



Transparency, Accountability and Good Governance for Health System Strengthening and Advancing UHC Agenda in Bangladesh: Exploring Factors Involving the Frontline Health Care Workers (Doctors, Nurses and Managers) at PHC Levels

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TIMELINE: August 2017 – August 2021

PARTNERS:

- Anti-Corruption Evidence (ACE) Research Programme, School of African and Oriental Studies (SOAS) University of London, United Kingdom
- London School of Hygiene and Tropical Medicine (LSHTM), United Kingdom

DONOR: UK Department for International Development (DFID)

Achieving universal health coverage (UHC) is a top priority for the government of Bangladesh (GoB) and the government has a high-level political commitment to achieve UHC by 2030. Bangladesh has a very widespread health system infrastructure in different tiers, involving a wide range of health workforce. Besides infrastructure and supplies (medicines, medical products etc.), the performance of the health system also depends upon how the frontline health workforce acts in their day-to-day works. Also, their level of motivation (a reflection of the interaction between their work and work environment especially in rural settings) and the underlying factors has to do a lot to ensure delivery of quality services at the grassroots. Given the situation, the Centre of Excellence for Health System & Universal health Coverage (CoE-HS&UHC), BRAC James P Grant School of Public Health, BRAC University implemented a project from the

Anti-Corruption Evidence (ACE) SOAS consortium platform funded by DFID UK, entitled '*Transparency, accountability and good governance for health system strengthening and advancing UHC agenda in Bangladesh: exploring factors involving the frontline health care workers (doctors, nurses and managers) at PHC levels*'.



Partners in consensus building workshop



PMAC Poset presnetaiton

RESEARCH APPROACH

The project was implemented in a phase wise approach comprised off four main elements which included: 1) Desk based literature review to understand current scenario in Bangladesh in the context of SEARO; 2) Consensus-building workshop with stakeholders particularly from the Ministry of Health and Family Welfare (MoHFW), GoB, professional bodies, private sectors and determined 'doctors absenteeism' as prime area of the research ; 3) a qualitative study with doctors at upazila and district levels public health care facilities to explore underlying causes and feasible solutions and 4) a Discrete Choice Experience (DCE) survey (first ever DCE on doctors in Bangladesh) to find out the best combination of factors/options which can strengthen and improve performance, of the existing health system at PHC levels.

EVIDENCE GENERATION

Findings of the rapid review revealed that absenteeism remains a longstanding and most critical challenge for health system in Bangladesh, particularly among doctors posted to rural locations. Qualitative study revealed that doctor's absenteeism is driven by dissatisfaction with their work and living environment, lack of opportunity for career progression and poor relationships with local communities. These conditions are aggravated by a complicated promotion and transfer process, inadequate disciplinary mechanisms and networks. DCE survey findings showed that doctors have strong but varied preferences over interventions to overcome absenteeism. Some were unresponsive to intervention but a substantial number appear amenable to change.



DCE Workshop



ACE Partners Meeting in London, UK.

POLICY INFLUENCE

- An anti-corruption strategy must recognise and address the difficulties that these doctors face in rural areas
- Designing policy packages that consider these differences and target particular doctors could begin to generate sustainable solutions to doctor absenteeism in rural Bangladesh
- Specific incentives should be designed that are feasible and appropriate in order to create a supportive and motivating workplace for doctors in rural facilities in Bangladesh

SHARING AT GLOBAL LEVEL

- Presented ACE Bangladesh study findings in the 16th World Congress (12-16 October, 2020)
- Participated as panelist from ACE platform in the Health Policy and Planning Women Mentorship Launch Programme (10 November 2020)
- Presented country specific findings in the Health System Global satellite session organised from ACE platform entitled 'Achieving progress on anti-corruption and accountability: towards policy options that recognise power and politics' (25 November 2020)
- Presented two digital posters at 6th Global Symposium on Health Systems Research, November 8-12, 2020. Poster titles-
 1. 'Drives of Absenteeism Among Physicians in Primary Healthcare Setting in Bangladesh: A Qualitative Exploration'
 2. Determinants of absenteeism on public sector doctors in Bangladesh
- Poster presentation in the Prince Mahidol Award Conference 2020 (28th January- 2nd February 2020). Poster title 'Challenges of anti-corruption research in LMICs: innovative approaches to research in Bangladesh'

PUBLICATIONS

1. The influence of corruption and governance in the delivery of frontline health care services in the public sector: a scoping review of current and future prospects in low and middle-income countries of south and south-east Asia. BMC Public Health (2020) 20:880. <https://doi.org/10.1186/s12889-020-08975-0>
2. Do social accountability approaches work? A review of the literature from selected-low and middle-income countries in the WHO South-East Asia region. 2020. Health Policy and Planning, 35, 2020, i76-i96. Supplement Article. <https://doi.org/10.1093/heapol/czaa107>
3. Targeting anticorruption interventions at the front line: developmental governance in health systems. 2020. BMJ Global Health. <https://gh.bmj.com/content/5/12/e003092>

4. Irregularities, informal practices, and the motivation of frontline healthcare providers in Bangladesh: current scenario and future perspectives towards achieving universal health coverage by 2030. ACE-SOAS. 2018. <https://ace.soas.ac.uk/wp-content/uploads/2018/07/ACE-WorkingPaper004-BD-Irregularities>.
5. Where are the doctors? A study of absenteeism among doctors in rural Bangladesh. ACE Working Paper 029. 2020. DOI:[10.13140/RG.2.2.18826.29127](https://doi.org/10.13140/RG.2.2.18826.29127)
6. 'Incentivising doctor attendance in rural Bangladesh: a latent class analysis of a discrete choice experiment'- Accepted for publication in BMJ Global Health.