

Editorial

Public health in Bangladesh: Challenges to resolve

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Public Health sector in Bangladesh has made great steps to achieve and improve the health care for its people in the last decades. Maternal Health, Child Health, Communicable Diseases (e.g tuberculosis and diarrheal diseases, Kala Azar), Improved life expectancy, Immunization coverage have remarkable success story.

Despite all these, Bangladesh is still far from its goal to achieve universal health coverage, aims to provide everyone with the health care needed, at affordable price by 2032. The challenges this goal to be achieved are deep poverty, inadequate nutrition and rapid urbanization.¹

According to current population projections, population of Bangladesh will be at its peak in 2053 with a population of 192.78. It is true that the population growth rate of Bangladesh has significantly decreased over the last 60 years, highest was 3.23% in 1967 and is now only around 1%. The population of Bangladesh continues to grow and becoming one of the most densely populated countries in the world, Reasons for continued growth include high total fertility rates, adolescent fertility, child marriage and low contraception use. Additionally, the birth rate in Bangladesh is 17.88 births per 1,000 people and the death rate is about 4.8 deaths per 1,000 people.²

Bangladesh faces a wide range of health challenges which can be grouped as follows: Population problems, Communicable diseases problems, Nutritional problems, Environmental sanitation problems and a steady rising trend in non-communicable diseases (NCDs), especially among the poor, aggravates these challenges. It is estimated that NCDs —diabetes, cardiovascular disease, respiratory disease, and cancers —account for almost half of all deaths each year in Bangladesh. Unfortunately, the country's existing health system is not capable enough to deal with the challenge due to shortage of budget and depends largely on out-of-pocket payments that the poor cannot afford. Bangladesh still suffers from burdens of childhood malnutrition. Unsafe food still a major threat to public health, citizens suffer from unsafe food and the acute effects of food contaminated by microbial pathogens, chemical substances and toxins remains a major health issue. Bangladesh is one among the top ten countries in the world with the highest TB burden. Pneumonia and other infections remains major causes of death among young children.³

Improved health and well-being is one of the SDGs; SDG-3 focuses exclusively on ensuring healthy lives and promoting well-being for all. Out-of -pocket payment

for health care is one of the most important problem to ensure health in Bangladesh. Studies observed that the wealthier can pay for healthcare expenditures from their regular income and savings, the poor suffer from health expenditure burdens in coping with treatment costs, borrow from local money-lenders with high interest rates due to the lack of social protection.⁴

There is no comprehensive action and no definite future plans in Bangladesh to adopt health insurance schemes to finance the health system. Vietnam and Sri Lanka made tremendous development in Health System, although both have a similar sociodemographic profile like Bangladesh. The social insurance systems of these countries are now being extended and the burden of out-of-pocket payment has declined significantly.⁵

A double burden of diseases, low service coverage and a lack of effective financial risk protection mechanism complicating the health system of Bangladesh. The highly unregulated pluralistic healthcare system of Bangladesh consists mainly of four key actors: government, not-for-profit private sector- the NGOs, the international development organizations and for-profit private sector. This complex health care system often fails to maintain equity in delivery of health services, many a times not a service but commodity.⁶

Although the government of Bangladesh committed to achieve the SDG goal number 3, the healthcare system and public health at large in Bangladesh lacks empathy, responsiveness and reliability certainly inadequate to deliver proper health care to the public during mass emergency, as observed during COVID 19 pandemic; medical facilities mainly are concentrated in urban and peri-urban settings clearly deprive the rural areas.⁷

The discrepancies and irregularities in health sector of Bangladesh may be improved by taking a few simple steps like corruption in the health sector may be improved by the proper utilization and monitoring of allocated resources, well equipped hospitals with updated and efficient medical supplies such as oxygen and medications to provide supportive treatment for COVID-19, doctors and other medical workers must be protected from nosocomial infection. Infected doctors and nurses could be super-spreaders of the COVID 19 disease. Higher population density and lower health awareness, social distancing in public spaces is virtually impossible in Bangladesh, so it is of utmost important that mass media is to be activated for mass awareness and dissemination of proper knowledge among the population at large.⁸

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