Policy Brief

December 2022

Preparedness of Urban Primary Healthcare Centres of Bangladesh in Managing Diabetes Mellitus and Hypertension

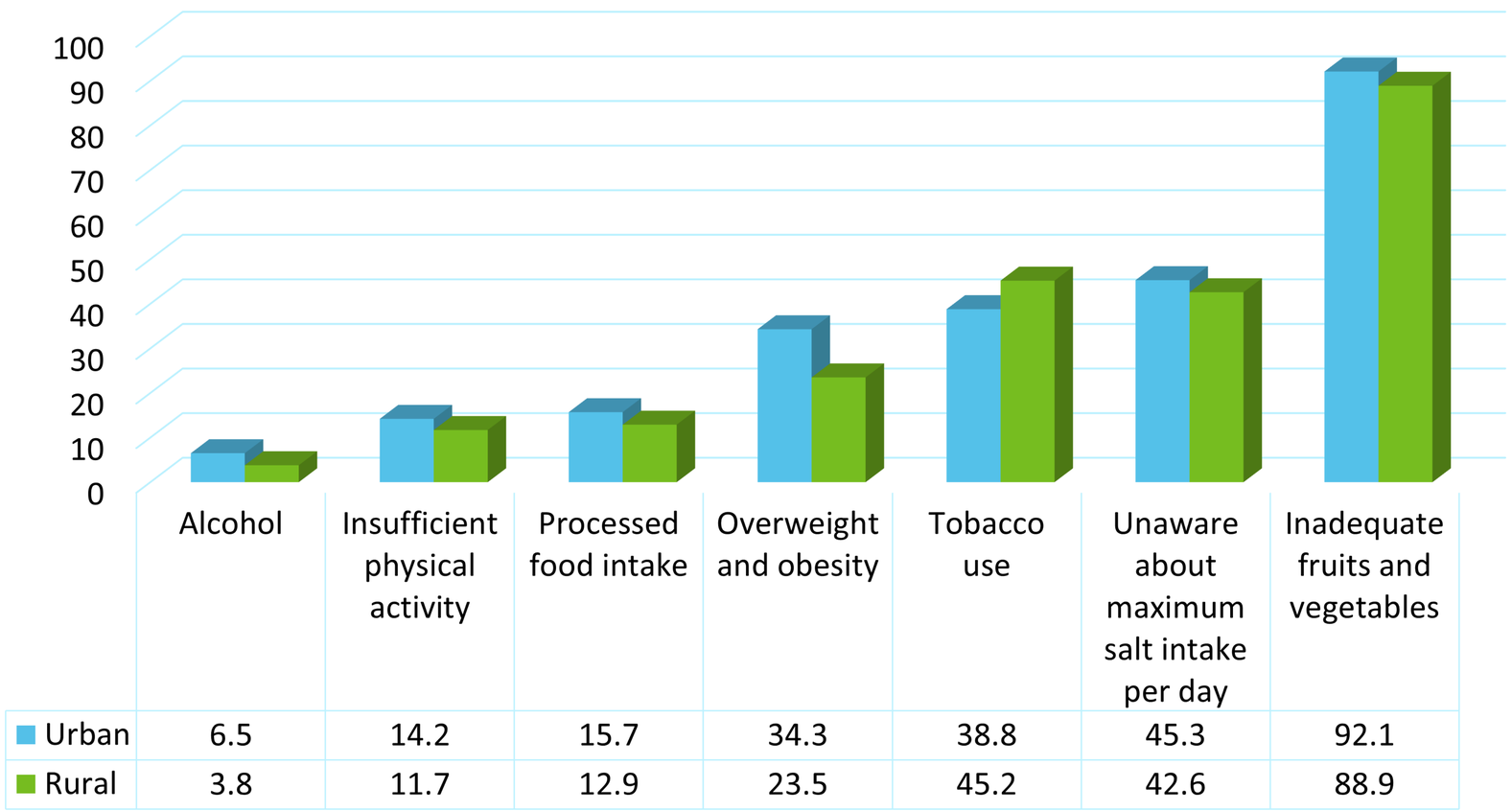
This policy brief is based on a study titled "Strengthening the Urban Primary Health Care System to Deliver Essential Non-Communicable Disease Care to the Urban Poor" conducted by ARK Foundation, Bangladesh under the project titled "Community-Led Responsive and Effective Urban Health Systems (CHORUS)" funded by the UK Aid from the UK Government.

Background

According to the latest population census, 31% of the Bangladeshi population live in urban areas. Urban living has led to an increase in the prevalence of some Non-Communicable Diseases (NCDs) risk factors such as poor diet and lack of physical activity, compared to rural dwellers, as reported by the WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey. Additionally, according to the Global Adult Tobacco Survey (GATS), while tobacco use on average is higher in rural than urban, among poor urban men, the rates are particularly high.

While the urban primary healthcare system is the responsibility of the Ministry of Local Government and Rural Development and Cooperatives (MoLGRDC), health related policies for the country, including those pertaining to NCDs, are developed by the Ministry of Health and Family Welfare (MoHFW). This, therefore, calls for a co-ordination between both ministries to ensure a strong urban primary health care system. While this has been highlighted in several policies, translation into practice has been challenging

To achieve Universal Health Coverage (UHC) by 2032, the MoHFW has developed the latest Bangladesh Essential Service Package (ESP), which includes NCDs. While the NCD component of the package is delivered at the rural primary health care centres, the same cannot be said for the urban primary health care facilities. Against this backdrop, this study aimed to understand the existing NCD management (specifically, diabetes and hypertension) within the urban primary health care system.



	Alcohol	Insufficient physical activity	Processed food intake	Overweight and obesity	Tobacco use	Unaware about maximum salt intake per day	Inadequate fruits and vegetables
Urban	6.5	14.2	15.7	34.3	38.8	45.3	92.1
Rural	3.8	11.7	12.9	23.5	45.2	42.6	88.9

Figure: Non Communicable Disease (NCD) Risk Factor Prevalence (Urban vs Rural)

Source: National STEPS Survey for Non-communicable Diseases Risk Factors in Bangladesh 2018

Key Messages

- Absence of proper recording of urban dwellers at risk of developing NCDs, and NCD patients at Urban Primary Health Care Facilities
- Most of the workforce at Urban Primary Health Care facilities seldom receive NCD training
- NCD related guidelines are often unavailable at the Urban primary Health Care Facilities
- Health Dashboard lacks NCD related data from the Urban Primary Health Care Facilities
- Most of the facilities lack essential antihypertensive and diabetic medications
- No budget is allocated separately for NCD management within the MoLGRDC
- Coordination between MoLGRDC and MoHFW needs to be stregnthened

Methodology

The study was a convergent mixed method study, conducted between September 2021 and April 2022. Preparedness of the urban primary healthcare facilities to manage diabetes and cardiovascular diseases was done by analysing the secondary data from 66 urban primary health care centres included in the Bangladesh Health Facility Survey (BHFS) 2017. In addition, any existing gaps in the urban primary healthcare system in managing these NCDs were identified through qualitative interviews with five policy makers from the MoHFW and MoLGRDC, and 15 health care providers from the urban primary health care centres in Dhaka. Data was analysed under the overarching framework of WHO's Health System Building Blocks.

'CHORUS is funded by UK Aid from the UK Government, Grant 301132; however, the views expressed do not necessarily reflect the UK government's official policies'

Key Findings*

Service Delivery: Primary health care centers in urban areas mainly focused on maternal and child health, and sexual and reproductive health

Despite being responsible for providing all types of primary health care services, the urban primary health care centres mostly focus on maternal, sexual, reproductive health, and child health, rather than NCD services. NCD guidelines were only available at 30% of these centres and 15% did not provide any NCD care. Screening for hypertension is considerably easier than screening for diabetes due to the higher availability of sphygmomanometers (which measure blood pressure) compared to glucometers at urban primary health care centres.

"We have not worked much on the guidelines of diabetes and hypertension in our service centers, as we have been working on communicable disease, tuberculosis, maternal health, child health etc. In this [NCD] case, we are lagging." [Policy Maker, MoLGRDC_01]

Health Workforce: Primary health care centres in urban areas lacked dedicated personnel for NCD service delivery

Even though more than 80% of the primary health care centres in urban areas have a workforce that could potentially manage NCDs, there are no dedicated personnel for the task. Additionally, the existing workforce made it clear that they have never received any NCD-specific training.

"The training we get is not enough compared to the training that we need to work in this sector. I doubt if I even got 8-10 training in my whole life, in 22 years of my career." [Project manager, urban primary healthcare project]

Drugs and Equipment: NCD medications were seldom seen at Primary health care centres in urban areas

Supply of NCD medications was a major barrier to treatment with 50% of the primary health care centres in urban areas found to have no NCD medications. Only 41% of the centers had hypertensive medications and only 3% of the facilities had diabetic medications. According to the respondents, the availability of NCD medications at primary health care centres in urban areas often depends on those safe for use during pregnancy and breastfeeding. As stated, by a respondent,

"Basically, diabetic drugs are not available here, but anti-hypertension medicines are available here." [Project manager, urban primary healthcare project]

Health Financing: No funds are allocated separately for NCD management or medications

Primary health care centres in urban areas operate on funds received from MoLGRDC and Asian Development Bank (ADB) (80%), while the remaining is generated from patients. There are no specific funds or indicators for NCD management or medications. The budget allocated to MoLGRDC is usually spent on other priorities such as infrastructure development and dengue control.

"There is no disease-wise allocation. We do not have any separate target for NCDs and no separate fund for it or other diseases." [Project manager, urban primary healthcare project]

Health Information System: Absence of a separate NCD record-keeping mechanism

The facilities follow a paper-based recording system, noting only the particulars of patients and the sevices they took within the multiple register books at every provider's desk. However, there is a lack of record related to patients' tobacco use, dietary habits, and levels of physical activity. The services provided for hypertension and diabetes are recorded as "Limited Curative Care" (LCC) in a column on the master register, and not reported in detailed categories. In addition, there is a lack of records pertaining to follow up and referral of patients.

"We have LCC category system but no separate category of hypertension patients, so the reporting is not proper. However, we provide diagnosis and treatment." [Health Care Provider_Urban Primary Health Care Centre_01]

Leadership and Governance: Lack of coordination between MoHFW and MoLGRDC

Interviews have revealed a lack of coordination between the MoHFW and MoLGRDC. Presently, the Directorate General of Health Services (DGHS) under MoHFW has a dedicated cell for NCD Control (NCDC). Yet, due to inadequate coordination across the ministries, the urban health system remains the most neglected in regard to NCD control capacity.

"It is true, while NCD services have been prioritized in the rural health system, the urban primary health care system has been completely neglected." [Policy maker, MoHFW]

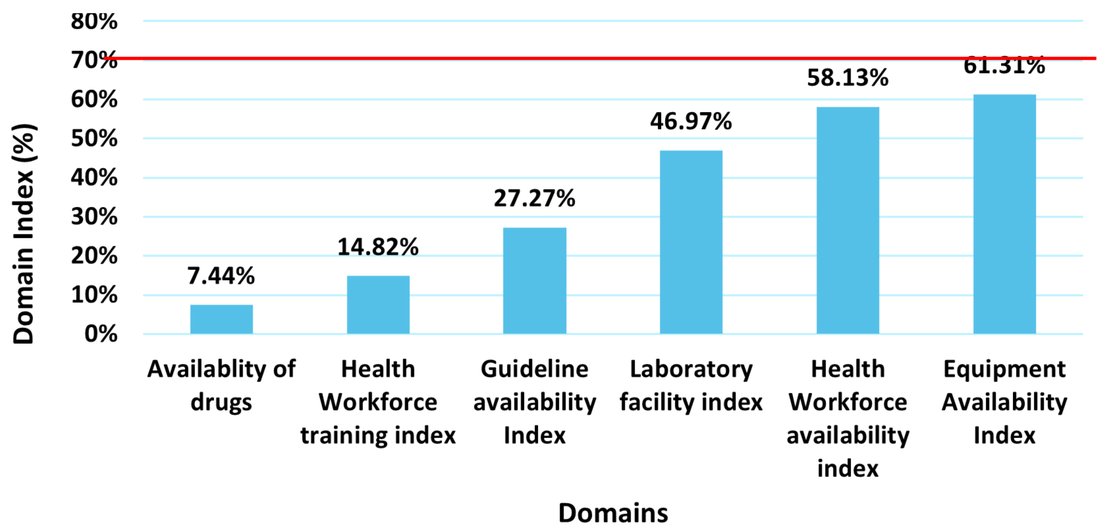


Figure: Domain Indices across Facilities

*Based on author's interpretation and data obtained from BHFS 2017

Conclusion and Policy Recommendations

Considering the identified gaps, the following recommendations could potentially play a role in strengthening the integration of NCD management within the urban primary health care system.

- Integration of NCD management and risk data from the urban primary health care centres into the MoHFW dashboard can provide a comprehensive view of the urban primary health care centres, thereby supporting the MoHFW to develop urban friendly evidence-based policies for NCD management.
- Well-timed training of urban primary health care workforce needs to be planned so the urban primary health care workforce can prevent and manage NCDs
- Stronger co-ordination is required between the MoLGRDC and MoHFW to strengthen NCD management at urban primary health care facilities
- Separate allocation of budget for the urban primary health care system especially for medicine and equipment is crucial
- Recording of follow up and referral data for individual patients attending urban primary health care centres is needed for long-term management of patients.

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