

Developing the Private Sector Health Services in Bangladesh

by Mahmud Hassan

OVER the past twenty years, Bangladesh has made substantial progress in Family Planning (FP) and Maternal and Child Health (MCH) Programmes. Crude Birth Rate (CBR) is down from 48 per 1,000 in 1970 to 38 per 1,000 in 1989 (World Bank, 1991). Between the same time period, Infant Mortality Rate (IMR) has also decreased from 150 per 1,000 to 110 per 1,000 (World Bank, 1991). However, these results are far from the levels seen in other countries in Asia and in other low-income countries of the world. In 1989, the CBR for the Asian and the worldwide low-income countries were 26.8 and 30.4 respectively (World Bank, 1991). During the same period, the IMR was 61.5 and 72.6 respectively for the Asian and the worldwide low-income countries. These data indicate that FP and MCH programmes are on the right track.

goods and services. Economics also provides a ready vehicle for consideration of how best to use scarce resources for the production and delivery of healthcare services and it is already being used in many countries of the world. Economists have applied many of their standard theories, analytical techniques, and ways of solving problems to the study of the healthcare sector. The application of economic analysis in the healthcare sector gives us a clearer understanding of the ways in which the production and delivery of healthcare services might be improved.

For most goods, a competitive market with income redistribution by government policies is the most successful way to combine consumer choice, producer autonomy, economic efficiency and equity. In a competitive market, the consumer is motivated to balance the benefits gained from the

physician has any incentive to economize the use of health care services when a third party pays the bill. Although institutions such as health maintenance organizations have been developed to control the overutilization, they may still select their own risk group, denying coverage to some groups of individuals. The consumer is in a weak position in the market for health care services. This is partly because of asymmetry of knowledge and information. The consumer may know when he or she feels sick but is usually too ignorant to judge what can best be provided by the way of remedies and to judge retrospectively the quality of care, because of the complexity of medical technology and the relative infrequency of consumption. In addition, sickness can itself impair judgement.

For these reasons, the consumer is obliged to rely heavily

of intervention is the government's regulation of private or mixed markets of health insurers and providers. Regulations attempt to limit the rise of insurance premiums; to fix prices, quantities, and quality of health service; and to plan and control the capacity of health services production and delivery in an efficient manner. While regulation can control cost, it may impose distortions and rigidities on markets due to inappropriate use of power. Government regulations should aim at creating conditions for proper functioning of the private market by giving the providers financial incentive for the production and delivery of high quality health care service.

Types of Health Care Services

Health services can be divided into two broad types of categories: Preventive and curative care. Preventive care may be initiated by the government or by individuals. Government-initiated preventive care includes immunization, supply of safe drinking water, obstetric services, health care information and dissemination of health-related information and other public health services. Some preventive care such as diet, annual check up, physical exercise, pre and post natal care may be initiated by individuals.

Curative services are, however, initiated by individuals only. The curative services can be categorised into three groups: hospital services, physician services and pharmaceutical services. Government must provide the society with a system for proper coordination of demand and supply of such services. Allocating more resources to the health care sector may not be the right answer to enhance the access of the healthcare services. The proper balance of resource allocations between hospital and non-hospital programmes is fundamentally important for the success and effectiveness of the healthcare system. For proper planning, policy-makers need to know unit cost of a service, determinants of cost of service, the extent of economies of scale and scope, factors and mix of factor input for the production and delivery of healthcare services, and other pertinent economic data. Better understanding of the interaction, production and delivery of the different components of healthcare service is obtained through rigorous studies. Specific research agenda might include organization and financing aspects of healthcare service.

The writer is Associate Professor, Department of Health Services Administration, University of Alabama at Birmingham, USA.

This is the introductory part of a two-part feature. The concluding part will be published after a fortnight.

Special characteristics of the demand for and supply of health care discourage the reliance solely on the functioning of free market along with government's policies for income redistribution for the provision of health service. The requirement for income redistribution is particularly important for the health care market to work efficiently.

consumption of goods and services against the price that has to be paid for them, the profit maximizing producer has an incentive to maximize the cost. Competition will ensure that prices are related closely to opportunity cost.

Special characteristics of the demand for and supply of health care discourage the reliance solely on the functioning of free market along with government's policies for income redistribution for the provision of health service. The requirement for income redistribution is particularly important for the health care market to work efficiently. This is because human lives should be valued equally. A strong inverse relationship often exists between ill-health and the ability to pay for healthcare (Mills and Lee, 1993). Private charity is unlikely to provide an adequate means of meeting this demand for altruism, partly because of the free rider problems, many individuals are tempted to escape the burden of giving to others.

The need for healthcare is often highly unpredictable and very costly for an individual, yet it is predictable and affordable for larger groups. Insurance can be used to spread the financial burden but private insurers tend to exclude, or raise premiums, of high-risk individuals. In general, individuals with pre-existing conditions are denied any insurance coverage.

Health insurance might induce the insured to overconsume healthcare service. Neither the patient nor the

on the advice of the doctor and to obtain medical approval for making most health care service decisions. It is often the physician who makes the decisions. Consumer sovereignty in the healthcare services is not viable. The difficulties of relying on a private market for healthcare have encouraged governments to intervene in the financing and delivery of healthcare services.

What Can the Government Do?

Government may choose to finance and provide healthcare services to a vulnerable group or to the whole population, with salaried physicians, in public clinics and hospitals. This type of system may be capable of supplying services at a reasonable cost but usually is associated with over-load and lower quality of service. It is also possible for the publicly financed health services to be corrupted by private "under the table" payments from patients to professionals.

Another form of intervention could be the introduction of a compulsory health insurance system financed by income-related contribution. The system could include low income and the vulnerable groups with the help of transfer income and other subsidies. Such an arrangement can be very successful in improving access to healthcare and income protection for the disadvantaged groups but is usually associated with unacceptably high levels of public expenditure (OECD, 1992).

The most widely used form

AIDS: The Killer Awaits Closeby

by Farhana Yusuf

WE all know that AIDS can kill. It is incurable. We know this because these are, in fact, the two most irrevocable truths. But apart from this, how much do we really know about AIDS? For instance, what does the disease actually do, what causes it or where it originates from. These questions, will, of course, lead to other questions, reveal

AIDS originated from? There had been and still is a lot of speculation and controversy about the origin of AIDS over the years. However, AIDS was first diagnosed in 1981 among the homosexuals of New York, Los Angeles and France.

Once the immune system stops functioning, all kinds of

tions and in this case a healthy person's helper T-cells out-number the suppressor cells by the ratio 2:1. This balance makes the difference because it is at this stage that the HIV affects a person.

The HIV virus enters the body to join the T-blood cell and from there starts a conversion process. The RNA genetic material of the virus gets converted to the DNA genetic material by the aid of an enzyme which the virus manufactures. After this the DNA virus gets united into the DNA of the T-cell and stays there for as long as the individual lives. The infected T-cell now becomes crowded with viruses. Consequently, the cell produces more viruses which comes out of the cell only to attack more new T-cells and destroy them. As years go by, the T-cell count of the infected person falls down to a dangerous level and the individual develops AIDS.

There is a difference, in fact, a great difference between a patient infected with HIV and one suffering from T-cell. And there is a lot of confusion among people in this particular aspect. Before explaining, it would be useful to know that all patients with



An innocent victim of AIDS

unknown answers, expose important facts.

But first of all, what is AIDS? AIDS is the abbreviation of Acquired Immune Deficiency Syndrome. Our body's immune system fights infections. The Human Immune Deficiency Virus (HIV) which causes AIDS, changes the cells' genetic structure and gradually weakens, totally damages and finally destroys the body's immune system. Destruction of the immune system makes the person increasingly defenseless, thus helpless against all kinds of non-life-threatening infections. So, AIDS is the consequential stage of an infection caused by HIV virus, which is also known as anti-virus, a sort of retro-virus. The infections caused by anti-viruses takes a long time to manifest themselves so that it takes months and even years before the virus captures the person's body and the person becomes aware of the actual symptoms of the disease. But where has this

infections take a hard grip on it. Consequently important components of the immune system are destroyed, thereby rendering it completely unable to fight infections. How does the whole mechanism work then? And how does AIDS affect the human body?

There are different types of white blood cells in the human blood which play different roles in protecting the body against the various diseases. Lymphocytes are one type of white blood cells — they carry two types of cells, namely the B-cells and the T-cells. T-cells are again classified into the "helper T-cells" and the "suppressor T-cell". Helper T-cells helps antibody-producing B-cells to fight the organism that cause diseases while "suppressor T-cell" suppresses the attack of any invading disease that had been controlled already. Now depending entirely on the balance between the two types of T-cells, a healthy immune system func-



Children of casual sex workers at a rally on AIDS awareness

AIDS are HIV infected but individuals infected with HIV may not develop AIDS. It has thus become clear to all of us that an HIV carrier is one who has been affected by the Human Immune Deficiency Virus. An HIV carrier remains infected throughout his life time, but he will appear to be absolutely normal and what's more he will be healthy. This is because there is a possibility of his remaining asymptomatic for years on end. But it is when an HIV positive individual's T-cell counts start dropping to a crucial level and symptoms start to develop that the person is also about to develop AIDS. For an individual infected with HIV, it may take years (ranging from a few months to eight years) or even longer, for the HIV infection to develop itself as AIDS.

Some of the common modes of HIV/AIDS transmission are:

1. Through intimate sexual contact if one of the partners

is HIV positive.

2. Through blood transfusions of infected needles.

3. By an infected mother to her foetus during pregnancy or delivery.

4. By breast feeding and

5. During organ transplant.

Symptoms of HIV infection include swollen lymph glands in the neck or under-arm area, repetitive fever, night sweats, rapid loss of weight for no particular reason, constant fatigue, diarrhoea, less appetite, white spots in the mouth, muscle or joint pains, sore throat, skin rashes, headaches and pain in the eyes. There is a 50-50 chance of HIV affecting the nervous system and if that is the case, that particular individual's brain will be damaged including the spinal cord.

Today, AIDS activists are bulging out from every nook and corner, desperate and urgent with their message, celebrities appearing in the television saying, "AIDS is deadly, so keep away from it", and so forth. But every few people are explaining "how". What is most important here and what should be done is to give these slogans a touch of reality by including intervention and protection against AIDS. A few of these measures can be:

1. Identifying individuals

with high risk behaviour.

2. Sex education, singly the most important tool for effective prevention and control of AIDS, gives a thorough information about the disease and the safety measures that should be taken against it.

3. Use of mass media for discouraging people to indulge in high risk sexual behaviour.

4. Using doctors, social workers, hospitals and health care centres etc, for guiding the masses to help prevent the spread of this potentially fatal disease.

Up till now there is no cure at all for HIV/AIDS. As the disease is spreading and getting out of control, research still continues worldwide in the hope of finding a cure. For the persons who tests for HIV positive and yet remains asymptomatic, they have the possibility of a hopeful future. But for those who develops the symptoms, death waits on the other side of the door.



HIV-positive mother with her child

The Future of Clinical Psychology in Bangladesh

by Dr Graham Powell

It is an applied science. It applies the principles and knowledge of Psychology to the treatment of people's mental health problems, and to health problems in general. Being an applied scientist, the clinical psychologist will approach psychological problems in a scientific manner. This means making a careful assessment of the symptoms, reaching a diagnosis or formulation of what the problem is, defining the aims of treatment, making continuous assessments to monitor progress, defining and justifying scientifically the methods used, knowing how the techniques work and their efficiency and improving the techniques themselves, and the treatment of the individual patient, by a process of controlled investigations. In a nutshell, Clinical Psychologists undertake the scientific assessment and treatment of psychological problems.

How to assess and diagnose problems?
Clinical Psychologists systematically collect information so as to reach the point whereby they can offer a formulation or explanation of the problem i.e. the cause of the problem and why it persists.

The collection of information usually begins with a structured interview which emphasizes the psychological aspects of the history. A note is taken not just of the history of the symptoms, but the patients' attitudes to their problems; the reaction of family and friends; how the patients explain or understand their own problems; the nature of their thoughts and mood and motivation; and the way that they have tried to cope (have they denied the problem? Have they been constructive and tried to find ways around it? How have they dealt with the emotions generated?). Usually, other people such as a spouse or key family member will also be interviewed.

Next, there may be stan-

Next, the clinical psychologist may administer some psychometric tests, perhaps to measure intelligence or specific activities like motor skills or reading; perhaps to measure the functions of the brain, such as memory. This can often be complicated. For example, there is no single test of memory that is sufficient. You have to measure long term memory, short term memory, visual memory, verbal memory, memory for faces, learning, rate of forgetting, memory for life history, ways of encoding memories, and so on. All of these tests will also have been scientifically constructed to be reliable and valid.

Next, the clinical psychologist will also directly observe the problem if at all possible. This may involve going into a classroom to look at how a certain child behaves, seeing how a phobic patient reacts to the feared object, or looking at how a schizophrenic patient interacts with his/her family.

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-

Next, there may be stan-