Report from Bangladesh…

Seeing the Profession's Roots in a Developing Country

Ismael Cordero and Arif Subhan

As faculty members from around the world prepared for the first International Symposium and Workshop on Clinical Engineering in Bangladesh earlier this year, they were aware of the challenges clinical engineers and other healthcare professionals face in one of the world's poorest countries. More than one-third of Bangladesh's 144 million people live below the poverty line, and the country's annual International Monetary Fund/World Bank debt repayments are nearly twice the amount of its health budget. It is no surprise that there is a serious lack of resources available for public health.

The symposium and workshop were organized by ORBIS jointly with the American College of Clinical Engineering (ACCE), Bangladesh Ministry of Health and Family Welfare, World Health Organization (WHO), and Commission for the Advancement of Healthcare Technology Management in Asia (CAHTMA). Faculty included Nick Noyes, Arif Subhan, and Robyn Frick of ACCE; Andrei Issakov of WHO; Azman Hamid of CAHTMA; and Ismael Cordero of ORBIS.

To prepare for the event, ACCE faculty, along with representatives from ORBIS and WHO, visited two health facilities in Dhaka, Bangladesh, to better understand the country's healthcare technology challenges, determining that at least 30% of the medical equipment in the country is nonfunctional. The reasons are many, but one of the most significant is the lack of a clinical engineering professional force to help lead this process.

The inaugural members of the Biomedical and Clinical Engineering Society of Bangladesh, along with workshop faculty.

Faculty took on the challenge of creating a profession, not unlike the movement that created a clinical engineering profession in the United States 40 years ago. A.S.M Matiur Rahman, the Minister of Health of Bangladesh, noted that "modern healthcare is heavily dependent on sophisticated technology but we don't have a sufficient number of qualified personnel to support this." His speech echoed a survey published in *Hospitals* magazine in 1971, which stated "…the problem of maintenance of biomedical equipment will become critical because [hospitals] do not have the qualified personnel necessary to maintain it."

Thirty engineers attended the workshop, which focused on practical guidance for developing equipment control programs, budgeting, managing service contracts, developing a safety program, and managing human resources. By the end of the workshop, the Biomedical and Clinical Engineering Society of Bangladesh (BCESB) was launched, with initial funding provided by workshop faculty.

Participants and faculty—some of whom remembered a similar sequence of events early in their careers—left the event knowing they had laid a strong foundation for clinical engineering in Bangladesh. Frick reflects that "events like this are a huge opportunity to remember where we started and how we dealt with the early problems in our profession. The rewards are staggering—to be part of fundamental improvement of healthcare technology for an entire country, in such a short time!" ■