

Ahmad Rafique: A story that must not fade away



Firoz Ahmed is a member of political council, Ganosamhati Andolon and former president of Bangladesh Chhtrata Federation. He has also served as a member of the Constitutional Reform Commission under the interim government. The article was translated from Bangla.

FIROZ AHMED

I first heard this tragic story 11 years ago from Ahmad Rafique himself. It is a story of his personal defeat, humiliation, and rejection. At the same time, perhaps it is also a reflection of the countless “hijacked revolutions” of this land.

It was on a February afternoon in 2014 that I first met Ahmad Rafique in person. A small, informal meeting about the use of the Bangla language was organised by someone at Dhaka University’s Teachers’ Club. However, hardly anyone attended. As a result, instead of the meeting, we had a lively *adda* making the most of our time. Ahmad Rafique told us how, along with a large and enthusiastic group, he had taken a remarkable initiative to translate medical science textbooks into Bangla. He also told us how that promising project was ultimately dismantled.

The story was so depressing that it stayed with me for years and grew increasingly unsettling in my mind. So, seven years ago, on the evening of February 19, 2017, encouraged by Zahid Sohag, literary editor of *Bangla Tribune*, I went to Ahmad Rafique’s house. I had the strong urge not to let this story

student knows nothing. In consultation with Bangla Academy, I had *Davidson’s Principles and Practice of Medicine* and *Cunningham’s Manual of Practical Anatomy* translated by different people. I was on the editorial board, along with Sayeed Haider, and later, Subhagata Choudhury joined us.”

Thus, the first phase of the medical translation project was completed. This was in the early 1980s. The real success would have been if students had actually studied and used them successfully in their professional lives. But what actually happened was beyond imagination.

“When those books were in the warehouse, Haider and I went to meet the principal of Dhaka Medical College. I don’t remember who he was. Another professor was also sitting there. They all said, ‘How is this possible! How is this possible!’

It was quite frustrating. I mentioned hearing that the engineering university started offering alternative question papers in Bangla so that students could write answers in their native language if they wanted. I argued that if exams were held in Bangla, students would

those textbooks because of his long-term involvement with Bangla terminology. Recalling those days, he said:

“Everyone talks about the problem of terminology, so I created the *Medical Science Terminology Dictionary*. Before me, Bangla Academy had a very small terminology glossary. Another friend of ours, Dr Mortaza, a doctor at Dhaka University who was martyred in the Liberation War, had worked on that

to English-medium schools? The reason is simple; otherwise, they will fall behind in the race. If the standard is not knowledge itself but the ability to read and write in English, no parent would want their children to lag in that competition.

“So, I don’t blame the parents anymore. I blame the state, the system.” This system is not about individuals. It is the class in power that, through the language of its dominance,

turned the pages, I saw the year 1983—and the names of Ahmad Rafique, Sayeed Haider, and Subhagata Chowdhury gleaming brightly.

The project did not bring about a revolution; it ended in failure. Yet it will remain a noble example of an effort to write the history of higher education in Bangla—a project born of immense labour and love for the language.

Ahmad Rafique is not defeated, nor is Bangla. There has been a temporary retreat, however. What could have been achieved did not happen due to non-cooperation, arrogance, and covert or overt conspiracies, sometimes even through the sabotage of institutions.

Bigger picture

Had the Dhaka Medical College approved Ahmad Rafique’s initiative back then, it could have marked the beginning of a major transformation in our higher education system. Inspired by his endeavour, many young people had also joined the cause. Let me quote from a reminiscence by Dr Khairul Islam:

“We came to know that Bangla Academy had taken up a project to translate various English academic books into Bangla. They were eager to translate medical college textbooks. Language veteran Dr Ahmad Rafique and his friends dared to translate *Davidson’s Medicine*. We decided to translate *Midwifery by Ten Teachers*. We went to Bangla Academy.

Thus, under the editorship of Suraiya Jabin, *Midwifery by Ten Teachers* was translated into Bangla in two volumes in 1988, with the names of Khairul Islam, Liaquat Ali, and Khosru Islam.

This translation work met the same fate. It was also never reprinted. In a dynamic field like medical science, these books are now no more than relics. But this event is a relevant example of why our nation still lacks meaningful access to the realm of science. In the meantime, countries like China, Malaysia, Thailand, Iran, Korea, and many others have fully mastered modern medical science in their native languages. The initiative to translate medical science into quality Bangla, which the entrenched establishment did not allow to advance, is now slowly creeping into the market as informal, often rote-learning-based books, as medical education expands.

The Language Movement of 1952 changed the lives of many young people forever. Matin, Tohaha, Oli Ahad and many others devoted their lives to politics. Many others, while staying close to politics, tried to carry out other sociocultural responsibilities their entire lives. Ahmad Rafique is one of them. Not only did he seek to faithfully record the memories and history of the Language Movement, but he also remained ever-alert in his efforts to rebuild society in its spirit.



Ahmad Rafique (1929 – 2025).

ILLUSTRATION: BIPLOB CHAKROBARTY

When Bangla Academy asked me, I added several thousand words to it. I expanded and refined many terms. Bangla Academy published it. Later, I also published a magazine called *Paribhasha* (Terminology) for some time. Then came the *Chemistry Terminology Dictionary*, *Physics Terminology Dictionary*, *Botany Terminology Dictionary*...

But while the terminology dictionaries were being published, giving exams in Bangla was being banned on the pretext of a lack of terminology!” Ahmad Rafique grew a little agitated: “I say, terminology is not a problem at all. The problem is in our thinking. It’s a class problem. The class that holds economic and social power, if they make education accessible to all, and if more students come in, they will face greater competition.”

But Ahmad Rafique did not believe in blaming individuals. He said, “Even the other day, a woman told me that her child was punished for speaking in Bangla.”

Then why are parents sending their children

draws newcomers or drags them into the same competition, he explained.

In search of lost books

After returning home, realising I hadn’t even seen the books, I troubled the old man again. With a tone of sorrow, he told me that he had no copy. He had changed houses so many times that they had disappeared somewhere.

The books that were supposed to be present in every medical student’s home were not even with the person who created them! He said if not in Bangla Academy, they may never be found.

The books did not vanish entirely, however; they survive like relics. On the morning of February 20, 2017, Zahid Sohag and I went to Bangla Academy and saw them: *Cunningham’s Manual of Practical Anatomy* and *Davidson’s Chikitsya Bigyan: Moolsutra o Proyog (Principles and Applications of Medical Science)* in two volumes, and the *Medical Science Terminology Dictionary*—all silently sitting in the dust-covered library. As I

MEDICINE IMPORT DEPENDENCY

Can BIDA unlock Bangladesh’s API potential?



Dr Syed Abdul Hamid is professor of health economics at Dhaka University, convener of Alliance for Health Reforms Bangladesh and Network for Healthcare Excellence, and chief adviser of Universal Research Care Ltd.

SYED ABDUL HAMID

The National Drug Policy, 1982 marked a revolutionary shift in Bangladesh’s pharmaceutical industry. Following its adoption, domestic production surged, local companies gained market dominance, and Bangladesh began making headway in medicine exports. Today, local pharmaceutical firms meet 98 percent of the country’s total demand, with export earnings of \$177.42 million recorded in the first ten months of FY2024-25.

Despite these achievements, one fundamental weakness persists: over 85 percent of the industry’s key raw materials—or active pharmaceutical ingredients (APIs)—are imported. As a result, a substantial portion of the sector’s contribution to GDP is effectively drained abroad. Moreover, this heavy dependency undermines consistent quality assurance and poses a challenge to the prospects of long-term stability, especially in the post-LDC period.

Several local firms, including Beximco Pharmaceuticals, Square Pharmaceuticals, Active Fine Chemicals, ACI Ltd, Gonoshasthaya Basic Chemicals, Globe Pharmaceuticals, and Oponin Pharmaceuticals, have initiated API production on a limited scale. However, their output is largely confined to basic ingredients such as paracetamol. Most APIs produced here are used internally, with only a few companies, such as Gonoshasthaya Basic Chemicals Ltd, supplying other firms on a small scale.

To address this challenge, the Ministry of Commerce introduced the National API and Laboratory Reagents Production and Export Policy in 2018. Its objective was to position Bangladesh as a competitive player in the global API market while reducing import dependency. The policy aimed to attract large-scale investment, expand domestic production of diverse API molecules, create employment, and strengthen export



Today, local pharmaceutical firms meet 98 percent of the country's total demand, with annual export earnings of \$177.42 million in the first ten months of FY2024-25.

FILE VISUAL: MAHIYA TABASSUM

capacity. In 2017, the total number of locally produced API molecules and laboratory reagents stood at 41. The API policy aims at helping reduce raw material manufacturing costs significantly, and produce 370 key API molecules for exports. It also aims to reduce API import dependency to 80 percent by 2032.

To achieve these goals, the government offered a range of incentives: unconditional tax exemptions in the initial years; additional tax benefits for producing specific APIs; VAT exemptions on locally produced APIs,

land allocations, only two have established factories and commenced production, while two others have partially constructed facilities without operationalisation. Major bottlenecks include a lack of gas connections, unavailability of intermediates, and a shortage of skilled manpower.

Addressing these challenges requires a comprehensive understanding of the API ecosystem, which comprises: (i) supply of essential raw materials or intermediates for API production; (ii) skilled manpower; (iii) uninterrupted supply of gas and electricity; (iv)

expertise. Energy insecurity and limited access to concessional long-term loans further constrain growth. Additionally, the domestic API market is relatively small, and competing internationally against established players such as China and India remains difficult.

While the government can relatively quickly ensure a stable energy supply and facilitate concessional long-term loans, a sustainable development of intermediates and skilled manpower requires long-term strategic planning.

The first critical step is to ensure a reliable supply of raw materials and develop a strong backward linkage system for API production. Building a self-sufficient, dependable, and sustainable supply chain—from raw material production to API manufacturing—would reduce costs and establish the foundation for global competitiveness. Second, long-term industry-academia collaboration must be institutionalised to accelerate R&D, technological innovation, and workforce training. Third, the involvement of international experts and effective technology transfer can modernise the industry, improve efficiency, and ensure compliance with global quality standards.

These elements need to be integrated into a robust business model, which can then be strategically presented to countries such as China, the global leader in API production. Chinese firms may not naturally be inclined to invest in API production in Bangladesh, given the country’s current dependency on API imports from China. However, demonstrating that such investments can serve both local demand and strategic re-export opportunities—for instance, easier access to the US market due to lower tariffs on Bangladeshi products—can make the proposition attractive. Additionally, Chinese firms could transfer technical expertise to Bangladesh, improving processes, reducing costs, and enhancing quality standards.

The outcome would be mutually beneficial: Chinese firms would gain cost savings, market access, and supply chain integration, while Bangladesh would develop a self-sufficient, globally competitive API industry. Ensuring API quality would become easier, ultimately raising the overall standard of medicines in the country.

If the government extends tariff concessions, tax incentives, and technology transfer support to investors, many initial obstacles can be overcome. A well-designed proposal would attract foreign investment, establish long-term strategic partnerships, and position Bangladesh not only to meet domestic API demand but also to secure a place in the global API value chain with sustainable export potential.

The Bangladesh Investment Development Authority (BIDA) must engage with domestic API producers to design a viable business model and take proactive steps to attract investment in this critical sector.