USING SYSTEMS THINKING TO SPEARHEAD PRIMARY HEALTH CARE IN URBAN BANGLADESH

LEARNING BRIEF

March 2023

The Local Health System Sustainability Project (LHSS) in Bangladesh works with local government stakeholders to improve access to locally resourced and managed quality urban primary health care (PHC), particularly for vulnerable populations. The project works in 11 district municipalities and three city corporations across Rajshahi, Sylhet, and Chattogram divisions, aiming to strengthen the capacity of each local government institution (LGI) to develop and implement their own PHC plans and budgets, along with managing and monitoring care.

Critical to LHSS's engagement in Bangladesh is supporting LGI-led health standing committees (HSCs), a multi-stakeholder function mandated by Local Government Acts 2009 and 2010 for establishing coordination among health system actors in urban areas. A previous learning brief published by LHSS in March 2022 described the project's support for revitalizing these committees. This brief presents what LHSS has learned through applying a systems thinking approach to its support for HSCs' advocacy efforts in expanding PHC services in urban Bangladesh.

Defining Systems Thinking and PHC

USAID's Vision for Health System Strengthening 2030 outlines the importance of using a systems thinking approach, or an integrated whole-of-society application to strengthen health systems throughout the program design, implementation, learning, and adaptation processes. Systems thinking emphasizes the role local actors and institutions play toward improving public health across equity, quality, and resource optimization outcomes. As a foundation for building strong health systems and achieving universal health coverage, each of these elements is vital in creating locally sustainable access to PHC information and services.

> USAID's Vision for Health System Strengthening 2030 refers to a systems thinking approach as "a set of analytic approaches—and associated tools—that seek to understand how systems function, evolve, behave, and interact with their environments and influence each other."

PHC is defined as the effective organization and strengthening of health systems to bring services—ranging from health promotion to disease prevention, treatment, rehabilitation, and palliative care—closer to communities.[1]

[1] WHO and UNICEF. 2018. A Vision for Primary Health Care in the 21st Century: Technical Series on Primary Health Care.

Establishing viable PHC systems requires drawing in a wide range of stakeholders to address the complex and interconnected social, economic, and environmental determinants of health associated with improving health and wellbeing. Figure 1 presents the WHO and UNICEF PHC operational framework that illustrates strategic and operational levers that can be activated and aligned within health systems to improve determinants of health; access, utilization, and quality; and participation, health literacy, and care seeking.

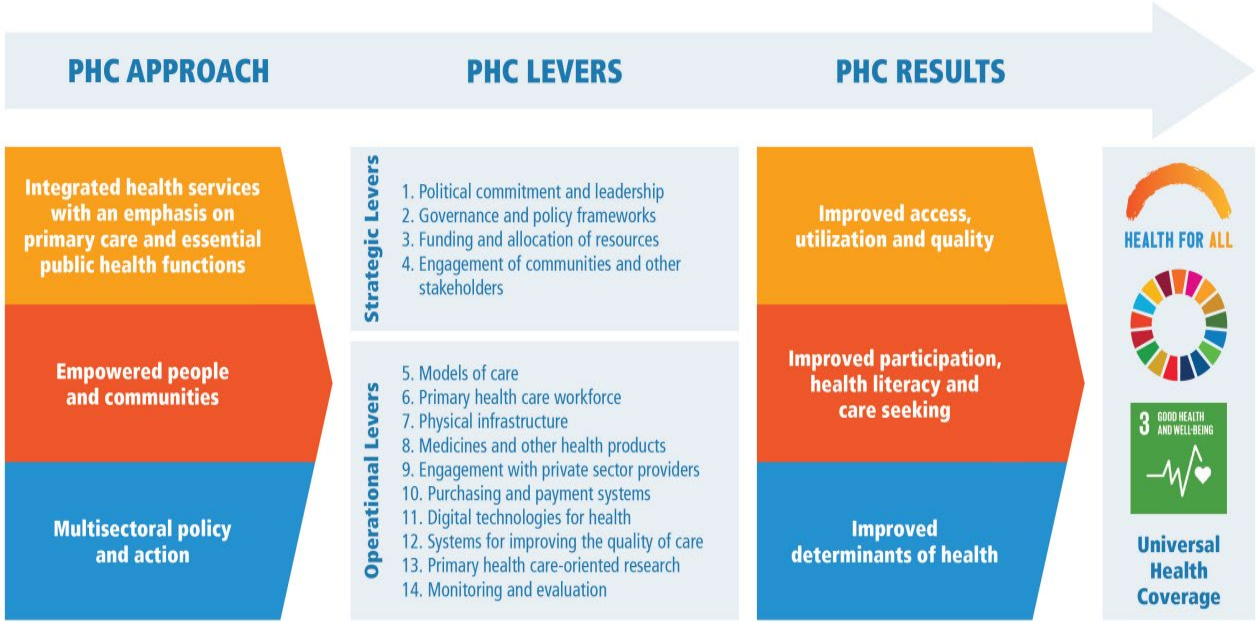

Figure 1: A PHC Approach Activating Strategic and Operational Levers to Improve PHC Results

A systems thinking approach offers a holistic, flexible, and nuanced framework to engage stakeholders across the health system in every phase of their work anticipating, addressing, and proactively managing the multifaceted complexities associated with strengthening PHC systems. Guided by a systems lens and findings from political economy analyses, LHSS shifted its focus from the national level to the local level, working with LGIs to achieve their mandate of expanding PHC services in urban areas while reducing healthcare expenditures among the poor.

Urban PHC Context in Bangladesh

According to Local Government Acts 2009 and 2010, all LGIs are responsible for ensuring the provision of PHC services in urban areas. Prior to these acts, Bangladesh's cities and towns were largely served by vertical donor-supported PHC delivery programs, leaving LGIs without the experience or capacity to finance and manage largescale public sector PHC programs. However, in recent years donor funding among NGO partners to provide PHC services have shifted from direct financing to a more supportive role, resulting in critical gaps in accessible urban PHC services. Recognizing the need for an urgent solution, the Government of Bangladesh (GoB) developed a National Urban Health Strategy (NUHS) Action Plan in 2020, doubling down on its mandate for urban LGIs to not only manage and provide PHC services, but to also finance these vital programs, including through dedicated budget line items of their own.

LHSS's political economy analysis suggested that many LGI leaders welcomed this mandate and wanted to prioritize delivering PHC services to their populations, but found that their health departments lacked

the financial resources and organizational capacity to do so. Similarly, national-level GoB leaders have not identified a clear pathway to fund urban PHC services.

LHSS's mapping of power dynamics among the various stakeholders identified varying levels of interest and influence in the provision of PHC services (Figure 2). By understanding the system and its diverse actors, LHSS identified HSCs, comprised of various elected representatives, local health ministries, private sector entities, and NGOs, as the most promising combination of actors positioned to influence the strategic and operational levels of urban PHC.

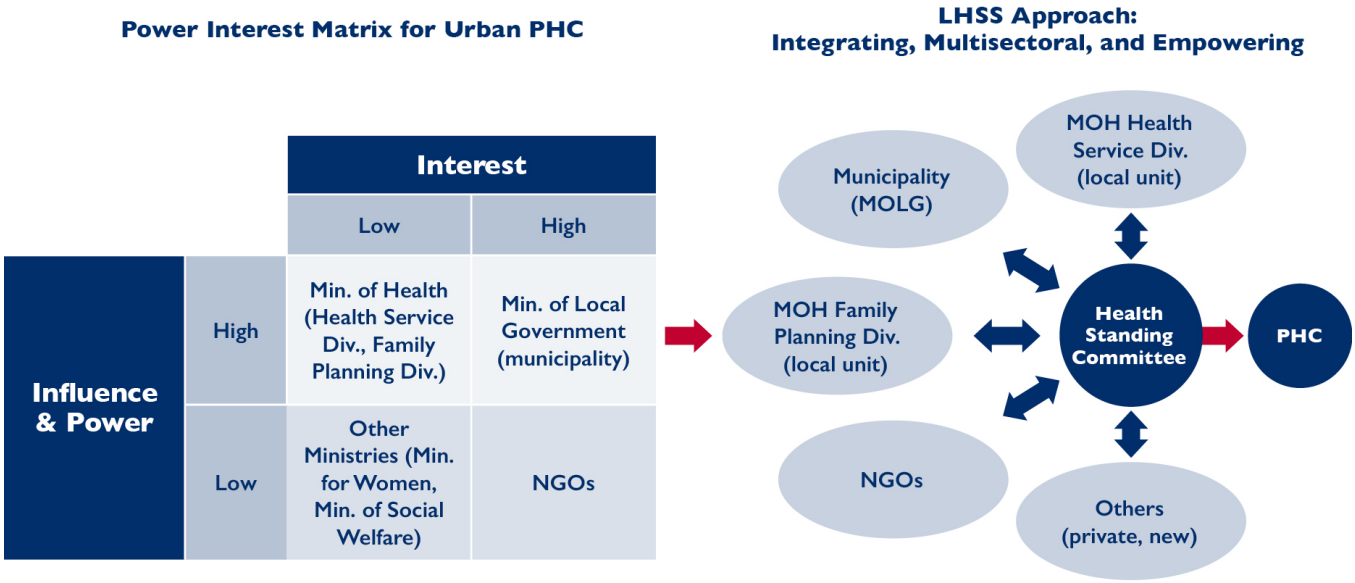

Figure 2: Mapping of Power Dynamics among Urban PHC Stakeholders

HSCs Integrate Systems Thinking to Expand Urban PHC

LHSS has been supporting HSCs' use of systems thinking to improve and expand quality urban PHC programs since 2021. By facilitating their collaboration across sectors with new and existing partners, HSCs are now applying systems thinking through their dynamic engagement with numerous stakeholders (see Figure 3), each holding a set of unique health sector responsibilities. For example, elected officials oversee system components related to governance, digital health, and financing, while local-level Ministry of Health and Family Welfare representatives can contribute to human resources (e.g., doctors, nurses, and vaccinators) and essential health commodities including family planning contraceptives.

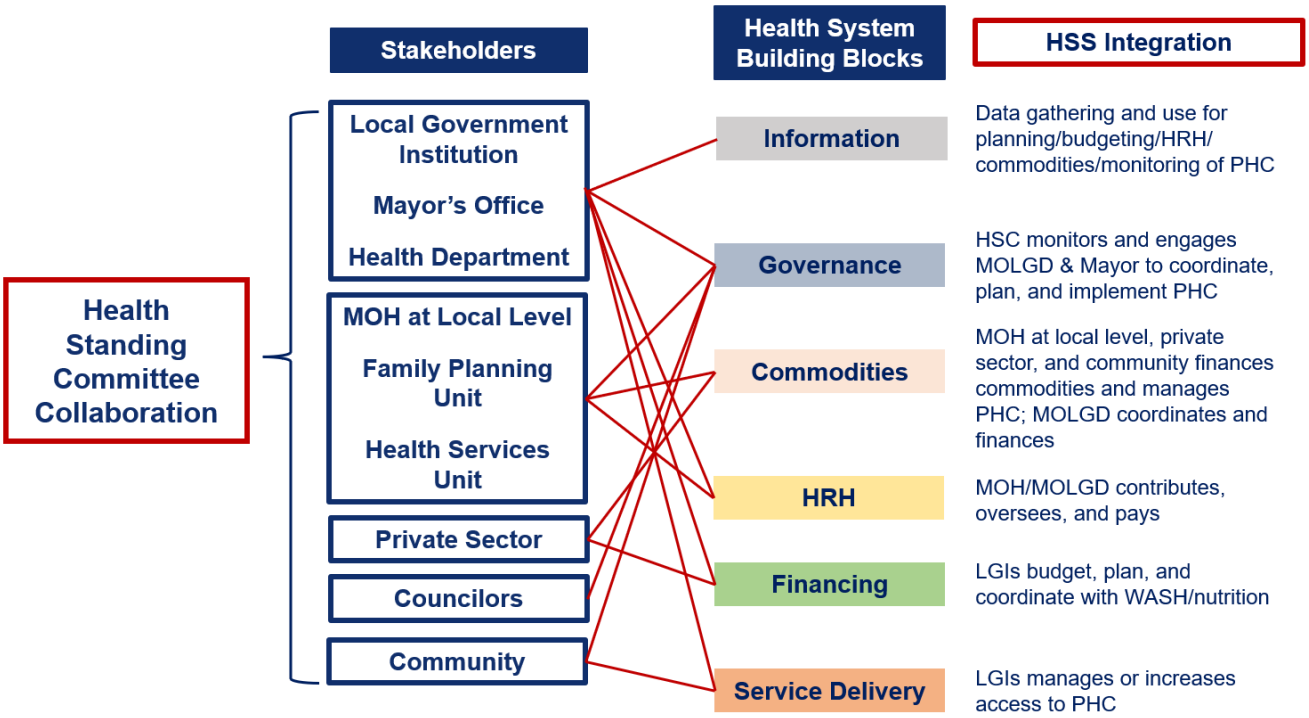

Figure 3: Health Standing Committees Integrate Health Systems Support for Urban PHC

While HSCs had a mandate to strengthen urban PHC beginning in 2020 under the NUHS, this strategy had not yet been implemented prior to LHSS's work with them. In 2022, LHSS collaborated with municipality chief executives to build upon the GoB's mandate to activate HSCs. This work focused on updating their terms of reference and advocating for multi-sectoral participation among project-support LGIs and dedicated PHC budget line items.

LHSS's systems approach to supporting LGIs' revitalization of HSCs is paying off. To date, 11 of 14 project-supported urban LGIs have identified resources to support PHC programs directly from their revenue budgets. Following their example, several additional municipalities have since followed suit. Six previously shuttered buildings are presently being renovated and repurposed to deliver new services (i.e., four in Bogura, one in Habiganj, and 1 in Sunamganj municipalities). In these instances, funding is not necessarily coming from only the municipalities' modest PHC budgets, but also from special allocations or other budget line items related to infrastructure development. This willingness to shift budget allocation to fund PHC services grew out of a commitment to prioritize PHC services.

Results of Engagement through HSCs

To analyze the relationship between LHSS's engagements through HSCs, LHSS applied a qualitative tool called the Most Significant Change (MSC)[2] with HSC members as key informants engaged with various system components (i.e., service delivery, human resources, financing, commodities). The analysis focused on collecting information regarding contextual changes within project-supported LGIs and the key systems that initiated and resulted the changes.

[2] The Most Significant Change is a complexity-aware monitoring approach to identify and analyze changes taking place in a system, practice, organization, and people.

Significant differences that were detected across the health system include outsourcing and revitalizing previously shuttered facilities to create new PHC services in some of the most populous and poor regions of the country. Examples include:

- LHSS facilitated several peer-learning events where LGIs shared their experiences and challenges. Those making progress in establishing or revitalizing PHC services are now motivating peer LGIs to replicate PHC service expansion in their own municipalities. For example, Rajshahi City Corporation is interested in contracting out PHC services to replicate the successful outsourcing work carried out in Bogura Municipality.
- As part of the HSC revitalization process, LHSS has also supported HSCs in holding quarterly meetings in 14 LHSS-supported LGIs. Meetings focused on advocating for mobilizing resources from various stakeholders like the private sector and local health ministry on essential medicines, commodities, and human resources, and emphasizing the need for a dedicated budget line item for PHC. Such meetings were pivotal in local leaders in the health sector to dedicate funds and efforts towards improving urban PHC access, as noted below.
- Two new PHC facilities opened in December 2022. The first was funded solely by Chapainawabganj Municipality under the Rajshahi Division. The second, in Habiganj Municipality in Sylhet Division, was championed by the HSC and resourced using a collaborative PHC model, where the local health ministry and private sector partners would supply commodities, and staffing would be provided by the municipality health department. Additionally, Pabna Municipality and Rajshahi City Corporation have renovated PHC facilities using government block grants, even prior to having a dedicated PHC budget line item, and are now providing services discounted or free of charge. LHSS's close collaboration with HSC members sensitized such actors to the importance of providing PHC and prioritizing services through creative resource mobilization schemes.
- Bogura Municipality in Rajshahi Division opted to contract out PHC services to local NGOs. Having completed the bidding selection and review processes, the municipality is on the cusp of completing a new PHC service delivery contract.
- Sylhet City Corporation has mobilized resources from international NGOs to open nine new PHC centers and the Moulvibazar Municipality identified a location for a new satellite center.

Reflections and Lessons Learned

Applying systems thinking: By approaching the challenges of strengthening urban PHC through a systems lens, LHSS identified opportunities to work with existing national policies and actors at the sub-national level to support the expansion of urban PHC programs. LHSS leveraged existing national HSC mandates and regular stakeholder engagement initiatives to shift LGI stakeholders from "engagement" to "action" on urban PHC. By listening to and working with HSCs, LHSS was able to identify, acknowledge, and maximize existing strengths and capacity within participating LGIs, rather than exclusively focusing on their challenges and deficits. Such an approach allowed LHSS to be more holistic in identifying and leveraging national policies, political opportunities, and existing LGI resources.

Facilitating locally-led solutions: Facilitating a locally viable solution through the HSCs, a strategically situated body holding relevant responsibility and decision-making authority, has been pivotal to LHSS's successful approach. HSCs are entrusted with an advisory role and hold constitutional backing. In practice, their recommendations usually get accepted. HSC representation is

broad and cross-sectional, allowing LHSS to integrate health system strengthening efforts for commodities, financing, and human resources for health across local community-elected representatives and the private sector. Community-level elected officials were particularly important advocates for PHC services, for example, when health departments lacked motivation to develop new PHC systems because a donor partner was still funding a few PHC centers. Further, focusing on a more holistic definition of PHC enabled the coordination of HSCs with other LGI sub-committees or government departments related to water, sanitation, and hygiene and disaster risk reduction, creating windows of opportunity for strengthening the platforms and optimizing the resources through collaborative efforts.

Fostering local ownership: LHSS support for HSCs' and LGI actors' vision ensured their ownership of establishing new PHC facilities and ultimately supports sustainability. LHSS shifted its focus away from an unfunded national model of PHC services in its first year of implementation that appeared to lack political support and funding in favor of facilitating LGIs in implementing their preferred PHC service delivery model. In doing so, LHSS was able to achieve greater impact in a shorter period. Through trainings on PHC management skills, LHSS is also capacitating HSCs to define their pathway for PHC services and plan to navigate the journey through continued stakeholder engagement efforts and conducting resource mobilization analyses on their own.

The Local Health System Sustainability Project (LHSS) under the United States Agency for International Development (USAID) Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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