**Exploring Urban Health Inequities and Financing Challenges:**

**A Study in Sylhet, Bangladesh**

**Presented by:**

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1. **Abstract:**

In Sylhet, Bangladesh, urban slums are home to a population that faces notable inequalities in healthcare spending and access. Despite efforts to improve healthcare systems, Sylhet faces unique challenges such as high out-of-pocket (OOP) expenditures, underdeveloped infrastructure, and reliance on informal providers. By examining financial obstacles, the function of unofficial providers, and potential solutions for fair healthcare finance, this study seeks to evaluate these disparities. The study will aid in the creation of fair and sustainable healthcare solutions for marginalized urban communities by offering localized insights and practical suggestions.

1. **Introduction**

Sylhet, one of the most underfunded divisions in Bangladesh, experiences acute disparities in healthcare financing and access, particularly in urban slums. High dependency on OOP payments (63.3% of total health expenditure nationally) disproportionately impacts low-income households, pushing many into financial hardship and poverty​

. The region’s unique socioeconomic dynamics, combined with a lack of targeted interventions, exacerbate healthcare inequities. Despite national efforts toward UHC, Sylhet’s healthcare challenges remain underexplored, warranting a focused investigation.

1. **Background and Rationale:**

Due to a lack of public facilities, reliance on unofficial providers, and unequal access to care, Sylhet's urban districts provide unique healthcare issues. OOP expenses impact low-income urban populations disproportionately, making up 67% of healthcare finance nationwide. Despite being widely used, informal caregivers work in uncontrolled environments, which results in variable care quality. Although there is research on urban healthcare in Bangladesh, they rarely concentrate on

Sylhet, which creates a significant knowledge and solution gap.

1. **Research Gap**

Sylhet is still underrepresented in studies on health financing, even though urban health disparities are becoming more widely acknowledged. Current research mostly focuses on urban issues or rural inequalities, ignoring the distinct demographic and socioeconomic characteristics of Sylhet. In-depth research on the function of unofficial providers in Sylhet's healthcare system is also lacking. These gaps will be filled by this study, which offers evidence-based suggestions for removing financial obstacles and enhancing access to healthcare.

1. **Objectives**

* To identify financial barriers to healthcare access in urban Sylhet.
* To analyze the role of informal healthcare providers in urban slum healthcare financing.
* To develop evidence-based policy recommendations to reduce inequities in healthcare financing and access.

1. **Significance of the Research**

* **Originality and Significance**

A significant knowledge vacuum is filled by this study, which is one of the first to concentrate solely on the urban healthcare disparities in Sylhet.

It provides a thorough examination of two topics that are sometimes disregarded in more general studies: the role of informal providers and financial obstacles.

The results will offer customized treatments and localized insights, advancing scholarly discussion and policy formation.

* **Advancing Current Knowledge**

The research challenges existing assumptions about urban healthcare systems by focusing on a region with unique socio-economic and demographic characteristics.

It builds on existing studies by integrating financial equity and informal provider dynamics into the urban healthcare narrative.

Findings will develop new models for financing and regulating healthcare in underserved urban areas.

* **Importance of the Research**

Systemic imbalances put the inhabitants of Bangladesh's rapidly growing urban slums at disproportionate risk for health problems.

The results of this study will give policymakers useful information to create measures that will lessen financial hardship and increase access to healthcare.

Understandings from Sylhet can help develop more comprehensive plans for other marginalized cities in Bangladesh and other situations around the world.

1. **Research Questions**

* In the urban slums of Sylhet, what are the main financial obstacles to accessing healthcare?
* How do Sylhet's informal providers affect the dynamics of healthcare financing and utilization?
* What changes may be made to the urban healthcare system in Sylhet to alleviate systemic and financial disparities?

1. **Methodology**
   1. **Study Design**

Mixed-methods approach to capture quantitative data on healthcare expenditures and qualitative insights into healthcare dynamics.

* 1. **Study Area**

Urban slums and underserved communities in Sylhet City Corporation.

* 1. **Data Collection**
* **Quantitative Data:**

Household surveys targeting 500 households in selected urban slums.

Focus on healthcare expenditures, service utilization, and financial barriers.

* **Qualitative Data:**

In-depth interviews with informal providers, community leaders, and policymakers.

Focus group discussions with urban slum residents to explore perceptions of healthcare financing.

* 1. **Data Analysis**
* **Quantitative:**

Descriptive statistics to identify trends in OOP expenditures and healthcare inequities.

Regression analysis to explore determinants of financial barriers.

* **Qualitative:**

Thematic analysis to capture stakeholder perspectives and community narratives.

1. **Research Design**
   1. **Specific Approach**

The study follows an explanatory sequential design, where quantitative data guides the qualitative phase for a comprehensive understanding

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* 1. **Site Selection**

Urban slums in Sylhet City Corporation are chosen due to their documented healthcare inequities and low public health spending.

* 1. **Data Collection and Instruments**
     + **Quantitative:**

Survey questionnaires capturing socioeconomic and healthcare data.

* + - **Qualitative:**

Semi-structured interview and FGD guides tailored to explore issues identified during the quantitative phase.

* 1. **Ethical Considerations**

Obtain ethical approval from an institutional review board.

Secure informed consent and ensure confidentiality of participants.

* 1. **Data Analysis**

Quantitative data will be analyzed using descriptive and regression analysis.

Qualitative data will be transcribed, coded, and analyzed thematically to provide narrative insights.

* 1. **Challenges and Mitigation**

**Challenge:** Difficulty accessing urban slum populations.

**Mitigation**: Collaborate with NGO field workers or local healthcare volunteers for facilitation.

**Challenge:** Potential biases in self-reported data.

**Mitigation:** Triangulate survey responses with qualitative findings and secondary data.

1. **Expected Outcomes**

A thorough comprehension of financial obstacles and healthcare disparities in metropolitan Sylhet.

insights into the function and effects of unofficial healthcare practitioners in metropolitan areas.

recommendations for evidence-based policies that try to improve access to healthcare and lessen financial hardship.

1. **Policy Implications**

* Proposals for regulating and integrating informal providers into formal healthcare systems.
* Development of financing mechanisms to reduce OOP expenditures in urban slums.
* Strategies to enhance healthcare access and equity for underserved urban populations

1. **Proposed Timeline**

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| Phase | Activity | Duration |
| Literature Review  Data collection | Comprehensive review of existing studies  Surveys, interviews, and FGDs | 1 month  2 months |
| Data analysis | Quantitative and qualitative analysis | 1 month |
| Report writing | Drafting and finalizing report | 1 month |

1. **References**

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