

# Chapter 14

## A Radiant University and a School of Public Health

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In 2024, the James P. Grant School of Public Health at BRAC University celebrated its 20<sup>th</sup> anniversary. Of the institutions that I played a role in their establishment, the BRAC School of Public Health stands out as a very significant one. It is already one of the top global institutions practicing the concept of problem-based experiential learning.

Before 2001, BRAC was known as an NGO for its work on poverty alleviation and empowerment of women. While working on diverse issues and under different circumstances, BRAC realized the need for appropriate leadership in the development sectors. At the time, a few public universities in Bangladesh had earned renowned reputations, such as the “Oxford of the East” for the University of Dhaka. In the early 1990s, as part of its “opening-up” policies, the government started allowing educational entrepreneurs to initiate universities. As a result, the North South University and East West University, both private institutions, were created. The universities in the public and private sectors were not enough to create graduates who would provide leadership in different sectors of development, neither in numbers nor in quality. Additionally, the public universities were tainted by issues of governance, including long session jams and violent student politics.

Disturbed and deeply moved by the state of affairs, BRAC leader Fazle Hasan Abed discussed with his senior colleagues and friends in the academic sector in Bangladesh and abroad the opportunity for BRAC created by the government’s new open-up policies. It was indeed a major undertaking for an NGO, but BRAC was also mindful of its advantages and responsibilities. BRAC’s Training Division was already implementing a joint diploma and master’s program in collaboration with the U.S. School of International Training in Vermont. Furthermore, RED was already a familiar name globally in development research. BRAC was already endowed with other resources that a university would need, including infrastructure and a financial base. Riaz Khan, a mathematician with a PhD from the Massachusetts Institute of Technology in the United States, was hired as the project director to take the idea forward. As soon as the case was made inside the organization, BRAC engaged David Fraser, former president of Swarthmore College in the United States, to conduct a formal feasibility study. In his 130-page report, Fraser saw the value of the vision for a liberal arts university and concluded, “An excellent, private, four-year liberal arts undergraduate college of 1,000–1,500 students and associated small graduate program in development studies could be an important addition to higher education in Bangladesh.” This was good enough for us to move forward.

One of the very important decisions at the nascent stage was to get a vice chancellor (equivalent to a university president in North America) on board. Abed Bhai had been thinking about it a lot and discussed it with his friends Faruq Choudhury and Anisuzzaman, a well-respected litterateur. They thought of Jamiliur Reza Choudhury, one of Bangladesh’s most well-known and respected educationists and a professor of civil engineering at the Bangladesh University of Engineering and Technology. He happily agreed. This was a big victory, as no other individual would be as befitting

for the position as him. With Choudhury as the vice chancellor, all was set for a smooth journey, and the university was destined to make the desired impact. It quickly moved much beyond the initial ideas and recommendations. BRAC University opened its doors in 2001.

It now has over 20,000 students and will soon reach 24,000! Abed Bhai's enthusiasm for a university also stemmed from his own vision of how history would remember him. A story he often repeated was about research conducted at Oxford University years ago to assess how many of the 500 institutions that were active in Europe in the 16<sup>th</sup> century still existed. The researcher found that only 31 survived to date, including two churches, two parliaments, one business house, and 26 universities.

The need for new leadership was particularly felt in the country's health sector. While implementing various BRAC health interventions in Bangladesh, we learned that public health was poorly emphasized, with investments being diverted to establish medical colleges and hospitals. Abed Bhai was particularly enthusiastic about creating a public health school. Many of his close friends came from such institutions in the United States and Europe, acting as an additional impetus. The presence of a few staff at BRAC with PhD or MPH degrees and our longtime collaboration with icddr,b, which had a significant number of scientists with research experience and higher public health degrees, were sources of encouragement as well.

One of the first public health educational institutions in the Indian subcontinent was the School of Tropical Medicine, set up in Kolkata in 1922. The All India Institute of Hygiene and Public Health, also in Kolkata, was founded in 1932. To integrate public health with medical education, a Department of Preventive and Social Medicine was created in each medical college in India (and a Department of Community Medicine in Bangladesh). Unfortunately, public health education never received its due importance.

With this in mind, we decided to move forward with creating a school of public health. One of the early decisions was naming the School after James P. Grant, the legendary former executive director of UNICEF and trusted friend of Bangladesh and BRAC. His legacy is the child survival and development revolution, which UNICEF steered under his inspiring leadership in the 1980s.

As is customary for BRAC, we decided to carry out two feasibility studies. The first feasibility study was conducted by Shahaduz Zaman, a medical anthropologist working at RED. Of the three existing institutions providing higher public health education that he documented, the National Institute of Preventive and Social Medicine was the most significant, offering MPH degrees in eight subspecialties, including public health administration, community medicine, occupational and environmental health, health promotion and health education, reproductive and child health, hospital management, epidemiology, and nutrition. The Institute was a public-sector institution and mostly trained doctors working for the government. Private candidates were allowed in only three of the courses: health promotion and health education, hospital management, and nutrition. The teaching was traditional, with students getting little exposure to real-life situations in communities or hospitals. The other two institutions offering an MPH included the Armed Forces Medical College (open only to military candidates) and the Adventist University and Seminary (a small program connected with a Filipino university). Zaman also collected information on overseas institutions, particularly in the region, which attracted Bangladeshi public health students. The

feasibility study also touched on other areas of interest, including the availability of potential faculty and financing. Zaman concluded that the idea of a new school of public health was feasible, writing that “the existing public health training institutes are inadequate to the growing interest in public health.”

To explore and firm up the idea further, we instituted an international feasibility study with Jack Bryant, Chair of the Department of Community Health of Aga Khan University in Karachi, Pakistan, and Richard Cash, Senior Lecturer of the Harvard T.H. Chan School of Public Health in the United States. Using Zaman’s feasibility study as a background, they spent two weeks in Bangladesh and interviewed several relevant individuals. They wholeheartedly recommended BRAC to go ahead with the school. There was no looking back.

We applied for a charter in 2001. The University Grants Commission was sympathetic to approving it but asked for a “no objection” from the MoHFW. Obtaining the latter turned out to be an arduous process, as a few senior National Institute of Preventive and Social Medicine functionaries opposed it with a curious argument that a private institution should not be allowed to run such an institution. We used our good offices to the maximum extent. The BRAC University Registrar, Sahool Afzal, and other senior functionaries visited the MoHFW several times, but the approval was not forthcoming. We tried to impress upon them that there was a huge need for such institutions in a country of 150 million people and that, together with icddr,b, BRAC as an institution was fully capable and ready to manage it. Finally, in July 2004, the ice melted, and the approval letter was issued. While we were waiting for the MoHFW’s approval, we did not sit idle. We knew the approval would come someday, so we used this time to prepare ourselves.

In August 2002, I joined the Columbia University Mailman School of Public Health as a visiting professor. Supported jointly by the Rockefeller Foundation and Columbia University, my responsibilities included teaching as well as advocacy for equity in health among international agencies such as Gavi, UNICEF, and similar other organizations and initiatives. I was fortunate to receive Abed Bhai’s unwavering support in my work at BRAC, but he was not always keen on me taking a long leave of absence. Assuming that he would hesitate to let me go, I asked the BRAC Executive Director, Muyeed Chowdhury, to make a case for me. Muyeed argued that spending time in an institution like Columbia University would prepare me to take on new responsibilities when the School of Public Health opened its doors. Abed Bhai was convinced and granted a leave of absence. For me, I took this as a challenge to learn how a modern school of public health functions, particularly in the areas of teaching, research, and advocacy. Working closely with Dean Allan Rosenfield, I also tried to learn how such an institution is managed and governed.

It turned out to be a great opportunity at Columbia. The news of this new endeavor was welcomed by everyone I met, who offered all their support. I also contacted several other similar institutions, such as Harvard, Johns Hopkins, and Cornell, and organizations, such as the Rockefeller Foundation, the World Bank, and UNICEF. There was no dearth of support. I focused my attention on a few things related to the school, including curricula, pedagogy, teaching-learning processes, management, faculty recruitment and retention, assessment systems, financing, tuition, and research. I organized several brainstorming sessions on each of these areas, which selected faculty from Columbia attended. For most sessions, I also invited relevant experts from other institutions who provided their perspectives based on their experiences in their respective institutions. Some

of the meetings coincided with the visit to New York by Abed Bhai. Dean Rosenfield attended each meeting and let his conference room be used as the venue. A couple of smaller meetings also took place at our Manhattan home. In such cases, Neelofar cooked Bangladeshi meals for the attendees. One of the formidable challenges for our school was recruiting trained and qualified faculty. The meetings at Columbia also helped identify faculty members with interest in teaching specific courses at BRAC. They offered their time for free, but we happily covered their travel expenses and local hospitality while in Bangladesh. When an international advisory committee was formed for the School in 2005, Rosenfield became its chair and Jon Rohde as vice chair. Allan Rosenfield was also made the founding chair of BRAC-USA.

I returned to Bangladesh in July 2004, and within a week, almost magically, the MoHFW approval came. There remained no official hurdle for us to launch the school. I was officially named the dean, and Shahaduz Zaman joined as the MPH coordinator. Within a few months, Sabina Rashid joined as an assistant professor, and Demissie Habte, the former director of icddr,b and former dean of the Addis Ababa Medical School, joined as the international director.

I engaged myself fully in the task as dean in addition to overseeing BRAC's health initiatives as deputy executive director. When we first envisioned the School, we wanted to engage a few partners in this endeavor. One of these was icddr,b, with which we had collaborated for a long time. I spoke to David Sack, the executive director, and other senior staff, who showed their enthusiasm and readiness to collaborate in this noble venture. We also listed the icddr,b staff who had the potential and interest to teach various courses as adjunct faculty.

Next, we sought expert advice on various issues that the school would be dealing with. In August 2004, we convened a three-day meeting where many public health education leaders from all over the world discussed and provided advice on the school's vision and mission, the pedagogy and the role of field visits, types of courses, class composition, geographical focus, research integration, the value and challenge of a residential MPH program, class composition, and financing, and other issues. At the meeting, the experts recommended that the school promote and practice problem-based experiential learning, in which students identify a problem or a set of problems, gather further information on it, find solutions, and evaluate the outcome. One of the first universities to experiment with problem-based learning was Canada's McMaster Medical School under the leadership of Howard Barrows and John Evans in the 1960s. Afterward, this became a trend for several institutions. In 1992, The Rockefeller Foundation, in collaboration with the Tulane University of the United States, initiated the Public Health Schools Without Walls project, which helped promote problem-based learning in several universities all over the world. K. R. Thankappan of Sree Chitra Tirunal Institute for Medical Sciences and Technology, Kerala, India, one of the schools with the program, wrote:<sup>1</sup>

The guiding principle of the [Public Health Schools Without Walls] is that public health training is best provided through a combination of rigorous academic and extensively supervised practical experience emphasizing the capacity to pursue rather than memorize knowledge.

At the meeting, the experts also recommended a diverse class representing women and men, doctors and non-doctors, and Bangladeshis and foreigners. It was decided that at least half of the

one-year MPH program would be held on a rural campus to allow students to learn intensively from the community.

The meeting also recommended that the school take the necessary preparatory steps to begin the MPH course in January 2005. This was short notice, but we took it as a challenge. Several things needed to be in order. One of the critical ones was developing a curriculum that emphasized problem-based learning and getting it approved by the University Grants Commission. We held several workshops around each teaching area, including epidemiology, biostatistics, medical anthropology, health economics and financing, nutrition, reproductive and women's health, elderly health, public health management, and health communications. A review of the curricula that were being used in selected universities acted as the starting point. The year-long program was divided into three blocks of courses. The first block consisted of six months of core courses at the residential, rural campus, including medical anthropology, epidemiology, biostatistics, qualitative and quantitative research methods, health systems management, health economics and financing, and environmental health. The second block consisted of three and a half months at the urban campus of icddr, b in Dhaka (and partly in their rural Matlab laboratory) of courses on public health practice covering infectious disease epidemiology, public health nutrition, aging and health, reproductive health, and health communication. The third block comprised two and a half months of independent research study on a chosen public health issue that each student conducted under the direct supervision of a faculty or adjunct faculty member. This block aimed to enable students to demonstrate their ability to synthesize and integrate knowledge gained in coursework through fieldwork studying a public health problem or activity through writing a dissertation to complete the degree program. In addition, throughout the year, we instituted health and development seminars where experts from home and abroad spoke on different issues related to public health and wider development.

One of the formidable challenges was recruiting faculty to teach the different courses. BRAC and icddr,b provided the initial pool of faculty. But there was a huge gap. We contacted our friends in collaborating institutions in Asia, Europe, and the United States, who responded very favorably. Within a few months, the following people were available, at least for the initial two years: Alejandro Cravioto, Abbas Bhuiya, Shams El-Arifeen, Tahmeed Ahmed, Stephen Luby, Marjorie Koblinsky, and Kazi Mizanur Rahman from icddr,b; Ferdous Osman from the University of Dhaka; Bilqis Amin Hoque from the World Bank, Dhaka; Alayne Adams, Paul Brandt-Rauf, Joseph Graziano, Diana Romero, Lydia Zablotska, and Todd Ogden from Columbia University; Richard Cash from Harvard University; Anwar Islam from Carleton University, Canada; Muhiuddin Haider from the George Washington University; Sjaak van der Geest from the University of Amsterdam; Zarina Kabir from Karolinska Institute, Sweden; Kent Ranson and Damian Walker from LSHTM; Jon Rohde from UNICEF; Malabika Sarker from the University of Heidelberg; and M. Shahidullah from the University of Illinois at Springfield. We designed our courses to provide an interdisciplinary experience for the students.<sup>1</sup> The courses were modular, allowing integrated team teaching with relevant field visits and projects and facilitating visiting faculty to provide intensive exposure to the students. Teams for each module comprised an experienced academic, often from abroad, with one or more local counterparts from the school. The idea was to train local faculty through a "learning by doing" process so that they would eventually take over the full responsibility, reducing the involvement of external faculty.

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To recruit international students, we visited some of the neighboring countries. Shahaduz Zaman and I visited Kolkata, where we interviewed potential students from different parts of India. We recruited students from our visits to Nepal, Myanmar, Afghanistan, and Pakistan. With help from our friends in Africa, Cole Dodge and Jon Rohde, we recruited a few students, mostly from East Africa. Although it was challenging to get bright students, as we had no previous experience or reputation in teaching at the MPH level, the BRAC and icddr, b names were very helpful in gaining students' necessary trust. We followed a rigorous process in recruiting potential candidates, which included a written test, group discussion, and individual oral exams, resulting in a pool of the brightest students. Abed Bhai agreed to make the initial investments in helping us get established. In addition, Tim Evans arranged a grant from the Rockefeller Foundation. All these helped to provide full scholarships to every student in the initial two batches. We welcomed these investments, as they allowed us to recruit the top candidates, helping to develop the MPH program.

The other challenge was organizing the first semester at a rural campus. Fortunately, BRAC had a training center at Savar, about 20 miles from Dhaka, which was used to conduct the MPH program for the first six months. To accommodate students and faculty from different countries, the facilities, including the dormitories and classrooms, had to be upgraded. We visited several villages around the Savar campus for the students' fieldwork. Kakabo village, with a population of about 2,000 in 500 households, was ideal for the purpose. We spoke to the village elders about the possibility of their village being "invaded" by young students from different countries. They were amused and offered the needed assistance. For the students to visit the village at least two to three days every week, we bought bikes for them. It was challenging for some, particularly the Bangladeshi women, but they soon learned how to ride them and, in the process, felt empowered. The students were accompanied by their faculty, who also rode bikes without any hesitation. I often accompanied the students to Kakabo and was amazed to see the difference it made in teaching and learning. To circumvent the language issue for foreign students, local students were paired with foreign students.

To learn about the experiences of other universities practicing problem-based learning, Richard Cash, Shahaduz Zaman, and I visited the Hanoi School of Public Health, where we saw how it was being practiced in the Vietnamese context. We found it interesting, but it fell short of our expectations, and we felt that the community immersion part needed more innovation. We wanted to be sure that the field experience brought intensive learning experiences for our students. Apart from the rural site of Kakabo, we signed agreements with several institutions that allowed our students to visit their projects and observe issues related to their courses. These institutions included, apart from icddr,b and BRAC locations, Gonoshasthaya Kendra, Centre for the Rehabilitation of the Paralysed, the *upazila* health complex of the government, Enam Medical College, and the Bangladesh Rehabilitation and Assistance Centre for Addicts.

With all these preparations, the MPH course was finally launched on January 30, 2005. We were happy to meet a diverse class. The 25 students comprised 15 Bangladeshis and 10 from overseas (Philippines, Uganda, India, Pakistan, Nepal, Kenya, Tanzania, United States, and Afghanistan); 13 women and 12 men; and 14 doctors and 11 non-doctors. Held at the Savar campus with full residential facilities, the introductory course was facilitated by Richard Cash, Alayne Adams, and me. On the second day, we took the students to Kakabo for their first exposure to the "laboratory

village,” led by Shahaduz Zaman and me. For them to deeply immerse themselves in real-life situations, we divided them into small groups. Each group was asked to survey villagers on a chosen health issue using a simple one-page questionnaire that they had developed the previous evening. It was a half day of work, and they explored issues like the types of illnesses the people had, the number of children, school attendance of children, availability of healthcare in the village, and so on. In the afternoon, they analyzed their collected data and prepared a PowerPoint presentation for class sharing. The students found this very exciting and fun. They were happy to see the warmth with which the villagers received them. Some were amused to see the serene beauty and greenery of Bangladesh. They also felt sad seeing the level of poverty and how it affected their health status. Even for some of the Bangladeshis, it was a new experience because most of the students grew up in urban areas with little contact with their rural roots. The exploratory study they did as part of the course provided interesting information about village life, which was found to be new even to seasoned researchers. At the end of the School’s third year of existence, a group of faculty reviewed the students’ project reports on Kakabo from the initial three batches. It included 17 articles and was published as a monograph.<sup>2</sup>

For the urban semester, which ran for six months, icddr,b provided classrooms at its Dhaka campus. The residential accommodation was arranged at a BRAC facility in Niketan, about a mile from icddr,b. Two field sites were chosen: Korail, in the heart of the city and one of the most populous slums of Dhaka with over 100,000 urban dwellers, and the Matlab field station of icddr,b. In addition, several icddr,b resources were made available, including their laboratories, library, hospital, and meeting rooms. The students enjoyed taking country rowing boats to Korail, which is mostly surrounded by bodies of water, where they were exposed to the many different types of lives of the urban poor. The learning was invaluable.

For the last part of the MPH degree program, students wrote a dissertation on a topic they chose under a supervisor who worked for diverse organizations, including BRAC, icddr,b, the University of Dhaka, the Population Council, and others. Although several students chose the Korail slum as their study site because of its proximity, others chose other urban or rural situations. For the first seminar series in 2005, nine distinguished visitors in the development field from Bangladesh and abroad spoke on the topics of their own choosing.

The year-long MPH program culminated with the innovative Graduate Forum, a formal event for students and their families and friends held at the icddr,b’s Sasakawa Auditorium. The audience also included senior staff of BRAC, icddr,b, and other Dhaka-based organizations. Students doing well in different areas of their study received awards, and the students chose faculty members to receive the teaching award. We also invited representatives of potential employers. The closing event included graduating students presenting posters of their dissertations.

Having to deal with the students from abroad was a new experience. Apart from the visa issue for foreigners to come to Bangladesh for a prolonged educational purpose, many of the students experienced culture shock. We learned from experience and tried giving them comfort and support as much as possible. As the dean, I invited every foreign student to our home during the festivals, such as Eid, when Bangladeshi students went home and our foreign students were left alone in the dormitory. Celebrating Eid together made a positive impact on the minds of the foreign students.

Apart from the MPH, the School initiated a 3-year-long diploma program in midwifery, beginning in early 2013. With the active engagement of UKAid's Shehlina Ahmed and Dean Tim Evans, the School worked with six other NGOs in remote areas to initiate this program in collaboration with international organizations, such as the International Confederation of Midwives, Royal College of Midwifery, University of Auckland, University of Aberdeen, and others. We used a "hub and spoke" model in which the School acted as the hub and the six NGO campuses as the spokes. The model facilitated the participation of women in marginalized communities to study midwifery in remote areas. Two-thirds of the graduates came from disadvantaged farmer and laborer families. Recently, the NGO spokes have become independent, which ensures that they can manage the program on their own. This is a good example of sustainability. So far, over 1,000 midwives have graduated from the program, and all are employed by the government and other national and international NGOs. The graduates also promote midwifery as a new profession. One of its graduates has recently been elected as the president of the Bangladesh Midwifery Society.

The School has been hosting the Bangladesh Health Watch since its inception in 2006. In addition, the School has bravely engaged in controversial topics, including work on lesbian, gay, bisexual, transgender, and queer issues, and as a result, at times, has been a subject of attack.

At the School, we wanted to create a working situation where it functioned with minimal interference, similar to the Columbia University Mailman School of Public Health, a fully independent institution as far as many of its management functions are concerned but still connected to the main university, including the awarding of degrees and diplomas. I was happy to find Sultan Hafeez of the BRAC Institute of Governance and Development on my side. In this, Abed Bhai and Vice Chancellor Jamilur Reza Choudhury were fully sympathetic. Abed Bhai brought this up at a meeting of the University Board of Trustees, which allowed the School and other graduate institutes to be given autonomy in terms of finance and human resource management. This went a long way for the graduate schools of the University to work independently.

In conclusion, establishing and leading the School for the initial five years was a terrific experience for me. This is one of my most satisfying engagements, bringing me closer to the world of global health and education. The School has done exceptionally well. We experimented with many innovative ideas, most of which were crowned with success. Within two years of its existence, the *Bulletin of the World Health Organization* published stories about the School, giving it the needed recognition. My three founding "colluders," Demissie Habte, Shahaduz Zaman, and Sabina Rashid, were super gems, and together, we "conquered" the world! My successors have been world-class leaders in the public health education field. In 2009, I left the school to join the Rockefeller Foundation in Bangkok. Tim Evans, an Assistant Director General of WHO, became the dean. After he left to become a Senior Director at the World Bank, Sabina Rashid, a longtime BRAC researcher, joined as the dean, a position which she held for a decade. In 2023, Sabina stepped down as dean to devote more time to scholarly writing and was succeeded by Laura Reichenbach, another global leader in public health. Her able leadership is taking the school to new heights in education, research, and advocacy for health. A recent publication highlighted the areas in which the school has excelled since its founding. The long list of accomplishments includes 700 students from over 30 countries, representing every continent, have completed their MPH; over 840 articles have been published in peer-reviewed journals; over 270 short courses



have been organized on topical areas; many faculty have won awards from home and abroad for their contributions in different fields; 150 global organizations (including WHO, European Union, UNICEF, and the World Bank) have funded over 255 research projects; and faculty members have been cited tens of thousand times in the previous five years. In addition, the school has moved into new and evolving areas, such as climate change, mobile financial services, and digital health, and established seven centers of excellence and research hubs.<sup>3</sup> The School has developed its own teaching faculty over the years. In 2006, for example, there were 27 faculty members who took part in teaching, of which 16 or 60 percent came from outside of Bangladesh. In 2024, this ratio has been reduced to about 20 percent. Kudos to my successors who helped to make this happen.

My hope is that the BRAC University and the James P. Grant School of Public Health will keep providing high-quality and relevant education and research for years to come.

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- <sup>1</sup> K.R. Thankappan. Public health schools without walls: a network addressing health equity. *The National Medical Journal of India* 13(4): 173-6 (2000).
- <sup>2</sup> Sjaak van der Geest, Nasima Selim and Shahaduz Zaman. Daily health concerns in Kakabo. Dhaka, James P Grant School of Public Health (2008). <https://dspace.bracu.ac.bd/xmlui/handle/10361/357>
- <sup>3</sup> The centers are: Urban health; Health systems and UHC; Nutrition and NCDs; Gender and sexual & reproductive rights; Implementation science and scaling up; Humanitarian research; and Environment & climate change.