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Title: Different Aspects of Health Financing of COVID 19 Response

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Bangladesh Health Watch (BHW) carried out a rapid review with an aim to inform policymakers and civil society organisations on strategic priorities for the health sector investments during the COVID-19 and post pandemic situation.

Data had been collected over the period of 16th April to 5th May, 2020 from three different sources: desk review, key informant interviews and collection of allocation statements from non-governmental organisations.

Key findings of the rapid review are:

- Historically, health sector received less priority in budgetary allocation in Bangladesh. Despite the high annual economic growth of more than 7% in recent years, government's budget for health as a share of Gross Domestic product (GDP) remained less than 1% (0.9% of GDP in FY2019). This was considerably lower than the targets stipulated in the 7th Five Year Plan (1.12%) and WHO benchmark (5%). We recommended that Budget allocation for health sector should be 3 – 4 percent of GDP. Given the absorptive capacity of the ministry, we proposed to allocate around 2% of GDP in health sector in FY 2020/21, and gradually increase budget over five years to reach the expected level. However, despite COVID-19 crisis, the health sector still remained neglected as a national priority. In the budget for FY 2020/21, the allocation to health sector (which includes 13 ministries as per Budget Speech) is 1.02% of GDP, and Ministry of Health and Family Welfare (MOHFW) is allocated 5.1% of the total national budget.
- Out of the 18 stimulus packages announced (BDT 1,01,117 crore, 3.6% of GDP) to support export sector, agriculture and expansion of safety net programs, the stimulus package for health (BDT 850 crore) represents 0.08% of the total stimulus package announced. This is not sufficient for the health sector. Ensuring transparency in case of managing stimulus package, and tracking the distributive aspects are crucial while implementing the budget.
- The existing financial rules and procurement procedures of government and development partners, and inadequate capacity within Ministry of Health and Family Welfare (MOHFW) also delayed the utilisation of available fund. System should be in place for improved transparency and accountability of the health systems to safeguard against corruption during emergency. Improved access to information is important, for example, the terms and condition associated with loans received from development partners, criteria for selecting the COVID-19 hospitals at the beginning of the pandemic.
- A number of investments had already been done without proper exit plan, for example, 5000 bed hospital in Bashundhara City, and turning the vacant buildings/floors (e.g. city corporation market) into hospitals. There needs to be a clear exit plan about what would be done with the fund, equipment and materials once the pandemic is over.

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- Inter-ministerial coordination was needed to a greater extent, which had not happened in many instances. There was a shortage of lab technicians within MOHFW, and it was much later when the trained lab technicians from urban primary health care had been used for COVID-19 testing. Though government and donor consortium are trying to work together as much as possible, there is still room for better coordination.
- The current allocation to the health sector only addresses short term, immediate need with less attention on long-term, sustainable investments for comprehensive COVID-19 management. Resource allocation should be based on comprehensive need assessment and an execution plan. MOHFW needs to assess the need of staff, supply of medical equipment, and training need at district and sub-district level to provide the COVID-19 care and the regular health care. Investment for capacity development of Institute of Epidemiology, Disease Control and Research (IEDCR) is also important.
- Limited allocation had been made for preventive measures including cleanliness, hand washing, medicine, mask and gloves, for general people. Public health needs should be prioritised, and health budget should be prepared from public health perspective. Waste management, hygiene and cleanliness need attention and additional investment. Community engagement is required to make people aware about the risk and follow social distancing and other hygiene and cleanliness measures.
- During the crisis, general service provision, such as TB treatment, immunization, family planning services have been hampered, which also needs special attention in next budget.
 - Decentralised decision making, service delivery and financial autonomy is required for containing such pandemic.

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