

Primary Health Care Service Delivery for the Urban Poor

Policy
Breakfast



Background

By 2030, 50% of Dhaka's population is set to reside in slum settlements. The rapid growth rate of urbanization in Bangladesh has overwhelmed the government's capacity to regulate, plan and provide primary health care (PHC) services in urban areas. The poorest in these urban areas have taken the brunt for this, leading to growing disparities in health care access and outcomes.

According to the Bangladesh Urban Health Survey (2013) the health and nutrition status of and service delivery for urban poor were worse than that of the rural population.

Recent studies indicate that the private sector dominates health care provision in the urban areas. Additionally, NGOs have also been particularly active in providing primary health care services to the urban poor. These NGOs often work in a contractual basis and are engaged by the local government.

However these services largely focus on maternal, newborn and child health (MNCH) services and there is a lack of PHC services available for other groups such as adolescents, the elderly and men. Furthermore, limited days and hours of service further limit the coverage and sustainability of these services.

A recent study conducted by icddr,b has concluded that the existing components of PHC does not adequately address the diverse needs of the urban poor. All these aspects indicate that there is a need to highlight heterogeneity of the urban poor and acknowledge that PHC service provision needs to tackle all the current urban health care issues.

The Dialogue

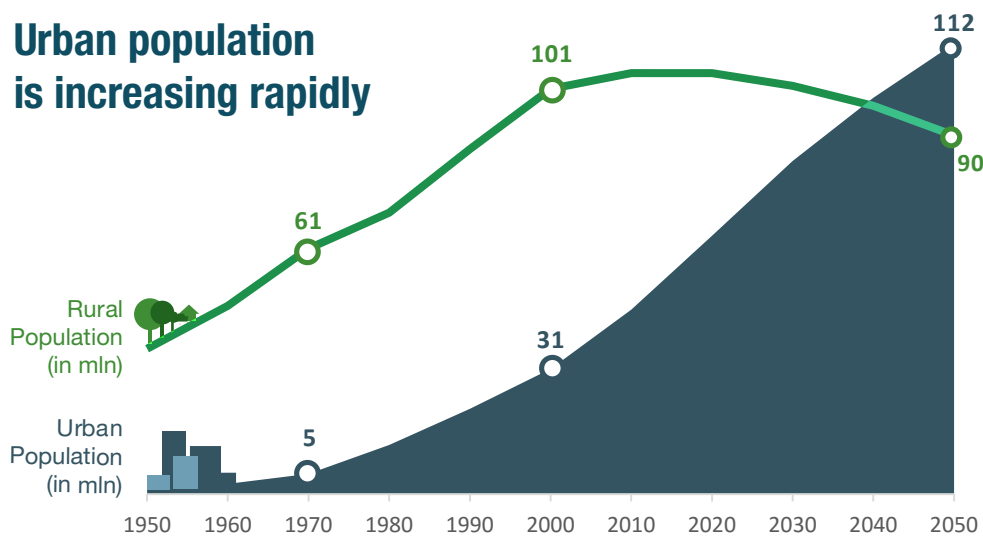
This lack of understanding of the heterogeneity of the urban poor means that there is a need to raise awareness about the current health status of the urban poor, especially among the public representatives, municipal authorities and other stakeholders who can influence policies in this area.

This dialogue on urban health care services will try to identify the gaps in current PHC delivery for the urban poor. It will create a platform where different segments of the community can exchange ideas and share experiences of providing PHC services for the urban poor. Ultimately, this dialogue is an attempt to find the most effective ways to address the varied healthcare needs of the urban poor who have been marginalized under the existing healthcare system.

Urbanisation & Urban Primary Health Care



Urban population is increasing rapidly



By 2035,
more than half
of Bangladesh's
citizens will live
in **urban areas**



Approximately **35%**
of the population
in Dhaka live in slums

this will increase to **50%**
by 2030

This rapid growth has overwhelmed government's capacity to regulate, plan or provide primary health care (PHC) services in urban areas, especially to the poorest which leads to growing disparities in health care access and outcomes.

Drinking Water & Sanitation in city corporation slums

Sharing of water source by
10+ households



65%

43%



Sharing of sanitation
facilities by 10+ households

Where do urban people go for health services?

Health seeking for last acute health episode among the urban poor in Tongi



State of urban health services

Health and nutrition status of the urban slum were worse than those of the urban non-slum, as well national averages

Urbanization have significantly been contributing in doubling the burden of infectious and non-communicable disease, especially for the urban poor

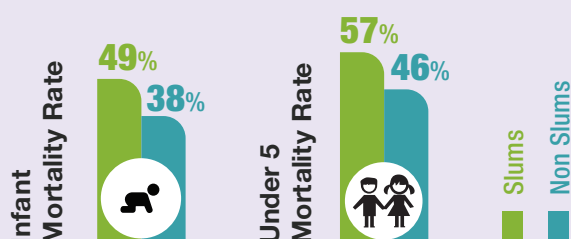
Urban Inequities in Maternal Health

4+ Ante Natal Care visits

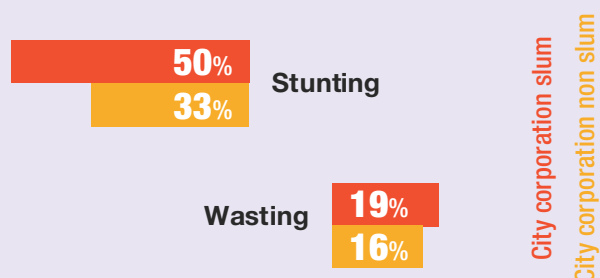
Use of health facility for delivery



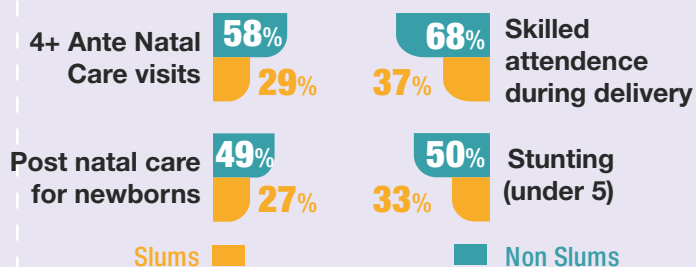
Trends in Childhood Mortality



Urban Inequities in Child Nutritional Status



Urban Inequities in Healthcare Utilization



Prevalence of Hypertension



Prevalence of Diabetes



Agenda for discussion

1

Who are the urban poor and what are their health needs?

2

What kind of Primary Health Care services are mostly needed by them?

3

What is the best way to reach the urban poor with these PHC services?

Format of the session

Keynote

from government perspective



Additional remarks

from non-government perspective



Participants

join the debate on motion



Suggestions

are compiled and recorded



Chatham House Rules
are followed to encourage candid discussion

Notes:
