Chapter 1

Introduction

1.1Rationale

Bangladesh is one of the densely populated countries of the world. Now the world is growing very fast with various modern facilities but Bangladesh is still far behind from many modern facilities. In health care sector though the constitutional obligation is to provide medical care to all of its citizens equally but inequity and inefficiency are marked nakedly in all level and the government's role to provide health care is not enthusiastic. The private sector has taken great share in the health care market not only providing the care but also financing for care. No doubt, there is a P-P mix health care system but it is very unorganized in nature. Private sector is serving some time extravagantly without any definite regulation to maximize their profit and public sector is not well excepted for mismanaged system. Quality of care is another big issue for rural area's health facilities. Thana Health Complex is the first referral level health facilities in the rural area but unfortunately referral system do not work at all (Appendix Table A.5).

Rural people go directly to the private providers when THC can not able to provide them the services such as eye surgery or Cataract surgery. There are no relation between private providers and THC. But to achieve the national health goal it should be ensured that private providers has to participate and invest in health care facilities. The way that private providers and public providers can come in a same direction is the public-private mix in health care. There are various methods to mix private and public sector. It can be possible in delivering care or financing health care (Table 3.1). However, it is also feasible to contract private providers to deliver health care in public preemies.

In case of Bangladesh, rural health care is in troubles that though most of the people live in rural areas but rural health care system (THC) are under utilized. Rural people do not

using the existing facilities especially the inpatient department of THC. But other than rural health care facilities, urban facilities are over crowed. Private providers at Thana level are practicing with their limited capacity of delivering care especially surgical care. At Thana level for delivering surgical care most of the private doctors depend on big clinics who allow the private doctors to use their Operation Theater and collect money from patients as well as doctors. That means big private clinics lease their facilities to private doctors who do not have owned provision (type of contract) and they are successful enough to maximize their profit.

The study intended to search possible and feasible designs for contracting out as a P-P mix with THC and private providers to solve the problem of under utilization of IPD. The study has emphasized on Cataract surgery for making contract between public and private providers, as Cataract patients are usually elderly and neglected in rural area. Though economic gain to treat them is not exciting but to maximize social welfare for neglected group of society and to establish equitable health delivery for disable group the study is a step to experiment P-P mix in health care. Contracting out is the possible way of P-P mix to improve under utilization THC.

In Bangladesh, Cataract is the main cause of visual impairment and among all type of disability, visual disability is the number one cause. Statistics from Bangladesh Bureau of Statistic (1996), it is proved that prevalence of Cataract is one per one thousand of population per year and proportional disability of visual impairment is 27%. Another statistic showed that among all disability only 15.5% get treatment from government facility in rural area rest of them go private clinic, doctors without degree, private doctors or do self treatment (Bangladesh Bureau of Statistic, 1996).

Cataract surgery (IOL) is a less costly surgery and needs minimum additional cost for provider if Operation Theater arrangement is already exist. Recurrent cost is also less in comparison with other surgery, and patient needs only two days to stay inpatient

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Table 1.2-Prevalence of Cataract per 1000 population

Sex	National	Rural	Urban
Both Sex	1.0	1.0	0.9
Male	0.8	1.0	0.6
Female	1.0	1.0	1.0

Source: Bangladesh Bureau of Statistic, 1996

1.2 Research Questions

The study has following research questions that are related with rationale of this study and concerned P-P mix in health care in rural area especially contracting out for Cataract surgery.

i) How dose contracting out for Cataract surgery help to improve under utilization of Rural Healthcare (THC) situation of Bangladesh as P-P mix?

ii) What is the additional cost and potential benefit of contracting out for Cataract surgery in THC?

iii) What are the possible designs to build models of contracting out practice for Cataract surgery?

1.3 Objectives

Objectives of the study are divided into two broad heading, general objective and specific.

General objectives:

To explore feasibility of contracting out as a remedial measure of P-P mix to improve the problem of under utilization of Thana health complex of Bangladesh.

Specific objectives:

i) To review the causes of under utilization of THC to make a feasible contracting out arrangement for Cataract surgery.

ii) To assess the additional cost and potential benefits of the models of contracting out for Cataract surgery as a remedial measure of under utilization of THC.

iii) To explore possible feasible designs of contracting out for Cataract surgery at Thana level that will help to improve service utilization and quality of care.

1.4 Scope of the study

In this study, surgical treatment for Cataract care has come into consideration for contracting out between public and private providers. It is only concerned some of the big THCs of Bangladesh in terms of population and private health care providers. Data and information will be collected from 50 big THCs where the population is more than 300,000. Only Cataract patients of those THCs will be studied in terms of their socio-economic condition, ability to pay and health seeking behavior etc. Furthermore, private providers and NGOs of those selected THCs will be studied in term of making contracting arrangement with them for surgical treatment of Cataract. Data and information will be collected for making financial arrangement, time schedule and service pattern.

Finally, as the study could be an action research, therefore, monitoring and implementation tools will be highlighted

1.5 Benefit of the study

The study is expected to provide some information to the policy makers and concerned people as well as to assist adopting new steps regarding public-private mix in health care. This study may be the first study of its kind that highlights some possible ways of practicing of public-private mix system in Bangladesh and focuses some models. Based on this initial study, further researcher may be initiated to proceed more on this the concept as well as encouraged to do some other comparative study, monitoring or evaluation of public-private mix in health care.

1.6 Limitation of the study

There are certain limitations of this study. The study is explorative in nature and it has not showed any specific data analysis of any particular THC, only the designs of collecting data and monitoring tools and implementation process of new interventions are stated. The study is based on documentary review and some assumption. The study is a type of experiment of contracting out only for Cataract surgery with THC and private providers; actual practice can modify the framework.