# Editorial

## Physicians in Bangladesh: Is the problem with number or distribution?

Muhammod Abdus Sabur

For any health system, human resources for health (HRH), also known as health workforce (HWF) are the most critical driving force. Health care is a labour intensive service industry. The human resources are the personification of the system's core values. It heals and cares for people, eases pain and suffering, prevents disease and mitigates risk. It is the human link that connects health knowledge to health action. The human resources are at the heart of each and every health system. It is central to advancing health. They are the ultimate resource for promoting health, preventing disease and curing sickness. Money, drugs, equipment, infrastructures are needed but they demand a motivated, skilled and supported human resources. People, not just vaccines and drugs prevent disease and cure illness. Human resources are active, not passive agents of health change. Human resources spearhead and glue together the health system (BHW 2008). In health systems, human resources function as gatekeepers for, and navigators of, the effective, or wasteful, application of all other resources, such as drugs, vaccines and supplies (WHO 2006). HWF is the target 3.c of the Sustainable Development Goal (SDG) – substantially increase the recruitment, development, training and retention of the health workforce in developing countries.

The World Health Organization (WHO) has identified the index of 4.45 physicians, nurses and midwives and others cadres (refers to the seven other broad categories of the health workforce as defined by the WHO Global Health Workforce Statistics Database, i.e. dentistry, pharmacy, laboratory, environment and public health, community and traditional health, health management and support, and all other health workforce categories) per 1,000 population to estimate the health human resources need and need-based shortage by 2030 (WHO 2016). WHO has also recommended ratio of physicians: nurses and midwives: others cadres as 1:3:5 (WHO 2015). These mean 0.5 physician, 1.5 nurses and midwives and 2.45 other HRH are required for every 1,000 population. Among the HRH, physicians are important as they often lead the team.

Bangladesh has 165,158,616 population (BBS 2022). So the country needs 82,579 physicians. Estimated number of MBBS doctor available in the country 101,559 (MOHFW 2023). In 116 medical colleges (39 government and 77 non-government), 11,328 seats (4,500 government and 6,828) are available for yearly admission in MBBS course (MOHFW 2023). Clearly Bangladesh has achieved WHO recommended population physician ratio and with the annual production capacity for MBBS, the situation is not going to change negatively in near future.

However, like many developing countries, Bangladesh also suffers from mal-distribution of available physicians. Thus many perceive that the country has shortage of physicians, whereas the problem is with the distribution. The heavy urban bias in the health workforce has been a persistent issue in Bangladesh for decades (Ahmed, Hossain et al. 2011). Most qualified personnel concentrate in major cities—disproportionately in Dhaka City, since almost all specialized and teaching hospitals are in Dhaka City —while hard-to-reach areas are left with unqualified or semi-qualified personnel. Of the national population, 15 percent (in Dhaka, Chattogram, Rajshahi, and Khulna) are served by 35 percent of physicians. Fewer than 20 percent of the HRH are providing services to more than 75 percent of the rural population (El-Saharty et al. 2015). The doctor-to-population ratio is 1:1,500 in urban areas and 10 times worse in rural areas—1:15,000 (Mabud 2005). The urban–rural mal-distribution has existed in

**Correspondence:** Dr. Muhammod Abdus Sabur, Chairman, Governing Body, Ad-din Women's Medical College, Dhaka. Phone: 01731629575, E-mail: sabur.pso@gmail.com

**Received Date** : 15 September, 2023

**Accepted Date** : 20 October, 2023

Bangladesh for decades, and successive governments have not been entirely successful in resolving this challenge. For example, the focus to establish health complexes at rural upazila level and offer minimal health services as close to the community as resources permitted. Efforts were made by successive governments to ensure availability of qualified HRH in these areas on a regular basis, but these efforts proved unsuccessful. The translation of policies into practice has always been hindered by political interference in areas such as establishing medical colleges outside the major cities, compulsory service in rural areas, or structuring a career ladder (Joarder, Uddin, and Islam 2013). Rigid civil service rules and weak implementation capacity have been factors that hinder progress toward improving the distribution of physicians.

**References**


1. Ahmed, S. M., M. A. Hossain, A. M. R. Chowdhury, and A. U. Bhuiya. 2011. The Health Workforce Crisis in Bangladesh: Shortage, Inappropriate Skill-Mix and Inequitable Distribution. Human Resources for Health 9: 3.
2. Bangladesh Bureau of Statistics (BBS). 2022. Population and Housing Census 2022. Preliminary Report. Dhaka. BBS, Ministry of Planning
3. Bangladesh Health Watch (BHW). 2008. The State of Health in Bangladesh 2007: Health Workforce in Bangladesh, Who Constitutes the Healthcare System? Dhaka. James P. Grant School of Public Health, BRAC University
4. El-Saharty, Sameh, Susan Powers Sparkes, Helene Barroy, Karar Zunaid Ahsan, and Syed Masud Ahmed. 2015. The Path to Universal Health Care in Bangladesh: Bridging the Gap of Human Resources for Health. A World Bank Study. Washington, D.C.: World Bank.
5. Joarder, Taufique, Aftab Uddin, and Anwar Islam. 2013. Achieving Universal Health Coverage: State of Community Empowerment in Bangladesh. Global Health Governance VI (2): p1
6. Mabud, M. 2005. Population-Health Interaction Study. Dhaka. Bangladesh Bureau of Statistics, Ministry of Planning
7. Ministry of Health and Family Welfare (MOHFW). 2023. HRH Data Sheet 2023.Dhaka. Human Resources Branch, Health Services Division, MOHFW
8. World Health Organization (WHO). 2006. Working together for health. The World Health Report. Geneva. WHO
9. World Health Organization (WHO). 2015. Bangladesh health system review. Geneva. WHO
10. World Health Organization (WHO). 2016. Global strategy on human resources for health: workforce 2030. Geneva. WHO