Reframing South Asian Regional Cooperation in the New Context

National and Global Dimensions

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Parallel Session C2

Cooperation in Public Health

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Venue: Annex 1, Sheraton Dhaka

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The health care system and access to health care vary from country to country in the South Asian region. Countries such as India, Maldives, and Bhutan have advanced in the field of health care, whereas, Bangladesh, Nepal and Sri Lanka are still lagging behind. On the other hand, Afghanistan and Pakistan will have to further strengthen their system to catch up. However, the COVID-19 pandemic has imposed pressures on health system resources causing delayed progress in achieving key Sustainable Development Goals (SDG) targets, including child and maternal mortality rates, immunisation rates, tuberculosis incidence, and HIV prevalence. Despite the pandemic, technological advancements and innovations in medical care with equitable access to healthcare services have contributed to improved health outcomes in South Asia.

One of the best indicators of health outcomes is life expectancy at birth. During the period 2011- 19 in almost all SAARC countries there has been a significant improvement in life expectancy at birth. The life expectancy of the region was 71.6 years in 2019. Maldives enjoys the highest life expectancy at birth of 78 years, followed by Sri Lanka (76.9), Bangladesh (72.3) and Bhutan (71.8). Afghanistan at 61 years has the least, whereas Nepal, India and Pakistan have 70.77 years, 69.7 years and 67.3 years respectively. However, the life expectancy still remains low compared to that of OECD countries whose average was 81 years for the same year. Similarly, the ratio of physicians per 1,000 people is also found to be low in this region compared to OECD countries. The regional average of 0.96 physicians per 1,000 people as compared to the OECD average of 3.6 signifies the need for workforce growth for this region.

In South Asia healthcare delivery has improved significantly, contributing to increased access to services. Bhutan and Bangladesh have recorded the highest growth rate in the number of physicians at 6.79 per cent and 5.78 per cent respectively between 2011-19. All countries of South Asia have

increased the availability of hospital beds over the decade with encouraging growth being visible in Nepal (34 per cent), India (31 per cent) Maldives (10.7 per cent) and Bangladesh (10.5 per cent).[1]

One important factor in assessing government expenditure in the health sector is to measure the out-of-pocket spending of consumers in health services. Bangladesh has the highest out-of-pocket expenditure, 67 per cent followed by 64 per cent in Afghanistan and 62 per cent in India (World Bank, 2023). Social and private health insurance is limited in South Asia, ranging from 0 per cent of total health expenditure in Afghanistan to 7.7 per cent in India.[2] The low insurance coverage indicates the need to significantly accelerate progress to achieve universal health coverage (UHC) by 2030 which is the key health system challenge as of today.

South Asian Association for Regional Cooperation (SAARC's) key area of social activity is mainly through cooperation in health and population activities. For improved health services, regional foreign direct investment (FDI) could ensure the capacity building of health professionals and improve the infrastructure of this sector. Regional cooperation and skills transfer issues through 2tandardize2n of standards of medical practices and services are needed. The reputation of health services in the region can be improved through a regional cooperation framework to 2tandardize the medical practice and recognition of qualifications as well as accreditation of hospitals and other medical establishments within the South Asian countries.

Guiding Questions for the Panellists

1. Why South Asian countries are behind in achieving universal health coverage? How do South Asian countries promote social health insurance systems targeting the people who are left behind?

2. What lesson can we learn from the cross-country example such as India, with regard to the harmonisation of standards of medical practices and services or regional cooperation framework to standardise the medical practice?

3. What are the possible ways and opportunities for cross-country cooperation among the South Asian region in the health sector?

4. What lessons can we learn from other regional cooperation initiatives (such as South East Asia) on enhancing partnerships to develop regional health services?

[1] RIS Discussion Paper Series on *Traditional Medicine in SAARC: A Regional Cooperation Framework* (https://www.ris.org.in/sites/default/files/Publication/DP%20283%20Namrata%20Pathak_compressed.pdf)
[2] *Expanding access to healthcare in South Asia* (https://www.jstor.org/stable/26948752)