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Healthcare Services Through Public-Private Partnership in Bangladesh: Challenges and Prospects

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Abstract

Public-Private Partnership Healthcare Service is an almost new practice in Bangladesh. Till now, in Bangladesh, almost everywhere, both public and private hospitals are providing healthcare services separately. Recently in a few hospitals and in particular cases, PPP healthcare services have been started like the Kidney Hemodialysis Centre in the National Institute of Kidney Diseases and Urology, Dhaka, and Chattogram Medical College Hospital. But all over the world, the PPP system is being adopted increasingly. It is well recognized that the Bangladesh government is trying with its full effort to improve healthcare services and now it has improved a lot. But still, it is not satisfactory. Government hospitals have some limitations such as weak health administration, lack of proper monitoring, shortage of manpower, procrastination in decision-making, mismanagement, corruption, etc. On the other hand, private hospitals have ill reputations for making excess profit, exploiting patients, shortage of proper equipment and skilled manpower, and so on. In such a situation, PPP healthcare is a system in which the private partner delivers services while the government agencies assist and monitor their activities. So if we can provide health services or run a hospital through PPP, the irregularity will be lessened and services will be more prompt and effective. Under these circumstances, this study tries to identify the prospect and challenges of PPP healthcare services at the upazila level in Bangladesh.

Key Words: Acute and Costly Treatable Disease (ACTD), Chronic Disease (CD), Medical College Hospital (MCH), PPP Healthcare Service (PPPHS), Private Partner (PP), Public Private Partnership (PPP), Public Private Partnership Healthcare Regulatory Authority (PPPHRA), Upazila Health Complex (UHC).

Introduction

Most of the time, the village poor people are bound to struggle for their livelihood and they cannot save money for the future. When such a poor person is affected by an acute and/or costly treatable disease, or when he falls in an accident that leads him to serious physical difficulties, he and his family cannot manage so much money at a time. Meanwhile, serious diseases like Stroke/Paralysis, Heart disease, Kidney diseases, Cancer, Road-traffic accident caused difficulties, Orthopedic diseases, Diabetes-related

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complications, etc. frequently occur in rural areas (Interview, Sarwar). In case of these diseases, solvent families are able to spend for treatment. But day laborers, landless farmers, hawkers, small shopkeepers, that is, the people who live from hand to mouth become helpless. Services in government hospitals have improved a lot but are not sufficient, especially in rural and semi-urban areas. The constitution of Bangladesh gives assurance of health facilities to every citizen. It is stated in Articles 15 (A) and 18(1) of the Constitution that it is a fundamental responsibility of the state to ensure nutrition and healthcare. According to Article 15 (a) of the Constitution, it is the fundamental responsibility of the state to ensure food, clothing, shelter, education, and medical care. Article 28 (4) of the Constitution says, "Nothing in this article shall prevent the State from making special provision in favor of women or children or for the advancement of any backward section of citizens". Moreover, by signing the Sustainable Development Goals (SDG) Bangladesh promised to ensure healthy lives and well-being for everyone.

In such a situation, Healthcare Services for financially backward people through PPP should be introduced. According to this concept, the private partner will run and operate the healthcare services with the association and supervision of the Government institutions. Citizens need new hospitals/better services with justified costs but the Government cannot do all of that because of constraints of money, skilled manpower or technology. That's why the Government invites private parties or companies to do those works in partnership with government entities. Both sides will calculate the cost of constructing, operating, and/or maintaining the project and come to a financial agreement. This is called a Public-Private Partnership or PPP. It is widely believed that PPP Healthcare services change the scenario of the health sector.

Objectives of the Study

The main objectives of the study are:

1. to analyze the present healthcare and Healthcare Services system in rural Bangladesh.
2. to find out the mechanism to implement Healthcare Services through PPP.

Justification of the Study

PPP-based Healthcare Service is a new idea on which no research work has been conducted. This paper deals with Healthcare Services that will be founded, operated and managed by Public Private Partnership. After the successful completion of this study, concerned authorities and the Government will be benefitted. The Ministry of Health and Family Welfare, Directorate of Healthcare Service will be able to know the problem and prospects of Healthcare Services through PPP. It will also help the Ministry of Finance and the Ministry of Planning to form projects. It will help to adopt necessary policies and plans and it may bring a great change in the rural healthcare system. Thus, ultimately poor people will be benefitted.

Scope and Limitation of the Study

The methods which have been adopted here are interview and questionnaire methods because it is easier to find samples since there are huge patients in village areas. Patients and attendants are very much interested in expressing their suffering, and experiences. Another thing is that rural poor people think if they enlist their name anywhere, they would get help from the government or other private organizations. So it is easier to find interviewees or samples. Moreover, the PPP website is open to all which helps this study run easier. Medicine sellers also know the ins and outs of the sufferings of patients/attendants and they have some idea on what to do.

The problem is that it is very much difficult to find out the actual scenario of rural health services. Because most information is qualitative, not quantitative. Sometimes people don't want to disclose their sufferings caused by health services institutions due to various reasons like politics or others. People's opinion sometimes is biased because of self-interest and misinterpretation of rules. Moreover, because of overburden, the health administration cannot record or provide sufficient information.

Operational Definition of the Key Words

Public-Private Partnership or PPP

Public-Private Partnership or PPP means (The Bangladesh Public-Private Partnership Act 2015) a contractual arrangement between e contracting authority and any private partner pursuant to which the private partner assumes the obligation/responsibility for carrying out any public work or providing any service on behalf of the contracting authority. In exchange for carrying out the public work or service on behalf of the contracting authority, the private partner receives-

I. Consideration for the work or services from public funds;
II. Charges/levy or fees from the users or service recipients; or
III. A consolidated profit through receiving consideration, charges or fee for the said work or services.

Private Partner

It means a party to the PPP contract other than the contracting authority, and shall also include the project company or its equity provider. It also means any natural person or any local or foreign company association like a legal entity, group of individuals, consortium, foundation, or trust.

The Public-Private Partnership Authority

The Office for Public-Private Partnership was established in September 2010 to act as a catalyst to proactively realize PPP projects. The PPP office supports line ministries to identify, develop, tender, and finance PPP projects. For interested investors and lenders, the PPP office provides a professional, transparent, centralized portal to high quality PPP projects. Staffed with both private sector professional and civil service resources, the PPP office helps augment government sector line ministry project development efforts with

world-class external PPP resources, with the goal of increasing the quality, attractiveness, and sustainability of PPP projects while realizing them in an efficient, cost-effective manner.

Viability Gap Funding (VGF) or Annuity:

The VGF shall be used to provide financial support to financially not viable but socially and economically beneficial PPP Projects to maximize the Value for Money for the Government. In case after collecting a standard amount of token money from the stakeholders, if there is a shortage of money, or if the government thinks that people should be provided service at half or free of cost then VGF or annuity is to be provided. Annuity shall be disbursed on a periodic basis (for example, monthly, quarterly, half-yearly or yearly) during the period when the project Company provides service under the PPP Project after the Commencement of operations.

Methodology

The Study Area

The present study deals with Gomastapur Upazila under Chapainawabganj District. Upazila headquarter, Rohanpur is 30 kilometers north of Chapainawabganj district town. Gomastapur Upazila is located between 24◦ 44’ and 24◦ 58’ north latitudes and between 88◦ 13’ and 88◦ 58’ east longitude.

The basic information about Gomastapur Upazila is given below (Upazila Web Portal)

Serial No.	Description	Quantity
1	Total population	275823
2	Total Household	82970
3	Total Land Area	318.13 sq. kilometer
4	Total municipality	1
5	Total Union	8
6	Total Village	266
7	Upazila Health Complex	1
8	Total Voter	151748

Before forming district administration at Chapainawabganj in 1984, Gomastapur Upazila as well as the whole Chapainawabganj district was under the Rajshahi district. From the British period, the people of Gomastapur upazila, feel comfortable going to Rajshahi for treatment, education or for other purposes.

Occupational Status of Households in Upazila Territory

Chapainabganj is a remote district that is more than 300 km from Dhaka and Gomastapur is 33 Kilometers from district towns. The main occupation of this upazila is agriculture.

The economic condition is not good in this upazila. Most people are involved in more than one occupation (Field Survey and Group Discussion). The scenario is given below:
Category 01- Farmers having land more than 2 acres: 12%
Category 02- Farmers having no/ small land: 45%
Category 03- Agro based labor without or having small land: 40%
Category 04- Non-agro laborers: 20%
Category 05- House workers: 3%
Category 06- Small shopkeepers/ hawkers/small businessmen: 14%
Category 07- Solvent Businessman: 3%
Category 08-Workless family/beggars: 2%
Category 09-Private job at NGO: 8%
Category 10- Job at business entity/ Shops: 6%
Category 11- Carpenters/masons/ other professionals: 2%
Category 12- Government job: 5%
Category 13- Mixed professions: 5%

Method

Data is collected from the root level people especially those who are involved with healthcare activities, patients and relatives of patients. Both qualitative and quantitative methods for this study have been adopted, but qualitative elements are more prioritized than quantitative elements. To carry out this study, Primary data was collected from various clinics, dispensaries and the residences of the sample group. To collect data from primary sources, the questionnaire method, interview method, and observation method, group discussion method have been adopted. Group discussion is considered to be a very fruitful method because after arguments a person has agreed to amend his opinion and thus come to a unanimous decision. For the questionnaire method, several question formats were prepared and it was supplied to the sample group. The question pattern was designed based on research objectives. Another technique was interviewing individuals. The questionnaire and interview methods were considered suitable because the sufferers are interested in expressing their feelings and disclosing the facts. Secondary data was collected from books, research works, articles, reports, essays, journals, newspapers, television, websites, online news portals, etc.

Sample Group, Data Collection, and Analysis

The sample was selected on a random basis and it was selected from all the regions of the research area and all sorts of people young and old, educated and low-educated, patients and attendants, etc. The sample group included people such as patients with chronic diseases, relatives of the patients, family members or attendants of the patients, village doctors (Short term Trained Doctors), public representatives, medicine sellers, social welfare officers, and doctors of the Upazila Health Complex.

A mainly descriptive-analytical method has been adopted in this study. After collecting data from both primary and secondary sources, all data were processed, analyzed and explained. Data included interviews, group discussions, tables of information, related

news, media reporting, patient visit, observing the hospitals and clinics, written and verbal applications of the patients seeking financial help, etc.

Findings of the Study

Insolvent People's Sufferings Due to Insufficient Medicare within their Reach and Loss of Workforce:

In rural areas of Bangladesh, more than 40% of households live from hand to mouth (Interviews). These people don't have the ability to receive treatment for sudden and costly treatable diseases. In some cases, a sudden expensive disease destroys a family. When the family head is affected by chronic disease, he and his relatives not only become anxious about collecting money for treatment but also for their livelihood in case the patient is the only earner of the family. At last, they sell their valuable lands, cattle, or ornaments and the whole family becomes helpless. School-going children become child workers and females are bound to work in others' houses or farming land. Dropout is one of the major causes of it. Sometimes the family becomes a beggar family. If a man of 40 years dies of a chronic disease, the country also loses its workforce. That's why a system is to be introduced so that poor people get instant benefits when they fall seriously ill.

Wastage of Time, money, and physical labor

Total population of Gomastapur Upazila is about three lacs (.3 million) (Upazila Web Portal, Gomastapur and Projection of Upazila Statistics Office, 2022) About 10% of people become affected by an acute and costly treatable disease like Stroke/Paralysis, Heart disease, Kidney disease, Cancer, orthopedic disease, diabetes-related complications, etc. or fall in an accident that leads them to serious physical difficulties. In most cases, either UHC or other clinics cannot provide proper treatment or cannot create confidence in people's minds. That's why those people go to distant towns like Rajshahi, Dhaka, or India for better treatment. But it becomes very difficult for them to manage so much money at a time. Day laborers, landless farmers, hawkers, small shopkeepers, that is, the people who live from hand to mouth become helpless. Services in government hospitals have improved a lot but till now it is not sufficient, especially in rural and semi-urban areas. In such a situation, if it is possible to establish a PPP hospital parallel to UHC and if possible to provide healthcare services through PPP then rural people will be benefited and have a great impact on the socio-economic situation. According to this concept, the private partner will run and operate the healthcare services with the association and supervision of the Government institutions.

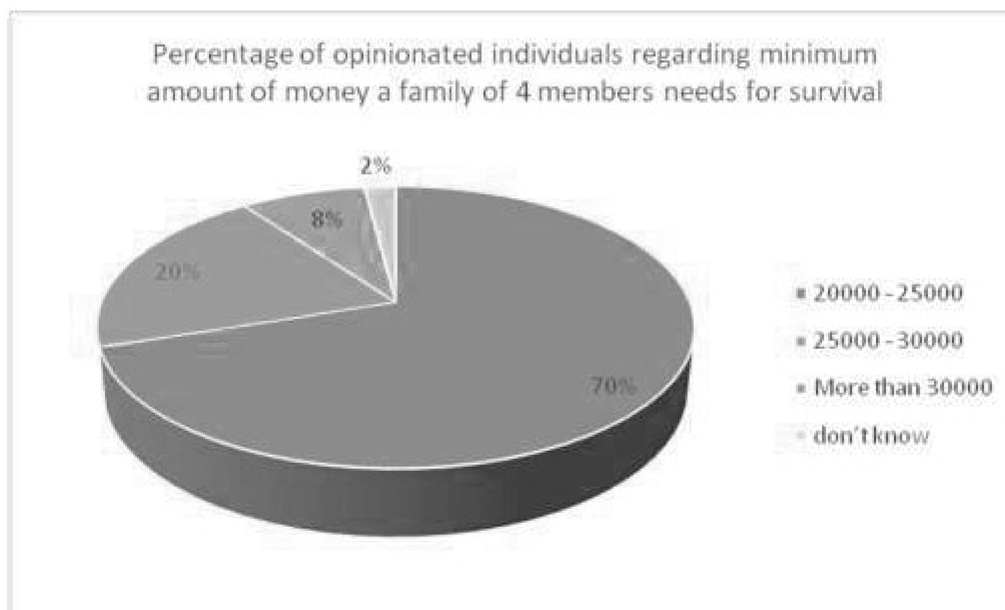
Livelihood and Income Status of Households

A survey is carried out by the BBS to find out the daily income and expenditure of households. The survey is carried out from 01/01/2022 to 31/12/2022. The survey shows that the poverty rate has reduced and income has increased. The main information is given below: (Table A)

SL.	Matters to consider	2016	2022	Result
1.	Poverty rate	24.3	18.7	-
2.	Extreme poverty rate	12.9%	5.6%	5.6%
3.	The poverty rate in villages	-	20%	-
4.	Gini coefficient	482	499	-
5.	Average income of 1 person	-	7,614/-	-
6.	Average members in a household.	-	4.26	-
7.	Average monthly income of the family	-	32,422/-	-
8.	Monthly expenses are average	-	31,000/-	-
9.	Per household expenditure on food	-	14,003/-	-

Gomastapur is a remote upazila in Bangladesh. Here the scenario is different. A survey was launched to find out the minimum amount of money a family of 4 members needs for survival, that is, for food, nutrition, clothing, education, and normal healthcare. A formatted questionnaire was supplied to every 20 respondents who are also the head of household and also only earners of the family. Among the respondents, 70% express their opinion that the minimum income of a village family should be 20000-25000 taka. 20% say that it should be 25000-30000 taka. 8% say that it should be more than 30000 taka and 2% of people did not give an answer. The result is given in the following Table: (Table B)

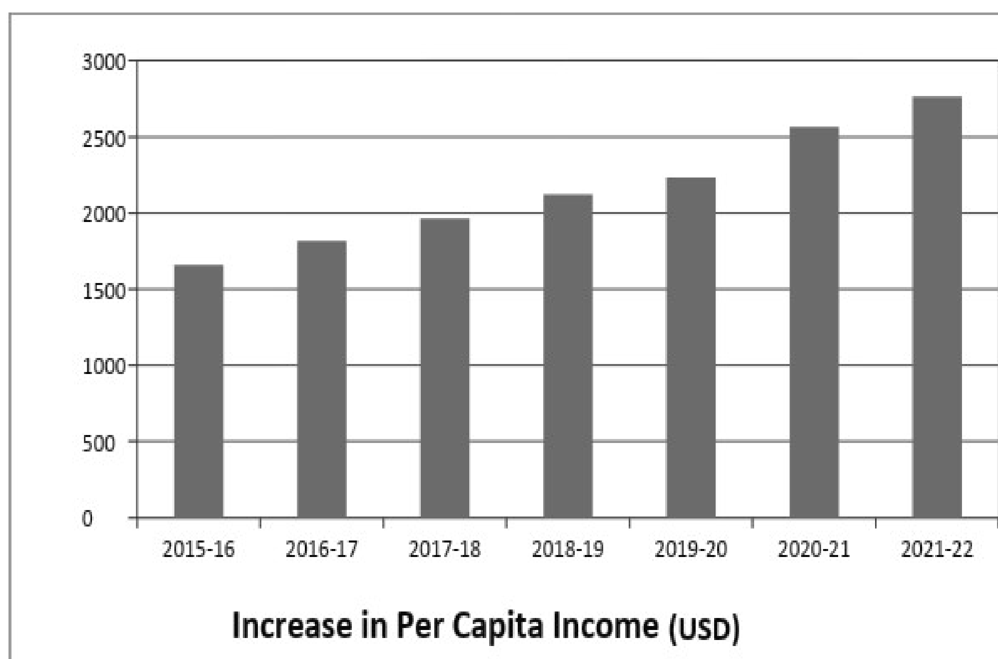
Percentage of Opinionated Individuals	**Minimum Amount of Money**
70%	20000 – 25000
20 %	25000 – 30000
8 %	More than 30000
2 %	don’t know



This money is not enough to spend for fulfilling all purposes. This is only for food, minimum nutrition, clothes, education expenses for regional institutions, and normal healthcare, like fever, headache, toothache, high-pressure medicine, and cold allergy. This is applicable to those households who don't need to spend for house rent. In order to save 5000 to 7000 taka for sudden acute disease, the income should be more than 30000 BDT.

Bangladesh has improved tremendously in the last 15 decades. In the near past, many families did not have enough food to eat three times daily. But nowadays all people have the ability to have meals 3 times. Per Capita Income reached 2824 USD in 2022, while it was 418 USD in 2000 and 781 USD in 2010. The increase in Per Capita Income is shown in the following table (BEC, 2022): (Table C)

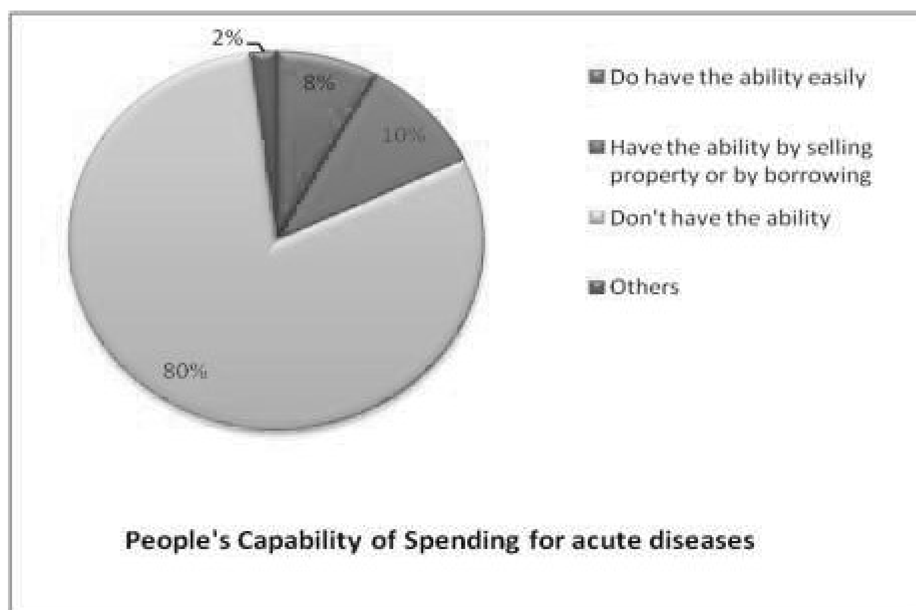
Year	Per Capita Income
2015-16	1659 USD
2016-17	1816 USD
2017-18	1964 USD
2018-19	2122 USD
2019-20	2234 USD
2020-21	2562 USD
2021-22	2765 USD



But still, many families don't have the ability to save 5000 taka per month and they don't have the capability to spend when they are affected by acute and costly treatable diseases (The Daily Star, 2022).

People's Capability of Spending for acute diseases: A group discussion was arranged to find out what percentage of people do have the capability to spend for serious diseases. This discussion finds that 8% of people have the ability to receive treatment easily, 10% of people have the ability to manage by selling property or by borrowing, 80% of people don't have the ability and 2% of people did not give no answer. The result is displayed in the following Table:

Variables	**Percent of household**
Do have the ability easily	8%
Have the ability by selling property or by borrowing	10%
Don't have the ability	80%
Others	2%



People's Capability of Spending for acute diseases

4.5 Healthcare Scenario of Gomastapur Upazila: Per Day

In an Upazila about 3-4 lacs people reside of which most of the patients depend on the treatment of Upazila Health Complex. When they fall into serious illness, first they go to UHC. If UHC refers them to MCH or other hospitals, most of the time they go home and collect money and this is dangerous for patients. Here is some information about patients.

Disease	Number of Patients who come to UHC	Received treatment & back home%	Referred to MCH /Other hospitals%	Went back home without proper treatment
Heart disease	20	10%	90%	10%
Major surgery	10	0%	100%	8%
Trauma/Accident	25	10%	90%	15%
Kidney disease	5	5%	95%	15%
Stroke/ paralysis	5	0%	100%	10%
Child delivery	10	30%	70%	40% go to pvt. hosp.

It is observed that when referred, most of the patients go to a divisional town for medium to serious treatment. Because compared to the huge number of patients, doctors, nurses, technicians and instruments are fewer. Moreover, most of the time, diagnostic and

surgical instruments remain immobilized. Those who cannot go to remote towns due to money crises, go back home and suffer.

People's Dissatisfaction with Upazila Health Complex

In rural areas of Bangladesh, a very few percentages of people have the ability to spend for serious treatment. When poor people fall ill, they go to Upazila Health Complex, but they do not get satisfactory healthcare service in UHC. To find out the causes of People's Dissatisfaction in receiving treatment in UHC a formatted questionnaire was supplied to every 20 respondents who regularly go to the hospital to have treatment. The result is displayed in the following table (POOI- Percentage of Opinionated Individual):

Sr. No.	Issue	POOI
1	Shortage of doctors and Nurses in comparison to patients	85%
2	Shortage of proper instruments and Shortage of technicians	60%
3	Weak monitoring and management	80%
4	No proper mechanism to keep machines running uninterruptedly	88%
5	Absenteeism and Irregular Attendance of doctors	70%
6	Referral tendency of doctors	45%
7	Lack of concentration of doctors due to excess private practice.	90%
8	Insufficient salaries & other facilities for doctors and nurses	85%
9	Shortage of beds in UHC	55%
10	Dirty Atmosphere (Beds, bathroom, toilet, compound).	90%
11	Lack of Grievance Redress system	80%

Shortcomings of government hospitals or clinics

a) Some employees of government hospitals are less sincere as they are not personally benefited.
b) Limited scope of performance-based promotion and salary.
c) Insufficient employees,
d) long process of recruitment, malpractice in recruitment,
e) Management crisis, unjustified transfer,

f) Cannot take decisions quickly because there are so many rules and regulations,
g) Abundant irregularities, corruption and insufficient monitoring.

Factors behind the popularity of PPP Healthcare Service:

Private Partners may have multi-sectoral experience & expertise which will add an extra dimension to this purpose. Moreover, partnering with private organizations could significantly reduce the clutter created by abundant regulations, corruption and insufficient monitoring. In such a situation, if it is possible to establish a PPP hospital parallel to UHC and if possible to provide healthcare services through PPP then rural people will be benefited and have a great impact on the socio-economic situation. According to this concept, the private partner will run and operate the healthcare services with the association and supervision of the Government institutions.

Advantage of PPP Health Service

a) Competition among private companies, struggle for fame, goodwill and reputation.
b) PP Recruits expert and efficient manpower for the sake of goodwill.
c) Scope of performance-based promotion and salary
d) Instant punishment for misdeed and negligence
e) Quick decision-making
f) Proper Human Resource Management

Process of Running the PPP Healthcare System

The government will provide land for constructing a new hospital at Upazila level. The **Private Partner** will build that hospital, appoint its own manpower, install equipment and then provide modern healthcare at a minimum cost. There will be a chart of services and a list of costs. The competition will arise among UHC, PPP hospitals and private hospitals. Government hospitals provide service at very low cost, PPP hospitals render service with medium cost and minimum profit while private hospitals render service with high cost. Patients will go to the hospital according to their financial capability and choices. For services, PPP Hospital will collect money. If it is not enough for actual cost and their profit then the government will provide an annuity or VGF. The government will watch the activities of PPPH and try to improve services to the people.

Conclusion

In conclusion, it can be said that quality healthcare service with minimum cost can be insured through PPP. It will help to reduce irregularities and exploitation of common people. The government alone is not able to invest the huge amount of money needed in providing efficient healthcare facilities to 170 million people. Implementation of the PPP model in hospitals will help to reduce the gap between service and quality. In Bangladesh, the main problem in the health sector is the management engine. So if it is possible to run the system by an efficient, hard-working, dedicated, impartial and honest controlling authority, the whole system will work well. The PPP model enables the

delivery of efficient and cost-effective public services with modern facilities, whilst minimizing the financial risk. Therefore, it is easy to assume that adopting the PPP model in the health sector would significantly increase the access of poor people in receiving healthcare, improve the quality of service, lessen the time in receiving service, and save the government money in the process. This much-needed change can happen by onboarding the private sector and its innovative experiences under PPP models.

Recommendations

PPPHS **should be introduced at Upazila Level:**

Healthcare service through the PPP system is to be launched, because the government healthcare system cannot fulfill people's demands and aspirations. Private Partners may have multi-sector experience & expertise which will add an extra dimension to health service. Moreover, this could significantly reduce the clutter created by procrastination in decision-making, irregularities and insufficient monitoring. People will get quality service at a reasonable cost and there will be no scope for exploitation.

Fixation of cost of healthcare packages and diagnostics:

The authority has to fix the rate chart of all services provided by hospitals or clinics. According to that rate the private partner will collect treatment charges from the patients. The list will include the followings:

a) Cost for treatment, surgery and nursing for “A” category private hospitals
b) Cost for treatment, surgery and nursing for “B” category private hospitals.

Formation of PPP Healthcare Regulatory Authority (PPPHRA):

A regulatory authority by any name is to be formed with its committee at upazila level.

b) Authority should consist of Experts on Health admin, Doctors, Administrators, members of Civil society and Representatives of patients. Representative of the Private Partner will attend the monthly meeting and submit monthly reports. It will monitor the activities of private partners, make laws, and guidelines and amend it when necessary

Enactment of Law and Formation of Effective Guideline:

The success and failure of PPPHS project largely depend on the quality of law. The draft law should be open to all for a long time for public opinion and for further correction. After getting public opinion, this should be reviewed. During practical implementation, if any change is needed, it should be done.

Household Database on Financial Status (HDFS):

To implement the PPP healthcare service project, the categorization of people according to their financial ability is a must. There should have four categories of households according to their financial ability.

Category	Households Description	Abbreviation	Household income
A	Extreme Poor	EP	Less than 10000 BDT
B	Moderate Poor	MP	Less than 15000 BDT
C	Above Poverty Line	APL	More than 20000 BDT
D	Solvent	MS	More than 30000 BDT

Upazila Healthcare Fund (To provide monetary help to poor patients):

Upazila-based healthcare fund is to be created. The government will give a grant for this fund. Donations are to be collected from rich people, traders, industrialists, bank owners, and other organizations. Funds can also be developed with the help of donor countries around the world. The fund can be enriched by Lottery ticket selling, FDR in banks and other investment processes. This fund can also be used for the payment of Annuity or Viability Gap Funding (VGF).

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