

The background of the slide features a large, light blue watermark of the University of South Asia logo. The logo is circular with the text "SEEK KNOWLEDGE" at the top and "UNIVERSITY OF SOUTH ASIA" at the bottom. In the center is an open book with Bengali characters on the left page and English letters and numbers on the right page.

Mandatory Rural Services of Newly Appointed Doctors: A Health Policy Analysis

Course Title: Health Policy and Planning

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Roadmap

- Background
- Methods and Framework
- Policy Context
- Policy Content
- Actors & Power Dynamics
- Implementation & Challenges
- Strengths, Weaknesses, Recommendations
- Conclusion

- Bangladesh faces long-standing challenges retaining doctors in rural areas.
- Mandatory rural service for new doctors introduced to ensure equitable access.
- Transfer and Posting Policy mandates two years of rural posting.
- Special considerations for female doctors and doctor couples are limited.

- Retrospective policy analysis (i.e., analysis of policy).
- Framework: Health Policy Triangle — Context, Content, Actors, Process.
- Focus on understanding implementation reality and power dynamics.

Method (continued)

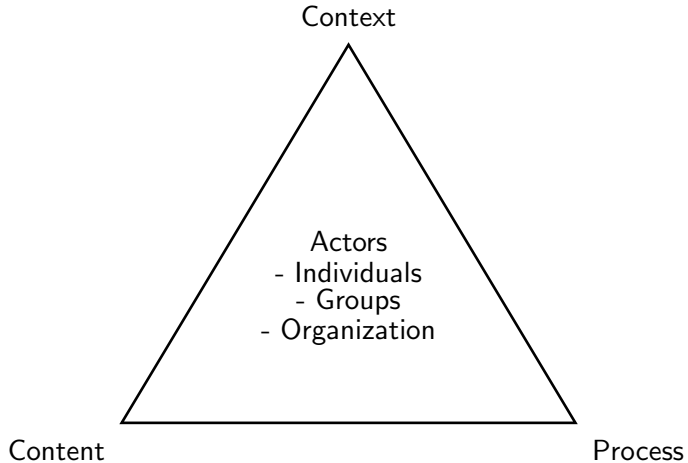


Figure: Policy Triangle Framework (Walt and Gilson, 1994)

- Bangladesh has long struggled to retain doctors in rural and hard-to-reach areas, creating severe gaps in primary health care delivery.
- Mandatory rural service for newly appointed doctors has existed since the 1980s, reflecting persistent urban–rural disparities in the health workforce.
- Strong cultural and social preferences among doctors for urban postings reduce their willingness to serve in rural locations.
- Political influence and patron–client relationships often shape postings and transfers, weakening enforcement of mandatory rural service.

Policy Context (continued)

- The Bangladesh Medical Association (BMA) holds significant political power, sometimes opposing strict implementation due to member pressure.
- Weak monitoring systems, bureaucratic interests, and informal practices (e.g., absenteeism) further undermine policy effectiveness.
- Despite challenges, rural postings remain crucial for improving equity, access, and continuity of essential health services.

- Mandatory minimum two-year rural posting for newly appointed doctors.
- Aims to distribute human resources more equitably across Bangladesh.
- Limited gender-specific provisions or safety considerations.
- Occasional special arrangements for married doctor couples.

Actors and Their Influence

MoHFW Directs and oversees policy design and mandates.

DGHS Responsible for deployment, monitoring, and coordination.

BMA Strong influence; organizes pressure and negotiations.

Politicians & Local Elites Shape implementation through political networks.

Doctors Key implementers with limited individual power but significant collective interest.

Implementation Process & Challenges

- Gap between formal posting rules and ground-level enforcement.
- Political influence allows some to avoid rural postings.
- Weak monitoring systems; absenteeism often unaddressed.
- Digital attendance initiatives face resistance.

Policy Strengths

- Enhances service availability in underserved rural communities.
- Helps strengthen primary health care.
- Provides real-world training and experience for young doctors.
- Supports national health security by ensuring distributed manpower.

Policy Weaknesses

- Low motivation and morale among new doctors.
- Poor working and living conditions in many rural facilities.
- Potential increase in brain drain and avoidance of public sector careers.
- Perceived unfairness due to favoritism and inconsistent enforcement.

Recommendations

- Introduce transparent, depoliticized posting and transfer rules.
- Strengthen monitoring and accountability mechanisms.
- Provide incentives: housing, hardship allowances, promotion points.
- Implement gender-sensitive support systems.
- Reduce conflicts of interest and regulate external private practice.

Conclusion

- Mandatory rural service improves equity and access when properly supported.
- Policy effectiveness is limited by systemic governance and operational challenges.
- Sustainable success requires both technical solutions and political reforms.

Thank You!

Questions or Comments?

We appreciate your attention.