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DOT service in an urban slum. Photo credit: HS4TB, Bangladesh

## Outlining a Pathway for Government-Led Contracting of Selected TB Services in Bangladesh

Case Study • December 2022 • Bangladesh

### About HS4TB

The USAID Health Systems for Tuberculosis (HS4TB) project seeks to transform the way country leaders and health system managers understand and work toward TB control and elimination. HS4TB is a five-year USAID contract focusing on health systems priorities that most directly support achievement of TB outcomes, with a focus on health financing and governance in the USAID TB priority countries. The project helps countries increase domestic financing, use key TB resources more efficiently, build in-country technical and managerial competence and leadership, and support policy formation and dissemination. HS4TB is led by Management Sciences for Health (MSH) in partnership with Nathan Associates and Open Development.

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## Introduction

One potential strategy to achieve Bangladesh's overall health goals, including optimized tuberculosis (TB) prevention and treatment, is government contracting of selected clinical and non-clinical health care services to non-governmental and civil society organizations (NGOs/CSOs).

Most middle and high-income countries see contracting as an essential and powerful tool for governments to use to govern the health sector. Contracting allows the government to take advantage of the complementary strengths of government and non-governmental actors; improve efficiency and strengthen accountability for service availability, quality, and cost through pay for performance; and attract innovative implementing organizations through open and competitive procurement.

In Bangladesh, the national TB response relies heavily on the complementary delivery of TB services by NGOs/CSOs. However, since 2003, contracting of TB services in Bangladesh has largely occurred with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), following GFATM policies and procedures. As Bangladesh's economy continues to grow and funding from the GFATM declines as a proportion of the total response, the Government of Bangladesh (GOB) is considering how they will gradually take responsibility for financing and implementing the part of the response currently funded by development partners. Establishing government-led contracting for health and specifically TB services will provide the GOB with the option to engage the expertise of NGOs/CSOs as the country assumes more direct financial and programmatic responsibility for its health programs.

On its path to universal health coverage (UHC), the GOB has expressed its commitment to strengthening engagement with the private sector in policy documents such as the eighth Five-Year Plan (2020–2025) and the Health Care Financing Strategy (2012–2032). Bangladesh has a robust legal and regulatory framework that guides different types of procurement by the government. Procurement processes are detailed in the Public Procurement Act (PPA) of 2006 and Public Procurement Rules (PPR) of 2008.

Since the PPA's inception, the GOB has developed extensive experience contracting with the private sector to provide technical assistance, goods, construction services, and support services for research and training. However, current laws, regulations, and policies do not include specific provisions for the procurement of health services. Moreover, the regulatory requirements for organizations to participate in the public procurement system as tenderers inhibit NGO and CSO participation. As a result, the GOB has very limited experience contracting health services to NGOs and CSOs, who therefore have limited opportunities to participate in the public procurement system. These legal and capacity limitations pose challenges for the GOB to adequately respond to critical health and TB needs.

In response to these imminent needs, the US Agency for International Development (USAID), through the Health Systems for Tuberculosis (HS4TB) project, is supporting the GOB—namely the Health Economics Unit (HEU) and National TB Control Program (NTP) under the Ministry of Health and Family Welfare (MOHFW)—in assessing the enabling environment and then defining and implementing a pathway for the national government to successfully contract selected TB services to the private sector. While the NTP will be the procurement entity responsible for managing and executing TB-related contracts, the NTP has limited political visibility and power. The HEU is more prominently and strategically positioned in the MOHFW to advocate for procurement-related reforms and domestic funding.

Since October 2020, the project has supported the government to develop an assessment report analyzing the legal, capacity, and political economy landscape related to contracting TB services, a roadmap to implementation, and a stakeholder engagement plan (SEP) for establishing government-led contracting of TB services. This brief outlines the process HS4TB took to support the MOHFW, and more specifically the HEU and NTP, to develop these strategic guidance documents and create alignment among stakeholders while extracting successes, challenges, and lessons learned that can be used to inform similar TB landscapes in other countries.

## Methodology and Stakeholder Engagement Process

From June through December 2021, the HEU and NTP, with support from HS4TB, conducted an assessment<sup>1</sup> of the legal/regulatory environment and capacity for government-led contracting of TB services. The assessment results and recommendations informed the development of a roadmap with an action plan that defines the pathway for contracting of TB services. A stakeholder engagement plan for internal use was also developed to guide targeted advocacy and communication with relevant stakeholders involved in the implementation of the roadmap. These documents build on each other and form the foundation for taking the necessary steps to establish public procurement of TB services from NGOs/CSOs/private sector entities. The general steps to establishing GOB-led procurement are: 1) identify the challenges and bottlenecks; 2) develop a strategy to address those challenges and establish the contracting mechanism; and 3) detail how each organization/entity involved in the process is engaged to fulfill their required role.

The process for developing these three strategic documents followed a participatory approach which included stakeholder engagement, initial drafting of the document, a series of reviews and revisions as a result of stakeholder feedback, and validation and dissemination (figure 1).



**Figure 1. Summary process for development of strategic documents**

Because contracting is a politically sensitive topic in Bangladesh, effective stakeholder engagement during each strategic document's development was essential to secure necessary buy-in and to demonstrate the rationale behind mapping a pathway to government-led contracting of TB services. To ensure government ownership and stewardship at the outset, the HEU and NTP established two governance structures, a technical working group (TWG) and a steering committee, to oversee and monitor progress on the assessment report and following documents. Facilitating a common understanding around the benefits of contracting and consultative processes places the MOHFW on a strong path towards establishing contracting of TB services with government funding and through government systems.

The role of the steering committee is to support and guide the implementation of activities related to contracting for TB, to periodically review and monitor the progress of the activities, to ensure the relevance and quality of the work, to support networking with the wider stakeholders, and to arrange the required approval of different outputs by the relevant authorities. The role of the TWG is to provide technical assistance in establishing government-led contracting of TB services through written and oral input on strategic documents while monitoring progress and bringing challenges and proposed solutions to the steering committee as needed. These two stakeholder mechanisms have allowed the HEU and NTP to gain valuable feedback and critical buy-in from higher level stakeholders in the MOHFW while gaining alignment between the HEU and NTP.

The steering committee was formally established prior to the assessment, with consideration of which MOHFW offices were the most relevant and had the power to effect change. The TWG was initially formed informally through a verbal invitation to some key mid-level officials who were more engaged at implementation level of the health program. However, as the role of the TWG increased, the HEU and NTP decided to establish it formally with a terms of reference and a membership list. It was critical in the establishment of both groups to consider the political economy.

<sup>1</sup> Assessment report: [https://pdf.usaid.gov/pdf\\_docs/PA00ZWS1.pdf](https://pdf.usaid.gov/pdf_docs/PA00ZWS1.pdf)  
Tools: [https://pdf.usaid.gov/pdf\\_docs/PA00ZW7Q.pdf](https://pdf.usaid.gov/pdf_docs/PA00ZW7Q.pdf)

During the initial development of the strategic documents, the TWG and steering committee were consulted on the approach, methodology, and draft outlines. This consultative process ensured collective consensus around the purpose and structure of the documents before they were drafted. The HEU led the process of engaging stakeholders and guiding the overall process for the assessment report, while HS4TB served the principal role in data collection and analysis. A description of the assessment report methodology is below in box 1:

- The project conducted desk reviews, key informant interviews (KIIs), and data analysis as the methodology to investigate the health care contracting landscape; the capacity of NGOs, NTP, and MOHFW to outsource; and the political economy of outsourcing in Bangladesh.
- The desk review informed the assessment questions and the development of the KII questionnaires, drawing on the global literature documenting transition readiness, best practices in conducting outsourcing, and country experiences. As part of the desk review, the HS4TB team also collected hard copies of contract documents that were not available in digital format. The team conducted a thorough review of Bangladesh's health and procurement laws over the past century, with the majority occurring in the past few decades.
- The team conducted 58 KIIs over the course of 1 month, covering questions across 4 different assessment areas. Interviews were conducted in person in the local language of Bangla and were not recorded to ensure that informants felt more comfortable expressing their honest opinions.

#### **Box 1. Description of the assessment report methodology**

In addition, developing the first draft of the roadmap and SEP took about two months each. After the development of a first draft of the assessment report, roadmap, and SEP, the HEU and NTP organized TWG and steering committee meetings to provide input and feedback. Given competing priorities of the MOHFW staff, these meetings were often challenging to schedule, which delayed the finalization of the documents. To manage this issue, one-on-one or small group meetings were held with key stakeholders to gain feedback. This helped to improve the product and make progress while awaiting wider group consensus.

It also became important to frame the initiative within a broader context. The project supported the HEU in

explaining the benefits of contracting to the broader health sector beyond TB, as well as how contracting would contribute to the larger government goals of reaching UHC and the sustainable development goals (SDGs). TB is often an underfunded and underappreciated health program with little visibility or political gravitas, which can make it challenging to grow support for a TB-specific initiative. Therefore, it was important to express the benefits of contracting to not only the TB program but also the broader political agenda. This initiative will contribute to Bangladesh's path towards UHC and attainment of the SDG 3 by developing a sustainable pathway for leveraging the strengths of non-governmental entities to improve the reach and efficiency of the national TB response.

Following the second review of each document, the TWG and steering committee finalized and validated the documents. The assessment report was published in September 2022 and will be disseminated in November 2022. Dissemination of the roadmap is planned for 2023. The SEP is intended to be a living, internal operational document for the HEU, NTP, TWG, and steering committee to use to guide communication and advocacy efforts. The document will not be shared publicly.

## **Strategic Documents for Contracting TB Services Assessment Report**

Different countries are at diverse stages of implementing government-led outsourcing of health services to NGOs and CSOs. In Bangladesh, no formal system currently exists for the public procurement of health services. It was therefore important for the MOHFW to start with a comprehensive assessment of the legal, political, and capacity-related landscape related to contracting health services. The assessment explored four main areas: 1) the adequacy of the current legal, regulatory, and policy environment to support outsourcing of TB services; 2) the current landscape of contracting with NGOs/CSOs/private sector and their capacity; 3) the institutional capacity of the MOHF for contracting; and 4) political economy considerations and potential political barriers to outsourcing.

Each of the four assessment areas were needed to develop a clear path forward:

## 1. Legal, Regulatory, and Policy Environment

This section of the assessment reviews the current laws, regulations, and policies governing procurement and identifies areas that enable or inhibit contracting of health services, as well as opportunities for reform. This information guides critical actions that the government will need to take to allow for efficient government contracting that includes accountability and the transparency of processes and procedures.

## 2. NGO, CSO, and Private Sector Landscape Mapping and Capacity

Before identifying which TB services should be contracted, it is important to understand who is currently providing TB services and their capacity

to participate in government contracting. This section of the assessment report examined the NGO and CSO landscape for TB services and their experience working with and/or contracting with the government. However, as there is minimal government contracting for health services in Bangladesh, the report focused on documentation related to NGO and CSO experiences providing TB or health services through development partner funding.

## 3. MOHFW Capacity for Outsourcing

To be able to act as the procurement entity and execute contracts to NGOs and CSOs, the MOHFW needs to have the necessary training and support. This section of the assessment examined through KIIs to what extent the GOB and MOHFW had experience using the public procurement system that could provide a foundation for contracting health services.

## 4. Examining Political Economy

To achieve alignment and build capacity among GOB leadership, MOHFW, NGOs, and CSOs, it was necessary to review the political economy of the health care sector to better understand how health care intersects with social, political, and economic factors in Bangladesh. This section examined the political barriers and enabling factors to contracting health services, and assessed the power, interest, and position of different stakeholders with regards to contracting. Understanding the different dynamics among stakeholders will help the leading entities in any country better target their communication to garner widespread support needed for implementation.

Based on the findings from the assessment report, the HEU and NTP—in collaboration with HS4TB—developed a series of actionable recommendations for next steps to be able to establish government-led contracting of TB services. Box 2 displays a sample of these recommendations that should be pursued to achieve the goals stipulated in the roadmap (continued in next section). The assessment report, with a full list of recommendations and the tools used during development, can be found on the HEU website.

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|-------------------------|---|
| <b>Recommendation 1</b> | The HEU at the MOHFW and the NTP should conduct a detailed analysis to support the decision-making process for which TB services to contract and where, including fiscal space projections with scenarios for decreased donor funding, and the strengths and experiences of the government and NGO sectors relative to TB clinical and non-clinical services.   |
| <b>Recommendation 2</b> | In collaboration with the NTP, the HEU should develop a set of advocacy materials on the rationale and expected benefits of contracting of health services, in general, and of clinical and non-clinical TB services specifically, including policy briefs targeting different levels of the government.  |
| <b>Recommendation 3</b> | The HEU, with DGHS, conducts advocacy and sensitization meetings, seminars, conferences, networking, and strategic engagement on contracting health services across key stakeholders and change agents in the MOHFW, MOF, MOP, NGOs, CSOs, and professional associations.   |
| <b>Recommendation 4</b> | The HEU develops and obtains high-level endorsement from the MOHFW on a position paper that demonstrates the clear commitment of the GOB to pursue outsourcing and social contracting of selected health services and link this reform to key national priorities laid out in the eighth Five-Year Plan (2020–2025).  |
| <b>Recommendation 5</b> | In collaboration with the CPTU, the HEU should propose specific amendments to the legal and regulatory framework—including the PPA 2006, PPR 2008, and Delegation of Financial Powers—to incorporate the necessary provisions for contracting health services to CSOs, NGOs, and the private sector. They include:<br>(1) amendments to allow NGOs and CSOs to be tenderers in the government procurement processes;<br>(2) amending the qualifications and/or creating new qualifications for being a tenderer that are more appropriate and in line with NGO and CSO business models; (3) including health services in the definition of physical services; (4) creating an STD for physical services, especially health-related services; and (5) defining the authority on the procurement of physical services under the Delegation of Financial Powers. |

**Box 2. Actionable recommendations for next steps to establish government-led contracting of TB services**

## Roadmap

The roadmap is an operational plan that outlines concrete steps, roles and responsibilities, and a timeline towards introducing domestically financed contracting of TB services—thus giving more power and control to the GOB to steward the national TB response. The purpose of the document is to detail a pathway for stakeholders to further develop the evidence base and engage organizations, coalitions, and champions to support advocacy efforts to establish the legal framework, secure financing, refine systems, and develop capacity for government-led contracting. It builds on the recommendations from the assessment report and aims to create accountability by providing action steps (beyond the recommendations), responsibilities, and timelines for different government and non-governmental actors. It will support the NTP and HEU to monitor progress towards making government-led contracting to NGOs and CSOs a reality for the health sector, including for the TB program. The development of a roadmap is an essential step towards establishing government-led contracting of TB services as it provides an actionable plan for multisectoral engagement to address bottlenecks and establish new systems and capacities.

The roadmap contains six main sections: 1) background; 2) purpose; 3) summary of the assessment report findings; 4) roadmap vision and objectives; 5) pillar descriptions; and 6) an action plan. The background section provides context and rationale behind the initiative to establish contracting of TB services through the public procurement system and provides readers with the reason for the development of the roadmap. The purpose section explains the role the document aims to play. The roadmap also includes a summary of the assessment report findings to provide additional context and explanation for the choice of the objectives and pillars that align directly with the assessment report findings. The roadmap's vision and objectives provide the foundation for how performance and implementation will be measured. The strategic pillars of the roadmap directly align with the objectives and the recommendations from the assessment report (box 3). This clear link helps policy and decision-makers see the connections between challenges and proposed solutions. The pillar descriptions describe the main activities to achieve the related objectives. Lastly, the action plan details the activities in a table to present the activity, expected outputs, responsible party, and engaged partners. It offers concrete guidance to facilitate implementation as it can be used to engage various stakeholders and monitor progress towards the objectives. It is also structured in a way that links directly to the recommendations in the assessment report and holds its implementers responsible for conducting responsive, evidence-based activities.

### Roadmap Vision

The MOHFW, including the NTP specifically, uses Contracting as a key strategy to ensure universal coverage of cost-effective and quality TB services to achieve national TB goals.

### Roadmap Objectives

The roadmap was developed to implement the recommendations of the assessment report in order to achieve the following specific objectives:

- Contracting of selected TB control services to NGOs/CSOs/private entities with domestic funding is included in the next HPNSDP and FY2024-2025 and subsequent operational plans that include the NTP and/or the HEU.
- The PPA, PPR, and related regulations are revised to enable MOHFW to procure TB and other health services through the public procurement system and for NGOs and CSOs to participate in the public procurement system.
- Required government resources are mobilized, following the recommendation in the operational plan, to fund an agreed-upon package of TB services to be provided by government-contracted NGOs/CSOs/private entities.
- The organization and management capacity of the NTP is strengthened to manage the complete contracting process.
- The capacity of potential non-governmental TB service providers (NGOs, CSOs, private sector organizations) is developed to effectively participate in the public procurement process and execute government-led contracts to provide a package of TB services.

### Roadmap Pillars to Achieve the Objectives

Building from the recommendations outlined in the assessment report, the roadmap is organized by five pillars:

- Pillar 1: Advocacy and strategic communication for policy reform
- Pillar 2: Legal, regulatory, and policy reforms to enable contracting for TB using domestic funding
- Pillar 3: Capacity development and stewardship of government agencies (NTP, HEU, CPTU, etc.) to manage, implement, and monitor contracting of TB services
- Pillar 4: Capacity development of prospective NGOs/CSOs/private sector organizations on effective contracting management, implementation, and monitoring
- Pillar 5: Pilot and scale contracting of TB services

### Box 3. The strategic pillars of the roadmap

## Stakeholder Engagement Plan

Although not public-facing, the SEP is a critical document to ensure optimum involvement of relevant stakeholders to support the implementation of the roadmap and action plan on contracting of TB services. It identifies key stakeholders and provides targeted guidance for how to engage them, as well as an outline of the GOB budget process. It also includes an action plan that recommends the best information, messages, and modes and frequency of communication to gain their support and encourage active participation in fulfilling their role in the initiative. As previously mentioned, targeted stakeholder engagement is particularly important in a political and economic environment such as Bangladesh where contracting to the private sector can be sensitive and there are negative misconceptions. Developing an SEP helps guide the stewards (HEU and NTP) in how best to approach each stakeholder given their role in helping to establish government-led contracting of TB services; their level of influence, power, and knowledge; and how they prefer to be contacted. The outline for the SEP development was guided by globally recognized best practices for communication and advocacy-related plans including Advance Family Planning's SMART Advocacy approach.<sup>2</sup>

The document is organized into eight main sections: 1) introduction; 2) methods; 3) purpose; 4) objectives; 5) engagement messages; 6) stakeholder identification; 7) considerations for modes of stakeholder engagement; and 8) action plan. The introductory sections provide the background and rationale for the document, how the document was developed, and its purpose. The SEP also includes specific objectives connected to each pillar of the roadmap, though with a focus on the first pillar on advocacy and communication to secure government buy-in for contracting. Overall, political will is the primary factor in determining whether proposed legal and regulatory amendments are passed and if domestic funding is allocated to support contracting of TB services in the future.

When engaging stakeholders, it is important to consider the political economy and relationships between different actors to determine not only the message to convey but who should be the communicator. In many cases, the NTP is not going to be best placed politically to convey messages to senior level policy makers—

making it even more important to engage and garner strong support for contracting within the MOHFW and its leadership before expanding to other relevant agencies. Given the nature of the reform, a diverse set of stakeholders needs to be involved, including but not limited to government and MOH leadership; MOH planning department; Ministry of Finance (MOF); Ministry of Planning (MOP); Ministry of Law, Justice and Parliamentary Affairs (MOLJPA); NGO regulatory bodies; professional associations; the media; development partners; and NGOs/CSOs/private sector entities.

In Bangladesh, the MOP governs procurement law while the MOLJPA reviews and approves laws and regulations, making them both critical partners in the amendment of the legal/regulatory framework for procurement. In Bangladesh and many countries, the planning department within the MOH—in collaboration with the department of finance—are responsible for developing and submitting the proposed budget to the MOF who reviews, revises, and approves. These entities are therefore important stakeholders in the pursuit of sustainable domestic funding for contracting.

## Challenges and Solutions

One of the main challenges during the development process of each document has been dispelling negative misconceptions and concerns about the intended results of contracting TB services to NGOs/CSOs and private entities. In Bangladesh, health services have historically been understood as a government responsibility that should be administered directly, even though UHC has not yet been achieved. Some stakeholders were concerned that this initiative would reduce the role of the government in the TB response and give more power to the private sector. Others expressed concern that this was attempting to accelerate the transition away from the use of external financial resources for the TB response, with potentially negative implications for individuals funded by development partners. With frequent changes in NTP leadership, these externally funded staff hold more institutional knowledge and influence in the MOHFW, so changing their perceptions of government-led contracting was important to be able to move forward with government ownership.

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<sup>2</sup> <https://smartadvocacy.org/>

As these concerns were raised in the TWG, steering committee, or informal side meetings, it was essential for the HEU and NTP to address them head-on to retain stakeholder buy-in and support. Proactive conversations with the NTP helped stakeholders come to a common understanding. For example, it was clarified that government-led contracting would actually strengthen the government's stewardship of the TB response, not reduce its role, and that establishing effective contracting would start small and take many years and multiple contracting cycles, and thus would not in any way hasten the decline in donor funding of the TB response. HS4TB also helped the HEU develop a list of frequently asked questions and answers about contracting to clearly explain the purpose, benefits, and expected outcomes of contracting that were shared with the steering committee and TWG. These communication messages were included in the SEP.

The team also faced challenges during the development of the strategic documents due to timing issues and staff changes. During the development of the roadmap, the HEU and NTP directors—who had been involved in the assessment—retired and new directors joined each unit. To avoid a potential setback in the progress that had been made to outline a path forward for establishing government-led contracting, HS4TB engaged the new directors quickly to introduce and sensitize them to the initiative and requested their input and leadership. Strong support and participation are needed from the HEU and NTP leadership to steward the initiative, so rapid and effective engagement of new staff was helpful to ensure the way forward.

Leading country actors should plan for the time required for political validation of documents. Each country's government has its own process for the formal validation and publication of documents, so the timeline will vary. In Bangladesh, this validation process often means official sign-off from the directors of the leading government units (e.g., HEU and NTP) and the development of forewords and/or messages signed by senior government officials for inclusion in the strategic documents, which can take two to three months depending on availability. Overall, development of larger strategic documents such as the assessment report and roadmap can take six to nine months, while the development of more internal working documents like the SEP can take three to four months.

## Lessons Learned

Five key lessons emerged from the development of the assessment report, roadmap, and SEP that will be valuable as Bangladesh and countries in similar contexts start and/or continue along their path towards establishing government-led contracting of health services:

1. It is essential to understand a country's political economy and power dynamics to inform how to frame contracting, approach stakeholders, and garner active participation and support. In Bangladesh and many other countries, it is important to the government that they are seen as the leader of the health sector and have power and control over the national response. Understanding the reasons why some stakeholders felt uncomfortable or unsupportive in discussions about contracting TB services was important for the HEU, NTP, and HS4TB team to help develop responsive messaging to correct misconceptions and garner support. For example, the term "outsourcing" carried the connotation for some stakeholders that the government was giving up their control by contracting services to NGOs, CSOs, and private sector entities. In discussion with the TWG and steering committee, it was decided that only the term "contracting" would be used moving forward to avoid the connotations around "outsourcing." Stakeholders were also more supportive of contracting when discussions highlighted: a) that TB contracting was already happening, but with donor rather than government funds; and b) that government-led contracting would give government more ability to steer the entirety of the national TB response. Deliberate efforts to understand the political economy led the HS4TB team to shift how they talked about government contracting. Using language that resonates with the target audience has proven effective in rallying support for contracting of TB services in Bangladesh, which is essential to any policy process.
2. As political will is the single most important aspect of determining whether policy reform will be successful, the government must lead and have ownership over the initiative for it to advance. In Bangladesh, it is critical for the HEU and NTP to be the stewards of the process to establish



government-led contracting of TB services and feel empowered to bring the initiative to the higher levels of the MOHFW and government. Frequent and consistent formal and informal communication among HS4TB, the HEU, and NTP has helped ensure alignment around the key challenges, opportunities, and strategies. Staffing changes within government can be disruptive and immediate action is needed to engage and sensitize incoming staff to the issue at hand to facilitate continuation instead of rejection of an initiative such as this. When new directors were appointed within the HEU and NTP, HS4TB immediately met with them to discuss government-led contracting and what progress had already been made, planned next steps, and requested their input and leadership. This has led to strong engagement and leadership from the HEU and NTP.

3. Multisectoral stakeholder engagement is essential for fostering a common understanding and garnering the support needed for policy reform. The engagement of the TWG and steering committee was essential in soliciting input and feedback from the MOHFW, MOF, MOP, and MOLJPA as and when necessary, securing their support, and ensuring agreement on the way forward. However, it also became clear that targeted engagement with non-health government ministries and entities and NGOs was critical to carry out the necessary policy reform. NGOs and CSOs will need to be engaged for training on the government's procurement system in preparation for future contracting. Given the multisectoral nature of establishing government-led contracting of health services, the assessment report and roadmap will be disseminated to a diverse set of stakeholders to initiate their active engagement in this reform process.
4. To establish evidence-based, government-led contracting, it was important to understand the legal and regulatory barriers as well as the past and current operating landscape for contracting health services to inform the appropriate path forward. The legal and regulatory review during the assessment provided concrete evidence to the government that not only was there no straightforward legal pathway for contracting health services to NGOs and CSOs, but also there were specific laws, regulations, policies, and guidelines

that needed to be adjusted. The examination of the past and current experiences of contracting health services and of the respective NGO/CSO and government capacities provided a clear foundation to determine the experience that could be built upon. As part of this process, the government required complementary inputs on both technical issues and political strategy (including consultants with high level government and health policy experience), and on both regulatory details and organizational and procedural realities. An evidence-informed process allowed the government to develop an actionable path forward that demands accountability, without which the initiative could easily lose momentum and be discarded from the political agenda.

5. Government-led contracting is one mechanism to support the sustainability of the health sector as development partner financing declines, so it is important that development partners are aligned, and that they encourage the country government to pursue this approach. Alignment across multiple development partners involved in health service-related procurement (USAID, GFATM, World Bank, Asian Development Bank, etc.) helps to communicate a common message to the government about the importance of government-led contracting, thus promoting synergy and buy-in, and ensuring efforts to support the government are complementary.

## Conclusion

Government-led health care contracting, including contracting of TB services, is a powerful tool allowing the GOB to leverage the complementary strengths of the private sector and improve the sustainability of the health sector response by decreasing reliance on external funding and support. Contracting is a complex initiative that requires an evidence-based participatory approach with multisectoral stakeholders. To determine the appropriate path forward, it is important to first conduct an assessment and examine the political economy of the health care sector, the past and current landscape of contracting, and capacity across the government and NGOs/CSOs. This evidence-based approach is needed to inform the development of a roadmap or other document that provides guidance to the government on the specific strategies and actions

needed to establish contracting—from legal, political, and capacity-driven perspectives. In addition, given the sensitivities around contracting, development of an SEP or communication and advocacy plan can help identify specific messaging and modes of communication to engage each stakeholder and solicit their support and active participation. Understanding the political economy helps drive the development of responsive messaging that will resonate with each stakeholder. Developing these strategic documents through an inclusive and participatory approach under government leadership will lead to stronger stewardship and ownership of the initiative that is essential for successful policy reform. Other countries interested in establishing health services contracting can learn from the experiences and process in Bangladesh to inform their own efforts.

For Bangladesh, this process of assessing the landscape, mapping a path forward, and identifying communication strategies in the development of the assessment report, roadmap, and SEP is just the beginning. The policy reform process to establish government-led contracting of health and TB services will take years, but these strategic documents will help the MOHFW oversee and monitor progress, take necessary action, and motivate other responsible parties to act. Fostering a common understanding of and support for contracting will continue to be critical for ensuring success. Creating alignment at the highest levels of the GOB will be a key determinant in engaging other stakeholders and maintaining support throughout the process of procurement reform.