

Non-Communicable Diseases (NCDs) in Bangladesh

An overview

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General Health Situation



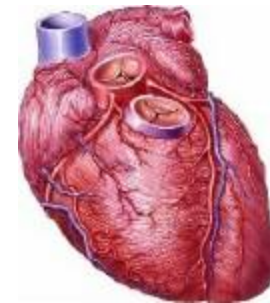
- Bangladesh is the world's worst climate victim
- Natural disasters, huge loss of lives, assets & infrastructures are almost annual event
- Population density is the highest in the world (980/sq km)
- **Yet, the country is making steady progress**
 - UN-MDG4 Award in 2010 (IMR 41 per 1,000 live births -BBS 2008)
 - **MMR** 194/100,000 live births (BMMS 2010). A 66% reduction in MMR between 1990 & 2010 (574 vs 194 /100,000 live births); MDG5 requires 75% reduction by 2015
 - **Full immunization coverage** rate for children: >75% (EPI, CES 2009)
 - **Life expectancy** at birth: 67 years (BBS 2008)
 - **Poverty rate**: 35.2% (2010); It was 43.8% in 2005 (8.6% reduction in 5 years)

Introduction

- Preliminary finding of Bangladesh Census 2011 estimates about 157 million population
- The country faces double burden of diseases – both CDs & NCDs
- High burden of CDs was historical in a developing & tropical country like Bangladesh
- But, NCD burden is rapidly increasing due to social transition, unhealthy dietary habit & rapid urbanization
- In terms of the number of lives lost due to ill-health and disability , NCDs account for 61% of the total disease burden
- The under-privileged communities in the country are bearing the heaviest toll of this burden

Major NCDs of Bangladesh include

- Diabetes
- CVD
- Hypertension
- Stroke
- Chronic respiratory diseases
- Cancer

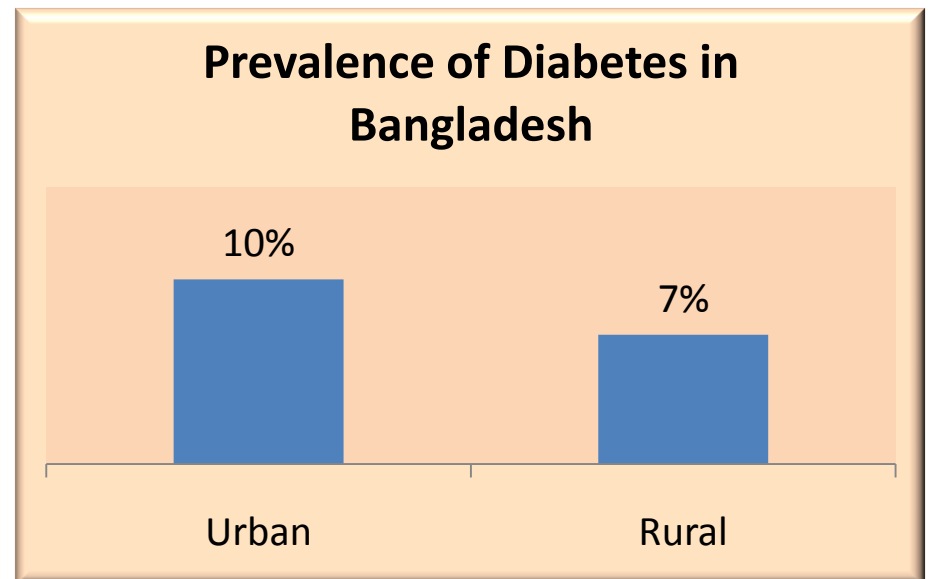
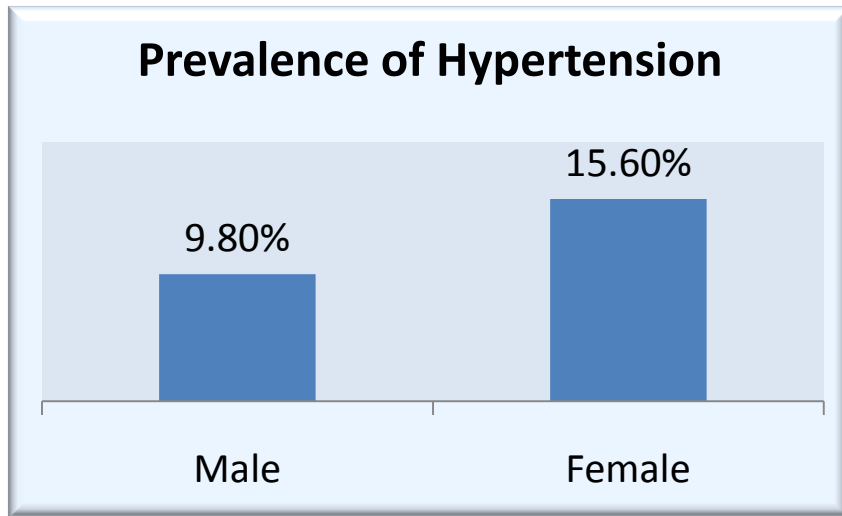


NCD Situation

- In 2010, there was a National NCD Risk Factor Survey
- The findings are alarming:
 - 99% of the survey population had at least one NCD risk factor
 - ~29% had >3 risk factors
- The message is clear - hardly anyone without a risk factor
- Rural inhabitants and urban slum dwellers particularly suffer the most

CVD Mortality	
Type of CVD	% among all deaths
Heart attack	2.4%
Stroke	3.6%
Other CVD	6.5%
Total CVD	12.5%

.....NCD Situation...



Cancer Situation

- Annual mortality from cancer is claimed to be 150,000 lives. Every year over 200,000 new cancer patients are detected
- An estimate (2007) from National Cancer Institute of Bangladesh shows 5 major primary sites of cancer as follows:

Respiratory system & Thorax: 22.2%

Digestive system: 20.8%

Breast: 12.7%

Female genital organ: 12.1%

Lip, oral cavity, pharynx: 10.9%

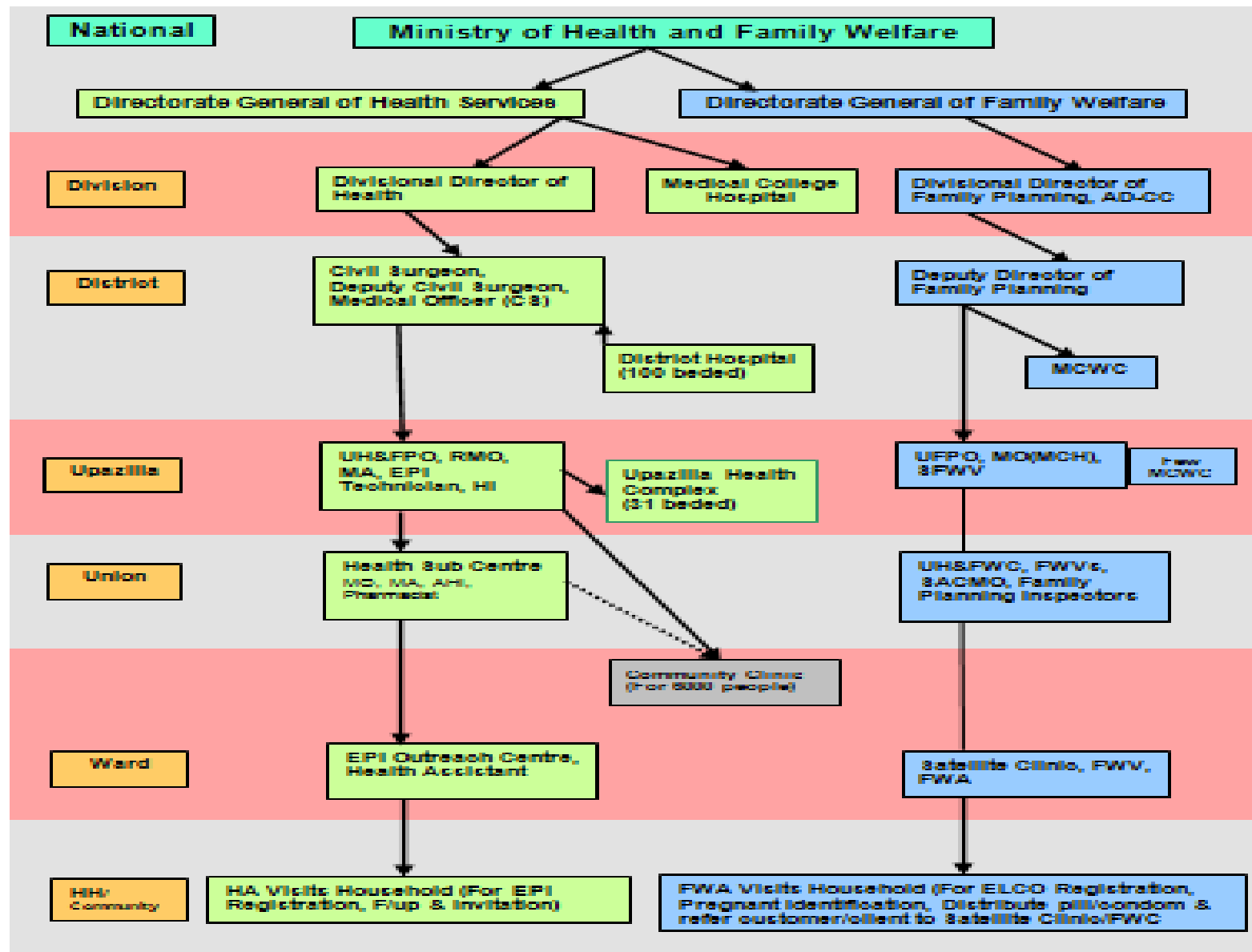
Male		Female	
Lung	71.2%	Breast	39.7%
Lymphatic system	27.4%	Cervix	26.9%
Esophagus	18.5%	Lymphatic system	7.6%
Stomach	15.5%	Lung	7.5%
Liver	10.8%	Esophagus	5.7%

5 top sites of cancer by sex (Cancer Institute-BD 2007)

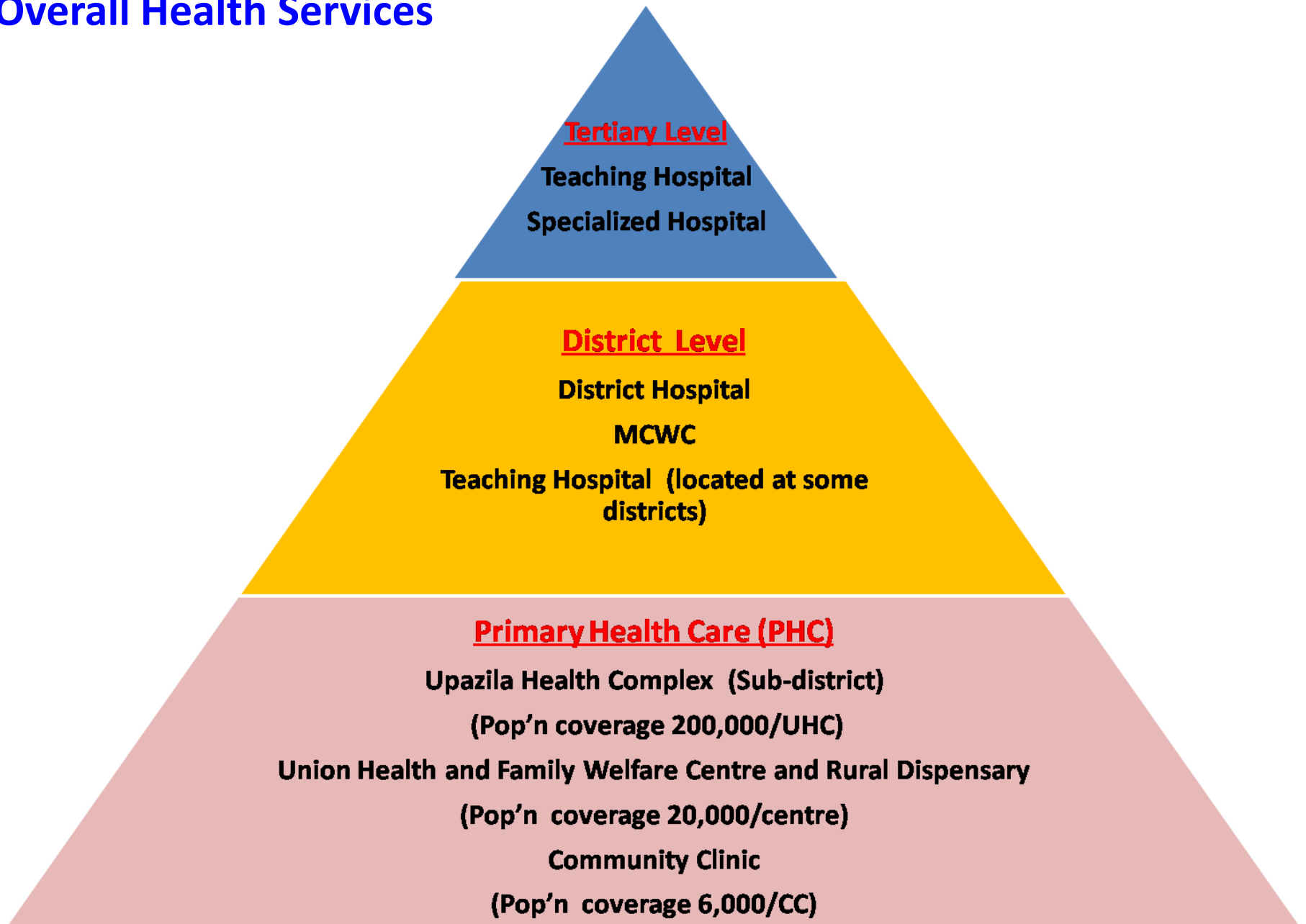
NCD Control: Scope and Opportunities

The main strength is that the physical facilities are available from community level to tertiary level

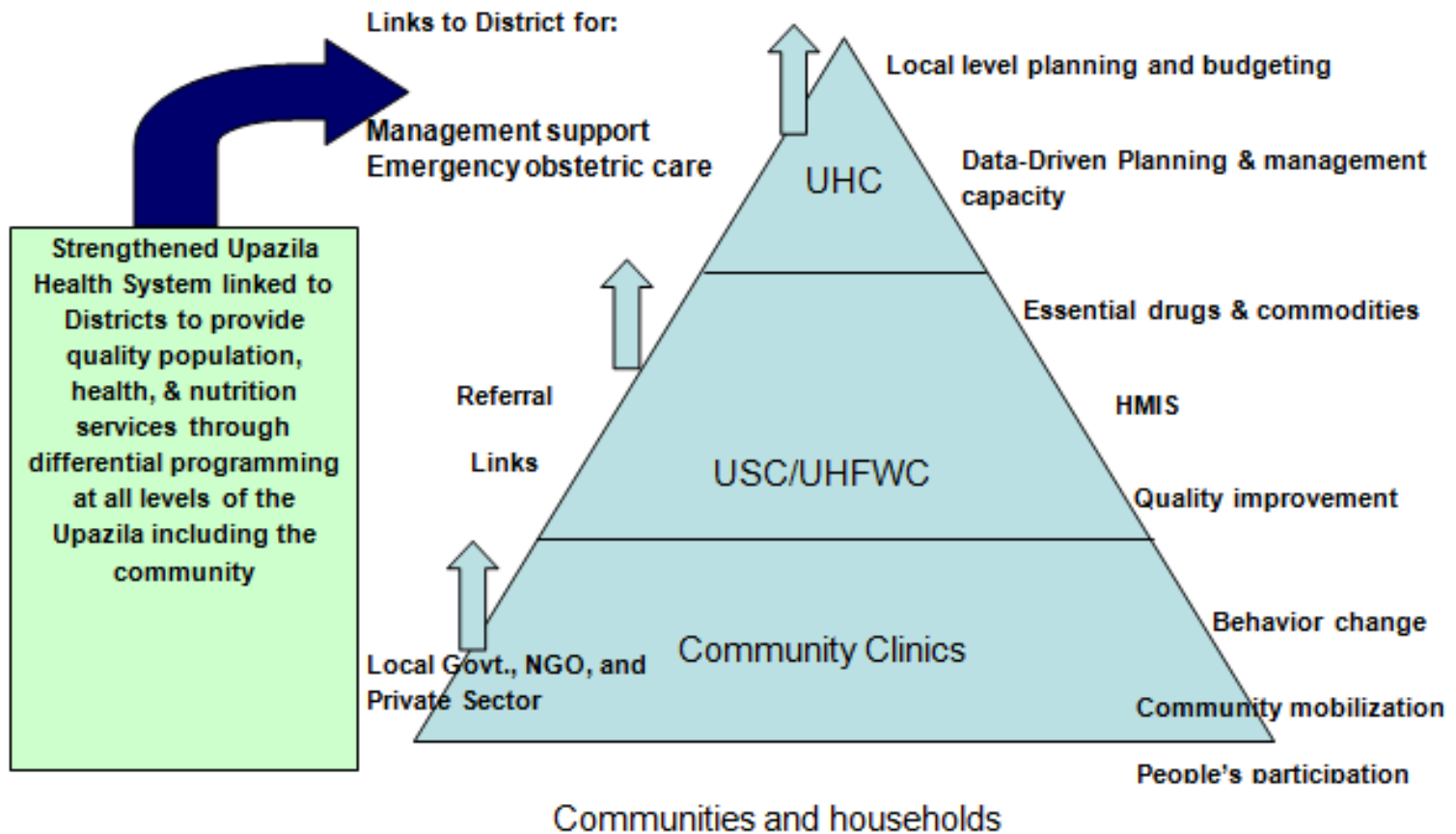
Simplified organogram of MOH&FW Services



Overall Health Services



Sub-district and below level Health Services



NCD Control Program

Major Gaps in Chronic diseases control

- Services provided in PHC mostly focus on MCH & CD control (MDG driven!)
- As disease pattern is changing, NCD care & control program in PHC is not adequate
- Lack of skilled HR to address NCDs
- NCDs are not prioritized among DPs & UN agencies
- NCD surveillance and information is lack on economic burden
- Coordination between public & private services is lacking



NCD Control Program...

Challenges

- Needs more emphasis in policies (Health Policy, 5-year plan, Nutrition Strategy, etc.)
- Priority setting within the Health Sector Program
- Budget allocation
- HR and logistics

Country level decision making process

– Key stakeholders

- Government
 - Ministry of Health & Family Welfare
 - Ministry of Local Government
 - Ministry of Planning
 - Ministry of Finance
- Non-government
 - Private (Diabetic Association of Bangladesh, National Heart Foundation, Kidney Foundation)
 - Civil society (NCDF-Eminence, Cancer Society, etc.)
- Development partners (World Bank, WHO, UNFPA, USAID, DFID, EC, CIDA, SIDA, GiZ, etc.)-Donor consortium

Decision making process...

- **Priority setting**
 - Previous health sector programs designed mostly on the basis of MDGs: where NCD was not prioritized area
 - Next health sector program (2011-2016) includes a separate Operational Plan (OP) to prevent, manage & control of NCDs

NCD-Operational Plan

- Development and implementation of effective, integrated, sustainable, and evidence-based public policies on chronic disease and their public health problems, risk factors, and determinants.
- Strengthening countries' capacity for better surveillance of chronic diseases, their consequences, risk factors, and the impact of public health interventions
- Foster, and promote social and economic conditions that address the determinants of chronic diseases and empower people to increase control over their health and to adopt healthy behaviors.
- Facilitate and support strengthening the capacities of health system for the integrated management of chronic diseases and their risk factors.

Components

- Conventional NCDs
 - CVD, Diabetes, COPD, Cancer, Renal Disease, Deafness, Arsenicosis, Osteoporosis, Oral Health & Thalassemia
- Non-conventional NCDs
 - Road Safety & Injury Prevention including Child Injury, Violence against Women (VAW)
- Occupational Health & Safety (Industrial & Agriculture)
- Climate Change, Air Pollution, Water Sanitation & Other Environmental Health issues
- Emergency preparedness & Response (EPR), Post Disaster Health Management & Emergency Medical Services
- Mental Health, Tobacco, Alcohol & Substance Abuse

Role of Civil Society to Face the Challenges of NCDs

A strategic development plan has developed by **NCDF** with secretarial support of **Eminence**.

www.ncdf.info

www.ncdbd.com

Goal of NCDF

- Increase and strengthen capacity on NCDs among the public, private and NGOs health service providers from district to community clinic level to reduce burden of NCDs by prevention and early diagnosis.

Objectives of NCDF

- Capacity building of the public, private and NGO health service providers.
- Establish a NCD referral chain from the community level to district level through Community Clinics, Sub-centers, UHFWC, UHC and private health facilities.
- Create a coordination mechanism among public, private and NGOs
- Set up a advocacy network at national level to community level to update and create policies for health and other related sectors to reduce risk factors of NCDs.
- Aware community people regarding NCDs for prevention and early diagnosis.
- Establish electronic database system.

Way forward

- Policy prioritization
- Quality & reliable information related to NCDs to influence policy makers
- Tools needed for
 - ✓ Information related to diseases burden
 - ✓ Economic burden

**Thank you
for your kind attention**