

# Strengthening and Integrating the Healthcare Referral System in the Government Health Sector of Bangladesh

The Ministry of Health and Family Welfare of Bangladesh is responsible for the health of the country's 171.5 million citizens. Both the public and private sectors contribute to the healthcare system in Bangladesh. The health care system at the government level is well-structured and encompasses primary, secondary, tertiary, and super specialized care. There are three tiers at the primary health care level, like Community Clinics (CC), Union Health and Family Welfare Centers (UHFWC) and Upazila Health Complexes (UHC). These primary care facilities are supported by district hospitals that provide secondary-level care, and various types of tertiary hospitals in large urban centers, and medical colleges.<sup>1</sup> There are also super specialized centers, such as different institutes and Medical universities.

For the health system reform, the Bangladesh government mainly focused on different service-related goals in different five-year sector plans. The first five-year plan emphasizes building infrastructure development, vaccination programs, etc. In the first five-year plan through different Population and Family Health Projects, the government established family planning programs, Maternal and Child Health programs, and different communicable disease control activities. Primary Health Care (PHC) is a vital component of overall healthcare and was established during the country's Second Five-Year Plan. During this period, the Health and Population Sector Program (HPSP) broadened the health services and focused on improving the health of the vulnerable population segment with a client-centered approach.<sup>1,2,3</sup>

An analytical framework used by WHO describes health systems by breaking them down into six core components: leadership and governance, service delivery, health system

financing, health workforce, medical products, vaccines and technologies, and health information systems.<sup>4</sup> Bangladesh Government faces various challenges in proving efficient service delivery. Inefficient and ineffective referral system is one of the major concerns. According to the World Health Organization (WHO), referral is defined as a process in which a health worker at one level of the health system, lacking sufficient resources (such as medications, equipment, or skills) to manage a clinical condition, seeks assistance from a facility with better or different resources, either at the same level or a higher level, to help manage or take over the patient's case.<sup>5</sup>

A well-functioning referral system is essential for optimal patient care in any healthcare hierarchy<sup>6</sup>. It serves as a link for primary healthcare providers to connect patients with specialized healthcare resources and services beyond their immediate scope. It helps to reinforce the primary health care. Patients should be referred to higher-level facilities from primary care with proper referral notes from their attending physicians. These notes should indicate the patient's medical condition and the reason for the referral. However, the reality often differs; the limited resources available at these primary care centers frequently lead individuals to bypass them and seek healthcare directly at secondary or tertiary facilities. A study conducted in Bangladesh found that around 58% of participants were unaware of the referral system, and among patients visiting tertiary care hospitals, 59% were self-referred and the private facilities received a higher proportion of self-referred patients compared to government hospitals<sup>7</sup>. So, though Bangladesh has a good achievement in PHC but we need to do a lot to establish a structured referral system. Factors identified for referral in that study were

inadequate treatment, inadequate facilities, critical cases, and lack of expert physicians<sup>8</sup>. It was also found that proximity to the referral hospital was also a significant factor in self-referral. Overcrowding in government facilities may also contribute to self-referral. In the secondary and tertiary healthcare facilities of Bangladesh, the bed occupancy ratios are almost 148.2% and 137% respectively, while the primary care facilities maintain a rate of only 79%.<sup>9</sup>

In a review study in Bangladesh identified four main themes and fourteen subthemes for successful implementation of referral system<sup>10</sup>.

These include:

Themes	Subthemes
Improvement of Technology	Electronic referral Coordination Responsiveness Feedback
Improvement of delivering service Process	Effectivity Efficiency
Organization of health care delivery	Management, policy and planning Regulation Patient Centricity
Individual patient perspective	Insurance Social capital Transport Awareness, attitude, and satisfaction Social influence

Bangladesh has made remarkable achievements in the health sector in the last 50 years, such as improving life expectancy, reducing maternal and under-five mortality, increasing immunization coverage, implementing a TB control program, eradicating polio, and improving sanitation. All these are related to primary health care. Now, it is high time for Bangladesh to develop efficient and quality health care at the private and public levels.<sup>11</sup>

In the previous section, we discussed various themes and subthemes to improve and strengthen the referral system. We propose to conduct comprehensive research focused on identifying gaps in successfully implementing the referral system and developing appropriate strategies for a high-quality healthcare referral

system. Our primary focus for strengthening and integrating the healthcare referral system in the Government health sector should be on enhancing infrastructure facilities, decentralizing healthcare services, improving patient transportation, implementing a web-based referral system, and addressing deficiencies in health information systems.

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