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Expert consultation on government-led contracting. Photo credit: HS4TB

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

## Contact Information

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## Background

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).

Contracting allows the government to take advantage of the complementary strengths of non-governmental actors, and to improve efficiency and strengthen accountability through active performance management. Bangladesh's National TB Control Program (NTP) depends on complementary services provided by both government staff and NGOs/CSOs to reach national goals. However, a significant proportion of the TB funding for NGOs/CSOs comes from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM). External funding will decline as Bangladesh's economy grows, leaving the national TB response vulnerable.

The Government of Bangladesh (GOB) does not currently have a legal framework to contract NGOs/CSOs to provide health services, and 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 almost no experience contracting health services to NGOs and CSOs, who therefore have limited opportunities to participate and gain experience in working through the public procurement system.

In response, the USAID-funded Health Systems for Tuberculosis (HS4TB) project is supporting the GOB—namely the Health Economics Unit (HEU) and NTP of the Ministry of Health and Family Welfare (MOHFW)—to develop and implement a plan to facilitate government-led contracting of health services, particularly for TB. This brief describes the approach the GOB is taking to improve the sustainability of the TB program by initiating contracting of selected TB services, and lessons learned to inform action in other countries.

## Bangladesh's Approach

In Bangladesh, contracting health services is politically sensitive, so it was important to employ a gradual, stepwise approach that was inclusive and participatory to maintain government ownership and ensure stakeholder buy-in. The HEU and NTP established a

steering committee and a technical working group to guide and plan the establishment of government-led contracting of TB services. These two groups, the HEU, and the NTP—with support from HS4TB—then developed two strategic documents to identify the pathway to establish government-led contracting: an assessment report and a roadmap and action plan.

The [assessment report](#) explored: 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 MOHFW for contracting; and 4) political economy considerations and potential political barriers to contracting. Building on these findings, the HEU and NTP drafted a roadmap detailing a pathway for stakeholders to secure political buy-in and government financing, reform the legal framework, and develop capacity for government-led contracting. Both of these strategic documents show links and iterative steps between current challenges and proposed solutions.

## Lessons Learned

Five key lessons emerged from the development of the assessment report and roadmap 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, foster a common understanding, and garner active participation and support. Stakeholders were 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.
2. The government needs to lead and have ownership over the initiative for it to advance, and deliberate efforts are needed to bridge changes in leadership at key government units.
3. Multisectoral stakeholder engagement is essential since procurement-related reforms involve many non-health sector stakeholders.

4. Establishing government-led contracting requires an evidence-informed participatory process, and complementary inputs on technical issues (such as the legal and regulatory barriers), political strategy, and organizational and procedural realities (e.g., the operating landscape for contracting health services).
5. Alignment among development partners is important to ensure complementary and not competing efforts and to send a common message to support the government on this path.

## Conclusion

Contracting is an essential strategy to ensure the long-term sustainability and efficiency of Bangladesh's TB response and other health care programs, especially as external funding declines. Developing the assessment report and roadmap through an inclusive process has built capacity, ensured stakeholder buy-in, and charted an actionable path forward towards government-led contracting of health services. Navigating the political economy and reforming current legal frameworks will take time but will provide the GOB with the option to engage NGOs/CSOs to support the national TB response.