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CHORUS
RESEARCH ON URBAN HEALTH

Strengthening urban health systems through provider partnerships: Lessons from four countries

THE CHALLENGE: Rapid urbanisation is causing gaps in the public health sector and giving rise to a plurality of providers

Due to rapid increases in urban populations, public sector health services in urban settings are under strain. There are limited accessible and available health facilities with insufficient medicines and supplies, and inadequate health workers with training appropriate to the changing disease burden in the public health system. Over time, these gaps in the public sector have given rise to a burgeoning private sector which include the for-profit, non-governmental, and informal health sector. City governments are often responsible for monitoring and regulating these services, however, due to their limited capacity, they struggle to ensure quality and safety across this complex range of providers.

THE EVIDENCE

Read more of the evidence here:

1 Pressure on primary care services due to the increasing burden of NCDs

- In **Bangladesh,** the Demographic Health Survey shows a significant increase in diabetes among urban residents, particularly women.
- Only 5% of urban residents were able to manage their blood pressure through antihypertensive medications (5.4% of women and 4.6% of men).

2 The urban poor use health services differently

- In **Nepal,** our analysis of DHS data showed that nationwide wealthier individuals used private providers. However, our analysis showed that when looking specifically at the urban context, it was the urban poor that used private facilities, especially private pharmacies.

3 Mismatched services and support mechanisms

- In **Ghana,** long working hours often prevent the urban poor from accessing public health services due to unmatched opening hours of the health facilities.
- In **Nigeria**, informal care providers fill important gaps due to mismatched services, but there is a lack of supervision and regulation, leaving quality of care concerns.

FINDINGS

Nepal: Co-developed Pharmacy- Health System Linkage Model, Pokhara Metropolitan City

- Increase in overall appropriate management of NCDS of 17.3% after 6 months
- Increase in appropriate diabetes and HTN screening - of 6.6% and 25.3% respectively, after 6 months
- Increase in appropriate counselling of 13.2% after 6 months

Bangladesh: Linking urban NGO clinics data through use of the ‘Simple App’ and adaption of PEN protocol

- Overall i mprovement of appropriate management of NCDs by 25.6% after 6 months
- Facilities achieved a 41.57% improvement of appropriate management after 6 months

POLICY RECOMMENDATIONS

Create transparent and adequate governance structures for the monitoring, supervision and support for providers, including community monitoring of quality of services.

Improve data linkages and information sharing between public and private health services, and the wider health system.

Establish regular communication, meetings and mutual training opportunities with all providers, including private and informal providers and the community.

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