

Synergies and Fragmentations of Universal Health Coverage Global Health Security, and Health Promotion in Delivery of Frontline Health Care Services

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Abstract

Activities related to universal health coverage and global health security includes reducing dangers to health and well-being rights presented by infectious disease epidemics and made possible by initiatives to promote health. This case study looked at Bangladesh's ability and readiness to "prevent, identify, and respond" to such epidemic- or pandemic-like events. To identify obstacles and chances for "synergy" across different streams of activity, a quick assessment of pertinent papers, key informant interviews with policymakers/practitioners, and a deliberative discourse with a tangle of stakeholders were employed. The results show conceptual misunderstanding among respondents on the three "agendas" scope and their connections. They thought the overlap between UHC and GHS was needless and were fixated on retaining their own support bases and financial resources. A lack of cooperation amongst the field's focus agencies Additional obstacles to improved pandemic/epidemic preparedness in the future included activities, a lack of supporting infrastructure, and a scarcity of people and financial resources.

Keywords: Universal health coverage; Global health security; Health promotion; Synergy and fragmentation; Case study; Bangladesh

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Introduction

The COVID-19 pandemic has exposed the LMICs' brittle health systems, including Bangladesh's, along with all of its flaws and vulnerabilities. The necessity of tried-and-true public health approaches to control infectious disease epidemics in LMICs was also emphasised [1]. The notion of universal health coverage, which evolved from primary healthcare and addressed its flaws as "the most effective and efficient means to attain universal health coverage throughout the world," came to the fore in the previous ten years [2]. The health system also includes a division for health promotion (HP) and illness prevention, thus both are necessary in addition to curative care [3]. The idea that Concerns about global health catastrophes like the SARS and Ebola virus epidemics led to the development of health security [4]. These encounters have highlighted the disparities in world health. An integrated strategy for carrying out UHC, HP, and GHS-related tasks is essential if

the Sustainable Development Goals are to be met. Priorities and objectives for the three domains, particularly for GHS and UHC, are frequently divided [5]. Despite these contrasts, UHC and GHS are sometimes seen as being in a "marriage of convenience" where there may be benefits for both parties [6]. Both the UHC and GHS address the hazards that epidemic breakouts represent to both human health and human rights, and each can promote the other [7].

Discussion

When the early diagnosis of infectious diseases is made possible by the lack of a financial barrier, UHC can advance GHS efforts diseases [8]. On the other hand, GHS can support UHC since it combines "collective" security against the transnational spread of illnesses with "individual" security via access to reliable and efficient health services, goods, and technology [9]. Thus,

by "embedding GHS into UHC," a strategic and successful relationship between the two may be formed, strengthening systems and opening the door for the creation of an integrated health system that incorporates public health initiatives. 10 Sadly, COVID-19 showed that UHC does not prosper at periods of high GHS demand [10]. The health security of nations is being examined in the present COVID-19 setting since the disease has quickly spread across international borders. The significance of making sure that UHC, GHS, and HP in the current COVID-19 epidemic is felt more than ever, especially in Bangladesh, which has recently had epidemic outbreaks of the bird flu, nipah virus, and sars virus¹¹ and is currently experiencing the COVID-19 pandemic catastrophe. In Bangladesh, where there is a strong governmental commitment to achieving UHC by 2030, a reality check of the current situations relating to the triangle of agendas for UHC, GHS, and HP is crucial to identifying the synergies and gaps for improved effort alignment. In order to overhaul and create a "resilient" health system that can anticipate and deal with epidemics while ensuring universal access to healthcare, it is believed that this study would close these knowledge gaps and provide information to decision-makers. Includes key informant interviews with practitioners and policymakers in Bangladesh's three regions. In order to identify the major emergent themes on the basis on which judgments and suggestions were formed, data was triangulated.

Conclusion

A portion of the same KII sample participated in a stakeholder

meeting where the knowledge gathered from the previous two phases was discussed. Each approach We did a Rapid Review to compile data for policymakers and programmatic activities on the three processes that have been extensively explained in Bangladesh's frontline health care delivery, the "synergies and fragmentations of Universal Health Coverage, Global Health Security, and Health Promotion," in accordance with WHO principles. The WHO claims that RR is a form of knowledge synthesis in which the systematic review process is expedited and methodologies are simplified in order to do the review in less time than is customary for systematic reviews. This strategy has become a more efficient way to quickly synthesise the facts, usually for the goal of helping decision makers in healthcare environments make emergent judgments. In order to accomplish our goals within the time allotted, we decided to study the current literature on the aforementioned themes using this strategy, which is necessary to a quick review. Following WHO recommendations, we created a Rapid Review procedure that outlined the study goals, established eligibility criteria, data sources/search engines to be used, and key search phrases.

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Conflict of Interest

None

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