

## Public and Private Healthcare in Bangladesh Perspective: A Review

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### Abstract

Bangladesh government values the significance of health towards building a healthy and productive population. The health care system of Bangladesh is mainly divided into two categories, private and public health care. The government is encouraging both the health sectors to achieve Universal Health Coverage (UHC) by 2032. In private health care system, patients pay for medical services mainly out-of-pocket. On the other hand in public health care system, services are typically free and all citizens have equal access to this services regardless of their financial or social status. The public healthcare system is organized and controlled under the Ministry of Health and Family Welfare but private health service is organized and controlled by individual owner under monitoring of Ministry of Health and Family Welfare. The quality of services provided by Private health sector is much better than public health sector but it is more costly. more expensive than the public system. Overall, the healthcare system of Bangladesh has seen significant improvements in recent years, but still faces several challenges.

By working together of public and private health care sectors, every Bangladeshis have access to the healthcare services they need to live healthy and achieve universal health coverage (UHC) by 2032.

### Introduction

Bangladesh has achieved remarkable progress in its healthcare sector in recent decades. The government values the significance of health towards building a healthy and productive population. In the last couple of decades, Bangladesh has made great progress in improving life expectancy, reducing infectious disease, infant and maternal mortality. The government is encouraging further development of the sector through favorable incentives. The government of Bangladesh has set an ambitious goal of achieving Universal Health Coverage (UHC) by 2032.<sup>1</sup>

Government has been encouraging the privatization of health care sector as alternative to overwhelm these problems in public sector. Thus, the Medical Practice and private clinics and Laboratories Ordinance was circulated in 1982 to encourage the growth of private

health-care service delivery.<sup>2</sup> Since 2010, growing at a CAGR of 10.3.% percent, the size of the healthcare industry has reached USD 6.76 billion in 2018 (in terms of spending on the healthcare expenditure), doubling in the last 8 years. The healthcare industry is dominated by private sector with high growth in tertiary hospitals and diagnostics centers. As of the end of 2019, there were 255 public hospitals, 5,054 private hospitals and clinics, and 9,529 diagnostic centers under the registration of Directorate General of Health Services (DGHS), Bangladesh. The number of hospital beds available in public hospitals amounted to 54,660, whereas the same figure in private ones.<sup>3</sup>

But large segments of the Bangladeshi population are deprived of a fundamental right to assess the basic health care. The percentage of access to health care is not in Bangladesh up to satisfactory level specially among poor rural people.<sup>1</sup> In this review I take a closer look at the Public and Private Healthcare healthcare facilities in Bangladesh.

### **System of Health care in Bangladesh**

The health care system of Bangladesh is mainly divided into two categories:

- i. Private Health care
- ii. Public Health Care

#### **i. Private healthcare**

Private healthcare is a healthcare system in which patients pay for medical services out-of-pocket or through private insurance. The private healthcare system prides itself on quick access to medical services and high quality care. The privatization of healthcare means that the population is segmented. When someone goes to the doctor, there is simply a smaller portion of the population who goes to the same doctor, resulting in lower wait times. Additionally, being funded privately and profiting off insurance, medical companies can invest in research for more advanced care.<sup>4</sup>

#### **ii. Public healthcare**

Public healthcare is a system that is funded entirely by the government through taxes and other public revenue sources. In this model, healthcare services are typically free at the point of use, and all citizens have equal access to healthcare services regardless of their income or social status. While public healthcare financing can be an effective way to provide universal access to healthcare services, it can also result in long wait times, limited choice, and inefficiency.<sup>4</sup> The public healthcare system is organized under the Ministry of Health and Family Welfare and includes hospitals, clinics, and other healthcare centres.<sup>5</sup>

#### **Drawbacks of Private and Public Health cares**

Private health care has its drawbacks, such as high costs, limited accessibility, and potential equity issues. According to a study published in the Journal of Health Economics, private healthcare creates unequal access to care. Through private healthcare, the amount of coverage a person gets is simply as much as they can afford. Private healthcare costs are consistently rising, faster than the rate of inflation.<sup>4</sup>

On the other hand, the performance of public health care system is very poor. The poor quality was attributed due to inadequate facilities, generally unavailability of essential supplies, poor quality of staffing and absent of critical staff. The problems of supervision and accountability exacerbate the problem. In a country, like Bangladesh, where the population growth rate will place additional demands on the health sector, its preparedness to serve its constituencies effectively is particularly troubling as the future begins to catch up.<sup>6</sup>

**Cost effectiveness of the Health cares**

One of the primary factors to consider when comparing private and public healthcare is cost. With the growth of private health care facilities, especially in Bangladesh, it is important to assess and compare the cost-effectiveness of services delivered by private and public hospitals because the cost-effectiveness is likely to strongly influence patients' choice of hospitals. If cost-effectiveness issues, like incremental cost per cure rate, hospital stay and patient satisfaction are being compromised by these institutions, it calls for the re-evaluation of policy measures to redefine their role, growth and coverage, and to seek appropriate interventions to ensure that these institutions are more quality-focused and better able to meet the needs of their patients in term of money.<sup>2,4</sup>

Bangladesh government is subsidizing in the public hospitals. Most of the cares in public hospital are free of cost, like in case of surgery all are free except the laboratories investigations and, the medicines and materials which are not available. There is little or no market incentive to motivate the staff to take extra initiative or effort to improve the condition of patients and ameliorate their suffering.<sup>2</sup>

The private hospitals are not subsidized by government and depend solely on income from clients. The quality of services provided by the hospitals is contingent on market incentives. They will be more inclined than public hospitals to provide quality services and to meet patients' needs better. Patients are more satisfied with private hospital but more costly than public hospitals. In Bangladesh, healthcare costs continue to rise, and remarkable portion of Bangladeshis struggle to afford necessary medical care. The private healthcare system is known for being more expensive than the public system.<sup>2</sup>

**Conclusion**

Overall, the healthcare system of Bangladesh has seen significant improvements in recent years, but still faces several challenges. Expanding access to care, improving health outcomes, and strengthening the healthcare system will require continued investment and innovation from both the public and private sectors. By working together, we can help ensure that all Bangladeshis have access to the healthcare services they need to live healthy, fulfilling lives and achieve universal health coverage (UHC) by 2032.

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