

FROM CHALLENGED BEGINNINGS TO STANDING TALL

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State of healthcare and Covid-19 management in Bangladesh

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As a result, there were no further cases for 3 weeks. It was followed by an imported case from the UK. Next, Vietnam closed its border and suspended flights from China. It was important to contain the virus transmission completely and to safeguard the economy. It was followed by other international flights

the army and local government were mobilised to provide testing, meals and amenities to all quarantine facilities free throughout the period. People were advised to stay at home, nonessential businesses were requested to close with limited public transport. The measures were a great success. By early May, there was not a single case. The people of Vietnam were exceptionally compliant

conditions could have achieved the same success. Vietnam had one of the lowest numbers of cases of Covid-19 and related deaths. The credit goes to Vietnam's leadership, for its swift decision making, effective public health measures and aggressive contact tracing. Countries with poor health infrastructure or poor healthcare management are suffering a lot. Countries burdened with poverty are also facing huge challenges to provide for the people.

By January, we now have more than 7 vaccines available. Pfizer/Bioentech, Moderna, Oxford/Astrazeneca, Sinovac/Biotech, Gamaleya, Cansino-biologics, and Sinopharma. Vaccination already started in different countries of the world including UK, USA, Russia, China, India and many others. Till today, globally, there have been about 8 crore confirmed cases of Covid-19, while total deaths are about 18 lakh as reported by international agencies.

Covid-19 is a public health issue. It needs to be addressed with a public health approach. As there is no remedy yet, and no cure, people must be made aware to avoid spreading of the virus. We are all now aware of the approaches to be taken by individuals, society and the government. Though it is not airborne, it spreads by droplets and we are to maintain a distance of 2 metres to avoid contamination. In close proximity, there may be cross contamination from the symptomless Covid-19 carriers. So, social distancing, wearing mask and hand sanitising are the most important measures to be kept mind.

The present-day health system of Bangladesh, with its infrastructure and community clinics in the periphery are unique. But when the functioning and the system with its establishments are taken into consideration, it is not properly managed or functioning. With the existing health problems and issues

added to the current pandemic situation, are we capable of catering to the present health needs? The answer is a big "NO".

The best approach is to decentralise the system with more authority to districts office of the "Civil Surgeon" which will have full responsibility and account of total health of the populating district. A civil surgeon should be delegated and empowered with total responsibility and health of the population of the district and made accountable. The district hospitals will be the hospital referred to, from the upazilla health complex hospitals for specialised care, which once again is responsible for referring patients to national specialised and super specialised hospitals.

The upazilla hospitals should be properly equipped with isolation and observation units or beds for Covid-19 patients and be equipped with O2, Oxygen Mask, High-flow Nasal Cunnula, and other necessary logistics for primary covid management. The district hospitals should be equipped with ICU ventilators, and other covid management facilities, including CCU O2 supply system.

Civil surgeons should be made responsible for keeping all these upazilla health complex and district hospitals properly functional. The monitoring and supervision system should only be with the director General of Health services office. The civil surgeon should be given total authority of decision making for their district and be made accountable. In managing covid, the observation was that it was not managed properly in districts and upazillas. The government was trying to manage it from the national level which did not work.

Now as vaccination is about to start, the responsibilities should be shouldered by the civil surgeons of the districts. They can monitor and supervise as well as take the necessary measures for vaccinating people in their district.

The civil surgeons should be made responsible and accountable to the director general of health services. All the necessary resources should be provided on time and preferably in the beginning of a financial year, on the basis of the requirements of each district. It will bring a healthy competition among the civil surgeons or districts, to bring qualitative and quantitative improvement in the healthcare services of the districts.

The civil surgeon should oversee the activities of NGO's in their districts. He will also ensure the standard and quality of service of private hospitals, NGO services and coordinate their activities. In brief, we need to bring a total change in our overall health system. While people want a functional health system covering the whole population of the country everywhere, they also want quality services from quality healthcare providers.

Our health system should be more upazilla based and all preventive, curative and rehabilitative services should be made available there for our rural people, who constitute 65 percent of our total population. An effective referral system also needs to be established, one from community clinic to union health center to upazilla health complex. And the other from upazilla to district and national/tertiary hospitals.

We need to strengthen our peripheral upazilla health system and its referral system with national tertiary health system. The government's primary responsibility should be to ensure greater decentralisation, establishing a functional district health authority or office of the civil surgeon with full functional autonomy.

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from UK, USA and other part of the world being banned, while requiring all travellers entering the country including Vietnamese, to go into quarantine. While there was never a nationwide lockdown the prime minister issued a 2 week nationwide physical distancing which was extended by another week in major cities and hotspots. Both

with government directives as a result of trust built up by the ministry of health supported by WHO and other UN agencies. Poor and vulnerable populations across the country were protected by a social protection package.

If we consider the success story of Vietnam as a similar economy, Bangladesh with similar socio-economic

পদ্মা সেতুর মূল কাঠামো
গড়ে উঠছে শুধুমাত্র
স্ক্যানসিমেন্টের শক্তিতে
সেই শক্তিতে গড়ে উঠুক
আপনার স্বপ্নের বাড়ি

আপনার বাড়ির ফল্ডিংসেল, প্রাক্টার ও সব ধরনের
সেটেলিংয়ের জন্য বাধ্যতামূলক স্ক্যানসিমেন্ট।

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