Data Availability & Gaps in Bangladesh
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Overview

• Available data source
• Program effectiveness data
• Economic burden data
• Assessment of barriers
• Data in progress
• Urgent needs
• Next Steps
Available Data Sources

• Public Hospital Reporting Data (ICD-10 for mortality from public hospitals)
• Specialty Hospital Reports
• Limited Risk Factor & Burden captured by Urban Health Survey 2006
• WHO- STEPS
• Published literature
Example: Urban Health Survey 2006

- **Hypertension (HT)**
  - Single reading blood pressure, ≥ 35 yrs
  - HT female: 25% slum, 38% non-slum (N=1383)
  - HT male: 18% slum, 25% non-slum (N=1653)

- **Diabetes**
  - Fasting glucose, ≥ 35 yrs
  - Female: 8% slum, 17% non-slum (N= 1231)
  - Male: 6% slum, 14% non-slum (N= 1392)
  - Low treatment rates: 34-59%
  - 50% diabetes in non-slum, older women (50-59)
Available Data Sources

• Health & Demographic Surveillance Sites

Non-Communicable Disease Mortality Increases in Rural Bangladesh (Matlab), 1986-2006

Source: Karar, Streatfield et al. 2009
Programme Effectiveness Data
Economic Burden

• No clear picture, many rough estimates

Example:

*National Cancer Control Strategy and Plan of Action 2009-2015:*

‘Cancer is a high priority for Bangladesh because of its economic impact’

Meaning: most (66%) cancer patients are of the age (30-65 years) to constitute the workforce of the nation
Economic Burden


• Tobacco: Impact of Tobacco-related Illnesses
Assessment of Barriers & Gaps

• Bangladesh Demographic & Health Survey: Nothing on NCDs or risk factors

• Gap between Pre-Action and Action - National Cancer Registry?

• Reporting gaps between the public and private/non-state sectors

• Reporting gaps between urban and rural health delivery mechanisms
Assessment of Barriers & Gaps

National Level Expenditure

• NCD Line Directorate: FY 2008-09
• Total budget: US$ 10.2 million
• Funds to Inst. Public Health: US$ 4.31 million
• Funds to Arsenic Program: US$ 4.24 million
• Funds to strengthen NCD Cell: US$ 25,000
• Funds to Upazila pilot project: US$ 0
Example: Urban Health Survey 2006

Tobacco Use:

- Does not include women in tobacco use
- What we know:
  Other studies from rural sites have shown that in tobacco growing areas up to 14% of women smoke
- If we do not ask, we will not know.

Photo: http://www.soxfirst.com/50226711/big_tobacco_targets_women.php
Data in progress

• National Survey on NCD Risk Factors:
  Conducted in late 2009, awaiting release
    – Commissioned by the DGHS
    – Technical & financial support of WHO-Non Communicable Diseases cell
    – WHO STEPS 1 & 2

• Salt Study: funded by UnitedHealth Group
  – Salt Intake, Salt Beliefs, Salt Policy

... and many more
Data in progress: NHLBI funded

**Study # 1:** Health Seeking Behaviour & Health Systems Response: COPD & HT on Household Functioning

**Study # 2:** Prevalence & Determinants of COPD and Assessment of Rates of Decline in Pulmonary Function in COPD Cases in Rural and Urban Settings in Bangladesh

**Study # 3:** Prevalence of HT and its risk factors and management among adults ≥20 years in rural & urban Bangladesh

**Study # 4:** Chronic disease and poverty in Matlab, Bangladesh.
- Describe the distribution of NCD mortality across SES groups in rural Bangladesh from 1982-2005
- Investigate chronic disease illness affects on SES households and if the household slips into poverty as a consequence
Coming Soon on Bangladesh

*Toward Healthy Aging: Managing NCDs in Bangladesh*  

*The Cost of NCD Prevention*  
18 countries, 80% of the world’s population  
Niessen et al. NHIIBI/UHG Collaborative  
Under review at...
Urgent Needs

• Rapid assessment of barriers to moving from pre-action to action
• Evaluation of impact of existing programs
• Representative assessment of hypercholesterolemia
• Situation assessment of NCD related drug availability and services
• Inclusion of NCD risk factors and morbidity in the next Health & Demographic Survey
Urgent Needs

• MOLGD and MoHFW must unite on MIS
• Mechanisms for private sector reporting
• Qualitative work on understanding lifestyles
• Essential Services Package and Essential Drug List should prepare to expand to meet the needs of NCD prevention & management
• Impact assessment of FCTC related policies
Models that Work

Expanded Programme of Immunization (EPI)
• Inter-ministerial committee
• Issue of national pride
• Equally complex logistics & large target population

DOTS-Public Private Partnerships
• MoHFW and BRAC work together
• Large target population
• Sustained, long term interaction
Next Steps

Pilot Project in Bangladesh?

• Compose national platform with leading NCD agencies in and private sector with expert support
• Inventory of existing data and comparative analyses of risk factors and disease prevalence to compute NCD BOD, economic burden, and a priority NCD prevention package
• In depth qualitative study of on NCD policy processes, obstacles, and future directions with MoH, international agencies, and private partner institutes, leading university groups
• Formulation of national NCD plan, supported by key international and national partners