**Title:** Primary Health Care in the Context of Universal Health Coverage: Activities, Challenges, and Suggestions based on Bangladesh Experience

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**Abstract**

**Background**

Catastrophic health expenditure forces 5.7 million Bangladeshis into poverty. Out of pocket payment rate is 67%: one of the highest in the world. Inequity is present in most of the health indicators across economic status, education, gender, location and geography. This study aimed to understand the existing health policy environment and current activities to further the progress towards Universal Health Coverage (UHC) and the challenges faced in these endeavors.

**Methods**

This qualitative study involved document reviews (n=22) and key informant interviews (KII, n=15). Document review included published reports, guidelines, strategic documents, and policy documents. KIIs were conducted using semi-structured guidelines, supplemented by qualitative probing techniques. Thematic analysis of texts (themes: activities around UHC, implementation barriers, suggestions) was done using manual coding technique.

**Results**

Secondary data suggests that Bangladesh has a comprehensive set of policies for UHC, e.g. a health financing strategy and staged recommendations for pooling of funds to create a national health insurance scheme and expand financial protection for health. Progress is made on essential package of health services for all, donors supported to expand access to primary health care services, health insurance is being piloted in three sub-districts and political commitment is strong. However primary data suggests that, there are barriers pertaining to larger policy level: rigid public financing structure from colonial era. While others pertain to the health sector’s implementation shortfalls including issues of human resources, political interference, monitoring and supervision, etc. Most key informants discussed demand-side barriers too, such as socio-cultural disinclination, historical mistrust, lack of empowerment.

**Conclusions**

To overcome these barriers, several policies have been recommended. These include, but are not limited to, redesigning the public finance structure, improving governance and regulatory mechanism, specifying code of conduct for service providers, introducing health-financing reform and collaborating with different sectors. To address the implementation barriers, it is essential to improve service quality, strengthen overall health systems, improve health service management, and improve monitoring and supervision. Demand side barriers, such as patient education and community empowerment are yet to be addressed. Research and advocacy is required to address crosscutting barriers such as a common understanding of UHC.

**Key Words**

Universal Health Coverage, Health Equity, Bangladesh, Health Systems