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Health Watch

"Universal Health Coverage is the single most powerful concept that public health has to offer"
Dr. Margaret Chan, WHO

Universal Health Coverage: What? Why? How?

What?
According to World Health Report 2010, Universal Health Coverage (UHC) is defined as *'…the common goal of achieving access for all to a full spectrum of services of good quality…according to need and at an affordable cost to consumers.'* The goal of UHC is to ensure that 'all people obtain services they need ---without risk of financial ruin or impoverishment'. These services cover preventive, promotive, curative, rehabilitative and palliative care, and ranges from individual clinical care to population-based public health interventions both within and outside health sector.

Why?
Income-erosion effect of illness (catastrophic health expenditure) is one of the key paths by which households become impoverished, especially in countries like Bangladesh where more than 60% of total health expenditures come from Out-of-pocket (OOP) of the consumers. The vicious cycle of illness, impoverishment and further poverty can only be interrupted by some forms of pre-payments e.g., health insurance.

How?
In UHC, there would be no OOP expenditure. Services should be comprehensive as far as possible and cover everybody. This is illustrated in the Fig. The larger box represents the cost of all services for everyone at a particular point of time. The smaller box represents health services and costs currently covered.

To go from the smaller box to the bigger box (i.e., UHC), one needs to decide how to extend services to non-covered, what other services to include and how to reduce cost-sharing and fees.

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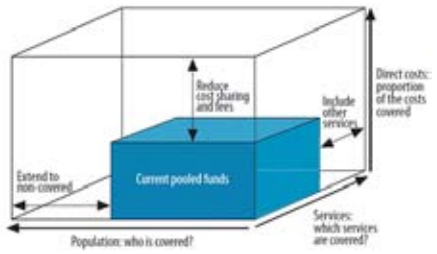

Three dimensions to consider when moving towards universal coverage

BANGLADESH HEALTH WATCH

INSIDE THIS ISSUE

The Lancet series on 'Bangladesh: Innovation for Universal Health Coverage' launched

ICDDR,B and BRAC along with *The Lancet* launched the Lancet series *Bangladesh: Innovations for Universal Health Coverage* on Thursday, 21 November, 2013 in Dhaka. The series highlighted the country's commendable achievements in health including its future challenges. The Hon'ble President of the People's Republic of Bangladesh Mr. Md. Abdul Hamid formally launched the series. The launching ceremony was chaired by Sir Fazle Hasan Abed, founder and chairperson of BRAC. Dr. AFM Ruhul Haque, MP and former health minister and Dr. Richard Horton, Editor-in-Chief of Lancet attended as special guests. The event was followed by a scientific session on the published papers and a panel discussion. A press briefing was organized for the local media prior to the launching event.

The series consisted of six papers including a paper on call to action, and four

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Official Launching Ceremony of BHW's report on Universal Health Coverage

Centre of excellence for universal health coverage: taking the agenda forward

Centre of Excellence for Universal Health Coverage

Centre of Excellence for Universal Health Coverage is a joint venture of Centre of Equity and Health Systems (CEHS), ICDDR,B, and James P. Grant School of Public Health, BRAC Institute of Global Health, BRAC University which aims to facilitate efforts to accelerate evidence informed, equitable and sustainable actions towards achieving UHC in Bangladesh. It was launched in April 2011 with support from Rockefeller Foundation and hosted by the James P Grant School of Public Health. It's core activities include generating essential evidence to guide the design of UHC policies and programs and to monitor and evaluate implementation, developing core competencies for effective policy and practice through training and customized short courses, and providing key stakeholders a UHC forum for knowledge and experience dissemination and sharing on issues relevant for UHC.
For more information, please visit: http://www.coe-uhc.org

The Lancet series on 'Bangladesh

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commentaries (http://www.lancet-journals.com/bangladesh), a perspective (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62306-5/fulltext), and a communication (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62394-6/fulltext). According to The Lancet this six-part Series takes a comprehensive look at one of the "great mysteries of global health", investigating a story not only of "unusual success" but also the challenges that lie ahead as Bangladesh moves towards universal health coverage. In the Call-to-Action, the authors called for a long term HRH strategy and plan, establishing national health insurance, an interoperable health MIS, strengthening ministry of health and family welfare, and establishing a supraministerial council on health for achieving universal health coverage.

Lancet pre-launch press briefing

Universal Health Coverage: What? Why? How?

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Challenges

The governments in countries such as Bangladesh, usually don't have enough resources for pre-payment schemes for UHC. New and innovative ways of fund mobilization (e.g., increasing the tax net, levies, 'sin' tax etc.) will be needed. This is the first challenge. Second, reduction of OOP expenditure. Some form of risk pooling can be an effective measure to curb OOP spending. Third, how to use available resources efficiently and equitably. Fourth, overcoming access barriers for accelerating provision of more equitable and efficient services. Lastly, acquiring core competencies for implementing UHC.

Conclusion

There are quite a few reasons for Bangladesh to embark on achieving UHC. Mitigating the income-erosion effect of illness will help to reduce poverty. With the growth of economy, Bangladesh will have more resources to spend on health. This is also morally and ethically correct, and has a permissive democratic political environment. Thus, this is the right time for Bangladesh to jump start. It cannot miss the bus!

Tidbits

Clinician and public health physician

"In clinical medicine, a course of action is a treatment, whereas in population (public health) medicine it is a programme"

--Halley S. Faust (2012)

The common question faced by the Public Health (PH) physicians from colleagues, friends and relatives is 'are you a physician (doctor)? What do you do? Why don't you practice and treat patients?' The mainstream clinicians also have a disrespectful attitude towards the Public Health Physicians, in general.

So, what is the reality? Are not the PH physicians doctors? On the contrary, they are trained both in the clinical as well as PH medicine. Both their activities are based on scientific evidence, capacity to identify and address problems, and communicate the risks and benefits of the course of actions taken.

The PH physicians uses certain epidemiological and bio-statistical tools to diagnose a problem, analyses data and chart out a path to solve the problem in hand. Clinicians do this by history taking, clinical examination and laboratory tests. While clinicians resort to treatment to manage an individual patient, the PH physician undertake large-scale population-based programmes to address public health problems. To the clinician, patient's interests come first, while to the PH physicians the interest of the population group in question comes first. A moral dilemma may occur while attempting to balance the individual and the population group's interests.

Readings in Universal Health Coverage…

Koon AD, Mayhew SH. Strengthening the health workforce and rolling out universal health coverage: the need for policy analysis. Global Health Action 2013; 6: 21852 [http://dx.doi.org/10.3402/gha.v6i0.21852]

Joarder T, Uddin A, Islam A. Achieving Universal Health Coverage: State of Community Empowerment in Bangladesh. Global Health Governance 2013; vi (2) [http://ghgj.org]

Rodin J, de Ferranti D. Universal health coverage: the third global health transition? Lancet, 2012; 380: 861-862.

Bennett S, Ozawa S, Rao KD. Which path to universal health coverage? Perspectives on the WHR 2010. PLoS Medicine 2010; 7 (11): e1001001.

Garrett L, Chowdhury AMR, Pablos-Mendez A. All for universal health coverage. Lancet 2009; 474:1294-99.

Disadvantaged population at higher risk of impoverishment due to catastrophic OOP health expenditure

Health Watch

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BANGLADESH HEALTH WATCH

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Initiated in 2006, Bangladesh Health Watch (BHW), a civil society advocacy and monitoring initiative dedicated to improve the health system in Bangladesh through critical review of policies and programmes, and recommendation of appropriate actions for change. It publishes a bi-annual report on the state of health in Bangladesh and does advocacy work to catalyze sustainable changes in the health sector. The health watch applies monitoring and advocacy measures such as round table discussions, meetings, press briefings and media reports to engage all key stakeholders in the health sector and the report findings are disseminated with wider audiences primarily on advocacy and recommendations. BHW has been currently funded by Rockefeller Foundation.

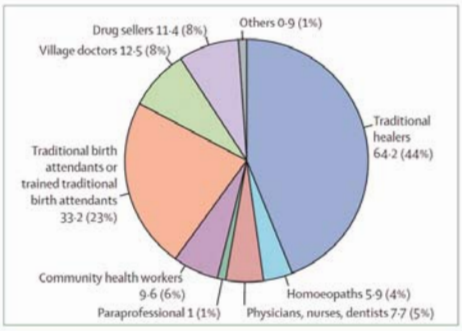
Centre of Excellence for Universal Health Coverage

Towards Universal Health Coverage, together!

Excerpts from article:

Bangladesh faces severe shortage of health workforce!

Bangladesh is one of the 58 countries identified with having severe shortage of doctors, nurses and midwives. According to a recent study, the most common health-care providers per 10,000 population in the country are: traditional healers (64.2), unqualified allopathic providers (23.9) and community health workers (42.9). It was found that Bangladesh has only 7.7 doctors/nurses/dentists per 10,000 population compared to 12.5 for Pakistan,14.6 for India, 21.9 for Sri Lanka, and WHO estimate of 23 per 10,000 required to fulfill MDG targets. The current nurse-doctor ratio of 0.4 (i.e. 2.5 times more doctors than nurses) is far short of the international standard of around three nurses per doctor. There is also a gross imbalance in the doctor-technologist ratio as well, the ideal being five technologists for one doctor. According to the WHO estimate, Bangladesh has a staggering shortage of 60,000+ doctors, 2,80,000 nurses and 4,83,000 technologists!



For more info:
http://sph.bracu.ac.bd/images/reports/bhw/2007/Full_Report_2007_Final.pdf

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