Service satisfaction and follow-up of clinically suspect COVID-19 callers of national tele-consultation services in Bangladesh

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Background: During COVID-19 pandemic in Bangladesh, the government made the national teleconsultation service “Shastho Batayon” toll-free for all callers to address essential healthcare needs of the population and minimize the spread of COVID-19. Shastho Batayon provides 24/7 access to health information, consultation, referral, and other services across the country. This study was conducted to understand how Shastho Batayon service performed during the pandemic from the users’ perspective.

Methods: The study enrolled 7,359 clinically suspect COVID-19 callers between November 2020 and February 2021 and followed them up on days 3, 7 and 11. Questions were asked about their disease outcomes, COVID-19-related risk perception, preventive practice pattern and compliance. Data were analysed using Stata (Version 14.2).

Results: Among the study participants, 66% were male, 79% belonged to middle-income group and 68% of callers were from urban areas. More than half (53%) of the study participants called for their own health needs, while others called to seek care for family members. Compared to those who were COVID negative (13%), a significant proportion (35%) of COVID positive callers had at least one chronic disease (p<0.001). The majority of callers (84%) reported following COVID-19 related preventive practices advised by Shastho Batayon service providers. About 89% of callers received a prescription, 83% of prescription recipients purchased all medications prescribed and 94% followed the advice provided. Forty-four percent of callers learned about Shastho Batayon from social media whereas 41% from traditional media (newspaper, television). About 97% of callers found services of Shastho Batayon useful. Evaluation of service quality showed a significant positive impact on user satisfaction (p<0.001) and intention to use the service in future.

Conclusion: Shastho Batayon has demonstrated the strengths of digital technology in supporting healthcare in Bangladesh during the pandemic. However, this service is still limited to urban, educated and middle class families. Communication strategies need to be developed to extend the coverage to rural areas including disadvantaged and vulnerable populations such as the poor, less educated, and women, who are in dire need of essential healthcare during a public health emergency like the pandemic.