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Introducing Public Procurement of TB Services through Contracting in Bangladesh

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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

Bangladesh has made significant progress in its tuberculosis (TB) control program—increasing TB case detection and treatment completion and reducing mortality—through government leadership to leverage the combined strengths of national and local governments and nongovernmental and civil society organizations (NGOs/CSOs). However, Bangladesh remains a high TB burden country, and accelerated efforts are needed to reach national goals (box 1). In addition, the national TB response relies heavily on activities led by national and local-level NGOs/CSOs that are financed and contracted by development partners. As Bangladesh’s economy grows and the country transitions away from external funding, the government will need to contract with NGOs/CSOs to continue to leverage their complementary contribution to the TB response.

Box 1. Bangladesh TB context

(Source: NSP 2021–2025 and WHO TB Database)

- Ranking among high burden countries: 7th
- Incidence: 218/100,000 population (360,000 cases per year)
- Mortality: 7/100,000 population (44,000 deaths per year)
- Targets for 2035:
 - 95% reduction in TB deaths
 - 90% reduction in TB incidence rate
 - No affected families facing catastrophic costs due to TB

The Challenge

Achieving the government’s TB targets will require concerted effort and outreach by multiple types of health system actors. The TB National Strategic Plan (2021–2025) notes that external sources are expected to contribute 25% of the total planned budget in the coming years, and there is still a 39% funding gap.¹

Apart from the substantial and increasing government contribution, the national TB response is largely funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), whose support will decrease as Bangladesh’s economy grows. A major part of the GFATM’s funding is spent on contracting TB control and prevention services to NGOs, with contracts that follow GFATM’s policies and procedures. Twenty-six NGOs are working across the country to support the national response in TB case detection, diagnosis, and treatment. The Government of Bangladesh remains the overall steward of the national TB response but does not have a mechanism to contract health services, including TB services, to NGOs through the public procurement system. This puts the government in a less powerful position to guide the response and leaves the TB program in a challenging situation as the country transitions away from external financing.

The Solution

Contracting with nongovernment entities is one essential approach to improve the coverage and sustainability of TB and other priority health care services as Bangladesh moves toward universal health coverage. It is also a critical tool in health governance and leadership more generally, allowing the government to harness, direct, and harmonize the contributions of a wide variety of health organizations and providers. In national policy documents such as the eighth Five-Year Plan (2020–2025), Perspective Plan (2021–2041), and Health Care Financing Strategy (2012–2032), the government has committed to strengthening government stewardship and complementary contributions by NGOs/CSOs and the private sector. However, an explicit strategy for implementing these policy directives is still needed.

Based on an assessment report produced by the Health Economics Unit (HEU) and National TB Control Program (NTP) of the Ministry of Health and Family Welfare (MOHFW), the HEU and NTP are developing a multiyear roadmap to detail the steps needed to establish government-led contracting. The following actions are essential for the

¹ WHO TB Database. 2021. Geneva. <https://www.who.int/teams/global-tuberculosis-programme/data>

government to contract with NGOs/CSOs to provide health services and thus maximize its power and control to govern the national TB response and ensure sustainability:

1. Secure government commitment to contracting TB services

- MOHFW to develop a position paper on government-led contracting of health services, including TB
- Next Sector Program Preparation Team to include contracting in the next sector program

2. Increase government funding for TB to gradually replace GFATM's contribution and cover existing funding gaps

- MOHFW to cost the financial needs and estimate the resources available to introduce and scale contracting of TB services and prepare a specific budget proposal for the Ministry of Finance (MOF)
- MOHFW to conduct targeted advocacy with government stakeholders (e.g., Parliamentary Standing Committee on MOHFW, MOF, National Board of Revenue) to secure long-term funding

3. Revise the government procurement act, rules, and policies to enable contracting of selected TB services to NGOs/CSOs through the public procurement process

- NTP/HEU to develop a plan for addressing the legal/regulatory barriers to contracting and start drafting revisions to the Public Procurement Act (2006) and Public Procurement Rules (2008) that govern the public procurement system to facilitate contracting of health services (these revisions will require review and approval from the MOHFW, Central Procurement Technical Unit [CPTU]/Ministry of Planning [MOP], and Ministry of Law, Justice and Parliamentary Affairs)
- MOHFW to sensitize MOP and CPTU to the need for contracting and to discuss with them the specific changes needed to the rules and regulations

4. Develop capacity of government and NGO/CSO actors to manage and execute contracts

- Government to establish a new procurement unit to support health service-related contracting
- Directors of the HEU and NTP to develop a contracting-related training plan, update existing training materials, and conduct the necessary trainings
- NTP/HEU to engage and sensitize NGOs/CSOs on the initiative to introduce government-led outsourcing/social contracting of health services, including TB
- NTP/HEU to develop a design for a pilot of outsourcing/social contracting of TB services to build capacity and test systems before scaling nationally