POLICY BRIEF

Existing scenario of Urban Primary Health Care Systems in Bangladesh: Key recommendations for effective modalities

As project ideation and implementation partners in Bangladesh under the multi-country Urban Health System Research Program Consortium, 'Community-led Responsive and Effective Urban Health Systems (CHORUS)', BRAC James P Grant School of Public Health (BRAC JPGSPH), BRAC University and ARK Foundation jointly aimed at exploring the preconditions to build a resilient and responsive urban health system through capacity building, and research uptakes. In order to do that, the teams attempted to assess the content and processes of the existing contractual arrangements of the urban primary health care (PHC) system and enable linkages among various stakeholders within the health system. For this purpose, BRAC JPGSPH invited the representatives from the Ministry of Health and Family Welfare (MOHFW), Ministry of Local Government (MoLG), City Corporations, and other health systems actors to obtain their valuable insights and recommendations over a series of workshops, which focus directly on strengthening governance, regulation, and improving coordination within and among them.

Stakeholder mapping

A comprehensive stakeholder mapping was conducted to identify the urban health experts, policymakers, researchers, and health care providers both in the public and private sectors in Dhaka and Khulna metropolitan cities, Bangladesh. The workshops were held online with the urban health experts and health policymakers in Dhaka city (15th February & 10th March 2022) and in person with the primary health providers in public, private and NGO sectors from Khulna (20th June 2022). The participants shared their experiences regarding the existing primary health care system in urban cities and reflected on suggestions for improving the modalities.

Key issues and challenges in the Urban Primary Healthcare system

The first and foremost problem found from the session across all the stakeholders was the differences between PHC service delivery system in the rural and urban areas. Under the jurisdiction of the MOHFW, the rural PHC delivery follows a tier system with well-defined responsibilities of the providers at the community to the district level, along with a functioning referral mechanism. Whereas in the urban areas, the MoLG is responsible for providing PHC services, where health is only one of many, and can barely manage to serve its population in a piecemeal manner involving the NGOs in most cases. On the other hand, MoHFW provides PHC services to the urban population through outdoor departments of their tertiary hospitals. PHC provision at the tertiary level hospitals renders inefficient utilization of health care resources, and the services are inadequate to serve the huge urban population. Besides, urban PHC system is heavily dominated by the private sector mostly with pharmacies and tertiary health facilities delineating sharp social contrast. Therefore, the government has to rely on the private sector and NGOs (in some cases has to outsource the services) to reach the urban poor.

The next major issue with providing PHC for the urban population is defining 'poor' in the urban context. The existing programs have so far been able to cater PHC services to people

living in the slums or temporary settlements, but not many of the poor living in the non-slum areas and the floating population.

Partnership development

Whether incorporating pharmacies in the PHC models, or through systematic monitoring and evaluation of the private sector for effective service delivery of PHC in the urban cities, the government has to take up the leadership and accountability of the major share of partnerships without further delay. Besides, coordination among the relevant ministries to bring about any reform along UPHC is an imperative. Moreover, defining specific role of every stakeholder in the partnership is also important. For instance, longer open hours at the outdoor facility of the government dispensaries can discourage people from going to the pharmacies for the first point of contact with the health system.

Financing of the Urban Primary Healthcare

While a single payer-single purchaser-system was ubiquitously recommended by all the stakeholders, only a few contractual arrangements exist between the government and the private service providers to date. Various types of taxation and channelling the collected revenue can help finance UPHC, such as- property tax, tobacco tax, payroll tax etc. on the other hand, social health insurance in forms of community-based scheme or health voucher system, for example, can come in aide of the urban poor population.

Recommendation from the Stakeholders on Urban Primary Healthcare

Introduction of Strategic Purchasing as a solution to providing UPHC

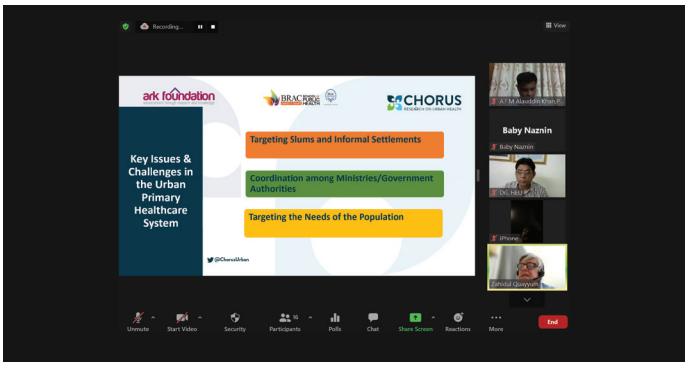
To alleviate the issues with out-of-pocket-expenditure at patient-end, corruption in the public sector and heavy dependency on the business-mongering private sector; strategic purchasing came out as the ultimate solution to transition to, where the providers can be regulated despite their establishment in the public or private sector alongside ensuring policies for all of the urban population.

Need of the population is to be prioritized

The reforms in PHC delivery in the urban context has to accommodate the specific need of the population, specially the informal workers and marginally poor population. If that means government facilities to remain open beyond their usual closing hour around early afternoon, then it should be considered with much importance. Overall, the existing outdoor services provided at the government health facilities can lend itself out as the main model with some major improvements for UPHC delivery.

Expansion of Urban PHC

Regulating the pharmacies and the private service providers, creating a well-maintained supply chain and central health information system, and incorporating feedback mechanism will enable better accountability and ownership of the issue by both the government and the civil society. These action points are needed to bring the urban population under a PHC system and building resilience in preparedness of the future shocks on the health system, when an emergency situation rises.



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