

Reducing out-of-pocket expenditure to improve universal access to quality health care

Presentation by

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The initiative of the *Citizen's Platform for SDGs, Bangladesh* to prepare a set of Policy Briefs has its origin in the diverse range of activities undertaken by the Citizen's Platform over the past two years. These were geared to capture the perspectives of the country's left behind communities as regards Bangladesh's dominant development narrative. Citizne's Platform activities in this connection included stakeholder dialogues, townhall meetings, focus group discussions, perception surveys and consultations with media. These also included organisation of public hearing at national level aimed at creating opportunities for people to voice their concerns and aspirations in the presence of high-level policymakers. What emerged from this exercise is that a significantly large number of the country's citizens have continued to remain vulnerable to various risks which are manifested in their being left behind in the process of economic development. On the other hand, to recall, the leave no one behind spirit of the SDGs requires that all citizens have the right to equitable share in the development of the country's vulnerable groups and advance the interests of the country's vulnerable groups and communities.

In view of the above, Citizen's Planform has identified 11 issues (see later), from the perspective of the left behind groups, which require urgent attention and call for immediate actions. The objective of the Policy Brief exercise is to come up with a set of recommendations in each of the identified areas, by articulating the context, highlighting the issues of interest to vulnerable groups and by proposing a set of concrete actions to address their concerns.



Each of the Policy Briefs was prepared by a dedicated team of experts. The scholars, numbering 12-15 members, included leading experts and academics, development practitioners and activists in the concerned area. Each Policy Brief Team had an eminent personality as Chair, and a Penholder who was entrusted with the responsibility of preparing the drafts of respective Briefs. The Team sat for several meetings, consulted background notes based on Citizen's Platform's country-wide discussions and consulted relevant resource materials. The expert groups identified a set of prioritised actions for policy uptake and consequent implementation.

A 19-member Advisory Committee which included eminent citizens, academics and leading civil society personalities provided guidance to the Policy Brief initiative.

The CPD, as the Secretariate of the Citizen's Platform provided all necessary support to the work of the Policy Brief Initiative.



Citizen's Platform plans to take up a number of follow-up activities to take the Policy Brief initiative forward with a view to raising awareness as regards the recommended actions and mobilising support around those actions. These include:

(a) Holding of media briefings to present the recommendations to the wider audience with the Policy Briefs to be clustered into three groups- Economic, Social and Governance Issues;

(b) Presentation of the recommendations at meetings with major political parties, to inform electoral discourse and as inputs to election manifestos;

(c) Organisation of public hearing in Dhaka on recommended actions, with participation of the disadvantaged groups, civil society activists, opinion builders and media, in the presence of high-level policymakers;

(d) Organisation of discussion meetings in various parts of the country to mobilise civic activism in support of the action agendas put forward in the Policy Briefs.



Issues for 11 Policy Briefs

Economic

- Transforming agriculture for an inclusive and diversified economy
- Providing decent employment for youth in view of domestic and overseas market
- Providing public utilities and services in the backdrop of unplanned urbanisation
- Affordable and clean energy for all

Social

- Reducing out-of-pocket expenditure to improve universal access to quality health care
- Triggers to ensuring quality primary education
- Dealing with the manifestation of localised vulnerabilities of climate change
- Promoting universal social protection system and the need for targeting disadvantaged groups

Governance

- Effective implementation of laws and judicial process for eradicating gender-based violence and discrimination
- Access and justice for ethnic and religious minorities
- Giving voice to the 'silent' and establishing democratic accountability

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The Backdrop



- Significant progress in several health sector areas:
 - Maternal, infant, child mortality rates decreased
 - Fertility approaching replacement level
 - Several infectious diseases brought under control
 - Blindness, nutrition status, WASH situation improved......
- Contributory factors:
 - Timely policies
 - Large scale, innovative, low-cost interventions
 - Engagement of NGOs
 - Private sector role

The Next Mile: Uphill Battle



- External ecosystem:
 - Lack of good governance
 - Growing inequities
 - Stressed macro-economic environment
 - Pervasive poverty, catastrophic illness
- Internal health sector ecosystem:
 - Fragmented delivery of services: public/private, formal/informal, rural/urban
 - Drug prices and availability
 - Marginalised/vulnerable/left-behind groups
 - Health systems issues: lack of regulation and accountability, lack of quality, vacancies/absenteeism, culture of nexuses and kickbacks......

Approaching 2030 SDG 3- good health and well-being for all



• Universal Health Coverage (UHC) at the heart of SDG-3:

All people have <u>access</u> to full range of <u>quality</u> health services, including medicines and vaccines, when and where they need those <u>without financial or other obstacles</u>.

- Two major barriers to achieving UHC:
 - High OOP
 - 67 % of THE against global average of 32 percent
 - 64 % for medicines, 14% for hospital services, 8% for diagnostics
 - In 2016, pushed about 9 million people (4.5% of population) into poverty
 - Leave no one behind groups
 - Many facets of marginalization: hard to reach/climate affected areas, indigenous communities, slum dwellers, people with disabilities, LGBQT groups, Dalits, workers in informal sector.....
 - Special challenge to reach services to these disparate, spread-out groups without special measures

Our Recommendations

- 1. Make quality drugs affordable for all
 - Review and expand essential drug list, control prices
 - Reduce prices of other drugs
 - Accelerate in-country production of active ingredients
 - Install modern stock management system for drugs
- 2. Take special measures for healthcare needs of marginalised groups
 - Special interventions for hard to reach/climate affected groups
 - Disability friendly services everywhere
 - Prepaid cards for households below poverty line
 - 'Right to Health' law
 - Identify, address and then gradually expand Shasthyo Shurokkha Karmashuchi
- 3. Strengthen institutions
 - Modernise and implement 1982 Private Practice and Private Clinics and Laboratories Ordinance
 - Strengthen jurisdiction and capacity of regulatory bodies
 - Create National Health Authority to oversee quality of health care

Our Recommendations (contd.)

- 4. Break culture of nexus and kickbacks
 - Ethical promotion of drugs and diagnostics- guidelines, monitoring
 - Self regulation
 - Complaint/GRS system
- 5. Maximise efficiency and effectiveness of services in public facilities
 - All public facilities should work at full capacity
 - Take steps to manage waiting times of patients
 - Ensure respectful behavior
 - Extend model pharmacy network; bring all drug selling shops including pharmacies under enlistment
- 6. Establish local level accountability of health facilities
 - Activate local level committees at different tiers of service facilites
 - Capture and act upon client feedback

Bringing about Changes



- Three issues important to bring about meaningful changes in health sector and achieve UHC:
 - Political will: through public commitment in political party manifestos
 - Adequate budgetary provision: Increase budget allocation by 1% every year; increase efficiency of spending; increase spending on primary health care to 35-40% of budget
 - Government-non state actors' partnerships to break unholy alliances
- Civil society has a critical role; partnership between a stronger civil society and a more open-minded bureaucracy can overcome vested interest and introduce new ways of working involving an inclusive whole-of-society approach

We look forward to strong political commitment and participation of every part of civil society for UHC to become reality by 2030

Thank You





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