

An overview of the Existing Partnership and Purchasing Arrangements for Delivering Primary Health Care Services in the Urban Settings of Bangladesh: A Scoping Review

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Background



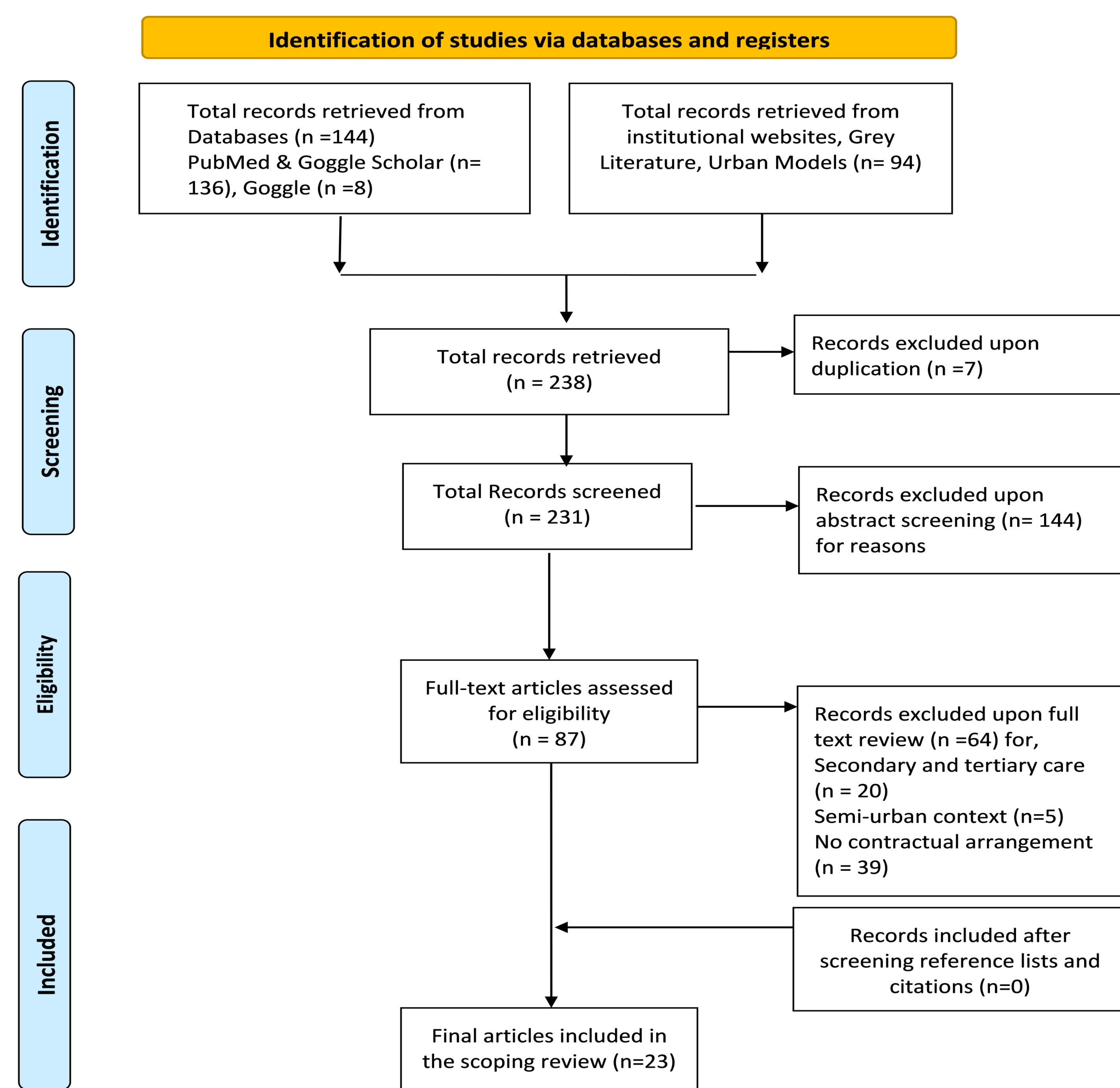
- ✓ High Out of Pocket Expenditure (about 74% of total health expenditure)
- ✓ Strategic purchasing and public private partnerships could be considered better ways to ensure service and financial coverage to the people of the country
- ✓ Need to understand the preconditions of strategic purchasing
- ✓ Lessons from the previous contractual arrangements to purchase primary healthcare is important
- ✓ This scoping review aimed to provide an overview of the existing contractual arrangements for urban primary healthcare in urban Bangladesh.

Research Question

- ✓ What evidence exists in the literature on contractual arrangements for purchasing primary healthcare (PHC) services in the urban areas the Government of Bangladesh utilizes?

Methodology

- ✓ Followed **PRISMA-ScR** Framework
- ✓ **Key themes (used):** 'Primary health care', 'Urban,' 'contractual arrangement' and 'Bangladesh', 'contract,' 'financing,' 'regulatory', 'monitoring and evaluation
- ✓ **Included service delivery models:** Urban Primary Healthcare Service Delivery Project, BRAC Tuberculosis Program, BRAC Malaria Program



Findings

- **Government stewardship**
 - ✓ There are state-owned regulatory body that maintains a monitoring and regulatory role in the program utilizing.
- **Need assessment**
 - ✓ Currently, urban primary health care services prioritize maternal, neonatal and child health care- related services, without an assessment of the disease burden of a certain population within a catchment area.
- **Identifying the actors**
 - ✓ Instead of following a systematic assessment of the vulnerable populations, political demarcation of urban areas is used for catchment areas.
- **Criteria for selecting providers**
 - ✓ The selection of providers is the component closest to the concept of Strategic Purchasing and the flexibility of the organizational structure of the NGOs were found supportive of implementing a payment or insurance system.
- **Funding**
 - ✓ The involvement of the government in funding and the amount of funding steadily increasing over time in the Urban Primary Healthcare Service Delivery project appeared positive for sustainability of the program
- **Quality Assurance and Monitoring & Evaluation**
 - ✓ Evidence of using Service outcomes and organizational capacity-based indicators were not consistent throughout all programs
- **Strengths and challenges of implementation**
 - ✓ Providers' payment is not followed through, restricted by bureaucracy and without effective incentives

Discussion

- ✓ Less contractual arrangements have operationalized and evaluated purchasing primary health care in the urban context.
- ✓ All the models in this review explored co-funding by the government and international donors, and most often used a pay-for-service system for the payment method.
- ✓ A little number of studies also calls for attention in this area of research.

Recommendations

- ✓ A strong stewardship to direct policies, stipulate quality of services and stringency of terms is needed
- ✓ Technical foundation of a digital health system for documentation, assessing needs are also important
- ✓ Need to maintain quality, transparency and accountability