

# TRANSLATING POLITICAL COMMITMENTS TO ACTIONS: REVISITING HEALTH SECTOR- RELATED COMMITMENTS OF ELECTION 2018

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Bangladesh Awami League (the currently ruling political party) got into power for the third consecutive term (of five years) after the National Elections of 2018. Before the election, they publicized their election manifesto titled “Bangladesh on the March towards Prosperity”. In this political document, Bangladesh Awami League clearly delineated their commitments regarding how they intended to improve healthcare services for the citizens if they are elected to power.

Upon being elected to power in 2018, the government run by the Bangladesh Awami League so far, has proposed National Budgets for three fiscal years, namely- FY 2019-20, FY 2020-21, and FY 2021-22. This policy brief reviews the extent to which the health sector related manifesto commitments have been reflected in the fiscal policy of the government (i.e., in the National Budget proposals of the said fiscal years).

## Election Manifesto 2018 Commitments Related to Health Sector

In the said Election Manifesto of 2018, the currently ruling political party presented their vision for the health sector for the next five years. Under section 3.19 of the said document, Bangladesh Awami League presented their ‘objectives and plans’ for ‘Healthcare and Family Welfare’. These were broken into ten clear objectives, as given below:

01) Making the health and nutrition services available to every citizen of the country.

02) Ensuring every person below one year and over sixty-five years is given health services free of cost.

03) Establishing medical universities in each divisional city.

04) Making treatment of heart, cancer and kidney available in every medical college hospitals.

05) Establishing at least one 100-bed self-contained cancer and kidney treatment facility in every divisional city.

06) Making health service systems friendlier and fault-free through introduction of modern technologies in the health service centers and hospitals.

07) Initiating online services by specialized medical practitioners from home and abroad.

08) Modernizing facilities (including the buildings) of community clinics.

09) Continue improving and modernization of ayurvedic, unani, indigenous and homoeopathic treatments and education.

10) Increasing the number of doctors, improving the quality of services and the availability of medical persons in the rural health centers.

The said election manifesto claimed that these ‘objectives and plans’ had been set in alignment with the policy of Bangladesh Awami League to “ensure health and nutrition service to all”. Considering the then prevailing realities of Bangladesh health sector (low-income families suffering due to high out-of-pocket health expenditure, people seeking tertiary healthcare being forced to seek move to major urban centers, large number of healthcare-seekers going abroad for quality healthcare etc.) the goals set in the manifesto appeared to be timely. More importantly, taking into account the growing size of National Budget, achieving these goals seemed economically viable as well. This necessitates measuring the extent to which the current government has fulfilled those commitments until now (August 2021). A reasonable way to do so is analyzing the allocations in the Annual Development Program (ADP) for health sector. Because ADP allocations reflects new development initiatives undertaken by the government.

## Linking ADP Allocations to Manifesto Commitments

As said before, ADP allocations reflect development initiatives undertaken by the government in a given fiscal year to improve quality, access etc. of healthcare services. To this end, ADP allocations for Health in the three fiscal years, namely- FY 2019-20, FY 2020-21, and FY 2021-22 has been reviewed. Allocations for ADP projects (in a given fiscal year) that are linked to attaining the commitments of the 2018 Election Manifesto have been summed up and put against the respective manifesto commitment and shown in table 01. The table additionally shows the total ADP allocation (during the three fiscal years) for fulfilling manifesto commitments and percentage share of total health sector development budget going for fulfilling specific election manifesto commitments.

In a given fiscal year, not all ADP projects for health sector have been considered here (in table 01). Only the allocations for projects that are linked with fulfilling the manifesto commitments are considered. For example, in case of FY 2019-20 there were 61 ADP projects for health sector. Of them, 53 were found to be linked with fulfilling different manifesto commitments. And of these 53 projects, 41 were found to be linked with fulfilling the first manifesto commitment, none were found to be linked with the second and third commitment, 1 was found to be linked with the fourth commitment and so on.

Table 01 shows that of the ten manifesto commitments, there are 3 which any ADP allocation is yet to be made. It also shows that as the years go by, higher amounts of resources are being allocated to projects that are linked to fulfillment of the election manifesto commitments (this is most likely because of the total National Budget increasing gradually). As a whole, the Government of Bangladesh has allocated over 40 percent of its health sector development budget to fulfillment of the election manifesto commitments (which is worth BDT 16,148 crore).

As shown in table 01, no development project has been undertaken under the Budgets for the said three fiscal years to (a) ensure every person below one year and over sixty-five years is given health services free of cost (manifesto commitment 02); (b) initiate online services by specialized medical practitioners from home and abroad (manifesto 07); and (c) modernize facilities (including the buildings) of community clinics (manifesto commitment 08). It is possible that some funds from the revenue budget for the health sector are being allocated to attaining these objectives. It is also possible that some funds from development projects under ADP are also going for attaining those objectives.

Table 01: Annual Development Programme (ADP) allocations for fulfilling the Election Manifesto 2018 commitments.

| Manifesto Commitments                                                                  | ADP Allocation (crore BDT) |                |                |                      | Share (%) of development budget for health |
|----------------------------------------------------------------------------------------|----------------------------|----------------|----------------|----------------------|--------------------------------------------|
|                                                                                        | Budget 2019-20             | Budget 2020-21 | Budget 2021-22 | Total ADP Allocation |                                            |
| 01 Making the health & nutrition services available for all                            | 4,765                      | 4,563          | 4,548          | 13,876               | 34.41%                                     |
| 02 Every person below 1 and above 65 years gets free health services                   | -                          | -              | -              | -                    | 0.00%                                      |
| 03 Medical universities in each divisional city                                        | -                          | 4              | -              | 4                    | 0.01%                                      |
| 04 Heart, cancer & kidney treatment at every medical college                           | 5                          | -              | 47             | 52                   | 0.13%                                      |
| 05 At least one 100-bed cancer & kidney hospital in every divisional city              | -                          | 35             | 112            | 146                  | 0.36%                                      |
| 06 Modern technologies in the health service centers & hospitals                       | 65                         | 133            | 373            | 570                  | 1.41%                                      |
| 07 Online service by specialized medical practitioners from home & abroad              | -                          | -              | -              | -                    | 0.00%                                      |
| 08 Modernizing facilities (including buildings) of community clinics                   | -                          | -              | -              | -                    | 0.00%                                      |
| 09 Improving & modernizing ayurvedic, unani, indigenous, & homoeopathic                | 74                         | 83             | 61             | 218                  | 0.54%                                      |
| 10 Increasing no. of doctors & improving service quality & availability in rural areas | 467                        | 375            | 440            | 1,282                | 3.18%                                      |
| <b>Total</b>                                                                           | <b>5,376</b>               | <b>5,193</b>   | <b>5,579</b>   | <b>16,148</b>        | <b>40.05%</b>                              |

To more comprehensively assess the progress towards fulfillment of the election manifesto commitments, one needs to go beyond just fiscal allocations and look into what those allocations intend to achieve in reality. The Medium Term Budget Framework (MTBF) document published by the Ministry of Finance, at the beginning of each fiscal year (along with the Budget Proposal for that fiscal year) presents the targets that relevant ministries/directorates/divisions intend to achieve with the fund they are allocated. Policymakers and other stakeholders can use those targets to assess to what extent the government intends to fulfill the election manifesto commitments.

## Utilizing MTBF to Assess Progress Towards Fulfilling Manifesto Commitments

The MTBF of the Government of Bangladesh uses a total of 6 Key Performance Indicators (KPIs) to measure performance of the two divisions under the Ministry of Health and Family Welfare (the ministry primarily responsible for public health services in Bangladesh).

Table 02: Sub-indicators already in MTBF and suggested additional sub-indicators (to be incorporated in the MTBF) to comprehensively measure progress towards fulfilling the election manifesto commitments.

| Manifesto Commitments                                                                  | Related sub-indicators in MTBF                                                                                              | Suggested additional sub-indicators                                                                       |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 01 Making the health & nutrition services available for all                            | Number. of community clinics and health facilities; number of hard-to-reach areas covered; number of NGOs receiving grants. | Number of senior citizens (65+ years) receiving services                                                  |
| 02 Every person below 1 and above 65 years gets free health services                   | No clear indicators.                                                                                                        | Number of persons below 1 and above 65 years getting free health services                                 |
| 03 Medical universities in each divisional city                                        | Number of medical universities in each division                                                                             | Number of medical universities in each division                                                           |
| 04 Heart, cancer & kidney treatment at every medical college                           | No clear indicators                                                                                                         | Number of medical colleges having heart, cancer & kidney treatment available.                             |
| 05 At least one 100-bed cancer & kidney hospital in every divisional city              | No clear indicators                                                                                                         | Number 100-bed cancer & kidney hospital in each division.                                                 |
| 06 Modern technologies in the health service centers & hospitals                       | No clear indicators                                                                                                         | Number of health service centers & hospitals with modern technologies (clear definition of them required) |
| 07 Online service by specialized medical practitioners from home & abroad              | Number of district hospitals where structural referral system is being piloted                                              | Number of medical universities in each division                                                           |
| 08 Modernizing facilities (including buildings) of community clinics                   | Number of community clinics to be established                                                                               | Number of medical universities in each division                                                           |
| 09 Improving & modernizing ayurvedic, unani, indige-nous, & homoeopathic               | Number of Alternative Healthcare (AHC) services available; Percentage of upgradation of AHC curriculum                      | Number of medical universities in each division                                                           |
| 10 Increasing no. of doctors & improving service quality & availability in rural areas | Number of healthcare professionals to receive training                                                                      | Number of medical universities in each division                                                           |

However, none of these KPIs can be directly linked with the election manifesto commitments. These KPIs are mostly related to mother and childcare. The MTBF document also has directorate/division-wise performance indicators (sub-indicators). Many of these sub-indicators can be used to assess progress towards fulfillment of the manifesto commitments. But still, additional indicators are required to comprehensively assess progress towards achieving the manifesto commitments.

The above (table 02) shows the 10 election manifesto commitments, the sub-indicators already in place in the MTBF that can be used to measure progress towards fulfillment of those commitments and suggested additional sub-indicators that may be incorporated in the MTBF to comprehensively assess progress towards attaining those commitments.

## Remarks

The current Government of Bangladesh is expected to prepare and implement National Budgets for at least two more fiscal years (namely- FY 2022-23, and FY 2023-24). Hence, it may be expected that it will allocate funds for specific ADP projects linked with fulfillment of the manifesto commitments that are yet to be covered. To ensure further effective monitoring (of the implementation of such projects) by the policymakers and other stakeholders, additional indicators suggested here may be considered for incorporation into the MTBF. The Government should also consider coming up with indicators to measure performance of the relevant ministries/divisions/directorates in terms of managing the COVID-19 pandemic (especially the vaccination campaign). Doing so, will not only enhance monitoring capacity of the stakeholders, but also present an easily understandable medium-term vision of the Government (about the health sector as a whole). That in turn may contribute towards non-government stakeholders in setting their complementary roles in attaining the overarching goals/objectives of health sector in Bangladesh.

## Sources:

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- (iii) *Budget in Brief 2019-20. Finance Division. Ministry of Finance. Government of the People's Republic of Bangladesh*
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## About this publication

This policy brief is prepared by Bangladesh Health Watch and Unnayan Shamannay as part of an evidence-based policy advocacy initiative focused on public expenditure for health in Bangladesh. It is publicized to encourage discourse on reflection of healthcare-related commitments of National Election 2018 in the subsequent National Budgets. This is expected to help the lawmakers in setting health sector priorities in the Budget of FY 2022-23.



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