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Integrating a community-based approach to non-communicable diseases care: a pilot programme in Bangladesh



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Abstract

Background As the threat of non-communicable diseases grows in Bangladesh, BRAC, in partnership with Medtronic, launched a pilot programme in early 2020 to leverage community health workers to improve the health outcomes of patients with hypertension and diabetes. This project builds off of BRAC's existing non-communicable disease programme, established in 2016, but incorporates patient-centred approaches to monitor and improve both patient compliance and outcomes.

Methods Activities included BRAC-run non-communicable disease centres to diagnose and treat patients with non-communicable diseases and specially trained community health workers to provide community-level care and strengthen referral linkages with NCD centres. BRAC also worked diligently to adapt its programming to the context of COVID-19, including equipping a subset of enrolled patients with machines to record their blood pressure and blood glucose levels at home with additional supervision by community health workers.

Findings Preliminary results were promising—on average, 90% of both home-based and clinic-based patients showed clinical improvements, and 91% were retained in care. About 98% of community health workers had on-time follow-up of patients with non-communicable diseases, showing routine compliance of care at the household level.

Interpretation Despite the pandemic, community health workers proved to be an effective tool in chronic disease management because the community trusts them and is receptive to their guidance, empowering health workers to deliver non-communicable disease care and promote lifestyle modifications. Contingent on further funding, BRAC will evaluate the effectiveness of this model in sustaining clinical outcomes and identifying pathways to scale across BRAC's large-scale health programme of over 40 000 community health workers.

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Contributors

All authors contributed to the design of the study, with project implementation led by AH and AR. All authors contributed to the analysis, interpretation, and discussion of results and adaptations to the model in light of COVID-19. All authors have seen and approved the final version of the Abstract for publication. All authors had full access to all the data in this Abstract and had final responsibility for the decision to submit for publication.

Declaration of interests

We declare no competing interests.

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