BANGLADESH HEALTH WATCH

BRAC JAMES P GRANT SCHOOL OF PUBLIC HEALTH

SECRETARIAT:
BRAC James P Grant School of Public Health, BRAC University
68 Shahid Tajuddin Ahmed Sharani, 5th Floor (Level - 6), icddr,b Building, Mohakhali, Dhaka 1212, Bangladesh
Phone: 880-2-9827501-4, Fax: 880-2-58810383, Email: bhw@bracu.ac.bd
Web: www.bangladeshhealthwatch.org

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LIST OF ABBREVIATIONS

BCC	Behaviour Change Communication
BHW	Bangladesh Health Watch
DGHS	Directorate General of Health Services
FYP	Five Year Plan
GDP	Gross Domestic Product
GOB	Government of Bangladesh
MoHFW	Ministry of Health and Family Welfare
MoLGRD	Ministry of Local Government, Rural Development
MoWCA	Ministry of Women and Children Affairs
NGO	Non-Governmental Organisation
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
UHC	Universal Health Coverage
UN	United Nations
WB	World Bank

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EXECUTIVE SUMMARY

COVID-19 pandemic has challenged the health systems in Bangladesh with inadequate structural and human resources. MOHFW will require additional resources for combatting existing situation and also post pandemic, for health systems to go back to its pre-pandemic status where it can give services to other illnesses- creating in effect a double burden on the health sector. This year, given the COVID-19 related emergency, Bangladesh Health Watch (BHW) carried out the rapid review to assess the budgetary allocation in the health sector (including water and sanitation) on COVID-19 response by the government, private (for profit and not-for profit) organizations and development partners in terms of equity, transparency/corruption, efficiency and effectiveness. 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

- During the current health and as well as economic crisis, the total stimulus package declared is 3.6% of Gross Domestic Product. It is not adequate with respect to the need, and particularly not at all sufficient for the health sector. During this COVID-19 crisis, the health sector still remained neglected as a national priority. The total stimulus package for health (BDT 850 crore) represents 0.08% of the total stimulus package announced.

- MOHFW and many development partners have tried to mobilize unused fund from some other works and also from the contingency fund to help tackling the pandemic. However, Bangladesh was late reactive in terms of taking action, and in many cases Bangladesh acted like 'firefighting' and 'ad-hoc basis'. This led to delay in resources use. Though the World Bank (WB) allocated USD 100 million within two weeks, the financial rules and procurement procedures of Ministry of Health and Family Welfare (MOHFW) and the WB delayed the utilisation of resources.

- Government needs to mobilise resources to provide incentives to health professionals, as announced under the stimulus packages. The next year's budget of the MOHFW needs to include the required resources under Operational Plan.

- Disruption in the supply chain caused increased price of supplies and logistics at initial stage. Countries started competing with the same supply sources resulting increase in price in addition with difficulty to secure supply.

- The current allocation for health sector focuses mainly on equipment, infrastructure development, incentives and insurance for health workers. However, it does not have any allocation for cleanliness, hand washing, medicine, mask and gloves, for general people.

- Implementation of the budget is more important where ensuring transparency in case of managing stimulus package, and tracking the distributive aspects are crucial.

Lessons Learnt

- An overall rethinking is required for repositioning and prioritising the health sector in our development agenda besides expanding the budgetary allocation for health. Health is not only a sectoral agenda, rather health needs to be considered as a strategic agenda intertwined with many other sectors such as Ministry of Local Government, Rural Development and Cooperatives, Ministry of Women and Children Affairs; Ministry of Religious Affairs; Ministry of Social Welfare.

- Public health needs to be prioritised many times more than the current level, not in just of increasing the budgetary allocation. Health budget should always be prepared from public health point of view. Hence, waste management, hygiene and cleanliness need attention and additional investment. Government needs to stress upon the strategic plan about increasing the public awareness, and use a 'whole-society' approach to tackle the pandemic. Community engagement is required to make people aware about the risk and follow social distancing and other hygiene and cleanliness measures.

- The health system needs to be prepared to manage COVID-19 cases while the regular health care services need to be continued. In addition, adequate budget may need to be allocated for the massive vaccination programme once it is available. Government needs to delay or cut down some infrastructure development project and reallocate the money to the need of health sector.

- Government needs to allocate resources for health research. If a vaccine become available in next budget year, Bangladesh might also be involved in the trial to get the advantage of being part of its first phase. In addition, an important lesson would be “proper documentation of the situation and public dissemination”.

Recommendations

- To tackle this kind of emergency situation, it should be included in the government rules of business that fund can be allocated immediately with Prime Minister’s signature (special order) to allow taking prompt action.

- Governments need to bring public health perspective in the health care service. Government needs to strengthen the “preventive agenda” within health budget. Hygiene and awareness should get more priority in the budget. MOHFW needs to implement the preventive measures (in urban and rural area) in collaboration with local government and other ministries. In addition, urban primary health care system should get the priority.

- Government needs to consider how to decentralize the decision making and service delivery system.

- Government needs to re-consider the indicators of system preparedness and public health approach at community, sub-district, district and national levels. A rapid research needs to be done to identify the indicators which requires prompt action.

1. INTRODUCTION

1.1 Background

Since 2016, the overall economy of Bangladesh is growing at more than 7% per year leading to increasing funding in health in absolute terms. However, over the same period, government's budget for health as a share of Gross Domestic product (GDP) remained less that 1% (0.9% of GDP in FY2019) which is considerably lower than the targets stipulated in the 7th Five Year Plan (1.12%) and WHO benchmark (5%). In recent years, the budget of the Ministry of Health and Family Welfare (MOHFW) of Bangladesh as percentage of national budget remained very low, and is on continuous decline (Figure 1). In 2019/20, the budget allocated to MOHFW was 4.9% of national budget, which is one of the lowest in the South Asia region.

Figure 1: MOHFW budget as percentage of national budget (2010/11-2019/20)

Out-of-pocket health expenditure is still very high in Bangladesh (71.89% of current health expenditure in 2016) compared to global average (approximately 18.96%) and many neighbouring countries (64.58% in India, 55.44% in Nepal, 50.12% in Sri Lanka) .

Bangladesh health system is also facing a number of challenges including severe shortages of health workforce. With a total population of 162.7 million, number of registered physicians per 10,000 populations is 6.33; number of doctors working under Directorate General of Health Services (DGHS) per 10,000 populations is 1.28. Number of medical technologists working under DGHS per 10,000 populations is 0.32. Number of community and domiciliary health workers working under DGHS per 10,000 people is 2.13 . Only 28% of health facilities have all six-basic equipment, while 80% Upazila Health Complexes do not have functioning x-ray machines Many of the upgraded hospitals .

It is in the backdrop of this situation that the covid19 crisis has erupted. The recent updates, as on May 5, 2020 point to 10,929 COVID-19 positive cases and 183 deaths since the virus was first detected in the country on Mar 8 2020 . Government of Bangladesh declared the stimulus packages Tk. 95, 619 crores, nearly 3.3% of the country's GDP (see Annex A.1). Of the fresh packages, the subsidies are announced for agriculture, social protection, health, big industries and the service sector; small and medium enterprises, including cottage industries; earmarked under the Bangladesh Bank's Export Development Fund to facilitate raw materials imports under back-to-back Letter of Credit; and to facilitate the 'Pre-shipment Credit Refinance Scheme'. The national economy was already facing stress on different fronts, the novel coronavirus (COVID-19) has turned a disquieting situation. The government is also having to incur unforeseen immediate expenditures. These include expenditure for medical accessories and equipment, direct income support for the low-income groups in the informal sector and the vulnerable groups, the health insurance of providers.

COVID-19 pandemic has challenged the health systems with inadequate structural and human resources. MOHFW will require additional resources for combatting existing situation and also post pandemic, for health systems to go back to its pre-pandemic status where it can give services to other illnesses- creating in effect a double burden on the health sector.

In the original project proposal to Sida, Bangladesh Health Watch planned to carry out extensive desk review of the health sector allocations in the national budgets to identify gasp in allocation/expenditure particularly with regard to quality of care, accountability and equity and make strong recommendations for the budget planners on priority areas for investment. This year, given the COVID-19 related emergency, Bangladesh Health Watch (BHW) aimed to carry out the rapid analysis focusing on different aspects of resource allocation of government and private sectors to understand how efficiently the allocations had been made and what are the existing gaps.

1.2 Objectives

The overall objective of the review was to assess different aspects of the budgetary allocation in the health sector (including water and sanitation) on COVID-19 response by the government in terms of effectiveness, efficiency and transparency.

Specific Objectives:

1. To identify major areas of allocation and identify gaps, if any
2. To assess if allocations had been effective, efficient and transparent
3. To draw out lessons learnt and implications for the coming annual national budget

1.3 Methods

1.3.1 Scope of work

This rapid review has looked into the budgetary allocation in the health sector including water and sanitation only. Government of Bangladesh (GOB) has announced multiple budgetary allocations for promoting agriculture, industry, and other sectors, and analysing those were beyond the scope of the study. Similarly, many non-governmental organisations providing food and relief to poor and unemployed people, which has not been captured in this review.

1.3.2 Data collection methods

Data had been collected over the period of 16th April to 5th May, 2020 from three different sources:

a) Desk review: The study team reviewed recent published documents, media reports, GoB reports, allocation statements, Ministry of Finance Orders, Bangladesh Bank Orders, covering the period of 1st January- 5th May, 2020. We reviewed news and articles published in leading online newspapers, both in Bangla and English. Websites and social media posts of selected ministries, think tanks and organizations including Ministry of Finance, MOHFW, Local Government, Bangladesh Bank, Centre for Policy Dialogue (CPD), DFID, The World Bank, BRAC had been searched for relevant information.

b) Key Informant Interview: We interviewed 13 key informants to get their opinion about the research topic. The key informants included renowned economists (2), journalist (1), policy makers (1), development partners (3) and experts (6). The interviews were carried out over phone or using online platforms (Skype or Zoom). Key research questions are outlined in annex A2.

c) Collection of allocation statements from non-government organizations: We contacted a number of NGOs to collect information about their allocations on health, water and sanitation in response to COVID-19. We received information from three organisations - BRAC, Ad-din, and WaterAid. The information has been analysed to indicate the distribution of resource allocation by line items.

1.3.3 Limitations of the study

The study has several limitations. We could not carry out expenditure tracking due to unavailability of information. We also could not interview a few key policy makers from DGHS given their busy schedule during this emergency situation. However, attempts had been made to talk to a few experts and government officials to triangulate some information.

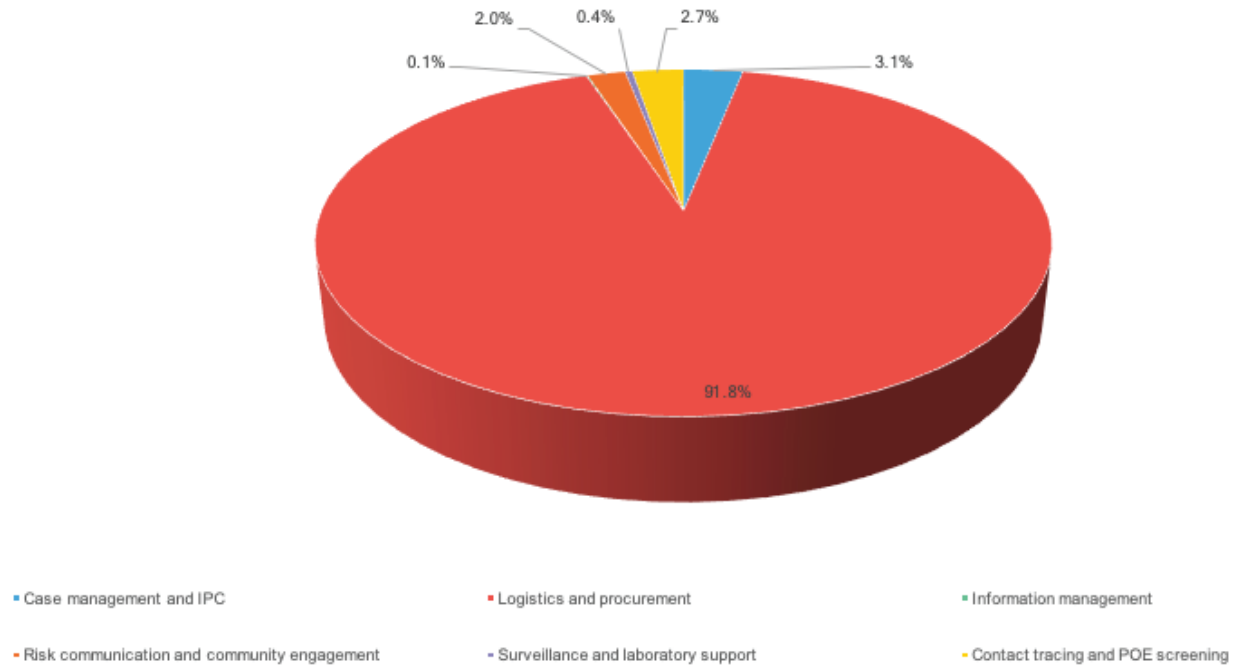
2 FINDINGS

2.1 Budgetary allocation

2.1.1 Estimates of fund requirement

Overall funding needs to implement the COVID-19 Country Preparedness and Response Plan of the MOHFW are currently estimated to be US$ 378 million . However, this may increase with the gravity of the crisis in coming days. In order to sufficiently equip and supply the health care system for the anticipated influx of severe and critical COVID-19 cases, nearly US$300 million was requested in the first call for funds, under six urgent broad thematic areas. The proportion of estimated cost for each pillar is presented in Figure 2. This suggests that 91.8% of the fund is estimated to be spent for logistics and procurement. Out of the total estimated cost for logistics and procurement (US$273 million), 41% was estimated as 'immediate need[vii]'.

Figure 2: Estimated cost of MOHFW to contain COVID-19 by pillars



2.1.2 Allocation of fund

GOB Allocation to MOHFW

To face expected increased demand for health care spending, the Finance Division of the Ministry of Finance is preparing a revised FY20 budget. Since March 11, the Finance Division has allocated an additional BDT 250 crore (about US$29 million) to the Health Services Division, Ministry of Health & Family Welfare in order to fund the COVID-19 preparedness and response plan. It is estimated that out of BDT 250 crore, around BDT 128 crore (US$15 million) will be spent for laboratory equipment, personal protective equipment, kit, and medical and surgical requisites for treating covid-19 patients. HSD started preparing plan for the remaining allocation.

Finance Division, Ministry of Finance also committed to allocate additional BDT 150 crore (USD 17.8 million) to Health Services Division (HSD), MOHFW, if required.

Initial spending

Special efforts are being given by DGHS to ensure protection of the frontline workforce. As on 5 May, the government has procured 19,30,254 PPE, 15,49,482 has been distributed and the present stock of PPE is 3,80, 772.

Box 1: On 16th April, Health Services Division notified that budget for patient's diet allocated to hospitals (code 3252104) will increase from current rate of BDT 125 per patient to BDT 300 (including tax and VAT) for Covid-19 patients only.

A free transport service for caregivers, including doctors and nurses, had been launched by HSD, MOHFW on 1st April so that they could go to hospitals faster. A number of busses and microbuses have been arranged to pick up doctors and nurses from their homes and drop them at hospitals in three shifts (See Box 2). Apart from the scheduled shuttle services, transport will also be provided to doctors and nurses in case of emergency calls within the capital. Government has also arranged alternative accommodation for the medical staffs. Bangladesh Parjatan Corporation declared on 12th April that healthcare employees treating Covid-19 patients may stay in the hotels and motels of Bangladesh Parjatan Corporation for free. The 22 hotels and motels across the country, with around 750 beds, have been prepared to host them as per government instruction.

BOX 2:On 22nd April, Health Services Division issued notice (Memo no: 85.00.00.00.139.020.008.2020-314) that BDT **48 crore 90 lac** will be allocated to pay the cost of accommodation, travel, food (BDT 500 per day per person) of health professionals, patient transport and cleaning. This includes:

- 30 District Hospitals (BDT 20 lac per DH),
- 480 Upazila Health Complexes (BDT 3 lac per UHC),
- 30 General Hospitals (BDT 30 lac per GH),
- 17 Medical College Hospitals (BDT 1 crore per MCH),
- 2 Other hospitals (BDT 10 lac per hospital)
- IEDCR (BDT 1 crore)
- Biman Bandar Health Complex (BDT 1 crore)
- Bandar Health Complex (BDT 30 lac)

On 20th April, Health Services Division issued notice (Memo no: Revised budget 2019-20/4211) that in addition to regular budgetary allocation for the FY 2019/20, a total of BDT 90,000 (against economic code 3243101) will be allocated to the Civil Surgeon office in each district for payment of petrol, oil and lubricant for proper completion of activities to contain COVID-19.

It was reported on 27th April that Directorate General of Health Services has started working to scale up its coronavirus testing capacity with a target of testing over 5,000 people daily by the first week of May. Professor Abul Kalam Azad, Director General of Directorate General of Health Services (DGHS) told that they had a plan to conduct 10,000 tests daily, however, they were initially aiming for 5,000. Currently, the country has a capacity of testing around 6,000 samples a day with the help of 30 Polymerase Chain Reaction (PCR) machines in 41 labs. More labs are gradually being added to the system.

Stimulus package for health professionals

COVID-19 brought multidimensional challenges on the economy such as the slowing down of exports and imports, slow progress of major development works and particularly the mega projects, adverse impact on service sectors including travel and tourism and small- and medium-sized enterprises, wide gap in revenue mobilisation, fall in inward flow of remittance, weak domestic demand and weak macroeconomic stability. Taking those into account, government has announced multiple stimulus packages of BDT 73,500 crores (see Annex A.1).

On April 13, 2020, the Prime Minister announced allocation of BDT 750 crore for health and life insurance of doctors, nurses, health workers; field officers; members of law enforcement agencies, armed forces, BGB; and other government employees, who are risking their lives to fight the coronavirus pandemic. If any of the above mentioned gets infected while on duty, they will get health insurance coverage worth BDT 5 lac, BDT 7 lac or BDT 10 lac as per their rank, position and grade, and the rate will increase by 5 times in case of death. In addition, BDT 100 crore has been allocated to give special allowance to government health workers dealing with coronavirus patients directly. The government will provide two months' basic salary as incentive for doctors and other health workers who are on the front line in the war against Covid-19 pandemic. The total stimulus package for health (BDT 850 crore) represents 1.15% of the total stimulus package.

Support from other GOB ministries and organisations

- The Government allocated BDT 33 crore (US$ 4 million) taka to the local government institutions of MOLGRD for the prevention of corona virus, mosquito killing and cleanliness programme. Urban health is under the jurisdiction of MOLGRDC.

- In the beginning of the outbreak Dhaka, WASA and City Corporation made some arrangements of water, soap and sanitizer for washing hand in public places and at the entry of urban slum. However, those did not run for a long time.

- In order to tackle this crisis situation, Bangladesh Public Service Commission finalised its recommendation to recruit 2,000 doctors and 5,000 nurses.

- The National Board of Revenue has suspended temporarily duties and taxes on imports of medical supplies, including protective equipment and test kits.

- Fisheries and livestock ministry started distributing 12,566 sets of PPE to healthcare professionals.

- Ministry of Science and Technology distributed 4 metric ton hand sanitizer freely to the first four specialized corona disease treatment hospitals.

Other measures

The government has initiated a process to draw a digital map to track coronavirus cases and find out areas susceptible to contamination by using mobile users' information -- a move that may help portray the real picture of a possible outbreak. Under a self-reporting method, mobile users will get a short message (SMS) from their operators and in reply they will share some of their health information. All the 16.62 crore mobile phone users in the country has started getting SMS from March 29 to make a call to *3332# free of charge. The Bangladesh Telecommunication Regulatory Commission directed the mobile operators to start sending the SMS to all users.

Table 1: Allocation of GOB at a Glance

Date	Ministry/Department	Amount in BDT	Purpose	Source of fund
11th March	Ministry of Finance to MOHFW	250 crore	Laboratory equipment, personal protective equipment, kit, and medical and surgical requisites	Ministry of Finance
13th April	Prime Minister's stimulus package	750 crore	Health and life insurance	Government Special grant
13th April	Prime Minister's stimulus package	100 crore	special allowance for government health workers	Government Special grant
22nd April	MOHFW to DH, UHC, IEDCR and others	49 crore 90 lac	Payment of accommodation, travel, food of health professionals, patient transport and cleaning	Revised budget of FY 2019-20 of MOHFW, unspent allocation under medical and surgical requisites will be re-distributed
	Ministry of Finance to MOLGRDC	33 crore	Prevention of corona virus, mosquito killing and cleanliness programme	Ministry of Finance

The above table shows that out of the US$ 378 million estimated cost of MOHFW for COVID-19 response, MOHFW secured BDT 300 crore (US$ 36 million) from MOF (BDT 250 crore) and through budget revision (BDT 50 crore). This is around 9.5% of the estimated cost.

2.1.3 Support of development partner and international organisations

Beside the Government of Bangladesh, development partners (DP), other countries and international organizations also came forward to support Bangladesh to face this crisis.

Soft loans

Ministry of Health and Family Welfare (MoHFW) has developed Bangladesh COVID-19 Emergency Response and Pandemic Preparedness Project (P173757) including Environmental and Social Commitment Plan (ESCP). MOHFW is mobilizing donor support for health sector and received commitment of BDT 850 crore (US$ 100 million) from World Bank and another BDT 850 crore (US$100 million) from Asian Development Bank (ADB) as soft loans.

On 23rd April, DGHS published Request for Proposal (RFP with closing date of 29th April) for procuring filtering face mask with respirator, surgical gloves, goggles, surgical masks, hand sanitizers, disinfectants, hand-held thermometer using the ADB fund (See Annex A.3 for full list).

Asian Infrastructure Investment Bank has also agreed to provide BDT 850 crore (USD 100 million) and currently is in the process of discussion with Economic Relations Division (ERD), MOF. However, MOHFW has not started to spend the WB and ADB funding yet (as of 5th May, 2020).

Grants

Economic Relation Division (ERD) of Ministry of Finance is exploring all possible resources after regular meeting with Development Partners (DPs) consortium and UN agencies. In health sector DPs including WHO and UNICEF provides technical support in decision making process.

WHO received US$ 1million for the COVID-19 response in Bangladesh from global appeal (USAID and BMGF). Additionally, through local resource mobilization, WHO Bangladesh raised US$ 250,000 from DFID. DFID has agreed to support USD 3 million and USD 1 million for COVID-19 response at the national level and in Cox's Bazar respectively (Hossain and Huque, 2020). DFID have distributed 58,000 Personal Protective Equipment (PPE) and 1000 testing kit. Given the shortage of human resources at the Coordination Cell at DGHS, DFID supported them through providing 4 consultants, who contributed in developing the training guideline.

MOHFW is also discussing with DPs for a few other funding opportunities:

- One Bank (AIIB) from Beijing committed to provide USD 100 million.
- EXIM Bank of Korea will also provide roughly USD 100 million.
- Islamic Trade and Finance Corporation may provide USD 30 – 50 million

Table 2: Funding commitment of DPs at a Glance

Date	DP	Amount	Type of support	Status
1	The WB	US$ 100 million	Soft loans to MOHFW	Confirmed but fund not released till 5th May
2	ADB	US$ 100 million	Soft loans to MOHFW	Confirmed but fund not released till 5th May
3	DFID	US$ 4 million	• Technical Assistance to MOHFW • Grant to WHO • Grant to local NGOs	Confirmed and fund released
4	WHO	US$ 1 million	Technical Assistance to MOHFW	Confirmed and fund released
5	Asian Infrastructure Investment Bank	US$ 100 million	Soft loans to MOHFW	Discussion going on till 5th May
6	One Bank (AIIB)	US$ 100 million	Soft loans to MOHFW	Discussion going on till 5th May
7	EXIM Bank of Korea	US$ 100 million	Soft loans to MOHFW	Discussion going on till 5th May
8	Islamic Trade and Finance Corporation	US$ 30-50 million	Soft loans to MOHFW	Discussion going on till 5th May

Out of the US$ 378 million estimated cost of MOHFW for COVID-19 response, DPs committed around USD 205 million till 5th May. Around US$ 330-350 million is in the pipeline.

Supplies and logistics aid from other countries/agencies

Indian High Commissioner handed over 30,000 surgical masks and 15,000 head cover to the Foreign Ministry of Bangladesh. In the second phase, they handed over 1,00,000 Hydroxychloroquine tablets and 50,000 sterile surgical latex gloves -- to Bangladesh. The assistance is being given under the SAARC Covid-19 Emergency Fund, created following a video conference among the leaders of SAARC countries on March 15 initiated by Indian Prime Minister Narendra Modi. It is to be noted that the Hydroxychloroquine Tablets is a debateable drug to be used in treatment of COVID-19 infected patients.

China donated a total of 15,000 test kits, 10,000 PPE for doctors and nurses, 15,000 N95 mask and 1000 infrared Thermometer. The Jack Ma Foundation and the Alibaba Foundation, with the coordination and help of the Chinese Embassy in Dhaka, donated 30,000 COVID-19 testing kit and 300,000 masks to the Ministry of Health and Family Welfare to assist in containing the COVID-19 spread. China Harbour Engineering Company Ltd (CHEC), a state-owned Chinese company, has donated 3,000 coronavirus detection kits, 3,000 sets of PPE and 20,000 surgical masks to the government. A transport aircraft of Bangladesh Air Force (BAF) carrying medical aid to help combat the spread of coronavirus returned to Dhaka from China. The supplies included necessary coronavirus detection kits, 1,222,000 surgical masks, 7,500 N-95 masks, 130 thermometers, 2,000 protective gloves, 10,200 medical safety glasses, 200 Goggles and 10,459 PPE.

The estimated cost of the above dentations is approximately BDT 14.5 crore (US$ 1.7 million), based on current prices.

2.1.4 Support of NGOs, INGOs and CSOs

Along with the Government and international Organizations, some private institutions have also come forward with their generous support. It includes BRAC, Bashundhara Group, and Navana Group.

BRAC has taken multiple initiatives in response to COVID 19. They have provided an awareness and preparedness training to their staff including their large number of field staff at very outset. Efforts had been given to increase the coverage of awareness building related to the crisis using public media. One of the BRAC's facility has been repurposed as an isolation centre. They are also playing role in monitoring the

crisis and recording the new challenges the country is facing. Their extensive experience of partnership with the MOHFW throughout the country, for example in TB control programme, has helped them to support government and development partners to contain Covid-19. BRAC Health programme (HNPP) has spent around BDT 12 crore (March-April, 20202) for supplies and equipment, training, and behaviour change communications for their staff, beneficiaries and also a number of government hospitals. Brac bank has provided PPE to BSMMU which is worth of 1cr. 20[xi]Lac .

Water Aid has allocated BDT 4.6 crore for supplies and equipment for five districts, namely, Dhaka, Tangail, Syedpur, Khulna, and Chittagong. They allocated fund mainly for hand wash station installation, volunteers' honorarium, PPE, behaviour change communication, and surface disinfectant[xii].

Five beds at Sajida Foundation Hospital and six at Regent Hospital have been dedicated for Covid-19 patients. It was reported on 31st March that Navana Group, one of the largest private-sector corporations of the country, is preparing a 100-bed isolated field hospital at Faujdarhat in Chattogram for treatment of coronavirus patients[xiii].

In addition, many hospitals, run by non-governmental organisations, are not providing treatment to Covid-19 patients, yet they are allocating fund for infection prevention measures of their own staff and patients, and to support government. For example, at the request of the Government (Civil Surgeon, Dhaka), Ad-din Hospitals are providing two ambulances to carry Covid-19 cases at free of cost. In addition, they have provided PPE to their health professionals and are using surface disinfectant.

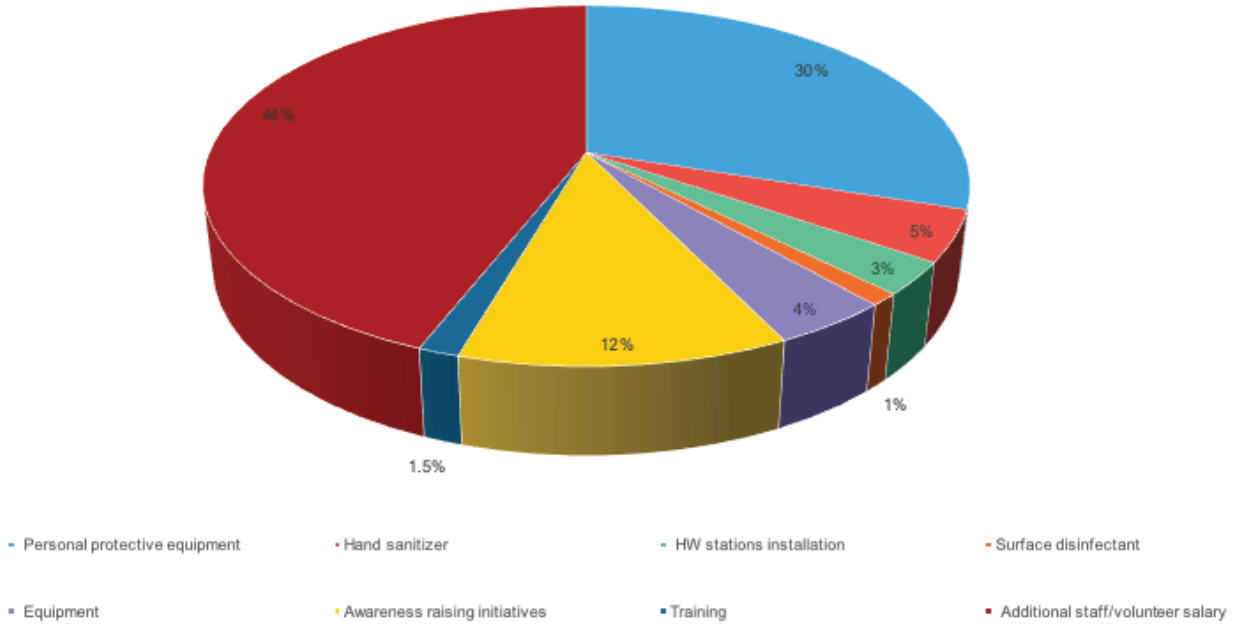
It was reported on 13th April that with the support of a non-government organization- JKG Healthcare-MOHFW will install a total of 320 South Korean model kiosks in phases across the country to collect samples for Covid-19 tests. JKG Healthcare will collect the samples, while the DGHS will carry out the tests at their own laboratories. As of 13th April, 44 kiosks had been installed, of which eight are in Dhaka, eight in Narayanganj and the rest in other divisions.

Artists and alumni of Charukola (Dhaka University's Faculty of Fine Arts) planned to provide 3,500 units of PPE to BSMMU of which 1,545 units of PPE were handed over to BSMMU. A group of prisoners in Chattogram Central Jail have made 4000 face masks in last eight days, to be used as a precautionary measure against a possible coronavirus outbreak inside the jail.

One respondent stated that NGO bureau has disbursed funding of BDT 22 core taka to the NGOs to contain COVID-19 till late April, 2020. However, the proportion of this fund dedicated to health, water, sanitation and hygiene is not explicitly mentioned. The NGOs are mainly distributing relief package to the poor people which may include soap. Considering the relief package, it is assumed that only 3% of the budget, amounting to BDT 66 lac may have been used for water, sanitation and hygiene.

Distribution of NGO fund by line items to contain COVID-19

Analysis of allocation of a number of NGOs suggest that around 30% of the fund has been allocated for procuring PPE, and 12% for awareness raising activities (Figure 3).



2.2 Process of resource allocation and utilisation: Findings from Key Informants Interviews

We interviewed 13 renowned key informants to understand the effectiveness, efficiency and transparency of resource allocation and use, and coordination among the stakeholders in decision making. Summary of the findings are outlined below.

2.2.1 Effectiveness of resource allocation and use

A few respondents stated that Bangladesh has done well in screening the point of entry area and quarantine the students those who came back from China. The other area where Bangladesh is doing good given the resource limitation is the testing and contact tracing. The plan is to increase the testing to 10000 – 15000 a day. Currently, on an average around 7000 tests is being done in a day. Spreading the testing facility throughout the country, and setting up PCR labs can also be considered as an achievement. There are now (May 5, 2020) 33 testing centres of which 17 centres are in Dhaka and the rest are outside Dhaka. Funding arrangements with the WB has been completed in two weeks: "*In the history of Bangladesh this time formalities with the WB has been completed within a shortest time period. So, every one of the them is trying to work through emergency window and trying to do the work at quickest possible time." (KII_X)*

Some stated that there was commitment from highest level and also within MOHFW to contain COVID-19: *"Ministry has the right level of committees currently with the best people in the country. We need to make sure that they can do the work as required to address the problem". (KII_IV)*

Despite that a number of challenges had been identified for effective resource allocation, as outlined below.

Less priority of health sector: During the current health and as well as economic crisis, 18 stimulus packages had been declared of BDT 101,117 crore which is 3.6% of GDP. It is not adequate with respect to the need, and particularly not at all sufficient for the health sector- as stated by majority of the respondents. During this COVID-19 crisis, the health sector still remained neglected as a national priority. The proportion of stimulus package for health sector is 0.8% of the total allocation.

Delay in planning caused delay in resource allocation: MOHFW and many development partners have tried to mobilize unused fund from some other works and also from the contingency fund to help tackling the pandemic. However, majority of the respondents acknowledged that as guidelines to contain Covid-19 are frequently changing from World Health Organisation, planning and consequent resource allocation also delayed. Preparing a "National Preparedness and Response Plan (NPRP)" to Covid-19 took time (March, 2020, Version V), with delayed planning, cost estimation and fund utilisation. Majority of the respondents stated that Bangladesh was 'late reactive' in terms of taking action, and in many cases Bangladesh acted

like ‘firefighting’ and ‘ad-hoc basis’, and remained ‘behind not upfront of the epidemic’. Government initially focused only on quarantine, and only started putting resources while epidemic has evolved already. This led to delay in planning, and resources use.

Monetary incentives vis-à-vis recognition and encouragement: The plan of monetary incentives is considered as ‘good and important to some extent’, however, ‘not well thought out’. Concern was raised by a few respondents that this may not going to make the situation much better unless staff are motivated. One respondent gave example of Kerala and Cuba, who spent very modest amount of money, but have motivated their staffs. Some suggested that instead of monetary benefits, an appreciation letter from Prime Minister, might have been more effective in motivating health professionals.

2.2.2 Efficiency of resource allocation and use

Most of the budget of MOHFW is spent in procurement of treatment and diagnostic equipment while a big chunk of the budget is being spent for the management of patients at hospital. This section will analyse whether the resources are being allocated and used efficiently.

Disruption in supply chain leading to high price of equipment and logistics: Despite having adequate resources, Procurement departments of DGHS and development partners at the initial stage struggled to procure right protective musk (N 95 or equivalent) and PPE from international market as there was no PPE available in the market. They had to buy whatever was available, even at higher cost. Government and a number of development partners, such as UNICEF and other UN agencies, worked with local garment factories to explore what could be locally produced. However, the technical specification of PPE requires some specific type of fabrics and raw materials, and because of the supply chain problem, securing those raw materials was also a challenge. Unfortunately, because of the supply chain disruption the first batch of the order came in place only in late April, and the rest had been in place in early May. The situation has improved now and good quality PPE is available in the market.

Financial rules and process causing delay in resource utilisation: Majority of the respondents stated that the existing financial rules and procurement process of MOHFW and many development partners delayed the procurement process amidst the pandemic. Though WB responded in quickest possible time to allocate the fund and completed all the formalities to make the fund available to MOHFW, the money could not be spent for long at the time of urgency due to the strict financial rules and procedures of both MOHFW and the WB. Two respondents said some UN agencies also do not have crisis resilient approach or response mechanism.

Centralisation process causing inefficiency of resource use: A number of respondents argued that the health sector is suffering because of the over centralization. Centralised decision-making process of the MOHFW delayed decision making and fund utilisation process, leading to inefficiency of resource use during such crisis.

Inadequate tracking of distributive aspect: Importance of ensuring transparency in case of managing such donation, and tracking the distributive aspect of this fund were emphasised by majority of the respondents. A number of respondents gave examples of mismanagement in certain cases in relief distribution and suggested that a strong tracking system in health sector can safeguard against such leakage.

Huge investment requires proper exit plan: Respondents raised question about the exit plan of some investments, such as, 5000 bed hospital in Bashundhara City, and turning the vacant buildings/floors (e.g. city corporation market) into hospitals. However, there is no clear plan about what would be done with the fund, equipment and materials once the pandemic is over.

Inadequate allocation for preventive measure: The current allocation for health sector focuses mainly on equipment, infrastructure development, incentives and insurance for health workers. However, it does not have any allocation for cleanliness, hand washing, medicine, mask and gloves, for general people.

Exclusion of NGOs operating in urban areas: Some respondents stated that government did not trust private sector, and did not include them in the planning and coordination process. DGHS could have contacted some private hospitals, Smiling Sun network and NGOs under Urban Primary Health Care Project during earlier stage of the pandemic and could dedicate them for the COVID treatment. However,

some respondents disagreed and stated that government is contacting some NGOs and seeking support. DGHS has already contacted BRAC and Marie Stopes to provide support.

Role of INGOs and business sector: A number of respondents stated that the role of INGOs are insignificant till now while initiatives of BRAC, Sajida foundation, and Ahsania mission are praiseworthy. The role of business sector was considered as 'mixed scenario', while some of them are doing charity but on the other hand in some cases they are trying to take advantage and considering as a chance of business promotion and trying to work with self-interest.

2.2.3 Coordination and cooperation

Respondents stated that the triangular coordination and cooperation among political level, professional level and bureaucratic level is very important for efficient use of both government and donor fund. However, the coordination and cooperation is currently missing- as identified by majority of the respondents.

Coordination within MOHFW: Respondents also stated that there is inadequate coordination among Planning Wing of the health ministry, DGHS and IERCD leading to barriers in planning, resource allocation and fund use .

Coordination among DPs: There is coordination among the UN agencies, however, despite receiving fund from other INGOs, they could not spend much due to their delay in response. Though government and donor consortium are trying to work together as much as possible, all respondents acknowledge that there is still room for better coordination. A few respondents said that since it was an emergency and time was limited, coordination was low, and often only Ministry of Finance and as a line ministry, MOHFW was involved in decision making about resource need and implementation plan.

Inter-ministerial coordination: All respondents stated that inter-ministerial coordination was needed to a greater extent, which had not happened at the initial stage. Respondents gave examples of multiple decisions and actions which required greater coordination across miniseries, such as, tracking of passengers returning from Italy, opening of garment factories.

Functionality of technical committees: A number of respondents stated that as a large number of critical and important decisions (like when to relax the lock down, which hospitals to use, which equipment to buy, should we move to rapid test approach) might need to be taken by technical committees, the committees need to be pro-active. In Bangladesh, at the beginning of the pandemic, a number of committees had been formed, such as national steering committee, technical committee, advisory committee however, not all of these are equally functional. The Advisory Committee did 43 meetings till 16th May, while the national committee met twice. Some respondent stated that composition of the committee is also important, and suggested to include representatives from NGO and CSOs.

2.2.4 Transparency and accountability

One of the strategies of ensuring transparency and accountability in resource allocation and use is to incorporate different stakeholders in the process of decision making, and making the information/decision publicly available.

Access to information: A number of respondents stated that government is taking many decisions, however, many of the information is not publicly available which raises concern about transparency in decision making process. They pointed out that the conditions associated with the loans MOHFW is receiving form different development partners, and the process of selecting the hospitals in Dhaka for providing care to COVID-19 patients should be publicly available.

Ensuring check and balance during emergency: Majority of the respondents said that a balance is required between combating corrupting and acting quickly. Large number of respondents stated that such emergency requires to act promptly for spending huge amount of resources on procurement, infrastructure development and recruitment, often creating scope for pilferage and leakage. However, to act quickly in crisis moment, a system should be in place so that bureaucratic procedure might be relaxed without compromising check and balance.

Tracking of expenditure: Some respondents said that there is no tracking system of how resources are being used, for example, whether government hospitals received any allocation yet while they are facing

such a crisis. However, one respondent stated that with the support from UNICEF and WHO, MIS of DGHS is monitoring the facility readiness of the designated COVID 19 hospitals. This is now a live-in platform and over 600 facilities already provided data.

A number of respondents suggested that to ensure transparency and accountability, MOHFW needs to disseminate information in regular briefing about the allocation and spending related to Covid-19 to minimize the corruption. A number of respondents appreciated that the current health bulletin by DGHS reports the procurement, distribution and stock of PPE, and suggested that similarly, few other information about COVID-19 related spending can be included in the press-briefing.

Administrative structure of urban areas: In urban area, there is only one councillor for almost more than hundred thousand people. Hence, inadequate monitoring opens up scope for wastage and leakage. Restructuring the local government in urban area and involving community representatives to work with the councillor can ensure transparency in implementing projects.

2.2.5 Priorities for next budget

Budget cycle: Respondents identified multiple priorities for the next financial year's budget. One respondent suggested to delay the budget for this fiscal year and make extra ordinary allocation for three months and make it more relevant for health and other related sectors. However, a few other respondents differed with this proposal, and stated that this may not be feasible considering the systematic challenges. In addition, this may create additional loopholes for ad-hoc planning and resource use.

Increased budgetary allocation for health: Budget allocation for health sector should be 3 – 4 percent of GDP. It cannot be done overnight, we should move step by step, we can make it double in the next year from the current and move on so that after 5 – 7 years we can reach to the expected level. Resource allocation should be based on need assessment and an execution plan. MOHFW needs to assess the need of staff, and supply of medical equipment at district and sub-district level to provide the COVID-19 care and the regular health care.

Allocation for incentives: Government needs to mobilise resources to provide incentives to health professionals, as announced under the stimulus packages. The next year's budget of the MOHFW needs to include the required resources under Operational Plan.

Increased allocation for awareness raising: Government needs to invest more on behavioural change for health and hygiene.

Increased allocation for water and sanitation: A number of respondents stated that allocation under public health, specially under water and sanitation, hygiene program is insufficient, and suggested that similar to relief package, government should provide temporary system of running water for hand washing to the ultra-poor people which is 10-12% of the total population. Moreover, in the slum there is already running water but those limits to the toilet only. Hence, providing washing basin with existing running water system at open space of the slum will increase the hand washing facility of slum dweller. Local Government Division needs to take the responsibility of these interventions and need to put it in budget. An intervention needs to be developed for hand washing in the perspective of rural area, urban slum and areas where there is no running water. People can be provided with small container with a tap to store water and manage running water for hand wash. It was suggested that hand washing facilities are also needed in public places, such as bus/train station, shopping places, markets, school, college and universities, and in community clinics.

Cash transfer: During the crisis, general service provision, such as TB treatment, family planning services have been hampered. Many respondents stated that if adequate resources are not being allocated for health sector, out-of-pocket expenditures may increase, which may lead to an increase of risk-taking behaviour and impoverishment. A few respondents suggested that under social safety net, it is important to provide cash to marginalised people so that they can spend as per their need for medicine and soap.

Strengthening epidemiological surveillance system: In the next budget, greater investment is needed to strengthening Health System Surveillance system. Each district should have an epidemiological surveillance unit that might include doctors, public health workers, statisticians and field workers.

Exit plan: There should be an exit plan about what MOHFW is going to do with all the developed facilities once the pandemic is over. Facilities need to be built in such a way that they can be used for multiple purpose (like Cyclone centres have been developed which are used as Schools in regular time).

Budget implementation: In addition to increasing health sector budget, majority of the respondents emphasised on proper implementation of the budget.

3 LESSONS LEARNT

- An overall rethinking is required for repositioning and prioritising the health sector in our development agenda besides expanding the budgetary allocation for health. Health is not only a sectoral agenda, rather health needs to be considered as a strategic agenda intertwined with many other sectors such as Ministry of Local Government, Rural Development and Cooperatives, Ministry of Women and Children Affairs; Ministry of Religious Affairs; Ministry of Social Welfare.

- Public health needs to be prioritised many times more than the current level, not in just of increasing the budgetary allocation. Health budget should always be prepared from public health point of view. Hence, waste management, hygiene and cleanliness need attention and additional investment. Government needs to stress upon the strategic plan about increasing the public awareness, and use a 'whole-society' approach to tackle the pandemic. Community engagement is required to make people aware about the risk and follow social distancing and other hygiene and cleanliness measures.

- The health system needs to be prepared to manage COVID-19 cases while the regular health care services need to be continued. In addition, adequate budget may need to be allocated for the massive vaccination programme once it is available. Government needs to delay or cut down some infrastructure development project and reallocate the money to the need of health sector.

- Government needs to allocate resources for health research. If a vaccine become available in next budget year, Bangladesh might also be involved in the trial to get the advantage of being part of its first phase. In addition, an important lesson would be "proper documentation of the situation and public dissemination".

4 RECOMMENDATIONS

4.1 Policy recommendation

- To tackle this kind of emergency situation, it should be included in the government rules of business that with Prime Minister's signature (special order), they can allocate some fund immediately so that prompt action can be performed.

- We need to bring public health perspective in our health care service. We need to strengthen the "preventive agenda" within health budget. Hygiene and awareness should get more priority in the budget. Preventive agenda would be implemented with local government (in urban and rural area), so they should be empowered in this context. Particularly urban primary health care system should get the priority. Government needs to cut down some infrastructure development project and reallocate the money to the need of health sector.

- We need to think how to decentralize, how to prioritize public health, how to make urban primary health care more effective, what are the indicators of system preparedness with which we need to think more, and further research is needed in this on this.

- A rapid research needs to be done to identify the indicators on which we need to take prompt action. Finding, narrow down and develop the working indicators of public health, urban health care system and decentralized health system response would be important.

4.2 Conclusions

The COVID 19 situation is a new experience, an unprecedented situation, and like all other countries, Bangladesh did not have previous experience of tackling this situation. It is still unknown that how this would affect the population of Bangladesh at large. Hence, proper need assessment and evidence-informed planning and budgeting would be required to tackle the pandemic now and in upcoming days. System should be in place for ensuring transparency and accountability of resource use during emergency situation.

ANNEX A

A.1 Stimulus packages announced by GOB

Summary of Stimulus Packages declared so far by sectors and sources and cost to the beneficiary and to Government.

Package no	BDT in Crores	Beneficiary	Source of Fund	Cost of Fund
1	5,000	For paying salaries and wages to export oriented industries workers/employees. Six month grace period to repay.	The Commercial banks would provide the amount as loan from their own fund.	2% (2% by the beneficiary and the rest 7% by the govt as subsidy to the Banks)
2	30,000	To be provided to affected industries and service sector organization as working capital through banks	The Commercial banks would provide the amount as loan from their own fund.	9% (4.5% by the beneficiary and the rest 4.5% by the govt as subsidy to the Banks)
3	20,000	As working capital to SME including cottage industries	The Commercial banks would provide the amount as loan from their own fund.	9% (4% by the beneficiary and the rest 5% by the govt as subsidy to the Banks)
4	12,750	To facilitate Raw Material Import under back to back LC	Bangladesh Bank Export Development Fund, (EDF) enhanced from 2.5 bln BDT 5.0 bln BDT	2% Existing EDF rate is 2.73% (LIBOR + 1.5%)
5	5,000	Pre-shipment Credit refinance scheme for local products alongside the export sector	Bangladesh Bank	7%
6	100	Bonus and incentive package for Doctors and Health care employees	Government Special grant	
7	750	Health Insurance package for Doctors and Health care employees	Government Special grant	
8	5,000	Agricultural Loan to farmers.	The Commercial banks would provide the amount as loan from their own fund.	4% (2% by the beneficiary and the rest 7% by the govt as subsidy to the Banks)
9	9,500	Subsidy to farmers	Bangladesh Bank	
10	2,503	Food distribution to poor and marginalised population	Government Special grant	

Package no	BDT in Crores	Beneficiary	Source of Fund	Cost of Fund
11	3,000	Financing scheme for low income farmers and small enterprises	Bangladesh Bank	
12	251	Subsidy for selling rice at 10 taka KG	Government Special grant	
13	1,258	Cash transfer to specific marginalised groups	Government Special grant	
14	811	Expansion of social safety nets and allowances	Government Special grant	
15	2,130	Home construction for homeless people	Government Special grant	
16 17	860 200	Buying boro rice from farmers	Government Special grant	
18	2,000	Agricultural mechanisation	Government Special grant	
		Fund for Polli Shonchoy Bank, Probashi Kollan Bank, Kormoshongsthan Bank, and Palli Kormo Shahayak Foundation	Government Special grant	
Total	**101,117**			

A.2 Key research questions

1. What are the major allocations, incentives and benefit packages declared by government for health sector to combat COVID-19 since March 8, 2020?
2. What major allocations and incentives had been declared by private sector as part of their corporate social responsibility for health sector in response to COVID-19 since March 8, 2020?
3. What major allocations and incentives had been declared by non-government organizations, civil society organizations and development partners in response to COVID-19 since March 8, 2020?
4. What are the allocations by type (short, medium, long term), by sub-sector (e.g. health, nutrition, population, water and sanitation) and who are the targets (e.g. health care provider, patient, community, people living below poverty line, employee)?
5. What are the gaps, if any, in the short, medium and long-term action plans proposed by the government to combat COVID-19?
6. What are the process of allocating resources? Is the process transparent and equitable?
7. What are the major sources of wastage, leakage and pilferage or any other types of corruption? At what level?
8. Is the allocation for health sector by different ministries, private sector, non-government organizations and development partners well-coordinated and complement each other?

A.3 List of procurement under RFP (dated 23rd April, funded by ADB)

Sl No	Item	Number
1	Filtering Face piece Respirator	200,000
2	Surgical Gloves	200,000
3	Goggles	20,000
4	Surgical Masks	1,000,000
5	Biohazards Bags	200,000
6	Boot/Shoe Covers	200,000
7	Hand Sanitizers (Bottles 500 ml)	100,000
8	Chlorhexidine Gluconate (Bottles 250 ml)	500,000
9	Disinfectants	5,000 Liters
10	Hand-Held Thermometer	500

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