

## Organizing Diabetes Care in a Resource Constrained Country: Bangladesh as an Example

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**Abstract :** Low resource countries are not usually equipped with the organizational tools to implement health care for chronic diseases, and thus, providing effective diabetes care in such countries is a challenging task. Diabetic Association of Bangladesh (BADAS in Bengali acronym) has created a stimulating example to meet this challenge. Starting its journey in 1956 with 39 patients in a small tin shed clinic BADAS, and its affiliated associations now operate 90 hospitals and health centres all over the country. Together, these facilities provide integrated health care to about 1.5 million registered diabetic patients which constitute about 20% of the estimated diabetic population in the country. BADAS has also become a pioneer in health manpower generation in Bangladesh. Along with its affiliates, it now runs 3 Medical Colleges (to generate graduate physicians), 2 Nursing Institutes, and 2 Postgraduate Institutes which conduct 25 postgraduate courses (under the University of Dhaka) in various basic, clinical and public health disciplines. BADAS gives great emphasis on research, which encompasses basic, clinical as well as public health areas. BADAS is an ideal example of public-private partnership in health as most of its infrastructure has been created through government support but it is almost self-reliant in managing its revenue budget which approached approximately 40 million US dollar during 2010. BADAS raises resources by providing high-quality services to the people, both diabetic and non-diabetic. At the same time, BADAS has developed a cross financing model, to support diabetic patients in general and poor diabetic patients (identified through a social welfare network) in particular, through redistribution of the resources. Along with financial sustainability BADAS ensure organizational sustainability through a process of decentralization, community ownership, and democratic management. Presently a large scale pilot project (named as a Health Care Development Project or HCDP) is under implementation under BADAS umbrella with an objective to transform the diabetes care model to a health care model in general. It is expected to create further evidence on providing sustainable (with social safety net) health care delivery for diabetes, and other chronic illnesses as an integral part of general health care delivery in a resource constrained setting.

**Keywords :** Bangladesh, self sustain, health care, constrain

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