



# In Bangladesh, Dialogue on Stakeholder Roles in Moving Closer to Universal Health Coverage

## Background

The movement towards achieving Universal Health Coverage (UHC) is gaining momentum in Bangladesh—especially following the approval of the Global Sustainable Development Goals (SDGs)—with a clear mandate for UHC, and strong political commitment from the highest echelon of the government. Key initiatives that testify to this commitment include the Health Care Financing Strategy 2012–2032, Bangladesh Health Workforce Strategy 2015, National Social Security Strategy 2015, and Communication Strategy for UHC 2014–2016.

USAID’s Health Finance and Governance (HFG) project is working to develop a “critical mass” at the policy and practitioners level in the public and non-state sectors under the program “Building Awareness on Universal Health Coverage: Advancing the Agenda in Bangladesh.” The program is implemented by the James P. Grant School of Public Health in collaboration with the Health Economics Unit of the Ministry of Health and Family Welfare (MOHFW). It builds awareness on core concepts of UHC among different levels of stakeholders, and includes orientation sessions, courses, and policy dialogues.

To celebrate UHC Day, HFG organized two high-level advocacy events on December 12, 2016—a segment for a television talk show, and a dinner dialogue—both aimed at high-level government officials. The segment, “*Sorbojonin Sastho Surokkhar Bangladesh Chai* (We Want a Bangladesh with Universal Health Coverage for All),” was broadcast on the popular RTV show *Kemon Bangladesh Chai*.

On March 5, 2017, a roundtable discussion on UHC was organized with one of the largest-circulation daily Bangla newspapers, *Prothom Alo*. *Prothom Alo* published a full-page supplement on the roundtable on April 6, 2017, available here: <http://epaper.prothom-alo.com/view/dhaka/2017-04-06/17>.

This brief summarizes the roundtable discussion.

## Approach and Participants

The half-day policy dialogue held at the *Prothom Alo* office included 14 policy experts and was chaired by Honorable Minister, MOHFW Mohammed Nasim. The dialogue was geared toward government officials, academia, development partners, policymakers, and economists.

## Objective and Expected Outcomes

The objective of the ongoing policy dialogue series is to facilitate the exchange of views, experiences, and learning, to achieve awareness on UHC among policymakers, implementers, and the public.

## Objectives for Policymakers and Implementers

- ▶ Stakeholders develop an understanding of individuals’ and agencies’ roles vis-à-vis advancing UHC in Bangladesh’s long-term health strategy.



Photo: Participants along with Minister of Health and Family Welfare, Bangladesh in the roundtable discussion.

- ▶ Policymakers and implementers mobilize and consolidate efforts by the Government of Bangladesh, development partners, and stakeholders to achieve UHC and alleviate poverty.

## In Partnership With



## Objectives for Prothom Alo Readers

- ▶ Improve understanding of UHC. Focus on how out-of-pocket (OOP) expenditure is contributing to poverty, constraints, concerns, challenges, and possible solutions for accessing quality essential services at an affordable cost.
- ▶ Motivate the readers to demand quality health services and lower OOP costs.

## Summary of Discussions

Participants in the roundtable discussion enthusiastically expressed their desire to work for UHC in Bangladesh, highlighting commitment towards achieving UHC.



### Honorable Health Minister Nasim highlighted the government's initiatives and commitments in achieving UHC in Bangladesh. He

focused on budget allocation, human resources, and community clinics to ensure health care services are provided for all. He acknowledged that ensuring health care services for all is a big challenge when dealing with a large population, and said that “it will be easy to go ahead with this if all stakeholders do their part.” He placed importance on qualified leadership for the health sector, and stated that “because of our good leadership, many district hospitals are doing very well.” He emphasized the importance of collaboration with all relevant groups to achieve UHC goals in Bangladesh.



### UHC current situation and prospect for Bangladesh: Dr. Hossain Zillur

Rahman, Executive Chairman, Power and Participation Research Center, spoke of remarkable achievements in health and successes in controlling communicable disease, but said at the same time that the increase in non-communicable diseases (NCDs) is a challenge not yet met. He highlighted the need for a strategy to control NCDs, and said that “UHC is described in SDG 3, which is a strategic goal [as a way] to ensure healthy lives and promote wellbeing for all.” He emphasized that the existing resource gap is an impediment to achieving UHC in Bangladesh, noting that “Bangladesh must optimize use of existing resources.” Dr. Rahman also emphasized that policymakers must allocate more resources for the health sector because current OOP expenses are too high.



### UHC, the Fourth Sector Plan, and the role of the Directorate General of Health Services in advancing UHC: Prof. Dr. Abul Kalam Azad,

Director General, Directorate General of Health Services, MOHFW, pointed out that UHC is a basic right and Bangladesh should provide the highest

possible level of health care. “Mass media is not covering the news about UHC intensively,” he observed. “As a result, advocacy is disappearing from the main agenda.” Dr. Azad also stated that community clinics are a global example of the movement toward UHC. He emphasized the importance of transparency in health systems and a time-specific plan for UHC. He shared some core focus areas of the Fourth Sector Plan:

- ▶ A new cadre of multipurpose community health care providers has been proposed for community clinics.
- ▶ The government should:
  - Consider doubling the health sector budget in the next sector plan
  - Emphasize more preventive care
  - Develop initiatives to motivate providers to deliver responsive care



### Essential Service Package (ESP) for UHC: Dr. Abdul Ehsan Md. Mohiuddin Osmani, Joint Chief, Planning Wing, MOHFW, spoke about the ESP and the

first sector program of 1998. The ESP will be reintroduced in the Fourth Sector plan, with a focus on maternal and child health. The government is attempting to provide maternal and child health services at all levels, starting with community clinics. Dr. Osmani went on to say, “Nearly 60 percent of deaths in Bangladesh are due to NCDs. The ESP is being designed to deal with this transition and provide services for children and mothers.” At the *upazila* complex level, 285 drugs are currently available, and this is a good step toward providing the ESP. Dr. Osmani indicated that lack of skills in financing, governance, and management is the major impediment to delivering the ESP.



### Role of Directorate General of Drug Administration in ensuring quality and cost of drugs to move towards UHC: Mr. Md. Ruhul Amin, Director

General of Drug Administration, stated that the concept of quality of drugs is broad and complex. Bangladesh recently introduced a new drug policy based on 1940 and 1982 drug laws. Access to medications is a basic element of UHC. Mr. Amin stated that “Bangladesh produces world-class drugs, which cover 98 percent of local demand. It currently exports drugs to 127 countries, including Europe and America.” The drug administration issues drug price licenses if the company sets the price rationally.



**Role of health care providers in advancing UHC:** Dr. Mahmud Hasan, Vice Chancellor, Bangabandhu Sheikh Mujib Medical University, and Ex-

President, Bangladesh Medical Association, referred to findings of research conducted by the World Bank and Japan showing that 94 percent of health care providers in Bangladesh are not qualified. Dr. Hasan also mentioned that the WHO recommended ratio is 1 doctor to 3 nurses and 5 technicians. In Bangladesh more nurses and technicians need to be recruited. Referencing a recent *Lancet* article on UHC, Dr. Hasan stated that “economic growth is not a requirement for adoption of UHC.”



**Role of all medical cadres in advancing UHC:** Dr. Iqbal Arslan, Dean, Faculty of Basic Science and Para Clinical Science, Bangabandhu Sheikh

Mujib Medical University, described the preconditions for and likely limitations in UHC in Bangladesh. He emphasized the importance of political commitment to enhancing UHC, adding that “in UHC, not only the doctors but also nurses, technologists, and pharmacists have an important role in achieving the goal.” He also stated that it will be easy to achieve goals if all professional bodies work at their best from their own positions. Drug costs and diagnostic costs are high. Technological advances and the increase in NCDs are increasing health care costs and contributing to rising OOP payments. This is an impediment to achieving UHC in Bangladesh.



**Importance of changing payment structures to incentivize quality and improve health outcomes:** Prof. Rumana Haque, Department

of Economics, University of Dhaka, stated that a motivated health workforce is a prerequisite to ensuring UHC. Proper payment mechanisms will motivate the workforce. She mentioned that “currently, resources are allocated based on the numbers of beds in hospitals, not by disease prevalence. Resource allocation has to be need-based, not based on equality by geographic location.” The Fourth Sector Plan program will initiate need-based resource allocation and output-based payments, called Disbursement Linked Indicators.

Designing incentives is very important, and the designers should consider the impact of incentives upon improved quality of work. Dr. Haque stated that providers who receive payments from government development budgets are less secure than providers who receive payment from the revenue budget. She recommends coordination between revenue and development budgets to promote a more secure and balanced payment structure.



**Visibility of public health in print media, and journalists’ role in developing public awareness of UHC:** Md. Shah Alamgir, Director

General, Press Institute Bangladesh, stated that the concept of UHC is new to professionals such as doctors and journalists. It is thus important to first introduce the UHC concepts to them and to other health professionals. Mr. Alamgir stated that UHC implementation depends on joint efforts from government, providers, professionals, and communities. The media can play an active role in raising awareness and supporting UHC in the country. He referred to statistics showing that “more than 100 million people in the world are getting poor due to high OOP payments, and in Bangladesh, 4 percent of people are getting poor due to high OOP payments.”



**Role of academics in advancing UHC:** Mr. Hossain Ishrath Adib, Head of Education, James P. Grant School of Public Health, BRAC University,

focused on the UHC awareness program conducted by the school under USAID’s Health Finance and Governance project. He stressed that only 2 percent of the Government of Bangladesh health budget is spent for research, which is insufficient. For many years, the Government of Bangladesh has been trying to establish voluntary health insurance schemes, but this has not worked well. In Bangladesh, more than 30 million families are registered with microcredit organizations. These organizations have Bangladeshi taka (BDT) 237 million in savings from the members and their families. He stated that “all registered microcredit organizations have extra funds, and the policy should be that the organization is required to be responsible for health insurance for their members.”



**Role of World Bank in supporting UHC in Bangladesh:** Dr. Shakil Ahmed, Senior Health Economist, World Bank, mentioned

that the World Bank is exploring ways to provide needed support in the next sector plan. Health in Bangladesh needs more resources, and he raised concerns regarding domestic resource allocation challenges. He mentioned that the “the total budget of the Health, Nutrition and Population sector program is USD 14.8 billion, while the development budget is USD 5.6 billion. In this case, domestic resource mobilization is a big challenge.” The World Bank is working with the government to develop Disbursement Linked Indicators, which will be used in the Fourth Sector Plan. To fully roll out the ESP,

Dr. Ahmed also highlighted that we need more resources.



**Donor perspectives for UHC in Bangladesh:** Ms. Miranda Beckman, Deputy Director, Office of Population, Health, Nutrition and

Education of USAID, stated that the momentum toward UHC is occurring not only in Bangladesh but also globally, and that USAID supports the SDGs worldwide. It is time to emphasize quality of service, she said, and service providers need to increase the quality of their services in order to care successfully for the many people in their increasingly large catchment areas. She stated: “There are many opportunities, but we need to find out the most important priority and invest in this first.” She mentioned donor contributions in developing the Health Care Financing Strategy, and that USAID has worked closely on the sector investment plan with the Government of Bangladesh. She emphasized that all partners need to be on the same page and aware of their roles.



**Role of Finance Ministry for advancing UHC:** Mr. Muslim Chowdhury, Additional Secretary, Ministry of Finance, said that UHC is not

just a scheme that needs funding; rather, it is a goal that Bangladesh needs to move toward. To ensure UHC and provide the ESP, cross-subsidy and technical efficiency are necessary. The traditional disbursement system hampers health service delivery. He said that “it is not only the disbursement of money from the Ministry of Finance that will ensure UHC. It will require a collective initiative from the government, development partners, other relevant institutions, and the public to achieve the goal of UHC.” Mr. Chowdhury emphasized the importance of professional development and institutional reshaping in efforts to achieve UHC. He also highlighted the need to improve coordination among the government organizations, private organizations and development partners to ensure UHC.

## Question and Answer and Discussion

▶ Q: Why is the tobacco tax revenue not allocated to the health budget?

A: Mr. Chowdhury responded that the government puts this “sin tax” money in a consolidation fund. To reallocate that money to health, new rules would have to be developed.

▶ Q: What is the government perspective on urban health, which is the responsibility of the Local Government and Rural Development Ministry, and is an area that will be crucial to address in working to ensure UHC?

A: Dr. Osmani responded that the Local Government and Rural Development Ministry and MOHFW collaborate regarding urban health. There is also an urban health committee to work on this issue.

▶ Q: What is the plan for the scaling-up stage of the *Shasthyo Suroksha Karmasuchi* pilot?

A: Prof. Azad mentioned the need for policy advocacy for large scaling up. Dr. Haque pointed out that one of the scale-up challenges is designing an outdoor service package for the scheme.

▶ Q: How will the burdens of NCDs will be addressed?

A: Prof. Azad stressed that NCDs pose a huge burden that needs to be tackled through financing, advocacy, and efficiency.

▶ Q: What is the role of media in helping to implement UHC in Bangladesh?

A: Prof. Azad emphasized a “holistic approach” for UHC reporting and making the health system more transparent, and said the media have an important role that includes publishing both negative and positive news about progress toward UHC.

▶ Q: What causes high OOP payments?

A: Dr. Hasan explained that only 24 percent of patients are using public health facilities and the rest of the population is using private providers. The unregulated private sector is contributing to high OOP payments. Dr. Rahman added that 94 percent of the health workforce is underqualified, and that for a majority of people the pharmacy is the first point of contact, contributing to high OOP payments.

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) project supports its partners in low- and middle-income countries to strengthen their health systems and expand access to life-saving health services.

The HFG project is a six-year (2012–2018) global health project.

To learn more, please visit [www.hfgproject.org](http://www.hfgproject.org).

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**Recommendations by the Discussants:**

- ▶ A gradual reduction in high OOP payments is necessary to bring people under the umbrella of UHC.
- ▶ Financing UHC by government as a single source with a single plan is best for performance. Private insurance should come as a supplement, not as the main source of payment. Motivation at all levels is important to the successful transition to UHC.
- ▶ A uniform standard can be established that will create competition and also enhance quality.
- ▶ Bangladesh needs to develop an effective strategy to control NCDs.
- ▶ The community clinics initiative is a way to generate local funds by and for local people.
- ▶ Establishing model pharmacies with qualified accredited/educated pharmacists will reduce overprescribing and irrational prescribing.
- ▶ To ensure UHC, more trained doctors, nurses, and technologists are needed.

**Remarks from Chair**

In his closing remarks, Honorable Health Minister Nasim commended a good session with important and relevant panelists. He also highlighted the issues below:

- ▶ **UHC is a challenge.** Ensuring UHC is a huge challenge, given the more than 160 million people in Bangladesh. More resources and hard work are needed. Mr. Nasim highlighted that “UHC is important for the health care of the country, but a shortage of resources makes it difficult to

achieve.” To achieve UHC in Bangladesh, he added that “we need more budgetary allocation in this sector for infrastructural development and for recruiting more doctors, nurses, and technicians.”

- ▶ **Government’s commitment and health sector achievements.** The rates of infant and child mortality have dropped; hospital delivery and life expectancy have increased. There is commitment to increase the budget for 250-bed hospitals. Government is also taking initiatives such as the Shasthyo Surokhsha Karmasuchi (SSK) for health protection, and the model pharmacy to standardize dispensing of drugs, which will promote UHC.
- ▶ **Commercialization of health sector.** The effort to retain doctors in rural areas has encountered serious problems. The Health Protection Law has still not been enacted, partly due to lack of consensus among professional bodies.
- ▶ **Need for collective effort and support.** Strong leadership, a committed and qualified health workforce, and coordination between the Ministry of Health and Family Welfare and Ministry of Finance are essential to support UHC. Media support is needed to create a positive environment promoting UHC and persistently encouraging the government, the people, and stakeholders in the country to achieve UHC.