# HEALTH CARE IN DANGER – BANGLADESH PERSPECTIVE

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# INTRODUCTION

- Health care is obviously in danger in areas of armed conflict throughout the world. In many other countries, health care is in jeopardy due to several other factors.
- In Bangladesh, substantial and noticeable improvement has been observed in recent years.
- **These appreciable achievements may be marred by few overlooked or improperly addressed but significant matters.**
- These matters may put the health situation at risk.
- Bangladesh with a population size of nearly 160 million and more than 950 people/sq.m. being the world's most densely populated country is performing better in the health sector.
- **As against the benchmark set at 1990, Bangladesh has shown laudable performance in health-related MDG goals. But concern remains about quality and sustainability.**

# MDG-1 : ERADICATE EXTREME POVERTY AND HUNGER

| Target | Indicator | Benchmark (Year) | Current progress (Reference) | Target (Year) |
|---|---|---|---|---|
| Reduce by half the proportion of people who suffer from hunger | Prevalence of underweight among children <5 years of age (%) | 66.0 (1990) | 32.6 (BDHS 2014)** | 33.0 (2015) |
| | Population having below minimum level of dietary energy consumption (%) | 32.8 (1990) | 16.4 (FAO 2015)** | 16.4 (2015) |

# MDG-4 : REDUCE CHILD MORTALITY

| Target | Indicator | Benchmark (Year) | Current progress (Reference) | Target (Year) |
|---|---|---|---|---|
| Reduce by two-thirds the mortality rate among under-five children | Death rate among under-five children/1,000 livebirths | 144.0 (1990) | 41.0 (SVRS 2013)**<br>46.0 (BDHS 2014)**<br>38.0 (UN 2015)** | 48.0 (2015) |
| | Infant mortality rate/1,000 livebirths | 94.0 (1990) | 31.0 (SVRS 2013)**<br>38.0 (BDHS 2014)<br>31.0 (UN 2015)** | 31.3 (2015) |
| | 1-year old children immunized against measles (%) | 52.0 (1991) | 86.6 (EPI CES 2014) | 100.0 (2015) |

# MDG-5 : IMPROVE MATERNAL HEALTH

| Target | Indicator | Benchmark (Year) | Current progress (Reference) | Target (Year) |
|---|---|---|---|---|
| Reduce by three-quarters the maternal mortality ratio | Maternal mortality rate/1,00,000 live births | 574.0(1990) | 194.0(BMMS 2010)<br>176.0(UN 2015) | 143.5(2015) |
| Ensure by 2015,Universal access to reproductive healthcare | Births attended by skilled health personnel(%) | 7.0(1990) | 26.5(BMMS 2010)<br>42.1(BDHS 2014) | 50.0(2015) |
| | Contraceptive prevalence rate(%) | 39.9(1991) | 62.4(SVRS 2013)<br>62.4(BDHS 2014) | 72.0(2016) |
| | Birth rate among adolescent mothers/1000 women | 144.0(1991/93) | 113.0(BDHS 2014)<br>83.0(UN 2015) | |
| | Antenatal care coverage(at least one visit by skilled health personnel)(%) | 50.5(2004) | 63.9(BDHS 2014) | 100.0(2015) |
| | Antenatal care coverage (at least four visits) (%) | 16.7 (2004) | 31.2 (BDHS 2014) | 100.0 (2015) |
| | Unmet need for family planning (%) | 21.6 (1993-94) | 12.0 (BDHS 2014) | 7.6 (2016) |

# SUCCESS STORIES

- Polio eradicated
- Leprosy eliminated
- Autism addressed significantly
- Primary healthcare provided at the community level
- Communicable diseases are controlled effectively
- No viral epidemic occurred in recent past

# AUTISM

- About 3,60,000 children are born every day in the world.
- **One in every 68 is born with Autism Spectrum Disorder.**
- **Significant progress has been demonstrated in this field as a result of the initiatives taken by Mrs. Saima Wazed Hossain(daughter of Hon'ble Prime Minister Sheikh Hasina)**



# COMMUNITY CLINIC

- To provide services at the doorstep of the people, Community Clinics (CC) have been built in the rural area; each to serve only 6000 people.
- All CCs have been equipped with internet facilities and given a laptop computer to facilitate collection of local health related data, provide telemedicine service, community health education and certain other ICT based health solutions.
- Here the service is provided by Community Health Care Provider(CHCP).
- These CHCPs are non-doctor and they have undergone 3-6 months training only.
- **Although client satisfaction level is more than 85%,concerns remain about the authority given to CHCP in prescribing antibiotics; although it is in a limited scale.**

# QUALITY IMPROVEMENT

- Recently Quality Improvement Cell has been established in the Ministry of Health and Family Welfare.
- Few pilot programmes have been undertaken.
- Healthcare standards have been formulated. But it is yet to be familiarized.

# Matters That Need Urgent Intervention

# ASSAULT ON DOCTORS AND OTHER HEALTH PROFESSIONALS

- **Incidence of assault on doctors and other health professionals is increasing day by day.**
- **Being on the receiving end violent, abusive behavior from patients and relatives is a common occurrence in Bangladesh irrespective of the nature of establishment-public or private.**
- This is the result of insufficient supply of resources(both human and material), overwork, expectation of care from health professionals beyond the limit of their skill and knowledge and demand of care with little support.

# ASSAULT ON DOCTORS CONTD.

- It is also not unusual for socio-politically motivated propaganda to feed and inflate this expectation without supporting and supplying the required resources to the health professionals at the fore-front of health care delivery.

- This not only burdens the system with financial loss but adversely affects the patient's experience, staff dissatisfaction, absenteeism and trust in the system.

# ASSAULT ON DOCTORS CONTD.

- Overtime, this leads to abuse that can range from social to psychological, eventually leading to disappointment and disillusionment among health professionals.
- **Patients are also suffering as a result of avoidance and referral of the critical patients by the apprehended doctors to higher centres which could have been avoided in normal situation.**
- At one stage it may deter young people from considering pursuing a career in medicine and nursing.
- **Bangladesh Government has been insisted to enact a law to curve this sort of violence and abuse but very little progress has been made in this regard.**

# JUDICIARY HARASSMENT

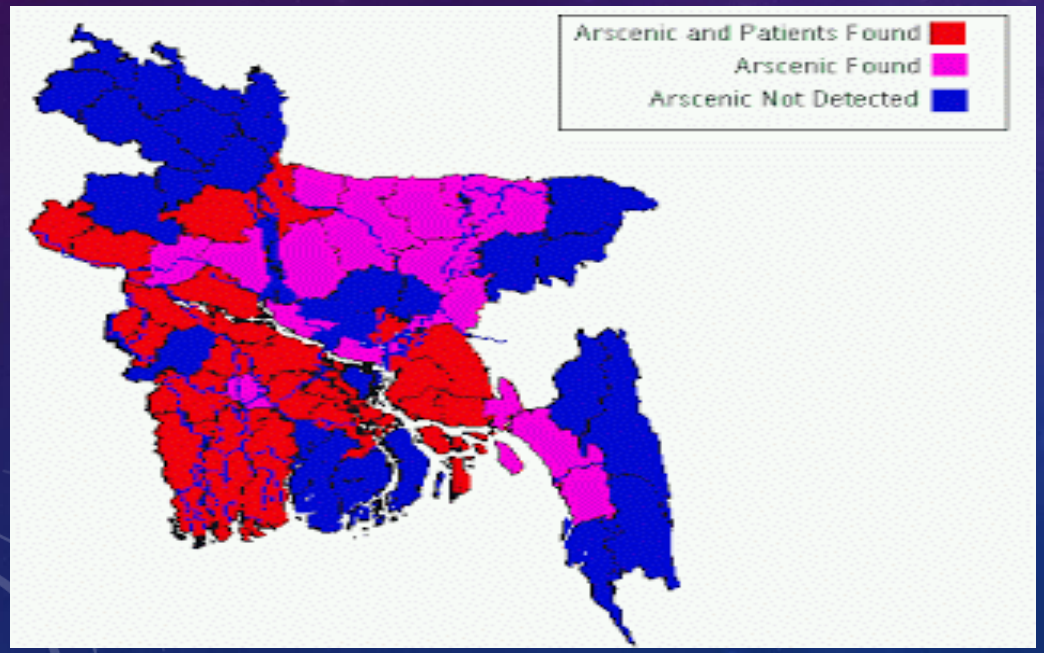
- Doctors are facing judicial harassment indiscriminately.
- **No provision of professional indemnity insurance.** So it becomes cumbersome for the doctors to pay to the victorious victims.
- Law enforcing agencies seems to bear preset mind disfavourable for the doctors as a whole.

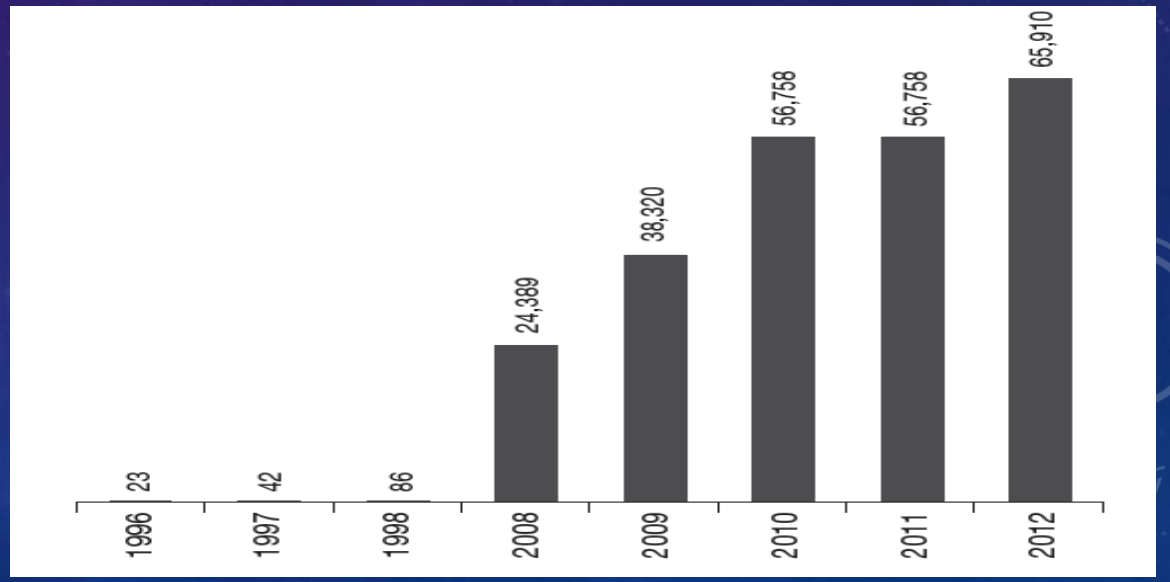
# ARSENIC MITIGATION

- Bangladesh is burdened with the high level of Arsenic in the groundwater which the people use for drinking as well as for cooking.
- People particularly in rural areas mostly use tube wells to bring out groundwater for their daily use. So far only 55% tube wells are tested for arsenic. Of which 39% are proven safe; 16% are unsafe.

# ARSENIC MITIGATION CONTD.

- Although more than 20 years have elapsed since its detection and necessary intervention, still more than 20 million people mostly rural are drinking and cooking with arsenic-laced water.
- At present there are 65,000 patients detected for Arsenicosis. Those exposed are at significant risk of developing cancer, cardiovascular diseases and lung diseases beyond skin diseases. Disfigurement and social stigma are also of great concern.




Cumulative number of patients with arsenicosis in Bangladesh detected year-wise

# TUBERCULOSIS

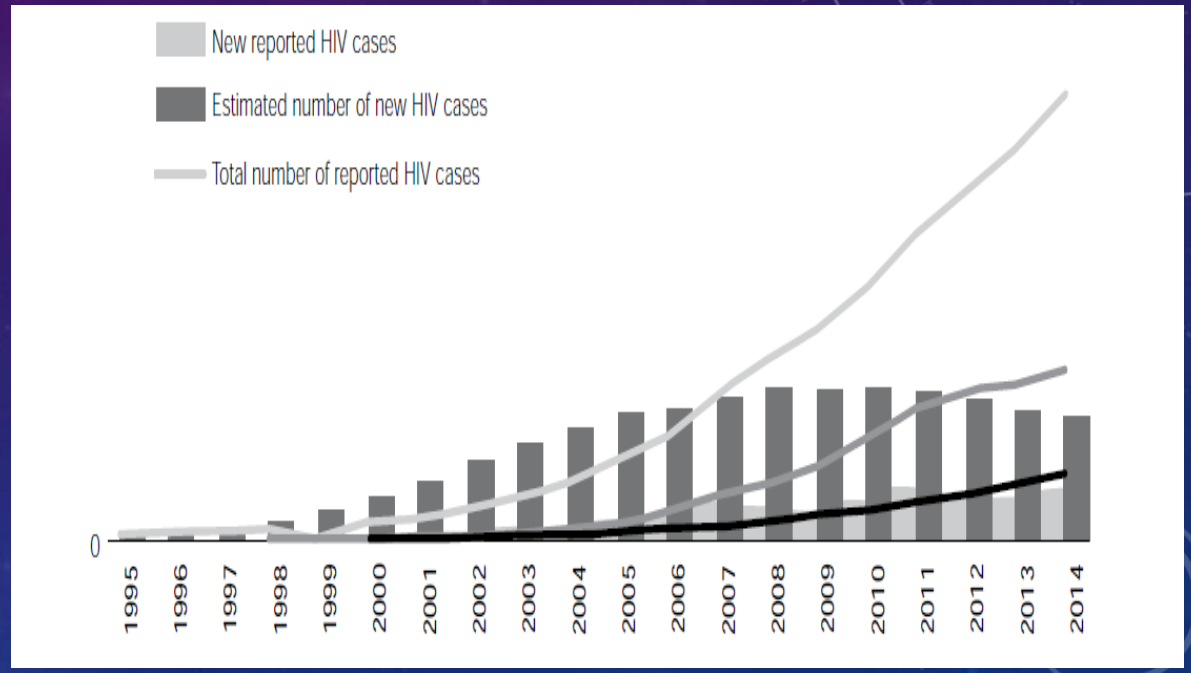
- In Bangladesh, incidence rate is 227/1,00,000 and prevalence rate is 404/1,00,000.
- **Case detection rate is only 53% although more than 20 years have passed since DOTS(directly observed therapy-short course) programme has been introduced.**
- Treatment success rate in new smear positive cases is 94%.
- Death rate from TB cases is 51/1,00,000 per year.

# NON-COMMUNICABLE DISEASE(NCD)

- Accounts for 61% of total disease burden.
- **97% of adults(15 years+) have at least one risk factor ; half of whom have two risk factor**
- The country has more than 25% adult smokers and smokeless tobacco-users.
- 40% people are not taking adequate fruits and vegetables.
- 12% people are not doing adequate physical activity.
- **18% adults have hypertension and 5.25% people have diabetes.**
- **The increasing trend of NCD is alarming.**

# HIV-AIDS

- Bangladesh is still considered a low-prevalence country for HIV/AIDS but remains vulnerable to an HIV epidemic because of the high prevalence in neighbouring countries and high mobility of people within and beyond the country.
- **In 2014, a total of 433 new HIV infection have been detected.**
- Until December,2014, the total number of detected cases was 3674, of whom 563 died. **However, much of infections are likely to remain undetected.**




New and cumulataive HIV-positive cases as reported and estimated by uear in Bangladesh

# NOSOCOMIAL INFECTION

- **It is estimated that in ICU it is more than 60%.**
- In hospital indoor it is generally near about 30% (In Thailand- 11.7%; in UK – 9.2%).
- **It is attributed mostly to behavioural pattern and non-compliance with the quality control measures.**
- Apart from economic cost, functional disability, emotional stress, morbidity and mortality are major concerns in Hospital acquired infections.

# ANTIMICROBIAL RESISTANCE

- There is no noticeable regulatory measures in dispensing antibiotics from the pharmacy.
- These are even dispensed without a proper prescription.
- **There are nearly 3,50,000 quacks throughout the country who prescribes medicine specially the latest generation antibiotics for the poor patient mostly although they do not have proper institutional degree and do not know exact dose and mechanism of action**

# CERVICAL CANCER

- It is the 2nd most common cancer in women worldwide.
- **In Bangladesh, it constitutes about 22-29% of the female cancer in different areas of the country.**
- It is caused mainly by HPV(Human papilloma virus).
- **There are estimated 11,800 new cases of HPV infection every year.**
- It is preventable by vaccinating 9-13 years old girls.
- **The susceptible population size is estimated to be 19 million. Of whom only 7% are screened so far.**

# BREAST CANCER

- It is the leading cancer in women(26%).
- Among both sexes, it is second.
- **8396 women die each year from breast cancer in Bangladesh.**
- No. of new cases detected every year is 17,781. Mostly are detected almost at the terminal stage.
- Breast self examination, clinical breast examination, mammogram are recognized screening methods.

# EQUITY AND ACCESSIBILITY

- Bangladesh health service is facing huge problem with equity and access.
- **4% of its population get poorer every year due to excessive costs of healthcare.**
- Catastrophic health expenditure in Bangladesh is 16% ( In India it is 11%, In Indonesia, Philippines, Srilanka, Hong Kong and Thailand it is 6%).
- In Bangladesh, Total Health Expenditure ( THE ) is US $ 27(PPP- US $ 68).
- **In National budget, only 5% is allocated for health sector** which is quite inadequate for providing effective healthcare.

# EQUITY AND ACCESSIBILITY contd.

- 3% of GDP is used in health.
- **64% of THE is from out of pocket**. 26% from Government fund and 10% from NGO and development partners.
- **Bangladesh has started a pilot scheme in support of the poor as it plans to achieve UHC by 2032.**

# HUMAN RESOURCES FOR HEALTH

- No. of physicians per 10,000 population is 3.8
- No. of nurses per 10,000 population is 1.15
- No. of technologists per 10,000 population is .38
- According to WHO, Health workforce density of 22.8 per 10,000 population is the lower level to achieve relatively high coverage for essential health interventions in countries most in need. **But Bangladesh is having 5.7 skilled health professionals per 10,000 population.**
- **Bangladesh has formulated Human Resource For Health Srategy recently.**

| Country | Density of skilled health professionals (doctors, nurses and midwives) per 10,000 population, c. 2010 | Percentage change in workforce required to reach 22.8 threshold* by 2035 |
|---|---|---|
| Group 1 | | |
| Bangladesh | 5.7 | 404 |
| Ethiopia | 2.7 | 1,354 |
| Group 2 | | |
| Ghana | 13.6 | 221 |
| Indonesia | 16.1 | 78 |
| Peru | 22.2 | 33 |
| Vietnam | 22.3 | 19** |
| Group 3 | | |
| Brazil | 81.4 | 0 |
| Thailand | 17.4 | 32 |
| Turkey | 41.1 | 0 |
| Group 4 | | |
| France | 126.6 | 0 |
| Japan | 63.3 | 0 |

Source: Global Health Workforce Alliance 2013.

* Health workforce density of 22.8 skilled health professionals per 10,000 population is the lower level recommended by WHO to achieve relatively high coverage for essential health interventions in countries most in need (WHO 2006).

** Authors' calculation.

# ACCREDITATION

- **There is no Prevailing mechanism that can work for accreditation of healthcare establishments.** So, there is no scope to create competitiveness between the healthcare facilities so that quality can be maintained and improved.
- **Even there is no accreditation system for medical education.**
- **Steps have taken to introduce accreditation system. But question remains, how long it will take.**

# Thank you for patient hearing