

## **SASNET workshop 2006 on The role of South Asia in the internationalisation of higher education in Sweden**

***Presentation by Dr. Rubhana Raqib, Scientist, Immunology Unit,  
Laboratory Sciences Division, ICDDR,B: Centre for Health and  
Population Research, Dhaka, Bangladesh***

Good morning everybody. It is always such a pleasure to come to Sweden. I want to extend my heartfelt thanks to Professor Steffan Lindberg and Lars Eklund of SASNET for inviting me to Sweden and giving me the opportunity to talk about my experience in Sweden as a Ph.D. student and later as a Researcher in developing collaborative studies with Scientists.

I work in an International Organization named "International Centre for Diarrheal Diseases Research, Bangladesh" (ICDDR,B) in Dhaka, Bangladesh. [Slides]. It has a hospital which provides treatment free of charge to 100,000 patients each year and another 20,000 in Matlab. When I was selected in 1989, Professor Alf Lindberg, Head of the Dept. of Clinical Bacteriology in Huddinge University Hospital was a member of the Board of Trustees in ICDDR,B. During that era, scientists from many countries and of great repute would come to ICDDR,B, work on great topics and had very good publications. But they came for limited time periods (1-3 years), they completed their work and left. The Lab set-up was not so good, it was not possible to carry out sophisticated techniques; whatever little they established could not be retained because ICDDR,B did not have the appropriate Research Staff with adequate educational background to maintain these training and knowledge and to continue further in those fields. Professor Alf Lindberg and Professor Saul Tzipori (Australian, Associate Director of Laboratory Sciences Division) had a vision. They wanted that fresh graduates from the University or the Medical School in Dhaka to go to Sweden and Australia through ICDDR,B in Sandwich programs to get the necessary training & expertise and PhD degrees and who would return to the Centre to serve in their respective fields. Professor Alf Lindberg was already actively involved in the KIRT program that Karolinska Institute had with the South American Countries and had many Masters and PhD students from these countries. So they initiated the program in ICDDR,B. Out of a number of students, I was selected along with 3 others: two for a PhD program in Sweden and two for postgraduate studies in Australia. The first question Dr Alf Lindberg asked me was what did I know about Sweden. My answer was that I was a great fan of the tennis player Bjorn Borg who was a Swede and that Stockholm was the Capital of Sweden.

When the two of us first arrived in Sweden, it was a big culture shock as well as a weather shock. Coming from a sunshine, blue-sky +30 degrees country to a gray sky, cold, wet and dark country. My supervisor Alf said the reason for selecting this cold & dark period of the year was to ensure that we remain indoors and work hard and not think of going out to enjoy as one would during the summer. He also had a reason for selecting two persons from one country, so that if needed we can cry on each other's shoulders. Jokes aside, it

was a good decision because then we did not feel lonely and had someone to talk to in our own language.

The Sandwich Model was good, we learnt new techniques and wrote projects for SAREC funding in KI, we returned to our base in Dhaka. As students, we learned to face the IRB and defend our projects in ICDDR,B. We tried to establish as many new techniques as possible [slides]. Some equipment were purchased from the Sida/SAREC money and some were from other funding sources, but we were successful in bringing in all these techniques having the infrastructure there and we have state-of-the-art labs in ICDDR,B now.

After completing PhD, we were happy that we could join ICDDR,B because it was part of the agreement. But we also made it a point to continue collaboration and thus before leaving we wrote up a draft proposal with our respective supervisors for submission to SAREC. Because ICDDR,B had bilateral agreement with SAREC, it was possible for us to tap into that resource.

I continued collaborative studies with my ex-supervisor Prof Jan Andersson and I also ventured into new fields of research, built new relationships with other scientists in Sweden as well as in other countries. And now together with my collaborator in KI, Dr Birgitta Agerberth (Department of Medical Biochemistry and Biophysics (MBB)) I am supervising a PhD student in a similar kind of sandwich model. We have at least 4 groups of scientists from ICDDR,B collaborating with the Swedish scientists where we have exchange of PhD students as well as postdoctoral fellows coming from Sweden to work for a few weeks to a few months in ICDDR,B. Currently ICDDR,B has active collaboration with Karolinska Institute, Göteborg University and Uppsala University. [slides]

My training in Sweden gave me the experience needed to be independent in my research thoughts and activity, to be creative in the thinking process, in writing scientific papers on my own, and most importantly to be strong in dealing problems as a woman. As you know in Asian countries, one always has a family safety net and a family structure, which has both good and bad sides to it. Women are afraid or reluctant to take responsibility and do not do certain things. This training gave me the right balance to be able to decide and be self reliant in many ways.

So far I have mentioned all the good things about the sandwich programs. Now I will talk a little bit about some pitfalls of such programs.

The sandwich program with SAREC/Sida did not continue afterwards from the Centre as much as we would like, mainly because ICDDR,B did not have new jobs or positions to offer to the newly returned Ph.D.s. I know that the Bangladesh government has a Bilateral Agreement with SAREC and I have seen on many occasions on my way to or back from Sweden, doctors, engineers, railway personnel and even people from the postal service receiving short training from Sweden. However I strongly feel that if Swedish Government had something like the Commonwealth Scholarship from UK or the Fogarty Fellowship from USA for Bangladesh or other developing countries, it would benefit both the countries. For such fellowship awards, a pre-requisite is to belong to a National University or Medical

School where one has a job to which he/she can return to after obtaining a higher degree. And there is always a healthy competition when the best and meritorious students are selected for such awards.

The Sandwich model was still not good especially for women who have young children at home and when they have to stay for long periods e.g 6-7 months away from the family. Because of the very nature of the Model itself, one cannot bring the family along and it is so difficult to be away from the family. It leaves a deep mark in the children's mind being away from mothers.

That was all that I wanted to say. Thank you very much.