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POLICY BRIEF

HEALTH AND NUTRITION IN URBAN BANGLADESH

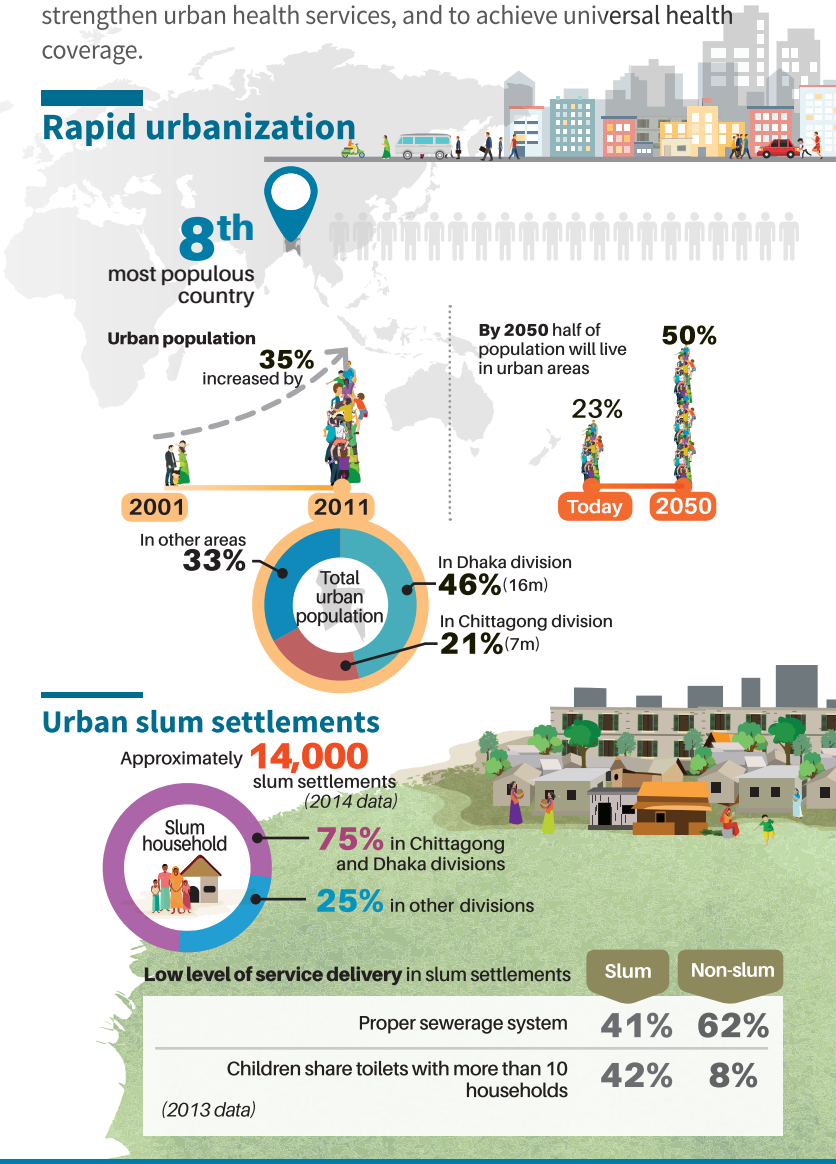
Social Determinants and Governance

Bangladesh has made remarkable progress on the United Nations Millennium Development Goals (MDGs) related to health and nutrition, increasing child immunization rates while reducing the incidence of malnutrition and communicable diseases, as well as infant and maternal mortality rates. Building on this success, Bangladesh is seeking to achieve universal health coverage by 2032. Realizing this ambitious goal won't be easy, however. To do so, the country must intensify ongoing efforts to tackle communicable diseases and maternal and child health issues. At the same time, Bangladesh must address in health challenges arising from an increase in noncommunicable diseases, and from climate change and urbanization.

Urbanization is occurring at a rapid pace in Bangladesh. While most of the population remains rural, 23 percent of people live in urban areas. From 2001 to 2011, the country's urban population expanded by 35 percent, at an annualized growth rate of three percent. By 2050, the urban population is projected to account for more than half of Bangladesh's total population. Slum settlements have proliferated as part of this trend, with a recent census counting approximately 14,000 distinct slum settlements across the country. Although these settlements differ in size, they share some characteristics, including high population densities, a large share of migrants from rural areas, inferior public water and sanitation services, and poor-quality housing. These conditions have contributed to a raft of health challenges for slum residents.

Health and nutrition policies and programs in Bangladesh have focused largely on the provision of health services to rural areas. Consequently, urban populations - and the urban poor, in particular - have not enjoyed sufficient access to quality health and nutrition services. Knowledge about urban health and nutrition in Bangladesh also remains sparse. Addressing this critical knowledge gap, and the imbalance in policy and program focus, will be a priority for Bangladesh if it is to successfully address the health needs of the urban poor and improve overall health and nutrition outcomes in urban areas.

A failure to address urban health could undermine many of the substantial health-sector gains that Bangladesh has achieved. To avoid such a scenario policymakers must demonstrate the same level of commitment in addressing the health and nutrition needs of urban populations, while also designing and implementing sound, urban health policies and programs. Specifically, Bangladesh can leverage several policy opportunities to address key issues relevant to urban health, to strengthen urban health services, and to achieve universal health coverage.



1. EFFECTIVE GOVERNANCE AND REGULATION

Issue: Bangladesh's urban health system faces two main challenges in terms of stewardship: a lack of effective coordination among key central ministries on the provision of urban health services; and an inability by the urban health system to respond effectively to evolving health needs. In addition, many regulations are weak and outdated, especially those related to government responsibilities and urban health service providers, and their enforcement is patchy. For example, the law requires every private health facility to obtain a license to operate from the Ministry of Health and Family Welfare (MOHFW), and a registration with the urban government where the facility is located that needs to be renewed annually. However, regulators approach this process as a purely administrative exercise, with few quality controls in place. Public facilities, on the other hand, have no separate licensing process, and, once established with a government endorsement, these health facilities or pharmacies are not required to be re-certified. Monitoring and evaluation of facilities remains fragmented. While the national Health Management Information System (HMIS), under MOHFW maintains data on ministry-run facilities, it does not do so for other public health facilities, or for NGO or private health providers. This makes it difficult to measure the performance of the entire urban health system.

Policy option: Establishing an effective governance framework for the urban health system will require a multipronged strategy. This includes: (i) strengthening involvement at the local level, to allow urban governments to take ownership of urban health services, with financial and technical support from the Ministry of Local Government, Rural Development and Cooperatives (MOLGRD&C) and MOHFW; (ii) ensuring a cohesive partnership among the MOHFW, MOLGRD&C, and other relevant ministries, and the NGO and private sectors, by agreeing on a clear division of responsibility, coordinating financial resources and accountability, and developing capacity; and (iii) aligning donor support for urban health with the central government's urban health strategy. Policymakers should boost regulation of, and enforcement capacity for, urban health service delivery, including revising regulations on licensing and registration, and ensuring rigorous quality control of public, NGO, and private health services. Professional associations can play a bigger role by promoting collaboration and fostering a stronger patient-centered focus among providers. And the government should develop a comprehensive monitoring and evaluation system for public, NGO, and private urban health providers, and promote evidence-based decision-making.

2. SUSTAINABLE FINANCING

Issue: Despite being responsible for meeting the primary healthcare needs of the urban population, urban governments do not have a separate budget allocation for health services or public health initiatives, and have limited capacity to mobilize their own funds. Each urban government may employ a small number of health staff, paying their salaries from its budget, and through donor-funded projects. This is in line with the country's overall administrative structure, which is not fiscally decentralized, and does not allow local participation in funding decisions. Urban governments do not have updated, standardized systems to determine who qualifies as poor and who should qualify for exemptions from user fees. Fees are not standardized across providers; nor are measures in place to ensure provider compliance.

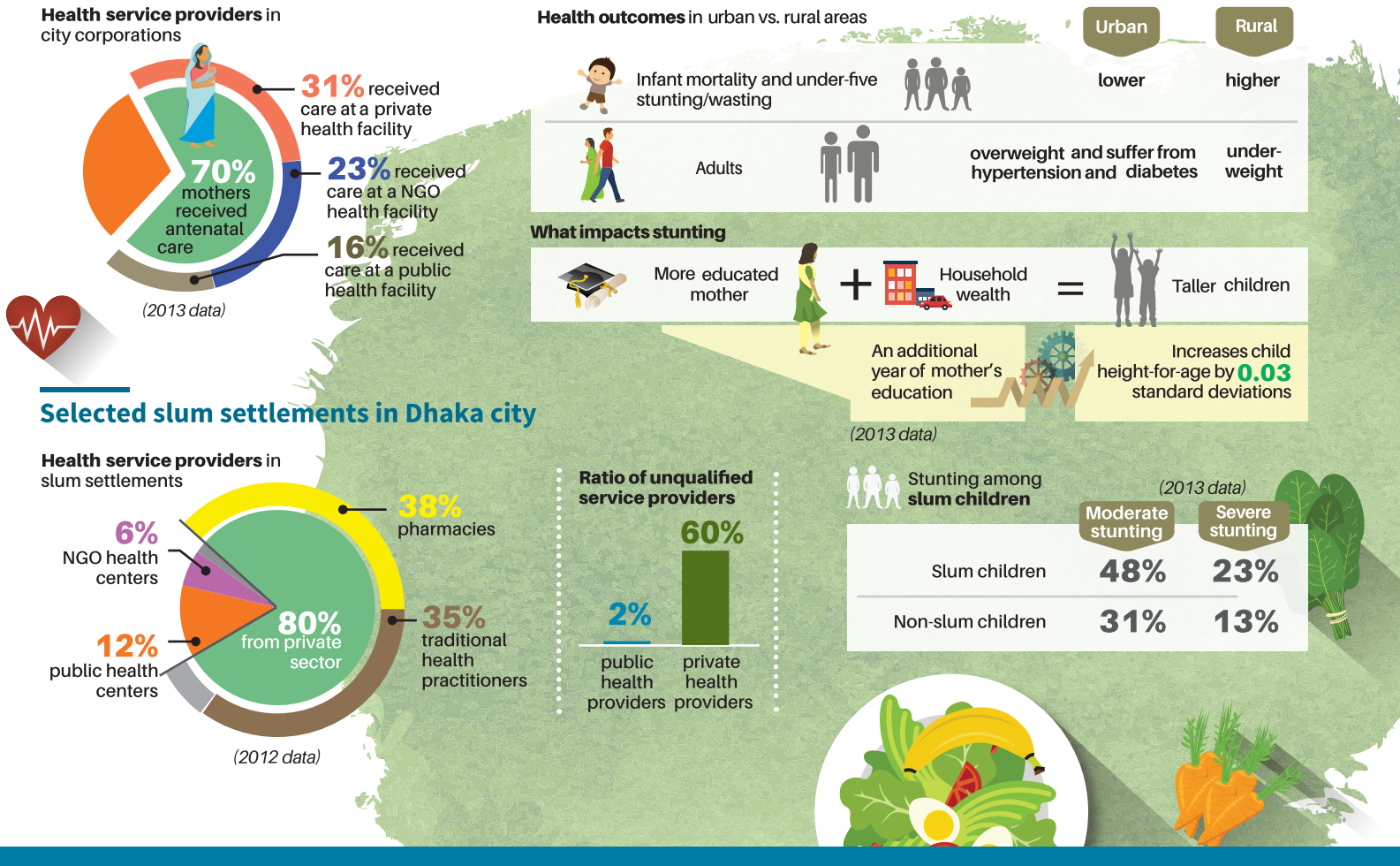
Policy option: A top priority should be to ensure sufficient, sustainable financing for urban governments to provide health services. Potential options to achieve this include: (i) aligning financing with responsibilities for urban health by ensuring that the relevant central Ministries allocate adequate funds to urban governments to provide health services, and exploring ways to complement central government transfers with revenues collected at the local level; (ii) updating and standardizing user fees for essential services and the most common procedures; (iii) standardizing methods to identify the poor and levels of exemption from user fees, and ensuring full compliance among providers to honor such exemptions; and (iv) exploring the use of cash transfers, with or without conditions related to health service use, to households.

3. EFFECTIVE AND EQUITABLE SERVICES

Issue: Bangladesh's health service system consists of different legal entities, with limited horizontal and vertical integration, and no mechanism in place to facilitate patient referrals. The health system puts inadequate emphasis on aspects such as equitable access to quality care, continuity of care, patient-centeredness, and patient rights; and the sector lacks a culture of accountability. Due to the strong focus on maternal and child health, services are not widely available for treating certain conditions, such as noncommunicable diseases, or patient groups, such as men, particularly among public and NGO health providers. Patients cannot easily access credible, relevant information on provider performance.

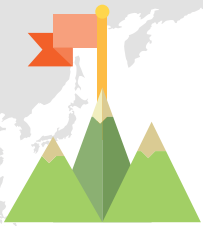
Policy option: It is imperative that Bangladesh restructures its urban health system so that it doesn't just target specific diseases or population groups, but addresses the needs of the entire population and fosters a patient-centered approach. This will require urban health providers to move beyond maternal and child health services to also tackle noncommunicable diseases, reach underserved groups, and make services more accessible to the working population by expanding operating hours. Professional associations could play an important role in improving service quality and promoting a stronger patient-centered focus among providers; engaging such groups in the dialogue on urban health is therefore vital. The government should expedite its plans for establishing a functioning referral system by ensuring that patients are properly assigned to specific providers. Promoting accountability and strengthening public trust in the system will require efforts targeting both supply and demand aspects; for example, using training or sanctions to change the mindset of providers, and increasing citizens' awareness of their rights and responsibilities. Partnerships with the private sector have the potential to considerably expand the reach of urban health services. Pharmacies are ubiquitous, while private clinics operate as the main provider of health services in urban areas, including to the poor. Partnerships with such entities could include experimentation with preventive and promotive health services, and with the provision of a minimum level of quality care that is affordable to the poor.

Health and Nutrition in Urban Areas



Top 3 Challenges

- Inadequate coordination among key ministries and agencies
- Limited local empowerment, financing, and vertical/horizontal integration in service delivery
- Lack of a shared vision and focus on slums in urban health policy



Top 3 Priorities

- Establish an effective policy and governance framework
- Ensure sustainable financing and people-centric urban health services
- Focus on the health needs of urban slum settlements

4. OVERARCHING POLICY FRAMEWORK

Issue: The urban health landscape is evolving in Bangladesh, without a concurrent vision emerging of how the health system should work in city corporations and municipalities. As such, there is a pressing need for policymakers to develop a comprehensive urban health policy in consultation with relevant stakeholders. The policy needs to better reflect changes in the operating environment, including increased rural-urban migration and shifts in the epidemiological and demographic profiles of urban areas. It should also consider the potential for multisectoral action to influence health and nutrition outcomes, the country's unique urban governance structures, and the needs of a working population. Any urban health policy should also recognize the proliferation of urban slum settlements and the special needs of their residents. Slum residents generally register poorer health and nutrition outcomes than non-slum residents (though the latter suffer from higher rates of obesity and diseases such as diabetes). Slum residents also tend to report lower education levels, household economic status, and other socioeconomic conditions found to be associated with nutrition and health outcomes.

Policy option: To improve urban health and nutrition outcomes, Bangladesh must develop an urban health policy within the broader context of urbanization and urban policy, with a strong focus on the needs of slum residents. In this context, it is important to recognize that non-health factors, such as household economic status and mother's education level, can affect health and nutrition outcomes. Improving urban health and nutrition outcomes will, therefore, require attention not only to the health sector, but also to non-health determinants. Urban residents face multiple health risks arising from poor environmental conditions and services, with those in slum settlements and other poor neighborhoods at even greater risk. Policies and regulations need to address such factors in a comprehensive way, with input from other, relevant ministries. Efforts are currently underway in the country to formulate an urban health policy and operational plan. These sector-level efforts should also seek to introduce supportive policies and regulations aimed at slum settlements.

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