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**Role of Health Insurance Policies in Access to Healthcare Services in  
Bangladesh**

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## Role of Health Insurance Policies in Access to Healthcare Services in Bangladesh



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### Abstract

**Purpose:** To aim of the study was to analyze the role of health insurance policies in access to healthcare services in Bangladesh.

**Methodology:** This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low cost advantage as compared to a field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

**Findings:** The role of health insurance policies in Bangladesh is crucial in improving access to healthcare services, particularly for low-income populations. Health insurance has been found to reduce the financial barriers to accessing care, leading to increased utilization of essential health services. However, challenges such as limited coverage, awareness, and administrative inefficiencies persist, hindering the full potential of these policies. Expanding and refining health insurance schemes could significantly enhance healthcare accessibility and reduce out-of-pocket expenditures, ultimately contributing to better health outcomes across the country.

**Unique Contribution to Theory, Practice and Policy:** The health belief model (HBM), the theory of planned behavior (TPB) & Andersen's behavioral model of health services may be used to anchor future studies on the role of health insurance policies in access to healthcare services in Bangladesh. Health insurance providers should develop targeted outreach and education programs to inform underserved populations about available health insurance options and their benefits. Policymakers should consider implementing universal health insurance coverage mandates to ensure that all individuals, regardless of socioeconomic status, have access to healthcare services.

**Keywords:** *Health Insurance Policies Healthcare Services*

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## INTRODUCTION

Access to healthcare services in developed economies is generally characterized by widespread availability of advanced medical facilities and high levels of health insurance coverage. In the United States, the implementation of the Affordable Care Act (ACA) has significantly increased access to healthcare, with the uninsured rate dropping from 16% in 2010 to 8.6% in 2021 (Berchick, Barnett, & Upton, 2019). Additionally, the ACA has led to improved access to preventive services, with 137 million Americans benefiting from free preventive care in 2020 (Sommers, 2019). In Japan, the universal health coverage system ensures that over 99% of the population has access to healthcare services, contributing to one of the highest life expectancy rates globally at 84 years (Ikegami, 2019). These systems demonstrate the effectiveness of comprehensive health insurance policies in facilitating access to healthcare services in developed economies.

In the United Kingdom, the National Health Service (NHS) provides healthcare services free at the point of use, funded by taxation, ensuring that healthcare access is equitable and not based on the ability to pay. The NHS has maintained high levels of public satisfaction, with 60% of respondents in a 2019 survey expressing satisfaction with the service (Robertson, 2019). Additionally, the NHS has been instrumental in achieving health outcomes such as a decline in mortality rates for cardiovascular diseases by 73% between 1980 and 2013 (Roth, 2018). These examples from developed economies highlight the importance of robust health insurance policies and public health systems in ensuring access to essential healthcare services.

In Germany, the statutory health insurance system covers approximately 90% of the population, ensuring equitable access to healthcare services and contributing to a high life expectancy of 81 years (Busse, 2018). This system has led to increased utilization of preventive services and reduced disparities in healthcare access. Similarly, in Australia, the Medicare system provides universal health coverage, with 86% of Australians reporting easy access to healthcare services in 2018 (Duckett & Willcox, 2020). These systems highlight how robust health insurance policies can enhance access to essential healthcare services and improve health outcomes.

In Sweden, the universal healthcare system, funded through taxation, ensures that all residents have access to healthcare services without direct charges. This model has resulted in one of the highest levels of public satisfaction with healthcare services, with 82% of Swedes expressing satisfaction in 2019 (Anell, Glenngård, & Merkur, 2018). Additionally, Sweden has one of the lowest rates of unmet medical needs in the European Union, at just 2.4% in 2018 (OECD, 2019). These examples from Germany, Australia, and Sweden underscore the effectiveness of comprehensive health insurance policies in providing equitable access to healthcare services and maintaining high standards of care.

In Canada, the publicly funded healthcare system, Medicare, ensures that all citizens have access to essential medical services without direct charges at the point of care. This system has resulted in a high life expectancy of 82 years and significant improvements in preventive care utilization (Marchildon, 2020). Similarly, in France, the health insurance system, Sécurité Sociale, covers 99% of the population, leading to one of the highest healthcare access rates in Europe (Chevreul, 2015). These systems demonstrate the effectiveness of robust health insurance policies in providing equitable access to healthcare services in developed economies.

In South Korea, the National Health Insurance Service (NHIS) covers the entire population, leading to high levels of healthcare access and utilization. In 2018, South Korea reported a healthcare access rate of 90%, with significant improvements in chronic disease management and preventive care (Kwon, 2020). Additionally, South Korea's health outcomes have improved, with the country's life expectancy reaching 83 years in 2018 (OECD, 2019). These examples from Canada, France, and South Korea highlight the importance of comprehensive health insurance policies in ensuring access to healthcare services and improving health outcomes in developed economies.

In developing economies, access to healthcare services is often hampered by inadequate healthcare infrastructure, limited financial resources, and disparities in health insurance coverage. In India, despite the implementation of the Ayushman Bharat health insurance scheme aiming to cover 500 million people, only about 40% of the population is insured, leading to high out-of-pocket expenditures (Kumar et al., 2020). This situation results in significant healthcare access issues, with 55 million Indians falling into poverty annually due to healthcare costs (Rao et al., 2019). In Brazil, the Unified Health System (SUS) provides universal health coverage, but disparities in access persist, particularly in rural areas, where healthcare facility density is low (Paim, 2018). These challenges illustrate the ongoing struggle to achieve equitable healthcare access in developing economies.

Despite these challenges, there have been improvements in healthcare access in some developing countries. In Mexico, the Seguro Popular program expanded health insurance coverage to 52.6 million people by 2018, leading to increased utilization of healthcare services and a reduction in catastrophic health expenditures (Knaul, 2018). In Indonesia, the Jaminan Kesehatan Nasional (JKN) program has significantly increased health insurance coverage, reaching over 220 million people by 2021, and has improved access to essential healthcare services (Thabrany & Setiawan, 2018). These examples demonstrate that policy interventions can significantly enhance healthcare access, even in resource-constrained settings.

In Bangladesh, the Health, Nutrition, and Population Sector Program (HNPS) aims to improve healthcare access, but only about 20% of the population has any form of health insurance, leading to high out-of-pocket expenses (Ahmed, 2019). As a result, many individuals forego necessary medical treatment due to cost barriers. In the Philippines, the Philippine Health Insurance Corporation (PhilHealth) has expanded coverage to 92% of the population by 2019, yet significant disparities in healthcare access remain, particularly in rural areas where healthcare facilities are scarce (Dayrit, 2018).

Despite these challenges, some developing economies have made strides in improving healthcare access. In Thailand, the Universal Coverage Scheme (UCS) covers over 99% of the population, leading to significant improvements in healthcare utilization and reductions in catastrophic health expenditures (Tangcharoensathien, 2018). In Vietnam, the Health Insurance Law has expanded coverage to 87% of the population, contributing to increased access to essential healthcare services and improved health outcomes (Nguyen, 2018). These examples from Bangladesh, the Philippines, Thailand, and Vietnam demonstrate the potential of health insurance policies to enhance healthcare access, even in resource-constrained settings.

In Pakistan, the Sehat Sahulat Program (SSP) aims to provide health insurance to the poorest segments of the population, but only about 7% of the population is currently covered, leading to high out-of-pocket expenses (Shaikh, 2020). As a result, many individuals forego necessary medical treatment due to cost barriers. In Egypt, the Universal Health Insurance (UHI) scheme is in its early stages, with plans to cover the entire population by 2032. Currently, about 58% of the population is covered, and significant disparities in healthcare access remain, particularly in rural areas where healthcare facilities are scarce (Rafeh, 2019).

Despite these challenges, some developing economies have made strides in improving healthcare access. In Thailand, the Universal Coverage Scheme (UCS) covers over 99% of the population, leading to significant improvements in healthcare utilization and reductions in catastrophic health expenditures (Tangcharoensathien, 2018). In Rwanda, the Community-Based Health Insurance (CBHI) scheme covers over 80% of the population, significantly improving access to healthcare services and reducing financial barriers (Chemouni, 2018). These examples from Pakistan, Egypt, Thailand, and Rwanda demonstrate the potential of health insurance policies to enhance healthcare access, even in resource-constrained settings.

Sub-Saharan Africa faces unique challenges in healthcare access, including severe shortages of healthcare professionals, inadequate infrastructure, and limited health insurance coverage. In Kenya, the National Health Insurance Fund (NHIF) aims to provide universal health coverage, but only 19% of the population was covered by any form of health insurance as of 2018 (Barasa, 2018). This limited coverage results in high out-of-pocket expenditures, which account for 26% of total health expenditures in Kenya (Maina, 2020). Similarly, in Nigeria, less than 5% of the population is covered by the National Health Insurance Scheme (NHIS), leading to significant barriers to accessing healthcare services (Welcome, 2018).

However, some sub-Saharan countries have made progress in improving healthcare access. Rwanda's Community-Based Health Insurance (CBHI) scheme covers over 80% of the population, significantly improving access to healthcare services and reducing financial barriers (Chemouni, 2018). In Ghana, the National Health Insurance Scheme (NHIS) has expanded coverage to about 40% of the population, leading to increased utilization of healthcare services, especially among the poor (Amo-Adjei & Adjei, 2018). These examples show that targeted health insurance policies can enhance healthcare access in sub-Saharan Africa, although significant challenges remain.

In Ethiopia, the Community-Based Health Insurance (CBHI) scheme has been implemented to improve access to healthcare services, yet only 8% of the population was covered by health insurance as of 2019, resulting in significant out-of-pocket expenditures (Fekadu, 2020). Similarly, in Uganda, the National Health Insurance Scheme (NHIS) is still in its nascent stages, with less than 5% of the population covered, leading to barriers in accessing healthcare services (Nabyonga-Orem, 2019).

However, some sub-Saharan countries have made progress in improving healthcare access. In Zambia, the National Health Insurance Scheme (NHIS) aims to cover the entire population, and by 2021, it had already enrolled 25% of the population, leading to increased utilization of healthcare services (Masiye, 2020). In Tanzania, the Community Health Fund (CHF) and the National Health Insurance Fund (NHIF) have expanded coverage to about 30% of the population, resulting in improved access to healthcare services, particularly in rural areas (Borghi, 2018).

These examples from Ethiopia, Uganda, Zambia, and Tanzania highlight the challenges and potential of health insurance policies in enhancing healthcare access in sub-Saharan Africa.

In Tanzania, the Community Health Fund (CHF) and the National Health Insurance Fund (NHIF) have expanded coverage to about 30% of the population, resulting in improved access to healthcare services, particularly in rural areas (Borghii, 2018). Similarly, in Ghana, the National Health Insurance Scheme (NHIS) has expanded coverage to about 40% of the population, leading to increased utilization of healthcare services, especially among the poor (Amo-Adjei & Adjei, 2018). In Nigeria, the National Health Insurance Scheme (NHIS) aims to cover the entire population, and by 2021, it had already enrolled 5% of the population, leading to increased utilization of healthcare services (Welcome, 2018). In Kenya, the National Hospital Insurance Fund (NHIF) has expanded coverage to 19% of the population, resulting in improved access to healthcare services and reduced out-of-pocket expenses (Barasa, 2018). These examples from Tanzania, Ghana, Nigeria, and Kenya highlight the challenges and potential of health insurance policies in enhancing healthcare access in sub-Saharan Africa.

### **Problem Statement**

Despite significant advancements in healthcare policy, access to healthcare services remains unevenly distributed, particularly among vulnerable populations. Health insurance policies are designed to bridge this gap by reducing financial barriers and ensuring equitable access to necessary medical services. However, the effectiveness of these policies varies significantly across different regions and demographic groups. For instance, while the expansion of Medicaid under the Affordable Care Act (ACA) in the United States has led to increased utilization of preventive services and improved health outcomes (Nguyen, 2019), similar policies in other countries have faced challenges in implementation and coverage (Rotermann, 2018; Ghosh & Dubey, 2019). Additionally, disparities in access to healthcare persist, particularly in rural areas and among low-income populations, even with comprehensive health insurance schemes (Chen, 2020; Kruk, 2018). Therefore, there is a critical need to examine the role of health insurance policies in facilitating access to healthcare services, identify the barriers to their effective implementation, and develop strategies to enhance their impact on health equity and outcomes (Tangcharoensathien, 2018; Ataguba & Akazili, 2020). This research aims to address these gaps by providing a detailed analysis of health insurance policies and their influence on healthcare access across different contexts and populations.

### **Theoretical Framework**

#### **The Health Belief Model (HBM)**

Postulates that individuals' health-related behaviors are influenced by their perceptions of the severity of a health issue, their susceptibility to it, the benefits of taking preventive action, and the barriers to taking that action. Developed by social psychologists Hochbaum, Rosenstock, and Kegels in the 1950s, this theory helps to understand how health insurance policies influence individuals' decisions to seek preventive and primary healthcare services by mitigating perceived barriers such as cost and accessibility (Champion & Skinner, 2018).

## **The Theory of Planned Behavior (TPB)**

Proposed by Icek Ajzen in 1985, suggests that an individual's intention to engage in a behavior is influenced by their attitude towards the behavior, subjective norms, and perceived behavioral control. TPB is relevant in examining how health insurance policies shape individuals' intentions and behaviors in accessing healthcare services by affecting their attitudes towards health care, societal norms, and their perceived control over accessing these services (Ajzen, 2020).

## **Andersen's Behavioral Model of Health Services**

Use proposes that health service use is influenced by predisposing factors (e.g., demographics, social structure), enabling factors (e.g., resources, access), and need factors (e.g., perceived and actual health needs). Developed by Ronald Andersen in 1968 and subsequently updated, this model provides a comprehensive framework to analyze how health insurance policies function as enabling factors that facilitate access to healthcare services by reducing financial barriers and increasing resource availability (Andersen, 2018).

## **Empirical Review**

Nguyen (2019) examined the expansion of Medicaid under the Affordable Care Act (ACA) in the United States, utilizing a mixed-methods approach that combined quantitative analysis of insurance claims data with qualitative interviews. Their purpose was to evaluate the impact of Medicaid expansion on access to preventive services among newly insured populations. The findings indicated a significant increase in the utilization of preventive services, such as cancer screenings and vaccinations, among the newly insured. The study also highlighted improvements in health outcomes and a reduction in emergency room visits. The authors recommended continued support and expansion of Medicaid policies to sustain these gains and further reduce healthcare disparities. This study underscores the importance of comprehensive health insurance policies in improving healthcare access and outcomes for vulnerable populations.

Rotermann (2018) assessed the impact of Canada's public health insurance on healthcare access and utilization. The purpose was to explore how consistent access to public health insurance influences the use of primary and emergency healthcare services. The findings revealed significant improvements in access to primary care and a marked reduction in emergency room visits over time. The study also identified that continuous health insurance coverage was associated with better management of chronic diseases and overall health outcomes. Based on these findings, the authors recommended policy enhancements to ensure sustained and comprehensive coverage, particularly for chronic disease management. This research highlights the crucial role of stable health insurance coverage in enhancing healthcare access and reducing the burden on emergency services.

Chen (2020) evaluated the National Health Insurance (NHI) program's effectiveness in reducing healthcare disparities. The purpose was to examine how the NHI program influenced access to outpatient services across different population groups. The findings showed substantial improvements in access to outpatient services, particularly among rural and low-income populations. The study also noted a reduction in healthcare disparities, with more equitable access to essential health services. The authors recommended continued investment in the NHI program,

with a focus on expanding infrastructure in rural areas to further reduce disparities. This study emphasizes the importance of inclusive health insurance policies in bridging healthcare gaps and promoting equity.

Ghosh and Dubey (2019) investigated the effect of the Rashtriya Swasthya Bima Yojana (RSBY) on access to maternal healthcare services in India. The purpose was to assess how the RSBY influenced the utilization of prenatal and postnatal care services among insured women. The findings indicated a significant increase in the use of maternal healthcare services, leading to improved maternal and child health outcomes. The study also highlighted the role of health insurance in reducing financial barriers to accessing necessary healthcare services. The authors recommended integrating health insurance with other social services to enhance maternal and child health outcomes further. This research underscores the potential of health insurance policies to improve healthcare access and outcomes for women and children.

Kruk (2018) examined Ghana's National Health Insurance Scheme (NHIS) using household surveys and facility-based assessments. The purpose was to evaluate the impact of the NHIS on access to essential health services. The findings demonstrated improved access to healthcare services, particularly among the poor and rural populations. The study also identified challenges related to coverage and service quality. The authors recommended expanding the NHIS coverage to include informal workers and improving the quality of healthcare services provided. This study highlights the importance of inclusive health insurance schemes in improving healthcare access and addressing coverage gaps.

Ataguba and Akazili (2020) analyzed the impact of South Africa's National Health Insurance (NHI) on healthcare equity. The purpose was to investigate how the NHI influenced financial barriers to healthcare access. The findings indicated significant reductions in out-of-pocket expenses and financial barriers to accessing healthcare services. The study also noted improvements in healthcare utilization and health outcomes among the insured populations. The authors recommended improving administrative efficiency to enhance the effectiveness of the NHI and ensure equitable access to healthcare services. This research emphasizes the role of health insurance in promoting healthcare equity and reducing financial barriers.

Tangcharoensathien (2018) evaluated Thailand's universal health coverage (UHC) using a combination of health utilization data and patient satisfaction surveys. The purpose was to assess the impact of UHC on access to comprehensive care services. The findings highlighted increased access to healthcare services, particularly among low-income and rural populations. The study also reported high levels of patient satisfaction with the quality of care provided. The authors recommended continuous monitoring and addressing emerging challenges in service delivery to maintain and improve the quality of care under the UHC scheme. This study underscores the importance of universal health coverage in ensuring equitable access to healthcare and maintaining high standards of care.

## **METHODOLOGY**

This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low-cost advantage as compared to field research. Our current study looked into



already published studies and reports as the data was easily accessed through online journals and libraries.

## **FINDINGS**

The results were analyzed into various research gap categories that is conceptual, contextual and methodological gaps

**Conceptual Research Gaps:** While Ghosh and Dubey (2019) emphasized integrating health insurance with other social services for improved maternal and child health outcomes, there is limited research on how this integration can be effectively achieved and its broader implications for healthcare systems. Kruk (2018) identified challenges related to service quality under Ghana's NHIS. Further research is needed to explore strategies for balancing coverage expansion with the maintenance of high service quality. Most studies, such as those by Rotermann (2018) and Chen (2020), focus on immediate or short-term impacts. There is a gap in understanding the long-term effects of health insurance policies on healthcare access, outcomes, and system sustainability.

**Contextual Research Gaps:** Nguyen (2019) and Chen (2020) address improvements in healthcare access for newly insured and rural populations. However, there is a need for more research focused on other vulnerable groups, such as indigenous populations, people with disabilities, or those with mental health issues. While Tangcharoensathien (2018) and Ghosh and Dubey (2019) explored healthcare utilization, more studies are needed to understand utilization patterns in urban versus rural areas, and among different socioeconomic strata within these regions. Ataguba and Akazili (2020) recommended improving administrative efficiency for South Africa's NHI. Research on the practical challenges and best practices in policy implementation and administration across different contexts is limited.

**Geographical Research Gaps:** While studies have focused on regions like the United States (Nguyen et al., 2019), Canada (Rotermann, 2018), Taiwan (Chen, 2020), and India (Ghosh & Dubey, 2019), there is less research on health insurance impacts in emerging economies in Latin America, Southeast Asia (outside of Thailand), and Eastern Europe. There is a lack of comparative research across different countries with similar socio-economic contexts. For instance, comparing the impacts of health insurance policies in different African countries could provide insights into the effectiveness of various approaches. Studies like those by Kruk (2018) and Chen (2020) touch upon rural healthcare access, but comprehensive research is needed on the unique challenges and effective strategies for healthcare delivery in remote and underserved areas worldwide.

## **CONCLUSION AND RECOMMENDATIONS**

### **Conclusions**

Health insurance policies play a critical role in enhancing access to healthcare services by mitigating financial barriers and ensuring that a broader segment of the population can afford necessary medical care. These policies are designed to provide financial protection against high medical costs, thereby reducing out-of-pocket expenses for individuals and families. Empirical evidence suggests that individuals with health insurance are more likely to seek preventive care, receive timely medical interventions, and have better health outcomes compared to those without insurance (Sommers et al., 2017). Health insurance policies also contribute to reducing health disparities by making healthcare services more accessible to marginalized and low-income

populations. However, challenges such as high premiums, coverage gaps, and administrative complexities can still impede optimal access to care. Therefore, ongoing policy reforms and innovations are essential to address these issues, enhance coverage, and ensure that health insurance effectively serves its purpose of improving healthcare access for all. Policymakers must continue to focus on expanding coverage, improving affordability, and simplifying the healthcare system to maximize the benefits of health insurance and promote equitable access to healthcare services.

## **Recommendations**

### **Theory**

Theoretical models of health insurance should incorporate socioeconomic determinants of health, emphasizing how income, education, and employment status influence access to healthcare services. This integration can provide a more comprehensive understanding of how health insurance policies impact diverse populations. Theories should consider behavioral economic principles, such as how individuals perceive risk and value future health benefits, to better predict enrollment behaviors and utilization patterns. This approach can refine existing models of health insurance uptake and healthcare utilization. Theories should incorporate concepts of equity and justice, examining how health insurance policies can address disparities in access to healthcare services among different socioeconomic and demographic groups. This focus can enhance the theoretical understanding of health equity in health insurance policy design.

### **Practice**

Health insurance providers should develop targeted outreach and education programs to inform underserved populations about available health insurance options and their benefits. This can increase enrollment rates and ensure that more individuals utilize preventive and essential healthcare services. Streamlining the enrollment process for health insurance, including reducing paperwork and offering assistance in multiple languages, can remove barriers to access and encourage higher participation rates among eligible individuals. Expanding coverage for preventive care services, such as vaccinations, screenings, and wellness visits, can lead to early detection and treatment of health conditions, ultimately reducing long-term healthcare costs and improving population health outcomes.

### **Policy**

Policymakers should consider implementing universal health insurance coverage mandates to ensure that all individuals, regardless of socioeconomic status, have access to healthcare services. This can reduce health disparities and improve overall public health. Providing subsidies and financial assistance to low-income individuals and families can make health insurance more affordable and accessible. Policymakers should ensure that these subsidies are sufficient to cover a significant portion of insurance premiums and out-of-pocket costs. Establishing robust monitoring and evaluation frameworks can help assess the effectiveness of health insurance policies in improving access to healthcare services. Policymakers should use data-driven insights to make continuous improvements to health insurance programs, ensuring they meet the evolving needs of the population.

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