

Bangladesh

Liver Foundation of Bangladesh*

NGO – liver disease prevention, treatment, education and research
Dhaka, Bangladesh
www.liver.org.bd

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Bangladesh reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **80.0%** of items.

Survey points marked "accurate":
1.1, 1.2, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.9, 5.2, 5.3 and 5.5.

✗ The government information was thought to not be accurate for **16.0%** of items.

Survey points marked "not accurate":
1.3, 4.8, 4.10 and 5.1.

— The respondent took no position on the government information for **4.0%** of items.

Survey points marked "take no position": 5.4.

Survey comments from the Liver Foundation of Bangladesh:

Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

2.2 The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: Liver Foundation of Bangladesh.

3.1 There is no routine surveillance for viral hepatitis.

3.5 There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

4.3 Information was not provided on the percentage of newborn infants nationally in a given recent year who received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who received three doses of hepatitis B vaccine.

4.6 There is no national policy on injection safety in health-care settings. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Civil society respondent comments (2014)

In different issues regarding prevention and control of viral hepatitis, some government officials regularly communicate with the Liver Foundation of Bangladesh.

On the national level there is no routine surveillance system for viral hepatitis. Recently the government started surveillance of foodborne infectious diseases in one of its surveillance programmes where hepatitis A and hepatitis E are included and being conducted regularly. Similarly, hepatitis B and hepatitis C are monitored regularly in another programme (safe blood programme).

Recently the government has planned to start a serosurvey programme nationwide for several diseases including viral hepatitis.

First dose of Hepatitis B vaccine is given at 6th week of age along with DPT Vaccine in EPI programme.

Draft injection safety policy is waiting for approval of government.

* World Hepatitis Alliance member.

Information reported by government (2012–2013)

Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

5.5 The following drugs for treating hepatitis B drugs are on the national essential medicines list: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir, telbivudine and tenofovir. The following drugs for treating hepatitis C are on the national essential medicines list: interferon alpha, pegylated interferon, ribavirin, boceprevir and telaprevir.

Only lamivudine and tenofovir are present to the essential drug list.

✗ To our knowledge, this information is not accurate.

1.3 The government does not have a viral hepatitis prevention and control programme that includes activities targeting specific populations.

There are prevention and control activities in the national EPI programme targeting children under the age of one.

4.8 There is a national infection control policy for blood banks. Not all donated blood units and blood products nationwide are screened for hepatitis B. It is not known whether all donated blood units (including family donations) and blood products nationwide are screened for hepatitis C.

Though there is a law of “Safe Blood Transfusion Act 2002” which was approved by parliament, a national blood policy is still required to guide and bring blood use in a uniform way to be followed by all blood transfusion centres across the country.

4.10 The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

There is a foodborne infection surveillance programme started by the Institute of Epidemiology, Disease Control and Research, Bangladesh from 2013.

— We take no position regarding this statement.

5.4 Publicly funded treatment is not available for hepatitis B or hepatitis C.

A very small percentage of people benefit from the public funding of treatment.

Statement from the Liver Foundation of Bangladesh regarding key hepatitis policy issues in Bangladesh:

As viral hepatitis and its consequences are multi-faceted, prevention and control measures and management procedures differ from one another. The diseases also traverse both communicable and noncommunicable phases. So the disease burden in acute and chronic stage including cirrhosis and liver cancer and great complications in pregnancy contribute at a great extent to disease burden of the country.

In view of the facts above, we must have changes in the country's health system. Considering viral hepatitis a major public health issue, the systemic changes proposed in health services are as follows:

- To establish a viral hepatitis disease unit, similar to other major departments in health services like mycobacterial disease control, malaria and parasitic disease control, and National AIDS and Sexually Transmitted Disease Control Programme under director general of health services.
 - A separate institute may be established and designated as national viral hepatitis institute which may function as a centre of excellence in this field and all types of investigation, surveillance of outbreaks, case management, monitoring and follow-up of chronic patients and conduct of all hepatitis-related research activities and to establish network with other international organisations.
 - A person may be designated as a viral hepatitis focal point holding responsibility to oversee viral hepatitis activities in the country.
 - The health system as a whole may be developed with introducing health insurance scheme for health services in the country.
- The designated institute/person should establish liaison/links with national and international stakeholders, development partners like the United Nations Development Programme, UNICEF, the World Health Organization and the World Bank for implementing programmes at micro levels for awareness-raising, human resource development and capacity-building for diagnosis and management. Local pharmaceutical companies may contribute through production of vaccines, reagents and essential drugs for diagnosis, prevention and management of hepatitis at a subsidised rate.

Bangladesh

Viral Hepatitis Foundation Bangladesh*

Private foundation
Dhaka, Bangladesh

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Bangladesh reported for the 2013 World Health Organization [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#).

✓ The government information was thought to be accurate for **52.0%** of items.

Survey points marked "accurate":
1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.6, 4.8, 4.10 and 5.3.

✗ The government information was thought to not be accurate for **24.0%** of items.

Survey points marked "not accurate":
1.3, 4.3, 4.4, 5.1, 5.4 and 5.5.

— The respondent took no position on the government information for **24.0%** of items.

Survey points marked "take no position":
2.2, 4.2, 4.5, 4.7, 4.9 and 5.2.

The Viral Hepatitis Foundation Bangladesh did not provide any comments about survey items. The respondent also did not provide a statement regarding key hepatitis policy issues in Bangladesh.