Rehabilitation services are an essential part of the spectrum of health services provided to people of Bangladesh. Rehabilitation services are required by persons with a wide range of physical, psychological, and cognitive impairments with associated disabilities. Acute care health services are disease focused. Rehabilitation takes a more holistic focus on the consequences of disease. It aims to improve function and quality of life.

The rehabilitation medicine is an integral part of the modern medical service system. In developing countries like Bangladesh, where government yet try to ensure basic health care facilities for most of the population, medical rehabilitation is not considered priority in the health care delivery system. Though the need for rehabilitation services is growing but current medical rehabilitation exist many problems and it is the weakest part in the medical services system. There are limited facilities for comprehensive disability management and minimal awareness regarding rehabilitation amongst the public and healthcare professionals. Bangladesh faces following problem and challenges in medical rehabilitation: shortage of skill workforce, fragmented healthcare system, poor coordination between health care sectors, limited health services infrastructures and funding, poor legislation, unsound rehabilitation referral mechanism, lack of guidelines and accreditation standards. In order to reverse the present situation and to meet the challenge of the rising social demand, we should not only increase the financial input, but also strengthen the constitution and mechanism of the rehabilitation medical system.

Modern rehabilitation originated in U.S. since 1940s and it was introduced to Bangladesh in 1969 though the medical rehabilitation services have been made a certain level of development over the past three decades. But the service system has not yet been formed now. Rehabilitation services are provided individually and in rehabilitation teams by physiatrists (medical specialists in physical medicine and rehabilitation), physiotherapists, occupational therapists, rehabilitation nurses, speech and language therapists, psychologists, and others. Services may be provided in the community, within acute hospitals, or in freestanding rehabilitation facilities. Rehabilitation services are cost effective because they reduce care needs, promote return to paid employment, and reduce secondary complications that can lead to increased care costs and health expenditures.

Throughout the life course, persons with health conditions that cause limitations in functioning can benefit from rehabilitation. An estimated one billion people worldwide experience some form of disability and are in need of health and rehabilitation services, the majority in low- and middle income countries. The need for rehabilitation continues to grow worldwide, especially in developing countries. In Bangladesh less than 5% disable people receive rehabilitation and 81% of households with a disable member had utilized some form of health care but more than half had consulted unqualified practitioners. The demand for rehabilitation services already exceeds availability, leaving a large unmet need. The current workforce of physicians, nurses and skilled rehabilitation professionals is totally inadequate to serve the needs of the population in Bangladesh. The number of physical medicine and rehabilitation doctors, occupational therapists, physiotherapists, speech and language therapists, prosthethists and orthotists is one-tenth of that required. We have only 7 rehabilitation physician for 10 million people. High-income countries have workforces several times larger than low- and middle-income countries yet the utilization of rehabilitation services remains low. A comprehensive strategy is required to strengthen rehabilitation and address global unmet needs.

Rehabilitation legislation and policies in Bangladesh are fragmented and lack of coordination between Ministries and organizations. Comprehensive rehabilitation services covering all phases and levels of care is lacking and are not available for many persons in need. Shortage of rehabilitation workforce and many of them does not reach international standards. For delivering medical rehabilitation services, there are limited health services infrastructures and funding with unsound rehabilitation referral mechanism and also lack of guidelines and accreditations standards. Assistive devices produced in the country do not meet demand, primarily due to a lack of funds, technological support and skilled personnel.
Delivery of assistive devices separated from health related rehabilitation services also leads to insufficient outcomes and waste of resources.

To solve the problems and meet the challenges of rehabilitation medical service system, we have taken counter measures by learning from the developed countries in the practice of the construction of medical rehabilitation service system. Firstly, overall planning and rational utilization of various rehabilitation medical resources to perfect the multi-level medical service system. Health related rehabilitation services must be implemented at all levels of health care and for all phases of health care. We should encourage early rehabilitation intervention, and strengthen cooperation in various departments. We must ensure a high-qualified rehabilitation workforce with international definitions and curricula by expanding our knowledge about rehabilitation services with good practice examples from around the world.

Medical rehabilitation service system of Bangladesh is in the initial construction stage, so it is inevitable that there exist many problems and challenges. Bangladesh government focuses on the development of the rehabilitation services increasingly, and a growing number of rehabilitation professionals are committed to working together to ensure comprehensive medical rehabilitation for the people. On the basis of summing up the domestic experience, and learning the advanced experience of other countries, Bangladesh medical rehabilitation service system will be further improved.

References:
2. Gupta et al. BMC Health Services Research 2011, 11:276

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