

Ideas to Improve Bangladesh's Health Systems and Access

- Establishing a level of service delivery affordable by the poor through government regulations on private clinics/hospitals.
- Making private sector health service accountable to DGHS.
- Decentralization of health professional's recruitment process – from doctors to nurses.
- Install and use MIS through central level for greater transparency and accountability.
- A structured referral system, starting with a prescription from the Community Clinic/Community Health Worker, linked with a national level health database.
- Invest to establish the referral linkage – from Community Clinics to urban level public, private specialized hospitals.
- Access to quality healthcare through a digitized service delivery system.
- Quality assurance/monitoring of drug companies.
- Creating a National Health Service database with patients' medical history to reduce the need for multiple diagnostic tests.
- Increase doctor-patient counseling hours.
- Ensuring primary health care for the urban poor.
- Subsidize primary healthcare.
- Deal with malaria in Bandarban and other Hill Tract areas.
- Provide universal health insurance coverage.
- Incentives for public doctors working in hard-to-reach areas.
- Health awareness campaigns through SMS.
- Private clinics and hospitals to allocate a certain percentage of free beds for the poor.
- Private sector to allocate a certain percentage of their profits for serving the poor.
- Clarifying the roles of public and private sector as per the middle-income country (MIC) vision.
- Monitoring compliance of the village and district level hospitals/clinics with DGHS's regulations.
- LGED and MoHFW to coordinate working on urban health care system.
- More public health specialists, not doctors, for better administration and coordination.
- Better primary healthcare - more and better doctors in rural areas, more front line health workers.
- Retaining service providers at the Upazila level through incentives for career development.
- Ensure accountability of doctors at the Union level through available means (e.g. mobile phones, social media, UDCs, etc.).
- Develop institutional health system arrangements for respective Hill District Councils.
- Financial support for Community Clinics to reduce donor dependency.
- Use of electronic records to supplement the national health/medical database.

- Utilizing existing informal sector of health service delivery particularly for hard-to-reach areas.
- For containment of population (i) focus on long acting permanent method (LAPM); (ii) target newly-wed couples, particularly adolescents to delay the first birth.
- Continue and expand counseling on population control and reproductive health and behavior in health care centers.
- Make effective use of government trained Community Skilled Birth Attendants (CSBAs) and deployment of newly trained midwives in newly created posts at union and upazila.
- Building strategic partnerships with NGOs and private sector for strengthening and expanding newborn care.
- Expansion of medical waste management to cover all medical installations.
- Tribal-friendly health services through appropriate initiatives.
- Incorporate counseling, health rights and ethics in all medical, nursing and other education curricula along with proper sensitization initiatives for the existing health service providers.
- Capacity building of health managers at district and sub-district levels on data analysis, health planning and monitoring.
- A population based database for community health management information system.
- Strengthening Bangladesh Medical Research Council to steward and coordinate all health sector research.
- Strengthen BSMMU's research capacity to make best use of its resources.
- Address maldistribution of health personnel across regions.
- Steps for empowering women's decision making over reproductive health through proper education and information.
- A 'disability' budget for each ministry.
- Increase public expenditure to US\$ 54 per capita to cover a basic package of services, including interventions targeting NCDs.
- Free healthcare for RMG workers.
- A comprehensive mental health service delivery plan to address the growing psychological needs.
- Expand TB diagnosis and treatment.
- Shorten multi-drug resistant TB treatment to 9 months from current 24 months (to be able to treat more MDR-TB patients).
- Continue implementation of Health, Population and Nutrition Sector Development Program (HPNSDP) to strengthen and expand nutrition specific interventions among pregnant and lactating women, newborn babies, under-5 children and adolescent girls.