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Investment in Education A Changing Scenario

by Dr M Zakir Husain

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ARE we aware that a revolution is imminent, if not already present? Information technology and global communication present a challenge to the traditional investment pattern in education. As more and more people take charge of what they do, when they work and for whom they work, there are emerging implications on public and private investment in education, the government's role and that of the society at large. In the wake of the twenty-first century, the individual and not the organisation or the institution is emerging as the focus of importance.

In the decades to come, full time employment in factories and places of production will decline (and it is already happening in the industrialised countries), and self-employment and non-permanent employment will be on the rise. So will there be a rise in service-related work and mobility of the employed in the workplaces. More personal skills will be demanded as the traditional organisational skills will begin to lose importance. That is the future scenario. Are societies and governments particularly in the developing economies fully preparing to face this emerging challenge?

By definition, a market economy does not tolerate inefficiency and waste; it champions efficiency and optimises market driven use of resources including the human resources. What the established present pattern of investment in education does is to fund institutions and not students, invest far more for fewer in higher education and far too little in basic education for the many. Basic education is supposed to give core skills to all with skills to continue to learn. But basic education in many schools is failing to educate many in core skills; students are not learning to learn. To compound this, the higher education institutions are ill-equipped and unable to supply the skills demanded by the market that is rapidly changing and requiring ever newer skills. Many universities in the world, over remain slow to learn, to adapt, and to change.

If the above scenario is generally true, there are two major issues governments and societies need to address and do so urgently. First, make higher investments in basic education

to secure core competence for most of the population. For that to happen, new resources will have to be found and some resources will have to be shifted from higher education. Second, open higher education to private sector funding and help to educate and supply the market with a work force with higher skills according to its employability rather than according to what is produced by the institutions of higher learning. Production-driven employment by the state and private sector will be a thing of the past.

What is socially and economically justifiable and rational is for the state to create and support open opportunities for learning the core skills to all and facilities for higher education that funds the learner and not the institutions of learning. The net rate of return would probably be higher that way. If that means fewer higher education facilities, so be it! After all, the waste inherent in producing a larger mass of unemployable higher graduates is far better redirected to create equal opportunities for many to acquire core work and life skills. It is from that baseline from where higher education and skills are better acquired alongside work and employment.

It is interesting to extrapolate the above argument in medical and health professional education. As modern societies develop, individuals take on greater role and responsibilities. This includes their rights and responsibilities to protect and promote their own health without relying on mystical or miraculous power of the physician. They would then depend less on institutional services if and when they are in ill health. Highly educated and skilled professionals are then needed more for fewer conditions of ill health and more appropriately for macro policy and population based public health programmes that are beyond the scope of the individual.

Primary healthcare, by definition and practice, is equitable access to essential healthcare including curative care. It connotes additionally that people take charge of their own health as their right and responsibility and act in families and communities to do what needs to be done to promote

health and prevent diseases. It stresses grassroots level healthcare largely where people live and work and is largely managed by health workers including professionals with core skills of prevention, promotion and not merely of cure or palliation. Investment in education of many health workers in core skills of primary healthcare will arguably give better and more equitable opportunities for many to be employed either self-employed or state employed.

Arguably, it would yield greater health outcomes and benefits. Should then investment in primary healthcare and education of workers to provide that care be a higher societal and governmental priority than investment in higher medical education that is production-driven and not market driven? Should public funds be invested more in personal income and profit driven higher education and less in employability driven and benefit driven core education? Obviously there is a major policy implication for governments and societies in this.

Evolving new knowledge and information in public health and medicine is already challenging the conventional wisdom that medical care by highly skilled physician is the single determinant of good health. In reality, is not even an important one. In the emerging market economy, the governments will have a changing role. It has to facilitate and not necessarily run good healthcare establishments. It has to invest more and preferentially where the returns in healthcare the highest. It also has the concurrent obligation to create and support greater and wider opportunities for health workers to acquire core skills and not specialised skills by the few that bring more personal benefits in the healthcare market place. In the new disposition, governments take charge of education and training of health workers needed for primary healthcare without necessarily employing all or most of them.

The future will see employability and not employment as the pattern where people have the freedom of choice as to where they work and for how long. Life-long permanent institutional employment will be on the decline.