



Towards UHC in Bangladesh

Universal Health Coverage

As defined by the World Health Organization (WHO), Universal Health Coverage (UHC) ensures that all individuals have access to the health services they need, whenever and wherever required, without facing financial hardship. Sustainable Development Goal (SDG)

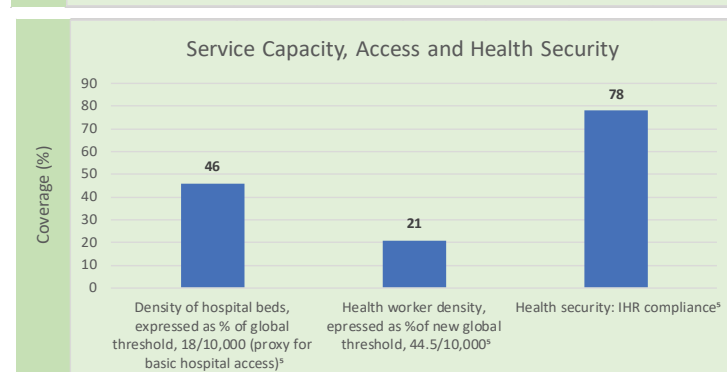
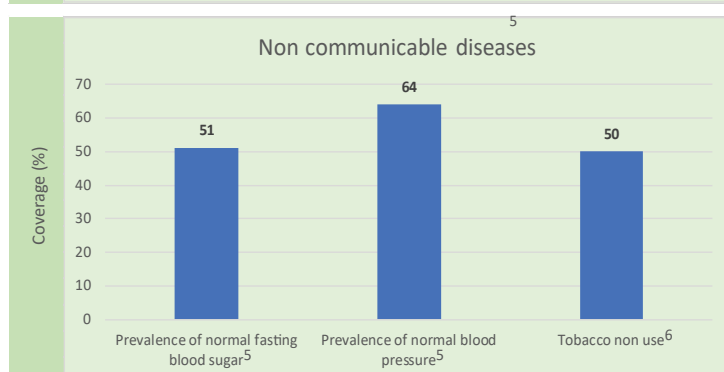
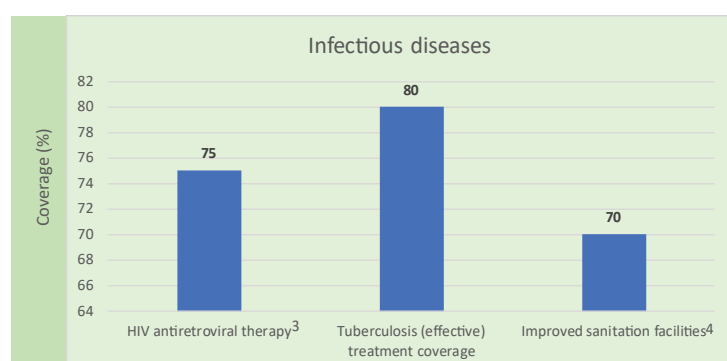
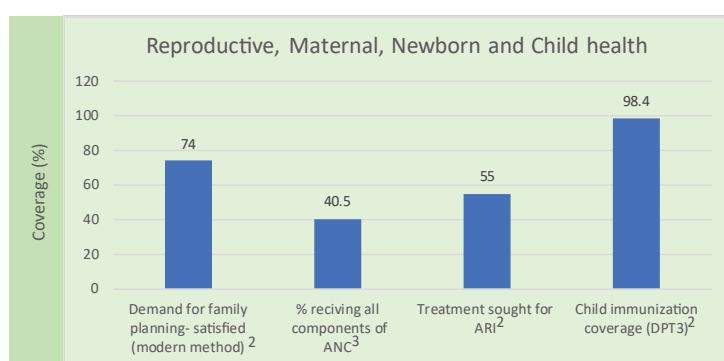


3.8 aspires to "Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all."

Indicator	Benchmark year 2006*	Assessed year 2023	Remarks
Population (million)	140.6	171.0	122%
Growth rate	1.41	0.69	49%
Maternal mortality ratio	337	136	40%
Neonatal mortality rate	31	20	65%
Infant mortality rate	45	27	60%
Under-5 mortality rate	62	33	53%
Total fertility rate	2.41	2.17	90%
Crude birth rate	20.6	19.6	95%
Crude death rate	5.6	6.1	109%
Life-expectancy at birth (years)	66.5	72.3	109%

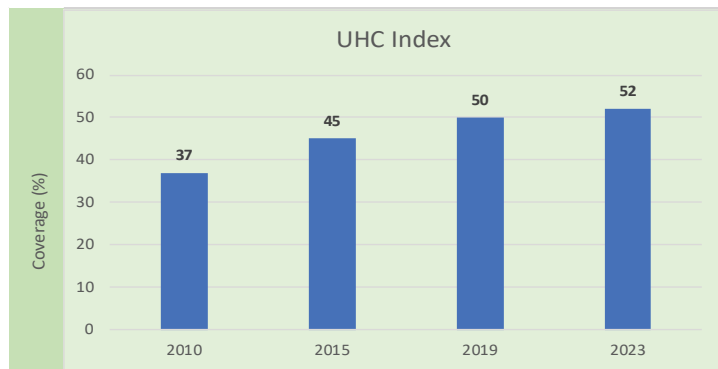
The goal of universal health coverage (UHC) is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring health service coverage and financial protection (SDG target 3.8). Health Services Coverage: The summary measure of essential health services coverage, service coverage index of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

UHC Profile: Bangladesh: HEALTH SERVICES COVERAGE



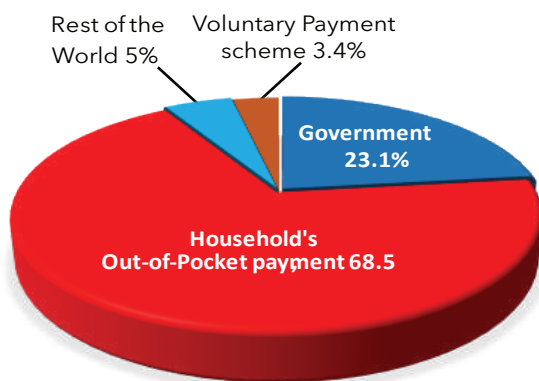
UHC Service Coverage Index of Essential Health Services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.



Out of pocket expenditure

In most cases, high percentage of out-of-pocket expenditure out of the total health expenditure is associated with low financial protection



Measuring the Financial Hardships: A surveillance study

Health Economics Unit (HEU) undertook a Surveillance Study to measure the Financial Hardships Caused by Healthcare Expenditures and the Determinants of Such Expenditures in Bangladesh. The surveillance period encompassed - December 2022 to November 2023 period.

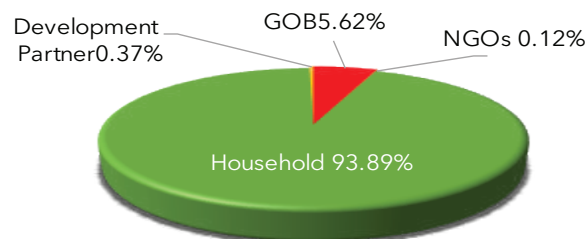
- ◆ The average out-of-pocket cost per patient for OPD healthcare is BDT 2,101. Of this 89% are medical costs and 11% non-medical costs.
- ◆ The overall average annual IPD healthcare cost per patient is BDT 28,954, with medical costs making up 88% and non-medical costs 12%.
- ◆ The average out-of-pocket expenditure of seeking healthcare abroad per patient is BDT 220,593. Medical expenses accounted for 68.9% of these costs and non-medical costs 30.1%.

- ◆ Average cost per patient for ante-natal care is BDT 3,478, for home delivery, it is BDT 3,820 for institutional delivery BDT 22,454, for child immunization BDT 16.1.
- ◆ The average cost of a normal delivery is BDT 6,859 and for c-section BDT 23,436.
- ◆ For OPD healthcare services, the average out-of-pocket expenditure per patient is BDT 446 at pharmacies, BDT 1,318 at public facilities, and BDT 3,830 at private facilities. For IPD healthcare services, the average cost incurred per patient at a public facility is BDT 14,419, while for a private facility it is BDT 31,476.

Healthcare seeking behavior: HIES comparison

Types of providers	HIES 2016	HIES 2022
Community Clinic	1.45%	1.16%
Upazila Health complex	5.22%	2.94%
District/Sadar General Hospital	3.24%	2.13%
Govt Medical College and Specialized Hospital	1.87%	1.70%
Private clinic, Chamber, pvt. Medical College/ specialized Hospital	25.18%	28.39%
Pharmacy/ Dispensary	33.11%	

Pharmaceutical Expenditure Tracking: Financing schemes



- ◆ Total Pharmaceutical Expenditure (TPE), Taka 38,897 crore; half of the total health expenditure
- ◆ Pharmaceutical expenditure on female is higher 61% (Taka 23,677 crore) than on their male cohorts (Taka 15,220 crore; 39%).
- ◆ Government's share 5.6% (Taka 2187 crore); development partners 0.4% (Taka 144 crore), and NGOs 0.1% (Taka 46 crore).
- ◆ Top three pharmaceutical outlays for either gender are:
 - Diseases of the musculoskeletal system and connective tissue;
 - Diseases of the circulatory system; and
 - Diseases of the digestive system, respectively.

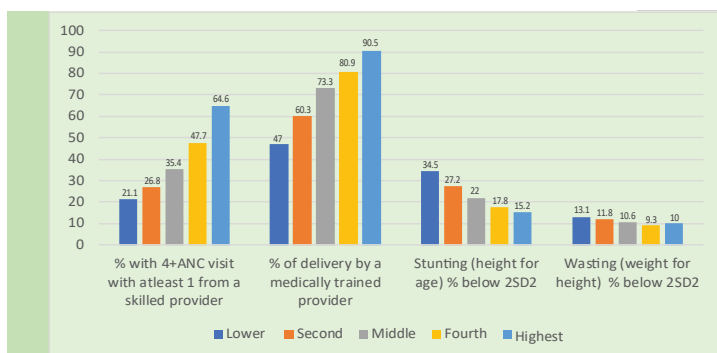
Medicine seeking behavior: HIES comparison^{10, 11, 13}

Survey	Government	Pharmacy
HIES 2022	1.62%	96.46%
HIES 2016	2.86%	93.01%
HIES 2010	2.69%	90.27%

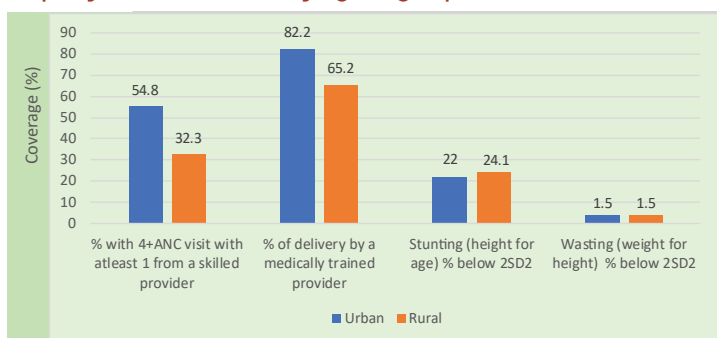
Equity: Leave no one behind

The move for achieving UHC must be governed by the principles of tackling inequities, where all citizens have access to essential health care regardless of wealth, gender, regional difference etc.

Equity: Variation by Income²



Equity: Variation by geographical location



The Global Gender Gap Index: 2023

Country	Rank		Score
	Regional	Global	
Bangladesh	1	59	0.722
Bhutan	2	103	0.682
Sri Lanka	3	115	0.663
Nepal	4	116	0.659
Maldives	5	124	0.649
India	6	127	0.643
Pakistan	7	142	0.575
Afghanistan	9	146	0.405

Ensuring UHC service coverage through Primary Health Care (PHC)

Global leaders at the Global Conference on Primary Health Care in Astana, Kazakhstan in October 2018 refined the value of PHC as the best approach towards achieving universal health coverage. Primary health care (PHC) is the most inclusive, equitable, cost-effective and efficient approach to enhance people's physical and mental health, as well as social well-being. It improves the performance of health systems by lowering overall health care expenditure while improving population health and access.

PHC entails three inter-related and synergistic components, including:

- ◆ Comprehensive integrated health services that embrace primary care- a shift from health systems around the disease to health systems for people
- ◆ Multi-sectoral policies and actions- addressing social determinants of health
- ◆ Engaging and empowering individuals, families, and communities- social participation and enhanced self-care and self-reliance in health

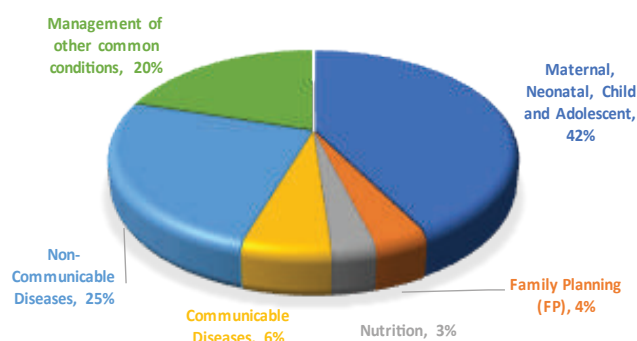
Why to invest Primary Health Care

- ◆ Primary health care provides the programmatic engine for UHC and reflects the right priorities and is a critical milestone along the road to achieving UHC targets. Evidence shows:
- ◆ Scaling up PHC interventions across low- and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030.
- ◆ Every US\$ 1 invested in improving access to essential health services yields an economic return of US\$ 9.
- ◆ Around 90% of essential UHC interventions can be delivered using a PHC approach
- ◆ 75% of the projected health gains from the Sustainable Development Goals (SDGs) could be achieved through PHC

Provision of Essential Service Package (ESP) at PHC levels

- ◆ The ESP delivery represents Government of Bangladesh's (GOB) commitment to ensure the right to health and that the whole population has access to the most essential health services.
- ◆ The updated ESP has six major components: maternal, neonatal, child and adolescent health care; family planning; nutrition services; communicable and non-communicable diseases; management of common conditions, and other support services (lab, radiology and pharmacy).
- ◆ Around 234 service interventions are being provided through the public delivery channels from the community clinics to the district hospitals in both rural and urban areas free of cost or at a very minimum amount of user fees.

Essential Service Package (ESP) expenditure

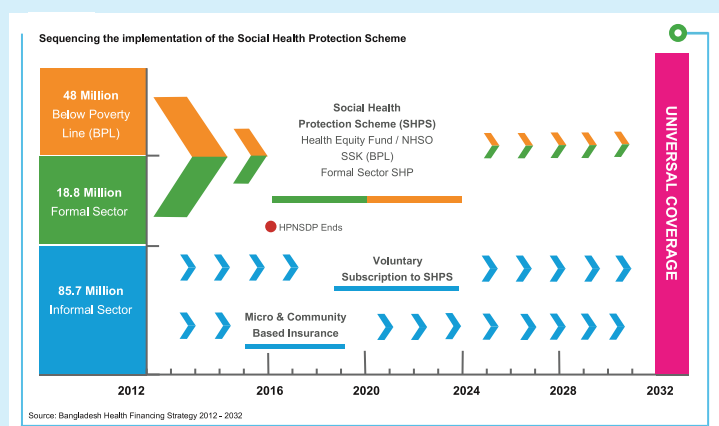


- ◆ In 2020, Bangladesh spent a total of Taka 380 Billion on ESP services which is 48.8% of Total Health Expenditure (THE)
- ◆ Government accounts for 27% of ESP expenditure in 2020
- ◆ Bangladesh spent around Taka 2,235 per person in 2020 on ESP relates services where Per-Capita government spending is Taka 593
- ◆ 7% of expenditure on ESP is on Gross Capital Formation Government spent 57% of its total health expenditure on ESP.

Ensuring Financial Risk Protection and reducing Inequity

Health Care Financing Strategy 2012–2032

The Ministry of Health and Family Welfare has adopted the Health Care Financing Strategy (HCFS) 2012–32 in 2012. This strategy provides a roadmap to advance the health financing in Bangladesh for making substantial progress towards universal health coverage by 2032. The HCFS proposes to provide financial risk protection to the poor, the formal sector and the informal sector through risk-pooling and pre-payment mechanisms.



Revision of Health Care Financing Strategy 2012–2032

In 2023, following a decade of implementation, a comprehensive review of the HCFS was conducted to assess progress and identify challenges. The review highlighted gaps in implementation, particularly in risk pooling and financial protection mechanisms. In addition, the review emphasized the need for enhanced coordination among key stakeholders and improved resource allocation to ensure the sustainability of the system. In response, the Ministry has initiated revisions to strengthen the HCFS, ensuring it remains aligned with the nation's goal of achieving universal health coverage by 2030.



Major challenges:

- ◆ Inadequate public investment in the health sector
- ◆ Double burden of diseases due to epidemical and demographical transition
- ◆ Inefficiency in resource allocation and utilization Low financial risk protection
- ◆ Shortage of skilled human resources in public and private sectors
- ◆ Unregulated private sector
- ◆ Unsatisfactory quality of health services

Way Forward:

- ◆ Increase domestic investment towards primary health care
- ◆ Emphasize target-based approach to tackle inequity Harness efficiency gains in resource use by strengthening public financial management
- ◆ Improve financial risk protection, especially for the poor
- ◆ Implement approved HR strategy and action plan
- ◆ Improve regulatory and enforcement system
- ◆ Promote evidence-based decision making and policy reforms.

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