

# Bangladesh Health Sector Reform Commission Report

The Interim Government of the People's Republic of Bangladesh following student led people's movement of July-August 2024 formed 11 different reform commissions with the approval of the Honorable Chief Advisor which include Health Sector Reform Commission. Twelve-member 'Health Sector Reform Commission' was constituted led by Professor A K Azad Khan with the aim of recommending necessary reforms to make the healthcare services 'people-orientated, accessible and universal'.<sup>1</sup> Indeed the formation of such a commission itself is a milestone in the history of policies related to health care services of Bangladesh.

The health care in Bangladesh was plagued with problems everywhere since its inception in 1971 when we did not have a proper health system designed as per recommendation of the Bhore Commission 1946 for the British India.<sup>2</sup> In the early days of independence, project based health care was run by the Ministry of Health and Family Welfare until 1998 when after a series of experiments discrete project-based care (as high as 128) was replaced by sector-wide approach (SWAp) - the Health, Population and Nutrition Sector Programme (HPNSP).<sup>3</sup> SWAp was a financing mechanism for HPNSP specifically related to using money from the development partners. Four such programmes operated from 1998-2022 with progressively increased contribution from the government, unfortunately without any definite progress towards UHC till preparation for the 5<sup>th</sup> HPNSP when the Interim Government was formed. The MOHFW currently is not in favor of continuation of the SWAp based health care services giving a space for an opportunity to structured transition to a new system through the commission taking the key words from the government circular: 'people-orientated, accessible and universal' healthcare services.

For some time, there were previous and recent discussion on the various aspects of healthcare and healthcare professionals' education (both non-government and government), eroding trust on the health care professionals, education and institutions compared with the past and need for reform of the health care delivery system in Bangladesh including increased necessary budget allocation adapting with the time without much attention.<sup>4,5</sup> There was noise particularly on corruption, patient safety issues, poor quality of care and overloaded public health facilities none of them were comfortable for the professionals or policy makers

nor of the government. There were no visible professional countermeasures either.

Bangladesh being a signatory of the UN resolutions related to Sustainable Development and Universal Health Coverage (UHC) adopted in 2015 and 2019 was obliged to create a health system towards that goal.<sup>6,7</sup> The initiatives so far to achieve the goal was limited to "Shasthyo Surokhsha Karmasuchi (SSK)" 'designed to improve access of the poor population to hospital services to reduce out of pocket payments (OOP), and to improve efficiency of hospital care' operated in and limited to Tangail district for the last one decade.<sup>8</sup> The report of the Health Reform Commission will be instrumental in guiding to achieve UHC in Bangladesh.

The important components to be considered from the report are- health care services and physical infrastructure; leadership, good governance and work culture; health workforce management; education and training of the health workforce; essential medicines, medical technology and logistics supply; health information systems, health sector financing and development plan for health management.<sup>9</sup>

In the introductory remark the chairman of the commission mentioned the four strategic priorities on which recommendations were based on: strengthening primary care, achieving universal health coverage (UHC), increasing administrative efficiency, and ensuring financial security.<sup>9</sup> The main focus mentioned were: satisfaction of the patients and healthcare providers, development of a reliable health system in the country through international standard medical education and state-of-the-art technology-based services. For implementation of the commission report a single policy-making and coordinating mechanism has been recommended.

For the first time Bangladesh government has a formal report with recommendations to be implemented. We appreciate and welcome the report. The report contains enough elements when implemented the population of the country at large will be benefitted, the community and individual health is expected to have an improvement. Once we have a proposed health system where every citizen residing in rural or urban will get documented quality essential primary health care (promotive, preventive, curative and rehabilitative) by a team led by a medical doctor close to home without cost, having a referral mechanism with essential

emergency service including ambulance services and an agreed financial protection mechanism in place and with a decentralized autonomous institutions developed having good governance. There will be relevant services as well: diagnostics, imaging, pharmacy, paramedical so and so forth. Bangladesh will have 21<sup>st</sup> century compatible quality education of the health care professionals having competency required for safe care across the life cycle and disease status, regular evidence generation will be a norm through development of research culture missing since independence.<sup>10</sup>

We are not critics for the missing areas: not giving enough attention to health care professionals' education who will run the future healthcare, how to involve other ministries as a part of 'whole-of-government', how to address socio-economic determinants of health, how to do a balance between services provision for existing health problems vs emerging burden of non-communicable diseases, how big non-government sectors and the non-government organizations will be included in the system so and so forth which should not undermine the enormous report provided within short period of six months in comparison with Flexner's report which took three and a half years to be available publicly.<sup>11</sup>

In a complex system of health care with limited budget, the health system reform process will not be a smooth journey. Prioritization of actions and phasing out of the activities may be an urgent need. Priority actionable items from the report suggested by members of the commission include fourteen priorities encompassing various components of healthcare, health professionals education, digitization, financial and referral mechanism, and at least nine ordinances for sustainable improvement of health sector.<sup>12</sup> <sup>13</sup> The proposed ordinances may be the starting point: (1) formation of health care authority, (2) constitution of health commission, (3) providing free primary healthcare and free hospital services for 20 percent poor population, (4) Social Health Insurance System, (5) autonomy of hospitals and universities; separate roles for teachers and consultants, and provision of private medical services in their own institutions by government specialist or teachers, (6) Health Protection Act, (7) Hospital Accreditation, (8) necessary amendments to the Bangladesh Medical and Dental Council, and the Drug Administration Act, (9) reducing the price of medicine.<sup>13</sup>

Our urgency is to provide quality primary health care and achieving UHC. In this journey health care professionals, academicians, civil society, policy makers, politicians will have to sincerely work together under the leadership role of the ministry of health and family welfare guided by the head of the government to snatch the opportunity to implement the recommendations

made by the commission towards a positive change in the health sector of Bangladesh.

*(J Bangladesh Coll Phys Surg 2025; 43: 188-189)*

DOI: <https://doi.org/10.3329/jbcps.v43i3.83266>

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