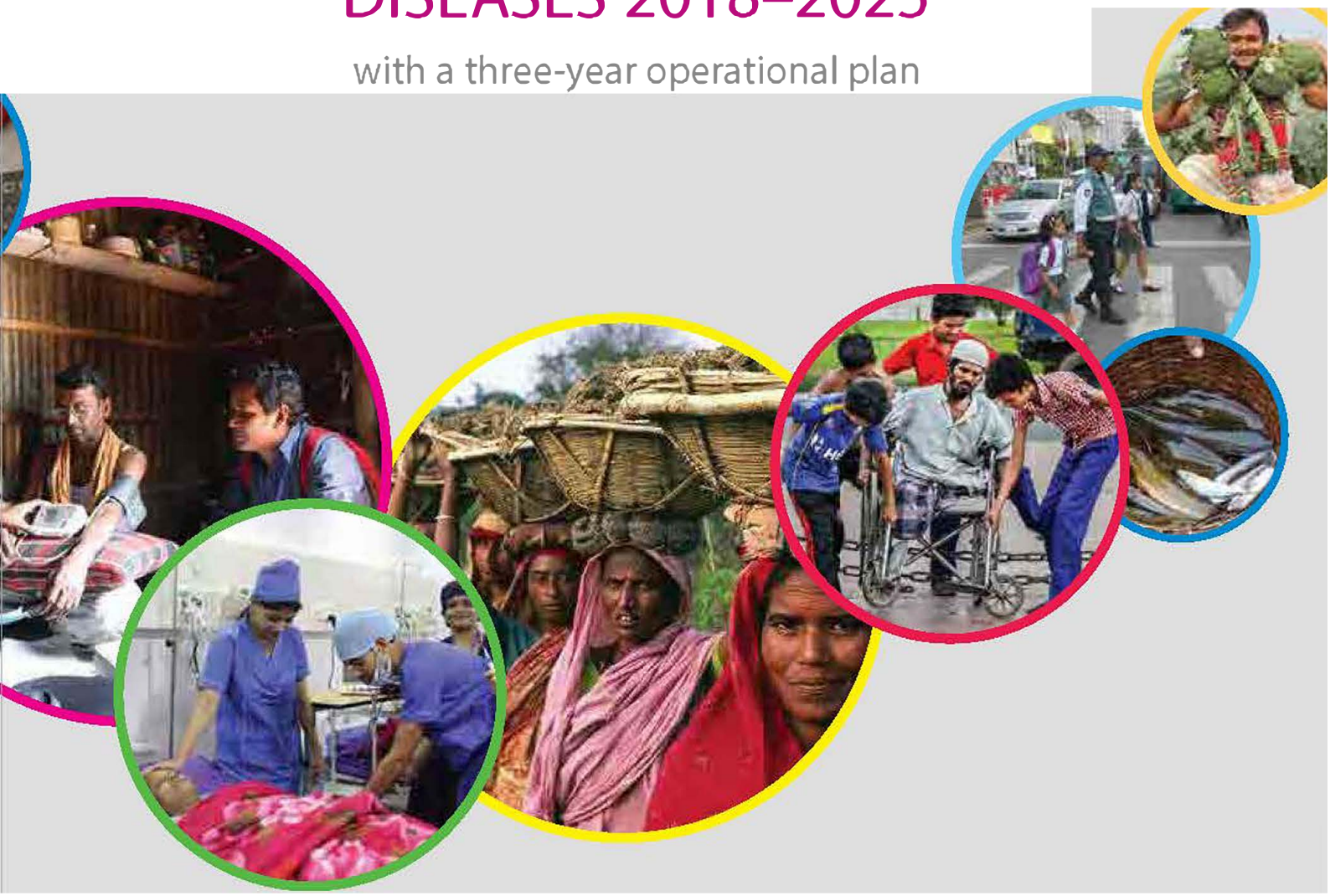
People's Republic of Bangladesh

MULTISECTORAL ACTION PLAN FOR PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES 2018–2025

with a three-year operational plan



Noncommunicable Disease Control Programme
Directorate General of Health Services
Health Services Division, Ministry of Health & Family Welfare

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Directorate General of Health Services
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Phone : +88 02 9899207

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Preface

The priority of the government of Bangladesh is to take all the necessary steps in time to maintain good health, one of the fundamental rights of the people. To implement this goal, the initiative to formulate the "Multisectoral Action Plan for Prevention and Control of Non-Communicable Disease, 2018-2025" is a timely step. Through this action plan forthcoming silent epidemic of non-communicable diseases can be tackled steadily and Bangladesh will lead to a happy, prosperous and developed country maintaining the current trend of development by achieving SDGs.

In the high-level meeting held in United Nations General Assembly in 2011, heads of state and government were committed to 'whole of the government, whole of the society efforts' for health promotion to prevent NCD. As a continuation, in the 2013 World Health Conference, global action plan prevention and control of NCD was formulated and the states urged to make their commitments to achieve NCD targets. The basis of this multisectoral action plan was laid out in a national workshop by Non-communicable Disease Control Program of DGHs and World Health Organization in 2015, which has finally been approved after passing a series of steps.

At present world wide disease prevalence is shifting from communicable to non-communicable diseases. At present 68% of all deaths occur due to non-communicable diseases. The outbreak is so high that the indicators of sustainable development goal 3.4, 3.5, 3.6, 3.9, 3.A, 6, 13 have given greater emphasis on controlling non-communicable diseases. In fact, the risk factors for non-communicable diseases are spread in different sectors of society and life which are dealt by different departments of the government and the state. So it's control also depends upon different departments. I believe that this multidisciplinary action plan will work as an effective medium to bring all stakeholders on the same platform and help the country's health care to achieve the desired goal through quick, efficient and successful implementation of NCD prevention and control programs. Behind the success of all other activities, there are political wisdom, the present government's willingness, sincere cooperation and involvement of people in all walks of life. Likewise, as the political wisdom and good will of the government reflected through the approval of the action plan for non-communicable diseases, it is expected that it's successful application will be possible with the participation of all sections of the people and all the departments of the government.

Currently, the government's health care system has been given more importance to the control of non-communicable diseases. That's why the "Multisectoral Action Plan for Prevention and Control of Non-communicable Diseases, 2018-2025" with a three-year effective plan has been adopted. I firmly believe that the successful of "Multisectoral Action Plan for Prevention and Control of Non-communicable Disease " will further facilitate the achievement of SDGs. I wish overall success of the Multisectoral action plan.

Professor A H M Enayet Hussain
Additional Director General (Planning & Development)
Directorate General Health Service

بسم الله الرحمن الرحيم

PRIME MINISTER
Government of the People's Republic of Bangladesh
21 Bhadra 1425
05 September 2018

Message

I am happy to know that the `Multisectoral Action Plan for Prevention and Control of Non-communicable Disease 2018-2025' with a three year operational plan has been adopted.

The Awami League government has been working relentlessly to make Bangladesh a middle income country by 2021 and a developed one by 2041. With the adoption of advanced developmental strategies, Bangladesh is moving forward through continuous development. Bangladesh has been ranked in the list of developing countries from the list of LDC countries of United Nations. There has already been a great improvement in the health sector of Bangladesh. The National Health Policy has been formulated to make this sector more befitting. Approximately 18500 Community Clinics and Union Healthcare Centers have been installed in order to deliver the healthcare services at the doorsteps of people at rural level. 30 categories of medicine are being provided free of cost. In the district and upazila level, medical services through mobile phones have been started from the hospital.

Non-communicable diseases like heart disease, cencer, respiratory disorders and diabetes are responsible for 71% of total death globally becoming a barrier to the sustainable development. At present, Non-communicable diseases are an important and urgent public health problem. These chronic and cost-demanding diseases create obstracles to the economic and social development of the state. In such a situation, I think the steps taken by the Ministry of Health and Family Welfare and the world Health Organization to safeguard the health of the people have been very timely and appropriate.

In the context of success in Communicable disease Prevention and Control earlier, I hope this action plan will also be considered as a leading basic design in health sector. with the implementation of the government's vision 2021 and 2041, this will make a significant contribution in the formation of Golden Bangladesh, which was the dream of the greatest Bangalee of all time, Father of the Nation Bangabandhu Sheikh Mujibur Rahman.

I wish the `Multisectoral Action Plan for Prevention and Control of Non-communicable Disease 2018-2025', a grand success.

Joi Bangla, Joi Bangabandhu
May Bangladesh Live Forever

Sheikh Hasina

Minister
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Message

One needs of the people of the state is health care. By recognizing health care as one of the state's responsibility, Father of the Nation Bangabandhu Sheikh Mujibur Rahman, the Nation's greatest of all-time, recognized this aspiration of the people in the costitition as a true janitor. As a continuation, it is one of the goals of the current government of Bangladesh to create a healthy, operational and productive nation. In this endeavor of the Honorable Prime Minister, a number of highly admired world-wide programs have been adopted in order to ensure the health care of people at all levels including mother and child.

In the past days these programs have brought international recognition and rewards as well as success in controlling our Communicable diseases. Although we have achieved success in controlling communicable diseases, recent negative impacts of non-communicable diseases on the socio-economic condition of the people and the health care expenditure are being observed, which have created an obstacle in achieving sustainable development goals.

One of the goals of the current health system is reducing the cost of health services from the public and protecting people from disastrous health expenditure. In order to develop the health sector of the country and strengthen non-communicable disease prevention system of the people, recently the World Health Organization and Non-communicable Disease Control of DGHS jointly initiated a three-year effective "Multisectoral Action Plan for Prevention and Control of Non-communicable Disease 2018-2025".

Through the successful implementation of this program, the government will be able to move forward one step further in fulfilling its constitutional responsibilities in the health sector. I firmly believe that the action plan will play an important role in shaping the Golden Bengal dreamed by Bangabandhu and attaining the target of 2021, the vision of present government. I wish for the overall success of the program, hoping for all sincere cooperation and support in implementing the plan.

Joi Bangla, Joi Bangabandhu
May Bangladesh Live Forever

Mohammed Nasim, MP

State Minister
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Message

Bangladesh has progressed a long way in overall health improvement. According to the World Health Organization, the average life expectancy of the people of Bangladesh is now 78.8, which was 65.5 in 2000. Besides increasing the average life expectancy, recent coordinated efforts of the World Health Organization and the Non-Communicable Disease Control Program of DGHS emphasizing the current health system, enabled the endorsement of "Multisectoral Action Plan for Prevention and Control of Non-Communicable Diseases 2018-2025" with a three-year action plan for health protection, in order to keep people healthy, efficient and productive. Good and effective implementation of the plan will play a conducive role in ensuring development-oriented, effective, quality and affordable healthcare as per the Sustainable Development Targets (SDG) 3.8.

The Bangladesh government has taken multidimensional steps to control infectious diseases. However, the incidence of various non-communicable diseases has increased due to various reasons. A significant number of people worldwide are going down the poverty line to meet the growing medical costs of these diseases. However, most of these diseases can be prevented by implementing the right plan." Multisectoral Action Plan for Prevention and Control of Non-Communicable Diseases " is a powerful tool in strengthening the prevention of deadly diseases like these. The implementation of this will play an important role in the overall health status of the country by reducing many non-communicable diseases including heart disease, stroke and cancer.

We believe that the successful implementation of this plan will play an important role in transforming Bangladesh from LDC to a middle income country. I wish for the overall success of the "Multisectoral Action Plan for Prevention and Control of Non-Communicable Diseases". Besides, I am urging all concerned to come forward to implement it.

Joi Bangla, Joi Bangabandhu
May Bangladesh Live Forever

Zahid Maleque, MP

Secretary
Health Services Division
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Message

The United Nations has set one of the targets in the sustainable development targets (SDG) as to reduce the premature deaths due to Non-communicable disease by one-third by 2030 to ensure good health. To achieve many other goals of SDGs including poverty alleviation, environmental protection, environment-friendly health city there is an importance of controlling non-communicable diseases. With the importance of achieving SDG, the government of Bangladesh has formulated and is implementing the seventh fifth year plan. With the importance of controlling non-communicable diseases in the Seventh Five-Year Plan, World Health Organization and Non-Communicable Disease Control Program of DGHS have jointly undertaken a three-year effective plan for "Multisectoral Action Plan for Prevention and Control of Non-Communicable Disease, 2018-2025".

Health care is one of the fundamental needs of people. Various diseases are spreading in the country due to man made and manifold natural causes. As a result, people are suffering from complex and long-term non-communicable diseases. People are being victim of economic and social upset while carrying medical expenses for these diseases. We need a healthy population to build a prosperous, developed Bangladesh. The Government has taken effective steps to reach the doorstep with the country's health services since independence to implement this goal. Although the country has gain ground in controlling the communicable disease, the spread of non-communicable diseases has become epidemic in Bangladesh like the world.

It is important to take a long-term plan besides strengthening the disease prevention system to protect the people of Bangladesh from non-communicable diseases. I hope that with the successful implementation of "Multisectoral Action Plan for Prevention and Control of Non-Communicable Disease" there will be another milestone in the control of non-communicable disease and the overall development of health system of the country as in the past days. In order to achieve this objective, all the people of the society should work together. I also hope that, like the success of controlling communicable diseases by the collective efforts of all, Bangladesh will set a bright example to the world in controlling non-communicable diseases.

Md Serajul Huq Khan

Director General
Directorate General Health Service

Message

The government is committed to the improvement of overall health of the people. In recent years, public awareness of people's health status improvement, health rules, disease remedy and prevention has increased manifold. The death rate of mother and child has decreased significantly and the average life expectancy of the people has increased in Bangladesh due to decrease in the incidence of diseases. Despite the unprecedented development of the health index due to the importance given to all the branches of the health sector and due to the right investment by the government of Bangladesh, the outbreak of non-communicable disease due to unplanned urbanization , climate change and air pollution worldwide, upsetting public life.

Likewise rest of the world, the epidemic of non-communicable diseases in Bangladesh has also become an epidemic. As a result, the sufferings of the victims are increasing in their own physical hardships as well as economic losses. Apart from this, non-communicable diseases have a major impact on socio-economic status and health care costs, which becomes a hindrance to the achievement of sustainable development targets (SDGs). Considering the above mentioned matters, World Health Organization and Non-Communicable Disease Control Program of Directorate General of Health Service have jointly undertakes a three-year effective plan for " Multisectoral Action Plan for Prevention and Control of Non-Communicable Disease". Such initiatives in public welfare are very timely and veritable. The success of the activities undertaken in the implementation of this plan will further accelerate the present government's Universal Health Coverage program.

Overall, Bangladesh is gradually moving forward towards development. In this context, I would like to call on health departments, development partners, religious and opinion leaders, voluntary organizations, members of other associate organizations including the common people to play roles with more sincerity in their respective areas of contribution for the implementation of all programs for successful application of "Multisectoral Action Plan for Prevention and Control of Non-Communicable Disease" that is for the overall health development of the country. I hope that all the activities covered under this program would be successful.

Joi Bangla, Joi Bangabandhu
May Bangladesh Live Forever

Professor Dr. Abul Kalam Azad

World Health Organization Bangladesh

I congratulate the Government of Bangladesh on the endorsement of this Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases.

Noncommunicable diseases (NCDs) are one of the most urgent and complex public health challenges in Bangladesh. Cardiovascular diseases, diabetes, cancers and chronic respiratory diseases are responsible for 67% of all deaths in Bangladesh, many of which are premature. Premature deaths and disability from NCDs result in adverse financial and social consequences for individuals, families and the nation.

Our health is created by the social, economic and physical environments around us. Fundamentally, the determinants of our health and especially NCDs lie beyond the health sector. Population levels of tobacco use, unhealthy diet, physical inactivity and sedentariness, harmful use of alcohol and air pollution are determined by the decisions of several sectors, including finance, transport, education, agriculture and trade.

Business as usual is insufficient to successfully reduce the social, health and economic impacts of NCDs; the health sector cannot do it alone. Recognising this, the plan calls upon all sectors to implement policies and programmes which will protect and promote health. This is an essential, definitive, and welcome paradigm shift in the approach to health.

Sustained high level political commitment and accountability are the keys to the success of united and coordinated action to achieve the Sustainable Development Goals and their targets, including reducing premature mortality from NCDs by 30% by 2030. Achieving this target is also essential to achieve many SDGs, including decent work, economic growth and reduced inequalities.

WHO remains committed to supporting the Government of Bangladesh to implement this plan and the much needed solutions to secure the health, social and economic wellbeing of the present and future generations of Bangladesh.

Dr Bardan Jung Rana
WHO Representative

Contents

TABLES, FIGURES & BOXES

ABBREVIATIONS

ACPR	Annual Consolidated Progress Report
ALRI	Acute Lower Respiratory Infection
BanNet	Bangladesh Network for Noncommunicable Disease Surveillance and Prevention
BBS	Bangladesh Bureau of Statistics
BCC	Behaviour Change Communication
BCCP	Bangladesh Centre for Communication Programme
BCSIR	Bangladesh Council of Scientific and Industrial Research
BDT	Bangladesh Taka
BFSA	Bangladesh Food Safety Authority
BHE	Bureau of Health Education
BIRDEM	Bangladesh Institute of Research and Rehabilitation for Diabetes, Endocrine and Metabolic Disorders
BMI	Basal Metabolic Index
BNHA	Bangladesh National Health Accounts
BRAC	Bangladesh Rural Advancement Committee
BSCIC	Bangladesh Small and Cottage Industries Corporation
BSTI	Bangladesh Standards and Testing Institution
BTRC	Bangladesh Telecommunication Regulatory Commission
BUHS	Bangladesh University of Health Science
CBHC	Community Based Health Care
CIPRB	Centre for Injury Prevention and Research, Bangladesh
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardio-Vascular Disease
DDCH	Dhaka Dental College and Hospital
DMC	Dhaka Medical College
DMCH	Dhaka Medical College and Hospital
DGHS	Directorate General of Health Service
DGFP	Directorate General of Family Planning
DHS	Demographic and Health Survey
DSCC	Dhaka South City Corporation
FAO	Food and Agriculture Organization
FCTC	Framework Convention on Tobacco Control
FP	Family Planning
GATS	Global Adult Tobacco Survey
GDP	Gross domestic product
GSHS	Global school-based Student Health Survey
GYTS	Global Youth Tobacco Survey
HIV	Human Immunodeficiency Virus

HNPSIP	Health, Nutrition and Population Sector Investment Plan
HPNSDP	Health, Population, and Nutrition Sector Development Programme
IEDCR	Institute of Epidemiology Disease Control And Research
INFOSAN	International Food Safety Authorities Network
JICA	Japan International Cooperation Agency
MCH	Maternal and Child Health
MET	Metabolic Equivalent
MIS	Management Information System
mmhg	Millimetre of Mercury
MoE	Ministry of Education
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
NBR	National Board of Revenue
NCCRHFD	National Center for Control of Rheumatic Fever & Heart Disease
NCD	Noncommunicable Disease
NCDC	Non Communicable Disease Control
NGOs	Nongovernmental Organizations
NHFRI	National Heart Foundation and Research Institute
NICRH	National Institute of Cancer Research & Hospital
NICVD	National Institute of Cardiovascular Diseases
NIDCH	National Institute of Diseases of the Chest and Hospital
NIMH	National Institute of Mental Health
NINS	National Institute of Neuroscience
NIPORT	National Institute of Population Research and Training
NIPSOM	National Institute of Preventive and Social Medicine
NMNCC	National Multisectoral Noncommunicable Disease (control) Coordination Committee
NTCC	National Tobacco Control Cell
OOP	Out Of Pocket
PEN	Package of Essential Noncommunicable Disease Intervention
PHC	Primary Health Care
PM	Particulate Matter
PSA	Public Service Announcement
SDGs	Sustainable Development Goals
ShSMC	Shaheed Suhrawardy Medical College
STEPs	STEPwise approach to Surveillance
TB	Tuberculosis
ToR	Terms of Reference
UHC	Universal Health Coverage
UN	United Nations
USD	United States Dollar
WHO	World Health Organization

EXECUTIVE SUMMARY

Noncommunicable diseases (NCDs), which include cardiovascular diseases, diabetes, chronic respiratory diseases and cancers, have become a global problem accounting for more than 68% of total global deaths. Due to their chronic nature, NCDs require protracted treatment resulting in significant socioeconomic and treatment costs. In Bangladesh, NCDs are a serious and urgent public health problem. Currently three quarters of the population is exposed to two or more modifiable NCD risk factors – 5% of the adult population is diabetic and 23% is hypertensive. While NCDs affect all economic groups, the poor are disproportionately affected leading to a vicious cycle of disease, poverty and non-productivity.

MULTISECTORAL ACTION PLAN FOR NONCOMMUNICABLE DISEASE CONTROL AND PREVENTION

This national action plan will be a priority blueprint for key stakeholders, and includes an operational plan from 2018 to 2021 in alignment with the 7th Five Year Plan and the 4th Health, Nutrition and Population Strategic Investment Plan (HNPSIP) of the Government of Bangladesh. The action plan builds on the successes of implementation of past NCD control and prevention programmes in Bangladesh.

Stages of implementation of the action plan

The action plan will be implemented in two stages. The first stage will be implemented through a three-year operational plan from July 2018 through to June 2021, following which the next operational plan will be developed for 2025 targets. The second stage of the action plan will be implemented from July 2021 through to June 2025.

The implementation of the action plan employs a "health in all policies" approach engaging actors outside the health sector to tackle and influence public policies on shared risk factors, such as tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and exposure to poor quality air. The health sector will play a central role in mobilizing efforts and obtaining commitments from other sectors.

NCD prevention and control targets have been made coherent with the WHO South-East Asia regional NCD targets for 2025. These targets align with sustainable development goals (SDGs) of which target 3.4 is "by 2030, to reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being". Reducing the burden of NCDs is essential to achieving several SDGs.

Actions and activities that are potentially implementable, are low cost, and have a high health impact are included in the action plan. Activities are categorized under the following four broad strategic action areas.

Action area 1: Advocacy, leadership and partnerships

This action area aims to increase advocacy, promote multisectoral partnerships and strengthen capacity to accelerate and scale-up the national response to the NCD epidemic by establishing a National Multisectoral NCD Coordination Committee (NMNCC). Engagement of local governments as stakeholders to participate in NCD prevention; and raising political awareness through engagement of political leaders, policy makers, media organizations and nongovernmental organizations (NGOs) are the main focus under this action area.

Action area 2: Health promotion and risk reduction

This action area promotes the development of population-wide interventions to reduce exposure to key risk factors. Actions include: fully implementing tobacco control laws; placing restrictions on availability of illicit alcohol; developing collaborative efforts to reduce trans-fats, saturated fats and salt intake; encouraging consumption of adequate servings of fruits and vegetables; encouraging physical activity; and establishing healthy settings in cities, schools and work places.

Action area 3: Health systems strengthening for early detection and management of NCDs and their risk factors

Actions under this area aim to improve the efficiency and coverage of NCD services to achieve universal health coverage (UHC), particularly through the primary health care system. Key activities include: screening for NCDs and its risk factors; increasing capacity for prevention and management of NCDs through the essential service package in primary health care settings; reviewing the essential medicines list and making basic NCD medicines available at the primary health care level; integrating healthy lifestyle education (physical activity, healthy diet, and reduction of salt, tobacco and alcohol) in all health facilities including maternal and child health (MCH) and family planning services; incorporating NCD prevention and management into the workforce curriculum, particularly for pre-service and in-service training of primary health care professionals; and identifying sustainable health financing options to cover basic NCD services to protect the poor from financial risks.

Action area 4: Surveillance, monitoring and evaluation, and research

This area includes key actions for strengthening surveillance as well as monitoring and research in NCD control. Key activities include: conducting surveys on tobacco and NCD STEPwise approach to Surveillance (STEPs) at regular intervals; strengthening national cancer registration through hospital- and population-based cancer registries; generating NCD mortality data through civil registration and vital statistics; strengthening the management information system (MIS) to capture hospital-based NCD data; developing a national priority research agenda for NCDs; ensuring implementation evaluation of the NCD operational framework; and evaluating compliance with tobacco laws, and food safety regulations policies. The Non Communicable Disease Control (NCDC) unit of the Directorate General of Health Services (DGHS) will compile a yearly annual consolidated progress report (ACPR) and submit to the Prime Minister of Bangladesh.

THREE-YEAR OPERATIONAL PLAN (July 2018–June 2021)

The three-year multisectoral operational plan is designed to be a result-oriented time-bound blueprint for Bangladesh to ensure greater implementation rate of the action plan. Practicality of implementation is the underlying consideration that guided the selection of the list of activities. The activities are categorized under the four strategic action areas described earlier. Key stakeholders in the operation plan are: Prime Minister's Office, Ministry of Agriculture, Ministry of Commerce, Ministry of Education, Ministry of Environment, Forest and Climate Change, Ministry of Finance, Ministry of Food, Ministry of Home Affairs, Ministry of Housing and Public Works, Ministry of Industries, Ministry of Information, Ministry of Land, Ministry of Law, Justice and Parliamentary Affairs, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Primary and Mass Education, Ministry of Religious Affairs, Ministry of Road Transport and Bridges, Ministry of Women and Children Affairs, Ministry of Youths and Sports, National Board of Revenue, Bangladesh Standards and Testing Institute (BSTI), opinion leaders, civil society, religious leaders, academia and research institutes, development partners and NGOs.

Coordination

The three-year operational plan will be overseen by the high-level NMNCC appointed by the Prime Minister and chaired by the Minister of Health and Family Welfare (MoHFW). The NCDC unit of the DGHS would serve as the Secretariat to the NMNCC and organize half yearly NMNCC meetings. Other ways for coordination include bilateral sectoral coordination mechanisms. The success of the implementation will depend on how effectively the stakeholders can explore bilateral dialogues and partnerships. Inter-agency networking can occur through formal and informal pathways; formal mechanisms include signing a memorandum of understanding (MoU) or formal letters and agreements. All these choices will be employed to strengthen stakeholder coordination to ensure the success of implementation.

Monitoring and evaluation

The progress of and fidelity to the plan will be assessed yearly (implementation documentation). The NMNCC Secretariat will publish an ACPR containing the progress and performance of stakeholders. The report will be submitted to the Prime Minister and the Cabinet and will be made accessible to stakeholders, funders, media and the public.

Necessary outputs and service coverage

The initiation and scaling up of the action plan will rely on eight necessary outputs. The earlier these necessary outputs are achieved, the faster the remaining activities of the operational plan can be implemented. High priority should be accorded to achieving these outputs as soon as the plan is launched. The three-year operation plan contains several key NCD service coverage indicators, and aims to achieve coverage of many of these indicators in 25 districts by 2021. However, the behaviour change communication (BCC) mass media campaign is targeted from the first year of implementation. Though tobacco enforcement programmes already have wide coverage, the focus is on major cities and 20 districts to ensure rigorous implementation and monitoring. Overall, maintaining this rate of NCD service coverage offers a high likelihood of achieving 2025 NCD targets.

Implementation evaluation

Implementation (process) evaluation will be conducted towards the early half of 2021 to retrospectively determine the extent to which the plan was delivered as intended in terms of the degree of intensity, coverage and faithfulness, and to assess the replicability of activities in the next phase.

Photo Credit: Abdullah Suvo

Photo Credit: Md. Reazwanul Haque Khan

INTRODUCTION

Preamble

Noncommunicable diseases (NCDs), which include cardiovascular diseases, diabetes, chronic respiratory diseases and cancers, have become a global problem accounting for more than 68% of the total global deaths (1). While all age groups are affected by NCDs, these are more common in the older age groups. Shared NCD key risk factors include tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. Overweight/obesity, high blood pressure, raised blood sugar and raised blood lipids are intermediate metabolic risk factors for NCDs. In Bangladesh, NCDs are a serious and urgent public health issue. A 2013 survey revealed that currently three quarters of the population is exposed to two or more modifiable NCD risk factors; 5% of the adult population is diabetic and 23% is hypertensive (2).

The underlying determinants include globalization and rapid urbanization. While the health sector has the core responsibility for disease management and improvement of population health literacy, interventions in nonhealth sectors, such as through addressing public policies on tobacco, alcohol, physical activity and promotion of healthy diet, have greater impact in reducing the NCD burden.

NCDs result in significant socioeconomic and health care costs, and are detrimental to sustainable development (1). The chronic nature of the diseases requires protracted treatment and can lead to catastrophic expenditures particularly among the poor. While NCDs affect both the affluent and the poor, they disproportionately affect the poor leading to a vicious cycle of disease, poverty and non-productivity.

Investments in NCD prevention are generally not commensurate with the high disease burden despite the existence of proven cost-effective public health interventions. Low-cost solutions to NCDs include modifying exposure to common NCD risk factors, such as reducing tobacco use and alcohol use, and promoting physical activity and healthy diet. Early detection of NCDs through a primary health care approach is a high impact intervention. Broad based approaches that address urban infrastructure to encourage physical activity, and health-promoting environments in workplaces, schools and cities are effective. These broad approaches require partnership, leadership and commitment of many stakeholders beyond the health sector. Sectors, such as local governments, urban planning, transport, education, agriculture, finance and NGOs therefore, have a great stake in NCD prevention (1).

Global and country commitments for NCD prevention and control

Global initiatives in NCDs started in the year 2000 with the adoption of the World Health Assembly of the Global strategy for the prevention and control of noncommunicable diseases, which rests on the three pillars of surveillance, primary prevention and strengthened health care. The UN General Assembly convened a high-level meeting on NCD prevention and control in New York in September 2011. The Heads of States in this meeting committed to emphasize NCD prevention through a "whole-of-government and whole-of-society effort" and implement "multisectoral public policies to create health promoting environments". As a follow-up to the political declaration of the UN High-level Meeting, the Member States during the Sixty-sixth World Health Assembly in May 2013, endorsed the Global Action Plan (2013–2020) for the prevention and control of NCDs and agreed on a comprehensive monitoring framework with indicators and global voluntary targets for 2025. It was advocated that Member States translate the commitments by implementing national multisectoral plans to achieve NCD targets by 2025. The Government of the People's Republic of Bangladesh joined

the Member States at the UN General Assembly High-Level Declaration on NCDs (2011) as well as the World Health Assembly to commit to the actions. Sustainable development goal (SDG) 3, "Ensure healthy lives and promote well-being for all at all ages", provides a high degree of importance to NCD control and targets to reduce premature NCD deaths by one third by 2030. Other NCD related SDGs include: strengthening the prevention and treatment of harmful use of alcohol, achieving universal health coverage (UHC) including financial risk protection, improving access to quality essential health care services, strengthening the implementation of the World Health Organization Framework Convention on Tobacco Control (FCTC), and supporting research and development of vaccines and medicines for communicable diseases and NCDs.

Bangladesh is also party to other global instruments for implementing NCD prevention and control, such as: the WHO FCTC, Global Strategy on Diet, Physical Activity and Health, Global Strategy to Reduce Harmful Use of Alcohol, WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children, including foods that are high in saturated fats, trans-fatty acids, and free sugars. Bangladesh is a signatory to the "Colombo declaration: strengthening health systems to accelerate delivery of noncommunicable diseases services at the primary health care level" as well.

SITUATIONAL ANALYSIS

Bangladesh is a lower middle-income country showing steady progress in economic development. It is also undergoing rapid socioeconomic and demographic transitions, particularly the rise in average life expectancy and increasing urbanization. Average life expectancy in Bangladesh is over 70 years. Approximately, 28% of the country's population resides in urban areas and half of the country's population is projected to live in urban centres in the next 25 years (3). Being among the most densely populated countries in the world, Bangladesh's urban centres will become ever more crowded in the future (4). With Bangladesh's increasing globalized economy (5), the population is and will increasingly be exposed to constant commercialization including fast food chains, a shift in dietary patterns and sedentary urban lifestyle which will shape the epidemiology of NCDs in the country.

Overall NCD burden in Bangladesh

Bangladesh is in the midst of an epidemiological transition like many low- and middle-income countries with profiles shifting from communicable diseases to NCDs. The major NCDs that contribute to 41% of the total deaths include: cardiovascular diseases (17%), cancers (10%), chronic respiratory diseases (11%) and diabetes (3%) (6). The 2010 NCD STEPwise approach to surveillance (STEPS) survey[1] showed a high prevalence of NCD risk factors among Bangladeshi people (7).

- More than 96% of the people consumed less than the recommended minimum of five servings of fruits and/or vegetables per day.
- 27% did not achieve the weekly-recommended physical activity level (>600 metabolic equivalent task (MET)-minutes per week).
- 53% of men are daily tobacco smokers; 29% of men and 34% of women consume some form of smokeless tobacco.
- Hypertension, an intermediate risk factor for cardiovascular diseases and heart attacks, was prevalent in 18% of the population.
- 13% of men and 22% of women were overweight, and 4% reported having diabetes.

[1] STEPS survey is a WHO standardized survey protocol which collects information on NCD-related risks, behaviours and metabolic information of the participant.

Three quarters of the population is exposed to two or more risk factors with a high proportion of clustering of risk factors (2).

Population data on salt intake is limited. In a recent study among 200 residents in Bangladesh, mean intake of salt was 17 g/day, which is much higher than the WHO recommended maximum daily intake of 5 g/day (8).

Injuries, including those from road traffic crashes, and drowning also contribute to the NCD burden. According to the Bangladesh Health and Injury Survey, the all-ages fatal drowning rate is 11.7 per 100 000 and the all-ages road traffic mortality rate is 14.4 per 100 000 (9).

Linkages to broader policies

In the past, the focus was on maternal and child health (MCH) and communicable diseases, instead of NCD control (10). However, in response to the growing burden of NCDs, the Bangladesh Government has taken several steps to include NCD control in its priority health agenda. Multiple national policy documents have acknowledged the rising concern regarding NCDs in Bangladesh. The National Health Policy 2011 outlines an approach of integration of prevention, treatment and rehabilitation services at all levels of health care particularly for diabetes, high blood pressure and heart diseases through lifestyle changes and health promotion awareness. The Health, Population and Nutrition Sector Development Programme (HPNSDP) (2011–2016) also planned for greater integration among programmes to promote socioeconomic conditions for conventional and nonconventional NCD control. HPNSDP's delivery and implementation have been linked to the Government's 6th Five Year Plan for 2011–2016. The 4th Health, Nutrition and Population Strategic Investment Plan (HNPSIP) (July 2016–June 2021) and the Health Strategy for the 7th Five Year Plan (which is in effect from June 2016), recognize the urgency of NCD control as an important agenda and elaborates linkages to SDGs of the UN. In particular, the Health Strategy for the 7th Five Year Plan envisages implementing "massive health promotion for impending noncommunicable disease" [2]. The 4th HNPSIP, which will feed into the 7th Five Year Plan, lays emphasis on introducing strategies to initiate reforms in health financing focusing on risk protection of the poor.

Review of health financing and achievement of universal health coverage in the 7th Five Year Plan have been prioritized with the aim to reduce "out-of-pocket" (OOP) payments as a percentage of total health expenditure from 67% to 48% and reduce household catastrophic health expenditure from 15% to 10% by 2021[3]. Reducing OOPs should ensure greater financial health protection and improve access to health services including NCD prevention, treatment and rehabilitation. To support overall health regulatory stewardship, the 4th HNPSIP provides avenues for quality control and standardization of services in public and private services for NCDs. The prevention and management of NCDs has been included in Bangladesh's essential health service package.

[2](Page 31, Health Strategy for Preparation of 7th Five Year Plan)

[3](Page 29, Health Strategy for Preparation of 7th Five Year Plan).

Implementation status of NCD control

The HPNSDP launched a series of activities for NCD control. The Ministry of Health and Family Welfare (MoHFW) responded to the global and regional call to fight NCDs by adopting the Strategic Plan for Surveillance and Prevention of NCDs in Bangladesh (2011–2015); primarily a health sector plan to address NCDs. Despite a good plan, majority of the activities remained unimplemented or were only partially implemented (11). Major activities carried out under this strategy were WHO STEPS survey and piloting the package of essential noncommunicable (PEN) disease interventions in 2013, in an upazila-level health complex, five union subcentres and 15 community centres in Debhata upazila of Satkhira district. A three-year (2014–2016) national communication strategic plan to reduce NCDs spearheaded by the Bureau of Health Education of the MoHFW listed pertinent activities but the reliability of implementation was generally low. Notable activities included implementation of pilot activities, such as "health promotion model villages" for NCD control established in a few areas, and "model school initiatives" commenced in 91 schools in rural areas. Although these pilot initiatives have not been subjected to a rigorous evaluation, they can be potentially scaled up if found effective. Schools are also reached with health education through the school health programme of the Directorate General of Health Services (DGHS) via a MoU with the Ministry of Education. However, mainstreaming of health education in school systems should be further reinforced by transferring ownership to the Ministry of Education for greater sustainability of the programme.

NCD health literacy improvement is in the initial phase of development. DGHS is using health educators and the existing health system to conduct courtyard meetings and health facility based education. "NCD corners" were set up in selected health facilities. Use of mass media for NCD health information is patchy. Proper BCC and social marketing campaigns have not been conducted so far.

Over the years, substantial advocacy activities particularly targeting senior policy makers in the health sector, academia and health institutions, were undertaken. Mobilizing other sectors to participate in the NCD agenda in the past has been slow although trends of increased participation, noted lately, by other sectors are encouraging. The "whole-of-government approach" is yet to realize its full potential and more focus is needed to educate non-health sectors on their role in generating positive health outcomes.

While Chittagong, Cox's Bazaar and Sylhet in Bangladesh successfully implemented the Healthy Cities Project in the 1990s (12), efforts have diminished or stopped over the years. Today, these programmes have become necessary with the surge of NCDs to promote a healthy lifestyle within the context of increasing urban population and complex urban environment. These activities should be further revived to create ground-breaking health promoting initiatives in urban settings.

Several studies conducted in the country have build evidence for policy making in NCD control. Three rounds of the NCD Risk Factor Survey, Global Youth Tobacco Survey (GATS) and Global Adult Tobacco Survey (GYTS) provide ample evidence for NCD risk factor prevalence. The application of research information into practice is still at an early stage; however, information use should accelerate in the coming years with the growing momentum of NCD control in the country.

Bangladesh has been a global health leader in generating some of the best practices and evidences in many areas of public health. Even in the area of NCD control, Bangladesh can use yet another opportunity to innovate interventions to combat the emerging threat of NCDs. Furthermore, the existing "best buys" documented in other countries can be implemented to fast track achievements in NCD control in the country. Specific risk factor interventions described below are underway.

Tobacco control

Fifty eight percent of adult men and 29% of adult women currently use tobacco in Bangladesh in some form or other. Bangladesh implemented tobacco control activities with fairly good success. Notable achievements include ratification of the WHO FCTC in 2004, enactment of the tobacco control law in 2005 and amendment of the law in 2013, making it better compliant with WHO FCTC recommendations.

The Government established the National Tobacco Control Cell (NTCC) under the MoHFW as the apex government body to coordinate various tobacco control initiatives. Tobacco control taskforces have been formed at the national, district and upazila levels to coordinate and implement tobacco control initiatives. Resources have been allocated to support tobacco control initiatives by funding the operation plan of the DGHS.

Evidence has been generated through studies such as GATS and GYTS, and enforcement activities are being carried out through mobile courts. Capacity of the members of enforcement agencies is being built through training. Awareness campaigns have been undertaken on tobacco control law and the ill effects of tobacco use. Tax on tobacco products is being raised consistently.

The 'National Tobacco Control Policy' and Tobacco Cultivation Control Policy 2017 are now under consideration of the Government. The Policy on Health Development Surcharge Management 2017 was adopted by the Government in November 2017.

Alcohol control

Consumption of alcohol is prohibited socially and culturally, backed by Islamic values in Bangladesh. The Narcotic Control Act 1990 provides the legal framework but there is no standalone alcohol control act in Bangladesh. Alcohol is heavily taxed – 431% for beer and 559% for wine and spirit (13). The problem of alcoholism was noted in certain sections of society with about 2% consuming alcohol in the past 12 months, of which 4.2% were daily drinkers (13). Although the problem is more serious in urban areas (probably due to easy accessibility of alcoholic beverages), alcohol use has been noticed in rural areas also. Lower socioeconomic groups consume local alcoholic beverages, such as cholai and tari, while the working group drinks another distilled beverage called 'Bangla Mod'. Alcohol is also produced by some pharmaceutical industries in Bangladesh. The poor also tend to consume some crude forms of alcohol produced usually by fermentation of boiled rice, sugar cane and molasses. In the past, even death due to alcohol poisoning have been documented.

Promotion of a healthy diet

While many NCD health advocacy materials are available, well-planned strategic interventions have not occurred at the population level. The nutrition programme of the MoHFW and other agencies are involved in awareness-raising activities but its coverage is apparently low. Salt reduction campaigns have been undertaken on a limited scale. Food item Based Dietary Guidelines are at the final phase of translation and this document can be used widely for public education once formalized. Despite an increasing overweight population, Bangladesh is facing a significant challenge with malnutrition.

The Food Safety Act 2013 of Bangladesh provides basis to ensure safe food products including content labeling. The national Codex Committees for various areas have been set up with the support of the FAO and WHO. Institutional framework through BSTI and Bangladesh Food Safety Authority (BFSA) provides a strong institutional mechanism to regulate trans-fats, saturated fats, and salt content. In addition to the expansion of health literacy programmes and strengthening regulatory efforts, increasing taxes on unhealthy products should be considered.

Physical activity promotion

Physical activity promotion at the population level is low. There is no national recommendation on physical activity; however, the WHO recommendations for physical activity can be adapted for Bangladesh. Physical activity promotion directly links to urban environmental design, availability of public places and friendly built environment. The Healthy City Project conceived in 1990s should be revived and expanded to other urban settings with local government ownership. Health promoting model schools were piloted in 18 schools in seven divisions; however, the focus on NCD risk factors has been poor. Moving forward, key steps include: ensuring that existing footpaths are free from vendors, removing construction materials and extended activities from sidewalks, providing relief spaces and promoting walkability in urban areas. Municipalities could take on leadership and responsibility to promote biking lanes, open spaces (such as parks, lakes and ponds) to inspire people to walk more and avoid motor vehicles.

Indoor air pollution control

Biomass fuel – wood, crop residue and dung – is a major source of indoor air pollution and more common among rural and urban lower socioeconomic groups (14). According to the WHO 2012 Household Fuel Survey, 89% of households in Bangladesh were using dirty and smoke-producing biomass fuels. Particulate matter (PM) with diameter less than 10 microns (PM10) is a commonly used indicator of indoor air pollution. Research carried out in Bangladesh showed that the mean PM10 concentration over 24 hours is 300 µm/m3 though during the hours of cooking the mean hourly concentration typically increased by a factor of three (15). Adult women spend 3.8 hours per day next to the stove in the kitchen area. As they are also responsible for childcare, the youngest children usually remain by their side. As a result many infants are breathing indoor smoke for several hours each day (16). This level of exposure is equivalent to consuming two packs of cigarettes per day. Thus Bangladeshi women and children are exposed to high levels of indoor air pollution and it is highly probable that this contributes substantially to under-five mortality due to acute lower respiratory infections among children and chronic obstructive pulmonary disease deaths among women.

This extent of exposure adds a large burden of disease. WHO estimates that 3.6% of the total burden of disease in Bangladesh is associated with indoor air pollution. Addressing indoor air pollution is challenging particularly in cities, slums and crowded urban housing environments. There are NGO-led rural projects on improving cooking stoves in Bangladesh, but more initiatives are required to increase the coverage of such projects to help reduce the use of biomass fuels for cooking and heating.

Exposure to indoor tobacco smoke inside homes is an additional concern resulting in passive smoking among non-smokers, including children. Massive social mobilization and education should be launched to make second-hand smoke exposure at homes socially unacceptable, and in work places and other public places, legally punitive. More political and social advocacy is needed to emphasize renewable and green energy as a safe and health-friendly source of energy.

Health system organization for NCD health services

In general, health services in Bangladesh are provided through a mix of public and private systems. The MoHFW is the main government coordinating and regulatory agency for NCD services in the country. The DGHS's NCD Line Directorate is the key coordinating agency while the executive functions are dispersed among the various directorates of the MoHFW. The Directorate General of Family Planning (DGFP) delivers some level of coincidental services on lifestyle education along with the family planning and reproductive health services at maternal and child health centres, union health and family welfare centres and community clinics.

Majority of the health care for rural populations is provided through the public system consisting of district hospitals, upazila health complexes, union subcentres and community clinics.

Respective local government institutions (city corporations and municipalities) are responsible for providing primary health care in cities. NGOs play an important role in providing NCD health services through a public–private partnership mechanism. Many primary health care projects are managed by NGOs. Ten city corporations and four municipalities outsource health service projects to NGOs through the Urban Primary Health Care Project.

Alternative private providers consisting of traditional medicine practitioners, such as homeopaths, kobiraj and untrained allopaths, also provide health services in rural and poor communities.

Coverage of NCD health services

The primary and ambulatory care of NCD services are provided through the network of public facilities, private facilities and NGO providers. However, NCD management and treatment services are not adequately available. The 2014 Bangladesh Health Report showed that diagnostic capacity for screening tests is low, with only 24.6% of the district and upazila public facilities having the capacity to conduct blood glucose testing. In addition, among NGO clinics and private hospital settings less than 50% of the facilities had the ability to perform blood glucose testing. Similarly, cancer screening and detection capacity at the primary health care level is low due to inadequate facilities.

At the primary care level, NCD services are not well integrated for lifestyle promotion. The urban primary health care level that provides MCH, immunization and family planning services, is not mandated to provide NCD services. The mandate to provide NCD services should be urgently revised, and primary health care centres should provide tobacco cessation counseling, and lifestyle education to reduce salt and increase consumption of vegetables and fruits. The facilities under DGFP should provide basic lifestyle education counseling pertaining to tobacco cessation, dietary salt reduction, reducing sugar and trans-fat intake, recommend daily dietary fruit and vegetable consumption, and other lifestyle modifications.

The referral links among the providers are the weakest in the health system. There are no standard practices in referral chains and patients are left to choose referral centres in most cases. On average, less than 6% of public facilities (district- and upazila-level facilities, union-level facilities and

community clinics) had approved essential medicines. For example, among the lower level primary care centres, only 5% of all health facilities had atenolol tablets. However, atenolol was available in 73% of district hospitals, 55% of union health centres, and 60% of private hospitals on the day of the survey. Glibenclamide was available in 17.8% of district and upazila public facilities (17).

Even though provision of basic health is a constitutional mandate, basic NCDs have not been included and by far are still not accessible. The public sector is at an early phase of providing NCD services at the primary care level (18). Primary health care facilities can be reoriented to provide basic screening and referrals to centres with doctors. Health workers have to be trained and oriented on basic NCD services. PEN screening services piloted in Bangladesh can be useful to reduce NCD gaps in primary care. Linking NCD services with other services, such as of MCH, disability prevention services, and chronic diseases (such TB, HIV) can improve the efficiency of NCD health care services. Lifestyle education and counseling is weak and disorganized in the lower level health facilities. A cadre of health counselors needs to be suitably trained and appointed in health facilities to expand lifestyle promotion services.

There are disjointed approaches for capacity enhancement programmes for primary care physicians provided by tertiary institutes, such as Bangladesh Institute of Research and Rehabilitation for Diabetes, Endocrine and Metabolic Disorders (BIRDEM) and National Institute of Cardiovascular Diseases, where individual physicians seek training opportunities on management of cardiovascular diseases or diabetes. While such trainings are useful, more coordinated programmes for primary care providers can ensure coverage and scope of NCD services. The Bangladesh Network for Noncommunicable Disease Surveillance and Prevention (BanNet) is a platform for collaboration of organizations promoting and collecting information on NCD surveillance and the national NCD risk factor survey. Tertiary institutes and medical colleges can play a crucial role in capacity building of NCD services. Many private and public institutions provide NCD related services – BIRDEM and National Heart Foundation and Research Institute (NHFRI) provide education on salt reduction, hypertension, cardiovascular diseases and diabetes management and prevention with their affiliated agencies present in various districts and subdistricts. Tertiary institutes have the opportunity to lend community services to hard-to-reach populations, such as urban slums and marginalized populations. Such initiatives will require close collaboration with the MoHFW so that outreach services can be strategically targeted to reach the poor and marginalized. The role of the private sector in the treatment of NCDs is growing as well as necessary. The Government needs to institute well-regulated NCD services through engagement of NGOs.

Health financing and expenditure

Bangladesh National Health Accounts-IV estimates total health expenditure at 3% of GDP (US$ 451 889 million) and a relatively low per capita total health expenditure of BDT 2882 (US$ 37). The household OOP expenditure makes up to 67% of total health expenditure, while government financing accounts for 23% of total health expenditure (BNHA1997–2015). Percentage of OOP health expenditure of total health expenditure is equally high in urban (68%) and rural (61%) areas (19). NCD management requires prolonged treatment and care, which has a bearing on OOP expenses and increase in catastrophic health expenditure among the poor and marginalized. Patients' consultation fees are 3 taka, 5 taka, 10 taka at upazilla, district hospital and higher levels, respectively, and are affordable. However, patients end up paying extra on diagnostics and medicines, including unofficial payments to providers at times, which becomes too expensive for the poor. As curative care for NCD is too expensive, the Government should intensely invest in preventive care and promote healthy lifestyle. Innovative financing models should be introduced to cover NCD services. Some proposed financing mechanisms are listed below.

- Pre-payment for NCD package: no cost at the point of service while availing NCD services.
- Integrated essential package of services at district level and below: NCD annual voucher with minimum cost; card system integrated in the health insurance package.
- Change existing fee structure even if the above strategies cannot be implemented.

Other mechanisms, such as private sector contribution (from philanthropists) and community group contributions should be explored. Government's health budgetary support is among the lowest in the WHO South-east Asia region. Policy decisions to increase health budget allocation for primary health care, such as using revenues from tobacco tax, can provide options for the Government to invest in health care. Public–private partnership in NCD promotion should be tapped through the engagement of civil society/NGOs.

Multisectorality in NCD services

Coordination between MoHFW and other agencies

The role of NCD prevention and control spreads across many sectors, due to the varied social determinants of health and NCDs. MoHFW should have clear priority-implementing partners from other sectors, in particular: Prime Minister's Office, Ministry of Agriculture, Ministry of Commerce, Ministry of Education, Ministry of Environment, Forest and Climate Change, Ministry of Finance, Ministry of Food, Ministry of Home Affairs, Ministry of Housing and Public Works, Ministry of Industries, Ministry of Information, Ministry of Land, Ministry of Law, Justice and Parliamentary Affairs, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Primary and Mass Education, Ministry of Religious Affairs, Ministry of Road Transport and Bridges, Ministry of Women and Children Affairs, Ministry of Youths and Sports, National Board of Revenue, Bangladesh Standards and Testing Institute (BSTI), opinion leaders, civil society, religious leaders, academia and research institutes, development partners and NGOs. This inclusive approach can be enhanced using existing linkages and forming a NCD stakeholder consortium. "Health-in-all policies" require successful placement of the agenda in other sectors that can be brought on board, when they are convinced that the linkages of their programme to health are clear. Although ministries and other sectors are addressing key health-related issues, further work remains to bring together different ministries to incorporate multisectoral engagement on a common platform for improving health to address SDGs and achieve UHC[4]. Effective interministerial coordination is required for the implementation of interdepartmental and intradepartmental activities.

Coordination within the health sector

Key agencies within the MoHFW also need to work in coordination to build synergies and avoid duplications. Effective consultation and coordination mechanisms are required among various departments and units. Various aspects of the NCDs need to be tackled with support from various departments of the MoHFW, such as reproductive health services, tobacco control, health education, oral health, cancer prevention. The DGHS and DGFP, in particular, should coordinate activities both at the central and the grass root levels. The coordinating agencies should meet at periodic intervals to discuss the implementation of health programmes including NCDs.

[4]Health in all policies: report on perspectives and intersectoral actions in the South-east Asia Region. Geneva: World Health Organization; 2013 (http://apps.searo.who.int/PDS_DOCS/B5052.pdf, accessed 25 July 2018).

Challenges and opportunities

- NCD prevention and control requires strong national stewardship of the MoHFW to coordinate a meaningful multisectoral response. Increasing priority towards NCDs and their determinants in other sectors needs further attention.
- Coordination and streamlining with other ministries as well as within the divisions of MoHFW requires commitment and full time staff.
- DGHS and DGFP require closer implementation dialogues to coherently integrate activities at grass root health facilities.
- Equipping primary health care with basic medicines and technology for NCD services to make primary care functional and accessible, and setting up an effective referral system requires commitment and investment in the health sector.
- While public–private partnerships in NCDs are promoted, regulation is critical to ensure that service providers comply with the set standards.
- NCD services in the private sector should also be promoted, but regulated well.
- Providing NCD services for underserved slum populations and street dwellers remains a challenge.

Despite gaps, Bangladesh is making progress in prioritizing NCD services. A multisectoral response to NCDs will be necessary to further consolidate an effective national response to control the growing threat of NCDs.

Photo Credit : Filisteen Khan

Photo Credit : Dr. Rizwanul Karim

MULTISECTORAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDs

Action plan development

This plan for NCDs will be a priority action blueprint for key stakeholders from 2018 to 2025 in alignment with the 7th Five Year Plan and the 4th HNPSIP of the Government of Bangladesh. The plan will feed into achieving Universal Health Coverage in the context of the SDGs. The plan has been developed through multisectoral consultations and is consistent with the Global Action Plan and the Regional NCD Action Plan of the WHO Regional Office for South-East Asia. The plan outlines the broad action points under four strategic actions. The foundation of the action plan is the 7th Five Year Plan, 4th HNPSIP, ongoing reviews, and government plans. Mechanisms for multisectoral action were outlined with the full participation and consensus of the key stakeholders at a national workshop conducted on August 11, 2015. A three-year detailed operational plan for the 2018–2021 has been outlined in consultation with all stakeholders.

Scope and approach

The key focus of the action plan is addressing conventional NCDs that include four diseases – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. These make the largest contribution to mortality and morbidity due to NCDs. Implementation of the action plan employs the "health in all policies" approach, engaging actors outside the health sector that tackle and influence public policies on shared risk factors, such as tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, exposure to poor indoor air quality. The health sector will play a central role in mobilizing efforts and obtaining commitments from other sectors while taking the responsibility in enabling the health system to respond effectively to health care needs of the Bangladeshi people. In particular, primary care interventions that form the basis for population-wide coverage for NCD services have been given priority keeping in mind linkages to tertiary care needs.

The actions and activities that are: potentially implementable, low cost, have a high health impact, culturally and political acceptable, and financially feasible are included in the action plan. Importantly, the activities proposed in the plan have direct links to the priorities set in the 7th Five Year Plan and the 4th HNPSIP to be implemented by 2021 and therefore bear a high likelihood of funding support within the existing plans.

Vision

The vision of the multisectoral NCD action plan is to contribute towards making Bangladesh free of the avoidable burden of NCD deaths and disability[5].

Goal

The goal of the multisectoral NCD action plan is to reduce preventable morbidity, avoidable disability and premature mortality due to NCDs through multisectoral collaboration and coordination and "health in all policy" approach.

[6] This vision was created by a team of national members at a workshop on translation of evidences to policy formulation for prevention and control of noncommunicable diseases in Bangladesh held on 27–28 January 2013 in Dhaka.

Core values

- Whole-of-government and whole-of-society approach: Build multisectoral partnerships among government and nongovernment agencies, and communities in NCD policy development and programme implementation.
- Universal health coverage: All people should have access to promotive, preventive and curative, and rehabilitative basic health services.
- Cultural relevance: Policies and programmes should respect and take into consideration the specific cultures and the diversity of populations in Bangladesh.
- Reduce inequities: Policies and programmes should address the social determinants and needs of poor and marginalized communities, and reduce health and social inequities.
- Life-course approach: NCD services should occur at multiple stages of life starting with maternal health and include preconception, antenatal and healthy ageing.

Objectives

- To accelerate and scale up responses to NCDs through effective multisectoral partnerships and "health in all policies" approach.
- To improve the capacity of individuals, families and communities to live a healthy life and reduce the risk of developing NCDs by increasing health literacy and creating healthy and safe environments, conducive to making healthier choices.
- To strengthen the health system by improving access to health care services for primary prevention, early detection and treatment of NCDs.
- To establish a sound surveillance, monitoring and evaluation system that generates data for evidence-based policy and programme development.

Targets

In alignment with the UN High Level Political Declaration of 2011, Bangladesh will commit towards achieving the 2025 NCD targets and 2030 SDG targets. Potential indicators for the 2025 targets are listed in Annexure 3. Through the implementation of the Multisectoral NCD Control and Prevention of NCDs (2018–2025), Bangladesh will aim to achieve the proposed 2025 targets (see Table 1).

Table 1: NCD target

Area	Baseline	2025 targets
Overall pre mature** mortality from cardiovascular diseases, cancers, diabetes or chronic respiratory diseases	*	25% relative reduction
Reduction in the harmful use of alcohol	STEPs 2010	10% relative reduction
Reduction in prevalence of current tobacco use in persons aged over 15 years	STEPS 2010	30% relative reduction
Reduction in prevalence of insufficient physical activity	STEPS 2010	10% relative reduction
Reduction in mean population intake of salt/sodium	*	30%relative reduction
Relative reduction in prevalence of raised blood pressure	STEPS 2010	25% relative reduction
Halt rise in obesity and diabetes	STEPS 2010	0
Reduction in the proportion of households using solid fuels (wood, crop residue, dried dung, coal and charcoal) as the primary source of cooking	Survey 2010	50%
Increase the number of eligible people receiving drug therapy and counseling (including glycaemic control) to prevent heart attacks and strokes		50%
Improve the availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities		80%

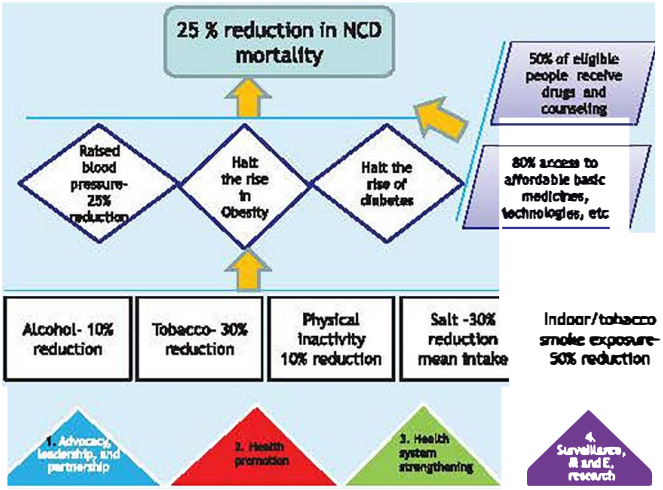
*to be determined
** pre mature death refers to death between 30 to 70 years

Strategic priority action areas

This action plan is based on the four strategic priority action areas outlined in the Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020.

It is congruent with the 25 indicators and 10 regional targets of the WHO Comprehensive Global Monitoring Framework. As shown in the figure below, four action areas will contribute towards the goals and targets mentioned in the previous section.

Figure 1. Multisectoral NCD response



Action area 1: Advocacy, leadership and partnerships

Multisectoral approaches for NCD control will require meaningful involvement of a wide range of actors – such as non-health government sectors, academia, private sector, civil society organizations, other organizations, individuals, families and communities – for undertaking appropriate actions that contribute to the improvement of health outcomes. Effective leadership is required to foster partnerships among various stakeholders to address NCD control.

Actions listed under this area aim to increase advocacy, promote multisectoral partnerships, strengthen capacity for effective leadership, increase political recognition of the societal and economic impacts of NCDs, and accelerate and scale-up national response to the NCD epidemic.

Actions

- Advocate for innovative financing mechanisms in NCD prevention, particularly ear marking funds from health development surcharge on tobacco.
- Raise public and political awareness/understanding about NCDs and their risk factors through social marketing, mass media and responsible media reporting.
- Set up effective high-level national multisectoral coordination mechanisms for NCDs and eventually report progress to the head of the government.
- Catalyze a systematic society-wide national response in NCD control by addressing the underlying social, environmental and economic determinants of health by engaging a broad range of actors.
- Strengthen the Non Communicable Disease Centre (NCDC) unit of the DGHS, as a national unit on NCDs to be a full-time secretariat and carry out needs assessment, strategic planning, policy development, multisectoral coordination, as well as programme implementation and evaluation.

Action area 2: Health promotion and risk reduction

This area promotes the development of population-wide interventions to reduce exposure to key risk factors. These actions include: full implementation of tobacco control laws; restrictions on availability of retailed alcohol, with comprehensive restrictions and bans on alcohol advertising and promotion endorsement through the implementation of alcohol laws or adoption of the Global Strategy to Reduce the Harmful Use of Alcohol; replacement of trans-fats with unsaturated fats; mass media campaigns on salt intake reduction and reduced salt content in prepackaged or processed foods; encouraging adequate servings of fruits and vegetables; and providing a network of free public places for walking and bicycling. Effective implementation of these priority actions should lead to healthier lifestyle choices among people. It will also lead to implementation of regulations and enforcement programmes in tobacco and alcohol use and adhering to food labeling specifications. Reducing the risk of drowning and road traffic fatalities can also be integrated into healthy setting actions as per the (draft) National Drowning Prevention Strategy and the (draft) National Health Sector Action Plan on Road Safety.

Actions to reduce tobacco use:

- Adopt the National Tobacco Control Policy.
- Enforce the Tobacco Control Act of 2005 (amended in 2013) through capacity building of executing agencies and imposing drives to:
  Protect non-smokers from exposure to tobacco smoke at public places and in public

transport;
Enforce ban on advertising and promotion of tobacco products, and sponsorship by tobacco companies;
Enforce pictorial health warnings on packs of tobacco products; and
Enforce ban on sale of tobacco products to and by minors.

- Strengthen tobacco cessation service through primary health care to establish a national quit line.
- Create public awareness on the detrimental health effects of tobacco use and tobacco control laws.
- Adopt public health friendly tobacco tax policy.
- Enforce measures to eliminate illicit tobacco trade, including smuggling, illicit manufacturing and counterfeiting.
- Support economically viable alternatives to tobacco cultivation and production.

Actions to reduce harmful use of alcohol:

- Regulate commercial availability of alcohol through enforcement of policies.
- Adjust pricing policies on alcoholic beverages at periodic intervals so that price acts as a deterrent to excessive consumption.
- Support and empower communities engaged in harmful alcohol use to reduce alcohol consumption through social marketing and community mobilization in identified communities.
- Provide health services to manage harmful use of alcohol.

Actions for a healthy diet high in fruits and vegetables and low intake of saturated fats/trans-fats, free sugars and salt:

- Disseminate the Bangladesh national dietary recommendations in mass media and through other channels.
- Conduct public campaigns through mass media and social media to inform consumers about a healthy diet that is high in fruits and vegetables and low in saturated fats, sugars and salt.
- Implement national salt reduction campaigns in mass media, schools and institutions.
- Support consumer protection groups in Bangladesh to advocate and discourage marketing of unhealthy foods and non-alcoholic beverages to children.
- Increase collaboration between salt/sodium reduction programmes and salt iodization programmes for increased public health gains and higher programme efficiency.
- Promote nutritional labeling, according to but not limited to international standards, in particular the Codex Alimentarius, for all pre-packaged foods including those for which nutrition or health claims are made.
- Place a higher tax on sugar-sweetened beverages.
- Conduct counter advertisement to regulate marketing of unhealthy foods.
- Ban advertising, promotion and sponsorship of unhealthy diet.

Actions to promote physical activity:

- Adopt and advocate the national guideline on physical activity for health.
- Develop multisectoral policy measures to promote physical activity through active transportation, recreation, leisure and sports.
- Advocate town and urban planners to increase the number of public spaces supporting physical activity; urban housing complexes should include safe walking and cycling spaces.
- Advocate for the construction of built and natural environments supporting physical activity in schools, universities, work places and health facilities.
- Carry out mass media campaigns and social marketing to raise awareness on the benefits of engaging in physical activity throughout life.
- Ensure existing footpaths are free from vendors.
- Make provision for separate bicycle ways and free spaces (like parks, lakes, ponds) for inspiring people to walk more and avoid motor vehicles.

Actions to promote healthy behaviours in healthy and safe settings:

- Enable healthy settings programmes in schools and work places for health promotion activities.
- Establish health promoting schools with guidelines for implementation and mechanisms for monitoring and evaluation.
- Establish Healthy City Project with guidelines for implementation and mechanisms for monitoring and evaluation.
- Establish institutional supervision of young children (under 5 years) through community day care centres and promotion of playpens for children below two years, to reduce exposure to water bodies.
- Conduct advocacy and training workshops among teachers to promote healthy behaviours in schools and work places.
- Discourage sale of processed foods high in harmful fats, sugars and salt in schools and work place catering facilities.

Actions to reduce household air pollution:

- Strengthen advocacy in support of transition to cleaner technologies and fuels (liquefied petroleum gas, bio-gas, solar cookers, electricity, and other low fume fuels).
- Promote private producers to manufacture improved stoves by providing bank loans and stove designs.
- Create mass awareness through popular print and electronic media about the health impacts of indoor air pollution.
- Develop programmes aimed at encouraging the use of improved stoves, good cooking practices, reducing exposure to fumes, and improving ventilation in households.
- Create awareness and develop appropriate strategies to reduced exposure to second-hand tobacco smoke in households.

Action area 3: Health systems strengthening for early detection and management of NCDs and their risk factors

Health systems should be strong enough to ensure the success of NCD prevention and control. To improve the coverage of NCD services to the maximum in need of it, sustain the programme by including it in the universal health package administered through a people-centered approach.

Actions under this area aim to improve the efficiency of the health system, particularly the primary health care system. Full implementation of actions in this area should improve access to health-care services, increase competence of primary health care workers to address NCDs, expand community-based approaches for early detection, improve referrals, lead to greater integration of NCDs into heath sector reforms and plans, empower communities and individuals for self-care, and ensure evidence-based interventions supported by universal health coverage.

Actions:

- Adapt the WHO PEN disease interventions by developing guidelines, protocols and tools to support implementation of the essential health services package in primary health care facilities.
- Review essential drug list and other supplies for treatment of hypertension, diabetes, cardiovascular diseases, chronic obstructive pulmonary disease and revise the essential drug list.
- Make basic NCD drugs available at the primary health care level.
- Integrate healthy lifestyle education (physical activity, healthy diet, reduction of salt, tobacco and alcohol) in all health facilities including MCH and family planning services.
- Implement special NCD programmes targeting marginalized and special needs populations.
- Incorporate NCDs curriculum with focus on primary care in pre-service and in-service training for health professionals.
- Study sustainable health financing options to cover NCD services within the essential health services package to protect poor from financial risks.

Action area 4: Surveillance, monitoring and evaluation, and research

Valid, available and timely data are important for evidence-based policy implementation. This area includes key actions for strengthening surveillance, monitoring and research in NCD control. The desired outcome is to improve availability and use of data for evidence-based policy and programme development. Health information systems should integrate the collection of NCD and risk factor data from multiple sources and strengthen competences for the analysis and use of information. The activities should facilitate NCD and risk factor research to enhance the knowledge base of effective interventions; and support the translation of evidence into policies and programmes.

Actions:

- Conduct surveys such as NCD STEPs, GATS and GYTS at regular intervals.
- Strengthen national cancer registration through hospital- and population-based cancer registries.
- Document annual consolidated NCD implementation reports of multi-stakeholders.

- Develop a national priority research agenda for NCDs based on consultations with academia, WHO and other stakeholders.
- Support NCD research alliance with academia, stakeholders, WHO and the Government, and improve the use of NCD surveillance and research data.
- Review implementation rate of the current NCD operational framework, and evaluate compliance with tobacco laws, food safety regulations/policies and healthy settings programmes.
- Integrate the online reporting of NCDs at the district and upazila levels with DHIS2 (District Health Information System) of DGHS.
- Conduct secondary analyses of the STEPS survey data.
- Strengthen the civil registration and vital statistics system.

Stages of implementation of the action plan

A relatively short-term plan can drive results as opposed to a long-term plan that could lead to loss of momentum and loss of accountability on the way. The action plan will be implemented in two stages to ensure better implementation rate. The first stage will be implemented over a period of three years from July 2018 through June 2021. The second stage of the action plan will be implemented from July 2021 through June 2025. After stock taking of the implementation of the Multisectoral NCD Action Plan 2018–2021, the next operational plan will be developed for 2025 targets.

Photo Credit : Bangladesh Anti Tobacco Alliance

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MULTISECTORAL COORDINATION MECHANISMS FOR THE ACTION PLAN

National Multisectoral NCD Coordination Committee (NMNCC)

Prevention and control of NCDs require effective national and subnational coordination as it involves a host of ministries and agencies. Functional coordination mechanisms both at the national and local levels have been in existence for tobacco control in Bangladesh since 2007. The existing tobacco control taskforces will be reconstituted for NCD coordination.

The NMNCC will be constituted under the auspices of the MoHFW with the health minister as its Chair. The members of the NMNCC will include, but will not be limited to, appropriate representation from the Prime Minister's Office, Ministry of Agriculture, Ministry of Commerce, Ministry of Education, Ministry of Environment, Forest and Climate Change, Ministry of Finance, Ministry of Food, Ministry of Home Affairs, Ministry of Housing and Public Works, Ministry of Industries, Ministry of Information, Ministry of Land, Ministry of Law, Justice and Parliamentary Affairs, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Primary and Mass Education, Ministry of Religious Affairs, Ministry of Road Transport and Bridges, Ministry of Women and Children Affairs, Ministry of Youths and Sports, National Board of Revenue, BSTI, opinion leaders, civil society, religious leaders, academia and research institutes, development partners, NGOs and relevant others.

Key functions of the NMNCC

- Meet every six months to review progress of the implementation status of the national NCD multisectoral action plan.
- Submit at least a one-yearly implementation status report of the NCD action plan to the Prime Minister's Office.
- Provide political leadership and guidance to relevant sectors for the prevention and control of NCDs.
- Enhance the integration of NCD prevention and control in the policies and programmes of relevant ministries and agencies of the government by distributing/assigning responsibilities to the key ministries.
- Provide a dynamic platform for dialogue, stock taking and agenda-setting, and development of public policies for NCD prevention and control.
- Facilitate implementation and resourcing of the multisectoral action plan on NCDs.
- Coordinate technical assistance for mainstreaming NCDs in relevant sectors at national, regional, district, upazila and community levels.
- Monitor implementation of the action plan and review progress at national and subnational levels.
- Disseminate annual progress of the NCD action plan.
- Report on intergovernmental commitments pertaining to NCDs.

Secretariat of the NMNCC

The NCDC unit of the DGHS will be the Secretariat of the NMNCC. It is critical that the Secretariat has dedicated full-time staff with sufficient technical expertise to ensure coordinating responsibilities for the NMNCC and sub-taskforces. An under-staffed Secretariat leads to fragmented initiatives, irregular meetings, sparse follow up and limited accountability among the partners. Two additional staff will be assigned to serve full-time at the Secretariat.

Key functions of the Secretariat

- Sensitize key stakeholder ministries on NCD concerns.
- Organize meetings of the NMNCC.
- Develop agenda for meetings in consultation with the Chair and other sectors.
- Request reports on progress of work from stakeholder ministries, divisions, districts and upazilas.
- Follow up on decisions taken by the NMNCC.
- Arrange technical assistance to line ministries, such as for environmental scans for policy initiatives, health impact assessments of policies and capacity assessments of sectors.
- Identify knowledge gaps and advance research priorities to inform policy decisions.
- Support stakeholders in accessing resource needs for implementing their commitments.
- Facilitate bilateral/multilateral meetings to advance work on thematic issues and agreed NCD goals.
- Prepare consolidated reports on the implementation of the multisectoral action plan for NCDs.

Focal point for NCDs in partner ministries and implementing agencies

Appropriate arrangements are required in other ministries and agencies implementing the NCD action plan. An implementing agency should be required to identity its NCD focal point to the NMNCC. The NCD Secretariat will work with key partners to ensure that: a focal point is appointed on time and endorsed by the head of the agency; focal point's responsibilities are recognized by the parent agency by including NCD deliverables in his/her personal performance indicator; and head of the agency notifies all units of the agency about the appointment of the focal point. These steps will ensure greater support, recognition and coordination for NCD activities within the organization and with the NMNCC.

Key roles of the focal point

- Present viewpoints of the agency on policy matters related to the NCDs.
- Present updates and report on the actions taken and challenges faced.
- Seek and offer solutions to advance work on the agreed goals.
- Ensure on-going communication with the Secretariat and other sectors.
- Report stakeholder's progress on implementation status of NCD activities.

Divisional/district/upazila level committees

The NCD committees will be constituted at the divisional, district and upazila levels. The compositions and functions of the committees help expand on existing tobacco control taskforces; their core functions are listed below.

- Conduct regular meetings to monitor the implementation of the action plan.
- Provide reports on the implementation of the action plan to the Secretariat of the NMNCC and parent organizations.
- Provide cross-sectoral coordination to mainstream NCD prevention and control at district, upazila and community levels.
- Identify and access local government resources for the implementation of the plan.

Divisional level committees
Stakeholder coordination

There are several pathways for sectoral coordination (see figure 2 below). At the national level, the NMNCC will provide sectoral management through six-monthly coordination meetings. The NCDC unit will ensure that the NMNCC meetings are conducted in a timely manner. Bilateral coordination mechanisms for the sectors provide direct coordination opportunities on specific activities. For instance, the adolescent health programme or school health programme of the DGHS can use their own coordination channels with their counterparts in the Ministry of Education. The success of the implementation will depend on how much the stakeholders can explore through bilateral dialogue and partnerships. Inter-agency networking can occur through formal and informal pathways; more formal mechanisms include signing a MoU or through formal letters and agreements. Networking can also occur informally. All these choices should be employed to strengthen stakeholder coordination to ensure successful implementation.

- Advisor: ministers from that division, mayors of city corporations
- Chairperson: Divisional Commissioner
- Member Secretary: Divisional Director, Health
- Members:
  - Divisional Director, Family Planning
  - Civil surgeons
  - Chief Health Officer of City Corporation
  - Principal and director of medical college hospitals
  - Divisional head of concerned departments: police, education, local government, food, agriculture, youths and sports, public works, road transport, information.

Functions

- Monitor and evaluate the implementation status in district and upazila levels through:
  regular meetings (at least twice in a year);
  regular field level visits to review functioning of the programme/activities; and
  interaction with development partners and NGOs in the respective area.
- Capacity building (workshop/training).
- Interact with public representatives/development partners/NGOs/social and religious leaders/mass media.

District level committees

- Advisor: Members of Parliament from that district
- Chairperson: Deputy Commissioner
- Member Secretary: Civil Surgeon
- Members:
  - Deputy Director, Family Planning
  - All upazila health and family planning officers
  - Senior Health Education Officer
  - Representative from the municipality
  - Vice principal and deputy director of medical college hospitals
  - Superintendent of district hospitals
  - District head of concerned departments: police, education, local government, food,

agriculture, youths and sports, public works, road transport, information.

Functions

- Monitoring and evaluation of implementation status in district and upazila levels through:
  regular meetings (at least thrice in a year);
  regular field level visits to review functioning of the programme/activities; and
  interaction with development partners and NGOs in the respective area.
- Support capacity building (workshop/training).
- Interact with public representatives/development partners /NGOs/social and religious leaders/mass media.

Upazila level committee

- Adviser: Upazila Chairman
- Chairman: Upazila Nirbahi Officer
- Member Secretary: Upazila Health and Family Planning Officer
- Members:
  - All upazila level officers of concerned departments
  - All Union Parisod Chairman

Functions

- Monitoring and evaluation of implementation status in union and community centre level through:
  regular meetings (at least four times in a year);
  regular field level visits to review functioning of the programme/activities;
  interaction with development partners and NGOs in the respective area; and
  distributing/assigning responsibilities to the concerned departments.
- Capacity building (workshop/training).
- Interact with public representatives/development partners/NGOs/social and religious leaders/mass media.

Funds for coordination

Sufficient budget provisions are required for managing multisectoral coordination mechanisms at national, divisional, district and upazila levels. A dedicated budget should be included in the operational plan of NCDC unit of the DGHS so that NCD coordination meetings can be conducted on schedule.

Multisectoral collaboration accountability indicators

The progress of work of the coordination mechanism will be monitored in an accountability framework consisting of both process indicators and outcome indicators. The process indicators would help monitor progress in the midterm, while the outcome indicators would reflect if the coordination mechanism helped to meet the goals in the long term. Multisectoral coordination mechanism will be monitored using the following accountability process indicators:

- Functioning multisectoral NCD coordination committees (MNCCs) at national, divisional, district and upazila levels.
- Number of full-time and part-time staff at the Secretariat.
- Number of multisectoral committee meetings convened in a year.
- Number of agencies attending the multisectoral meetings.
- Sector-wise process indicators for the plan.
- Resource allocation and utilization for NCDs by relevant sectors.
- Policy decisions taken by the MNCC and other sublevel committees.
- Number and nature of assistance requests received and processed by the Secretariat.
- Number of reports received from participating ministries and reports to national authority and international bodies.

Six monthly and annual consolidated progress reports

Coordinating officers from the implementing agencies will submit a six-monthly progress report to the Secretariat. The NMNCC Secretariat will generate an annual consolidated NCD report (ACNPR) at the end of each financial year. This report will highlight the overall achievements and performance of each implementing agency, document success, identify challenges and recommend solution to overcome barriers in implementing the NCD action plan. The ACNPR will be submitted to the Prime Minister and the central Government, and also made available to other stakeholders and donors.

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THREE-YEAR OPERATIONAL PLAN (July 2018–June 2021)

Prioritization

The three-year multisectoral operational plan is purposively designed to be a result-oriented time-bound blueprint for Bangladesh to ensure greater implementation rate of the action plan. The operational plan was developed through a two-step consultative process. First, agency-specific meetings were held and potential activities identified, followed by a multi-stakeholder workshop on August 11, 2015 during which cross-sectoral consensus was established. Practicality of implementation is the underlying consideration that guided the selection of the list of activities.

Major activities

The operational plan is shown in Annexure 2. The activities are categorized under the four action areas.

1. Advocacy, leadership and partnerships

- Establish a multisectoral national coordination mechanism for a whole-of-government and whole-of-society response to NCDs.
- Institutionalize NCD prevention and control within the MoHFW.
- Raise public/political awareness and understanding on "health in all policies" by demonstrating the relationship between NCDs and sustainable development.
- Provide adequate and sustained resources for NCDs by increased domestic budgetary allocations, innovative financing and other means.

- Advocate to media organizations and journalists to champion NCD prevention through risk factor reduction.
- Establish cross-ministerial and intersectoral collaborative mechanisms.

2. Health promotion and risk reduction

Reduce tobacco use

- Generate evidence through studies.
- Formulate and update policies and laws based on evidence.
- Enhance the capacity of enforcement agencies through training to help enforce the tobacco control law.
- Provide support to enforcement agencies to administer the tobacco control law.
- Establish tobacco cessation services through the primary health care delivery system.
- Create awareness on detrimental health effects of tobacco use and tobacco control law.
- Provide support to strengthen tobacco taxation and prevention of illicit trade.
- Support economically viable alternatives to tobacco cultivation.

Reduce harmful use of alcohol

- Provide supportive services for reducing harmful use of alcohol.

Promote healthy diet

- Implement WHO recommendations on marketing of food and non-alcoholic beverages to children.
- Improve coordination between food safety enforcement agencies and the MoHFW to link food safety to regulating salt, saturated fats, trans-fats and sugars.
- Advocate on food safety related to packaged food content.
- Promote nutrition labeling, according but not limited to international standards, in particular the Codex Alimentarius, for all pre-packaged foods including those for which nutrition or health claims are made.
- Carry out public campaigns through mass media and social media to inform consumers about healthy diet high in fruits and vegetables and low in saturated fats, sugars and salt.

Promote physical activity

- Introduce a nationwide mass media BCC campaign to promote minimum recommended level of beneficial physical activity.
- Incorporate physical activity in schools.

Promote healthy settings

- Establish a healthy cities Bangladesh network.
- Encourage health promoting schools.

Reduce exposure to indoor air pollution

- Promote use of clear technologies and reduction of biomass fuels for cooking and heating through projects supporting improved cook stoves and good cooking practices.
- Create awareness and develop appropriate strategies to reduce exposure to smoke in households.

- Promote private producers to manufacture improved cook stoves by providing bank loans and cook stove designs.
- Create mass awareness through popular print and electronic media about the health impacts of indoor air pollution.

3. Health system strengthening for early detection and management of NCDs and their risk factors

- Adapt the PEN disease interventions to Bangladesh, develop guidelines, protocols and tools for implementation to support the essential service package.
- Equip primary health care facilities with essential medicines for prevention and treatment of NCDs.
- Develop inter-facility referral system for NCDs at various tiers of the health system; strengthen referral and back referral systems.
- Provide NCD services for the marginalized and populations with special needs.
- Integrate healthy lifestyle and behavioural intervention education (Healthy Lifestyle Module) in MCH and family planning services and health services including during community visits.
- Incorporate NCDs in the pre-service training curriculum.

Community based programme

- Expand public–private partnerships for provision of NGO and community-based organization initiatives for NCD control.
- Improve the referral system.
- Integrate Healthy Lifestyle Module in the NGOs implementing community support group programmes in rural and urban areas in collaboration with district and upazila health services.

4. Surveillance, monitoring and research, and evaluation

- Strengthen surveillance system for NCDs through health facility information, population based surveys and creation of cancer registries.
- Conduct an implementation evaluation of the three-year operational plan.
- Monitor tobacco control legislation implementation.
- Prioritize research on NCDs.

Stakeholder's key areas of response

Addressing NCD risk factors is a cross-sectoral issue with an overlap in responsibilities. The key strategic areas of key stakeholders in the three-year operational plan are broadly classified and highlighted in Table 2. It is to be noted that the list is not exhaustive and numerous contributing stakeholders have not been included in the table.

Table 2. Stakeholders and key output areas

Stakeholders	Key strategic areas
Prime Minister's Office	Provide overall policy directions, financial commitment, support to the ministries and stakeholders, and review and monitor Bangladesh's national and global commitments in NCD control.
Health Services Division, MoHFW	Provide national coordination and manage the NMNCC; advocate "health in all policies" with other sectors to include NCD control; regulate standards of health services; provide NCD prevention, early detection, treatment services; conduct NCD surveillance; and conduct healthy literacy and mass media campaigns.
Medical Education and Family Welfare Division, MoHFW	Adopt policies to develop skilled manpower through higher education for the control of NCDs, by taking appropriate actions for exchange of knowledge on modern medical education and medical technology with developed countries to create opportunities.
Local Government Division, Ministry of Local Government, Rural Development and Co-operatives	• Promote safe drinking water and sanitation • Improve infrastructure and create environment-friendly parks • Support local government institutions in implementing tobacco control and food safety laws • Investigate and diagnose NCDs in urban primary health care settings • Take initiative for creating public awareness about NCDs in urban primary health care settings
Rural Development and Co-operatives Division, Ministry of Local Government, Rural Development and Co-operatives	Develop health-friendly infrastructures in rural settings, create awareness on the increasing prevalence of NCDs in rural areas and encourage adoption of healthy lifestyle.
Ministry of Primary and Mass Education	Take steps to include in the primary education curriculum (Bangla and English medium), harmful effects of taking fatty, sugary and junk foods; and benefits of taking vegetables and fruits, doing physical exercise and adopting a healthy lifestyle.
Secondary and Higher Education Division, Ministry of Education	Support inclusion of chapter on healthy lifestyle in the curriculum, increase proportionate participation in school health and school nutrition programmes, encourage initiatives to conduct studies on NCDs.
Technical and Madrasha Education Division, Ministry of Education	Support inclusion of healthy lifestyle in the curriculum.
Ministry of Youths and Sports	Support the promotion of healthy lifestyle through sports development programmes in schools and academic institutions, encouraging youngsters to take part in sports and physical exercise, and make them aware about the importance of healthy food in the prevention of NCDs.
Ministry of Food Ministry of Housing and Public Works	Ensure safe food standards and safeguarding consumer rights through the implementation of Safe Food Act 2013. Promote environment-friendly constructions, which would promote health and help maintain a healthy lifestyle.
Ministry of Agriculture	• Institute policies and programmes to increase production of fruits and vegetables and make them accessible and affordable to the general public. • Discourage tobacco cultivation • Promote ecumenically viable alternatives to tobacco cultivation.
Ministry of Commerce	Review trade and import policies pertaining to unhealthy processed food products, tobacco and alcoholic beverages; and implementation of relevant rules and regulations of the Consumer Rights Protection Act 2009.

Ministry of Industry	Set up environment-friendly industry by promoting the use of personal protection devices in risky factories, and taking measures to prevent other NCDs in factories in coordination with MoHFW.
Road Transport and Highways Division, Ministry of Road Transport and Bridges	Promote road safety with special attention to pedestrians and cyclists.
Ministry of Information	Promote health through mass media, especially to increase awareness among people living in hard-to-reach areas.
Security Services Division, Ministry of Home Affairs	Support all concerned to enforce all laws related to the control of NCDs, including the tobacco control act.
Ministry of Women And Children Affairs	Participate jointly with the MoHFW in the development and implementation of policies to prevent and control NCDs, including cancer and respiratory diseases, among women and children; support successful implementation of existing policies; protect women and children from risky professions and environments; introduce day care centres at workplaces; increase awareness to prevent death of children from drowning.
Finance Division, Ministry of Finance	Ensure that budget allocations and other financial facilities are based on best use of limited resource principle to implement workplans undertaken by the MoHFW and other allied organizations in light of the multisectoral action plan to prevent and control NCDs.
National Board of Revenue	• Discourage people to use tobacco, tobacco products and alcohol by imposing high taxes and import duties • Impose high taxes, duties and surcharges on processed food and drinks high in salt, sugars and trans-fats.
Bangladesh Standards and Testing Institution (BSTI)	Ensure quality of food items, by suitable labeling of packaged foods; perform regular monitoring and take lawful actions to prevent marketing of low quality and adulterated food items.
Ministry of Law, Justice and Parliamentary Affairs	Support the enactment of law to help in preventing NCDs and establishing health-friendly environments through the legal framework.
Ministry of Religious Affairs	Encourage promotion of healthy lifestyle and prevention of NCDs in society by creating public awareness; and involving leaders of different religions and communities to maintain cultural sensitivities prevailing in Bangladesh.
Ministry of Land	Create a favourable environment for introducing a healthy lifestyle, such as preservation of playgrounds, supporting preservation of forests, assisting in construction of parks, limiting the rate of construction of buildings, etc.
Ministry of Environment, Forest and Climate Change	Play a role in prevention of chronic respiratory and other diseases by supporting prevention of environmental pollution, air and water pollution; preservation of forests; and managing environmentally friendly fuel.
Education and Research Institute	Participate in capacity building by creating a skilled health workforce; provide high level support to prevent NCDs, as well as monitoring and research to inform policy and programmes.
Ideological, social and religious leadership	• Promote public opinion in controlling the risk factors of NCDs and encouraging healthy lifestyles • Create and help to create public opinion up to grass root level to control risk factors for NCDs and play an effective role in creating public awareness • Support research at the community level.
NGOs and community-based organizations	Lobby for policy adoption and provision for NCD services; get involved in preventing NCD risk factors through projects like endorsing improved cooking stoves, tobacco control and physical activity promotion.
Development partners	Provide technical and financial assistance in the formulation and implementation of policies for control of NCDs.

Stakeholder coordination

There are several pathways for sectoral coordination (see figure 2 below). At the national level, the NMNCC will provide sectoral management through half yearly coordination meetings. The NCDC unit will ensure that the NMNCC meetings are conducted in a timely manner. Bilateral coordination mechanisms for the sectors provide direct coordination opportunities on specific activities. For instance, the adolescent health programme or school health programme of the DGHS can use their own coordination channels with their counterparts in the Ministry of Education. The success of the implementation will depend on how much the stakeholders can explore through bilateral dialogue and partnerships. Inter-agency networking can occur through formal and informal pathways; more formal mechanisms include signing a MoU or through formal letters and agreements. Networking can also occur informally. All these choices should be employed to strengthen stakeholder coordination to ensure successful implementation.

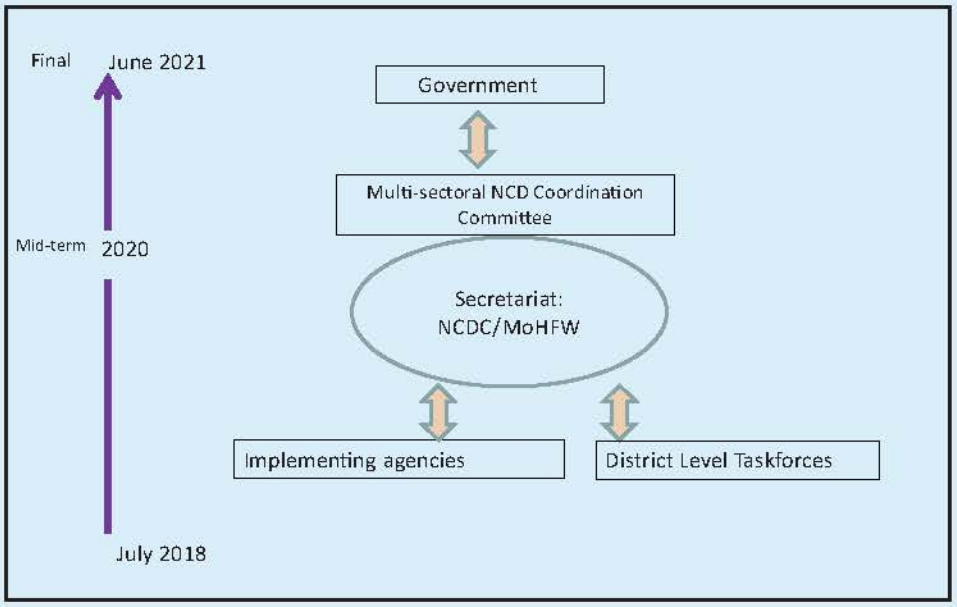

Figure 2. Multi-sectoral coordination mechanism

Monitoring and evaluation

The progress of and fidelity towards the plan will be assessed yearly (implementation documentation)[6]. However, stakeholders' six-monthly progress report to the NMNCC Secretariat will serve as a near real-time activity of implementation assessment of the operational plan for taking corrective actions and providing managerial guidance. The NMNCC Secretariat's ACPR should contain an analytical situation describing the overall implementation of the operational plan, progress of each stakeholder against the planned activities, and the reasons for achievements or delays as shown in Box 1 below. It is crucial that adequate support and staff time is dedicated to produce a good quality ACPR. The report should be crisp and content laden not exceeding more than 20–30 pages including graphs, tables and pictures. The report should be submitted to the Prime Minister and the Cabinet. Stakeholders, donor agencies and media should have access to the ACPR.

[6] Implementation documentation refers to the simple tallying of activities and processes carried out as implementation activities of the programme (Issel LM. Health program planning and evaluation: A practical, systematic approach for community health. Boston: Jones & Bartlett Learning; 2004).

Box 1. ACPR half yearly progress report template

Annual Consolidated Progress Report (ACPR)
Reporting period (Financial year).....

Contents

Executive summary

Section I: Overall progress and performance (Describe the overall implementation rate of the activities, financial spending rate)
Section II: Stakeholder performance (Describe the implementation rate by each stakeholder, and ministries and agencies involved)
Section III: Lessons (Identify agencies who were highly successful in implementing the plan and highlight success stories and innovations employed by these agencies)
Section IV: Debottlenecking (Discuss bottle necks and challenges faced in the implementation and propose recommendations to overcome them)

Necessary outputs

The initiation and scaling up of the action plan will rely on a small number of necessary activities. The eight outputs identified in Table 3 below will determine the promptness of implementation of the three-year operational plan, and hence are "necessary". The earlier these necessary outputs are achieved, the faster the remaining activities of the operational plan can be implemented. Therefore, high priority should be accorded to achieve these outputs as soon as the plan is launched.

Table 3. Necessary output indicators

1.	Assign at least two additional staff to manage the multisectoral NCD action plan under the NCDC unit of the DGHS
2.	Form the NMNCC
3.	Sign MoU between Ministry of Education and MoHFW on establishment of health promoting schools
4.	Sign MoU with the Ministry of Local Government, Rural Development and Co-operatives, city corporations, and MoHFW on setting Healthy City Projects
5.	Constitute a National School Health Promotion Board
6.	Endorse a ministerial executive order from the Minister/Secretary of MoHFW to the DGHS and DGFP of the MoHFW to integrate healthy lifestyle education in the respective health services
7.	Review and revise the essential list of NCD medicines and basic NCD services
8.	Prepare a structured BCC campaign plan and public service announcement (PSA) materials for: salt reduction, trans-fats, healthy diet, physical activity and tobacco for radio, TV and other social media

Service coverage indicators

In a result-oriented plan, activities should be well thought through with a logical link and adequate coverage to meet the targets. In the best case scenario, 25 districts will be progressively covered as shown in Table 4 with key NCD interventions through 14 key NCD service coverage indicators. However, the BCC mass media campaign is targeted from year one of the implementation. Tobacco enforcement programmes already have wide coverage, however, focus is given to the major cities and 20 districts to ensure rigorous implementation and monitoring. Overall, maintaining this rate of NCD service coverage provides a high likelihood of achieving 2025 NCD targets.

Table 4. Key NCD service coverage indicators in cumulative order by year

	Activities	Year 2018–2019	Year 2019–2020	Year 2020–2021
	COVERAGE INDICATORS	**VALUES**		
1.	Number of NMNCC meetings conducted	2	2	2
2.	% of divisions and districts conducting **minimum two** divisional and district NCD committee meetings	10%	25%	60%
3.	% of upazila level NCD committees conducting monthly meetings	10%	25%	60%
4.	Number of districts with **all** primary health care facilities equipped with the basic revised essential NCD services	7 (11%)	15 (23%)	25 (39%)
5.	Number (%) of districts with all primary health care facilities providing NCD services as per the PEN model	7 (11%)	15 (23%)	25 (39%)
6.	Number of **BCC mass media public service announcements** disseminated on salt reduction, consumption of fruits and vegetables, physical activity and tobacco	1000	2000	3000
7.	Number of city corporations that adopted the **package of interventions** for Healthy City	1	2	4
8.	Number of city corporations integrating essential NCD services in **all urban primary health care centres**	2	4	6
9.	Number of districts teaching healthy lifestyle topics (physical activity; healthy diet; reduction of salt, trans-fats, saturated fats) through school curricula in **all primary and secondary level schools**	7 (11%)	15 (23%)	25 (39%)
10.	Number of districts with **all categories of primary health care workers** (such as physicians, health assistants, family welfare assistants, community health care provider) **in all primary health centres** (upazila health complexes, rural health centres, union subcentres, union health and family welfare centres, community clinics) oriented to the delivery of the Healthy Lifestyle Module	7	15	25
11.	Number of districts with NGOs/community-based organizations conducting community outreach education on NCDs in **at least 20%** of the primary care health facilities	3	10	15
12.	Number of villages (households) using improved cookstoves			
13.	Number of **districts** – Barisal, Chittagong, Dhaka, Khulna, Sylhet and 44 more districts – operating a **minimum of four mobile courts per year** to enforce smoke-free public places and tobacco control	5	15	25
14.	Number of key cities conducting tobacco compliance monitoring surveys	3	6	10

Implementation evaluation

The implementation (process) evaluation will be conducted during the early half of 2021. This would be a comprehensive retrospective determination of the extent to which the three-year plan was delivered as intended. The evaluation will verify the degree of intensity, coverage and accuracy with which the plan was implemented and assess the replicability of the activities in the next phase.

The NMNCC Secretariat will hire a team to conduct an implementation evaluation of the operational plan. The results of the evaluation should be available with enough time to plan for the 2021–2025 NCD operational plan.

Linking assumptions

The following are critical to the success of the action plan:

- Commitment of political leadership
- Leadership of the NMNCC
- Capacity of the NCDC unit of the DGHS, MoHFW
- Leadership of the MoHFW
- Level of participation and collaboration of partner ministries
- Effective participation of enforcement agencies
- Financial resources
- WHO's continued guidance at the country level.

The plan is prepared at a time when all the above factors are conducive in Bangladesh. Provided all the linking assumptions prevail in the coming years, the three-year operation plan has the potential to be implemented with a great success.

Photo Credit : Syed Mahfuzul Huq

Photo Credit : Syed Mahfuzul Huq

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Annexure 2. Three-year multisectoral NCD operational plan matrix (July 2018–June 2021)

Action area 1. Advocacy, leadership and partnerships

Purpose: To build political commitment and engender responsibility among agencies, build leadership support at all levels across stakeholders and develop good partnerships for implementing the plan.

Activities	Key tasks	Outputs indicators	Year of implementation			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency[7]	Partners[8]
LEADERSHIP							
Establish a multisectoral national coordination mechanism for a whole-of-government and whole-of-society response to NCDs	Submit a list of NMNCC members to the Prime Minister for approval Develop terms of reference Send a formal notification of appointment to the members along with the terms of reference	Coordination Committee members selected; terms of reference drafted and endorsed by the NMNCC	•			MoHFW	Prime Minister's Office, Ministry of Primary and Mass Education, Ministry of Education, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Food, Ministry of Industries, Ministry of Commerce, Ministry of Agriculture, Ministry of Youths and Sports, Ministry of Housing and Public Works, Ministry of Road Transport and Bridges, Ministry of Information, Ministry of Women and Children Affairs, Ministry of Finance, Ministry of Religious Affairs, Ministry of Land, Ministry of Environment, Forest

[7] Focal agency is the key stakeholder who will lead the implementation including budget and planning for an activity.

[8] Partner agency provides partnership, collaboration and support to the focal agency to implement an activity.

							and Climate Change, National Board of Revenue, Bangladesh Standards and Testing Institute (BSTI), Ministry of Law, Justice and Parliamentary Affairs, Ministry of Home Affairs, Social, Religious and Opinion leaders, academia and research institutes, NGOs Private organizations, Development partners.
	Assign two additional full-time officers to the NCD unit of the MoHFW to manage the Secretariat of the NMNCC	Two officers posted	•			Health Services Division, MoHFW	Ministry of Public Administration
	Conduct half-yearly meetings of NMNCC	Six meetings held	•	•	•	NCDC	Health Services Division, MoHFW
Institutionalize NCD prevention and control	Establish an office of Director (NCD) in the DGHS		•			DGHS	Health Services Division, MoHFW, Ministry of Public Administration
ADVOCACY							
Raise public and political awareness and understanding on "health in all policies" by demonstrating the relationship between NCDs and sustainable	Organize annual national NCD advocacy seminars among key ministries, academia, NGOs and development partners to promote innovations in developing joint solutions to reduce NCDs and	Seminars held	•	•	•	BanNet NCDC	Health Services Division, MoHFW Ministry of Education (all divisions) NGOs, development partners Medical Education and Family Welfare Division, MoHFW

development	their risk factors						Ministry of Local Government, Rural Development and Co-operatives (all divisions) Ministry of Information Media agencies
Provide adequate and sustained resources for NCDs by increased domestic budgetary allocations, innovative financing and other means	Advocacy with Ministry of Planning and Ministry of Finance for more budget allocation for prevention and control of NCDs and to explore innovative financing options like "sin tax" and health insurance	Budget allocation for prevention and control of NCD				Socio Economic Infrastructure Division, Ministry of Planning Finance Division, Ministry of Finance, National Board of Revenue	Health Services Division, MoHFW
	Conduct resource mobilization workshop to advocate other UN agencies, development partners, financial institutions, and professional associations for funding support for the NCD action plan	One meeting	•			Health Services Division, MoHFW	Finance Division, Ministry of Finance Ministry of Agriculture National Board of Revenue All UN agencies and other partners
Advocate to media organizations and journalists to champion NCD prevention through risk factor reduction	Prepare responsible media reporting guidelines and toolkit and circulate to all media agencies Conduct an orientation workshop and circulate to all the media agencies	Toolkit developed and orientation provided to media agencies	•	•		Bureau of Health Education	Media agencies Ministry of Information

PARTNERSHIP							
Establish cross-ministerial and intersectoral collaborative mechanisms	Sign MoU between MoHFW and Ministry of Local Government, Rural Development and Co-operatives and include city corporations to implement Healthy City Project	MoU signed	•			Health Services Division, MoHFW	Local Government Division and Rural Development Division, Ministry of Local Government, Rural Development and Co-operatives City corporations Ministry of Land Ministry of Environment, Forest and Climate Change Ministry of Law, Justice and Parliamentary Affairs Public Security Division, Ministry of Home Affairs Road Transport and Highway Division, Ministry of Road Transport and Bridge Ministry of Housing and Public Works
	Develop clear terms of reference to integrate healthy lifestyle education in the family planning and reproductive services of the DGFP and circulate to the districts for implementation	Terms of reference endorsed by the MoHFW Healthy lifestyle education provided in family planning services		•		Health Services Division, MoHFW	DGFP and DGHS
	Conduct regular meeting of the committees of the BanNet	Quarterly meetings held	•	•	•	BanNet	All members of BanNet

Action Area 2. Health promotion and risk reduction

Reduce tobacco use

Purpose: To build acceptance and public support towards tobacco control initiatives and promote a culture of respect for tobacco control laws and improve compliance with tobacco laws. Step up enforcement programmes to deter violation of the law, and ensure ear-marking resources for health promotion and tobacco control initiatives from health development surcharge imposed on tobacco.

Activities	Key tasks	Output indicators	Implementation year			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Strengthen the National Tobacco Control Cell to effectively coordinate tobacco control functions	Approval of National Tobacco Control Cell organogram, posting of officers and staff as per organogram, allocation of revenue budget including resource generated from Health Development Surcharge policy	NTCC organogram approved, posts filled-up, resource allocated	•	•	•	National Tobacco Control Cell (NTCC)	Health Services Division, MoHFW Ministry of Public Administration National Board of Revenue
Generate evidence for policy	Global Adult Tobacco Survey (GATS) NCD STEPs survey Study on health costs of tobacco use and economic cost of tobacco cultivation	Research disseminated	•	•		NTCC, NIPSOM, Economics Department, Dhaka University WHO National Heart Foundation	NCDC CDC American Cancer Society Cancer Research UK Ministry of Agriculture
Formulate and strengthen tobacco control policies and laws	To adopt: National Tobacco Control Policy Policy on Utilization of	Policies endorsed by the Government Amendments strengthening	•	•	•	National Tobacco Control Cell	Ministry of Law, Justice and Parliamentary Affairs Ministry of Agriculture

	Resource from Health Development Surcharge Policy to curb tobacco cultivation To amend: current tobacco control law and to make it better compliant with WHO FCTC	tobacco control law are passed in the Parliament					Education and Research Institute Academia, and social, religious and opinion leaders NGO and NGO-partner organizations
Strengthen implementation of tobacco control laws	Support operation of mobile courts to enforce tobacco control law including smoke free public places[9]	Minimum 150 mobile courts conducted	•	•	•	Tobacco Control Taskforce Committees	NTCC Public Security Division, Ministry of Home Affairs Ministry of Information Ministry of Law, Justice and Parliamentary Affairs
Enhance the capacity of execution agencies through training to enforce law	Training of authorized officers and magistrates	Trained personnel	•	•	•	National Tobacco Control Cell (NTCC), NCDC, DGHS	Ministry of Public Administration Public Security Division, Ministry of Home Affairs Ministry of Law, Justice and Parliamentary Affairs WHO Partner organizations working for tobacco control
Strengthen tobacco taxation and prevention of	Adoption of evidence-based tobacco tax policy	Tobacco tax and surcharge	•	•	•	National Board of	National Tobacco Control Cell,

[9] As defined in the Smoking and Tobacco Products Usage (Control) Act, 2005, ACT No. 11 of 2005 (http://www.searo.who.int/tobacco/data/bangladesh_english.pdf, accessed 17 July 2018).

Illicit trade of tobacco products	Strengthen tobacco tax structure Strengthen enforcement capacity of National Board of Revenue including prevention of illicit trade through training	policy Number of personnel trained on tobacco surcharge and taxation, and illicit trade				Revenue	NCDC, DGHS Ministry of Law, Justice and Parliamentary Affairs WHO, World Bank, other development partners Partners in tobacco control
Establish tobacco cessation services through the primary health care delivery system	Incorporation of tobacco cessation service in essential service package of primary health care Establish a national tobacco quit line	Tobacco cessation service incorporated in standard treatment protocols for NCDs within the essential service package Quit line established	•	•	•	NCDC, DGHS National Tobacco Control Cell	WHO Partners in tobacco control Bangladesh Telecommunication Regulatory Commission (BTRC)
Conduct BCC media campaigns to create awareness on detrimental health effects of tobacco use and tobacco control law	Awareness campaign through media including but not limited to billboards, print media, electronic media, posters	Two billboards in each of the 64 districts Two rounds of media campaigns on TV every year	•	•	•	National Tobacco Control Cell	Bureau of Health Education Partners in tobacco control Ministry of Information Media agencies
	Develop public service announcement (PSA) discouraging second-hand smoke particularly in home settings through TV and	1000 radio PSAs 180 TV PSAs	•	•	•	National Tobacco Control Cell	Bureau of Health Education Partners in tobacco control Ministry of Information

	radio						Media agescies
Support economically viable alternatives to tobacco cultivation	Adoption of policy on curbing tobacco cultivation Support to tobacco farmers to switch to cultivation of alternative crops	Policy adopted Number or percentage of tobacco farmers switching to alternative crops	•	•	•	National Tobacco Control Cell	Ministry of Agriculture NGOs

Reduce alcohol use

Purpose: To discourage production of informal alcohol and alcohol use among communities engaged in harmful drinking practices

Activities	Key tasks	Output Indicators	Implementation year			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Provide supportive services for reducing the harmful use of alcohol	Develop treatment protocols and referral mechanisms for clients with harmful alcohol use Train primary health care workforce to support and provide clinical management of clients with harmful alcohol use, as part of NCD training of the primary health care workforce	Treatment protocols developed and utilized	•	•	•	NCDC	NGOs

Promote a healthy diet

Purpose: To advocate regulation of salt, trans-fats, saturated fats in codex committees along with other food safety enforcements, raise public attention to junk food and soft drinks penetrating the market, and carry out massive media campaigns on increasing fruit and/or vegetable consumption and reducing salt consumption

Activity	Key tasks	Output indicators	Implementation year			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Implement the WHO recommendations on marketing of food and non-alcoholic beverages to children	Development of policy/regulations/ standards on marketing to children	Policy on marketing to parents and children endorsed	•	•	•	Health Services Division, MoHFW BSTI	Ministry of Education Ministry of Primary and Mass Education Ministry of Women and Children Affairs
	Conduct an assessment of the power of marketing of fast foods, beverages and soft drinks promotion in Bangladesh, particularly to children, and draft counter measure recommendations	Report findings disseminated	•			Academia/ social, religious and opinion leaders	Health Services Division, MoHFW Institute of Public Health Nutrition
Improve coordination between food safety enforcement agencies and the MoHFW to link food safety to regulating salt, saturated fats, trans-fats and sugar content	Organize workshops involving Food Safety Management Advisory Council, Coordination Committee and	Two workshops and draft regulation document	•	•		Health Services Division, MoHFW	BSTI Bangladesh Food Safety Authority (BFSA) Ministry of

	Technical Committee[10] and International Food Safety Authorities Network (INFOSAN) to draft regulation on salt, trans-fats, saturated fats, and sugar content						Information Ministry of Commerce Ministry of Agriculture Ministry of Primary and Mass Education
	Hold discussions between Codex Committees on Inclusion of trans-fats, saturated fats, salt and sugar	Two meetings	•	•		•	NCDC, DGHS
Advocate on the food safety related to packaged food content and consumer rights	Facilitate yearly seminars for Consumer Association of Bangladesh[10] to advocate on consumer awareness on content of salt, trans-fats, saturated fats and sugar	Three seminars	•	•	•	BSTI BFSA	Consumer groups Ministry of Information Ministry of Commerce Ministry of Agriculture Health Services Division, MoHFW
	Conduct annual orientation workshops for members of enforcement agencies on food labeling and salt, saturated fats, salt and sugar content	Three workshops	•	•	•	BSTI BFSA city corporations	Health Services Division, MoHFW
Promote nutrition labeling, according but not limited to, international standards, in	Hold discussions to promote regulation of salt,	One meeting of 30–40	•			BFSA	Ministry of Industries

[10] Food Safety Act 2013

particular the Codex Alimentarius, for all pre-packaged foods including those for which nutrition or health claims are made	trans-fats, saturated fats and sugar content in packaged foods among key food industries	participants				BSTI	
	Conduct batch testing of contents in edible oil, additives in fruits and vegetables and publish the report	Report document	•	•	•	BFSA BSTI	Ministry of Industries
Carry out public campaigns through mass media and social media to inform consumers about healthy diet high in fruits and vegetables and low in saturated fats, sugar and salt	Prepare BCC campaign using mass media to reduce salt consumption	1000 radio and TV spots	•	•		Bureau of Health Education Ministry of Information	Media agencies
	Disseminate dietary recommendation for Bangladesh through media including TV and radio	1000 radio and TV spots	•	•		Bureau of Health Education	Health Services Division, MoHFW Media agency Ministry of Information

Promote physical activity

Purpose: To generate population level understanding on the benefits of physical activity using mass media, behavioural change communication campaigns and through engagement of health educators to promote physical activity in the population.

Activities	Key tasks	Output indicators	Implementation year			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Introduce a nationwide mass media BCC campaign to promote minimum recommended level of health-beneficial physical activity	Develop national physical activity recommendations for Bangladesh based on global recommendations through stakeholder workshops	National physical activity recommendations endorsed	•			Bureau of Health Education	NCDC
	Develop BCC campaign strategy and PSA materials for TV and radio			•	•	Bureau of Health Education	NCDC Media agency Ministry of Information
	Disseminate PSAs on physical activity through radio, TV and social media channels	3000 PSAs or 1000 PSAs per year		•	•	Bureau of Health Education	NCDC Media agency Ministry of Information
Integrate physical activity promotion in schools	Review physical activity curricula for schools and make addendums to align with national recommendations on physical activity for children	Percentage of schools providing protected, adequate physical activity time, aligned with national recommendations		•		School Health Program	NCDC Ministry of Primary and Mass Education Ministry of Education (all divisions)

Promote healthy settings

Purpose: To create enabling and motivating environments and initiate model programmes that support healthy settings policies and programmes with a special focus on key cities and schools.

Activities	Key tasks	Output indicators	Implementation year			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Establish a healthy cities Bangladesh network	Implement Healthy City approach in two Dhaka city corporations – Chittagong and another major city	Minimum of four cities undertaking the Healthy City approach	•			Ministry of Local Government, Rural Development and Co-operatives	All stakeholders including the Ministry of Road Transport and Bridges, Ministry of Education, Finance Division, Ministry of Finance, Socio Economic Infrastructure Division, Ministry of Planning, Ministry of Law, Justice and Parliamentary Affairs
	Conduct annual inter-city meeting of healthy cities to review annual progress and share experiences among the participating cities	Three meetings		•	•	Ministry of Local Government, Rural Development and Co-operatives	Health Services Division, MoHFW Ministry of Education (all divisions) Ministry of Primary and Mass Education other

							stakeholders
	Conduct a national workshop of mayors, urban planners, and urban chief health officers of key cities in the country to discuss the Healthy City concept and share experience to date	One workshop in the third year			•	Ministry of Local Government, Rural Development and Co-operatives	City corporations key municipalities Health Services Division, MoHFW other relevant stakeholders
Promote health promoting schools	Make an addendum to the module for school teachers on adolescent health, incorporating healthy lifestyle topics (minimum recommended physical activity, healthy diet, reduction of salt, etc.)	Module with addendum on healthy lifestyle topics	•			Health Services Division, MoHFW	Ministry of Education
	Conduct one-day consultative workshop to endorse standards for Bangladesh health promoting schools	Health promoting schools package of interventions defined and endorsed	•			Ministry of Education (All divisions)	All stakeholders
	Constitute a National School Health Promotion Board[11] consisting of representation from Ministry of Education, MoHFW, and NGOs to guide the health promoting schools and conduct annual meetings	Twice yearly meetings held	•			Ministry of Education (All divisions)	Health Services Division, MoHFW Ministry of Local Government, Rural Development and Co-operatives

[11] National School Health Promotion Board will oversee the integration of health-related programmes in schools. This Board can be alternatively chaired by the secretaries of MoHFW and MoE. Other members should include Director General/Line Directors of DGHS and DGFP, and corresponding DGs/Line Directors of the MoE. The programme managers of the school health programme, adolescent health programme, Bureau of Health Education, and NCD Programme etc., will be the members. The Board should meet at least once every six months to review the progress of the health promoting school programme and other school-related health programmes.

	Conduct orientation of the management of schools adopting the health promoting schools approach	Health promoting school programme implemented by 100 schools (at the yearly rate of 30, 30 and 40 schools per year)	30	30	40	Ministry of Education (All divisions)	Ministry of Local Government, Rural Development and Co-operatives Health Services Division, MoHFW
Improve child supervision to reduce exposure to water bodies	Develop community day care centres	Number of community day care centres developed	•	•	•	Health Services Division, MoHFW	Ministry of Women and Children Affairs Ministry of Local Government, Rural Development and Co-operatives NGOs and private organizations
	Adolescent brigade	Number of adolescent brigades formed	•	•	•	Ministry of Women and Children Affairs	MoHFW NGOs and private organizations
	Promotion of play pen	Number of promotional meetings conducted in the community	•	•	•	MoHFW	Ministry of Women and Children Affairs NGOs and private organizations

Reduce exposure to indoor air pollution

Purpose: To reduce the use of biomass fuels for cooking and heating and support communities to adopt cleaner technologies

Activities	Key tasks	Output indicators	Year of implementation			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Promote use of clear technologies and reduction of biomass fuels for cooking and heating through projects supporting improved cook stoves, and good cooking practices	Expand community-based projects with improved stoves through engagement of NGOs	450 upazila headquarters, with 15%, 20% and 65% of upazila headquarters starting the project in the three consecutive years	15%	20%	65%	Ministry of Environment, Forest and Climate Change	NGOs
Create awareness and develop appropriate strategies to reduce exposure to smoke in households	Conduct community awareness on the hazards of poor indoor air during community health educator household visits in the communities using biomass fuel	Number of upazilas commencing awareness campaign (450) with 15%, 30% and 55% upazilas starting the project in the three consecutive years	15%	30%	55%	DGHS	NGOs
Promote private producers to manufacture improved stoves through providing bank loans and stove designs	Build capacity of private producers in producing improved cook stoves	Number of training programmes/ trainees (at least 70 masons; one from each district or 64 +6) with 50% each trained in the first and second years, and a follow up training for all in the third year	35	35	70	Bangladesh Council of Scientific and Industrial Research under Ministry of Industries (BCSIR)	NGOs and private organizations

Create mass awareness through popular print and electronic media about the health Impacts of Indoor air pollution	Design and dissemination of IEC materials	Number of media undertaken media campaign. Number of days in a week the campaign is done through Bangladesh Television, 2 private TV channels, and newspapers)	Once a week (on holidays)	Once every two weeks (on holidays)	Once every two weeks (on holidays)	Ministry of Information WHO Bureau of Health Education, DGHS	Media agency, Ministry of Information

Action area 3. Health systems strengthening for early detection and management of NCDs and their risk factors

Purpose: To make health systems responsive to NCD health care needs, particularly at the primary care level so that health workers have the necessary skills to treat and prevent NCDs, and health facilities have the required essential drugs and medical technologies to enhance universal health coverage

Activity	Key tasks	Output Indicators	Implementation year			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Adapt the PEN package to Bangladesh, develop guidelines, protocols and tools for implementation to support the essential service package	Develop standard treatment protocols for the prevention and management of NCDs, including cardiovascular risk, asthma, chronic obstructive pulmonary disease, breast, cervical and oral cancer screenings, common mental disorders Develop a training package for health care workers on clinical NCD prevention and management	Standard treatment protocols endorsed Training package developed				NCDC	District health services WHO Ministry of Local Government, Rural Development and Co-operatives National Institute of Cancer Research and Hospital

	Train rural and urban primary care physicians, community health care providers, health assistants, family welfare assistants In accordance with their role in the prevention and management of NCDs	Training conducted					NICVD NINS NIMH NIDCH BSMMU DGHS Scientific Societies
	Supply basic equipment which includes referral slips, patient registers, height–weight machines, blood pressure machines, stethoscope, and glucometer kit to strengthen existing NCD services to the intervention districts		•	•	•	NCDC	Divisional and District health services
Equip primary health care facilities with essential medicines for prevention and treatment of NCDs	Procure and supply essential medicines to primary health care facilities	Percentage of primary health care facilities which have all essential medicines for NCDs	•	•	•	DGHS	WHO and other development partners
Develop Inter-facility referral system for NCDs at various tiers of the health system Strengthen referral and back referral systems	Appoint a national taskforce to review and redesign referral practices supported by appropriate protocols Field work, assessment and submission of recommendations on referral system by the taskforce	Recommendations on inter-facility referral system established and functioning assessments	•	•		Health Services Division, MoHFW	NCDC CBHC DGHS

Provide NCD services for the marginalized populations with special needs	Conduct community-based programmes for prevention and management of NCDs	Number of outreach services provided in hard-to reach areas or for marginalized populations				Public–private partnership hospitals and NGOs	Health Services Division, MoHFW, city corporations, NGOs and private organizations Ministry of Information Ministry of Women and Children Affairs Ministry of Religious Affairs
Integrate healthy lifestyle and behavioural intervention education (Healthy Lifestyle Module)[12] in MCH and FP services including health services during community visits	Conduct a workshop to develop the Healthy Lifestyle Module	Design and print the Module	Healthy Lifestyle Module printed			Bureau of Health Education	NCDC, DGHS
	Conduct discussion between DGHS and DGFP to integrate Healthy Lifestyle Module sessions in MCH and family planning services			•		DGHS	DGFP
	Orient all primary health care workers	Number of upazila health		•	•	DGHS	DGFP

[12] The Healthy Lifestyle Module will address all risk factors for NCDs: physical inactivity, unhealthy diet, excess salt consumption, tobacco and alcohol consumption and indoor air pollution.

	(both family planning and MCH staff and other clinical services) at the district and upazila health complexes on the Healthy Lifestyle Module	complexes oriented and providing services					
Incorporate NCDs in the pre-service training curriculum	Review existing curricula for NCDs for all cadres of the health workforce Consult with stakeholders to develop and update NCD curricula	Percentage of institutions delivering NCD curricula, aligned with national treatment standards		•	•	Medical Education and Family Welfare Division MoHFW NCDC, DGHS	Medical colleges and academic institutions

Community-based programmes

Purpose: To provide NCD interventions to the hard-to-reach, marginalized groups and special population who are in greater need of NCD prevention and control services.

Activity	Key tasks	Output indicator	Implementation year			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Expand public–private partnerships for provision of NGO and community-based organization initiatives for NCD control	Distribute Healthy Lifestyle Module to existing diabetes associations in all districts	All diabetic associations	•	•	•	Bangladesh Institute of Research and Rehabilitation for Diabetes, Endocrine and Metabolic disorders (BIRDEM)	Health Services Division, MoHFW Ministry of Information Ministry of Religious Affairs
	Distribute Healthy Lifestyle Module to existing cardiovascular disease associations in all	All cardiovascular disease associations	•	•	•	National Heart Foundation and Research Institute	Health Services Division, MoHFW Ministry of

	districts						Information Ministry of Religious Affairs
	Introduce lifestyle education programme for migrant workers going abroad	Number of migrant workers covered with lifestyle education	•	•	•		Ministry of Information Ministry of Expatriates' Welfare & Overseas Employment
Integrate Healthy Lifestyle Module in NGOs implementing community support group programmes in rural and urban areas in collaboration with district and upazila health services	Conduct orientation sessions for community health educators to implement Healthy Lifestyle Module	Number of community health educators	•	•	•	DGHS	DGFP
	Sensitize on NCD prevention among community support group	13 500 support groups to be sensitized	•	•	•	NCDC	NGOs

Action area 4: Surveillance, monitoring and evaluation, and research

Purpose: To strengthen surveillance for risk factors and NCDs, improve monitoring of planned interventions, conduct priority NCD operational research and make information available for building evidence-based NCD policy and programme development

Activities	Key tasks	Output indicators	Implementation year			Agency responsibility	
			Year 2018–2019	Year 2019–2020	Year 2020–2021	Focal agency	Partners
Strengthen surveillance system for NCDs through health facility information, population-based	Develop/integrate NCD indicators into the management information system (MIS)	Indicators for NCDs reviewed and updated in MIS Analyzed health facility NCD data	•	•	•	DGHS	Education and Research Institute Secondary and Higher Education Division,

surveys and creation of cancer registries		disseminated					Ministry of Education Academia, and social, religious and opinion leaders
	Computerized online reporting of NCDs at upazila health system to DGHS	Online reports				NCDC	MIS
	Publish Annual Consolidated Progress Report (ACPR) on NCD implementation Submit the ACPR to the Prime Minister	ACPR annual reports				NMNCC	DGHS
	Conduct national STEPS surveys	STEPS survey report published and disseminated	•			DGHS National Institute of Preventive and Social Medicine	National Tobacco Control Cell, WHO
	Carry out national school health surveys (age 13–17 years) using the global school-based student health survey (GSHS) every five years to collect data on multiple risk factors (e.g. physical activity, tobacco use, overweight and obesity, and alcohol use)	National School Health Report		•	•	Health Services Division, MoHFW	Ministry of Primary and Mass Education Education and Research Institute Secondary and Higher Education Division, Ministry of Education
	Complete the Global Adult Tobacco Survey (GATS)	GATS report published and disseminated	•			National Tobacco Control Cell NCDC	National Institute of Preventive and Social Medicine

							WHO and other associate organizations
	Pilot population-based cancer registry covering urban and a rural area	Piloted population-based cancer registry		•		National Institute of Cancer Research and Hospital	DGHS BSMMU Education and research institutes
	Establish hospital cancer registries with electronic database involving all 19 medical college hospitals	Electronic cancer registries in all 19 government and nongovernment medical colleges hospitals		•			DGHS
Conduct an implementation evaluation of the three-year operational plan 2018–2021	Evaluate the implementation of the multisectoral action plan	Evaluation report published and disseminated			•	Health Services Division, MoHFW	
Monitor tobacco control legislation implementation	Conduct an assessment on compliance with tobacco enforcement in public places including hotels, restaurants, work places and public places	Assessment report	•			National Tobacco Control Cell	Secondary and Higher Education Division, Ministry of Education Education and Research Institute Academia, and social, religious and opinion leaders
Prioritize research on NCDs	Develop a priority national research agenda for NCDs based on consultations with the academia, WHO, and other stakeholders	Priority national research agenda document		•		Health Services Division, MoHFW	Academia, and social, religious and opinion leaders Other stakeholders

Annexure 3. NCD action plan indicators and targets

Issue	2025 Target	Target-specific indicators	Source of data
MORTALITY and MORBIDITY			
Premature mortality from NCDs	25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	1. Unconditional probability of dying between the ages of 30 and 60 years from four major NCDs 2. Cancer incidence, by type of cancer per 10 000 population	STEPS survey 2010/ The latest
BEHAVIOURAL RISK FACTORS			
Tobacco use	30% reduction in prevalence of current tobacco use	3. Age-standardized prevalence of current tobacco use among persons aged 18+ years 4. Prevalence of current tobacco use among adolescents (13–17 years)	Bangladesh STEPs survey 2010/The latest GSHS 2014
Harmful use of alcohol		5. Age-standardized prevalence of heavy episodic drinking among adults	Bangladesh STEPs survey 2010/ The latest
Physical inactivity	10% relative reduction of insufficient physical activity	6. Prevalence of insufficiently physically active (defined as less than 60 minutes of moderate to vigorous intensity activity daily) adolescents (13–17 years)	GSHS 2014
		7. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)	Bangladesh STEPs survey 2010/ The latest
Salt/sodium intake	30% relative reduction in mean population intake of salt	8. Age-standardized mean population intake of salt (sodium chloride) per day in grams in adults aged 18+ years)	
BIOLOGICAL RISK FACTORS			
Raised blood pressure	25% relative reduction in the prevalence of raised blood pressure or contain prevalence of blood pressure according to national situations	9. Age standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure	Bangladesh STEPs survey 2010/ The latest
Diabetes and obesity	Halt the rise in diabetes and obesity	10. Age standardized prevalence of raised blood glucose/diabetes among	DHS 2011 survey for adults (30+)

		persons aged 18+ years (defined as fasting plasma glucose value ≥7.0 mmol/L (126mg/dl) or on medication for raised blood glucose)	
		11. Age-standardized prevalence of overweight and obesity in adults aged 18+ years (defined as body mass index greater than 25 kg/m^2 for obesity)	Bangladesh STEPs survey 2010/ The latest
		12. Age-standardized prevalence of overweight and obesity in adolescents (defined according to the WHO Growth Reference, overweight (one standard deviation from BMI for age), and sex and obese (two standard deviations from BMI for age and sex)	GHSH 2014 (students)
NATIONAL SYSTEMS RESPONSE			
Drug therapy to prevent heart attack and stroke	At least 50% eligible people receive drug therapy and counseling (including glycaemic control) to prevent heart attacks and strokes)	13. Proportion of eligible persons (defined as aged 40 years and over with a 10-year cardiovascular risk greater than or equal to 30%, including those with cardiovascular disease) receiving drug therapy to prevent heart attacks and strokes	
Essential medicines and technologies	80% availability of generic essential NCD medicines and basic technologies in both public and private facilities	14. Availability of generic essential NCD medicines and basic technologies in both public and private facilities 15. Proportion of primary health care workforce trained in integrated NCD care	
Indoor air pollution	A 50% relative reduction in the proportion of households using solid fuels (wood, crop residue, dried dung, coal and charcoal) as the primary source of cooking	16. Households using solid fuels (wood, crop residue, dried dung, coal and charcoal) as the primary source of cooking	

Annexure 4: Thematic groups for the multisectoral workshop on NCDs (August 2015)

Multisectoral workshop on Noncommunicable Disease Prevention and Control Action Plan for Bangladesh, Pan Pacific Sonargaon, Dhaka. 11 August 2015

Theme 1: **Integrating NCD prevention and control in the PHC services (urban and rural)**

Members

- Ms Yukie Yoshimura, JICA
- Professor Dr Md Abdul Hamid, Director, NIMH
- Professor SM Iqbal Hussain, Principal and Director, DDCH
- Dr Faruk Ahmed Bhuiyan, Deputy Director, DGHS
- Dr AFM Sarwar, Dhaka Dental College
- Professor Hajera Mahtab, Professor Emiretus, BIHS
- Professor Kishwar Azad, WHO
- Professor Abdul Wadud Chowdhury, Professor of Cardiology, Dhaka Medical College
- Dr Sanjida Islam, DSCC
- Dr Md Jahangir Rashid, CBHC, DGHS
- Dr Md Omar Ali Sarker, NCDC, DGHS
- Mr Moniruzzaman, WHO
- Dr AM Zakir Hussain (Facilitator), Senior Advisor, Social Sector Management Forum

Theme 2: **Making NCD services more affordable**

Members

- Dr Salma Zareen, NCCRFHD
- Dr Tahsin Begum, Assistant Director, DGHS
- Dr Rabeya Khatun, WHO
- Dr Zahid Hassan, DGHS
- Dr Masud Reza Khan, DGHS
- Presenter: Dr Tanveer Ahmed Chowdhury, DGHS
- Facilitator: Dr Olivia Nieveras, WHO

Theme 3: **Education, enforcement of tobacco and food safety**

Members

1. Professor Dr Sohel Reza Choudhury, NHFRI
2. Dr Md A Shakur Khan, NIDCH
3. Mr Manash Mitra, Senior Assistant Chief, Planning Division, Ministry of Planning

4. Dr Swapon Kumar Ghose, DMC
5. Dr Md Saiful Islam, NIPORT

Theme 4: Promoting healthy settings (making walkable urban environments such as pedestrian sidewalks, parks, control of smoking in public places, and others)

- Healthy cities
- Healthy schools
- Healthy workplace

Members

- Mr Md Ehsan E Elahi, Joint Secretary, Road Transport and Highways Division
- Mr SM Kamrul Islam, Deputy Director, BBS
- Mr Md Rafiq Uddin Akand, Deputy Director, B. Betar
- Mr Saifuddin Ahmed, Executive Director, Work for a Better Bangladesh (WBB) Trust
- Mr Md Ali Haider, Additional Secretary, Ministry of Youth and Sports
- Professor Dr Saidur Rahman Mashreky, Director, CIPRB

Theme 5: Coordination mechanisms for multisectoral NCD prevention and control action plan

Members

- Professor Liaquat Ali, Vice Chancellor, BUHS
- Professor Moarraf Hossen, Director, NICRH
- Professor Ridwanur Rahman, ShSMC
- Professor Dr Md Anisur Rahman, NIPSOM
- Saiful Islam Shamim, WHO
- Dr Md Habibullah Talukder, NICRH
- Mr Md Abdus Sobur Chowdhury, Deputy Secretary, Ministry of Industries
- Dr Syed Mahfuzul Huq, WHO
- Dr Rizwanul Karim, NCDC, DGHS
- Dr Md Shahnewaz Parvez, NCDC, DGHS
- Dr Rajib Al Amin, NCDC, DGHS

Annexure 5: Thematic groups for the multisectoral workshop on NCDs (November 2015)

Multi-sectoral Workshop on Noncommunicable Disease Prevention and Control Action Plan for Bangladesh, Pan Pacific Sonargaon Dhaka, 18 November 2015

Group I: Advocacy, leadership and partnership

- Mr Azam-E-Sadat, Deputy Secretary, MoHFW
- Dr Nazrul Haque, Deputy Director, BCCP
- Mr Jobayedur Rahman, Deputy Secretary, Ministry of Commerce
- Mr Md Rafiqul Islam, Deputy Secretary, Ministry of Housing and Public Works
- Ms Inga Williams, M&E, WHO Bangladesh
- Mr Humayun Kabir, Deputy Secretary, Ministry of Law
- Mr Md Hasan Shahriar, Coordinator, PROGGA

Group II: Health promotion and risk reduction

- Mr Sheikh Sakil, Planning Commission
- Ms Shirin, Helen Keller International (HKI)
- Ms Nigar, Helen Keller International (HKI)
- Dr Basher, Bangladesh Rural Advancement Committee (BRAC)
- Dr Mahfuz, Campaign for Tobacco Free Kids
- Ms Ananna, WBB Trust
- Ms Momtaz, BSCIC
- Mr Hasan

Group III: Health systems strengthening for early detection and management of NCDs and their risk factors

- Mr Martin Vandendyck, WHO
- Ms Yukie Yoshimura
- Dr Momena Khatun
- Mr Md Bazlur Rahman
- Dr Barendra Nath Mandal
- Mr ABM Muzharul Islam
- Mr Md Anowarul Islam Khan
- Mr Moniruzzaman, WHO

Group IV: Surveillance, monitoring and evaluation, and research

- Mr SM Kamrul Islam, Deputy Director, BBS
- Mr Md Ali Haider, Assistant Secretary, Ministry of Youth & Sports
- Dr Ashek Ahammed Shahid Reza, Principal Scientific Officer, IEDCR
- Professor Sohel Reza Choudhury, NHFRI

Editors

- Professor AHM Enayet Hossain, Additional Director General (Planning and Development), DGHS
- Mr Md Ruhul Amin Talukdar, Joint Secretary, Health Services Division, MoHFW
- Dr Rizwanul Karim, Programme Manager, NCDC, DGHS
- Dr Md Shahnewaz Parvez, Deputy Programme Manager, NCDC, DGHS
- Dr Rajib Al Amin, Deputy Programme Manager, NCDC, DGHS
- Dr Tara Kessaram, Medical Officer, WHO
- Dr Syed Mahfuzul Huq, National Professional Officer, WHO

Special thanks

- Professor AHM Enayet Hossain, Additional Director General (Planning and Development), DGHS
- Dr M Mostafa Zaman, National Professional Officer, WHO
- Dr Gampo Dorji, Consultant, WHO
- Dr Rizwanul Karim, Programme Manager, NCDC, DGHS
- Dr Md Shahnewaz Parvez, Deputy Programme Manager, NCDC, DGHS
- Dr Rajib Al Amin, Deputy Programme Manager, NCDC, DGHS
- Dr Syed Mahfuzul Huq, National Professional Officer, WHO
- Dr Faruk Ahmed Bhuiyan, NCDC, DGHS
- Dr Omar Ali Sarker, NCDC, DGHS
- Mr Moniruzzaman, National Consultant, WHO
- Mr Md Reazwanul Haque Khan, Executive Assistant, WHO

Translation

- Dr Rizwanul Karim, NCDC, DGHS
- Dr Md Shahnewaz Parvez, NCDC, DGHS
- Dr Rajib Al Amin, NCDC, DGHS
- Ms Syeda Anonna Rahman, WBB Trust
- Ms Suraiya Akter, WHO