to everyone. Accessibility has a number of key dimensions, which include:

- (i) Physical Accessibility (distance, travel time and travel costs)
- (ii) Economic Accessibility (cost of medicine, cost of consultation, cost of hospitalization, cost incurred with respect to tests/investigations)
- (iii) Social and cultural context (gender) affecting accessibility
- (iv) Perceived quality of services:
  - availability of doctors
  - availability of medicine
  - attitudes of doctors/nurses<sup>1</sup>

It is necessary for access to government health services that they should also be of good quality. Donabedian defines quality of care as that kind of care, which is expected to maximize patient welfare, and depends on whether effective care is sought and individual and social preferences regarding care are manifested. It also underscores the importance of performance of health care practitioners, health care system and relative costs and benefits of patients.<sup>2</sup> One of the most widely quoted definitions indicates that quality of care is the “degree to which health services for

individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”<sup>3</sup>

Bangladesh is a unitary state and it has parliamentary democracy. The Government of the People’s Republic of Bangladesh comprises three basic elements like other democracies of the world. They are the legislature, the judiciary and the executive bodies. The legislative power of the Republic exists in the single-house parliament. The Parliament of Bangladesh is known as the Jatiyo Sangshad. It consists of 300 members and they are called Members of Parliament. The members are elected in a national election in which all citizens aged 18 or over can vote every five years. Though, the President of Bangladesh is the head of state, real power is held by the Prime Minister, who is the head of government.

The period from 1975 to 1990 remained as military and quasi-military rule and mass agitation resulted in the restoration of democratically-elected governments. In 1991, Bangladesh instituted a unique Caretaker Government system through the thirteenth amendment to the Constitution, which gave power to an elected government to transfer power to an unelected non-partisan Caretaker Government to oversee new parliamentary elections upon completion of its term. Under this system four elections were held in 1991, 1996, 2001 and 2008 respectively. However, in 2011 the incumbent government abolished the caretaker form of government through the fifteenth amendment to the Constitution.

In last 40 years Bangladesh has made remarkable improvements in life expectancy, child health, literacy and disaster preparedness. Bangladesh has made more notable gains in a number of indicators in comparison to some of its neighboring countries which have higher per capita income. For instance, GDP per capita in Bangladesh was half that of India (\$3650) in 2011, and lower than that of Pakistan, yet average life expectancy, percentage of children immunized against diphtheria and measles, and the literacy rate for young women were higher in Bangladesh than in Pakistan and in India. In the two decades between 1990 and 2010, under-five mortality has fallen by more than 60%, while infant mortality and neonatal mortality have declined by around half. The under-five mortality rate in Bangladesh is significantly lower than India and Pakistan.<sup>4</sup>

### **Political Perspective of Health Sectors**

The provision of basic health services in Bangladesh is the constitutional duty and responsibility of the Government. Article 15 of the Constitution has the provisions about it. It states that it shall be a fundamental responsibility of the State to secure for its citizens the provision of the basic necessities of life, including food, clothing, shelter, education and medical care. In addition to it Article 18 of the Constitution asserts that the State shall raise the level of nutrition of its population and improve public health as some of its primary duties. To perform this primary

duty, the health sector has developed policies and programs that are implemented through the central control of the Ministry of Health and Family Welfare. Though, it is the constitutional duty of the state to secure health services for the people, in practice this responsibility has been significantly shared with the private sectors.

The health system of Bangladesh has multiple actors performing diverse roles and functions through a mixed system of medical practices. There are four key actors health system of Bangladesh. They are Government, the private sector, NGOs and donor agencies. Government, the private sector and NGOs are basically engaged in service delivery, financing and employing health staff. The donors play a key role in financing and planning health programs of Bangladesh. The public sector is dedicated to set policy and regulations. They frequently provide comprehensive health services and manage financing and employment of health staff. The Government has the right to regulate the functions of public, private and NGOs engaged in health services. It regulates through various acts and legislation. The government delivers services through its nationwide infrastructure by employing doctors, dentists, nurses, pharmacists etc.

Public sectors are mostly involved in curative, preventive, promotive and rehabilitative services. The private sector provides mostly for-profit curative services and not-for-profit curative services to a limited extent. NGOs, are basically engaged in providing preventive and basic care. The private sector, with its limited infrastructure, employs more providers than the public sector, including traditional healers, unqualified allopath, and doctors who are already employed by the Government.

The Ministry of Health and Family Welfare controls public and private sector health services. As per Schedule I of the Rules of Business, the Ministry has the right to act as the central body for policy formulation and planning, regulating the medical profession and standards, managing and controlling drug supply, administering medical institutions, providing health and related services. The Ministry, with its two wings of Health and Family Planning, manages public sector health services ranging from primary to tertiary care, stretching from the central level to the grassroots and covering both rural and urban areas. It is important to note that the Ministry is the leading agency for institution-based health care delivery at the national level and in rural areas. Primary health care in urban areas is the responsibility of respective local government institutions which are under the Ministry of Local Government, Rural Development and Cooperatives. Private sector infrastructure, on the other hand, is limited to medical colleges, hospitals, clinics of various natures and qualities, pharmacies, and untrained healers. Service coverage by the private sector is wider than the public sector.<sup>5</sup>

### **Political Challenges to Health Sectors**

As a developing country Bangladesh has faced with political instability and unrest that often turn into violence. Such political unrest has significant adverse impact on the economy of the country.

Health system is one of the main victims of such political turmoil. During total shutdown of public and private transportation and of day-to-day economic activities, doctors and nurses are afraid to go to work due to lack of safety and security. Patients also face similar problems. They can hardly seek needed health care services during such political disturbances. In other words, political instability and violence paralyse the health service sectors of Bangladesh.

Every government has promised to ensure health services for all and enshrined it in the constitution. Nevertheless, the promise to provide good health services to the people remains unfulfilled even after forty years of the independence of Bangladesh. Intolerable corruption within and outside the health sector seems to have further deprived the country of its resources and denied it of decent human development. Bangladesh is a country where the rich and powerful people routinely fly to Singapore, Thailand or India to avail healthcare services. There is hardly any commitment to improve the health system at home so that people at large could benefit from it. Clearly the health system needs a strong and efficient steward to come out of these drawbacks and deficits. Unfortunately the health system in Bangladesh does not seem to have an effective leader to take it to its ultimate objectives.

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