

## **ECRL MONTHLY ECONOMIC**

## &Business Review



**Cover Story:** From Quantity to Quality: A Strategic Roadmap for Reforming Bangladesh's Healthcare Professionals **ECRL Thought:** 

The Doorstep Revolution: Why At-Home Care is Bangladesh's Next Economic Horizon



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# **Editor's** Note

Arifur Rahman, FCCA, FCA, CSAA Chief Executive Officer (CEO)



As Bangladesh stands at the cusp of significant economic and social transformation, the resilience of our healthcare system has emerged as a defining national priority. It's no longer just about building hospitals; it's about investing in the skilled, compassionate professionals who are the lifeblood of our nation's well-being. This month, we delve into the heart of this challenge, exploring the strategic reforms needed to empower our healthcare workforce for a healthier, more prosperous future.

Our Cover Story, "A Strategic Roadmap for Reforming Bangladesh's Healthcare Professionals," lays out the systemic challenges and opportunities we face. It argues that isolated fixes are insufficient. Instead, a comprehensive, integrated strategy is required to align education, regulation, and professional practice to meet the demands of a modernizing nation. The story underscores a critical point: our healthcare professionals are not just a resource but a strategic national asset that requires deliberate and sustained investment.

This forward-looking perspective is complemented by our ECRL Thought feature, "The Doorstep Revolution: Why At-Home Care is Bangladesh's Next Economic Horizon." This article explores an innovative and rapidly growing frontier in healthcare delivery. It makes a compelling case that investing in a skilled workforce for at-home care can address pressing social needs—like our aging population—while simultaneously unlocking a significant new economic sector, creating jobs, and improving quality of life.

At the very core of this discussion is the nursing profession. To gain an expert perspective, we sat down for an exclusive Interview with Dr. Md. Shariful Islam, the President of the Bangladesh Nurses Association. In a candid conversation, Dr. Islam paints a clear picture of the state of nursing in the country. He highlights the "critical shortage of skilled nurses" and identifies systemic barriers, from the lack of a structured career path to the urgent need for curriculum modernization. Dr. Islam's message is both a warning and a call to action. He stresses that quality patient care is impossible with nurse shortage for patients. His vision for 2035 is ambitious yet achievable: a self-sufficient, globally competent nursing workforce that drives both national health security and economic growth. He advocates for structural changes like transparent governance, merit-based advancement, and the digital transformation of the workforce—reforms that are essential if Bangladesh is to become a competitive global source of skilled healthcare professionals.

Together, the features in this edition underscore a pivotal truth: the future of Bangladesh's healthcare system depends not only on infrastructure and technology but also on people. Investing in the education, empowerment, and well-being of healthcare professionals is fundamental to achieving universal health coverage, driving economic growth, and enhancing global competitiveness.

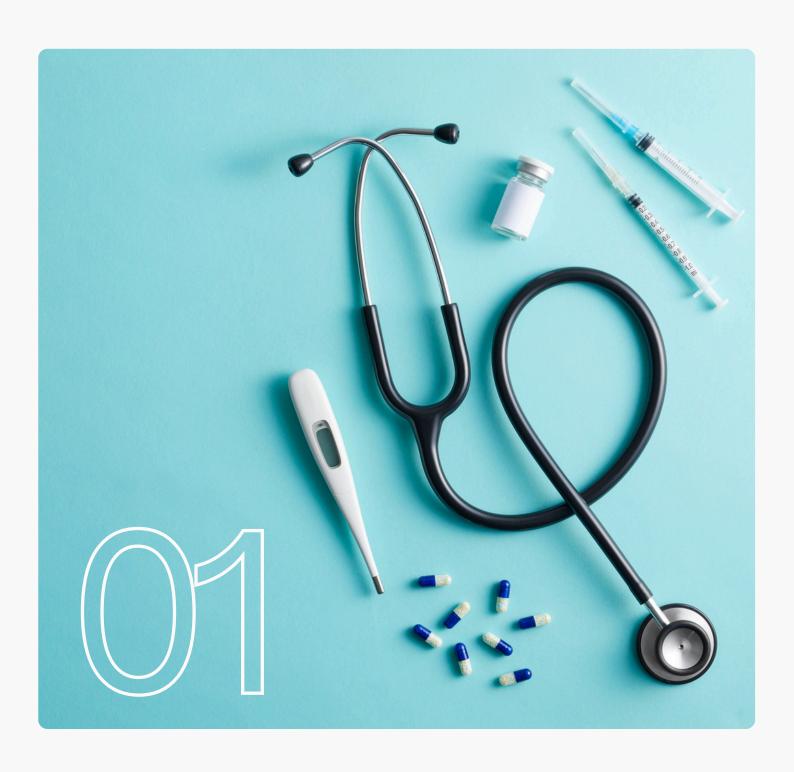
At ECRL, we remain committed to fostering dialogue on such transformative issues, connecting policy with practice, and highlighting pathways toward inclusive and sustainable growth. We hope this edition inspires policymakers, investors, and health sector leaders to reimagine Bangladesh's healthcare landscape with vision, innovation, and resolve.



# **Cover** Story

FROM QUANTITY TO QUALITY: A STRATEGIC ROADMAP FOR REFORMING BANGLADESH'S HEALTHCARE PROFESSIONALS

Reviewed by Dr. Md. Shariful Islam, President of Bangladesh Nurses Association (BNA)





#### **Bangladesh Healthcare Professional Overview (Snapshot)**



230,000

nurses by 2030

#### Systemic Ratios & Health Outcomes

#### **Doctor-to-Nurse** Ratio

Bangladesh Has 1:0.75 WHO Recommended 1:3

#### **Nurse & Midwife** Density

Bangladesh has 6.6 per 10,000 people South Asian Average 20.6

#### **Maternal Mortality** Ratio (MMR)

Bangladesh has 155 per 100,000 live births

> **UN SDG Target** < 70

Overall Shortfall (Nurses & Midwives) 72.5% deficit against calculated need

#### **Education & Training Pipeline**

**Total Annual Training Seats** 

44,055

Private Sector Seats

35,775 (81% of Total)

**Public Sector Seats** 

7,880

(19% of Total)

Diploma in Nursing Seats

20,715

BSc in Nursing Seats

9,900

Teacher-Student Ratio (Public)

1:57 Recommended 1:20

MSc in Nursing programs offers

23



#### **Workforce & Employment Snapshot**

Registered Nurses & Midwives (as of May 2025)

116,584



Registered Nurses Unemployed (Approximately)

10,000



**Public Sector** Midwifery Posts Vacant (A Staggering)

**62%** 



Private Sector **Employment** (Employs the nursing workforce)

80%



Government job recruitment - 90% for diploma nurses (Only BSc Nurse)

10%



#### **Global Market & Competition**

- Global Nurse & Midwife Deficit Projected 7.6 million by 2030
- Globally **7 million** caregiving job opportunities by 2035. Philippines' Nurse Remittances Approximately \$8 billion
- India pledges to supply 300,000 healthcare workers in the UK, Australia, and Germany

#### Latest update on Bangladesh Healthcare Professionals.

- BSc graduates in nursing are now eligible for the Bangladesh Civil Service (BCS) examination.
- KOICA to launch the country's first-ever PhD program in nursing, a project costing USD 5.9 million.

#### What Bangladesh can learn from the Philippines & India

#### **Philippines**

- An Americanized curriculum provides a direct migration pathway.
- Germany-Philippines Global Skill Partnership (GSP) partnerships fund local skills and language training.

#### Challenges

- Outdated curriculum fails to create globally competitive healthcare professionals.
- Lack of qualified faculty, infrastructure, and an advanced degree program.
- Absence of specialized training creates a shortage in the high-
- demand field of ICU and oncology. Weak governance and regulation resulted in poor quality control and insufficient job creation.
- Unregulated, low-quality private institutions produced a large surplus of unemployed nurses.

#### India

- Curriculum focused on advanced clinical skills, cultural competency, and language proficiency to meet international standards.
- Enhances the value of its nurses through specialized postbasic diploma programs in oncology and critical care, alongside leadership development initiatives, called the "Leadership for Change" program.
- Nurses are globally known for rigorous training, adaptability, and a strong commitment, along with compassionate, family centered care.

#### Recommendations

- Overhaul the curriculum and enforce strict quality standards.
- Develop qualified faculty and create advanced specialization
- Strengthen governance with a data-driven national workforce
- Build a formal pipeline to export skilled nurses.
- Formalize caregiver roles and elevate the nursing profession's status.

#### Introduction

The healthcare sector of Bangladesh is caught in a debilitating paradox. While national health indicators and international benchmarks point to a critical shortage of skilled professionals, the lived reality for thousands of trained nurses, midwives, and medical technicians is one widespread unemployment, systemic underappreciation, and a desperate scramble for scarce opportunities. This is not a simple numerical discrepancy but the outcome of a deep-seated structural failure—a system that produces a surplus of graduates it cannot absorb, equipped with skills that are misaligned with both domestic needs and global demands. This introduction traces the arc of this crisis, from the sector's nascent origins defined by scarcity to its modern-day dysfunction, thereby setting the stage for the detailed analysis that follows.

The foundations of formal nursing in the region were laid in an era of profound scarcity. Before 1971, what was then East Pakistan had a skeletal framework for nursing education, evolving from just three Junior Nursing Schools under the Bengal Nursing Council. The establishment of the first professional Senior Nursing School at Dhaka Medical College Hospital in 1947 marked a pivotal moment, yet the profession began with a mere 50 nurses who had opted to move from India post-partition. The early years were characterized by a dependency on external expertise and aid, with British nurses in key administrative roles and international fellowships from the World Health Organization (WHO) and USAID providing the primary avenues for advanced training. This period, stretching through the 1960s, saw a slow, state-led expansion, with the number of nurses growing to just 600 by 1970 (Bangladesh Nursing & Midwifery Council 2025). Midwifery, for its part, remained largely the domain of traditional, untrained birth attendants, a practice that persisted for decades post-independence (Zaman et al. 2020). Similarly, the formal training of medical technicians began modestly, with the establishment of a "Paramedical Institute" in Dhaka in 1963, initially offering a single course (Institute of Health Technology). The initial condition for all these professions was one of an unambiguous deficit, where the primary challenge was simply to produce a sufficient number of trained personnel to staff a fledgling health

The trajectory from scarcity to surplus began after Bangladesh's independence in 1971, accelerating dramatically in recent decades. The post-liberation government, recognizing the acute need, established the Directorate of Nursing Services in 1977 and gradually expanded the number of public training institutes (Bangladesh Nursing & Midwifery Council ). A significant policy shift occurred with the formal introduction of a professional midwifery cadre, spurred by a prime ministerial commitment in 2010 to deploy 3,000 midwives to combat the nation's high maternal mortality rate. This led to the launch of a three-year Diploma in Midwifery in 2013, creating a dedicated educational pathway distinct from nursing (Pappu et al. 2023). However, the most transformative—and problematic—dynamic has been the explosive, largely unregulated growth of private training institutions. This marketdriven expansion has vastly outpaced the public sector, which now accounts for only 7,880 of the 44,055 available nursing and midwifery training seats (Bangladesh Nursing & Midwifery Council 2025). This rapid scale-up in production was not tethered to a corresponding strategy for job creation or quality assurance. Consequently, a system designed to solve a



problem of scarcity began to create a new crisis: a massive oversupply of graduates funneled into a labor market that had no capacity to absorb them.

Today, this mismatch manifests as a full-blown workforce crisis. The official statistics paint a misleading picture of need; the World Health Organization's recommended doctor-to-nurse ratio stands in stark contrast to Bangladesh's reality. Projections suggest a need for 230,000 nurses by 2030, yet the Bangladesh Society Graduate Nurses reports approximately 10,000 registered nurses are currently jobless (Begum and Mahmood 2024). This surplus of qualified individuals creates a saturated domestic market where, for every advertised public sector post, a huge number of applicants compete, driving down wages and enabling exploitation in the private sector, which employs 80% of the nursing workforce (Rony 2022). The failure is most glaring in midwifery, where a staggering 62% of sanctioned public sector posts remain vacant despite thousands of trained and registered midwives being unemployed—a catastrophic deployment failure that directly contributes to a maternal mortality ratio of 155 per 100,000 live births (Ministry of Health & Family Welfare 2025). The cadres of medical technicians and caregivers face similar neglect, with a 39% vacancy rate for technologists and a nascent caregiver sector that lacks any formal structure despite a projected demand for 7 million jobs by 2035 (Bangladesh Health Watch 2024).

This domestic oversupply should, in theory, be a valuable asset for export, given the immense global demand. The World Health Organization (WHO) projects a worldwide deficit of 7.6 million nurses and midwives by 2030, with high-demand markets in the UK, Australia, Germany, and the Middle East. Yet, Bangladesh has failed to capitalize on this opportunity, watching as regional competitors build formidable export industries. The Philippines, for example, has systematically aligned its education system with global standards, exporting over 316,000 nurses who contribute approximately \$8 billion in annual remittances (Center for Global Development 2025). Similarly, India, with its 3.6 million registered nurses, has a government-supported strategy to supply healthcare workers to developed nations. Bangladesh's inability to compete is a direct consequence of the same systemic flaws plaguing its outdated, diploma-heavy domestic market. An curriculum, inadequate practical training, and a lack of English proficiency render the vast majority of its graduates ineligible for opportunities abroad, trapping a potentially valuable national asset in a cycle of domestic underemployment (Merz et al. 2024).

The chasm between the nation's theoretical need for healthcare workers and the on-the-ground reality of a labor surplus is the central paradox this report investigates. While a demand-supply analysis reveals a staggering 81.7% deficit in the number of employed nurses against the calculated national need, this figure does not reflect a scarcity of people but a critical shortage of funded positions and a broken employment pipeline. The root causes of this dysfunction, which will be explored in depth, are multifaceted. They stem from an outmoded curriculum misaligned with modern, competency-based standards; a critical lack of advanced education and specialization pathways; a severe crisis in faculty and infrastructure, evidenced by a teacherstudent ratio in public institutes; and a profound failure of governance, wherein regulatory bodies have failed to ensure quality, particularly in the sprawling, profit-driven private sector.

02

03

04

This complex interplay of historical legacies, misguided policies, and deep-seated systemic failures has created a workforce that is simultaneously a national liability and a squandered opportunity. The following report will deconstruct this paradox in granular detail, analyzing the root causes of the crisis, quantifying its impact on the healthcare system and the national economy, and ultimately proposing a strategic, integrated pathway to transform Bangladesh's surplus of personnel into the skilled, respected, and globally competitive professional cadre the nation so desperately needs.

#### 1. The Domestic Landscape: A System Under Severe Strain

The healthcare sector in Bangladesh presents a significant paradox. While international benchmarks and national projections point to a critical need for more skilled healthcare professionals, the reality for those within the system is one of fierce competition, underemployment, and systemic strain. The growth in population and shifting disease burdens are increasing the demand for care, yet the mechanisms for training, deploying, and retaining professionals like nurses, midwives, caregivers, and medical technicians are failing to create a viable labor market. In short, a system that produces a surplus of graduates who face a shortage of opportunities, an education system struggling to impart globally relevant skills, and systemic inefficiencies that suppress wages and stifle career growth.

#### 1.1. Quantifying the Paradox: Theoretical Deficit vs. Real-World Surplus

On paper, Bangladesh faces a profound human resources deficit in healthcare. The World Health Organization (WHO) recommends a doctor-to-nurse ratio of 1:3, yet in Bangladesh, the ratio is a stark 1:0.75. This statistical imbalance, supported by other analyses suggesting an ideal 1:3:5 ratio for doctors to nurses to midwives to technicians versus the local reality of 1:0.7:0.7, paints a picture of a nation in dire need. Projections estimate a shortfall of nearly 500,000 nurses and supporting healthcare providers by 2025 and an average requirement of 230,000 nurses by 2030 to meet healthcare needs (Begum and Mahmood 2024). The density of nursing and midwifery personnel, at only 6.6 per 10,000 population in 2023, is well below the South Asian average of 20.6, reinforcing the narrative of a critical shortage (WHO 2025). However, this theoretical deficit masks the true crisis: a critical lack of vacancies and a saturated job market. For every advertised post in the public sector, there are a huge number of applicants, indicating a substantial oversupply of qualified individuals competing for a handful of positions. This discrepancy highlights a fundamental failure in workforce planning, where the production of healthcare professionals has vastly outpaced the creation of meaningful employment opportunities within the public health system.

#### WHO recommended

Doctors to nurses and midwives to technicians

Bangladesh has 1:0.7:0.7

#### **DOCTOR-TO-NURSE RATIO**

WHO recommends

Bangladesh has

## **BANGLADESH REQUIRED** 230,000 NURSES

This oversupply is largely fueled by a rapidly expanding network of training institutions. As of March 2025, there are 44,055 seats available across various nursing and midwifery programs. The system is heavily skewed towards diploma-level education, with 20,715 seats for the 3-year Diploma in Nursing Science and Midwifery compared to just 9,900 for the 4-year Bachelor of Science (BSC) in Nursing. The private sector is the primary engine of this expansion, offering 35,775 seats—dwarfing the 7,880 in government institutions (Bangladesh Nursing & Midwifery Council 2025). While this network produces a high volume of graduates, it feeds a market that cannot absorb them. Furthermore, this reliance on private education, coupled with an outdated curriculum, raises serious questions about quality, standardization, and the practical skills of graduates. They are often ill-equipped for the demands of the international market due to deficiencies in areas like language proficiency and modern clinical knowledge, trapping them in a domestic market where their surplus numbers are exploited.



Private institutions

35,//5

Government institutions

As of May 31, 2025, the total number of registered nurses and midwives in Bangladesh stands at 116,584. The workforce composition reflects the educational pipeline, with a majority (64,367) holding a 3-year Diploma in Nursing Science and Midwifery, compared to 16,009 with a 4-year BSc in Nursing (Bangladesh Nursing & Midwifery Council 2025). This large pool of registered healthcare professionals, unable to find sufficient public sector employment or opportunities abroad, is often forced to accept low-wage positions in private hospitals. The recent eligibility of BSc graduates for the Bangladesh Civil Service (BCS) examination offers a prestigious career path, but it is an option available to only a small fraction, doing little to alleviate the systemic underemployment facing the vast majority

The midwifery profession, formally established in 2013 to combat high maternal mortality, exemplifies the system's deployment failure. With nearly 70% of births occurring outside healthcare facilities (Pappu et al. 2023), the need for skilled midwives is undeniable to meet the United Nations' Sustainable Development Goal (SDG) of reducing the maternal mortality ratio to below 70 per 100,000 live births from its current 155 (Ministry of Health & Family Welfare 2025). The educational system has responded, with 5,785 annual seats producing 8,807 registered professionals with a 3-year Diploma in Midwifery. Yet, a staggering 62% of midwifery posts in the public sector remain vacant (Bangladesh Health Watch 2024). This is not due to a lack of qualified candidates, but a failure to fill sanctioned posts, leaving thousands of trained midwives jobless and rural communities without essential care.

# MATERNAL MORTALITY RATIO 155 PER 100,000

LIVE BIRTHS IN 2025

of diploma-holders.

MIDWIFERY FORMALLY INTRODUCED IN BANGLADESH

# BIRTH OCCURS OUTSIDE OF HEALTHCARE NEARLY 70% IN BANGLADESH

Beyond nurses and midwives, the broader healthcare ecosystem of caregivers and medical technicians faces similar neglect. The need for professional caregivers is rapidly growing, driven by an aging population of over 11.2 million people aged 65 and above and a high prevalence of noncommunicable diseases (Trading Economics 2025). However, caregiving remains a nascent and largely informal concept. Despite the International Labor Organization estimating a potential for 7 million caregiving jobs by 2035, there is a lack of government initiative to formalize the sector and create a structured job market. Similarly, the critical cadre of medical technicians is understaffed, with a reported 39% vacancy rate in technologist posts (Bangladesh Health Watch 2024).



This reflects a lack of attention to upgrading their skills and filling existing positions, further straining the diagnostic and therapeutic capacity of the entire healthcare system.

# IN BANGLADESH, PEOPLE AGED 65 AND ABOVE 11.2 MILLION BY 2025

7 MILLION BY 2035
FOR A CAREGIVER IN BANGLADESH

## 1.2. The Workforce in Crisis: Challenges from Within

The crisis in Bangladesh's nursing profession is not merely numerical; it is deeply embedded in systemic and professional roadblocks. The most telling symptom is unemployment. The Bangladesh Basic Graduate Nurses Society (BBGNS) reports that around 10,000 registered nurses are currently jobless. This surplus of qualified professionals creates a buyer's market for private hospitals, which employ about 80% of the nursing workforce (Rony 2022). Registered nurses are often forced to accept low wages, long hours, and precarious job security, leading to high rates of burnout and turnover.Compounding this, the excess supply of nurses cannot even be channeled into overseas markets. A significant portion of graduates lack the practical and soft skills required for global competitiveness. An outdated curriculum, inadequate infrastructure for hands-on training, and a lack of English proficiency create major barriers. This is exacerbated by a lack of proactive government initiatives and monitoring to align nursing and midwifery education with international standards and facilitate ethical overseas recruitment.For those who do find work, the challenges persist. Nursing continues to suffer from a negative socio-cultural stigma, often viewed as a low-status job rather than a technical profession requiring critical thinking. This devalues the workforce and discourages talented individuals. Furthermore, nurses face limited autonomy and the absence of a clear career ladder, with many retiring in the same position they started in. More than 95% of nurses report needing additional training to upgrade their skills, yet opportunities for professional development are scarce (Begum and Mahmood 2024).

95%

nurses feel the need Additional training 80%

(Among them) Work in the Private Hospital

10,000 REGISTERED NURSES ARE CURRENTLY UNEMPLOYED

According to the Bangladesh Basic Graduate Nurses Society (BBGNS)

#### 1.3. The Quality Conundrum: Beyond the Numbers

The dual pressures of a mismanaged workforce and deep-seated professional dissatisfaction inevitably compromise the quality of patient care. The high Maternal Mortality Ratio (MMR) is a direct outcome. While thousands of midwives are registered, the failure to fill vacant posts means maternity wards are understaffed, preventing the attentive care needed to manage childbirth complications. Similarly, the inverted nurse-to-doctor ratio in active service means essential patient care-medication management, monitoring, and education—is often neglected. This leads to poorer health outcomes and increases the financial burden on patients, who already bear 73% of healthcare costs outof-pocket (Ministry of Finance 2025).

The crisis is further deepened by severe disparities. The healthcare workforce is concentrated in urban centers, where only 22% of the population lives. This leaves 78% of Bangladeshis in rural areas critically underserved and reliant on under-equipped or informal providers (UNDP 2022). Government recruitment policies, which allocate 90% of jobs to diploma nurses versus only 10% for graduate nurses, also disincentivize the pursuit of higher education and specialized skills in critical areas like cardiology, ICU, and dialysis (Rony 2022). The result is a system caught in a vicious cycle: it produces a large volume of professionals it cannot employ, while the understaffed and demoralized workforce it does employ cannot provide the quality of care the population desperately needs.

**Health professionals** 

based on urban areas

**Country Population** 

live in Rural areas

#### 2.0. The Global Horizon: **Opportunities for Health Care Professionals**

The global healthcare landscape is defined by a critical and growing shortage of skilled professionals. The World Health Organization (WHO) projects a global deficit of 7.6 million nurses and midwives by 2030, with the South-East Asia Region alone requiring an additional 1.9 million. While this worldwide demand should, in theory, present a golden opportunity for Bangladesh, the domestic reality presents a stark paradox. Bangladesh is currently grappling with an oversupply of nurses who face widespread unemployment or are compelled to accept low-wage positions in the private sector. This surplus of professionals cannot be readily exported to alleviate global shortages due to significant deficiencies in skills, language proficiency, and an educational framework that has not kept pace with international standards. Tapping into the global market, therefore, requires not just an understanding of overseas demand but a critical and honest assessment of the deep-seated domestic challenges that prevent Bangladesh from capitalizing on it.

# **7.6 MILLION** by 2030

#### 2.1. Mapping Global Demand: A Distant **Opportunity/Key Destination Markets**

Despite domestic hurdles, the demand in international markets remains high, highlighting the scale of the missed opportunity. The Middle East, particularly Kuwait, has been a traditional destination, with a memorandum of understanding (MoU) with the Bangladesh Overseas Employment and Services Limited (BOESL) facilitating the placement of 677 nurses (Bangladesh Overseas Employment & Services Limited 2024). This demand is propelled by Kuwait's aging population, investment in new medical facilities, and a governmental push to enhance healthcare quality. In 2024 alone, the country sought to appoint over 2,000 new nurses to address shortages, according to Kuwait's Ministry of Health. However, this number is a fraction of the potential, as thousands more are needed across the Gulf region. The primary barrier remains the inability of most Bangladeshi applicants to meet the experience and language requirements demanded by countries like Saudi Arabia, Qatar, and the UAE.

Developed nations present an even more lucrative but challenging frontier. The United Kingdom, for instance, is a high-potential market with 40,000 nursing vacancies in its National Health Service (NHS) (UK Parliament 2025); by 2025, it is expected that nearly a quarter (24.1%) of its registered nurses will be from overseas. Yet, while Bangladesh is a top-10 source country, the actual numbers are modest—135 new registrations in 2023 and 128 in 2024—reflecting the struggle of Bangladeshi nurses to meet stringent competency and language standards (Nursing & Midwifery Council 2025). Similarly, Australia faces a projected shortfall of over 70,000 nurses by 2035, with an entry-level salary of AUD \$80,000 creating a powerful incentive (Ministry of Expatriates' Welfare and Overseas Employment 2025). Access, however, is gated by rigorous registration processes that include registering with the Australian Practitioner Regulation Agency (Ahpra), completing a six-month training course in Australia, and achieving high English proficiency scores—hurdles that remain insurmountable for many.

In continental Europe, Germany's need for up to 300,000 nurses and caregivers by 2030 signals another major opportunity (Barkhausen 2023). Yet, without a concerted national effort to align curriculum and language training with German standards, it remains a distant prospect. The demand in Asia for caregivers, driven by Japan's aging society, also underscores a potential new avenue. However, the caregiver role is a nascent concept in Bangladesh, and the workforce is not yet equipped with the specialized skills or Japanese language proficiency required to fill the projected shortage of 570,000 care workers by 2040 (International Trade Administration 2025). In every key market, the story is the same: immense demand met by an unprepared supply.

**BOESL** successfully placed skilled diploma and BSc nurses in Kuwait

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24 7/0 registered nurses will be from overseas in UK

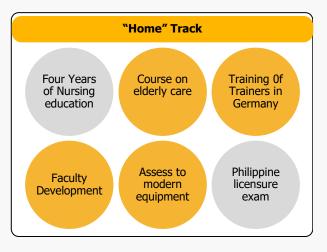
## 2.2. Competitive Analysis: Learning from Regional Powerhouses

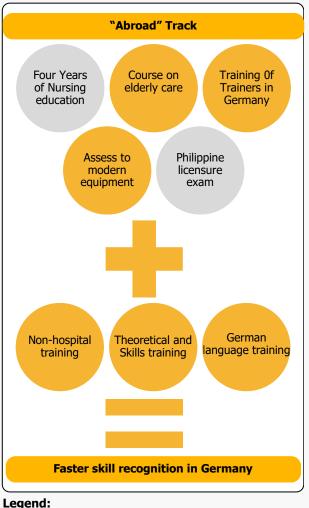
Bangladesh's inability to establish a healthcare professional export industry stems directly from the absence of a strategic and well-structured domestic ecosystem. To understand the path forward, Bangladesh must benchmark itself against regional leaders like the Philippines and India, who have intentionally built themselves into global nursing powerhouses.

The Philippines serves as a prime example of a country that has systematically integrated the export of nurses into its national economic strategy, a policy reflected in the fact that over half (316,000) of its nearly 620,000 licensed nurses work abroad (Center for Global Development 2025). This success is built upon several key strengths, beginning with a significant historical advantage. Decades of US influence led to the development of an Americanized nursing curriculum, which created a direct and seamless pathway for graduates to migrate to the United States and other English-speaking countries (Harvard International Review 2024a). Building on this foundation, the Philippines has also embraced forward-thinking policies, most notably through innovative collaborations like the Germany-Philippines Global Skill Partnership (GSP). This groundbreaking model involves Germany's financing skills and language training within the Philippines, creating distinct "home" and "abroad" tracks. This approach facilitates ethical, skilled migration for those who choose to leave while simultaneously strengthening the domestic healthcare system by upskilling the nurses who choose to stay (Center for Global Development 2025) —a stark contrast to Bangladesh's current state of having neither a skilled domestic nor a skilled export workforce. This entire framework is deeply intertwined with the nation's economic goals, as the government actively promotes the export of nurses for financial gain. The result is a substantial economic impact, with remittances from nurses contributing roughly \$8 billion annually to the Philippine economy (Harvard International Review 2024a).

# 8 billion REMITTANCES CONTRIBUTION OF NURSES

# PHILIPPINE LICENSED NURSES WORK ABROAD 316,000 %







India's emergence as a leading global supplier of nurses is driven by a combination of personal ambition and a robust national strategy. The migration of Indian nurses motivated by economic primarily supplemented by a strong desire for greater professional respect, safety, and improved working conditions. This trend is expanding geographically from traditional centers like Kerala to include states like Punjab. With a vast talent pool of approximately 3.6 million registered nurses expected by 2025, the country is well-positioned to meet both domestic and international demand. This is evidenced by the estimated 640,000 Indian nurses currently working abroad, a migration actively supported by government pledges to supply 300,000 healthcare workers to nations like the UK, Australia, and Germany

(Merz et al. 2024). The country's success rests on a hybrid model that merges a massive, market-driven education sector with targeted state-level support. With a vast educational infrastructure, the system is geared towards global demands, emphasizing advanced clinical skills, cultural competency, and language proficiency. High academic standards are maintained by requiring nursing educators to hold master's or doctoral degrees (Jerald 2025). This educational foundation is supported by a sophisticated institutional framework. Government policy actively facilitates nurse migration through agencies like Kerala's Norka Roots, which ensures transparent recruitment. Furthermore, the "Nurses

Registration and Tracking System" (NRTS), linked to the national identification system, creates a live register for efficient workforce management. Specialized post-basic diploma programs in high-demand fields like oncology and critical care further enhance the value of Indian nursing professionals. Beyond technical skills, there is a clear focus on professional development, highlighted by

the Indian Nursing Council's collaboration with the International Council of Nurses (ICN) on the "Leadership for Change" program, which is designed to cultivate leadership skills among senior nurses and midwives (Indian Nursing Council 2025). As a result, Indian nurses are renowned for their expertise, adaptability, and a deep commitment to compassionate, family-centered care. Their rigorous training equips them with skills that

can match physician expertise in many scenarios, leading to improved treatment quality and patient satisfaction. By seamlessly integrating into diverse healthcare environments, they play a pivotal role in alleviating global staff shortages and contributing significantly to global health initiatives (Jerald 2025). This sophisticated institutional framework stands in sharp contrast to Bangladesh's outdated curriculum and

India Has 3.6 MILLION REGISTERED NURSES

lack of government monitoring, which leaves its nursing graduates unequipped for the global market.

640,000 by 2025 INDIAN NURSES ARE WORKING ABROAD

Indian 300,00 government supply

pledges to Healthcare workers to the UK, Germany, and **Australia** 

#### 2.3. Economic Potential: A Trapped Asset

The economic benefits of successfully exporting nurses, midwives, and caregivers are immense but remain largely theoretical for Bangladesh. The high salaries offered in destination countries could generate a substantial inflow of remittances, but this potential is currently trapped within a workforce that cannot meet international standards. The Philippine benchmark, where nurses contribute 25% of all remittances (Harvard 2024), Review International illustrates transformative impact that Bangladesh is forfeiting. A successful export strategy would also represent a crucial diversification of the nation's remittance portfolio, shifting reliance from low-skilled labor in volatile markets to high-skilled professionals in stable, demographicallydriven economies. This would enhance national economic resilience and trigger a positive domestic ripple effect, creating jobs in modern nursing education, specialized language training centers, and recruitment services. However, without fundamental reforms, this entire economic engine remains stalled, and the nation's oversupply of nurses continues to be an underutilized asset rather than a driver of national growth.

> Philippines overseas nurses contribute

of all remittances

#### 2.4. Government and Institutional Framework: A Structure in Need of Strategy

On paper, Bangladesh possesses the institutional framework necessary to facilitate the export of healthcare professionals. The Bangladesh Overseas Employment and Services Limited (BOESL) is mandated to provide safe, transparent, and low-cost migration services. This framework is strengthened by government-to-government (G2G) agreements aimed at expanding Bangladesh's footprint in the global healthcare market. Notable examples include a successful Memorandum of Understanding (MoU) with Kuwait for sending nurses and ongoing negotiations with other countries such as Brunei, Lebanon, the Maldives, Germany, and Italy (Bangladesh Overseas Employment & Service Ltd 2024). According to a top BOESL official, a draft MoU was also recently sent to Italy for nurse recruitment. These initiatives are positive steps toward creating a template for orderly and rights-protected migration for healthcare professionals. However, the effectiveness of this framework is fundamentally crippled by the poor quality of the candidate pool it is designed to serve. BOESL's efforts and the signing of new MoUs are rendered largely ineffective when the majority of nurses fail to meet the basic skill and language requirements of partner countries. The existing structure is a pipeline without a viable product to export. A paradigm shift is required in government focus—away



from simply securing agreements and towards a deep, systemic reform of the nursing education and training sector. Without this, the institutional framework will remain a hollow structure, and Bangladesh will continue to watch from the sidelines as its regional competitors meet the world's demand for healthcare professionals.

#### 3.0. The Demand-Supply **Analysis**

Bangladesh's healthcare workforce, which includes nurses, midwives, caregivers, and medical technicians, is characterized by complex and often paradoxical dynamics of supply and demand. At first glance, international benchmarks and national health indicators suggest a profound and growing deficit of skilled professionals, painting a picture of overwhelming demand. However, this statistical reality masks a more complicated truth on the ground: a burgeoning crisis of unemployment and underemployment among qualified graduates. The heart of this paradox lies in the disconnect between the immense theoretical needdriven by population growth and shifting disease patterns—and the systemic failure to absorb this growing supply of healthcare professionals into meaningful, well-compensated roles. Examining this structural mismatch reveals the critical challenges that hinder the sector's development and limit its potential to meet both domestic needs and international export ambitions.

#### 3.1. Domestic Demand for Health Care **Professionals**

The ambition for Bangladesh to emerge as an exporter of nursing professionals first confronts the staggering scale of its own domestic demand. Before any surplus can be generated for overseas markets, the nation's internal healthcare needs must be met, and current data indicate this is a monumental challenge on paper. An analysis of the baseline demand for 2025 reveals the scale of this need through several key metrics. A population-based assessment, using the World Health Organization (WHO) threshold of 44.5 skilled workers per 10,000 people (Begum and Mahmood 2024), indicates that Bangladesh's projected population of 175.7 million (WHO 2025) requires a total workforce of approximately 781,865 skilled health care professionals to meet the United Nations' Sustainable Development Goals (United Nations Bangladesh). Furthermore, a critical system-based need is highlighted by country's doctor-to-nurse ratio. While the WHO recommends a 1:3 ratio for an efficient healthcare system, Bangladesh's ratio stands at a severely inverted 0.75 nurses for every doctor (Begum and Mahmood 2024). To rectify this imbalance based on the current 108,000 registered physicians, a minimum of 324,000 nurses are required (Sabur 2025). Another estimate from the Health Reform Commission places this population-based need for nurses at 310,500.

Against 108,000 registered physicians Bangladesh requires 324,000 nurses

#### 3.2. Future Projections of ECRL and Driving **Factors**

Even if current needs could be addressed, the viability of a long-term export strategy is challenged by powerful trends that will ensure domestic demand continues to grow for decades, propelled by powerful and intersecting long-term trends. One of the primary vectors of change is population growth, with projections showing an increase to 186 million people by 2030 and 214.7 million by 2050, which will proportionally increase the baseline demand for all healthcare workers (WHO 2025). Concurrently, Bangladesh is undergoing a rapid epidemiological transition, with non-communicable diseases (NCDs) now responsible for 67% of all deaths (Directorate General of Health Services 2024). The rising prevalence of chronic conditions like diabetes, projected to affect 13.7 million people by 2045, hypertension, and cardiovascular disease, necessitates a larger workforce skilled in long-term management and specialized care (Directorate General of Health Services 2024). The most profound driver of future demand is the country's demographic shift. The proportion of citizens aged 60 and over is set to double from approximately 17.6 million (one in ten) in 2025 to 43 million (one in five) by 2050 (UNFPA Bangladesh 2025). This demographic "silver tsunami," combined with the erosion of traditional family-based care, is creating a massive, nascent market for formal caregivers—a new concept for the country with immense potential.

Bangladesh's population is projected to

186 million by 2030

**214.7** million

by 2050

DUE TO A DEMOGRAPHIC SHIFT **Elderly citizens of Bangladesh are** projected to grow to

**42 million by 2050** 

NON-COMMUNICABLE DISEASES (NCDS) **RESPONSIBLE FOR DEATHS IN BANGLADESH** 

# e<sub>c</sub>

#### 3.3. Domestic Supply of Health Care Professionals

While the theoretical demand is immense, the domestic supply pipeline has expanded dramatically, creating a paradoxical situation. The educational infrastructure has produced a large pool of registered professionals that, in reality, exceeds the number of available jobs. According to the Bangladesh Nursing and Midwifery Council (BNMC) data from May 2025, there are 116,584 registered nurses and midwives. The educational infrastructure now comprises 457 BNMC-approved institutions with a combined total of 44,055 seats. This substantial pipeline, dominated by the private sector, churns out thousands of graduates each year. However, this rapid expansion in training has outpaced the creation of jobs in the healthcare sector, particularly in public hospitals where vacancies are scarce. The result is a growing cohort of jobless or severely underemployed nurses and midwives, leading to intense competition for the few available government posts and forcing many to accept low-wage positions in the private sector.

#### 3.4. Demand-Supply Gap in Bangladesh

The chasm between the calculated national need and the actual number of employed healthcare professionals creates a statistical deficit that masks the on-the-ground reality of a labor surplus. This structural mismatch, rather than a simple gap, is the central challenge facing the sector. While the data below point to a profound systemic crisis on paper, the lived experience for thousands of graduates is one of unemployment and precarious work.

#### **Professional Category:** Nurses & Midwives

425,997 116,584 309,143

Demand Supply Absolute (2025) (2025) Deficit

**Percentage Shortfall:** 72.50%

This table quantifies the systemic failure to absorb trained healthcare professionals into the workforce. The 72.5% shortfall in nurses does not signify a lack of available people, but rather a critical shortage of funded positions and a broken employment pipeline. This surplus labor cannot even be effectively exported. A combination of an outdated curriculum, inadequate practical training, and a lack of language proficiency means most graduates do not meet international standards. This is compounded by a lack of proactive government initiatives and monitoring to facilitate overseas employment. The issue, therefore, is not a simple lack of supply, but a multifaceted crisis of unemployment, underemployment, and a critical mismatch between training quality and the demands of both the domestic and global healthcare markets.

# 4.0. Root Cause Analysis: Deconstructing the Systemic Flaws

The healthcare sector in Bangladesh presents a fundamental paradox: while official data points to a severe shortage of skilled professionals, the reality on the ground is one of oversupply and widespread unemployment among nurses and midwives. This disconnect is not a simple numerical error but a symptom of deep-seated systemic flaws in the nation's education, regulation, and employment pipeline. The inability to produce high-quality, globally competitive healthcare professionals is rooted in the foundational cracks of this system. From an outdated curriculum and crumbling infrastructure to a lack of government monitoring and a dysfunctional private sector, the system is failing at every stage to equip its graduates for meaningful careers, creating a surplus of qualifications without opportunities.

## 4.1. An Outdated Blueprint: Curriculum and Pedagogical Deficiencies

The core of the employment crisis lies in a curriculum that is fundamentally misaligned with contemporary healthcare practice. Multiple analyses have described the nursing and midwifery syllabus as "outmoded," indicating a static educational model that has not modern, to meet competency-based international standards (Begum and Mahmood 2024). This deficiency means that graduates are trained using pedagogical methods that reflect a bygone era. They emerge from their studies lacking critical competencies now standard in global practice, such as evidence-based care, health informatics, advanced patient safety, and English proficiency. This curricular lag is a primary driver of the current oversupply, ensuring that even the most dedicated students are inadequately prepared for the demands of a sophisticated international healthcare environment. Consequently, the excessive supply of nurses cannot be exported overseas, leaving them to compete for the few available domestic positions. They are rendered non-competitive from the moment they graduate, trapped by an education that fails to meet global demands.

#### 4.2. The Lack of Advanced Education

Furthermore, opportunities for advanced education remain scarce, creating a critical leadership and research vacuum that perpetuates the cycle of mediocrity. While a few institutions in Bangladesh have recently begun to offer Master of Science (MSc) in Nursing programs—23 institutes in total—the overall capacity is extremely limited, and research-based doctoral programs are still in their nascent stages (University Grant Commission of Bangladesh 2025). This stands in stark contrast to regional peers like India, where the Indian Nursing Council oversees a robust doctoral system. As of March 2025, India had 503 students enrolled in Ph.D. in Nursing programs, with 199 doctorates already awarded (Indian Nursing Council 2025). This gap creates a vicious cycle in Bangladesh: without a robust pipeline for advanced degrees, the country cannot produce the highly qualified nurse educators, researchers, and administrators needed to reform the curriculum and elevate the profession from within.

Institutions offer an MSc in Nursing in Bangladesh (currently)

#### 4.3. Faculty and Infrastructure Crisis

The pedagogical crisis is compounded by a severe deficit in both human and physical resources. A critical scarcity of qualified educators plagues the system. Public nursing institutes report an unsustainable teacher-student ratio of 1:57, a stark contrast to the recommended standard of 1:20. These institutions are often forced to rely on a patchwork of deputized staff or physicians filling in as instructors, pointing to the absence of a dedicated and professionally trained teaching cadre. The quality of instruction is also compromised, with reports noting that "faculty members lack knowledge and modernized information". This human resource deficit is mirrored by a dire lack of physical infrastructure. Training facilities are described as "inadequate," with "suboptimal technical and laboratory facilities" that prevent hands-on learning with modern medical equipment. The direct consequence is a profound gap in practical, clinical leaving graduates with experience, theoretical knowledge that is untempered by real-world application. This is particularly acute in the private sector, where many institutions lack hospital affiliations, leaving their students with virtually no structured clinical exposure (Begum and Mahmood 2024).

Recommended teacher-student ratio is

1:20

Bangladesh has

1:57

#### 4.4. The Specialization Deficit

Bangladesh's training system is overwhelmingly geared towards producing generalist nurses, failing almost completely to meet both domestic and international demand for specialized practitioners. There is a critical shortage of nurses with expertise in high-demand fields such as intensive care (ICU), cardiology, oncology, dialysis, and gerontology. This deficit is a direct result of an almost non-existent training capacity, with a minuscule number of specialized nurses in the country (Begum and Mahmood 2024). This failure creates a debilitating bottleneck. The country cannot develop domestic healthcare services high-end specialized nurses, and without those advanced clinical units, there are no training grounds for the next generation. This systemic failure not only limits the quality of care available to Bangladeshis but also completely bars the country from accessing the most lucrative segments of the global health labor market. While there is a surplus of generalist nurses, the lack of specialists means they remain unemployable both at home and abroad. Meanwhile, the field of caregiving remains a nascent concept, yet holds immense potential given the aging population both domestically and worldwide, representing a missed opportunity for workforce diversification.

#### 4.5. Governance and Regulatory Failures

Beyond educational deficiencies, a deeper paralysis within Bangladesh's governance and regulatory framework perpetuates the crisis. Regulatory bodies like the Bangladesh Nursing and Midwifery Council (BNMC),



the Directorate General of Nursing and Midwifery (DGNM), and the Bangladesh Medical Technician Association (BMTA) have failed as quality gatekeepers, with a documented "absence of quality assurance on nursing programs" and no rigorous accreditation. Key administrative posts are often held by individuals without nursing backgrounds, marginalizing qualified professionals from decision-making (Akter et al. 2025). This governance failure directly contributes to the unemployment crisis. The government has not increased public hospital vacancies to absorb the growing number of graduates, creating a bottleneck where a huge number of applicants compete for a few posts. These forces registered nurses, desperate for work, into private hospitals where they face exploitation and low wages. Furthermore, strategic planning is crippled by a significant data deficit. The absence of reliable data from digital management systems, such as the Personnel Management Information System (PMIS) and the Nurse-Midwife Education Management System (NEMS), forces policymaking to be based on anecdote rather than evidence. This combination of ineffective regulation, a lack of public-sector job creation, and poor career incentives creates a cycle of underemployment and professional stagnation.

#### 4.6. Fragmented and Unregulated Market

The failure of the public sector to create sufficient jobs has created a vacuum filled by a chaotic proliferation of private training institutions. While privatization can be a powerful engine for growth, its implementation in Bangladesh's nursing and midwifery sector has been deeply flawed. The private sector now dominates the educational landscape in sheer numbers, with 105 private colleges offering Post Basic B.Sc. in Nursing compared to just 13 in the public sector (Bangladesh Nursing & Midwifery Council 2025). However, this quantitative expansion has created a fragmented and unregulated market driven by profit rather than quality. These private institutions are frequently criticized for their lack of qualified faculty and, most critically, their failure to provide adequate clinical training (Begum and Mahmood 2024). Instead of solving the national skills gap, this unregulated market has created a low-quality training industry that produces a large number of graduates who are unemployable. These graduates lack the verifiable, standardized credentials demanded by international markets and are inadequately prepared for domestic roles, fueling the paradox of a nation with an oversupply of nurses yet a shortage of skilled healthcare. They are trapped in a cycle of joblessness or forced to accept low-wage positions, victims of a system that prioritizes expansion over quality.

private colleges offer Post Basic B.Sc. in Nursing Compared to

13 PUBLIC INSTITUTIONS



#### 5.0. Strategic Pathways Forward: Resolving the Paradox

Bangladesh's healthcare sector is defined by a critical paradox: a large and growing surplus of unemployed nursing graduates coexists with a dire shortage of skilled, specialized, and globally competitive healthcare professionals. This fundamental mismatch not only undermines the nation's ability to achieve universal health coverage but also represents a significant squandered opportunity. Resolving this deep-seated issue requires a multi-pronged strategy to transform the current quantitative surplus into a qualitative powerhouse through comprehensive reforms education, governance, and national workforce strategy. Successfully implementing these changes will elevate domestic healthcare standards and strategically position Bangladesh as a leading exporter of skilled health professionals.

#### **5.1. Reforming the Educational Blueprint for Global Competitiveness**

The core of Bangladesh's healthcare workforce paradox —a surplus of unemployed nurses amidst a critical skills shortage—lies in its educational system. The rapid, largely unregulated privatization of nursing education has produced quantity at the expense of quality. To resolve this, the foundational step is a complete overhaul of the educational blueprint to meet contemporary international standards, such as those set by the Accreditation Commission for Education in Nursing (ACEN 2025). Curricula must be modernized to be competency-based, embedding essential topics like evidence-based practice, health informatics, and advanced patient safety protocols. However, reform is not merely about updating a syllabus; it's about enforcing standards. Many private institutions, failing to provide adequate hands-on clinical experience and operating with suboptimal facilities, produce graduates who are unprepared for both domestic needs and the global market. A strategic rebalancing from a diplomaheavy focus towards producing more skilled BSc graduates—who are now eligible for the Bangladesh Civil Service (BCS) examination—is crucial for elevating the profession's quality and creating more viable career

#### 5.2. Developing Advanced Specializations and **Faculty**

The current surplus of general nurses cannot fill the "acute" domestic need for specialists in high-demand fields like cardiology, ICU, oncology, and dialysis. This gap highlights the system's failure to translate its large pool of graduates into a capable workforce. A crucial step is to create pathways for advanced skills. While the recent collaboration with KOICA to launch a project costs USD 5.9 Million, the country's first-ever PhD program in nursing is a landmark initiative; it is only the beginning (University Grant Commission of Bangladesh 2025). To address immediate needs, Bangladesh could follow India's model of establishing specialized postbasic diploma programs. However, such initiatives will fail without tackling the critical shortage of qualified educators. The rapid expansion of nursing colleges has not been matched by faculty development, leading to unsustainable teacher-student ratios. Investment in national and regional faculty development centers is imperative to train educators in modern pedagogy and establish high-fidelity simulation labs. Creating a robust pipeline for MSc and PhD qualifications is the only

sustainable way to cultivate the expert faculty and researchers needed to guide the profession from quantity to quality.

#### 5.3. Strengthening Governance and a National **Workforce Strategy**

Weak governance is the linchpin that allows this paradox to persist. While thousands of nurses remain unemployed or underemployed, regulatory bodies have not effectively managed the mushrooming of private institutions or protected the workforce. A critical first step is empowering regulatory bodies like the BNMC and DGNM with leadership from senior nursing professionals. These bodies must enforce rigorous standards, especially in the profit-driven private sector, and impose stringent penalties—including license suspension—on institutions that fail to provide adequate clinical training. This must be paired with a data-driven national workforce strategy. Developing a five-year plan and a centralized digital system would enable evidence-based management of the workforce. Finally, systemic reform must address the grim reality for graduates. The government must not only create more public sector vacancies but also legislate and enforce minimum wage standards and fair working conditions in the private sector, where registered nurses are often forced to work for exploitative low wages due to the high supply of applicants.

#### 5.4. Building a Formalized Export Ecosystem

Bangladesh possesses a significant surplus of nurses, yet it fails to capitalize on the lucrative global healthcare market. This massive missed opportunity stems directly from a lack of export-readiness. The majority of graduates lack the specialized skills, English proficiency, and modern clinical knowledge demanded by destination countries. Therefore, building a strategic, governmentled export ecosystem is a two-fold challenge. First, the educational reforms mentioned earlier must be implemented to produce a globally competitive workforce. Second, the state-owned Bangladesh Overseas Employment and Services Limited (BOESL) must be empowered to create a pipeline for this skilled workforce. It should move beyond its current focus to government-to-government more agreements with markets like the UK, Australia, and Germany, emulating successful models like the Germany-Philippines Global Skill Partnership (GSP). Such partnerships, where the destination country co-invests in training, would ensure an ethical, low-cost migration pathway and transform the nurse surplus from a domestic burden into a valuable national asset.

#### 5.5. Formalizing the Caregiver Role and **Enhancing Professional Stature**

To absorb the current surplus and diversify its healthcare workforce, Bangladesh must formally recognize and develop untapped roles. The rising global and domestic demand for caregivers, driven by aging populations, presents a significant opportunity. However, the sector remains informal and unregulated, leaving it vulnerable to fraudulent agencies. The government must urgently establish a formal training, licensing, and export framework for caregivers under the Directorate General of Nursing and Midwifery (DGNM) to safely capitalize on this market. Similarly, greater investment is needed to upgrade the skills of medical technicians, as this profession has seen neither progression nor any government placements since 2022 (Bangladesh Medical Technologist Alliance).

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Ultimately, no strategy will succeed without tackling the poor professional stature and negative social stigma associated with nursing. This issue is exacerbated by the oversupply, which drives down wages and creates the perception of a low-value profession. Improving compensation, creating a clear career ladder, and actively promoting the value of nursing are essential to attract high-quality talent and break the vicious cycle of producing an under-skilled, undervalued, and underemployed workforce.

#### 6.0. Conclusion

The healthcare workforce in Bangladesh is defined by a critical paradox where a significant surplus of unemployed graduates coexists with a dire national deficit of skilled professionals. This situation stems not from a simple numerical imbalance but from a deepseated systemic failure across education, regulation, and workforce planning, which has crippled the domestic healthcare system and forfeited a vast opportunity on global stage. Unlike regional competitors, Bangladesh fails to capitalize on international demand because its educational framework is fundamentally flawed, suffering from an outdated curriculum, a scarcity of qualified faculty, and an unregulated private sector that prioritizes profit over quality. This educational crisis is exacerbated by weak governance and the lack of a strategic national plan to absorb graduates into the workforce. The path forward demands a comprehensive, multi-pronged reform agenda: the educational blueprint must be overhauled to meet international standards, governance must be strengthened to enforce quality, and a formalized export ecosystem must be built. Successfully implementing these changes is imperative to transform this pressing national challenge into a strategic asset, capable of elevating domestic healthcare while positioning Bangladesh as a competitive global supplier of high-quality health professionals.







# **ECRL** Thought

THE DOORSTEP REVOLUTION: WHY AT-HOME CARE IS BANGLADESH'S NEXT ECONOMIC HORIZON



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The quintessential image of the Bangladeshi family—multiple generations thriving under one roof, with elders cared for by dutiful children—is rapidly fading. A new reality is emerging: the nuclear family, stretched thin by urbanization, dual-income necessities, and youth migration. This profound social shift, coupled with a dramatic demographic transformation, has exposed a critical gap in our social fabric. Bangladesh is aging, and we are largely unprepared. Yet, this challenge presents an unprecedented economic opportunity. The rise of professional at-home care, spanning skilled nursing, post-operative support, and postpartum midwifery, is not merely a social stopgap; it is the next significant business frontier in Bangladesh.

Bangladesh is experiencing a "Silver Tsunami." A triumph of development, our average life expectancy has increased to over 72 years (UNFPA Bangladesh 2025). However, this success brings profound challenges. By 2040, one in five Bangladeshis will be 60 years or older (World Bank 2023). This aging population faces a surge in non-communicable diseases (NCDs) like cardiovascular conditions and diabetes, which require long-term management rather than episodic hospital visits. NCDs already account for 67% of all deaths in the country (Directorate General of Health Services 2024). Simultaneously, the traditional support structures are crumbling. Rapid urbanization is fueling the transition from joint to nuclear families, where the space, time, and capacity to care for an aging relative with complex needs often do not exist (Afridi 2025). Our existing healthcare infrastructure is ill-equipped for this new reality. Heavily burdened and focused on acute care, the system suffers from chronic underfunding, with public health expenditure remaining below 1% of GDP for two decades (Ministry of Finance 2025). This forces the financial burden onto individuals. Out-of-pocket (OOP) expenditure in Bangladesh is among the highest globally, at around 74% of all health spending (Serván-Mori et al. 2022). For families dealing with chronic prolonged hospitalization is catastrophic, pushing millions into poverty annually (Alam 2025).

# in Bangladesh 2

# Bangladesh's public health expenditure Below 1%

non-communicable diseases (NCDs)
Accounts for 67% deaths in the country

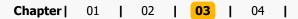
For decades, at-home care was synonymous with informal, untrained domestic help. While essential, this informal workforce lacks the skills to manage complex medical needs. This is the vacuum the professional home healthcare industry is now filling, driven by a growing middle and affluent class—expected to reach 34 million by 2030—with the means to pay for quality care (Munir et al. 2023). The entrepreneurial response is multifaceted. Globally, the home healthcare market is projected to reach upwards of USD 473 billion by 2030, and Bangladesh is poised to capture a domestic share (Market sand Markets 2025).

For decades, at-home care was synonymous with informal, untrained domestic help. While essential, this informal workforce lacks the skills to manage complex medical needs. This is the vacuum the professional home healthcare industry is now filling, driven by a growing middle and affluent class—expected to reach 34 million by 2030—with the means to pay for quality care (Munir et al. 2023). The entrepreneurial response is multifaceted. Globally, the home healthcare market is projected to reach upwards of USD 473 billion by 2030, and Bangladesh is poised to capture a domestic share (Market sand Markets 2025).

Several models are gaining traction. Specialized nursing agencies are moving skilled nursing from the ICU to the living room, offering services from post-operative care to palliative support. Leveraging technology, on-demand digital platforms such as DocTime and LifePlus Bangladesh act as aggregators, connecting patients with verified caregivers, a model that appeals to urban professionals managing care remotely. Finally, innovative providers are offering subscription and managed care models with regular nurse visits and customized plans, providing predictable revenue for businesses and comprehensive peace of mind for families. This need extends beyond the elderly. Postpartum care represents another critical frontier. While Bangladesh has made strides in maternal health, the focus has been on safe delivery, often neglecting the crucial "fourth trimester" (Priyanka et al. 2024). New mothers in urban centers frequently lack traditional support networks. Here, skilled midwives and postpartum doulas are revolutionizing care, offering everything from lactation consultation to screening for postpartum depression.

Despite immense opportunity, the path forward is challenging. The primary obstacle is the lack of regulation. The sector operates in a grey area with no standardized training, licensing, or quality control, making trust a difficult currency to earn. Furthermore, there is a severe shortage of trained personnel. Caregiving must be repositioned as a respectable, skilled profession. While institutions like the Caregiver Institute of Bangladesh (CIB), BRAC are emerging with certifications recognized by the National Skills (NSDA) and Bangladesh Development Authority Technical Education Board (BTEB), these efforts need to be scaled significantly. To harness this potential, a concerted effort is required. The Ministry of Health and Family Welfare must establish a regulatory framework with licensing requirements and minimum standards of care. Standardized training and certification must be scaled through public-private partnerships. Finally, home healthcare must be integrated into the mainstream ecosystem through formal hospital referral pathways and, crucially, inclusion in health insurance schemes to reduce the out-of-pocket (OOP) burden. Formalizing the sector will ensure better wages and working conditions, attracting the talent needed to sustain it.

The rise of at-home care in Bangladesh is an inevitable response to profound social and demographic change. It is a unique opportunity to address a critical social need while unlocking a vibrant new economic sector. The revolution is already at our doorstep; it is time to manage it with foresight, compassion, and strategic investment.





# Asking the Expert

AN EXCLUSIVE CONVERSATION WITH DR. MD. SHARIFUL ISLAM, PRESIDENT, BANGLADESH NURSES ASSOCIATION (BNA)







# Dr. Md. Shariful Islam, President

(Bangladesh Nurses Association (BNA))





Interviewed by Nabihatul Afrooz, Sr. Research Associate, ECRL

#### **Meet the Expert**

As Bangladesh faces mounting healthcare challenges, from acute human resource shortages to the global demand for skilled healthcare professionals, the nursing profession stands at the center of this transformation. With the country preparing for LDC graduation and an expanding focus on health system resilience, the need for evidence-based reforms in nursing education, workforce management, and policy integration has never been greater.

To explore these issues, Emerging Credit Rating Ltd. (ECRL) spoke with Dr. Md. Shariful Islam, President of the Bangladesh Nurses Association (BNA). Dr. Md. Shariful Islam is a distinguished Faculty member in Adult & Elderly Health Nursing at the National Institute of Advanced Nursing Education and Research (NIANER) in Dhaka. With a career spanning over two decades, Dr. Islam has cultivated a deep expertise in both the clinical and academic facets of nursing. He holds a PhD in Nursing from Yonsei University College of Nursing, South Korea, and a Master of Science in Nursing from Prince of Songkla University, Thailand.

#### Emerging Credit Rating Ltd.

Dr. Islam, as the head of the BNA and NIANER, how do you assess the current state of nursing and allied healthcare professions in Bangladesh? What are the most pressing priorities right now?

#### Dr. Md. Shariful Islam:

Bangladesh has made significant progress in expanding nursing and midwifery education over the last decade, yet the profession remains constrained by systemic challenges. We are facing a critical shortage of skilled nurses, educators, and technicians, both in the public and private sectors. The ratio of nurses to the population is still far below the WHO standard.

The Bangladesh Nurses Association is currently prioritizing three areas:

- Strengthening policy and regulatory frameworks to ensure fair career progression and professional autonomy;
- Upgrading education and training standards, particularly in clinical skills, English proficiency, and digital learning tools; and
- Enhancing the working environment and retention measures to address high turnover and low job satisfaction.

Unless we align education, regulation, and professional practice, the sector will continue to face both domestic shortages and challenges in preparing nurses for international deployment.

#### Emerging Credit Rating Ltd.

There is a recurring concern among professionals about the lack of a structured career path and limited clinical authority for nurses. What steps is BNA taking to address this?

#### Dr. Md. Shariful Islam:

This issue is deeply rooted in our governance structure. Nursing in Bangladesh has long been viewed as subordinate to medical hierarchies, which limits clinical autonomy. The BNA, in collaboration with the Directorate General of Nursing and Midwifery (DGNM) and the Ministry of Health, is advocating for a competency-based promotion framework where experience, education, and performance are evaluated systematically. Specifically, we are pushing for the creation of new first-class positions in hospitals, from

grade 9 to grade 4, such as Head Nurse, Specialist Nurse, Clinical Preceptor, and Infection Control Nurse. We also need to establish a formal nursing department organogram within hospitals, led by a Nursing Director and supported by deputy directors for education, human resources, research, and ICT. We are also pushing for greater representation of nurses in policy and decision-making bodies, ensuring that they have a voice in clinical and administrative processes. Recognizing nurses as independent professionals and empowering them in clinical administration, education, research, and community health is essential for improving the quality of care and patient outcomes.

#### Emerging Credit Rating Ltd.

Bangladesh's healthcare system continues to struggle with quality issues. WHO has linked a significant proportion of deaths in low-income countries to inadequate care. How does the nursing shortage contribute to this?

#### Dr. Md. Shariful Islam:

The connection is direct. When a nurse is responsible for 25–30 patients in a shift, quality inevitably suffers. The shortage impacts not only patient outcomes but also nurses' morale and retention. To improve quality, we must focus on rational staffing levels, continuous professional development, and accredited training institutions. A key strategy to improve patient care is to develop and implement a nurse-centered care model based on the nursing process, which will promote a higher standard in our care delivery system. We have been advocating for a standardized accreditation system to monitor educational quality and a national framework for ongoing skill assessment. Improving quality is not possible without addressing both the numerical deficit and the competency gap simultaneously.

#### Emerging Credit Rating Ltd.

What is your perspective on the quality and capacity of the private institutions that train nurses?

#### Dr. Md. Shariful Islam:

While some private nursing colleges are doing excellent work, many are operating with very poor standards. The lack of a uniform quality measurement system means that graduates from both high-standard and low-standard institutions are categorized together. This makes it difficult to distinguish between well-qualified nurses and those who are not, which ultimately impacts

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the overall quality of our nursing workforce. The admission capacity of these colleges is also a factor, with most having a maximum of 70 to 100 seats, which is insufficient to meet the national demand.

#### Emerging Credit Rating Ltd.

On the topic of professional development, what are the opportunities for specialization for nurses in Bangladesh, similar to what doctors have?

#### Dr. Md. Shariful Islam:

This is another significant gap in our nursing sector. Unlike doctors who have clear pathways for specialization after their MBBS, nurses lack postgraduate specialization opportunities. We need to create specialized positions and training programs for nurses in areas like ICU, surgery, and other critical care units. A hospital-based residency program is required to produce competent nurses in these specialized fields. Establishing a professional faculty for nursing and creating a clear career progression path will not only enhance the skills of our nurses but also improve patient care and raise the stature of the nursing profession.

#### Emerging Credit Rating Ltd.

Globally, the demand for nurses, midwives, and caregivers is increasing rapidly. How well is Bangladesh's current nursing curriculum preparing graduates for domestic and international markets?

#### Dr. Md. Shariful Islam:

Our curriculum has improved, but it still requires substantial modernization. Nursing education must now include advanced clinical practice, simulation-based training, and exposure to specialized fields such as critical care, gerontology, and palliative care. Moreover, English language proficiency and digital literacy are crucial for international competitiveness. The BNA and NIANER are working to revise curricula in alignment with ICN and WHO standards, but implementation depends heavily on institutional capacity. The acute shortage of postgraduate faculty, those with Master's and PhD qualifications, remains one of the most severe constraints to modernization.

#### Emerging Credit Rating Ltd.

You mentioned the shortage of qualified educators. How critical is this issue, and how can it be addressed through policy measures?

#### Dr. Md. Shariful Islam:

The shortage of highly qualified nursing educators is one of the biggest bottlenecks in our system. Many nursing colleges operate with teachers holding only bachelor's degrees. To address this, we have recommended that the government create a National Faculty Development Program to fund postgraduate studies for nurses in Bangladesh and abroad. Additionally, clear academic career pathways, with structured incentives for teaching and research, are essential. Without investing in faculty development, we cannot sustain any reforms in nursing education or produce globally competent professionals.

#### Emerging Credit Rating Ltd.

Given the domestic deficit, how can Bangladesh ethically manage nurse migration while ensuring national health security?

#### Dr. Md. Shariful Islam:

This is indeed a policy paradox. We cannot stop migration, as it brings valuable remittances and international exposure, but we must manage it ethically. There should be a balanced workforce plan:



for every nurse deployed abroad, at least two should be trained at home. Bangladesh should also enter into bilateral agreements with destination countries to ensure that migration happens under ethical standards, with protection for workers' rights. Nurse migration should not compromise domestic healthcare delivery.

#### Emerging Credit Rating Ltd.

What reforms are needed to make Bangladesh a globally competitive source for nurses and caregivers?

#### Dr. Md. Shariful Islam:

Three reforms are critical. First, introducing global certification systems and international accreditation for institutions. Second, establishing a digital platform for license verification and credentialing to facilitate mobility. Third, developing a national brand identity for Bangladeshi nurses as skilled, ethical, and compassionate professionals. We need to move beyond producing graduates; we need to produce globally recognized professionals who meet both local and international standards.

#### Emerging Credit Rating Ltd.

How do you view the role of the private sector in strengthening nursing education and workforce development?

#### Dr. Md. Shariful Islam:

The private sector's participation is essential. Private healthcare institutions should not only employ nurses but also invest in training infrastructure, faculty development, and research. They can contribute by sponsoring clinical placements, offering scholarships, and supporting continuing education. Collaboration between public institutions, private hospitals, and development partners will accelerate human resource development far more effectively than isolated efforts.

#### Emerging Credit Rating Ltd.

Looking ahead to 2035, what is your long-term vision for Bangladesh's nursing and allied health professions? What key message would you like policymakers to take away?

#### Dr. Md. Shariful Islam:

By 2035, I envision a self-sufficient, globally competent, and ethically grounded nursing workforce that contributes both to national healthcare coverage and international labor markets. Bangladesh must adopt an integrated Human Resources for Health (HRH) policy linking education, employment, and international deployment. If we can align our policies across ministries and institutions, nursing can become not just a support profession but a driving force in national health security and economic growth.

Thus, investing in nursing is investing in the health of the nation. Policy reforms must move beyond short-term fixes. We need structural change like transparent governance, merit-based advancement, faculty development, and digital transformation of licensing and workforce management. If we get this right, Bangladesh can become both a model for health workforce reform and a competitive global source of skilled healthcare professionals.





#### Mr. Ahsan Parvez, FCA

Chairman

Mr. Ahsan Parvez is one of the sponsor directors of Emerging Credit Rating Ltd. (ECRL). He is also the Chariman of the rompany. He is a fellow member of ICAB and possesses a strong academic background and was an articled student of Rahman Rahman Huq, Chartered Accountants (member firm of KPMG). He obtained First Class both in B.com (Honors) and Masters in Accounting with distinction and secured First Class 1st Position from University of Dhaka. His considerable knowledge and vast experiences in the field of financial accounting, financial planning & budgeting, project planning & implementation, investment decision making, credit management, taxation, VAT, foreign remittances and company regulatory affairs brought great success in his long professional career. Mr. Parvez also is an active OLSA member and secured 2nd position (Commerce group) in the SSC examination from Dhaka Board. He has a prolific career of 25 years of service in Senior Management positions namely Dhaka Match Industries Co. Ltd. (Swedish Match), Duncan Brothers BD. Ltd. and DHL Worldwide Express (Bangladesh) Ltd. Prior to joining ECRL he served as the National Financial Controller (CFO) at DHL. He worked as consultant and took active part in Accounting System Design and implementation in a number of large companies.



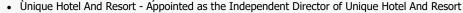
#### Mr. N K A Mobin, FCS, FCA

**Executive President** 

Mr. N K A Mobin is a veteran businessman and skilled in a broad range of trade ventures. He is one of the 4 sponsor Directors of the Emerging Credit Rating Ltd, the eminent credit rating agency in Bangladesh. Mr. Mobin has completed his Bachelor of Business Administration & Master of Business Administration from the University of Dhaka majoring in Finance with first class results. He has been a Fellow Member of the Institute of Chartered Accountants of Bangladesh (ICAB) & Institute of Chartered Secretaries and Managers of Bangladesh (ICAB) since 1992 & 1998, respectively. He is also a Member of the Institute of Financial Consultants (IFC) of the USA since 2002.

Mr. Mobin has working experience of more than 34 years in different corporate arenas financial management systems including the budgeting and reporting system, Tax management and optimization in tax expenses, involved in different projects cost optimization/efficiency and revenue maximization areas, etc. He has been Director of Projects and administration Director Finance and Company Secretary in Grameenphone Ltd. (GP). He has also been the Director of Finance and Company Secretary at Novartis (Bangladesh) Limited. He also performs the following responsibilities:

- People's Leasing and Financial Services Limited Court appointed as the Director of People's Leasing and Financial Services Limited.
- Dhaka Chamber of Commerce and Industry (DCCI) Appointed as one of the Board members for 2020-2022 and Senior Vice President for 2021
- Institute of Chartered Accountants of Bangladesh (ICAB) Elected Council member for 2019-21 and Ex-Vice President (Education and Examination) for 2019.





#### Dr. Jamaluddin Ahmed, FCA

Dr. Jamaluddin Ahmed is one of the sponsor directors of Emerging Credit Rating Ltd. (ECRL). He is also the Chairman of the company. Professionally a Chartered Accountant and a fellow member of the Institute of Chartered Accountants of Bangladesh (ICAB) since 1990; he has been awarded PhD in Accounting from Cardiff Business School, University of Wales, under Commonwealth Scholarship in 1996, and secured First Class in Masters Degree and Bachelors with Honours from Accounting Department of Dhaka University.

He has many years of experience in the financial sector of Bangladesh and has used his expertise and experience to carry out numerous research work and publications. He is the Audit Engagement Partner of 10 banks and leasing companies, 4 energy companies, 10 listed non-bank companies, and a tax advisor for many local and multinational companies. He also performs the following responsibilities:

- The Board of Directors of Janata Bank Limited (2008-2013), Essential Drugs Limited, Power Grid Company of Bangladesh
- The Chairman of the Board Audit Committee of Janata Bank Limited (2008-2013) and Power Grid Company of Bangladesh Limited.
- The Member of the Board of Directors and Chairman of the Audit Committee of Grameen Phone Limited, Advisor to the Board and Audit Committee of Bangladesh Bank.

  Previously He had been the representative of ICAB to the Board of Dhaka WASA, Dhaka Stock Exchange Ltd., Consultative
- Committee at the Security and Exchange Commission, Bangladesh Telecommunication Company Limited.

  From 1999 to 2013 he was a partner at Hoda Vasi Chowdhury & Co., An Independent Firm of Deloitte Touche & Tohmatsu. He has taken several training courses in the power and energy sector and has completed assignments at numerous banks.





Mr. Arifur Rahman, FCCA, FCA, CSAA Chief Executive Officer (CEO)

Mr. Arifur Rahman is a dynamic professional representing the Emerging Credit Rating Limited as the Chief Executive Officer (CEO), the distinguished credit rating agency in Bangladesh. He has completed his B.Sc. (Hons) in Civil Engineering with first class result from Bangladesh University of Engineering & Technology (BUET) and also completed BSc (Hons) achieving higher second class honors (2:1) in Applied Accounting from Oxford Brookes University.

Mr. Rahman has 21 years of expertise in the various sectors like Civil Engineering, Auditing, Financial Consultancy, Feasibility Studies, and Tax Advisory and Planning etc. He is also a Certified Sharia Adviser & Auditor (CSAA). He is actively involved in taking charge of the technical and organizational interests and advising the company in articulating current business strategies as well as future growth potentials. He is responsible to administer different departments and plays an important role in taking the managerial and operational decisions of the organization. Mr. Rahman is also the Fellow Member of the Association of Chartered Certified Accountant. Mr. Rahman is qualified as a chartered accountant from the institute of the Institute of Chartered Accountants of Bangladesh (ICAB).



Md. Shaiful Hasan Senior Business Consultant

Mr. Shaiful Hasan holds the position of Senior Business Consultant at ECRL, where he oversees the department's comprehensive operations. His responsibilities extend to enhancing and refining ECRL's digital footprint and brand identity through meticulously curating financial infographics, YouTube video productions, and other captivating content for various social media platforms. Furthermore, he conducts insightful interviews with subject matter experts and serves as an anchor for financial literacy videos, bolstering the organization's educational outreach efforts. Mr. Shaiful has over eight years of financial analysis and project management expertise. Throughout his professional journey, he has successfully executed over 2,000 projects, offering his clients extensive services. These services encompass diverse areas, including feasibility studies, intricate financial modeling, comprehensive asset and company valuation, strategic M&A consultancy, in-depth industry analysis, meticulous company profiling, data visualization and report enhancement, publication in magazines, credit rating evaluations, distribution assessments, rigorous background verifications, thorough assessments of customer credit lines, the development of business plans and startup strategies, precise financial projections, creation of investor pitch decks, execution of digital marketing campaigns, and formulation of strategic marketing plans. Mr. Shaiful completed his academic journey at East West University and earned a Master of Social Science degree in Economics and a Bachelor of Business Administration in Finance and Economics. Notably, he received the prestigious Dean's Scholarship in recognition of his exceptional academic achievements.



Nabihatul Afrooz Senior Research Associate

Ms. Nabihatul Afrooz is a Senior Research Associate at ECRL, where she conducts financial and economic research on various industries and projects. She has more than six years of experience in data analysis, report writing, credit rating assessments, and survey design. She also handles special assignments from the management and collaborates with other team members to achieve common goals. Ms. Afrooz holds two Master of Social Science degrees in Economics, one from City University London, UK, and another from East West University. She also completed her Bachelor of Business Administration in Finance and Economics from East West University. She has a strong academic background and a keen interest in financial markets and economic development.



Md. Asaduzzaman Business Analyst

Mr. Md. Asaduzzaman has been working as a research associate at Emerging Credit Rating Limited since 2022. He has more than three and half years of experience in various projects, financial research, and credit rating assessments. He is responsible for industry research, financial infographics and video making, data visualization, and macroeconomic analysis for ECRL monthly magazine. Other than that, he is involved in ECRL's special projects. He completed his BBA and MBA in Finance and Banking from Manarat International University, Bangladesh.



Ms. Shahela Nasrin Business Analyst

Ms. Shahela Nasrin has served as a Business Analyst at Emerging Credit Rating Limited since 2023. In this role, she fulfills crucial responsibilities, including data collection, visualization, and analysis, as well as industry analysis and preparation of working papers and monthly magazines. Additionally, she actively contributes to ECRL's special projects, which encompass feasibility studies, project profiles, company valuations, distributor assessments, supplier verification, and financial loan assessments for suppliers. Ms. Shahela holds a Bachelor of Social Science in Economics from East West University and a Master of Science in Economics from North South University. Her academic background and professional interests are centered around development economics and business research, with a specific emphasis on market and financial analysis.

## About ECRL

Emerging Credit Rating Limited (hereinafter referred to as ECRL) began its journey in the year 2009 with the motive to deliver credible superior & quality credit rating opinions in various industry segments around Bangladesh. ECRL obtained a credit rating license from Bangladesh Securities and Exchange Commission (BSEC) in June 2010 as per Credit Rating Companies Rules 1996 and also received Bangladesh Bank Recognition as an External Credit Assessment Institution (ECAI) in October 2010 to do the rating of Banks, Financial Institutions and their borrowers and also from Insurance Development & Regulatory Authority (IDRA) in 2015 to do the rating of Insurance Companies & affiliated with Malaysian Rating Corporation Berhad.

Emerging Credit Rating Limited's team is oriented towards the continuous improvement of processes, striving for an important role in the leadership of the business world. Every individual in ECRL is committed to providing topmost ingenious Credit Rating Services and Comprehensive Research Services in Bangladesh. ECRL's rating services and solutions reflect independence, professionalism, transparency, and impartial opinions, which assist businesses in enhancing the quality of their decisions and helping issuers access a broader investor base and even smaller known companies approach the money and capital markets. The Credit Rating process is an informed, well-researched and intended opinion of rating agencies on the creditworthiness of issuers or issues in terms of their/ its ability and willingness to discharge its financial obligations in a timely manner. Issuers, lenders, fixed-income investors use these risk assessments for the purpose of lending to or investment in a corporation (such as a financial institution, an insurance company, a non-banking corporation or a corporate entity) as well as evaluating the risk of default of an organization's financial obligations in terms of loan or debt.

## Sditorial Overview

ECRL Research provides insights, opinions, analysis on Bangladesh and International Economies. ECRL Research conducts surveys and produces working papers and reports on Bangladesh's different socio-economic issues, industries, and capital market. It also provides training programs to professionals from financial and economic sectors on a wide array of technical issues.

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