



Ashoke Bose

AGR Health, LLC
USA

Biography

Ashoke Bose, is a health economist, technologist, and social innovation entrepreneur. He is the Co-Founder & CEO of AGR Health, LLC, and the Founder of the M. L. Bose Memorial HealthFoundation, advancing community-driven health initiatives grounded in social responsibility and mutual aid. With more than three decades of experience spanning healthcare economics, data systems, and sustainable technology, Bose has worked across the United States, Europe, and Asia, including senior roles at IBM (USA and China). He is widely recognized for his work on peer-to-peer (P2P) healthcare payment models, social capital-based health financing, and alternative economic frameworks that challenge insurance-centric health systems. Bose holds a Master's degree in Health Administration from CornellUniversityand has presented his work at global forums including the World Congress on HealthEconomics and ISPOR. As a keynote speaker at Healthcare 2026, he brings a comparative, human-centered perspective on health systems reform.

Myth about Health Insurance: Commercial Insurance vs. Social Capital

Abstract:

Health insurance is widely regarded as a fundamental determinant of population health, with the prevailing belief that nations achieving high insurance coverage—through either government-sponsored or commercial mechanisms—inevitably realize superior health outcomes. This keynote paper challenges that assumption through a comparative analysis of health expenditure, insurance coverage, and health outcomes in the United States, the United Kingdom, and Bangladesh. The United States spends over USD 14,500 per capita annually on healthcare, driven largely by commercial insurance premiums and public insurance programs, yet life expectancy at birth remains approximately 75 years. In contrast, Bangladesh spends less than USD 70 per capita on healthcare while achieving a life expectancy exceeding 72 years, despite minimal insurance coverage and limited public health financing. The United Kingdom occupies an intermediate position, with substantially lower per-capita spending than the U.S. and predominantly tax-funded universal coverage. This paper argues that the foundational principle of insurance, transfer and replacement of risk—does not apply meaningfully to health, which represents a non-transferable biological state rather than a replaceable asset. Health insurance therefore functions less as true risk protection and more as a complex price-discount and payment mediation mechanism, often constrained by utilization controls such as prior authorization. Using cross-national public health indicators—including healthcare expenditure, insurance penetration, access to care, life expectancy, and maternal and child health metrics—the analysis highlights the underappreciated role of social capital, family networks, and community-based support systems in sustaining health outcomes, particularly in low-resource settings. The findings invite a re-examination of insurance-centric health policy frameworks and suggest that strengthening social capital may be as critical as expanding financial coverage in achieving sustainable population health.