

# Private Sector Engagement: National Context

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# Healthcare in Bangladesh

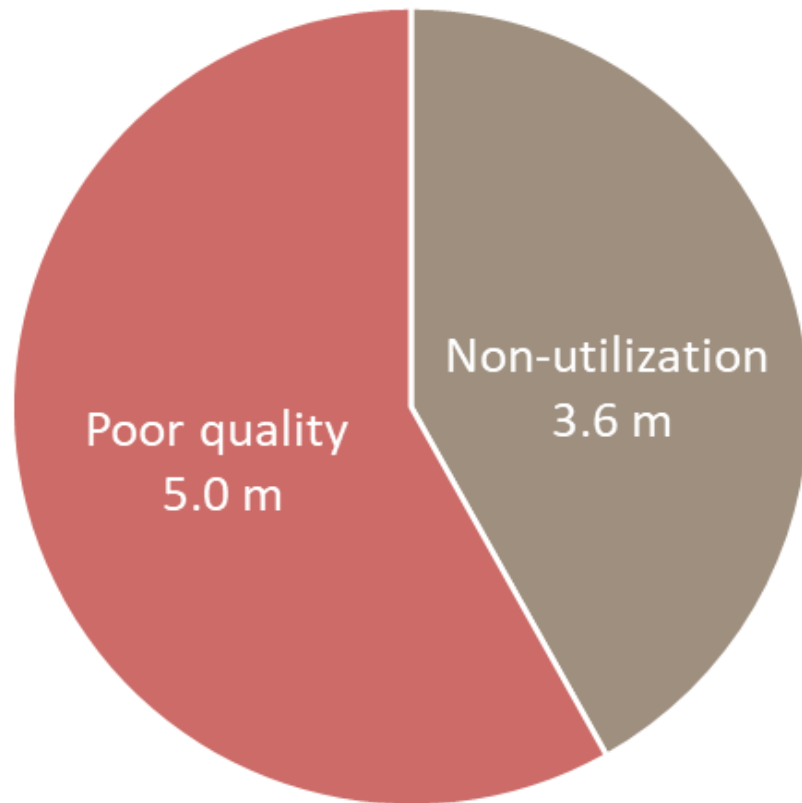
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## Universal Health Coverage

- To Increase Accessibility to the poor
- To Improve Quality of Care**
- To Remove the financial barrier

**WHO: Universal right to high quality health care**

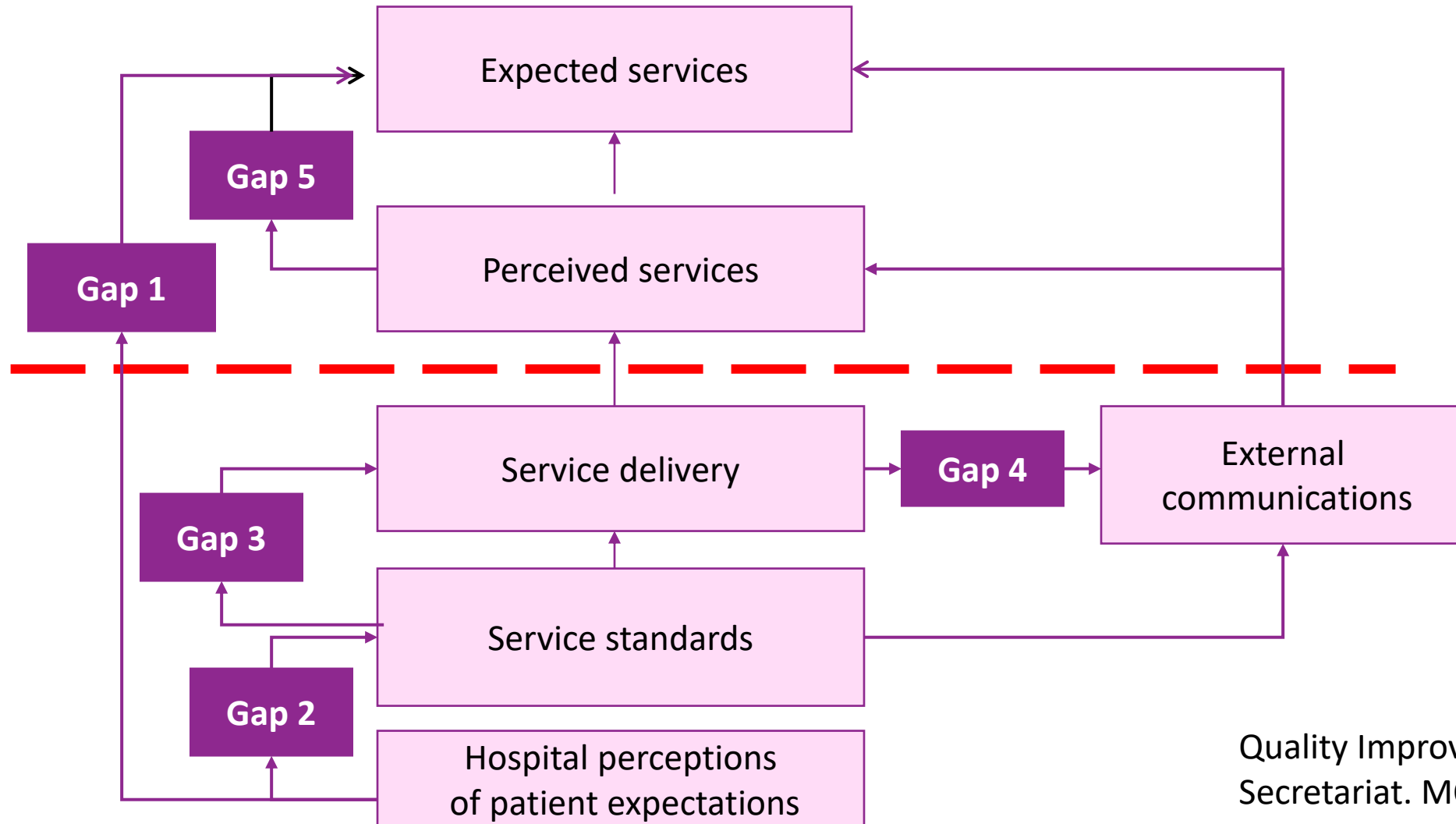
# Deaths due to poor quality



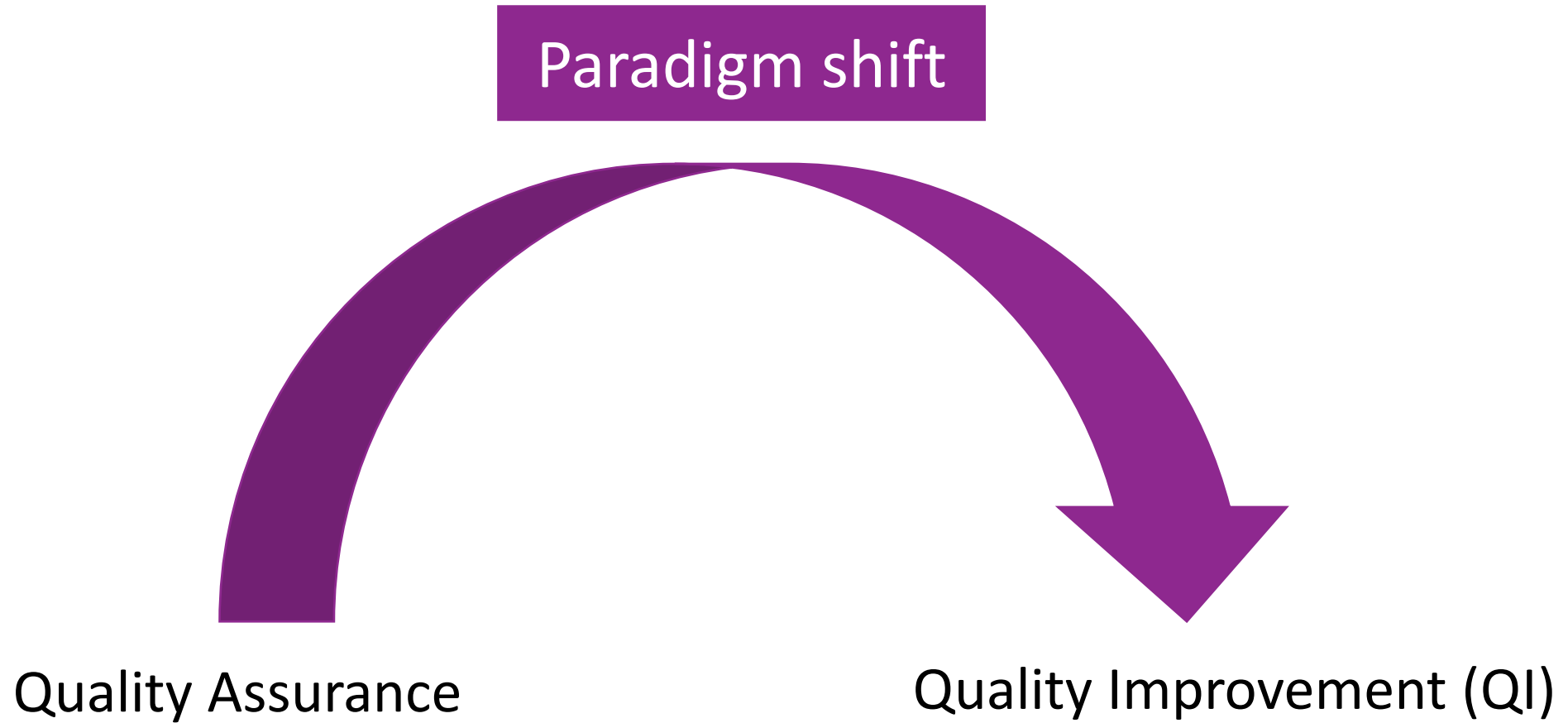
High quality health systems could save over 8 million lives each year in low- and middle-income countries – 5 million due to poor quality alone.

(Lancet Commission *HQSS 2018*)

# Gap Model of Service Quality



# Journey from QA to QI



# Conceptual Framework for Quality Improvement Plan

## Total Quality Improvement & Clinical Governance

3<sup>rd</sup> Step

2<sup>nd</sup> Step

1<sup>st</sup> Step

- Clinical Audit in different area.
- Continued professional development
- introduce clinical management protocols & guideline for different discipline
- Practice Evidence based Medicine.
- Periodic survey.
- Formation of different clinical subcommittee
- Performance award

- Forming QIC & WIT
- Situation Analysis by using specific check list.
- Capacity Development of service provider
- Develop 5S action plan
- Use 5S monitoring check list
- Periodic Survey

CQI

5S+

- Use Patient safety Guideline
- Introduce IPC Guideline
- Safe Surgery Check List
- Risk Management
- Use Clinical Indicators
- Develop Clinical Microsystems approach
- RMNCAH Indicators
- MNCH Plan

- Apply National Health Care Standards
- Using Facility Level Indicators (FLIS)
- Use SOP of Different services
- Follow MWM guideline
- Use of QI tools for public health, FP and field services
- Introduce performance award

# CQI during COVID-19

## COVID-19 has presented us with a unique set of challenges

- Additional pressure on an already stretched system
- Constraints on manpower
- Disaggregation of bed capacity and operational changes to provide safe, effective care
- Ensuring appropriate maternal and newborn care during COVID

## Interventions

- Maternal and Newborn National guidelines for care during pregnancy, labor and delivery and post natal care
- Patient Experience survey for 2 dedicated hospitals in Dhaka

# Context: Private Sector Care Provision

- ❑ Private Sector plays a significant role in the provision of healthcare in Bangladesh
- ❑ Providers exist at all tiers of the healthcare delivery system from primary through to tertiary, specialized and diagnostic care
- ❑ Private Sector regulation is being explored through a robust accreditation system

## **For Maternal Newborn care in Bangladesh, Private Sector:**

- Contraceptive supply accounts for 49 percent of modern method users
- Pharmacy or drug store is supplies 45 percent of users
- Prominent source of antenatal care (ANC), both in urban and rural areas. Overall, 58 % of ANC seekers went to the private sector to receive checkups (BMMS 2016)
- 84% percent of deliveries in private facilities were by C-section private facilities increased from 22% to 32% (BDHS 2017-2018)



# A platform for shared public – private learning: BSQua



In 2019 – a group of like minded people came together to develop a society dedicated to Quality of Care in Bangladesh

Bringing together the public and private sector under one umbrella the society is a membership based non-governmental and not-for-profit organization focused on ensuring that **quality** remains at the core of all healthcare service delivered in Bangladesh

# Private Sector Engagement: Vision for the future

## National

- Formation of BSQua and its early functioning
- Sensitization with private sector providers
- Engagement through professional associations
- Support high volume private facilities to implement QI initiatives in Dhaka and beyond
- Program Certification and Accreditation

## District

- Mapping of private facilities in Districts focused on MNH services
- District level advocacy meetings on QoC
- Capacity-building for high volume MNC facilities to implement QI
- Indicator monitoring and ongoing data sharing
- Support sharing of learning and experiences