

Bangladesh at 50: Human Development: Defying the Odds

Chelsea Ferrell: We have up next Panel number three, which is 'Human Development: Defying the Odds.' Before I turn it over to our moderator today, Dr. Richard Cash, I am going to give just a quick update on his biography. Dr Cash and his colleagues conducted the first clinical trials of Oral Rehydration Therapy (ORT) in adult and pediatric cholera patients and patients with other infectious causes of diarrhea at the Cholera Research Laboratory in Bangladesh. Other in-country studies included the first field trials and community based trials of ORT and the use of amino acids as an additional substrate.

He was the Principal Investigator of the Applied Diarrheal Disease Research (ADDR) Project, a program that assisted developing country scientists to hone their research skills by conducting their own research projects. Over 150 studies, involving more than 350 investigators were funded in twelve countries in Africa, Asia, and Latin America, leading to over 275 publications. Research priorities included behavioral studies of caretakers and providers; foods and fluids; prevention of diarrhea; persistent diarrhea; and acute respiratory infection and nutrition. Dr. Cash also directed a program in research ethics that focused on training for fellows from Asia, and research ethics workshops at HSPH and in 12 countries. He is the senior editor of "Casebook on Ethical Issues in International Health Research", a WHO publication.

Dr Cash, I would like to turn it over to you. Thanks so much for moderating today

Dr. Richard Cash: Thank you very much. It was a very kind introduction and it's a pleasure, really a pleasure to be here. I've been, as Chelsea has mentioned, I've been connected with Bangladesh now for 53 years and was there, of course, during the time that I fell and when the cyclone came. I just left before the cyclone and returned shortly within a month after the liberation of the country. So, this is a, and I have maintained a long history with the country coming back every year since that time. So, it's a great pleasure to be back and to participate in this wonderful symposium.

What I would like to do is to briefly introduce the panel and then we've set up a few questions and I've asked each of the participants, three of them to give up to ten minutes' discourse on their concept of human development. I will then address a few other questions to them and then we will open the floor up for the discussion. So, I hope that it meets all of your expectations. So, the panel consists of Dr. Wahiduddin Mahmud, who is a retired professor of economics at University of Dhaka, has authored and co-authored numerous books, I am not going to name them but he has led the economic advisor panels for four successive, five-year plans and the perspective plan for the government of Bangladesh. He has his PhD from Cambridge University.

Our second participant is Dr. Imran Matin, who is the executive director of BRAC Institute of Governance and Development and at research, which is a research and postgraduate educational institution at BRAC University. It generates a number of high quality evidence and insights based on field research. Prior to his current role, Imran was working to save the children and international innovations poverty action. He holds a PhD in economics from the university of Sussex in the UK. And our final participant is Khairul Islam, who began his career in health services in Bangladesh, serving in the Directorate of the Health Planning Commission. He served in leadership and managerial positions nationally and internationally in Bangladesh and Africa and recently assumed the role of as the Regional Director of South Asia of Water

Aid after 11 years of serving as the country representative. He's contributed to the formation of the National Health Policy and National Population Policy of Bangladesh as the member of the drafting committee and is one of the organizers of the upcoming publication on the health sector, which marks 50 years of independence. Now some of the questions that we have proposed to the panel are as follows:

Bangladesh has done well on the key development indicators, which ones you think are the most significant and which indicators does the progress is less good? What factors do you think contributed to human development miracle in health and education particularly and what are the challenges and opportunities that lie ahead? So I am going to get off the stage here and turn it over to our learned panelists.

Wahiduddin, would you like to start off with you please? Thank you. Try to keep your remarks within ten minutes or less.

Wahiduddin Mahmud: Thank you, Richard. Remind me when it's ten minutes. Good morning and good evening. We know that Bangladesh has performed unexpectedly well in achieving economic growth as per capita GDP growth has been way ahead of the average of developing countries since 1990s. But improvements in social development indicators since 1990s was even more remarkable, particularly in infant and child mortality rate reduction, reducing fertility rate, female school enrollment with female advantage across all income groups in secondary and primary education. And cross section country studies show that and all these indicators Bangladesh was a laggard, and from a laggard it has become a leader and it is true also of the contributing factors like contraceptive adoption, child immunization, oral saline adopting for diarrhea treatment, female empowerment. All these underline contributing factors, in all this Bangladesh was a laggard and has become a leader.

There are two remarkable things about this achievement. First is that Bangladesh achieved this in spite of very low public social spending on health and education, both in per capita terms and in terms of percentage of GDP. Second, Bangladesh's dreams have been there in spite of very poor governance in public service, both in terms of absence of teachers, absence of doctors and school education. That's what's called Bangladesh's development surprise but, I myself, haven't been alleged to have coined this term 'Bangladesh surprise.' I have to admit that I feel somehow that now my enthusiasm is a bit muted, that's because we were slow to detect Bangladesh's achievements when these were happening. At the same time, we were also slow in detecting some of the progress and achievements and indicators are now a bit stagnant or even reversing since 2013. But I am sure that we shall have strategies to compensate that.

About the contributing factors, how Bangladesh did that at such a low public spending and poor governance of service delivery. One is well-known that we took the advantage of low cost solutions with affective social complaints, in respect of oral saline for diarrhea treatment, child immunization, social marketing of contraceptives. The spread of these ideas was easy because of lack of remoteness in Bangladesh which is because of density of population and also extensive rural networks and involvement of NGOs helped a lot, and lastly but not least willingness of Bangladeshis, even poor people

to adopt affordable, new ideas whenever those are given to them. It was shown even the poor farmers adopted HYV rice cultivation earlier than richer farmers. Of course some government interventions worked well, girls stipend program is known as one of the vanguard of the trans conditional cash transfer. Then government's emphasis, early emphasis on population control and rural network.

If you ask me, one of the question was what were the best achievements and where Bangladesh was lagging. In answer to that I'll say that it is very difficult identify a single most successful achievement because all these indicators, they are part of the social transformation where they are unanticipated synergies. For example, door to door family planning services of course helped and unmet demand for contraceptives, but it had a byproduct of, worked as a catalyst for middle class, professional family planning workers coming out of home. That led to very rapid family employment outside homes and then the NGOs and MFIs gave a platform for the women to get together. There was contraceptive adoption and reduced fertility along with that the child mortality reduction was helped by the, as I said, immunization program and oral saline. And all this, the social transpersion helped parental attitude towards investing in children's education and family.

Having all that, the challenges that these were low-hanging fruits and all these were successful, social campaigns, which in a way bypassed the government's main health infrastructure which is ridden dysfunctional governance system, quality of education remains a problem. So the challenge would be now how to climb the progress in any of these indicators will require more social spending and because if you want to reduce maternal mortality or child mortality more you'll need more interventions, hospital interventions, which will require more costly interventions and better health service. And also in education, if you can not improve quality of education, school enrolment is there but unless there is quality of education, which keeps employable spills then there will be a problem of dropouts which already dropouts are increasing in schools. And the main problem is that Bangladesh has one of the lowest resource revenue mobilization as a percentage of GDP in the regional or even among all the developing countries.

So, you mentioned that I was involved in the preparation of the sixth, seventh, eighth five-year plan. We had the difficulty in resource balancing as the gap was there and it was in terms of public financing of health and education. Unless we do that more in terms of health and education outcomes with increasing per capita income but that will mean that the proportion of out of pocket expenditure on health will be increasing, which has been increasing over time and the outcome will be far less unequal than it has been now. Bangladesh has been blessed with not only having this achievement so far but also these achievements have been equitable because the interventions were at the level of even poor families and using the agencies of poor women instead of taking the agency of local governance and local communities, which also escalated.

I shall end by saying that Bangladesh has done so much by using the female agency and achieving the social development outcomes, which are more to do it females, girl education, contraceptive adoption and all that. In spite of that, there is an anomaly that Bangladesh has done so badly in some of the community based welfare indicators like child marriage, violence against women, dowry and all that. That's because the way we have achieved all this, not through the agency of the community agency,

which were at the level of the interventions at the individual level of individual poor households. Thank you very much.

Dr. Richard Cash: Thank you very much it was a lovely summary and we have much to build on. Imran let me turn to you and ask you for your comments.

Imran Matin: Great. Thank you, it was always very difficult after Wahiduddin Mahmud said because of his comprehensive treatment. I am going to focus on education, which obviously is a key area of human development and human capital formation. I can talk more about the human capital formation aspect of education, rather than the more philosophical, citizenry-based understanding of education, which is critical as well. And I hope we get to those interconnections later in the discussion. Now, we all know that in terms of enrolment and in terms of even retention, I think we have done quite well. I think the gender dimension of these strides that Bangladesh has laid is of particular importance to really understand and unpack better.

I think the gender equality we have achieved in, even in enrollment, both primary and secondary, I think it needs more analytical unpacking than we have done until now but we have done really good in that aspect. Even in terms of retention, we are still, the progress has been there, it was stalling a bit but I think there's really good progress but I think the female secondary stipend program has been a big contributor with respect to that sort of closing agenda gap in terms of retention in particular. However, this is also very well known that our learning to grade completion curve is extremely flat. So, irrespective of your grade progression, your level of learning that you basically have in terms of your literacy, numeracy in whichever way you choose to measure those, are fairly flat. So every incremental grade completion doesn't lead to much learning outcome, what that basically means is that return to education is also sort of quite low, which in turn I think creates disincentives also for retention sort of as well.

So, there is a kind of a trap there in terms of low quality of education, low returns to education, leading to greater demand for continuation specially to higher levels, that's exactly where some of the vulnerabilities around child marriage starts creeping in and sort of other forms of not so productive engagement starts creeping in. So quality of education is clearly, clearly a critical area that we need to work on. Now, just to give you one statistics, a recent Unesco report basically says that around 58 percent of ten years olds were found incapable of reading and understanding a simple text by the end of their primary school. So this is and there is a lot more statistics in this regard. So, why this is the case I'll just you know, and why this is so difficult and I think this is primarily difficult not because we do not know what works, not because we do not know what does not work but because the politics of learning and the governance of learning is very, very challenging. The politics of expanding schools, the politics of expanding construction, the politics of recruitment of teachers, providing books, all of those are more visible and creates all kinds of opportunities for ransacking, which basically sort of means you don't have to deal with the crux of some of the governance challenges with respect to challenge and accountability. So that lies in the heart why quality of education improvement is of sort of particular challenge.

What is also interesting is some of the local governance mechanism at a local school management committee at the primary and the secondary level, these seem to be fairly functional, however their impact in terms of holding teachers to account is not particularly strong. So they are quite active in many, many ways because these are very important with respect to political control, these are very important forum in respect to political control, these are very important forum for political ransacking and other types of ransacking of all types. So they function, they are active yet they do not, they fail to exert any kind of pressure on teacher's accountability and ultimately learning. So I think this is the biggest sort of challenge and perhaps in some of the conversation later, we can basically come to it.

Now in terms of interventions that work with respect to quality of education, I think that is also fairly well known. I mean we know that providing learning books don't really help learning, they are important but they don't help learning. Increasing teacher's salary is important but it does not improve learning setting up school toilets are very important, they'll not have any impact on learning. What works ultimately is training teachers and holding teachers to account, we know that teaching at right level is, there's a large scale evidence with respect to teaching at right level works, and I think we need to really focus on some of these interventions. But I think it sort of primarily a political economy and politics challenge that we need to have serious conversation on at the national level. And I think some of the possibilities are there, whether we turn them into actual, realize them is sort of another question whether we can treat a national consensus and momentum around it but I think some of the basic political conditions may actually be there and I think we may want to come to this conversation later.

The second area is in terms of the higher education on primary and secondary is that these higher education has been talked about before, many of this higher education degrees are where employability skills are not really focused on specially I think this is of particular importance of relatively low return higher education degrees which maybe important for other reasons but I think employability skills are of particular importance for those type of lower return higher education programs and of course we need to think of other associational degrees such as ..around professional degrees as attractive choices and alternatives to higher education unless we address this, what we end up with is this what we call NEET which is ... employment education training now this is growing, 15 to 30 year old neets right now according to the latest figure is 30% and 50 % of women are in neet, 85 of men are in neet.. so there's a big gender disparity in neet as well, so one of the way we approach the neet challenge is by addressing high education challenge head on with a focus on employability skills .. embedding employability skills and also making other association degrees equally attractive by incentivizing them by making them attractive for all sort of alternatives, so that's with respect to higher education, finally I just want to also very quickly talk about the looming digital divide and I think this is absolutely clear specially during the CO-vid crisis and this is something we need to pay great attention, education as a great equalizer with the looming digital divide with access to effective usage is increasingly becoming and can really become a great divider in terms of our society and that's something we need to pay attention to, I'll stop here thanks.

Dr. Richard Cash: Thank you very much Imran, lastly let me turn to Khairul Islam and ask you sir to comment on the issue of human development specially in the health sector, thank you.

Khairul Islam: Thank you Richard, we will be using two terms one is miracle which happened in the health sector in human development, the other is paradox we have been discussing about the miraculous part for quite a long time in a self satisfying way but we haven't been discussing about paradox in that critically, until the CO-vid surfaced out many of those --- but when we look back, almost 50 years down the memory lane, we also must actually highlighted a few issues related to miracle and how it happened when the life expectancy at ...was added in the human development index that was one of the main indicator that about which we feel proud of that in 1971 we started we 46.5 years which was 2 years below India figure and probably almost 6-7 years below Pakistan figure and after 50 years we are 2 years ahead of India and 5 years ahead of Pakistan and Professor Wahiduddin Mahmud has mentioned about number of things where we have done well but usually we do not sight a few examples which are covered in primary health care, one is the essential drugs that in 1982 because of the drug policy right now we have got 2 billion dollar pharmaceutical industry which is also exporting medicine in number of countries and the country could enjoy reasonable price to the medicine for the last 40 years or so and the other is the tremendous improvement in water sanitation and hygiene which ultimately contributed in child mortality by reducing diarrhea in number of ways the contributing factor that I would like to highlight is our independence , in 2013 the lancet series on Bangladesh was released during that analytical period we realized that the war of independence itself had tremendous effect on shaping and harming the health sector in Bangladesh and just to give a few realistic example in 1971 right after revolution of the country we had to deal with 300,000+ rape cases we had to .. the ban on abortion and that led to Bangladesh one of the first Muslim country to liberalize I mean the name of menstruation , number of improvement in family planning we have started seeing . In the same manner if you recall you yourself was one of the discoverer of oral rehydration salt in 1971 in the refugee camp it was massively used during those cholera epidemic and right after that during.. in the Bangladesh how .. popularize the. Till now almost 50 million children all over the world were saved just by the simple solution of ORS.

If we recall during those war days the makeshift hospital, the way it was resourced by common people, students narcissists impact actually carried forward in terms of how we resourced over front line health workers who ultimately worked in the field of family planning, worked in promoting expanded program or And you name all those public health interventions about which we are feeling proud of and that ultimately led to 1978.. the conference declaration on primary health care where this kind of primary health care issues which is actually direct output of liberation war actually contributed in norming and forming our health system, the number of wounded freedom fighters led to formation of institution like .. what we call Pungo hospital, CRP and things like that the other important factor I see as resilience of people, if we recall the lives saved and the way we managed number of natural disaster in Bangladesh and the way it progressed, is mainly the resilience of people and the public professionals of the front line who actually contributed in saving those lives immediately after those disaster and disaster management in Bangladesh has become a role model in the other part of the world . So the impact of the independence were and resilience of people I find are two direct contributor in forming and shaping

Bangladesh's health system but the point where I see the paradox comes is pluralism in the health sector, because from the beginning we allowed so many sectors to grow, so many private sectors to flourish so many unregulated vendors of medicine to spread all over the country, those might have contributed in saving lives but after number of years we have started feeling that unregulated pluralistic health system ought to cause certain..... Which we have seen during this Co-vid period that 250,000 vendors of medicine were opened when most of the public health system and private health system were not offering services but simultaneously the way they sell anti-biotics, the way they misuse some of the things, the way they prompted poor people to spend this proportionately of their income behind quality of care per episode of treatment care is getting increased and increased and this is what where we see that out of pocket expenditure in this country is increasing exponentially.

Three years ago it was in and around 2/3rd of the total expenditure now in 2020 it has gone upto 74% more than Pakistan and India and all other neighboring countries so how we managed those, that's something that I find as a paradox and that used to be managed by regulating those pluralistic health systems let me stop here and if I get time probably during question and answer I will reflect more on some of these issues. Thank you.

Dr. Richard Cash: Thank you so much I think all of you have certainly stick to time and also raised a few questions, let me follow.. let me take a few minutes to ask a few questions here and then we will open it up.

You mentioned Khairul this notion that this privatization issue is come up, Imran you talked about the quality of education and Wahiduddin you also mentioned this idea that Bangladesh has managed to pick off the low lying fruit as we say, but sometimes stresses on the system bring out the issues and one of these has been the Covid pandemic do you think what has exposed in fault lines and also positive elements in terms of Human Development and what Bangladesh may need in the future and let me start with you Khairul since we started with Wahiduddin in the beginning, what is your observation on this, try to keep your remarks not too long.

Khairul Islam: During Covid time what we realized is that our curative service features the treatment facility has become over the past two years or decades so much privatized that at this moment twice the bed are in private sector like 55,000 beds are in public sector and 110,000+ are in private sector, so when private sector was denied to offer services there was a collapse and people were going door to door and hospitals were not admitting anyone, people.. I mean there are number of pathetic incidences where the patient died within the ambulance now what it really entails is that the difference between the Public health system meaning the system run by the government and the health system which is the national health system the policy makers were sitting in the ministry of health, they consider the government run health system is their look out, the national health system who's look out if not in their thinking paradai, that's where the main dilemma is coming and the paradox that I was referring to is coming out of that in adequate and lack of thinking, so national health system and government health system they can not in compass government and private both together constitutes the overall national health system, that idea and comprehension is not present in the policy makers mind or maybe present but not adequate enough to the people.

Dr. Richard Cash: Imran what do you see, certainly an educational or in other sectors were put up by the system and much of course as education is also privatized as you know.

Imran Matin: I think one of the most lasting and the most difficult recovery that we are going to be facing is with respect to the Human capital recovery with respect to Covid, I think we are actually seeing quite good recovery in sort of the overall economic sectors we've been lucky with respect to the sort of the Health part of it, the infection part of it but respect to the education sector and human capital recovery I think this going to be the most lasting impact, not the direct impact only, of course the schools being closed direct impact of that but it is the pre existing inequities that I think will get extenuated post Covid in terms of learning catch-up where those who were anywhere deprived are going to get far more deprived so it is a knock on indirect effect that is going to have a much larger longer term impact with consequences for deeper societal inequities of opportunities, so I think this is going to be actually the more lasting crisis, however I think why this happened we know .. existing inequality on top of it schools were closed digital access challenge was sort of surfaced in terms of widening that in equality further and specially not only the rich poor divide but also the gender divide with respect to the digital access divide, I think that is really really ... intersectionality of poverty and gender, I think is particularly biting with respect to the human capital impact of Covid. I think the opportunity here is that usually any type of remedial or corrective measures with respect to acknowledging the learning crisis is very difficult for any government, the idea of you know holding to just to account the remedial education part and so on and so forth I think now because of Covid one could basically say that a lot of these learning crisis challenges are because of Covid and perhaps that gives us an opportunity to sort of have a different kind of political settlement of some sort to try and push forward towards you know some reform to be able to reverse some of these accelerated inequalities that we maybe seeing in the future.

Dr. Richard Cash: Thank you, Wahiduddin.

Wahiduddin Mahmud: Okay, in health just to continue Khairul 's point is that our health system evolved into class division that the public health is for the poor and the private sector with some posh new hospitals for the rich, that this crisis has shown that privatization doesn't work, you have to have a strong, decentralized good public health system, private health system however good is not a substitute for private health systems, but having said that have you noticed that in terms of roll-out of vaccines we are doing much better than others, why because the entire thing is with the EPI extended immunization program, they have been very efficient they have to immunize the children. So that is the advantage we have, in education what Imran was saying I mean it's so sad because our gains where look at our gains, in the secondary education, almost all the gains in the past 15 years were in the secondary education students from the poorer households catching up with those from the richer households in secondary the gender division it was through out in primary education, as well as in secondary education the gender advantage was there entirely over all social classes from the poor to the rich, this is something very surprising I should add here that one strange phenomenon is that girls have an advantage in schooling where as inter house.. food distribution it's still the boys who are having advantage why this

is, is it to do something with the type of work they do ultimately that the economy still remains rather than brain based so that the male school graduates doing things which are physical and whereas the female children doing something with private tutoring, out of school or in RMG some sort of And things something like that yet it brings up the question of have you been able to match between the employment opportunities and the school graduates and our demographic transition has given us the demographic dividend which we are reaping now but we are reaping demographic dividend at a stage of preparedness a bit unprepared because Bangladesh has got it's demographic dividend compared to other countries at a much lower level of per capita income and we don't know how to use this school graduates were coming up and that remains one major problem that's why we don't have much open unemployment in countries like ours, these are all hidden, but in terms of educated youth, the open employment is now 30% which is alarming, thank you.

Dr. Richard Cash: Let me turn to two other issues, first one imran you brought up the whole issue of accountability in the education sector we could ply that to the health sector as well, infact to any sector . How does the country ensure that there is accountability and that there are standards that are maintained this seems to be certainly a one of the challenges of government and i read that you have mentioned the poor governance in fact that exists, how do you .. how do we maintain accountability in the health sector, in the education sector in all sectors with governance being not as strong as one would wish, Imran let me turn to you first.

Imran Matin: Million dollar question ... with so many different levels I mean I think Wahiduddin Mahmud sir can talk more about macro level structural issues of governance here, I think there are opportunities there but I think from a more micro level, there are actually quite a bit of possibilities with respect to taking social accountability citizens engagement root, more participatory approach to a more local level I think the kind of work that BRAC and others were involved in for many many years which I think of a bit sideline with the kind of rush with respect to very particularized program of millennium development goal, I think some of those are kind of drip drip work that needs to done with respect to citizens engagement participatory local governance at the sort of local level strengthening some of the democracy forums that actually the government itself has actually created like open budget for the union level forums the school management committees how do you get greater synergy because we do see that when 3rd party actors such as NGOs work to ensure poor people's participation in some of this forum they actually work much better from..... the state of governance on social accountability looked at the local social accountability forums across the country so I think there are lot of potential and promise with respect to doing much more with respect to these local level accountability forums by creating a different kind of public private partnership between the government and NGOs I think there are deep opportunities there.

Dr. Richard Cash: Thank you, Khairul.

Khairul Islam: Yeah, I think I am inline with Imran and would like to compliment just take the example of community clinic around 13,500 community clinics all over the country and from the government side the community group which looks after the ..amd take care of the regular attendance of the community clinic health care provide on voluntary basis they maintained the cleanliness of the campus and then try

to manage medicine and gardening, fencing and so many things when a NGO facilitates the group activity they are just wonderful, some of the community makes infrastructure, attendance, the pro poorness and the.... Services I mean phenomenal work in number of places examples have been created by NGO facilitation and even in some places without NGO facilitation where the community groups are selected in a nice way, they themselves proactively manage all the things same thing can be said about some of the school management community at the grassroots level, some of the management communities are so active that they take care of toilets so that the girls can really don't miss three days per month and their menstruation and so and so at the grass roots level and the macro level some of this work is so prominent and examples are so bright but unfortunately they don't really come up to the level of central level and where we somehow in between this micro to macro we get lost somewhere and that change has to be established, I don't know how but the point is that when the central procurement takes place it gets lost and all the fingers related to procurement lapses and all this which came up in the health sector during covid time I mean these are the examples how it can fail so there are good examples at a macro level where social accountability and social engagement processes are strong but at the central level, somehow we couldn't really bring it upwards but ... can really set up certain light on the macro level.

Imran Matin: Richard can I just one, I think one critical link between the micro and the macro is procurement and I think getting citizens engagement in procurement is actually really really important and there are actually some morals.. from the .. we are working the central procurement technical unit CPTU to develop a citizens engagement model in terms of procurement services but these are micro infrastructure project but I don't see any reason why some of the lesson of that cannot be taken other levels of procurement, I mean I am not talking about mega project procurement that's a whole different ball game but I am really talking about more micro procurement, I think we should think about citizens engagement in procurement and quality of procurement thank you.

Dr. Richard Cash: Thank you, Wahiduddin how about giving some...

Wahiduddin Mahmud: All these are obviously part of over all governance problem.. governance problem where politics is based on patronized politics distributing p... out the privileges as a teacher at the university level when I look at my students I can see in that preparation where are the missing links in the preparation where are the missing links in their preparation primary school after all are all mostly are public owned there is some some system of recruitment of quality of teachers and so on there should be more community engagement and there should be more accountability of teachers attending the classes that's fine but the real missing link is the secondary school , secondary schools are mostly private owned but at the same time the governing body is controlled barely politically and you will find in those governing bodies people who are not themselves graduates of secondary schools so you can imagine the type of politics that goes on recruiting teachers and so on, this is a sharp and trust with the system of education we had in the pre partition days, many of us including myself we came from semi- urban small town secondary schools and the secondary schools in which were private owned produced .. in fact the best students who topped the nation wide exams it happens no more, you will find any schools outside Dhaka where the graduates of secondary schools will do much good it has again something to do with not only the type of governance but also the type of centralized development we

had everything is located in Dhaka all officials are in Dhaka that's why no school teachers no doctors will attend with their family living outside Dhaka, they will go there themselves alone from time to time, that's why these absenteeism remains . So I should end by saying one thing that maybe we should learn lessons from this Covid experience which is that we are saying that one year is lost now if you think of the real education our students get the primary education of 5 years actually in 8 years that's one reason we are trying to proposing to extend our education to 8 years s I mean losing one year is not major thing provided we can revamp our system and can really rectify the terms of quality of education particularly in terms of access of students from poor families to quality education , the slogan before in the MDG was education for all we proposed that the slogan should be quality education for students of poor families, thank you.

Dr. Richard Cash: I recall when I was in ... when I was at the cholera laboratory they had a research station atand the slogan outside of the school which is very well known was "Enter to learn, leave to serve " and so that was very very strong. Do we have any other questions otherwise I have one other last question to raise which maybe I'll do since I don't see.

In the beginning kind of said that he was trying to push the notion of improving science and so on, I think that one of the strengths of Bangladesh is been a very strong research ethic, I think that one of the reasons that ORS did so well is because it developed in Bangladesh and there were many other things that came from the ICDBRB and other research institutions, what do you see Imran let me start with you because you run a research institution , Wahiduddin you've been doing it what do you see is the role of research in human development itself within Bangladesh not necessarily to innovate but also to take innovations from elsewhere be it micro credit be it cash and adapted locally after all that's really what Japan did after the second world war and so on, it's this culture of research and adaptation do you see this as an important issue.

Imran Matin: No I think it is sort of really really important, I think the whole the kind of market orientedness of higher education is something that is of critical importance, I think where there is higher education I think in Bangladesh not a fear but looking down on sort of market orientedness as almost being anti-intellectual and I think that's a culture which needs to be changed because market orientation is also about being relevant and also shaping the market as well and I think the industry university linkage is of particular importance in this particular sort of regard I mean with respect to the kind of institute I run which is a governance and development institute I think for us our industry in some ways is the development practice which is both NGOs and the government and I think unless we can really link up with that industry with that research and teaching and the educational work that we do is just not going to be kind of .. it's not going to cut any mustard so that I think is really really important and I think the industry university linkage across all fields with real focus on understanding the market, understand the pearls of the market not in an un analytical not in a way to just serve the market but also think about the future market as well and shaping it as well so I think in that over all context there's a lot I think universities of high education in Bangladesh needs to basically work and learn from primarily I think the South East Asian countries and in some of these countries they have done much better in this particular regard.

Dr. Richard Cash: Khairul, Wahiduddin you want to comment at all on this.

Wahiduddin Mahmud: Having done damage to our educational system as I said that secondary school are missing link once you go that path to rectify it also I mean to rectify educational system from top to bottom takes time because the graduates of the universities will teach the primary school and so on and so on but there are shortcuts as you said that Bangladesh has .. the people are entrepreneurial they are even technology they can improvise even in informal sectors as you said some of the technologies were developed in Bangladesh like oral saline or micro credit where Bangladesh has done much more better than other countries, Oral saline is something which is cheap, it doesn't cost anything still adoption of oral saline in Bangladesh is much higher than India later on Africa so but the problem is that to import technologies from abroad and then improvise it to set the local conditions require even more expertise than using the technology just taking from the shelves, which means that education system is the key now if we cannot rectify the system in one night we should look for innovative ways making shortcuts like internet, the education which is available through internet doesn't have a border, I mean we can use... a student in Bangladesh can use the lectures on internet from Harvard anywhere sitting in Bangladesh that's an opportunity we should... that is also true about secondary school and primary school if we have the political views so that we should be able to make shortcuts in rectifying some of the mistakes we have already done, thank you.

Dr. Richard Cash: Khairul do you want to comment on this or A direct question , one of the direct questions that came from the audience and I think you may have already touched on this is the whole notion of what can government do to ensure a standard of care, a standard of health delivery that is consistent throughout the country or do you see something that is not possible because as you point out some of the private hospitals simply saying we are just not gonna take you , no beds that is there is no sense of accountability to the community to the society. I'll leave it to you, do you want to address that or...

Khairul Islam: May I take this up?

Dr. Richard Cash: Yeah please

Khairul Islam: I think when we talk about population and specially quality control in the health sector, there are so many sub sectors within the health sector I mean in education and then in graduate education, post graduate education , undergraduate education, nursing services so on and they are diversified across so many directors, it's a whole Pandora box, I am just talking about human resource development and health, when you come to the treatment quality of care I mean from the prescription audit to treatment quality and the pricing number of issues, the ethical practice, pharmaceutical companies, promotional, ethical promotion so which body will actually be controlling some of this and this covid actually surfaced so many lacunas in the health sector that we believe that just on a few decisions and try to make certain... type of fixation here and there, that's not going to resolve the ... issues of the health sector what we have witnessed the unregulated private sector, the unregulated informal private sector and so many things came out during that time, we feel that we really need time

to debate and discuss and then agree on certain modifications, improvement in the health sector like forming a commission which immediately after independence our father of the nation formed for education under the chaired personship of Professor Khuda in the same way probably it is high time that with someone will respected in the health sector will form a commission and for certain number of months and years we keep on discussing these with number of stake holders and then we make all this modification because the out of pocket expenditure which is now almost 3 quarter of the total health sector expenditure I mean it cannot be curtailed overnight or one or two years kind of time it has to be dealt very very systematically I we talk about universal healthcare if we talk about introducing certain insurance mechanism so that irrespective of time or location or anything, people can get the best quality services, the kind of arrangement we'll have to make, the kind of arrangement we have to make, the kind of institutional modification ... it cannot be done in an... so I would lastly re comment that given the 8th five year plan which is came to it's effect very recently and given the allocation of resources in the current budget and the upcoming budget we'll be getting for Covid, that's a huge amount of money and it is tax payers money or it is borrowed money but the people will pay for it payback so in order to maintain accountability probably that kind of commission is extremely needed and urgent call, that's how I would like to conclude my delivery, thank you.

Dr. Richard Cash: Let me take one other question from chat and I will leave it to anybody to answer this,

Providing education training online could cut down the disparity between quality of education in major cities and towns and villages as you brought up Wahiduddin , Online education and training could collaborate greater policy makers and educators in Bangladesh with Bangladeshiaround the world after all the Khan academy is developed by a Bangladeshi ... how much resources are given to developing online education and how much should be given what is the scope for this to try to bring together the disparities between Rural and Urban or between rich and poor does anybody want to take that on.

Wahiduddin Mahmud: May I?

Dr, Richard Cash: Yes please.

Wahiduddin Mahmud: There are some initiatives like Khan academy ... of Khan academy which are trying to introduce forces which should be available to students in Bangladesh adopted in for Bangladeshi students even in Bengali, these initiatives are funded well by the Bangladeshi's I mean fund is not that much of a problem but having internet facilities in rural areas in a way where these things could be I mean could be practicably practiced is remains a problem, the Covid thing in terms of disruptions by Covid will be gone soon, I mean Bangladesh university schools and colleges will be open soon so we will be back to normal but even if we are back to the normal we should be trying to use the internet technologies to as I said to have a short cut to do repair the damages we have already done to our education system at different levels, thank you.

Dr. Richard Cash: Imran you mentioned that this disparity between men and women .. what does your research show in terms of connectivity and computer literacy in various parts of the country .

Imran Matin : Yeah, I mean it is the inequalities is quite huge and there's lot that needs to be done in sort of addressing, but I just want to raise a few ways in which I think we can accelerate this .. so one is of course.. we should think beyond devices so the access is much more than devices it's sort of much more about .. we need to think about facilitated approach to .. device usage which .. we think about online and offline solutions, you know high tech and low tech we need to think about hybrid technologies so how do we use community radio along with digital technology to really create much greater access for instance right, I mean during the Covid period BRAC has been experimenting with community radio approaches through cell phone based.. just feature phones so I think we really.. I think the smartphone access will increase but the divide will be there so we need to really think about what we can do with what we have currently and I think to do that I think we really need to understand how people are using digital technologies itself people are using, kind of memory cards and swapping memory cards to disseminate and share information , entertainment is a basically for entertainment how do we use how do we learn from some of the innovations that people themselves are doing where access to some of these devices are unequal and limited and constrained but within that we need to learn how people are doing it themselves and then use that to reduce backward induction in terms of what types of innovation we should be doing to support and I think just like the way micro finance in some ways kind of challenge existing norms of how banking actually happens and turned it on its head, I think we need a micro digitalization strategy , drawing inspiration from innovations of micro finance, social innovations of micro finance and I think to do that we need to learn from people and see how people themselves are using these technologies .

Dr. Richard Cash: That's a very good point I suppose one could apply the same thing to certain health messages and health ideas and so on so we are nearing the end of our allotted time, do any of you have last minute reflections that you would like to make within the next minute or two. I now turn to you Wahiduddin as you started this off.

Wahid uddin Mahmud: Okay, thank you Richard it has been an enjoyable session, I shall conclude by saying that I started by saying that Bangladesh has done very well in economic growth and in social sector growth we have even done better but all this is related to Bangladesh's overall social economic progress now the way we have progressed so far economically is beyond we have done well in adopting high yielding varieties agriculture becoming self sufficient in food but outside agriculture the driving forces allure technology small enterprises RMG'S dependent on low wage female labour and export of some skilled and unskilled labour now replication of that will not take us to the next level of economic growth and socio economic progress so as you mentioned earlier that skill and education will remain very important in terms of ... agriculture progress, in terms of skills and technologies all our progress will be related to how much we can shift from the replication of the existing things to a more innovative deepening things, thank you.

Dr. Richard Cash: Thank you, Imran.

Imran Matin : Sorry.. I don't ... I mean just one point is with respect to I think understanding ourself, I think in many ways develop our own framework really understand through the mechanisms we are where we are and how would we basically move forward and this is I think a big intellectual challenge I mean... this is whole the Bangladesh surprise that Wahiduddin Mahmud sir talked about, I think this is really, it looks like a surprise if we use ..if the gaze is with borrowed frameworks and I think one of the biggest intellectual challenge is that we are yet to understand in our own ways our own narrative using our own frame fork and I think this is really the big intellectual challenge and unless basically we take greater control of the knowledge agenda and sort of drive it forward I think it will be difficult to sort of really think about move forward and I think is really some of the deep intellectual challenge because some of the ways we think about governance and linkage between governance and development and democratic institutions those pathways are not the ways in which Bangladesh is progressing and I think we need to have a much deeper intellectual engagement with these dynamics and with these realities a more deeper and more honest and open intellectual excursion I think, thank you.

Dr. Richard Cash: Thank you, Khairul

Khairul Islam: Yeah, I think this is the year when we'll be celebrating a lot and we'll be recalling our achievement quite a lot but side by side we'll have to remember that in 5 years time we'll be graduating ourselves from the LDC status and in context of Covid what we have identified , we'll have to address those, now in order to address those, the kind of discussion debate we need to undertake and Imran has just said that the Democratic institution and mechanism has to be there so on the so on the verge of... another 50 years or I mean the upcoming years what we need to commit is that along with the celebration in the name of way forward we need to invite those discussions in a much more informed way and a much more intellectually actually with evidence and the how should I say it ... the scientific discussion we need to create that environment otherwise the challenges that we are facing now will be The achievement what we have done .. I won't say those are low hanging fruits but those are the fruits which are delivered by our frontline health workers now this is the time.. the so called you know the blue collar and white collar people, need to really come forward there intellectual ability and really lay down the pathway in which the Health sector would shape itself for the next 50 years so for that serious research based and intellectual discussion will be needed and I look forward that countries democratic institutions and tolerance level and democratic practices will tolerate that will rather support that, with that optimism I would like to conclude thank you.

Dr. Richard Cah: Thank you, thanks to all three of you I think you summarized it beautifully that we should celebrate what has happened but ...experience is the best teacher but a fool learns from no other so this challenge to move ahead and celebrate what has happened but to learn those lessons and to think about it in going forward position and I can't thank three of you enough for your excellent contributions I would simply close today's session simply by saying that it has been a wonderfully productive day we've learned the history we have looked at the economic development, we've looed at the human resource development and there is much to celebrate but the challenges may be even more difficult going forward, it's great to know what we have achieved but the challenges going forward are going to be real and it's going to require an open dialogue a discussion an openness and a transparency that must be maintained on that note since I really want to end on time let me remind

everyone that this session Bangladesh at 50 continues tomorrow at the same time as it did today and I am sure we are going to have some excellent panels and discussions which I am looking forward to and I hope you all can join us at that time where ever you are, I know that we are probably covering just about every zone in the world right now but thank you all but special thanks to the Mittal foundation, Chelsea , Tarun and everyone who's been contribution to today's session so on that note, I think we have reached one minute before the hour so I will again thank you Wahiduddin, Imran,khairul for a really really wonderful session thank you.

Wahiduddin Mahmud: Thank you, Richard.

Khairul Islam : Thank you Richard, thanks everyone.