

Policy Brief

Public-Private Partnership for Urban Healthcare

Public-Private Partnership: The Strategy for Enhancing Urban Healthcare in Bangladesh

Purpose:

This policy brief emphasizes public-private partnership (PPP) as the potential strategy for improving and scaling up urban primary healthcare in the context of Bangladesh. It presents necessary evidence in favor of PPP as the most potential strategy to meet the evolving healthcare demands of the rapidly growing urban population of Bangladesh.

The Problem:

Bangladesh's public health system falls short in responding to the healthcare needs especially primary healthcare, of its rapidly growing urban population. Urban healthcare needs to be urgently addressed if health-related SDG targets and Universal Health Coverage are to be attained by 2030.

Background

The public health system in Bangladesh was designed to meet the healthcare needs of its once overly dominant (over 80%) rural population. An extensive network of infrastructure from the community to the secondary level equipped with human resources and necessary logistics was established and further developed over the years. However, with increasing industrialization and other economic activities in the past decades, rapid urbanization has now taken place over 40% of the population residing in urban areas.

The Ministry of Health and Family Welfare (MoHFW) through its five-year or so health sector programs, has been consistently providing health promotional, preventive as well and treatment services for various illness to its predominantly rural target population. The urban dwellers, especially the lower wealth quintiles largely remain left out from important services like immunization, contraceptives, and TB case management, that are provided free of cost to the rural people, emphasizing the need of a service delivery system in the urban. Further, evaluations of the national health sector

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Experience of Public-Private Partnership in Health

The MoHFW has considerable experience in collaborating with non-government organizations (NGOs). In the seventies, the MoHFW collaborated with NGOs to address the need for educating the common people on family planning. In the later years, collaboration between DGFP and designated NGOs led to systematic distribution of DGFP procured contraceptives, especially in the urban areas. Recently, DGFP has formally collaborated with Marie Stopes Bangladesh to support FP services in hard-to-reach areas. A similar collaboration with NGOs and the private sector helped the DGHS in popularizing and educating the people on the use of oral saline for diarrhea control, the then number one cause of mortality among under-five children. The formal partnership between DGHS and BRAC ensures the complete treatment of diagnosed TB patients following DOTS and contributes to a highly successful rate of TB management.

PPP was responsible for a 24.5% increase in TB referrals over 5 years. The extraordinarily successful Expanded Program for Immunization (EPI) demonstrates another strong collaboration between the DGHS and a host of organizations that helped to reach every child, especially in urban areas. Today Bangladesh is a Gavi graduate country for maintaining high levels of immunization coverage. (WHO) Recently, a new initiative called "Aalo Clinic" has emerged to provide quality primary healthcare free of cost to urban dwellers in Dhaka, Gazipur, and Narayanganj. Supported by the SIDA, being implemented by UNICEF and partner NGOs. The doctor in the Aalo clinic remains available for extended hours to match the availability of the urban working population. A capitation

mechanism provides an incentive for the doctor to deliver quality services. Strong linkage with higher-level government facilities allows for effective referral while collaboration with pharmaceuticals ensures a steady supply of essential medicines. A credible diagnostic facility conducts essential routine lab investigations that were expanded as per the advice of the DGHS. A digital system assists in tracking patient flow and recording patient history and treatment provided, simultaneously from point of entry to exit thereby increasing management efficiency. During COVID-19, the government engaged the NGOs and private sector, under its stewardship for community mobilization, referral, diagnosis, treatment, burial, and mobilization for vaccination, which helped, immensely in meeting the sudden high demand for healthcare. The health ministry also provides grants to private institutions like BIRDEM, Heart Foundation, icddr, BAPSA, etc. that help meet critical gaps in healthcare provision and research.

The local government ministry with the support of ADB has been implementing the Urban Primary Healthcare Services Delivery Project (UPHCSDP) for over two decades. It is another remarkable example of a GO-NGO partnership. The UPHCSDP provided urban primary healthcare to target populations in selected city corporations and municipalities. A key lesson learned is provision of health services to remain with the health ministry rather than the local government. The health wing in the PM's Office has already developed the details of materializing a public-private partnership along with the necessary requirements, to facilitate the process.





Discussion

Recent evaluations of the public health system indicate that managing, monitoring, improving, and funding service provision by the government directly, has its limitations. For example, the public sector catered to only 18% of the over 3 million annual births compared to 45% by the private sector. An inadequate number of service providers, lengthy delays in recruitment, limited scopes for career progression, along the failure to make doctors particularly specialist doctors available at the point of posting are persisting challenges.

The extensive network of infrastructure in the rural areas is also proving to be inadequate for quality service provision to an ever-growing population. Recent studies show only a small proportion of health facilities are ready for quality service provision. Supply of essential medicines, and their proper storage, particularly at the facility level, requires much improvement. The health budget standing at around 1% of the GDP and less than 5% of the total budget has been one of the lowest in the South Asia Region. Under the circumstances, organizing and delivering the primary healthcare needs of the urban populations poses further challenges to the already overwhelmed public health system.

The MoHFW has yet to engage the private institutions receiving government grants systematically to fill gaps and enhance the complementation and comprehensiveness of the services, under one umbrella.

The private sector fills critical gaps in healthcare provision though government hospitals mostly provide emergency services. Besides patient management, the private sector includes a range of services like pharmacies, diagnostics, blood banks, emergency ambulances, telemedicine services, and medical education.

The health ministry is though responsible for licensing the private clinics it is yet to build its capacity and exert full regulatory responsibilities over the sector.

Public-Private Partnership can provide affordable and quality services to prevent and manage NCDs and be an alternative to public sector spending to build and operate hospitals and health education facilities.

A PPP1 approach can help the government in implementing its stewardship role. It is very important to inform, create access, and ensure implementation of the set standards for the various PHC services, by the non-state actors. PPP can also help in setting up jointly agreed quality standards to facilitate regulation. PPP projects can be tricky because success depends on a holistic policy framework that can address all aspects of healthcare. Different countries, including those from low to middle-income groups, have used PPP in healthcare, and their experiences can give us insight into how it can be utilized in Bangladesh as well. While designing PPP projects, governments must consider the enhanced socio-economic benefits for target constituents as part of their success criteria and not focus on financial return alone.

Private partners must be able to help the public sector in bringing health services to infrastructure-poor localities at affordable prices through expertise in healthcare management and/or access to capital.

Conclusion

The public health system alone cannot meet the growing healthcare needs of the huge population of Bangladesh. A PPP approach has the potential for wider and holistic coverage, complementation of services, driving up quality and cost competitiveness, and enhancing financing for health. Drawing limits to direct service

provision will create room for the government to prioritize stewardship and sector regulation while ensuring effective and efficient use of resources, by all.

Recommendations

- ▶ A Public-Private Partnership is imperative for Bangladesh if the health-related SDG targets and Universal Healthcare Coverage are to be achieved.
- ▶ A thorough assessment of the PPP experience in health so far should be undertaken to determine the strengths of the different partnership modalities and feasibility in the current context.
- ▶ The government, in consultation with experts, clearly defines the objectives, parameters, expected outputs and outcomes, performance criteria, monitoring, and evaluation framework, etc. of such partnerships.
- ▶ A menu of PHC services (essential, desirable, PHC++) with required standards needs to be agreed at national level in consultation with all concerned.
- ▶ Partnerships should be based on agreed criteria e.g., fill a gap (geographical or category of population or range of service) to enhance comprehensiveness.
- ▶ Interested pharmacies, especially the model pharmacies in the different districts, BIRDEM clinics network, and other potential private sector actors across the urban areas of the country should be included in the partnership.
- ▶ The government following a PPP approach to meet the healthcare needs especially of the poor sections should sponsor models for urban primary healthcare provision such as the Aalo clinic.
- ▶ There should be regular performance reporting linked to the DHIS-2 while DGHS should regularly supervise and monitor service quality following government-approved protocols.
- ▶ Regular audits of the partnerships should be undertaken.
- ▶ MoHFW should seek technical assistance from the development partners (DPs) to set up the management, coordination, and communication arrangements for such a PPP program.