

**COST OF DENTAL CARE AT DISTRICT HOSPITAL AND THANA
HEALTH COMPLEX IN BANGLADESH: A CASE STUDY OF
NARSINGDI DISTRICT**



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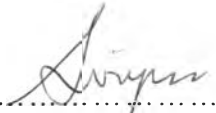
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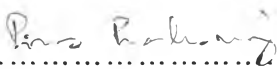
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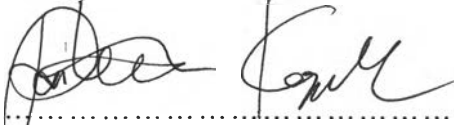
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Dental caries and gum disease affect between 50-99 percent of people in every community. Because of higher expense many communities in developing countries including Bangladesh have no or little oral care. In Bangladesh, in public sector only hospital based dental care is provided.

This study calculated average (unit) cost and analyzed the cost structure of dental care provided at District Hospitals (DH) and Thana Health Complex (THC) from provider's perspective. Secondary data was collected from hospital records and published materials and some other necessary information through discussion with district health authority, hospital administrators' and other relevant persons (dentists).

In 1998, in Narsingdi DH 7,340 patients were treated in comparison to 1,852 of Shibpur THC, which was 3.96 times higher than that of THC and total cost incurred were Tk. 1,168,840.04 and Tk. 856,787.44 and average cost Tk. 159.24 and Tk. 462.63 respectively at DH and THC. Total cost is 1.36 times higher at DH than THC, but average cost is 2.91 times higher at THC than that of DH. The cost analysis shows that in both the hospitals among the cost components of dental care capital cost playing higher role compared to recurrent cost. Capital cost is 62.53% and 63.63% and recurrent cost is 37.47% and 37.37 % of total cost at DH and THC respectively and in terms of proportion the situation at DH and THC seems similar. But in respect to the proportions of the sub-components of total cost i.e. shared-capital, direct capital, labor, material and other recurrent cost items the proportions are not similar at two hospitals. This was due to differences in quantity of services delivered, difference in the amount of resources consumed between DH and THC.

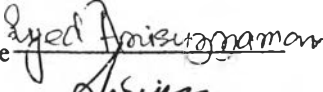
The data on utilization of services shows that the proportions of patients of different age group and proportions of utilization of different services were also not similar for DH and THC. But women are utilizing more service than the men in both hospitals. Though country has a national health policy and detail national health program, but there is no dental health policy and dental care is not the component of essential services package of national health program. On the other hand in the scarcity of human resources dental colleges and institutes are not producing manpower as per their capacity.

As utilization of dental services at DH was found to be higher than that of THC, it is recommended that rural population be encouraged to use the services at THC. On the other hand, THC facilities can be used for delivering promotional and preventive dental service with some limited primary curative care. Since there is no practice of costing of output in both public sector hospitals, a detailed and comprehensive costing system should be established for improvement of efficiency and quality of care. Preferably, unit cost of different treatment or services should be calculated.

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LIST OF ACRONYMS

ADA	American Dental Association
BBSMMU	Banga Bandhu Sheikh Mujib Medical University
BDS	Bachelor of Dental Surgery
DDS	Diploma in Dental Surgery
DH	District Hospital
DMFT	Decayed, Missing & Filled Teeth
ESP	Essential Services Package
FDI	Fédération Dentaire Internationale
GOB	Government of Bangladesh
HPSP	Health and Population Sector Program
IPD	In patients' Department
MLSS	Member of Lower Subordinate Service
MOH	Ministry of Health
MOHFW	Ministry of Health & Family Welfare
OPD	Out patients' Department
PHC	Primary Health Care
SES	Socio-economic Status
SWM	Sector -wide Management
THC	Thana Health Complex
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization