

### **About Hospital Service Delivery: Secondary and tertiary care services**

Bangladesh has a large population and a wide healthcare delivery network to cater them. But the infrastructure is inefficient and sometime inadequate. The design and inherent integration of the different tiers of healthcare facilities are also inefficient. Moreover, doctors and healthcare facilities are not fairly distributed throughout the country. Modern and sophisticated services are limited to capital city or mostly 3 or 4 big cities. Ensuring equitable access to all healthcare services is a big challenge. Resources and efforts should be ensured to develop trained manpower and their capacity development. Hospitals face the challenges to provide services to chronically ill patients, geriatric and mental health patients, provide modern state of the art facilities equitably as well as handling overcrowding issues at District and Medical College Hospitals.

Article 15.1 of the constitution of the People's Republic of Bangladesh asserts that the State will ensure basic healthcare services to all citizens of the country. National Health Policy 2011 has 3 specific objectives includes ensuring primary and emergency healthcare for all, enhancing equitable quality healthcare and accessibility, and promoting preventive healthcare services. So, the ultimate goal of Hospital & Clinics Section is ensuring universal health coverage (UHC) by providing quality healthcare services to all citizens of Bangladesh.

The secondary level district hospitals are a key part of the overall public health care system providing specialist care services in addition to primary care. Considerable upgrading of hospitals has taken place under the last sector programme and this district hospital system provides a considerable proportion of overall services. Many people by-pass lower tiers of the health system preferring to seek initial care from the district hospitals where they are more likely to be seen by a medical doctor and where drugs and supplies are more available.

The rapid expansion of the private hospital sector is also evident across the country with many new facilities opening. Quality of care and cost of services is an increasing cause for concern. The need for greater regulation of the private secondary and tertiary care facilities is well recognised and will be a focus of attention during this sector programme. More supervision and accreditation will be introduced along with clinical management protocols. More attention will be given to establishing the lower tiers of the system with appropriate referral systems in place, including improved patient tracking systems.

Continued attention will be given to supporting and monitoring Divisional level Hospitals, Medical College Hospitals and Specialised Hospitals. As for district hospitals the referral systems need to be strengthened. Blood transfusion services will also continue to be developed and expanded together with regulatory systems to ensure good practice.

More attention will be given to working in partnership with the private sector hospitals and where appropriate service level agreements will be developed to improve access to specialist services for those that would not otherwise be able to afford such treatments.

The health system in Bangladesh is described as pluralistic in that community-level and facility-based services are delivered by the government, non-governmental organisations (NGOs), and private for-profit providers. This pluralism is thought to have contributed to Bangladesh's successes in improving health outcomes. The pluralistic character of the system is illustrated by service utilisation data. For example, in 2014, 48.7 per cent

of users sourced modern contraceptive methods from government providers, 4.4 per cent from NGO providers, and 46.5 per cent from private sector providers. Each part of the system has largely distinct sources of financing: private providers are mostly financed by household out-of-pocket payments, NGO providers are supported by international funding as well as out-of-pocket payments, and government services depend on the government budget, including on-budget international financing.

In health sector, growth of private sector has been phenomenal both in service delivery and education.

In both education and service delivery, private sector has outnumbered the public sector. Yet there are concerns about the private sector for its cost and quality of care. We are providing the registration of private sector by following the 1982 clinics ordinance which is very old one. We have started to update it hopefully the new act will be passed very soon.