Dissemination Seminar Report

Title of the Dissemination Seminar: ‘Bangladesh NCD Case Study’
Date: 25 February, 2013
Venue: Sasakawa Auditorium
Time: 11:00 am -1:40 pm

Submitted By:

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Background:
The Nossal Institute for Global Health at the University of Melbourne (Nossal Institute) hosts the AusAID Health Policy and Health Finance (HPHF) Knowledge Hub. The HPHF Hub aims to generate knowledge useful to policy-makers in governments and development partners in the Asia-Pacific region. A particular focus is on improving evidence on health resource allocation and its effectiveness.

Non-communicable Diseases (NCDs) are a major cause of mortality and morbidity globally. The major NCDs include – cardio vascular diseases, diabetes, cancers and chronic respiratory diseases – and are linked through four risk factors: tobacco use, unhealthy diets (high in fats and sugars and low in fruits and vegetables), harmful use of alcohol and low physical activity.

In Bangladesh, NCDs are reaching epidemic proportions. Nearly a nine-fold rise in mortality due to NCDs has been documented over a 20-year period (8% in 1986 to 68% in
2006). The NCD risk factor survey 2010 showed that 98% of the adult population in Bangladesh had at least one risk factor for NCD. However, systematic information on country preparedness to this emerging threat is not available.

AusAID is committed to assisting countries in the Asia Pacific region to respond to the NCD burden. Discussions at the HPHF Hub’s technical review meeting in Melbourne in October 2011 identified the key policy question: "What are the policy options for applying integrated health system strengthening for prevention and treatment of non-communicable and chronic disease in an equitable way in low-income countries?"

A case study of NCD preparedness was undertaken by the Hub in collaboration with the International Centre for Diarrhoeal Disease, Bangladesh (icddr,b). It entailed a review of research reports, policy documents, and key informant interviews, to measure progress against a framework prepared by Ms Helen Robinson and Dr Krishna Hort at the HPHF Hub. The study provided an overview of the policy and systems response to NCDs in Bangladesh, and identified weaknesses in translation of policy into implementation and in engaging other sectors outside health.


**Introduction:**

On 25 February, 2013, The Health Policy and Health Finance Knowledge Hub (HPHF) in collaboration with in-country partner, the Centre for Control of Chronic Diseases (CCCD), icddr,b, organized a one-day seminar entitled ‘Dissemination Seminar on Bangladesh NCD Case Study’, held in the Sasakawa Auditorium, Dhaka, with participation of senior officials from the Ministry of Health and Family Welfare (MOH&FW), Directorate General of health Services (DGHS), policy makers, high profile chronic disease experts in Bangladesh, NGOs working on NCDs and development partners. Prof Dr Md Suhrab Ali, Member, Board of Trustees, icddr,b chaired the seminar.

Before the seminar, folders containing a hard copy of the report, abstract and poster were shared with all participants. During this time, business cards were collected from most of the participants. A summary sheet of the Working Paper provided by the Nossal Institute for Global Health and poster sheet were also displayed in the seminar room.
Description of the Seminar:
Welcome remarks:
The seminar opened with welcome remarks and an introduction to the centre by Dr Dewan S Alam, Acting Director of the Centre for Control of Chronic Diseases (CCCD), icddr,b, on behalf of Prof Louis W Niessen, Director, CCCD. Speaking at the seminar Dr Abbas Bhuiya, Interim Executive Director of icddr,b, highlighted icddr,b's stance on non-communicable diseases (NCDs).

Presentation: 1
Ms Helen Robinson, visiting Fellow of the Nossal Institute for Global Health, noted that the seminar was an important part of disseminating the results of this research collaboration. Ms Robinson was particularly interested in the area of research that analysed the policy process, priority actions and the role of national health system strengthening.

Ms Robinson focused on the background and rationale for the study and gave a detailed presentation of the methodology and the framework used for the study, highlighting it as an important outcome of the partnership between Nossal Institute and icddr,b. Ms Robinson thanked Dr Alam and his colleagues at CCCD, icddr,b, for their generous collaboration in the study, and also thanked AusAID for providing the funding for this work through the HPHF Hub.

Presentation: 2
Dr Dewan S Alam, Head of the Chronic Non-Communicable Disease Unit of the CCCD, welcomed and thanked Ms Robinson, her team and the Nossal Institute for their ongoing collaboration.

Dr Alam noted that the contribution of NCDs to the burden of disease in low- and middle-income countries is receiving increasing attention, and that the policy and health system changes needed to deliver effective interventions have been recognized.

Dr Alam explained that the study aim was to test the efficacy of the Robinson/Hort framework. He presented the study methodology, including a review of the literature which identified policy and health system changes along four key dimensions: building awareness and commitment, re-orienting public policies, developing new service delivery models and ensuring equity.

Dr Alam elaborated on the economic, social and health situation in Bangladesh, its current health system structure and NCD services, the key actors involved in NCDs, and current government policy in response to the rising NCD burden.
Dr Alam said the findings indicated early progress in awareness and commitment, establishment of public-private alliances, and commencement of some public policy and prevention activities. These activities remained fragmented, both within the health sector and across other areas of government and civil society. The system changes to support chronic disease service delivery was only in the pilot stage, and there was little attention yet paid to issues of equity.

Dr Alam concluded that the Nossal Institute framework was useful for objective assessment of health-system preparedness for NCDs. The key lessons for making a shift towards preparedness in policy making are to involve all stakeholders, integrate activities across different NCDs programmes, allocate more resources for implementation in the national budget, and give greater attention to the needs of NCDs in the development of service delivery within health financing reform initiatives.

**Speeches by special guests:**
Ms Priya Powell, Counselor, Australian High Commission, and special guest National Prof Brig (Ret’d) Abdul Malik each reiterated the importance of taking multi-sectoral action in order to combat the emerging NCD epidemic.

**Keynote speech:**
Mr Md Humayun Kabir, Senior Secretary of MOH&FW, Government of the People’s Republic of Bangladesh, delivered the keynote speech. He said the national aim is to increase capacities for responding to all diseases, and the Ministry of Health is definitely aware of the NCD problem. An immediate increase in the budget for NCD response would not solve the problem, as human capacities must be strengthened as well. The focus would be to build human resources and reduce out-of-pocket expenditure for health care, which is more than 67% of total health spending. The Government is also developing a national health financing strategy.

**Open discussion with all participants:**
Moderated by Prof Dr Md Suhrab Ali, chair of the seminar (Board of Trustees, icddr,b).

A lively open discussion, moderated by Prof Dr Md Suhrab Ali, was held after the presentations. Prof Dr G U Ahsan (Chairman, Department of Public Health, North South University) and Dr Dewan S Alam talked about how the health system needs to respond the emerging burden of NCD, along with co-morbid conditions.

In response to Prof Dr Md Suhrab Ali, Prof Syed Akram Hossain (Oncologist) said, Bangladesh has no cancer control observation day. The High Level meeting decision in September 2011 set a target for a 25% reduction in mortality and morbidity by 2025. He
said there is, therefore, a need to resolve the issue at the national level, and requested the chair and senior secretary of health to set targets and take action.

Dr Faruk (Psychiatrist, NIMH) observed that mental health was not prioritized in the case study. Mental-disorder mortality is low, but morbidity is high (14% of the total NCD disease burden is caused by mental disorder). Prof Dr Md Waziul Alam Chowdhury (Director, NIMH) addressed the situation of mental health and depression in this respect.

**Conclusion:**
Meeting Chair, Prof Ali, ended the seminar with closing remarks.

**Feedback from the participants:**
Following the seminar, 41 feedback sheets were collected from the participants.

- 33 participants said the study findings were of high relevance to Bangladesh. Urgent action by the Government and other stakeholders was needed to prevent NCDs.
- 38 participants said the findings of the study were interesting (in the scale of 4-5 out of 5).
- 28 participants responded positively to the question, “will you do anything new?” The key areas of further work were identified as: creating awareness of the problem; undertaking research on NCD and mental disorder; initiating programs for implementation of NCDs; increasing knowledge of the risk factor of NCDs; increasing prevention activities; prioritizing NCDs in the national health policy setting; undertaking further study to improve health care delivery; and engaging development partners and NGOs.
- 26 participants responded with additional comments, including: the need for further research; creating awareness through the media; implementation and monitoring of national policy and guidelines for the control of NCDs; inclusion of mental health issues with NCDs; the need to focus on equity issues; and the need to undertake further evaluation of service provision and service delivery mechanisms for NCDs.