What is holding back the health sector's development spending?



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The health sector in Bangladesh faces a troubling paradox: on the one hand, public hospitals struggle with shortages of medicines, diagnostic equipment and healthcare professionals, while on the other, a substantial portion of the budget allocation remains unutilised. An October report by *The Daily Star* reveals that during the first quarter (July-September) of the current fiscal year, the Health Services Division (HSD) spent only 1.78 percent of its direct Annual Development Programme (ADP) allocation, while the Medical Education and Family Welfare Division (MEFWD) spent 1.86 percent. Together, the two divisions spent just Tk 209 crore from the direct project allocations of Tk 11,513 crore. These exclude Tk 23,577 crore in block allocations for the two divisions, reportedly unused during the period. Both divisions performed below the national ADP implementation rate of 3.89 percent.

Although it is not unusual for the development expenditure to be generally slower during the first quarter, the above-mentioned figures raise an important question: why has the health ministry struggled to translate its budget allocations into implementable programmes? The explanation lies in interconnected structural challenges: discontinuation of the Sector-Wide Approach (SWAp), changes in government and policy priorities, inadequate institutional capacity, and delays in preparing and approving Development Project Proposals (DPPs).

For more than two decades, Bangladesh has implemented major development activities through successive Health, Population and Nutrition Sector Programmes (HPNSPs) under SWAp. These programmes provided a common planning and financing framework, with operational plans covering immunisation, disease control, maternal and child health, family planning, nutrition, and the strengthening of the healthcare system. The fourth programme ended in June 2024, and the proposed fifth programme was discontinued during the interim government. The decision reflected concerns about duplication, overlapping management structures, inefficiencies and weak accountability.

The transition has changed not only how projects are financed, but also how they must be planned and managed. Under the replacement arrangement, development activities are increasingly expected to be implemented through individual DPPs. Preparing these proposals requires technical design, costing, feasibility assessment, procurement planning and multiple approvals. While some DPPs have been prepared and approved, the broader pipeline has not been sufficiently ready for implementation. The fundamental problem here is that the previous programme management structure was discontinued before an equally functional alternative was firmly established.

Changes in government and administrative leadership have brought to the table new policy commitments and development priorities. Reconsidering projects, agreeing on priorities, and translating new commitments into feasible designs take time. The interim administration initiated the shift away from SWAp, while the elected government introduced its own health sector commitments and substantially increased development allocations. However, defining new priorities, reviewing earlier proposals and translating commitments into costed projects require institutional continuity and adequate preparation. The health sector faces competing demands: uninterrupted vaccine administration, essential medicine and contraceptive supplies, maternal and child healthcare, communicable and non-communicable disease control, stronger primary care, disease surveillance, recruitment of health personnel, emergency services, and hospital infrastructure.

The issue is how these priorities are sequenced. Essential services should take priority over less urgent infrastructure investment. A need-based, costed project pipeline must come before or at least accompany budget commitments. Without an agreed, need-based prioritisation framework, implementing agencies may struggle to determine which projects should proceed first. The health ministry needs to distinguish immediate service delivery requirements from medium-term system strengthening and long-term infrastructure investment. The priority should be projects that address urgent population health needs, demonstrate implementation readiness, and protect continuity of essential services.



VISUAL: **SALMAN SAKIB SHAHRYAR**

Preparing a DPP is not simply completing an administrative form. It requires expertise in epidemiology, needs assessment, financial analysis, costing, procurement, monitoring and evaluation, and project management. However, officials under different directorates already carry extensive responsibilities for managing services, personnel, administration, disease outbreaks, procurement and coordination with the ministry and field-level facilities. The Directorate General of Health Services (DGHS), for example, oversees hospitals, primary healthcare, disease control, planning and research, management information systems, and other technical operations. Similarly, the Directorate General of Family Planning (DGFP) and medical education institutions have their own workloads. Hence, the responsibility of preparing the DPPs may not reasonably be assigned as additional duties without dedicated technical support, clear accountability and sufficient time. Under SWAp, designated line directors, programme managers and deputy programme managers undertook development programme management responsibilities. After SWAp was discontinued, the ministry abolished these designations in September 2025, removing the previous programme management arrangements. But doing so did not make the need for specialised development planning disappear. The ministry and DGHS have planning functions, but the transition to multiple project-based arrangements requires a stronger, multidisciplinary project preparation capacity. The challenge is not necessarily a shortage of capable officials, but the absence of sufficiently protected time, specialised technical teams, and the institutional arrangement to translate policy priorities into implementable projects. The same problem extends to other implementing agencies, including DGFP and institutions responsible for infrastructure, medical education and specialised services.

A block allocation is a provision for prospective projects, not money that can be spent immediately without the required approvals. Without approved DPPs and appointed project personnel, implementing agencies cannot proceed with many planned procurement and implementation activities, and expenditure will lag even when resources are available on paper. This is particularly relevant to the substantial block allocation in FY2026-27. Routine delays in fund release and budget processing can add to the problem. Delays may subsequently encourage hurried procurement towards the end of the financial year, increasing risks to efficiency and value for money. That would substitute one governance problem for another. Faster expenditure should not come at the expense of quality and accountability.

What the country needs is faster preparation and more disciplined execution, not spending just for the sake of it. The immediate priority must be establishing a dedicated, multidisciplinary project preparation and implementation support team within the health ministry, working closely with DGHS, DGFP, the Planning Commission, and other implementing agencies. The mechanism can bring together health planners, health economists, public health specialists, finance and procurement professionals, and experienced project managers. Development partners and research institutions could provide time-bound technical assistance. Second, the ministry should develop a prioritised, costed project pipeline with clearly assigned responsibilities and timelines for DPP preparation, appraisal, approval and implementation. Existing services requiring uninterrupted financing should be identified first. Clear delegation to DGHS, DGFP and relevant technical agencies, alongside stronger coordination with the Planning Commission and Finance Division, would ease the burden on central policymakers.

Third, senior policymakers and DGHS directors need to provide strategic oversight to undertake technical project preparation by the team. Clear delegation, dedicated project teams, and stronger coordination between planning and implementing agencies are essential. Fourth, quarterly monitoring can track allocations, approvals, fund releases, expenditure and service outcomes. Progress against these milestones can be publicly reported. Last but not the least, development and operating budgets must be better coordinated. New hospitals and equipment investments will yield limited benefits without recurrent financing for staff, maintenance and essential supplies.

That Bangladesh needs greater public investment in healthcare is beyond dispute. But the experience of the July-September period of this fiscal year shows why the ability to plan and deliver matters as much as the size of an allocation. The challenge is not simply to accelerate spending but to establish the structures, expertise and accountability necessary to convert financial resources into quality healthcare. Unless the country invests in the institutional capacity to plan and implement its health budget, larger allocations will hardly meet all healthcare needs.

Animal welfare deserves greater attention from our NGOs



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■ **AHMED MUSHTAQUE RAZA CHOWDHURY**

I went to BRAC University recently expecting to hear Peter Singer speak about poverty, inequality, ethics, and effective altruism. I came back thinking about chickens.

Singer, one of the world's most influential moral philosophers, was in Dhaka to receive the university's inaugural Honorary Fellowship. His connection with Bangladesh goes back to 1971, when, as a young philosopher at Oxford, he watched millions of refugees flee the atrocities in what was then East Pakistan.

That experience helped inspire his famous 1972 essay, "Famine, Affluence, and Morality". Its argument was deceptively simple: if we can prevent something terrible without sacrificing anything of comparable importance, we ought to do so. If we would rescue a drowning child from a shallow pond, why should distance make a suffering child in Bengal less deserving?

More than half a century later, Singer finally visited Bangladesh. He praised the country's development achievements and BRAC's evidence-based approach to reducing poverty. This was familiar territory to me. I have spent much of my working life asking how research can help reduce poverty, prevent unnecessary deaths, and take successful interventions to scale. Then the chickens entered the conversation.

An audience member asked why animal liberation and veganism receive so little attention in development discussions, including at NGOs. Singer described intensive farming for food as the largest form of human abuse of animals. Even counting vertebrates alone, he said, "something like 200 billion animals" are raised and killed worldwide annually—an almost incomprehensible scale of suffering.

He brought the argument closer to home. Singer said he had raised concerns about intensive poultry production with the leadership of his host organisation. Near Rajshahi, he had seen chickens wandering freely in villages. He contrasted them with modern meat chickens bred to grow so rapidly that their legs sometimes struggle to support their weight. He also described a calf belonging to a participant in a programme for ultra-poor graduation. Clearly a valuable and probably cherished asset, it was nevertheless tied in a confined space. Was that a good life for the calf? I found myself uncomfortable.

Must we first end wars, eliminate poverty, overcome discrimination, and save the environment before considering animals? Moral progress has never followed such an orderly sequence. We recognised environmental threats long before overcoming hunger. One moral concern need not wait for another to be resolved.

For decades, development practitioners like me have viewed livestock through a particular lens. A cow is an asset. Chickens generate income. Eggs provide nutrition. Livestock can strengthen women's economic position. For extremely poor households, acquiring animals can mark the beginning of an escape from destitution. Singer did not dismiss these achievements. Indeed, what impressed me was his hesitation. Acknowledging his privileged position, he said he could not simply tell poor Bangladeshis to stop raising chickens without understanding the consequences for their livelihoods and children's nutrition. But he insisted that animal well-being must also enter the equation.

That thought stayed with me. Development has taught us to ask whether an intervention improves human lives. Singer made me wonder whether that is any longer a sufficient question. Another audience member raised a disturbing possibility: might future generations look back at our treatment of animals as we now look back at societies that accepted slavery? The historical horror of slavery should not be casually equated with animal farming. But Singer's response concerned something broader: moral blindness. He hoped future generations would question how otherwise decent people could accept unnecessary suffering inflicted on sentient creatures.

What do we consider normal today that our grandchildren may find morally indefensible?

After the event, I discussed this with a school friend in London. He was sceptical. Humans are still killing fellow humans over territory, resources, power and ideology. Millions remain poor, and wars rage. Yet we are already discussing extending compassion to chickens? His conclusion was characteristically the phrase: 'Delhi is still a long way away'. I understand his scepticism. Singer, however, remains optimistic. At BRAC University, he pointed to declining child mortality and extreme poverty, and improvements in literacy and life expectancy. Despite the disturbing headlines, humanity has made substantial progress.

I find myself somewhere between Singer and my friend. But must compassion proceed sequentially? Must we first end wars, eliminate poverty, overcome discrimination, and save the environment before considering animals? Moral progress has never followed such an orderly sequence. We recognised environmental threats long before overcoming hunger. One moral concern need not wait for another to be resolved. Perhaps our moral circle can widen in several directions simultaneously.

This brings me back to a question I raised recently: what should be the future role of NGOs in Bangladesh? NGOs cannot simply continue doing what they have always done. As Bangladesh changes, they must discover new purposes and frontiers rather than merely preserve programmes created for an earlier era. Historically, NGOs have often recognised problems before they gained attention in mainstream development discussions. They drew attention to the landless poor, disadvantaged women, children excluded from schooling, people with disabilities and others living at society's margins. They experimented with solutions and helped bring neglected concerns into public policy. Could animal welfare become another such frontier?

This does not mean all NGOs must become animal-rights organisations or disregard poor farmers' livelihoods and children's nutrition. A modest beginning would be to recognise animal welfare as a legitimate consideration whenever development programmes involve animals. NGOs could research animal welfare conditions, experiment with more humane livestock and poultry practices, raise public awareness and encourage government and industry to adopt better standards. Such pioneering work, recognising emerging problems and testing practical responses, has long been among their strengths. We already assess whether programmes raise incomes, empower women, improve nutrition, and protect the environment. Why not also ask whether animals experience avoidable suffering?

As Bangladesh moves towards more intensive food production, these questions will become increasingly important. Efficiency, affordable nutrition and livelihoods matter enormously. But efficiency alone cannot define progress. I am not yet a vegetarian, let alone a vegan. Nor do I pretend these choices are simple in a country still struggling with poverty and nutritional insecurity. But Singer has made me less comfortable with the assumption that animal suffering lies outside the development conversation. Perhaps that discomfort is useful for our NGO community.

More than 50 years ago, Bangladesh's suffering prompted a young philosopher in Oxford to reconsider the boundaries of moral responsibility. Now Singer has finally visited Bangladesh and left at least one lifelong development worker with another question—one worth asking as our NGOs search for their future: Whose suffering have we not yet learned to see?

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
নির্বাহী প্রকৌশলীর কার্যালয়,
গণপূর্ত বিভাগ, পাবনা।
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সংশোধিত বিজ্ঞপ্তি

এতদ্বারা সর্বসাধারনের অবগতির জন্য জানানো যাচ্ছে যে, পাবনা গণপূর্ত বিভাগের অধীনস্থ পাবনা মানসিক হাসপাতাল এলাকায় অবস্থিত পুরাতন জরাজীর্ণ ব্যবহারের অযোগ্য পরিত্যক্ত ১৫(পনেরো) টি ভবন (যাহা ১৫ (পনেরো) গ্রুপে বিভক্ত) নিলাম দরপত্র বিজ্ঞপ্তি নং- ০৪(চার) অর্থ বছর ২০২৬-২০২৭ ইং মোতাবেক নিলাম দরপত্র আহবান করা হয়েছিল। কিন্তু অনিবার্য কারনবশত ১৫ (পনেরো) টি গ্রুপের মধ্যে গ্রুপ নং-৪ (চার) পাবনা মানসিক হাসপাতাল এলাকায় অবস্থিত পুরাতন জরাজীর্ণ ব্যবহারের অযোগ্য পরিত্যক্ত পুরাতন (বহিঃ বিভাগ) ভবন। (সাইট প্ল্যান অনুযায়ী চিহ্নিত ভবন নম্বর ঃ ২৯/৩০) এবং গ্রুপ নং-৬ (ছয়) পাবনা মানসিক হাসপাতাল এলাকায় অবস্থিত পুরাতন জরাজীর্ণ ব্যবহারের অযোগ্য পরিত্যক্ত টিন সেড (গার্ড) বাসা। (সাইট প্ল্যান অনুযায়ী চিহ্নিত ভবন নম্বর ঃ /৩১) নিলাম দরপত্র ০২(দুই) টি স্থগিত করা হলো।

(মোঃ রাশেদ কবির)
নির্বাহী প্রকৌশলী
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