An Analysis of Urban Health Policies in Bangladesh and Identifying Gaps between Policies and Practices

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CHORUS RESEARCH ON URBAN HEALTH

Background

- ✓ 38-40% of Bangladesh's population lives in urban areas
- ✓ Slums with 30% of the country's urban population
- ✓ Continuous pressure on urban health systems with urban poor being more vulnerable than their rural counterparts in terms of health indicators
- ✓ More than 40% of urban patients seek healthcare from informal providers (especially from pharmacies/drug stores)
- ✓ Urban health needs, although acute and chronic – have gradually been realized in policies and strategies in Bangladesh
- ✓ Since independence, health policies and programs have mainly focused on rural health services and outcomes
- ✓ After the 1990s, urban health got emphasis, but little intensive effort to provide need-based and quality urban care

Objectives
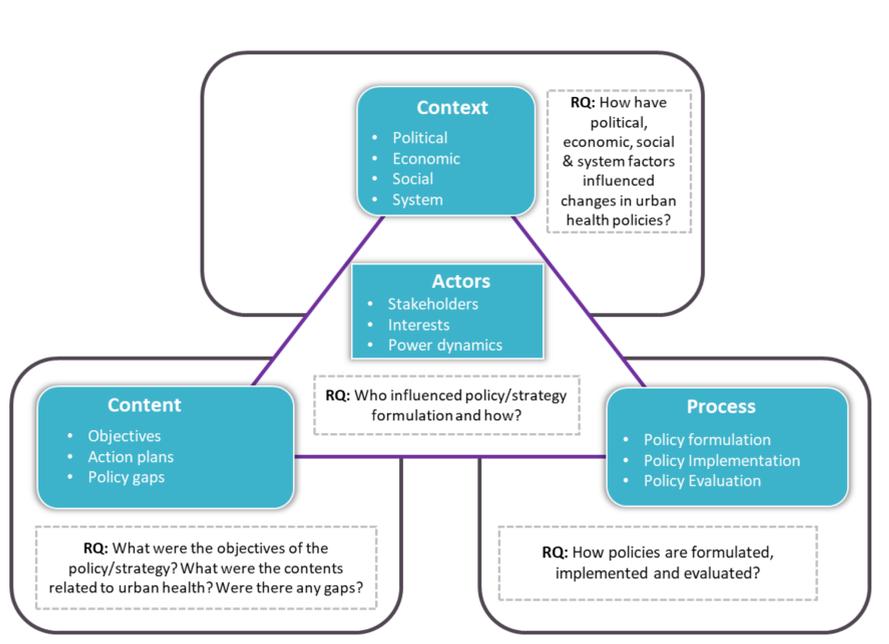
Overall Objective

- ✓ To explore the past and current health policies of Bangladesh to understand how urban health with its special needs has been addressed, what are the current implementation challenges of the urban health system and gaps between policies and practices

Specific Objectives

- ✓ To understand the context in which urban health needs and priorities have evolved in different policies over the years
- ✓ To explore how health policies of Bangladesh addressed urban health-related needs & priorities and gaps between policies & practices
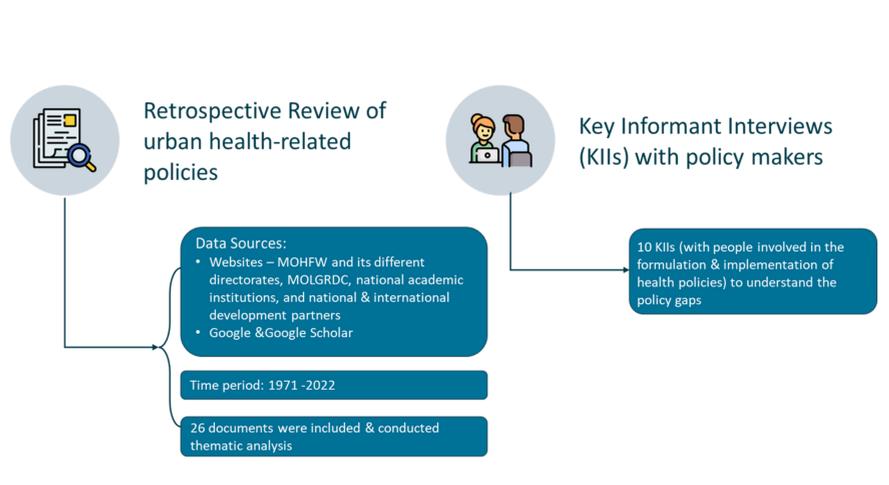- ✓ To understand the actors and processes involved in the policy formulation

Methodology

Analysis Framework

Context
- Political
- Economic
- Social
- System

RQ: How have political, economic, social & system factors influenced changes in urban health policies?

Actors
- Stakeholders
- Interests
- Power dynamics

Content
- Objectives
- Action plans
- Policy gaps

RQ: Who influenced policy/strategy formulation and how?

Process
- Policy formulation
- Policy Implementation
- Policy Evaluation

RQ: What were the objectives of the policy/strategy? What were the contents related to urban health? Were there any gaps?

RQ: How policies are formulated, implemented and evaluated?

Adapted from Walt & Gilson, 1994 and Srivastava et al., 2018

Data collection

Retrospective Review of urban health-related policies

Key Informant Interviews (KIIs) with policy makers

Data Sources:
- Websites – MOHFW and its different directorates, MOLGRDC, national academic institutions, and national & international development partners
- Google &Google Scholar

Time period: 1971 -2022

26 documents were included & conducted thematic analysis

10 KIIs (with people involved in the formulation & implementation of health policies) to understand the policy gaps
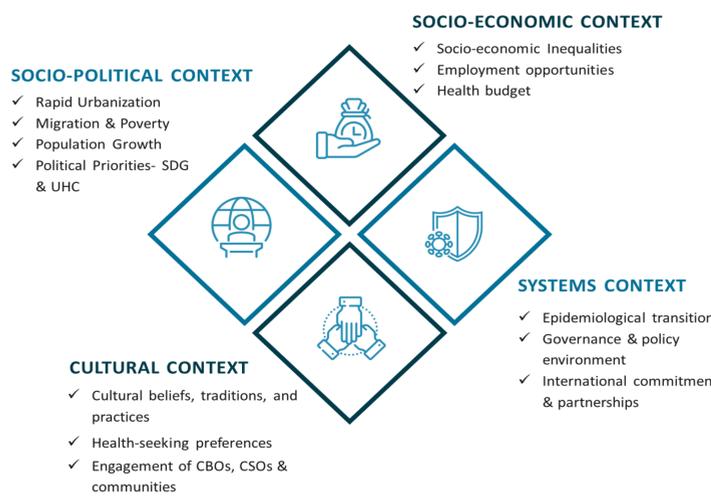
Findings

Historic Overview of Health Policies

- ✓ No coherent health policy of Bangladesh for the first three decades after independence in 1971
- ✓ All health-related planning and programming were guided by the health sector components of successive Five-Year Plans
- ✓ The first-ever strategy for urban health was approved in 2014 and revised one in 2020

Policy Context

SOCIO-POLITICAL CONTEXT
- ✓ Rapid Urbanization
- ✓ Migration & Poverty
- ✓ Population Growth
- ✓ Political Priorities- SDG & UHC

SOCIO-ECONOMIC CONTEXT
- ✓ Socio-economic Inequalities
- ✓ Employment opportunities
- ✓ Health budget

CULTURAL CONTEXT
- ✓ Cultural beliefs, traditions, and practices
- ✓ Health-seeking preferences
- ✓ Engagement of CBOs, CSOs & communities

SYSTEMS CONTEXT
- ✓ Epidemiological transition
- ✓ Governance & policy environment
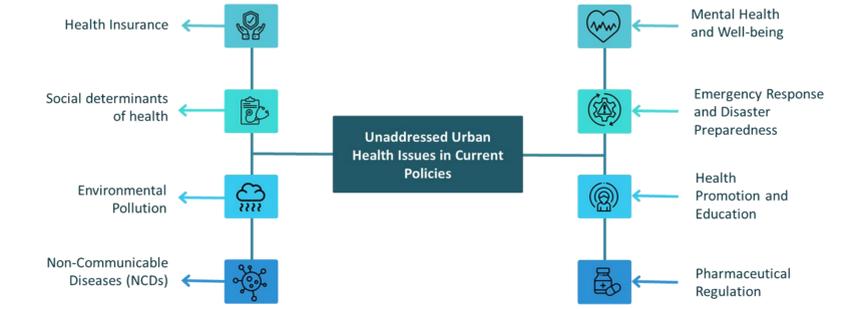- ✓ International commitment & partnerships
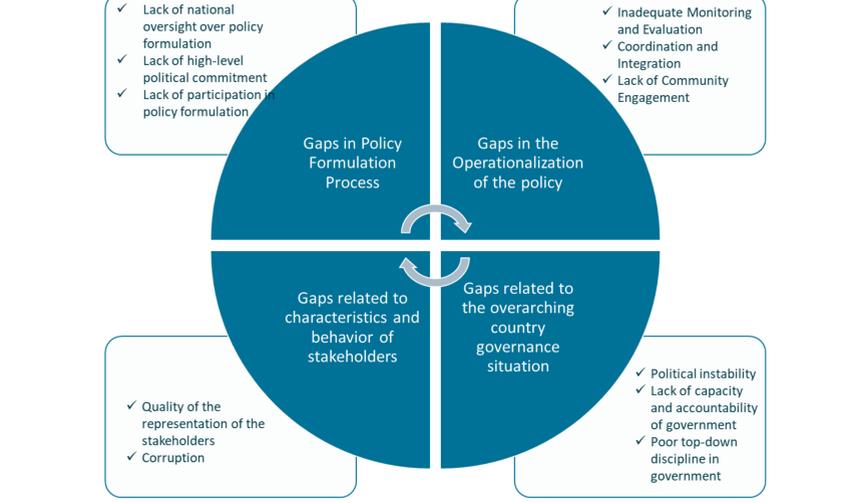
Policy Process

- ✓ **Policy Formulation**
  - Formulated through a participatory process & MOHFW drafted the main content
  - Drafts submitted to Parliamentarian Committee for scrutiny, getting public feedback and approval by the Cabinet division
- ✓ **Policy Implementation**
  - Through various programs, projects
  - Coordination mechanisms, monitoring, and evaluation systems to ensure effective implementation
- ✓ **Policy Evaluation**
  - Only a few assessments conducted for Bangladesh health sector programs

Policy Actors

- ✓ **Government Actors**
  - Ministry of Health & Family Welfare with its directorates, functional wings and units
  - MOLGRDC, Planning Commission, Cabinet Division, Ministry of Finance, Ministry of Public Administration, Ministry of Education, Ministry of Agriculture, Ministry of Information, Ministry of Social Welfare, Ministry of Women and Children Affairs
- ✓ **Non-state actors**
  - NGOs, development partners, private healthcare providers, CBOs, CSOs

Policy Contents

- ✓ **Developing effective coordination** among the MOHFW & MOLGRDC & effective functioning of Urban Health Coordination Committee
- ✓ **Need based service provision**
  - Mapping of social, economic, occupational and residential vulnerability
  - Issue special entitlement card for the vulnerable
  - operating satellite clinics, mobile PHC centers, late-night clinics for floating/street population
- ✓ **Developing a structured referral system** in urban areas from PHC centers to higher care facilities
- ✓ **Close partnership and collaboration** between public and private hospitals, GO & NGOs
- ✓ **Increasing health budget of the local government**

Discussion

Gaps in Policy Contents

Health Insurance
Social determinants of health
Environmental Pollution
Non-Communicable Diseases (NCDs)

Unaddressed Urban Health Issues in Current Policies

Mental Health and Well-being
Emergency Response and Disaster Preparedness
Health Promotion and Education
Pharmaceutical Regulation

Policy-Practice Gaps

Gaps in Policy Formulation Process
- ✓ Lack of national oversight over policy formulation
- ✓ Lack of high-level political commitment
- ✓ Lack of participation in policy formulation

Gaps in the Operationalization of the policy
- ✓ Inadequate Monitoring and Evaluation
- ✓ Coordination and Integration
- ✓ Lack of Community Engagement

Gaps related to characteristics and behavior of stakeholders
- ✓ Quality of the representation of the stakeholders
- ✓ Corruption

Gaps related to the overarching country governance situation
- ✓ Political instability
- ✓ Lack of capacity and accountability of government
- ✓ Poor top-down discipline in government

Conclusion

- ✓ Special focus on addressing urban health issues in the health policies of Bangladesh has increased in recent years
- ✓ Current health policies prioritize issues like developing effective coordination & structured referral system, need based service provision, and collaboration through PPPs
- ✓ However, the policies lack focus on health insurance, environment & climate change, NCDs including mental health
- ✓ Bureaucratic inefficiency, corruption, lack of resources and accountability often cause policy practice gaps
- ✓ More assessment and evaluation of health policies are necessary for long-term planning for urban health system