The institutional push behind academic brain drain

BLOWIN' IN THE WIND

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Last week, *The Daily Star* reported that 24 teachers of a public university owe over Tk 3 crore to the university for jumping study leave rules. The story is far from unfamiliar. Teachers take study leave to go abroad, apply for a leave extension citing that they need more time to finish their graduate or postgraduate studies. At home, they keep on receiving their basic salaries. Then these teachers stop communicating. Universities, in response, send routine notices asking them to rejoin. Some teachers request early retirements. Some of them who do not have a permanent post or any security funds may not even bother to respond as they accept a new life abroad.

As someone who had the opportunity to stay back after completing further studies, I feel that portraying the issue of non-returning academics as a crisis of individual morality, rather than reflecting on the lack of institutional incentives that allow Bangladeshi scholars to opt for a different destiny, only tells half of the story. Treating it as merely a loyalty problem will lead to the wrong prescription, where the diagnosis is an oversimplified brain drain.

The truth is far more nuanced, albeit inconvenient. Teachers do not leave their posts because they dislike teaching students in their home institutions. When they are abroad to pursue higher studies in a well-resourced ecosystem, they discover, perhaps for the first time, that an academic life does not have to be tied to petty politics. Universities are places where laboratories are supplied with cutting-edge technologies, libraries subscribe to high-quality journals or have the means to collect books through a strong network, work ethics are strictly maintained, promotions are linked to academic performance, and there are teaching or research assistants for faculty members to concentrate on quality publications or serious research.

The pull factors are obvious. Any serious academic would be lured by the career progress. Their decision is also likely to be conditioned by the institutional push that masquerades as individual choice. Should they return to a department where the infrastructure is nonexistent, or where political loyalty is valued more than scholarly aptitude?

I remember a case where a considerable number of lecturers were recruited at the country's apex engineering university against a single vacant post. And, these engineers, one after another, left for higher studies and never returned. To be sure, we have every right to expect accountability from publicly funded academics. If a university enters into a bond with its outgoing faculty members under paid study leave, scholarships, salary continuation, or government support, then the parent institution, and by extension its funders (the taxpayers), deserve a return on that investment. No one can dispute this.

But accountability has to be a two-way street. Universities owe their faculty members an environment where they can actually nurture their potential and deliver the services for which they were trained. Many returning academics get frustrated by the lack of facilities and an increasingly politicised environment where they need to adopt various survival strategies. The battle is far from academic in nature.

Even *The Daily Star* report suggests that a large portion of the defaulted amount is owed by a handful of teachers. Most faculty members have regularised their exit protocol by seeking early retirements. One teacher has been asked to pay nearly a crore in one instalment with interest on the salaries he received during his leave period. The delay in disposing of the issue has accrued interest, spiking the amount further. The system is painfully inefficient, leading to institutional attrition.

But the departure of these teachers is about more than just money. Most of our universities suffer from faculty shortages. If teachers on leave hold on to their posts without settling the account, universities cannot recruit to find replacements. So, we enter a "limbo" that involves not only teachers who never returned but also those who wanted to return and found themselves suspended between ambition and administration.

The pull of a better life abroad with better pay is obvious, and our inability to retain these talents at home is the push factor. We need to ask why we have made it easier for the scholars who defect. Their departures mean that our universities are weakened in terms of teaching and research. We have fewer supervisors, fewer publications, reduced international collaboration, weak academic leadership, myopic curriculum, deferred accreditation, unsatisfactory mentoring, and the list goes on. We enter a vicious cycle where, in the absence of experienced overseas-trained academics, we get lower research and teaching output that hampers our academic performance.Our rankings get negatively impacted. More students (and staff) leave for abroad, weakening our institutions.

So, the time has come to rethink brain drain with a focus on reintegrating the people who have left us. The much-hyped brain circulation relies on diaspora networks. We need to appreciate the fact that many of the teachers who settle abroad often supervise Bangladeshi students, facilitate scholarships for them, and build research collaborations. As high-skilled migrants, they become our sources for financial remittances and philanthropic donations for infrastructural development in their home institutions. They can remain connected with their former workplaces through visiting lectures and mentor colleagues back home through joint publications, online supervision, and research grants.

Here, the goal should be to adopt a brain circulation strategy that does not simply prevent migration. What we need right now is to replace punitive bonds with incentive contracts. Instead of relying mainly on legal penalties, universities need to be forward-thinking in creating an ecosystem to curate returning faculty members. Special research grants, laboratory start-up funds, guaranteed promotion review, and reduced teaching loads can incentivise teachers to return. If they decide to sever ties, at least some mechanisms should be applied to nurture the connections.

Many private universities follow a fast-track promotion for their returning scholars after completion of their PhDs. Public universities are sluggish in creating opportunities for these scholars. They can create a "Returning Scholar Window" with automatic joining, rapid post creation, and priority research funding. Bureaucratic hurdles can be reduced through automation of study leave, extension, joining, promotion, and post creation.

The University Grants Commission should allow universities with greater autonomy to create faculty positions within approved budget envelopes rather than seeking case-by-case approvals. The increased allocation in the education budget provides an opportunity to enhance facilities and develop research centres.

Instead of imposing heavy fines, an easy pay-off scheme or paid services can be drafted to keep the relationship with the teachers abroad. The money that we are owed from these teachers can be adjusted through active links with their hosts through joint supervision, annual seminars, collaborative publications, and visiting appointments. Instead of lamenting loss, let's look forward to what we can gain.

The question we should ask is why many of our brightest academics no longer see a future in our universities. The real challenge is to create institutions that allow scholarship to flourish. We need to view today's brain drain as tomorrow's brain circulation. Once the vision is clear, the loss can hit the profit ledger.

FILE VISUAL: **ALIZA RAHMAN**

Health sector weaknesses the budget must target

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SHAIKH MASUDUL ALAM

In the proposed FY2026-27 national budget, the Government of Bangladesh has allocated Tk 69,409 crore to the health sector, out of a total budget of Tk 9.38 lakh crore. While this is almost twice as much as was budgeted for health in the previous fiscal year, the real measure of success will be whether resources translate into better health outcomes and financial protection for citizens.

Despite significant improvements in major health indicators over the past few decades, such as life expectancy, infant and child mortality, total fertility rate, and so on, thanks to strong field-level public health programmes, Bangladeshis continue to bear one of the highest levels of out-of-pocket health expenditure in South Asia, with households financing more than 79 percent of total health spending. As a result, illness remains a major cause of impoverishment. Strategic investment in health can improve population health and life expectancy, reduce poverty caused by healthcare costs, increase workforce productivity, strengthen the national economy, and promote social equity and cohesion.

A notable feature of the FY2026-27 health budget is its emphasis on transforming the healthcare system from a treatment-oriented model to a prevention-focused one. The budget prioritises strengthening primary healthcare services in both rural and urban areas, promoting disease prevention and health awareness, improving maternal and child health, enhancing nutrition programmes, expanding immunisation coverage, and ensuring early detection of non-communicable diseases such as cancer and diabetes.

The government has also proposed several measures to improve access to essential healthcare services. Tax and VAT exemptions on selected medical products, including stents, intraocular lenses, cancer medicines, dialysis-related equipment, and raw materials, are expected to reduce treatment costs. Plans have also been announced to establish dialysis units and coronary care facilities in district hospitals, expanding access to specialised services beyond Dhaka.

The budget further emphasises investments in the health workforce and health systems. The government has announced plans to recruit 5,000 MBBS doctors to fill longstanding vacancies and 1,00,000 additional health workers, the majority of whom are expected to be women. Other initiatives include establishing a National Ambulance Pool and Emergency Service Network, introducing an e-Health Card for citizens under the framework of Universal Health Coverage, upgrading district hospitals into fully functional secondary healthcare facilities, and expanding primary healthcare units across unions and urban wards.

The budget also recognises the health implications of environmental policies. Air pollution remains the leading environmental risk factor for disease in Bangladesh. Measures aimed at encouraging cleaner transportation, including higher taxes on conventional vehicles, reduced taxes on electric vehicles, and duty exemptions on EV charging infrastructure, could contribute to lower levels of air pollution. Cleaner transport systems can also reduce exposure to particulate matter and nitrogen dioxide, thereby lowering the burden of respiratory and cardiovascular diseases.

Although the health sector has received a substantially higher allocation in the budget, Bangladesh has historically struggled to use development budgets efficiently, and weak institutional coordination has often undermined intended results. A number of systemic issues have been identified to explain this, including a lack of transparency and accountability in recruitment, procurement, and infrastructure development, with corruption persisting across these functions. Other key weaknesses include inadequate managerial capacity on both central and local levels, weaknesses in public financial management (especially in budget planning, spending, and auditing), inefficient procurement systems, and long delays in project approval.

While the abovementioned technicalities put into doubt the efficient execution of the health budget, there are equally important programmatic issues which prevent impactful outcomes from the money spent. The quality of government programmes (particularly facility-based services) suffers from inadequate supplies; lack of adequate, trained manpower due to vacancies and absenteeism; inadequate/non-functional equipment; patient overload, especially in secondary and tertiary facilities; lack of attention to instituting quality of care processes in the service delivery structure; lack of service coverage in rural and remote areas; and lack of comprehensive public health infrastructure in burgeoning urban areas.

Despite a thriving private health sector, which is the first point of contact for many healthcare seekers, private facilities also remain unregulated and expensive, working in parallel with the public sector and thus depriving the health sector of benefiting from its large infrastructure.

Against this backdrop, promoting disease prevention; raising public awareness regarding health, family planning services, and commodities supplies; enhancing maternal and child health services; improving nutrition; expanding immunisation coverage; and ensuring early detection of non-communicable diseases such as cancer and hypertension are areas of priority. If these priorities can be addressed through sustainable programming, system improvements, and establishment of accountability and transparency, Bangladesh could be on a trajectory of significant improvement in its health sector. Not only will the health of the population improve along with the general quality of life and productivity, but out-of-pocket expenditure will also be reduced, paving the way towards achieving the SDG target of Universal Health Coverage by 2030. Optimising the use of all available resources (both in the public and private sectors); timely allocation and release of funds; systemic improvements and adjustments; and strong, focused leadership will be the building blocks for making this transformation. Effectively integrating the proposed e-Health Card into broader social protection systems will also decrease costs and increase efficiency.

The success of the FY2026-27 health budget will therefore depend not on the size of the allocation alone but on the quality of its implementation. To translate ambition into results, the government must establish a clear implementation roadmap, strengthen oversight mechanisms, enhance transparency and accountability, and rapidly prioritise projects for approval and execution. Only then can the vision of "Health for All" move beyond aspiration and become a reality for every citizen of Bangladesh.

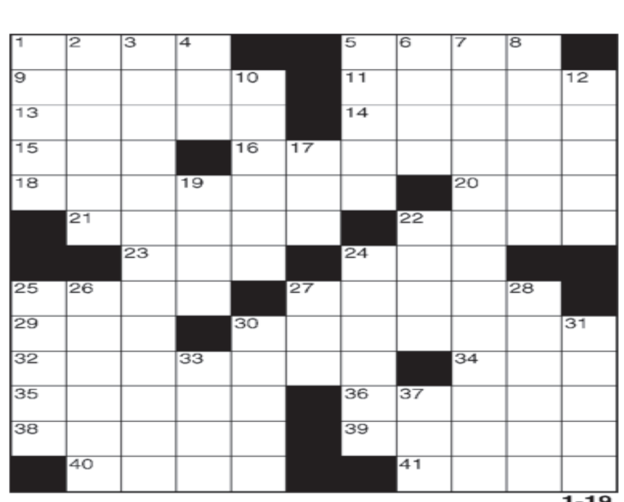
CROSSWORD BY THOMAS JOSEPH

ACROSS

1 Missing
5 Valentine trim
9 Like bar beer
11 Reunion attendees
13 Brink
14 Change smoothly
15 Greek vowel
16 Darling
18 More speedy
20 Common verb
21 Looked at lustily
22 Docking site
23 That lady
24 Outlaw
25 Poll numbers
27 Literary category
29 Go astray
30 Natural seasoning
32 Scurry
34 Chapel promise
35 Hummer's instrument
36 Buddy of "Barnaby Jones"
38 Derisive sound
39 Baseball's Pee Wee
40 God of war
41 Liberal study

DOWN

1 Cherishes
2 Boxing combo
3 Barber's tool
4 Price setting
5 Debussy work
6 Lotion additive
7 Short play before the main play
8 Dominion
10 Annoy
12 Very thin
17 Tie the knot
19 Pooch pest
22 Bad reviews
24 Check recipient
25 Office sights
26 Secret stuff
27 Ingenuous cry
28 Firstborn
30 Places
31 Sounds
33 Additional amount
37 Arthur of TV



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FRIDAY'S ANSWERS

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