‘A strong Bangladesh needs social cohesion and a shared vision beyond politics’

Outgoing UNDP Resident Representative **Stefan Liller** *has been in Bangladesh for the last four years. In an interview with* **Porimol Palma** *of* **The Daily Star**, *he talks about Bangladesh’s political transition, development trajectory, and renewed aspirations for reform.*

What is your overall impression of Bangladesh as you complete your tenure?

The UNDP has been present in Bangladesh since its independence, and our work has evolved alongside the country’s needs. Initially, our focus was on rehabilitation and institution-building, which has now evolved to climate action, digital transformation, governance, and economic development.

As time passed, we saw a growing sense of concern regarding civic space, accountability, and governance. These tensions eventually culminated in the July uprising and subsequent political transition. The aspirations expressed by young people were incorporated into the interim government’s reform agenda, and at its request, the UNDP provided support in areas such as electoral reform, judicial reform, and anti-corruption initiatives. Over the past two years, we have worked closely with national institutions to advance these reforms.

How is the reform drive progressing?

There has been meaningful progress, particularly in governance-related areas. We have seen advances in judicial independence and efforts to improve efficiency within the justice system. Work is also underway to strengthen institutions such as the National Human Rights Commission and the Anti-Corruption Commission, and to promote merit-based recruitment within the civil service.

What is particularly encouraging is the strong public demand for accountability and fairness, especially among young people. Through the consensus-building process, political parties demonstrated support for a number of core governance reforms. However, responsibility for carrying these reforms forward now rests with the elected government, which must determine how best to institutionalise and sustain them.

The government is busy dealing with immediate crises rather than pursuing deeper reforms. Also, poverty and inequality are on the rise. How should these priorities be balanced?

Bangladesh’s development story over the last four decades or so has been remarkable. The country became a global example of how poverty reduction and economic growth can be achieved despite significant challenges. However, recent years have been difficult. The effects of the Covid-19 pandemic, global inflation, supply chain disruptions, and rising fuel prices have created a challenging environment. Economic growth slowed, inflation increased, and many vulnerable households have faced additional pressures.

The government is, therefore, dealing with a “perfect storm” of economic and social challenges. Issues such as food security, energy supply, and inflation understandably require immediate attention. Addressing these urgent concerns, however, does not mean abandoning long-term reforms. Rather, governments must pursue both tracks simultaneously. Initiatives such as digital support systems for farmers demonstrate how immediate challenges can be addressed while also laying the groundwork for longer-term transformation.

Bangladesh is currently preparing for LDC graduation (regardless of any deferment) while development assistance is declining. How can the country navigate this transition?

Stefan Liller

Bangladesh is graduating from the Least Developed Country (LDC) status because of its success, and that should be recognised as a major achievement. However, graduation also presents new challenges. As preferential trade benefits gradually decline, Bangladeshi products will face increased competition in international markets. This means the private sector must become more productive, innovative, and diversified. Competing solely on low costs will no longer be sufficient. The government has already developed a smooth transition strategy, which is encouraging. The risk lies in not implementing these preparations effectively and quickly enough.

At the same time, development assistance globally has declined significantly. Funding reductions have affected sectors such as climate adaptation, health, and development cooperation. For Bangladesh to sustain its progress, domestic resource mobilisation will become increasingly important. The country’s tax-to-GDP ratio remains among the lowest in the world, limiting the government’s ability to invest in critical sectors such as health, education, and social protection. Greater private investment, stronger regional trade partnerships, and increased economic diversification will be essential to future growth.

Youth unemployment remains a serious concern. What solutions do you see?

The challenge is not simply creating jobs, but creating decent, productive, and sustainable jobs. A significant proportion of university graduates remain unemployed, while a large share of the economy continues to operate informally. The private sector must remain the primary engine of job creation. To support this, Bangladesh needs policies that encourage entrepreneurship, attract foreign investment, and reduce unnecessary barriers to business. At the same time, there is currently a clear mismatch between the skills many graduates possess and the skills employers require. Closing this gap requires substantial investment in education, training, and lifelong learning.

How can the international community continue supporting Bangladesh if aid is declining?

International cooperation remains important, even as funding levels change. Our role is not simply to provide financial resources but also to share global experience, technical expertise, and innovative solutions. Ultimately, neither the UN nor the government can create jobs on their own. Sustainable employment comes from a vibrant private sector operating within a supportive policy environment. Our role is to help governments strengthen institutions and create conditions that enable inclusive growth.

Bangladesh is highly vulnerable to climate change, yet climate finance remains inadequate. Why?

Bangladesh contributes less than one percent of global greenhouse gas emissions, yet it is among the countries most exposed to climate impacts. During my travels across the country, particularly in coastal districts such as Satkhira, I have witnessed first-hand how climate change is affecting livelihoods, homes, and entire communities. The financing gap remains enormous. Bangladesh is already investing billions of dollars in adaptation measures, but the scale of future needs is much greater. Closing this gap will require a combination of international climate finance, private investment, green financing instruments, and innovative blended-finance mechanisms.

Is there any realistic prospect of Rohingya repatriation in the near future?

The people of Bangladesh have shown remarkable generosity in hosting the Rohingya population. However, the burden on local communities, particularly in Cox’s Bazar, remains substantial. Unfortunately, funding reductions and ongoing instability in Myanmar have made the situation even more difficult. The only durable solution remains a political one that allows for safe, voluntary, and dignified repatriation.

In the meantime, the international community must continue sharing responsibility. Development efforts should focus not only on refugees but also on the wider host communities. Investments in infrastructure, climate resilience, education, and livelihoods can benefit the entire district while reducing pressure on local resources.

What would you recommend as you leave Bangladesh?

Continue pursuing reforms while promoting inclusion, transparency, and sustainability. A strong and prosperous Bangladesh will require social cohesion and a shared national vision that extends beyond political cycles. The country has enormous potential. If people can come together around common goals, Bangladesh’s future will be very bright.

Will the six newborns’ deaths bring any meaningful change?

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The deaths of six newborn babies at Ad-din Medical College Hospital in Moghbazar, Dhaka last month are being treated as a crisis when they are, in fact, a symptom of a healthcare system structurally configured to let incidents like this happen. The government’s response to these deaths has been, by Bangladeshi standards, unusually forceful: an initial 72-hour probe deadline, a fine, a show-cause notice threatening licence cancellation, inclusion of a deputy attorney general in the expanded probe committee, and a health minister who has stayed publicly engaged well past the news cycle.

It is tempting to read this as a turning point. But is it, really?

The government’s anger appears genuine, but anger, investigations, and even licence cancellations will not fix the structural conditions that has made those six deaths predictable. That those conditions will remain intact even after whatever punishment Ad-din hospital receives is entirely likely.

Bangladesh has had this conversation before. After Regent Hospital was found issuing fake Covid reports in 2020 and the then DGHS director-general was forced to resign. After a five-year-old died during a routine circumcision. After a young mother died in preventable childbirth. Each time, probe committees were formed, health authorities promised strict action, and the structural conditions were left undisturbed.

At Ad-din hospital, the government’s own probe found that the ward where the six babies had died was a 900-sq-ft sealed room with no passive ventilation, absence of an on-duty physician, and a single air-conditioning unit that was switched off at around 2:00am. For four hours, not a single nurse meaningfully responded as oxygen depleted and carbon dioxide built up in the room. The babies, physiologically the most vulnerable humans alive, could not survive such conditions. The probe committee was unambiguous: the building is unsuitable for operating as a hospital. The deaths resulted from negligence by the hospital’s physicians, nurses, and management.

These were not hidden defects. They were simply never inspected because the system that should have done so has effectively stopped functioning. Out of 19,627 licensed private hospitals and clinics in Bangladesh, only 914—less than five percent—have renewed their licences as of April 2025. Over a thousand facilities are operating with no valid licence at all, according to a 2024 report. Ad-din Hospital was fined for operating without a temperature monitoring system on May 31. That this was only discovered after six neonates died on the same night reveals everything about the frequency of routine inspections. The DGHS’s own line director of Health Information Systems acknowledged that “we do not get patient data from private hospitals.” This fragmented approach, as the Health Sector Reform Commission’s report found, makes evidence-based planning and monitoring of the private healthcare facilities nearly impossible.

This regulatory paralysis has a specific cause. The 2024 white paper on the state of Bangladesh’s economy found rampant systematic corruption running through health sector procurement, hospital licensing, and career mobility of medical professionals, a finding that confirmed what the Anti-Corruption Commission was already investigating in 2019 when it opened cases against 23 DGHS officers. When the officials tasked with regulating a sector are financially and professionally entangled with it, the regulatory relationship does not remain adversarial; it becomes collegial.

Bangladesh has no specific statute defining medical negligence. Victims who seek justice must navigate tort law, consumer protection provisions, and general criminal statutes—none designed for healthcare, none offering straightforward recourse. In the case of Ad-din hospital, families collected the bodies of their infants without an autopsy, before forensic evidence could be gathered. The governing ordinance for private hospitals dates to 1982 and has not been updated since. A sector that now dominates three-quarters of the country’s healthcare is regulated by a law written when it was a fraction of its current size.

The government, elected into office less than four months ago, has both an opportunity and an obligation. It has the Health Sector Reform Commission’s report ready to act on. It has an electoral mandate not shadowed by the patronage networks that insulated the private health sector for 15 years. It has no credible excuse to delay. Three things must happen before that window closes:

First, Bangladesh needs to enact a law, not a policy document, that defines negligence, establishes duty-of-care standards for neonatal wards, and creates a compensation framework for victims. The Law Commission has advocated for this for years. The Ad-din case is the floor of that debate.

Second, an independent accreditation authority must be established. Bangladesh has neither a mandatory accreditation body nor any requirement that private hospitals meet independently verified safety standards. A statutory, arm’s-length authority must be established, empowered to audit, certify, and close facilities, with unannounced inspections as a condition of licence renewal.

Third, the DGHS and health ministry officials must be barred from holding financial or professional interests in the facilities they regulate. Without this, regulatory capture is not a risk but a certainty.

Six babies died because the room they were in had no air, because no one thought to measure the air, because no one was required to measure the air, because the institution that should have required it was not doing its job, because the law did not demand that it do so, and because no one who had failed before had faced real consequences.

This was not one person’s failure but a systemic one. The health minister called this “extreme negligence.” He is right. But extreme negligence does not emerge from nowhere. It emerges from an environment in which negligence has been normal, tolerated, and quietly understood to carry no serious cost.

The parents of those six children deserve more than a fine and a show-cause notice. They deserve a healthcare system that will not do this to the next family.

This article draws on media reports as well as the Health Sector Reform Commission report (2025), the White Paper on the State of Bangladesh Economy (December 2024), and peer-reviewed research on private sector regulation and medical negligence law in Bangladesh.