

# Policy Brief

## Ensuring Equitable Access in Urban Healthcare

### Urban Health in Bangladesh: Ensuring Equitable Access

#### Purpose:

This policy brief examines the factors regarding inaccessibility and unaffordability of the standard health care services for the low-income population in the urban areas of Bangladesh. It puts forth a number of realistic and feasible interventions that can help overcome the barriers and ensure equitable access to quality healthcare for all individuals, regardless of their socio-economic status.

#### Background

Bangladesh is one of the fastest urbanizing countries in South Asia. It is challenging the government to meet the needs for amenities and services of the rapidly growing urban population, particularly the poor.

In terms of health services, the lower-income population groups face great hurdles in accessing necessary healthcare due to livelihood challenges, distance and overburdening of the health facilities, social stigma and above all financial constraints. There are limited coverages of government primary healthcare system in urban areas with the coordination of NGOs to deliver the routine health promotional and preventive services such as health education, immunization and vitamin-A campaigns that are provided free of cost by the government in the rural areas.

In the urban areas, the low-income population have limited access the outdoor services of the secondary and tertiary government hospitals for essential healthcare services. These

#### The Problem:

In Bangladesh, the urban poor and the lower-income population face challenges in accessing necessary healthcare. The health ministry's routine preventive services such as behavior change communications on health, nutrition and family planning issues, and immunization, do not cover the urban poor in a structured manner. The private sector is the dominant provider in urban areas. However, there are concerns about the quality of healthcare and patient safety issues in the private sector that are driving the high out-of-pocket payments and pushing people into poverty each year.

facilities are overburdened, and their pharmacies struggle to cope with dispensing medications to a large number of patients who are often illiterate or poorly literate.

Urban dwellers depend on the private health industry, which ranges from informal providers to tertiary hospitals. The most frequently visited sources of healthcare are the pharmacies or drug stores spread across the country that provide medicines and advice as per the ability of the customer to pay. Alternative healthcare providers and faith healers are other sources of healthcare for low-income and poor populations. In the absence of a strong regulatory system, the quality of private healthcare varies hugely, and patient safety is hardly maintained.

Affordability is another major barrier to accessing healthcare in urban areas. Most healthcare costs in Bangladesh are paid for out of pocket.



In 2018, 2019, and 2020, the share of government in the national healthcare expenditure was about 28, 26, and 23 percent respectively, while the share of citizens was about 64, 66, and 69 percent respectively (Bangladesh National Health Accounts (BNHA) 1997-2020 report).

The charges for the various health services provided by the private sector are not only quite high they also vary considerably. The low quality and varying costs are driving up the already high out-of-pocket expenditure (OOPE) for health. In the absence of a regulatory mechanism and safety net for the poor, the slum dwellers, and people with limited income struggle to meet their healthcare needs

Total Health Expenditure (THE) in 2020 was Taka 777 billion accounting for 2.8% of GDP (according to BNHA 1997- 2020). In the same year government spending on health was Taka 179.74 billion representing 23% of THE (0.66% of GDP). Only 5.4% of the government's central budget was allocated to MOHFW in the 2023-24 Budget.

## Discussion

Accessibility to health care is critical for maintaining a productive workforce and a prosperous nation. As per the constitution of Bangladesh, it is the duty of the state to guarantee healthcare to all its citizens. However, evidence shows that often low-income groups are excluded from accessing healthcare and those with the lowest income are the least likely to make use of medical care. The government does not have the efficient structure to deliver primary healthcare in urban areas and depends on non-state partners to achieve the planned coverage of some of the preventive services. For instance, many low-income individuals need to bribe hospital workers and management to obtain seats in the hospital ward.

The higher-level government services are inadequate for the growing urban population as well as the patients referred from rural areas while other medical services like ambulance, diagnostic, and burial services, remain out of the reach of the poor. Many poor and marginalized persons face various forms of harassment and anomalies while receiving care in public hospitals.

Patients are also unsatisfied with the uncleanliness, bureaucracy, corruption, and political influence of medical staffs that contribute to low quality of services. In the absence of a structured public health system in urban areas, the poor and low-income people resort to private healthcare providers ranging from faith healers to tertiary hospitals. The most frequently visited source of healthcare i.e., the pharmacies are conveniently located in the neighborhoods, and many remain open 24/7 making it accessible for people working late. They sell medications as per the financial ability of the customer leading to irrational drug use and contributing to anti-microbial resistance (AMR). Alternate medical care i.e., Homeopathy, Ayurveda, and Unani are more popular than allopathic treatment as they are more accessible, apparently less costly, and do not require invasive procedures. The few NGO clinics, though accessible mostly during morning hours, are the other sites frequented. The poor often rely on faith healers and such providers, as they are accessible on credit.

Although there are acceptable good standard health facilities in the metropolitan cities in Bangladesh, the urban poor cannot access them due to economic, social, and geographic challenges.

Weak regulation has rendered the private sector healthcare with inconsistent service standards, as financial profiting is a priority over patient safety issues. Reports of overmedication, unnecessary procedures, iatrogenic complications, and none or inappropriate referral are usual.

Urban health in Bangladesh faces many challenges due to the lack of clarity in governance between the local government and the health ministries and stems from the arrangements. The responsibility of ensuring the health of the residents lies with the local government ministry.

Mass awareness programs on disease prevention and the promotion of healthy lifestyles can make a difference in the status of health among urban dwellers. Such strategies might help the government of Bangladesh deal with over-burdening diseases in the healthcare system and improve access to health services.

## Conclusion

A healthy population is necessary for continuous economic growth and prosperity. Financing in the healthcare system is crucial especially it works as an investment. Healthy population is the key contributor to the economic development, and overall growth of the country. Since primary Health care is not only the integrated health services delivery, the health system needs to address the every possible determinants of the health.



Though the local government ministry retains the authority to oversee healthcare provision and manage its own health institutions particularly certain aspects of public health, the latest iteration of the approved Urban Health Strategy confers the responsibility of providing healthcare to urban residents to the health ministry. The health ministry, for the first time ever, is preparing to address urban health formally in the upcoming fifth health sector program. Healthcare in Bangladesh is financed by several sources including government taxes, out-of-pocket, donations from international organizations, and private insurance policies (very limited).

OOPE payments as a percentage of household income vary significantly across the various socioeconomic categories (study). The poorest

For the richest, i.e., more than six times as much as the richest households do. In the Sylhet metropolitan city, economic considerations (31%) and lack of information (28%) as well as socio-cultural and financial issues were found to constitute the major barriers to accessing healthcare (study). Around 6.2 million people in Bangladesh (3.7% of the total population) are pushed into poverty and roughly 24.4% population experience catastrophic expenditure of healthcare services

Forty percent of the population of Bangladesh now resides in urban areas due to rapid urbanization. However, the urban low-income population and the poor hardly have any access to standard healthcare. In the absence of any government system for providing essential healthcare, urban dwellers must depend on the private sector for their healthcare. Private healthcare has varying quality and charges are usually unaffordable for the poor.



Urban dwellers need to pay for their healthcare, as there is no safety net. Weak regulations are driving up the out-of-pocket payments. Further, the mechanism of addressing urban and rural health problems is different since additional disease burdens in urban health emerged from poor living conditions, environmental pollution, and poor water and sanitation facilities. So multi-sectoral actions are imperative to reduce disease burden. There is limited allocation in the health budget for urban

health services in Bangladesh. Governance of urban health is confusing and overlaps between the local government and the health ministries. The latest urban health strategy is yet in the middle of acceptance by all parties. It needs supports to be executed by a costed action plan for implementing the planned strategies. Ensuring equitable access by addressing urban health is imperative to achieving the SDGs and universal health coverage.

## Recommendations:

- ▶ **Obtain necessary technical assistance from experts through the support of the development partners.**
- ▶ **Promote health education, healthcare information, and mass awareness of disease prevention strategies might reduce the overall disease burden and improve access to health services.**
- ▶ **Increase Health Budget with dedicated allocation to Urban Health:** 2% of GDP can be allocated for health as planned in the 8th five-year plan of Bangladesh. Along with that, 5% of the local government budget needs to be distributed for the health, as the budget. It is essential to allocate a dedicated budget for urban health to create access for urban population segments for essential health care.
- ▶ **Reduce Out-of-Pocket Expenditures (OOPE) through multiple actions and strategies related to health financing governance:** An increase in public financing and efficient use of it can make ways to reduce the OOPE. Utilizing the private sector in a strategic way can be a path to provide access to quality health services at affordable cost. The government may regulate the private sector to ensure the affordable price of health services, reduce unnecessary services and medicine use, and improve the quality of services. For medicine, the government needs to enhance the capacity of EDCL to produce essential medicine by itself. The government may collaborate with NGOs for health promotion in urban areas as they have the comparative advantage of doing it.
- ▶ **Increase Access to comprehensive Urban Primary Healthcare (PHC):** This can be achieved through several strategies including-
  - ✓ Reinvigorating the Government Outdoor Dispensaries (GOD) in the urban areas.
  - ✓ Strengthen outdoor services of government-wide hospitals e.g., Railway, Civil Aviation, Defense, etc., with designated hours for catering to the general population.
  - ✓ Collaborating and negotiating with private institutions that receive government grants, to provide PHC services as per set standards.
  - ✓ Purchasing PHC services from non-state actors who meet set standards and are willing to participate.
  - ✓ Develop partnerships with model pharmacies (with GPS system, prescribed medicines sales, etc.) to enhance improvement in health status and other willing pharmacies, to train and strengthen their services as per set service protocols. For the government, the above offers the advantage of avoiding lengthy bureaucratic processes, the burden, cost, and time for establishing PHC centers, equipping, and managing these. It will enhance the stewardship of the government, drive quality and service standards, and influence the high OOPE payments. It will also enhance the credibility of the health management information system through comprehensive performance reporting from a considerable proportion of the private health market, facilitate the Shoriful sharing of health records, and avoid duplications.