

Bangladesh Primary Health Care in Action



Bangladesh centre brings health care to rural area

The Gonoshasthya Kendra in Bangladesh has made great progress over the past four decades in breaking the cycle of poverty and poor health through its network of affordable rural health-care units.

The centre's clinics and hospitals provide health care in 13 rural districts north-west of the capital, Dhaka, to 1.2 million people. In Bangladesh, one of the world's poorest countries, about half of the population lives below the national poverty line.

Gonoshasthya (meaning 'health for the people') *Kendra* (meaning 'centre' in Bengali) really lives up to its name. It runs a health insurance scheme and families pay a premium according to their ability to pay. The centre also runs supporting projects, including a medical college, agricultural cooperatives, community schools and a generic drug-manufacturing plant.

Project serves several districts

Although Bangladesh signed the Declaration of Alma-Ata in 1978, which called for the implementation of a primary health care approach as the key to achieving 'health for all', little has been done to make this approach a significant part of the national health care policy, says Gonoshasthya's founder Dr Zafrullah Chowdhury.

While government-run hospitals offer low-cost medical care, they are often inaccessible, crowded, understaffed and lacking medicines, he says. "In Bangladesh there are 4000 [government-run] family and health-care centres," he says, "but they are empty most of the time. The doctors come for three to four hours a day; a health centre should run 24 hours a day."

But at the Gonoshasthya's hospital in Savar, patients are treated by female health workers. The women receive six months' basic training, which includes learning how to take and test blood, taking urine and stool samples, inserting intravenous lines and diagnosing some diseases.

- Rural health centre provides health care to 1.2 million Bangladeshis
- Project operates a health insurance scheme and families pay a premium according to their ability to pay
- Female medics overcame doubts to play key role in health
- Centre runs medical college, agricultural cooperatives, community schools and a generic drug-manufacturing plant

Female health workers overcame doubts

Some elders and other villagers frowned on the idea of women talking about family planning and offering vaccinations. But in time people accepted that women could fulfil these roles too, says Beauty Rani De, who heads the health workers' training programme.

Through its community-based approach, she says the centre has contributed to the success of several national public health campaigns, including the provision of oral rehydration salts to treat diarrhoeal diseases, family planning and immunization.

This is an abridged version of an article published in the Bulletin of the World Health Organization in February 2008¹.

Bangladesh in numbers²

Life expectancy (both sexes, 2006): 63 years

Gross National Product per capita (PPP in international \$, 2006): 1230

Per capita total expenditure on health (PPP in international \$, 2005): 57

Number of physicians (per 10 000 population, 2005): 3



Gonoshasthya Kendra's City Hospital in Dhaka: an employee working at the reception area where patients register and pay fees

Zahedul Khan

¹Getting health to rural communities in Bangladesh, WHO Bulletin Vol 86: 2 <http://www.who.int/bulletin/volumes/86/2/08-010208/en/index.html>

²World Health Statistics 2008, Online version: <http://www.who.int/whosis/data/Search.jsp> (accessed on 24/09/2008)