OPPORTUNITIES AND CHALLENGES AT UPAZILA HEALTH COMPLEXES

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The government policies and decisions are encompassed with National Health Policy and Program of the country. The government is committed to achieve 17 goals of SDG and the third goal clearly states, "To Ensure Healthy Lives and Promote Well-being for All at All Ages." This vision is blended with Universal Health Coverage for-Bangladesh.

The health system of Bangladesh is a four typed pluralistic system: Governmental, Private, Non-Governmental Organizations (NGOs) and donor agencies. The governmental or the public sector is the first key actor which by constitution is responsible not only for policy and regulation but for provision of basic health services, including financing and employment of health staff.

Bangladesh is one of the most densely populated countries in the world. She has made more notable gains in a number of indicators than some of her neighbors with higher per capita income, trends in vital morbidity and mortality indicators such as India and Pakistan. She has an extensive PHC infrastructure in the public sector but facilities are not adequately provided with manpower and other resources such as drugs, instruments and supplies including health managements. During 2007–2013, the number of both hospitals along with beds in the public sector has steadily increased.

Again Bangladesh is characterized by "shortage, inappropriate skill mix and inequitable distribution" of her health workforce. At present there are 85,633 registered doctors, 8,130 dentists, 30,516 nurses and 54,684 diploma and BSc nurses registered by BNC (Presently BN & MC) as per the statistics made in 2017.

In addition, the health workforce is skewed towards doctors with a ratio of doctors to nurses to technologists of 1:0.4:0.24, in stark contrast to the WHO recommended ratio of 1:3:5.The total no of health facilities run by the DGHS of Ministry at the Upazila (UZ) level and below (2017) was 477 with 18,611 beds only for nearly 70% of the total population.

There is no structured referral system, so that patients with minor ailments may also be present directly at hospitals for treatment. Due to epidemiological and demographic change, Bangladesh is facing the double burden of communicable and non-communicable disease including the emergence and re-emergence of other diseases.

i) What are Health Needs for the Major Segments of the Population : Nutritious, safe food adequacy, safe water (Yet Diarrhea is the leading morbidity health problem) rational drug use, healthful shelter with not air pollution.

ii) What are the Levels of Health Care Delivery: Six structural & functional hierarchical units are providing with services from households level, bottom at the community level to the top at the national level. Community Clinic (CC) at Ward level to Rural Health Center (RHC) Union Sub Center (USC) and Union Health and Family Welfare Center at Union level and Union health center at Upazila level are really wider in health care network. A total of 483 Upazila Health Complexes including 60 sadar UZ health offices are tirelessly working against morbidity & mortality statistics of the country. The public health facilities are spread through 482 public hospitals with 18,611 beds under the DGHS at the Upazila and union levels.

iii) Who are the Health Care Providers (HCP) : At UZ levels and below, Health specialists mainly Junior Consultants in major disciplines like Medicine, Surgery, Gynae & Obs, Anaesthesia, Padeiatrics, EYE, ENT and Dermatology, professionals (Doctors, nurses and technologists) and even good numbers peripheral health workers are engaged at field level.

iv) What are Common or Top Health Problems at UZ Hospitals : Top 5 causes for admissions of children aged 5 years or less in Upazila Health Complexes in 2015 were reported as diarrhea and

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gastroenteritis of infectious origin (A09) having almost 12 %, Pneumonia (J12-J18) 9%, Fever of unknown origin (R50) 1.26%, Typhoid and Paratyphoid (A01) 1% and Cholera (A00) with nearly 1% among the total admissions reported from. In public health facilities, 89% patient-visits are recorded and reported in the national Health bulletin report compared to 6% at secondary and 5% at tertiary facilities in 2016. Our effort and output in terms of the quality of care,cure and contact should be centered and emphasized at this level.

Analysis of the existing situation in medical colleges is really over burdened with delayed referral and multiple complications causing more sufferings with mortality and thus affecting the academic atmosphere and research activities of the teaching institution.

Some Leading Challenges in UZHC at A Glance:

1) Some distant population could not avail themselves of the services because of geo-communicating and geo-positioning constraints.

2) To and fro Referral Systems is not being functional at various levels.

3) Upazila Health Complexes have comparative lower Bed-Occupancy Rates (BOR) with nearly 79 compared to that of 148 at Medical Colleges and 137 at district hospital indicating underutilization of hospital resources.

4) There are not working integration in nutrition, health and population development. In addition primary prevention & primordial prevention is not emphasized in the core services of the Health Complex.

The stated objectives in the National Health Policy of 2011 are:

i) Strengthening primary health and emergency care for all

ii) Expanding the availability of client-centered, equity-focused and high quality health care services

iii) Motivating people to seek care based on rights for health.

Recommendations to be Prioritized:

- Most of these problems could be reduced with intensive primary prevention at household and community level by respective field personnel.
- The skill, knowledge and quality of the Junior Consultants can be utilized at optimum level by reforming or correcting existing limitations.
- A proactive stewardship and strong leadership could bring about a meaningful and effective health system reform, which will work more efficiently with the participation of local government body for theat risk group people of UZ and union. The post of UHFPO may be re-designated and upgraded to Additional or Assistant Civil Surgeon.
- Evidences revealed that Health Care Providers' empathy and understanding of patients' problems and needs can greatly enhance patients' level of satisfaction. Patients expect doctors to be more attentive and caring, which is really essential / (Pertinent) but needs maximum resources mobilization with efficient management. Thus it can be concluded that the more empathy is received from the service provider, the greater is the satisfaction of the patients. In this regards, the role and responsibility of the staff nurses and the support to provide them with technical, personal and mental care and support can play a greater role.
- A national human resource policy with the values of equity and accountability and an action plan keeping with SDG goal along with national health system may be planned and materialized,as for example: public health specialists may be preferred for administrations. One additional post for Public Health Administrator or Preventive Medicine Specialist may be created in each Upazila.
- Although anational health insurance system and an interoperable electronic health information system areinitiated, they need to to be prioritized keeping in view of the futurenecessities.
- Considering the scarcity of appropriate specialists, regional high way based integrated centersmay be started functionally either for obstetrics and gynecologist unit or surgery or emergency medicine.

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