

Leveraging SSTC for Universal Health Coverage (UHC)

Dr. Ashrafi Ahmad, ndc

Additional Secretary (Population, Family welfare & Law wing)

Medical Education and Family Welfare Division

Ministry of Health and Family Welfare

& PCC Bangladesh

Introduction:

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.

Universal Health Coverage (UHC-SDG 3.8) is a **commitment and a system** where everyone, everywhere has access to **high-quality health** care services that they need and **without facing financial hardship**.

It is potential to greatly improve global health and reduce poverty.

includes

- health promotion,
- prevention,
- screening,
- management,
- rehabilitation, and
- palliative care services.

Bangladesh has made significant strides in healthcare but faces persistent inequalities, especially in rural and marginalized communities.

Primary health care is the foundation of a strong health system.

Bangladesh spends only 1.5% of its GDP on health, which is far below the global average of 5.9%.



At **LEAST HALF OF THE WORLD'S POPULATION** STILL DO NOT HAVE FULL COVERAGE OF ESSENTIAL HEALTH SERVICES



ABOUT **100** MILLION PEOPLE are still being pushed into **EXTREME POVERTY** due to **HEALTH CARE COSTS**

Situation of Universal Health Coverage (UHC) in Bangladesh

Bangladesh has made significant strides in improving health outcomes over the past few decades, yet achieving Universal Health Coverage (UHC) remains a challenging goal.

Current Status:

Bangladesh UHC service coverage index (SDG-3.8.1) achieved 52 out of 100. (WHO 2021)

Key Considerations for Achieving UHC:

- **Strengthening Primary Health Care services**
- **Expansion of Infrastructure and Supplies**
- **Community Health Workers:** Expand and strengthen the network of community health workers to provide essential services at the grassroots level.
- **Health Workforce Development**
- **Training Programs:** Implement comprehensive training programs for healthcare professionals, focusing on both technical skills and community health.
- **Incentives and Retention:** Develop incentives to attract and retain healthcare professionals in underserved areas.

Leveraging South-South and Triangular Cooperation (SSTC) for Universal Health Coverage (UHC) involves collaboration between countries of the Global South.

SSTC leveraging for UHC:

Key Strategies:

- **Training Programs:** Develop and implement training programs for healthcare professionals across participating countries.
- **Research Collaborations:** Share research findings, best practices, and innovations in healthcare.
- **Policy Exchange:** Facilitate policy dialogues to exchange successful UHC policies and frameworks.
- **Technical Assistance: Kits, Medicine and Commodities**
- **Health Information Systems:** Support the development and implementation of health information systems to track health outcomes and manage resources efficiently.

key initiatives and strategies the country has been implementing :

Health Policy Framework

- **National Health Policy (2011):** Revision of National health policy (2011) in light of UHC
- **Sector-wide Approach :** Implementing Health, Population, and Nutrition Sector Program Aimed at improving the health status of the population through an integrated and comprehensive health system.
- **Community clinic initiative (Best Practices) :** Established more than 14,000 of community clinics across rural areas, providing primary healthcare services, maternal and child health services, and family planning.
- Initiative to implement **PHC –OP**
- **Shasthyo Surokhsha Karmasuchi (SSK)**
- **Maternal Health Voucher Scheme (MHVS)**
- **Community-based health insurance (CBHI)**
- **Development of Health Care Financing Strategy (2012-2032)**
- **Digital Health Initiatives:** Telemedicine services and digital health platforms to increase access to healthcare.
- **Health Insurance Pilot Programs:** Introduction of pilot health insurance programs targeting low-income populations

Primary Health Care (PHC) is considered to be the driving force for UHC, as it

- Empowers communities,
- Promotes social accountability and
- Multisectoral action, and
- Enables the integration of healthcare services and innovative digital solutions.

Ministry of Health and Family Welfare has taken initiative to implement **PHC –OP** for improving access to affordable and quality PHC for Universal Health Coverage’ and the other on ‘Health Care Financing for Accelerating Universal Health Coverage’,

Linkage of Primary Health Services (PHC): DGFP , DGHS, MoWCA & MoE



**Home
Door to door visit FWA**



Courtyard meeting



At Community



**Satellite clinic
FWV**



Adolescent Club



**Schools: The Right Place for a Healthy Start
Promoting Adolescent Health session at School**



**Union health & Family welfare centre & MCWCs-1203
& School health clinic -23**



Community clinic



**8
Ready made Garments Factory**

Maternal and Child Health Programs

such as the Expanded Program on Immunization (EPI), nutrition programs, and safe motherhood initiatives (**demand side voucher scheme**)

Non-Communicable Diseases (NCDs) and Mental Health

Developed National strategies and action plans to address the growing burden of NCDs and to integrate mental health services into primary healthcare.

Health Information Systems

Implementation of the District Health Information Software 2 (DHIS2) for better health data management to ensure accurate data collection, reporting, and use in decision-making processes.

International Collaboration and Support

Collaboration with international organizations, such as the

- World Health Organization (WHO),
- The World Bank, and
- Various Donor agency like UNFPA, UNICEF and other non-governmental organizations (NGOs), to leverage technical and financial support for UHC initiatives.

Infrastructure Development: Assist in the construction and improvement of healthcare facilities.

Digital Health Technologies: Promote the adoption of telemedicine and other digital health solutions to increase access to healthcare.

Resource Mobilization:

1.Pooling Funds: Create regional health funds to support UHC initiatives.

2.Joint Procurement: Engage in joint procurement of essential medicines and medical supplies to reduce costs.

3.Innovative Financing: Explore and implement innovative financing mechanisms, such as social impact bonds and public-private partnerships.

Strengthening Health Systems:

Primary Health Care: Focus on strengthening primary health care systems as the foundation for UHC.

Health Workforce: Collaborate on health workforce planning, training, and retention strategies.

Supply Chain Management: Improve supply chain management for essential drugs and medical supplies.

Addressing Social Determinants of Health:

Multi-sectoral Approaches: Collaborate on multi-sectoral approaches to address social determinants of health, such as education, nutrition, and sanitation.

Community Engagement: Foster community participation and empowerment in health initiatives.

Examples of SSTC for UHC: SDG-17: Partnerships for the goals

Africa-Brazil Cooperation: Brazil's experience with its Family Health Strategy has been shared with African countries, focusing on primary health care and community health workers.

BRICS Health Network: The BRICS countries (Brazil, Russia, India, China, South Africa) collaborate on various health initiatives, including UHC, by sharing experiences and resources.

China-Africa Health Development: China has been actively involved in supporting health infrastructure and providing medical teams in various African countries.

China-Bangladesh Cooperation- SSCAF project for maternal and child health Improvement.

Bangladesh, Myanmar, Nepal, Norway- Improvement in the Quality of Leprosy and Disability Services

- **Bangladesh-Bhutan Cooperation**
- **Gambia & Bangladesh- a2i- Service Process Simplification (SPS), Civil Service Reform, and Digital Service Design Lab (DSDL)**
- **Advanced, Cost-Effective and Climate-Resilient Technologies for Bridge Construction in Nepal: A Knowledge Exchange with Bangladesh**
- **Transit Trade between Bangladesh and Bhutan via India through Transboundary Waterways**
- **Water Farming for Climate-Resilient Agriculture and Disaster Preparedness in India and Bangladesh**
- **Research and Capacity Building for a Sustainable Agriculture**
- **Promotion of the Use of Beneficial Fungus Trichoderma in Agriculture**
- **Promotion of Integrated Pest Management (IPM) Products for Sustainable Agriculture**

Challenges or Barriers towards Achieving UHC in Bangladesh

Resource Constraints: Limited financial and human resources hinder the expansion and improvement of healthcare services.

Equity Issues: Ensuring equitable access to healthcare across different regions and populations remains a significant challenge.

Governance and Coordination: Effective governance and coordination among various stakeholders are crucial for the successful implementation of UHC initiatives.

Larger Policy-Level Barriers (Health Sector and Beyond).

Implementation Barriers in Health Sector. Poor human resource management, including shortages, deficient training, low motivation, retention issues, skill-mix imbalance, and quality service provision is staggering.

Demand-Side Barriers. There is a pervasive sociocultural barrier against insurance. Lack of information on the available services is another demand-side barrier to UHC.

Crosscutting Barriers. A lack of common understanding among different stakeholders, both supply and demand-side,

Suggestions from the Stakeholders to Overcome the Barriers:

(1) Redesign the Public Financial Management.

demand-side financing, projects like SSK, local level planning, and local authority for spending.

(2) Health Insurance and Health-Financing Reform. Innovative financing mechanisms, such as bringing corporate social responsibility (CSR) money, zakat money, and sin tax money into UHC should be considered.

(3) Improve Regulatory Framework and Mediator Mechanisms. Regulation and its implementation should ensure that there is no overcharging, exploitation of any form, unnecessary procedures and tests, and irrational use of antibiotics.

(4) Inter-sectoral Collaboration. CSO and Public sector understanding. **(5) Political Commitment.** Political commitment and a better buy-in on UHC are indispensable. This may be achieved by going to the political parties before election and convincing them to include UHC in their manifesto.

Suggestions to Address Implementation Barriers in Health Sector:

(6) **Health Systems Strengthening.** PHC services should be prioritized, and duplication of services (between public and private sector, health and family planning, etc.) must be avoided.

(7) **Improve Health Service Management.** Health service management, including human resource management, inventory management, facility management, financial management, needs to be further improved. Vacant positions need to be filled.

(8) **Improve Monitoring and Supervision.**

(9) **Involve ICT.**

(10) **Improve Health Promotion and Disease Prevention.** In regard to the importance of SBCC in achieving UHC.

(11) **Deciding on and Adhering to Quality Criteria.** Implementation of various Protocols

(12) **Code of Conduct for Service Providers.** There should be code of conduct for service providers, like physicians and nurses.

(13) **Improve Efficiency.**

(14) **Special Attention to Hard-to-Reach Areas and Marginalized Populations.**

(15) **Decentralization.**

Suggestions to Address Demand-Side Barriers

(16) Patient/Client Education. We need to inform people about UHC in order to generate demand for it.

(17) Community Empowerment.

Suggestions to Address Crosscutting Barriers

(18) Research. In order to improve our knowledge and understanding on UHC, particularly in the context of Bangladesh, further research is necessary.

(19) Advocacy. Based on research, policy best-practices, and multisectoral experiences, advocacy for UHC should continue.

Thank You