

Bangladesh health successes shift chronic diseases to poor

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A new study published in the *International Journal of Epidemiology* shows that over the past decades Bangladesh observed a successful health transition while chronic diseases shifted from the rich to affect in excess also poor households. Observations over more than two decades demonstrate that the situation is actually worsening as chronic diseases frequently drag more households below the poverty line. The challenges in health service delivery and financing are huge.

Lead author Jahangir A.M. Khan, Senior Lecturer at Liverpool School of Tropical Medicine and former Head of Economics Unit of International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), says: "Access to healthcare for chronic disease patients, particularly in rural areas, is mandatory for to achieve universal health coverage improving both service delivery and financing risk protection".

The study was undertaken using a unique dataset from a longstanding Health and Demographic Surveillance System (HDSS) in Matlab, Bangladesh, operated by the icddr,b, to estimate the rates of non-communicable chronic disease mortality across socioeconomic groups in three intervals over a period of 24 years.

Dr Abbas Bhuiya, Director of Equity and Health Systems, icddr,b adds, "This clear shift in the chronic disease burden from the rich to the poor in Bangladesh will bring with it major challenges in delivering [health](#) services and in the ability of the poor to pay for needed healthcare. The government of Bangladesh must now shift its focus to improve both

service delivery and financial risk protection, key factors to achieving its aim for [universal health coverage](#) in this country."

The international collaborative study demonstrated that deaths from [chronic diseases](#) increased significantly between 1982 and 2005, from 646 deaths to 670 per 100 000 population, which corresponds to an increase from 41.0% to 78.9% of all-cause deaths. The study further observed that such deaths were concentrated on rich people in 1982 and later shifted to poor people in 1996 and 2005 at an increasing rate. A relationship between presence of chronic disease death in a household and its influence on socioeconomic status is also reported: those households which fell into poverty in 1996, had 33% higher mortality in 1982 than those who stayed above poverty line in both years. Similarly, corresponding poverty was observed in 26% more households, though not significant, between 1996 and 2005.

One of the senior authors, Professor David H. Peters, Chair of the Department of International Health at Johns Hopkins Bloomberg School of Public Health, USA emphasizes that: "the study is unique in its ability to actually demonstrate a shift in the concentration of chronic diseases towards the poor during a period of epidemiologic transition in a low-income setting. It also shows how chronic diseases can worsen poverty, highlighting the need to address chronic diseases as part of an approach to poverty reduction. "

More information: Jahangir A.M. Khan et al. Distribution of chronic disease mortality and deterioration in household socioeconomic status in rural Bangladesh: an analysis over a 24-year period, *International Journal of Epidemiology* (2015). [DOI: 10.1093/ije/dyv197](https://doi.org/10.1093/ije/dyv197)

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