



REPORT

ON

POLICY DIALOGUE ON
STRENGTHENING URBAN HEALTH SYSTEMS:
CHALLENGES & PROSPECTS

Strengthening Urban Health Systems: Prospects & Challenges



The Community-led Responsive and Effective Urban Health System (CHORUS) is a Research Programme Consortium that brings together health researchers from Africa, South Asia, and the UK. CHORUS collaborates with communities, health professionals, and city-level decision makers to develop and test strategies for improving the health of the poorest urban

residents.

As part of its ongoing efforts, CHORUS implementing partners periodically convened to review progress, share insights, and address challenges, while charting the way forward. The partners agreed to organize a meeting in Dhaka, Bangladesh, from January 26–30, 2025.

In conjunction with this meeting, a policy dialogue event was held on 30 January 2025, bringing together policymakers, health experts, CHORUS researchers, and external development partners. This event aimed to foster collaboration, share early findings from CHORUS research and exchange ideas to support the programme's objectives and identify future research needs. This report provides an overview of the policy dialogue event, including its objectives, format, and expected outcomes.

Title of the Policy Dialogue: Strengthening Urban Health Systems: Prospects & Challenges

Date: January 30th, 2025

Time: 10:00 AM – 1:30 PM BST

Overview

The **Policy Dialogue on Strengthening Urban Health Systems** was organized under the **CHORUS project** at Hotel Sarina, Dhaka, bringing together policy makers, donor partners and government officials from Bangladesh with CHORUS researchers from South Asia, West Africa and the UK. The list of participants is provided in Annex 2.

Hosted by **ARK Foundation** and supported by **Foreign, Commonwealth & Development Office (FCDO), UK** – the discussions focused on urban healthcare governance, coordination challenges, private and informal sector engagement, financial and human resource constraints, and health information systems.

Key government representatives from **Directorate General of Health Services (DGHS) and Directorate General of Medical Education, Ministry of Health and Family Welfare (MoHFW)**, and both **North and South City Corporations of Dhaka, the Ministry of Local Government, Rural Development and Cooperatives (MoLGRDC)**, provided insights on policy changes and institutional collaboration. Expert panel discussions and country presentations emphasized the need for synergy between ministries, data-driven decision-making, and sustainable financing to strengthen urban primary health care (PHC) systems to improve quality and address inequity in access to care within our cities.

Objectives of the Policy Dialogue

Professor Dr. Rumana Huque, CHORUS Country Lead for Bangladesh and the Executive Director of ARK Foundation, welcomed participants on behalf of the CHORUS team, and shared the primary objectives of the policy dialogue, which were as follows:

- Sharing key research findings from the CHORUS Project, highlighting progress, challenges, and insights
- Facilitating collaboration and networking among policymakers, researchers, and stakeholders
- Engaging with policymakers to gather their perspectives on urban primary healthcare improvements
- Identifying future research priorities to strengthen urban health systems
- Developing communication materials – including op-eds, blogs, and policy briefs – to effectively engage a wider audience

By fostering dialogue and exchanging ideas, the event aimed to bridge gaps between research and policy, ensuring that findings contribute effectively to urban healthcare advancements.

The agenda of the event is outlined in Annex 1.

Opening Session: Identifying Key Issues

On behalf of ARK Foundation, its **Senior Research Fellow, Dr. Deepa Barua**, welcomed the participants and invited **Professor Zahidul Quayyum, Director of Research at BRAC James P. Grant School of Public Health**, to deliver the welcome speech, setting the tone for the discussions ahead.

Prof Zahid welcomed government officials, dignitaries, and international guests, emphasizing the event's role in the CHORUS Project, a collaboration between ARK Foundation and BRAC James P. Grant School of Public Health. Highlighting the challenges in urban healthcare, he stressed the importance of collective discussions in shaping effective policies and expressed optimism for a productive dialogue.

Dr. Holly Gray, Head Advisor at FCDO, emphasized the urgency of addressing urban health amid rapid urbanization, noting that within five years, half of Africa's population will live in cities. She highlighted CHORUS' cross-sectoral approach, stating,

“so many factors that affect health exist beyond the health sector”

She underscored the need for financial protection for urban populations, policy-driven health system strengthening, and alignment with SDG goals on universal health coverage and poverty reduction.



Prof. Irene Agyepong, CEO of CHORUS Consortium, outlined CHORUS' research focus in Bangladesh, Nepal, Ghana, and Nigeria, stressing four key thematic pillars:

- **Plurality of Providers:** Lack of coordination among public, private, NGO, and informal health providers.
- **Multi-Sectoral Collaboration:** Need for local government, urban planners, and social services to work together.
- **Double Burden of Disease:** Rising NCD and communicable disease challenges in urban areas.
- **Reaching the Urban Poor:** Many low-income residents remain invisible in government data, limiting access to healthcare.

A video presentation by the CHORUS research uptake team highlighted key urban healthcare challenges, including workforce shortages, limited primary care facilities, high out-of-pocket costs, and inadequate

data-sharing among providers. It also showcased CHORUS interventions in Nepal, Ghana, Nigeria, and Bangladesh, featuring co-designed solutions such as public-private partnerships in Nepal and the integration of hypertension and diabetes screening into urban PHC centers in Bangladesh.

Country Presentations

Dr. Shushil Baral, Principal Investigator of CHORUS Nepal and Managing Director of HERD International, provided insights into Nepal’s urban healthcare governance and the lessons Bangladesh could draw from Nepal’s experience. He emphasized that political and governance frameworks directly influence the quality and accessibility of urban health services. He discussed Nepal’s federalized urban health governance, which shifted responsibility to local governments. Despite massive health improvements, he highlighted persistent inequities. He warned of the devastating impact of out-of-pocket expenditures, stating,

“when government spending on health increases, we should see out-of-pocket expenditures decrease. But in reality, we see the opposite happening”



He stressed that urban health systems must be redesigned to handle evolving challenges such as rising NCD rates, economic instability, and external shocks.

Prof. Rumana Huque built upon the discussions by presenting Bangladesh-specific urban health challenges. She expanded on the discussions by outlining key urban health challenges in Bangladesh.



“If donor-funded projects end, who will provide urban primary health care?”

She emphasized that urban PHC facilities are primarily focused on maternal and child health, with limited services for non-communicable diseases. She pointed out that the current government policy does not permit

contracting NGOs for service provision, highlighting that this limitation creates inefficiencies in the system. She emphasized that for NGOs to be contracted through the government financing system, the existing policy would need to be revised. Additionally, she highlighted the lack of adequate training among health workers in NCD management, making hypertension and diabetes care particularly weak. She also noted that NCD data is neither systematically recorded nor integrated into the national health database, making urban health planning and resource allocation inefficient. Finally, she stressed that out-of-pocket health expenditure remains extremely high, with individuals bearing 68.5% of total health costs.

Prof. Huque raised concerns about the future of urban primary health care funding, noting that donor-funded projects are phasing out, and local governments lack the budgetary capacity to fill the gap. She posed a critical question: *“If donor-funded projects end, who will provide urban primary health care?”*

Open Discussion: Key Issues

The open discussion session, moderated by Helen Elsey, highlighted key issues, including poor coordination between ministries, fragmented service providers, and the integration of informal healthcare providers. Drawing from experiences in Nepal, Ghana, and Nigeria, she encouraged reflections on how community outreach and private sector collaboration could strengthen Bangladesh’s urban health system.



In this session, **Dr. Rahat Chowdhury, Deputy Program Manager-1 at NCDC**, noted the unimplemented Urban Health Strategy 2020, poor NCD documentation, medicine shortages, high out-of-pocket costs, and private providers’ non-compliance with national protocols for diabetes and hypertension.

Prof. Dr. Syed Zakir Hossain, Line Director of NCDC, emphasized inadequate primary healthcare for 42% of Bangladesh's urban population, with NCDs like diabetes, hypertension, and cancers causing 71% of deaths. **Dr. Md. Enamul Haque, Director General of the Health Economics Unit at MoHFW**, highlighted the lack of a structured urban health governance framework, uncoordinated service providers, and the absence of health-focused urban planning. **Dr. Khaleda Islam, former Director of Primary Health Care at DGHS**, cited weak inter-ministerial coordination and fragmented implementation, with urban health centers lacking NCD care, medicines, and trained staff.

Dr. Genevieve Aryeetey, Principal Investigator of CHORUS Ghana, stressed the need for new outreach strategies recognizing that in the urban context, women and men are found in their workplaces making traditional home-visit models less effective, and training for urban healthcare workers remains inadequate.

Dr. Rashid Zaman, Health Advisor at FCDO Bangladesh, warned of potential fragmentation as the Urban Primary Healthcare Project phases out by June 2025, shifting responsibility to City Corporations.



One of the representatives from Upazila Healthcare highlighted severe shortages in infrastructure, logistics, and trained staff in urban clinics, with unregulated NGO and private clinic operations. A mental health expert pointed out a 94% treatment gap in mental health, citing the absence of mental health services in urban primary care and the need for systemic governance and service mapping.

Panel Discussion: Highlighting Governance and Infrastructural Challenges

At the policy dialogue on strengthening urban health systems, panelists and special guests spotlighted governance failures, coordination gaps, infrastructure shortages, and the escalating burden of non-communicable diseases (NCDs). Experts stressed the urgent need for a structured urban healthcare framework, stronger policy collaboration, and a unified system to streamline service delivery.



Dr. Mahmuda Ali, Health Officer of Dhaka North City Corporation, pointed out that urban primary health care (PHC) remains neglected, with local governments prioritizing infrastructure and sanitation over health services. She emphasized that many urban residents are unaware of available PHC services, creating significant barriers to access. Without structured collaboration between the Ministry of Local Government, Rural

Development, and Cooperatives (MoLGRDC) and the Ministry of Health and Family Welfare (MoHFW), she warned that urban healthcare services would continue to suffer from fragmentation and inadequate funding.

Dr. Nishat Parveen, Program Officer, PIU, Dhaka South City Corporation (DSCC), highlighted the disjointed efforts among stakeholders, stating that despite ongoing initiatives, urban healthcare remains underfunded and inefficient. She noted that the Urban Primary Health Care Service Delivery Program currently covers just one-third of DSCC's population, leaving the majority to rely on NGOs, government hospitals, and private providers, contributing to inconsistent quality and access gaps.

Dr. Abu Hussain Md. Moinul Ahsan, Director of Hospitals, DGHS, described urban health governance as

"suffering from excessive coordination without clear direction"

While multiple entities are involved, he noted that no single authority has taken full responsibility for ensuring an effective healthcare system. He underscored that local government lacks the autonomy and resources needed to lead urban healthcare, while a fragmented network of government agencies, NGOs, and private providers operates independently, leading to inefficiencies and disparities.



Dr. Kamrul Islam, Director, Primary Health Care, DGHS, echoed concerns over governance failures, stating that urban PHC delivery is highly fragmented with no central authority overseeing its regulation and implementation. He called for a designated governing body to integrate services and establish accountability.

A major issue raised was the lack of a structured referral system, with patients bypassing primary care centers and overwhelming tertiary hospitals. Dr. Kamrul Islam pointed out that while rural areas follow a tiered referral model, urban centers lack such structure, leaving many PHC facilities underutilized. He also noted stark inequities in access, with wealthier populations able to afford private services while lower-income communities face limited, often inadequate, healthcare options.



Further compounding access issues, Dr. Ahsan highlighted the discontinuation of urban dispensaries as a policy misstep, which removed a crucial healthcare access point for urban residents. He also raised concerns about the commercialization of urban healthcare, warning that private providers are increasingly driven by profit rather than public service, exacerbating inequities in access and affordability.

Dr. Shah Ali Akbar Ashrafi, Line Director, HIS & e-Health, underscored the critical role of health information systems (HIS) in urban healthcare planning, lamenting that Bangladesh lacks a comprehensive HIS for urban health services despite this existing in rural contexts, making evidence-based decision-making in urban areas nearly impossible. He outlined four major challenges:

- Private sector hospitals do not share patient data, creating significant gaps in national health statistics.
- Urban PHC programmes operate separately from DGHS, leading to uncoordinated data collection and management.
- City corporations oversee urban healthcare, while DGHS lacks direct oversight, impeding inter-ministerial collaboration.

Finally, the **Dr. Md. Enamul Haque, Director General, Health Economics Unit**, concluded the session with his valuable insights on the urgent need for better policies, financing, and coordination in urban healthcare. He highlighted several key challenges:

- **Rapid Urbanization:** By 2035, nearly 50% of Bangladesh's population will live in urban areas, increasing demand for healthcare services that the current system is not equipped to handle.
- **Human Resource Gaps:** A study across city corporations and municipalities found that 86% of critical health positions remain unfilled, with many urban areas lacking dedicated health personnel.
- **Over-Reliance on the Private Sector:** More than 60% of urban health services are provided by private providers, yet there is no structured public-private partnership model to ensure equitable service delivery.
- **Low Budget and Poor Fund Utilization:** While health sector allocations remain low, inefficient utilization of funds further hampers service delivery, requiring better financial planning and implementation.



Dr. Haque emphasized that strengthening urban healthcare requires a multi-sectoral approach, strategic partnerships, and effective governance to ensure universal healthcare access.

Closing Ceremony

The closing ceremony of the policy dialogue on strengthening urban health systems wrapped up a day of thought-provoking discussions, with experts emphasizing the urgent need for policy-driven reforms, multi-sectoral collaboration, and greater public awareness. The panel included Dr. Bassey Ebenso Benzo, Prof. Helen Eley, Dr. Rashid Zaman, Prof. Zahidul Quayyum, and Prof. Rumana Huque, all of whom reflected on the key takeaways from the event.

Dr. Rashid Zaman, Health Advisor at FCDO Bangladesh, addressed the pressing issue of high out-of-



pocket healthcare costs, the unregulated private sector, and weaknesses in public healthcare delivery. He pointed out that despite these challenges, there is a striking lack of public outcry about healthcare quality at the national level. He argued that this stems from a lack of awareness that healthcare is a fundamental right, leaving many to accept financial hardship as unavoidable rather than demanding

systemic change. "Reforming urban health is not just about policy shifts; it's also about changing the public mindset to recognize healthcare as a right," he stated.

Dr. Bassey Ebenso, Co-Director of the CHORUS

Consortium, expressed appreciation for the engagement and depth of discussions that took place throughout the event. He emphasized that the six-year funding support from FCDO has been instrumental in advancing urban health research and reiterated the importance of sustaining collaboration between CHORUS teams and local stakeholders. As the research moves toward dissemination, he reassured attendees that the insights shared during the dialogue would directly inform policy recommendations and urban health strategies.



Prof. Zahidul Quayyum highlighted the evolving role of researchers as both thinkers and solution-builders. He stressed that impactful change requires cooperation and co-production, emphasizing that urban health challenges cannot be tackled in silos. "Researchers have dreams, and those dreams can only be realized when we work together with policymakers and practitioners to turn them into reality," he said.

Prof. Rumana Huque the Executive Director of ARK Foundation, extended her gratitude to all participants, with special acknowledgment to the CHORUS and FCDO teams for their contributions in shaping the discourse. She reaffirmed the commitment of ARK Foundation and its partners to driving evidence-based policy reforms that will strengthen urban healthcare systems in Bangladesh.

Way Forward



- **Governance & Coordination:** Poor coordination between MoLGRDC and MoHFW leads to fragmented healthcare. A single governing authority and a **cross-ministerial task force** are needed to streamline policies, financing, and data-sharing.
- **Urban PHC & Funding:** The Urban Primary Health Care Service Delivery Program covers only a third of Dhaka South. City corporations focus on infrastructure over healthcare and need full authority over PHC management.
- **Workforce Shortages:** Dr. Md. Enamul Haque, Director General of the Health Economics Unit, noted that a recent study across six city corporations and 66 municipalities revealed **86% of critical health positions remain unfilled**, with **Type B and C municipalities lacking dedicated**

health personnel, highlighting the urgent need for recruitment, training, and standardized medical protocols.

- **Health Information Gaps:** Private hospitals as well as NGO and private primary healthcare facilities do not share data, hampering policy planning. A **centralized digital record system**, **mandatory data-sharing**, and a **National Health ID** are needed.
- **Public-Private Partnerships (PPP):** Over 60% of urban healthcare is private, but no structured PPP model exists. **Regulatory frameworks** and **government oversight** are essential.
- **Infrastructure Development:** Each urban ward needs a **Primary Healthcare Center** and **maternity centers** to ease hospital congestion. **Reintroducing urban dispensaries** and **funding PHC** can help.
- **Financial Burden:** High **out-of-pocket costs** push people into poverty. Solutions include **subsidized NCD medications** and **strategic purchasing** to lower costs for the urban poor.

Key Lessons Learned

- Governance clarity is essential for urban health reforms. Without clear roles and responsibilities, urban healthcare remains fragmented and inefficient.
- Inter-ministerial collaboration must be strengthened. For example, in Bangladesh, the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Local Government & Rural Development & Cooperatives (MoLGRDC) must work together to streamline service delivery.
- Health Information Systems (HIS) must be integrated across all providers. Private hospitals and clinics must be required to share data with the government to enable evidence-based planning.
- Human resource shortages must be addressed. Recruitment, training, and urban-specific medical education programmes are critical to strengthening the workforce.
- Public-Private Partnerships (PPPs) need structured governance. Formalized agreements can enhance service delivery, quality, and accountability.
- The informal sector is active in urban areas; greater research to understand the operations of this sector and development of approaches to work with informal providers for improved quality is needed.
- Urban PHC infrastructure must be expanded. The government should allocate funding for PHC centers in every urban ward and reintroduce urban dispensaries to ensure healthcare accessibility. Rethinking outreach in the context of urban working lives is needed.

- A structured referral system is needed. Patients should be directed through primary, secondary, and tertiary healthcare levels to prevent the overburdening of hospitals.
- Financial protection for urban populations must be prioritized. Increased government funding and subsidized NCD medication programmes can reduce out-of-pocket healthcare costs.
- Urban planning must integrate healthcare considerations. Health should be a key focus in urban development policies across different sectors such as transport and housing.
- Policy implementation remains a challenge. There is an urgent need for stronger leadership and accountability to ensure that policies are not just formulated but effectively implemented.

Media engagement

Following the policy dialogue, a press release was distributed to media outlets to reach a wider audience. Several Bangladeshi and Nepalese media outlets covered the event with significant attention. The links to the media coverage are provided in Annex 3.

Annex 1: Agenda

Event Presenter: Dr. Deepa Barua

Time	Activities
09:30 AM – 10:00 AM	Registration
10:00 AM – 10:10 AM	Welcome Speech by: Prof. Rumana Huque Prof. Zahidul Quayyum
10:10 AM – 10:20 AM	
10:20 AM – 10:30 AM	Tour de Table
10:30 AM – 10:40 AM	Overview of CHORUS by Prof. Irene Agyepong
10:40 AM – 10:50 AM	Short video presentation on CHORUS
10:50 AM – 11:05 AM	Country Presentation: Experiences from Nepal – Dr. Sushil Baral
11:05 AM – 11:20 AM	Country Presentation: Experiences from Bangladesh – Prof. Rumana Huque
11:20 AM – 11:35 AM	Tea Break
11:35 AM – 12:35 PM	Discussion
12:35 PM – 12:45 PM	Speech by Chief Guest
12:45 PM – 01:00 PM	Summary and Way Forward – Prof. Helen Elsey and Dr. Bassey Ebenso
01:00 PM	Lunch

Annex 2: Participants list



Ministries & Directorates (in no particular order)

- Dr. Md Enamul Haque – Director General (DG), Health Economics Unit
- Dr. Abu Hussain Md. Moinul Ahsan – Director of Hospitals, Directorate General of Health Services (DGHS)
- Shah Ali Akbar Ashrafi – Director, MIS, DGHS
- Prof. Dr. Syed Zakir Hossain – Line Director, Non-Communicable Disease Control (NCDC) Programme, DGHS
- Prof. A.H.M. Enayet Hussain – Former Director General, Directorate General of Medical Education (DGME)
- Dr. Khaleda Islam – Former Director, Primary Health Care & Program Manager, NNHP & IMCI
- Dr. S.M. Mustafizur Rahman – Program Manager-2, NCDC, DGHS
- Dr. Ashim Chakroborty – Program Manager-3, NCDC, DGHS
- Dr. Rahat Chowdhury – Deputy Program Manager-1, NCDC, DGHS
- Dr. Akhtaruzzaman Suman – Deputy Program Manager, NCDC, DGHS
- Dr. Nusaer Chowdhury – Deputy Program Manager-5, NCDC, DGHS
- Dr. Kazi Md. Omar Faruk – Union Health & Family Planning Officer (UHF&PO), Tejgaon Health Complex
- Dr. Ajmari Sharmin – Deputy Program Manager-8, National Nutrition Services, DGHS

- Dr. Md. Maruf Hasan (Obhi) – Programme Manager, National Nutrition Services, DGHS
- Dr. Rajib Sarkar – Medical Officer (MO), Expanded Programme of Immunisation (EPI)
- Dr. Sharmin Mizan – Assistant Director (Development), DGME
- Dr. Mahmuda Ali – Assistant Health Officer (AHO), DNCC
- Dr. Nishat Parveen – Acting Chief Health Officer (CHO), Dhaka South City Corporation (DSCC)
- Md. Mukhlesur Rahman – Bureau of Health Education, DGHS
- Dr. Md. Miftah Uddin Chowdhury – Medical Officer, Hosp. & Clinics Section, DGHS
- Dr. Nuran Mubashira – DGHS
- Dr. Noor Ashad-uz-Zaman – Assistant Director, Communicable Disease Control (CDC), DGHS
- Dr. Jannatun Naiem – Deputy Program Manager (DPM), NNS, DGHS
- Dr. Mahfuza Haque – DGHS
- Dr. Taslima Anam – DGHS
- Dr. Md. Saadman Sakib – DGHS
- Emranul Haq – Urban Health Expert

Development Partners:

- Rashid Zaman – Health Advisor, FCDO Bangladesh
- Dr. Syed Mahfuzul Huq – National Professional Officer (NCD), World Health Organisation (WHO)

Global Partners:

- Irene Agyepong – CHORUS Consortium CEO; Public Health Physician and National Advisor on Health Policy and Systems, Public Health Faculty, Ghana College of Physicians and Surgeons
- Helen Eley – CHORUS Research Director; Professor of Global Public Health, University of York
- Bassey Ebenso – CHORUS Research Director; Associate Professor of International Health, University of Leeds
- Polly Spooner – CHORUS Programme Manager, University of Leeds
- Mahua Das – Lecturer in International Health, University of Leeds
- Francis Poitier – Fellow in International Health, University of Leeds
- Genevieve Aryeetey – CHORUS Ghana PI; Health Economist, University of Ghana
- Duah Dwomoh – Quantitative Lead P1, University of Ghana
- Sushil Baral – Principal Investigator, CHORUS Nepal, HERD International
- Abhigyna Bhattarai – Research Manager, CHORUS, HERD International
- Shreeman Sharma – Research Uptake Lead, CHORUS, HERD International
- Prince Agwu – Nigeria RU Lead, Health Policy Research Group (HPRG)
- Holly Gray, Health Advisor, FCDO UK
- Daniel Sutton, Research Officer, FCDO UK
- Laura Eddie, Deputy Programme Manager, FCDO UK

Annex 3: Media Engagements

Bangladesh

- [The Daily Business Standard](#)
- [The Daily New Age](#)
- [The News Times](#)
- [Daily Capital News](#)
- [The Statement24](#)
- [The Daily Messenger](#)
- [Publichealth24.com](#)
- [Chichue.com](#)
- [The Daily Amader Shomoy](#)
- [The Daily Sun](#)
- [Channel24](#)
- [The Daily Campus](#)
- [Doctor TV](#)
- [The Digital Shomoy](#)
- [Public Health24](#)

Nepal

- [Nepal Live Today](#)
- [Swastha Khabar](#)
- [Health Pati](#)



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