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DOWN TO EARTH

Private Health Care System

By ASM Nurunnabi

Private health care system forms an important part of the medical facilities in the city. Studies and researches in this field in recent years show some important aspects which may be highlighted as follows.

The widening gap between health care needs and available health resources in met through the development of private providers. Private health care facilities in our country started a rapid increase after 1982 when the governmental restrictions on private laboratories, clinics and hospitals were relaxed. It was reported that during July 1995 to June 1996, the Directorate of Hospitals and Clinics registered 49 new hospitals and 216 new laboratories. This translates to about one facility every 30 hours on the average. In Dhaka city, the number of registered private laboratories and diagnostic centres were 450 by the end of June 1995. Over the last one year, another 216 applied and obtained registration; it is estimated that about half of these are located in Dhaka. Therefore, the number of laboratories and diagnostic centres in Dhaka should be around 580.

In Dhaka city, the medical care facilities are distributed quite evenly over the whole area. In 1980-81, Dhaka city dwellers used medical services provided through a small number of facilities. Today, medical care is reportedly provided through more than 150 hospitals and clinics. The governmental clinics, especially the medical college outdoor clinics remain important sources of care for households in extreme poverty. However, governmental medical colleges are found quite inefficient in the provi-

sion of medical care services.

Reportedly non-access of physicians to patients in the governmental clinics adversely affects the access of the poor households to modern medical care in the city.

An important aspect of access to medical care is the financial burden associated with the utilization of services. In this context, the variability of fees charged by private physicians in the city may be noted.

The range of consultation fee is found to be Taka 30 to Taka 500. Degree of specialisation, reputation, perceived quality of service etc. affect the fee charged. Even among the non-specialised physicians, the fee varies quite a bit, from Taka 30 to Taka 150 per consultation.

The outpatient department in the medical colleges allow the poorer groups to obtain medical care at a much lower cost. The official ticket price per consultation in Dhaka Medical College Outpatient Department is less than Taka 4. A private medical college in Dhaka charges Taka 10 per consultation at its outdoor department. In both the facilities, the outdoor departments appear to operate in a chaotic manner. However, the private medical college reportedly rank better than the governmental medical college in terms of service provided.

Despite quite high concentration of laboratory services in Dhaka city, considerable variations exist in the charges of different types of lab services.

A part of the variation may be explained by differences in the quality of service provided, location of the laboratory, volume of tests performed, share of the charge paid out to physicians, equipment and other physical facilities etc.

Since the cost of physicians in the private sector has increased more rapidly than the rate of inflation, low income groups find it difficult to obtain consultation services from physicians in the private market at affordable rates.

Question is raised about the quality of medical care provided in the private sector. Some of the concerns expressed in this connection are: High proportion of wrong diagnosis, physicians rarely spend more than four to five minutes of their time per patient, many physicians diagnose and prescribe on the basis of symptoms only, etc. As a result, in general, a high degree of dissatisfaction reportedly exists among the middle class, other richer groups and even among patients with limited financial resource.

It is assumed that the urban population is economically better off and should be able to obtain medical care through the private sector. In fact, for the richer half of the population, access to medical facilities may have improved, but for the poorest half, access to medical care remains quite restricted due to high medical care cost in the country. Another significant factor seems to be that the private facilities operate in the market with minimum level of government control. The World Bank is a recent document suggested that the quality concerns of private facilities should be addressed by involving the medical professional associations like Bangladesh Medical Association, Bangladesh Medical and Dental Council in the review and monitoring of the health care system.

The analysis said a lax in implementing different policies regarding overdue loans has led to an increase in the amount significantly. There was an indication of positive changes in the sector in the previous years because of the FSPR, but this also dampened in 1995-96.

The finance ministry analysis also maintained that agriculture sector, lifeline of the rural economy and 32 per cent contributor to the gross domestic product (GDP) of the country, was continuously being deprived of capital.

The total amount of agricultural credit was Tk 16,008 million in 1993-94. But it dropped to Tk 14,001 million in 1994-95 and stood out Tk 14,140 million in 1995-96.

On the other hand, repayment of agricultural credit improved significantly over these years. In 1993-94, it was Tk 979.1 million and rose to Tk 11,241 million.

The ministry observed that agricultural credit disbursement through the nationalised commercial banks (NCBs) should be expedited for growth in the sector.

About defaulting loan, the analysis dispelled the contention of different banks that the main cause of non-repayment was 'forced loan' given to different state-owned enterprises.

Till December 31, 1995, in the private sector, 50 per cent of unrealised loans were overdue while in the public sector, 36 per cent was overdue.

In the private sector, Tk 3,18,680 million was unrealised, of which Tk 1,60,430 million was overdue. In the public sector, Tk 37,540 million was unrealised, of which Tk 13,580 million was overdue.

Of the total unrealised loans in the private and government sectors till December 31, 1995, 49 per cent was overdue. A total of Tk 3,56,220 million remained unrealised, of which Tk 1,74,010 was

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