

Health progress and research culture in Bangladesh

The emergence of a research culture in Bangladesh promoting rigorous research, developing interventions, and translating evidence into policies made a substantial contribution to the improvement of health outcomes in Bangladesh. Notably, the reduction of mortality from diarrhoea and vaccine preventable diseases and control of fertility have made the most significant contributions to recent health gains. From basic research projects to clinical trials, some institutions played a key part in this progress.

Control of diarrhoea through use of oral rehydration therapy (ORT) is an example of rigorous research developed at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B),¹ and implemented by BRAC, which took this discovery to every household through an innovative programme. Bangladesh has now the highest ORT use rate in the world.

Important contributions of Bangladesh research shaping national programmes include projects on neonatal tetanus immunisation,² measles vaccination and child survival,³ and DOTS delivery for the management of tuberculosis.⁴

Family planning is another important issue where the ICDDR,B has made substantial contributions. Development of innovative models adopted nationally,⁵ made Bangladesh a successful example for family planning and control of population growth. Several national surveys (such as Bangladesh Fertility Survey, Contraceptive Prevalence Surveys, and Demographic and Health Surveys) helped monitor progress of contraceptive prevalence and trigger actions for continuous improvement.

Research from ICDDR,B on the discrimination against women and girls⁶ helped draw attention of policy

makers and leaders to develop female-focused programmes, and thereby contributing to improve health.⁷

Diarrhoea management and family planning are good examples of research which started by identifying country's problems with consequence on health and overall development, solutions were sought, solutions were found, and solutions were adopted in mainstream programmes.

The current continuing interactions between policy makers and researchers clearly suggest interest in evidence-based policies. This is a huge shift from the 1980s when interactions were very limited and at times confrontational. The establishment of the ICDDR,B and the provision of continued support to the institution was a testimony to Bangladesh's commitment to research.

Research in Bangladesh has been limited to a few organisations. A search of articles published between January, 2003, and August, 2013, showed that six organisations—ICDDR,B (1632 publications), BSMMU (194), BRAC (163), Bangladesh Institute of Research & Rehabilitation in Diabetes (BIRDEM, 157), BRAC University (124), and University of Dhaka (118)—contributed 89% of the publications.

International partners have played an important part in promoting research in the country and training many local researchers. The creation of health research institutions such as Institute of Epidemiology, Disease Control and Research, and National Institute of Population Research and Training is also worth mentioning. Research done in the universities has been somewhat limited, unfortunately.

In our opinion home-grown evidence and its use in designing policies, strategies, and programmes is a major contributor to health progress in Bangladesh so far.

The dynamic problem-solving focused research and the adoption and implementation of the solutions found have been a unique Bangladesh feature that is usually not seen in countries of similar socioeconomic

development. However, the research capacity needs strengthening and increased investment.

We hope that Bangladesh gives full attention to strengthening research capacity of the relevant institutions, especially in the public sector, to exploit the full potential of the prevailing enabling research culture to derive better health for its people.

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The challenges of malaria elimination

We share Chris Cotter and colleagues' (Sept 7, p 900)¹ concerns regarding the challenges ahead in strategic research for malaria control; however, we believe several issues demand closer attention, especially within historical context.



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