MODULE 2

Strengthening pro-poor markets for health and enhancing the role of local businesses

Project summary

Private Sector Roles in Building Human Resources for Health: Case of Community Paramedics, Bangladesh

Despite a large network of primary care facilities, large sections of the population in the rural remote locations of Bangladesh lack access to reliable and effective primary care. Insufficient public funding in primary health has caused a sporadic rise in private providers (also including quacks, pharmacists, poorly trained health workers) raising concerns over both quality and costs of care. Human resources are the backbone of health systems, therefore developing skilled healthcare professionals is an imperative in achieving health objectives.

Achieving Sustainability Towards Healthcare Access (ASTHA) is a project of Swisscontact Bangladesh, funded by Novartis, the Evi Diethelm Winteler Stiftung, the Laguna Foundation and the Leopold Bachmann Stiftung, among other donors, and is part of the Swisscontact Development Programme, which is co-financed by the Swiss Agency for Development and Cooperation (SDC).

ASTHA develops skilled Community Paramedics, by mobilizing resources from public, private, and civil society actors, to ensure high-quality primary healthcare services in rural communities of Bangladesh.



The minimum educational qualification is the secondary school certificate (equivalent to grade 10).



The two-year course includes a six-month internship at a public hospital.



The training is certified by the government.

ASTHA partners with the local private sector, such as the local medical training institutes and private sector healthcare service providers, to contribute to the skills development and continued education of the healthcare professionals, as well as to guarantee high-quality services and reduce medical costs for the poor population in the rural communities.

The project aims at a closer collaboration between the public and private sector partners. It has been facing the following limitations:

- Lack of coordination and mistrust between the public and private sector.
- Unavailability of information and accountability of private sector providers.
- Inconsistent and non-standardized prescribing of medicines and non-adherence to standardized treatment guidelines by unauthorized private healthcare providers.