

Op-ed: Universal Healthcare in Bangladesh could be a reality if we draw from existing evidence

Health is wealth. Acknowledging the critical role of health, the UN General Assembly unanimously endorsed a resolution in 2012, urging countries to accelerate progress toward universal health coverage (UHC) – the idea that everyone, everywhere should have access to quality, affordable health care – as an essential priority for international development.

The COVID-19 pandemic has shown how vulnerabilities in health systems can have profound implications for health, economic progress, trust in governments, and social cohesion. The theme for this year's Universal Health Coverage Day focuses on investing in health systems for all. Health systems strengthening for universal health coverage and global health security are key high-level global public health objectives for healthier and safer societies.

Bangladesh has embraced the United Nations Sustainable Development Goals (SDGs), including SDG 3, which focuses on ensuring health and promoting well-being. A specific objective is to achieve UHC, which ensures access to high-quality health services without causing financial hardship. Let's take stock in Bangladesh; what would it take to build a health system that leaves no one behind?

Key to success is the right leadership and governance structure backed by a good health financing system. With the Healthcare Financing Strategy 2012-2032 in place, the country enjoys the right political will to build its healthcare sector. However, allocation to the health sector to date stands at less than 10 per cent of the total financial year budget and less than 1 percent of the GDP. To attain the vision of UHC, the government would need to refocus attention to the health care sector and increase budgetary allocation to meet the demands placed on delivery of the public healthcare system.

Closely related to the financing, is the ability to deliver good health services coupled with a well performing health workforce. The low budget allocation means there are shortages of trained human resource (both medical and managerial), medical equipment and supplies. This situation is not unique to Bangladesh but is prevalent across many emerging markets. It presents an opportunity to work with the private sector, to complement and address gaps in the healthcare sector. Emerging markets need the private sector support to achieve SDG 3.

The private sector can offer supplementary care to fill in capacity and speciality gaps in order to create a robust and strengthened healthcare infrastructure that can increase access for local communities. Further, a focus on high quality care ensures improved outcomes for patients. Evercare Group, an impact investment group, is working to fill capacity gaps in existing healthcare infrastructure in traditionally underserved communities while providing quality care. Evercare Dhaka is the only facility accredited by the Joint Commission International (JCI) in Bangladesh.

Private capital has proven to be invaluable in developing markets like Bangladesh, where public investment has fallen short of meeting the needs of a growing population. Private equity helps address this shortfall in public funds, by working with governments to provide long-term funding. Further, private investment also creates economies of scale for healthcare in emerging markets that can cut costs for consumers and increase quality, which will in turn deliver significant positive social impact to consumers while ultimately unlocking private capital towards other much needed healthcare investment.

Crucial to a well-functioning health system is equitable access to essential services at accessible cost. While public healthcare is highly subsidized by the government, with services available for a very low fee for patients, especially for outpatient care, these services are not sufficient to meet the demand. Currently, due to the low allocation of the budget to the health sector, individuals bear a large share of medical costs, with up to 67 percent of expenses borne by households through out of pocket payments. This system creates a significant financial burden for

impoverished families, sometimes forcing them to either forego treatment or go into debt. To reduce this burden, the government must increase healthcare funding. To address this, robust financing structures are key. Pooling funds from compulsory funding sources (such as government tax revenues) can spread the financial risks of illness across a population. Innovative public-private partnerships could also address this, and functional models can be adapted to fit Bangladesh's context.

The global COVID-19 pandemic provides an opportunity for the government to reprioritize health in the national agenda. If Bangladesh is to stay on track towards attaining the SDG 3 of achieving Universal Health Coverage, this is an opportunity the country cannot afford to miss. While there is no 'one size fits all' we must draw from existing evidence and chart a deliberate path towards this vision.