

Collaborative Pathways to Effective Health Sector Management: Analyzing GO-NGO Collaboration in Bangladesh

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In Bangladesh, non-governmental organisations (NGOs) are vital in delivering social welfare and healthcare services. Government agencies and non-governmental organisations (NGOs) work together as “complementary forces” to accomplish national health objectives. Here, we examine the fundamental ideas and essential problems in Bangladesh’s healthcare collaboration between the government and non-governmental organisations. Additionally, it explores the efforts of the Bangladeshi government to improve health service delivery through collaboration with NGOs, focusing on low-income populations. The research relies on previously published works. Research shows that when governments and NGOs work together, people have better access to quality health care. Many non-governmental organisations (NGOs) in Bangladesh genuinely aim to improve society through their work, and there is no denying that NGOs in Bangladesh have a long history of undertaking human welfare operations. Consequently, all parties involved have to make a concerted effort.

Keywords: Health, NGO, GO-NGO collaboration, Bangladesh.

Regarding population density, Bangladesh is among the top countries in the world. Over the past ten years, Bangladesh’s GDP has increased by 6%, and human development has advanced remarkably (Sawada et al., 2018; Mahmud et al., 2018). Bangladeshi constitutions state that the government is primarily responsible for enhancing the country’s public health system (Islam & Biswas, 2018). In pursuit of this objective, the Government of Bangladesh has set up a national healthcare system involving public and private hospitals and clinics (Bhuiyan & Ferdous, 2023; WHO, 2018). Bangladesh has achieved tremendous strides in health, population, and nutrition (HPN) in recent decades. This is especially true in life expectancy, maternal mortality, immunisation coverage, infant mortality, and communicable disease control (ARK Foundation, 2021).

According to Persson (2021), the health system in Bangladesh is structured similarly to that in other middle-income and lower-middle-income countries: the government, private entities, donor agencies, and NGOs. Organisations working in non-governmental organisations (NGOs) serve as a “third sector” of healthcare providers in Bangladesh, complementing public and commercial hospitals (Ahmad & Hasan, 2006). A large chunk of Bangladesh’s total health expenditure was handled by non-governmental organisations (NGOs), which act as a conduit for donor agencies’ financing. The SDGs, universal healthcare coverage, and the elimination of recognised healthcare gaps depend on international non-governmental organisations (NGOs)

ensuring that healthcare services reach the final mile (WHO, 2023). For this reason, building capacity through decreasing duplication requires cooperation between the government and NGOs. Results cannot be achieved without NGOs and government collaborations in planning, funding, capacity building, service delivery, monitoring, and evaluation. A common occurrence in Bangladesh's health sector is the collaboration between government agencies and non-governmental organisations (ARK Foundation, 2021). It is now widely acknowledged that non-governmental organisations (NGOs) provide an alternative to developing nation governments in meeting the needs of individuals who would otherwise go unmet by official development programs (Roka, 2012). The government of a developing nation like Bangladesh cannot meet all of the healthcare needs of its citizens on its own. The governments of developing countries are slowly but surely forming partnerships with NSPs and NGOs to improve the living conditions of their citizens. This is due to resource constraints such as insufficient funding, a qualified and motivated workforce, appropriate technology and equipment, infrastructure, national coverage, public awareness, and professionalism. As the only entity with the authority to legislate, enforce constitutional obligations, collect taxes, employ force, and have widespread popular support, the government must play a pivotal role. However, with the changing geopolitical landscape, the collaboration between the Bangladeshi government and NGOs is more crucial than ever before in improving healthcare and achieving the country's national and SDG objectives (Maruf, 2013). Existing collaboration between the government and non-governmental organisations (NGOs) in health care in Bangladesh is examined in this study, which aims to analyse the fundamental principles and essential challenges. Also included are the government's initiatives to work with non-governmental organisations (NGOs) to better provide health services to the underprivileged in Bangladesh. The health system and GO-NGO collaboration was the subject of a thorough desk assessment of secondary literature following the inception activities. In addition to papers housed by government and international institutions, pertinent documents were sought out through web databases.

The Growth and Investment Landscape of Bangladesh's Healthcare Sector

The government of Bangladesh recognizes the importance of health in creating a healthy and productive populace. The nation has improved life expectancy, decreased infectious disease, and decreased baby and maternal mortality throughout time. Through advantageous incentives, the government is promoting the sector's continued growth. The industry welcomes 100% foreign direct investment, and new hospitals that fulfil certain requirements can take advantage of tax holidays (BIDA, 2024). Hospitals, clinics, diagnostic facilities, clinical trials, outsourcing, telemedicine, and medical equipment and devices comprise Bangladesh's healthcare industry. With a compound annual growth rate (CAGR) of 10.3% since 2010, the healthcare sector has doubled over the last eight years, reaching USD 6.76 billion in 2018 (measured in healthcare expenditures). The private sector dominates healthcare, and tertiary hospitals and diagnostic centres are expanding rapidly. Two hundred fifty-five state hospitals, 5,054 commercial hospitals and clinics, and 9,529 diagnostic centres were registered with the DGHS as of the end of 2019. As of the end of 2019, 143,394 total hospital beds were available, with 54,660 of those beds being

offered in public hospitals and 91,537 in private ones (BIDA, 2024).

GO-NGO Collaboration

Collaboration is when two or more groups work closely together, sharing resources and responsibilities, to achieve common objectives and purposes (Omondi et al. 1993; Magagula et al. 1997). It means that ongoing institutional ties are unimportant and that jointly agreed tasks are accomplished promptly (Bhattacharya & Ahmed, 1995). There are several contexts and methods in which collaboration can take place. People increasingly see that cooperation isn't the same as "sub-contracting" but rather a true partnership between organisations that value each other's perspectives and values autonomy regarding strategic planning and implementation (Korten, 1988; Begum, 2000).

Regarding humanitarian initiatives, service delivery, poverty alleviation, and microcredit, non-governmental organisations (NGOs) in Bangladesh have a long and storied history spanning decades. Nonetheless, their pursuit of SLG is still in its infancy. When NGOs' methods are incorporated into GOs' governing procedures, their involvement increases even further. While the current legislative framework does not prohibit NGOs from engaging, it does not encourage collaboration between GOs and NGOs. Under these conditions, research shows that the government is trying to speed up NGO involvement by using what NGOs have learnt, changing the legislative and legal framework, and encouraging plans to increase NGO involvement. These endeavours aim to improve governance by fostering openness, responsibility, citizen engagement, and service excellence (Mojumder & Panday, 2022). Partnerships between government and non-governmental organisations (GO-NGO) in Bangladesh, characterised by respect, cooperation, and accountability, will pave the way for tremendous success in achieving the SDGs set out by the United Nations. However, for these partnerships to cooperate in achieving and tracking the goals while holding each other accountable, there needs to be a detailed set of rules outlining how they should interact (GoB, 2017).

An Overview of Bangladesh's Healthcare Sector

Bangladesh, a nation in northeastern South Asia, is divided administratively into 4451 unions, 472 upazillas (sub-districts), 496 thanas (police stations), eight divisions (Bibhag), and 64 districts (Jela, Zila, and Zela). By 2020, there will be 16.47 million people living in Bangladesh (Worldometer, 2021). In June 2021, Bangladesh's GDP per capita was projected to be 2097.000 USD (CEIC, 2021). According to the World Bank, the proportion of the population living below the national poverty line increased by 8.2 percentage points to 30% in 2020–2021, up from 21.8% in 2019 (ADB, 2021), when compared to a non-COVID-19 counterfactual scenario (The Financial Express, 2021). Bangladesh's life expectancy at birth increased from 46.59 to 73.0 years between 1971 and 2021 (Macrotrends, 2021).

Bangladesh's 2018 health spending per capita was 42 US dollars, or 2.3% of GDP, which is higher than the average for South Asia and Lower Middle-Income Countries (LMICs), which are 5.3% and 5.4% of GDP, respectively (Hosain and Ahmed, 2020; Sattar and Parvez, 2021). Therefore, compared to people in other SAARC nations, Bangladeshis must pay more for health care (Fahim et al., 2018).

The issue of healthcare governance is addressed in the Government of Bangladesh's

4th Health Sector Programme (HPNSP, 2017–2022). The first initiative establishes the foundation for achieving universal health care and the Sustainable Development Goals (DGHS, 2017). One of the primary aims of the HPNSP is a more functional MoHFW that has been reorganized to improve performance, efficiency, and accountability while removing waste and duplication. Another is that the MoHFW's enhanced stewardship and governance role strengthens management, leadership, and regulatory capabilities for higher-quality services.

Bangladesh's healthcare delivery system is based on the Primary Health Care (PHC) concept. Most of a person's health needs are met by PHC during their lifetime. It includes social, emotional, and physical well-being and is people-centred rather than disease-centred (Sattar and Parvez, 2021). District hospitals can accommodate up to 500 patients for secondary treatment. Tertiary-level healthcare, including a wide range of specialized and upgraded laboratory facilities, is provided by medical college hospitals, public health and medical institutes, and other specialty hospitals around the country (Islam and Biswas, 2014).

The Role of GO-NGO Collaboration in Strengthening Bangladesh's Healthcare Sector

Maintaining good health is essential to an individual's and a community's capacity to earn a livelihood (Sheng & Fuchong, 2024). When looking at the developing world as a whole, the health and population situation is quite concerning. One of the primary requirements for constructing a developed nation is to address the people's health care demands. Bangladesh is a developing nation with limited resources and inefficient public and commercial sectors. Addressing the escalating public health challenges requires coordinated efforts and collaboration between the public and private sectors (Ahmed, 2000). Government and NGO interaction, often known as public-private collaboration, is the most promising and successful health sector reform effort now underway on a global scale. Modern development theorists see non-governmental organisations (NGOs), academics, and practitioners as novel and effective participants in the development arena (Rugendyke, 2007; Bebbington et al., 2005). Volunteer organisations in developing nations are seen as potential substitutes for traditional development agencies (Garilao, 1987). The nonprofit sector is called the "growth sector" (Brodhead, 1987).

Over time, non-governmental organisations (NGOs) have been getting more and more international recognition for their development work (Ulleberg, 2009). Even developing nation governments understand the value of non-governmental organisations (NGOs) to their countries' progress (Momen & Ferdous, 2023). At the same time, NGOs embrace that government intervention is necessary for their operations to scale up to a national level. The governmental and non-profit sectors can combine their resources and knowledge through GO- NGO collaboration, which is an opportunity for balanced development. No industry can tackle this daunting task alone. Collaborating or forming partnerships across sectors is an attractive approach to development because it takes advantage of the distinct skills of different areas (Brown & Korten, 1991). A central tenet of the emerging new ideological discourse since the 1990s is the need for public-private partnerships in enhancing service delivery (Peters, 2001). The term "public-private partnerships" (PPPs) has recently gained popularity among international organisations, which are "actively

lobbying to have partnerships be accepted as the way forward” (Osman, 2008). Even though public-private partnership dynamics are universal, there has been a consistent call in the international literature for more research on partnerships at the national level to understand them better, their efficacy, and the obstacles they face.

The Central Government of Bangladesh (GOB) has been pushing for PPPs to provide healthcare services since the '80s (GOB, 1985). In Bangladesh, the government and private organisations work together to provide medical treatment. Despite the public sector's better physical infrastructure, the country's system would be better described as privatised on coverage matters (Osman, 2004). Public health programs have mostly fallen short of their goal of expanding access to inexpensive and quality healthcare for low-income and otherwise disadvantaged populations (Basu et al., 2012). The private sector is notoriously unpredictable when providing high-quality care, and the high out-of-pocket prices mean that low-income people have limited access to medical procedures. One viable alternative that has arisen to ensure that low-income people have access to health services is non-governmental organisations (NGOs).

Through its Health Services and Family Planning divisions, the Ministry of Health and Family Welfare (MoHFW) delivers rural public health services and supervises the development and implementation of policies and plans (Mridha et al., 2009). Despite sporadic development in the health infrastructure and policy changes over time, progress has been made since 1971. While the number of Maternal and Child Welfare Centers remains the same, additional services, including cesarean section surgery, are now provided by the MoHFW's Family Planning division. The Ministry of Health and Family Welfare's Health Services branch has prioritised modernising rural Upazila Health Complexes to deliver complete obstetric care (EOC). The government has also ensured that this service is available at all district-level public health facilities, including hospitals and medical schools. To teach government community workers how to deliver safe, high-quality home births, they launched a program in 2001 (Khair, 2013).

Bangladesh's 2005 National Strategy for Accelerated Poverty Reduction (NSAPR) addresses the human dimensions of poverty, including gender inequality, nutrition, education, and health. As a result, the MoHFW must reach out to the vulnerable and impoverished, particularly children and women. Bangladesh's "National Health Policy-2011" delineates 32 strategies encompassing 15 objectives and ten guiding principles. Certain groups have advocated for the engagement of non-governmental organisations and the business sector in implementing health policy measures (Khair, 2013). According to Bhuiyan and Haque (2024), the Health Policy 2011 in Bangladesh has made it possible for GO-NGO collaboration to be a part of the management of Bangladesh's health sector. It has 32 plans, ten policy concepts, and 15 objectives, with several plans requesting the participation of NGOs and the commercial sector in implementing the health strategy for Bangladesh (Joarder et al., 2019). In a free nation, the government must ensure that all residents can get medical treatment when needed. However, most national governments cannot keep up with the healthcare expectations of their populations because the public health agenda has grown so large. This has accelerated the process of non-governmental organisations (NGOs) taking on some of that duty. One of the key reasons NGOs in Bangladesh have emerged and grown is that the state sector has not adequately responded to the poor's needs, wants, and ambitions. By facilitating the exchange of ideas and the

development of synergy, healthcare providers can accomplish more when they collaborate rather than operate independently. It is now more important than ever to set up a dynamic and effective networked governance in the healthcare sector if the government wants to meet the relevant MDGs within the given period and make the needed qualitative reforms in its healthcare system.

Relationships between the Government of Bangladesh and NGOs

The relationship between the Government of Bangladesh and non-governmental organizations (NGOs) has changed with cooperation and tensions (Rahman & Tasnim, 2023). Initially, NGOs were appreciated everywhere for addressing government service delivery gaps, especially in the health, education, and poverty reduction sectors. However, over the last decades, the situation has become more complex. The funding source of the NGOs is one of the principal factors influencing the relationship. Overseas-funded NGOs, which are significantly financed by global donors, generally face tighter government scrutiny due to concerns about political interference, accountability, and national sovereignty (Ahmad, 2006). They are typically regulated by the NGO Affairs Bureau (NGOAB) and their overseas funding approvals. On the other hand, government-funded NGOs have a more flexible relationship with the state and are often involved in community-based development with fewer regulatory constraints. The distinction between the two types of NGOs is critical in perceiving the varying levels of state control, cooperation, and trust. In turn, funding agencies play a significant role in defining the shape and character of GO-NGO relationships in Bangladesh (Hasan, 2011).

Despite the recent rise in popularity of the term “GO-NGO relations” in the field of international development, many experts in the field support strong collaboration between governments and NGOs (Ullah, 2023; Moeenian et al., 2022; Rajabi et al., 2022). From engaging in competing or parallel operations to collaborating on social sector programs, the relationship between the GOB and NGOs remains complex (ADB, 1999; Zafar Ullah, 2002). Specific context-dependent interactions match the “competition-control continuum” (Table1), but other more generic interactions. Relations between governments and NGOs can swiftly worsen when the former views the latter as competitors. Government and NGOs collaborate increasingly frequently in health, education, and poverty alleviation (ADB, 1999; Hadi, 2000). No part of the government’s dealings with NGOs is unaffected by the rules and regulations under which they function. It is also essential for local government entities to have strong partnerships with NGOs so that health and other initiatives conducted by NGOs can be coordinated at the regional level (World Bank, 1998). Partnerships between local governments and NGOs are being explored for community clinic sites, social mobilisation initiatives, and sanitation programs (ADB, 1999; Hadi, 2000). However, leaders’ personalities and motivations significantly impact local governments’ commitment level (Fernandez, 1987; ADB, 1999). Table 1 shows the types of government–NGO relationships existing in Bangladesh.

They are building more robust local governance in Bangladesh through GO-NGO collaboration. Working together, the government and NGOs in Bangladesh can significantly enhance the availability and quality of medical treatment (Zafar Ullah and colleagues, 2006). Various frameworks or methods have been attempted to incorporate NGOs into health sector programs from the standpoint of government-NGO partnership. The procedures have changed over time since NGOs are diverse

and have different partnerships with the government (World Bank, 1998; Perry, 1999; Barkat & Islam, 2001). Paradigms are more nuanced and complex to classify when it comes to governmental and civil society actors like NGOs (Bahçecik & Turhan, 2022).

TABLE 1: Open in a new window Types of government-NGO relationships that are currently in existence in Bangladesh

<i>Sl. No.</i>	<i>Types of relationships</i>	<i>Description of relationships</i>
1.	Competitive and parallel activities	Within the same general region, both public and private organizations compete for the same customers and resources. For non-governmental organizations (NGOs) that rely on service fees to stay afloat, this sort of partnership works better. ^{1%} As they fulfil their different missions, GOBs and NGOs are completely uncommunicative and unacknowledged. For example, numerous volunteer organisations and non-governmental organisations (NGOs) in general health care function separately from any formal government services or programs.
2.	Coordination and complementary service provision	Whether intentional or not, the kinds and qualities of services complement one another. For instance, non-governmental organisations (NGOs) were crucial in the success of national family planning programs through community-based outreach and contraceptive distribution. At several levels, stakeholders convene as committees to coordinate.
3.	Cooperation and collaboration	Non-governmental organizations (NGOs) collaborate with the GOB to develop and carry out health programs. The Health and Population Sector Program contracts with NGOs to provide ESP.

Source: Zafar Ullah et al., 2006; Zafar Ullah, 2002; ADB, 1999.

Collaboration between GOs and NGOs is thus complex and often impacted by numerous concerns and challenges (Rajabi et al., 2022). These include a lack of mutual trust, overlapping roles, poor coordination, inadequate policy frameworks, limited institutional capacity, bureaucratic delays, and differences in goals and accountability standards—factors that often hinder the full potential of effective collaboration in the health sector (Zafar Ullah et al., 2006; Ahmed et al., 2013).

Government–NGO collaboration – common ground and differences

Perry (1999) and Ahmad (2001) shown that the government and NGOs work hand in hand to advance social sector goals such as improving nutrition and health, reducing poverty, developing human resources, protecting the environment, expanding access to non-formal education, and empowering women (Perry, 1999; Ahmad, 2001). According to Begum (2000), for government and NGOs to work together effectively, they need to acknowledge their differences while capitalising on their unique strengths. On the other hand, non-governmental organisations (NGOs) and the government use fundamentally different institutional approaches to solving social and health issues (Table 2). NGOs should study the laws and policies governing governmental activities. Government policy and service patterns are often influenced by NGOs. Hence, the government needs to be cognizant of NGOs' needs and activities (Coston, 1998). The NGOs' estrangement from the government can be explained by the fact that they pursue their agendas and objectives. When compared to government actors, NGOs are behaving differently. No industry can solve the complex problem of balanced development independently. Thus, to achieve comprehensive development, the government and NGOs in Bangladesh must work together. Even if references suggest that NGOs and governments might work together for the greater good, the relationship between GO and NGOs in Bangladesh is deeply problematic (Nawaz, 2009).

A partnership between the government and NGOs must significantly benefit from taking off and staying going (Dahan et al., 2010). If it does, it may contribute considerably. Table 2 lists the advantages and contributions of each sector when the government and NGOs work together.

Our research on the various kinds of government-NGO cooperation in Bangladesh's healthcare system led us to conclude that several necessary but insufficient factors exist for such partnerships to be long-lasting and fruitful (WHO, 2000; Barkat & Islam, 2001). These are:

- a) mutually reliable;
- b) acknowledgement of shared strengths and values, as well as relative advantages;
- c) beneficial policies, legislation, and regulatory frameworks;
- d) efficient systems for tracking, evaluating, and gaining knowledge;
- e) being open and responsible;
- f) participation of all parties involved throughout the process;
- g) Ongoing dedication of the parties involved (Zafar Ullah et al., 2006)

In their analysis of the Direct Observed Treatment Short Course (DOTS) strategy for tuberculosis (TB) control in Bangladesh, Zafar Ullah et al. (2006) delve into the core principles and pressing issues surrounding the present state of government-civil society healthcare collaboration. It specifically explores how the Bangladeshi government works with NGOs to improve health service delivery, focusing on low-income people. The researchers found an increasing trend of the government cooperating with NGOs to implement tuberculosis control programs. Public-private partnerships have many health benefits, but one of the most notable is improving tuberculosis (TB) treatment accessibility and quality.

TABLE 2: The advantages and contributions that the agencies in a government-NGO partnership receive

<i>Criteria</i>	<i>Government</i>	<i>NGOs</i>
Benefits	<ul style="list-style-type: none"> • Better health outcomes for those with increased coverage rates because of enhanced access to services; • reallocation of resources to meet other needs, particularly those of the most disadvantaged; • Expanded access to resources that can improve service delivery and strengthen research methods; • Adaptation of mindset and leadership approach based on shared capabilities; • Program effectiveness enhanced. • Enhanced program longevity • A broader range of services provided (for-profit NGOs); • Competitive advantage gained. 	<ul style="list-style-type: none"> • Strengthened reputation for being receptive to community concerns around social and health issues; • Team inspiration (for nonprofits with a social mission); • Pooled efforts and outcomes; • Impact on the country's plan for economic growth; • Exposure gained through state-run media outlets. • Gain more recognition and trust.
Contribution	<ul style="list-style-type: none"> • validity/backing from relevant institutions; • Less red tape and more regulatory frameworks that make things easier; • Management of resources and their distribution; • Funds and methods for generating revenue; • Optimal methods and a worldwide perspective; • The ability to access the networks of public media channels. 	<ul style="list-style-type: none"> • Business acumen and advertising • Developing services and products with the client in mind; • Material means; • Aiding in the long-term viability and affordable provision of services; • Resources for instruction and knowledge; • Community engagement and awareness enhancement.

Source: Zafar Ullah et al., 2006; Zafar Ullah, 2002; Begum, 2000.

other social and economic sectors. Over time, non-governmental organisations (NGOs) have taken over more formerly government-run programs in education, healthcare, economics (primarily micro-credit), and environmental protection. Although the benefits of this change in thinking are acknowledged, the danger of government health care delivery being even more undermined and the health care system becoming more susceptible to the shifting agendas of non-governmental organisations and the money they receive is also acknowledged (Zafar Ullah et al., 2006). Ideological disagreements and a lack of transparency in certain institutions still contribute to a climate of mistrust.

Furthermore, government officials' unfavourable attitude towards non-governmental organisations (NGOs) participating in health care initiatives reveals a profound ignorance of NGOs' goals and missions. In contrast, numerous NGOs worry about the government's role in channelling donor monies. Many studies have shown that selecting NGOs is time-consuming and bureaucratic (Magagula et al., 1997; Gomez-Jauregui, 2004).

The story of GO-NGO cooperation in Bangladesh, once marked by mutual respect and partnership, has gradually deteriorated, giving way to increasing tension and antagonism. In the early decades following independence, NGOs largely avoided political engagement and were widely recognized for their development contributions. However, by the 2000s, their involvement in politically sensitive issues and internal sectoral disagreements led to growing controversies (Chowdhury et al., 2020). Although the state had embraced NGOs as "partners in development" during the 1990s, by the late 2000s, it began perceiving influential NGOs and their leaders as potential political challengers (Karim, 2018). This shift was further complicated by increased regulatory oversight from the NGO Affairs Bureau (NGOAB), which many NGOs viewed as restrictive and politically motivated (Asaduzzaman & Jinia, 2014). As the relationship soured, international funders often sided with NGOs, criticizing bureaucratic interference. This dynamic has not only intensified friction but also altered the state's perception of NGOs—from collaborators to competitors—resulting in a more constrained operational environment for many organisations (Ullah, 2023). Consequently, there has been a noticeable decline in state-level recognition and facilitation of NGO activities. While their contributions to development remain significant, the collaborative nexus has weakened, raising concerns about the long-term sustainability and impact of NGO-led initiatives in Bangladesh's development landscape.

Additionally, the prior system of governance has been undermined by globalisation. The 1990s saw a meteoric rise in the influence of nongovernmental organisations (NGOs) on international leadership. NGOs can serve multiple purposes, including influencing and protesting governments and replacing them. Disputes arise between the government and NGOs when the former becomes more interested in or involved in governance. Regardless of the reasons for the partnership breakdown, the literature suggests that NGOs and the state do not have a harmonious relationship (Ullah, 2023). According to Asaduzzaman and Jinia (2014), people in power and government officials in South Asian countries, including Bangladesh, want to keep the connections between the two countries as weak as possible. Although the government recognises NGOs' vital role, it is looking for measures to limit their operations and the amount of money they get from outside. Irrespective of the specifics, strengthening their interdependent institutional links is crucial for

propelling national and international growth (Bhardwaj & Khemundu, 2011). However, prioritising collaborative tasks can impact organisational freedom to act autonomously. One partner may be exposed to other partners. Because of the mutual distrust and dread of government bureaucracy, non-governmental organisations (NGOs) in Bangladesh are reluctant to engage with it (Islam, 2016).

The sluggish pace of health sector reform implementation poses a severe risk to government-NGO collaboration. The lack of practical, easy-to-understand mechanisms might hinder collaboration. Additional risks to cooperation include government overreach into NGOs' autonomy and the incoherence of the GOB's agenda (Zafar Ullah et al., 2006).

NGOs must uphold the principles of good governance within their institutions, aligning their internal practices with the values they promote externally (TIB, 2007). Financial transparency is crucial; practices of secrecy regarding compensation should be avoided. Information about remuneration, including disparities between top management and field staff, should be publicly disclosed. The significant wage gap—where founders or senior executives may earn up to 200 times more than field-level employees—raises serious concerns about accountability and equity, and the public has a right to be informed of such disparities. This results in much scrutiny for non-governmental organisations (NGOs) in Bangladesh from all quarters, including the public, funders, beneficiaries, and political parties (World Bank, 2006). By including more individuals in health and development programs, Maruf (2013) argues that government-NGO partnerships have improved people's access to healthcare. NGOs have a track record of success in increasing people's access to and satisfaction with health care. Collaborative efforts guarantee more engagement, resource mobilisation, and service coverage. The research discovered that when the government and NGOs work together, they can maximise their knowledge and skills by sharing tasks. A broader array of services for the underprivileged will be made possible due to the freed-up funds for other social welfare initiatives. It is well-known that collaboration is critical to addressing public health challenges. The disparate interests and ideologies of Bangladesh's government and non-governmental organisations (NGOs) could lead to a chaotic and uneven management of the country's health sector if the two do not collaborate.

Recommendations

GOBs and NGOs could collaborate to overcome each other's shortcomings. However, as we've seen from past mistakes, blanket suggestions that work in every case are difficult to provide. A solution's efficacy in one setting does not guarantee success in another. Therefore, the operational manual must be reviewed to fix the project's inherent structural restrictions and make it a workable model (Maruf, 2013).

Organising an orientation program for relevant grassroots GOB and NGO staff is necessary to familiarise them with the joint initiatives' purpose, scope, and methodology. Participating in a joint orientation programme could diminish the two counterparts' mutual suspicion.

There is no hierarchical link between NGOs and GOB, so they can be held accountable not as subordinates but as partners in development projects that GOB has assigned to them.

Developing-world governments today cannot manage their countries' service,

trade, commerce, and industrial sectors with any degree of efficiency or effectiveness (Singh, 2018). This is why governments are attempting to match the expectations of the masses by shifting from operating and managing to regulating and facilitating the production of better public goods and services. Modern governance is a tripartite effort in which all three branches work together, with each branch contributing what it does best based on its unique set of skills and experiences. Under this system of multi-sectoral governance, many parts of society work together to ensure social justice and the general welfare of the population due to falling incomes, tighter budgets, and less money going into social programs. As a result, developing nation governments are exploring partnerships with the business and non-profit sectors to improve healthcare delivery.

Conclusion

Governments in developing countries have started to view NGOs in a new light, seeing them as valued collaborators in building Medicare facilities that are available to all citizens rather than only as contractors or auxiliary agents (Raman & Björkman, 2008). As an example of a sustainable strategy for primary healthcare service supply, several non-governmental organisations (NGOs) use private funding and cost recovery to offer comprehensive treatment (Basu et al., 2012). Bangladesh is no exception. The government of Bangladesh is actively seeking to establish fruitful collaborations with NGOs to help carry out a wide range of nation-building programs. Bangladesh is a developing nation with limited resources and inefficient public and commercial sectors. To combat the growing public health issues, it is recommended that these sectors work together. To meet the people's healthcare demands, all sectors must work together or form partnerships to utilise their potential strengths fully. This is especially challenging for developing nations, as global diseases disproportionately hit them. These problems have terrible impacts on people's ability to make a living and their quality of life, especially people with low incomes.

Most of Bangladesh's health care and social welfare services are delivered by non-governmental organisations. There is strong evidence that the government and NGOs work hand in hand to accomplish national health goals. Many non-governmental organisations (NGOs) in Bangladesh aim to improve society, and there is no denying that NGOs in Bangladesh have a long history of undertaking human welfare activities (Jahan, 2011). Because of this, everyone engaged must work together. A true collaboration between GOs and NGOs can only be founded upon mutual respect, acknowledgement of autonomy and independence, and a range of ideas and positions. Collaborating effectively is a continuous process that demands mutual respect and confidence if each sector is to reach its full potential and all parties are to reap the benefits. Accountability and transparency, cornerstones of the much-loved notion of "Good Governance" in all spheres of development, are necessary for GO-NGO collaborations to flourish. Donors, marginalised people, and civil society at large are all the required parties that need to agree that this kind of collaboration is necessary. We can achieve our nation's long-term goals and dreams only when we come together this way.

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