

# Why are so many public hospitals lying idle?



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When it comes to public healthcare, Bangladesh is suffering not just from a collection of unused hospital buildings, but also a systemic and nationwide atrophy of health service delivery. Locked hospitals or clinics are the most visible symptoms of a deeper, more dangerous problem. Beneath the rusted gates and dusty corridors of "ghost facilities" lies a chronic failure of governance characterised by manpower deficits, almost-institutionalised absenteeism, and a public health system that has been structurally cannibalised to act as a predatory referral funnel for private profit. Across the country, a large number of fully constructed health facilities—monuments of wasted public capital—stand idle. At the same time, those that remain open often operate as vacuous proxies of their intended purpose.

This crisis of non-functionality is no longer anecdotal. A report published by *The Daily Star* on January 10, 2026 documents a staggering reality: at least 80 government health facilities across 18 districts remain

as recently as in 2024, others have stood as architectural cadavers for more than a decade. The buildings did not fail structurally; they are intact and standing. Rather, the state failed to animate them.

The reasons cited by health officials—shortages of manpower, lack of equipment, and missing operating budgets—are deeply revealing. These are foundational prerequisites of healthcare planning that were ignored from the project's inception. A hospital built without a recruitment plan is not an "incomplete project"; what it reflects is a serious failure of planning and coordination, in which infrastructure development has been decoupled from the institutional and human resource capacities required to make such facilities functional. Perhaps this is what happens when the system prioritises "bricks and mortar" as a means of budgetary disbursement, political optics, and rent seeking. In contrast, the long-term work of staffing, training, and maintaining accountability is

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completely inactive despite being fully commissioned at a substantial cost. The figure would certainly be far higher if all the districts were surveyed. These idle structures range from specialised 20-bed trauma centres and dedicated children's hospitals to community clinics and essential staff quarters. While some were completed

administratively demanding. So, you end up in a situation where the state builds the shell but excises the soul of the service.

The human cost of this situation is captured in the tragedy of Talia village in Gazipur. Here, a 20-bed hospital completed in 2020 at a cost of approximately Tk 20 crore has never treated a single patient. The

local community donated their ancestral land in good faith, believing their sacrifice would secure the health of their children. Instead, the state returned a locked gate. Similar stories resonate from Rangpur to Savar. Roadside trauma centres remain shuttered while highway fatalities mount; paediatric wards overflow in urban centres while rural children's hospitals remain unused. This is not an accidental error in

suggestion—to visit the same doctor's private chamber. This is a predatory "referral funnel" where the public sector is used to harvest patients for the private market.

This redirection of care creates a two-tiered reality. The poor, who frequent public facilities because they lack alternatives, are nudged towards expenses they cannot afford. When a government doctor encourages a patient to take tests at a particular private



**The 20-bed hospital in Gazipur's Talia village is one of the 80 medical facilities across 18 districts that have remained non-operational for years.**

FILE PHOTO: STAR

government machinery; it is the machine working as intended to satisfy infrastructure targets while ignoring human outcomes.

The crisis extends far into the heart of the system. Even where clinics are officially open, service delivery is compromised by the corrosive practice of "dual loyalty." Many government-employed doctors regard their public duty as an inconvenient burden while treating private practice as their real profession. Patients in public hospitals frequently report being rushed, ignored, or treated with indifference, only to be told—either explicitly or through heavy

diagnostic centre, the public service is effectively being cannibalised from the inside. This decay is exacerbated by widespread absenteeism among doctors and support staff, who, due to lack of oversight, often remain absent from duty.

The argument that the nation is "too poor" to ensure functional hospitals is dismantled by the examples of countries with comparable or even lower GDPs. Vietnam, for instance, integrated its health expansion with strict commissioning mandates. No district hospital or community centre is declared operational until the

necessary doctors and nurses are physically present and the supply chain is established. In Vietnam, non-functionality is treated as an administrative failure, not a standard condition.

Sri Lanka offers an even more striking contrast. Despite enduring significant fiscal constraints and political upheavals in recent times, its public health system remains a pillar of the state. Public service is treated as a non-negotiable professional obligation, with a clear separation maintained between public duty and private practice. Patients are not pushed out of public hospitals to generate private income. Sri Lanka's maternal and child health metrics can rival those of much wealthier nations.

Even Rwanda, which manages health services with a fraction of the resources available to many Asian nations, demonstrates the power of localised accountability. In the Rwandan model, local administrators are held personally and professionally responsible when a facility fails to provide service. Attendance and supply metrics are monitored in real time. Similarly, Nepal has addressed its complicated geography through compulsory rural service requirements for new medical graduates, ensuring that even remote hospitals have a human presence.

To move from this moral failure to functional governance, no health facility should receive final funding until a sanctioned staff list is physically present on-site. Furthermore, the referral funnel must be dismantled through digital oversight. Implementing biometric attendance and real-time patient feedback loops would make it impossible for doctors and staff to be ghosts in the system. Most importantly, there must be a forensic audit of every official who approved the construction of the 80 facilities identified in *The Daily Star* report without a corresponding staffing plan.

When we allow empty hospital buildings to decay while the sick and vulnerable travel miles in desperation, our conscience rots. Fifty-four years after independence, people are still struggling for the most basic healthcare. This is not a failure of resources but that of governance, and an indictment of a development model that values the cold concrete over the living citizen.

## 'A world of fortresses will be poorer, more fragile'

**Canadian Prime Minister Mark Carney delivered a powerful address at the World Economic Forum in Davos, Switzerland, on Tuesday. An abridged version of the speech is published below in the public interest.**



**Canada's Prime Minister Mark Carney delivers a speech during the World Economic Forum annual meeting in Davos on January 20, 2026.**

PHOTO: AFP

with varying rigour depending on the identity of the accused or the victim.

This fiction was useful. And American hegemony, in particular, helped provide public goods: open sea lanes, a stable financial system, collective security, and support for frameworks for resolving disputes. So, we placed the sign in the window. We participated in the rituals. And we largely avoided calling out the gaps between rhetoric and reality. This bargain no longer works.

Let me be direct: We are in the midst of a rupture, not a transition. Over the past two decades, a series of crises in finance, health, energy, and geopolitics have laid bare the risks of extreme global integration.

But more recently, great powers have begun using economic integration as weapons. Tariffs as leverage. Financial infrastructure as coercion. Supply chains as vulnerabilities to be exploited.

You cannot "live within the lie" of mutual benefit through integration when integration becomes the source of your subordination.

The multilateral institutions on which middle powers have relied—the WTO, the UN, the COP—the very architecture of collective problem solving, are under threat. And as a result, many countries are drawing the conclusion that they must develop greater strategic autonomy: in energy, food, critical minerals, and in finance and supply chains. And this impulse is understandable. A country that cannot feed itself, fuel itself, or

approach rests on what Alexander Stubb has termed "values-based realism"—or, to put another way, we aim to be principled and pragmatic.

Principled in our commitment to fundamental values: sovereignty and territorial integrity, the prohibition of the use of force except when consistent with the UN Charter, and respect for human rights. And pragmatic in recognising that progress is often incremental, that interests diverge, that not every partner will share our values. So we're engaging broadly, strategically, with open eyes. We actively take on the world as it is, not wait around for a world we wish to be.

We are calibrating our relationships so their depth reflects our values. And we're prioritising broad engagement to maximise our influence, given the fluidity of the world order, the risks that this poses, and the stakes for what comes next. And we are no longer relying on just the strength of our values, but also on the value of our strength. We are building that strength at home.

To help solve global problems, we are pursuing variable geometry—in other words, different coalitions for different issues based

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on common values and interests. This is not naive multilateralism. Nor is it relying on their institutions. It's building coalitions that work, issue by issue, with partners who share enough common ground to act together. In some cases, this will be the vast majority of nations. What it's doing is creating a dense web of connections across trade, investment,

culture on which we can draw for future challenges and opportunities.

Middle powers must act together because if we're not at the table, we're on the menu.

But I'd also say that great powers can afford, for now, to go it alone. They have the market size, the military capacity and the leverage to dictate terms. Middle powers do not. But when we only negotiate bilaterally with a hegemon, we negotiate from weakness. We accept what's offered. We compete with each other to be the most accommodating. This is not sovereignty; it's the performance of sovereignty while accepting subordination.

In a world of great power rivalry, the countries in between have a choice: compete with each other for favour or to combine to create a third path with impact. We shouldn't allow the rise of hard power to blind us to the fact that the powers of legitimacy, integrity, and rules will remain strong if we choose to wield them together. Which brings me back to Havel. What would it mean for middle powers to "live the truth"?

First, it means naming reality. Stop invoking "rules-based international order" as though it still functions as advertised. Call it what it is: a system of intensifying great power rivalry where the most powerful pursue their interests using economic integration as a weapon of coercion.

It means acting consistently, applying the same standards to allies and rivals. When middle powers criticise economic intimidation from one direction but stay silent when it comes from another, we are keeping the sign in the window.

It means building what we claim to believe in. Rather than waiting for the old order to be restored, it means creating institutions and agreements that function as described. And it means reducing the leverage that enables coercion.

Building a strong domestic economy should always be every government's immediate priority. And diversification internationally is not just economic prudence; it is the material foundation for honest foreign policy. Because countries earn the right to principled stands by reducing their vulnerability to retaliation.

The old order is not coming back. We shouldn't mourn it. Nostalgia is not a strategy. But from the fracture, we can build something better, stronger, more just. This is the task of the middle powers—the countries that have the most to lose from a world of fortresses and the most to gain from genuine co-operation. The powerful have their power. But we have something too: the capacity to stop pretending, to name reality, to build our strength at home, and to act together.