STUDY ON

Universal Health Coverage (UHC) for Migrants in Four South Asin Countries: Bangladesh Chapter

This study was conducted by OKUP under the support from CARAM ASIA and Global Health Council in 2022.

1. Introduction:

Health is a fundamental human right. Good health helps to reduce poverty and provides the foundation for sustainable development. The right to health and social equality is indicated in the constitution of Bangladesh. Article 15 (a) of the Constitution of the People's Republic of Bangladesh envisages that it is the fundamental responsibility of the State to attain a steady improvement in the standard of living of the people, by providing the basic necessities of life, including food, clothing, shelter, education and medical care. Bangladesh also commits to address inequalities in access to health and the country joined the global community in committing to achieve universal health coverage (UHC) by 2030 under the Sustainable Development Goals (SDG). UHC is said to exist when "every person, everywhere, has access to quality health care without suffering financial hardship".

Bangladesh has emerged as a major source of international migration workforce. Every year, more than 400,000 workers leave this country for overseas employment. These remittance warriors are playing the most vital role in accelerating the economic growth but getting various types of difficulties in return. According to the World Health Organization (WHO), migration could both improve or diminish an individual's health status. Migrants often face worse health conditions in countries of transit and destination due to language and cultural differences, institutional discrimination and restricted use of health services. In terms of health in access and associated risks, migrant workers are one of the most vulnerable populations. Thousands of migrants who have been exposed to various diseases and physical harm return to Bangladesh every year with severe health issues. A significant number of Bangladeshi migrants also suffer from diseases including diabetes, dermatological problems, physical pain and weakness, eye and ear problem, heart disease, liver, lung and kidney problem, ulcer, tumor, Hepatitis B, HIV and cancer. In most of the cases, absence of proper health insurance leaves Bangladeshi migrants more susceptible to risks. Bangladeshi women migrant workers, especially domestic workers are extremely more vulnerable due to very heavy pressure of work, lack of leisure time, very little food, physical and sexual torture, and violence.

As our government's target is to ensure quality health care for all people, it is compulsory to protect the health of migrant workers. In this study, we have tried to explore where the country is currently on the road to UHC with special focus on migrant workers' health rights. The paper also identifies the much-needed action plans for addressing their health issues.

Methodology:

This qualitative research has done by conducting extensive literature review of different documents on policies, and interviews with different experts and relevant people through Key Informant Interviews (KII) and Focus Group Discussions (FGD) with the secondary data from government surveys, scholar's' research and OKUP studies.

Laws and Policies for migrant worker's health in Bangladesh:

There are several policies and laws adopted by the government of Bangladesh for promoting the health rights and entitlements to its citizen. However, very few of them have specifically focused on migrant workers' health.

Table:1: key focus areas on migrant workers' health in different policies

Relevant Policies	Goals and objectives on health issues	Key focus areas on migrants' health
National Health Policy 2011	to ensure equitable health services, gender equality and health care for people with disability and marginalized population with the objective of achieving universal health	This national policy is determined to ensure health check-ups for returnee migrants will be completed at land, sea and airports in order to restrict transmission of infectious diseases.
8th Five Year Plan July 2020-June 2025	to ensure that all citizens enjoy health and well-being by expanding access to quality and equitable health care in a healthy environment	This national policy is determined to ensure zero migration stance to the dignity, fairness, freedom, security and human rights of all Bangladeshi expatriates, especially for women migrants. It has also paid special focus on migrants' mental health.
Action Plan for the Implementation of the Expatriates' Welfare and Overseas Employment Policy 2016	to offer education, health facilities, cooperation and services of various types for the children and family members of migrant workers with direct support of various stakeholders involved with migrant workers	This action plan is determined to ensure health check-up at the time of departure and upon their return home, and treatment of all transmissible diseases including HIV & AIDS at a very low cost. It is planned to focus on migrants' mental health according to this action plan.

Overseas Employment and Migrants Act 2013	to promote opportunities for overseas employment and to establish a safe and fair system of migration, to ensure rights and welfare of migrant workers and members of their families	According to this Act, if the Government is satisfied that the migration of Bangladeshi citizens to a particular country shall be against the public or state interest or that their health and safety may be jeopardized in that country, the state may, by order, restrict the migration to that country
Perspective Plan of Bangladesh 2021-2041	to increase public healthcare spending from 0.7% of GDP now to at least 1.5% of GDP by FY2031 and 2.0% of GDP by FY2041	This policy has not mentioned any specific point for migrants' health.
Bangladesh Population Policy 2012	to develop a healthier, happier and wealthier Bangladesh through planned development and control of the nation's population	This policy is aimed to ensure prevention and care for the migrants' regarding sexually transmitted diseases and HIV/AIDS.
Overseas Workers Insurance Policy	to secure migrants with a proper life insurance scheme.	This policy has introduced two life insurance schemes (BDT 500,000 and BDT 200,000) for the migrant workers with some specific conditions.
Policy on providing special citizenship benefits to expatriate of Bangladesh who send remittances (2008)	to encourage the expatriates to send remittance legally	This policy is aimed to ensure proper medical facilities for the mentioned people and their family (including children and wife) at the government hospital of Bangladesh.
4th National Strategic Plan for HIV and AIDS Response 2018-2022	to minimize the spread of HIV and the impact of AIDS on the individual, family, community and society, working towards Ending AIDS in Bangladesh by 2030	This has included migrants as one of the risk populations regarding HIV/STDs and paid focus on increasing HIV tests among this population.

❖ Key findings from the policies

- ✓ The less focus from the policy level is the primary obstacle on this regarding issue. There are several policies and laws regarding health sector in Bangladesh but very few of them have specifically focused on migrant workers' health.
- ✓ As all the relevant policies are aimed to ensure quality health care for all people, it is compulsory to protect the health of migrant workers.

- ✓ All the relevant policies have determined to ensure proper health care services for all specially for the most disadvantaged and vulnerable populations but no inclusion of vulnerable migrant workers.
- ✓ The policies have paid less focus on pre-departure counseling on health issues of migrants.
- ✓ The life insurance policy for the overseas workers excludes HIV/AIDS and self-harm from the coverage. The migrant workers are the most vulnerable to HIV/AIDS and studies show that, sometimes, people do self-harm to protect themselves from intolerable tortures. So, the exclusion of these groups from the workers' insurance policy violates human rights.
- ✓ The migrant workers who fall into the trap of undocumented status are the most vulnerable to health rights. But our government has no specific strategy for this particular group.
- ✓ The 8FYP has paid special focus on mental health issue of migrants which is a very good initiative.
- ✓ There are no specific agreements on health issues among Bangladesh and the receiving countries.

Universal Health Coverage: Bangladesh Context

Universal health care is a health care system in which all residents of a particular country or region are assured access to health care. According to the world Health Organization (WHO), UHC means that all people have access to the health services they need, when and where they need and, without any financial hardship. UHC includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care. The Government of Bangladesh is committed to move progressively towards universal health coverage by 2032.

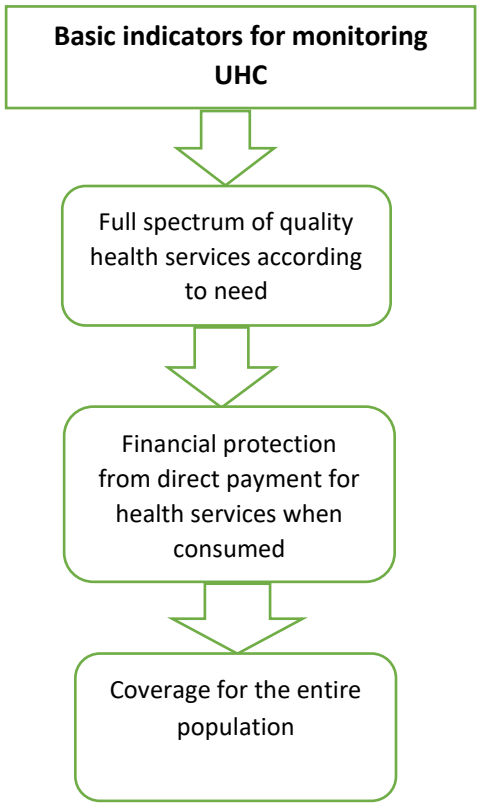
That is the mandate of IPU (Inter-Parliamentary Union) – the global organization of parliaments. At its last Assembly in October 2018 in Geneva, the IPU adopted my proposal on behalf of the Bangladesh Parliament to develop a resolution on ''Achieving Universal Health Coverage by 2030: the role of parliaments in ensuring the right to health". It is the first time, a global parliamentary resolution on UHC will be developed and it testifies to the commitment on health and the SDGs of the IPU and its Members.

Prime Minister Sheikh Hasina declared her commitment to UHC coverage for all citizens in her address at the 64th World Health Assembly in May 2011. Following this announcement, the MOHFW, with development partners, began a series of consultations and workshops that culminated in October 2012 with approval of the Health Care Financing Strategy 2012–2032 (HEU 2012a). The document provides a statutory roadmap for Bangladesh to achieve UHC by 2032.

Multilateral organizations, such as World Health Organization (WHO), are more into generating a common understanding on UHC among the stakeholders. They are also providing technical support to the government in implementing UHC. Generating information and strengthening the health system are their larger approach to contribute to UHC activities. Highlighting importance of multisectoral action for UHC, a representative of a multilateral organization remarked, Donors supported the HEU (Health Economics Unit) in developing the Health Care Financing Strategy 2012-2032 and also its implementation. Raising awareness and a common understanding on UHC has also been a main focus.

It envisions strengthening financial protection, extending health services and providing population coverage. This means everyone who needs health services will be able to access those without undue financial hardship. To achieve this, three strategic objectives were proposed: generate more resources for health, improve equity (by pooling resources and allocating them in an equitable way) and enhance efficiency.

The UHC consists of three inter-related components:



The Health Economics Unit, and MOHFW of Bangladesh have developed UHC monitoring tools with some key indicators like health workforce, infrastructure, medicine and reagents, health

information and research, service access and readiness, service quality and safety, service delivery/Coverage of intervention, risk factors and behaviors, improved health status, health care financing and health protection. The strategy grew out of a process in which representatives from academia, research organizations, NGOs, and the public sector provided input. It envisions three phases for UHC. In most of the cases our government has mainly focused on maternal and child health care than the other issues in health sector.

As a strategy to help ensure UHC, Bangladesh is considering introducing the HPF (Health Protection Fund). However, Bangladesh faces challenges on finding the fiscal space to finance UHC policies and programs on a sustainable basis. The country faces macroeconomic constraints and limited government capacity to raise revenues and must rely on external assistance to finance a significant portion of health benefits at least in the medium term. Bangladesh is implementing a Sector-wide Approach to harmonize external assistance to limit dependency and ensure efficient use of donor assistance. To achieve 'Universal Health Care Coverage', steps have been taken to formulate 'Health Protection Law' and 'Infection Protection Guideline' for the community clinics. 'Government Outdoor Dispensary Operational Guideline' has already been finalized and under this guideline. At least 8 Government Outdoor Dispensaries (GoD) will start functioning in the next fiscal year.

- **Health workforce**:

Bangladesh is facing a significant need for an increasing number of skilled health professionals which represents a critical challenge for UHC adoption, implementation. This also underscores the need to revisit traditional models of education, deployment, and remuneration. The health sector faces many HRH challenges including an inappropriate skill set, ineffective deployment, poor quality of education and training, and weak governance. These challenges are exacerbated by the lack of incentives for staff serving in rural areas or improving their performance. The MOHFW now emphasizes training lower cadres of health workers, including medical assistants, health assistants, and community health workers. These health workers are intended to provide services in the communities in which they live, with a focus on rural areas. According to the World health organization (WHO), The current doctor-patient ratio in Bangladesh is only 5.26 per 10,000 population in Bangladesh, that places the country at the 2nd position from the bottom, among the South Asian countries.

- **Financial allocation on Health sector**:

Considering the health sector as a priority, Bangladesh Government has announced an allocation of BDT 36,863 crore, which is 5.4 percent of the total budget for Health and Family Welfare sector, in the next fiscal year 2022-2023. This was a significant rise from BDT32,731 crore (5.2 percent of the total budget) in the fiscal year 2021-2022. While the overall budget for FY 2022-

2023 has increased about 14.24 percent, our government has allocated only a 12.62 percent increase for the health sector, which, according to the experts, are related to incremental and inflation related issues. Meanwhile, the Health Education and Family Welfare Division will see a huge bump with a proposed allocation of Tk 7,582 crore, which was Tk 6,110 crore in the outgoing fiscal.

The process of setting the health budget is complicated in some way. There are various cost centers under the health ministry that prepare their own budgets and send them to the ministry. All the district and upazila hospitals, health complexes and offices send their yearly budgets to the ministry through the Directorate General of Health Services (DGHS). The government medical colleges and specialized institutes and hospitals – such as the cancer hospital, kidney hospital, etc – also send their estimated budgets to the ministry. Then the health ministry has at least 32 operation plans (OP), whose budgets they determine themselves. In addition, the health ministry takes up some big projects, such as building new medical colleges or hospitals. So, the finance ministry decides the budgetary allocation as per all the health authorities' estimated expenditures.

❖ Out of Pocket Payments:

Health financing in Bangladesh is dominated by private and out-of-pocket expenditure. This is by far the largest source of health financing. All public resources only make up a quarter of the total health expenditure (THE). Social and private insurance and official user fees in public facilities comprise a very small proportion of the total health expenditure. Government health expenditures are principally undertaken by the central government, funded mainly through general revenue and support from international development partners. However, an increase in budgetary allocation for the country's healthcare sector could help people cut their out-of-pocket expenditure (Rahman, YEAR??). He also stated that, “An analysis revealed that raising allocation for some sub-sectors like medical and surgical supply along with salary and allowance could help the service recipients reduce their out-of-pocket expenditure from 68 to 51 per cent.” In order to form a base for fundamental and action research in the medical science sector in the country and to use this knowledge in health service, health education, public health, microbiology, pathology and disease control sector, Bangladesh government created an 'Integrated Health-Science Research and Development Fund' of Tk. 100 crore. To use this fund properly 'Integrated Health-Science Research and Development Fund Use Guidelines 2020' has been prepared and according to this guideline a national level committee has been formed. In the current fiscal year, a total of 23 researchers/research institutions have been selected for starting their research tasks. An amount of Tk 100 crore will also be allocated to this fund in the next fiscal year. The 'Shashtho Shurokkha Karmashuchi (SSK)' has been developed in accordance with the policy to fund healthcare services for those living in poverty. The pilot programme under the SSK has been initiated to reduce the out-of-pocket expenses of the poor population and protect them from the

catastrophic health expenditure in receiving hospital-based services. While receiving inter-departmental services from hospitals, every family holding a card gets free treatment including costs of diagnosis and medicines. As on April 30, 2021, a total of 20,931 members of 81,619 enlisted families have received services under this programme, and it will gradually be expanded across the country.

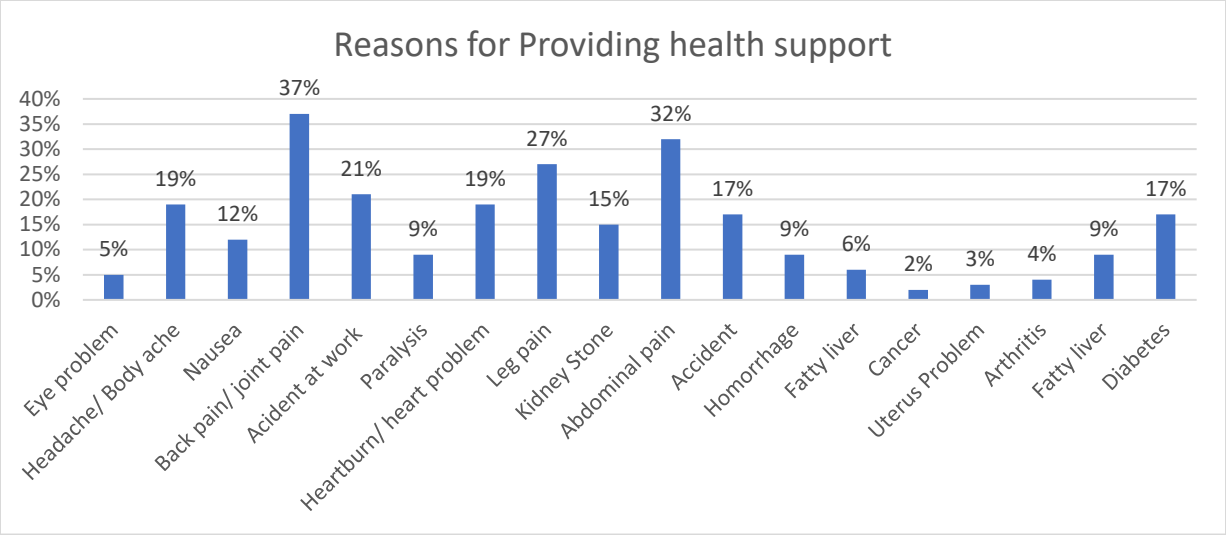
Migrants' health has not been addressed here specifically. There are delays in publication of survey reports and in compiling routine data which are the common barriers on monitoring universal health coverage in Bangladesh.

Key findings: Migrant workers' health status in Bangladesh- An Empirical observation:

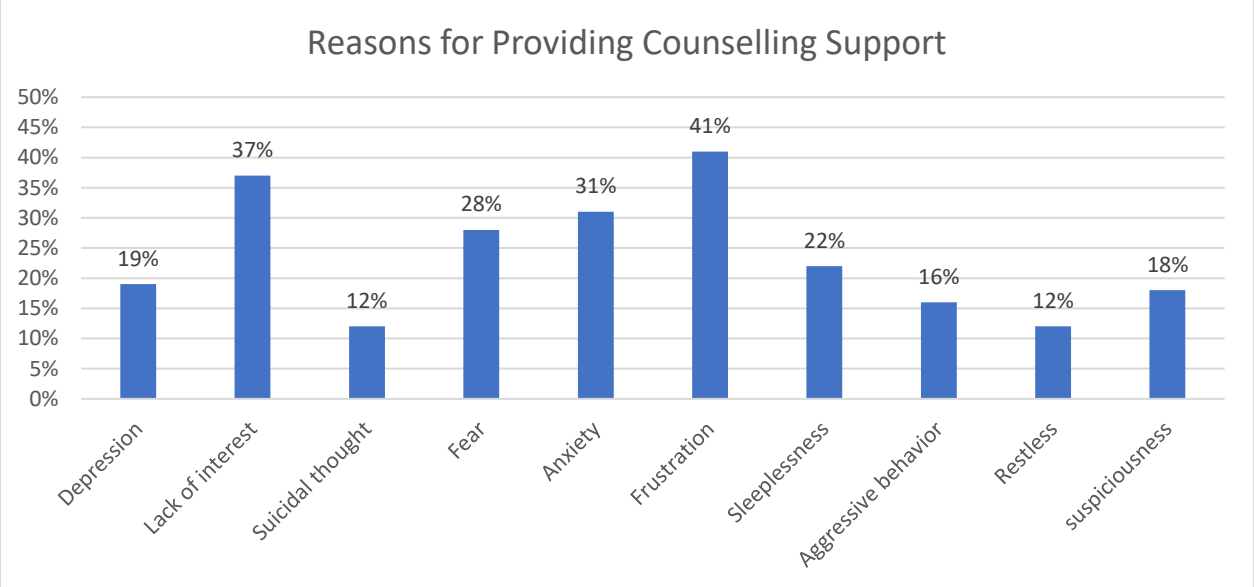
❖ Disease pattern and the key reasons behind this:

Several studies have shown that migrant workers of Bangladesh are exposed to various kinds of health risks that result from the migration process as well as natural and human made disasters. According to the latest report of the Ministry of Expatriates' Welfare and Overseas Employment of Bangladesh, 207 migrant patients received medical treatment in 2020-21. However, it is not clear how many people applied and which criteria were used to shortlist those who received assistance. There is no comprehensive database of migrant workers returning to the country with ailments and it raises the plausibility of many incidents remaining uncounted. A significant number of Bangladeshi migrants also suffer from diseases including diabetes, dermatological problems, physical pain and weakness, eye and ear problem, heart disease, liver, lung and kidney problem, ulcer, tumor, Hepatitis B, HIV and cancer.

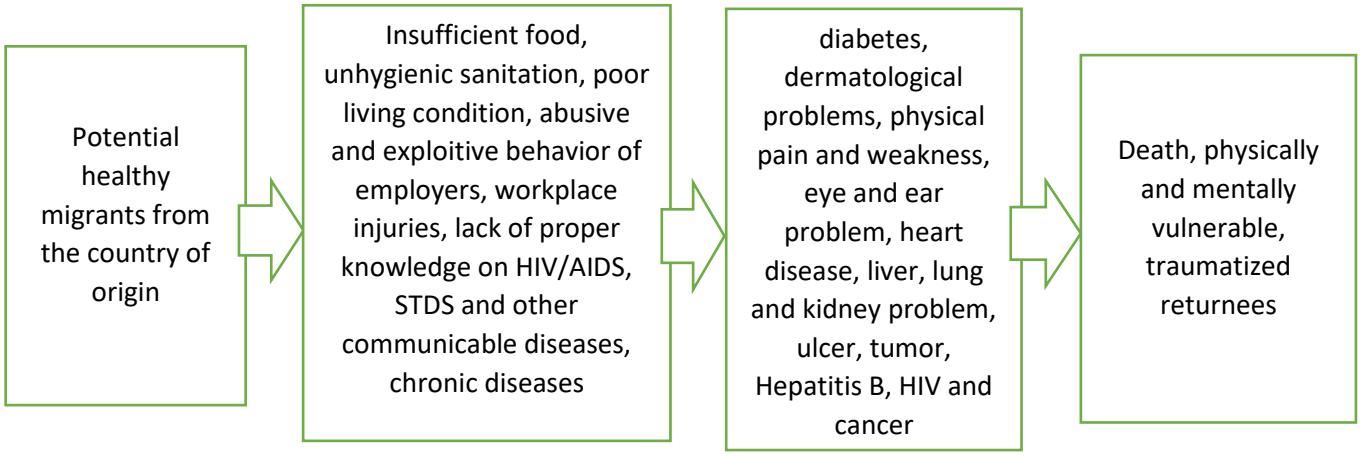
Ovibashi Karmi Unnayan Program (OKUP) has provided health support to 228 returnee migrants including basic psychological counselling from the year 2019 to 2021. Highest percent (37%) of people among them received health support for treating backpain or joint pain while 32% reported abdominal pain. 21% returnees received health support due to their injury at work in the destination countries. For the 27%, the reason for taking health support was their unbearable leg pain. Other mentionable reasons for what returnees needed health support were; fatty liver, diabetes, arthritis, cancer, vision problem, and headache etc.



Thinking about the sad memories abroad, frustration works in the mind of returnees, as reported by 41%. They were provided with one to one psychosocial counselling support and follow-up support. 37% had lack of interest and a feeling of callousness. 22% were sleepless and behavior of 16% was aggressive that demanded one to one psychosocial counselling. Therefore, depression engulfed 19% returnees who were provided support to improve their mental health.



Following is a diagram that shows how a potential migrant worker falls sick or return as a dead body in the worst case scenario. The abusive and exploitative behavior of employers, occupational fatalities or workplace injuries, and the chronic diseases that develop over the years abroad cause their health to deteriorate and sometimes lead to total breakdown of the immunity system. Language barrier, lower skill sets and limited bargaining capacity does not allow them to access basic health services in destination countries. And most often, migrant countries do not have any long-term plans in place to redress the issue.



IOM recognizes that health outcomes can be influenced by the multiple dimensions of migration. Risks to migrants' health vary according to their individual characteristics (for example, gender, age, educational attainment and disability, among others) and, more notably, their legal status. Irregular migrants especially face higher risks of exploitation and marginalization, including the lack of access to health services. In addition, even if migrants had access to health services, they generally choose to avoid them because of the fear of deportation and possible xenophobic and discriminatory attitudes of health-care staff, as well as linguistic, cultural and gender barriers.

The main hindrances to achieve UHC for the migrant workers

- Less focus from the policy level
- Lack of sufficient and updated database
- Lack of proper pre-departure health orientation
- Lack of appropriate health insurance policy
- Lack of adequate research on migrants' health
- Lack of taking necessary steps for the undocumented migrant workers'

This is unfortunate that there is no national level mechanism yet in Bangladesh to maintain a database of migrant workers who get infected with different types of infectious and non-infectious diseases during the migration period. Migrant workers rarely provide health orientation during their pre-departure stage. The pre-departure orientation hardly discussed the health risks of migrant workers, access to health care and treatment as they are entitled to as per the job contracts. Lack

of proper health insurance is another obstacle to accessing health benefits for the migrants. Most of the health insurances cover merely primary health care or only accidents rather than any disease like SRH, dental, mental or chronical diseases. The undocumented migrants seem to be deprived of the universal access to health care both in the countries of origin and destinations. Migrants, particularly in an irregular situation, are often excluded from national programs for health promotion, disease prevention, treatment and care, as well as from financial protection in health. They can also face high user fees, low levels of health literacy, poor cultural competency among health providers, stigma and inadequate interpreting services. It is identified that most of the migrant workers are exposed to health risks in their migration process and existing arrangements can hardly deal with these problems. It is necessary to ensure health care and protection at every stage of the migration cycle.

❖ HIV/AIDS vulnerability to migrant workers':

Bangladesh is still considered a "low HIV prevalent country" in the region, as it has an HIV prevalence of less than 1 per cent among the most-at-risk population group. However, official data suggest that the prevalence of HIV among migrant workers could be much higher than in the general population. Different studies show that returnee male migrants account for a significant percentage of HIV prevalence in Bangladesh. The MSM (Men who have sex with Men) behavior is one of the reasons behind this. The female migrants are sometimes forced to have unprotected sex in destination countries. The rising number of HIV cases among migrant workers has become a significant area of concern, but there is also a danger of stereotyping and stigmatizing migrants as carriers and spreaders of diseases. A study in two rural areas of Bangladesh showed that commercial sex was more common among men who had gone abroad for work compared to those who remained at home. Discussion with the respondents disclosed that most of them had little orientation about HIV/AIDS and STDs at their pre-departure period. The migrants remain lacking to understand contexts and factors that might push them to risky behavior.

❖ Vulnerability of women migrant workers':

Women migrant workers are more vulnerable to health hazards. The domestic workers among them are excluded in the labour laws in most of the labour receiving countries. These women migrant workers are much more vulnerable to different forms of abuses and exploitation and physical mental, and sexual and reproductive health problems.

❖ Access to Health Care and treatment for migrant workers:

A study by IOM revealed that 38% respondents faced discrimination in the hospitals due to their returnee migrant's status. Disparities towards returnee migrants in hospitals is a reflection of the pervading exclusionary nature of Bangladesh's health system. The prevalence of corruption, mismanagement and administrative subjugation, especially in government hospitals, outweigh the benefits of providing affordable health service to the underprivileged population. Sometimes, critical cases are declined to minimize the risks and complexities. Bangladeshi migrant workers face difficulties in access to health care services once they undergo mandatory health testing. Migrant workers rarely provide health orientation. The pre-departure orientation hardly discussed about health risks of migrant workers, access to health care and treatment as they are entitled as per the job contracts. There is no health insurance yet for the migrant workers of Bangladesh provided by the government. Most of the health insurances cover merely primary health care or only accidents rather than any disease like SRH, dental, mental or chronical. The undocumented migrants are completely deprived of the universal access to health care both in the countries of origin and destinations.

According to the statistics of Wage Earners' Welfare Board (WEWB), Bangladesh received bodies of a total of 3,652 migrant workers in 2021, which is 25 per cent more than that of the previous year. Heart attack and stroke mostly cause migrant workers' death while other reasons include road accident, suicide and murder,

Conclusion and Recommendation:

Our remittance warriors are playing the most vital role in accelerating economic growth but getting various types of difficulties in return. The lack of proper knowledge about different communicable and non-communicable diseases including HIV and STDs put them at risk of getting infected. Most of the relevant laws and policies of both the countries of origin and destination have rarely focused on health rights of migrant workers. The negligence to migrants' health might create a huge amount of social cost for us in the coming years. As our governments' target is to ensure quality health care for all people, it is compulsory to protect the health of migrant workers to achieve universal health coverage.

This study strongly recommends that-

- The government of Bangladesh should introduce a specific policy on migrant workers' health rights. We also Need to reform the existing policy on the basis of migrants' health issues.
- The government of Bangladesh must take the universal and equitable access to health care for the migrant workers as one of the key indicators of its UHC monitoring tools.

- The government of Bangladesh must include the persecuted migrant workers into the vulnerable group at all the relevant policies.
- We should ensure proper health coverage at every stage of the migration cycle with regular monitoring in both the country of origin and destination. The government of Bangladesh should ensure the monthly follow-up for the migrant workers at the destination countries.
- The countries of both origin and destination must review or adopt necessary policy, MOU or Bi-lateral Agreement for including migrant workers in their national health and HIV responses.
- The government must ensure that each and every migrant worker gets appropriate education on protection from infectious diseases including HIV/AIDS before departure. Besides this, the government should develop a comprehensive training module on health.
- The government must ensure proper health insurance for migrant workers with full coverage including HIV/AIDS, STDs as soon as possible.
- The government must undertake special health services in the public hospitals for the returnee migrant workers, especially the critically sick migrants and their family members. The government should also arrange a system of “special seat allocation” and “free treatment” in the public hospitals.
- To include the potential and the returnee migrant workers in health and rights protection coverage, we need proper follow-up and monitoring from the grassroots level. At every migration prone area, the government should recruit an “upazila migration officer” in this regard.

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