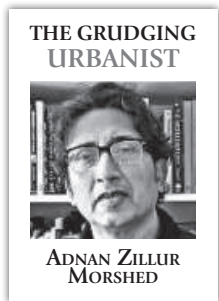


Why BRAC should transform its experience into knowledge



THE GRUDGING URBANIST

I first met Sir Fazle Hasan Abed in 2012 at an invitation-only meeting in Washington, DC. He presented BRAC's development philosophy to a group of US policymakers, scholars, academics, and think-tankers at the Woodrow Wilson International Center for Scholars, located in Washington's political heartland. Based on my brief interaction with him at that meeting, I wrote an opinion piece which was critical of what I thought was BRAC's lack of adequate attention to environmental stewardship in its development strategy ("Environment and Fatalism," *The Daily Star*).

I was pleasantly surprised to see the TDS piece reposted on the BRAC website a few days later. I didn't understand the significance of this until I met Sir Abed again in 2017, when I joined BRAC University's Department of Architecture as its Chair and got to know him well. This was a person with an extraordinary ability and humility to allow constructive criticism to be a part of his development vision, humanised by a genuine empathy for the downtrodden. Most heroes talk and their followers listen. Sir Abed was an unusual hero who listened. He spoke from within or simply sat on the other side of the table, and spoke and listened in equal measure. This is why we often saw him among the people, poor women and children, listening to their stories with genuine interest. This image of a *listener*, of course, didn't mean that he wouldn't take the toughest decisions when needed.

Sometime in 2017, I approached Sir Abed with a proposal. The context of the proposal was this: Bangladesh has become a quasi-pilgrimage site for development workers around the world, who want to understand this South Asian country's remarkable feat in development from below or grassroots development. Media statements like Bangladesh's "development surprise" and "by many metrics, Bangladesh's development trajectory is a unique success story" are increasingly becoming common. Global pundits like Amartya Sen paid glowing tributes to Bangladesh's social advancements, particularly women's empowerment.

I told Sir Abed that this development story, despite its many flaws and frailties, and the one in which BRAC played a pivotal role, needed to be transformed into *knowledge* for ordinary people to understand and internalise it as a fundamental condition for realising their full potential. I was, of course, not referring to the ivory-tower, academic knowledge cloistered within a vast range of disciplinary jargon and peer-to-peer loop, inaccessible to most people, but to the kind of easy-to-understand knowledge that could catalyse broad behavioural transformation as a foundation for the next generation of development. I argued that time had come to transform Bangladesh's development story into an instructive narrative that can empower people to believe in themselves. I told Sir Abed that BRAC is great, but very few people outside it knew how this organisation flourished as a non-governmental organisation, how it survived many challenges, and how it sought to achieve its goals despite many roadblocks.

BRAC's work at the field level, since its founding in the early 1970s, has produced a vast body of data that could

now be mainstreamed as knowledge of the past, present, and future of Bangladesh's development. I reasoned with Sir Abed that this knowledge production would be possible, even if partially, by creating a people-oriented "museum of development," a contentious but worthy site for transforming experience into operative knowledge.

This museum would display the

economic growth. This is where tourists, both local and international, would find another Bangladesh—resilient, progressive, and challenged—beyond the frivolities of the "basket case." I argued that not converting BRAC's 50-year experience into knowledge would be a lost opportunity, since that very knowledge could be the vehicle for people to graduate to the next generation of entrepreneurship.

personality, such "idolatry" would be antithetical to his worldview. Second, he may have thought that development in Bangladesh was still a work in progress, as millions still face economic hardship, and by no means were we at a stage in which we could feel complacent about successfully achieving economic and social freedom. And, third, a museum might be viewed as an arrogant memorialisation of perceived success.

Despite Sir Abed's lack of interest, I went ahead to introduce the idea of a museum of development as a class project to third-year architecture students at BRAC University. To my utter surprise, Sir Abed facilitated our visit to two potential BRAC-owned sites, one at Purbachal, on the eastern side of Dhaka, and the other near Gulshan-1, on the northern edge of Hatir Jheel. When we finally completed the project after about three months, he came to see the final outcome and asked the students about their philosophy of development and the challenges of displaying its past and future in a museum setting. I knew deep down that he would have appreciated the idea of "exhibiting development" as a form of operative knowledge for people to visualise self-improvement as an achievable goal.

The BRAC leadership should consider such a museum as a tangible tribute to the legacy of Sir Abed. This 21st-century museum, along with its research wing, will not mummify and glorify Bangladesh's development history, nor would it be a shrine for him. Instead, it will be a knowledge centre, mainstreaming holistic development as a state of mind.



BRAC's work at the field level has produced a vast body of data that could be mainstreamed as knowledge of the past, present, and future of Bangladesh's development.

PHOTO COURTESY: BRAC

history, in all its complexities and contradictions, of Bangladesh's development from the lens of BRAC's field experience and global exchanges. This is where school children would come as part of their curriculum to understand what development meant for Bangladesh in the wake of the country's independence. This is where college students would learn from the infographics and related exhibits showcasing Bangladesh's social and

Sir Abed was not convinced. I was perplexed as to why a visionary like him would not see the potential of *knowledge* as the propeller of Bangladesh's development in the 21st century. He was reluctant to entertain the idea. I slowly understood why. First, he thought that this "museum" would become a Sir Abed shrine, a hagiographic memorial of a larger-than-life saint. Given the empathetic human dimension of his

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IMPLEMENTING SDG 3

Revisiting the Revolutionary Medicine



SYED YUSUF SAADAT

It was his last semester before graduation. Yet Ernesto Guevara decided to postpone the completion of his medical degree, and instead embarked on an audacious adventure. The ultimate objective was simple: travel from Argentina to Peru, with friend and biochemist Alberto Granado, to get some practical experience of treating leprosy patients. Ernesto's unwavering commitment to help others, combined with his juvenile wanderlust, took him on a journey across the South American continent that transformed him from being a medical student into a doctor and later into a renegade. Dr Ernesto Guevara went on to become the most iconic revolutionary of modern times—Comandante Che Guevara.

Che Guevara's legendary journey was described in his memoir "The Motorcycle Diaries", which was later turned into a biopic with the same title. His subsequent revolutionary activities were also recorded in his autobiographical books, as well as countless other books, movies and documentaries. What often gets lost in the shadows of Che Guevara's heroic feats is the quiet rebellion against medical conditions and illnesses that he directly inspired. In a speech to the Cuban militia titled "On Revolutionary Medicine", Che described how his travels brought him into close contact with poverty, hunger and disease, and expressed his fervent wish to

help the helpless. According to Che, revolutionary doctors were individuals who utilised their technical knowledge in the service of the revolution and the people. Che envisaged a healthcare system that provided services for the greatest possible number of people, instituted a programme of preventive medicine and created public awareness about hygienic practices. Che Guevara's ideas and ideals were subsequently enshrined in the Cuban constitution which guaranteed free universal healthcare for all.

However, unlike Cuba, most developing countries struggle to provide quality healthcare to their citizens. The right to good health has been championed in the third Sustainable Development Goal (SDG 3) of the 2030 Agenda. SDG 3 calls upon countries to "ensure healthy

lives and promote well-being for all at all ages." Bangladesh has also made commendable progress on indicators under SDG 3. According to the Bangladesh Bureau of Statistics, maternal deaths per 100,000 births decreased from 648 in 1986 to 315 in 2001. Since 2009, maternal mortality ratios have been declining continuously every year, and in 2017, there were 172 maternal deaths per 100,000 births. Nonetheless, it will be difficult to achieve the government's target of having a maximum of 105 maternal deaths per 100,000 births by 2020 unless urgent steps are taken.

Apart from the positive outlook of the national aggregate, the difference between rural and urban maternal deaths has also been reduced over the years. For example, in 1995, there were 72 more maternal deaths per

100,000 births in rural areas compared to urban areas, but in 2005, there were only 25 more maternal deaths per 100,000 births. In addition to the fall in maternal deaths, infant mortality has also declined. The mortality rate of children below the age of 5 years decreased from 102.8 deaths per 1,000 live births in 1997 to 32.4 deaths per 1,000 live births in 2017. Neonatal mortality rate declined from 47.9 deaths per 1,000 live births in 1997 to 18.4 deaths per 1,000 live births in 2017. Thus, the country has already achieved the milestones in both under-five and neonatal mortality rates well ahead of 2020.

A key reason behind the decline in maternal and infant deaths is the rise in the number of healthcare service providers. The proportion of births attended by skilled healthcare service providers increased from 20.1 percent in 2006 to 49.8 percent in 2016. The number of nurses per 10,000 people increased from 1.576 in 2007 to 3.067 in 2017, and the number of physicians per 10,000 people increased from 3.193 in 2007 to 5.268 in 2017. However, despite the progress made by Bangladesh in implementing SDG 3, a number of key challenges remain. These include, inter alia, the high out-of-pocket healthcare expenditure, the rural-urban divide in access to quality healthcare services, the unmet needs of people with disabilities, and the neglected issue of mental health.

Developing countries like Bangladesh have much to learn from the public healthcare system of Cuba and from Che Guevara's theory of revolutionary medicine. In the book titled "Primary Health Care in Cuba: The Other Revolution", Linda M.

Whiteford and Laurence G. Branch outline ten lessons learned from Cuba's primary healthcare model that may guide the way forward for other developing countries with similar resource constraints.

These include: i) reducing disparities in healthcare access, opportunities, education and resources to improve overall well-being; ii) ensuring a strong presence of healthcare service providers everywhere as a prerequisite for universal healthcare; iii) developing trust between healthcare service providers and the people they serve through ensuring accessibility and reliability of healthcare services; iv) empowering local community groups to collect data and to participate in healthcare promotion campaigns; v) communicating public health awareness messages clearly and frequently; vi) making an indefatigable political commitment to improving health for all, through prioritising health policy; vii) emphasising disease prevention as an overarching public healthcare strategy; viii) achieving a health policy consensus by fostering a sense of equality for all, while acknowledging resource constraints; ix) creating behavioural changes through community interventions and individual counselling, in order to reduce health risk factors; and x) building a strong preventive primary healthcare system which is community-based, labour-intensive and relatively technology-independent.

Bangladesh can learn from the Cuban experience to address the challenge of providing quality healthcare services to all its citizens.

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Bangladesh has made commendable progress in implementing SDG 3, but a number of key challenges remain.

PHOTO: SYED YUSUF SAADAT

ON THIS DAY IN HISTORY

JANUARY 26, 1788
First European settlement in Australia

On this day in 1788, Arthur Phillip, who had sailed into what is now Sydney Cove with a shipload of convicts, hoisted the British flag and established the first permanent European settlement on the continent of Australia.

CROSSWORD BY THOMAS JOSEPH

ACROSS

1 "I have a dream" speaker

5 Fishhook feature

9 Fable ending

10 Spanish farewell

12 Stage comment

13 Vietnam's capital

14 Behind in the score

16 Collins base

17 At any time

18 Broadcasting

21 Urgent call

22 Restaurant activity

23 Wild dog of Australia

24 Hot dog

26 Ammo for a Red Ryder

29 Big shooter

30 Opera solo

31 Throw in

32 Staring

34 Squad car sound

37 Fencing move

38 Coach Rockne

39 Yens

40 Pesky insect

41 Clutter

DOWN

1 Balkan region

2 Showy flowers

3 Lowest point

4 Secluded valley

5 Derisive cry

6 Oklahoma city

7 Welcome, as a new year

8 Like opposition fans

9 Bulls and bucks

11 Join the choir

15 Making head-way

19 "Picnic" playwright

20 Brazilian city

22 Fred and Wilma's pet

23 Comfy room

24 Walking in water

25 Evasive maneuver

26 Delivers

27 Benders

28 Wise ones

29 Wine barrel

30 Blue hue

33 Homecoming guest

35 Seventh Greek letter

36 Badminton need

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YESTERDAY'S ANSWERS

A	X	E	S		S	H	O	P	S
L	A	M	A	R		T	O	N	O
E	V	I	T	A		A	D	E	L
F	I	G		T	E	N		S	A
S	E	R	I	A	L		M	I	N
R	E	C	T	I	F	I	E	D	
C	E	R	T	I	F	I	E	D	
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A	L	A	R	M		E	L	I	D
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S	T	E	M	S		T	R	E	S

BEEBLE BAILEY by Mort Walker

BABY BLUES by Kirkman & Scott