

## DEVELOPMENT COORDINATION

### A. Major Development Partners: Strategic Foci and Key Activities

1. Most financing from development partners for health in Bangladesh supports the Fourth Health, Population and Nutrition Sector Program (HPNSP) (2017–2022) of the Ministry of Health and Family Welfare (MOHFW).<sup>1</sup> External financing focused on urban primary health care (PHC) is limited. The only government program for urban PHC is the Urban Primary Health Care Services Delivery Project, supported through a loan from the Asian Development Bank (ADB), a cofinancing grant from the Government of Sweden, and parallel cofinancing from the United Nations Population Fund.<sup>2</sup> The United States Agency for International Development (USAID) supports the Nongovernment Organization (NGO) Health Service Delivery Project, which is run by NGOs and covers PHC services in both urban and rural areas. Through the Bangladesh Rural Advancement Committee, the Bill and Melinda Gates Foundation funded the Manoshi Project, which focused on community-based health care in urban slums.

2. The Third Health, Population and Nutrition Sector Development Program (2011–2016) concentrated on strengthening rural health services but its operational plan for essential services delivery included an estimated \$6.5 million in spending for urban PHC. The vertical Bangladesh country program of the Global Fund to Fight AIDS, Tuberculosis and Malaria also covers urban areas. Urban PHC is delivered mainly by NGOs. Alongside ADB's next phase Urban Primary Health Care Services Delivery Project<sup>3</sup> under additional financing for implementation during 2018–2023, USAID will privatize its NGO Health Service Delivery Project. The Bangladesh Rural Advancement Committee and Concern Worldwide are also implementing a project in urban PHC supported by the European Commission. The major development partners working in areas related to urban PHC are summarized in the table below.

<b>Major Development Partners</b>			
<b>Development Partner</b>	<b>Project Name</b>	<b>Duration</b>	<b>Amount (\$ million)</b>
ADB, Sweden, UNFPA	Urban Primary Health Care Services Delivery Project	2012–2018	81.0
ADB, DFID, SIDA, UNFPA, Orbis	Second Urban Primary Health Care Project	2005–2012	91.0
ADB, NDF, UNFPA	Urban Primary Health Care Project	1998–2005	60.0
USAID, DFID	NGO Health Service Delivery Project	2012–2017	83.0
USAID	Smiling Sun Franchise Program	2007–2012	46.0
USAID	NGO Service Delivery Program	2002–2006	60.0

<sup>1</sup> Development activities of the Fourth HPNSP (January 2017–June 2022) are being implemented through 29 operational plans. The World Bank and Japan International Cooperation Agency are providing credit and grants. The other development partners are providing grants. These include the Canadian International Development Agency, European Union, Government of Sweden, Department for International Development of the United Kingdom, USAID, and various United Nations agencies.

<sup>2</sup> ADB. 2012. *Report and Recommendation of the President to the Board of Directors: Proposed Loan, Technical Assistance Grant, and Administration of Grant to the People's Republic of Bangladesh for the Urban Primary Health Care Services Delivery Project*. Manila.

<sup>3</sup> The additional financing of the Urban Primary Health Care Services Delivery Project will establish collaboration agreements with local partners working in urban PHC. Collaboration with partners will be based on ongoing consultations and is proposed to cover better poverty identification and targeting in slums, and more formalized referral arrangements.

Development Partner	Project Name	Duration	Amount (\$ million)
Government and development partners' funding under HPNSDP <sup>a</sup>	Urban PHC Services (Part of essential services delivery program implementation plan for 2011–2016)	2011–2016	6.5
European Union	Support to Health and Nutrition to the Poor in Urban Bangladesh	2016–2021	23.0
Bill and Melinda Gates Foundation (via BRAC)	Manoshi Project	2007–2012	26.0
GFATM	HIV/AIDS, Tuberculosis, and Malaria Program	2004–present	240.0

ADB = Asian Development Bank; BRAC = Bangladesh Rural Advancement Committee; DFID = Department for International Development of the United Kingdom; GFATM = Global Fund to Fight AIDS, Tuberculosis and Malaria; HPNSDP = Health, Population and Nutrition Sector Development Program; NDF = Nordic Development Fund; NGO = nongovernment organization; PHC = primary health care; SIDA = Swedish International Development Cooperation Agency; UNFPA = United Nations Population Fund; USAID = United States Agency for International Development.

<sup>a</sup> Development activities of the Fourth Health, Population and Nutrition Sector Program (January 2017–June 2022) are being implemented through 29 operational plans. The World Bank and Japan International Cooperation Agency are providing credit and grants. The other development partners are providing grants. These include the Canadian International Development Agency, European Union, Government of Sweden, DFID, USAID, and various United Nations agencies.

Source: Asian Development Bank.

## B. Institutional Arrangements and Processes for Development Coordination

3. While the MOHFW has overall responsibility for policies on health and family planning at the national level, the statutory responsibility for the delivery of PHC in urban areas according to the Local Government (City Corporation) Act, 2009 and Local Government (*Pourashava*) Act, 2009 rests with the urban local bodies, under the oversight of the Local Government Division (LGD) of the Ministry of Local Government, Rural Development and Cooperatives (MOLGRDC). As part of its holistic, multidisciplinary approach to urban sector development as a core operation in Bangladesh, ADB has been supporting the LGD and urban local bodies in the delivery of urban PHC services since the start of the first Urban Primary Health Care Project in 1998.

4. Development partners did not consider a formal coordination mechanism urgent in the past since only a few development partners were active in the urban health subsector. The current trend and approach to urban health evolved without systematic planning and is characterized by fragmented responsibilities. The Urban Health Coordination Committee, chaired by the secretary of the MOHFW and co-chaired by the secretary of the LGD, has been a permanent coordination mechanism since 2015 to address urban health between the MOLGRDC and MOHFW and needs to be made more functional. The Urban Health Forum coordinates the development partners working in urban health. Since urban health is becoming an increasingly important and urgent issue because of rapid urbanization, the government and development partners recognize the need for a permanent coordination structure. These development partners and government agencies generally accept that, as the responsible agency for urban PHC delivery, the MOLGRDC should take the lead in establishing an interministerial coordination mechanism that development partners could also align with. With support under the Urban Primary Health Care Services Delivery Project, the LGD approved the National Urban Health Strategy (NUHS) as a key step toward strengthened coordination on urban health.<sup>4</sup> The strategy and its forthcoming action plan

<sup>4</sup> Government of Bangladesh, Ministry of Local Government, Rural Development and Cooperatives, Local Government Division. 2014. *National Urban Health Strategy*. Dhaka. Development of the NUHS was supported under Urban

for implementation are expected to provide a basis for a subsector program framework and a donor coordination mechanism.<sup>5</sup>

### **C. Achievements and Issues**

5. While earlier health sector-wide programs focused on strengthening rural health service delivery programs, the Health, Population and Nutrition Sector Development Program (2011–2016) operational plan for essential services delivery recognized the need for more attention to urban health. The plan stated that the MOHFW will provide these services in close coordination with the MOLGRDC.<sup>6</sup> The current HPNSP (2017–2022) operational plans for maternal, child, reproductive, and adolescent health; noncommunicable diseases control; and community-based health care feature urban health activities more prominently. Moreover, the MOHFW's Essential Health Service Package, 2016 reconfirms that in urban areas, PHC services are the responsibility of city corporations and municipalities. An Urban Development Wing in the LGD, headed by an additional secretary, was established in 2012. The consortium of donors supporting a health sector-wide program has also established an informal technical task force on urban health. This indicates growing development partner interest in funding for urban health under a common strategic framework. These developments bode well for improved intergovernment and development partner coordination on urban health.

### **D. Summary and Recommendations**

6. The current approach to development coordination on urban health in Bangladesh evolved as a fragmented response to the pressing needs raised by rapid urbanization and has not been strategic or systematically planned. Meeting the challenges of urban health will require strengthening the government's long-term strategic focus for this subsector and development coordination, as well as addressing the issues of policy, governance, stewardship, sustainable financing, and institutional support structures. By building on trends and opportunities for strengthening intergovernment and development coordination, as well as using the lessons of the Urban Primary Health Care Services Delivery Project, the proposed next phase should support the action plan for implementation of the NUHS to coordinate future development efforts and resources toward urban health.

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Primary Health Care Services Delivery Project as well as ADB technical assistance.

<sup>5</sup> Government of Bangladesh, Ministry of Local Government, Rural Development and Cooperatives, Local Government Division. Forthcoming. *Operational Plan for Implementation of the National Urban Health Strategy 2018–2023*. Dhaka.

<sup>6</sup> Essential service delivery under the Directorate General of Health Services addresses (i) limited curative care; (ii) support services and coordination; (iii) medical waste management; and (iv) urban health, mental health, and tribal health.