

Editorial

Health System Over the Years in Bangladesh

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The public health system is a deprived sector of colonial and Pakistani roles. That was mainly based on curative treatment and the interest of multi-national corporate bodies is maintained. Certain theoretical improvements in the recent past could not overcome the bureaucratic black shadow of the colonial system (1). Over recent years, Bangladesh has been trying to improve its health system. Despite the move, it is facing numerous challenges, such as poverty, high population density, natural disasters, and solid public health policy. Still, the country has managed to make good progress in some areas (2).

One of the most significant improvements in Bangladesh's public health system is the reduction in infant and child mortality rates. According to the World Bank, the country's infant mortality rate has dropped from 144 deaths per 1,000 live births in 1971 to 28 deaths per 1,000 live births in 2020. Similarly, the under-five mortality rate has declined from 223 deaths per 1,000 live births in 1971 to 38 deaths per 1,000 live births in 2020. These improvements can be attributed to several factors, including increased access to healthcare, improved nutrition, better vaccination coverage, and increased per capita income (3-6).

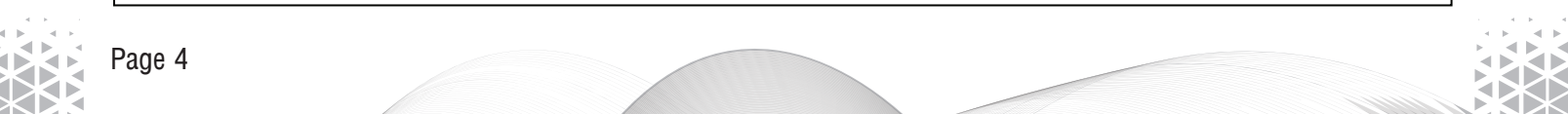
Another area where Bangladesh has made significant progress is in reducing the incidence of infectious diseases. For example, the prevalence of tuberculosis has decreased from 650 cases per 100,000 people in 1990 to 221 cases per 100,000 people in 2019. Similarly, the country has seen a decline in the number of malaria cases, with the World Health Organization reporting that there were only 11,426 cases in 2020 compared to over 4 million cases in the 1970s. Covid-19 management is also praise-worthy. These improvements have been achieved through a combination of public health campaigns, improved sanitation and hygiene, and the introduction of new treatment and prevention strategies (7-11).

In addition to these successes, Bangladesh has also made progress in improving maternal health outcomes. The maternal mortality ratio has decreased from 574 deaths per 100,000 live births in 1990 to 173 deaths per 100,000 live births in 2019. This can be attributed to a number of factors, including increased access to skilled birth attendants, improved emergency obstetric care, and greater awareness about maternal health (12-15).

Moreover, Bangladesh has undergone significant health system revitalization over the past years, with improvements in access to healthcare, service quality, and health outcomes. Bangladesh has been a pioneer in the use of community health workers (CHWs), who are trained to provide basic healthcare services at the community level. In the early years, Bangladesh's primary health system was focused on maternal and child health services, but over time, the scope of services has expanded to include a wider range of primary healthcare services, such as disease prevention and control, health education, and nutrition support (16-19).

The government of Bangladesh has increased its investment in the health sector over the years. In recent years, the government has allocated around 6% of its GDP to health, which has helped to strengthen the healthcare system by improving infrastructure, human resources, and equipment. In recent years (ref). This budget is not enough for a

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country like Bangladesh. Bangladesh's primary health system has adopted various technological innovations to improve service delivery and health outcomes. For example, the use of telemedicine has helped to connect remote communities with medical specialists, while electronic health records have helped to improve patient management and quality of care. But most technologies are imported depending on which is to be changed (20-23).

These achievements of the health system have been expanded to the rural population. This has been accomplished through the deployment of community health workers, and the establishment of community clinics and private care providers. In recent years, the government of Bangladesh has implemented various initiatives to improve the quality of healthcare services, such as training programs for healthcare professionals, implementation of clinical guidelines, and quality assurance programs (20-22, 24).

Despite these improvements, challenges remain in Bangladesh's health system revitalization is still enormous. The system still faces issues related to inadequate financing, poor infrastructure, and poor non-communicable disease (NCD) services despite being a leading cause of mortality and morbidity. There is limited access to essential medicines because of government resource constraints and out-of-pocket expenditures of a patient (25-28). Non-communicable disease problems are so high that the curative system of health management could not reach its bottom. The life expectancy of our people is increasing so NCD problems like diabetes, Cardio-vascular diseases (CVD), Chronic kidney diseases, Thyroid diseases, psychiatric diseases, Obesity, and arthritis are highly prevalent in the elderly population, 70-95% of the population are suffering from one or more of these ailments (29-31). To prevent this huge burden of NCD which is coming like a cyclone, the public health system to be modernized. Health education, environmental health, health nutrition, food safety, and occupational health are to be improved in spares of health services. They are to be part of health management and have to take a leading role in health services management. Their expertise has to be empowered for the overall health system. Neither the successes of the past years of Bangladesh's healthcare system will be in vain.

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