



NEWSLETTER

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ALO BHUBON
TRUST

আলো ভুবন ট্রাস্ট

Cities are reopening, Lockdowns are lifting, and people are starting to feel they can glimpse a return, however slow and partial, to normal. But the pandemic has taught us a lot. We are questioning the very fundamentals of normal. For those who are grieving the loss of loved ones, have suffered a tragic and irrecoverable loss, I express my deepest condolences and thoughts to them.



I am glad that Alo Bhubon Trust (Alo-BT) grabbed the opportunity to get involved with the society during this critical time of pandemic even more than I expected; and managed to continue organizational activities with noble aspiration, courage and compassion despite facing a lot of limitations, we feel ourselves fortunate that our teamwork could bring it up. Our mission is to help our family, our community and last but not the least our nation through bringing enhancement in health, education, environment and cultural sectors. Alo-BT started a phenomenon of respecting each other's feelings and experience. I believe every individual in this world got an expertise. I want to use those expertise to help someone who is deprived or in distress.

I hope this issue of Alo-BT Newsletter depicting the activities in regard to various health and education programs delineated in the Newsletter will give the reader a clear picture of the principles for which the Organization stands and is actively working. In addition, valued readers will find dynamic articles on the newsletter. I extend my sincere gratitude to the editorial team and authors whose contribution enriched the issue with keeping up the hope to receive their support and brilliant write-ups in future as well.

I wish you all a happy life blessed with good health and peace of mind.

Thank You
Prof. Dr. Golam Abu Zakaria
Honorary Editor
and
Founder Chairman
Alo Bhubon Trust (Alo-BT)

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ALO-BT ACTIVITIES: AT A GLANCE

INTRODUCTION

Alo Bhubon Trust (Alo-BT) started its journey in 2017 by Prof. Dr. Golam Abu Zakaria with the motto of “Serving Humanity and Sustainable Development our Vision”. The Alo Bhubon Trust is aimed to promote health-improving, scientific and environmental projects as well as projects on education, agriculture and women development in Bangladesh. The Alo-BT is cooperating with national and international organizations with identical or similar objectives for implementing its projects on Health, Education, Research, Renewable Energy and other development sectors. This article emphasizes the activities and progress of various projects of Alo Bhubon Trust.

ONGOING PROJECTS

South Asia Centre for Medical Physics and Cancer Research (SCMPCR)

Alo Bhubon Trust is a non-governmental organization working for humanitarian and sustainable development purposes. The prime project of Alo Bhubon Trust is South Asia Centre for Medical Physics and Cancer Research started the journey in 2018 to improve the quality of cancer treatment. It has been constantly trying to create skilled human resources for cancer treatment through different categories of programs through national and international collaborative approaches. SCMPCR arranges meetings, seminars, workshops, hands-on training, in-service training, e-learning and awareness program with the national and international experts for the mass people and relevant personnel of the different fields in health sectors for communicable and non-communicable diseases, especially for the cancer patient. SCMPCR has introduced the e-learning programs during Corona pandemic from June 2020, for the first time in Bangladesh for cancer care professionals. Participants in the program were delighted and requested to organize more such programs frequently. Considering this, SCMPCR decided to organize three e-learning programs each year.

E-learning on Radiation Oncology

About 70 people from more than 27 countries got the opportunity to participate, where the expert trainers were from developed countries like Germany, Italy, Egypt, America. The fourth e-learning program has been completed till now.

Research on Artificial Intelligence

The mission of Alo-BT is to do collaborative research with local and foreign experts on to meet the goal in the socio-economic, scientific, technological, medical and environmental situation, megacities health, nutritional medicine, artificial intelligence etc. Alo-BT has already started to mobilize the component needed for research on Artificial Intelligence (AI) to the interested young generations. The different areas have been chalked out in respect to the recent problem of Bangladesh like the area of ICT education. According to this a group has been made named Artificial Intelligence Task Group Bangla (AI-TGBangla) for implementing research and education of AI. Where all the members of the group are Bengali from different countries world wide. The Artificial Intelligence Task Group Bangla (AI-TGBangla) started to prepare a manuscript for the publication on the current status and possibilities of AI implementation in different sectors of Bangladesh like education, research, industries, government and NGOs.

Alo-BT has planned to develop and e-cancer apps to make the available resources, information and services of cancer care within the reach of common people. The apps will be developed on the basis of AI to provide telemedicine services to the cancer patients in the rural areas of Bangladesh.

UPCOMING PROJECTS

Rabindranath Tagore Cancer Centre and Research Institute (RTCCRI)

According to the International Agency for Research on Cancer (IARC), about 160,000 people die of cancer in Bangladesh every year. World Health Organization (WHO) states that the number of cancer patients in the world will be doubled by 2030. Most of these cancers will be in third-world countries. Bangladesh is gradually incorporating the latest technology and services in cancer treatment. But city hospital-centric systems are failing to provide adequate cancer diagnosis and treatment to rural inhabitants. And the number of deaths due to cancer is also increasing as there is no diagnosis at the beginning. The cure can be found to a large extent only if the diagnosis is made early and the danger signs of cancer are communicated to the rural underprivileged common people.

The number of cancer patients is increasing day by day in the surrounding areas of Naogaon like the whole of Bangladesh. Although the government of Bangladesh has introduced general health care centres in these areas, there are no state-of-the-art cancer treatment/screening centres. In this case, it is very important to the detection of the cancer, and the primary health care centre, especially for the less aware people of these marginal areas. If cancer services can be brought within the reach of marginalized people, the people of Patisar, Naogaon and surrounding areas will be freed from the scourge of the disease.

Patisar a village in the Naogaon district and is well known for being associated with Rabindranath Tagore as a zamindar. Rabindranath Tagore first came to Patisar in January 1891. During his stay at Patisar, Tagore composed many of his creative works. Rabindranath Tagore established a primary school, a High English school called Rathindranath High School, a charitable dispensary, and Patisar Krishi Bank (1905) in the village. He established at Patisar a co-operative society for the development of agriculture, handloom, and pottery.

Professor Zakaria, Founder, Alo Bhubon Trust has a deep affection for Rabindranath and has long experience in various social work in improving the quality of cancer treatment in Bangladesh and health and education in Naogaon district. Following this, M Matiur Rahman Mamun, on behalf of the local people of Patisar, appeal for the construction of a cancer hospital and research center in Patisar on the initiative of Alo Bhubon Trust.

In this regard, Alo Bhubon Trust has decided to establish Rabindranath Tagore Cancer Centre and Research Institute (RTCCRI) at Patisar. Initially, we have decided to develop a cancer screening pathological lab and equipment with low resources. In the successive phases, we will set chemotherapy, radiotherapy set up.

Regarding the establishment of RTCCRI, A five-member delegation, including Alo Bhubon Trust general secretary Dr. Hasin Anupama Azhari and executive member Dr. Dewan Shahiduzzaman, have visited to the Patisar and met Naogaon deputy commissioner Mr. Harun Ur Rashid and inspected the potential site for the RTCCRI.



Members of Alo Bhubon Trust at Patisar Rabindra museum

Rahima Baniz Healthcare Centre (RBHC)

Ikarkuri village in Naogaon Sadar upazila is a model rural area that represents the rest of the villages in Bangladesh. The illiteracy rate is high among the population and inadequate health facilities and unhealthy living conditions exist. Women are disadvantaged in meeting basic needs, including health and family decision-making. Ensuring health education and healthcare is a challenge for the people of this region who are relatively less health conscious and disadvantaged.

There is a significant shortage of doctors in 11 upazila health complexes in Naogaon district. Not only in the upazila health complexes, there is also a shortage of doctors in the 100-bed Sadar Hospital. But every day about one and a half thousand patients come to the outpatient and emergency departments of the hospital for treatment. People meet their general medical needs with medicines and primary care from local pharmacists rather than physicians to avoid overcrowding of doctors and crowds of patients in government hospitals and other places.

One of the major objectives of Alo Bhubon Trust is to develop the basic healthcare facilities for rural underprivileged people. With the Initiative of Prof. Zakaria, Founder Chairman, Alo Bhubon Trust a Mother and Child Healthcare Centre was built in 2009 at Ikarkuri, Naogaon in collaboration with the Rotary Clubs Oberberg / Gummersbach, Germany. This centre was locally managed by the Torongo Multipurpose Development Centre. Its tasks were a) Infant care and child-rearing; b) Nutrition and health education; c) Hygienic management; d) Family planning; e) Medical care of pregnant women and their children; f) The implementation of important vaccinations. The rural population consults the centre for basic medical care including treatment by general practitioners, pediatricians and gynecologists. Since 1st July 2011, the health centre has started a mobile health service with the help of a new partner, the Kroener-Fresenius Foundation. It has served the whole Bolia Union. The main target was to help poor families, especially women and children in their everyday medical problems. This was the first hospital where the solar panel has established for operation, and other emergency procedures were done using solar light. The centre reaches approximately 50,000 people in the rural areas of Bolia Union till 2017.

Due to the sudden death of the CEO of the Torongo Multipurpose Development Centre Nasima Akter Jahan the hospital was closed because of the lack of adequate management, funding and corona pandemic. Considering the appeal from the local community, Alo Bhubon Trust has decided to reopen the hospital and provide primary health care and physiotherapy services to this rural underprivileged population with its minimal resources. It will meet the urgent necessity and serves the local population as well as fulfils a long wish of the village population. We hope that, we will able to make this centre a full-fledged hospital in future. Now our aim is to renovate the hospital under Alo Bhubon Trust as a project to make it suitable for healthcare services. The name of the renovate hospital will be named as Rahima Baniz Healthcare Centre (RBHC).

The RBHC will implement integral methods for providing primary health care and physiotherapy treatment and counseling to the beneficiaries among the rural residents of Ikarkuri and adjacent areas. The proposed project will bring positive health impact for the poor and marginalized people of Ikarkuri and other villages around. They will maintain themselves the preventative measures for their wellbeing. Their positive impact will motivate others to support them and to replicate such initiatives in other villages. The strategy to phase out will be made after collective decisions of the members and leaders of the community as well as beneficiaries. In the long run the centre will include mother and child healthcare facilities with the support of several national and international donor organizations.



Rahima Baniz Healthcare Centre

SOUTH-SOUTH COOPERATION: BANGLADESH EXPERIENCE

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INTRODUCTION

The dynamics of international development cooperation have been significantly transformed in the last fifty years. Following the rapid changes and the declining trends of Official Development Assistance (ODA), South-South Cooperation (SSC) is now recognized as playing an important role in the sustainable development and resilience of Southern countries as the complement to traditional North-South cooperation. SSC, based on the attainment of internationally agreed development goals, including the Sustainable Development Goals (SDGs), is meant to ensure developing countries' interest and their bargaining power in multilateral negotiations. It also gives them the opportunity to promote self-sufficiency among them and strengthen their economic ties. Moreover, the Outcome Document of the Third International Conference on Financing for Development has encouraged '....developing countries to voluntarily step up their efforts to strengthen South-South cooperation, and to further improve its development effectiveness in accordance with the provisions of the Nairobi outcome document of the High-level United Nations Conference on South-South Cooperation...' in the context of poverty eradication and sustainable development. The Outcome Document also committed developing countries to 'strengthening triangular cooperation as a means of bringing relevant experience and expertise to bear in development cooperation'.

Additionally, Sustainable Development Goals (SDGs) stresses the importance of South-South cooperation in implementing the post-2015 development agenda. Goal 17 "Revitalize the global partnership for sustainable development", in particular, places emphasis on the critical role of South-South and triangular cooperation in achieving this ambitious development agenda.

It has also set targets for South-South and triangular cooperation that target both technology and capacity building in which all countries have committed to achieve.

Considering the global commitment to development and renewed interests Bangladesh has successfully realigned its approach and strategies in regard to the development finance mobilization and cooperation. South-South cooperation has become essential for Bangladesh to take a more prominent role in achieving the SDG targets by 2030. At the same time, the role of Bangladesh as emerging economies and important contributors to change cooperation landscape must be acknowledged.

South-South Cooperation and Bangladesh

a. Bangladesh, since independence, has been striving for improving overall socio-economic conditions. It has targeted to be middle income and developed country by 2021 and 2041 respectively. In achieving these targets, the national development priorities have been identified and stated in the Government's Outline Perspective Plan 2010-2021 (For making Vision 2021 a Reality) and Seventh-Five-year plan (2016-2020) echoing with the SDGs.

b. Despite its vulnerability to global and natural shocks, Bangladesh has achieved remarkable progress in the areas of poverty alleviation, reducing the number of underweight children, increasing enrolment at primary schools, lowering the infant mortality rate and the maternal mortality ratio, improving the immunization coverage and reducing the incidence of communicable diseases.

c. Economic growth has accelerated greatly since the 1990s because of the accumulation of physical capital, an increase in size of the labor force, and to a much smaller extent, an increase in total factor productivity. In this context, it can be said that the target of halving the population living under the poverty line was already achieved in 2012. Bangladesh's progress in the social sector (education and health) is more noticeable than in countries like India, Pakistan, Nepal and Afghanistan. Latest in globally launched HDR of UNDP Bangladesh has moved one step up in ranking. However, here is no room to be complacent as financing gaps in achieving SDGs are quite significant. Secondly, achievement rates are not consistent in all target area; Therefore, for achieving SDGs, resource mobilization, capacity development and availability of appropriate technology is a huge challenge for Bangladesh. The current global economic crisis poses additional challenges in the near to medium term.

d. Bangladesh estimated an amount of \$6.23 trillion to achieve SDGs. Government proposes to mobilize 85% of the estimated fund domestically through innovative financing while 15% from abroad.

So, for minimizing the financing gap and leveraging crosscutting issues, Bangladesh maintains strong development cooperation with many non-traditional donors such as India, China, Kuwait, Saudi Arabia, United Arab Emirates (UAE), Turkey, Malaysia and Iran. It has also developed strong relations from traditional donors or Development Assistance Committee (DAC) member countries for the South, namely Germany, Japan and South Korea. Since 2001 Bangladesh has mobilized USD 2.16 billion through official assistance from non-traditional donors out of which USD 1.34 billion is loan and USD 819 million are grants.

e. The table below indicates types of SSC support.

Types of South-South Cooperation in Bangladesh

Country	Type of Support
China	Most aid in form of projects in -kind, Government Concessional Loan, Technical Co-operation and Scholarship.
India	Project oriented Technical Co-operation, Line of credit, Scholarships
UAE	Aid in the form of projects and Technical Cooperation. Direct bilateral support which sometimes may include budget support.
Kuwait	Mainly project and Technical Co -operation, sometimes budget support. Also provides debt relief.
Saudi	Mainly project-type assistance (but no Technical Co-operation), with programme aid, Arabia sometime budget support and debt relief.
Malaysia	Concessional Loan, Technical Collaboration, Scholarships

Modalities of SSC in Bangladesh

The Economic Relations Division (ERD), through its ten wings maintains external economic relations & resources, including with countries from the global South. Bangladesh is pursuing South-South Cooperation mainly through following mechanisms:

a. Regional Trading Arrangements and Bangladesh:

i. The South Asian Association for Regional Cooperation (SAARC) is one of the first few major regional integration initiatives in South Asia. The Preferential Trading Arrangement (SAPTA, 1995) and South Asian Free Trade Area (SAFTA, 2004) offers capacity building in trade related issues through training, export promotions, trade policy formulation and others.

ii. The Asia Pacific Trade Agreement (APTA) offers tariff concessions on specified products by member countries (Bangladesh, India, Sri Lanka, China, the Republic of Korea and Lao People's Democratic Republic, Nepal, Philippines, Mongolia). Under this agreement Bangladesh has received 100 % tariff concessions to 83 items from China and to 139 items from Republic of Korea.

iii. Under the BIMSTEC (Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation), in case of First Track products, non-LDCs will open up their markets for the products of LDCs in 1 year and LDCs will do the same for non-LDCs in \$ years. Bangladesh, being an LDC still enjoys special and differential treatment.

iv. The Preferential Trade Agreement (PTA) among D-8 Countries is an arrangement for development cooperation among the member countries: Bangladesh, Egypt, Indonesia, Iran, Malaysia, Nigeria, Pakistan and Turkey. D-8 was officially established by the Summit of Heads of State/Government in Istanbul on June 15, 1997, Through PTA, Bangladesh is able to improve its positions in the world economy, and diversify and create new opportunities in trade.

v. Impacts of regional trading arrangements are well reflected in the levels of FDI flows from countries from global South which has doubled from USD 518 million in 2008-09 to USD 963 million in 2012-13.

b. Bilateral Trade Relations among Countries from global South

Bangladesh has established bilateral trade relations with about 40 Southern countries. The share of Bangladesh's export to all Southern countries increased from 10 % in 2000 to 16.2 % in 2010 though the share of export to top 10 South countries in the total export fluctuated. It was 77.2 % in 2000, declined to 73.7 % in 2005 and increased to 74.5 % in 2010.

c. Bilateral Financial Assistance from Global South

Top partners from the global South for bilateral financial assistance include China, India, Kuwait, Russia, South Arabia, Turkey and UAE. China also supports Bangladesh through in kind support. India has been providing support mainly through a Line of Credit (LoC). Japan has disbursed USD 4860 million as its ODA support to Bangladesh to date.

d. SSC Technical Assistance

i. Bangladesh is getting technical assistance mainly from China, India and Malaysia through scholarships and training programs under Technical & Economic Cooperation (TEC), Technical Cooperation Scheme (TCS) of Colombo Plan, SAARC and Indian Ocean Rim Association (IORA).

ii. China provides 70 scholarships of various kinds to Bangladesh nationals each year. India offers 185 fellowship under ITEC and 35 fellowships under TCS of the Colombo Plan also every year to Bangladesh. India also extended 200 scholarships for Higher Secondary-level students and 500 scholarships to Graduate-level students on an annual basis. Malaysia through the Malaysian Technical Cooperation Programme (MTCP) shares its development experiences and expertise with Bangladesh. It also provides fellowships to Bangladeshi students under Malaysia International Scholarship (MIS) for Postgraduate & Postdoctoral Studies.

Bangladesh's contribution in the south-south cooperation

i. Bangladesh has been contributing in different issues of the south countries. Some of the Bangladesh's success has already been acknowledged by the international communities and considered as best practices by many of the southern countries (UNDP,2020).

The contribution and cooperation cover the following areas:

ii. Bangladesh has reached many Asian and African countries to promote micro-credit. BRAC works for poverty reduction and for improved livelihood of the poor. The programs have been scaled up towards Afghanistan, Pakistan, Philippines, Sri Lanka, Liberia, Sierra Leone, South Sudan, Tanzania, Uganda, Haiti.

iii. Bangladesh Army started its journey in the UN peacekeeping mission in 1988 with 15 observers in UNIMOG (Iraq-Iran). Since then, it is maintaining its dominance as a leading troop contributor country in UN peacekeeping. Bangladesh Armed Forces has so far participated in 54 peacekeeping missions in 39 countries. A total of 113358 members from Bangladesh Armed Forces have participated in the noble task of peacekeeping including Army (106326), Navy (2833) and Air (4099).

Support regional countries to implement as DHIS2 national health management information system (HMIS) of Timor-Leste and Maldives. The main guiding principle of the cooperation is to replicate the best practices and learnings from Bangladesh to the recipient countries. Under a memorandum of understandings (MOU) Immunization Experts provided supports in planning, training, data management, monitoring and assessment of immunization program in India, Pakistan, Myanmar, Nepal South Africa, Timor-Leste and other southern countries.

iv. A team of experts in clinical management and epidemic control from ICDDRDB (International Centre for Diarrhoeal Disease Research, Bangladesh) went Haiti in November, 2010 to assist International community in managing the island's cholera epidemic. The team trained up the local people so that Haiti's health authorities are equipped with the skills and knowledge necessary to manage this, and any future, outbreaks. They also provided training on clinical case management and assist with establishing treatment center's in the most affected areas, and also extended support to Cuba, Russia, and Japan,s vaccination program on Hepatitis B.

v. UNDP supported Access to Information (a2i) Programme of the Prime Minister's Office (to implement the government's Digital Bangladesh Vision 2021 agenda) created replicable opportunities for South- South and Triangular Cooperation. These opportunities include 4,500+ Digital Centres at the grassroots serving millions of underserved citizens; Multimedia Classrooms in 27,000 schools improving education for millions of students; the National Portal connecting 42,000 offices of the government featuring unprecedented transparency; Service Process Simplification to reduce citizens' time, cost and number of visits to government offices; 1,000 Innovation Teams and Service Innovation Fund supporting hundreds of innovations within the government and private sector.

The achievements of Digital Bangladesh were recognized through prestigious World Summit on the Information Society (WSIS) awards given to Bangladesh in 2014 and 2015. Lessons from the Digital Bangladesh experience may also be of interest to Southern countries facing similar challenges. a2i is already supporting the Government of Maldives to build Digital Maldives through Access to Information Programme, the Maldives. Moreover, discussion is ongoing to replicate the model for public service innovation (a2i experience in Bangladesh) in other countries like Bhutan, Sri Lanka, Nepal, Mongolia, Fiji, Peru, Paragva as well as in Kirgizstan.

United Nations Office of the South-South Cooperation (UNOSSC) has been incorporated five innovative development solutions of Bangladesh which are Union digital center, SDG Tracker, Empathy Training, Service Innovation Fund and Time Cost Visit (TCV) model in the UN Global Publication on Best Practices.

Harnessing Benefits from SSC: Challenges for Bangladesh and Way Forward

The overall picture emerging from South-South Cooperation is encouraging and Bangladesh has proven its potential to be the leader of south- south cooperation. There are, however, a number of issues that should be addressed to achieve their full potential and a better alignment with country priorities:

i. It has not been easy for the GoB to align some of the main sources of SSC with country priorities. A large proportion of SSC is supply driven and Infrastructure accounts for more than 55% of south south cooperation projects. In fact, most of the investment is concentrated manufacturing and infrastructure development and other key national development goals, like education, skill development, health & others are likely to be ignored.

ii. Government is taking steps to improve value for money of SSC, but there is still some way to go. Value for money has been an issue that also concerned the government, especially for loan- based support from SSC suppliers

iii. As in many other countries, availability of quality data and information about SSCs is a problem. Lack of systematic analysis and data collection for SSC undermine the government's capacity to manage these funds properly. This has also the negative consequences for development partners as it is difficult for them to have an informed perspective of the results obtained with their cooperation.

iv. Need for a framework for better organization of information. A number of ambitious ideas & plans of actions have been laid out for SSC. Despite promising potential, one of the challenges for developing countries remains how to effectively implement such plans. There is a need for a framework for better organization of information that would provide the basis for better decision making, effective strategies, and establishment of seamless procedures & credible institutions

v. Bangladesh is planning to set up a south-south knowledge and innovation center which would provide a platform to it and other countries to co-create solutions addressing challenges, they face in advancing technology transformation, particularly emanating from 4IR, share their innovative practices and identify experiences which could be transferred, replicated and scaled up.

vi. Diaspora of the south, which possesses a wealth of knowledge and experience, is expanding across the globe, SSC can be a platform to work closely in their countries of origin and play a more meaningful role in their development.

vii. Bangladesh severely unequipped to treat cancer. To develop framework for cancer treatment of 1.5 million cancer patient by providing technology, expertise and sharing experience, South-South Cooperation and Triangular Cooperation may be the best option for development cooperation.

viii. South-South Cooperation opens up a new window of opportunity for Bangladesh. Bangladesh has got initial endorsement for graduating from LDC. It is important to note that all the benefits that is now enjoying as LDC will be continued till 2024- the year of probable declaration. However, the dual graduation will also entail formidable challenges. LDC graduation will result in loss of preferential market access to the traditional Northern markets. As such, Bangladesh will need to search for new markets. The Southern markets have so far been largely untapped. SSC could open new opportunities for product diversification and market diversification.

ix. New sources of finance regarding countries and also institutions may be explored. Three are issues of overlapping impact of LDC graduation and graduation to LMIC on concessional financing. There is also a huge possibility of escalation of Bangladesh's cost of borrowing. Alternative financing sources for projects and programs may be explored. SSC will become important in the context of these new sources of finance in terms of countries (China, India, etc.) and also institutions (such as AIIB).

x. Leverage towards regional integration and global integration. Bangladesh attaches importance to the institutional arrangement, long-term capacity development and to create effective knowledge sharing among the countries of the south- North has vital roles to play. SSC can make North South Cooperation (NSC) more effective through triangulation. For example, Bangladesh can combine technology transfer from the North with infrastructure development from the South, and leverage the two towards regional integration and global integration.

xi. Bangladesh will also need to increase its negotiating capacities to deal with the tools of SSC (new financial institutions, financial instruments, triangulation, etc.). Bangladesh should ensure that SSC areas are well prioritized, and that funds are well managed and does not come with debt-stress or debt-trap.

xii. Bangladesh is now preparing its 8th FYP and Perspective Plan (2021-2041). Bangladesh is implementing the SDGs which talk about SSC as an important vehicle of implementation, as regards a number of goals and targets. By strategically talking advantage of SSC, Bangladesh can gain significantly in its journey in the 21st century.

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INTERVIEW OF

PROFESSOR DR. GOLAM ABU ZAKARIA

on Channel I regular program of Positive Thinking entitled 'Speaking from Germany'
(Date: 30th March 2021 and Time: 10 PM (BST))

Presenter:

Dear audience, Assalamu Alaikum. Welcome everyone I am Habibur Rahman Helal from Germany on Channel-i's Positive Think program. Today I will talk to an expatriate Bangladeshi Scientist Prof. Golam Abu Zakaria who has been living in Cologne, Germany for 48 years, whose activities are much appreciated in Germany as a Bangladeshi. Let's hear the story of his life. Professor Zakaria, thank you for joining us.

Prof. Dr. Zakaria:

Thank you very much for inviting me on this day of such a glorious year. This year is very important for Bangladesh. This year, Bangladesh is celebrating the 50th anniversary of independence and the centenary of Bangabandhu's birth. I want to start today's discussion with great remembrance of these historical events. I extend my best wishes to all Bengali speaking viewers and many thanks to Channel-i and you for giving me the opportunity to speak on this occasion.

Presenter:

You were one of the first batch of students to come to Germany after Bangladesh became independent. You have been able to build an exceptional career among the Bengalis in Germany. I would like to hear about how you started your journey of education in East Germany at that time.

Prof. Dr. Zakaria:

That was a long time ago. 1972, I remember it was October 20th 1972. I said goodbye to my family and friends at Tejgaon Airport and left for Germany on an East German plane called 'Interflug'. Inside that plane we were 5 scholarship holder students from Bangladesh. We had a total of 14 scholarship holder students, 9 of whom had already left. We left later because we didn't get the news from the German embassy. On that plane with us there were many wounded freedom fighters and many people of other professions who were going to East Germany for education. On the 21th October 1972, we arrived at Berlin Airport. It was winter, and we had a new experience. We were

amazed to see the boys' long hair there. A teacher from the language institute picked us up. We arrived with him in the town of Leipzig, where our German Herder Institute of Language Education of the Leipzig University (Founded 1409) is located. You know, at that time the Herder Institute taught German in East Germany and the Goethe Institute in West Germany. Herder was a famous philosopher and writer. We came there late at night. After arriving there we spent the night, the next morning we went to class. When we went to class, we met the rest of our friends there and students from different countries of the world whom we had never seen before, students from Africa, Asia, Latin America, more different countries. We started our German class.

At first, I thought we would learn German through some dictionary or with the help of English, but they said no. Even baby can learn language without using a dictionary. This is like a new method; the German language was started on the first day without the help of English. There we had a one-year course in German. Of which, three months for a basic course where everything was taught in German, and later nine months' timeline was conducted by the language according to each of our subjects. As my subject was physics, so I was taught the language in such a way that I could study physics well. Another very important thing during our one-year course there were educational tours. We were taken to various important places in Germany almost every week. After completing our one-year course, everyone went to university according to their subject. I went to study Physics at the Martin Luther University Halle-Wittenberg (Founded in 1502) in 1973. You know Halle/ Saale is a famous city in Germany, the city of university, research institutions and academies. At that time there was no Bachelor's or Master's degree in Physics in Germany, at that time it was called a Diploma. There I studied Diploma in Physics which was a 5-year course. In 5 years, we get a single degree by combining Bachelors and Master's degrees. At that time, we were sent abroad for practical, sent to different industries, various research projects were done, all these things were done so that after becoming a physicist we become capable enough in real research and professional life. That's how I got my university graduate degree in 1978.

Presenter:

How did your educational life and going abroad for higher education attract you before you came to Germany? The tendency to emigrate from newly independent Bangladesh was much less at that time. I want to know about this.

Prof. Dr. Zakaria:

I was born in 1953 in a respected Haji Family of a small village. Our village, Ikarkuri, is 3 km away from Naogaon city. I visited to a primary school in the village Dhamkuri next to it till class five. After being first in class, I was admitted to K.D. High School in Naogaon (Established 1884).

The school was only 3 kilometers away from our village. From 6th to 10th class, I walked to school. It is a famous school in Naogaon, many great people of that era studied here. For example, Humayun Kabir (1906-1969), who later became the Education Minister of India, was a student of this school. Notably, his novel 'Nodi o Nari' has been translated into German. A hope awakens us that we can do something big as well. I passed Matriculation (SSC) from K.D. High School in 1968. I was ranked 10th in Rajshahi Board. My results in science subjects were very good but I got 10th position because in English and some other subjects I got relatively low marks. Anyway, after passing from there I got admitted in Rajshahi Government College (Established 1873) in 1969, which is one of the best colleges in North Bengal. It was in Rajshahi College that the horizon of my knowledge was truly opened. That time was the era of mass movement in Bangladesh. Dr. Md. Shamsuzzoha (1934-1969) killed in that movement. I was in Rajshahi at that time and I still remember Bangabandhu Sheikh Mujibur Rahman (1920-1975) paid homage to that place with flowers. I also had more different experiences in Rajshahi. In 1970 I passed from Rajshahi College. The funny thing is that even in Intermediate (HSC) I placed 10th in Rajshahi Board. Then, like other middle-class families in Bangladesh, I was asked by my family to study engineering or in medical. Then I decided to study engineering. I also applied to study in the physics department of Dhaka University (Established 1921). At that time, I started studying at BUET (Established 1962). I used to live in Quaid-e-Azam Hall of BUET, now it has been named Shaheed Titumir Hall. That's where those turbulent days of 1970 were spent. I was there during Bangabandhu's speech on 7th March 1971, from where I had the opportunity to see him up close. On that day, Tikka Khan became the Governor of East Pakistan. It was certain that we would face a lot of trouble on Tikka Khan's arrival, so we were told to leave the hall. Then I left the hall and went to Naogaon, Bangabandhu's speech could be heard everywhere. In Naogaon we continued to do much more, including theater, music, in promoting the liberation war. When military came to Naogaon, their violence started there. Then I took my family to the Naogaon border in the direction Balurghat. While staying there, I did various things to help the people of refugee camp. I myself had survived death twice. One night my mother said, the Pakistani army will come, get out of the house and save your life. I went out and hid in the sugarcane field. I saw the armies but they did not see me. I wasn't cautious about they would have shoot me if they saw me.

When we came to our house from the border area of Naogaon, we saw that our whole house had been burnt down, nothing was left. My parents were devastated. I returned to Dhaka a few days later. Shortly after my return, I came to know that after the liberation war of Bangladesh, scholarships were being given to various socialist countries like Russia, East Germany, Poland, and other countries who helped us a lot during the war. My future plan at the time

was to teach engineering after completing my Engineering degree, but when I saw many of my classmates submitted application for scholarships, I applied too. Luckily, I got the scholarship from East Germany. Then I came to East Germany which I have already described, though I did not have any plan to study abroad at that time. I had the thought that I might go abroad for Ph.D. after finishing engineering, but I didn't think I would be able to go after college study. My mother was very worried about how I would be able to live in such an unfamiliar country at such a young age, in a country where I don't know anything about the environment or eating habits. But the desire to conquer the world arose inside us after independence which didn't allow us for being feared. When I came to Germany, I knew only two German words, one is Kindergarten and the other is Lufthansa. Besides, I didn't know any other German word. That's how I got my scholarship to go to Germany.

Presenter:

There is a huge difference between the scholarships given that time and present time by the German government; I think many students would be benefited from you, if you could say something in short.

Prof. Dr. Zakaria:

We officially got the scholarship after passing intermediate class. Coming to Germany we graduated in German language and as a result, we have been benefited a lot from being established in Germany. But now most of the students who are coming to Germany aiming to do Masters and it is in English, which makes them not proficient in German and therefore it is very difficult for them to get established and get a job in Germany. Some gifted students may work in various research institutes, but it is not possible for passed students without German language skills. So, it is seen that most of the students move to countries like USA and Canada after graduation from Germany.

You know there is no study fees for education in Germany, which is a beneficial aspect for our students. Another thing I would like to say is that we used to get state scholarships then but now there are no state scholarships to study in Germany. Now the students have to get scholarships on their own initiative. For example, the German government has DAAD Scholarships, as well as Humboldt Scholarships for talented scientists. Many scientists in our country, especially agriculture scientists, receive this Humboldt Scholarship. Another thing I would like to add here is that the government of Bangladesh has introduced a scholarship called Bangabandhu Scholarship. If you apply for a suitable subject under a foreign professor, the Bangladesh government will give you the Bangabandhu Scholarship. Students of Bangladesh will also be able to go to different countries through this scholarship. I would say to the students, Germany is a very promising country, all the facilities of research on various subjects are available here,

and the students of Bangladesh should take this opportunity. Already many students are making a very good position in Germany. However, they must acquire language skills.

Presenter:

Tell me about starting your job in Germany after graduation. Was it difficult to get a job at that time?

Prof. Dr. Zakaria:

My case is a little different. I did my Diploma in Physics in 1978 which is equivalent to the current Master's degree. When I was doing my Master's thesis, my professor told me to start my Ph.D. in East Germany because my work was so good. After starting my Ph.D., I had to get official permission for the scholarship for which I wrote an application to the German government. But it was officially announced that they had an agreement with the Bangladesh government that a student would not be given more than one scholarship. So, it was not possible for me to do my Ph.D. there. However, during my thesis, I had contact with the famous medical physics professor Benno Markus (1921-1989) of West Germany. I wrote to him about my Ph.D. scholarship. That was in 1979, he told me to start working (post graduate study) with him, but he would retire the next year, so it would not be possible for me to finish my Ph.D. there. Yet I went there to start work. I started Postgraduate research at the University of Goettingen (Founded in 1734) under Professor Markus. You know, the University of Goettingen is known as the University of Cambridge (Founded in 1209) in Germany. Things like quantum mechanics had been discovered here. I already had the desire to work there. It was here that I met Professor Dietrich Herder (1930-2019), another famous medical physicist from Germany. He later became my favorite and we have been able to do a lot of work and research together for a long time. Then after working for a year under Professor Markus, he gave me the addresses of two other professors, one was Professor Kiefer of the University of Giessen (Founded in 1607), and the other was Professor Dieter Fehrentz (1935-2020) of the Heidelberg University (Founded in 1386). The city of Heidelberg is my favorite. If the University of Gottingen is the University of Cambridge in Germany, then the University of Heidelberg can be called the University of Oxford (Founded in 1096) in Germany.

Studying and starting a career at these two prestigious universities in Germany as a foreign student is a big chapter of my life. I began my Ph.D. in 1980 at the University Hospital of Heidelberg under Professor Dieter Fehrentz. This time I had to do three things. You know that I am a medical physicist, I don't just have to do a Ph.D., I also have to do various residency programs. At the same time, I had to do an assistantship there. In other words, residency, assistantship, and Ph.D., I have completed these three jobs through a lot of hard work. I have done some of my work at the famous

German Cancer Research Center in Germany (DKFZ, Founded in 1964). I am indebted to Professor Wolfgang Schlegel (1945-) and Professor Walter Josef Lorenz (1932-) as my co-supervisors here. Note to mention that the director of the center, Professor Harald zur Hausen (1936-), won the Nobel Prize in Medicine in 2008 for his discovery of the papillomavirus. His discovery is protecting hundreds of our women from genital cancer today. I had a good relation with him and travelled to an international conference in Tanzania as a member of his team. Another thing is that, the center trained the first 4 batches of master students from the Gono University under the German government scholarship DAAD in 2003-2006 and they completed the clinical part of their master's thesis. These students are currently working as pioneer medical physicists in various universities and hospitals in Bangladesh and are contributing to the treatment of cancer in Bangladesh. And the thing that has been very helpful to me in Heidelberg is that in eighties, I had the opportunity to work as a member my professor Dr. Josef Bille who was preparing to establish the Department of Medical Physics at the University of Heidelberg. How a course is designed, how the curriculum is fixed, I have learnt all these things there. This experience helped me a lot to establish a medical physics department in Bangladesh.

Presenter:

How did you become interested in medical physics, then how did you finish university? Did you face any difficulties at that time?

Prof. Dr. Zakaria:

This is an interesting question you have asked. Here I will tell you how an event changes people's lives that have happened in my life. How did I get into medical physics? When I was a second-year student at Halle University, I suddenly noticed one day that everyone was running towards a common direction. Without realizing it, I followed them to see where they were going. Then I went there and found that there is one of the oldest science academies in Germany, even in Europe, called Leopoldina (Founded in 1652); a professor had come to give a lecture in this science academy. He was a German professor, but he left Germany during the reign of Hitler because he was of Jewish descent. His name is Max Delbrueck (1906-1981). I went there. He was the first man in the thirties who proved that the genes in our bodies are actually a combination of an atom complex. He was a famous physicist and after listening to Niels Bohr (1885-1962) he came to do research from physics to biology and revolutionized biology. He and his team won the Nobel Prize in Medicine in 1969 for their work. Another physicist wrote a book based on the research that Max Delbrueck did. All of us who have studied physics or chemistry know him, he is Erwin Schroedinger (1887-1961). The name of this book is 'What is Life'. Most physicists and chemists are attracted to biology after

reading this book. Then molecular biology was born and also became the subject of physicists and chemists. James Watson (1928-) and Francis Crick (1916-2004) won the Nobel Prize in 1953 for their research in molecular biology and later for their discovery of the structure of DNA.

Delbrueck gave a lecture on biology there. I was amazed to hear how a physicist lectures on biology. At the end of his speech, he said, physicists no longer need to be at the forefront of research with the atom bomb, they need to come to the work of medicine. The words got stuck in my head. It wasn't until I heard his speech that I knew that physicists could also work with medicine. I thought that if we studied physics, we would be physicists like Newton (1642-1726) and Einstein (1879-1955). The great hopes of childhood would peek into my head. Then I got the news about the medicine that physicists work in. One of my uncles had been living in Great Britain. When I informed Dr. Golam Mostafa, he advised me to study this subject. Then I started studying in medical physics and am still working.

When I entered this subject, there was no medical physics at Halle University. I expressed a strong desire to study medical physics to my professors Dr. Dr. Gunnar Berg (1940-) and Dr. Fritz Froehlich. According to their guidance, I started studying medical physics and they fixed me in the hospital for my thesis work. Prof. Berg became the Vice Chancellor of the Halle University and later the Vice President of the National Academy of Sciences (Leopoldina). I met my clinical supervisor at the University Hospital. I did my thesis on medical physics under Dr. Detlef Salewsky (1942-2020) where I developed an ionization chamber. At that time, it was not easy to do a medical physics thesis on one's own initiative. Later, in 1996, the subject of medical physics was introduced in Halle University. There I was invited as a guest to the 10th anniversary of Medical Physics Department. The events of that difficult journey in medical physics in my time were shared with everyone at the event on that day. That's how I am a medical physicist today.

Presenter:

We heard you did a special job in the Master's thesis. That was far-reaching for the hospital. Please tell me about the issues.

Prof. Dr. Zakaria:

There are good times and bad times in people's lives. When I went to the hospital to do my thesis, I was given a task on a newly purchased linear accelerator (Linac) machine. Linac is the mainstay of radiotherapy and cancer treatment. Towards the end of 1977, I started my thesis work with the construction of a detector. At that time there was no detector to measure the electron radiation in the Linac machine. I was asked to construct a detector. With a lot of hard work, I was able to make that detector (plane-parallel ionization chamber). It's surprising to think that the detector I made had to go to the famous charity hospital in Berlin for

calibration. The journey was not easy at all. It is thrilling to think about how I arranged all the things as an unexperienced student.

Cancer treatment gets hampered if the radiation dose given to a cancer patient is not measured properly. I have been able to measure the radiation dose since I made this detector. Later I heard that the detector I had made had been used at Halle University for 10 years. The detector created by a student's master thesis is really very fortunate to have been used for so long in a reputed university in a country like Germany.

Presenter:

We heard that you did higher research at the University of Heidelberg and finished your PhD there. Please say something about that.

Prof. Dr. Zakaria:

You know, the University of Heidelberg is the oldest (founded 1386) and a famous university in Germany. At that time Germany also was at the childhood phase of medical physics. In the late 1980, I joined the medical physics department at the Heidelberg University Hospital. At that time treatment planning systems were not made commercially. We had to make it ourselves. When I went to Heidelberg, there was one program for oral and lung treatment, its accuracy was not so good. I was asked if I could develop the program as needed. I said, 'Give me the program, I'll try.' Then I developed the program under my thesis. I was able to do this with a new algorithm. By applying a pencil beam, I did the program. Today this matter is known to medical physicists. I later heard that it was used in Heidelberg more than 10 years till buying a new commercially treatment planning system. It is a matter of great pride for me. That's why many people tell me that the work I did in my Master and PhD thesis have been well recognized as very useful in the hospitals. Being able to do something new, which is very useful for the patients, gives me immense happiness.

Presenter:

Then you moved to Cologne and started your professional journey there, please say something about it.

Prof. Dr. Zakaria:

While working at the University Hospital of Heidelberg, I heard that a vacancy had arisen at the new Klinikum Oberberg in Gummersbach (Founded 1985) of the Cologne University (Founded 1388). Then I joined there in 1986 and established the Department of Medical Radiation Physics in 1987 and got the position of the chairman of this department. That was a new and prestigious position. I had to do two works together. One is to treat patient in the hospital. You know that one of the tasks of medical physicist is to work with a team. The team will include radiotherapists, radio-diagnostic doctors, medical

physicists, technicians, all of whom together treat cancer. This is actually my main job and I have also taught university students. Thus, carried on teaching on one hand and did clinical work on the other. In my life I am very happy that I have been there for almost thirty years and in these thirty years, directly or indirectly I have been able to treat about fifty thousand cancer patients. Moreover, I have been able to produce innumerable students from different countries of the world. Our research has been of good use to cancer patients at home and abroad.

Presenter:

We know you set up a department in Bangladesh. Please Professor tell us something about it.

Prof. Dr. Zakaria:

We are the children of the war of independence. I was only 17 years old at that time of 1971. We have witnessed the most difficult time during our liberation war and actively took part in it which has changed many aspects of our lives. In our time, those who got scholarships, they would go in groups to say goodbye to Bangabandhu Sheikh Mujibur Rahman. Bangabandhu used to tell everyone, 'I hope you will return to the country after finishing your studies and contribute to the development of Bangladesh'. Bangabandhu's words still reverberate in our ears. When we came to Germany, we had to hear the things that Bangladesh was a poor country, a country of cyclones. Listening to all this, the thought worked in my mind that we will prove and spread that our country also has its own culture and we are children of an ancient civilization. We have created a new independent country by fighting. It was as if we had all become undeclared ambassadors. Everyone was trying to figure out how to improve the image of Bangladesh. Today the position of our country is far ahead. I never imagined that Bangladesh of 1971 would come to this level today; the country that Henry Kissinger once mocked as the "bottomless basket." But the thing to be proud of is that now Bangladesh is considered as a country of role model. In this journey, many people of our country have contributed. The present Prime Minister of our country is working to take the country forward. Now we don't have to hear that our country is a poor country, peace of mind works in this regard. I wanted to do something for the country from my place. In Germany, my subject was medical physics. My experience in Heidelberg was how to open a subject at a university. I saw that there is no medical physicist in our country. Cancer is treated only by radiotherapists and technicians. Curry without salt is tasteless, same as advanced medical treatment of cancer is ineffective without medical physicists. The doctor will tell you where the tumor is in the body of the cancer patient and how much radiation dose should be given there. But whether the dose is going to the right place, whether it is reaching properly, whether all the normal cells in the vicinity are protected from damage, these tasks are

done by the medical physicists. In a country where there is no medical physicist, it is not possible to give cancer treatment in radiotherapy.

Thinking about all this, a tendency pressed on my head. The strong morale to establish medical physics in Bangladesh worked for me. Since I have worked on this in Germany and I have the skills and experience, I think I can do the job. Then I contacted various hospitals, BUET, Dhaka University about this. I did a lot of seminars and workshops with German professors in Bangladesh especially in BUET in the '90s (1996-2000). In these seminars I had two German companions, they were my colleague Dr. Karl- Heinz Hoever from Heidelberg and Professor Ulrich Quast from Essen and the local organizer Professor Gias uddin Ahmad from BUET and Dr. Reza Hussain from Delta Hospital and their team. Prof. Quast later became one of my best friends and promoter and we did a lot of work and research together for a long time.

I have tried to open a medical physics department in BUET and Dhaka University. Unfortunately, it was not possible to open the said department in a public university. Till now the public universities do not understand the importance of this subject. At that time the activities of private universities have just started in Bangladesh. Many advised me to talk to private universities about this. Then I went to three private universities (North-South, Gono University and an another). Among them, the conditions of the Gono University were our choice. There were also some facilities such as Gonoshasthaya Medical College, very close to Jahangirnagar University and Atomic Energy Commission which could play an important role in the development of the Department of Medical Physics in Gono University.

Then in 2000, we started the Department of Medical Physics and Biomedical Engineering at Gono University. This would not have been possible without the sincere cooperation of Dr. Zafrullah Chowdhury, the founder of this university. In 2001 I was able to establish a cooperation with the famous 600-years-old Heidelberg University (Founded in 1386) with this new founded Gono University (Founded in 1998). We made the impossible possible, a milestone for medical physics in Bangladesh. We have been working since then and are taught internationally by teachers from home and abroad. So far, we have taken more than 80 students/ teacher/ Medical physicists/ medical doctors to Germany for training. Many experts and medical physicists around Germany especially Dipl.-Ing. Volker Steil, Professor Guenther Hartman, Dr. Frank Hensley, Prof. Wolfgang Schlegel and Prof. Frederik Wenz have helped us with great arrangement. You will be surprised to hear that so far about 48 Master and 186 Bachelor students have come out of our department and there is no cancer hospital in Bangladesh now where we do not have a medical physicist. They are constantly there with medical doctors and technicians providing quality treatment to cancer patients. This has led to the development of medical physics in this country.

Many people in Bangladesh including medical physicists, radiotherapists and hospital administrations of different hospitals have supported us very strongly. Nonetheless, the person who has been working with me in this department in Bangladesh, she is Dr. Hasin Anupama Azhari. It would not have been possible to do this at all without finding such a dedicated and hardworking person. She has been selflessly holding the helm of the department since 2005. I also should not forget another name Mr. Delower Hossain, the former registrar of the Gono University who always helped and supported us when we needed.

And I think of this was a big job in my life. I feel lucky as a Bangladeshi because I have been able to contribute a little for the country. I thank my family for standing always by my side and support to all my contributions.

Presenter:

What are your next plans?

Prof. Dr. Zakaria:

I retired from my workplace in August 2019. It has taken a lot of time. I have teamed up with two international organizations to use this time. One is the International Organization for Medical Physics (IOMP), where I am the Vice-Chairman of the Accreditation Board and the other is the International Medical Physics Certification Board (IMPCB), where certification takes place- In countries around the world where there is no Medical Physics Certification Board, we international experts work together for this certification.

One of my thoughts was whether more could be done for Bangladesh in the time I would get after retirement. From there I planned some work structurally. According to that plan, in 2017 I founded an organization called Alo Bhubon Trust (Alo-BT). Through this organization, we are working on three issues- health, education, and energy. We have come a long way in terms of health. We set up a center in Bangladesh in 2018 called South Asian Center for Medical Physics and Cancer Research (SCMPCR). There doctors, physicists and technicians involved in the treatment of cancer are trained. It is not a very difficult thing to buy a machine for cancer treatment in our country, because there are many rich people in our country besides the government. But the problem is the lack of skilled manpower in this country. The government must or will pay attention to this matter. We also want to be partners in this work. The South Asian Center for Medical Physics and Cancer Research- At the Center, we jointly train cancer-related manpower from South Asian countries (India, Nepal, Bhutan, Sri Lanka, Pakistan, Maldives, and Afghanistan) to build manpower in these regions and it is possible to create truly skilled manpower through the exchange of knowledge among themselves.

My birthplace is in the Naogaon district. There is a place of work of Nobel Laureate poet Rabindranath Tagore in Patisar.

Rabindranath Tagore worked there on many subjects including education, health, and agriculture. At the request of the people of the area, I made a sculpture in Patisar in 2011 on the occasion of the 150th birth anniversary of Rabindranath Tagore with the help of Germany. Since then, I have developed a good friendship with the people of Patisar, especially with Rabindra memory collector and researcher M. Matiur Rahman Mamun. People there tell me that since you work with cancer, build a cancer center in our area. But I wondered how it is possible in this remote rural area. Our Bangladesh government also wants these works to be done in different rural areas of the country. I then reassured them and expressed a desire to build a cancer center there. First, we will do a screening and awareness center there and with time, opportunity, and survival it can one day be turned into a full-fledged cancer center. In this, the help of government, private, domestic and foreign is desirable. There is a lot of cancer hospitals centered in big cities like Dhaka, Chittagong, Rajshahi etc., but not many in rural areas. That is why we have such a plan.

This is my dream, the dream of the people of the village- if we can do something for everyone's dream, then in addition to education and training in Bangladesh- we can make a direct contribution to the treatment of cancer patients. Now I am working towards this goal.

Presenter:

Thank you sir for this interesting and fruitful discussion. We hope to you again

Prof. Dr. Zakaria:

Thank you once again for the invitation

This bangla interview is composed and translated in english by Jannatul Ferdusy Soma and Farzana Akter Zeba

POLLIPATHSHALA: AN APPROACH TO DEVELOP SKILL MANPOWER IN RURAL AREA

KAZIM UDDIN OLIN

Bangladesh is a developing country. According to the 2019 census, the total population of the country is 163 million. Bangladesh is constantly working for development in order to upgrade our status as a nation in Global Map. For this, it is necessary to increase employment opportunities, provide skilled and career-oriented education and training to the youth. Ensuring proper education for all has become the foremost need to achieve the goal/result. As a result, there is a need for proper education for all.

Education is a term used to describe the holistic development of a child. Education is a vital element that helps society or a nation to adapt the constantly changing environment. Education is the only tool of the new age that is emerging with time.

The education system of our country consists of three levels. Primary level is 5 years term, Secondary level is 7 years term (which includes 3 years term Junior, 2 years term Secondary and 2 years term Higher Secondary) and Tertiary level. In the current field of education, the inequality of boys and girls is decreasing. According to the Bangladesh Bureau of Education Information and Statistics (BANBASE), about 49 percent of primary level students are boys and 51 percent are girls and at Secondary level about 47 percent are boys and 54 percent are girls.

Unfortunately, at present, the word "Education" is established in a completely different in our country. Currently, the main purpose of education is to educate boys and girls in higher education and send them abroad for jobs. But the education they receive from school and college, only 5-10% of the education can be utilized for development work or in real life. According to a survey conducted by various non-governmental organizations, currently, 14-15% of the youth are getting employment opportunities after receiving technical training. The rest of the educated youth are left unemployed. According to a study by the Bangladesh Institute of Development Studies, 26% of SSC graduates, 28% of HSC graduates, and 38% and 34% of postgraduate students are unemployed, which is certainly an alarming situation for a developing country like ours (fig: 01).

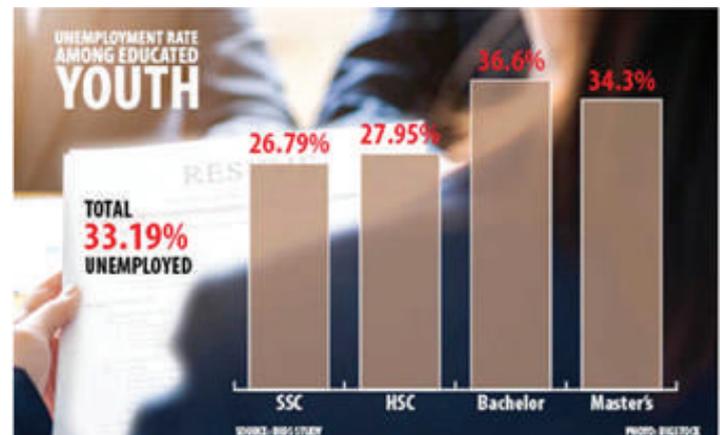


Fig-01: Unemployed percent in Bangladesh

The present age is the era of Information Technology. To survive in this age, one needs to updated with technology as well as being proficient in its proper use. Computer skills are required to become proficient in information technology. In a word, a computer is a key to modern civilization. One of the most important things you can do to improve your computer skills is to master in English. English is one of the medium of communication in the world today. Not only computer but also higher education, for a job or to develop oneself well, one needs to be proficient in English as well as mother tongue. Externally, there is a huge

demand for these two. As we are lagging due to the lack of these skills, the income of Bangladeshi workers working abroad is lower than that of workers in other developed countries.

Urban students have unimaginable opportunities to improve their skills in technology or English, while rural students have almost no such opportunities. At the rural level, there are many students who, due to lack of money, do not even get education, food or accommodation. They drop out of school at a very young age, as a result of which they do not get any good job opportunities.

Considering this problem at the rural level as well as to increase their career-oriented skills, the son of Bangladesh's renowned physicist Professor Dr. Golam Abu Zakaria is working tirelessly to eliminate this disparity between urban and rural education. In this context, he started Alo Bhuban Trust, a private voluntary organization, on his initiative in 2017 and an educational project called PolliPathshala in 2020 to reduce education inequality and provide employment to students. The main objective of PolliPathshala is to reduce the disparity between urban and rural areas as well as provide vocational education training to the students. The classes of the course are being done fully in mother tongue, as teaching in mother tongue is very understandable to the students.

The journey of PolliPathshala project started with the slogan 'Shikshai Mukti' (Fig: 02). The PolliPathshala project introduced two courses, Conversation in English and Computer Skills (6 months) (Fig: 03). The syllabus of the two courses is designed in a way that the students participating in the courses will be able to acquire the basic knowledge of these two subjects. The course classes are online based and completely free of cost, which is being conducted through PolliPathshala own website (www.PolliPathshala.org.bd) (Fig: 04). The course will be conducted in a hybrid (online and offline) process. Professor Zakaria, who has been living in Germany for a pretty long time realized the fact that due to poor command in Communication in English and Computer Skills, students are not getting higher education as well as getting jobs despite having employment opportunities.



Fig-02: PolliPathshala logo

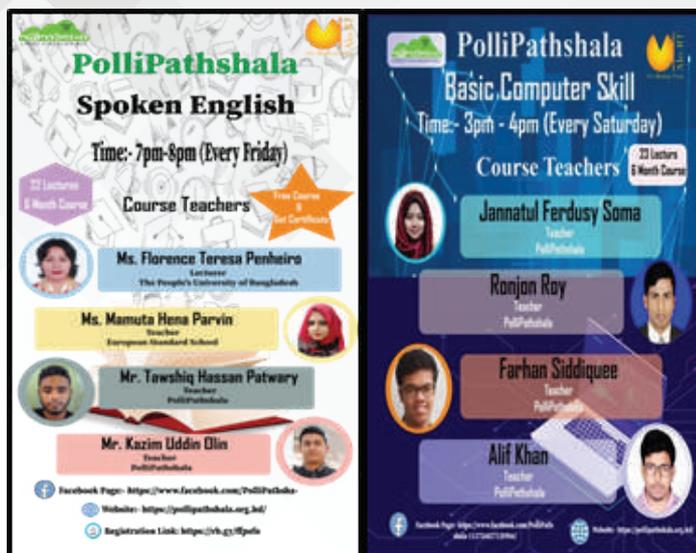


Fig-03: Spoken English and Basic Computer Skill Course posters



Fig-04: PolliPathshala website

Just as there is a need to gain momentum at the beginning of something new, there were also some pullbacks at the beginning of PolliPathshala. At the starting phase, when students had to register online to participate in the course, the entire team has to overcome the problems that occurred to perform the operational activities during the initial stage.

Since rural students were not very good at using technology, as a result, the number of students was comparatively less. Despite that, the 6-month English Conversation first course class ended successfully.

At present, the 2nd batch class of Spoken English Course of PolliPathshala has started in a new way. 8 schools of Naogaon district of the 2nd batch have been selected and it has been decided to conduct the classes with 2 students from 9th class and 2 students from 10th class and 1 ICT teacher (fig- 05). 5 students from each school for a total of 40 interested people. Initially, 1 co-ordinator was appointed after discussion with the head teachers of the selected schools (fig: 06). Later on March 3, 2021, the Senior Officers of PolliPathshala visited Naogaon and held a cordial discussion meeting with the headmasters and coordinators of the selected schools (fig: 07). The present and future plans of the PolliPathshala were discussed and a list of interested students participating in the course was taken from the teachers. The future plan of this project is to provide vocational education training to the students of every district level not only in Naogaon but also in Bangladesh through its courses and to reduce the inequality of education between urban and rural in Bangladesh.

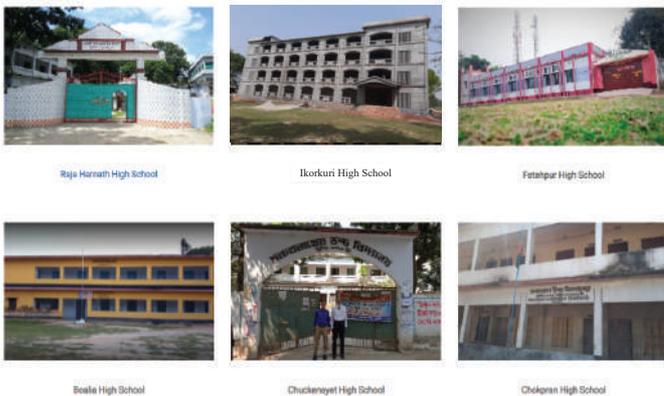


Fig-05: Affiliated schools

S L	Name of Institution	Name of the Head of the Institution	Name of the Coordinators
1	Ikorkuri High school ইকরকুড়ি উচ্চ বিদ্যালয়	Md. MakhlesurRahman	Ronjon Roy Sathi Banu
2	Boalia High School বোয়ালিয়া উচ্চ বিদ্যালয়	Biswajit Majumder	Mr. Hafiz Rhaman
3	Hansagari High School হাসাইগাড়ি উচ্চ বিদ্যালয়	Md. Montazul	
4	Barshail High School বর্ষাইল উচ্চ বিদ্যালয়	ZillurRahman	
5	Chuckenayet High School চকপ্রনায়েত উচ্চ বিদ্যালয়	Rezaul Alam	Md. Saiful Islam
6	Fatehpur High School ফতেপুর উচ্চ বিদ্যালয়	SajjadurRahman	Nitaya Rangon Mondol
7	Raja Harnath High School রাজা হরনাথ উচ্চ বিদ্যালয়	Md. Jafor Ali	Asma Khatun
8	Chokpran High School চকপ্রাণ উচ্চ বিদ্যালয়	Md. Samad	Indrogith Kumar Mondol

Fig-06: Names of selected Schools and Head teachers and Coordinators



PolliPathshala meeting with school teachers

Name	School	Signature
Md. Makhlesur Rahman (Ikorkuri High School)		
Md. Jafor Ali Sheikh, Dumelhat Raja Harna Nath High School.		
Md. Rezaul Alam, Chukkenayet High School (Boa)		
BISWAJIT MAJUMDER, BOALIA HIGH SCHOOL.		
Md. Saiful Islam - Chukkenayet High School.		
Md. Abdus Samad, Chokpran High School.		
Md. Hafizur Rahman, Boalia High School.		
Md. Saifuddin Islam, Fatehpur H.S.		

Fig-07: Cordial discussion meeting with the headmasters and coordinators of the selected schools

The main reason for choosing schools from Naogaon is that Naogaon is the hometown of Prof. Golam Abu Zakaria. Here he founded a primary and high school. During past decades, the people of Naogaon district were far ahead in terms of education and the number of educational institutions in Naogaon was comparatively higher. But now their position is far behind in the modern education system.

With the consent of all, the new class of the 2nd batch started on 2nd April 2021. For the convenience of the students, English Conversation Class is held every Friday at 3 pm and Computer Class is held every Saturday at 3 pm. At the end of the course, students will have to go through an evaluation process to assess their progress at learning through their participation in the courses. Students attending the course will be given an attendance certificate at the end of the course as well as students who participate in the ongoing course who pass in the exam will be allowed to teach in the classes of the next course. Alo Bhubon Trust through this type of career-oriented education, the remaining students will get the opportunity to develop the necessary skills in action and life-oriented education.

However, the government has already paid close attention to this matter. Initiatives have been taken to establish technical schools and colleges in each Upazila. In addition, a technical subject will be compulsorily introduced as a pre-vocational education in 6th class in 2021, 8th class in 2022 and 8th class in 2023 and technical education subject will be introduced in 9th-10th class. This is positive news.

Besides, the target has been set to increase the rate of technical education to 20, 30 and 40 percent by 2021, 2030 and 2040.

Remembering Bangabandhu Sheikh Mujibur Rahman**

GOLAM ABU ZAKARIA

After a long time of nearly twelve centuries, the Bengali nation was reborn and blessed with a great leader who is a real Bengal by birth and imprint, by color and conviction, by language and love for the country and its people. He liberated his beloved country, Bangladesh, and created a proud, independent nation, the Bengali Nation. You compatriots affectionately call him "Bangabandhu", which means "Friend of Bengal". With these words, an English journalist paid tribute to Sheikh Mujibur Rahman.

I have a great respect for this outstanding personality. In this essay, I want to share with you my direct and indirect memories of him. After so many years, I find it increasingly difficult to bring back my memories of him. I will also present some of the events around Bangabandhu Sheikh Mujibur Rahman from my point of view.

1. In January 1965, when I was eleven years old, I first heard from Sheikh Mujibur Rahman. I was a seventh-grade student at K.D. High School in Naogaon. Today's Bangladesh was then called East Pakistan, the eastern part of Pakistan. Eight years after the founding of the new state of Pakistan in 1947, the military took power through a coup. To legalize his power, the military dictator Ayub Khan ordered an election to appoint the President of Pakistan on January 2, 1965. His opponent was Fatima Jinnah, the sister of the Pakistani state founder Mohammed Ali Jinnah. Ayub Khan was the candidate of the party he founded "The Convention Muslim League" with its electoral symbol, the rose. On the other hand, Fatima Jinnah ran for election with her election symbol, the kerosene lamp for all opposition parties the Combined Opposition Party (COP). Fatima Jinnah was a pediatrician, a socially committed figure and one of the pioneers in founding Pakistan. Sheikh Mujib was one of their election managers. The opposition parties fought for democracy, freedom and free elections. I remember Sheikh Mujib and other politicians who went with Fatima Jinnah through the country organizing election rallies. Ayub Khan won the election, but the opposition accused him of manipulating the election.

2. In April 1965, a dangerous war over Kashmir broke out between India and Pakistan. The war lasted until September

and then both sides declared themselves victorious. In this war, East Pakistan was left without defense. The Pakistani government had abandoned East Pakistan. India could easily have occupied East Pakistan. Mujibur Rahman and his Awami League party accused the Pakistani government of always neglecting their eastern province. At that time, the majority of the population in Naogaon City were Hindus. The Pakistani government gave the war a religious touch and propagated it against Hindus. I saw the majority of the Hindu population, including many students and teachers from our school, being displaced to India. It was really a brain drain from what was then East Pakistan.

3. As an advocate of democracy and justice, a good organizer and a charismatic leader, Mujib rose through the ranks of the Awami League and Pakistani politics. He became known for his political stance against ethnic and institutional discrimination against Bengali in Pakistan, which made up the majority of the state's population. As tensions increased in both parts of Pakistan, Mujib drafted a six-point autonomy plan for East Pakistan in 1966 (see Appendix) and was promptly arrested by the Ayub Khan regime for high treason. Mujib then became the key politician and spokesman for East Pakistani affairs. On January 3, 1968, the Ayub government sued Sheikh Mujib and 34 others for alleged contacts with India (Agartala conspiracy); Riots are spreading in East Pakistan. I was in the tenth grade at that time. Even as a teenager I was aware of how the political situation in East Pakistan was coming to a head.

4. After successfully passing the final exams of my school in Naogaon in 1968, I went to the Rajshahi Government College in Rajshahi in 1969 to obtain my HSC degree. This became a formative time in my life. In the following two years, from 1969 to 1970, as a young man in Rajshahi, I experienced the strong autonomy movement that finally culminated in a movement for Bangladesh's independence in December 1971. The year 1969 is known in Bangladesh as the year of the mass uprising against the Pakistani military rulers. Mass protests took place every day. People, students, school children demonstrated on the street and collisions with the police were the order of the day; they had become a daily routine. We went to school in the morning and then in the afternoon we took part in a demonstration under the motto "Joy Bangla" (Long live the Bengalis). Sheikh Mujib became the symbol of hope for all Bengali. On February 18, a catastrophic incident occurred during a major event at Rajshahi University. Dr. Samsuzzoha, a very popular professor at Rajshahi University, was shot dead by the police. Other dead were Nurul Islam from City College and Abdus Satter from Rajshahi Madrasa. Rajshahi became a city in a state of emergency. Under continued pressure from the masses, the Pakistani government withdrew the Agartala Conspiracy trial and released Mujib and the other defendants on February 22nd. The next day, the students awarded Sheikh Mujib the honorary title "Bangabandhu (Friend of the Bengalis)" at a mass rally in the capital Dhaka.

It was really unique that a politician was given an honorary title by the people at a mass rally. Since then, the slogan "Joy Bangla, Joy Bangabandhu" has been heard at every event in East Pakistan. A few days later, Mujib traveled to Rajshahi to pay last respects to Dr. Samsuzzoha. Ayub was deposed on March 25th and General Yahya Khan took power. He assured the people that a civil government would be reinstated and announced free elections in Pakistan.

5. The military dictator Yahya Khan, successor to Ayub Khan, organized free elections in 1970 throughout Pakistan. I was enrolled at East Pakistan University of Engineering Technology (renamed the Bangladesh University of Engineering Technology after independence) and lived in the university's Quide-Azam Hall dormitory. A young man like me from the provinces was now living right in the capital Dhaka, a place full of events. I remember Sheikh Mujib touring the country as chairman of his Awami League party. He called on the people to vote for the symbol of the Awami League boat and the six-point plan, the autonomy movement for East Pakistan. My father reported about a rally in Shantahar. Mujib is reported to have said there: "Even if my candidate is a banana tree, you should choose it. It was not just about the person himself, but only about the autonomy of East Pakistan". Mujib spoke in a simple language that was always understandable and close to the people. In its 1971 cover report on the civil war in East Pakistan, the New York Times referred to Mujib as the "Poet of Politics" for the first time. This title was an excellent mark of the political impact of Mujib. He confidently led the Awami League to victory in the first democratic elections in Pakistan. His party won 167 out of 169 seats in East Pakistan, making it number one in all of Pakistan. The Mujib party won the election; thus, he should be charged with forming a government.

6. Despite the majority win, the still-ruling military junta did not invite the Awami League to form a government. When civil disobedience broke out across East Pakistan, Mujib proclaimed Bangladesh's self-determination on March 7, 1971. More than two million people gathered at the great Dhaka racecourse (renamed the Suhrawardy Uddayan after independence) to hear the expected speech. I was one of them and sat right next to the stage. The masses sat in the meadows around the stage. When he stepped onto the stage with other politicians, I was able to see him up close for the first time: an above-average, handsome and charming Bengali politician who first greeted the masses with both hands. Mujibur Rahman ended his approximately 17-minute speech with the now famous last sentence: "This time it is the fight for our freedom. This time it is the fight for our independence. Long live Bengal." He demanded civil disobedience from his compatriots in East Pakistan: "Every house should be turned into a fortress". The speech inspired the Bengali people to prepare for the struggle for independence amid mounting reports of armed

mobilization in West Pakistan. On October 30, 2017, UNESCO recorded this speech in the memory of the World Register as documentary heritage. On the same day, the Pakistani General Tikka Khan took command of East Pakistan. Tikka Khan was notorious for his brutality against all kinds of riot and mass movement. The university was closed immediately and the administration asked all students to leave the dormitories. Like all the other students, I had to leave Dhaka and went home to Naogaon.

7. The Bangladesh Liberation War began 18 days later. On the evening of March 25, 1971, at the direction of President Yahya Khan's government, Tikka Khan prepared for a "direct military operation" against the Awami League. At midnight, he ordered the arrest of Sheikh Mujibur Rahman, the ban on the Awami League, the attack on Dhaka University and other strategically important locations. Lt. General Tikka Khan was the architect and top planner of Operation Searchlight, killing thousands of people, including many academics and civil society workers. He plunged the country into a bloody civil war. Tikka Khan followed the classic "first search, then infiltrate and destroy" method and conquered all radio stations in East Pakistan with the aim of systematically influencing the Bengali. Even in Pakistan, he has been referred to as the soldier known for his zealous use of force. He became known as the "Butcher of Bengal". In West Pakistan, domestic criticism of these mass battles grew and Tikka Khan's actions were frowned upon, prompting President Yahya Khan to immediately recall him to Pakistan and hand over the Eastern Command to Lieutenant General Amir Khan Niazi on April 4, 1971. He remained as head of the Eastern Command of the Pakistani Army in East Pakistan until the surrender on December 16, 1971. The Indian Army and Bengali Liberation Forces under Lieutenant General Jagjit Singh Aurora of the Eastern Command emerged victorious. Irony of history: namely, Tikka Khan was Army Chief of Pakistan from 1972 to 1976.

8. Before his arrest on March 26, 1971, Mujib had proclaimed the independence of his country with the old and new name of Bangladesh. In a phone message he said: "This could be my last message, Bangladesh is independent from today. I urge the people of Bangladesh, wherever they are and with whatever they have, to resist the occupation army to the end. Their struggle must continue until the last soldier of the Pakistani occupation army is expelled from Bangladesh. The final victory is ours."

9. When I got home, I saw people everywhere preparing for the upcoming war. Tent camps were set up, and young people were trained in defense and guerrilla warfare. Their inspiration and role model was Sheikh Mujibur Rahman. Everywhere you could hear his speeches on the loudspeaker, especially the last famous sentence from March 7th: "This time it's the fight for our freedom. This time it's the fight for our independence. Long live the Bengali."

We felt like a free, independent country. Music, theater and cultural programs took place everywhere. We heard on Indian radio, the BBC and the Independent Bangladesh Radio of the Provisional Government-in-Exile of Bengal in Calcutta that Pakistani soldiers were marching into our country and besieging the cities one by one. They shot people everywhere, then searched and burned houses and raped women. In some areas they met with great resistance from the population, but especially Mukti-Bahini (freedom fighters). Suddenly the situation in the city of Naogaon and the surrounding villages also changed when the Pakistani soldiers entered our city at gunpoint. It was Thursday, April 29, 1971. I fled to distant villages with my parents and siblings. We have seen thousands of people run helplessly in different directions. Everyone wanted to save themselves from the soldiers. On the way we found refuge and drove on to the Indian border. A few days later, word came that many people, including some of our relatives, had been killed, so every time the soldiers came to the villages, we panicked and fled to the nearby forests. The soldiers arbitrarily shot men and raped women. In the terrible nine months I have tried as much as possible to volunteer or work with the various refugee and training camps for Mukti-Bahini. When we returned home after the war in December 1971, we found nothing but a heap of ash in place of our house.

10. The Bengali Provisional Government was established on April 17, 1971 in the Mango Garden in Mujibnagar City (formerly Baidyanathala). During Mujib's absence, thousands of Bengals joined the Mukti Bahini and defeated the Pakistani armed forces during the nine-month war of liberation in Bangladesh. The United States and the West sided with Pakistan because of their power calculation, but strong criticism came mainly from the population, especially from artists, who criticized the Pakistani military junta for its massacres in Bengali towns and villages. George Harrison of the Beatles and Ravi Sankar organized the two-day "Concert for Bangladesh" in New York's Madison Square Garden in August. In Germany one later heard about the fate of the Bengali in the song "Bangladesh" by the then young singer Juliane Werding.

11. When it was clear that Pakistan would lose this war and that East Pakistan would become an independent state, the Pakistani army decided to take a cruel step: at least this new state should be deprived of its elite. On December 14, 1971, Pakistani soldiers roamed the cities shooting at scientists, teachers, lawyers, judges, writers, journalists, artists and students. As in the Reichs-Kristallnacht, several intellectuals were murdered in one of the cruelest war crimes of the past century. Two days later, Pakistan signed the declaration of surrender on December 16, 1971, the day Bangladesh was founded. In the nine-month civil war, three million Bengals were killed and 10 million Bengals fled to India. In 1971, Bangladesh probably saw the greatest genocide of the second half of the twentieth century.

12. The nine months of civil war became a pawn for the East-West conflict. Inevitably, the governments of the United States and other Western powers, even China, backed Pakistan. On the Bengali side stood India, the former Soviet Union and the other socialist states. The geographical location of Bangladesh was in some respects a stroke of luck: India surrounds Bangladesh on all sides, West Pakistan is 2,000 km away from Bangladesh. India was also very keen that the 10 million refugees from Bangladesh could return soon. Indira Gandhi played an extraordinary role and traveled the world seeking justice for the Bengali people. When the East-West conflict escalated, India signed a "Treaty of Peace, Friendship and Cooperation with the Soviet Union" on August 9, 1971. From then on India supported the Bengali government in exile with all necessary means. The indomitable will of the Bengali Mukti-Bahini, the good leadership of the government in exile and the practical help of India made the victory against the Pakistani army possible. A short battle by the joint liberation forces of the freedom fighters of Bangladesh and the Indian army under the leadership of Lieutenant General Jagjit Singh Aurora in Dhaka was sufficient for this. As already mentioned, the Pakistani General Niazi signed the declaration of surrender. Bangladesh achieved its independence on December 16, 1971 after a nine-month war of liberation that ended with the unconditional surrender of the West Pakistani army. This day is still celebrated throughout the country as a national holiday called "Victory Day".

13. After Bangladesh gained independence, Mujib was released from Pakistani custody under international pressure and returned to Dhaka on January 10, 1972 after brief visits to Great Britain and India. Again on the racecourse (Race-Course-Maidan) he turned to his compatriots in front of an audience of millions. I was out and about that day and saw hundreds of people crouching in front of radios waiting for his speech. He began his address with a long sob and tears. I was very impressed with his humanity. It was like a baby rediscovering its mother and crying for joy. For the past nine months, no one knew whether he was alive or had already been killed. On this memorable day, many people brought him animal sacrifices. In around 2,000 words, he described the most important things for the post-war period in Bangladesh. His free speech contained the following key points:

- Gratitude to all who stood by the Bengali people in the difficult war time.
- Respect for one's own people who have achieved heroic victory.
- Appeal to the international community of states to recognize Bangladesh as a sovereign state and to work with it.

- Basic principles of the new state with a new constitution.
- Guidelines for action by the population.
- Guidelines for the legal order of the new state and its infrastructure.

14. If I remember correctly, in January 1972 I immediately went to Dhaka to continue studying electrical engineering. On the way I saw that the whole country was become like a battlefield. Everywhere one saw destroyed houses, schools, bridges and other facilities. Again and again I noticed that people had lost everything, but not their courage. When I returned to my old dorm, Quad-I-Azam Hall, which was later renamed Shahid Titumir Hall, I was happy to see my fellow students and other friends again. Lessons were soon resumed regularly. Defeating Pakistan was difficult, but reconstruction was even more difficult. After the war, Pakistani soldiers left a devastated country with millions of people in need, especially 10 million Bengali refugees from India who had no homes. The Bangabandhu government was faced with the task of immediately helping these people to rebuild the infrastructure, to issue a new constitution and, above all, to ensure public safety. During the war, not only were freedom fighters in possession of weapons, but also other people including the Rajakars. The return of the Indian troops was another task of the Bangabandhu government. As a good steward, Bangabandhu did all of these tasks masterfully.

15. After independence, many friendly socialist countries offered not only economic and technical help but also scholarships for Bengali students in their countries. Since, I had a very good result in my Matriculation and Intermediate examination, I received a scholarship from the Soviet government to study electrical engineering there. But then suddenly my scholarship was no longer granted. A week later I found out that I had received a scholarship to study physics in the GDR. Overjoyed, I began to prepare for my trip to the GDR. It was customary at the time to go to Bangabandhu to say goodbye before the trip out of gratitude. Among other things, Bangabandhu said the following sentence to a large group of the scholarship holders: "I hope that you will return home after your studies and contribute to the building of your motherland." Bangabandhu's love and provision for his country were indescribable.

16. On October 20, 1972, we fellows flew from Dhaka Tejgaon Airport via Baghdad to Berlin. Besides us and wounded freedom fighters, there were apprentices from other professions on board the GDR airline "Interflug". One day later we landed at Schönefeld Airport on a very cold afternoon. We saw young men with long hair everywhere. A teacher from the Herder Institute picked us up and took us to our dormitory in Leipzig. Here we learned the new German language in basic and preparatory courses for university studies. In the winter semester of 1973, I began studying physics at the Martin Luther University in Halle / Saale.

During my second year of study, I was motivated to study medical physics by an interesting lecture by Max Delbrück, a physicist and the father of molecular biology at the Leopoldina Academy in Halle / Saale. The Max Delbrück Center for Molecular Medicine (MDC) in Berlin was named after him. In 1978 I completed my master's degree in physics with a focus on medical physics at the University of Halle / Saale and then moved to Göttingen and then to Heidelberg to complete my postgraduate studies and obtain a doctorate in medical physics. In 1986 my wife and I moved to Gummersbach, where I worked as chief medical physicist at the Oberberg clinic of the teaching hospital of the University of Cologne. In addition to my professional success in Germany, I founded the Medical Physics and Biomedical Department at a university in Bangladesh in 2000. With financial support from the German Academic Exchange Service (DAAD) and in cooperation with the University of Heidelberg, the University Hospital Mannheim and German Cancer Research, I trained around 80 medical physicists in Germany by 2017. With the help of my family and our association, the Bangladesh Study and Development Center e.V., we were able to set up two schools and a mother-child health center in my home village in Bangladesh.

17. At that time, the residents of the GDR were very familiar with four terms from Bangladesh, namely Sheikh Mujibur Rahman, the Bengal tiger, the Bengali fire and the Beatles' concert for Bangladesh. The new book on Bangladesh with a portrait of Sheikh Mujibur Rahman with a pipe in his mouth was displayed in every shop window. The World Youth Festival took place in East Berlin from July 28 to August 5, 1973. Around eight million visitors with 25,600 guests from 140 countries came together over the nine days of the event. Around 100 Bengali and Indian guests attended the world festival and lived together in a hotel. I was glad and happy to meet guests from Bangladesh, including Bangladeshi Communist Party leader Moni Singh, Mr. Sheikh Kamal, Bangabandhu's son, Sheikh Moni, Mr. Deb Dulal, a popular Indian wartime radio reporter from Bangladesh, and one of mine Acquaintances, Mr. Rashedul Hassan, the head of the student union of the Technical University. I spent a few days with them and attended some interesting events. I still remember another event on May 23, 1973, when the World Peace Council awarded Bangabandhu Sheikh Mujibur Rahman the Joliot Curie Peace Prize for his services to world peace.

18. In the GDR we followed two important events in Bangladesh: the famine in 1974 and the introduction of the new political system, Bangabandhu's "Second Revolution" in 1975. Many critics blamed Bangabandhu and his government for the famine. Most of the famines in Bangladesh had a variety of causes. Two main reasons were decisive. The first was internal: the specific configuration of the state rationing system and the market led to speculative hoarding by farmers and traders and thus to a rise in prices.

The second was external: The United States withheld 2.2 million tons of food aid. The then US Ambassador to Bangladesh informed the Bengali government that they would not be given food aid because Bangladesh exported jute to Cuba. When Bangladesh finally stopped exporting jute under American pressure to Cuba and the food aid for the hunger victims came too late. After the first three successful years of independence, the country's legal and regulatory situation deteriorated noticeably, especially after the famine, which led the government to believe that a number of reforms were needed to get the country back on its feet.

19. The second revolution was a political system that Sheikh Mujib Rahman introduced on January 25, 1975. It involved a series of reforms to the three foundations of a state: administration, justice and legislation. The reforms took effect through the amendment of the Bengali constitution. The BAKSAL (Bangladesh Peasants and Workers Awami League) was founded as a decision-making body to carry out the revolution. It was a platform for all parties and associations involved in independence, as well as associations and representatives of all professions. Sheikh Mujibur Rahman set out the aims of his second revolution on March 26, 1975 at the public meeting at the Maidan Racecourse: "The second revolution is not an end in itself. It is only one step forward towards increased production, family planning, the fight against corruption and national unity. The ultimate goal is to create a society free of exploitation, torture, oppression, injustice or corruption and to preserve the honor and dignity of Bangladesh as an independent and sovereign state. "As a democrat, Sheikh Mujibur Rahman wanted to carry out a revolution within the framework of the existing law and constitution. Left-wing critics, on the other hand, spoke out in favor of the proclamation of a socialist state and did not want a democratic socialist hybrid. For right-wing critics, Bangabandhu's social commitment went too far; they wanted to maintain the status quo.

After the introduction of the second revolution, there was an improvement in public order, and food prices fell compared to the pre-revolution. Unfortunately, the "revolution" ended with the murder of Sheikh Mujibur Rahman on August 15, 1975. On the day of his death, I was in Poznan/Poland with two other Bengali students for an internship semester. A professor brought us the terrible news. We were speechless, sad and horrified. In our worst nightmares, we could not have imagined that anti-Bangladeshi forces from home and abroad could brutally kill Bangabandhu and most of his family. We asked for peace for his soul.

"Bangabandhu stays alive in my memories forever".

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**** This article is an English translation of the article "Erinnerungen an Bangabandhu Sheikh Mujibur Rahman" from the German book "Sheikh Mujibur Rahman: Gruendungsvater, Sozialreformer und Visionaer" published by Verlag Klemm + Oelschlaeger, Ulm, Germany in March 2020 (ISBN:978-3-86281-153-3)**

RWANDA HEALTH SYSTEM

AN OVERVIEW OF HEALTH CARE INSURANCE IN RWANDA

KAMANZI J. D,

Rwanda is a small sub-Saharan country that lies to the south of the equator in the East-Central African region. Known for its breath-taking scenery, Rwanda is often referred to as the land of a thousand hills (in French: "le pays des mille collines") because the country is characterised by undulating hilly and mountainous terrain, with rainforest on the western heights and heavy-cultivated fields in the valleys below. The country is geographically bounded to the North by Uganda, to the East by Tanzania, to the South by Burundi, and to the West by the Democratic Republic of the Congo (DRC) and Lake Kivu (see Figure 1). The Rwanda's success story has become well-known in recent years, despite an extensive literature, including the 1994 Tutsi ethnic genocide, as for its courageous recovery to become a stable, well-run and reunited country.



The Rwanda google Map

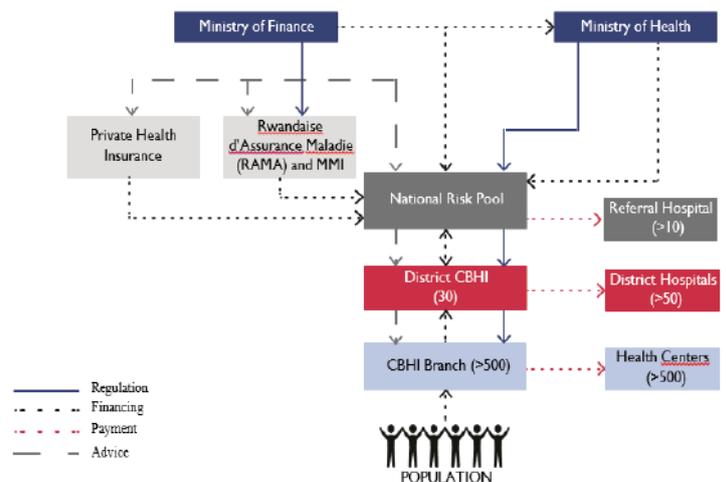
Health care insurance in Rwanda

After the 1994 genocide in Rwanda, in which above one million of innocent lives were lost, the country was left in a state of near collapse. Since then, Rwanda has made striking achievements in rebuilding its health-care system and reaching advanced the universal coverage (UHC). This contributed to a substantial gains in the health and welfare of its population over the recent years. The Rwandan health sector policy aims the universal access to equitable and affordable quality health services for all Rwandan population. The primary increase in health insurance coverage in Rwanda occurred over a relatively short period of time with the evolution of pilots for health insurance.

The following are the main health insurance schemes in Rwanda:

- 1. Rwandaise d'Assurance Maladie (RAMA)**, which provides medical insurance to civil servants and employees of state-owned enterprises;
- 2. Military Medical Insurance (MMI)**, which provides basic insurance coverage to military personnel;
- 3. Community-based Health Insurance schemes (CBHI)**, known as Mutuelles de Santé, which provides medical insurance for formal and informal sector members;
- 4. Private insurance products:** which are private commercial health insurance for a very small portion of the population.

Above 96 per cent of population in Rwanda were covered by health insurance in 2011, with the majority of the insured population covered by CBHI scheme at the rate of above 90 per cent, while the civil servants and military health insurance schemes combined cover approximately 6% of the total population [source: Rwanda MOH]. This article will only focus on the Community-Based Health Insurance (CBHI) scheme in Rwanda, called Mutuelles de Santé (Mutual Health) which cover the high community coverage in the country. The Figure 2 depicts the relationships between parties in the CBHI scheme as well as the pooling structures.



Rwandan Health Insurance Organizational Structure [source: Rwandan ministry of health, MOH].

Community-Based Health Insurance (CBHI) in Rwanda

The community-based health insurance (CBHI) is a solidarity health insurance system in which persons (families) come together and pay contributions for the purpose of protection and receiving access to health care in case of sickness. The vital importance of CBHI scheme is its effectiveness for reaching a large number of poor people who would otherwise could not afford financially the cost of health care for their illness, especially in countries where national insurance schemes do not exist and/or where public health care funding is insufficient.

CBHI Scheme Development

The Government of Rwanda in 1999 developed the health insurance pilots; the CBHI scheme known as “Mutuelles de Santé”, in response to the widespread inability of individuals to pay user fees at health facilities due to high costs and a resulting low utilization rates of services and poor health indicators. This CBHI scheme was developed to meet the needs of country’s local community outside of the formal sector, where access to and utilization of healthcare services had been historically very low. After many years of its implementation, the CBHI scheme in Rwanda has greatly increased access to health care and has contributed to much-improved health results to local community, which provides an ideal learning environment to draw lessons that may also benefit other countries, especially those in financial instabilities.

CBHI Scheme management

As shown in Figure 1 left, the CBHI is a national scheme but is highly decentralized and structured around each of the 30 districts of the country. Initially, the central governing of the CBHI scheme was managed by the Rwandan Ministry of Health (MOH), which was responsible for the stewardship of the program and overall policy development. Each district CBHI is a legal body and has branches based at the health centers. Currently, the managerial responsibility for the CBHI program is done by the Rwanda Social Security Board (RSSB) which is responsible for the management of health insurance schemes. Moreover, the CBHI scheme is managed by voluntary committees established at the community, health centers, and district levels, while at the national level, it is coordinated and supported by a dedicated CBHI support unit with government staff.

User Costs and Premium Structure

The CBHI scheme beneficiaries are entitled to the packages of services defined by the MOH and provided at public health facilities: health centers, district and tertiary hospitals. This excludes the 10 percent of the country’s health care facilities that are private and for-profit. Beneficiaries can use facilities out of their catchment areas in the case of emergency, but must be referred to use hospital services.

As initially implemented, a flat premium was charged per member of the scheme regardless of economic status. Later with implementation of new national policy, premium subsidies for the poor were put into place. Currently members are divided into three categories based on their economic situation, through the so called “Ubudehe process” which is the Rwandan practice of solving local problems through collective action and mutual support.

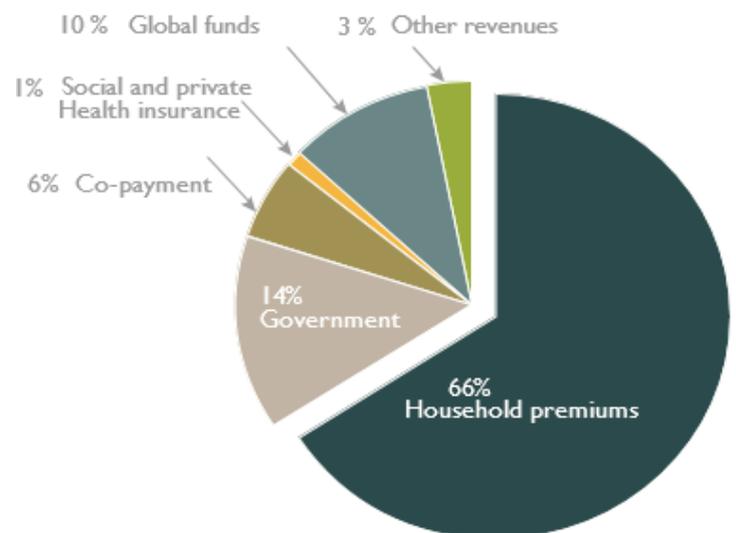
- Category 1 members: the poorest group comprising 27 percent of members, the premium per person is RWF 2,000 (USD 1.99) per year, but that premium is paid by the government.

- Category 2 members: the middle group, comprising around 70 percent of members, pay RWF 3,000 (USD 2.99) per person per year.
- Category 3 members: the better off group, comprising around 3 percent of members, pay RWF 7,000 (USD 6.99) per person per year.

The contribution is made at the individual level, but the whole family is enrolled. The CBHI scheme year starts on 1st July and ends on 30th June of the following year. Therefore, premium payment is done at the beginning July and membership covers the entire year (i.e., July-June). The scheme members are subjected to a flat copayment fee (RWF 200, about USD 0.199) per visit to the health center is collected by the CBHI unit and is intended to cover CBHI administration costs and a copayment of 10% of the total hospital (district, and provincial as well as referral hospitals) bill is collected from the patient and retained by the hospital (i.e., the scheme pays in total 90% of the hospital bill for its members).

CBHI Program Funding

The majority of funding in the CBHI program comes from premiums paid by member households. Figure 3 details the sources of funds of the CBHI program as of 2012-2013 [MOH]. Two-thirds of CBHI funds came from premiums. The government of Rwanda was the next-largest contributor, at 14% of CBHI funds. As required by policy, social and private health insurance plans also contribute to funding CBHI, comprising 1% of total funding sources for 2012-13.



Sources of funding for CBHI, 2012-13
[source: Rwandan MOH]

CONCLUSION

Rwanda has seen incredible uptake in its health care insurance program. The Rwandan CBHI scheme (Mutuelles de Santé) has been highly successful in providing coverage for the informal sector (i.e., local community), increasing the utilization and improving health results, while greatly reducing the impact of out-of-pocket costs on individual well being. In CBHI Scheme, funds are used to help subsidize care for the citizens and clinic functionality. This allows citizens to access care and pay for services based on a tiered premium system according to their socioeconomic standing. This has greatly contributed to improving health standards in Rwanda, including increased life expectancy at birth and reduced child and maternal mortality. The government of Rwanda continues working on strategies to ensure the scheme strength and its long-term sustainability.

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APPROACH TO RAISING HEALTH AWARENESS:

THROUGH ONLINE SCMPPCR E-HEALTH AWARENESS ON COVID-19 IMPACT OF WORLDWIDE

COVID-19 was declared a “pandemic” by the World Health Organization (WHO) in early March 2020. The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year.

Globally, extraordinary measures are being adopted to combat the formidable spread of the ongoing outbreak. Under such conditions, people's adherence to preventive measures is greatly affected by their awareness of the disease. SCMPPCR has organized a virtual discussion session titled “SCMPPCR e-health Awareness: COVID-19 Impact of Worldwide” featured by the leading Medical and community leaders on 10th July 2020 on the official Facebook page of SCMPPCR. The video of the awareness program has been viewed by over 2000 persons.



Screenshot of the “SCMPPCR e-health Awareness: COVID-19 Impact of Worldwide”

The speakers of the programs were: Prof. Dr. Golam Abu Zakaria (Founder Chairman, Alo Bhubon Trust & SCMPPCR; Former Chairman & Chief Medical Physicist, Gummersbach Hospital, University of Cologne, Germany), Prof. Dr. Qazi Mushtaq Hussain (Director, National Institute of Cancer Research & Hospital), Dr. Mohammad Nazmul Hossain, (Urologist, University Hospitals of Leicester, UK & Chairman, Pacemaker Ultrasound Academy), Dr. Dewan Shahiduzzaman, (Dental Surgeon, Banani Dental Clinic, Dhaka), Sisir Dutta (Executive Director, Bangladesh Institute of Theatre Arts). The session was moderated by

Prof. Dr. Hasin Anupama Azhari, CEO, SCMPPCR & Chairman, Department of Medical Physics and Biomedical Engineering, Gono Bishwabidyalay.

The programme commenced with welcome note and then the speakers had a brief discussions on the COVID-19 impact worldwide as well as Bangladesh and the strategies to combat Covid-19 at the home and workplaces. The post pandemic recovery strategies and issues were also addressed on the discussion. The viewers of the program express their positive comments on the program and directly interact with the speakers. At the end, the program was concluded with the vote of thanks by Prof. Dr. Hasin Anupama Azhari.

E-LEARNING ON MEDICAL ONCOLOGY

Chemo Port is a brand-new medical procedure first introduced in Bangladesh. Although the oncologist may find it a bit difficult as it is a new medical procedure, it can be easily mastered through training. Therefore, at the request of Medical Oncologists and in collaboration with Beacon Pharmaceuticals, Alo-BT organized a Masters Course on 14th, 15th and 16th June. The trainers of this program were some of the renowned experts from Bangladesh and also from different countries like Germany and India and about 60 participants from several countries in South Asia.



Poster and Screenshot of the session, Alo-BT present Masters Course on Chemo Port

E-LEARNING ON IMMUNOTHERAPY

Immunotherapy is introduced for the 1st time in Bangladesh on 26 March 2021 by Beacon Pharmaceuticals Ltd. As this treatment is very new to local oncology societies, Alo-BT is trying to train oncologists regularly and build their confidence through experience sharing lectures from people expertise in this sector. As a continuation of this program, Beacon Pharmaceuticals Ltd in collaboration with Alo-BT arranged a scientific seminar on 12 June 2021 evening with a bunch of promising oncologists from Evercare Hospitals Ltd., Dhaka and United Hospital Ltd., Dhaka. Through this program an experience of live interaction with experts to learn and share knowledge about immunotherapy. The program was held physically to get all the participants in a place. And participants connect with speaker through an online platform there.



Audiences of the scientific seminar on immunotherapy

Scientific Seminar

IMMUNOTHERAPY IN CLINICAL PRACTICE

Venue, Date & Time:
The Westin Dhaka, 12 June 2021, Saturday, 7:00 pm

SPEAKERS



HIBA A. MOUKADEM, MD
Clinical Associate at the Hematology & Oncology Division,
Breast Cancer Center of Excellence,
American University of Beirut Medical Center (AUBMC), Lebanon



DR. SHARIF AHMED
MBBS, M.Phil (Radiotherapy)
Associate Consultant
United Hospital Limited



DR. KAZI ABDULLAH ARMAN
Sr. Registrar, Medical Oncology,
Evercare Hospital Dhaka

Organized by:
BEACON
Pharmaceuticals Limited

Supported by:
Alo-BT
The Oncology Society of Bangladesh

Powered by:
PEMRO
Pembrolizumab INN

NIVOMAB
Nivolumab Injections

Poster and of the scientific seminar on immunotherapy

BIOGRAPHY OF PROF. DR. S.M ABU RAIHAN TRUSTEE MEMBER OF ALO -BT



About Dr. Raihan: Prof. Dr. S.M. Abu Raihan Currently hold the position of Head of the Department of Environmental Science, BGMEA University of Fashion & Technology. Dr. Raihan obtained his Ph.D degree in Chemistry (Organic Chemistry) from the School of Chemical Sciences, Universiti Sains Malaysia (USM) under MTCP Commonwealth Scholarship. His Ph.D research involves "Studies on the Chemical Constituents and Biological Activities of some Mangrove Plants".

He was completed Postdoctoral Research in the School of Pharmaceutical Sciences, Universiti Sains Malaysia for two years. Postdoctoral Research involves "Studies of Biologically Active Natural Products and Phytochemistry, Standardization of Malaysian Traditional Medicines". He has experienced in the various techniques of Natural Products isolation and Structural Studies (Spectroscopic method), Chromatographic techniques and some of the Bioassay methods. He did M.Sc with Honours from Rajshahi University, Bangladesh. Before joining BUFT, he worked as professor of Chemistry, National University, Gazipur, Bangladesh till 2016.

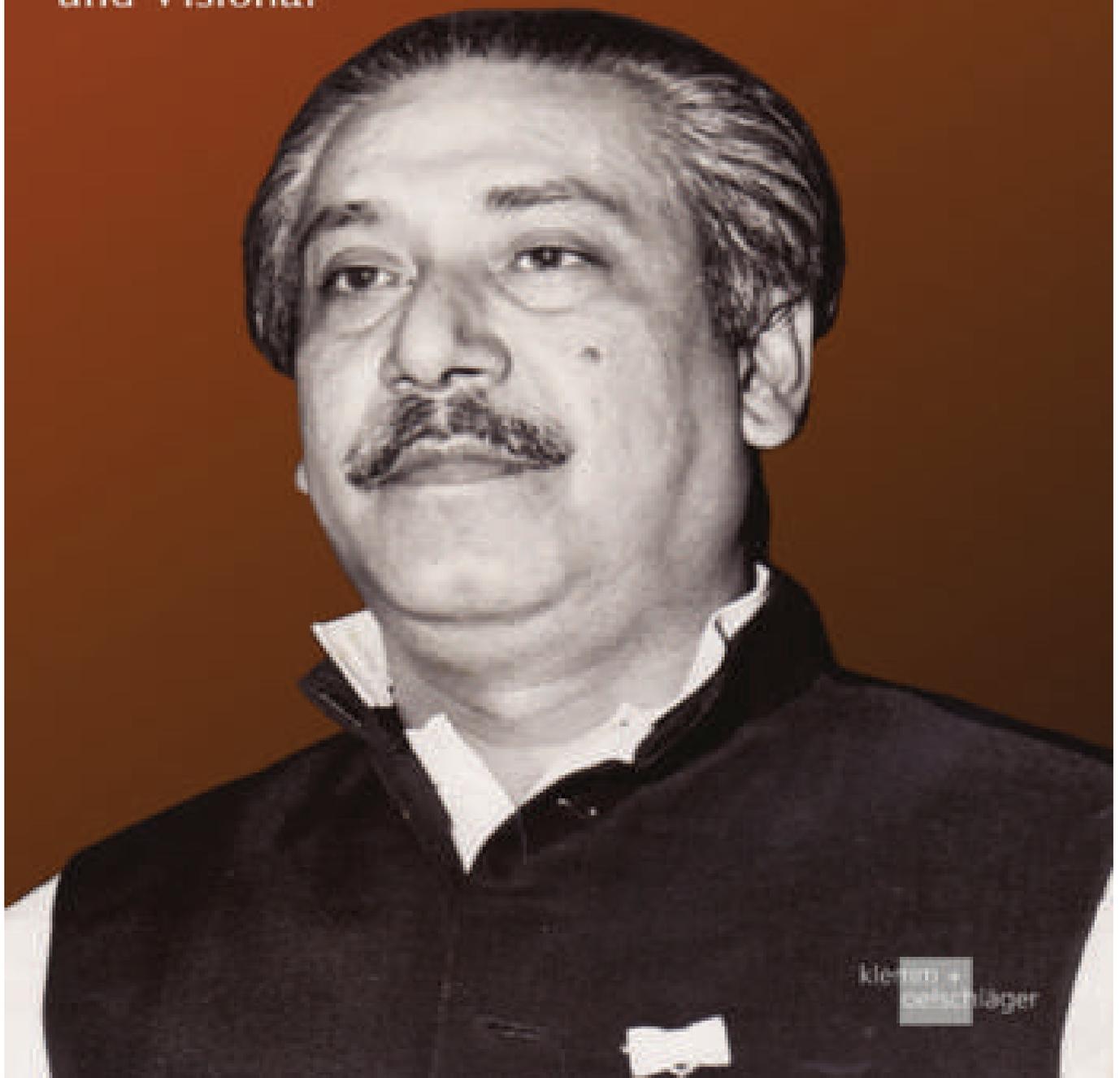
He served as Dean, Curriculum Development and Evaluation Centre; Dean, Centre for Postgraduate Studies, Training and Research and Chairman, Academic Committee of National University. He also served in other fields as Editor, National University Journal of Science, as Co-ordinator of College Teachers' Training Programme of National University, as a Member of Academic Council, Finance Committee and as Examiner of Honours and Master courses examinations of National University.

Dr. Raihan has a rich experience in Teaching and in Research of almost 37 years. He supervised five Ph.D and one M.Phil students and all of them are established in their services. Dr. Raihan published 37 research papers in different Journals at home and abroad. His Special finding is a novel flavone compound- Gramrione from a plant. Finally Dr. Raihan has joined as Vice-Chairman of Board of Trustees of "Alo Bhubon Trust". He is a very enthusiastic person to work on humanity and welfare activities which resembles the motto of Alo Bhubon Trust organization stands and works for.



Golam Abu Zakaria (Hrsg.)

Sheikh Mujibur Rahman
Gründungsvater, Sozialreformer
und Visionär





RABINDRANATH TAGORE CANCER CENTRE AND RESEARCH INSTITUTE (RTCCRI)

Primary Centre:
 RAHIMA BANIZ HEALTHCARE CENTRE (RBHC)
A Project of Alo Bhubon Trust (Alo-BT)



Your Contribution will Help People who are Unable to Afford Medical Expenses

“Giving is Not Just About Making A Donation.

IT is About Making A Difference.”

Kathy Calvin

Join The Fight Against Cancer

OUR MISSION

Reduce, prevent, and cure cancer through scientific, technological, and human resources to improve understanding of cancer and quickly translate research discoveries into improved awareness, prevention, diagnostics, and safer, more effective therapies.

OUR OTHER PROJECTS:

- South Asia Centre for Medical Physics and Cancer Research (SCMPCR)
- Rahima Baniz Healthcare Centre (RBHC)
- PolliPathshala
- Polli Shokti (Upcoming)

CHAIRMAN MESSAGE

The World Health Organization (WHO) states that the number of cancer patients worldwide will double by 2030. Most of these cancers will occur in developing countries. According to the International Agency for Research on Cancer (IARC), around 160,000 people die of cancer each year in Bangladesh.

Bangladesh is a developing country. Most Bangladeshi people live in rural areas and they are underprivileged. Bangladesh is gradually integrating the latest technologies and services into cancer treatment but most rural people can't afford to access adequate cancer diagnosis and treatment. Therefore, in the first step we will start prevention and cancer screening at our existing facility Rahima Baniz Healthcare Centre (RBHC) in the village Ikarkuri, Naogaon.

We consider the immediate need to broaden our cancer treatment scope in a greater extension in prevention, cancer diagnosis and treatment. Hence, we are aiming to cover complete cancer treatment through our planned greater facility at Rabindranath Tagore Cancer Centre and Research Institute (RTCCRI), Patisar in Naogaon. As a devotee of Tagore, I am very happy for this initiative!

We know that the Nobel Prize-winning poet Rabindranath Tagore (1861-1941) made an enormous contribution to the human development of the rural poor people in Patisar as well. It is a huge undertaking from Alo Bhubon Trust. But I hope and believe that with your help and support at home and abroad, we can build & sustain such a centre at a high level.



Location of the Hospitals Naogaon, Rajshahi

-Primary Centre, Screening: (Rahima Baniz Healthcare Centre)
 -Secondary Centre, Screening and Treatment: (RTCCRI)

Prof. Dr. Golam Abu Zakaria
 Founder President
 Alo Bhubon Trust

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 Phone: +88 013 18259369





ALO BHUBON TRUST (ALO-BT)



South Asia Centre for Medical Physics and Cancer Research (SCMPCR)
A Project of Alo Bhubon Trust

2021

Year-Long Events of Alo-BT for Celebrating the Centenary Birthday Anniversary of Bangabandhu

January

- Celebrating Cervical Cancer Awareness Month by organizing Awareness and Screening program

February

- Awareness program World Cancer Day (4th Feb online awareness program)
- E-learning Program (ELP-03)

March

- Hands on workshop (HW)
- World Water Day (virtual online seminar)

April

- World Health Day
- SES in service Training (Biomedical Engineers)

May

- Self Help Group

June

- World Environmental Day (Alo-BT on site awareness program)
- E-learning Program (ELP-04)

July

- SES In Service Training (Radiation Oncologists, Medical Physicists and Radiotherapy Technician)

August

- World Lung Cancer Day (virtual online E-health Awareness program)
- SES In service Training (Gynecologists and Midwives)

September

- Self Help Group (if Possible)

October

- Hands on workshop (HW)
- Breast Cancer Awareness Program
- E-learning Program (ELP-05)

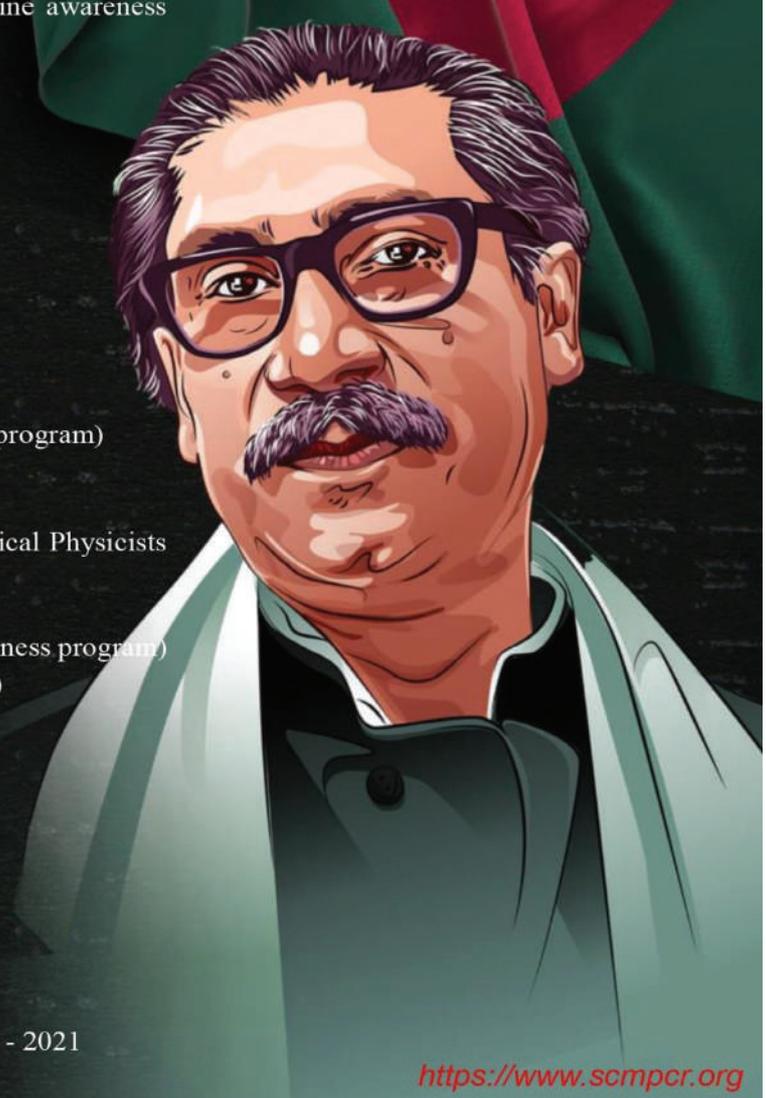
November

- Self Help Group

December

- Asia-Oceania Congress on Medical Physics (AOCMP) - 2021

<https://www.alobhubon.org>



<https://www.scmpcr.org>