

Don't let a 'good crisis' go to waste



THE year 2020 was like no other in recent history. I saw, in the words of WHO Director-General Tedros Adhanom, a “once-in-a-century health crisis”, referring to the Covid-19 pandemic, which continues to rage across the world. The 1918-20 Spanish flu, of course, dwarfed the current pandemic in terms of numbers, infecting a third of the world’s population and killing about 50 million. Notwithstanding the hundred-year gap and the difference in magnitude, there are some remarkable similarities between the two pandemics in the way people reacted to them. For example, both saw resistance to masks and hygiene etiquettes. A group self-styled “Anti-Mask League” was active in 1919 in America’s San Francisco; during the current pandemic, salespersons in groceries and restaurants who demanded that customers wear masks were attacked.

In Bangladesh, we have noticed a lack of enthusiasm to wear masks among a section of the public. Fortunately, we are yet to hear of any organised opposition or resistance to it as seen in other parts of the world. Bangladeshis are known for easily adapting to new ideas when convinced. We have seen this time and again. But the key is, they *have* to be “convinced”. This requires special attention and deliberate organised efforts, similar to ones we have seen in cases of family planning, immunisations or oral rehydration therapy (ORT). Typically, such efforts come from the public sector. In specific cases, non-governmental sectors also played critical roles.

Introducing new concepts is always tricky but if done diligently and patiently, it usually comes to fruition. In the 1980s, BRAC implemented a nation-wide programme to popularise the use of ORT for treating the scourge of diarrhoea. Of the twin challenges of transferring the technology to mothers and making them use it, the former was found to be rather easier. With careful planning and house-to-house visits across the country, BRAC was able to transmit the message of how to make the diarrhoea solution correctly. But making people use it was an entirely different ball game. Initial research pointed to a very low utilisation rate—10 percent. BRAC mounted a research programme to understand why this was happening, even when knowledge surrounding the benefits of ORT was nearly universal. The information retrieved through the research was then used to modify BRAC’s approach to programme implementation.

One of the reasons found, for example, was the lack of involvement of men in the programme. The health workers were all women, who connected with the women in the villages, keeping the men uninformed. This often led to speculations and suspicions about the “real” motive of the BRAC programme. In our society, men are often the decision makers and keeping them in the dark meant that women lacked the agency to use the solution. BRAC augmented its strategy by recruiting male workers and connecting with the men at bazars, mosques, temples, schools and tea stalls. It, along with other modifications, worked. The use rate climbed over time and Bangladesh now has the highest use rate of ORT in the world, with over 80 percent of mothers using it when their children have diarrhoea. Not only this, the concept of ORT is now being transmitted intergenerationally.

Coming back to the current pandemic, we are struggling with the use of masks. Are we approaching this problem keeping the twin challenges in mind? To date, I am not aware of any scientific study that examined the reasons why people are reluctant to use masks. The world is celebrating the arrival of vaccines now. There are still many questions to be answered about these vaccines in terms of their availability, duration of immunity, logistics and financing. For a country like ours, it may be “Dilli dur ast”—still a long way to go. Until we are able to vaccinate the majority of our population and create the so-called herd immunity, masks and hygiene etiquettes will remain our only armour against the virus. The government and the society as a whole haven’t done enough in this respect yet.

Despite grave predictions, Covid-19 has

not appeared as the greatest crisis in the history of Bangladesh. Indeed, compared to many others, we have been able to *carry on*. The Bloomberg report that included us in the league of 20 most resilient nations fighting the pandemic is a testimony to this, and we are proud of that. Given the resilience of the people, perhaps we could do better if right policies were adopted and implemented well.

The decade following the end of the Spanish flu saw unprecedented progress in the USA. As The Economist said recently,

specialised equipment (ventilators, testing kits and PPEs) and supply of necessary drugs. Unlike other natural disasters in the past, we have been overwhelmed in this particular case. The head of the government firmly took over the helm but others seemed ill-prepared, leading to poor or little coordination between the different arms of the state. Efforts to get citizens on board were tragically absent. It also showed how poverty and vulnerability deterred enforcement of tough actions in protecting citizens’ health. Added to this

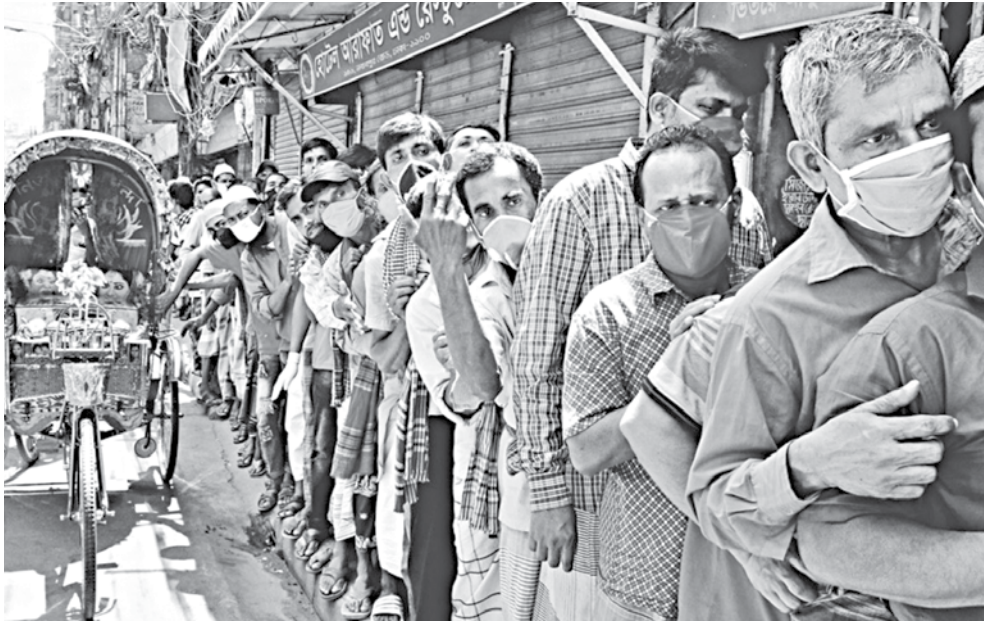
perhaps the Covid-19 crisis and its aftermath might give the government the impetus to bring universal healthcare to everyone in the country. The government spends less than 1 percent of the nation’s GDP on health, the lowest in the world. Our South Asian neighbour Sri Lanka, for example, spends four times as much. Seventy-four percent of our nation’s health expenditures are borne out of pocket, leading 3-4 million people sliding into poverty every year. This will inevitably increase as a result of the Covid-19 fallout. The generous allocation of new resources to meet the pandemic-related challenges convinces us that the government, if committed, can make more money available for health.

The key to achieving UHC is reforming the health financing system. In particular, it requires switching from a system of private voluntary financing (mostly people paying fees for services) to a compulsory public system. This has happened in every developed country in the world. Many countries at Bangladesh’s income level have made tremendous progress towards UHC including Sri Lanka, the Philippines, Vietnam and Morocco. Thailand achieved UHC in 2002 when its GDP per capita was almost exactly the same as Bangladesh’s today. UHC is, therefore, perfectly affordable in Bangladesh.

Progressive leaders often take this initiative because UHC reforms are extremely popular. Across the world, politicians who have delivered UHC to their people have become national heroes. This was the case in Germany, France, Australia, Japan, Canada, Korea, Thailand, Brazil, Mexico, and Indonesia. It is also interesting to note how many of these great UHC reforms emerged out of national crises—including in the UK, France and Japan after WWII, Thailand in 2001 after the Asian financial crisis, and Rwanda after the genocide in 1994. And yet again in 2020, we are seeing some leaders recognising the opportunity that Covid-19 might give them to launch popular UHC reforms, notably in Ireland and South Africa. The crisis even precipitated a change of government in the United States where the Democrats campaigned on a pro-UHC platform.

Bangladesh’s prime minister has the political capital and courage to go for a big push on UHC. As there are sufficient resources available in the country to achieve this goal, there is no reason why she shouldn’t become Bangladesh’s national UHC hero and write her name in the history books. What a wonderful gift this would be during the Mujib Borsho and the golden jubilee year of Bangladesh’s independence!

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PHOTO: ANISUR RAHMAN

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“the Roaring Twenties became a ferment of forward-looking, risk-taking social, industrial and artistic novelty.” The Spanish flu also led to qualitative change in the ways medical practice and education are conducted. More than half of the medical schools were closed down due to poor quality. The new discipline of public health made its debut with the opening of the Johns Hopkins Bloomberg School of Public Health, thanks to the far-sighted philanthropists such as the Rockefellers.

As the saying goes, “never let a good crisis go to waste”. This necessitates acting quickly and decisively to mitigate the crisis in a way that demonstrably impacts people’s lives. The Covid-19 crisis has revealed the weaknesses in Bangladesh’s health system. These include inadequate surveillance systems and capacity to track the spread of the virus, shortages of health human resources of all categories, lack of essential facilities and equipment (e.g. functioning primary care centres, hospitals and ICUs), insufficient

is the inherent crisis of valid, relevant and timely data.

Covid-19 has set the ground for a “new” health system. Bangladesh has about 30-40 million people who are poor by any standard. With rising poverty and unemployment due to the crisis, this number is likely to rise to about 50 million in the next two to three years. They, in addition to the remaining population, will need publicly financed healthcare. With such a deadly disease ever-present amongst us, with the potential to flare up quickly, it is in our best interest that there is truly universal access to a full range of health services needed to tackle the disease and other conditions. Covid-19 is, therefore, perhaps the ultimate example of why we need universal health coverage (UHC)—if anyone is left out, it threatens the health security of everyone.

The government led by Prime Minister Sheikh Hasina has committed to achieve UHC for Bangladesh. Unfortunately, this commitment remains unimplemented. But

2020 IN RETROSPECT

Reinventing the university in a post-pandemic world

MOHAMMAD SHAMSUZZAMAN

WHY does the year 2020 still linger around? The Covid-19 pandemic has brought our civilisation to its knees this year. We’re already tired, scared, and hopeless. We are perhaps living through one of the most turbulent phases of human history, where all we want is to dodge death while dreading seeing our loved ones die. As the new year beckons us, uncertainty looms large in the horizon. Vaccines have emerged, as did a new strain of the virus. In the meantime, the Merriam-Webster dictionary declared “pandemic” as the word of the year 2020. Thus an essentially medical term gains popular and intellectual grounds. I pretend to be an intellectual sometimes. Never could I figure out the intellectual import of such a terrible word, though. I see a new world ahead where we have to rejigger most of our institutions, including universities. What would that university look like?

Such a university would no longer be defined by an online vs on-site binary. A functional university is a flexible one employing various forms and norms of teaching and learning. The pandemic has stretched the scope of teaching and learning at a traditional university otherwise restricted by time and space. Students no longer have to come to universities, which can reach out to them at their convenience. Sceptics would scoff at such a proposition of teaching—it’s pandering, they might say. Way before the pandemic, however, online degree programmes were and alive. Now that reputed universities worldwide have entered the online space, as it’s the only option available during the pandemic, it might emerge as a game changer. It’s doubtless problematic. Who can prove that in-person instruction is perfect? Benedict Carey, in his article “What We’re Learning About Online Learning” in The New York Times, claims that research comparing in-person to online learning comes from so many disciplines where courses, teachers, students, and class composition vary so much that there’s no compelling evidence as of now to conclude that online instruction is inherently inferior to on-site instruction. However, as promising as online instruction appears to be, it was not an informed option. It was a mid-semester emergency. So, it suffers from a shock factor.

Some stakeholders are so shocked by online schooling that they abjure it altogether. Emily Gould, for example, in her essay “Remote Learning Is a Bad Joke” in The Chronicle of Higher Education, claims “it’s

no one’s favourite way to teach or learn.” While I don’t want to generalise her personal experience with online teaching and learning, she doesn’t sound like a renegade to me. Until the pandemic hit, teaching has never been a sedentary profession for me. I never sit while teaching. I jokingly tell my students, “Form a ring around me; I want to be the ringleader.” I roam around the class as we participate in dialogues—punctuated by other activities—on topics assigned. This creates an ecology of inclusion and engagement by disrupting the power dynamics implicit in teacher-student hierarchy as reflected in a typical classroom sitting arrangement. Now though, during class, I sit and talk. Sitting is exhausting and talking (a euphemism for lecturing!) is not teaching. My talk is occasionally disrupted by technological

Residence at the Harvard Graduate School of Education. In his essay in The Chronicle of Higher Education titled “How Should College Prepare for a Post-Pandemic World”, he urges colleges and universities to anticipate and plan for change following the pandemic. Drawing on his personal engagement, however, he seems completely disillusioned with online instruction as he claims that it is serviceable but exhausting and unsatisfying. He continues, “if one were to invent a crisis uniquely and diabolically designed to undermine the foundations of traditional colleges and universities, it might look very much like the current global pandemic.” As colleges and universities around the globe are now faced with an unprecedented existential threat, Rosenberg doesn’t sound like a prophet of doom. To some, he might



What would the post-pandemic university look like?

PHOTO: ORCHID CHAKMA

glitches, Internet failure, and power outage. Add to that some nonchalant students in their pajamas who can never resist the temptation of going off screen while the class is in session. Besides, sceptics squawk that online instruction fails to provide students with hands-on training. There is, then, an element of compromise there. That sets the Klaxon horn for some professionals against online instruction.

One is Professor Brian Rosenberg, president emeritus at Macalester College, USA, who is currently a President in

sound like a visionary, for his grouses are grounded in reality. Nonetheless, the universe of online instruction is not a monolith. It’s a kaleidoscope of realities wedged between the chaos of the past and possibilities in the horizon. As such, some professionals find Rosenberg’s perspectives on online instruction insipid.

Erika Christakis, for example, in her essay “School Wasn’t So Great Before Covid, Either” in The Chronicle of Higher Education, claims that “many of the problems of remote schooling are merely exacerbations of

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problems with in-person schooling.” Schools were far from perfect before the pandemic, for they already became the warehouses perpetuating the same drills and skills for ages without exploring the possibilities that science and technology afforded. Musty classrooms with an unhealthy teacher-student ratio, lecturing as the default mode of teaching, excessive high-stakes tests, and reliance on rote learning divorced from content knowledge and critical thinking warranted modifications in in-person schooling. As the pandemic suddenly forced schooling online, most of these problems spilled over into online instruction along with the problems implicit in the medium itself. It compounded the crisis further. Learning plummeted. Online schooling was rebuffed headlong. That exasperates the advocates who are convinced about its redeeming potential. The passion and rationale of those debating the pros and cons of online instruction are so persuasive that academia seems divided into two warring camps now.

And the pandemic is potentially a Pandora’s box for both camps. A complete digital transformation of higher education seems to be an unlikely proposition to the diehard patrons of in-person instruction. Education is a human-curated, and socially mediated, intellectual endeavour. It presupposes proximity. The pandemic has pathologised proximity. Humans are grounded. Regular academic rituals are disrupted. As a response to such a crisis, online instruction emerged as a stopgap approach to enrolling and serving students. In the meantime, the protracted isolation imposed by the pandemic has increased

our yearning for in-person interactions. This prompted Professor Rosenberg to speculate that following the pandemic, the traditional in-person schooling will become even more prized. Likewise, in the Harvard Business Review, Sean Gallagher and Jason Palmer argued in their article “The Pandemic Pushed Universities Online: The Change Was Long Overdue” that remote learning is dressed up as online learning via Zoom that has little evolved from video conferencing from the late-1990s. It’s spotty. So the paradigm of analogue, on-campus, and degree-focused learning is apparently not shifting ground anytime soon.

The advocates of online instruction will find such a projection a touch ambitious. The pandemic will leave the global economy crushed in its wake. An in-person education is already resented by students and their families for its hefty price tag. It’s elitist and exorbitant. If a year ago families struggled to afford the cost of in-person education, a year later, with income lost and savings exhausted, the challenges they face drive them toward online education. It’s cheap, convenient, and skills-based. The programmes that some of the reputed universities run entirely online are cost-effective. For example, the cost of a two-year in-person MBA programme in the US exceeds USD 60,000 and may cost as much as USD 100,000. An online MBA, on the contrary, at the University of Illinois costs only USD 22,000. Surprisingly, an online MA in computer science at Georgia Tech costs only USD 7,000, as Sean Gallagher and Jason Palmer tell us in their article in the Harvard Business Review. Add the cost factor to the fact that forced isolation might be followed by an extended period of voluntary separation because of the “epidemic of anxiety” that is likely to follow in the wake of the pandemic, as Professor Rosenberg cautions. When the emergency subsidies—but normal life fails to return—online schooling is the option.

These are binary options. Following the pandemic when the world gradually settles down, education will probably become more inclusive and experimental. Online schooling works. In-person education worked. Pitting one form of schooling against another is reductive. Ideally, a post-pandemic university is a linear university. It will be both stubbornly pristine and doggedly digital. It will function equally effectively whether in a pandemic or in our recovered peace and “normality.”

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