

# What is UHC ?

UHC is defined as

**ALL people will receive quality health care they need without suffering financial hardship**

It is associated with:

- ① Accessibility - to all types of care (promotive, preventive, curative, rehabilitative)
- ② Affordability – cost does not put people at risk of financial catastrophe
- ③ Quality – Patient responsive services
- ④ Equity – Everyone has a fair and just opportunity to attain their highest level of health need.



# Health system in Bangladesh

## ❑ Pluralistic

- Government – Country-wide network
- Growing Private (for profit) sector
- Large informal sector
- NGO providers
- Shrinking charitable section
- Home and community care



# National health services

- ❑ Two roles

  - » Provider

  - » Regulator

- ❑ Mostly Supply Side

- ❑ Some Demand Side Activities: DSF, LAPM-FP, NEC, SSK

- ❑ Free care for ALL Services

- ❑ Centralized Management



# UHC challenges

- Plan to increase health care public spending from 1% of GDP in FY2021 to 1.50% of GDP by FY 2025 (WHO suggests 5%).
- Public health expenditure is below 5 percent of the national budget, people have to spend from their own pocket to avail health services (OOP 69 % in 2020).
- 15% of Bangladeshi households face a catastrophic health expenditure every year.
- Per capita THE is \$46 in 2020 where WHO suggests to be \$88.
- The current UHC Service Coverage (minimum ESP) index from 51 percent to 100% by 2030.
- Proportion of expenditure on ESP dropped to 38% in 2015 from 66% in 2021
- Lack of efficient financial risk protection scheme



# Governance issues for UHC

- Regulating private sector provider.
- Need based planning and budgeting, coordination between Operational and Development budget.
- Transparency, accountability, efficiency, effectiveness in HRM, F & FM, Procurement, ICT, Infrastructure etc.
- Introduction of Health Technology assessment
- The constraints in utilization (81%) vs allocation of budget.
- Ensuring the service availability and readiness of GOB facility.
- Tax financed vs Alternative financing scheme like SHI, HPS .



# **UHC and the HNP SWAp**

- UHC related focus was through health for all (HFA), primary healthcare (PHC), essential service package (ESP), etc.
- The adoption of four successive SWAp since 1998 further consolidated those efforts and helped to focus on expanding service coverage, access, ensured equity GOB leadership, efficiency while strengthening service-related systems to meet the goal of UHC.
- As a result, Bangladesh made impressive gains in health outcomes



# Way Foreward

- PHC led UHC
- Increase investment for supply side management of HNP service delivery including ESP (in both rural and **urban areas**)
- Increase focus on NCD in the ESP.
- Promote mental health, geriatric health, emergency care, digital health, climate change, MWM, AMR, etc.
- Need based resources allocation (Supply side vs DSF)
- Strategic purchasing