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

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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. To address this, the Local Health Systems Sustainability Project (LHSS) was established in 2016 with the mission of improving PHC systems across the country. Through a collaborative approach, LHSS has been working with local government institutions (LGIs) to strengthen urban PHC systems, equipping them with the knowledge and resources needed to deliver quality health services to their constituents.

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 prioritizes capacity strengthening support for LGIs planning and implementing PHC activities. The mandate for HSCs to strengthen urban PHC services was established in 2020 under the National Urban Health Strategy (NUHS). LHSS has identified the key system components required to deliver quality PHC services, including human resources for health (HRH), essential health commodities (e.g., medicines and family planning contraceptives), and information systems, and fostering collaboration between the HSCs and stakeholders to mobilize resources at different levels of the health system.

Activity Impact
LHSS is utilizing a systems thinking approach to ensure the core local actors and stakeholders in LGIs play a leading role in escalating ownership and sustainable access to quality urban PHC. One of the key outcomes of the project is the mobilization of resources from a pool of PHC centers in a manner that supports urban PHC activities. The following descriptions outline how LHSS is improving health system outcomes through continuous engagement and collaboration with LGIs across six LGIs.

Resource Mobilization
- LGIs have been encouraged to allocate dedicated PHC budget amounts, in addition to the core budget, to enhance essential health services. This collaboration has helped to improve the overall capacity of LGIs to finance and manage large-scale public sector PHC programs.

Mobilize resources:
- LHSS supported the HSC in Bogura municipality to contract out PHC services to local NGOs, developing guidelines and selection criteria for potential bidders to ensure quality services. This approach has leveraged the capacity of the local health ministry and private sector partners, and bridged gaps in finance mobilization through national policy frameworks.

Strengthen capacity:
- LHSS was able to support local government units (LGUs) by providing technical assistance and capacity building workshops. These workshops focused on developing PHC budgets and public-private partnerships.

Evidence
- LHSS engaged with the LGIs through a series of events, including HSC meetings, where LGIs identified and allocated cumulative PHC budget amounts of over BDT 39.2 million towards expanding PHC services. These efforts have been instrumental in enhancing local capacity to finance PHC programs.
- Through continuous engagement at district-level events, LHSS has facilitated the mobilization of PHC services. For instance, six buildings (four in Bogura, one in Habiganj, and one in Sunamganj municipalities) have been repurposed and renovated to serve as comprehensive PHC centers, using dedicated PHC budgets.
- With LHSS support, HSCs have been able to assess their urban PHC landscape and existing health facilities, identifying areas of greatest need with high populations and limited access to PHC centers. This assessment has helped to prioritize new PHC centers.
- LHSS supported LGIs in leveraging new PHC infrastructure and programs. For example, the Government of Bangladesh has allocated BDT 60 million from its 2021-2022 budget to open PHC centers in these LGIs.

Lessons Learned
- Given their limited understanding of PHC, it was challenging to change the mindset of LGIs regarding their responsibility to ensure the availability of quality PHC services. LHSS utilized established stakeholders in understanding their mandate and role and involved them in the decision-making process.
- Engaging national stakeholders, particularly those from the Ministry of Health and Family Welfare (MoHW) and the Ministry of Health and Family Welfare (MoHW), is crucial to the success of PHC interventions.
- LHSS supported LGIs in assessing the capacity of their existing health facilities and programs to deliver quality PHC services. This assessment helped to identify areas for improvement and prioritize new PHC centers.

Facilitators
- Through government stakeholders, LHSS provides the foundation and framework for LGIs to support urban PHC delivery. Although the HCS were not substantially involved in the 2010s, the support and engagement of central and local government officials have been critical in mobilizing resources towards PHC programs.
- Sustainable engagement and support from external development partners (e.g., WHO, USAID-funded Sukhi Jibon) have been instrumental in sustaining capacity building and resource mobilization efforts.

Challenges
- Historically underfunded and resource-constrained, LGIs often have limited access to adequate local PHC resources and services for their constituents.
- However, in recent years donor funding for PHC programs has increased, providing opportunities for sustained investment in PHC.
- Mobilizing resources for PHC from the central government and other stakeholders has been a significant challenge.

Lessons Learned
- Stakeholder power dynamics play a significant role in the success of PHC interventions. It is crucial to involve and engage stakeholders to ensure the sustainability of PHC programs.
- Engaging national stakeholders, particularly those from the MoHW and MoHW, is crucial to the success of PHC interventions.
- Identifying and involving local leaders in the decision-making process has been instrumental in mobilizing resources for PHC programs and ensuring the sustainability of PHC initiatives.
- Continuous engagement and support from external development partners, such as WHO and USAID, has been critical in sustaining capacity building and resource mobilization efforts.

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