When health(care) comes at a high price



A CLOSER **LOOK**

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Out-of-pocket (OOP) healthcare expenditure in Bangladesh has been growing at a steady pace, despite the government's decade-old promise to bring it down to 32 percent by 2032. According to Bangladesh National Health Accounts (BNHA) 1997-2020 data, from 62 percent in 2012, OOP healthcare expenditure in Bangladesh rose to 68.5 percent in 2020, which comes out to be Tk 77,734 crore and is equal to 2.8 percent of the GDP. Concerningly, data from the World Health Organization (WHO) suggests that the figure was 74 percent.

Over 64 percent of this drugs, followed by lab fees (at 11.7 percent), and then doctors (at 10.8 percent). This indicates that primary healthcare is still not fully accessible

these figures give critical insights into the lack of understanding of lawmakers about the sufferings of the common people. While only 5.43 percent of the total budget for FY 2022-23 had been allocated for the health sector – a consistent move by policymakers of staying below the six percent threshold in health budget allocation, despite expert suggestions that this should be around 15 percent –, much of it is being focused in the secondary and tertiary sector, facilitating specialised treatment, and building hospitals and medical colleges.

But, with inflation rising and expenditure pie accounts for the purchasing power of people coming under significant stress, it is primary healthcare that the budget should be spent on. A WHO estimate suggested that in 2016, more than for all. A 2021 report from the Health eight percent of Bangladeshis had



Over 64 percent of the out-of-pocket (OOP) expenditure pie accounts for drugs, followed by lab fees (at 11.7 percent), and then doctors (at 10.8 percent). This indicates that primary healthcare is still not fully accessible for all. A 2021 report from the Health Economics Unit of the Ministry of Health and Family Welfare suggested that around 16.4 percent of patients did not – or could not – choose to avail healthcare services despite needing them, as OOP expenditure as percentage of the total health expenditure continued to witness an upward trend.

Economics Unit of the Ministry of to spend more than one-fourth of Health and Family Welfare suggested their income on healthcare. Given that around 16.4 percent of patients the current scenario, things are only did not – or could not – choose to avail healthcare services despite needing them, as OOP expenditure as percentage of the total health expenditure continued to witness an that unethical practices of

going to get tougher for the general populace to meet their medical

What is unfortunate pharmaceutical companies - prescribing them to the patients – is causing OOP healthcare expenditure to rise. Pharma company sales representatives are often spotted outside doctors' chambers, bearing "engagement packages," monetary in nature, and/or highvalue goods and services to encourage doctors to prescribe medicines from their respective companies to their patients. As a result, except for a few bigger healthcare facilities, most doctors prescribe specific brands of

Similarly, the pharmacies are also made offers by these companies, pushing patients to buy specific brands of medicines. And given that regulation is lax in this sector, pharma companies are also able to play around with the pricing.

While ordinary people are already having trouble availing muchneeded medication due to the greedy nature of pharma companies, the government itself hiked the prices of 19 generic drugs from 53 brands last year, much to the shock of middle Read in the context of the pushing their products into the and lower-middle class consumers. government budget on health, market by rewarding doctors for Prices of essential medicines,

including paracetamol, have been increased by at least five percent. Some of the prices are almost double of what they used to be before. For instance, one paracetamol tablet now costs Tk 1.20, while its price before the hike was Tk 0.70. And to add to that, pharma companies themselves have increased the prices of many medicines on multiple occasions. Increased costs of raw materials had been cited as the reason behind the price increase by the Directorate General of Drug Administration (DGDA). But given that people's consumption ability has decreased in recent years due to galloping inflation, was it really the right time to increase medicine

Under the Drugs (Control) Ordinance, 1982, the "government" or the government to alleviate the may, by notification in the official

gazette, fix the maximum price at which any medicine may be sold." This means that the government can set the maximum prices for all drugs. So why is it not intervening?

The differing prices of various tests at different healthcare facilities also bring into question the control of the government over the cost of such tests. From a simple CBC test to an MRI scan, the prices vary between healthcare facilities, brand names, a serious look into the misdeeds and their locations. Why don't of the country's pharmaceutical government agencies intervene and set a standard range within which everyone can afford these tests?

It is highly unfortunate that, while OOP healthcare expenditure is one of the highest in the region in Bangladesh, little is being done by the so-called regulators, policymakers,

It is high time authorities looked into the situation and made healthcare affordable for all. While increased budgetary allocation would be an essential component, its effective and exhaustive utilisation is also key. In the past, we have seen inadequate and misutilisation of even this meagre healthcare budget allocation. Regulators need to take companies and healthcare facilities, and take punitive actions, where required, so that they cannot exploit people's healthcare needs to make unethical and illegal gains. Access to affordable healthcare is a basic human right, and the relevant authorities should make sure that it is so in Bangladesh, too.



GD-127

Government of the People's Republic of Bangladesh

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Memo No. BGC/CEDP/2022-23/13

Date: 25/01/2023

e-Tender Notice: 02/2022-2023

e-Tender is invite in the National e-Gp System portal (https://www.eprocure.gov.bd) for the procurement of following package;

SI. No.	Tender ID. No.	Name of Package	Last Date and Time of Tender Security Submission	Tender Closing Date & Time
01	781962	G-12: Procurement of Desktop for different Department for Bandarban Govt. College, Bandarban Hill District	13- February-2023 01:00 PM	13- February-2023 02:00 PM

This is an on line tender, where only e-Tender will be accepted in the National e-Gp portal and no offline/hard copy will be accepted.

e-Tender, submit registration in the National portal (https://www.eprocure.gov.bd) is required.

The fees for downloading the e-Tender documents from the National e-Gp system portal have to be deposited online through any registered Banks Branches up to 13-February-2023, 1:00 PM

Further information and guideline are available in the National e-Gp System portal and from e-Gp Help Desk (helpdesk@eprocure.gov.bd).

> (Professor Md. Nurul Absar Chowdhury) Principal Bandarban Govt. College, Bandarban Mobile: 01704447375 e-Mail:bandarbancollege@gmail.com

GD-122

Bangladesh Election Commission

Identification System for Enhancing Access to Services (IDEA) Project (2nd Phase) Nirbachan Bhaban (Floor-8), Agargaon, Dhaka-1207

Invitation for Tandara

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2	Agency			Election Commission Secretariat.				
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4	Procuring enti	ity district	1	Dhaka.				
5	Invitation for Purc			Purchasing of Microsoft System Support Software.				
6	Invitation Ref. No. & date 17.14.0000.240.07.100.2022/-265 Dated: 24 January, 2023							
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Abul Hasnat Mohammad Sayem Brigadier General

Project Director