

Why the Current Health System in Bangladesh Falls Short of Achieving UHC Goals: A Comparison with Social Health Insurance (SHI) ??

Comparison table to illustrate why the current health service modality in Bangladesh might struggle to meet the Universal Health Coverage (UHC) goals, highlighting the limitations and how Social Health Insurance (SHI) offers a more viable path:

Criteria	NHS/Existing Health Services in Bangladesh	Social Health Insurance (SHI)
Financial Sustainability	Limited government budget with high dependency on foreign aid and out-of-pocket payments. Unsustainable in the long term for universal coverage.	Regular contributions from a broad population base ensure a steady fund pool, reducing reliance on aid and making the system financially sustainable.
Coverage and Accessibility	Healthcare is not universally accessible, especially in rural areas. Limited infrastructure and resources restrict service availability.	Pooling resources allows for investment in healthcare infrastructure across regions, improving accessibility and reaching underserved populations.
Equity in Healthcare Financing	Financing is primarily out-of-pocket, placing a burden on low-income families, creating inequities. Limited support for the economically vulnerable.	Contributions based on income levels make SHI more equitable, protecting low-income groups from financial hardship while ensuring access to essential services.
Service Quality	Inconsistent quality of care, particularly in public facilities. Limited resources for quality assurance and skilled personnel.	SHI can incentivize higher-quality care through regular funding and monitoring mechanisms, supporting quality improvements across facilities.
Preventive Care and Early Intervention	Limited focus on preventive care; mostly curative and emergency care services. Preventive services are often inaccessible and underfunded.	SHI schemes prioritize preventive and primary care services, reducing long-term costs and improving population health by addressing health issues early.
Out-of-Pocket Expenditure (OOP)	High OOP expenses as individuals pay directly for most health services, leading to financial hardship and deterring service use.	SHI reduces OOP expenditure by pooling contributions, allowing members to access healthcare without direct payment at the point of care, thus protecting against financial shocks.
Inclusivity of Informal Sector	Current NHS or health services do not adequately cover informal sector	SHI can design tailored packages or community-based insurance models to include informal sector workers,

	workers, who make up a large portion of Bangladesh’s workforce.	improving coverage among all population segments.
Governance and Accountability	Weak regulatory and oversight mechanisms lead to inefficiencies, mismanagement, and limited transparency in fund utilization.	SHI requires a robust administrative framework, enabling better accountability, transparent fund management, and efficient service delivery through regulated mechanisms.
Private Sector Integration	Limited integration of private healthcare providers, leading to higher costs and unregulated services in the private sector.	SHI can integrate private providers by contracting them under regulated rates and quality standards, expanding the network of services available under the scheme.
Scalability for UHC	Current NHS and health services face resource constraints, human resource shortages, and infrastructure limitations, making UHC difficult to scale.	SHI, through regular contributions, enables incremental scaling of services, allowing for gradual expansion of services toward universal coverage as funds grow.

Conclusion:

The current health service modality in Bangladesh lacks the financial resilience, equity, and accessibility needed to achieve UHC goals effectively. The reliance on out-of-pocket expenses, inconsistent service quality, and insufficient reach to informal sector workers create significant barriers. In contrast, SHI offers a structured, sustainable, and equitable approach that can systematically address these gaps, supporting Bangladesh’s journey toward UHC.