E- Health in Bangladesh: Are we Ready for the Commuter?

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the past decade, Information Communication Technology (ICT) has transformed healthcare in many countries. Like developed and growing nations, Bangladesh benefits from ICT-based health services. Bangladesh is one of few countries that provides community-level healthcare through public hospitals. Bangladesh has 593 government hospitals, 467 upazila and union hospitals, and 126 secondary and tertiary hospitals. Bangladesh has 2,983 private hospitals and 5,220 private diagnostic centers dedicated to improving healthcare. Bangladesh, along with 57 other countries, has a lack of doctors, nurses, and midwives (less than 2.28 per 1000 population) and hospital beds (4 per 10,000).²

The current government's Digital Bangladesh campaign prioritizes ICT-delivered health care. The Ministry of Health & Family Welfare has developed e-Health services as part of the government's digital Bangladesh initiative.3 Bangladesh has a Management Information System (MIS) department within the Directorate General of Health Services (DGHS) to maintain health information and e-Health systems. Bangladesh has partnered with development partners, corporate businesses, and NGOs to increase e-Health quality, efficiency, and safety. The WHO (2003) defines e-Health as "being the leveraging of the information and communication technology (ICT) patients connect providers and governments; to educate and inform healthcare professionals, managers, and consumers; to stimulate innovation in care delivery and health system management; and, to improve our healthcare system.⁵ Bangladesh has taken steps to strengthen e-Health infrastructure and use in the health sector. Management Information System (MIS) in Directorate General of Health Services (DGHS), Bangladesh connected all health points to the Internet in April 2009. Health and family welfare ministers in Bangladesh and the World Bank intend to automate over 300 public hospitals. Three hospitals were automated in 2012. These hospitals are NIKDU, Government Employees¹ Hospital, and Azimpur Maternity Hospital. Eventually, all hospitals will be automated.⁶

Challenges:

Insufficient ICT infrastructure

Bangladesh lacks sufficient ICT infrastructure, including computers, internet networks, printers, and electricity, to support e-Health. In addition, only a small percentage of the overall population has the ability to use computers. According to a survey by the Bangladesh Telecommunication Regulatory Commission, barely 4.5 percent of the overall population use the internet.⁷

Financial inadequacy

Acquiring, carrying out, and putting into action e-Health systems incur significant costs. The World Health Organization (WHO) states that insufficient finance is a major barrier to the development of e-Health in developing nations.⁸

Usability and user acceptance

The service provider in the government sector in Bangladesh possesses extensive expertise in e-Health applications. However, service recipients are not accustomed to using e-Health.

Absence of policy and regulation

Despite the adoption of a national ICT policy by the government of Bangladesh in 2009, it has not yet had any impact on hospitals. The current regulatory framework in this subject has not been updated to meet the increasing demands of the digital world.

The implementation of e-Health is currently in its nascent phase in Bangladesh. Therefore, it is crucial to prioritize the advancement of local e-Health systems, conduct extensive research on adoption rates, and focus on comprehensive studies regarding implementation strategies. Mere theoretical formulation of policies is insufficient; implementation of rules and policies is required. The significance of legal assistance, adherence to

national standards, and the formulation of policies are major focal points in several studies conducted by scholars. Twenty-nine It is recommended that all healthcare institutions maintain electronic patient records in order to deliver faster and higher quality healthcare services to patients. Electronic health records facilitate the storage, communication, and processing of medical information for all parties engaged in healthcare delivery.⁹

References:

- 1. Nyella E, Mndeme M. Power tensions in health information system integration in developing countries: The need for distributed control. Electronic J infor Systems Develop Countries.doi:2010;43(4):1-19.10.1002/j. 168-4835. 2010.tb00308.x
- Ministry of Health and Family Welfare. Government of the People's Republic of Bangladesh. Health Bulletin 2013.2013.
- 3. World Health Organization. World health statistics 2012. 2012./https://www.who.int/docs/default-source/gho-documents/world-health-statistics-reports/world-health-statistics-20 12.pdf[Accessed on 12th Jan 2024]
- 4. Mostafa, R, Rahman E, Hasan GMA, Kabir GM, Rahman A, Sanjit A. Proposed Deployments to Provide E-Healthcare in Bangladesh: Urban and Rural Perspectives. 12th IEEE International Conference on e-Health Networking Applications and Service. 2010. https://www.academia.edu/19652544/Proposed_deployments_to_provide_E_healthcare_in_Bangladesh_Urban_and_rural_perspectives [Accessed on 12th Jan 2024]
- 5. Hoque R, Mazmum FA, Bao Y. e-Health in Bangladesh: Current Status, Challenges, and Future Direction. The International Technology Management Review. 2014;4(2): 87-96. doi: 10.2991/itmr.2014.4.2.3
- 6. DGHS. Health Bulletin 2012. Path set for an automated nation health system and futuristic technology. Health information system, eHealth and MBT.2012 https://old.dghs.gov.bd/bn/licts_file/ images/ Health_Bulletin/Health_Bulletin2012_en.php [Accessed on 12th Jan 2024]
- 7. Sahay S, Walsham G. Scaling of Health Information Systems in India: Challenges and Approaches. Information Technology for Developmen. 2006 Mar;12(3):185-200.doi: 10.

- 1002/itdj.20041
- 8. Khalifa M. Barriers to Health Information Systems and Electronic Medical Records Implementation. A Field Study of Saudi Arabian Hospitals. Procedia Computer Science. 2013 Oct;21:335-342. doi:10.1016/j. procs. 2013.09.044
- 9. Angst CM, Agarwal R. Adoption of Electronic Health Records in the Presence of Privacy Concerns: The Elaboration Likelihood Model and Individual Persuasion. MIS Quarterly. 2009Jun;33(2):339-370. doi:10.2307/ 20650 295