Crisis Governance in Bangladesh: Bureaucracy, Inter-Departmental Coordination, and the COVID-19 Challenge

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Abstract

The research is carried out to analyze the role of bureaucracy in COVID-19 governance in Bangladesh. Also, it explored the underlying issues of managing interdepartmental coordination during the pandemic. Secondary research data is collected from an interpretivist philosophical stance and analyzed in an inductive research approach. The qualitative research method is applied for in-depth analysis to provide a snapshot of the bureaucracy in COVID-19 governance and management of interdepartmental coordination in Bangladesh to fight the outbreak in the best regard. The paper found that the bureaucracy plays three major roles during the pandemic, such as implementation, administration, and regulation. The bureaucracy put the policy into practice by coordinating with the associated departments. Also, bureaucracy administered the situation by controlling, planning, and organizing available resources and opportunities. Hence, procrastination occurred to implement the policy, such as budgetary allocation for the emergency during the COVID-19 pandemic. In addition, the bureaucracy regulated during the pandemic due to the noncompliance of the people in terms of fines, judicial cases, and other minor punishments. The paper recommends a comprehensive law should be passed for situations like the COVID-19 pandemic to resolve legal issues. For proper administration, flexibility should be included instead of focusing on the red tape process. Further, the scope of the bureaucrat's participation in the decision-making process should be increased.

Key Words: Bureaucracy, Governance, COVID-19, Pandemic, Coordination

Introduction

The COVID-19 pandemic, originating in December 2019, exposed vulnerabilities in global governance systems by disrupting coordination and decision-making (World Health Organization, 2023). It posed unprecedented challenges for governance systems across the world, compelling governments to respond to a rapidly evolving public health crisis while maintaining stability across sectors (Mavrot & Malandrino, 2023). In Bangladesh, a developing nation with a deeply institutionalized bureaucratic system, the crisis necessitated rapid policy innovation and inter-departmental collaboration despite resource constraints.

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Bureaucracy, often characterized by hierarchical structures and procedural rigidity (Anam, 2021), served as both an enabler and a barrier in managing the pandemic. The effectiveness of inter-departmental coordination was critical to the government's response, yet inefficiencies in resource allocation and decision-making revealed systemic challenges (Uddin, 2021).

Bangladesh's administrative framework, shaped by its colonial legacy, comprises 40 ministries and 12 divisions within a hierarchical model. This structure, while robust, promotes vertical coordination and centralized decision-making, which hinders real-time collaboration during multi-dimensional crises like COVID-19 (Rajan et al., 2020). Despite achieving a lower mortality rate compared to millions in developed nations such as the United States and the United Kingdom (Bhattacharjee, 2022), lapses in coordination were evident within the bureaucratic governance. During the COVID-19 crisis, the absence of substantive intergovernmental coordination, despite some regional delegation, revealed serious gaps in bureaucratic governance, leading to uneven and often disjointed responses across the country (Chowdhury & Shaoun, 2023; Shahan et al., 2023).

This study is motivated by the observed coordination gaps among ministries and agencies during the COVID-19 crisis. It examines how bureaucratic governance structures and inter-departmental dynamics influenced the effectiveness of Bangladesh's pandemic response. While existing literature has addressed various aspects of the government's health policies and economic strategies (Islam et al., 2020; Kumar & Pinky, 2020), limited attention has been paid to the coordination challenges between departments, and how these affected overall governance outcomes.

This study, therefore, explores how bureaucratic governance and inter-departmental coordination affected the effectiveness of Bangladesh's response to the COVID-19 crisis. In doing so, it aims to examine the role of bureaucracy in the governance of the pandemic, identify the strengths and weaknesses of inter-agency coordination, and propose strategies for improving bureaucratic collaboration in future public health emergencies. By addressing these issues, the research contributes to both academic inquiry and policy debates on effective governance in resource-constrained settings and provides insights that could inform institutional reforms for enhancing crisis responsiveness.

Why Bureaucratic Governance and Inter-Departmental Coordination?

The COVID-19 pandemic has generated a significant body of research exploring how states navigated governance and administrative challenges in the face of a public health crisis. Globally, studies such as Christensen and Lægreid (2020) have analyzed how governments managed the COVID-19 crisis through a balance of democratic legitimacy and crisis management capacity, underscoring the role of high-trust societies, competent political leadership, and collaborative bureaucratic decision-making. Similarly, Chowdhury and Jomo (2020) highlighted that effective pandemic management in the Global South depended on inclusive and transparent policy-making, coordinated government actions, and credible leadership that fostered public trust and timely mobilization of resources significantly enhanced crisis response.

In Bangladesh, however, most studies have focused on public health interventions (Islam et al., 2020), economic stimulus packages (Amin et al., 2024), and risk communication strategies (Ahmed et al., 2022). A few have touched upon institutional or governance aspects; for instance, Anwar et al. (2020) highlighted the need for collaboration between the government, citizens, and health experts, along with international assistance in Bangladesh's COVID-19 response. Similarly, Huq and Biswas (2020) emphasized that decisions related to lockdowns and health system preparedness were often made without adequate data, revealing a lack of effective coordination among departments. This deficiency not only contributed to public panic but also obscured the global understanding of the pandemic's actual impact in Bangladesh. However, a focused analysis on bureaucratic governance and inter-departmental coordination mechanisms remains largely underexplored.

This study is driven by the need to address that gap. While Bangladesh recorded a relatively low mortality rate compared to global averages (World Health Organization, 2023), the pandemic revealed coordination difficulties among ministries, agencies, and local authorities (Chowdhury & Shaoun, 2023; Shahan et al., 2023), issues critical to understanding both the strengths and shortcomings of the country's bureaucratic response. By employing a qualitative analysis of policy documents, secondary literature, and relevant case examples, this paper investigates the inner workings of bureaucratic governance during the pandemic, particularly the inter-departmental linkages and breakdowns that shaped service delivery.

Moreover, identifying bureaucratic challenges such as red tape, politicization, and communication gaps—alongside enablers like policy continuity and institutional memory—can offer actionable insights for policymakers (Collins et al., 2020). Previous studies have also hinted at the potential of automation, digital platforms, and task delegation in mitigating coordination delays during crises (Islam & Yunus, 2020), but empirical exploration of these mechanisms in Bangladesh remains limited. Finally, the diversity of international findings on crisis governance (Dodds et al., 2020) underscores the need for localized case studies that inform context-sensitive strategies. By offering a focused analysis of bureaucratic governance and coordination in Bangladesh's COVID-19 response, this study contributes to both the academic discourse and practical policy reform agendas aimed at enhancing future crisis management capacity.

Methodology for the Study

This study adopts a qualitative research design guided by an interpretivist philosophy and an inductive approach to explore the role of bureaucracy and interdepartmental coordination during the COVID-19 crisis in Bangladesh. An interpretivist paradigm underpins this research, as it emphasizes understanding human actions, institutional behaviors, and social realities from the perspective of the actors involved (Chandra & Sharma, 2013). This philosophy acknowledges that governance, especially during crises, is socially constructed and best understood through context, experience, and interaction (Saunders et al., 2016). Given the complex, context-specific nature of bureaucratic decision-making, interpretivism allows the researcher to interpret institutional responses beyond formal policy documents.

The study follows an inductive approach, enabling patterns and themes to emerge from data rather than testing predefined hypotheses (Goddard & Melville, 2014). Inductive reasoning is

particularly appropriate when exploring an under-researched, evolving phenomenon like pandemic governance. This approach supports bottom-up inquiry, drawing on observations from real-world cases to develop broader conceptual insights (Kruger & Mitchell, 2019). A qualitative method is employed to gather and analyze non-numerical data related to bureaucratic activities, policy implementation, and interdepartmental collaboration during the pandemic. Qualitative research allows for deeper insight into administrative behaviors, governance structures, and institutional limitations that are often inaccessible through quantitative approaches (Brown, 2019).

The study also uses an archival research strategy. Due to pandemic-related constraints and administrative sensitivities, primary data collection proved impractical. A pilot investigation confirmed limited access to relevant officials and hesitancy among potential respondents. Consequently, secondary data from academic literature, government reports, news articles, and organizational documents were used. Archival research is appropriate for tracing institutional responses, comparing department roles, and identifying systemic patterns (Robertson, 2018).

Secondary data were collected from credible sources, including: 1) Ministry and inter-ministerial policy briefs and circulars, 2) News coverage and investigative journalism, 3) Peer-reviewed journals and academic articles, 4) Reports from multilateral agencies (e.g., WHO, UNDP), 5) Web content from government portals and civil society organizations. To ensure credibility, sources were evaluated based on institutional reputation, publication standards, citation rates, and internal consistency (Wegerif, 2019).

Roles of Key Departments in COVID-19 Governance

As the pandemic disrupted the entire world's usual approach, every ministry, department, and person associated with different levels of national and local government played significant roles in combating the COVID-19 pandemic. Below is an analysis of the contributions of key ministries which played remarkable roles during the COVID-19 pandemic.

Ministry of Health and Family Welfare (MOHFW): As the primary authority for health policy and public health standards, MOHFW led the medical response to COVID-19. Its Institute of Epidemiology, Disease Control and Research (IEDCR) was instrumental in developing laboratory capacity for SARS-CoV-2 testing, conducting case investigations, enforcing quarantines, and localizing containment measures (Al-Zaman, 2020). IEDCR trained health personnel nationwide to enhance testing capabilities and collected samples for vaccine efficacy studies. However, centralized decision-making and resource shortages limited the scalability of these efforts (Rajan et al., 2020).

Ministry of Civil Aviation and Tourism: Responsible for regulating international travel, this ministry implemented mandatory 14-day quarantines for inbound passengers to curb the virus’s spread, which originated in China (Christensen & Lægreid, 2020). Post-vaccination, it enforced negative test report requirements for travelers. The tourism sector faced severe disruptions due to lockdowns and public awareness campaigns, reducing demand (Al-Zaman, 2020). Small enterprises struggled to sustain operations, highlighting the ministry’s limited capacity to support economic recovery amidst restrictive measures.

Ministry of Road Transport and Bridges: To control virus transmission, this ministry suspended public transportation services, resuming them with strict protocols—social distancing, mask mandates, and sanitization—once conditions improved. Limited passenger capacities led to higher fares, increasing costs for citizens (Christensen & Lægreid, 2020). Monitoring teams enforced compliance, but public resistance and lack of awareness necessitated stricter measures, straining coordination with local authorities due to red tape (Moon, 2020).

Ministry of Education: The prolonged closure of educational institutions impacted over 40 million students, exacerbating risks of child labor, violence, and mental health issues (Anam, 2021; Al-Zaman, 2020). The ministry's Secondary and Higher Education Division and Technical and Madrasah Education Division struggled to implement remote learning, reflecting coordination gaps with technology providers and local governments.

Ministry of Industries: Tasked with promoting industrial sustainability, this ministry facilitated the resumption of manufacturing operations under COVID-19 protocols after initial lockdowns (Mansoor, 2021). However, workers from rural areas faced challenges returning to urban factories due to suspended public transport, exposing logistical coordination failures (Christensen & Lægreid, 2020). These issues underscored the impact of centralized decision-making on workforce mobility.

Ministry of Local Government, Rural Development and Co-operatives: This ministry managed municipal services, including waste disposal and water supply, which surged during the pandemic. Inadequate technology hindered the safe disposal of medical waste, such as used masks and PPE (Haque & Marzia, 2020). The Rural Development and Co-operatives Division aimed to alleviate poverty but faced challenges distributing aid amidst inflation and reduced incomes (Mollah & Parvin, 2020).

Ministry of Disaster Management and Relief: Responsible for disaster response, this ministry struggled to address the unprecedented scale of COVID-19, as its Cyclone Preparedness Program was ill-equipped for pandemics (Huq, 2021). Shortages of testing equipment and quarantine facilities, particularly in rural clinics, limited effectiveness (Haque & Marzia, 2020). Relief distribution was costly, with instances of mismanagement prompting punitive measures against ineligible recipients (Christensen & Lægreid, 2020).

Ministry of Home Affairs: Through its Public Security and Security Service Divisions, this ministry enforced lockdowns and monitored compliance, often facing criticism for aggressive tactics (Anam, 2021). The Security Service Division managed international travel restrictions but lacked advanced technology to screen travelers effectively (Huq, 2021). Coordination with health authorities was hampered by bureaucratic delays (Islam & Yunus, 2020).

The departments mentioned above are not the least but the major ones tasked with acting on the front lines during the pandemic. Each ministry or department could not act independently and required thorough coordination among the related departments (Islam et al., 2020). Despite facing some challenges in integrating activities and coordination, the bureaucratic governance effectively managed the situation with comparatively fewer casualties.

The Role of Bureaucracy in COVID-19 Governance in Bangladesh

The governance comprises the state-controlled organization, which acts independently to carry out the policies of the Bangladesh government. Bangladesh is governed by a parliamentary democracy within a unitary parliament. To govern the country, 40 ministries and 12 divisions were established with specific purposes. The pandemic forced the government to obtain preventive measures to control the outbreak. Bureaucracy plays a significant and dominant role in the development of society and community people through formulating and implementing policy. During the COVID-19 pandemic, this system played a pivotal role in executing preventive measures to control the outbreak, navigating challenges posed by centralized decision-making and public resistance (Rajan et al., 2020). This section examines the bureaucracy's contributions through policy implementation, administration, and regulation, highlighting coordination challenges and inefficiencies.

Policy Implementation: Bureaucrats are responsible for translating policies formulated by elected political leaders into actionable outcomes. Ineffective implementation can undermine even well-designed policies, leading to governance inefficiencies (Verbeke, 2020). During the COVID-19 crisis, implementing restrictive measures was fraught with challenges. Internally, red tape and vertical coordination delayed resource allocation, increasing costs and hampering timely responses (Uddin, 2021). Externally, public resistance, particularly from daily wage earners reliant on mobility, complicated compliance with lockdown and social distancing mandates (Moon, 2020).

Industrial elites pressured the government to reopen factories, citing economic contributions, despite rising infection rates from new variants (Shaw et al., 2020). The decision to resume operations, accompanied by protocols like mask-wearing and social distancing, was poorly enforced in crowded workplaces and public transport, undermining implementation efforts (Islam & Yunus, 2020). These challenges highlight the bureaucracy's struggle to balance economic pressures with public health priorities, exacerbated by centralized decision-making structures (Rajan et al., 2020).

Administration: Bangladesh adopted a comprehensive approach to COVID-19 governance, aligning with World Health Organization guidelines (World Health Organization, 2023). The Cabinet Division, led by the Prime Minister, declared a nationwide lockdown on March 18, 2020, extended multiple times until 2021, and designated high-risk areas as "red zones" for isolation (Riemer et al., 2020). The Bangladesh Army was deployed on March 24, 2020, to enforce restrictions on gatherings, mirroring strategies in other affected nations (Christensen & Lægreid, 2020).

To mitigate socio-economic impacts, the government announced 19 compensation packages worth BDT 1.04 billion to support low-income and homeless individuals (Moon, 2020). Awareness campaigns promoted compliance through online and offline platforms, including text messages disseminating health guidelines. Non-governmental organizations and volunteers distributed masks and sanitizers, reinforcing public health measures (Haque & Marzia, 2020). However, the health sector struggled to meet surging demands, with unspent allocated funds and shortages of oxygen and emergency services contributing to preventable deaths (Mansoor, 2021). These administrative failures underscore the limitations of bureaucratic capacity in resource-constrained settings.

Regulation: Mid- and lower-level bureaucrats, guided by the Cabinet Division, enforced regulations to curb virus transmission. Public transport was restricted to half capacity, social and religious gatherings were banned, and mask-wearing was mandated in public spaces (Khatun, 2021). Compliance was challenging due to reduced incomes and unemployment, which increased public reliance on transport despite higher fares (Islam & Yunus, 2020). Bureaucratic efforts to regulate fares were inadequate, placing financial burdens on citizens (Huq, 2021).

Mobile courts enforced mask mandates in public venues, imposing legal penalties for non-compliance (Mollah & Parvin, 2020). Vaccine hesitancy prompted innovative regulations, such as requiring vaccination cards for access to workplaces, restaurants, and schools for students over 12 (Mollah & Parvin, 2020). While these measures improved compliance, they exposed coordination gaps, as bureaucrats struggled to align regulatory enforcement with public awareness and economic realities (Moon, 2020).

Overall, the bureaucracy played a critical role in implementing, administering, and regulating COVID-19 policies, achieving a relatively low mortality rate despite systemic challenges. However, red tape, centralized decision-making, and public resistance hindered effective coordination, underscoring the need for reforms to enhance crisis governance (Uddin, 2021).

Health Sector Governance During the COVID-19 Pandemic in Bangladesh

The COVID-19 pandemic, peaking in Bangladesh with the Delta variant between May and July 2021, recorded 1.12 million cases and 18,125 deaths, with less than 3% of the population fully vaccinated (World Health Organization, 2023). This crisis exposed systemic weaknesses in the health sector, which receives only 2% of GDP, leading to inadequate testing and treatment facilities (Hasan et al., 2020). Following initial cases on March 8, 2020, a 10-day nationwide lockdown was declared on March 23, 2020, followed by stricter measures in April and July 2021, briefly eased for Eid-ul-Adha on July 21 (Dutta & Fischer, 2021). As most Bangladeshis rely on daily wages, compliance required cash and food aid, but bureaucratic delays hindered distribution (Gostin et al., 2020; Mollah & Parvin, 2020).

Bureaucratic red tape and centralized decision-making impeded effective health governance, with only 24% of the 2020–2021 health budget spent in the first 10 months and a BDT 100,000 million emergency allocation unutilized, contributing to deaths from insufficient emergency services (Mollah & Parvin, 2020). Despite a BDT 292,470 million allocation, implementation lagged, prompting criticism from Planning Minister Abdul Mannan for bureaucrats' lack of agility (Uddin, 2021). A National Advisory Committee of health experts, formed in April 2020, had limited influence due to poor integration with bureaucratic leadership (Khatun, 2021). Rigid protocols prioritized control over patient care, underscoring the need for flexibility in crisis situations (Islam & Yunus, 2020). Improved coordination between bureaucrats and health professionals could enhance responsiveness, as red tape delayed critical decisions (Moon, 2020). Despite these challenges, Bangladesh's relatively low mortality rate reflects resilience, but reforms to reduce bureaucratic inefficiencies and empower health experts are essential for future preparedness (Rajan et al., 2020; World Health Organization, 2023).

Inter-Departmental Coordination in Bangladesh's Governance

Interdepartmental coordination is a group effort, and its importance becomes apparent when striving to achieve desired goals and objectives. Since coordination is not an individual endeavor, unity of action must be ensured (Haque and Marzia, 2020). The coordination process requires the government to resolve policy conflicts with necessary plans and actions. Coordination can be categorized into two types: vertical and horizontal.

Vertical coordination necessitates a superior authority to oversee the work of subordinates (Collins et al., 2020). Thus, the ultimate decision-maker is the superior authority, ensuring that the work aligns with the organization's goals and objectives. In the bureaucracy of Bangladesh, vertical coordination is implemented due to the multi-layered workplace structure. Meanwhile, horizontal coordination occurs when every employee possesses the same authority and status to perform their duties accordingly.

In almost every department of governance in Bangladesh, policymakers adopt an autocratic management style. Although not widely popular, autocratic management is increasingly implemented in multi-layered workplace structures (Collins et al., 2020). Decision-making power is centralized, and bureaucrats are tasked with implementing these decisions accordingly. Consequently, decision-making is swift, allowing for quick risk management. In unprecedented situations like the pandemic, quick decision-making was essential; thus, an autocratic management style proved advantageous (Dutta and Fischer, 2021). Furthermore, it lowers stress levels and boosts productivity among employees, enabling them to focus their time and efforts on the implementation process. Additionally, managers maintain direct communication with their team members, which minimizes the chances of communication errors.

However, interdepartmental coordination in Bangladesh suffers from the drawbacks of autocratic management (Gostin et al., 2020). The high reliance on decision-makers creates challenges during their absence. Likewise, decision-making can be influenced by subjective factors, and a lack of creativity hampers problem-solving approaches. This environment may discourage mid- and lower-level bureaucrats. Thus, coordination within departments during COVID-19 governance is significantly impacted by centralized decision-making and a lack of flexibility. As a result, bureaucrats may feel detached from, or not fully committed to, the long-term goals and objectives (Ferdous, 2016). Nonetheless, it facilitated swift decision-making and its subsequent implementation.

A Case of Committee Coordination Failures During Pandemic

The government formed multiple committees to enhance community engagement and enforce COVID-19 measures, including 11- and 10-member committees at the upazila level, a nine-member committee at the union level, and a 26-member national committee (Rajan et al., 2020). However, lack of central support and unclear instructions rendered these committees ineffective. For example, the national committee held only three meetings, and decisions like reopening garment factories were made without consulting the health minister, highlighting inter-departmental disconnects (Shammi et al., 2020). A 31-member committee formed later

never convened, further illustrating coordination breakdowns driven by vertical structures and red tape (Shaw et al., 2020).

However, addressing red tape, enhancing accountability, reducing corruption and politicization, and fostering balanced power dynamics are critical for improving inter-departmental coordination in future crises (Khatun, 2021).

Challenges of Inter-Departmental Coordination in Bangladesh's COVID-19 Governance

Inter-departmental coordination, vital for unified action across Bangladesh's 40 ministries and 12 divisions, faced significant obstacles during the COVID-19 pandemic due to the country's multi-layered, colonial-inherited bureaucracy. Unlike Max Weber's rational bureaucracy, Bangladesh's system operates transactionally, driven by mutual influence rather than impersonal rules, undermining efficient coordination (Haque & Marzia, 2020). The autocratic management style, emphasizing vertical coordination where superiors' direct subordinates, enabled rapid decisions but stifled collaboration (Collins et al., 2020). This section outlines key challenges—red tape, lack of accountability, corruption, slow decision-making, politicization, and imbalanced managerial power—with examples for significant issues, illustrated by coordination failures in pandemic committees.

Red Tape: Inflexible, century-old procedures paralyzed operations, with over-centralized decision-making delaying critical actions. For example, the Ministry of Health and Family Welfare's delayed approval of emergency funds left ventilators and oxygen supplies unprocured, contributing to hospital shortages during the Delta variant surge in July 2021 (Gostin et al., 2020; Khatun, 2021). This red tape, rooted in a multi-layered structure, increased project costs by 35–40% as files awaited senior officers' clearance (Collins et al., 2020).

Lack of Accountability: Weak monitoring and hierarchical structures reduced accountability, with bureaucrats shielded by informal networks rather than parliamentary oversight (Ferdous, 2016). This fostered self-serving behavior, as noted in the earlier excerpt, where bureaucrats prioritized job security over public welfare, hindering coordinated policy implementation (Moon, 2020).

Corruption: Corruption diverted resources, inflating costs and biasing project designs. For instance, procurement of personal protective equipment (PPE) saw inflated contracts awarded to politically connected firms, delaying delivery to frontline workers and compromising health responses (Dutta & Fischer, 2021). Such practices eroded trust and disrupted coordination between health and procurement departments (Rajan et al., 2020).

Slow Decision-Making: Multi-layered processes slowed decisions, leaving significant COVID-19 budget allocations unspent despite urgent needs (Collins et al., 2020). This inefficiency exacerbated resource constraints, delaying testing and treatment scale-up.

Politicization: Political loyalty influenced promotions and benefits, demoralizing bureaucrats and reducing commitment to collective goals. For example, loyalists to the ruling party were prioritized for key roles in COVID-19 task forces, sidelining experienced officers and weakening coordination with local health units (Bodrud-Doza et al., 2020). This politicized environment stifled innovative collaboration.

Imbalanced Managerial Power: Effective governance requires balanced power between politicians and bureaucrats, but in Bangladesh, both groups prioritized mutual benefits over public welfare, particularly during the pandemic (Shaw et al., 2020). This imbalance disrupted coordination, as political pressures often overrode bureaucratic processes, leading to inconsistent policy implementation.

Improving Bureaucratic Governance and Inter-Departmental Coordination in Bangladesh

Bangladesh's bureaucracy, rooted in Max Weber's rational principles but hindered by colonial legacies, faces challenges like red tape, autocratic management, and politicization, which impeded inter-departmental coordination during the COVID-19 pandemic (Biswas et al., 2020; Ferdous, 2016). With 40 ministries and 12 divisions, the multi-layered system struggles to adapt to modern demands, including technological advancements and globalized economies. The pandemic exposed these weaknesses, yet Bangladesh achieved a mortality rate of 29,446 deaths, reflecting resilience (World Health Organization, 2023). This section proposes strategies—automation, task delegation, outsourcing, employee participation in decision-making, and legislative reform—to enhance bureaucratic governance and coordination, with examples for key strategies.

Automation of Operations: Automating bureaucratic processes can mitigate red tape by streamlining decision-making and reducing communication errors. For example, during the pandemic, manual approval processes delayed oxygen supply procurement, exacerbating hospital shortages in July 2021 (Khatun, 2021). Implementing digital platforms, like e-procurement systems used in Singapore, could enable real-time updates and reduce delays, though initial costs for technology adoption may be high (Moon, 2020). Automation would enhance coordination between ministries, such as health and finance, by ensuring timely resource allocation.

Delegation of Tasks Based on Expertise: Task allocation in Bangladesh's bureaucracy often prioritizes seniority or political loyalty over competence, wasting resources (Anam, 2021). Delegating tasks based on specialized skills could optimize outcomes. For instance, during the pandemic, assigning epidemiologists to lead testing protocols at the Institute of Epidemiology, Disease Control and Research (IEDCR) could have accelerated case detection, rather than relying on general administrators (Al-Zaman, 2020). This approach would foster collaboration by aligning roles with expertise across departments.

Outsourcing Opportunities: The pandemic highlighted the potential of digital platforms, increasing demand for tech-savvy workers (Bakhtiar, 2020). Outsourcing specialized tasks, such as data analysis for contact tracing, to private firms could address talent shortages while training existing staff. This strategy, used effectively in South Korea's COVID-19 response, would enhance coordination by integrating external expertise with bureaucratic efforts (Moon, 2020).

Employee Participation in Decision-Making: Empowering employees to contribute to decisions fosters creativity and engagement, countering the disengagement caused by autocratic management. For example, involving mid-level health officers in lockdown policy

discussions could have tailored measures to local needs, improving compliance in rural areas (Al-Zaman, 2020). Participatory decision-making would strengthen inter-departmental coordination by encouraging diverse perspectives and reducing reliance on centralized authorities (Collins et al., 2020).

Legislative and Structural Reforms: To address corruption and politicization, a zero-tolerance policy, enforced through independent anti-corruption bodies, is essential (Dutta & Fischer, 2021). A legislative framework, inspired by the UK's Coronavirus Act 2020, could provide legal backing for restrictive measures, enhancing public compliance and coordination during crises (Khatun, 2021). Long-term reforms should reduce vertical coordination barriers by flattening hierarchies, enabling horizontal collaboration between ministries (Rajan et al., 2020).

These strategies require a proactive approach, learning from the pandemic's coordination failures, such as unspent budgets and inactive committees (Haque & Marzia, 2020). By addressing red tape, leveraging expertise, and fostering engagement, Bangladesh can transform its bureaucracy into a modern, efficient system capable of managing future crises effectively.

Conclusion

The COVID-19 pandemic posed an unprecedented challenge to Bangladesh's bureaucratic governance, exposing both the strengths and weaknesses of its inter-departmental coordination within a multi-layered, colonial-inherited system. This study addressed three objectives: examining bureaucracy's role in COVID-19 governance, identifying strengths and weaknesses in inter-departmental coordination, and proposing strategies for enhancing crisis management. Despite achieving a relatively low mortality rate of 29,446 deaths compared to global figures, systemic inefficiencies—red tape, corruption, politicization, and autocratic management—hindered effective coordination, underscoring the need for structural and managerial reforms.

Bureaucracy played a pivotal role in implementing, administering, and regulating COVID-19 policies, with the Ministry of Health and Family Welfare (MOHFW) leading testing and containment efforts, supported by other ministries managing transport, education, and relief. Strengths included rapid decision-making enabled by autocratic management and vertical coordination, which facilitated timely lockdowns and aid distribution, such as 19 compensation packages worth BDT 1.04 trillion (Moon, 2020). However, these strengths were overshadowed by coordination failures. Red tape delayed critical resource allocation, leaving 76% of the 2020–2021 health budget unspent and exacerbating emergency service shortages. Corruption inflated costs, as seen in biased PPE procurement, while politicization skewed task assignments, undermining expertise utilization. Slow decision-making and imbalanced power dynamics between politicians and bureaucrats further disrupted synergy, as evidenced by inactive pandemic committees and unilateral decisions like garment factory reopening.

To enhance future crisis governance, this study proposes actionable reforms. Automating processes, as demonstrated by e-procurement systems elsewhere, can reduce red tape and

improve real-time coordination. Delegating tasks based on expertise, such as empowering epidemiologists for testing protocols, would optimize resources. Encouraging employee participation in decision-making could foster creativity, tailoring policies to local needs, while outsourcing tech-savvy roles could address skill shortages. A legislative framework, inspired by the UK's Coronavirus Act 2020, could strengthen compliance and coordination, supported by zero-tolerance anti-corruption measures and reduced politicization. Flattening hierarchies to enable horizontal coordination would further enhance flexibility.

This study contributes to academic discourse by highlighting the interplay of bureaucratic structures and crisis governance in a resource-constrained setting, addressing a research gap on Bangladesh's COVID-19 response. Practically, it offers policymakers a roadmap for reforming bureaucracy to ensure agility and synergy in future crises. Limitations include reliance on secondary data, suggesting future research could employ primary data to explore bureaucrats' perspectives. By learning from the pandemic's coordination failures, Bangladesh can transform its bureaucracy into a modern, efficient system, aligning with global governance standards and safeguarding public welfare in an increasingly complex world.

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