



Good health at low cost:
Can Britain learn from Bangladesh's low-cost, low-tech
solutions to the chronic disease crisis?

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Overview

- Bangladesh
- Methodology
- Results
- NCD burden, policies & programmes
- UK-Bangladesh lessons





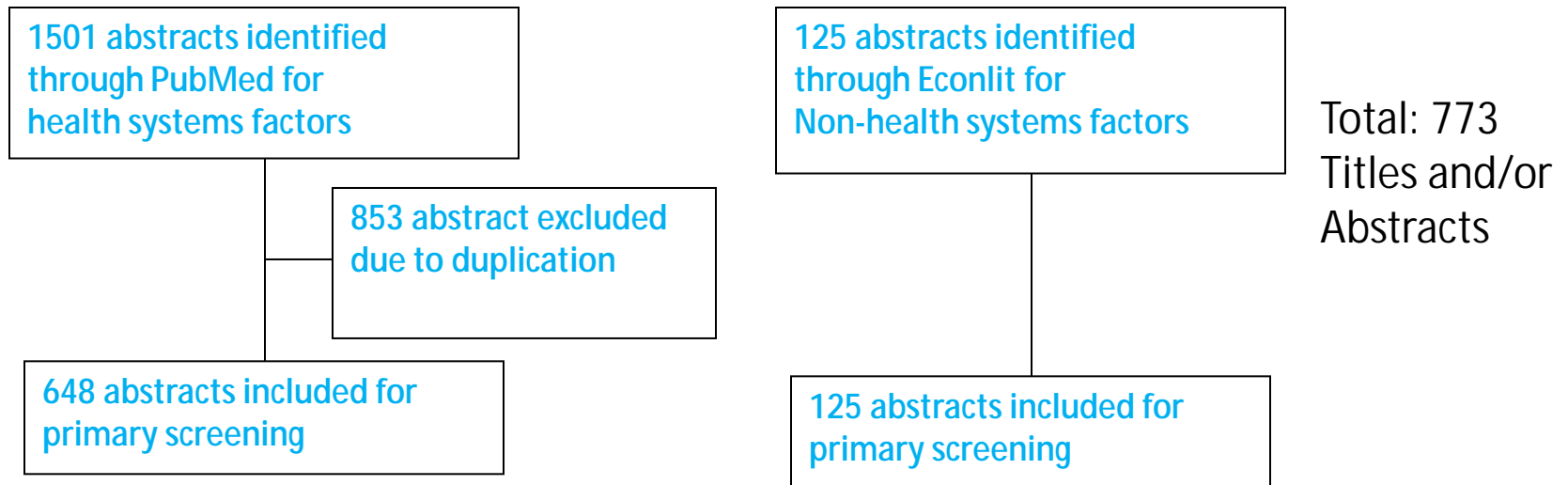
Bangladesh



- People's Republic of Bangladesh
- Founded 1971
- Population: 144.6 million
- 24.6% Urban
- Life Expectancy: 65.4 men/67.9 women (Up from 45 in 1960)

Methods: Bangladesh Literature Search

- Health systems related factors: PubMed
- 18 different searches in three major outcome areas
 - Country specific core, additional and intermediary outcomes searched with 6 health systems blocks (e.g., Bangladesh AND Core Outcomes AND Service delivery..).
- Non health systems related factors: Econlit.
- Hand Searching of locally available documents



Methods

- Qualitative
 - 18 Key informant in-depth interviews: policy makers, programme managers, international agencies, NGOs, historical leaders
 - 20 Focus Group Discussion: FWAs/HAs/Village Doctors/TBAs
- Thematic Analysis and Triangulation
- Iterative Revision process with stakeholders



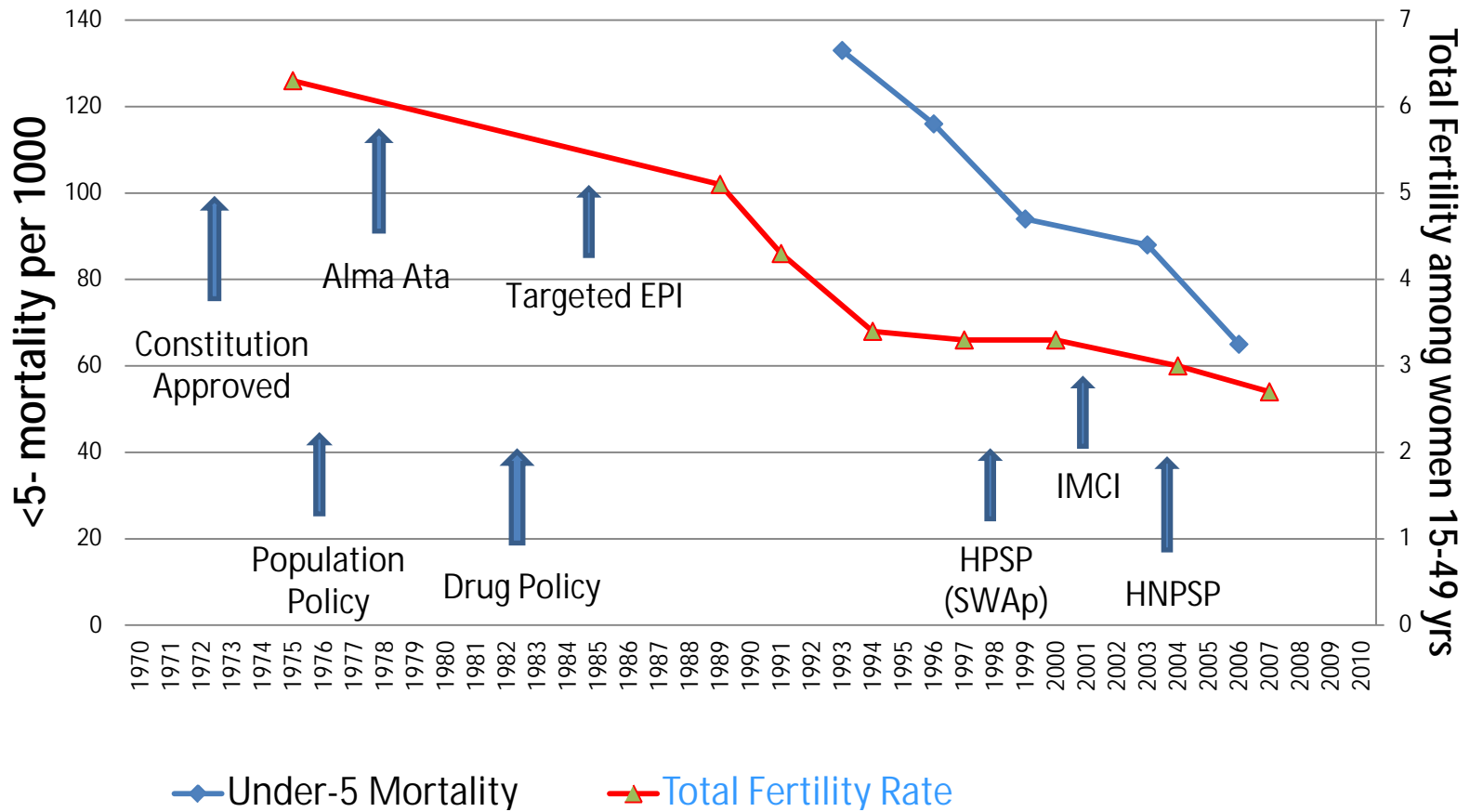
Key Messages

- Founded 1971—food shortages, famine, natural disasters, poorest country on the planet
- Commitment to health and development in advance of economic development has created:

Improvements in:

- Life Expectancy: 66 in 2009 (Up from 45 in 1960)
- Child Mortality declines (240 per 1000 to 65 per 1000)
- No more Seasonal Famines
- Excellent disaster response

Factor 1: Political Commitment to Health

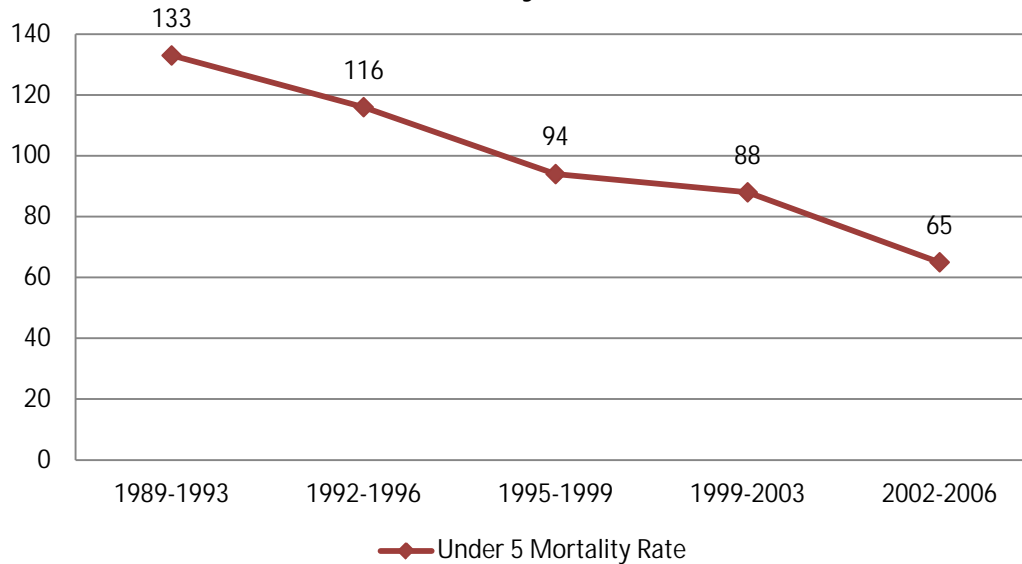


Factor 1: Political Commitment to Health

- Transcends political party
- Major reforms upheld during government change
- Innovation and increased public spending

Examples: ORS, Drug Policy, SWAp, EPI, DSF, Zinc

Trends in Under 5 Mortality Rate, 1989-2007

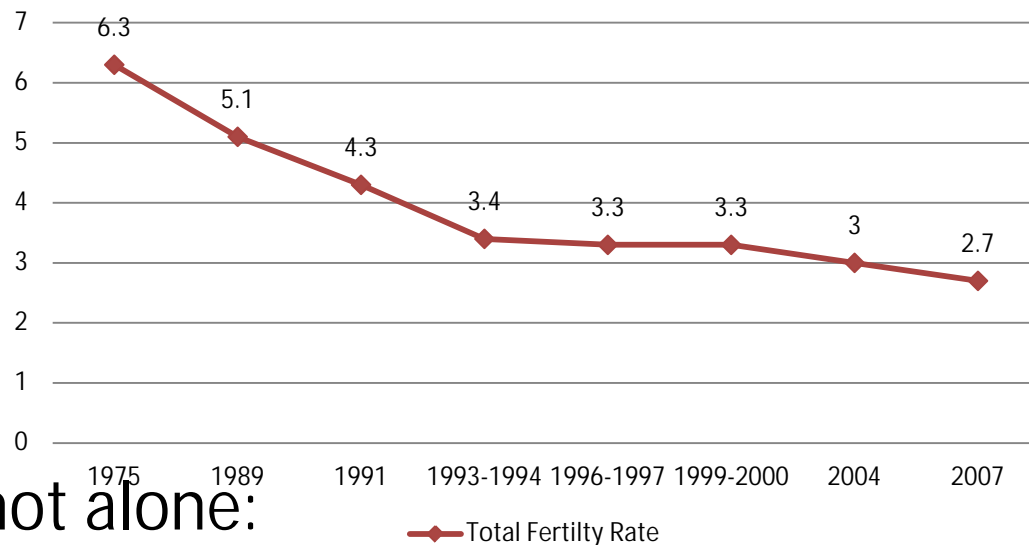


Factor 2: Community Health Workers

- Backbone of public and non-state health sector
- Bringing low tech, low cost interventions to the people

Examples:
EPI, FP, ORS

Trends in Current Fertility Rate among Women age 15-49, 1975-2007



However, Bangladesh is not alone:

- Lewin S, et al. *Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases.* CDSR. 2010.

Factor 3: Role of the Non-State Sector

- Political Support of Non-State Sector
 - NGOs ~2000
 - Pharmaceutical Industry
 - Informal providers

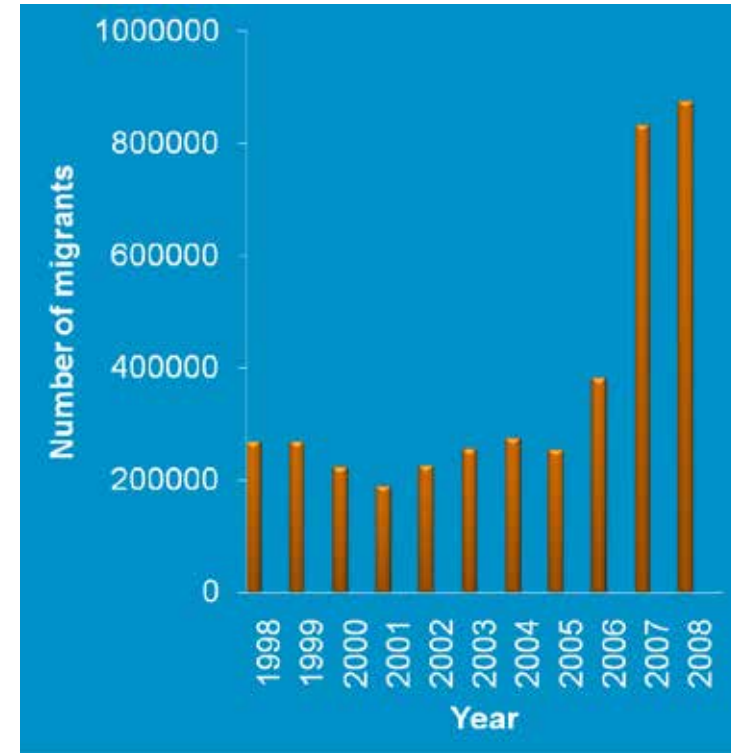


Non Health Factors: Social transformation post-Liberation War

- Stability of Government
- Empowerment of women
- Microcredit
- Education
- Disaster Preparedness
- Economic Growth: late but robust

Includes

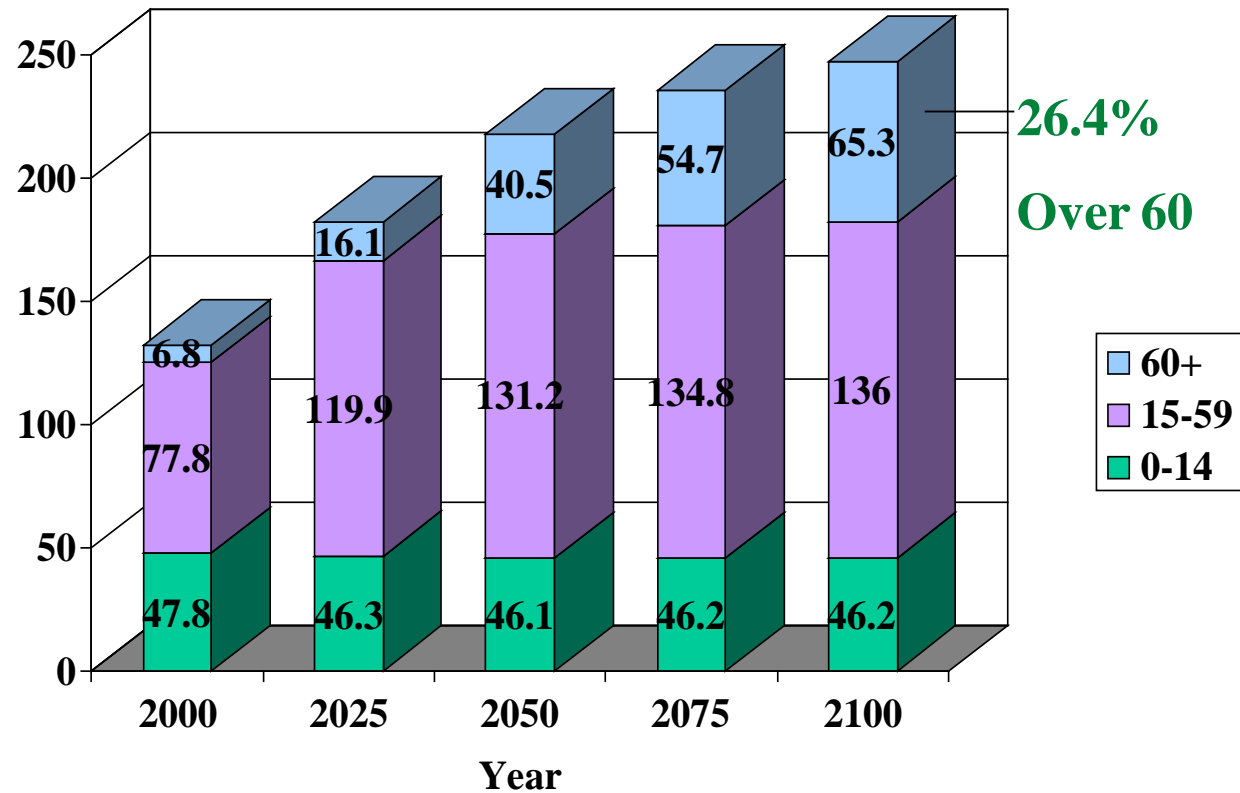
- Ready Made Garment Industry
- External Labor Migration
- 800,000 per annum



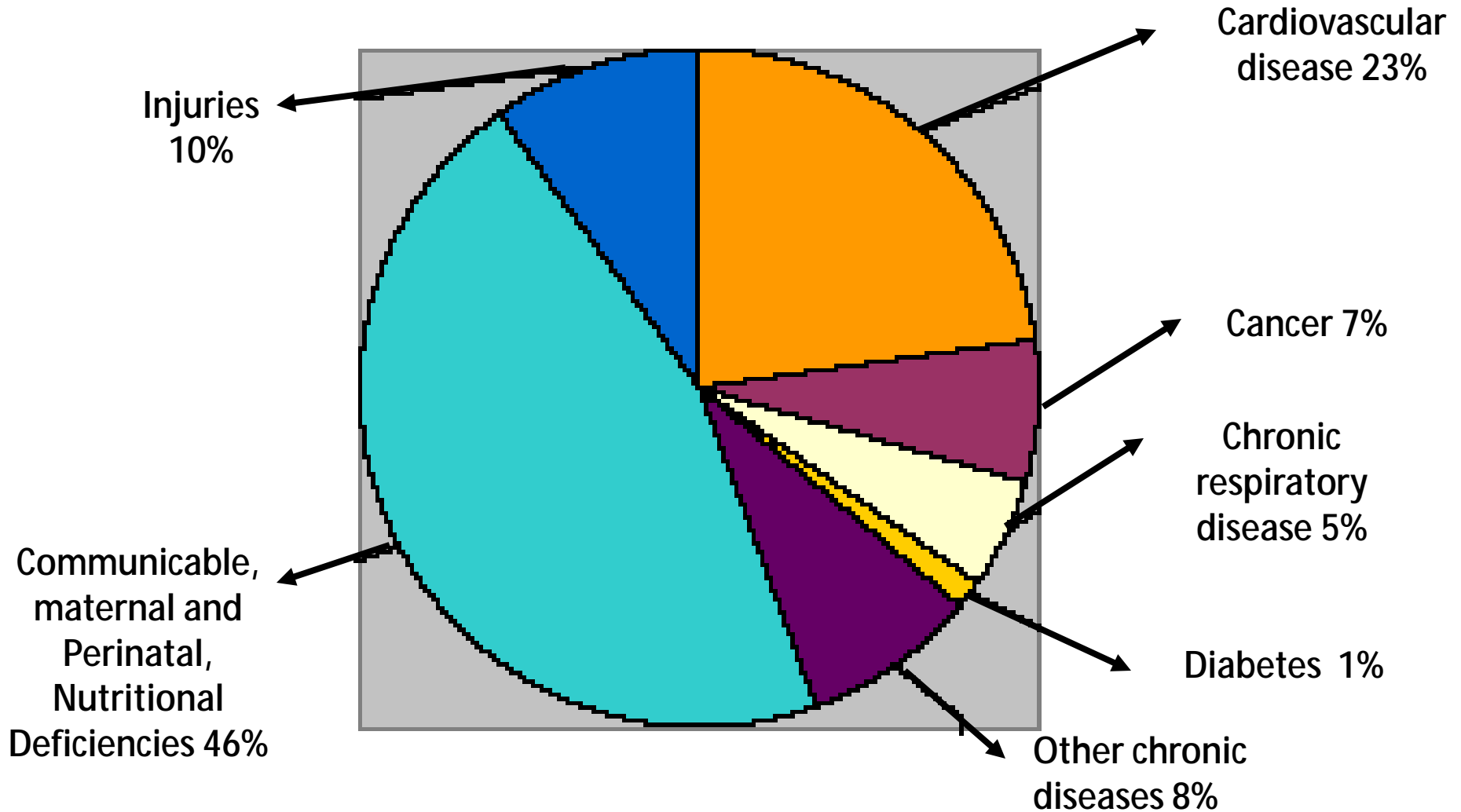
Greatest NCD Risk Factor: Aging

A ten fold increase in elderly during this century

Bangladesh Population (millions) 21st Century



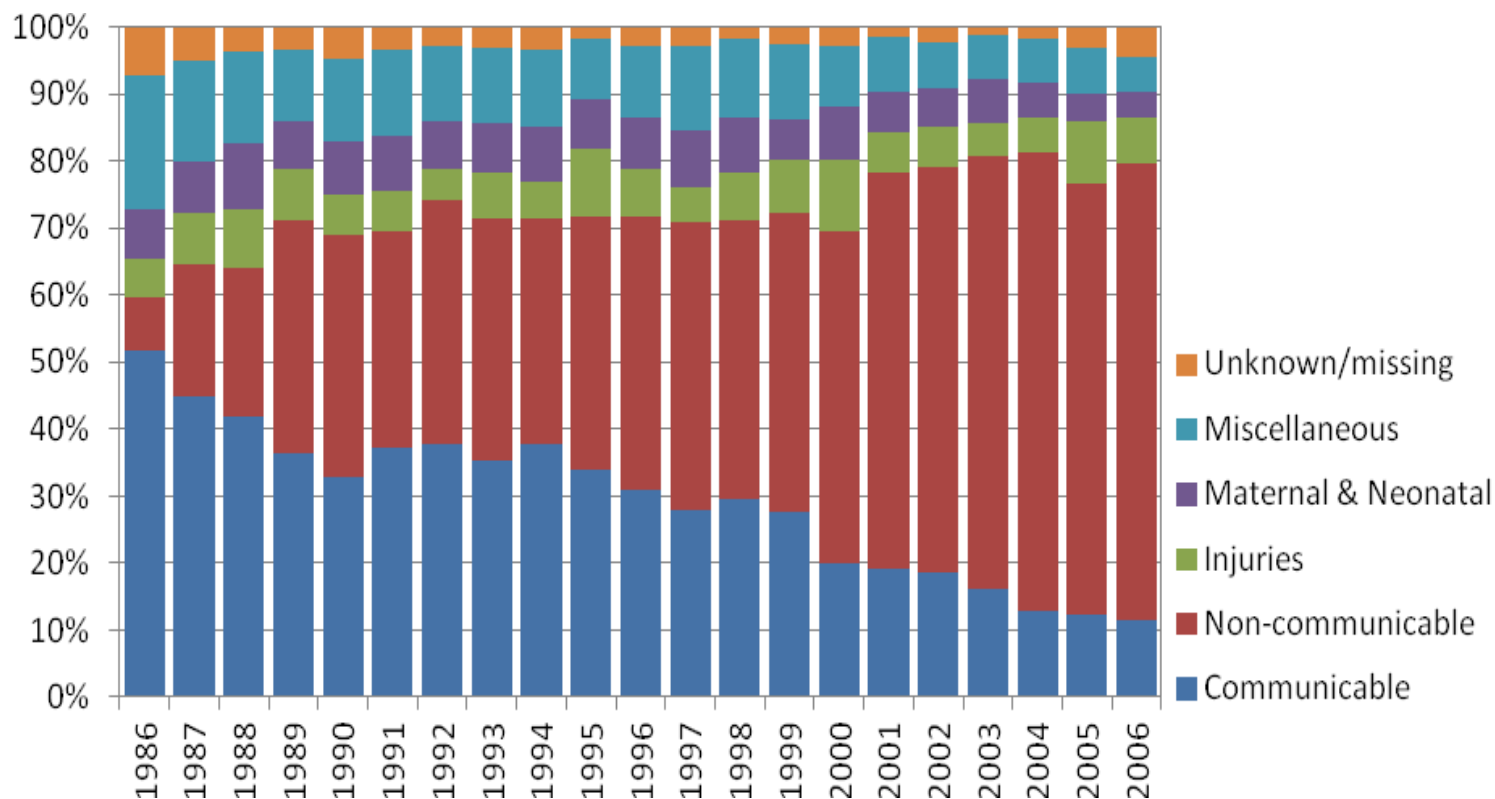
Causes of Deaths in Bangladesh (2002)



http://www.who.int/chp/chronic_disease_report/media/impact/en/index.html

Rising Tide of NCD

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



What we know and what we hope to find out

- Burden of disease
- Economic burden
- Low cost interventions that work



Programme Effectiveness Data



What the Britain can learn from Bangladesh



We gratefully acknowledge our partners at LSHTM, the Rockefeller Foundation, C3 Collaborating for Health, and the UnitedHealth Group.



www.icddrb.org/chronicdisease