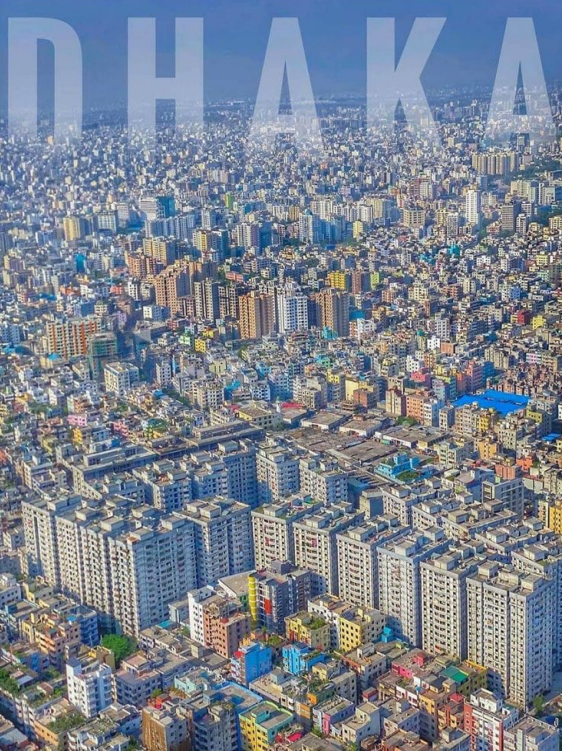

Private Sector Engagement in Primary Healthcare Delivery

Presented by

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BANGLADESH URBAN HEALTH NETWORK

Welcome to today's Policy Dialogue

Sweden Sverige

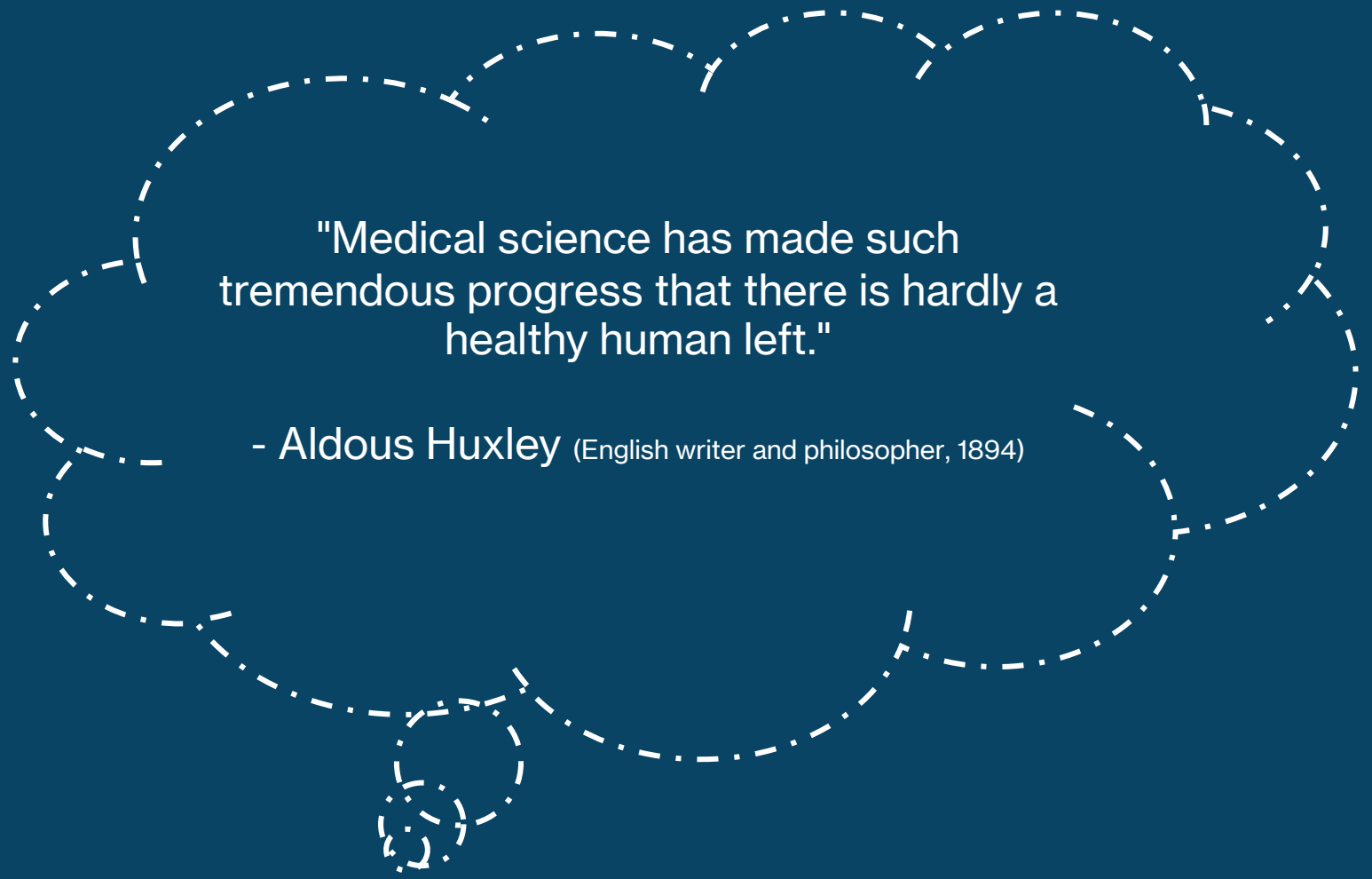
Funding Support

eminence™ associates for social development

Secretarial Support

unicef for every child

Technical Support


"Medical science has made such tremendous progress that there is hardly a healthy human left."
- Aldous Huxley (English writer and philosopher, 1894)

Global Context

The private sector provides up to

40%

of all healthcare services in the PAHO, AFRO, and WPRO regions

The private sector provides

57%

of all healthcare services in the SEARO region

The private sector provides

62%

of all healthcare services in the EMRO region

42%

of outpatient care is sought in the formal private sector

27%

of inpatient care is sought in the formal private sector

33%

of the poorest population (by wealth quintile) seek care in the private sector

Successful Examples

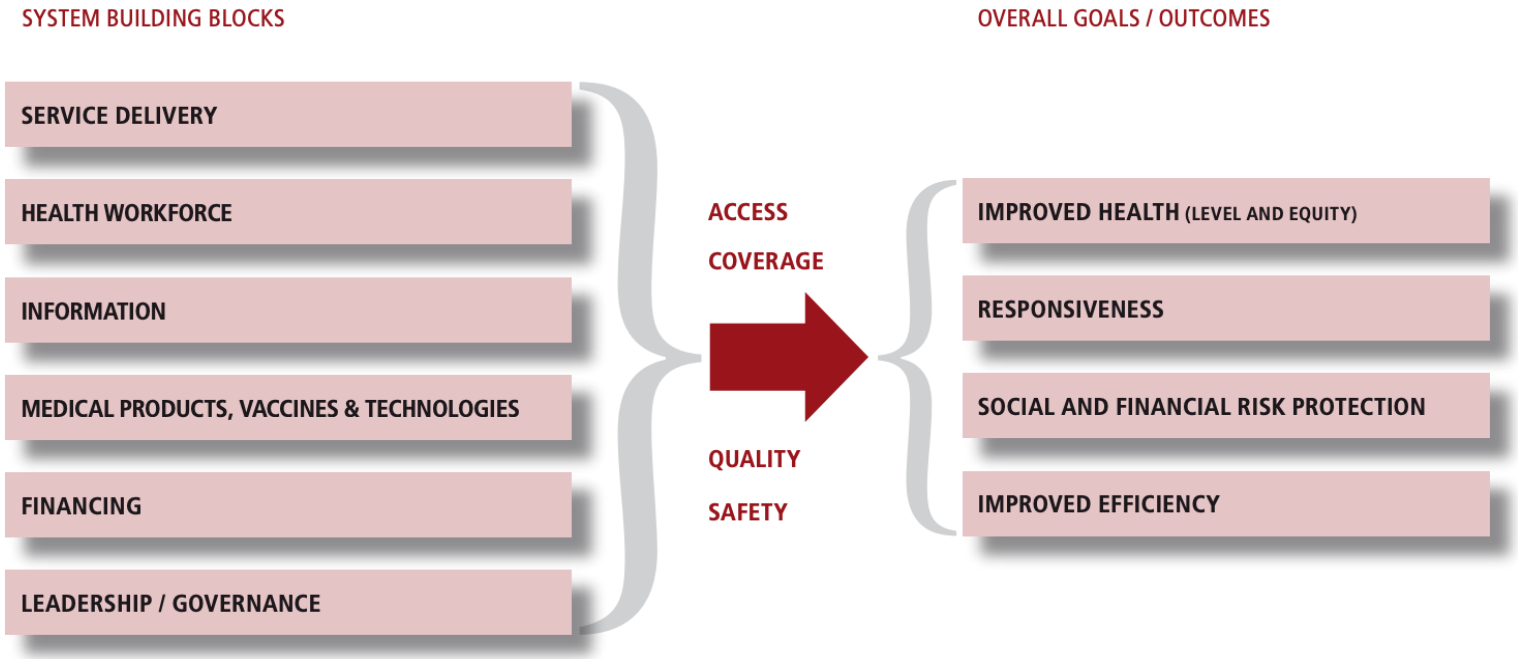
- **India** – PPPs in diagnostics & telemedicine (e.g. Ayushman Bharat);
- **Kenya** – Franchised PHC (e.g. PS Kenya, Marie Stopes);
- **Thailand** – Strategic purchasing from accredited private providers under UHC.

WHO (2018): calls for "whole-of-society" approaches to PHC, explicitly including private actors in UHC roadmaps.

https://www.who.int/data/gho/data/themes/topics/indicator-groups/sources-of-care-in-mixed-health-systems/1000 ; https://www.who.int/docs/default-source/primary-health/vision.pdf; https://iris.who.int/bitstream/handle/10665/341057/9789240018327-eng.pdf?sequence=2&isAllowed=y; https://www.pskenya.org/tunza/ ; https://doi.org/10.1093/heapol/czu120 ; https://www.sciencedirect.com/science/article/pii/S3050837125000049

Bangladesh

THE WHO HEALTH SYSTEM FRAMEWORK



Urbanization is accelerating →

Over **41% of Bangladesh's population now lives in cities**, growing at ~3% annually.

Service availability at health facilities:

Child curative care:
66% urban vs **95% rural**

Child vaccination:
22% urban vs **93% rural**

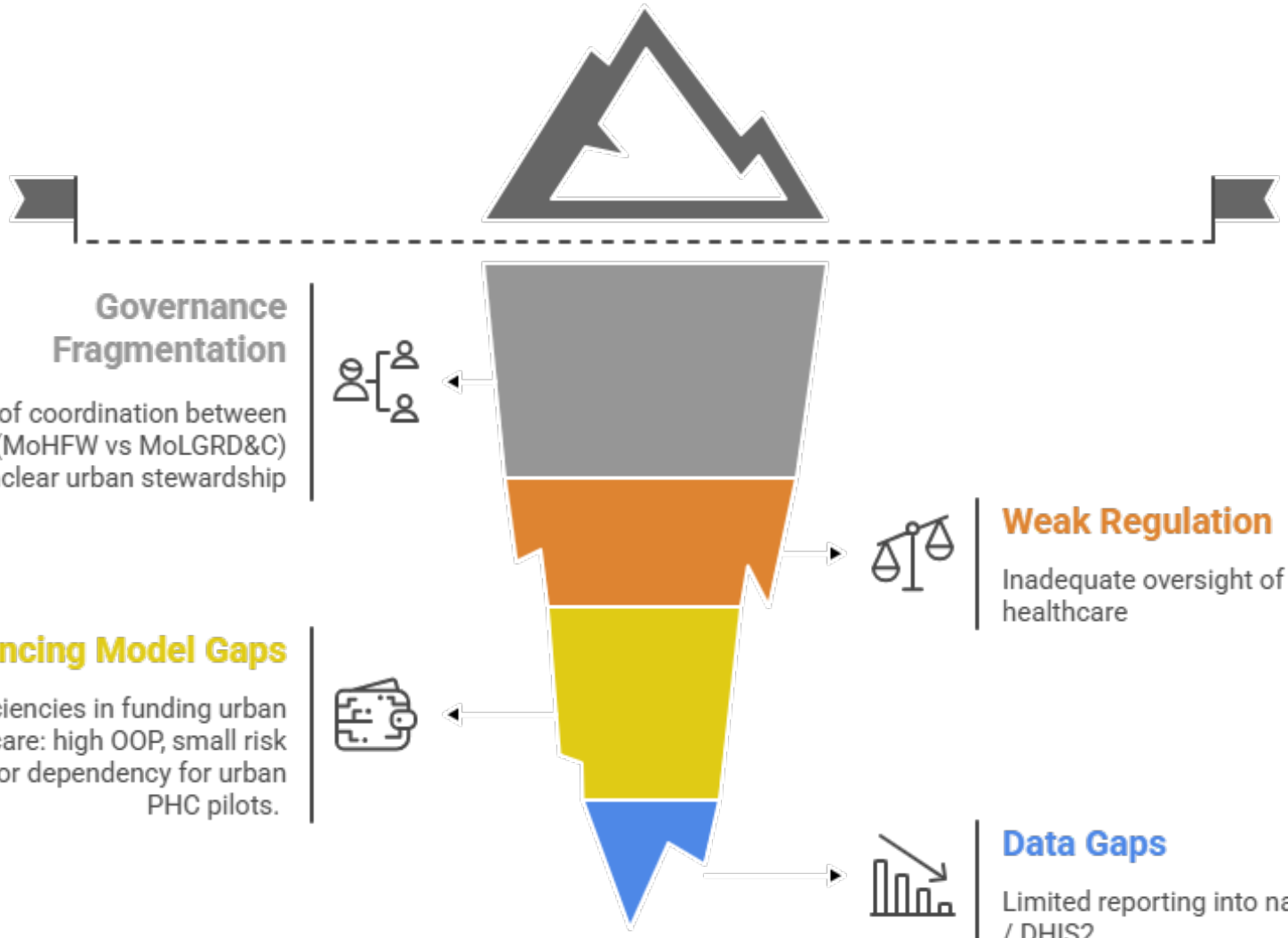
Family planning:
39% urban vs **83% rural**

Antenatal care:
79% urban but **normal delivery only 11%**

Government spending remains **below 1% of GDP** for two decades

What Are the Challenges ?

Problems in 1st Priorities



Governance Fragmentation

Lack of coordination between ministries (MoHFW vs MoLGRD&C) and unclear urban stewardship

Financing Model Gaps

Deficiencies in funding urban primary care: high OOP, small risk pools, donor dependency for urban PHC pilots.

Weak Regulation

Inadequate oversight of private healthcare

Data Gaps

Limited reporting into national HIS / DHIS2

Why Private Sector ?

Local pharmaceutical companies manufacture and distribute most of the targeted products, and the majority of Bangladeshis usually obtain their drugs from the private sector.

No. of Pvt. Health Facilities	2000	2021
Hospitals	1,125	4,452
Clinics	633	2,236
Diagnostic centers	1,778	16,979

Pharmacies and informal providers are the **main drug source** even for the poor

16,444 registered private hospitals, clinics, diagnostic centers, and blood banks, as of 2020

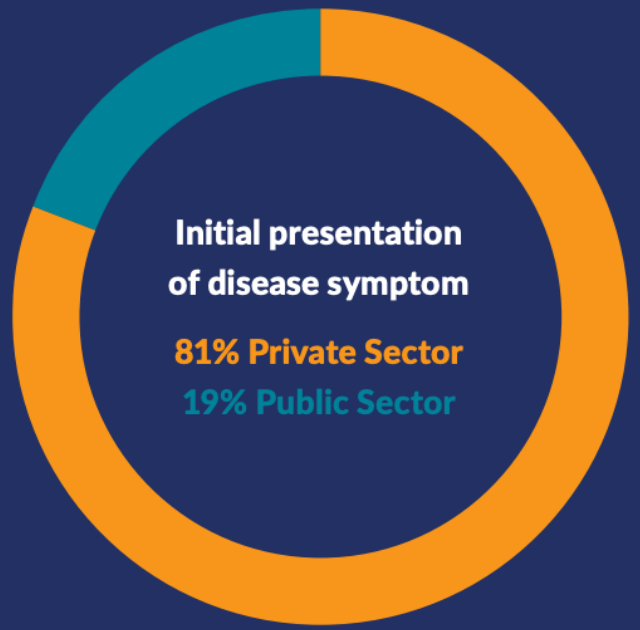
BHFS 2022

91,537 private hospital beds nationwide- two-thirds of all beds in Bangladesh

BHFS 2022

SEARO

The majority of the population in South Asia first seek care in the private sector.



Source: Wells WA, Uplekar M, Pai M (2015) Achieving Systemic and Scalable Private Sector Engagement in Tuberculosis Care and Prevention in Asia. PLoS Med 12(6): e1001842. https://doi.org/10.1371/journal.pmed.1001842

Potential Private Sector Facilities

Private Hospitals & Clinics

Major Hospitals: United Hospital, Square Hospital, Evercare Hospital, Bangladesh Specialized Hospital, Green Life Hospital, etc.

Specialized Clinics: Labaid Specialized Hospital, Popular Diagnostic & Clinic, etc.

Urban areas: majority of inpatient care and specialist services accessed through private hospitals

Diagnostic Centers & Laboratories

Major Chains: LabAid, Popular Diagnostics, Square Diagnostic, Apollo Hospitals Lab

Specialized Labs: United Diagnostics, BioLab, Renata Diagnostic Center

Corporate/NGO Labs: BRAC Health Labs, ICDDR,B Lab Services

Private Hospital Labs: Evercare, United Hospital, Square Hospital

Pharmacies & Drug Shops

Well-Known Pharmacy Chains: Lazz Pharma; Popular Pharma Pharmacy; Shwapno & Agora Pharmacies; Square, etc.

- **118,000 retail drug shops** nationwide (formal & informal)

NGO-Run Clinics & Hospitals

Major NGO Health Networks

BRAC Health Program; Gonoshasthaya Kendra (GK); Population Services and Training Center (PSTC); Surjer Hashi Network (SHN)

Specialized NGO Hospitals

Ad-din Foundation Hospitals; UTTARAN & Sajida Foundation Clinics, etc.

Corporate & Employer-Supported Services

Large Corporations & Business Groups

Square Group, Apollo/Bashundhara collaboration, Incepta Pharmaceuticals, AK Khan Group, etc.

Export-Oriented Industries such as BGMEA & BKMEA runs Garment Workers Hospitals/Clinics.

Banking & Insurance Sector

Prime Bank Ltd, Eastern Bank Ltd, Standard Chartered, etc. has Corporate health packages & insurance coverage

Evidence from Bangladesh

1

GO–NGO contracting (UPHCP / UPHCSDP):

government + donor funded; model scaled to multiple city corporations / municipalities; extensive satellite centers (UPHCP/UPHCSDP project documentation).

3

Private-led pilots: Aalo Clinics:

Donor-financed pilot offering free, comprehensive PHC to urban areas (~5–6k households per clinic in pilot areas); strong monitoring & digitalization in pilot design.

2

Community-based insurance / microinsurance:

localized pilots (Gonoshasthaya Kendra), small scale, promising for financial protection if pooled and digitally scaled.

4

Community Clinics

Govt-funded PHC model with community involvement.~13,800 clinics, each serving ~6,000 people nationwide. Provide basic PHC (MCH, FP, nutrition, NCDs).Strengths: Wide coverage, community ownership.

https://uphcsdp.gov.bd/; https://r4d.org/wp-content/uploads/SMHS-SCS-UPHCP2-Bangladesh-FINAL.pdf ; https://dashboard.dghs.gov.bd/pages/dashboard_alo_clinic.php ; https://doi.org/10.1016/j.heliyon.2020.e03950

Recommendations

Governance & Financing towards UHC

Governance & Stewardship

- ✓ Urban Health Stewardship Compact→ MoHFW + MoLGRD&C + City Corporations
- ✓ Health PPP SOPs → contracts, equity clauses, dispute resolution
- ✓ Urban Health Monitoring & Regulation Authority (UHMRA) for all urban providers

Financing & Strategic Purchasing

- ✓ Strategic purchasing for NGOs/for-profits tied to quality & equity indicators
- ✓ Capacity building and introduce health insurance for ensuring UHC
- ✓ Introduce Urban Primary Care Benefit Package (UPCBP) for slum populations
- ✓ Use bundled tariffs & reference pricing to contain costs

Integration & Equity towards UHC

Integrating For-Profit Sector

- ✓ Fast-track accreditation with standardized rates & "green list" providers
- ✓ Contract pharmacies for NCD drugs with e-prescriptions, price ceilings
- ✓ Enforce equity clauses → cross-subsidized slots for poor patients

Equity for Slums

- ✓ Targeted vouchers/e-cards for RMNCH, FP, TB, NCDs
- ✓ Community health connectors for slum enrollment & adherence
- ✓ Mobile/extended-hours clinics in dense settlements

Service, Digital, Workforce

Service Model Upgrade

- ✓ Integrated PHC package: communicable + NCD + nutrition + mental health
- ✓ Specialized COPD/asthma + heat-health packages
- ✓ HTN–DM bidirectional screening + surge packages for vector-borne diseases

Data, Digital & Accountability

- ✓ DHIS2-compatible reporting by all providers
- ✓ Real-time dashboards & outcome-linked payments
- ✓ Toll-free lines, chatbots, digital doctor directory

Workforce & Supply Chain

- ✓ Short courses: contracting, costing, HMIS
- ✓ HR distribution based on population mapping
- ✓ E-LMIS integration, stockout penalties

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THANKS FOR YOUR TIME !

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