

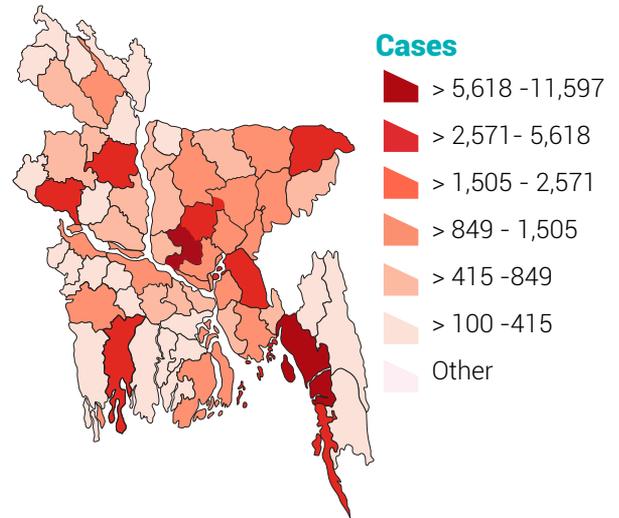
Post-COVID-19 ICT Roadmap: The Health Sector of Bangladesh

How the Roadmap came to be

With the growing certainty that COVID-19 is here to stay, the ICT Division of the Government of Bangladesh is developing a roadmap to fight the pandemic and ensuing crisis and to find innovative ways to flourish in the 'new normal'. Health sector is one of the 18 priority sectors selected based on the impact of COVID-19 on the sector and its potential for transformation of the economy and society.

Why the Health Sector

COVID 19 has revealed significant gaps in the capacity of the public, the private and the NGO led health systems in Bangladesh to respond to a pandemic. The pluralistic health systems proved to be a success to achieve the health goals related to MDGs. However, it proved insufficient to address the systemic challenges posed by the pandemic. It proved challenging to establish a coordinated response. Public sector led response for test and treatment appeared inadequate due to the sheer scale of the impact or the burden. Private sector response was affected because of poor regulation of service provision. The coordination between health systems and the local governance systems appeared weak. This resulted in poor management of shut-down measures. On the flip side, these also mean that strengthening the health systems response to COVID 19 can bring forward positive changes in the overall health systems in Bangladesh. More importantly, it can bolster the country's preparedness and response to such pandemic in the future. This is specifically important given the forecasted second wave of COVID 19 at the end of 2020 and beginning of 2021.s



District wise case map on 18 July, 2020
Source: www.corona.gov.bd

Impact of COVID-19

"This is a new virus and a new situation. We're all learning and we must all find new ways to prevent infections, save lives, and minimize impact. All countries have lessons to share."

—*Tedros Adhanom Ghebreyesus, Director General, World Health Organization*

COVID 19 has increased out of pocket health expenditure for the population of Bangladesh. This has threatened the Government of Bangladesh's pledge to reduce the out of pocket health expenditure. The disruption in the health system has reduced the rate of facility based delivery and delivery by skilled birth attendants. Antenatal and postnatal health care services have been disrupted. Nutrition of children is being affected as the poor population are not being able to meet the nutrition requirement of children and adolescents. Treatment services for Non communicable diseases have been largely affected as the facilities struggled to keep up with the rising demand for COVID 19 related services while ensuring proper safety measures for the patients and their attendants.

Constraints

Weak governance system is identified as the major systemic barrier by the stakeholders who were consulted for the purpose of the development of this roadmap. Some of the most critical governance issues include weak regulation and policy enforcement, lack of grievance handling system, system fragmentation, lack of a national governing body and health financing. Poor quality of data, lack of coordination, lack of an effective referral system, lack of focus on mental health, inventory management, bureaucratic processes are identified as some of the management related issues. COVID 19 also showed that the dependence on private health system and out of pocket health expenditure might not work in favor of an inclusive health system. It proved difficult to regulate the quality of service provided by the private health care providers.

Health Sector Issues

Management

Governance

Private Sector Management

Action Agenda

Taking learnings from local and global best practices and to tackle: (i) the effects of the pandemic and (ii) the existing systemic and regulatory shortcomings of the public health sector and ICT, the ICT Division is proposing a range of short term and medium term action agenda.

Title	Establish a robust referral system with medical history management, followed up from primary level to different tertiary level facilities	Connect all private facilities with the GoB system to get real time data on patients, ICU, HDU and other facilities	Establish inventory management system for all facilities and introduce decentralized procurement	Develop a grievance mechanism policy and addressing system using ICT where sufferers can submit their complaints and receive solutions	Introduction of telemedicine in a coordinated & standardized manner involving community clinics and pharmacies, policy revision to ensure service quality through government bodies, keeping mental health at the forefront
Why (To address :)	Overburdened tertiary health facilities, underutilization of primary and secondary healthcare facilities, unable to track patient inflow data, patient transition and lack of insight from macro level data	Lack of data on private sector facilities resulting in many different challenges and operational issues. The picture of the health system is not complete without the data from the private sector	Manual process of managing inventory is inefficient and easy to manipulate. It also does not provide the real picture on the demand and supply. The lengthy centralized procurement means delay for the hospitals to get the required medicines or equipment	There is no grievance mechanism within the sector. This resulted in many malpractices in the private sector starting from medical crimes to exorbitant pricing. Without a grievance mechanism, many concerns with the public sector remain unsolved.	The people in rural areas are far from health facilities and many times the nearby health facilities are not able to help. The rural people or marginalized people turn to pharmacies for solution. And thus, many times they get exploited by drug sellers. Also in case of disasters like flood or pandemic when travelling is not possible, telemedicine can play a crucial role to save valuable lives. There are very few channels for psychological support and to provide more people access to mental wellbeing services, technology can play a role.
What	A digital tracking system of the patients with patient history	A dashboard and monitoring system for private sector facilities and operations	An inventory management system up to primary clinic level that would provide macro level data and insights	A hotline, app and web based grievance mechanism system that can work in parallel to 999	Telemedicine as pre-primary screening and psychological counselling
Lead Agency	DGHS	DGHS	DGHS	MoHFW	MoHFW
Coordinator	ICT Division	ICT Division	ICT Division	ICT Division	ICT Division
Facilitator	a2i	a2i	a2i	a2i	a2i
Partners	DGHS, DGDA, DGFP, MoHFW, BTRC	DGHS, DGFP, MoHFW	DGHS, DGFP, DGDA, MoHFW	DGHS, DGFP, BTRC	DGHS, DGFP, DoICT, BCC, BTRC, iDEA Project
Non-Government Partners	NGOs, private sector hospitals, clinics, private sector entities	NGOs, private hospitals, clinics, individual patients	Organizations providing tele-counselling services, ICT companies	NGOs, corporations, creative agencies, WHO, UNICEF, individuals	WHO, relevant international organizations, foreign governments
Financing and modality	GoB, PPP, embedded in the cost of services	GoB financing, PPP, embedded in the cost of services	PPP, GoB financing, private sector model for app/game, cost recovery model	PPP, GoB funding, donations	GoB funding, revenue budget