

Fix persistent crisis of medical teachers

Students must not suffer because of bureaucratic problems

A little over a year ago, we were alarmed to learn from the Directorate General of Medical Education (DGME) that 42 percent of faculty positions in the 37 government medical colleges were vacant. Now, according to a report by this daily, that number has increased to 43 percent, in a further blow to the education and professional prospects of medical students as well as the future of our healthcare system. It is a truism that good education requires good teachers. Students in many of these colleges, however, would settle for any teacher at all, regardless of their quality. For future healthcare professionals to be reduced to such desperation is neither fair nor conducive to our vision of a robust healthcare system that serves patients and reverses the trend of medical tourism.

The severity of this crisis is further underscored by the fact that a staggering 65 percent of professor posts in the medical colleges remain unfilled. At least four medical colleges have no professor at all, while 18 others are struggling with only one to five professors each. The shortage is particularly acute in the 23 newer colleges established during the Awami League's rule, where 75 percent of professor positions remain vacant. This critical gap at the top—depriving students of guidance from experienced mentors—is reflected down the ranks across all colleges, with 45 percent of associate professor posts and 51 percent of assistant professor posts also lying vacant.

According to insiders, this is mostly a result of bureaucratic inertia, including delays in promotions and complexities in determining seniority between cadre and non-cadre doctors, including medical teachers. Many were also sidelined as Officers on Special Duty (OSD) after the political changeover on August 5 last year, exacerbating the crisis. According to an estimate, some 7,500 doctors across different grades are awaiting promotions. The backlog has sparked protests by a platform of cadre doctors who, on February 25, announced a two-hour work abstention starting March 8 if promotions are not granted. They also threatened an indefinite strike from March 11 if their demands remain unmet. Students, too, have staged protests demanding a resolution. Clearly, this issue requires urgent and well-planned interventions, preferably by establishing a separate system for overseeing the recruitment and promotion of doctors, health officials, and medical teachers.

Teacher crisis is not the only problem plaguing public medical colleges. Some of them have no hospitals of their own, forcing students to travel elsewhere for practical lessons, resulting in a significant loss of study time. Many have attached hospitals, but those are also infested with problems including inadequate facilities, irregularities, mismanagement, poor sanitation, crisis of proper meals, etc. These issues must also be addressed with equal urgency. For now, however, fixing the public medical education sector should be a priority as its failure directly affects the long term future of healthcare in Bangladesh.

Help factory workers facing job risk

Govt must prevent economic fallout from AL-linked factory closures

Although the country's economy has shown some positive gains in terms of export growth in recent times, the situation in other aspects, such as unemployment, remains concerning. The job uncertainty faced by nearly one lakh employees of factories and enterprises struggling to restart operations after the political changeover on August 5 last year adds to these worries. According to a Prothom Alo report, 95 factories in Gazipur, Savar, Narayanganj and Narasingdi have permanently shut down over the past seven months, while several others have temporarily ceased operations, resulting in 62,000 job losses so far.

Many of these factories, including those belonging to Beximco, Gazi and Bengal groups—whose owners were closely associated with the fallen Awami League regime—came under attack during and after the July mass uprising. These factories suffered heavy financial losses due to arson, vandalism, and looting. Subsequently, many failed to secure bank loans needed to resume operations. Some of the factories have substantial defaulted loans and are struggling to reschedule and repay these debts, with a number of owners either in jail or absconding fearing legal consequences for their past activities. Although the interim government has arranged to pay the arrears and service benefits of laid-off workers from Beximco, similar arrangements have not yet been made for workers of other closed factories. However, as we have previously noted in this column, paying workers' dues alone is not enough to address this crisis as it has broader economic repercussions.

The authorities, therefore, must step in and take all necessary measures to ensure employment for the factory workers and officials who are either at risk of being laid off or have already lost their jobs. A clear roadmap is needed to mitigate the losses faced by employees, creditors, and suppliers of these struggling businesses. A case-by-case assessment will be needed to restructure financial books, where possible, to facilitate factory operations. Even temporary nationalisation of some of the bigger enterprises, or a public-private partnership (PPP) initiative, could be considered. Whatever actions the government takes must happen urgently, as the jobs of thousands are at stake, along with valuable assets and machinery that risk going to waste. The employees of these factories must not bear the brunt of their owners' misdeeds and the instability caused by the uprising.

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EDITORIAL

Why Bangladeshis flee for treatment, and how to stop it



BLOWIN' IN THE WIND

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Exactly five years ago, on March 8, the Institute of Epidemiology, Disease Control and Research (IEDCR) announced that three patients had tested positive for COVID-19. Ten days later, the first official death was reported. Subsequently, we witnessed nightmarish lockdowns, frantic searches for ventilators and ICUs, bodies being dumped in the streets, eerie burials with no attendants, separation of families, oxygen shortages, and food crises. Government hospitals were overwhelmed, while private hospitals started charging exorbitant fees. We saw both the naked face of corruption and negligence, and the selfless service of some frontline fighters.

The pandemic, which now seems like a distant memory, exposed the fragility of our medical infrastructure. The experience should have served as a catalyst for reform and revitalisation of the sector. Instead, trust in local healthcare continued to wane, and the tendency to seek treatment abroad increased manifold. In 2023, there was a 48 percent spike in the number of outgoing Bangladeshi patients compared to the previous year. As many as eight lakh people are believed to travel abroad for medical purposes annually, spending almost \$5 billion. Both spectrums of patients—the affluent flying out to Singapore, Thailand, the UK, or the US for check-ups, and the desperate exhausting their resources to afford treatment in neighbouring countries—have contributed to outbound medical tourism.

This rise is both a symptom and a consequence of the authorities' failure to facilitate a decent healthcare system. Until recently, Bangladeshi patients comprised nearly half of India's medical tourists. Hospitals in Chennai, Kolkata, Bangkok, Singapore, and Kuala Lumpur have translators and dedicated help desks for Bangladeshi patients. The institutionalisation of services is evident in the aggressive marketing by the hospitals' local agents, who openly advertise packages that include visas, doctors' appointments, air ambulances, and even accommodations. Many of these agents direct patients to specific clinics not for medical suitability but because of profitable arrangements.

Since our hospitals already receive an overwhelming number of patients, they seem least bothered by this exodus. On the contrary, some even benefit from referral fees paid by their overseas counterparts.

The huge amounts of money spent in foreign currencies should have been enough incentive to streamline our healthcare infrastructure. But we failed. To rub salt in the wound, our once-friendly neighbour now appears to be weaponising its healthcare. Reports of visa restrictions, strict regulations, and an unspoken chill when dealing with travel requests have jeopardised the treatment of many patients. Our government's search for alternatives is evident in promoting Kunming, China as a medical destination. Malaysia is also becoming a popular destination. However, shifting dependence from one foreign country to another is far from an ideal solution.

Let's give credit where it is due. Many of our doctors are world-class,

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holding international credentials and some even working in some of the best hospitals in the world. But those who have returned home are trapped in a system that discourages competence, professionalism, and ethics. Doctors are notorious for working inhumane hours, resulting in frequent fatal errors. The public sector is plagued by politicisation, where party allegiance

trumps merit, and doctors, too, often act as party cadres with ambitions that don't chime with their Hippocratic Oath. Then, there is this unholy nexus between doctors and diagnostic centres that exploits patients' vulnerability and ignorance. Bureaucratic policies have also deepened rifts within the healthcare system. The ongoing strike by diploma health technicians,

and develop domestic healthcare services must be held accountable. Modernising public hospitals should be a top priority. Perhaps funds recovered from corruption cases could be reinvested to purchase the latest medical equipment. Prevention and diagnostic care must be prioritised to prevent patients' conditions from worsening. Government tax relief



Many of our doctors are world-class, but they work within a system that discourages competence, professionalism, and ethics.

FILE PHOTO: STAR

demanding recognition as "diploma doctors," is yet another symptom of this convoluted bureaucracy. We live in a system where labels matter more than quality.

We are also living in a time when the centre cannot hold—things are falling apart. The post-July uprising sentiment is about redress, and long-repressed anger is now finding every possible outlet. In many cases, patients' families have translated their frustration with the healthcare system into attacks on doctors. The doctor-patient relationship is on the verge of collapse. Physicians are scared of retribution, while families mistrust medical services. With the system routinely failing both stakeholders, the blame remains justified.

Public frustration deepens when they see their leaders continuing to seek treatment abroad. Political elites and business tycoons flaunt their medical trips, traveling overseas even for minor ailments. When ordinary citizens see their own leaders avoiding the system they govern, how can they be expected to trust it? If a nation's rulers do not rely on local healthcare, why should its people?

We need radical reforms, beginning with a shift in mindset. Those responsible for failing to secure

should encourage philanthropic projects to build state-of-the-art facilities where top doctors choose to stay rather than migrate abroad. The Bangladeshi medical diaspora—comprising surgeons and specialists working in the Global North—can also be engaged in training local doctors, offering virtual consultations, and using AI to improve our medical standards. A tiered health financing system, where wealthier patients contribute more, could help subsidise care for the poor. Health insurance must be meaningful, not ornamental. And as a show of genuine reform, our leaders must develop the habit of seeking medical care locally.

As a country that has survived many challenges, resilience is our essential spirit. With so many brilliant doctors and medical professionals, defying the odds is not impossible. Identifying and removing the system's corrupt elements is crucial for meaningful change. We must hold our policymakers accountable and demand a healthcare system that does not force citizens to beg, borrow, or flee for medical care. Without timely intervention, we are likely to remain just as helpless as before during the next pandemic, or the next public health crisis.

We need to learn from the Shenzhen innovation model



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You are walking down a hustling alleyway in Shenzhen, China's innovation hotspot in the south, just across Hong Kong. In Cantonese cuisine, dominant in this city, seafood hot pot is a luxurious and delicious dish with over 20 soup-base options. You can select your favourite seafood ingredients, like fish, shrimp or oysters, to customise your hot pot experience. Something quite similar goes with Shenzhen's innovation ecosystem.

The city's air hums with a different energy—not the sleek quiet of tech parks but a vibrant, bustling hum. Steaming tea scents the air, and voices rise and fall around low tables. Bent over workbenches, hands move with practised speed, soldering and assembling. Then, children burst in and drop school bags to join their parents in serving the incessant customer flow with food and drinks. All these make you salivate, but you also feel a different kind of innovation pulse.

You have come to this place seeking something, Silicon Valley, for all its fame, didn't fully offer: a place where hardware ideas could become real, fast and affordable. Your idea is to make a smart gadget. You need speed, efficiency, and a deep understanding

of manufacturing. Silicon Valley, the iconic hub, was the first thought. But high costs, long timelines, and a software-heavy focus made you hesitant. You need hardware expertise, agility, and a place where making things, not just coding them, is the priority. That's what has drawn you to this city that works with mind-boggling efficiency. What you have found is more than just factories; it is a unique innovation ecosystem, the "Shenzhen model," challenging Silicon Valley's dominance in ways the world must understand.

Shenzhen's rise is a modern miracle. From a small fishing village designated China's first Special Economic Zone (SEZ) in 1979 to a massive city today, it transformed at lightning speed. Initially, it was the world's factory floor, efficient and cheap, focused on processing and assembly for foreign companies. But within that intense manufacturing environment, something unexpected happened. Unlike Silicon Valley, which grew from universities and research, Shenzhen's innovation became market driven and pragmatic. By the late 1990s, Chinese companies, leveraging the now massive manufacturing base, started creating

their own products and brands. The Shenzhen model started taking shape.

The secret? Shenzhen's incredible ecosystem. Imagine a city as a giant, interconnected lab. Everything you need to create a product is within easy reach. Electronic parts? Huajiangbei, the world's biggest market for such things, is minutes away, offering endless components at wholesale prices. Prototypes? Workshops and factories are ready to create them in days, even hours, with breathtaking speed and efficiency.

Silicon Valley, in comparison, excels at deep tech and groundbreaking ideas, often from university labs. Venture capital fuels long-term, ambitious projects, focusing on disruptive, often software-based innovation. This has led to world-changing technologies, but it can be slower, pricier, and less suited for rapid hardware iteration and market shifts.

What are the reasons behind the Shenzhen model's runaway success? First, the lightning speed and agility. Design, manufacturing, and supply chains are all close. Products iterate and launch in months, not years, which is vital in today's fast-paced world. Second, it's a cost-effective powerhouse. A dense ecosystem and fierce competition drive costs down. Affordable parts and production make access to technology easy. Third, the innovation model is market-driven. It focuses on market needs and adapts quickly to solve problems. Pragmatism and market-readiness get priority over pure research. Fourth, it has the manufacturing muscle to provide unmatched production and scaling expertise.

Look at DJI, the global drone market leader. Shenzhen ecosystem enables rapid iteration, beating its competitors. BYD uses Shenzhen for supply chain control and tech integration. Huawei and Xiaomi benefit from Shenzhen's base and spread to the rest of China and the world.

The Shenzhen model inspires cities across China, like Hangzhou and Guangzhou, to build similar ecosystems. "Made in China 2025" aims to spread this model nationally for global innovation leadership.

However, Silicon Valley remains vital for deep tech breakthroughs. Shenzhen provides a complementary, increasingly important innovation path, especially for fast, affordable, and market-relevant tech. It proves innovation thrives in different forms. Understanding Shenzhen's approach is crucial for nations seeking tech and economic leadership.

The story isn't a simple race with a clear winner. Silicon Valley's strength in fundamental research and software remains unmatched. Shenzhen's model, while incredibly efficient for hardware and market-driven innovation, is still evolving. Perhaps the future of innovation isn't about choosing one model over the other, but understanding how they complement each other. Maybe the most innovative path forward involves blending the deep tech ambition of Silicon Valley with the pragmatic speed and efficiency of Shenzhen. The world might need both valleys and something entirely new inspired by their contrasting strengths to unlock the next era of technological progress.

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