Science Journal of Public Health
2025, Vol. 13, No. 1, pp. 45-52
https://doi.org/10.11648/j.sjph.20251301.15

Research Article

Relationship Between Healthcare Providers and Patients in Bangladesh

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Abstract

Bangladesh is a fast developing country. One of the most important basic needs is healthcare. If the people are healthy, they can work well for the well-being of the nation. Healthcare in Bangladesh is a very important issue as it is a country of vast population. It relies totally on government for finance and policy. The healthcare system faces multiple challenges in our country. According to the world health organization (WHO) 2010, only 3% of GPD is spent on healthcare service. Government expenditure on healthcare is only about 34% of the total health expenditure (THE) the rest 66% is out of expenses (OOP). Though government and public healthcare is affordable still patients face different kinds of challenges and private healthcare services are costly. This paper aims to review the opportunities and challenges in healthcare service through secondary data. Along with it some case studies have been provided to show the relationship between the healthcare providers and the patients. Questionnaire has been provided to a target group to see the satisfaction level of general patients. The findings may help the researchers for further in-depth research on healthcare and the government policy maker to review the healthcare policy for the betterment of the people of Peoples Republic of Bangladesh.

Keywords

Healthcare, Hospitals, Health Policy, Health Service, Health Workers

1. Introduction

Hospitals, clinics, diagnostic centers, clinical trials, outsourcing, telemedicine, and medical equipment and technology are all part of Bangladesh's healthcare industry. The healthcare business has doubled in size over the last eight years, reaching USD 6.76 billion in 2018 (in terms of healthcare expenditures), growing at a compound annual growth rate (CAGR) of 10.3% since 2010. The private sector dominates the healthcare market, and tertiary hospitals and diagnostic facilities are growing at a rapid pace. 255 state hospitals, 5,054 commercial hospitals and clinics, and 9,529 diagnostic centers were registered with the Directorate General of Health Services (DGHS) as of the end of 2019. There were 54,660 hospital beds available in public hospitals, compared to 91,537 in private hospitals at the end of 2019. [13].

By 2025, an estimated 30 to 40 million individuals are expected to climb out of poverty and into the middle class, while an additional 30 million will do so in order to attain a higher standard of living. In the past five years, the number of individuals accessing the internet has more than doubled, increasing demand for internet-enabled services like telemedicine. Telemedicine's acceptance and expansion have

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Received: 5 September 2024; **Accepted:** 8 October 2024; **Published:** 10 February 2025

accelerated because to COVID-19. In 2000, the average person's life expectancy was 65.45 years, while it was 72.59 years in 2011. It is also anticipated that the number of people 60 and older will rise from 42 million in 2015 to 13 million in 2019. Bangladesh has been experiencing a rapid shift in disease pattern where non-communicable diseases (NCDs) has become the leading causes of mortality accounting for 67% of all deaths in 2016. The government plans to provide universal healthcare coverage by 2032, thereby increasing the demand for healthcare services.

2. Aim

This article's goal is to examine and determine Bangladesh's healthcare system's current state. Its primary goal is to observe the potential and difficulties in the medical field. It will also cover how to overcome obstacles and strive for improved healthcare in our nation.

3. Objectives

The objectives of this study are:

a. to identify the barriers and challenges in healthcare sector;
b. to study the resent condition of healthcare in Bangladesh;
c. To make recommendations on what should be done to ensure medical care for all.

4. Methodology

The study article aims to analyze current situation of healthcare in Bangladesh and evaluate it critically. The primary source for this study is secondary, and pertinent data have been gathered for this research from a variety of sources. In this research, the "Keen Observation Method" has been used. In order to be acknowledged in related topics, the researcher uses this method to search through various articles, texts, booklets, handouts, seminar presentations, notes, newspapers, national & international research papers, web sites, and so forth to find related studies on healthcare in Bangladesh. Additionally, few case-studies have been attached and a survey has been made available to the target group which has been analyzed by the researcher.

Human resource in Bangladesh healthcare: WHO considers Human Resource for Health (HRH) as the heart of any health system. The health system performance of a country depends on the number, distribution, skills and responsiveness of the HRH. The production deployment and retention of qualified medical professionals in rural, remote areas remain a challenge in both high and low income country. Qualified medical professionals are reluctant to work in remote rural areas for a number of reasons, including inadequate salary, poor working condition, inadequate amenities etc. Bangladesh is identified as one of the countries with severe shortage of HRH.

Challenges of healthcare sector in Bangladesh: Bangladesh's healthcare sector faces several challenges, the most significant of which are the significant increases in government spending on health care, the development of a robust primary health care system based on a trained cadre of community health workers who visit every home on a regular basis, universal access to catastrophic health insurance, innovations in the delivery of healthcare within the long-standing culture of reliance on research and evidence, and robust civil society engagement by organizations like Bangladesh Health Watch.

The government's health expenditure as a percentage of the gross domestic product (GDP) is among the lowest in the world—0.7%. The poor absorptive capacity of the Ministry of Health leads to a large portion of the scarce resources going unused. The percentage of out-of-pocket expenditures is among the highest in the world (67%), causing 5 million people to become impoverished every year. Even worse, one-third of the money budgeted by the government for health is not actually spent. The share of public sector financing accounts for only 23% of Bangladesh's total health expenditures, and this percentage has declined from 37% in 1997. Per capita total health expenditure is only US$37, half of what India spends. Expenditure of government health funds is inequitable, with poorer rural divisions receiving lower allocations per capita and government tertiary hospitals providing care disproportionately to better-off citizens. [2, 11, 1]

Significant Increase in Government financing for the Health Sector: Significant increases in government financing for the health sector, along with a significant rise in the number of health workers, are needed. This will necessitate increasing the government's health service spending share of the GDP from 0.7% to 2.0%. PHC funding will need to be increased. The private sector will remain crucial, especially for the wealthier segments of society, but strict regulation will be required. [10]

Creation of a Robust and Accountable Primary Health Care System: Bangladesh has made significant progress toward building a robust, efficient, and reasonably priced PHC system; however, more attention must be paid to the avoidance, early detection, and continuous management of non-communicable diseases, the majority of which are chronic. This will necessitate, among other things, a significant increase in the PHC workforce, dispersed in a pyramidal manner to enable an increasing number of mid-level and lower-level employees to collaborate in teams with higher-level healthcare professionals. To combat the pervasive apathy, absenteeism, and high turnover, all of these workers need to be closely monitored and paid a wage that matches their degree of training and effort. All families in a PHC system will need to be contacted on a regular basis, and those with higher health requirements will need to be visited more frequently.

Reviving the PHC system and guaranteeing that each locality has the resources necessary to deliver critical services will necessitate localization, or the decentralization of funding and power over its use for PHC. The ability to speak and act on behalf of the communities they serve will be required of the local organizations who get these funding. Enhancing the quality of PHC will require giving the public a bigger say in their health care. [7]

Building a Robust, Professionalized Community Health Worker Cadre: It will be necessary to create a robust, professionalized cadre of full-time, well-trained CHWs who can offer a wide range of PHC services outside of maternity and child health, who are closely integrated into the PHC system, well-supervised, and have the necessary logistical support. CHWs ought to be the cornerstone of the healthcare system rather than an impoverished afterthought. The world of community health workers (CHWs) is entering a new era. In fact, in many nations, CHWs are paving the way for "Health for All" by attaining high levels of service coverage that are unattainable through facility-based services alone—just look at Bangladesh, which has already excelled in providing reproductive and child health services.

Such a cadre may also manage several acute illnesses, identify patients in need of higher levels of care, and effectively promote health in order to prevent communicable diseases like hypertension. They may also record important occurrences and act as the "eyes and ears" for the early identification of infectious disease epidemics. One of the most exciting prospects for improving health in Bangladesh in the near future is the ability of CHWs to detect and treat hypertension, given the high prevalence of the disease in the country (about 20% of adults), the ease with which cases can be identified through home visits by CHWs, and the low cost and ease of treating the majority of cases. [3, 8]

Strong civil society leadership: Bangladesh's growth in all these areas will depend on having a thriving, knowledgeable civil society, which includes the NGO community. The country's health requirements, the shortcomings of the health care delivery system, and the actions that must be taken to solve them necessitate a critical role for groups such as Bangladesh Health Watch and others. Strong leaders who can motivate and sway people in these endeavors will also need to emerge. Transparency in government spending and keeping the administration responsible for these monies will be essential.

Bangladesh's healthcare workforce: The country has a density of physicians, nurses, and midwives of just 9.9 per 10,000 people, far less than the GSHRH's suggested sustainable development goals index level of 44.5. The predicted total density, taking into account all HWFs in Bangladesh, was 49 per 10,000 people. When only qualified and recognized HWFs are taken into consideration, the estimated density is 33.2. However, one-third of all HWFs did not hold recognized jobs, and their abilities were unclear. In Bangladesh, where there are approximately 75 nurses for every 100 doctors, policy focus seems to be necessary in the second area: competences and skill-mix. Thirdly, sufficient supervision for patient safety is required for 82% of HWFs that work in the private sector. Lastly, just 11% of doctors and nurses work in the public sector, which has a significant percentage of open posts, particularly in rural areas where 67% of the population resides. [3, 6]

Bangladesh's National Health Policy: The NHP serves as a framework for determining the importance of a nation's healthcare needs, allocating resources in accordance with those needs, and achieving certain health care objectives. Furthermore, NHPs are typically comprehensive, all-inclusive programs that aim to put every demographic on the path to improved health. By implementing a preventive, protective, and prophylactic health care program in all national and international developmental policy and planning, NHP seeks to attain universal health coverage and provide high-quality healthcare services to everyone at a reasonable cost. All tiers of the government structure are capable of implementing health policies. It enhances the nation's entire health care system through efficient public-private coordination and partnership. The GoB released the first health policy for the nation in 2011. Bangladesh has made great strides in the provision of healthcare; yet, there are still a few pressing issues that require quick attention. [2, 12]

Health service problems: The BSMMU (Bangabandhu Sheikh Mujib Medical University) corruption, which was recently made public by many fact-checked media articles, exemplifies the standard practices of the employment industry. It is disheartening that there are so many anomalies and a dearth of accountability when it comes to hiring at such a prestigious school that is committed to providing cutting-edge medical care and education. However, it is hardly shocking because the corruption is purportedly at the highest levels, meaning that because of their partisan political connections, they are able to act with complete impunity. This not only explains why little is done to stop different kinds of power abuse, but it also carelessly jeopardizes the foundations of due process, accountability systems, and institutional integrity. Corrupt practices and a lack of accountability plague the health care industry, just like they do every other area that provides public services. Because the sector has one of the lowest rates of budgetary allocation by international standards, it has always been resource starved. More critically, there are numerous instances of corruption, misappropriation and misuse, procurement fraud, extortion, and swindling even with the relatively small resources. [7, 13]

Private Health sector: In response to an increasing demand for health services that the public sector is legitimately unable to meet, the private sector has obligingly filled a sizable gap in facilities. Unfortunately, because there is no clear legal or regulatory framework in place, nor any planned strategy for attaining health service quality, the private health industry has grown rapidly with the nearly exclusive goal of turning a profit. However, dishonest hospitals, clinics, and diagnostic

centers across the nation have taken over the private health sector, spawning a booming industry centered on fraud, extortion, and other criminal activity as well as disregard for existing laws and procedures. All of these have made access to high-quality healthcare in Bangladesh unattainable. [14]

Partnership between public and private healthcare: It is nearly hard to accomplish anything on your own in the complex and fast-paced world of today. This is particularly true in the health sector, where it is nearly hard to envision any one organization providing services without some kind of institutional partnership due to continuously rising costs, shifting disease patterns, and rising use of sophisticated technology for diagnosis and treatment. These collaborations could be on a local level between private doctors and government clinics or on a global one between multinational corporations and multilateral donors. Public-private partnerships will continue to grow in frequency and diversity in the future as demands from cost containment, globalization, and reputation continue to impact health care globally. Partnerships have the potential to significantly influence how health care is provided and can result in increased access, creativity, and efficiency. They do not, however, offer a solution to every issue that still faces Asia's healthcare system. The values of the partners and the manner in which partnerships are arranged and carried out are crucial considerations if partnerships are to have a good impact on the advancement of healthcare. For the health systems of Asia (and other nations) in the next 20 years, three topics in particular will be crucial. They are: Quality, Costs, and Equity.

By combining the best aspects of the public and private sectors, public-private partnerships are increasingly recognized as being essential to enhancing the effectiveness of health systems around the globe. These partnerships aim to improve the efficiency, quality, innovation, and overall health impact of both public and private systems. However, we equally understand that while partnerships can be a powerful tool for accomplishing these goals, they are not a panacea for the numerous issues that health systems in Asia and other parts of the world are currently facing. In order for partnerships to effectively tackle the problems of poverty alleviation and equity, quality enhancement, and cost containment, a significant amount of work will be required to establish the frameworks of accountability and transparency, legal and regulatory requirements, and mutual trust that is necessary for partnerships to succeed. [4, 5]

In contrast to its Asian neighbors, Bangladesh exhibits remarkable progress in health. Together with neighboring South Asian nations and Bangladesh's national GDP places it in the Southeast Asian lowest income category among nations and areas, within the same span as neighbors, including West Bengal, Nepal, and Cambodia. Nonetheless, the life expectancy in Bangladesh is better than that of the other nations, with the exception of Nepal. [9]

To show the relationship between healthcare providers and patients in Bangladesh some case-studies are mentioned below:

5. Case-Study

5.1. Case-1

My mother age 67 was diagnosed anal Canal cancer in August 2022. But we started our doctor visit from the end of April and her complaint was always same that doctor heard also and the doctor thought that it could be cancer but the Colonoscopy report and the biopsy report didn't tell the same. As the complaint continued for two more months then doctor did the Colonoscopy again and this time in the biopsy report cancer was detected. After that it's a huge journey we visited almost 3 or 4 oncologist and two more times we did the biopsy just to be sure and all other reports also in many different standard and there we got varieties opinion and then due to trust issue we went to Mumbai Tata Memorial Cancer Institute. In Tata we did the same tests, we visited the doctor and after long Que we got the chance, the whole day we had to wait for any test and long week for the appointment. There no one is complaining. It's about trust. 60% of the patients are there Bangladeshi, they are the same patient who are there waiting for the serial. But it's a belief that they will get the treatment over there. After almost 1 month I came back with my mother in Dhaka and continued my treatment over here. We choose an expensive hospital to do the treatment because for cancer the radiation machines are there in Bangladesh most of them are out of order. For radio therapy continuation is needed which is always broken up in other minimum cost hospitals. Still we are in follow up and seeking Dua to all. For this cancer journey my observation about our country treatment system is-

1. Early diagnosis are not done
2. Tests are too expensive
3. For cancer patients the moral support and care and good behavior is needed that is 100% absent in Bangladesh
4. Maximum machines are out of order
5. Authenticity is not there. Doctors are not honest all the time

5.2. Case-2

I am 38. Around October 2023 I suddenly got normal sneezing and cough. I felt that at one point just by coughing I was having breathing problem. When the problem raised I could not breathe for about 40/50 seconds, sometimes it became lengthy to breath in or out. After some time again it became okay. In such a situation, I resorted to a chest specialist doctor, the cough subsided for a few days, and after 7/8 I suffered from the same problem. If I did my normal activities such as walking, cooking, climbing stairs, talking loudly, etc., the problem became acute, then I changed the first doctor again and resorted to another renowned specialist of our country, Professor Dr. He said that I had an infection in my lungs. He then gave medicine and the cough subsided but after 6/7 days the same problem aroused again. Then he changed

my medicine and gave me same medicine from different group only for cough. But my problem was only when I cough, the airway is closed and there was no other problem. One day I was diagnosed with this problem in front of him. "What kind of problem is this? I didn't see a problem like this before." He said. Then, for the third time, I went to an ear, nose and throat specialist doctor. He just yawned and looked at my throat and said that there was no problem with my throat and my throat was fine, but I was facing that problem. Then I decided to go to India, Vellore, after doing various tests there, they told me that it was due to allergy, which was giving me more problems in the airways, when I cough, the airways swell, then they just gave me two inhalers. At present I am quite healthy. My observation about treatment in Bangladesh is-

1. Cannot diagnose the disease.
2. There is no quality system for conducting various tests.
3. The test is given by an incompetent doctor.
4. There is a tendency to retain the patient. He will not let him go anywhere else.
5. Gives very little time to see the patient carefully.
6. In the case of various tests, a lot of expensive money has to be spent.

5.3. Case-3

Age 43. I went to a Doctor of Medicine in 2021 because I felt short of breath since Corona. After that it became hard for me to work for long because I felt it was hard for me to breath. It was like I lack oxygen for breathing. Besides, there was a lot of gas, back pain and chest pain. Doctor suggested for blood test, ultra- sonogram and various other tests. After seeing the reports he gave medicine but after few days the same problem started again. Then in 2023 in Kolkata I visited the doctor again. There they examined me thoroughly and said there was an infection in the lungs. Maybe because of Corona attack these problems were happening. Moreover gastric ulcer was also seen. The treatment in Kolkata helped me to seek out my problem and now I am better than before.

My observation about treatment in Bangladesh-

1. Dr. Test's report in our country is often not correct.
2. There is much more medicine than the disease.
3. Medicine for any disease starts with antibiotics.
4. Patients do not talk about the nature of his illness.

5.4. Case-4

I am 32 and visited to an ear specialist in a private hospital in 2021 for a checkup what's happening inside my right ear, since I was experiencing some kind of air pass through my right ear. The immediate reaction after having a look in it from an ENT specialist severely shocked me. I would like to mention that usually ENT specialists observe both ears in such cases. He found that I have chronic sinusitis and so he suggested me a list of medicine for that, though I went for my ear treatment. After a day, I got an infection in my right ear and that led me to hearing loss. After that, according to my relatives' suggestions, I decided to have visit to a public hospital. In this case my experience was expected, like a long queue for the serial to doctor. I was suggested some medicines that healed me immediately. But after few days, I was affected again and my previous experience didn't allow me to go for the public service, I chose a popular private hospital and the doctor again prescribed me almost the similar treatment. But by the time my hearing loss got worsened enough because my both ear somehow was infected. Since the hearing problem became severe, doctor referred to a hearing test before he goes for a medication. This time I was literally surprised seeing that a hearing test is not a part of that hospital. I had to go to a nearby market to find the hearing test center which is really unexpected and shocking. At this stage I was so heartbroken, since I could not even hearing the person who is sitting beside me. After having the test done the doctor said that I may need to go through a surgery to resolve this otherwise this will continue to happen. In 2022, I left my country and now I am under treatment from NHS, UK. My observation for this journey of my ear treatment in Bangladesh:

1. Having a lack of being empathetic as a doctor to patient.
2. Instruments used to diagnose a problem are not up to date.
3. All the units to detect a complication should be organized inside the hospital. Most of the hospitals do not have all these facilities.
4. Doctors should be more focused of preventing a disease instead of curing it.
5. List of medicines in a prescription needs to reduce.
6. Medicine costs, doctors' fee are too expensive.

5.5. Case-5

My husband is 38 years old and two years back he was having eye problem. One of his eye was losing vision and he was having trouble to see. Then we went to the most famous private eye hospital. When the doctor saw him she said without diagnosis he is having brain tumor. After hearing this shocking news we hurriedly did MRI of brain and the report was good. He was not having any tumor. When the doctor saw it she was frustrated for not seeing any bad report and she gave few medicines. After one month my husband was having the same trouble and he went to meet the doctor. This time it was another doctor who was known to us and he referred to another neurosurgeon. We went there and again did MRI of brain and eye and the doctor said he needs operation. The operation might cost 5-7 lacs taka and it is a major surgery. After hearing this we went to meet another doctor who was much known to us. He was like an angel for us and he gave some medicine found the disease and gave some lifestyle rules.

My observation to our country's medical system

1. It is highly costly and the doctors are mostly not giving service rather they are doing business.

2. Without diagnosis they assume chronical disease for the patient and treat the patient so rudely.
3. Private sectors are totally corrupted and they want the patient will go for surgery if the patients need it or not.
4. Government hospitals are dirty, give treatment slowly and they don't care the patient.
5. Private hospitals are highly costly and they are not friendly with the patient.

5.6. Case-6

Life is so unpredictable, it goes according to its own way. We don't have that much control on it though we try our best. I have realized this during the time of Corona in 2021.

Normally I am having quite a sound health, I don't become sick frequently but unfortunately in 2021 when I was affected by Corona it was severe condition. Slowly when the condition became worse I was supposed to go to a doctor but unfortunately because of Corona no doctor was seeing the patients directly. We had to contact them through phone. So after taking appointment I spoke to the doctor, whatever he understood by hearing my voice, on that basis immediately told me to be shifted to hospital.

About hospital, my feelings was never been good, as I had to go to hospital several times for my son who had some congenital issues. Anyway being compelled and forced by family I had to go to hospital though curfew was declared by govt. As I was a critical patient, instantly I was admitted over there but upsetting point was that when I was shifted to the room I have seen that the room was not so big and specious. Hardly was it supposed to be the room of 5000 tk but hospitals have also started business at that time and part of that business they have charged from us for that tiny room each day 10500 tk which was shocking and upsetting for me but I was so helpless and had to stay there.

I was there for 14 days, the doctors were coming, visiting but rather than consoling me they tried to inform me that how bad condition was of me! Even they did not hesitate to tell that I had the worst condition in that whole floor of the hospital. Out of 50 patients my condition was worst and for that they did not show me any hope also. The way they were talking, it was clear that yes maybe that was the end of my life. Every day I had to take at that time 30 ml oxygen, as my oxygen level was very rapidly falling down. My condition didn't support me to ask them that why were they demoralizing me rather than trying to encourage me? I was hurt as sometimes doctors behaved so rudely whereas their simple sympathy meant a lot to the patients. I knew they were working so hard, they were busy with lot of patients for the whole day still then their one sweet word could console a patient, could make the patient to fight with the disease.

One thing was so weird in hospital that every night the hospital staff specially the lab staffs came to our room and took blood or something else for test which was actually not acceptable because it was a hospital but they did not think about patient's rest. Later on I realized all these things were actually making the platform of preparing a big bill, ultimately they were successful in that. (Health, 2021)

Anyway after staying 14 days with everyday huge oxygen somehow some miracle happened and I started to take a turn in my physical condition, started to recover which shocked and surprised the doctors because suddenly my recovery was going to prove them wrong as for last several days they were telling that this patient may not survive because of her critical condition but luckily Allah helped me and miracle happened, consequently I turned towards recovery.

Immediately my sister (who was with me for full time) requested to give me discharge but the doctors were not ready to give. They were trying to keep me more days so that they could take plasma from me. According to my doctor I was a miracle case, my plasma could help several lives. So he did not think about my mind's condition, he wanted to take plasma by keeping me forcefully there. Wanted to take the plasma, so that it could give him extra fame, he could help more patients with huge amount of money.

Anyway by taking some powerful persons help we got the discharge and after that we came home but the bill we had to pay was huge for 14 days. We gave around 4.5 lacs for taking oxygen and some injections.

This huge bill triggered something in me that for this upcoming scary bill so many patients cannot go through the treatment. Till then the hospitals are not showing any kind of consideration, rather they are just trying to make the bills as much as possible. This is the real painful picture of the treatment system of our country.

A short survey has been conducted on a target group to see the satisfaction level of patients in Dhaka, Bangladesh.

6. Survey Interpretation

I have received 45 responses from my online survey, which I conducted. Their recorded ages range from 25 to 85. According to the poll 82.2% is female and 17.8% male. 86.7% holds private job and 75.6% has moderate and 22.2% low income. 48.9% visited the healthcare center more than few months' ago 40% few weeks ago and 11.1% visited recently.88.9% went to private hospitals because they wanted better service and quick treatment. 37.8% said they got the service on time, 51.1% said they got the service after some time and 11.1% said it was late to get the service. 57.8% said the service was good but 40% said it was average. 46.7% said the cost of treatment was high and 46.7% said it was medium. 75.6% said they bought the medicines themselves. 68.9% said the cost of medicine in Bangladesh is expensive and 31.1% said it is medium. They added from private hospitals they get advanced treatment and they feel comfortable there because of the environment and infrastructure. They can get the doctor's appointment without any hassle. They feel private hospitals are more reliable than the public ones. They get proper service, better hygienic and diagnostic services at private

healthcare centers.

7. Findings

According to the participants-

1. They don't get treatment according to the cost
2. The treatment process is not always satisfactory
3. Public healthcare service must be improved
4. Private sector needs to lower their cost
5. Doctors' advice are not always reliable
6. Appointment system must be patient friendly
7. There are limited resources and inadequate infrastructure
8. Shortage of skilled professionals
9. Treatment facilities must be improved throughout the country for average and low income people
10. Wrong diagnosis and unnecessary tests
11. Waste of time and money due to lengthy process
12. Public hospitals lack high advantage technologies
13. Have to wait for long to get appointment of expected physicians
14. Behavior of health professionals must be patient friendly

8. Limitation of the Study

Each research has its limitations. As a single researcher, I am not able to reach the full population of this study, as it would require more time. It would be good if I could interview the population who are not device friendly. Therefore, the main limitation of this paper is that it covers limited population.

9. Recommendations

1. A rise in the government's contribution to overall health care expenses is essential. The government should prioritize preventive measures to ensure the efficient and effective utilization of our health budget.
2. Mandatory enrollment in a health insurance program for everyone is necessary to protect individuals from overwhelming medical expenses nationwide. Initial enrollment can focus on accredited service providers.
3. Discrimination against certain groups persists, and individuals with mobility limitations still encounter barriers in accessing high-quality, affordable healthcare. It is crucial to promptly and accurately identify these barriers.
4. The government should ensure an adequate number of healthcare management experts are available to effectively and efficiently monitor the use of resources.
5. Effective collaboration among doctors and other team members working on hospital projects is crucial for creating a positive environment that serves patients well.
6. Effective collaboration among all medical experts is crucial for graduate medical doctors to work efficiently in hospitals. The government should prioritize both the placement of doctors in hospitals and the hiring of a complete medical team.
7. One way to maintain a healthy workforce is by promoting community participation to hold health care practitioners accountable. Additionally, special incentives should be offered to those willing to serve hard-to-reach communities.
8. It is essential for the government to ensure healthcare professionals' salaries and safety, especially in remote areas, to encourage their willingness to work.
9. Stringent regulations must be in place to ensure that private healthcare facilities deliver high-quality, affordable care.
10. The presence of a robust referral system in every state is vital. Without a functioning referral network, a nation's ability to guarantee quality care is compromised.

10. Conclusion

Will such initiatives succeed in providing "Health for All" within a pluralistic health system that embraces the full spirit and participation of citizens and local communities? The most important legacy of Bangladesh's health advancements over the past 50 years is the frequent presence of CHWs (Community health workers) in every family. Bangladesh will be able to achieve "Health for All" sooner rather than later if this is maintained and expanded upon.

Many of the GSHRH (Global Strategy on Human Recourses for Health) milestones, including the creation of the HWF (Human welfare foundation) unit and reporting via the national health workforce accounts, are being met by Bangladesh. To advance UHC (Universal Health Coverage) in Bangladesh, it is crucial to make specific investments in improving inter sectoral HWF coordination across sectors, enacting regulations to ensure patient safety and sufficient oversight of the private sector, setting up accreditation procedures for educational institutions, and reducing disparities in access to qualified HWFs.

Bangladesh's healthcare system has achieved incredible things despite having very little funding allocated to it. Bangladesh must continue to improve, and in order to do so, its resources must be used effectively and efficiently. Bangladesh faces quite serious difficulties. Bangladeshi nationals have some of the highest out-of-pocket healthcare costs in the world. It is a massive, debilitating problem that affects nearly every home. The nation's non-communicable illness burden is steadily rising and is another serious health concern. To address these major public health offenders, a comprehensive effort is required, maybe with a stronger emphasis on preventive medicine than curative care.

Abbreviations

WHO	World Health Organization
GPD	Gross Domestic Product
THE	Total Health Expenditure
OOP	Out of Expenses
NCDs	Non Communicable Diseases
HRH	Human Resource for Health
PHC	Primary Health Care
HWFs	Health Work Force
CHWs	Community Health Workers
NHP	National Health Policy
GoB	Government of Bangladesh
BSMMU	Bangabandhu Sheikh Mujib Medical University
NGO	Non-governmental Organization
GSHRH's	Global Strategy on Human Resources for Health
UHC	Universal Health Coverage
HWF	Human Welfare Foundation
CAGR	Compound Annual Growth Rate
DGHS	Directorate General of Health Services

Author Contributions

Naima Akhter Lina is the sole author. The author read and approved the final manuscript.

Privacy of the Participants and Patients

The privacy of the participants and the patients is preserved and highly respected by the researcher.

Conflicts of Interest

The authors declare no conflicts of interest.

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