



BANGLADESH

WHAT'S IN YOUR NCD POLICY

ANALYSING THE STRENGTH OF
DIET-RELATED NCD POLICIES IN
BANGLADESH

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The strength of national diet-related policies should match the severity of the burden of non-communicable diseases (NCDs) in Bangladesh, and guide government action focused on the most critical dietary drivers and population groups at risk.

Yet, while Bangladesh has recognised the importance of addressing NCDs, there has been little rigorous analysis of country-level policies to tackle NCDs associated with unhealthy diets.

This brief presents an assessment of national policies and strategies to promote healthy diets and offers evidence-informed recommendations for shaping comprehensive, effective and equitable diet-related NCD policies.

The research presented has been conducted as part of a six-country study comparing national NCD policies to global recommendations, and evaluating the extent to which policies include effective and equitable attributes to improve population health. Study countries included Afghanistan, Bangladesh, Nepal, Pakistan, Tunisia and Vietnam.

Research in Bangladesh was led by a team based at the Division of Health Systems and Populations Studies Division, icddr,b, in partnership with the Centre for Gender and Global Health, University College London.

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NCDS IN BANGLADESH

While Bangladesh continues to address a high burden of communicable diseases, it faces a growing epidemic of non-communicable diseases (NCDs). In 2017, 67% of deaths were due to NCDs. One-quarter of all men and one-fifth of women are at risk of premature death from NCDs.

Rapid economic growth has lifted Bangladesh out of the UN list of least developed countries. Yet economic progress has not been shared equitably and is contributing to stark and widening income disparity and, consequently, a dietary differential. Both the affluent, who consume increasing amounts of processed food, and impoverished populations, who are deprived of adequate nutritious food, are exposed to the risks of non-communicable diseases.

FIG.1

NCDS ACCOUNT FOR FIVE OF THE TOP TEN CAUSES OF PREMATURE DEATH IN BANGLADESH – AND ARE ON THE RISE

Top 10 causes of years of life lost (YLLs) in 2017 and percent change, 2007-2017, all ages, number

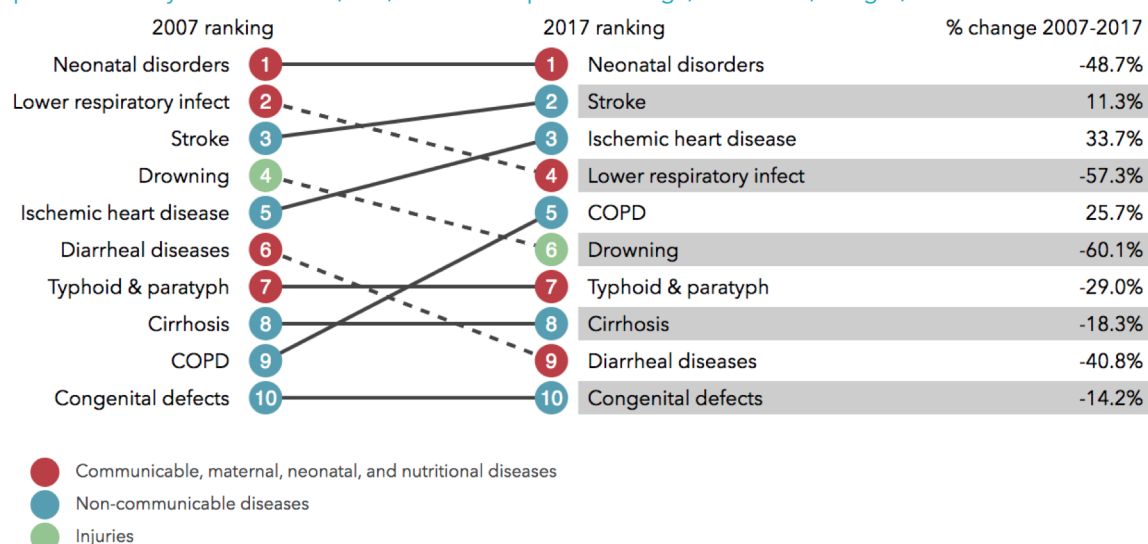
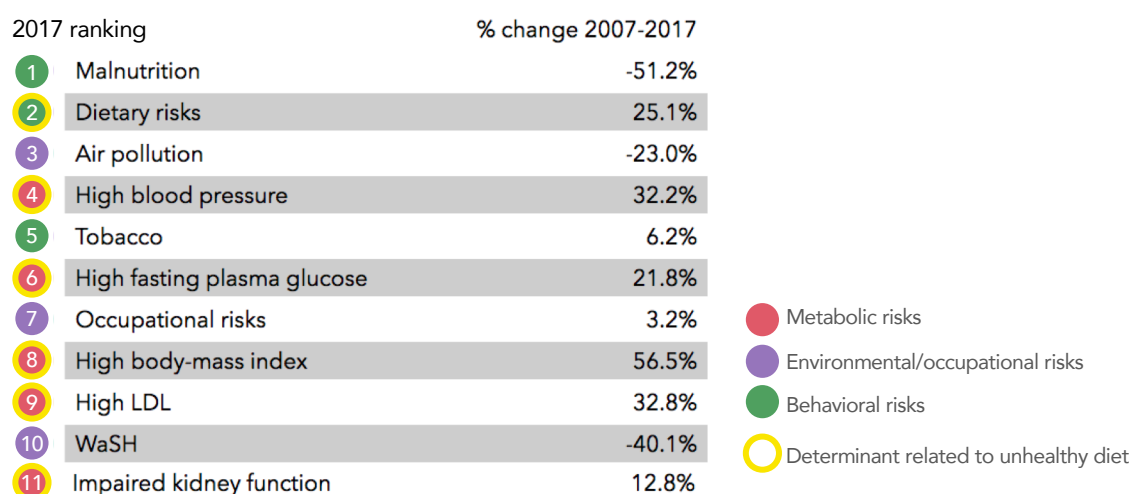


FIG.2

UNHEALTHY DIET IS AMONG THE MOST SIGNIFICANT – AND FASTEST GROWING – DETERMINANTS OF NCDS

Top 10 risks contributing to DALYs in 2017 and percent change, 2007-2017, all ages, number



THE GLOBAL RESPONSE TO NCDs

Many interventions for the prevention and control of NCDs exist. Given the resource constraints faced by all countries and their need to prioritise the most effective interventions, the World Health Organization (WHO) has identified a set of evidence-based “Best Buy” interventions that are not only highly cost-effective but also feasible and are recommended for implementation in all countries.

Several of the Best Buys are explicitly aimed at addressing unhealthy diets.¹ These interventions are designed to mainly address the structural drivers and commercial determinants of diet, an approach likely to yield greater benefits at the population level compared to individually-focused interventions.^{2,3}

NCDs: On the global agenda at last

While the burden of NCDs has been historically neglected by the global health community, prioritisation and action to prevent and address NCDs is expanding. The first UN General Assembly High-Level Meeting on NCDs in 2011 marked a critical turning point in mobilising political attention and policy action at national and global levels, as did the inclusion of an NCDs-related target in the Sustainable Development Goals (3.4, to reduce premature mortality from NCDs by one-third by 2030).

2%
OF ALL GLOBAL
HEALTH FINANCING IS
ALLOCATED TO NCDs

ACTION IN BANGLADESH

Bangladesh has acknowledged NCDs as a significant issue and set out its response in a range of policy documents, including the 7th Five-Year Plan, the Health, Nutrition and Population Strategic Plan, and the Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases 2018-2025. The Multisectoral Action Plan promotes a health-in-all-policies approach, with an emphasis on prevention – including through strengthening preventive measures in primary health care, tobacco/alcohol control regulation and encouraging healthy diets. Strong legislative measures to reduce consumption of salt, sugar and saturated fatty acid or trans-fats, however, are lacking.

Bangladesh Policy Analysis: Our research

During 2017-2019, we undertook an in-depth analysis of the Government’s policies for controlling diet-related NCDs, and compared national responses to global recommendations for all countries. The purpose of the study was to identify where and how policy could be strengthened to more effectively address the growing burden of NCDs in the country.

POLICY DOCUMENT ANALYSIS: OUR QUESTIONS

THREE DIMENSIONS OF A ROBUST POLICY FRAMEWORK TO ADDRESS AND PREVENT NCDs

1

COMPREHENSIVE: ARE BANGLADESH'S NCD POLICIES CONSISTENT WITH GLOBAL RECOMMENDATIONS? [TABLE 1]

2

EFFECTIVE: DO BANGLADESH'S NCD POLICIES HAVE ADEQUATE AUTHORITY, ACCOUNTABILITY MECHANISMS AND BUDGET? [TABLE 1 & FIGURE 3]

3

EQUITABLE: DO BANGLADESH'S NCD POLICIES PROMOTE EQUITY AND HUMAN-RIGHTS BASED APPROACHES? [FIGURE 4]

OUR METHODS

We conducted an in-depth policy content analysis followed by stakeholder interviews. The content of policies inside and outside the health sector were reviewed to determine: (1) whether they were consistent with WHO Best Buys; (2) how much authority the policy has (e.g. whether it is national law or a sectoral strategic plan); (3) systems of accountability; (4) any associated budgetary line items; (5) the extent of attention paid to issues of equity (including gender) and human rights. We synthesised these findings into a “policy cube” to graphically present key features of the policy responses to combat diet-related NCDs (see page 6).

In-depth interviews were conducted with stakeholders purposely selected from a variety of organisations and sectors. We used a policy

analysis framework to explore issues of actor power, ideas (how the issue is perceived and portrayed), context, and policy characteristics (including severity of the problem and the availability of effective interventions), to understand: (1) why some of the Best Buys have succeeded in gaining political and policy attention; (2) why other Best Buys are absent from the current policy response; (3) what explains policy content and its characteristics (particularly in relation to questions of authority, accountability, rights-based approaches, etc); and (4) what it would take for neglected/absent Best Buys to be higher up the current policy agenda.

The study received approval from the ethics boards of icddr,b, Bangladesh and University College London, UK.

OUR FINDINGS

TABLE 1. BANGLADESH'S NCD-RELATED HEALTH POLICIES: COMPREHENSIVENESS OF BEST BUYS AND POLICY EFFECTIVENESS

Best Buys: Cost-effective interventions	Present?	Authority	Accountability	Budget
Reduce salt intake through reformulation of food products and set target levels for salt in foods and meals				
• Goal to decrease salt consumption	✓	●	●	●
• Reformulation of food products to decrease salt	✓	●	●	●
• Set target salt level in foods	x	x	x	x
• 30% reduction in salt consumption	✓	●	●	●
Reduce salt intake through the establishment of a supportive environment in public institutions	✓	●	●	●
Reduce salt intake through a behaviour change communication and mass media campaign				
• Mass media campaign to reduce salt intake	✓	●	●	●
• Behaviour change communication on salt	✓	●	●	●
Reduce salt intake through front-of-pack labelling	x	x	x	x
Effective interventions Cost effectiveness of >/\$100 per disability-adjusted life year averted in low & middle-income countries				
Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain				
• Goal to eliminate industrial trans-fats	x	x	x	x
• Legislation to ban use of trans-fats in food chain	x	x	x	x
Reduce sugar consumption through effective taxation on sugar-sweetened beverages				
• Goal to reduce sugar intake	✓	●	●	●
• Taxation on sugar-sweetened beverages	✓	●	●	●
Other recommended interventions				
Subsidies to increase uptake of fruits and vegetables	x	x	x	x
Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal or agricultural policies	✓	●	●	●
Limit portion and package size to reduce energy intake and the risk of overweight/obesity	x	x	x	x
Implement nutrition education and counselling to increase intake of fruits and vegetables	✓	●	●	●
Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats	✓	●	●	●
Implement mass media campaign on healthy diets	✓	●	●	●
Promote exclusive breastfeeding for first 6 months of life	✓	●	●	●

TABLE 1. KEY

Authority	Accountability	Budget
<ul style="list-style-type: none">● High authority● Medium authority● Low authority	<ul style="list-style-type: none">● Abides by key principles of accountability⁴● A national lead/implementing agency is named and is assigned responsibility for reporting in the public domain● No mechanism for accountability found	<ul style="list-style-type: none">● Budget line item assigned to policy sub-component● Budget line item planned but no evidence for line item identified● No budget line item identified

POLICIES WITH BEST BUY INTERVENTIONS

Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases (2018-2025), 2018, Ministry of Health & Family Welfare, Government of People’s Republic of Bangladesh.

Breast-Milk Substitutes (BMS) Act, 2013, Government of People’s Republic of Bangladesh.

FIG. 3

HIERARCHY OF POLICY AUTHORITY IN BANGLADESH

The relative level of authority of policy documents has been categorised, which can indicate the likelihood that bureaucrats, industry and society will act on them.

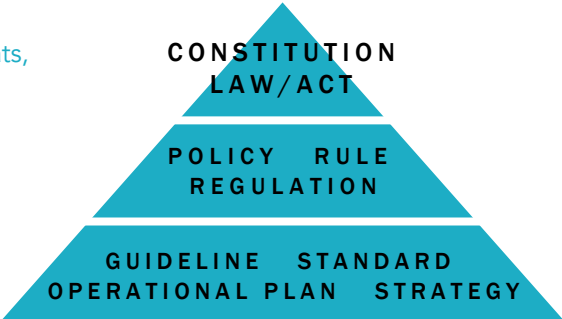
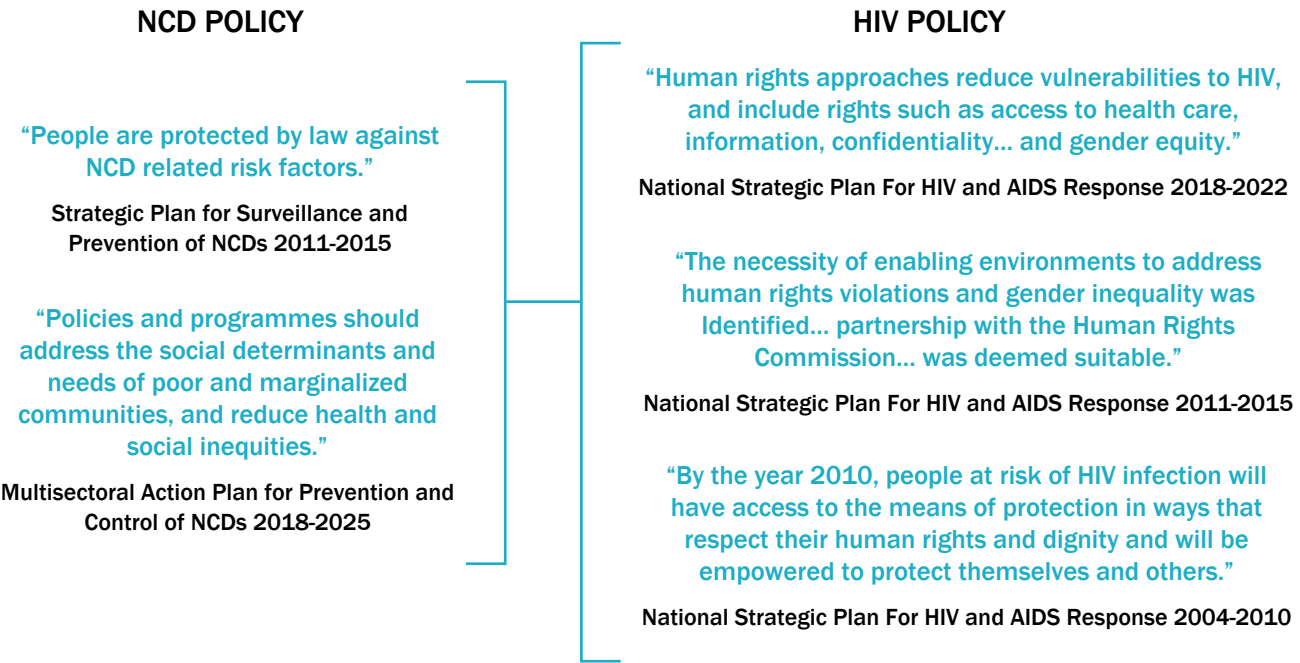


FIG. 4

HEALTH AND RIGHTS IN BANGLADESH POLICY

Rights-based policies can strengthen countries’ efforts to address the determinants of NCDs. A rights-based approach has been central to progress in the AIDS response, both in ensuring that individuals are protected against discrimination and committing the State to take positive actions. We find however, that human rights language and concepts are largely absent from NCD policies.⁵



BRINGING IT ALL TOGETHER: THE POLICY CUBE

The “Policy Cube,” brings together the three axes of our policy content review: 1) dietary policy comprehensiveness, or the extent to which WHO Best Buys are reflected in national policy documents; 2) the effectiveness of a policy’s implementation and enforcement mechanisms, such as the level of authority of the policy, whether it has an associated budget, and whether systems of accountability are specified, and; 3) the extent to which the policy documents are oriented towards principles of equity, gender and human rights. A full cube would represent a robust policy framework for the prevention and control of NCDs.

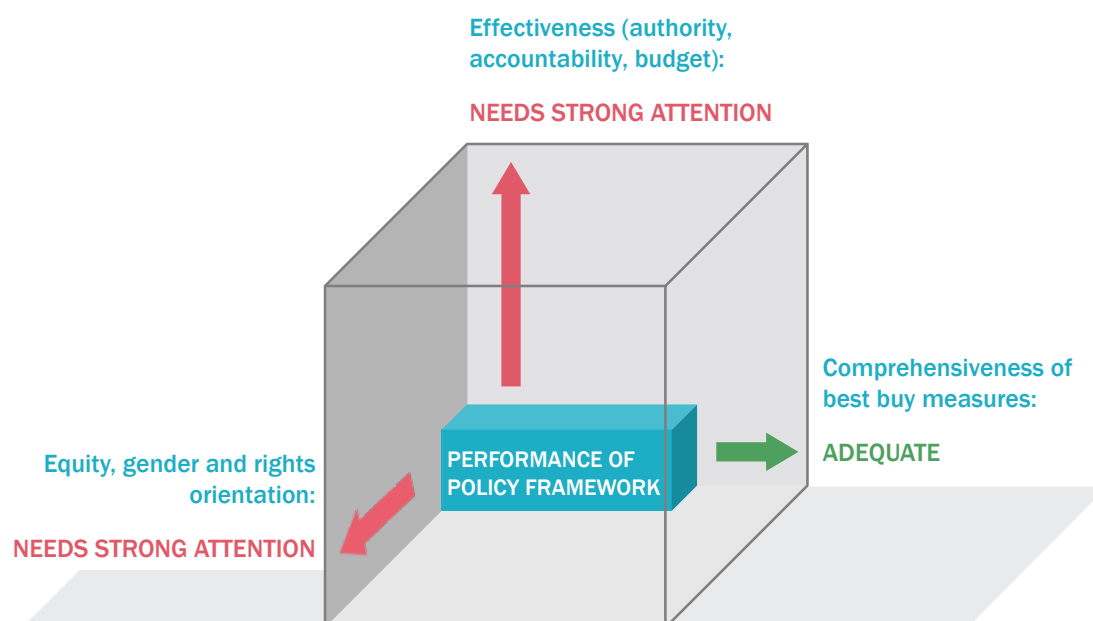
Comprehensiveness. With 12 of the 18 Best Buys, Bangladesh’s policies are fairly comprehensive of global recommendations. The country is working towards reducing salt intake by 30% by 2025, and while there is not yet a clear target for reducing sugar consumption, policies and taxes have been introduced to encourage reduction.

Effectiveness. Mechanisms to ensure effective implementation require considerable action. While strategies are comprehensive, translating words into action suffers from a lack of political commitment and authority. NCD action plans carry the lowest level of authority. The sole exception is the Breast Milk Substitutes Act 2013 which has strong authority in controlling the marketing of breastmilk substitutes and baby foods. Further, while a National Multisectoral NCD Coordination Committee exists, their authoritative power to incorporate WHO Best Buys in policies and laws is limited.

Equity. While the Multisectoral Action Plan does acknowledge the increased vulnerability of marginalised communities to NCDs and the role of social inequities in driving differential health outcomes, it lacks any specific language concerning human rights or gender equality and does not identify key populations at higher risk of NCDs.

FIG. 5

POLICY CUBE BANGLADESH: THREE DIMENSIONS OF ASSESSING NCD POLICY FRAMEWORKS



STAKEHOLDERS WEIGH IN

INTERVIEWS WITH STAKEHOLDERS ON THE MAJOR IMPEDIMENTS TO PROGRESS IN ADVANCING THE NCD AGENDA: KEY FINDINGS

POWER

Absence of coordination between Ministry of Health and other ministries

“ I don't think that the Ministry of Health is coordinating well with other ministries, including finance, to tackle NCDs. All problems related to health should be addressed by the MoH. The Ministry of Finance will provide support if they want to increase taxes on sugar.

KII 18, Ministry of Finance official

POWER

Leadership and civil society mobilisation should play primary roles in policy making

“ Currently, civil society in Bangladesh does not play a very important role to promote healthy diets to tackle the burden of NCDs. In the past, CAB played a key role in the anti-tobacco campaign. Civil society organisations, especially CAB, can work as a pressure group to implement laws or act on taxation of sugar.

KII 10, Official from UN agency

IDEAS

Low understanding of links between unhealthy diet and NCDs

“ Bangladeshi farmers sweat a lot during summer. They need to take more salt. People also need sugar for energy. Where is the evidence that if you eat more sugar you will get diabetes? We also do not have evidence in our country about the relationship between salt intake and hypertension.

KII 15, Government official

CHARACTERISTICS

Perception that taxing sugary drinks will disproportionately harm poor people

“ Imposing tax on sugar-sweetened beverages may not eliminate the problem. Rather a price hike will affect poor people. They will be deprived of access to nutritious food. Sugar-sweetened beverages are still a source of energy. On the other hand, taxation will not convince more affluent people to buy less and consume less.

KII 5, Researcher

OPPOSITION

Strong opposition from the private food industry to taxation on sugar

“ Private industries are powerful and they can influence the policy making process. Many politicians are businessmen and owners of industries, which will influence the process of policy prioritisation.

KII 15, Government official

CULTURAL NORMS

Salt and sugar considered not only as food, but an integral part of culture

“ We like to eat sweets. Salt and taste are also related. As representatives of government, we need to think carefully about how to change cultural norms in Bangladesh. If the government imposes a tax on sugar, the price will increase and people will not be happy with the government. Awareness sessions would be good options to change people's behaviour.

KII 23, Government official

RECOMMENDATIONS

The following recommendations arise from our policy analysis and stakeholder interviews. They should be considered as a strategic package of elements that are mutually reinforcing and interdependent, and require the engagement of a range of identified stakeholders.

1. **Inform relevant stakeholders of dietary Best Buys.** The Ministry of Health and Family Welfare (MoHFW) should use biannual meetings of the National Multisectoral NCD Coordination Committee (NMNCC) to inform members of the committee on the burden of diet-related NCDs, determinants, effective interventions and the potential cost of inaction.
2. **Increase frequency of meetings among stakeholders.** The MoHFW should convene regular meetings of the NMNCC members at a more technical level to discuss the progress and challenges of each ministry in relation to their responsibilities in implementing the multisectoral action plan.
3. **Disseminate the evidence base on the causes, burden and costs of NCDs globally and in Bangladesh.** The MoHFW should promote and support the development of national capacity for identifying appropriate evidence on the causes, burden and costs of NCDs.
4. **Increase involvement of coordinated civil society in the NCD response.** MoHFW and development partners should strengthen and adequately resource a coalition of civil society organisations (CSOs) that have the capacity and interest to promote NCD prevention and control. Existing powerful and nationally present CSOs should be encouraged to engage with NCD policy activities.
5. **Shift cultural norms and food industry behavior around consumption of salt and sugar.** Encourage the NMNCC to adopt a twin-track strategy to shift cultural norms. Use multi- and professional mass-media communications to promote changes in dietary choices and behaviour, backed with legislative mechanisms to shift industry's behaviours, e.g. banning advertising to children, ensuring front-of-pack labelling, etc.
6. **Strengthen regulatory capacity to monitor and enforce healthy food standards.** Encourage NMNCC to pursue legislation to strengthen the ability of the Bangladesh Standards and Testing Institution and Bangladesh Food Safety Authority to set and enforce standards relevant to the Best Buys, e.g. elimination of trans-fats in processed food.
7. **Include time-bound targets in NCD policies.** To convey a sense of urgency, monitor progress and ensure accountability, encourage NMNCC to ensure baselines and targets become the norm in dietary NCD plans and policies.
8. **Encourage consideration of a rights-based approach to NCD policy formulation.** The NMNCC should be encouraged by an advocacy coalition, comprised of interested public health practitioners, academics and civil society, to consider the benefits of including rights, gender and equity concepts, language and targets in future diet-related NCD policies.

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