



Strengthening urban health systems through public-private partnership: Lessons from four countries

Gaps in the public health sector can drive the emergence and growth of a plurality of providers.

Due to the rapid increase in the urban population, 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, the 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.

POLICY RECOMMENDATIONS

- 1** Establish regular communication, meetings and mutual training opportunities with all providers, including private and informal providers and the community.
- 2** Create transparent and adequate governance structures for the monitoring, supervision and support for providers.
- 3** Improve data linkages and information sharing between public and private health services, and the wider health system.



WHY WE NEED TO ACT



The urban poor often rely on services provided in the private sector, but a study in Bangladesh shows only a third of private sector health staff have a formal health qualification. This presents challenges for the quality of care.



Informal care providers fill gaps in services in the urban setting, but there is a lack of supervision and regulation of these services, which undermines quality of care.



Data and information from the private sector are not linked with the government information system, leaving the urban poor unnoticed in the planning of services.



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Challenges facing the urban poor in four Low and Middle-Income Countries

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

In Bangladesh, analysis of the Bangladesh Demographic Health Survey 2017–2018 and 2022 highlighted significant increases in diabetes among urban residents, particularly women. Poor levels of management of hypertension were also found with only approximately 5% of urban residents (5.4% women and 4.6% of men) able to manage their blood pressure through antihypertensive medications.



Disparities by wealth within the population

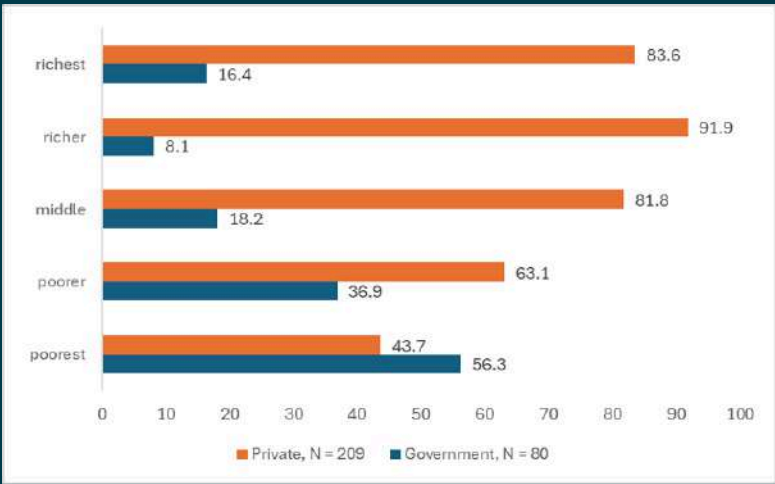


Figure 1: Use of the private and public sector for the treatment of childhood diarrhoea in Nepal.

Analysis of Nepal Demographic and Health Survey 2022 found those requiring services for childhood diarrhea predominantly used private providers. This was particularly the case for middle-income and wealthier individuals. Conversely, government facilities were more commonly used by lower-income groups, with 56% in the poorest and 37% in the poorer quintiles.

While there is limited urban-specific data, the CHORUS needs assessment highlighted how the poor in the urban context frequently rely on private providers, particularly private pharmacies.

Mismatched services and support mechanisms

In Ghana, long working hours for both men and women 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.



WHAT IS NEEDED NOW?

Our research and experience working with private providers and the urban poor community highlight a need for renewed and focused efforts to link formal and informal providers. There is also a need to link public and private providers with the wider health system. to create transparent governance structures and to improve population data coverage. Taken together, these policy actions will accelerate the achievement of a more equitable urban health system to improve the health of all urban residents.

Scan here to see the full policy brief and references



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