

Bangladesh Country Position Paper: Bridging the Gap for advancing Rights to Universal Health Coverage!

Introduction:

Universal Health Coverage (UHC) ensures that everyone has free access to the high-quality medical care they require whenever and wherever they need it. Article 15 of the Constitution of Peoples Republic of Bangladesh requires state to ensure people's access to basic necessities including food, clothing, shelter, and medical care as one of the fundamental principles of state policy. The centerpiece of SDG-3 is UHC, which signifies that all people should have access to quality health services, when in need, without facing any financial hardship.

Over the past two decades, Bangladesh has achieved tremendous progress in improving various health indicators including major progress in the reduction of infant mortality rate, under-5 mortality rate, maternal mortality rate, childhood undernutrition, and improvement of continuum of care for mothers and children. Despite these achievements, inequalities in access to healthcare services persist with the rural, disadvantaged, and marginalized groups rarely enjoy equitable healthcare services.

Bangladesh has a strong track record of rolling out mass vaccination programs, especially for diseases like measles and rubella. Over the past 40 years, Bangladesh has made remarkable progress on immunization and child health. The country has successfully maintained the elimination of neo-natal tetanus since 2008, received the polio-free certificate in 2014 and between 1990 and 2012, reduced deaths of children under five by 73 per cent. Bangladesh has established the capacity to set and achieve targets to deliver immunization services across 140,000 vaccine administration points.

Despite strong performance, gaps remain in reaching all children and mothers continues to demonstrate challenging. The COVID-19 pandemic provides a reminder of how lives and livelihoods can be upended by disease outbreaks, with knock-on effects on children's, women and vulnerable communities across the world and likewise in Bangladesh. The pandemic also exposed the weakness of the health care system in Bangladesh from community to city level. The country needs a robust initiative to advancing universal health coverage and improvement of quality healthcare system to cover all citizens in Bangladesh.

This position paper is based on a review of existing materials, as well as consultations with civil society organizations in Bangladesh. It draws on the expertise of civil society organizations in the areas of health, human rights, and social development. According to views of the civil society in Bangladesh, UHC is crucial for eliminating social and economic inequality and full implementation of UHC will contribute to ensuring that the citizens of Bangladesh realize their full potential. SDG Action Alliance conducted a perception survey in December 2023 and the results of survey highlights the need for civil society initiatives for campaign and advocacy for policy shift to ensure equitable access to healthcare and social protection for marginalized communities in Bangladesh.

Context and Purpose:

Global Call to Action against Poverty (GCAP) and Asia People's Vaccine Project launched a global campaign on Vaccine Inequality. SDG Action Alliance Bangladesh the GCAP coalition in Bangladesh is implementing a campaign and advocacy activities on Vaccine Inequality and Universal Health Coverage in Bangladesh. This campaign and advocacy initiative GCAP is aiming to raise civil society voice for equitable access to vaccine and healthcare services for everyone in Bangladesh, originally initiated to support global campaign to pressure WHO and WTO for weaver of vaccine patent-rights for the sake of humanity and countries in the south. It was also aimed to promote the campaign and advocacy to reform the healthcare System and Bridging the Gap for advancing Rights to Universal Health Coverage with special focus on adequate healthcare services for rural and disadvantaged communities to fulfill the commitment of SDGs.

The SDG Action Alliance has conducted survey in December 2023 explored healthcare access, vaccination coverage and social protection experiences among marginalized communities. The survey included 600 participants from four districts. The followings are key Findings; a. Vaccination coverage progress exists (78.7% received at least one dose), but a gap remains as 21.3% of population in marginalized communities are not vaccinated. b. Access to government healthcare facilities for primary medical care are 70.5%, but face challenges like medicine shortages, doctor inconsistency, and distance. c. financial burden for medical treatment is significant that 46% faced difficulties to cover medical expenses. d. Social Protection program awareness is high (83%), but accessibility is deprived by corruption, official harassment, and exclusion of deserving individuals.

This survey highlights the need for interventions to ensure equitable access to healthcare and social protection for marginalized communities in Bangladesh. The purpose is to provide the baseline of the status of universal health coverage which may include among other the state of health infrastructure, accessibility, access to medicines treatment, out of pocket expenses, relevant indicators of the SDGs, etc. among the marginalized communities.

Considering the situation the SDG Action Alliance would engage in campaigning and advocacy actions with the objective of producing necessary evidence on health inequality and advocate for universal health coverage in Bangladesh including the expression of solidarity in global campaign of Universal Health Coverage for All.

Fulfillment of Commitments and Right to Health:

Bangladesh is committed to achieving universal health coverage (UHC) by 2032; to this end, the government is exploring policy options to increase fiscal space for health and expand coverage while improving service quality and availability. The UHC refers to a method of financing and providing healthcare that guarantees everyone has access to high-quality medical care when and when they need it, without facing significant financial burden. UHC is essential to the health and prosperity of Bangladesh. UHC ensures that everyone has free access to the high-quality medical care they require whenever and wherever they need it. The principles of UHC includes; a. Universality where everyone is entitled to access health services, regardless of their income or social status. B. Everyone should have equal access to health services, regardless of their ability to pay. C. Comprehensiveness meaning that it should cover a wide range of health services, including

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preventive care, treatment, rehabilitation, and care. D. Financial protection that People should not suffer financial hardship to access health services.

Despite Bangladesh's impressive steps in improving its economic and social development outcomes, the government still confronts health financing and service delivery challenges. Over the past two decades, Bangladesh has achieved tremendous progress in improving various health indicators including major progress in the reduction of infant mortality rate, under-5 mortality rate, maternal mortality rate, childhood undernutrition, and improvement of continuum of care for mothers and children. Despite these achievements, inequalities in access to healthcare services persist with the rural, disadvantaged, and marginalized groups rarely enjoy equitable healthcare services.

Achieving universal health coverage implies first ensuring that people of all income levels have access to quality healthcare, and then allocating resources reasonably considering individual need. The distribution of healthcare services should be based on the needs of the population, regardless of their ability to pay. Equity assessment of prevailing access to healthcare services in Bangladesh show big gaps in between the rich and poor. However, the opinion of the grassroots people confirms that the access to community health service is inadequate, where shortage of qualified healthcare professional at community level is acute and financial burden for poor and disadvantaged are big to get the health care services at the Upazila and District level.

Secondary data also confirms that unequal utilization of public benefits observed among the wealth quintiles for maternal and child healthcare services across the different levels of healthcare facilities in Bangladesh. Overall, upper two quintiles (richest 19.8% and richer 21.7%) utilized more benefits from public facilities compared to the lower two quintiles (poorest 18.9% and poorer 20.1%). Benefits utilization from secondary level of health facilities was highly pro-rich, while benefit utilization found pro-poor at primary levels. The public benefits in Bangladesh were also not distributed according to the needs of the population; nevertheless, poorest 20% household cannot access 20% share of public benefits in most of the maternal and child healthcare services even if we ignore their needs. Benefit incidence analysis in public health spending demonstrates the efficacy with which the government allocates insufficient resources to satisfy the needs of the community and poor population.

Challenges and opportunities to achieving UHC:

- Inadequate public investment in health: Bangladesh spends only 1.5% of its GDP on health, which is far below the global average of 5.9%. This is a major constraint on the government's ability to provide quality health services to all.
- High out-of-pocket spending on health: Bangladeshis are forced to pay out-of-pocket for around 70% of their health spending. This is a significant financial burden for many households, and it can lead to people delaying or forgoing needed care.
- Unequal access to health services: There are significant disparities in access to health services between rural and urban areas, and between the rich and the poor. The poorest 20% of Bangladeshis have only half the access to health services as the richest 20%.

Civil Society Call to promote People-centered Health System:

UHC is a human right. The right to health is enshrined in Article 25 of the Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social and Cultural Rights. Bangladesh is committed to fulfill the obligation and also has the ability in terms of resource and expertise to promote a people-centered health system as civil society identify. The followings are the recommendations to ensure people centered health system;

- Making primary health care accessible and affordable for all citizens of Bangladesh. This means building more primary health care facilities in rural areas and making sure that essential medicines and services are available and affordable.
- Empowering communities to participate in the planning and implementation of health program and services. This could be done through community health committees or other mechanisms to monitor community health centers and local services.
- Addressing the social determinants of health, such as poverty, malnutrition, and lack of access to education and sanitation. This could be done through programs that provide social protection schemes, improve nutrition, and expand access to health education and sanitation for all.
- The Government is committed to strengthening the primary health care system by building more primary health care facilities, training more health care workers, and making essential medicines and services more accessible and affordable.
- Out-of-pocket spending on health is a major barrier to accessing health care for many people. The Government of Bangladesh is committed to ensuring financial protection for all Bangladeshis by expanding the coverage of health insurance programs and providing subsidies for health care costs.
- Health is not just determined by the health care system. Promoting health and well-being through intersectoral collaboration meaning working with other sectors, such as education, agriculture, water and sanitation, to address the social determinants of health.
- Reform of Country's health policy and strategic focus by strengthening the primary health care system at grassroots level.

Policy recommendations and actions

1. Increase public spending in health: Bangladesh spends only 1.5% of its GDP on health, which is far below the global average of 5.9%. Increasing public investment in health is essential for strengthening the health system and expanding access to health services for all citizens in Bangladesh.
2. Reduce out-of-pocket spending on health: Bangladeshis are forced to pay out-of-pocket for around 70% of their health spending. This is a significant financial burden for many households, and it can lead to people delaying or forgoing needed care. The government can reduce out-of-pocket spending on health by expanding the coverage of health insurance programs and providing subsidies for health care costs.
3. Strengthen the primary health care system: Primary health care is the foundation of a strong health system. It is essential for providing preventive care, treating common illnesses, and managing chronic diseases. The government can strengthen the primary

health care system by building more primary health care facilities, training more health care workers, and making essential medicines and services more accessible and affordable.

4. Expand access to essential health services: Essential health services include a wide range of services, from preventive care and maternal health to treatment for infectious and noncommunicable diseases. The government can expand access to essential health services for all Bangladeshis, regardless of their income or location, by expanding the coverage of health insurance programs and making essential medicines and services more accessible and affordable.
5. Address the social determinants of health: Health is not just determined by the health care system. It is also influenced by other factors, such as education, nutrition, and sanitation. The government can address the social determinants of health by working with other sectors, such as education, agriculture, and water and sanitation, to improve the lives of all Bangladeshis.

People's voices for rights to health and civil society engagement:

There are still significant disparities in access to quality health services, particularly for the poor and marginalized. UHC is essential for ensuring that citizens of Bangladesh have access to quality health services they need for healthy and productive lives. Civil society organizations in Bangladesh are playing a significant role in advocating for UHC, it is also needed to hold the government accountable for its commitments, and to ensure that the voices of marginalized groups are heard.

Civil society organizations in Bangladesh are committed to working with the government and other stakeholders to achieve UHC by 2030. They believe that UHC is essential for ensuring the health and well-being of all citizens of Bangladesh. As the government explores options to finance its UHC plan, it must recognize that reform of its service delivery system with particular importance to increase overall budget allocation for the health and nutrition sector along with increased health care services at community level to adequately address the diverse health needs of the population with a specific focus on disadvantaged communities. Although the country has a growing private sector primarily providing tertiary level health care services, Bangladesh still does not have a comprehensive health policy to strengthen the entire health system that will ensure rights to health for all.

SDG Action Alliance in Bangladesh

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