Policy Brief

December 2022

Preparedness of Urban Primary Healthcare Centres of Bangladesh in Managing Diabetes Mellitus and Hypertension

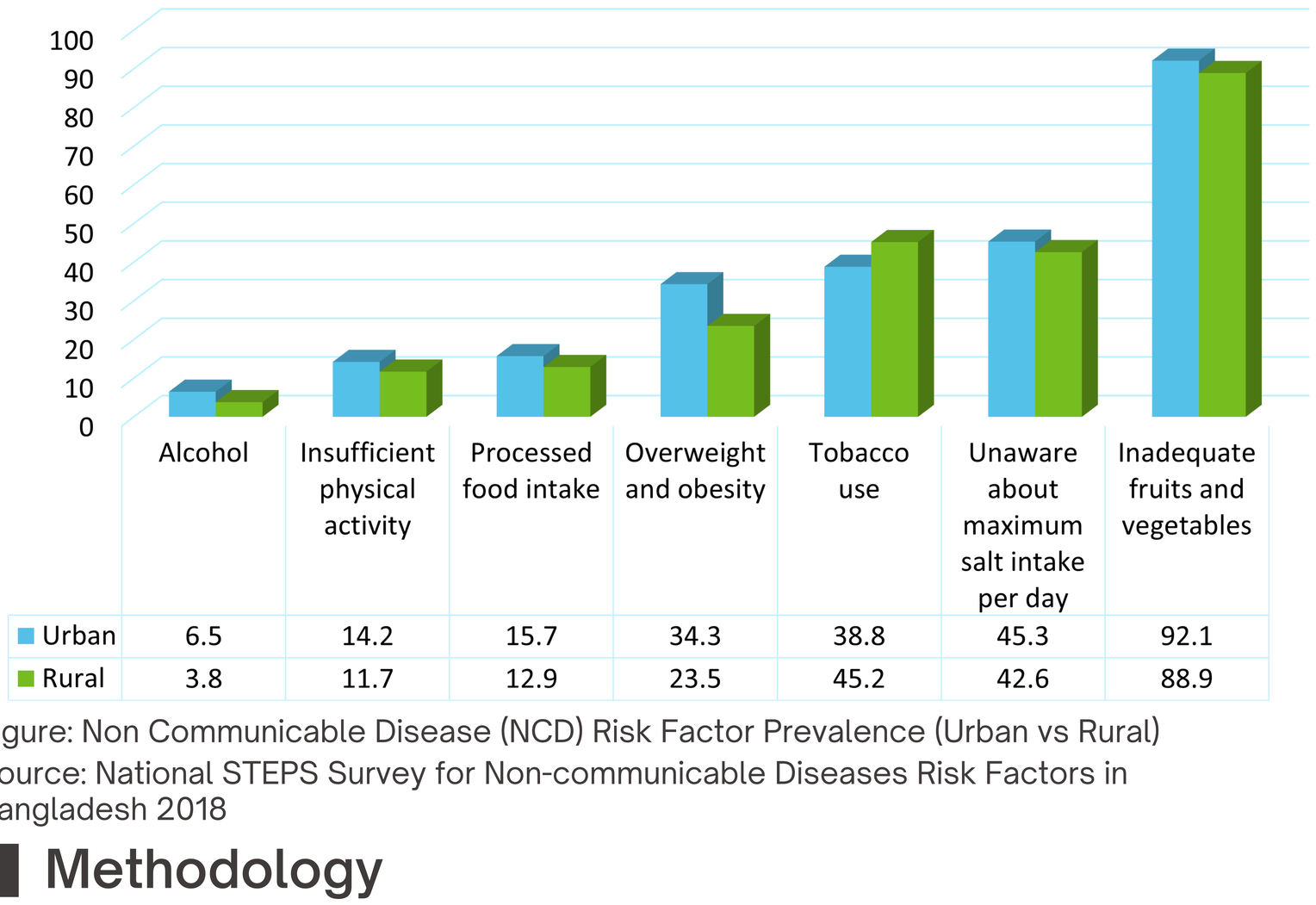
This policy brief is based on a study titled "Strengthening the Urban Primary Health Care System to Deliver Essential Non-Communicable Disease Care to the Urban Poor" conducted by ARK Foundation, Bangladesh under the project titled "Community-Led Responsive and Effective Urban Health Systems (CHORUS)" funded by the UK Aid from the UK Government.

Background

31% of the Bangladeshi population lives in urban areas [1]. Urban living has led to an increase in the prevalence of some Non- Communicable Diseases (NCDs) risk factors such as poor diet and lack of physical activity, compared to rural dwellers [2]. Additionally, while tobacco use on average is higher in rural than urban, the rates are particularly high among poor urban men [3].

While the urban primary healthcare system is the responsibility of the Ministry of Local Government, Rural Development and Cooperatives (MoLGRDC), health related policies for the country, including those pertaining to NCDs, are developed by the Ministry of Health and Family Welfare(MoHFW). This, therefore, calls for coordination between both ministries to ensure a strong urban Primary Health Care (PHC) system. While this has been highlighted in several policies, translation into practice has been challenging.

To achieve Universal Health Coverage (UHC) by 2030, the MoHFW reviewed Bangladesh Essential Service Package (ESP) in 2017 eventually including NCDs. While the NCD component of the package is delivered at the rural PHC centres, the same cannot be said for the urban PHC facilities. Against this backdrop, this study aimed to understand the existing NCD management (specifically, diabetes and hypertension) within the urban PHC system.



	Alcohol	Insufficient physical activity	Processed food intake	Overweight and obesity	Tobacco use	Unaware about maximum salt intake per day	Inadequate fruits and vegetables
Urban	6.5	14.2	15.7	34.3	38.8	45.3	92.1
Rural	3.8	11.7	12.9	23.5	45.2	42.6	88.9

Figure: Non Communicable Disease (NCD) Risk Factor Prevalence (Urban vs Rural)
Source: National STEPS Survey for Non-communicable Diseases Risk Factors in Bangladesh 2018

Key Findings

- Absence of proper recording and reporting of urban dwellers at risk of developing NCDs, and NCD patients at urban PHC centres.
- Most of the workforce at urban PHC centres seldom receive NCD training
- NCD related guidelines are often unavailable at the urban PHC centres
- MIS Dashboard of MoHFW lacks NCD related data from the urban PHC centres
- Most urban PHC centres lack essential antihypertensive and diabetic medications as per national protocol
- High prioritization of MCH and SRH leads to reduced budget for NCD.
- Lack of synchronization of activities between MoLGRDC and MoHFW is hampering implementation of NCD National Protocol across urban PHC centres

Methodology

The study was a convergent mixed method study, conducted between September 2021 and April 2022. Preparedness of the urban PHC centres to manage diabetes and cardiovascular diseases was done by analysing the secondary data from 66 urban PHC centres included in the Bangladesh Health Facility Survey (BHFS) 2017. In addition, any existing gaps in the urban primary healthcare system in managing these NCDs were identified through qualitative interviews with five policymakers from the MoHFW and MoLGRDC, and 15 healthcare providers from the urban PHC centres in Dhaka. Data was analysed under the overarching framework of WHO's Health System Building Blocks.

1 Bangladesh Bureau of Statistics (August 2022). Population and Housing Census 2022: Preliminary Report. Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh.
2. World Health Organization. Country Office for Bangladesh. (2018). National STEPS Survey for Non-communicable Diseases Risk Factors in Bangladesh 2018.
3. Bangladesh Bureau of Statistics and National Tobacco Contro Cell (2019). Global Adult Tobacco Survey: Bangladesh Report 2017.

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Key Findings*

Service Delivery: PHC centres in urban areas mainly focused on maternal and child health (MCH), and sexual and reproductive health (SRH)

The urban PHC centres mostly focus on MCH, and SRH with less prioritization of NCD services. NCD guidelines were only available at 30% of these centres and 15% did not provide any NCD care.

"We have not worked much on the guidelines of diabetes and hypertension in our service centres, as we have been working on communicable disease, tuberculosis, maternal health, child health etc. In this (NCD) case, we are lagging." [Policy Maker, MoLGRDC]

Health Workforce: Urban PHC centre workforce lack NCD training

While more than 80% of the PHC centres in urban areas have a workforce that could potentially manage NCDs, the existing workforce lacks any NCD-specific training.

"The training we get is not enough compared to the training that we need to work in this sector. I doubt if I even got 8-10 training in my whole life, in 22 years of my career." [Project Manager_Urban PHC Centre]

Drugs and Equipment: Lack of NCD medications and equipment as per National Protocol in urban PHC centres

Most of the centres lack NCD medications as per National Protocol. While 50% of the urban PHC centres lack any kind of NCD medications, 41% and 3% of the centres had antihypertensive and diabetes medications respectively. According to the respondents, the availability of NCD medications at PHC centres in urban areas often depends on those safe for use during pregnancy and breastfeeding.

"Basically, diabetic drugs are not available here, but anti-hypertension medicines are available here." [Project Manager_Urban PHC Centre]

In terms of availability of NCD equipment as per National Protocol, sphygmomanometers are often available compared to glucometers.

Health Financing: Shortage of funds for NCD management and medications

PHC centres in urban areas operate on funds received from MoLGRDC and Asian Development Bank (ADB) (80%), while the remaining is generated from patients. The budget allocated by MoLGRDC is spent mostly on purchasing MCH and SRH related drugs and equipment leading to a low supply of NCD-related equipment and medications.

"There is no disease-wise allocation. We do not have any separate target for NCDs and no separate fund for it or other diseases." [Project Manager, Urban PHC Centre]

Health Information System: Absence of a separate NCD record-keeping and reporting mechanism

The facilities follow a paper-based recording system, noting only the particulars of patients and the services they took within the multiple register books at every provider's desk.

However, there is a lack of records on patients' tobacco use, dietary habits, and physical activity levels. The services provided for hypertension and diabetes are recorded as "Limited Curative Care" (LCC) in a column on the master register, and not reported in detailed categories. In addition, there is a lack of records pertaining to patient follow-up and referral.

"We have an LCC category system but no separate category of hypertension patients, so the reporting is not proper. However, we provide diagnosis and treatment." [Health Care Provider_Urban PHC Centre]

Leadership and Governance: Lack of synchronization between inter-ministerial activities

A lack of synchronization in activities between the MoHFW and MoLGRDC was observed. Presently, the Directorate General of Health Services (DGHS) under MoHFW has a dedicated cell for NCD Control (NCDC). Yet, due to inadequate coordination across the ministries, the urban health system remains the most neglected regarding NCD control capacity.

"It is true, while NCD services have been prioritized in the rural health system, the urban PHC system has been completely neglected." [Policy Maker_MoHFW]

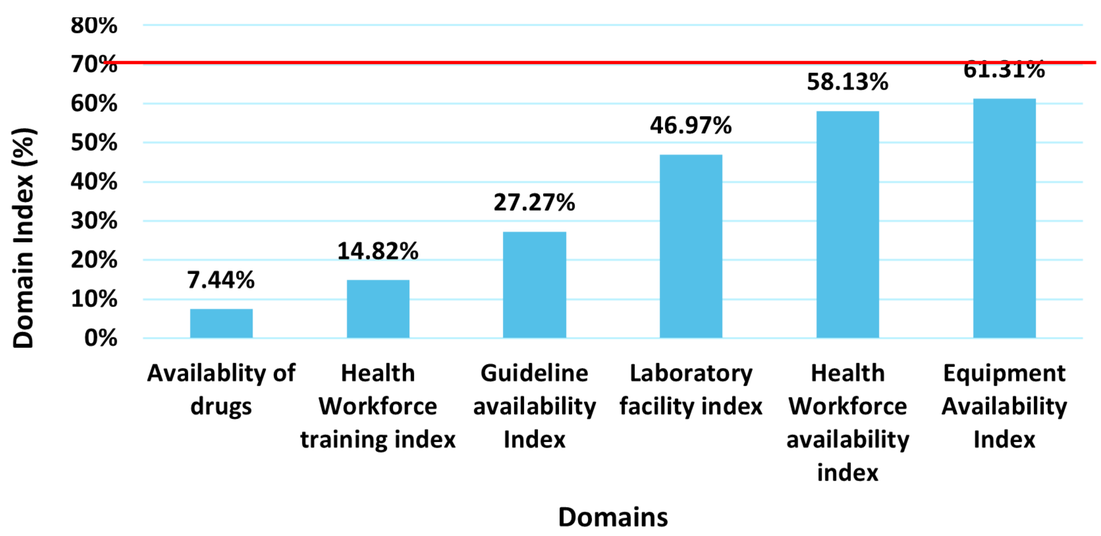

Figure: Domain Indices across Facilities

*Based on author's interpretation and data obtained from BHFS 2017

Policy Recommendations

Considering the identified gaps, the following are the recommendations:

- **Service Delivery:** Screening and management of NCD as per National Protocol should be implemented at all urban PHCs.
- **Health Workforce:** NCD related capacity development of the urban PHC workforce needs well-timed planning.
- **Drugs and Equipment:** Protocol-based NCD medications and equipment need to be procured at urban PHC centres.
- **Health Financing:** Prioritizing NCD in MoLGRDC and MoHFW budget can help increase the supply of protocol-based NCD medications and equipment at urban PHCs.
- **Health Information System:** Integration of NCD related data from urban PHC centres into the MIS dashboard is vital.
- **Leadership and Governance:** Synchronization of activities between MoHFW and MoLGRDC needs to be strengthened

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