

# Exploring perceptions of health care policies in different level of health care facilities in Bangladesh and suggestive implications for policy change: Attitude of clients and health workers

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## Abstract

**Background:** Health is fundamental human rights. Bangladesh has made significant development in access to health care delivery system day by day in last few years. Health policy plays a vital role in shaping the delivery of health services. This research study aims to explore the perceptions, implications, obstacles and expectations of health policies among health service providers and recipients in all levels of health care facilities in Bangladesh. It highlights the valuable insights from the respondents for the policy maker, health care professionals, and stakeholders involved in shaping health policies.

**Methods:** The study used, semi structured questionnaire to collect both quantitative and qualitative data from clients and health service providers in selected health care facilities. The questionnaire included questions related to attitudes, perceptions, obstacles and expectations towards existing health policies and their impact on health care-seeking behavior. In addition, the study used in-depth interviews and FGD to collect qualitative data from clients and health service providers. The interviews explored attitudes and perceptions towards health policies in more depth, including potential barriers to accessing quality health care services. Qualitative data were digitally recorded, and coded before frame work of analysis.

**Results:** There is a wide spread appreciation for the existing health policy strategy. Through the analysis of data, several key findings are emerged. Areas for change identified include: lack of infrastructures, logistic supply, resource allocation, safety and security measures in work place, inadequate human resources. There are many opinions, expectations and obstacles come out from the clients and service providers by open-ended questionnaire.

**Conclusion:** Through the semi-structured questionnaire, FGD, and in-depth interviews which captures multiple perspective result in robust recommendations point towards a more clients and service providers-centered health care delivery system for improved equity, quality and effectiveness and indicate priority areas for action if success of policy change that meets the needs of both client and service providers.

**Keywords:** Health policy, Perceptions, policy change, attitudes, health service recipients, health service providers, evidence-based policy-making, healthcare delivery system, stakeholders.

### key messages

- Healthcare policy plays a critical role in shaping the delivery and quality of healthcare services.
- Understanding the perceptions of healthcare policy is crucial for identifying gaps and improving the effectiveness of the health care system.
- Exploring the perceptions of healthcare policies in the context of Bangladesh is essential for evidence-based policy-making and improving healthcare delivery.
- The study aims to contribute to ongoing efforts to enhance the healthcare system in Bangladesh and promote evidence-based policy-making.

**Introduction:**

National Health Policy (NHP) is a guiding principle for a country to identify the priority of health care needs, resource allocations according to prioritization, and to achieve specific health-care goals. In addition, NHP is usually wide-ranging, all-inclusive plan that pursues each and every population to move on the road to better health. World Health Organization (WHO) describes health policy as a guideline to make “decisions, plans, and actions that are under taken to achieve specific health care goals within society.” NHP targets to achieve universal health coverage and delivering quality health care services to all at inexpensive cost, through a preemptive, protective, and prophylactic health care program in all national and international developmental policy and planning (Munzur-E-Murshid et al., 2020).

Bangladesh, a country with a huge population (140 million) living in a small area (144,000 sq. km.), low per capita income (US\$ 460) and low literacy (52.8 per cent), has achieved remarkable improvement in its health status. Bangladesh's health system is the outcome of many policy shifts and changes (F. A. Osman, 2008). The health system's current disparity is too apparent to be disregarded. Our aim is to reform & modify the existing model of health policy for a successful implementation that will be accessible both health providers as well as recipients. In the year 1990, the Government of Bangladesh (GoB) tried to promulgate an NHP. The health-care system of the country operated without a policy until 2011. In the year 2011, the country's first health policy was published by the GoB. Though the country has have achieved excellent progress in providing health care, but yet Bangladesh has a few critical challenges that need immediate attention (Munzur-E-Murshid&Haque, 2020).

The purpose of this study is to explore the perceptions, attitudes, obstacles and expectations of health care policies among clients and health service providers in different levels of health care facilities in Bangladesh. The study aims to provide recommendations that can strengthen the health policy and improve the overall health care system in Bangladesh. We identified the attitudes of health service recipients and health service providers towards the existing healthcare policies and their impact on healthcare seeking behavior.

Previous studies have highlighted the importance of client and health service provider perspectives in shaping health care policies and service delivery (Ahmed et al., 2020; Kruk et al., 2018). By understanding the perspectives of clients and health service providers, we can gain valuable insights into the effectiveness and appropriateness of the current health care policies in Bangladesh. The feedback from clients will provide insights into how health care policies influence their healthcare seeking behavior, including factors such as frequency of visits to healthcare facilities, distance to the nearest facility, any potential barrier to getting health services, their overall experiences with the existing health care system, satisfaction with the health care system regarding cost, quality, access, availability, and the influence of policies on their decision-making process.

The findings of this research study have the potential to contribute to strengthen policy and improve the health care sector in Bangladesh. By addressing the gaps and challenges identified through this research, policymakers can develop more effective and client friendly health care policies. Ultimately, the goal is to enhance health care access, quality, and overall health outcomes for the population. The study provides a valuable starting point for further exploration and contributes to the existing body of knowledge on health care policy perceptions and implications for strengthening health policy in Bangladesh.

**Bangladesh health care delivery system strategy:**

Bangladesh has a tiered health care system comprising primary, secondary, and tertiary level health care facilities. Primary care facilities including Upazilla Health Complex (UHC), providing in-patient and out-patient care, primary health care, family planning services, some referral services, and some laboratory facilities. Union health and family welfare center (UHFWC) which provide mainly primary health care services including maternal and child health services, family planning services, EPI, behavior change communication (BCC), and limited curative care. Community clinics (CC) are the first point of contact for clients seeking health care services at the ward level. Therefore, it is very important to identify the attitudes, perceptions, obstacles, expectations of clients and health service providers towards current health care policies at the primary care level. Our secondary health care facilities include District Sadar Hospital at district level with providing both primary and tertiary care and both in in-patient and out-patient care with laboratory facilities. Tertiary health care facilities include medical college hospital and other specialized hospital providing tertiary care accompanied by specialized laboratory facility for the treatment of complicated cases usually (but not always) referred to them by lower level facilities (F. A. Osman, 2008). One significant aspect of healthcare policy in Bangladesh is the promotion of primary healthcare services. The government has prioritized the establishment of primary healthcare centers (PHCs) to provide comprehensive and accessible care to communities. PHCs play a crucial role in delivering preventive, curative, and primitive healthcare services at the grass roots level. Understanding the experiences and perceptions of both service providers and recipients within the primary healthcare system is essential for assessing the effectiveness of these policies and identifying areas for improvement (Ahmed et al., 2020).

**Characteristics of study participants:**

Respodents	Sex		Primary level	Secondary level	Tertiary level
Service providers (n=120)	Male- 62(51.7%)	Female- 58(48.3%)	64(53.3%)	30(25%)	26(21.7%)
Service recipients(n=265)	Male 125(47.2%)	Female140 (52.8%)	154(58.1%)	72(27.2%)	39(14.7%)

**Distribution of the service providers by designation (n=120)**

Designation	Frequency (n)	Percent (%)
Health administrator	24	20.0
Specialist physician	21	17.5
RMO/MO/MOMCH	40	33.3
Nurse/ Midwives	17	14.2
HA/HI/SI	4	3.3
SACMO	2	1.7
CHCP	9	7.5
Medical Technologist	3	2.5
Total	120	100.0



## Methods

The research study used a mixed-method descriptive research design where the data tools included both quantitative (survey questionnaire) and qualitative tools (In-depth Interview/IDI and FGD) to explore the perceptions of health care policies among clients and health workers in different levels of health care facilities in Bangladesh. The sample for this study was selected from primary, secondary, and tertiary level of health care facilities in Bangladesh. The study used a purposive sampling technique to select the study participants. A total of 385 respondents including 265 clients and 120 health service providers selected as study participants by purposive sampling technique. The study place included three divisions of Bangladesh. Under each division two districts and each district covered by two upazillas, including union and ward level. The study used semi structured questionnaire which included questions to perceptions, attitudes, expectations, obstacles and their impact on health care-seeking behavior on national health policy to collect both quantitative and qualitative data from clients and health service providers in selected health care facilities. The interviews explored attitudes and perceptions towards health policies in more depth, including potential barriers and implications and expectations to accessing quality health care services and policy solutions that could improve the delivery and accessibility of health care services. Qualitative data were digitally recorded, and coded before frame work of analysis.

## Results

Participants highlighted particular concerns and areas for their perceptions, implications, obstacles, expectations of national health policies and how improvements and reinforcing the drivers for strategy, revision and raising additional unaddressed concerns. The results are structured against the key themes emerging from the analysis.

Respondents	well concerned	partially concerned	not concerned
Service providers(n=120)	44(36.7%)	63(52.5%)	13(10.8%)
Service recipients(n=265)	2(0.8%)	18(6.8%)	245(92.5%)

There is significant association ( $p = <.018$ ) of Perception of national health policy 2011 with educational status of recipients.

Majority 260(98.1%) of the service recipients got a health check-up at the health care facility when needed, 47.9% of the respondent mentioned never delay and remaining 14% mentioned delay when receiving health services at the facilities. Among 265 service recipients more than half 203(76.6%) of the respondents preferred government facilities, 58(21.9%) respondents preferred private facilities and remaining 4(1.5%) other facilities in choosing their medical service. Majority 247(93%) of the service recipients preferred allopathic and remaining 18(6.8%) preferred homeopathy treatment as the mode of medical care. 253(95.5%) of the service recipients believed that access to health care is a basic right for all individual. Among the 265 service recipients, 130(49.1%) service recipients agreed that national health policy of Bangladesh meet the needs of them.

### Service provider's satisfaction on job and safety & security measures at work place:

Service providers(n=120)	satisfied	Not satisfied
Job satisfaction	83(69.2%)	37(30.8%)
Safety& security measures at work place	75(62.5%)	45(37.5%)

In a health care facility following things (Logistic supply, human resources, sanitation, infrastructure, and laboratory services) are vital issues for quality health care services. Our research study reveals the followings:

Service providers(n=120)	Sufficient	Somewhat sufficient	Not sufficient
Logistic supply	24(20%)	48(40%)	48(40%)
human resources	14(11.7%)	27(22.5%)	79(65.8%)
sanitation,	25(20.8%)	28(23.4%)	67(55.8%)
infrastructure	25(20.8%)	25(20.8%)	70(58.4%)
laboratory services	26(21.7%)	43(45.8%)	51(42.5%)
Allocation of budget	30(25%)	46(38.3%)	44(36.7%)

A multiple linear regression was done to assess the relationship among obstacles for treatment, sanitation facilities, laboratory facilities and delay when receive treatment with client satisfaction.

There is a significant relation ( $B=-0.323$ ,  $t=-6.653$ ,  $p<0.000$ ) of obstacles for treatment with client satisfaction, and there is also a significant relation ( $B=-0.147$ ,  $t=-3.725$ ,  $p<0.000$ ) of delay when receive treatment with client satisfaction. Sanitation facilities and laboratory facilities are not statistically significant with client satisfaction.

#### Stakeholder involvement in health care facility (n=120)

Health care facility	Strong stakeholder involvement	Somewhat stakeholder involvement
	21(33%)	42(66.7%)

Majority of 92(76.7%) health care provider mentioned always, 23(19.2%) mentioned often, 2(1.7%) mentioned sometimes, 3(2.5%) mentioned rarely about referral network system.

#### Telemedicine service used by service recipients:

Service recipients n=265	Never used	Rarely used	Sometimes used	Often used	Regularly used
	151(57%)	49(18.5%)	30(11.3%)	25(9.4%)	10(3.8%)

Majority of the service provider 61(50.8%) had always experienced workload, 17(14.2%) had often experienced workload, 14(11.7%) had sometimes, 4(3.3%) had rarely and 24(20%) had never experienced workload at their work place.

Different types of obstacles faced by the service recipients at health care facility:

Health care level	Financial	Political	Lack of professionalism	Misbehavior and lack of empathy from service providers	Dominant attitude of the broker/cheat /outsiders	Total	Percent (%)
Primary	7	1	13	15	17	53	67.9
Secondary	1	0	2	2	1	6	7.7
Tertiary	3	0	6	9	1	19	24.4
Total	11	1	21	26	19	78	100.0

**Expectation on health card & health insurance:**

	Respondents	Every one should have	Not concerned	No need
Health cards	Service recipients(n=265)	260(98.1%)	5(1.9%)	0(0%)
	Service providers (n=120)	114(95%)	6(5%)	0(0%)
Health insurance	Service recipients(n=265)	243(91.7%)	10(3.8%)	12(4.5%)
	Service providers (n=120)	113(94.1%)	5(4.2%)	2(4.2%)

**Expectation of service recipients on NHP: (n=265)**

Comments	Frequency (n)	Percent (%)
24 hours hospital service with laboratory facilities	49	18.4
Effective treatment & continuity of care	26	9.8
Adequate supply of medicine & logistics	56	21.1
All treatment cost should be affordable	80	30.1
Both doctors and nurses should treat patient with compassion, empathy, dignity	17	6.4
Shutting down of all illegal and unlicensed hospital	13	4.9
Restriction of roaming around of brokers in hospital campus	38	14.3
Movement of unwanted person (e.g. medical representative should be controlled)	41	15.5
Improved hospital environment with proper hygiene and sanitation quality	68	25.6
Quality of food for admitted patient should be improved	26	9.8
Presence of specialist doctor at upazilla level should be improved	22	8.3
All types of corruption should be controlled	7	2.6
Need to make the policy more patient friendly	19	7.1
Others	21	7.9

\*Multiple responses

**Service provider comments on improvement of community clinic service (n=65)**

Comments	Frequency (n)	Percent (%)
Increase number of CC	7	10.7
Increase medicine item	16	24.6
Regular refresher training and awareness session are needed for CHCP	27	41.5
Increase supporting staff in community clinic	19	29.2
Persons with medical background can be given priority during recruitment of CHCP	13	20
Communication workshops are needed to improve communication skill	10	15.4
Regular monitoring of community clinic activity	25	38.5
Others	9	13.9

\*Multiple responses

**Service provider comments on improvement of emergency service (n=120)**

Comments	Frequency (n)	Percent (%)
24 hours health service with laboratory support	29	24.1
Improve manpower & logistic supply	18	15
Ensure sufficient emergency medicine supply in emergency room	11	9.1
Ensure security by placement of armed Ansar	25	20.8
Proper training for emergency health service & preparing guideline to follow	9	7.5
Improved effective referral system	7	5.8
Need to strengthen one stop service in every hospital	5	4.1
24 hours ambulance service (well equipped) & availability of driver	13	10.8
Ensure emergency team including EMO, Consultant, helping staff	18	15
Increased public awareness	7	5.8
Others	11	9.1

\*Multiple responses



**Expectation of service providers on daycare center at health facility:**

Gender	Daycare center			$\chi^2$ (p value)
	Strongly believe	Believe	Not believe	
Male	36(58.1%)	18(29%)	8(12.9%)	< 0.01
Female	49(84.5%)	9(15.5%)	0(0%)	

There is a highly significant association ( $< 0.01$ ) with the expectation of female health service providers for a daycare center at her work place compare to male.

Among 120 respondents' female service providers are strongly believe than male provider for the needs of a day care center. There is a highly significant association ( $<0.01$ ) with the expectation of female healthcare providers for a daycare center in her workplace compare to male.

**Service provider's expectation on regarding NHP & health care system (n=120)**

Comments	Frequency (n)	Percent (%)
Total health care expenditure should be increased	16	13.3
Equitable distribution of health care resources	5	4.1
Proper implementation & monitoring of NHP -2011	20	16.6
Decentralization of health care system	17	14.2
Create act & law for legal protection of health worker	47	39.1
Ensure proper & regular training to make skilled manpower should be improved	33	27.5
Public-private partnership for improvement of infrastructure & services can be considered	6	5
Priority plan for pre ventive action	9	7.5
Increase funding on health research	7	5.8
Others	13	10.6

\*Multiple responses

**Discussion**

Our findings capture multiple perspectives on the current health care delivery system across Bangladesh and result in robust recommendations for strategy revision. The study design allowed for exploration of all tiers of health care delivery system in Bangladesh. Both clients and service provider recommendations point towards a more people-centered health care system for improved quality, equity and effectiveness and indicate priority areas for action if success of policy changes through the roll-out of the proposed

revised strategy is to be realized.

The study reveals that there exists a divergence in the perceptions of health care policies between clients and health workers. While clients often expressed concerns about issues related to accessibility, affordability, and the quality of care, health workers tended to have a more positive outlook. These differing viewpoints underscore the need to consider multiple stakeholders' perspectives when formulating and implementing healthcare policies. The variation in perceptions may be attributed to the different roles, experiences, and interests of clients and health workers. Clients, as service recipients, are more directly affected by policy outcomes, particularly in terms of healthcare access and affordability. In contrast, health workers, while influenced by policy directives, may focus more on the operational aspects of policy implementation.

The study's results have significant implications for policy change in the healthcare sector in Bangladesh. First and foremost, they emphasize the importance of engaging clients and health workers in the policy development process. Policymakers should actively seek input from these stakeholders to ensure that policies are responsive to their needs and concerns. Additionally, the findings underscore the need for targeted interventions to address the issues raised by clients regarding healthcare access, affordability, and quality. These concerns should be central to policy reform efforts aimed at improving the healthcare system's effectiveness and equity.

While this study provides valuable insights, it is essential to acknowledge its limitations. The sample size, while representative, may not capture the full diversity of perspectives in Bangladesh's diverse healthcare landscape. Additionally, the study's cross-sectional design limits our ability to assess the dynamics of policy perceptions over time.

Clients' perceptions are shaped by their immediate experiences and outcomes, emphasizing the need for policies that prioritize patient-centered care. In contrast, health service providers may be more focused on the practical aspects of policy implementation, which can sometimes mask underlying issues in service delivery. The study's outcomes bear substantial implications for health care policy reform in Bangladesh. Foremost, they emphasize the necessity of engaging clients and health service providers as active participants in policy development.

Policymakers should harness their experiences and insights to ensure that policies align with the diverse needs and concerns of those who directly engage with the health care system. Policymakers must heed the concerns and recommendations of both clients and health service providers as they work toward a health care system that guarantees accessibility, affordability, and quality for all.

These findings resonate with existing literature on health care policy perceptions. Prior studies have underscored the importance of incorporating multiple stakeholder perspectives into policy development (Smith et al., 2022; Rahman & Khan, 2021). The divergence observed in this study aligns with the notion that health care policies often affect different groups disparately, resulting in varied viewpoints (Sarker et al., 2020).

The divergence in perspectives highlights the need for inclusive and evidence-based policy development. To improve the health care system, policymakers should consider the concerns and recommendations of both clients and health service providers as they work toward more accessible, affordable and quality of health care services for all.

## **Conclusion and Recommendations**

Through the questionnaire and interviews of the respondents including FGD and in-depth interviews, valuable insights were obtained regarding the attitudes, experiences, and challenges faced by clients and

health service provider in relation to health care policies. The findings of this study shed light on the multidimensional nature of health care policies and their impact on health care-seeking behavior and service delivery. Clients' perceptions of health care policies were influenced by factors such as affordability, accessibility, and quality of care. The presence of perceived barriers, including long waiting times, quality of the facilities, out-of-pocket expenses, obstacles to getting proper health services of the clients and safety and security measures at work place and work load of service providers. These findings highlight the importance of addressing barriers and improving the quality and accessibility of health care services to encourage appropriate health care-seeking behavior among clients and service providers. Furthermore, the study revealed the critical role of health workers in the effective delivery of health care services. Their attitudes towards health care policies, job satisfaction, and motivation were found to be closely linked to policy implementation and the work environment. Positive attitudes towards policies that support professional development, adequate staffing and improved working conditions were associated with better health care delivery outcomes. These findings underscore the need for policy interventions that address the concerns and aspirations of health workers to enhance their job satisfaction and improve the quality of care provided.

Based on the research findings, several implications for policy change can be suggested. Firstly there is a need to address the barriers to access and improve the affordability of health care services. This can be achieved by implementing strategies such as targeted subsidies, health insurance schemes, and infrastructure development in underserved areas, increase manpower, necessary logistics and equipment supply at the facilities. Policies should address disparities by ensuring equitable distribution of health care resources and access to health care facilities based on geographical location and underprivileged clients. Ensure the availability of essential health services and resources particularly in primary level facilities. Secondly policies should focus on enhancing the quality of care by investing in health care infrastructure, ensuring the availability of essential medicines and equipment, and promoting continuous professional development for health workers, ensure safety and security measures in work place, promote the adoption and effective use of health information technology. Thirdly, there is a need for effective communication strategies to disseminate information about health care policies and promote awareness among clients and service providers. Finally establish strong monitoring and evaluation systems to assess the effectiveness and impact of health care policies and evidence based decision making, policy formulation, implementation of the national health policy and health personnel those are experienced in field level should be involved in the development of national health policy.

### **Ethical Approval**

The study protocol was approved by both the Institute of Public Health ethical review board, Dhaka and the DGHS, Dhaka ethical review board.

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