# Some questions on DU's research budget



newspaper published a report recently on University of Dhaka's (DU) Tk 869.56 crore budget for the current fiscal year, the

local

largest ever, to support the work of the iconic institution poised to celebrate its 100th year since its establishment in 1921. Recognised in the past as "The Oxford of the East", people ask, what happened to that illustrious veneer?

A prime reason the lustre has vanished, among several others, is the quality and quantity of research originating from its hallowed halls. In fact, the budget allocated to research is shown as merely 1.09 percent or roughly Tk 9.5 crores for the entire university. The rest is allocated as follows: 30.71 percent for salary, 24.81 percent for allowances, 22.74 percent for supply and services, 14.38 percent for pensions, and a tiny amount for grants and capital grants. One might look at the miniscule allocation for research and ask: how or why would faculty pursue research?

Teachers are actually compensated for three major activities: teaching, research, and service. They are aided by an administration whose budget is covered as institutional support. The entire budget is, therefore, for "faculty activities" and "administrative support." The "faculty activity" budget is largely for teaching and research, which is why faculty are compensated.

If we look at MIT's (USA) operating expenditure budget (2019), it is shown under three major heads: sponsored

research 47 percent; instruction and unsponsored research 32 percent, and general and administrative 21 percent. How then are salaries, allowances, and supply/services accounted for? Are the faculty not paid? The fact is that faculty compensation (salaries, etc.) is included in the operating expenditure as instruction and research (mainly) which accounts for 79 percent of the budget. Similarly, the University of Hong Kong's 2019 expenditures are listed under "two" heads: i) Teaching, Learning, and Research and ii) Institutional Support. The first head accounts for roughly 70 percent of the expenditures that covers faculty compensation and benefits.

For the DU budget, the faculty portion of compensation/allowances/ supply/services is surely for research and teaching. Then why is there a separate category of 1.09 percent for research? Say (as an example only) that faculty are expected to allocate 50 percent of their time for research: shouldn't the research allocation be shown not as Tk 9 crores but actually 50 percent of the budget or roughly Tk 434 crores (minus administrative costs)? The rest is for teaching (and services)

The amount "actually" allocated for research at DU, therefore, is substantially higher than claimed. The 1.09 percent for research is a misrepresentation which would allow faculty to complain and give them an excuse not to produce good researchor any research at all. With the more realistic view of the research budget that I present, the question would then arise: "For last year's budget expenditures of Tk 810 crores, what proportion of compensation was for research? And what outcome was thus generated? What record or evidence

would the university administration show?"

Another key point: If one takes a look at the revenue side of MIT's budget, tuition accounts for only 10 percent of the revenue stream. The lion's share of revenue comes from the Lincoln Lab (27 percent), research revenues (19 percent) and investment returns (likely from surplus money that research generates, 22 percent). MIT

"UCLA has averaged USD 1 billion in research funding with over 350 research labs, centres, and institutes...and over 1,800 inventions have come from this research powerhouse." If good research can be done by the DU faculty, under visionary leadership, that garners the confidence of the government, industry and international bodies, there should be no dearth of research funds!

DU's situation is context-bound



### The Curzon Hall building in Dhaka University.

faculty members thus bring in, from research, roughly 68 percent of its total revenue of 3.932 billion dollars! Then there are endowments, grants, gifts, bequests, etc. In other words, faculty members bring in a good part of their own compensation through research grants and the like. Is this a model we can emulate?

I have also written elsewhere that

and should not be equated with that of MIT and other vaunted universities. The compensation that faculty earn also require serious discussion. I bring the matter of research budgets to the forefront to generate a conversation on what is the purpose of our universities, what outcomes should be expected from our faculty members, especially in terms of research, and how can the

budget guide the expected activities. Absence of a vision and a lack of desire to give prominence to research already shows dismal results (especially our rankings) that are not surprising.

I will concede that "if" research is not a priority, then DU (and other universities) ought to state clearly its priority and the activities for which the expenditure of Tk 869 crores is budgeted. This would establish accountability. Also, if teaching is the institution's priority, one might ask, why are so many DU graduates unemployed?

Universities build their reputations on research. When it makes impact and garners attention, not only do universities rise in stature, even the nation attains a stellar reputation. This is perhaps why many Asian universities have begun to focus on establishing a research pedigree. China, Japan, S Korea, Hong Kong, Singapore and Malaysia have already surged ahead. To build such a vibrant research culture, will Bangladesh follow?

With 38 public and 105 private universities in the higher education system, the question that must be posed is: What is the broad vision and expectation from these universities. To be in the ranks of the globally recognised universities, at least some of Bangladesh's universities must assume the role of flagship universities with a clear research agenda that drives their activities and outputs. Otherwise, they'll continue to churn out certificates for aspiring students who, at the end of their academic journey, will be destined, unfortunately, to join the ranks of the despondent and the unemployed.

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## Covid-19: Social stigma, discrimination and deprivation

#### MD ABDUL KARIM

ORE than half of the world's population lived in Covid-19 induced lockdown until recently, which highly disrupted lives and livelihoods throughout societies. In particular women, people with disabilities, the poor, ethnic minorities and the disadvantaged section of the society, mostly in the developing world, have been adversely affected. Income inequality, deprivation, discrimination on the basis of colour, creed, ethnicity, social status, etc. have worsened the situation. The pandemic outbreak has provoked social stigma and discriminatory behaviour against

with increased equality. The Gini coefficient has increased from 0.388 in 1992 to 0.482 in 2016, meaning that inequality has increased. GDP growth without proper job creation has resulted in slow progress in poverty reduction. Existing inequality of access to healthcare for the poor has aggravated during the pandemic. Economic recovery packages like bailouts, incentives, loan rescheduling, subsidies, etc. are benefitting mainly the rich businesses. Our average household consumption fell from 1.8 percent

etc. which makes on more vulnerable to Covid-19. The US Gini coefficient was 0.59 in 2016 which represents high inequality. Implicit racism and discrimination through attitudes, process, behaviour, prejudice, ignorance and thoughtlessness have been reported in the UK also, 8.5 million non-whites in Britain face disparity in education, employment, medical treatment, etc. Proportion of coronavirus infection is disproportionately higher (34 percent) among the UK's ethnic minority population (14 percent).

GDP from (-) 3 percent in April to (-) 4.9 percent in June 2020. Effective Covid-19 treatments and vaccines are still far off. Equitable and lasting solutions to the pandemic are urgently required on the basis of social justice, global cooperation, good governance and sustainable development. The core challenges to be addressed by the global community include suppressing the pandemic rapidly; meet the pressing needs of vulnerable groups (poor, elderly, minorities); prevent public health emergencies from turning into fulminant financial crises and improve healthcare systems.

Multilateral institutions like IMF, WHO, FAO, WFP, etc. which are

used to express solidarity with Covid-19 patients. Spread of social stigma can be stopped by calling out hateful online rhetoric which may be reported to the hosting platforms. Youths as active agents of change can use the digital platforms to create awareness about the pandemic and reduce social stigma against patients and front-line workers. The root causes of poverty and inequality should be addressed to encourage economic growth with equality.

Human Rights Watch recommends that 8 million unauthorised workers who will not receive governments' "direct cheques" should be financially supported by the US government.

people of certain ethnic or also social backgrounds. Anyone perceived to have been in contact with people affected by the virus has been discriminated against in certain cases.

Covid-19 patients in many cases have been neglected by caregivers, family, friends and the community. Stigma has undermined social cohesion and prompted social isolation of patients. Bodies of people who died from Covid-19 were found to have been abandoned in forests or on the streets in certain places of Bangladesh. Communities in a few areas even refused burial of such bodies. After being identified as a corona patient, a number of aged men/women could not even enter their own houses or get any treatment anywhere. And Covid-19 patients, their family members and frontline workers like medical professionals and law enforcers have been harassed in many places.

Economic disparity has led to deprivation, discriminatory behaviour and denial of proper treatment of economically poor corona patients in Bangladesh and elsewhere. The richpoor gap has increased significantly in Bangladesh in recent years. The massive GDP growth has not been accompanied



PHOTO: GIORGOS MOUTAFIS/REUTERS

in 2010 to 1.4 percent in 2016. Lowincome communities are more likely to be exposed to the coronavirus and will be more affected due to long-standing segregation, high-cost of medicine, etc. Higher mortality rate has been observed among marginal groups in the US-21 percent of black Americans and 18 percent of Hispanic people live below the poverty line, compared to 8 percent of white Americans. Low income is associated with diabetes, heart-disease,

In the absence of effective testing and contact tracing system, the pandemic now confronts the world with unsolved and urgent challenges. Lockdown, business closure, job cuts, etc. have resulted in huge disruptive impacts on individuals and society. Even countries that have suppressed the pandemic are experiencing adverse economic spill-over effects from the rest of the world. The IMF has downgraded the decline in global

coordinating global responses to CovidD-19 seem to be caught up in the middle of big-power geopolitics. Strengthening the efficacy of these critical institutions is essential for sustainable economic recovery. Specific dimensions of the pandemic that need to be urgently addressed include: i) strengthened public health systems for surveillance, testing, tracing and isolating Covid-19 cases; ii) prevention of zoonotic diseases; ii) development and distribution of medicines and vaccines; iv) protection of vulnerable groups; and v) efficient and equitable financing of pandemic control. The global Lancet Covid-19 Commission headed by Jeffrey D Sachs aims to control the pandemic decisively through equitable, innovative and globally cooperative strategies with firm commitment to leaving no one behind.

Discriminating against Covid-19 patients violates their fundamental human rights. The poor and vulnerable patients must be given access to proper medical treatment and care. Accurate information about the pandemic should be shared, fear and rumours must not be spread. Infected persons must not be referred to as the "victims" of coronavirus. Social media may be

Direct payments should also include child benefits, disability benefits, social security and sickness benefits, etc. The use of enhanced budgetary allocations to the health sector in our budget this year, along with the special financial packages declared by the prime minister for the poor and jobless people, should be used transparently and with accountability. Social safety net should be widened.

Cottage, micro, small and medium enterprises in Bangladesh should be offered adequate financing through banks and MFIs to get the rural economy moving. Structural changes must be undertaken to ensure sustainable and equitable economic growth and reduce deprivation and exclusion. Universal non-contributory pension may be introduced for Bangladeshis above 70-years-old on a pilot basis. Covid-19 treatment facilities should be enhanced and some facilities should be kept reserved for the elderly and disadvantaged patients. Above all, patients of the disease must be treated with dignity and must not be stigmatised.

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