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Thinking Aloud

Editor's Desk

The July 2020 issue of Thinking Aloud focuses on "COVID-19 Crisis: Economic and Social Challenges". The first page article titled "An ailing health sector in Bangladesh: Any scope for a politically feasible reform agenda?" emphasizes that the health sector in Bangladesh has a 'stable anti-reform coalition' among the dominant actors in this sector and resultant 'policy paralysis'. A general scenario of the interplay between the interests and influence of the main actors in the health sector shows that there are missing actors concerning high-interest and high-influence for health sector reform in Bangladesh, which explains the lack of reform in this sector. The second and third pages of this issue present three more articles. The article on "Challenges of employment generation in the context of COVID-19" discusses the major challenges of employment generation in the context of this pandemic from both short term and long term perspectives. Given the wide spread impact of the pandemic on those producing products or services with income elastic demand and living on daily or weekly earnings, many of them might have already lost their small capital base to safeguard livelihoods. The article suggests that incentive packages and budgetary allocations should be accompanied with terms and conditions favorable to those engaged in informal activities with small capital base. The article titled "How do institutions matter in addressing a pandemic like COVID-19?" highlighted that weaker institutions result in inadequate handling of the pandemic. The article suggested for systematic political decentralization and transformation towards a pluralistic political institution. The article titled "The social protection budget fails to meet the expectation" assesses the actual amount of transferred money to the vulnerable groups through the social protection system. The article concludes that the social assistant budget as proposed in FY2020-21 has failed to meet the expectations and requirements. The fourth page writes about the SANEM Netizen Forum, SANEM SHONGJOG on health issues, and the two budget related webinars organised by SANEM.

Inside this issue

An ailing health sector in Bangladesh: Any scope for a politically feasible reform agenda?

Selim Raihan

The ongoing health crisis shows the dilapidated state of government hospitals and public healthcare in Bangladesh. At the same time, it shows a lack of accountability in private healthcare. The health sector in Bangladesh cannot provide the necessary healthcare because of high deficiencies in financing, efficiency, quality and equity.

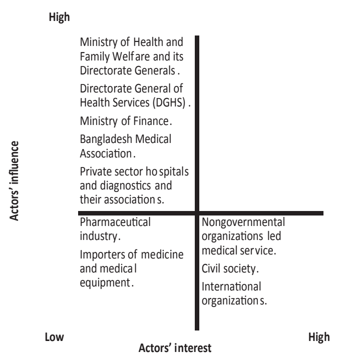
In 2017, the share of public health expenditure in the gross domestic product (GDP) was only 0.4% in Bangladesh, while the averages for lower-middle countries and South Asian countries were 1.3% and 0.9% respectively. For this reason, the share of out-of-pocket health expenditure in total health expenditure in Bangladesh is one of the highest in the world. In 2017, this ratio was 74% in Bangladesh in comparison to the lower-middle country average of 55% and the South Asian average of 63%. Bangladesh also has a very underdeveloped health infrastructure. For example, the number of physicians per 1000 people in Bangladesh in 2017 was 0.54, which was 0.76 for the lower-middle countries and 0.83 for the South Asian countries.

If we look at some health indicators, starting from a low base, over the last four decades, Bangladesh has made considerable progress in life expectancy, maternal mortality, and infant mortality. The success of Bangladesh in life expectancy, maternal mortality, and infant mortality lies on three factors – use of low-cost solutions to some vital health-related problems, widespread activities of NGOs creating some necessary awareness, and external remittances raising the capacities of the households for high out-of-pocket health expenditure. However, under a critical health hazard like COVID-19, and also for pressures originating from the ageing population, rising prevalence of chronic diseases, and the growing need for intensive uses of expensive still critical health-related equipment, scopes of these three factors in addressing new challenges are deemed to be limited. Financing health-related problems through out-of-pocket expenditures increases inequality within society, as this places an unequal cost burden on the poor people, thus keeping the vicious cycle of disease-poverty-disease alive.

Actors involved in health sector reform process

	State Actors	Non-state Actors
Direct actors	Ministry of Health and Family Welfare and its Directorate Generals. Directorate General of Health Services (DGHS).	Bangladesh Medical Association. Private sector hospitals and diagnostics and their associations. Nongovernmental organizations led medical service.
Indirect actors	Ministry of Finance.	Pharmaceutical industry. Importers of medicine and medical equipment. Civil society. International organizations.

Actors' interest and influence in health sector reform



The health sector in Bangladesh has a 'stable anti-reform coalition' among the dominant actors in this sector and resultant 'policy paralysis'. The 'policy paralysis' can be described as a situation where critically important and necessary laws and reforms are not undertaken or, even if undertaken, not implemented as a result of lack of commitment from the government or inability of the dominant actors to reach a consensus over the nature of the reform. The 'policy paralysis' in the health sector is observed through the continued staggeringly low public spending on health years after years, high prevalence of mismanagement, corruption, and lack of accountability and transparency.

But, why are there the 'policy paralysis' and a 'stable anti-reform coalition' in the health sector in Bangladesh? Bangladesh has a pluralistic healthcare system, which is highly unregulated and consists of different actors with different interests and degree of power or influence. However, it is worth noting that the actors are interconnected with various degrees of contest and coalition. The identified actors can be grouped into four categories, namely state, non-state, direct and indirect actors. The direct state actors in the health sector are the Ministry of Health and Family Welfare, its Directorate Generals, and in particular, the Directorate General of Health Services (DGHS). The indirect state actor is the Ministry of Finance. The direct non-state actors are Bangladesh Medical Association, private sector hospitals and diagnostics and their associations, and non-governmental organizations led medical service. The indirect non-state actors are the pharmaceutical industry, importers of medicine and medical equipment, civil society, and international organizations. Although the power and influence of the key actors vary depending on the context, a general scenario of the interplay between the interests and influence of the main actors shows that there are missing actors concerning high-interest and high-influence for health sector reform in Bangladesh. Also, there is a strong incentive to maintain the status quo where the generation of rents from the existing system and distribution of such rents among the influential actors perpetuates the so-called 'stable anti-reform coalition'.

While the eighth target of the third SDG aims to achieve universal health coverage, Bangladesh is way behind meeting this target. Given the aforementioned political economy dynamics, what can a politically feasible reform agenda be for the health sector in Bangladesh? A meaningful health sector reform in Bangladesh should include increasing the share of public health spending in GDP from the current poor level to at least 1.5% immediately and gradually to 3-4% in the next 3-4 years; ensuring full cooperation across government and the Finance Ministry to allocate more resources to healthcare; ensuring transparency and accountability in public health spending, and; reforming and restructuring the institutions through which health policies are implemented. Looking at the power-interplay matrix of the actors involved in the health sector, it is obvious that the existing highly influential actors have little incentives to break the 'stable anti-reform coalition'. There is a need for bringing in a new actor in the power-interplay scenario. For example, a powerful Health Commission with high-interest and high-influence, overseeing the health sector reform, can be set up, which should be supported by the strong political will of the ruling elite.

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Challenges of employment generation in the context of COVID-19

Sayema Haque Bidisha and Tanveer Mahmood

With COVID-19 being detected at the beginning of March 2020 and infected cases still showing a rising trend, economic activities of the country are at a low pace for several months. This has resulted in loss in income and employment for millions of people, especially those engaged in small scale manufacturing employment and service sectors. Given that as high as 85% of labor force are engaged in informal employment, saving the livelihood of these people and generating employment opportunities for them are the key tasks ahead.

The challenges of employment against the backdrop of COVID-19 can be broadly related to a number of major avenues: (i) fall in domestic demand due to loss in income (including fall in remittances) and confidence among consumers; (ii) fall in global demand; (iii) influx of labor supply due to return migrants; (iv) restricted productive activities in domestic market; (v) slow pace of private investment; (vi) loss in future capital accumulation due to present crisis. The crisis in employment and income can therefore prolong even after the infection is under control- thus it is crucial to understand the extent of employment crisis from both short and long term perspective (we may assume short term being 3 months from now, medium term being 1 year and long term being 2 years).

In the short term, while the focus should be more towards meeting the basic necessities, in the medium to long run, from a macro point of view, employment generation can be considered to be closely related to economic growth. While considering a moderate employment elasticity of growth and even with a high growth scenario of 8.5%, an aggregate projection model reflects large gap in potential labor force and employment which can be much higher with a pessimistic growth scenario of 3% (Table). In case of youths aged 15 to 29 years, the projected gap is even larger, posing threat to our capacity to realize demographic dividend. In terms of growth projection, it is however worth mentioning that, in the proposed budget of 2020-21, though the GoB projected a growth rate of 8.2%, with COVID-19 infection still at an increasing rate, domestic demand scenario does not appear to be promising. In addition, with global recession and lower price of petroleum, the future scenario of two major drivers of economic growth, which are also major sources of employment, namely RMG and foreign remittances is also quite uncertain at the moment. Besides, with the addition of return migrants in the labor force, the challenge of employment generation is even greater. Another crucial element of our projection is that of employment elasticity- with employment elasticity gradually falling in recent years, the projected gap in employment could be even larger than that in Table (from 2009/10 to 2017/18, employment elasticity of growth is estimated to be 0.25: SANEM(2019)).

Amidst the challenges of COVID-19, two major ways of generating employment are: (i) through stimulating private investment; and/or (ii) while encouraging small scale employment activities. However, as for private investment growth in next few years, high domestic financing as proposed in budget 2020-21 and uncertainty in business environment, are not proposing an optimistic scenario. The government has already announced a number of incentive packages along with a number of incentives for the RMG sector in budget 2020-21. On one hand, a careful re-designing of these incentives conditional on protecting the rights of the workers, while on the other hand, alternative strategies like creating a separate fund for providing credit to those who might get laid off in coming months (including the return migrants) is worth considering. For generating employment in relatively shorter time, it is however essential to support the entrepreneurs through ensuring credit with flexible terms and conditions and at low interest rates. In budget 2019-20, 100 crore taka was allocated for the start ups of youths - incentives similar to this is essential to generate employment for the urban youths in particular. The GoB announced an incentive package of 20,000 crore taka for the MSMEs and cottage industries but due to the prevalent complexities as in the banking channels and proposed high rate of interest (9% shared by the government and the loan recipient), employment generation through this package is only possible if the terms and conditions are made favorable. The budgetary allocation of 2,000 crore taka for overall employment generation in rural areas targeted towards the youths, farmers and return migrants is definitely a positive step towards encouraging self employment activities. However, given the wide spread impact of the pandemic, particularly on those producing/offering products/services with income elastic demand and living on daily/weekly earnings, it is not unlikely that many of those might have already lost their small capital base to safeguard their livelihoods. It is therefore essential that all such incentive packages and budgetary allocations are accompanied with terms and condition favorable to those engaged in informal activities/petty trades and with small capital base.

Table: Projected Employment Gap (in million)

GDP growth rate (%)	All		Youth	
	Gap in 2021	Gap in 2020	Gap in 2021	Gap in 2020
3.0	6.70	5.65	1.65	1.06
3.5	6.38	5.41	1.54	0.98
5.5	5.13	4.48	1.09	0.63
6.0	4.81	4.25	0.98	0.54
8.0	3.53	3.30	0.52	0.19
8.5	3.20	3.06	0.40	0.11

Note: This estimation followed an aggregate projection model of ADB (2016) and is based on the data of various rounds of Labor Force Survey
Employment at time t: $E_t = E_0 (1+r_e)^t$, *where,* r_e is annual rate of growth of employment and if η is elasticity of employment and r_g is growth of output then: $r_e = \eta r_g$. *Labor Force at t:* $LF_t = L_0 (1+r_{lf})^t$ *where,* $r_{lf} = (L_{\text{final year}} / L_{\text{initial year}})^{(1/\text{time duration})} - 1$ is the annual rate of growth of labor force. *Here, we assume* $\eta = 0.30$.

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How do institutions matter in addressing a pandemic like COVID-19?

Mahtab Uddin

As of 29 June 2020, over ten million people have been affected with the coronavirus across the world. The experience of containing the virus varies widely from country to country. While several countries successfully managed to curb down the virus spread rate, plenty others are still struggling to contain. Did countries with better institutions contain the pandemic faster than others? If so, why? This article is a part of a working paper that attempts to answer the question.

Broadly institutions are defined as formal and informal rules, laws, processes, incentives, and norms that govern the way citizens cooperate to achieve uniform goals. Institutions have long been argued as fundamental to understanding the development challenges faced by developing countries. In this respect, we argue that the successes and failures in addressing a pandemic like COVID-19 are well associated with the type of political and economic institutions pre-existing in a country. In analyzing the country performances, we incorporate a conceptual framework followed by quantitative analysis.

Conceptual framework: The keys to successfully combating any pandemic lies in undertaking swift and fast decisions without delays and ensuring smooth coordination among the stakeholders. Countries with weaker institutions might lose on both fronts due to extremely high inertia in taking and implementing public policies. This inertia originates from several factors.

Firstly, in such economies, there is a severe centralization of powers in the hands of the few. Such a high concentration of political power leads to setting up a system, where all critical decisions are implemented subject to instructions from the rulers. Secondly, political elites consider higher freedom of expression as a threat to their sustained monopoly of power. Under such a scenario, speaking up the unpleasant advice, which is very desirable during the pandemic, gets suppressed. It weakens the ‘desired autonomous reflex’ in the bureaucratic process: that is, the bureaucrats get discouraged from acting on their own for tackling the crisis based on circumstances. Likewise, all major stakeholders remain dormant (‘forcedly’ or ‘willingly’) even when they were required to be more vigilant. Such a lack of ‘drive to change’ leads to coordination failure among the entities.

Lastly, the health sector itself is different than most other public sectors. Due to the asymmetry of information, healthcare suppliers can substantially induce the demand for their services. Thus, the scope of economic coercion and corruption in this sector is extremely high. Under absolutist political institutions, it is the elites who enjoy these rents from coercion/corruption. This system perpetuates as there is no conflict of interest for the elites since they mostly rely on healthcare services in other developed countries. An extractive political determinism in this sector thus continues regardless of regime changes unless there is any institutional drifts or conversions. Under such circumstances, countries with weaker institutions are expected to perform poorly compared to the countries with better institutions at the face of a global pandemic like COVID-19.

Empirical findings: Data are taken from ‘Our World in Data’, the database of V-Dem Institute, and the WDI database. The dependent variable in our analysis is the growth rate [seven days moving average] in the coronavirus cases in a country on its 100th day since the first

Featured Article

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case identified. We argue and show that, by the time countries reached to their 100th day of infection, countries with better institutions had a significantly lower growth rate in COVID-19 cases than others.

As explanatory variables, we consider five political economy indicators: (i) the rule of law; (ii) extractive nature of the political regime; (iii) political power concentration; (iv) freedom of expression; and (iv) quality of democracy. We also include other control variables such as the size of the population, total healthcare expenditure, GNI per capita, trade openness etc.

Our cross country regression result shows, on an average holding all other things constant, a country with one point higher score in the rule of law index [scaled from -3 to 3; higher is better] would have the coronavirus spread lower by 0.83 percentage points. For capturing the extractive political regime dimension, we incorporate the political corruption index [scale: 0-1; lower is better]. Our result shows, countries with a one-point higher score on this scale had on an average 1.7 percentage points higher growth rate in coronavirus spread on the 100th day of the infection.

We use neopatrimonialism as a proxy to measure political power concentration. The concept of neopatrimonialism asserts that the right to rule is ascribed to an individual than an office, and the utilization of state resources for political purposes are the norms. We measure it with the neopatrimonial rule index (scaled between 0 and 1; higher is worse). The regression results show a typical country with one-point higher score on this index would ultimately have a 1.48 percentage points higher COVID-19 growth rate than others.

As noted, freedom of expression is crucial to encouraging 'hard-truths', a parameter vital to tackle a pandemic. To capture it, we use freedom of expression index [scaled on 0 to 1; higher is better]. The regression result suggests a one-unit improvement on this index could have contributed to reducing the virus spread rate by 1.6 percentage points for a typical country. Lastly, we observe the impact of the quality of democracy using the Egalitarian Democracy index (EDI) [scale on 0 to 1 with 0.25 increments; higher is better]. The regression result suggests a one-unit improvement on this ordinal scale could have resulted in a reduction in the virus spread by 2.16 percent for a typical country than otherwise.

In all of the cases, we find out that the median virus spread rate of the top two quantile countries on any given index [e.g. EDI] is almost a quarter compared to the countries on the bottom two quantiles on the institutional index. As such, the median coronavirus growth rate of the top two quantile countries on the EDI index was 0.71 percent on the 100th day of infection whereas, for the bottom two quantiles this rate was 2.92 percent.

All the results lead to the conclusion that weaker institutions resulted in more inadequate handling of the pandemic. However, it would not be easy to break the mold in this political economy dynamics with the existing power structures. It would require systematic political decentralization and transformation towards a pluralistic political institution. What is needed most, in this case, is nonetheless a robust political will being spawn by internal forces that would lead to the ultimate institutional conversion.

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The social protection budget fails to meet the expectation

Bazlul H Khondker and Zubayer Hossen

The citizens of Bangladesh were looking for measures proposed in FY 2021 to save lives and livelihood. Particular attention was on the social protection budget as almost everyone would agree that tax-financed social assistance directed to vulnerable groups (i.e. existing poor and new poor due to COVID 19) is an important fiscal instrument for saving lives. Social assistance is one of the two pillars of a social protection system. A social protection system composed of social assistance and social insurance. Accordingly, we expected a series of measures for the social protection and social assistance systems in the budget for FY 2021.

This article aims to assess how much money is actually transferred to the vulnerable groups through the social protection system. We assess it via seeking answers to four key questions that govern the social assistance system in Bangladesh (and elsewhere). These are: (i) what is the allocation for social assistance directed to the vulnerable groups?; (ii) what are the measures adopted to improve a very poor beneficiary identification problem?; (iii) what is the efficient way to make social assistance transfers to the beneficiaries?; and (iv) What is the expectation of poor regarding the transfer amount (also known as 'generosity' in social protection vocabulary)?

The expectation was to raise the social protection budget to 3 per cent of GDP from the current level of 2.5 per cent of GDP. According to the budget speech, the total allocation to social protection (SP) system for FY 2021 is 3.01 per cent of GDP. One major item in SP budget is pension for government officials (PGO). In FY 2020, the total allocation for PGO was 0.82 per cent out of total SP budget of 2.92 per cent of GDP. Pension for PGO is regarded as social insurance and hence allocation for social assistance in FY 2020 should have been 2.1 per cent of GDP after deducting 0.82 per cent allocation for PGO (i.e. 2.1% => 2.92% — 0.82%). But there is more to this story. The SP budget prepared by the Finance Division includes a number of questionable items that should not be considered under the SP budget. Some of these include – interest rate of savings certificate (0.24% in FY 20 and 0.22% in FY 21); constructions (0.02% in FY 20 and 0.03% in FY 21); spending on health services (0.10% in FY 20 and 0.09% in FY 21); spending on family planning services (0.03% in FY 20 and 0.03% in FY 21); and agriculture rehabilitation and subsidy (0.01% in FY 20 and 0.14% in FY 21).

Table: Social protection budget (as per cent of GDP)

Broad categories	FY 2020 (revised)	FY 2021 (proposed)
1. Social protection allocation	2.92	3.01
2. Social insurance (government official's pension)	0.82	0.73
3. Non- social protection spending*	0.40	0.49
4. Social assistance directed to vulnerable (1 – 2 – 3)	1.70	1.79

*Note: * Non-social protection spending includes spending on construction, community health services, family planning services, agricultural rehabilitation and subsidy, and interest from savings certificate.*
Source: Finance Division, Ministry of Finance

The total values of these questionable items are 0.40 per cent of GDP in FY 2020 and 0.49 per cent of GDP in FY 2021. These should not be part of the social assistance system. When these values are deducted – the allocations for social assistance directed to the vulnerable groups are 1.70 per cent of GDP in FY 2020 and 1.79 per cent of GDP in FY 2021. We believe, the call was to raise allocation to 3 per cent of GDP and we are short by 1.21 per cent of GDP in FY 2021.

Raising social assistance allocation directed to the vulnerable is perhaps an easier task compared to the task of improving the identification of the deserving beneficiaries in Bangladesh. The performance of Bangladesh in this area is very poor. The methods followed in Bangladesh to identify beneficiaries have been very inefficient resulting in a high level of undercoverage of deserving beneficiaries (e.g. namely poor and vulnerable). For instance, undercoverage (which is also known as 'exclusion error') denotes the sum of actual poor wrongly classified as non-poor as a proportion of the total poor. According to HIES 2016, the undercoverage of deserving beneficiaries was around 71 per cent. This suggests that the Bangladesh SP system could only reach 30 per cent of the deserving beneficiaries accurately. Given the inefficiency in beneficiary identification/selection, only 0.6 per cent of current social assistance allocation (e.g. 1.70% in FY 2020) reached the deserving beneficiaries in FY 2020. To address the high cost inefficiency problem, the government has undertaken a project to develop a comprehensive database of all households (known as the National Household Database – NHD) and develop an Information Management System (IMS). Both NHD and IMS should have been completed by 2019. Even though the completion of NHD and IMS will not eliminate exclusion errors but may improve the beneficiary selection. Given the importance of effective beneficiary selection, it was expected that the FY 2021 budget would provide some strategic directions to the completion of NHD and IMS, and what further needs to be accomplished to improve the beneficiary identification in Bangladesh. But the budget failed to come up with strategic suggestions and hence fell short to meet the expectation.

Currently, multiple payment methods having transaction costs between 0.0 to 2.5 per cent are used to transfer funds to the beneficiaries. The pre-dominant payment channels are:

1. Payment through treasury
2. Banking system (local bank branch, payment booth, agent banking, mobile financial services)
3. Payment through postal system

A research study on the payment system for social protection in 2017 revealed several disadvantages of the current payment systems. Some of them include: (i) delay in receiving funds; (ii) inconvenient for beneficiaries – time, opportunity, and money-wise; (iii) added difficulties for old, disabled, sick, mothers with child, pregnant mothers; (v) vulnerable to duplication and fraudulent payments; and (vi) risk in cash management. Considering these demerits, MoF has been implementing a pilot project to remit transfers through Government-to-Person (G2P) taking advantage of the burgeoning Mobile Financial Services (MFS)

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infrastructure. Expected benefits of G2P include: (i) direct payment from the treasury to beneficiaries' accounts; (ii) timely and regular hassle-free delivery of allowances at the doorsteps of beneficiaries at zero cost to them; (iii) provides choice for beneficiaries to select according to their convenience the mode of receiving the allowances – Bank, Mobile Financial Services (MFS), Post offices, etc.; (iv) prevents leakages in terms of double-dipping, duplicates and eliminates ghost beneficiaries; and (v) improves cash flow management for the government. But G2P is still very limited in scale as only a few programs are included in the G2P pilot. For instance, cash allowances for 11 SPs are partially disbursed through G2P. In FY 2019, only 1.4 per cent of SP allocation (or only 6.7% of total allocations for the cash programs) goes through digitized G2P national architecture. Given its merits as well as to enhance financial inclusion, the coverage of G2P should have been substantially larger. There was no strategic direction about goals to widen the G2P coverage in FY 2021 budget. Again, the budget fails to meet the expectation.

According to the beneficiaries, generosity (transfer) is low in Bangladesh. The estimated average transfer amount which was less than BDT 332 per month in FY 2015 increased to about BDT 595 per month in FY 2019 in the nominal term. When compared with the national poverty lines, these transfer amounts appear inadequate to have an impact on the poverty situation of the beneficiaries. For instance, the estimated upper poverty line for 2019 is BDT 2,025 per person per month. Thus, the transfer amount of BDT 595 constitutes only 31 per cent of the need of a poor or vulnerable person. The transfer amounts are not only low but also their real value eroding due to inflation. One way to protect the real value is to index them to the inflation rate. It is a long-standing requirement to increase per capita transfer amount and as well as to protect their real values. These issues were not touched upon in the budget and failed to meet the expectations.

The social assistant budget as proposed has failed to meet the expectations and requirements. Considering the importance of the social assistance system for saving lives, we urge the government to revise the social protection budget in light of the above expectations and requirements.

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SANEM Netizen Forum: Episode 07

With 50 participants, the seventh episode of SANEM Netizen Forum on COVID-19 Pandemic took place on June 02, 2020, Tuesday, at 7 pm. In his introductory remarks, Dr. Selim Raihan emphasized on a special approach in Budget with focus on health and social protection. He further explained that health, education and social protection have to be prioritized in budget in order to tackle the economic challenges of the COVID-19 Pandemic. The forum members discussed the life vs. livelihood debate in details and asserted that this debate is undermining the importance of life. They called for strict measures for rent seekers as it is necessary to retain the full benefit of the stimulus packages. The forum agreed that a "herd immunity" approach would be quite self-destructive for the Bangladesh. Members of the forum called for more coordination in the national committee for COVID-19. Necessity of providing the youth with training, re-establishment of agricultural supply chain and investment opportunity in the post-COVID scenario were also discussed. It was proposed that a database containing information of the poor and the vulnerable be maintained.

SANEM shongjog on COVID-19 and health system of Bangladesh

A webinar titled "COVID-19 and health system of Bangladesh" was organized by SANEM on June 06, at 11 am. The webinar, fifth in the series titled "SANEM SHONGJOG", was attended by Professor Dr. Shah Monir Hossain, Chief of the government-formed expert committee for coronavirus response and former Director General, Directorate General of Health Service, Government of People's Republic of Bangladesh, Dr. Muhammod Abdus Sabur, Adjunct Professor, Institute of Health Economics, University of Dhaka and Dr. Rumana Haque, Professor, Department of Economics, University of Dhaka along with 70 other participants. The experts opined that there is no alternative to developing the public health sector and called for greater accountability in the private health sector. In light of the government decision of easing lockdown they expressed grave concern and remarked that without stricter lockdown measures, it would not be possible to tackle the spread of COVID-19. It was agreed by the experts that the health department has to be strengthened in terms of financial management and capacity. Participants in the webinar shared their concerns as well.

e-version: http://sanemnet.org/thinking-aloud/

SANEM webinar on budget 2020-21

In a webinar held on June 13, SANEM delivered its reaction on the proposed budget for the fiscal year 2020-21. Led by Professor Dr. Selim Raihan, the SANEM panel included Professor Dr. Sayema Haque Bidisha, Mr. Mahtab Uddin and Ms. Eshrat Sharmin. Dr. Raihan said that the proposed budget is not COVID-19 responsive to the required extent. Increase in allocation in health, education, agriculture and social protection in proposed budget for FY2020-21 is not enough in the current context. Certain provisions in the budget indicate inconsistencies in facts and data which can lead to wrong policy choice. He also said that the revenue target does not reflect the capacity and the past trend of revenue collection. Dr. Sayema Haque Bidisha said that the budget does not address the urban poor and the measures taken for youth and SMEs is insufficient. National austerity measures such as cutting allowances of top officials and unnecessary costs, could have been introduced in the budget, which could be essentially beneficial for financing. Mr. Mahtab Uddin explained that there might be a rise in drop-out rate after the pandemic and child marriage can also increase. Ms. Eshrat Sharmin called for stricter measures against black money.

SANEM ActionAid webinar on budget 2020-21 and development of the young people

A webinar titled "Implementation of the Budget for the Fiscal Year 2020-21 in the Context of the Development of the Young People"; jointly organized by SANEM and ActionAid Bangladesh was held on June 27, 2020, at 11 AM. Ms. Farah Kabir, Country Director of ActionAid Bangladesh, presided over the webinar while Dr. Sayema Haque Bidisha, Research Director of SANEM, and Professor, Department of Economics, University of Dhaka, hosted the webinar. Mr. Nahim Razzaq, Member of Parliament, Shariatpur- 3 Constituency, and Convener, Young Bangla - National Youth Platform was the guest of honor at the webinar and Dr. Atiur Rahman, Professor, Department of Development Studies, University of Dhaka was the special guest. Dr. Selim Raihan, Executive Director of SANEM, and Professor, Department of economics, University of Dhaka, gave a special speech at the webinar. Mr. Mahtab Uddin, Research Fellow of SANEM, and Lecturer, Department of Economics, University of Dhaka; Mr. Nazmul Ahsan, Manager-Young People, ActionAid Bangladesh; and Mr. Hussain M Elius, CEO and Co-founder, app-based ride-sharing platform Pathao were the panelists at the webinar. Ms. Eshrat Sharmin, Research Associate of SANEM, presented the keynote paper at the webinar. Hosted by the video conferencing app Zoom, the webinar was attended by 80 participants from different parts of Bangladesh.

Events

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