

Upazila Health Complex need to be well-equipped to serve patients

By
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A NEW study jointly carried out by BRAC University and ICDDR,B revealed that acute shortage of doctors, labs, and medicines are causing setback to treatment of non-communicable diseases (NCD) such as respiratory and cardiovascular diseases, diabetes, hypertension etc at Upazila Health Complexes across the country.

The government opened the facilities between 2007 and 2010 at Upazila Health Complex without proper guidelines and policy support and even without enough arrangement for drug and equipment. So the system is facing growing challenges as the number of patients are overcrowding. The study has recommended posting of enough physicians and supply of medicines and equipment for health care at affordable cost. In our view such arrangement at rural level must be enough to make available treatment to people at the doorsteps.

Bangladesh is facing a growing challenge of non-communicable diseases as these diseases account for 59 percent of about 886,000 deaths per year. The government National Health Bulletin data also shows most of the hospitalized people are above 30 and their deaths are caused by cardiac complications, brain hemorrhage, chronic respiratory diseases, cancer, diabetes and such other ailments. The study reveals that the NCD corners lacks dedicated and trained doctors, nurses, technologists and other support staff while a shortage of equipment and laboratories, logistics, and drug supplies cripple the corner verily. Other systemic problem such as absence of keeping patients' records obstructs referring them to specialized hospitals or reporting their conditions to higher medical authorities for the advanced follow-ups. Besides, lack of coordination and communication between the NCD corners and the Health Services' central NCD wing are also largely responsible for referring patients to higher authorities for better treatment.

Due to absence of screening facilities patients with the chronic obstetric pulmonary disease, diabetes and cardiovascular diseases turn up at the outpatient department doctors try to avoid treatment to such patients. So the services at NCD corners are mainly confined to general consultation, health education, and counseling. No regular laboratory facilities are available at most of the upazila health complexes, so the patients are compelled to go to private laboratories.

The country's health service still eludes 70 percent of the population living in rural areas and the role of NCD window is very important to give initial treatment to patients. We must say the concerned health authorities must take steps to strengthen the NCD facilities at Upazila level, which will be able to reduce the rush of patients to hospitals at higher level. We have enough resources and manpower to be trained to fill up the shortage of physicians, nurses, drugs and equipment to run the NCD fully equipped. Neglect to such arrangement is not acceptable.