

Advocacy brief



ACCELERATING PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE FOR A HEALTHIER BANGLADESH

A young girl plays outside a vaccination centre in Khagrachari Hill District, Bangladesh.

Health is a fundamental human right. Good health enables children to learn and adults to earn, it helps to reduce poverty, and provides the foundation for sustainable development.¹

Advancing the goal of Universal Health Coverage (UHC) has the potential to transform society in Bangladesh by reducing disease burdens, optimizing health outcomes, boosting economic growth and strengthening accountability to all citizens.

Key facts

Population: 165 million

UHC service coverage index:
49 out of 100

25 % of people affected by catastrophic health expenditure in 2016

Over 5 million people impoverished by healthcare costs each year

Current public health expenditure:
0.7% of Gross Domestic Product (GDP)



Introduction

UHC means every person has access to quality health services when and where they need them without risking financial hardship. This includes all health services a person may need throughout their life time, from health promotion to prevention, treatment, rehabilitation, and palliative care.¹

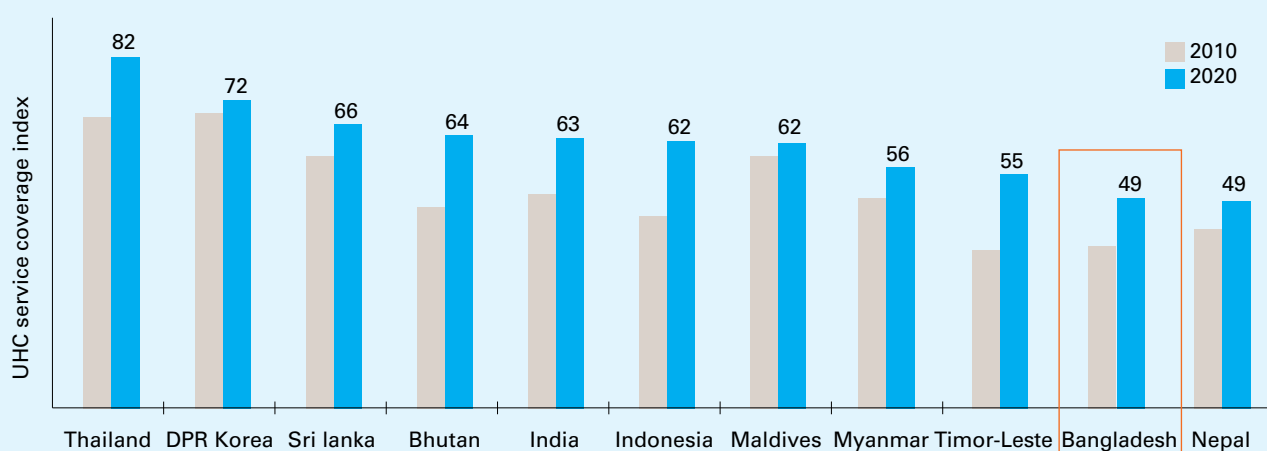
Achieving UHC is both a political and technical process. Each country can make progress no matter where it is on the UHC journey. Bangladesh has performed well in achieving the health-related Millennium Development Goals, by using its modest health spending efficiently and equitably, concentrating on primary care services and advancing the social determinants of health.²

However, as the population ages and the burden of non-communicable diseases increases, the health system is not well placed to achieve its health-related Sustainable Development Goal (SDG) targets – including UHC. Furthermore, UHC is fundamental to achieving other SDGs for example, eradicating poverty in all its forms and dimensions, SDG 1. The COVID-19 pandemic presents new challenges for the health system while exposing some fundamental weaknesses.² At the same time, COVID-19 provides opportunities to strengthen both coverage and quality of services and reshape the health system to make it more resilient for future pandemics.

With strong political commitment, targeted policy interventions and financial investment, Bangladesh can overcome its challenges and accelerate progress on UHC to benefit children and all citizens.



Figure 1: Changes in coverage of essential health services in Member States of the South-East Asia Region, 2010-2020



Source: World Health Organization (WHO) Crisis or Opportunity? Health Financing in Times of Uncertainty. Country profiles from the South-East Asia Region³

The issues

Health service coverage and quality, financing and governance are the key components that create an enabling environment for UHC.

While Bangladesh has made progress over the past decade, it continues to reach less than half of the population with essential health services, among the lowest in the South-East Asia region. Figure 1 shows that in 2020, Bangladesh scored 49 out of 100 on the UHC service coverage index, an increase from 38 out of 100 in 2010. However, the country still has some way to go towards achieving UHC.

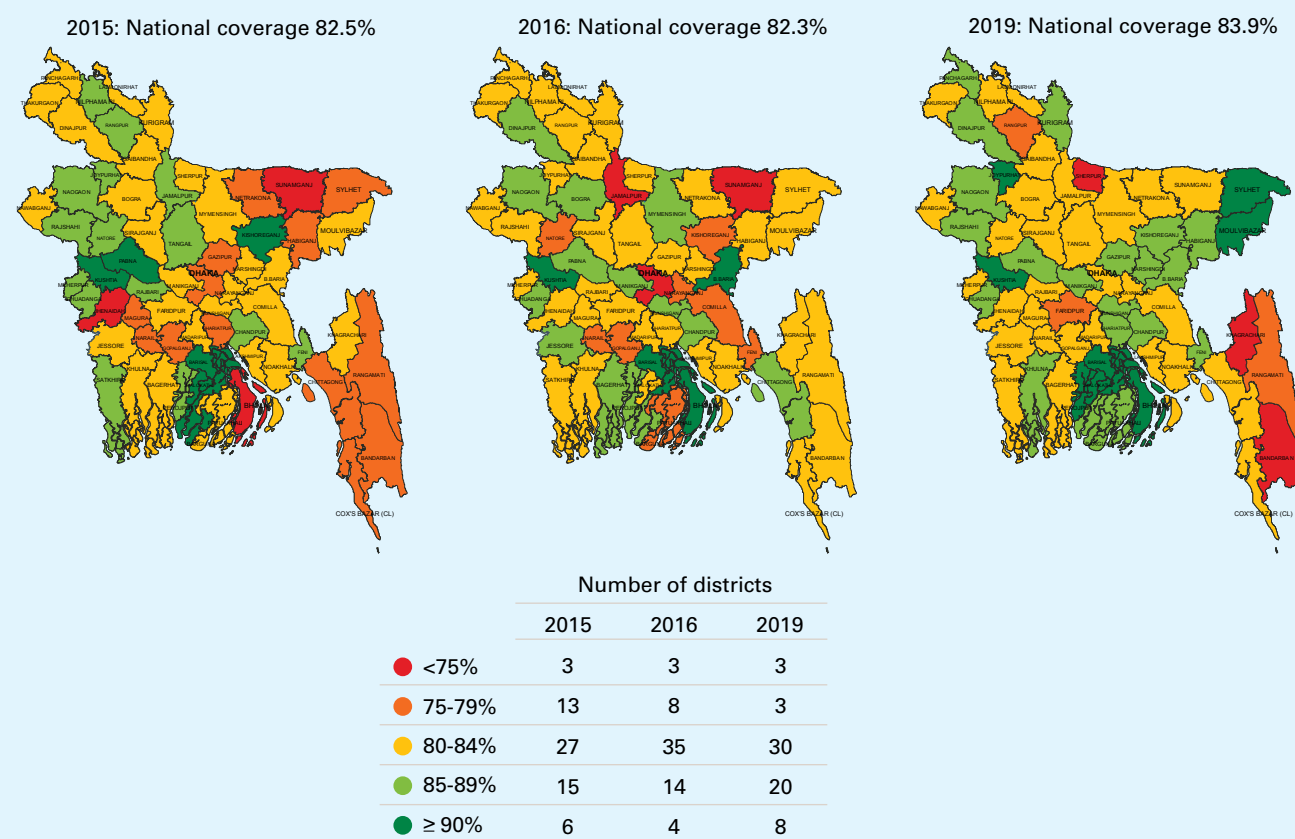
Inequitable access

Despite overall improvement in health service coverage, inequities persist across different geographical locations and socio-economic groups. Figure 2 shows that between 2015 and 2019, national coverage of immunization remained consistent (82-83 per cent). However, coverage varied widely between districts, with some districts improving as others disimproved during this period.

While the number of Primary Health Care (PHC) facilities has increased in Bangladesh, the urban PHC system is fragmented and uncoordinated. Private facilities and NGOs provide many urban health services including PHC. The overreliance on largely unregulated private providers has led to a high burden of financial stress for urban residents.²

Access to maternal health services reveals inequities across different socioeconomic groups. Only 17 per cent of the poorest women had four antenatal visits compared to 66 per cent of the wealthiest women, while 32 per cent of the poorest women delivered with a skilled birth attendant, compared to 86 per cent of the wealthiest women.⁴ This gap in access to maternal health services is reflected in a high maternal death rate (196 per 100,000 live births).⁵

Figure 2: National and district level coverage of immunization: Valid Full Vaccination Coverage by age of 12 months among 12-23 Months old Children 2015-2019



Source: Government of Bangladesh (2019) Expanded Programme on Immunization (EPI) Coverage Evaluation Survey (CES) 2019

Chronic underfunding

While Bangladesh has one of the fastest growing economies in the world, achieving 8.2 per cent annual growth in Gross Domestic Product (GDP) in 2019, the country's health system is chronically underfunded.⁶

Bangladesh has comparatively low spending on health care at 0.7 per cent of Gross Domestic Product (GDP) in 2019. This must be increased to at least 2 per cent of GDP to reach the target established in the Government of Bangladesh's 8th Five-Year Plan 2020-2025.⁷

Figure 3 below highlights that Bangladesh is the only country in the South-East Asia Region experiencing some backward development on public health expenditure. From 2009-2018, the Government's budget allocation to health decreased by more than 40 per cent from 5.2 per cent to 3 per cent of total government expenditures.

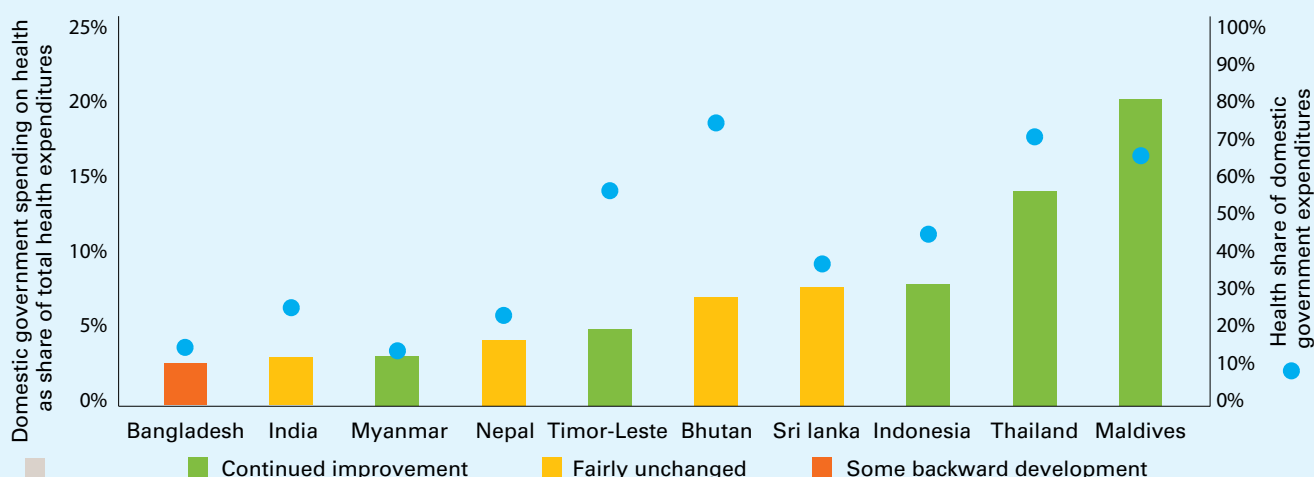
Financial protection

Bangladesh has three main sources of health revenue: the government budget; household out-of-pocket payments; and external donor funds.

Figure 4 shows that in 2018, the government budget made up 17 per cent of the Current Health Expenditure, external donor sources comprised 6.5 per cent and out-of-pocket expenditure (OOP) accounted for 74 per cent.³

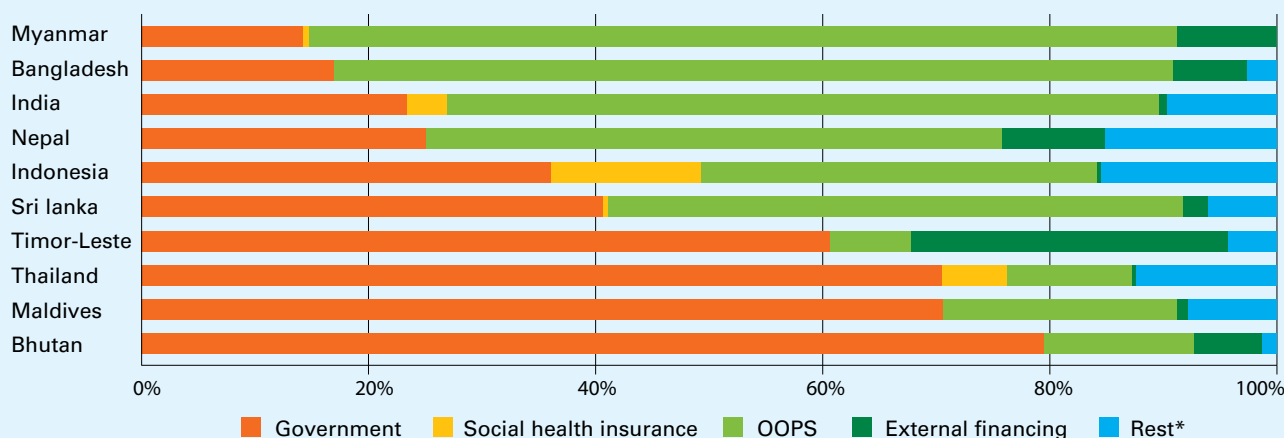
The heavy reliance on Out-Of-Pocket (OOP) payments to fund the health sector means that unexpected illness can lead to severe financial stress, sometimes requiring people to sell or borrow assets, or use up their life savings – which can perpetuate intergenerational poverty cycles.¹

Figure 3: Domestic government spending on health among South-East Asia Region Member States: its share in overall health spending and government health expenditures, 2018



Source: WHO (2021) Crisis or Opportunity? Health Financing in Times of Uncertainty. Country profiles from the South-East Asia Region³

Figure 4: Sources of financing by country as a share of current health expenditure 2018



*Rest includes other domestic revenue sources than OOPS, such as corporations, non-profit entities, and voluntary prepayments, etc.

Source: WHO (2021) Crisis or Opportunity? Health Financing in Times of Uncertainty. Country profiles from the South-East Asia Region³



Nurse Shilu Majumder takes a pause during her busy day in the Cox's Bazar District Hospital.

Bangladesh has the highest catastrophic health expenditure rates in South Asia, with 25 per cent of the population experiencing catastrophic health expenditure in 2016, and over 5 million people impoverished by healthcare costs each year.³

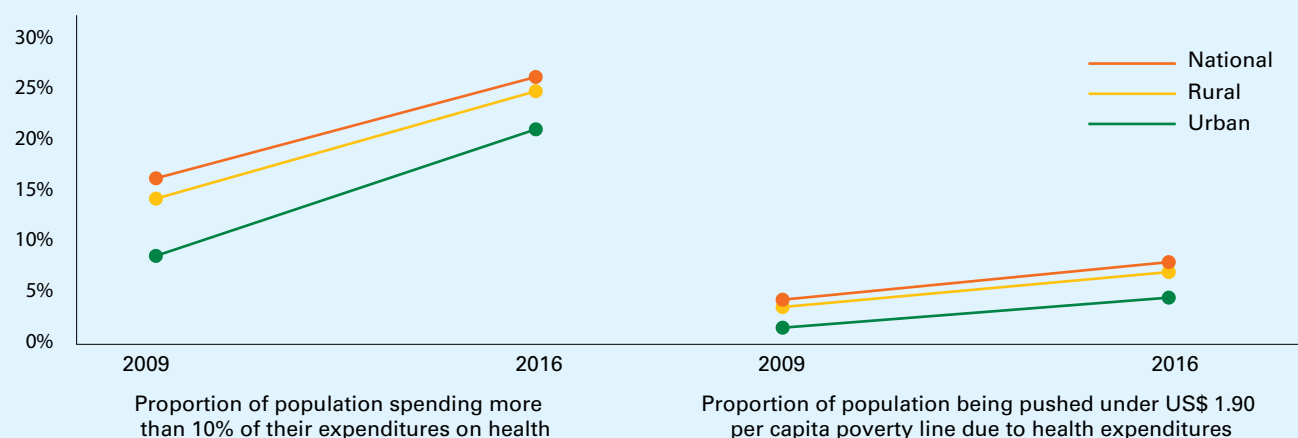
Figure 5 below shows the increasing numbers of people pushed into poverty in Bangladesh due to health expenditure.

Without urgent action, catastrophic health expenditure and impoverishment are expected to increase between now and 2030, pushing millions more into poverty.²

Health system indicators

Health service coverage and financial protection are strongly linked to key health system indicators including human resources, medicines, infrastructure, information technology and governance. Bangladesh is experiencing a health workforce crisis. WHO recommends 23 health workers (doctors, midwives and nurses) per 10,000 population as a minimum to provide the most basic coverage.⁸ As of 2018, there were only four nurses and five doctors per 10,000 population.⁷ This workforce shortage impacts the quality of care provided and pushes poorer and marginalised populations to seek health care from unqualified providers.²

Figure 5. Catastrophic and impoverishing incidence due to out-of-pocket expenditures on health in Bangladesh



Source: WHO (2021) Crisis or Opportunity? Health Financing in Times of Uncertainty. Country profiles from the South-East Asia Region³

Demographic transition

Bangladesh is experiencing major demographic shifts. Improvements in life expectancy combined with lower fertility rates are resulting in a rapidly ageing population. The speed of ageing in Bangladesh is faster than Japan, and considered among the fastest in the world. As people age, their health needs become more complex, placing increased demands on the healthcare system.

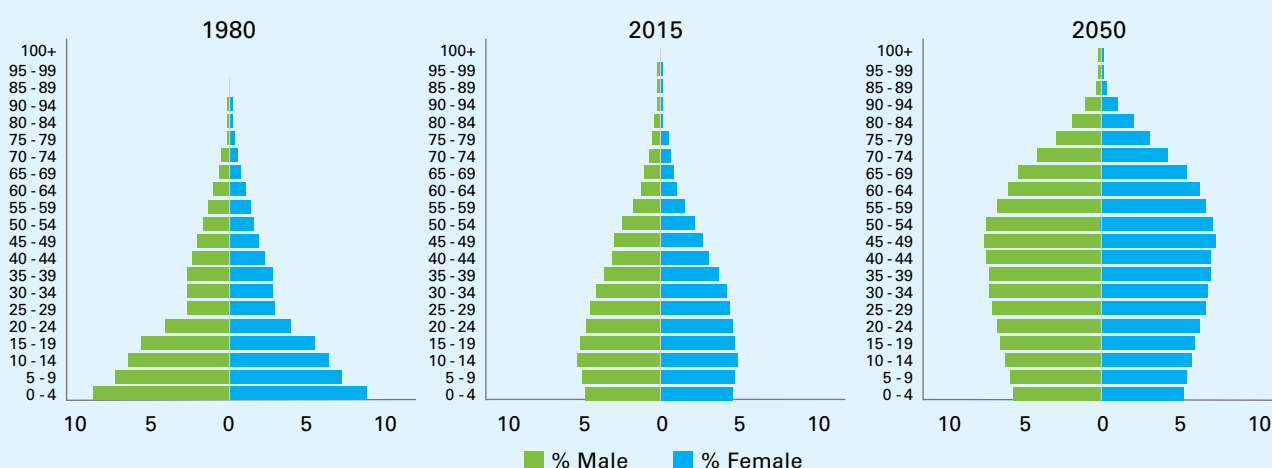
Figure 6 below highlights the actual and projected shapes of population pyramid of Bangladesh in 1980, 2015 and 2050.

Disease burden

The disease burden is shifting from communicable diseases towards non-communicable diseases (NCDs) such as heart disease, cancer, chronic respiratory disease and diabetes, requiring more lengthy and costly treatments. Figure 7 below shows that in 2016, NCDs accounted for 67 per cent of total deaths.¹⁰ Despite its growing significance, the health system is primarily geared towards addressing communicable diseases and maternal, neonatal and child health.

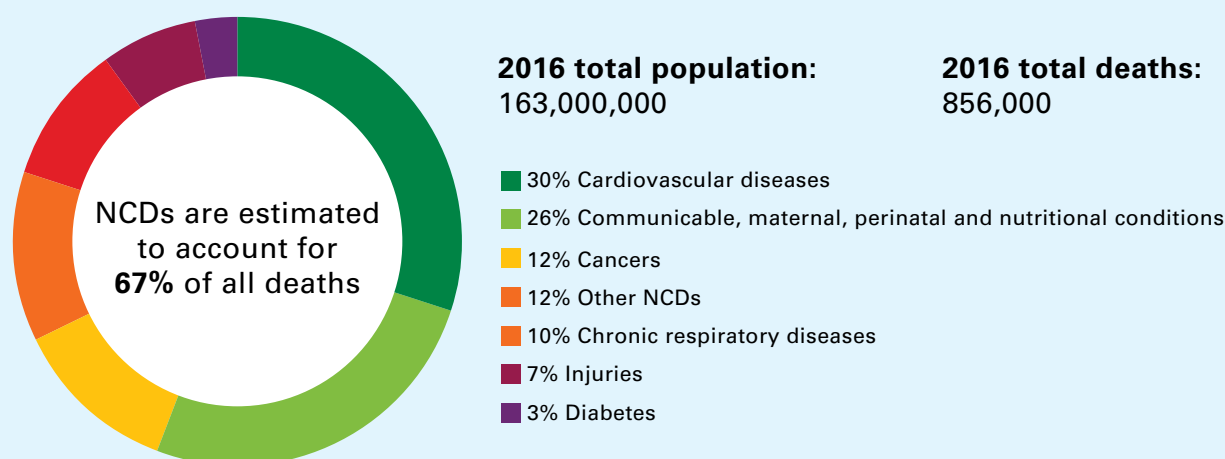
There is an urgent need to address the underlying factors that often result in poor health – including poverty, nutrition, education, water and sanitation, climate change, discrimination, as well as investing in expansion of essential health services for NCDs.²

Figure 6. Population pyramids of Bangladesh



Source: United Nations World Population Prospects 2019⁹

Figure 7: Proportional Mortality in Bangladesh 2016



Source: WHO Noncommunicable Diseases (NCD) Bangladesh Country Profile, 2018¹⁰

Why investment in UHC matters?

How countries invest in health matters enormously for children. UHC advances children's right to health and develop to their full potential. UHC also brings a wide range of benefits for all society, from improved access to health services and better health outcomes, to financial protection from health costs, economic growth, poverty reduction and the promotion of political stability.

Helping achieve children's right to health

Children are the most vulnerable in any population. UHC can help to advance children's right to health enshrined in Article 24 of the Convention on the Rights of the Child by covering the entire population and removing barriers to health service access. Growing evidence suggests that poor health status in infancy can predispose adults to non-communicable diseases in later life. Investing in children's health will bring long-term benefits to both children and society.⁹

Human capital

UHC maximizes the potential of the most critical and strongest asset for a country, human capital. It's a foundational investment in human capital and in economic growth, without good health, children are unable to go to school and adults are unable to work.

Health benefits

UHC will improve the health and well-being of all Bangladeshi people, with the poorest and traditionally marginalized populations likely to benefit the most. Everyone has the right to access affordable, equitable healthcare. UHC boosts individual health outcomes and contributes to healthier, happier families and communities.¹¹

Economic benefits

Investing in health delivers excellent economic returns. For every 10 per cent gained in life expectancy, economies can expect a boost of 0.3 to 0.4 per cent in annual growth.¹² By improving health and reducing the economic cost of illness (productivity and income losses), UHC boosts economic and social security. Families can redirect money previously spent on healthcare for other household needs including food, education, housing and savings.¹⁰

Political benefits

UHC requires strong political leadership, commitment and action. Championing a UHC agenda can deliver significant political benefits as the majority of citizens want access to affordable, quality health services. UHC builds solidarity and strengthens accountability between government and its citizens. Advancing progress on UHC would demonstrate decisive leadership in tackling the COVID-19 crisis and future health needs.

Way Forward

To achieve UHC, Bangladesh requires strong political leadership and steadfast commitment.

The road to UHC is long but progress can be made at each step of the journey. To address the most critical gaps and accelerate progress to achieve UHC and SDG targets, the following are the key recommendations for action.

Key recommendations

- 1 Increase allocations to health** to address critical shortages of skilled health workers, medical equipment and supplies from current public health expenditure of 0.7 per cent of GDP to at least 2 per cent as per the 8th Five-Year Plan. Without investment and reform, Bangladesh risks deepening existing inequalities through increased OOPs, pushing millions more into poverty.
- 2 Provide health care services for free.** Invest in the expansion of quality primary health care services and implementation of the Essential Services Package. Increase human resources for health and pay special attention to the poor, hard-to-reach populations. Leverage resources and learnings from the COVID-19 response.
- 3 Utilize health and well-being data** including the key components for UHC in a geographic area, keeping in mind emerging challenges like climate change, environmental health and COVID-19. Use evidence-based health data to guide expansion of health services across geographic areas and socio-economic groups.
- 4 Review and expand social protection schemes** like Shasthyo Shuroksha Karmasuchi (SSK) and the Maternal Health Voucher Scheme as outlined in the 8th Five-Year Plan.
- 5 Expand urban primary health care services and reduce inequities.** Investment in urban health clinics will address inequities in health coverage and reduce out-of-pocket expenditure for Bangladesh's rapidly growing urban population.
- 6 Bring together coalitions and create champions for UHC in Bangladesh.** Build momentum and create a winning situation for the country to achieve UHC.

Endnotes

- 1 World Health Organization, What is Universal Health Coverage? <[https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))> Accessed 16 May 2021.
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Published by UNICEF Bangladesh

UNICEF House, Plot E-30 Syed Mahbub Morshed
Avenue, 1207 Dhaka, Bangladesh

Tel: +880 (0)2 55668088

E-mail: infobangladesh@unicef.org

www.unicef.org/bangladesh
www.facebook.com/unicef.bd

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June 2021