From Knowledge to Action

PUBLIC HEALTH THAT WORKS IN THE REAL WORLD

BRAC JAMES P GRANT SCHOOL OF PUBLIC HEALTH

BRAC UNIVERSITY
Inspiring Excellence

Annual Report 2025

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Public Health at a Defining Moment

The year 2025 brought overlapping health pressures, systemic constraints and growing uncertainty, underscoring the imperative for strong, equitable and responsive public health action.

Around the world, and in Bangladesh, health challenges have been shaped by multiple intensifying pressures: climate variability and extreme weather events, rapid and unplanned urban expansion, evolving patterns of disease, persistent inequities, and strained health systems. These forces have not only affected the distribution and burden of illness, but have also exposed deep structural vulnerabilities in how health is governed, financed, and delivered.

Climate change continues to alter the landscape of health risks. Rising temperatures, shifting rainfall patterns, and recurrent flooding have exacerbated food and water insecurity, contributed to the spread of vector-borne diseases, and increased the frequency and intensity of climate-related emergencies. The concept of planetary health, which recognises the interdependence of human well-being and the natural systems upon which it relies, has become ever more salient as environmental degradation intersects with socioeconomic disadvantage.

At the same time, geopolitical dynamics and fiscal constraints have had a palpable impact on global and national health priorities. **Funding volatility, competing political agendas, and disruptions to international supply chains have placed additional strain on efforts to strengthen primary health care and deliver essential services.** In this context, local leadership, evidence-informed policy, and resilient health infrastructure have proven critical.

Bangladesh is experiencing the effects of rapid urbanisation, with large numbers of people moving to cities in search of livelihoods. This unplanned growth has intensified demand for housing, sanitation, transport, and health services, often outstripping available capacity. Informal settlements, in particular, reflect stark health inequities, where inadequate water and sanitation, overcrowding, and limited access to quality care heighten vulnerability to disease.

The dual burden of disease persists. Non-communicable diseases (NCDs), including cardiovascular disease, diabetes, chronic respiratory conditions, and cancer, have become leading contributors to morbidity and mortality, interacting with traditional infectious disease threats. This convergence places additional demands on health systems that are frequently oriented towards episodic care rather than long-term management and prevention.

Gender norms and social determinants of health continue to shape who falls ill and who receives care. **Women, adolescents, and marginalised groups continue to disproportionately experience barriers to services, autonomy in health decision-making and economic opportunities.** Addressing these inequities remains a central concern for public health practice and policy.

Health systems governance and workforce capacity are fundamental to meaningful progress. Shortages of skilled health professionals, inadequate regulatory frameworks, and fragmentation across sectors undermine coordination and accountability. **Community health workers play a pivotal role in extending care to underserved populations, yet require sustained support, training, and integration into formal systems to fulfil this potential.**

Digital technologies have expanded rapidly as tools for health information, service delivery, and monitoring. **While digitalisation offers opportunities for improved efficiency and reach, it also raises concerns regarding data security, equitable access, and ethical oversight.** The responsible application of digital health solutions must be guided by principles of safety, inclusivity, and human rights.

In these challenging circumstances, rigorous evidence and meaningful engagement with policymakers and stakeholders are indispensable. Public health research, training, advocacy, and community collaboration are essential to generating context-specific knowledge, translating evidence into practice, and strengthening the capacity of institutions and communities to respond effectively to complex and interdependent health challenges.

The 20-year legacy of the BRAC James P Grant School of Public Health (JPGSPH), BRAC University, reflects a sustained commitment to advancing public health through education, research, and practice, in Bangladesh and globally, and continues to inform efforts towards more equitable and resilient health systems.

Who Are We?

Our School, BRAC James P Grant School of Public Health (JPGSPH), BRAC University, was founded in 2004 in Dhaka by Fazle Hasan Abed to address the unmet public health challenges in Asia, Africa, and South America.

The School's institutional partner is BRAC, the world's largest NGO, reaching over 100 million people in Bangladesh and working in 11 countries in Africa and Asia.

Research partnerships with BRAC enables the School to contribute evidence to inform BRAC's programmes and policies. BRAC field operations in communities offer a dynamic and diverse learning laboratory for our Master of Public Health (MPH) students.

BRAC JPGSPH is part of BRAC University, a premier higher education and development research institution.

The School offers unparalleled real-life, community-centric teaching, learning, and research experiences on critical and emerging national and global public health challenges.

In 2025, BRAC JPGSPH contributed significantly to BRAC University's global recognition in public health, with the University ranked within the 301–400 band worldwide in the 2025 ShanghaiRanking's Global Ranking of Academic Subjects.

With an overall score of 95.9, BRAC University was placed first in Bangladesh for public health, achieving the highest global score in the Research Impact indicator.

This distinction reflects the School's commitment to high-quality teaching, influential research, and strong international collaboration. The achievement underscores its role in advancing evidence-informed public health practice and education, while demonstrating that globally recognised excellence in public health scholarship is being driven from Bangladesh.

Mission

To create innovative public health leaders and solutions through cutting-edge, experiential Education, Training, Research and Impact.

Vision

To be the leading global Public Health Institute for the world's critical health challenges affecting disadvantaged communities.

Message from the Dean

The year 2025 has underscored a new reality for public health: we are navigating a period of profound and intersecting transitions. Climate instability, rapid urbanisation, shifting disease burdens, and persistent inequities are not only reshaping patterns of illness—they are revealing deeper structural vulnerabilities in how health systems are designed, governed, and experienced. In Bangladesh and across the Global South, these pressures are intensifying, demanding responses that are not only evidence-based, but also grounded in equity, context, and lived experience.

At the BRAC James P Grant School of Public Health, we see this moment not only as a challenge to address, but as a responsibility to lead. Our role is to generate knowledge, develop leaders, and strengthen systems in ways that are grounded in lived realities and responsive to an increasingly complex public health landscape. We are not only responding to these shifts—we are helping to shape how public health is understood and practised in Bangladesh and across the Global South.

We are advancing a model of public health that is both globally engaged and locally grounded. From Bangladesh to the broader Global South, we see our role as contributing to a more inclusive and representative global health landscape—one in which knowledge is co-created, leadership is diverse, and solutions are shaped by those most affected. In doing so, we aim not only to participate in global conversations, but to help redefine them.

In 2025, we undertook a significant process of reflection and forward planning, culminating in the development of our Strategic Plan for 2026–2030. The strategy sets out a clear and ambitious direction for the School, anchored in four priorities: reimagining education, aligning research, expanding training, and enhancing research impact—supported by stronger partnerships, institutional positioning, and sustainable resource mobilisation.

This direction will guide how we expand academic programmes, invest in interdisciplinary research, strengthen workforce development, and ensure that evidence translates into meaningful change in policy and practice.

None of this work would be possible without people. I would like to acknowledge the dedication of our faculty, researchers, staff, students, and partners, as well as the continued support of BRAC University, BRAC, and our collaborators and funders.

As we look ahead, the challenges before us are complex, but not insurmountable. We remain committed to advancing public health in ways that are grounded in equity, driven by evidence, and capable of shaping more just and resilient health systems for the future.

Dr Laura Reichenbach

Dean and Director, Centre of Excellence for Science of Implementation and Scale-Up (CoE-SISU),
BRAC James P Grant School of Public Health, BRAC University

Message from the Deputy Dean

As we reflect on 2025, BRAC James P Grant School of Public Health continues to build on its long-standing commitment to advancing public health education, research, training, and policy engagement. Over the past year, the School has remained steadfast in its pursuit of excellence, inclusion, and innovation while responding to some of the most pressing public health challenges facing Bangladesh and the wider global community. **Our work this year reflects both the strength of our institutional foundation and our continued determination to generate knowledge, foster leadership and contribute to meaningful change.**

Our academic programmes continued to grow in strength, equipping future public health leaders and midwives with the knowledge, skills, and critical perspectives necessary to address complex health challenges. The Master of Public Health (MPH) and Midwifery Education programmes (MEP) at the School continued to welcome a diverse cohort of students from different professional and geographical backgrounds. We also continued to strengthen our broader capacity-building efforts through training initiatives and partnerships with national and international institutions. These efforts were further complemented by our field-based experiential learning model, which remains central to the School's educational philosophy.

Research remained at the core of our mission. Throughout the year, our faculty and scholars contributed to important research across a range of public health priorities, including health systems and universal health coverage, sexual and reproductive health and rights, urban health, nutrition, trauma and injury, non-communicable diseases, and community-based health interventions. Our engagement in studies and initiatives addressing service delivery, primary healthcare, and food environments reflects the School's commitment to evidence generation that is both rigorous and relevant. Simultaneously, we continued to strengthen the pathways through which research informs policy and practice, working closely with government institutions, development partners, practitioners, and communities to ensure that knowledge is translated into action.

This year also highlighted the importance of collaboration and public engagement in advancing the School's mission. **Through partnerships, convenings, and knowledge-sharing platforms, we continued to create spaces for dialogue among researchers, policymakers, practitioners, and civil society actors.** These engagements are essential not only for strengthening the impact of our work but also for ensuring that public health responses are grounded in context, equity, and lived experience.

Looking ahead, we remain committed to fostering an inclusive and equitable approach to public health that resonates both locally and globally.

Thank you for being a part of our journey. Together, we will continue to shape a healthier future for all.

Professor Malay Kanti Mridha

Deputy Dean and Director, Centre of Excellence for Non- Communicable Diseases and Nutrition (CNCDN), BRAC James P Grant School of Public Health, BRAC University

How Change Happens at School

Our mission is rooted in one simple belief: public health must begin with people's lived realities.

Across Bangladesh and beyond, communities face complex health challenges shaped by inequality, climate vulnerability, displacement, and changing systems of care.

Our work is guided by four interconnected pillars; each designed to ensure that knowledge is not only produced, but also shared, strengthened, and translated into meaningful change.

Education

We prepare the next generation of public health leaders who understand communities, not just classrooms. Our approach to learning is deeply immersive - bringing students closer to the realities of health systems, frontline responses, and everyday struggles that shape wellbeing.

Research

We generate evidence rooted in and reflective of lived realities. By centering communities in inquiry, our research reflects the voices, experiences, and contexts often missing from global health narratives - ensuring knowledge is both credible and compassionate.

Training

We strengthen professionals already working in complex systems. Through practical, responsive capacity building, we support practitioners, policymakers, and partners to navigate evolving challenges and lead with confidence in real-world settings.

Impact

We ensure evidence informs policy, practice, and public discourse. Our work does not stop at publication, it extends to a diverse range of stakeholders, shaping decisions, strengthening systems, and contributing to healthier and more equitable futures for all.

Numbers that Matter

A snapshot of the School's reach, achievements, and contributions to public health

254
Current staff members

197
Multi-disciplinary research staff

54%
Female representation among all staff

690
Master of Public Health graduates from 35 countries since inception

1,346
Midwifery Education Programme graduates since inception

354
Skills building seminars and workshops since inception

32
Graduates from the latest MPH batch in 2025

1,316
Graduates licensed to practice midwifery

10,428
Professionals trained

433
Research projects since inception

37
New research grants in 2025

500+
Impactful engagements to influence policies, practices, and programmes

55
Ongoing research projects in 2025

542
Peer-reviewed journal articles and book chapters since 2017

53
Webinars, seminars, and dissemination events in 2025

Leadership at the School

At the heart of the School's progress is the Leadership team committed to shared purpose and collective stewardship.

The Dean, Deputy Dean, and heads of centres, hubs, and departments work in close coordination to guide strategy, nurture academic excellence, and ensure that the School's work remains responsive to evolving public health challenges.

Dr Laura Reichenbach

Dean and Director, Centre of Excellence for Science of Implementation and Scale-Up (SISU)

Dr Malay Kanti Mridha

Professor, Deputy Dean and Director, Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)

Dr Sabina Faiz Rashid

Professor, Mushtaque Chowdhury Chair in Health and Poverty, and Director, Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)

Dr Syed Masud Ahmed

Professor and Director, Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)

Dr Kaosar Afsana

Professor and Lead, Humanitarian Hub

Dr Zahidul Quayyum

Professor and Co-Director, Centre of Excellence for Urban Equity and Health (CUEH)

Dr Md. Tanvir Hasan

Professor and Co-Director, Centre of Excellence for Urban Equity and Health (CUEH)

Dr Farzana Misha

Associate Professor and Lead, Climate Change, Environment and Health Hub (CCEH)

Dr Ataur Rahman

Director, Centre for Professional Skills Development in Public Health (CPSD)

Dr Santhia Ireen

Deputy Director, Education and Research

Dr Sharmina Rahman

Director and Head, Midwifery Education Programme

Working as One School

An ecosystem of teams working together to advance public health.

BRAC JPGSPH functions through an integrated structure that connects leadership, academic programmes, research platforms, training initiatives, and operational support.

Together, these interconnected components enable the School to generate knowledge, develop leaders, strengthen practice, and deliver public health impact.

Life at the School

Because care for communities begins with care for our own people.

At BRAC JPGSPH, our work is driven not only by academic excellence and public health impact but also by a strong sense of community.

Throughout the year, the School fostered an environment where staff and students could connect, reflect, and thrive - both professionally and personally.

Building a supportive and skilled workplace

The School also conducted a range of well-being, safeguarding, and functional training sessions to strengthen staff capacity and resilience. This included a dedicated stress management programme that supported employees in navigating professional demands with greater confidence and care.

Celebrating culture and community

The School marked key cultural moments that bring people together and reinforce a sense of belonging.

Events such as Pohela Boishakh were celebrated with enthusiasm, creating space for staff and students to connect beyond their daily roles and honour shared traditions.

Recognising meaningful global days

Throughout the year, BRAC JPGSPH organised programmes that aligned with broader commitments to health, equity, and inclusion. The School observed:

- World Mental Health Day, encouraging open dialogue and awareness around mental well-being
- International Women's Day, celebrating gender equity and recognising women's contributions across public health and society

These moments served as important reminders of the values that shape our work and institutional culture.

Expanded health and psychosocial support

The School introduced connected access to psychosocial counselling and telemedicine services, ensuring staff could seek timely support for both mental and physical health needs.

Employee engagement and satisfaction survey

An employee engagement and satisfaction survey was completed, generating critical insights into staff needs, workplace experiences, and organisational climateinforming future improvements and strengthening a culture of listening.

EDUCATION

Master of Public Health Programme

690 Graduates since inception from 35 countries

36 Experiential urban and rural field sites in 13 districts

10 International visiting faculty

74 National faculty, practitioners,and facilitators

The Master of Public Health (MPH) at BRAC James P Grant School of Public Health (BRAC JPGSPH), BRAC University, is designed not only to build a strong understanding of public health but also to prepare professionals who can navigate its complexities and lead change. Since its launch in January 2005, this full-time international programme has cultivated a generation of public health practitioners equipped to work across disciplines, cultures, and health systems.

What sets the MPH at BRAC JPGSPH apart is its commitment to learning by doing. Students move beyond the classroom into urban settlements and rural communities, engaging directly with the realities of health inequity, service delivery, and lived experience in a diverse setting. This immersive approach is complemented by classroom teaching from renowned national and international faculty from leading academic institutions, health practitioners, and health systems actors, ensuring a comprehensive experiential learning experience.

In 2025, our MPH was redesigned as an 18-month programme, including a six-month internship and thesis experience.

Our MPH programme is globally recognised

The programme's academic excellence and innovative pedagogy have earned recognition from institutions such as Johns Hopkins University, the World Health Organization, and the South-East Asia Public Health Education Institutions Network, reflecting its influence within global public health education.

In 2025, the School was ranked the #1 institution in Bangladesh for Public Health in the Shanghai Ranking's Global Ranking of Academic Subjects, securing a global position in the 301–400 band. The School achieved a total score of 95.9, with top-tier recognition for research impact, high-impact research, and strong global collaborations.

The MPH experience is grounded in real-world practice

The MPH programme centres around its experiential community-immersive teaching and learning through intensive urban and rural fieldwork. The programme has an extensive network of 36 field sites in Bangladesh, where students conduct field visits as part of their coursework.

Meet Our Faculty

The MPH programme at the School is distinguished by its diverse and internationally accomplished faculty.

As recognised leaders in their respective fields, our faculty members contribute not just scholarly knowledge but also practical, field-based perspectives that enrich teaching and learning. This blend of global diversity, academic excellence, and real-world engagement makes the programme distinctive, ensuring that students benefit from a rigorous and dynamic educational environment that prepares them to address complex public health challenges.

Our international faculty bring diverse expertise and global perspectives to public health education at the School.

Dr Alayne Adams

Adjunct Faculty, BRAC JPGSPH; Associate Professor, Faculty of Medicine, McGill University

Dr Tim Evans

Adjunct Faculty, BRAC JPGSPH; Vice-President, Research, Innovation and Impact, Concordia University

Dr Nusrat Homaira

Adjunct Faculty, BRAC JPGSPH; Associate Professor, Discipline of Paediatrics and Child Health, University of New South Wales (UNSW), Australia

Dr Halida Hanum Akhter

Adjunct Professor, BRAC JPGSPH; Faculty, International Health, Johns Hopkins Bloomberg School of Public Health

Miatta Zenabu Gbanya

Adjunct Faculty, BRAC JPGSPH; Area Programme Specialist, UNICEF, Afganistan

Dr Stephen P Luby

Adjunct Faculty, BRAC JPGSPH; Lucy Becker Professor of Medicine; & Director, Centre for Human and Planetary Health, School of Medicine; Doerr School of Sustainability, Stanford University

Dr Sapna Desai

Adjunct Faculty, BRAC JPGSPH; Senior Fellow, Population Council Institute

Dr Emily Gurley

Adjunct Faculty, BRAC JPGSPH; Distinguished Professor of the Practice, Department of Epidemiology, Department of International Health (Joint Appointment), Bloomberg School of Public Health, Johns Hopkins University

Dr Malabika Sarker

Adjunct Faculty, BRAC JPGSPH; Associate Dean for Global Engagement Professor of Practice Behavioral and Social Sciences, Brown University

Dr Nasima Selim

Adjunct Faculty, BRAC JPGSPH; Public Anthropology, Institute of Anthropology and Cultural Research, University of Bremen

Alongside our international faculty, our national faculty members bring deep contextual knowledge and extensive field experience, grounding the programme in the realities of Bangladesh's public health landscape.

Dr Laura Reichenbach
Dean and Director, Centre of Excellence for Science of Implementation and Scale-Up (CoE-SISU), BRAC JPGSPH

Number of Citations: 1,018| h-index: 16 (Scopus)

Dr Malay Kanti Mridha
Professor, Deputy Dean, and Director, Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN), BRAC JPGSPH

Number of Citations:10,794 | h-index:29 (Google Scholar)

Dr Sabina Faiz Rashid
Professor, Mushtaque Chowdhury Chair in Health and Poverty, and Director, Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR), BRAC JPGSPH

Number of Citations: 5,652 | h-index: 36 (Google Scholar)

Dr Syed Masud Ahmed
Professor and Director, Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC), BRAC JPGSPH

Number of Citations: 16,323 | h-index: 56 (Google Scholar)

Dr Kaosar Afsana
Professor and Lead, Humanitarian Hub, BRAC JPGSPH

Number of Citations:16,968 | h-index: 35 (Scopus)

Dr Zahidul Quayyum
Professor and Co-Director, Centre of Excellence for Urban Equity and Health (CUEH), BRAC JPGSPH

Number of Citations: 2,534 | h-index:26 (Google Scholar)

Dr Md Tanvir Hasan
Professor and Co-Director, Centre of Excellence for Urban Equity and Health (CUEH), BRAC JPGSPH

Number of Citations: 953 | h-index:15 (Google Scholar)

Dr Quamrun Nahar
Professor, BRAC JPGSPH

Number of Citations:1,228 | h-index:20 (ScienceDirect)

Dr Farzana Misha
Assistant Professor and Lead, Climate Change, Environment and Health Hub (CCEH)

Number of Citations:236 | h-index: 6 (Google Scholar)

Dr Humayra Binte Anwar
Senior Lecturer and Assistant Director Centre of Excellence for Science of Implementation and Scale-Up (CoE-SISU)

Dr Ataur Rahman
Director, Centre for Professional Skills Development, BRAC JPGSPH

Number of Citations: 249 | h-index: 3 (Google Scholar)

Dr Bachera Aktar
Deputy Director, Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR), BRAC JPGSPH

Number of Citations: 1,029 | h-index: 17 (Google Scholar)

Dr Santhia Ireen
Deputy Director, Education and Research, BRAC JPGSPH

Number of Citations: 460 | h-index: 9 (Scopus)

Dr Nahitun Naher
Assistant Director, Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC), BRAC JPGSPH

Number of Citations: 893 | h-index: 3 (Google Scholar)

Farhana Alam
Adjunct Faculty and Senior Coordinator, BRAC JPGSPH

Dr Mrittika Barua
Adjunct Faculty, BRAC JPGSPH

Dr Shaikh A. Shahed Hossain
Adjunct Faculty, BRAC JPGSPH

Dr Tahmeed Ahmed
Adjunct Faculty, BRAC JPGSPH; Executive Director, icddr,b

Dr A K M Mazharul Islam
Adjunct Faculty, BRAC JPGSPH; Professor, Department of Anthropology, Shahjalal University of Science and Technology

Dr M Mahbub Latif
Adjunct Faculty, BRAC JPGSPH; Professor, Institute of Statistical Research and Training, University of Dhaka

Dr Dipak Mitra
Adjunct Faculty, BRAC JPGSPH; Professor, North South University, Bangladesh

Dr M. Shafiqur Rahman
Adjunct Faculty, BRAC JPGSPH; Professor, Institute of Statistical Research and Training (ISRT), University of Dhaka

Dr Fariha Haseen
Adjunct Faculty, BRAC JPGSPH; Professor, Department of Public Health and Informatics, Bangabandhu Sheikh Mujib Medical University (BSMMU)

Dr Mohiuddin Ahsanul Kabir Chowdhury
Adjunct Faculty, BRAC JPGSPH; Associate Professor, Asian University for Women

Dr Razib Mamun
Adjunct Faculty, BRAC JPGSPH; Assistant Professor, Department of Public Health, Asian University of Women

Dr Sherin Shaila Mahmud
Adjunct Faculty, BRAC JPGSPH; Associate Scientist, Health Economics and Financing, Health Systems and Population Studies Division, icddr,b

Dr Aftab Uddin
Adjunct Faculty, BRAC JPGSPH

Dr Md. Iqbal Hossain
Adjunct Faculty, BRAC JPGSPH; Consultant, Nutrition Research Division, icddr,b

Mikhail I. Islam
Adjunct Faculty, BRAC JPGSPH; Learning Designer, Learning Design Studio

Dr Nafisa Lira Huq
Adjunct Faculty, BRAC JPGSPH

Imteaz Mannan
Adjunct Faculty, BRAC JPGSPH

"The MPH programme at BRAC JPGSPH is truly unique. I am continually impressed by how much I learn from our students. They come to us from a wide range of disciplines, professions, and personal backgrounds, bringing with them diverse experiences and perspectives that enrich our academic community. The exchange is never one-sided; while we aim to guide and support them, they equally shape our thinking and practice. It is this dynamic environment of shared learning and mutual respect that makes our MPH programme so rewarding to work with."

Dr Sabina Faiz Rashid
Professor, Mushtaque Chowdhury Chair in Health and Poverty, & Director, Center of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR), BRAC JPGSPH

"The BRAC JPGSPH MPH provides the foundational skills for a productive career in public health. It is a remarkably diverse and engaged learning community."

Dr Stephen Luby
Adjunct Faculty, BRAC JPGSPH; Lucy Becker Professor of Medicine; and Director, Centre for Human and Planetary Health, School of Medicine; Doerr School of Sustainability, Stanford University

"The experiential learning methodology of BRAC JPGSPH has proven time and time again to enhance the employability of our students."

Dr Alayne Adams
Adjunct Faculty, BRAC JPGSPH; Associate Professor, Faculty of Medicine, McGill University

"it was a great pleasure working with the students during the Nutrition course of the MPH programme at the School. It was truly enjoyable teaching them and engaging in discussions with them. I am confident that wherever they go and whatever paths they choose, they will become excellent public health professionals. whether they work in NGOs, pursue academic careers, or serve in government roles in their respective countries."

Dr Tahmeed Ahmed
Adjunct Faculty, BRAC JPGSPH; Executive Director, icddr,b

"The MPH program of BRAC JPGSPH is an excellent option for anyone, not just healthcare graduates. We have had students from other disciplines who have gone on to do exceptionally well in the public health sector."

Miatta Zenabu Gbanya
Adjunct Faculty, BRAC JPGSPH; Area Programme Specialist, UNICEF, Afganistan

Beyond the Classroom

Experiential learning that shape the next generation of public health leaders.

Our academic sites allow students to engage with a wide range of public health issues, including anthropology and public health, maternal and child health, infectious disease control, health systems strengthening, environment and climate change and related health vulnerabilities. This provides students with the opportunity to work in the community and visit service delivery organisations and health facilities, enhancing their understanding of public health challenges in both rural and urban contexts.

"Field visits and health system placements revealed how care actually reaches people. From household visits in underserved communities to observing services at primary facilities, I saw how trust, accessibility and provider capacity shape outcomes. Hearing residents describe the value of doorstep services underscored how thoughtful system design can make healthcare more responsive and equitable."

Asmita Adhikari
21st Cohort, MPH

"On the first day of the programme, we visited Karail, one of Dhaka's largest informal settlements. The experience shifted my understanding of public health. Listening to communities describe their daily struggles revealed how housing, livelihoods, sanitation and care access are intertwined. It taught me that effective solutions must be grounded in lived realities and community priorities."

Apurbo Aham Apu
21st Cohort, MPH

"One of the most meaningful moments was learning about the historic cholera research boat used by the icddr,b, which contributed to the development of oral rehydration therapy. It was inspiring to see how research conducted in a rural riverine setting helped transform global child survival. This experience reinforced my belief that impactful research in resource-limited and hard-to-reach areas is possible through dedication, community engagement and strong institutional support."

Ye Naing Oo
21st Cohort, MPH

Our Alumni Network

The School's alumni community represents a growing network of public health professionals working across Bangladesh and around the world.

Our graduates serve in government, international organisations, research institutions, civil society, and frontline health systems - applying the values and skills cultivated at the School to address complex health challenges. As ambassadors of community-centred public health, our alumni continue to extend the School's impact far beyond the classroom, strengthening systems and advancing health equity in diverse contexts.

Our alumni are shaping the future of public health.

Miatta Zenabu Gbanya

Alumnus, 7th Cohort, MPH

In 2025, Miatta Gbabya, Adjunct Faculty of the MPH programme at BRAC JPGSPH, was honoured as a co-recipient of the 2025 Eisenhower Fellowships Distinguished Fellow Award. A trailblazer in global health, Miatta has dedicated her career to combating infectious diseases, from leading Liberia's Ebola response to her humanitarian work with the UN in Afghanistan.

BRAC JPGSPH is honoured to have been part of our alumni's journeys and is proud of their continued impact on public health.

Mahbubul Alam

Alumnus, 8th Cohort, MPH

"I am working as Associate Scientist for the Health Systems and Population Sciences Division at icddr,b. I also serve as Course Coordinator for the Water, Sanitation and Hygiene (WASH) course at Jahangirnagar University, where I lead course design, coordinate teaching delivery, and support student learning in applied public health and WASH systems.

My experience at BRAC JPGSPH significantly shaped my career by fostering essential skills such as time management, effective communication, and strong work ethics. The programme's collaborative environment enhanced my ability to work effectively in teams and assume various roles within any team setting. Additionally, the multicultural atmosphere improved my cultural competency, enabling me to collaborate seamlessly with individuals from diverse backgrounds.

My academic training also strengthened my expertise in developing and implementing research protocols aligned with Institutional Review Board standards for biomedical research."

"I serve as the Planning Lead for the Public Health Emergency Management Program at the National Public Health Agency in Sierra Leone. My focus encompasses Global Health Security, Infectious and Zoonotic Disease Epidemiology, One Health (Multisectoral Coordination), and Emergency Preparedness and Response.

My experience at BRAC JPGSPH significantly shaped my career by fostering essential skills such as time management, effective communication, and strong work ethics. The programme's collaborative environment enhanced my ability to work effectively in teams and assume various roles within any team setting. Additionally, the multicultural atmosphere improved my cultural competency, enabling me to collaborate seamlessly with individuals from diverse backgrounds.

My academic training also strengthened my expertise in developing and implementing research protocols aligned with Institutional Review Board standards for biomedical research."

Lily Anna Miatta Kainwo

Alumnus, 7th Cohort, MPH

Meet and Greet: The Global Homecoming

The MPH Alumni Meet and Greet at the BRAC JPGSPH was a heartfelt celebration of connection, legacy and global impact.

Bringing together members of a vibrant network of alumni across six continents, the reunion reflected two decades of leadership in public health.

The event was graced by Syed Ferhat Anwar, Vice-Chancellor of BRAC University, alongside distinguished faculty and academic leaders whose presence reaffirmed the School's enduring commitment to excellence and innovation.

More than a reunion, the gathering was an important reminder that the MPH programme is a lifelong journey. Across borders and generations, alumni continue to strengthen health systems, influence policy and advance equity, embodying the shared values and purpose that define the BRAC JPGSPH community.

Investing in the Future of Infectious Disease Scholarship

BRAC JPGSPH, with support from BRAC USA, is currently mobilising support to establish the first Endowed Chair in Infectious Disease in honour of Dr Richard A. Cash.

This fundraising initiative aims to create a permanent faculty position dedicated to advancing research, teaching, and capacity building to address pressing infectious disease challenges in Bangladesh and worldwide.

Dr Cash, a pioneering public health physician, researcher, and humanitarian whose work transformed global approaches to infectious disease treatment, is widely respected for his groundbreaking contributions to public health. He was particularly known for his role in developing oral rehydration therapy while working at icddr,b, an innovation that has saved millions of lives globally. A devoted friend of Bangladesh, he supported the country during its Liberation War and was honoured with the Friends of Liberation War Honour for his solidarity and advocacy. As a long-standing adjunct professor at BRAC JPGSPH, he also mentored generations of public health leaders, leaving a lasting intellectual and human legacy. Through this endowment effort, the School seeks partners and supporters who share Dr Cash's vision of equitable, evidence-driven health solutions and who wish to help sustain his legacy by strengthening infectious disease scholarship and leadership for years to come.

Learn More:
https://bracusa.donorsupport.co/page/cash-endowment

Scan for information


BRAC UNIVERSITY
BRAC UNIVERSITY

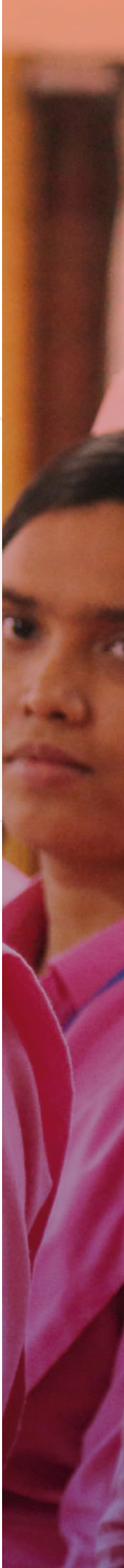
Midwifery Education Programme

1,346 Graduates with Diploma in Midwifery

1,316 Graduates licensed to practice midwifery

379 Graduates deployed by the Government of Bangladesh

179 Graduates serving in Rohingya camps



The Midwifery Education Programme at BRAC JPGPSH is making a substantial contribution to strengthening Bangladesh's maternal and newborn health workforce through sustained enrolment, strong graduate outcomes, and demonstrated leadership development.

Around 98% of our graduates have received license from the Bangladesh Nursing and Midwifery Council (BNMC), reflecting the programme's consistent academic and professional standards.

Our graduates are currently employed across diverse healthcare roles, directly contributing to improved maternal and newborn care services nationwide. Recent admission cycles have continued to attract new cohorts, signalling sustained national interest in midwifery as a professional pathway, while successive graduating batches mark ongoing milestones in expanding the country's skilled midwifery workforce and strengthening service delivery across regions.

The Midwifery Education Programme continues to play a vital role in developing skilled midwives and promoting respectful, evidence-based maternity care across Bangladesh.

From Classroom to Communities

Our alumni are contributing to maternal and newborn health services, humanitarian response, and professional leadership, reflecting the programme's commitment to community-centred care.

MEP graduates are serving in public hospitals, Upazila health complexes, training institutions, and humanitarian settings, including the Rohingya camps in Cox's Bazar. Their work spans clinical care, mentorship, and health system strengthening, bringing respectful and evidence-based maternity care to underserved communities.

Alumni in leadership and practice

Professional leadership within the midwifery community continues to grow. From classrooms to clinics and communities, MEP graduates are strengthening the midwifery workforce, advancing professional leadership, and ensuring respectful maternity care reaches those who need it most.

Four of the five members of the 2025 Executive Committee of the Bangladesh Midwifery Society are MEP graduates, demonstrating the programme's strong contribution to shaping national priorities.

Kanata Akter

Kanata Akter, Midwifery Coordinator at Hope Foundation in Cox's Bazar, has worked in maternal and newborn health for eight years. She ensures ethical and respectful childbirth care and supports approximately 40–70 deliveries each month, contributing directly to improved outcomes for mothers and newborns.

Bokul Akter Liza

"Empowering midwives means empowering mothers and communities."

Bokul Akter Liza, Midwifery Instructor at BRAC JPGSPH and Education Secretary of the Bangladesh Midwifery Society, began her journey in 2019 and now supports students in building clinical competence and commitment to respectful maternity care. She believes that empowering midwives strengthens families and communities.

Rujina Khatun

"Midwifery is not just a profession; it is a responsibility to women, families, and communities."

Rujina Khatun, President of the Bangladesh Midwifery Society, serves at Sreemangal Upazila Health Complex and has worked in clinical and humanitarian settings, including with the International Organization for Migration. Recognised as a Postpartum Family Planning Champion, she continues to promote safe motherhood, equitable care, and professional excellence nationwide.

Caregiver Development Programme

561 Trained in Caregiving

109 currently admitted in different batches

The Caregiver Development Programme (CDP) at BRAC JPGSPH is a leading initiative dedicated to raising the standard of professional caregiving in Bangladesh by equipping learners with the practical competencies and ethical grounding needed to provide safe, compassionate, and effective care across diverse settings.

Structured in alignment with the National Skills Development Authority curriculum, the programme integrates classroom instruction with hands-on clinical practice and internships in recognised hospitals, ensuring that participants gain real-world experience alongside theoretical knowledge.

CDP prepares caregivers to work with diverse populations, including the elderly, older adults with dementia, infants and toddlers, and individuals with special needs. The training equips participants with essential clinical skills such as vital sign measurement, basic first aid, CPR, nursing care, and physiotherapy support, alongside specialised competencies in elderly care, childcare, autism support, dementia care, and palliative care. Complementary modules in communication, emotional support, and health management further strengthen learners' professional readiness.

CDP graduates are prepared and certified to meet growing global demand for qualified caregivers.

A distinguishing feature of the programme is its robust career preparation component, which provides guidance on career planning, CV development, and interview techniques, supported by partnerships with healthcare employers in Bangladesh and abroad, including collaboration with BRAC Probash Bandhu Limited and an international caregiving recruitment agency in Japan. Graduates receive a globally recognised certification that positions them to meet rising national and international demand for qualified caregivers, contributing both to workforce development and improved standards of care.


Risk
Risk:
ment, a risk refers to any potential event or situation that
could negatively impact the project's objectives, scope, schedule, budget,
quality, or overall success. Risks can arise from various sources and can affect
different aspects of a project.

TRAINING

Strengthening Capacity Across the Public Health Landscape

10,687 Professionals trained since inception

22 Training sessions were in 2025

447 Professionals trained in 2025

At BRAC JPGSPH, we believe that sustainable improvements in public health depend on the people delivering care, shaping policy, and generating evidence.

Our commitment to capacity strengthening extends far beyond standalone courses - it is woven into the fabric of everything we do.

Since its inception, the School has equipped public health professionals with the skills to strengthen systems, improve programmes, and advance equity.

Training at the School takes two complementary forms. The Centre for Professional Skills Development in Public Health (CPSD) serves as our dedicated platform for structured, open-enrollment courses that build expertise across the public health workforce. Simultaneously, our research projects integrate tailored training components that reach practitioners, community health workers, and policymakers precisely where they work - from union-level clinics to urban settlements, from Upazila health complexes to the highest levels of government. This dual approach ensures that capacity building is not confined to classrooms but travels outward into the systems and communities where public health happens every day.

A Diverse Range of Training for a Diverse Range of Recipients

Training at the School is not a single pathway but a network of entry points, tailored to the realities of different audiences.

For community health workers, we deliver practical, hands-on training that strengthens their ability to provide essential services in hard-to-reach areas. These sessions are often embedded within research projects, ensuring that those closest to communities are equipped with the most current evidence and techniques.

For healthcare providers - doctors, nurses, midwives, and facility managers - we offer courses that translate national guidelines into clinical practice, whether in managing non-communicable diseases, improving maternal and newborn care, or strengthening infection prevention.

From Upazila Health and Family Planning Officers to Civil Surgeons and policymakers at the Directorate General of Health Services, our training supports evidence-informed decision-making, implementation planning, and systems strengthening. These engagements are designed not as one-off events but as sustained partnerships that build institutional capacity from within.

For researchers, academics, and developmentent practitioners, we provide advanced methodological training - qualitative research, systematic reviews, implementation science, monitoring and evaluation - that strengthens the quality and rigour of public health scholarship in Bangladesh and beyond.

This diversity of recipients reflects a simple conviction: improving public health requires strengthening every level of involvement.

Building a Sustainable Public Health Force: The BRAC JPGSPH Model

The School uses a dual-pathway approach to strengthen public health capacity across all levels of society.

Impact Across the Landscape

Reaching Practitioners Where They Work

Some of the School's most impactful training happens through research projects that build capacity as an integral part of their design.

These initiatives ensure that evidence generation and skills transfer move forward together.

Strengthening NCD management across government facilities

Under the district-wide initiative in Dinajpur, the Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN) at BRAC JPGSPH trained primary healthcare providers across all sub-districts in the WHO Package of Essential Non-Communicable Disease Interventions (PEN). Working in strategic partnership with the Directorate General of Health Services, the training reached government doctors, nurses, and community health workers directly within the public system.

Building capacity for heat and air pollution adaptation

Through the Heat-Health Adaptation Action Plan and Air Pollution Health Adaptation Action Plan projects by the Hub for Climate Change, Environment, and Health (CCEH) at BRAC JPGSPH, researchers trained frontline health workers, urban planners, and local government officials in identifying heat-vulnerable populations, recognising pollution-related illness, and implementing protective measures. These sessions, delivered in partnership with the Local Government Division and the World Bank-supported Improvement of Urban Public Health Preventive Services Project (IUPHPSP) project, equipped participants with practical tools for early warning, community outreach, and health facility preparedness.

Strengthening community health workers

In the Rohingya camps of Cox's Bazar, the "Reducing Barriers to Sexual and Reproductive Health Services" project trained community health workers (CHWs) and volunteers in behaviour change communication, respectful care, and family planning counselling. By building the capacity of frontline workers who live alongside the communities they serve, the project ensured that evidence-based interventions reached women and families who might otherwise remain beyond the reach of formal services. Through SHINE project, a pilot intervention was also launched to strengthen supportive supervision and promoting mental wellbeing among CHWs. This included the development of a Supportive Supervision and Mental Wellbeing Training Module. The project also developed a popular theatre drama designed to help CHWs communicate key issues in relatable ways.

Equipping frontline providers in urban informal settlements

Through the ARISE (Accountability and Responsiveness in Informal Urban Settlements for Equity in Health and Well-being) project, researchers trained community health workers and volunteers in Dhaka's informal settlements to conduct health awareness sessions, support maternal and child health, and facilitate connections between residents and formal health services. The training was designed to be accessible, practical, and grounded in the realities of urban poverty - ensuring that those with the least formal education could still become effective agents of health within their own communities.

Building Research Capacity Across Institutions

Under projects such as JT4AMR and the "Status of Health, Education and Employment among Persons with Neurodevelopmental Disabilities", researchers trained local data collectors, community researchers, and partner organisation staff in qualitative methods, ethical research practices, and community engagement. These trainings did more than generate better data - they built lasting research capacity within communities and organisations, enabling them to continue generating evidence long after project timelines ended.

Centre for Professional Skills Development in Public Health (CPSD)

CPSD provides a structured platform for open-enrollment courses that build expertise across the public health workforce.

As the School's dedicated training arm, CPSD designs and delivers courses that respond to identified gaps in the sector—strengthening competencies in research methods, programme implementation, and policy engagement.

In 2025, the courses offered by CPSD reflect both foundational skills and emerging priorities in public health, organised around several core thematic areas:

Qualitative Research Methods

Courses in this track equip participants with the skills to understand lived experiences behind health outcomes - from designing qualitative studies and conducting interviews to analysing data using specialised software.

Clinical Practice and Service Delivery

Designed for healthcare providers, these courses translate national protocols and global guidelines into practical skills for frontline care.

Quantitative Research and Data Analysis

Responding to the growing demand for data-driven decision-making, these courses build proficiency in statistical software and analytical techniques essential for rigorous public health research.

Research Communication

This course helps participants translate complex findings into clear, compelling messages for diverse audiences.

Research Synthesis and Evidence Generation

As evidence accumulates rapidly, the ability to synthesise findings becomes critical for policy and practice. These courses guide participants through systematic review methodologies and manuscript writing.

Implementation and Evaluation Science

Bridging the gap between evidence and action, this track focuses on why interventions succeed or fail at scale—and how to design systems that learn and adapt.

Emerging Voices for Global Health (EV4GH)

EV4GH is a pioneering multi-institutional training initiative designed for early-career and emerging health policy & systems researchers (HPSR), policymakers, and health systems practitioners.

Through a combination of online and in-person learning, EV4GH programme develops participants' capacity to become influential advocates in global health and catalysts for change in their local contexts.The Secretariat of the programme is BRAC JPGSPH (2023 - 2026) with funding from Directorate General for Development Cooperation and Humanitarian Aid (DGDA), Belgium, through the Institute of Tropical Medicine (ITM).

Established in 2010 at ITM in Antwerp, Belgium, EV4GH was founded to strengthen the engagement of health researchers from low- and middle-income countries in international health conferences and forums. Since its inception, the programme has expanded to reach participants across all WHO regions, partnering with institutions worldwide.

As an official thematic working group of Health Systems Global (HSG) since 2016, EV4GH works to strengthen the participation of young professionals, particularly those from LMICs, within HSG activities. EV members and alumni make significant contributions to the HPSR field through abstract reviews for Health Systems Research symposia, facilitation of organised sessions and business meetings, and service as peer reviewers and editorial board members for HPSR journals.

The EV4GH community maintains an active Google group of over 600 members who regularly exchange ideas on pressing global health issues. Throughout the years, community members have produced blogs and articles on HPSR and timely global health topics, demonstrating sustained commitment to the programme's mission.

Message from the Chair

"2025 was a year of critical reflection, consolidation, and planning for EV4GH - a global platform that nurtures and connects early- and mid-career professionals to advance equity-driven leadership in global health. Building on the strong achievements of the EV4GH 2024 venture, which engaged 41 Emerging Voices from 27 countries through a blended learning model, the year 2025 focused on capturing lessons, sustaining alumni engagement, and shaping the vision for the EV4GH 2026 venture. The EV4GH Secretariat, hosted by the BRAC JPGSPH, played a pivotal role in programme coordination, partnership management, and ongoing network strengthening, working closely with the Governance Board to ensure strategic alignment, effective delivery, and expanded regional engagement. Preparations for the 2026 venture are now underway, with a renewed emphasis on deeper regionalisation, strengthened collaborations, and continued investment in inclusive leadership to amplify diverse voices and advance global health equity."

Dr Bachera Aktar
Chair, Governance Board.
Emerging Voices for Global Health (EV4GH)

Strengthening Implementation Research Capacity

The School partnered with TDR-WHO for a special lecture series to equip practitioners with tools to bridge the know–do gap.

The IR Connect Lecture Series was developed as part of a broader global initiative by WHO-TDR to strengthen capacity in Implementation Research, particularly in low- and middle-income countries where critical gaps often exist between evidence generation and real-world health practice. Recognising that effective public health solutions depend not only on what works but on how and where it works, WHO-TDR designed this Massive Open Online Course (MOOC) in collaboration with leading global experts in implementation research.

The lecture series brings together a comprehensive set of expert-led sessions covering core IR concepts, including implementation strategies, study design, measurement frameworks, and approaches to translating research into policy and practice. Emphasising practical application, the series encourages iterative learning, enabling participants to engage with real-world challenges and develop contextually relevant solutions. In doing so, it directly addresses the persistent "know–do" gap in public health by equipping learners with the tools to apply evidence effectively within complex health systems.

BRAC James P Grant School of Public Health (BRAC JPGSPH) has played a significant role as a regional academic partner in both the development and facilitation of this lecture series. Faculty members from the School, including Professor Malabika Sarker, Dr Mrittika Barua, and Dr Humayra Binte Anwar from the Centre of Excellence for Science of Implementation Research and Scale-Up (CoE-SISU), have contributed to shaping course content and leading sessions, bringing contextual expertise from Bangladesh and the Global South into the global learning platform.

As part of its commitment to strengthening implementation research competencies, BRAC JPGSPH integrates the IR Connect Lecture Series into its academic programming, particularly within the MPH curriculum. The series complements formal coursework, mentorship, and hands-on research training, providing students and professionals with exposure to global perspectives while grounding their learning in practical, field-based applications. Through this integration, the School continues to build a new generation of public health practitioners capable of translating evidence into impactful programmes, policies, and practices.

RESEARCH

Evidence That Drives Change

433 Research projects since inception

55 Ongoing research projects in 2025

200+ International research partners in the last 5 years

542 Peer-reviewed publications since 2017

62 Peer-reviewed publications in 2025

We generate evidence, translate knowledge into action, and influence programmes, practices, and policies on emerging and pressing public health challenges.

Our researchers work on a wide spectrum of public health and development priorities, including health systems, socioeconomic, political, environmental and commercial determinants of health, infectious and non-communicable diseases, nutrition, gender, health equity and rights, maternal, child and adolescent health, sexual and reproductive health and rights, health and rights of young people, digital health, violence against women and children, human rights, health workforce development, antimicrobial resistance, and healthcare financing, and financial inclusion and well-being across urban, rural and humanitarian contexts.

We work with diverse population groups, including marginalised communities such as refugees, slum dwellers, ethnic minorities, persons with disabilities, and other structurally silenced and vulnerable groups.

Our research spans diverse and rigorous methodologies.

These include mixed-methods research, randomised controlled trials, impact and economic evaluations, process documentation, geospatial experimental methods, qualitative research, ethnographies, community-based participatory methods, participatory action research, surveillance, implementation research, rapid assessments, review-based research (systematic review, scoping review, desk reviews, rapid reviews, etc.), household and national-level surveys, and creative audio-visual methods (visual diaries, deliberative interviews, and photo-voice, etc.).

Collaboration lies at the heart of our research.

Many of our research projects are part of multi-country consortia conducted in collaboration with leading academic and research institutions nationally, regionally, and globally. Our national partnerships include different ministries and government bodies (e.g. Ministry of Health and Family Welfare, Ministry of Education, the Directorate General of Health Services (DGSH), Directorate General of Family Planning (DGFP), Directorate General of Drug Administration (DGDA), Ministry of Local Government, Rural Development and Cooperatives, City Corporations, etc.), non-governmental organisations (NGOs), international NGOs, United Nations agencies (e.g. WHO, UNFPA, UNICEF), and public and private universities, research institutions, and other think tanks.

Research Centres and Hubs

The School's extensive national and global collaborations enable multidisciplinary research teams to lead and support work across five Research Centres and two Research Hubs.

Research Centres

Established in 2008, the **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)** promotes a broader understanding of Gender, Sexual and Reproductive Health and Rights (SRHR) in Bangladesh and the region through research, advocacy and capacity-building activities. It generates and translates knowledge into advocacy-based action for social and structural changes.

Established in 2012, the **Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)** generates evidence to inform key stakeholders on necessary health system interventions or modifying existing interventions. Research areas include universal health coverage, equity, and social determinants of health, Human Resources for Health (HRH) and pharmaceutical R&D.

Established in 2013, the **Centre of Excellence for Urban Equity and Health (CUEH)** addresses challenges urban health systems to ensure equity for the urban poor. Research areas include climate change, environment, migration, strengthening of health systems, urban health governance, innovations in service delivery models, strategies for equitable healthy cities, etc.

Established in 2016, the **Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)** links research and practice to accelerate the implementation and scale-up of health policies, programmes, and practices by emphasising partnerships between implementers, researchers, and stakeholders. Research areas include maternal, neonatal, child health, disability, health systems, vaccination, climate change, and migration.

Established in 2017, the **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)** develops research, training, guidelines, policies, partnerships, and networks to prevent and control non-communicable diseases (NCDs) and malnutrition in Bangladesh and the Global South. Research areas include NCDs, malnutrition, practices in clinical and population settings etc.

Research Hubs

Humanitarian Research Hub

Established in 2021, the **Humanitarian Hub** conducts research in collaboration with the Centres of Excellence on the forcibly displaced Myanmar nationals and host populations to understand the gaps in public health service delivery and to identify challenges to improve their health and well-being.

Climate Change, Environment and Health (CCEH) Hub

Established in 2023, the **Climate Change, Environment and Health (CCEH) Hub** offers teaching, programme design, and research efforts involving health, education, and the economy of climate change. It also collects and collates existing evidence and generates new evidence relating to climate change, environment, and health.

Resilient Health Systems

At BRAC JPGSPH, strengthening resilient health systems is a key research priority, with work focused on generating evidence and insights that help systems remain responsive, adaptable, and equitable in the face of crises and evolving population needs.

Through its research, the School contributes knowledge that supports health systems in withstanding shocks, sustaining essential services, and improving outcomes across diverse contexts.

Highlighted Research

Technology at the Bedside

Project: Feasibility and acceptability of wearable technology for paediatric sepsis management in Bangladesh

Implemented by:
Centre of Excellence for Science of Implementation and Scale-Up (CoE-SISU)

Timeline:
July 2024 – June 2025

Funder:
Brown University

When his 21-month-old child developed a mild cold that suddenly worsened with intense crying and shivering, Kareem (pseudonym) rushed him to the hospital. Doctors later said the timely arrival may have prevented convulsions. After examination and an X-ray, the child was diagnosed with a minor pneumonia infection and treated accordingly. Though public facilities were under strain, Kareem, a government social service officer, felt reassured by the attentive care, particularly from the nurses.

Accustomed to managing minor illnesses at home with basic tools and medical advice, Kareem was open to the idea of a wearable device to monitor vital signs. He found the concept easy to understand and believed it could support clinicians if properly explained to parents. However, he emphasised that interpretation should remain with trained professionals and that trust, clear communication, affordability, and community awareness would be essential for wider acceptance of such technology in paediatric care. Understanding caregiver perspectives is essential for effective innovation. This is one of many examples where implementation research could play a critical role by bridging the gap between innovation and real-world practice.

Under the study titled "Feasibility and acceptability of wearable technology for paediatric sepsis management in Bangladesh," researchers at the School conducted implementation research and generated actionalable insights to guide the effective integration of wearable technologies into routine paediatric care. Such evidence is essential for informing context-specific implementation strategies, ensuring scalability, and maximising impact in resource-constrained health systems

Through interviews with caregivers, service providers, and policymakers, the project found strong interest in using wearable technology to improve early detection, continuous monitoring, and clinical decision-making amid workforce shortages.

The research highlights system-level implications for service delivery, digital integration, and workforce efficiency, directly contributing to resilient health systems. Government engagement and health system digitalisation were identified as enablers. Findings inform future scale-up, training, infrastructure planning, and policy discussions on technology-enabled paediatric care to reduce sepsis-related mortality.

Blood Transfusion - Trust in Every Drop

Project: Assessment of Public and Private Blood Transfusion Services under the Directorate General of Health Services

Implemented by:
Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)

Timeline:
June 2024 – May 2025

Funder:
World Health Organization (WHO)

Every day, patients enter hospitals hoping treatment will heal them. Families wait outside operating rooms, clutching prescriptions and prayers. For many, a blood transfusion is not optional. It is urgent. It is necessary. But when safety systems fail, it can also place lives at risk.

In Bangladesh, blood transfusion in hospitals is regulated by the Safe Blood Transfusion Program (SBTP) under the Directorate General of Health Services (DGHS). Unfortunately, the system is uneven, with persistent challenges, including inconsistent safety practices related to blood transfusion. Recognising this silent risk, BRAC JPGSPH, in collaboration with DGSH and WHO, conducted a nationwide study titled "Assessment of Public and Private Blood Transfusion Services under the Directorate General of Health Services" to understand where the system breaks down and how it can be strengthened.

Blood transfusion services in the health facilities across 17 districts in 8 divisions were assessed through facility assessments, document reviews, and interviews with donors, patients, healthcare workers, and policymakers.

The findings revelaed not just a single failure, but a pattern. Systemic gaps exist in governance, workforce capacity, infrastructure, and data management. These are not always visible to patients, but they contribute to the quality and safety of the care they receive.

The findings were reviewed by key stakeholders and disseminated at the national level to inform policy and practice. By working closely with government health authorities, global health partners, and academic institutions, the project ensured that its evidence would not sit on shelves but move towards action.

The goal is simple, yet profound: to help build a safe and quality blood transfusion system in Bangladesh that ensures recruitment of safe donors, well-equipped blood transfusion facilities and trained healthcare providers, and ultimately ensures patient safety.

What Meaningful Inclusion Looks Like

Project: Status of Health, Education and Employment among Persons with Neurodevelopmental Disabilities in Bangladesh

Implemented by:
Centre of Excellence for Urban Health and Equity (CUEH)

Timeline:
January 2023 – July 2025

Funder:
Apasen International, UK

Moon (pseudonym) is a twenty-four years old woman with autism and epilepsy from a family where every day is carefully measured against uncertainty.

Moon entered the world through a complicated home delivery. Her early developmental delays were never identified within the health system. By the time she began having seizures in primary school, the warning signs had already passed unnoticed.

Her first seizure changed everything.

School became impossible. Without access to trained teachers, special education, or inclusive learning support, Moon had to dropout from the school. While other children continued their studies, her world began to shrink. Today, she can manage some personal tasks, but performing everyday chores, such as cutting vegetables, washing clothes, and even managing her hair, remains difficult. Sleep rarely comes easily. Constipation and medication side effects weigh on her body. Additionally, missing a single dose of medicine can trigger multiple seizures in one night. For safety, Moon rarely leaves home. Her social world is small, quiet, and often lonely.

Moon's family has spent what little they have seeking help from private clinics - consultations, tests, medicines, and changing prescriptions. No one guided them through a coordinated system of care. Without accessible, continuous public health services, they have been left to manage her condition largely on their own.

Moon's story is not rare. It reflects wider gaps in health and education systems for people with neurodevelopmental disabilities: weak early diagnosis, limited specialised services, fragmented referrals, high out-of-pocket expenditure, and very limited inclusive education opportunities.

With the aim of addressing these gaps, BRAC JPGSPH, in partnership with the Department of Social Services (DSS) under the Ministry of Social Welfare (MoSW), is conducting research titled "Status of Health, Education and Employment among Persons with Neurodevelopmental Disabilities in Bangladesh" to understand the barriers faced by individuals like Moon.

This project aims to generate evidence to support strengthening health systems to be more inclusive, coordinated, and responsive, thereby improving the lives of persons with neurodevelopmental disabilities in Bangladesh. Evidence was generated through reviewing relevant national policies and stakeholder workshops. Findings contributed to the development of context-specific recommendations, disseminated through a research brief, a policy brief, and a pictorial booklet.

Living Environment

The living environment is a fundamental driver of health and well-being, influencing how people experience daily life, access resources, and maintain resilience.

The School's work in this area centres on examining built, social, political and environmental conditions and generating knowledge that supports healthier, more sustainable, and more livable communities.

Highlighted Research

Heat Has an Address

Project: Health Vulnerability from Heat Waves, Adaptation, and Solutions in Dhaka City - Validation through Ground Truthing of Satellite Imageries, Qualitative Insights and Local Perspectives

Implemented by:
Centre of Excellence for Urban Health and Equity (CUEH)

Timeline:
January 2024 – December 2026

Funder:
Foreign, Commonwealth & Development Office (FCDO)

In Dhaka, Bangladesh, heat is no longer just a seasonal discomfort. It is becoming a daily reality that shapes how people live, work, and survive.

By midday, streets shimmer under the sun. Tin roofs trap warmth, and dense rows of buildings hold the heat long after sunset. And as the city expands, concrete replaces soil, buildings replace trees, and natural cooling spaces disappear. But the most important truth is this: not everyone experiences heat the same way.

Some neighbourhoods trap far more heat than others. Some communities have fewer resources to cope. Elderly residents, children, low-income households, and people with existing health conditions are especially vulnerable. Heat vulnerability is not determined by temperature alone. It is shaped by population density, housing conditions, access to green spaces, and the ability to adapt.

To understand these differences, researchers at the School combined satellite imagery with field temperature measurements and community insights.

They spoke with residents, practitioners, and policymakers to learn not only where heat is highest, but how people experience it and where support systems fall short.

What emerged was clear. Heat risk across the city is deeply unequal. Certain areas consistently experience higher temperatures and greater vulnerability, especially in dense central and southern zones. In contrast, neighbourhoods with more vegetation, lower building density, and better infrastructure remain noticeably cooler.

These findings reveal that extreme heat is not just an environmental issue. It is also a social one.

Significant gaps remain in monitoring, preparedness, public awareness, and health data. Without addressing these challenges, heat-related health risks will continue to grow quietly, affecting those with the least protection.

By identifying vulnerability at the smallest possible scale, this research provides evidence that can guide targeted action, smarter planning, and more equitable urban health policies. Because protecting a city from heat begins with understanding exactly where it strikes - and who needs protection the most.

Southern-led Curriculum on Climate Change and Health

Project: Adapting Climate Change Education Skills and Sustainability for Advancing Locally-led Solutions (ACCESS4ALL)

Implemented by:
Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)

Timeline:
November 2023 – February 2026

Funder: European Union, ERASMUS+ Capacity Building for Higher Education Program

The ACCESS4ALL project, led by BRAC JPGSPH, is an Erasmus+ CBHE-funded initiative focused on advancing locally led, climate-responsive education and green skills development. The consortium includes Bangladeshi partners (BRAC JPGSPH, BRAC University, Independent University, Bangladesh, and University of Liberal Arts, Bangladesh) and European collaborators (Maastricht University in the Netherlands and Heidelberg University in Germany).

The project aimed to bridge gaps in climate change education by co-developing locally led and globally relevant context-specific, practice-oriented learning systems for university students, health professionals, and practitioners.

Key activities include the development of two short courses and Massive Open Online Courses (MOOCs), the establishment of the Green Learning Hub (a free repository of best practices), and multi-stakeholder engagement to align academic content with community realities.

A distinctive feature of ACCESS4ALL is its Community Ambassador model, which involves climate- affected and marginalised communities supporting the co-creation of knowledge by identifying local climate challenges, documenting lived experiences, supporting participatory research, and validating learning material. 15 young men and women from climate-affected communities of Khulna, Satkhira, and Chuadanga were trained as Community Ambassadors. They received training on photography, digital literacy, social media activism, participatory research methods and research ethics. This approach ensured that education curricula are culturally and contextually relevant and resulted in several tangible outputs, including locally grounded case studies, community-informed training modules, and multimedia storytelling products capturing climate impacts and adaptation practices.

By embedding community knowledge into formal education systems, ACCESS4ALL has contributed to more equitable, responsive, and sustainable climate education, positioning BRAC JPGSPH as a leader in participatory, South-driven innovation.

Emerging Challenges and Disease Burden

At BRAC JPGSPH, work on emerging health challenges and disease burden is guided by forward-looking thinking that anticipates future risks and prioritises issues that remain overlooked or insufficiently addressed.

This approach ensures the School remains at the forefront of identifying critical public health threats and shaping timely, evidence-informed responses.

Highlighted Research

Saving the Cure

Project: "Just Transitions Framework" for the Equitable and Sustainable Mitigation of Antimicrobial Resistance (JT4AMR)

Implemented by:
Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)

Timeline:
November 2023 – December 2025

Funder:
The British Academy

Antibiotics once felt like miracles. A fever would break. An infection would retreat. A life would be saved. Today, that certainty is beginning to fade.

Across communities, a quiet shift is unfolding. Infections that were once easily treated are becoming harder to cure. Some children are now born into a world where common medicines may not work as they once did. Antimicrobial resistance, or AMR, is no longer a distant scientific concern. It is a growing reality that affects hospitals, farms, pharmacies, and households alike.

At first glance, the solution may seem simple: stop selling antibiotics without prescriptions. But reality is more complex. Antibiotics are not just medicines; they are lifelines. For many families, especially in places where healthcare access is limited, immediate treatment can mean survival. Restricting access without strengthening systems can leave vulnerable people without care. The challenge is not simply about reducing use. It is about using these medicines wisely, fairly, and sustainably.

Recognising AMR as a socioeconomic and structural problem, the JT4AMR project brought together voices rarely heard in the same room: community members, healthcare providers, farmers, livestock workers, pharmaceutical representatives, civic leaders, and future clinicians. Across districts, deliberative workshops were conducted, where participants shared their experiences, concerns, and realities of antimicrobial use.

The study findings uncovered a clearer picture of the root causes of the AMR problem. Misuse of medicines is not often driven by ignorance or a lack of awareness. Pharmaceutical marketing practices, uneven regulation, livelihood pressures, and unequal access to healthcare - all shape how antibiotics are used. AMR is not caused by a single decision or a single group. It grows from systems.

By validating these insights with stakeholders and sharing them nationally, the project helped shift the conversation. AMR is now being understood not only as a scientific threat, but as a collective challenge that demands shared solutions. Policies, programmes, and awareness efforts are beginning to reflect this broader perspective - one that protects health while also protecting livelihoods and access to care.

Antibiotics have saved millions of lives. Ensuring they continue to do so is not just a medical responsibility. It is a shared one.

Animals That Sustain, Systems That Ignore

Project: Indo-Pacific Initiative for Sustainable Animal Health Cooperation

Implemented by:
Humanitarian Hub

Timeline:
July 2024 – December 2026

Funder:
Australian Centre for International Agricultural Research (ACIAR)

In the urban setting of Muktagacha, Mymensingh, Hiru (pseudonym), a 23-year-old man carries the weight of a 150-year-old family legacy. As a member of the Harijan community, pig rearing is woven into his identity, yet it remains a practice he must largely hide from the broader public. Supporting a household of twelve, he views his pigs as the family's ultimate emergency fund. He reflects on the economic weight these animals carry, noting, ***"I sold pigs to fund the marriages of my two sisters. Without them, we would have had no way to meet such a large expense."***

Hiru's methods are a testament to survival; he feeds his pigs rice and salt, supplemented by bones and 'dead chickens' collected from poultry farms, transforming waste into wealth.
Despite this essential economic role, Hiru expresses a sharp resentment towards the 'institutional invisibility' his community faces. This stigma manifests most painfully in the lack of veterinary support.

Hiru observes the exclusion at government clinics: ***"Cows, goats, and poultry are all on the hospital banners, but have you ever seen a pig? If they won't even put a picture of the animal on the wall, how can we expect them to treat it?"***

When Hiru's animals fall ill, he often finds himself unable to secure a doctor's visit, as many are reluctant to enter the Harijan quarters to treat an animal they consider impure. He is left to experiment with human medicines, constantly fearing a loss that could bankrupt his family.

For this young father, the pig is both his greatest financial strength and the primary reason he remains on the margins of his own town.

Understanding the specific hurdles faced by these communities is the first step towards systemic reform.

These narratives provide the evidence base necessary to transform these challenges into a streamlined, inclusive process where traditional livelihoods are recognised and protected by the state.

The aim of the IPI-SAHC project is to strengthen animal health governance as a sustainable development priority through inclusive and evidence-based approaches. It emphasises the importance of linking animal health with livelihoods, public health, and community resilience.

Underserved Populations in Public Health

At BRAC JPGSPH, work on emerging health challenges and disease burden is guided by forward-looking thinking that anticipates future risks and prioritises issues that remain overlooked or insufficiently addressed.

This approach ensures the School remains at the forefront of identifying critical public health threats and shaping timely, evidence-informed responses.

Highlighted Research

Finding Safety in Care: Experiences of Rohingya Mothers

Project: Reducing Barriers to Sexual and Reproductive Health Services in the Camps for Forcibly Displaced Myanmar Nationals (FDMN) in Cox's Bazar

Implemented by:
Centre of Excellence for Science of Implementation and Scale-Up (CoE-SISU)

Timeline:
September 2024 – June 2026

Funder:
The Swiss Red Cross

When Rahima (pseudonym), a 24-year-old mother of three from the Rohingya community, visited the nearby medical facility for antenatal care, she received respectful care and adequate services, which influenced her decision to deliver her child there. She attended check-ups regularly throughout pregnancy and after delivery. Compared with her earlier home births, which involved prolonged pain and uncertainty, the delivery at the facility felt easier and more secure to her.

Rahima recalled past hardship during a previous birth at home, when illness and weakness left her unable to eat for days and without proper pregnancy care. She believed such complications could have been addressed promptly at the health facility.

Rahima believes more women would choose facility delivery if they saw the benefits themselves and received clear guidance. She noted that although the rate of home delivery has declined over time, it remains high. Community perceptions, however, are changing gradually, as more people experience respectful care and improved services.

Rahima's story of accessing maternal health services and information is one of the thousands residing in the camps designated for the Rohingya population in Cox's Bazar.

The study titled "Reducing Barriers to Sexual and Reproductive Health Services in the Camps for Forcibly Displaced Myanmar Nationals (FDMN) in Cox's Bazar" documented these experiences. This study provided evidence on the effectiveness and acceptability of a COM-B–based behavior change intervention to improve institutional delivery and family planning uptake among FDMNs in Cox's Bazar.

Implemented by the Bangladesh Red Crescent Society (BDRCS) with technical support from the Swiss Red Cross, the intervention addresses capability, opportunity, and motivation through five sequential steps: knowledge, intention, approval, practice, and advocacy.

By tackling entrenched gender norms, household decision-making barriers, and service acceptability, the study applies a quasi-experimental and implementation research approach to generate actionable evidence.

Findings will inform humanitarian health programming, strengthen community-based SRH delivery, and support policy and programmatic scale-up of equitable, culturally responsive interventions in refugee and other underserved contexts.

The Invisible Loss

Project: Barriers and facilitators to female death registration in Rangpur, Bangladesh

Implemented by:
Humanitarian Hub

Timeline:
September 2024 – June 2025

Funder:
Bloomberg Philanthropies Data for Health Initiative

Following the passing of his wife, Salma (pseudonym), the grieving husband, Morshed (pseudonym), sought to settle her affairs, only to be met with a complex web of administrative barriers that ultimately left her death officially unrecognised. His journey began when he approached an insurance company to settle a claim. To proceed, the company required a death registration certificate and directed Morshed to his local municipal office. Upon arriving at the office, he found that the service was at a standstill because the computer operator was unavailable. He tried to file an online application through a third party. However, this effort was blocked by a further requirement: a digital birth registration certificate for his deceased wife, which did not exist. Confronted by these systemic hurdles, Morshed was forced to abandon the process. Six months after Salma's passing, far beyond the standard 30-day window for registration, the death remains unregistered.

Morshed's experience reflects a common experience among those navigating these barriers.

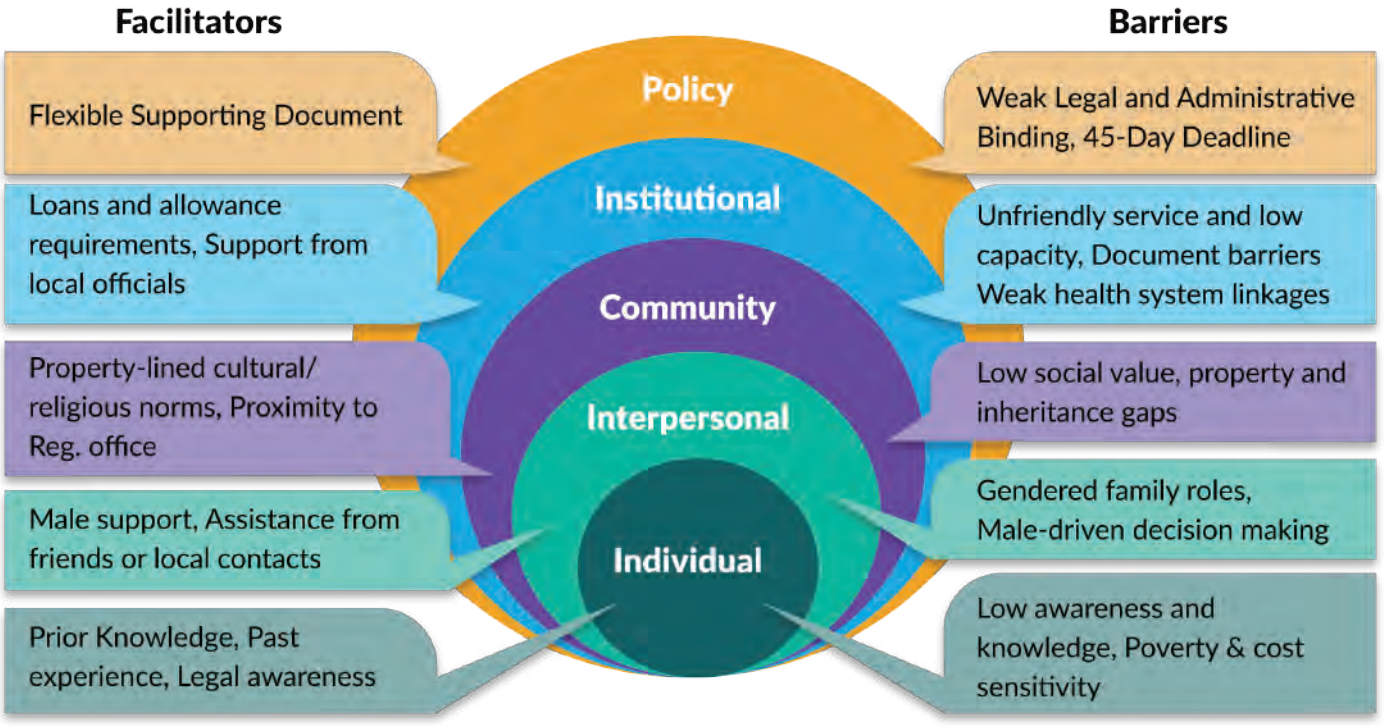
Female deaths remain absent from official records, a casualty of a system where the cost and complexity of registration outweigh its immediate accessibility.

Understanding the specific hurdles faced by families is the first step towards systemic reform. The Study on "Barriers and Facilitators to Female Death Registration in Bangladesh" by BRAC JPGSPH provides evidence on the importance of developing an easy and accessible process. Partnering with the Johns Hopkins University Gender Equity Unit and Vital Strategies, researchers at the School engaged stakeholders at all levels - from national policymakers to the frontline registration workforce and the families of the deceased.

By employing a cross-sectional qualitative research framework consisting of key-informant interviews, in-depth interviews and focus group discussions, the study identified the specific gender dynamics, socio-cultural norms, and systemic hurdles that drive under-registration of female deaths.

Through two high-level dissemination events, these insights are being used to influence national policies, advocating for a more gender-sensitive and accessible death registration process to protect the legal rights of underserved women.

Key Findings



Unpacking Masculinity

Project: Countering Backlash

Implemented by:
Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)

Timeline:
January 2020 – January 2026

Funder: Swedish International Development Cooperation Agency (Sida)

The six-year Countering Backlash programme, led by the Institute of Development Studies (IDS) with partners, aims to enhance the understanding, capacities, and opportunities needed for women's rights organisations (WROs) and gender justice defenders to counter backlash and address the erosion of gender equality agendas within development.

In Bangladesh, BRAC JPGSPH leads research and engagement under the Patriarchy strand of the global programme.

Findings indicated that misinterpretations of religion, gendered legal structures, and entrenched social norms reinforces hegemonic and toxic masculinities that drive both organised and informal anti-feminist backlashes on online, offline, and within legal and policy domains.

Recent political shifts and the rise of anti-feminist forces have contributed to shrinking civic space and intensified anti-gender discourse.

The research team undertook a participatory qualitative research in three urban informal settlements and documented the lived experience of men (15-69 years) during the COVID-19 period and in the post-pandemic context through multiple qualitative methods (in-depth interviews, focus group discussions and participant observation). A cohort of 12 men were also longitudinally followed up from 2021 to 2025 to capture their perspectives of masculinity evolved over the period. Participatory role-play workshops with men in those settlements were conducted to explore male allyship and positive masculinity practices. An interactive community session, called ***Morodnama*** *(A Tale of Men),* was organised in one informal urban settlement, bringing together men of all age groups. This event featured an art and photo exhibition that created a visual narrative, allowing participants to share their stories by writing on exhibited photos or in handwritten letters.

Complementary qualitative research was conducted across public and private universities in Dhaka to understand the dynamics of campus-based gender backlash and male students' perspectives on what constitutes misogyny in offline and online spaces. Policy mapping and in-depth interviews with policymakers and programme implementers were also conducted to examine how gender justice agendas are eroded or co-opted within development processes.

One of the project's unique approaches was to design a fellowship programme to facilitate storytelling on themes of gender justice, gender equality, and anti-feminist backlash. With mentorship and technical guidance, the fellows produced four short films, each rooted in lived realities and critical reflections on gender norms, inequality, and resistance.

Voices from the Margins

Project: Our Voices, Our Futures

Implemented by:
Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)

Timeline:
January 2020 – January 2026

Funder: **Dutch Ministry of Foreign Affairs**

"Every woman, every structurally silenced woman should raise her voice. She must talk about her rights, not only on physical platforms but also on every possible platform, to gain them, she must talk . Not once or twice, but many times. Only then will people begin to notice and think: this girl keeps speaking about how she has been deprived of her rights."

- A 28-year-old women living with disability, Dhaka

This reflection came from one of the participants of the Our Voices, Our Futures project. Like her, many women involved in the project shared powerful lived experiences of navigating both physical and online public spaces, and the challenges they face in making their voices heard. Their stories revealed how structural barriers rooted in gender, class, disability, and ethnicity continue to shape who is visible, who is heard, and whose rights are recognised.

Our Voices, Our Futures (OVOF) is a Global South–led consortium designed to amplify and increase the visibility of structurally silenced women across six countries: Bangladesh, India, Kenya, Lebanon, Sudan, and Uganda. Implemented between 2021 and 2025, the project is funded by the Embassy of the Kingdom of the Netherlands in Bangladesh and coordinated by CREA in India.

In Bangladesh, the research component, implemented by the Centre for Gender and Sexual and Reproductive Health and Rights (CGSRHR), BRAC JPGSPH, focused on three groups of structurally silenced women: Indigenous women, commercial sex workers, and women with physical disabilities.

Through participatory research, storytelling, and advocacy, the project documented how these women experience exclusion, violence, and restricted access to both offline and online civic spaces.

The initiative produced several scientific outputs, including a research report, an academic manuscript titled **"Violence against Indigenous Women in the Chittagong Hill Tracts (CHT), Bangladesh, and Shrinking Civic Spaces"** and a forthcoming book chapter, **"Indigenous Women's Struggles in the Evolving Tourism Scene and Changing Landscape of Chittagong Hill Tracts, Bangladesh."** Beyond scientific outputs, OVOF placed strong emphasis on advocacy and youth engagement, including an online podcast, an on-campus campaign across six public universities in Dhaka, Sylhet, Kushtia, Barisal, Khulna, and Mymensingh and a poster competition. Key outputs included the development of an e-book and a case story from the on-campus campaignon the rights of structurally silenced women in Bangladesh.

Another significant achievement was the organisation of two art fellowship programs for Bangladeshi students aged 15–19. The fellowships encouraged young artists to engage creatively with issues of gender justice and social exclusion, culminating in a public exhibition in Dhaka featuring the work of ten selected participants.

Together, these activities sought not only to document the experiences of structurally silenced women but also to create spaces - both physical and digital - where their voices could be heard, amplified, and recognised.

Reaching Every Child

Project: Context-Specific Assessment of Vitamin A Supplementation and Deworming (VAS+D) Uptake among Children Aged 6 to 59 Months to Support Bangladesh Government Initiatives

Implemented by:
Centre of Excellence for Urban Health and Equity (CUEH)

Timeline:
January 2025 - June 2025

Funder:
Hellen Keller International

For children under five, vitamin A supplementation and deworming are simple but life-changing interventions. Vitamin A strengthens immunity and protects eyesight. Deworming prevents infections that quietly undermine growth and nutrition. When delivered consistently, these low-cost services play a vital role in child survival and development.

To assess whether all children are being reached, researchers conducted a mixed-methods nationwide study between January and June 2025. The study examined the uptake of vitamin A supplements and deworming tablets and barriers among children aged 6–59 months, including those in hard-to-reach areas.

The findings revealed progress, but also inequity. Vitamin A coverage was relatively high at 78.9 per cent, reflecting the strength of the existing delivery system. However, disparities persisted in remote regions due to information gaps, access barriers, and logistical challenges.

Deworming coverage was considerably lower at 46 per cent and largely symptom-driven, highlighting the absence of a structured national programme for under-five children.

Parental education significantly influenced the uptake of both interventions. Where caregivers were informed, participation increased. Where awareness was limited, children were more likely to miss services.

The way forward is clear. Strengthened communication, improved outreach, reliable supply systems, and the establishment of coordinated national programmes are essential to ensure equitable child health services across Bangladesh.

Research Projects

Our Research Centres and Hubs engaged in 55 projects in 2025.

Project: Healthier Food Environments Initiative - Global Regulatory and Fiscal Capacity Building Programme (Global RECAP) Creating an Interactive Food Map

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **December 2025 - October 2026**

Funder: **International Development Law Organization**

Project: Accessing Childhood Cancer Care in Bangladesh: An Exploratory Qualitative Study

Implemented by: **Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)**

Timeline: **December 2025 - December 2026**

Funder: **National Institute for Health and Care Research (NIHR) in partnership with RSTMH**

Project: Implementation Research on Self- Care Interventions for Sexual and Reproductive Health and Rights in Bangladesh

Implemented by: **Humanitarian Hub**

Timeline: **November 2025 - April 2027**

Funder: **World Health Organization**

Project: Study on the Contribution of the Community Paramedic Programme to Bangladesh's Primary Healthcare System

Implemented by: **Climate Change, Environment and Health (CCEH) Hub**

Timeline: **September 2025 - December 2025**

Funder: **Swisscontact**

Project: Violence and Trauma Faced by the Rohingya Displaced from Myanmar

Implemented by: **Humanitarian Hub**

Timeline: **September 2025 - July 2026**

Funder: **Medecins Sans Frontieres (MSF)**

Project: Implementation Research on Childhood Onset Non-Communicable Diseases (NCD) in Two Piloted Districts

Implemented by: **Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)** and **Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)**

Timeline: **September 2025 - August 2026**

Funder: **UNICEF**

Project: From Systems to Communities: Understanding Pathways of Change in the Healthy Village in Urban Programme

Implemented by: **Humanitarian Hub**

Timeline: **July 2025 - June 2026**

Funder: **Max Foundation Bangladesh**

Project: Urban Echoes - Intersections of health, gender, climate change and resilience in urban slums in Bangladesh, a project under ReBUILD for Resilience

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)**

Timeline: **July 2025 - March 2026**

Funder: **UK Aid through the Foreign, Commonwealth and Development Office (FCDO)**

Project: Bangladesh Nutrient Profile Model: A Tool to Classify Foods and Non-Alcoholic Beverages High in Saturated Fatty Acids, Trans-Fatty Acids, Free Sugars and Salt (HFSS Foods)

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **July 2025 - May 2026**

Funder: **World Health Organization**

Project: Adaptation of the WHO South-East Asia Region Sodium Benchmarks for Packaged Foods in Bangladesh

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **July 2025 - November 2025**

Funder: **World Health Organization**

Project: A Comparative Evaluation of CBSMTH Intervention in Tanguar Haor

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **June 2025 - May 2027**

Funder: **International Centre for Integrated Mountain Development**

Project: Community-led Climate Resilient and Sustainable Livelihood Program in Coastal Areas of Satkhira District

Implemented by: **Humanitarian Hub**

Timeline: **June 2025 - May 2026**

Funder: **Welthungerhilfe (WHH), ANANDO**

Project: CARE - Co-developing a Conceptual Framework for Adolescents who are Climate Migrants' Sexual and Reproductive Health and Rights in Bangladesh to Inform Southern-led Policy, Practice and Curricula

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)**

Timeline: **May 2025 - April 2027**

Funder: **The Academy of Medical Sciences**

Project: Heat-Health Adaptation Plan for Bangladesh

Implemented by: **Climate Change, Environment and Health (CCEH) Hub**

Timeline: **May 2025 - September 2025**

Funder: **The World Bank**

Project: Evaluation on 360 Degree NCD Care

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **May 2025 - January 2026**

Funder: **BRAC**

Project: Towards Disability-Inclusive Development in Bangladesh: A Mixed-Method Inquiry into National Social Protection Programmes (NSPP) across Health, Education, Employment sectors, and the Judiciary system

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **May 2025 - August 2026**

Funder: **Department of Foreign Affairs and Trade, Australian High Commission, Bangladesh (DFAT)**

Project: Baseline and Endline Evaluation for Strengthening Community Clinics and Char-based Healthcare Access with Remote Maternal Services

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **May 2025 - January 2026**

Funder: **BRAC**

Project: Antimicrobial Resistance (AMR) Diagnostics for Expanding Access to Cefiderocol (AMR-DEAC) – Mixed methods triangulation study

Implemented by: **Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)**

Timeline: **March 2025 - June 2026**

Funder: **Global Antibiotic Research and Development Partnership (GARDP)**

Project: Air Pollution-Health Adaptation Action Plan for Urban Bangladesh

Implemented by: **Climate Change, Environment and Health (CCEH) Hub**

Timeline: **March 2025 - June 2025**

Funder: **The World Bank**

Project: The Health Sector Response to Gender-Based Violence and Sexual Reproductive Health Programmes in Bangladesh

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **January 2025 - January 2026**

Funder: **EB Consulting Pvt Ltd**

Project: Bangladesh Vaginal Microbiome Community-based Cohort (VaMi 2) Qualitative Study

Implemented by: **Humanitarian Hub**

Timeline: **January 2025 - December 2028**

Funder: **Johns Hopkins University**

Project: Testing Interventions to Mitigate the Health Impact of Heatwaves on Primary School Children in Climate Vulnerable Districts of Bangladesh

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **January 2025 - December 2028**

Funder: **International Development Research Centre (IDRC)**

Project: Urban Heat Island Mapping Campaign: Dhaka, Bangladesh

Implemented by: **Climate Change, Environment and Health (CCEH) Hub**

Timeline: **January 2025 - October 2025**

Funder: **CAPA Strategies**

Project: The Together Project 2.0: Co-creation and Co-evaluation of Accessible and Gender-sensitive Sexual and Reproductive Health and Rights Education Video Series for and with Youth in Situations of Vulnerability in Uganda and Bangladesh

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)**

Timeline: **January 2025 - March 2027**

Funder: **Canadian Institutes of Health Research (CIHR)**

Project: Arts for I-ARTs: Infertility and Assisted Reproduction as violent experiences for Women in Bangladesh: Arts-based Intervention to Address GBV

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)**

Timeline: **October 2024 - September 2027**

Funder: **Arts and Humanities Research Council (AHRC), UK Research and Innovation (UKRI)**

Project: HeatMind for Women initiative: Understanding the Effects of Extreme Temperatures on Women's Mental Health in Bangladesh

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **November 2024 - June 2026**

Funder: **Sajida Foundation**

Project: Context-specific Assessment of Vitamin A Supplementation and Deworming (VAS+D) Uptake to Support Government Initiatives in Bangladesh

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **October 2024 - June 2026**

Funder: **Helen Keller International**

Project: Sustainable, Healthy Cities: A Cluster Randomized Controlled Trial for Aedes Control in Bangladesh (Dengue eRCT)

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **September 2024 - June 2027**

Funder: **Canadian Institutes for Health Research, University of Montreal**

Project: Realizing Gender Equality, Attitudinal Change & Transformative Systems in Nutrition (REACTS-IN) Project

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **September 2024 - December 2030**

Funder: **Global Affairs Canada**

Project: Reducing Barriers to Sexual and Reproductive Health Services in the Camps for Displaced People from Rakhine State

Implemented by: **Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)**

Timeline: **September 2024 - December 2030**

Funder: **Swiss Red Cross**

Project: Exploring the Impact of Climate Change on Health in the Saline and Drought- Prone Areas in Bangladesh

Implemented by: **Climate Change, Environment and Health (CCEH) Hub**

Timeline: **August 2024 - Ongoing**

Funder: **BRAC**

Project: Barriers and facilitators from providers and beneficiaries' perspective: Implementation Research on Wearable Technology for Pediatric Sepsis Management in Bangladesh

Implemented by: **Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)**

Timeline: **July 2024 - June 2025**

Funder: **Brown University**

Project: Indo-Pacific Initiative for Sustainable Animal Health Cooperation (IPI-SAHC) Research Agreement between Australian Centre for International Agricultural Research and Griffith University

Implemented by: **Humanitarian Hub**

Timeline: **July 2024 - December 2026**

Funder: **Australian Centre for International Agricultural Research (ACIAR)**

Project: Understanding How Information and Research Evidence Are Communicated by News Media to Inform Urban Health Policies and Practices: Case Studies of Bangladesh and Nepal

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **May 2024 - June 2026**

Funder: **Foreign, Commonwealth and Development Office (FCDO)**

Project: Teaching Global Health Leaders about the Lessons Learned from Polio Eradication (STRIPE)

Implemented by: **Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)**

Timeline: **May 2024 - May 2025**

Funder: **Bill and Melinda Gates Foundation**

Project: Gender and Equity within Antimicrobial Resistance (GEAR-Up)

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)** and **Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)**

Timeline: **January 2024 - March 2026**

Funder: **The Fleming Fund, UK International Development Program; managed by Department of Health and Social Care, UK Government, and Mott McDonald**

Project: Just Transitions to Mitigate Anti-Microbial Resistance (JT4AMR)

Implemented by: **Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)**

Timeline: **January 2024 - October 2027**

Funder: **The British Academy**

Project: The Adolescent Menstrual Experiences and Health Cohort (AMEHC) Study in Bangladesh

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **January 2024 - December 2026**

Funder: **Macfarlane Burnet Institute for Medical Research and Public Health Ltd.**

Project: Adapting Climate Change Education, Skills and Sustainability for Advancing Locally-led Solutions (ACCESS4ALL)

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)**

Timeline: **November 2023 - February 2026**

Funder: **European Union, ERASMUS+ Capacity Building for Higher Education Program**

Project: Efficacy of Zinc Biofortified rice for preventing Zinc Deficiency in Bangladesh: A Randomized Controlled Trial

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **September 2023 - June 2026**

Funder: **Griffith University**

Project: A Formative Study on the Acceptability of Dengue Antibody Testing Among Children Aged 2-12 Years and Community-based Interventions for Dengue Control in Dhaka, Bangladesh

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **August 2023 - June 2027**

Funder: **Canadian Institutes of Health Research**

Project: Enhancing Non-Communicable Disease Care Quality and Accessibility through Digital Technology Supported Decentralization and Social Enterprise in Rural Bangladesh: The Dinajpur Study

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **August 2023 - June 2027**

Funder: **National Institute for Health and Care Research (NIHR)**

Project: Effect of Behavioural Nudges on Medication Adherence and Lifestyle Modification among Patients with Diabetes and Hypertension

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **July 2023 - July 2026**

Funder: **National Institute for Health and Care Research (NIHR)**

Project: Level of Small Area Poverty and Urban Health: Estimation, Validation, and Visualization with Ground Level Data

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **January 2023 - June 2026**

Funder: **Foreign, Commonwealth and Development Office (FCDO)**

Project: Strengthening Health Systems by Addressing Community Health Workers' Mental Well-being and Empowerment (SHINE)

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR), Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)**

Timeline: **December 2022 - November 2026**

Funder: **National Institute for Health and Care Research (NIHR)**

Project: Towards Developing an Urban Primary Healthcare Model for Strengthening and Improving Healthcare Services Delivery for the Poor in Urban Settings of Bangladesh

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **April 2022 - June 2026**

Funder: **Foreign, Commonwealth and Development Office (FCDO)**

Project: Menstrual Regulation (MR) and Abortion Among the FDMN Population in Bangladesh

Implemented by: **Humanitarian Hub**

Timeline: **March 2022 - December 2026**

Funder: **Norwegian Agency for Development Cooperation**

Project: Improving Food and Nutrition Security by Enhancing Women Empowerment

Implemented by: **Humanitarian Hub**

Timeline: **December 2021 - December 2026**

Funder: **Dutch Research Agenda (NWA)**

Project: Understanding the Patterns and Determinants of Health in South Asian People-South Asia Biobank

Implemented by: **Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)**

Timeline: **September 2021 - June 2026**

Funder: **National Institute for Health and Care Research (NIHR)**

Project: Transforming Households with Refraction and Innovative Financial Technology (THRIFT)

Implemented by: **Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)**

Timeline: **July 2021 - June 2026**

Funder: **Wellcome Trust**

Project: A Mixed-Methods Cluster Randomized controlled Trial of Biometrically Enabled mHealth system of BRAC Community Health Programme

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **April 2021 - June 2026**

Funder: **Grand Challenges Canada**

Project: Our Voices, Our Futures (OVOF)

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)**

Timeline: **March 2021 - October 2025**

Funder: **Dutch Ministry of Foreign Affairs**

Project: Community-led Responsive and Effective Urban Health Systems (CHORUS)

Implemented by: **Centre of Excellence for Urban Health and Equity (CUEH)**

Timeline: **May 2020 - June 2026**

Funder: **Foreign, Commonwealth and Development Office (FCDO)**

Project: Countering Backlash

Implemented by: **Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)**

Timeline: **January 2020 - January 2026**

Funder: **Swedish International Development Cooperation Agency (SIDA)**

Project: Climate Change, Migration, and Health Systems Resilience in some selected areas of Haiti and Bangladesh: (ClimHB)

Implemented by: **Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)**

Timeline: **October 2019 - December 2026**

Funder: **French National Research Agency**

Advancing Knowledge Through Publication

In 2025, researchers at the School published 62 peer-reviewed publications in leading academic journals around the world.

These publications reflect the breadth of our research and demonstrate our commitment to generating evidence that informs policy, strengthens practice, and advances health equity.

JANUARY

1. Prevalence and experience of violence against persons with disabilities in Bangladesh: findings from a nationwide mixed-method study

Authors: **Adrita Kaiser**, Sharmin Sultana, **Sabina Faiz Rashid** and **Tanvir Hasan**

Published: 7 January 2025 in the **Journal of Biosocial Science**

DOI: doi.org/10.1017/S0021932025000215

2. The adaptation, implementation, and performance evaluation of Intake24, a digital 24-hour dietary recall tool for South Asian populations: The South Asia Biobank

Authors: Divya Bhagtani, Birdem Amoutzopoulos, Toni Steer, David Collins, Suzanna Abraham, Bridget A. Holmes, Baldeesh K. Rai, Rajendra Pradeepa, Sara Mahmood, **Abu Ahmed Shamim**, Poorvee Mathur, Lathika Athauda, Laksara De Silva, Khadija I. Khawaja, Vinitaa Jha, Anuradhani Kasturiratne, Prasad Katulanda, **Malay K. Mridha**, Ranjit M. Anjana, John C. Chambers, Polly Page, Nita G. Forouhi

Published: 16 January 2025 in **Current Developments in Nutrition**

DOI: doi.org/10.1016/j.cdnut.2025.104543

3. Pathways from integrated agriculture and health-based interventions to nutrition: a case from Southern Bangladesh

Authors: Indu Kumari Sharma, Malay Kanti Mridha, Dirk Essink, Lalita Bhattacharjee, Victoria Fumado, Sarju Singh Rai, Mokbul Hossain, Jacqueline EW Broerse

Published: 17 January 2025 in **Public Health Nutrition**

DOI: doi.org/10.1017/S1368980025000394

4. Assessing the Spatio-Temporal Variability in the Frequency and Magnitude of Flash Floods and their Driving Mechanisms: Evidence from Haor Region of Bangladesh

Authors: **Riaz Hossain Khan**, M. Saiful Islam and Farhana Zaman

Published: 28 January 2025 in the **Journal of the Asiatic Society of Bangladesh**

DOI: doi.org/10.3329/jasbs.v50i1.78842

5. Centering community-based maternal and child nutrition services in Bangladesh's rural primary healthcare: what has potential to scale

Authors: Safina Abdulloeva, Arti Bhanot, Mohd Aziz Khan, Md Mofijul Islam Bulbul, Mijanur Rahman, **Kaosar Afsana**, Thomas Forissier, Deepika Sharma, Abul Bashar Mohammad Khurshid Alam

Published: 29 January 2025 in **Frontiers Public Health**

DOI: doi.org/10.3389/fpubh.2025.1464792

FEBRUARY

6. The effects of prenatal multiple micronutrient supplementation and small-quantity lipid-based nutrient supplementation on small vulnerable newborn types in low-income and middle-income countries: A meta-analysis of individual participant data

Authors: Dongqing Wang, Enju Liu, Nandita Perumal, Uttara Partap, Ilana R Cliffer, Janaína Calu Costa, Molin Wang, Wafaie W Fawzi, Seth Adu-Afarwuah, Per Ashorn, Ulla Ashorn, **Malay Kanti Mridha**, Shams Arifeen, Zulfiqar A Bhutta, Yue Cheng, Parul Christian, Anthony M Costello, Kathryn G Dewey, Henrik Friis, Exnevia Gomo, Rebecca Grais, Ousmane Guindo, Nancy F Krebs, Lieven Huybregts, Sheila Isanaka, Carl Lachat, Anna Lartey, Steven C LeClerq, Kenneth Maleta, Dharma S Manandhar, Reynaldo Martorell, Susana L Matias, Elizabeth M McClure, Sophie E Moore, David Osrin, Willy Urassa, Andrea B Pembe, Andrew M Prentice, Usha Ramakrishnan, Juan Rivera, Arjumand Rizvi, Dominique Roberfroid, **Abu Ahmed Shamim**, Sajid Soofi, Kerry Schulze, Keith P West Jr, Lee Wu, Lingxia Zeng, Zhonghai Zhu

Published: February 2025 in **The Lancet Global Health**

DOI: doi.org/10.1016/S2214-109X(24)00449-2

7. The Adaptation, Implementation, and Performance Evaluation of Intake24, a Digital 24-h Dietary Recall Tool for South Asian Populations: The South Asia Biobank

Authors: Divya Bhagtani, Birdem Amoutzopoulos, Toni Steer, David Collins, Suzanna Abraham, Bridget A Holmes, Baldeesh K Rai, Rajendra Pradeepa, Sara Mahmood, **Abu Ahmed Shamim**, Poorvee Mathur, Lathika Athauda, Laksara De Silva, Khadija I. Khawaja, Vinitaa Jha, Anuradhani Kasturiratne, Prasad Katulanda, **Malay K Mridha**, Ranjit M Anjana, John C Chambers, Pippa Page, Nita G Forouhi

Published: February 2025 in **Current Developments in Nutrition**

DOI: doi.org/10.1016/j.cdnut.2025.104543

8. Complementary food supplements fill energy and protein gaps among children with dietary inadequacy in a complementary feeding trial in rural Bangladesh

Authors: Monica M Pasqualino, Rebecca K Campbell, Kristen M Hurley, Lee SF Wu, **Abu Ahmed Shamim**, Saijuddin Shaikh, Saskia de Pee, Parul Christian

Published: 1 February 2025 in **The Journal of Nutrition**

DOI: doi.org/10.1016/j.tjnut.2024.12.001

9. Examining the Association between Service Coverage of UHC and Global Disease Burden: A Cross-Country Panel Analysis

Authors: **Tisha Chakma**, Suzana Karim, **Atonu Rabbani**

Published: 8 February 2025 in Social Science & Medicine (2025)

DOI: doi.org/10.1016/j.socscimed.2025.117832

10. Extreme heat exposure in the first 1000 days: Implications for childhood stunting in Bangladesh

Authors: Wameq Azfar Raza, **Farzana Misha**, Syed Shahadat Hossain, Jahida Gulshan, Bazlur Rashid, Sheikh Mohammad Sayem, Souvik Ghosal Aranya, Deepika Chaudhery

Published: 16 February 2025 in **Public Health**

DOI: doi.org/10.1016/j.puhe.2025.02.002

11. The sexual abuse of adolescent boys in humanitarian emergencies: A qualitative study of how international humanitarian organisations are responding

Authors: Shane Harrison, Richard Dean Chenhall, Karen Block, **Sabina Faiz Rashid**, Cathy Vaughan

Published: 23 February 2025 in **Child Abuse & Neglect**

DOI: doi.org/10.1016/j.chiabu.2025.107327

12. Barriers and facilitators for treatment-seeking among women with genital fistula: A facility-based qualitative study in Bangladesh

Authors: Kanako Kon, Atsuko Imoto, **Sabina Faiz Rashid** & Ken Masuda

Published: 28 February 2025 in **Tropical Medicine and Health**

DOI: doi.org/10.1186/s41182-025-00704-w

MARCH

13. Establishing the value of regional cooperation and a critical role for regional organisations in managing future health emergencies

Authors: Afifah Rahman-Shepherd, Nelson Aghogho Evaborhene, Ayelet Berman, Ana B Amaya, Ezekiel Boro, Osman Dar, Zheng Jie Marc Ho, Anne-Sophie Jung, Mishal Khan, Olaa Mohamed-Ahmed, Oyeronke Oyebanji, Tikki Elka Pangestu, **Sabina Faiz Rashid**, Ahmed Razavi, Pía Riggirozzi, Helena Legido-Quigley, Li Yang Hs

Published: March 2025 in **Lancet Global Health**

DOI: 10.1016/S2214-109X(24)00500-X

14. Understanding fatherhood and its implications on the lives of male youth in Bangladesh: Findings from a nationwide mixed methods sexual and reproductive health study

Authors: **Sameen Nasar, Abdul Jabbar, Syed Hassan Imtiaz, Subas Biswas, Mahmodul Hasan Shesheir, Sabina Faiz Rashid, Farzana Misha**

Published: 31 March 2025 in **PLOS Global Public Health**

DOI: doi.org/10.1371/journal.pgph.0003299

15. The Economic Burden of Healthcare Utilization: Findings from a Health and Well Being Survey in Informal Settlements of Freetown, Sierra Leone

Authors: Sullaiman Fullah, Dora Vangahun, Ibrahim Gandi, Sia Morenike Tengbe, Braima Koroma, Samira Sesay, Eliud Kibuchi, Rajith W. D. Lakshman, Ibrahim Juldeh Sesay, Abu Conteh, Samuel Saidu, Helen Elsey, **Zahidul Quayyum**, Bintu Mansaray, Lana Whittaker, Neele Wiltgen Georgi, Motto Nganda, Rachel Tolhurst, Noemia Teixeira de Siqueira Filha

Published: 10 March 2025 in **Journal of Urban Health**

DOI: doi.org/10.1007/s11524-025-00960-5

16. Ambulance services for road traffic injury (RTI) victims in Bangladesh: a cross-sectional study on the ground realities and the way forward

Authors: **Zarin Tasnim, Samiun Nazrin Bente Kamal Tune, Bushra Zarin Islam, Nahitun Naher, Syed Masud Ahmed**

Published: 23 March 2025 in **Injury Prevention**

DOI: https://doi.org/10.1136/ip-2024-045302

APRIL

17. Research engagement and career aspirations among public health graduate students: experiences from a developing country

Authors: Mohammad Jahid Hasan, Susmita Zaman, Salwa Islam, **Mohima Benojir Hoque**, Jannatul Fardous, Sajia Afrin, Tamanna Tabassum, Mir Paramita Zaman, Md Rafiul Hasan, **Masudur Rahman Kanchon**, Taha Choudhury, Mohammad Delwer Hossain Hawlader, Sujan Rudra & Hasnat Alamgir

Published: 10 April 2025 in **BMC Medical Education**

DOI: doi.org/10.1186/s12909-025-06730-w

18. Factors affecting out-of-pocket expenditures for chronic and acute illnesses in Bangladesh

Authors: **Jinat Jahan Khan, Farzana Sehrin, Zahidul Quayyum**, Abdur Razzaque Sarker, Mohammad Shafiqur Rahman

Published: 9 April 2025 in **PLOS One**

DOI: doi.org/10.1371/journal.pone.0320429

19. COMMENT: Maintaining nutrition as a woman's right through the life course

Authors: Sapna Desai, **Sabina Faiz Rashid**

Published: 24 April 2025 in **The Lancet Regional Health**

DOI: doi.org/10.1016/j.lansea.2025.100587

20. Four Principles of Transformative Adaptation to Climate Change-Exacerbated Hazards in Informal Settlements

Authors: Ben C. Howard, Simon Moulds, Samuel Agyei-Mensah, **Khadiza Tul Kobra Nahin, Zahidul Quayyum**, Brian E. Robinson, Wouter Buytaert

Published: 5 May 2025 in **Wiley Interdisciplinary Reviews: Climate Change**

DOI: https://doi.org/10.1002/wcc.70008

MAY

21. Changes in dietary intake during Ramadan month among university students in Bangladesh: a cross-sectional study

Authors: Mohammad Delwer Hossain Hawlader, Koustuv Dalal, Md. Kamrul Hasan, Humayun Kabir, Somayea Sultana Mim, **Lamisa Rahman**, Miah Mohammad Akiful Haque, Mamunur Rahman, Moez AlIslam E. Faris, Sahabi Kabir Sulaiman, Fatimah Isma'il Tsiga-Ahmed, Syed Fahad Javaid, Mariam Eisa Alseqetri & Moien A. B. Khan

Published: 4 May 2025 in **Discover Food**

DOI: doi.org/10.1007/s44187-025-00392-9

22. Infant and young child feeding practices and factors associated with early initiation of breastfeeding among ultra-poor slum mothers of Bangladesh

Authors: **Munia Afroz, Fahmida Akter,** Mohammad Delwer Hossain Hawlader, **Md Mokbul Hossain, M Shafiqur Rahman, Bachera Aktar, Mehedi Hasan, Abu Abdullah Mohammad Hanif, Abdul Awal, Malay Kanti Mridha**

Published: 4 May 2025 in **Nutrition and Health**

DOI: doi.org/10.1177/02601060251339562

23. Nonlinear Associations Between Kidney Function Markers and Body Mass Index Among Women of Reproductive Age in Bangladesh

Authors: Ferdous Ara, Sneha Sarwar, Tasmim Fahima Ahmad, Nusrat Jahan Shorovi, FNU Asamoni, Md Ruhul Amin, Sharmili Jahan Prome, Md Saidul Arefin, **Abu Ahmed Shamim**, M. Akhtaruzzaman

Published: 19 May 2025 in **Cureus**

DOI: doi.org/10.7759/cureus.84385

24. Compliance to tobacco and alcohol zoning regulations around schools in Bangladesh, India, Pakistan and Sri Lanka using environmental mapping data

Authors: Lathika Athauda, Zoey Verdun, Petya Atanasova, Sajjad Ahmad, **Ali Ahsan, Md Mokbul Hossain,** Menka Loomba, Rajendra Pradeepa, Vindya Rajakaruna, Manuja Kaluarachchi, Anuradhani Kasturiratne, Khadija Irfan Khawaja, **Malay K Mridha,** Prasad Katulanda, Vinitaa Jha, Ranjit Mohan Anjana, John C Chambers, Gary Frost, Franco Sassi, Marisa Miraldo

Published: 28 May 2025 in **BMC Medicine**

DOI: doi.org/10.1186/s12916-025-04148-1

JUNE

25. Study protocol for developing an urban deprivation index in Nepal: Data review, measurement, visualization and real-world application in urban poverty alleviation

Authors: Sampurna Kakchapati, Sitashma Mainali, Noemia Teixeira de Siqueira-Filha, Helen Elsey, Joseph Paul Hicks, Andrew Clark, Helen Elsey, Joseph Paul Hicks, Andrew Clark, **Farzana Sehrin, Zahidul Quayyum,** Bassey Ebenso, Sushil Chandra Baral

Published: 11 June 2025 in **PLOS One**

DOI: doi.org/10.1371/journal.pone.0324837

26. Improving an integrative framework of health system resilience and climate change: Lessons from Bangladesh and Haiti

Authors: Valéry Ridde , **Mrittika Barua,** Emmanuel Bonnet, Alain Casseus, Lucie Clech, Manuela De Allegri, Shamsul Kabir, Jean-Marc Goudet, Daniel Henrys, **Muhammed Nazmul Islam,** Yunona L'Heureux, Camille Masselot, Dominique Mathon, Sofia Meister, **Malabika Sarker**

Published: 16 June 2025 in **PLOS Climate**

DOI: doi.org/10.1371/journal.pclm.0000512

27. Socioeconomic inequalities in access to maternal healthcare in South-Asian countries: A systematic review

Authors: **Ishrat Binte Aftab, Tisha Chakma,** Akash Ahmed, Syed Mohammad Raysul Haque

Published: 17 June 2025 in **PLOS One**

DOI: doi.org/10.1371/journal.pone.0326130

28. Stronger together: advancing equity in global health research partnerships

Authors: Rebecca Ingenhoff, **Malabika Sarker,** Kara Hanson, **Sabina Faiz Rashid,** Manuela De Allegri, Ffion Storer Jones, Maeve Cook-Deegan, Nora Anton, Nelson K Sewankambo, GLOHRA Steering Committee

Published: 23 June 2025 in **BMJ Global Health**

DOI: doi.org/10.1136/bmjgh-2025-019601

JULY

29. Measuring Unmet Need for Contraception Using a Person-Centred Algorithm: An Application With a Community-Based Sample of Married Rohingya Women in Bangladesh

Authors: Octavia Mulhern, Rubina Hussain, Joe Strong, Ann M. Moore, Mira Tignor, **Kaosar Afsana, Pragna Paramita Mondal,** Altaf Hossain

Published: 2 July 2025 in **Studies in Family Planning**

DOI: https://doi.org/10.1111/sifp.70024

30. Dietary diversity as a modifier of the effect of supplementation with multiple micronutrients during pregnancy on low birth weight in a randomized controlled trial in Bangladesh

Authors: M. de Boer, Andrew L.

Thorne-Lyman, **Abu Ahmed Shamim,** Lee S. F. Wu, Saijuddin Shaikh, Hasmot Ali, Keith West, Parul Christian

Published: 16 July 2025 in **The American Journal of Clinical Nutrition**

DOI: doi.org/10.1016/j.ajcnut.2025.07.007

31. Evaluation of a multicomponent child development intervention delivered through the government health system: a feasibility study

Authors: Jesmin Sultana, Helen O Pitchik, Abul Kasham Shoab, Tarique Md. Nurul Huda, Rezaul Hasan, Fahmida Akter, Tania Jahir, Md Khobair Hossain, Jyoti Bhushan Das, Md Ruhul Amin, Farzana Yeasmin, Rizwana Khan, Jenna E Forsyth, Laura H Kwong, Jahangir Rashid, Sabina Ashrafee, Mahbubur Rahman, **Malay K Mridha,** Fahmida Tofail, Peter J Winch, Stephen P Luby, Lia C. H. Fernald

Published: 20 July 2025 in **BMJ Global Health**

DOI: doi.org/10.1136/bmjgh-2024-018736

32. Representation, activism, health promotion, and communication: The role of art in advancing global health and social justice

Authors: Mark Donald C. Reñosa, Kelly E. Perry, Siddharth Srivastava, Angeli Rawat, Zaida Orth, Phuong Bich Tran, Diane Woei-Quan Chong, Joseph Kazibwe, Maira Shaukat, Germán Andrés Alarcón Garavito, Mazen Boroudi, Vivek Dsouza, Shahreen Chowdhury, **Bachera Aktar,** Daniela Da Costa, Daniela Ochaita, Kerry Scott

Published: 23 July 2025 in **PLOS Global Public Health**

DOI: doi.org/10.1371/journal.pgph.0004761

33. Not Just Reproductive: A roundtable on addressing gynaecological health through the life course in South Asia

Authors: Sapna Desai, **Kaosar Afsana,** Neymat Chadha, Dipti Govil, Neha Mankani, Ramya Kumar

Published: 25 July 2025 in **Sexual and Reproductive Health Matters**

DOI: doi.org/10.1080/26410397.2025.2521031

34. Women's household decision-making autonomy in low economic settlements in Bangladesh: Evidence from a cross-sectional study, 2022?

Authors: **Saifa Raz,** M. Shafiqur Rahman, **Bachera Aktar, Sabina Faiz Rashid**

Published: 31 July 2025 in **Women's Studies International Forum**

DOI: doi.org/10.1016/j.wsif.2025.103181

AUGUST

35. Quantification of regional variation in ultra-processed food consumption and its sociodemographic correlates across Bangladesh, India, Pakistan, and Sri Lanka: insights from the South Asia Biobank

Authors: Divya Bhagtani, Jean Adams, Fumiaki Imamura, Anwesha Lahiri, Rajendra Pradeepa, Sara Mahmood, **Abu Ahmed Shamim, Fahmida Akter,** Menka Loomba, Lathika Athauda, Laksara De Silva, Khadija I. Khawaja, Sajjad Ahmad, Vinitaa Jha, Anuradhani Kasturiratne, Prasad Katulanda, **Malay K. Mridha,** Ranjit M. Anjana, John C. Chambers, Nita G. Forouhi

Published: August 2025 in **The Lancet Regional Health – Southeast Asia**

DOI: doi.org/10.1016/j.lansea.2025.100633

36. What Drives Fast Food Consumption in Asian Low- and Middle-Income Countries? A Narrative Review of Patterns and Influencing Factors

Authors: Rafid Hassan, **Abu Ahmed Shamim,** M. Ali, Md Ruhul Amin

Published: 4 August 2025 in **Public Health Challenges**

DOI: doi.org/10.1002/puh2.70095

37. Experiences of older adults and widows with the government allowance programmes in rural Bangladesh

Authors: **Sharmin Akter Shitol, Sara Nur, Mrittika Barua,** Ving Fai Chan, Lynne Lohfeld, Abu Shonchoy, Nathan Congdon, **Atonu Rabbani**

Published: 21 August 2025 in **International Journal of Social Welfare**

DOI: https://doi.org/10.1111/ijsw.70033

38. Pathways from integrated agriculture and health-based interventions to nutrition: a case from Southern Bangladesh

Author: Indu Kumari Sharma, **Malay Kanti Mridha,** Dirk Essink, Lalita Bhattacharjee, Victoria Fumado, Sarju Singh Rai, **Mokbul Hossain,** Jacqueline EW Broerse

Published: 29 August 2025 in **Public Health Nutrition**

DOI: doi.org/10.1017/S1368980025000394

39. Income-based inequalities in risk factors of NCDs and inequities of preventive care services amongst 202,682 adults: A cross-sectional study of South Asia Biobank

Author: Bernardo Andretti, Petya Atanasova, Zoey Verdun, Nalinda Tharanga Wellappuli, Rajendra Pradeepa, Sudha Vasudevan, Akansha Tyagi, **Ali Ahsan, Md Mokbul Hossain, Abu Ahmed Shamim, Fahmida Akter,** Sara Mahmood, Lathika Athauda, Manoja Gamage, Manuja Kaluarachchi, Thomas Burgoine, Soren Brage, Nita G Forouhi, Ian Goon, Marie Loh, Prasad Katulanda, Anuradhani Kasturiratne, Khadija Irfan Khawaja, Sajjad Ahmad, **Malay K Mridha,** Vinitaa Jha, Ranjit Mohan Anjana, John C Chambers, Gary Frost, Franco Sassi, Marisa Miraldo

Published: 29 August 2025 in **BMC Medicine**

DOI: doi.org/10.1186/s12916-025-04308-3

SEPTEMBER

40. Factors associated with generalised anxiety disorder and depression among adults living with diabetes and hypertension comorbidity in rural Bangladesh: findings from a cross-sectional study

Authors: **Meghna Chakravartty, Md Mashuk Shahriar Shuvo, Sita Kumari, Tanni Chakma Jhilik, Tanmoy Sarker, Fahmida Akter, Md Mokbul Hossain, Ali Ahsan, Mahbub Latif, Malay Kanti Mridha**

Published: September 2025 in **BMJ Open**

DOI: 10.1136/bmjopen-2025-102000

41. Spatiotemporal patterns in air pollution and sound in Dhaka, Bangladesh

Authors: Martha Lee, **Anisur Rahman Bayazid,** Lauren Rosenthal, **Riaz Hossain Khan,** Raphael Arku, Benjamin Barratt, **Zahidul Quayyum,** Jill Baumgartner

Published: 25 September 2025 in **Nature Scientific Reports**

DOI: doi.org/10.1038/s41598-025-12815-9

42. Designing a strategic purchasing framework for urban primary healthcare services in Bangladesh: a protocol for a mixed-method study with a discrete choice experiment

Authors: **Baby Naznin,** Fatema Kashfi, **Farzana Sehrin,** Bryony Dawkins, Garrett Wallace Brown, Timothy Ensor, Rumana Huque, **Zahidul Quayyum,** Helen Elsey

Published: 16 September 2025 in **BMJ Open**

DOI: doi.org/10.1136/bmjopen-2025-102053

43. COMMENTARY: Equity, data and the surveillance gap in antimicrobial resistance: A call for inclusive action

Authors: Susan Okioma, Anne S.W. Ngunjiri, Katy Davis, Pacific Akinyi, **Bachera Aktar,** Abriti Arjyal, Russell Dacombe, Michael Gaitho, Consolata Guma, Mavis Kwabla, Ralalicia Limato, Webster Mavhu, Meenakshi Monga, Anthony Mwaniki, **Sneha Paul,** Andrew Ramsay, **Sabina Faiz Rashid,** Sally Theobald and Rosie Steege

Published: 30 September 2025 in **CABI One Health**

DOI: doi.org/10.1079/cabionehealth.2025.0026

OCTOBER

44. Antimicrobial resistance, equity and justice in low- and middle-income countries: an intersectional critical interpretive synthesis

Authors: Katy Davis, Ralalicia Limato, Meenakshi Monga, Beatrice Egid, **Sneha Paul,** Susan Okioma, Owen Nyamwanza, Abriti Arjyal, **Syeda Tahmina Ahmed,** Ayuska Parajuli, Mavis Pearl Kwabla, **Bachera Aktar,** Anne S. W. Ngunjiri, Kate Hawkins, Russell Dacombe, **Syed Masud Ahmed,** Mustapha Immurana, Jane Thiomi, Fidelis EY Anumu, Webster Mavhu, Lilian Otiso, **Sabina Faiz Rashid,** Sushil Baral, Margaret Gyapong, Sally Theobald, Rosie Steege

Published: 13 October 2025 in **Nature Communications**

DOI: doi.org/10.1038/s41467-025-64137-z

45. Association between hypertension and impaired lung function among adults: A systematic review and meta-analysis

Authors: M. L. Dilakshi Lekamge, Anuradhani Kasturiratne, Malay Kanti Mridha, John Chambers

Published: 22 October 2025 in **medRxiv**

DOI: doi.org/10.1101/2025.10.20.25338405

46. Protective factors and stressors that influence the mental wellbeing of community health workers in South Asia and Sub-Saharan Africa: A scoping review

Authors: Robinson Njoroge Karuga, **Obaida Karim, Semonty Jahan,** Anne Ngunjiri, Caroline Kabaria, Clement Oduor, Eunice Omanga, Judy Wairiuko, Maaike Seekles, Laura Dean, Lilian Otiso, Linet Okoth, **Nahitun Naher,** Patricia Okoth, **Ranjan Koiri,** Robbinson Nduati, **Sabina Rashid,** Sammy Gachigua, Selima Kabir, Stella Gitia, Stella Waruingi, Stephen Mulupi, **Subas Chandra Biswas, Syed Masud Ahmed,** Victoria Ochwal, Rosalind McCollum, Blessing Mberu

Published: 30 October 2025 in **SSM - Health Systems**

DOI: doi.org/10.1016/j.ssmhs.2025.100147

NOVEMBER

47. REVIEW: Food Acquisition, Preparation, and Consumption Practices in South Asia: A Scoping Review of Assessment Tools

Authors: Sharvari Patwardhan, Morgan Boncyk, Rasmi Avula, Christine E Blake, **Fahmida Akter,** Jai K Das, Renuka Silva, Purnima Menon, Samuel Scott

Published: November 2025 in **Advances in Nutrition**

DOI: doi.org/10.1016/j.advnut.2025.100518

48. COMMENTARY: Critical metabolism: Towards a metabolic justice?

Authors: Stephen Hinchliffe, Martin Grünfeld, Arthur Rose, Luna Dolezal, Judith Green, Caitlin DeSilvey, **Sabina F. Rashid,** Gustavo Matta, Martin Moore, Rebecca Lynch, Adam Bencard, G.J. Melendez-Torres, and Robin Pierce

Published: November 2025 in **Journal of Critical Public Health**

DOI: doi.org/10.55016/ojs/jcph.v2i2.79003

49. Neonatal mortality risk of vulnerable newborns: A descriptive analysis of subnational, population-based birth cohorts for 238,203 live births in low- and middle- income settings from 2000 to 2017

Authors: Elizabeth A Hazel, Daniel J Erchick, Joanne Katz, Anne C C Lee, Michael Diaz, Lee S F Wu, Keith P West Jr, **Abu Ahmed Shamim,** Parul Christian, Hasmot Ali, Abdullah H Baqui, Samir K Saha, Salahuddin Ahmed, Arunangshu Dutta Roy, Mariângela F Silveira, Romina Buffarini, Roger Shapiro, Rebecca Zash, Patrick Kolsteren, Carl Lachat, Lieven Huybregts, Dominique Roberfroid, Zhonghai Zhu, Lingxia Zeng, Seifu H Gebreyesus, Kokeb Tesfamariam, Seth Adu-Afarwuah, Kathryn G Dewey, Stephaney Gyaase, Kwaku Poku- Asante, Ellen Boamah Kaali, Darby Jack, Thulasiraj Ravilla, James Tielsch, Sunita Taneja, Ranadip Chowdhury, Per Ashorn, Kenneth Maleta, Ulla Ashorn, Charles Mangani, Luke C Mullany, Subarna K Khatry, Vundli Ramokolo, Wanga Zembe-Mkabile, Wafaie W Fawzi, Dongqing Wang, Christentze Schmiegelow, Daniel Minja, Omari Abdul Msemo, John P A Lusingu, Emily R Smith, Honorati Masanja, Aroonsri Mongkolchati, Paniya Keentupthai, Abel Kakuru, Richard Kajubi, Katherine Semrau, Davidson H Hamer, Albert Manasyan, Jake M Pry, Bernard Chasekwa, Jean Humphrey, Robert E Black

Published: November 2025 in **BJOG: An International Journal of Obstetrics and Gynaecology**

DOI: doi.org/10.1111/1471-0528.17518

50. Neonatal mortality risk of vulnerable newborns by fine stratum of gestational age and birthweight for 230,679 live births in nine low- and middle-income countries, 2000–2017

Authors: Elizabeth A Hazel, Daniel J Erchick, Joanne Katz, Anne C C Lee, Michael Diaz, Lee S F Wu, Keith P West Jr, **Abu Ahmed Shamim,** Parul Christian, Hasmot Ali, Abdullah H Baqui, Samir K Saha, Salahuddin Ahmed, Arunangshu Dutta Roy, Mariângela F Silveira, Romina Buffarini, Roger Shapiro, Rebecca Zash, Patrick Kolsteren, Carl Lachat, Lieven Huybregts, Dominique Roberfroid, Zhonghai Zhu, Lingxia Zeng, Seifu H Gebreyesus, Kokeb Tesfamariam, Seth Adu-Afarwuah, Kathryn G Dewey, Stephaney Gyaase, Kwaku Poku- Asante, Ellen Boamah Kaali, Darby Jack, Thulasiraj Ravilla, James Tielsch, Sunita Taneja, Ranadip Chowdhury, Per Ashorn, Kenneth Maleta, Ulla Ashorn, Charles Mangani, Luke C Mullany, Subarna K Khatry, Vundli Ramokolo, Wanga Zembe-Mkabile, Wafaie W Fawzi, Dongqing Wang, Christentze Schmiegelow, Daniel Minja, Omari Abdul Msemo, John P A Lusingu, Emily R Smith, Honorati Masanja, Aroonsri Mongkolchati, Paniya Keentupthai, Abel Kakuru, Richard Kajubi, Katherine Semrau, Davidson H Hamer, Albert Manasyan, Jake M Pry, Bernard Chasekwa, Jean Humphrey, Robert E Black

Published: 12 November 2025 in **BJOG: An International Journal of Obstetrics and Gynaecology**

DOI: doi.org/10.1111/1471-0528.17743

51. The Readiness of Primary Healthcare Facilities to Address Noncommunicable Diseases in Rural Bangladesh

Authors: **Tanmoy Sarker,** Wubin Xie, **Ali Ahsan, Fahmida Atker,** Md Mokbul Hossain, Ian Goon, Fred Hersch, **Zahidul Quayyum,** Brian Oldenburg, John Chambers, **Malay Kanti Mridha**

Published: 12 November 2025 in **Research Square**

DOI: doi.org/10.21203/rs.3.rs-7977902/v1

DECEMBER

52. Unhealthy food consumption among 20–59 years old adults in Bangladesh: Findings from a nationally representative cross-sectional survey

Authors: **Shahnaz Sharmin, Fahmida Akter, Md Mokbul Hossain, Abu Ahmed Shamim, Abu Abdullah Mohammad Hanif, Mehedi Hasan, Md Showkat Ali Khan, Mohammad Aman Ullah,** Dipak Kumar Mitra, **Malay Kanti Mridha**

Published: 2 December 2025 in **PLOS One**

DOI: doi.org/10.1371/journal.pone.0336984

53. Public–private mix for tuberculosis in urban health systems in least developed, low-income and lower–middle-income countries and territories: A systematic review

Authors: Aishwarya Lakshmi Vidyasagaran, Noemia Teixeira de Siqueira Filha, Sampurna Kakchapati, Thomas Falconer Hall, **Baby Naznin, Jannatun Tajree, Zahidul Quayyum,** Deepak Joshi, Florence Tochukwu Sibeudu, Pamela Adaobi Ogbozor, Ifeyinwa Ngozi Arize, Grishu Shrestha, Su Golder, Maisha Ahsan, **Swaksar Adhikary,** Prince Agwu, Helen Elsey

Published: 17 December 2025 in **BMJ Open**

DOI: doi.org/10.1136/bmjopen-2024-093246

54. Negotiating and navigating everyday governance for public health services in Dhaka City's informal settlements: A political ecology analysis

Authors: **Bachera Aktar,** Linda Waldman, **Sabina Faiz Rashid,** Sally Theobald, Kim Ozano

Published: 17 December 2025 in **Journal of Community Systems Health**

DOI: doi.org/10.36368/jcsh.v2i1.1246

55. Healthcare in the Margins: A Qualitative Study of Healthcare Access and Utilization in Bangladesh's Informal Urban Settlements

Authors: **Muhammad Riaz Hossain,** Neele Wiltgen Georgi, **Farha Musharrat Noor, Bachera Aktar,** Jiban Karki, **Mst. Nusrat Jahan,** Sally Theobald, **Sabina Faiz Rashid**

Published: 18 December 2025 in **Journal of Urban Health**

DOI: doi.org/10.1007/s11524-025-01042-2

56. Efficacy or Effectiveness of Zinc-Biofortified Staples in Improving Biomarkers of Zinc Status: A Systematic Review

Authors: Prasenjit Mondal, Satyajit Kundu,

Hai N Phung, Sabuktagin Rahman, **Malay K Mridha,** Faruk Ahmed

Published: 31 December 2025 in **Nutrition Reviews**

DOI: doi.org/10.1093/nutrit/nuaf269

BOOK CHAPTERS

1. Pandemic Governance: Unraveling Bangladesh's COVID-19 Response Through Systems Thinking

Authors: Md Zabir Hasan, **Syeda Tahmina Ahmed, Shams Shabab Haider, Mrittika Barua, Malabika Sarker**

Book: **Effective Pandemic Response: Linking Evidence, Intervention, Politics, Organization, and Governance, A World Scientific Reference on Pandemics**

Published: January 2025 by **World Scientific Connect**

DOI: doi.org/10.1142/9789811296666_0005

2. "Lockdown Is a Kick to the Stomach and Ego": Narratives of Masculinity and Stress During COVID-19 in Dhaka's Slums

Authors: **Ishrat Jahan,** Sharin Shajahan Naomi, Raafat Hassan, **Israr Hasan, Sabina Faiz Rashid**

Book: **Handbook on Sex, Gender and Health**

Published: 28 January 2025 in **Springer**

DOI: doi.org/10.1007/978-981-97-2098-9_5

3. "Climate Change Is Draining My Body": Narratives of Dalit Women's Health Experiences in the Southwestern Region of Bangladesh

Authors: **Ishrat Jahan**

Book: **Handbook on Sex, Gender and Health**

Published: 28 January 2025 in **Springer**

DOI: doi.org/10.1007/978-981-97-2098-9_60

4. One has to manage and it's who you know': Social support and coping strategies among urban poor residents during COVID-19

Authors: **Wafa Alam, Sabina Faiz Rashid**

Book: **The Elgar Companion to Health and the Sustainable Development Goals**

Published: 18 February 2025 in **Sociology, Social Policy and Education 2025**

DOI: doi.org/10.4337/9781803927244.00027

5. Tender Beginning: Nutrition for Infants and Young Children

Authors: **Malay Kanti Mridha**

Book: **Essentials of Clinical and Public Health Nutrition**

Published: 11 October 2025 by **Humana Press**

DOI: doi.org/10.1007/978-3-031-95373-6_9

6. Essential Micronutrients for a Healthy Life

Authors: Sabuktagin Rahman, **Santhia Ireen,** Amal K. Mitra

Book: **Essentials of Clinical and Public Health Nutrition**

Published: 11 October 2025 by **Humana Press**

DOI: doi.org/10.1007/978-3-031-95373-6_8

IMPACT

Catalysing Change in Public Health Systems

53 Webinars, seminars, and dissemination events in 2025

BRAC JPGSPH is committed to making a lasting impact on public health at national, regional, and global levels through the generation of research evidence aimed at transforming programmes, practices, and policies.

Additionally, by offering academic excellence and capacity-building for professionals and practitioners, the School positions itself as both a knowledge producer and a change catalyst within the global health landscape.

Our strong partnerships enable the co-creation of solutions, ensuring that research questions are grounded in field realities and that findings are translated into implementable strategies in programmes, practices, and policies.

Engagement with the government, development sector, and service providers strengthens policy uptake and facilitates scaling of effective interventions. This cross-sector collaboration bridges the gap between knowledge and action, fostering policy environments that are informed by credible evidence.

Beyond institutional partnerships, the School's researchers actively work with communities to generate evidence grounded in real-world realities. Through participatory research models and capacity-strengthening initiatives, communities gain practical tools to address local health challenges. The impact manifests as a measurable, lasting contribution to healthier populations and more resilient health systems.

BRAC JPGSPH is the Secretariat of Bangladesh Health Watch (BHW).

Established in 2006, BHW is a multi-stakeholder civil society advocacy and monitoring network dedicated to improving the health system in Bangladesh through critical reviews of policies and programmes and the recommendations of appropriate actions for change.

Impact on Communities

Beyond generating research, the School works closely with communities to ensure that their voices, experiences, and priorities shape public health solutions.

Through participatory research, capacity strengthening, and sustained engagement, community members are not only research participants but active contributors in identifying challenges and co-creating responses. This approach helps build local knowledge, strengthens community capacity to address health issues, and ensures that evidence reflects lived realities.

Sharmistha Dhali, a 16-year-old student from Khulna and Community Ambassador of ACCESS4ALL project, has grown into a confident young leader through her involvement with BRAC JPGSPH. Through engagement with the ACCESS4ALL project she was introduced to discussions on climate change, agriculture, and health. Through training, she learned how to communicate effectively and engage with people of different ages and with the wider community.

At first, Sharmistha struggled. She felt shy speaking in public and knew little about local crops or seasonal farming. ACCESSS4ALL helped her gain confidence, broaden her awareness of her surroundings, and take responsibility for her community.

In a village where girls are often married young and discouraged from dreaming big, Sharmistha has chosen a different path. She now earns an income, supports her parents, and is respected locally as a representative of BRAC JPGSPH.

Sharmistha hopes to study at BRAC University and continue working for common people, determined to build a future defined not by limitations, but by purpose.

Living in the Kallyanpur slum, 22-year-old Tahmina Akter and her family had their share of financial struggles. In a family struggling to survive, education was her only hope. Around her, girls her age were getting married, and her family believed the same future awaited her. But Tahmina wanted to stand on her own feet and build her own identity.

In 2020, during the COVID-19 pandemic, Tahmina received an opportunity to engage with a BRAC project. While her father opposed the idea, her mother and brother supported her, encouraging her to seize the chance.

For 11 months, Tahmina worked as a field worker in Kallyanpur slum, gaining confidence and realising that work meant more than income; it meant creating change. However, after the project ended, the pressure for marriage returned.

In June 2022, Tahmina joined the ARISE project at BRAC JPGSPH as a Field Community Researcher. Alongside her job, she completed her HSC through the Open University and later enrolled in an Honours programme.

Today, Tahmina is a role model in her community, proving that choosing work and independence over early marriage can transform a young woman's future.

When communities are partners in research, solutions emerge that address real and urgent needs.

In the city of Khulna, on railway land, there is a slum known as Greenland. Greenland Slum is a densely populated informal settlement that is home to many low-income families who face persistent challenges, such as the area being affected by water salinity, a common problem in coastal regions, which makes access to safe drinking water even more difficult and increases daily hardship for residents.

In a railway colony in Greendland, life once revolved around a line. More than 300 families depended on a single water plant. Twice a day, they gathered with buckets, pitchers, and hope, waiting for their turn. Khulna's coastal soil, touched by salt from nearby rivers and shrimp farming, rendered most local water undrinkable. This plant was their only source for drinking, cooking, and bathing. If someone missed the queue, they went without water until the next cycle. Daily life paused for water. Work waited. Children's routines shifted. Even rest was planned around the schedule.

For families already struggling to get by, the long waits and heavy containers were not just exhausting. They were limiting. Time that could have been spent earning, studying, or caring for loved ones was spent standing in line. Water did not just quench thirst; it controlled their lives.

Then, the ARISE project, led by the BRAC JPGSPH in collaboration with the BRAC Urban Development Programme, installed a submersible water plant, with multiple faucets, for the colony and the nearby slum.

Now water flows whenever they need it.

The line has disappeared. The waiting has ended. The quiet anxiety of missing a turn has been lifted.Mothers can now cook on time, children can focus on their studies, and workers can leave home without worrying about returning to empty containers. What once dictated every hour of the day has been transformed into something simple, reliable, and liberating.

The new plant did more than provide water. It ensured access to clean drinking water and restored time, dignity, and possibility.

"This is a small but densely populated area. The residents, especially those living in poverty, no longer struggle to access water. They now have clean drinking water available at any time of the day. It is one basic necessity they no longer need to worry about, and that has made their daily lives significantly easier."

– Monooza Akhter, Community Researcher.

Impact on Programmes, Practices, and Policies

The School's work extends beyond generating evidence to shaping the programmes, policies, and practices that define public health systems.

By partnering with government, service providers, and development partners, our research informs guidelines, strengthens service delivery, and supports the adoption of evidence-based policies.

Turning Global Benchmarks into National Protection

In Bangladesh, high blood pressure is one of the leading contributors to cardiovascular disease and premature death. Much of that risk does not come from the salt added at home, but from sodium already embedded in packaged and processed foods.

For years, public health efforts focused on awareness. Eat less salt. Check labels. Change habits. However, the Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN) at BRAC JPGSPH approached the problem differently. Instead of placing the burden solely on individuals, the team asked: What if prevention begins at the production level?

Using the WHO South-East Asia Regional sodium benchmarks as a foundation, the team led a rigorous adaptation process tailored specifically to Bangladesh. Market data were analysed. A rapid survey across grocery shops and supermarkets in Dhaka identified 632 packaged products. These were categorised, verified and compiled into a national sodium database, establishing, for the first time, a clear evidence base on sodium levels in the packaged food supply. From this analysis, sodium reformulation targets were developed for 27 sub-categories across six major food groups.

Through sustained, evidence-based advocacy by the NCDC Programme of JPGSPH, these benchmarks were formally accepted by the Bangladesh Food Safety Authority. This acceptance marks a structural shift.

Bangladesh now has nationally endorsed sodium reformulation targets that align with global standards yet are grounded in local evidence. Regulators have a framework for monitoring compliance. Industry has measurable thresholds for reformulation. Policymakers have a baseline against which progress can be assessed.

If implemented effectively, these standards will gradually reduce sodium levels across widely consumed packaged foods without requiring dramatic behaviour change. Over time, this translates into lower population-level sodium intake, reduced hypertension risk, fewer cardiovascular events, and less strain on the health system.

By transforming global guidance into nationally adopted policy, BRAC JPGSPH has helped shift sodium reduction from awareness messaging to regulatory action.

Turning the Tide on Unnecessary Caesarean Sections

While caesarean sections can be life-saving when medically necessary, their growing overuse has become a serious public health concern. Unnecessary C-sections carry risks for mothers and newborns, increase the financial burden on families, and place additional strain on health systems. For many women, the decision is shaped less by medical need and more by systemic pressures, misinformation or institutional practice.

Reducing avoidable caesarean sections is not about limiting access to care. It is about ensuring that every woman receives the right care at the right time, safely, ethically and based on evidence.

As part of an ongoing effort to promote safe motherhood and restore balance in delivery practices, a multi-stakeholder workshop by Bangladesh Health Watch was held at the Office of the Civil Surgeon in Manikganj in November 2025. The gathering brought together a broad coalition: the Civil Surgeon of Manikganj district, consultants from government hospitals, Upazila Health and Family Planning Officers, representatives from private clinics, journalists, midwives and members of civil society.

According to the Multiple Indicator Cluster Survey (MICS) 2025 conducted by UNICEF and the Bangladesh Bureau of Statistics, the C-section rate in Bangladesh stands at 51.8 percent.

Participants examined the alarming rise in caesarean deliveries and discussed practical strategies to promote Normal Vaginal Delivery (NVD) where medically appropriate.

The discussion went beyond statistics. It explored clinical decision-making practices, facility-level incentives, gaps in patient counselling, media narratives and the need to strengthen midwifery-led care.

By bringing together public and private providers, administrators and community voices, the workshop helped shift the conversation from isolated responsibility to collective accountability. Sustainable change requires coordinated effort: aligning clinical guidelines, strengthening training, engaging the media and empowering women with accurate information about childbirth options.

Building Climate-Resilient Health Systems in Bangladesh

The hazards of climate change differ, but the vulnerabilities are shared.

A child coughs on the way to school as traffic fumes thicken. A street vendor wipes sweat from his face as the heat becomes unbearable. An elderly woman pauses mid-step, whether from breathlessness or exhaustion, it is hard to tell. Across Bangladesh's urban spaces, climate-related risks are no longer distant projections. They are daily realities.

Yet the systems designed to protect health are not fully prepared. Health facilities often lack the infrastructure, clinical protocols, and trained personnel needed to respond to heat-related and pollution-induced illness. Urbanisation has intensified exposure - dense neighbourhoods trap heat, while poor air quality silently affects millions. Policies exist, but they remain fragmented, with limited integration of health-focused adaptation.

To address these emerging urban health issues of heat and air pollution, the Climate Change, Environment and Health (CCEH) Hub at BRAC JPGSPH was commissioned by The World Bank and Local Government Division (LGD) undertake two complementary research projects titled "Heat-Health Adaptation Action Plan for Bangladesh" and "Air Pollution Health Adaptation Action Plan". Using spatial vulnerability analysis, policy and disease burden reviews, and multi-sector consultations, the studies identified high-risk populations, system constraints, and priority areas for intervention.

Through multi-criteria assessment (MCA), the research prioritised feasible, context-specific actions across health, urban development, environment, and labour systems. These ranged from early warning systems and cooling measures to air quality monitoring, urban greening, and strengthened clinical preparedness.

In partnership with LGD and the World Bank-supported Improvement of Urban Public Health Preventive Services Project (IUPHPSP), the research directly informed national planning.

A set of priority actions from both plans has been adopted by LGD and incorporated into the national adaptation plan, with implementation underway in collaboration with collaboration with the Directorate General of Health Services (DGHS), Institute of Epidemiology Disease Control And Research (IEDCR), Ministry of Health and Family Welfare (MoHFW), Rajdhani Unnayan Kartripakkha (RAJUK), City Corporations, Bangladesh Road Transport Authority (BRTA), Ministry of Education, and other relevant organisations.

The work also extends beyond policy into practice. By engaging schools, community groups, and frontline health workers, it strengthens local response systems—ensuring that early warnings, risk information, and protective measures reach those most exposed.

This is not only about responding to environmental hazards. It is about building a system that anticipates risk, protects the most vulnerable, and acts before harm begins.

Contribution to National Antimicrobial Resistence (AMR) Policy

Antimicrobial resistance (AMR) poses a significant global health threat, with its impact varying greatly due to social determinants of health. Addressing AMR through an intersectional equity lens could enhance public health outcomes, but such approaches have been underutilized.

The GEAR Up Consortium (Gender, Equity and Antimicrobial Resistance), a global initiative funded by the Fleming Fund, led by the Liverpool School of Tropical Medicine, and implemented across multiple countries in Asia and Africa, aims to promote mainstreaming gender and equity considerations into AMR research, surveillance, and policy. The Fleming Fund is a UK government initiative supporting low- and middle-income countries to combat antimicrobial resistance (AMR) by strengthening surveillance systems, laboratory capacity, and data use across human, animal, and environmental health sectors. In Bangladesh, the Fleming Fund Country Grant (Phase II) is led by DAI Global, working with a consortium of national partners, collectively strengthen AMR/AMU surveillance, laboratory networks, workforce capacity, and cross-sectoral governance in Bangladesh.

In Bangladesh, GEAR Up was jointly implemented by the Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR) and Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC) at BRAC JPGSPH, generating context-specific evidence on how social and structural determinants shape AMR risks and access to care. Researchers first conducted a scoping review synthesized regional and national evidence on gender and equity dimensions of AMR, identifying persistent gaps in policy and research. Additionally, a qualitative study (25 in-depth interviews and six focus group discussions) explored community perceptions of AMU and AMR, highlighting gendered barriers and socioeconomic drivers of AMR disparities. Complementing this, key informant interviews (KIIs) with policymakers and representatives from Fleming Fund country grantee institutions provided insights into governance challenges, data limitations, and opportunities to integrate gender-responsive approaches into existing surveillance systems.

Building on this evidence, BRAC JPGSPH contributed to the National Antimicrobial Surveillance Strategy (2025–2030) by advocating for the integration of gender and equity indicators, disaggregated data collection and gender analysis, and the inclusion of gender expertise in national AMR coordination bodies. Collectively, these efforts will support a shift toward inclusive, equity-oriented AMR governance in Bangladesh. The strategy is currently under review at the respective government body.

Building Stronger Systems Through Partnership

Sustainable health reform is not built by institutions working alone. It is built when expertise, authority and implementation move together.

With this conviction, the Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN) at BRAC JPGSPH launched a district-wide initiative in Dinajpur, deliberately structured as a strategic partnership with the Directorate General of Health Services (DGHS), Government of Bangladesh. The goal was to strengthen the public system from within by aligning technical innovation with government stewardship.

Working alongside DGHS and district health authorities, the team assessed readiness to implement the WHO Package of Essential Noncommunicable Disease Interventions (PEN) across all sub-districts of Dinajpur. Civil Surgeons and Upazila Health and Family Planning Officers were actively involved in the assessment, planning and decision-making process, ensuring that ownership remained with government structures at every level.

The National Heart Foundation contributed specialised clinical expertise, strengthening hypertension management protocols and supporting the training of frontline providers.

Primary healthcare providers within government facilities were trained under this coordinated framework. Facility-level gaps in staffing, medicine availability and logistics were systematically identified in collaboration with district authorities and communicated through formal government channels for corrective action.

Most significantly, the SIMPLE digital care coordination system was introduced directly into public health facilities as part of the government's NCD service model. This enabled structured digital registration and follow-up of hypertension and diabetes patients within the national system.

By February 2026, 32,935 patients had been registered within government facilities.

The impact extended beyond service numbers. Because DGHS and district leadership were engaged throughout the process, the findings informed national policy dialogue and contributed to discussions on scaling up digital NCD management across Bangladesh. And this was only made possible through a strong alliance - technical leadership from CNCDN, institutional authority from DGHS, district-level ownership, and clinical partnership from the National Heart Foundation.

The Year of Healing

After the July uprising in 2025, Bangladesh carried visible and invisible wounds. Hospital corridors were filled with young bodies marked by bullets, burns, fractures and trauma. Families waited outside emergency wards, holding their fear in silence.

The uprising had shaken the nation. What followed demanded more than remembrance. It required care, accountability and action.

Bangladesh Health Watch (BHW) stepped into that moment with three commitments: to understand what had gone wrong, to document what had happened, and to stand beside those who were hurt.

BHW collaborated with Eminence Bangladesh for a research titled "July Mass Uprising and Crisis of the Health System." The study examined how and why the health system struggled during the uprising. It identified three primary and four root causes behind the obstructions and proposed five concrete recommendations for reform.

BHW, alongside the Institute of Health Economics at the University of Dhaka, documented the human cost of the uprising in a publication titled "The Drop That Counts: Supporting the Injured of the July Uprising in Bangladesh." Faculty members and BHW representatives visited hospitals across Dhaka, including Dhaka Medical College, the National Institute of Burn and Plastic Surgery and Sir Salimullah Medical College, meeting the injured, listening to their stories and recording their realities.

Research and documentation alone could not ease medical bills or restore lost livelihoods. BHW distributed thirty-five million BDT to 250 injured individuals, including the families of four martyrs. The funds reached those still recovering, physically, emotionally and economically.

Healing for us meant listening, documenting, reforming and supporting. It meant acknowledging that rebuilding a nation requires more than policy; it requires compassion, accountability and action working together.

Amplifying Impact through Global and National Media

In 2025, researchers and leadership at the School remained at the forefront of public discourse, driving critical conversations through a multi-faceted engagement with global and national media platforms. Beyond authoring insightful op-eds and blog articles, the School's rigorous research and expert perspectives were frequently **featured in leading news outlets,** specialised reports, and high-profile interviews.

These diverse media footprints serve as a vital bridge, translating complex data into accessible, timely commentary that resonates beyond academic circles. By proactively contributing to public dialogue and serving as a trusted resource for journalists and policymakers alike, the School reinforces its role as a thought leader. This sustained visibility not only informs public understanding but also ensures that evidence-based insights directly shape policy debates and advance the global pursuit of health equity.

Selected articles, Op-Eds, and blogs:

1. Why Korail burns: Fire, power and urban governance failure in Dhaka

Published: 3 December 2025 in IDS Blogs

Author: Wafa Alam

2. From numbers to nationhood: A personal journey through Dhaka University's Department of Statistics

Published: 17 November 2025 in The Business Standard

Author: Dr Ahmed Mushtaque Raza Chowdhury

3. Dengue's economic toll in Bangladesh

Published: 29 September 2025 in The Financial Express

Author: Samar Roy and Noushin Mouli Waresi

4. How to increase voter turnout: Evidence from around the world

Published: 23 September 2025 in IDS Blogs

Author: Wafa Alam

5. জনগণের অংশগ্রহণে স্বাস্থ্য সেবার নতুন দিগন্ত

Published: 29 September 2025 in Prothom Alo

Author: Mahruba Khanam

6. From Dhaka to the World: Two Decades of Advancing Global Health Equity

Published: 16 September 2025 in Columbia Mailman School of Public Health

7. This is what democracy could look like: Youth, inclusion, and the Mamdani campaign

Published: 15 September 2025 in IDS Blogs

Author: Wafa Alam

Selected news featured by the media:

1. Seminar highlights urgent pathways to inclusive universal health coverage

Published: 18 December 2025 in The Daily Observer

2. নারীর মনো-সামাজিক ক্ষমতায়ন নিশ্চিত করতে পারে পুষ্টি নিরাপত্তা: গবেষণা

Published: 14 December 2025 in Khaborer Kagoj

3. জলবায়ু পরিবর্তনে উপকূলে বাড়ছে স্বাস্থ্য ঝুঁকি, ভুগছেন সাধারণ মানুষ

Published: 30 May 2025 in Barta24

4. Shaping climate-resilient futures: ULAB hosts dialogue on green skills in Bangladesh

Published: 25 April 2025 in Dhaka Tribune

5. Experts call for urgent reforms to fortify urban health systems

Published: 3 February 2025 in The Daily Observer

6. Experts urge policy reforms to strengthen urban health systems in Bangladesh

Published: 1 February 2025 in The Business Standard

7. Expert consultation workshop on infertility, ARTs, GBV held

Published: 29 January 2025 in The New Age

8. ACCESS4ALL hosts progress sharing and platform launch at Six Seasons

Published: 19 January 2025 in The Business Standard

The School's Journey at a Glance

2004
The School was founded with the vision to create a leading global public health institute

2006
1st cohort of the MPH programme graduated

2007
Established the Centre for Professional Skills Development (CPSD)

The School started hosting the Secretariat for Bangladesh Health Watch (BHW)

Featured by WHO as one of the region's top 6 public health schools

2008
Established the Centre of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR)

2012
Launched the Developing Midwives Project, Bangladesh's first-ever private sector midwifery education initiative

Established the Centre of Excellence for Health Systems and Universal Health Coverage (CoE-HS&UHC)

2013
Established the Centre of Excellence For Urban Equity And Health (CUEH)

2016
Established the Centre of Excellence for the Science of Implementation and Scale-Up (CoE-SISU)

2017
Established the Centre of Excellence for Non-Communicable Diseases and Nutrition (CNCDN)

2019
Received the Public Health Education Leadership award by the South-East Asia Public Health Education Institutions Network (SEAPHEIN)

2021
Established the Humanitarian Research Hub

2023
Established Research Hubs on Climate Change, Environment and Health (CCEH), Evidence in Public Health Policy and Practice (HEPP), and Qualitative Inquiry (Qualinq)

2024
Celebrated the School's 20th Anniversary in its new office at BRAC Tower

2025
Hosted the first reunion of the MPH Alumni

BRAC James P Grant School of Public Health,
BRAC University

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