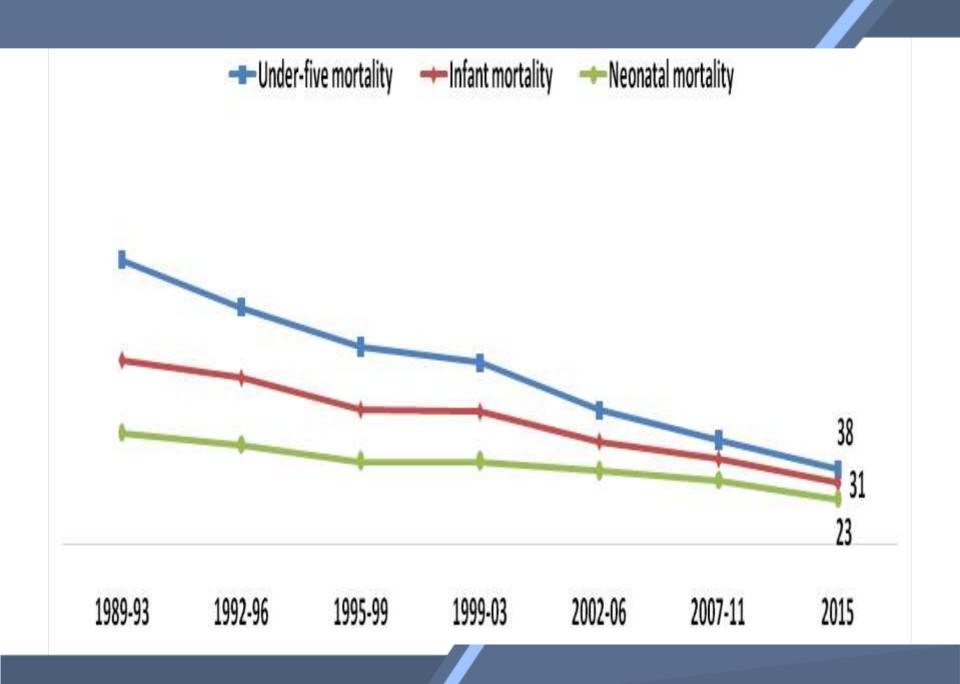
The 32nd CACCI Conference Asian Council on Health and Education (Bangladesh Perspective)

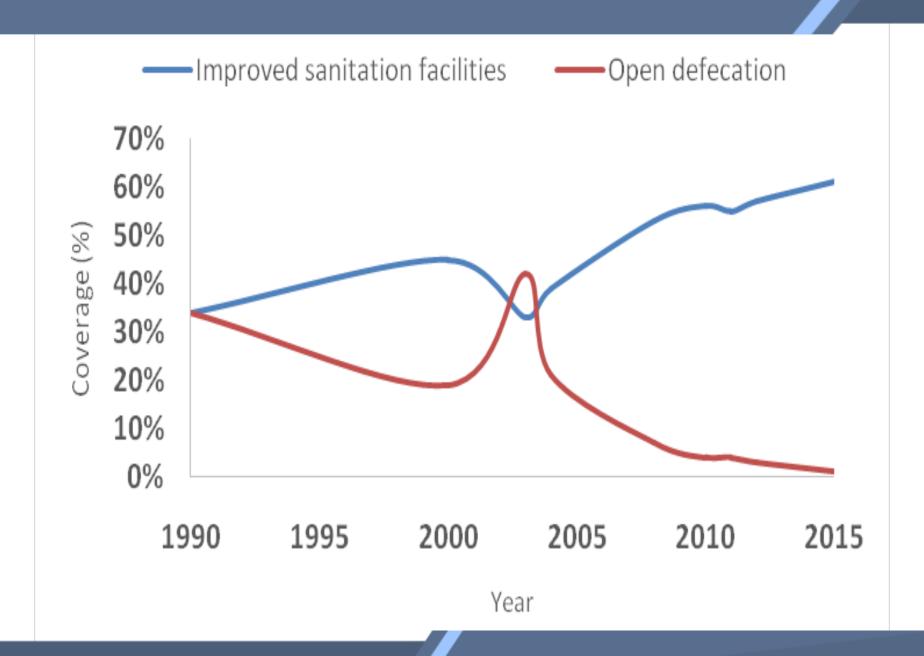


Priti Chakraborty
Chairman, UMCH
Director, FBCCI
Life Member, CACCI

- Bangladesh has made significant improvements in its quantitative health indicators:
 - Maternal Mortality Ratio (MMR) declined from 322 per 100,000 live births in 2001 to 170 in 2016
 - Life expectancy at birth increased from 45 years in 1970 to 72 in 2016, and
 - Infant Mortality Rate declined from 94 per 1,000 live births in 1990 to 28 in 2016.

- But the quality of health service delivery is still unsatisfactory
- One of the reasons for this unrests on governance issues in health care organisations of rural and urban areas. These governance issues include:
 - > Resource constraints,
 - Lack of professionalism, and
 - > Wealth management,
 - > Inadequate policy initiatives



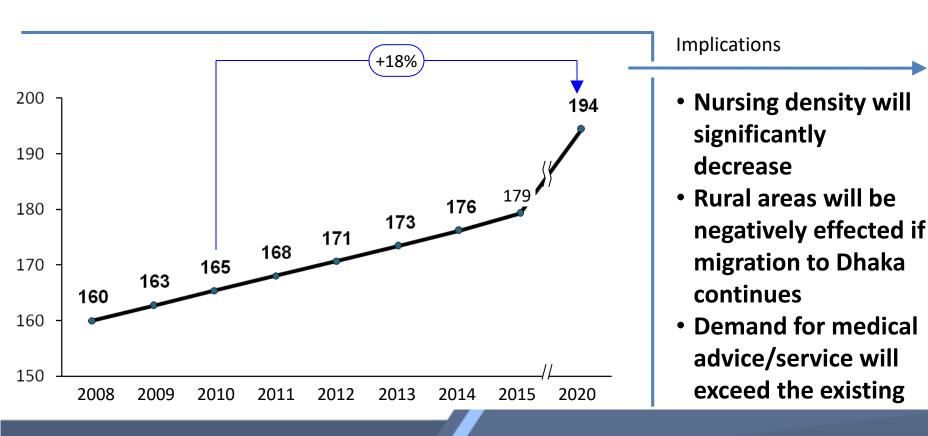


- Population- 160 m
- Urban population 35.8 %
- Population below poverty line- 18.52%
- Life expectancy at birth- 71.3/75.6 (M/F)
- Health expenses 2.8% GDP
- Per capita Health Care Spending- 31.84 USD
- OOP payments 71.82%
- GDP growth rate >7%

- Doctor to population ratio 1:2,000 | 1:1000
 (WHO)
- Nurse to population ratio 1:5,000
- No. of beds public sector- 49414
- No. of beds in private sector- 87610
- private sector employs 58% of all physicians

By 2020 the population will grow to over 190 million inhabitants, thereby intensifying the social need

Population of Bangladesh 2008-2020 [# of inhabitants m]



Impact model applied to Healthcare

Inputs: Money, staff time, etc

Education & Training Programmes

Better trained staff (competent & capable)

Better treatment & patient care

Better outcomes for patients

Mission- Fill out Gaps in Quality population health

- Main objective: achieve a social impact rather than a profit for owners or shareholders
- Human resources for health (HRH)
 development is main activity- number, skill mix, and distribution with optimum
 competency and motivation.
- Effective, efficient contribution to the goal of improved and equitable population health

Quality Health Manpower

 Universal Medical College & Hospital- 50 students/year MBBS

 Universal Nursing Institute- 50 students/year Diploma/Graduation

 Universal Medical & Technical Training Institute – Paramedical

Medical Services

- Existing 250 bedded (Proposed 750 bedded) hospital
- Multidisciplinary healthcare service providing tertiary level of care to the middle income population.
- Multidisciplinary healthcare service providing tertiary level of care to the middle income oriented population.
- 24×7 Accident & Emergency services
- General to Critical units, Cardiac centre, Neuro Services, Dialysis Centre, Orthopedic & Trauma Center
- •I.C.U., NICU & PICU, HDU

Social Enterprise

- Accountable, transparent & innovative entrepreneurial management
- Deliver social and care services of general interest
- Produce services and products that meet collective needs
- Satellite health service centres in different parts of country through Telemdicine.
- Organize Health Camps periodically in different parts of country
- Building Bangladesh's first ever Senior Citizen Medical Resort "Oboshor... My Dreamland".

Research & Other involvements

- Universal Medical College Research Center
 - Expand country-specific information base
 - Operational, epidemiological & clinical Research
 - Develop Contract Research Organization (CRO)
- Public Private Partnerships Research & services

Conclusion

- GoB has an investment friendly & business friendly policy already
- GoB encourages private health care organizations in the country
- Just increasing quantity is not enough, we need to have quality in delivering health care services
- Quality health care need quality manpower over and above the quality facilities
- We'r trying to take part in improving quality & accessible health care services in the country

