Strengthening primary health care systems in urban Bangladesh through effective collaboration and resource mobilization

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HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Context

Establishing and sustaining accessible and affordable primary health care (PHC) in rapidly growing urban settings is one of the most pressing health sector challenges in Bangladesh. According to Local Government Acts 2009 and 2010, all local government institutions (LGIs) are responsible for ensuring the provision of PHC services in urban areas. Prior to these acts, Bangladesh's cities and towns were largely served by vertical donor-supported PHC services, leaving LGIs without the experience or capacity to finance and manage largescale public sector PHC programs. However, in recent years donor funding for NGO-delivered PHC services has sharply declined, resulting in critical gaps in the availability of PHC services among city-dwellers. Recognizing the need for an urgent solution, the Government of Bangladesh (GoB) developed a National Urban Health Strategy (NUHS) Action Plan in 2020, doubling down on its mandate for urban LGIs to not only manage and provide PHC services, but to also finance these vital programs, including through dedicated budget line items of their own. While urban LGIs are overseen by the Ministry of Local Government, Rural Development and Cooperatives (MOLGRDC), the resources and technical expertise required to support PHC services reside with the Ministry of Health and Family Welfare (MOHFW). This dichotomy – which has its roots in Bangladeshi politics - can still be overcome through concerted coordination efforts between the two ministries, though such efforts have not yet been made in earnest.

Most urban LGIs have varied levels of resources, experience, and technical capacity to fulfill their PHC mandate. As a result, urban populations, especially the poor, have limited or no access to essential PHC services within their vicinity. While access to PHC services among poor populations in rural areas has expanded, lack of access among urban poor counterparts has resulted in substantially worse health outcomes.

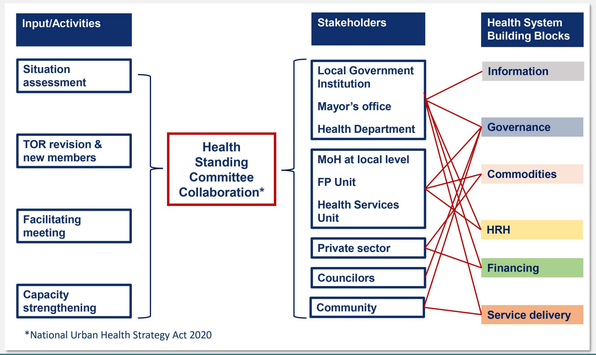
Activity Description

To improve access to locally resourced and managed quality urban PHC, LHSS has been collaborating with 14 LGIs in three regions (Rajshahi, Sylhet, and Chattogram) since 2021. To achieve the goal, LHSS provides capacity strengthening support to the LGIs for planning and implementing PHC activities. The project has applied a systems thinking approach for activating existing health committees, mobilizing local resources and designing capacity strengthening support. LHSS's approach includes engaging government-mandated health standing committee (HSCs) responsible for PHC programs. HSCs are comprised of inter-disciplinary teams including elected officials and representatives from local health ministries, private sector entities, and NGOs. LHSS emphasizes an integrated whole-of-society approach that enables HSCs to facilitate collaboration across sectors with new and existing partners, each holding a set of unique health sector responsibilities.

Revitalize HSC: The mandate for HSCs to strengthen urban PHC services was established in 2020 under the National Urban Health Strategy (NUHS). However, it wasn't until LHSS began to support the revitalization of HSCs in 2021 that their work began. Leveraging this government mandate, the project collaborated with municipality chief executives to launch HSC initiatives which initially focused on updating their terms of reference. Once this was accomplished, LHSS supported HSCs in convening regular planning meetings, promoting multi-sectoral participation to establish urban PHC services, and promoted evidence-based decision making among LGIs.

Mobilize resources: LHSS identified the key system components required to deliver quality PHC services, including human resources for health (HRH), medicine, infrastructure, and clinical capacity. Since LGIs have limited resources, LHSS supported HSCs in forging collaborative relationships with stakeholders positioned to contribute resources for these critical PHC components. For example, local officials can oversee governance, health information systems, and financing, while local health ministry representatives can allocate human resources (e.g., physicians and other health staff) and essential health commodities (e.g., medicines and family planning contraceptives). Once the HSCs were mobilized, LHSS advocated for dedicated PHC budget line items and fostered collaboration between the HSCs and stakeholders to mobilize resources at different levels of the health system.

Strengthen capacity: In 2023, LHSS is focusing on enhancing the capacity and knowledge of six LGIs in areas including independent planning and budgeting, stakeholder engagement, resource mobilization, and monitoring for effective PHC implementation. LHSS also adopted a knowledge-sharing approach, emphasizing cross-learning sessions such as peer learning and Mayors' Dialogue events. These platforms provided opportunities for LGIs to share experiences, exchange best practices, and learn from each other's successes and failures. The project's collaborative learning approach is helping foster innovation and improve the overall effectiveness and quality of PHC initiatives.



*National Urban Health Strategy Act 2020

Activity Impact

LHSS is utilizing a systems thinking approach to elevate the role local actors and institutions like HSCs play toward increasing equitable and affordable access to quality urban PHC. By revitalizing existing or establishing new HSCs, LHSS has supported LGIs in fulfilling their mandate to oversee the provision of urban PHC directly from their revenue budgets. The following descriptions outline how LHSS has improved health systems strengthening outcomes through continuous engagement and collaboration with HSCs across 14 LGIs.

Resource Optimization:

- Historically underfunded and resource-constrained, LGIs often have little means to adequately fund PHC centers and services for their constituents. LHSS supported HSCs in promoting dedicated PHC budget amounts, irrespective of its size, and provided assistance to identify alternative resources from local stakeholders to supplement these budgets.
- Through LHSS support during HSC meetings, 11 LGIs identified and allocated a cumulative total of BDT 39.2 million towards expanding PHC services, reflecting for the first time local ownership and leadership in improving access to urban PHC.
- LHSS supported 6 LGIs in identifying additional resources from local stakeholders, such as local health ministry representatives and NGOs. For example, given insufficient HRH constraints, HSCs communicated a need for more doctors and Family Welfare Visitors to provide services within the new PHC centers to the local-level Deputy Director Civil Surgeon's Office and Family Planning Office. HSCs also connected with local elites and private groups such as the Medical Representatives' Associations to source essential medicine for the PHC centers.

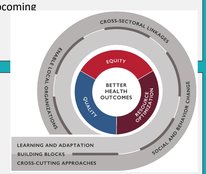
Equity:

- With LHSS support, HSCs assessed their urban PHC landscape and existing health facilities, identifying areas of greatest need with high populations and limited access to care. From assessment results, HSCs identified previously shuttered buildings to repurpose and renovate to deliver new services. For instance, six buildings (four in Bogura, one in Habiganj, and one in Sunamganj municipalities) are renovating buildings to serve as comprehensive PHC centers, using dedicated PHC budgets, commodities from the local health ministry and private sector partners, and staffing from municipality health departments.
- LGIs including Pabna Municipality and Rajshahi City Corporation have renovated PHC facilities using government block grants provided by the Ministry of Local Government to supplement their dedicated PHC budgets, and are now providing services discounted or free of charge for poorer populations.

Quality

- LHSS supported the HSC in Bogura municipality to contract out PHC services to local NGOs, developing guidelines and selection criteria for potential bidders to demonstrate experience in providing essential services (i.e., services for reproductive health, child health, curative care, and behavior change communication). These criteria ensure that selected bidders have the requisite knowledge and ability to provide quality PHC services, particularly free-of-charge services for the poor. LHSS is also supporting the municipality in developing monitoring and quality assurance checklists for the LGI to oversee the implementing agency and ensure the highest quality of services to constituents.

LHSS's close collaboration with HSCs across its supported LGIs have fostered local action and decision-making on pressing urban PHC challenges. The success of HSC engagement in urban PHC has spurred the Ministry of Local Government to issue a notice in April 2023 notifying each LGI of an upcoming sublaw requiring all municipalities to form a Health, Water, and Sanitation standing committee, in line with the National Urban Health Strategy 2020 and LGI Act 2009, that should include health ministry representatives at the local level.



Evidence

- Thirteen LGIs drew from NGOs and local level health service and family planning staff to form their respective HSCs in a collaborative way. Since April 2021, eleven LGIs have organized more than 50 percent of the total HSC meetings where they discussed urban PHC issues, identified solutions, and worked collaboratively to mobilize resources.
- In fiscal year 2022–2023, 11 LGIs in Sylhet and Rajshahi divisions mobilized BDT 39.2 million in total for the implementation of PHC activities as a result of continuous advocacy by the HSC members and support from LHSS. Five LGIs have already used this budget to renovate and open new PHC centers.
- LHSS supported HSCs to advocate for the deployment of eight trained providers by the local health and family planning department to deliver services at the new PHC centers.
- An association of private pharmaceutical companies donated essential medicines to Habiganj Municipality for use in its newly opened PHC center, for specific free distribution to urban poor.
- According to LGI records, a total of 8,953 patients received services free of cost from PHC centers in Habiganj, Pabna and Rajshahi City Corporation through April 2023.

Habiganj Municipality renovated an unused building using its own budget to open a PHC center. This new facility will provide affordable, quality health services to low-income urban residents.
(Photo: Shrabanti Debnath/USAID LHSS Project-Bangladesh)

Nurse Anwara Khaier Sabina examines a patient at a newly opened primary health care center in Habiganj Municipality.
(Photo: Shrabanti Debnath/USAID LHSS Project-Bangladesh)

Facilitators

- Through government mandates, HSCs provide the foundation and framework for LHSS to support urban PHC delivery. Although the HSCs were not operational prior to LHSS intervention, the supportive policy and legal environment in place allowed LHSS to effectively revitalize and coordinate committee formation and activities at the LGI level.
- Sustained engagement and support from external development partners (e.g., WHO, Pathfinder through its USAID-funded Sukhi Jibon Project, and Save the Children) facilitated LHSS's efforts to strengthen the capacity of LGIs to establish and manage large-scale public sector PHC programs. UNICEF supported resource mobilization efforts, including HRH and essential health commodities (for four PHC facilities in Sylhet City Corporation), and the Asia Development Bank supported national advocacy and coordination efforts, including helping HSCs to scale up LHSS best practices across 330 municipalities. As a result of this successful coordination effort, MOLGRDC asked all municipalities to replicate the HSC model by forming Standing Committees for Health, Water and Sanitation programs.

Challenges

- Given their limited understanding of PHC, it was challenging to change the mindset of LGIs regarding their responsibility to ensure the availability of PHC services. LHSS supported LGI stakeholders in understanding their mandated roles and responsibilities through continuous orientation trainings, knowledge sharing, and peer learning events.
- Engaging external stakeholders, particularly those from the MOHFW Civil Surgeon and Deputy Director Family Planning (DDFP) offices, proved challenging due to the existing disconnect between the two national ministries. Despite this, LHSS successfully oriented and sensitized these stakeholders with evidence-based information, leveraging policy frameworks such as NUHS 2020 and LGI Acts 2009 and 2010 to enhance their engagement and foster collaboration with the activity.
- Mobilizing resources for PHC from the Civil Surgeon and Family Planning offices was difficult due to insufficient resources from these stakeholders. The resources shared by these stakeholders are only temporary until the LGI recruits the necessary HRH using their own funds. LHSS provided capacity strengthening support to the LGIs in developing resource mobilization plan for implementing PHC activities.

Lessons Learned

- Stakeholder power dynamics may vary depending on the issue at hand and temporal factors (e.g., funding allocations, local priorities, funding availability, and politics). Heightened understanding of these variables from the outset is critical to the success of health system strengthening interventions. LGIs should assess stakeholder dynamics associated with the delivery of PHC in urban areas at regular intervals during activity implementation, including capacity strengthening needs, and adapt strategies to achieve maximum impact.
- Programmatic, fiscal, and operational coordination between the MOLGRDC and MOHFW must be established and sustained to support the effective planning, management, and delivery of urban PHC services. Such alignment is best achieved through a formal government mandate outlining expectations for local-level coordination among city corporations, municipalities, and sub-district health and family planning offices. As a precursor to such a formalized coordination structure, LHSS has supported the MOLGRDC in convening a "Mayors' Dialogue" event. These forums have created the first opportunities for local leaders to engage directly with national-level officials to share experiences and advocate directly for their priority needs. Such convenings should happen at regular interval to achieve the much-needed coordination at national level. LHSS Bangladesh is on a mission to achieve this.

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