

This year's UN NCD declaration: Wins on targets, losses on taxes

UMMAY FARIHIN SULTANA

The United Nations High-Level Meeting (UNHLM) is a multilateral platform convened by the UN General Assembly to engage 193 Member States at the highest political level. On health, it elevates technical issues into the political agenda, ensuring greater visibility and accountability. The UNHLM on non-communicable diseases (NCDs), adopted on 25 September at the UN Headquarters in New York, has ignited mixed reactions. With NCDs claiming 74% of lives worldwide and 70% in Bangladesh, urgent action is non-negotiable, yet the declaration keeps some targets while falling far short of its original draft.

The politics of profit vs public health

Several technical documents were released, including the zero draft and successive revisions, to guide negotiations. Yet the final text is markedly weaker, dropping the previous goal that "at least 80% of countries" impose World Health Organisation (WHO)-recommended taxes on tobacco, alcohol, and sugary drinks by 2030. These measures are now optional "considerations", leaving wide room for industry influence and government hesitation.

In Bangladesh, the situation is stark. Tobacco kills over 160,000 people every year, yet the industry remains politically influential. According to the Bangladesh Demographic and Health Survey 2022, 49% ate junk food high in sugar and salt the day before the survey.

Some gains still matter

The final UN NCD declaration retains key targets. Yet, funding remains critically low. In Bangladesh, this means NCD services are still largely underfunded. Without decisive action, the global fight against NCDs risks losing momentum.

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Bangladesh's outstanding fight against heart disease



DR JAGAT NARULA

Up to 80% of premature CVD deaths are preventable through affordable access to care, early screening, and more opportunities to make healthy choices in nutrition and stay active. That is why on World Heart Day, which is on September 29, we unite to raise awareness, inspire action, and celebrate heart health. The theme for World Heart Day 2025 is Don't Miss a Beat. Loved ones around the world are missing out on time they should still have to spend together due to early deaths from CVD.

In June, Bangladesh announced a new wave of measures to tackle its fight against cardiovascular disease (CVD), including lowering stent prices, increasing the number of functional catheterisation labs in district hospitals, expanding coronary care units and creating new cardiologist roles to bring quality cardiac care closer to every citizen. These steps build meaningfully the country's national CVD action plan, one of only 16 globally. With nearly 358,000 annual deaths from CVD and 80% of those preventable through early intervention and affordable care, this renewed commitment offers hope for saving millions of lives.

Yet, even as progress is welcome, we need to work aggressively toward fortifying measures to prevent disease. At the centre of this are Bangladesh's severe air pollution levels, which are more than double the global mean. Dhaka's ranking as the world's fourth lowest city in the 2024 City Heartbeat Index, which measures air pollution among numerous other heart health indicators, underscores the urgency of tackling this issue. Prolonged exposure to toxic air, driven by coal-burning brick kilns, industrial processes and vehicles running on low-quality fuels, increases the risk of heart attacks and strokes. This is not a problem confined to the capital; cities such as Gazipur,

Noakhali, Cumilla and Tangail also face some of the country's heaviest pollution burdens, meaning that all 164.8 million citizens are exposed year-round to air pollution levels deemed unsafe by the World Health Organisation (WHO).

Long term exposure to air pollutants directly contributes to hypertension, a major risk factor for CVD, and was linked to over 140,000 CVD-related deaths in Bangladesh in 2021 alone. Hypertension, often dubbed a 'silent killer', affects nearly



one in three adults nationally, yet half of those with the condition are unaware, and most do not receive the treatment they need, even though national support is uniquely admirable. With air pollution exacerbating this, the need for action is more urgent than ever, especially in Dhaka and other heavily polluted areas. At the same time, only 40 percent of health facilities outside cities currently provide CVD specialist treatment, and some areas may lack essential medicines or diagnostic equipment.

Despite the challenges, Bangladesh has decidedly proven it can make progress. Tobacco use, the leading risk factor for CVD, has almost halved since 2000, thanks to strong public health action, including the Tobacco Control Act 2005 and mass awareness campaigns that highlighted the dangers of smoking. Additionally, public awareness of the importance of

physical activity is growing, especially in urban areas, thanks to initiatives such as the 2024 "Healthier in Motion" campaign in Dhaka, which promoted fitness among women and youth.

Institutions such as the National Institute of Cardiovascular Diseases and the National Heart Foundation are playing key roles in training doctors, supporting hypertension detection, and educating communities on salt reduction and healthier lifestyles.

Most significantly, Bangladesh is one of only 16 countries worldwide to establish a dedicated National Action Plan for cardiovascular disease, putting it ahead of many peers in recognising the urgency of this challenge. These steps show foresight, leadership and a clear commitment to safeguarding the health of its citizens.

Moving forward, a focus on strengthening PREVENTION and improving access to healthcare for all is key.

This includes raising awareness and investing in improving air quality, hypertension detection and treatment in primary care, and ensuring that medicines are available beyond Dhaka, which would go a long way. This would mean continued support to health centres, training for healthcare professionals in rural areas and ensuring the supply of essential drugs.

The responsibility remains on individuals, too, to maintain healthier lifestyles by engaging in more physical activity, adopting balanced diets and quitting unhealthy habits like tobacco use.

Bangladesh has admirably succeeded in lowering its CVD death rate from 392 per 100,000 in 2000 to 319 per 100,000 in 2019. With its national CVD action plan, a growing culture of awareness, and proven capacity to drive change, Bangladesh is laying the foundation for a healthier tomorrow. The progress so far shows that with sustained commitment, millions more lives can be protected.

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Uncontrolled high blood pressure puts over a billion people at risk

The World Health Organisation (WHO) released its second *Global Hypertension Report*, showing that 1.4 billion people lived with hypertension in 2024, yet just over one in five have it under control either through medication or addressing modifiable health risks.

The new report – released at an event co-hosted by WHO, Bloomberg Philanthropies, and Resolve to Save Lives during the 80th United Nations General Assembly – also reveals that only 28% of low-income countries report that all WHO-recommended hypertension medicines are generally available in pharmacies or primary care facilities.

Hypertension is a leading cause of heart attack, stroke, chronic kidney disease, and dementia. It is both preventable and treatable – but without urgent action, millions of people will continue to die prematurely, and countries will face mounting economic losses. From 2011 to 2025, cardiovascular diseases – including hypertension – are projected to cost low- and middle-income countries approximately US\$ 3.7 trillion, equivalent to around 2% of their combined GDP.

Analysis of data from 195 countries shows that 99 have national hypertension control rates below 20%. The majority live in low- and middle-income countries, where health systems face resource constraints.

Blood pressure medication is one of the most cost-effective public health tools. Yet only 28% of low income countries report general availability of all WHO-recommended medicines, compared to 93% of high-income countries.

Bangladesh increased hypertension control from 15% to 56% in some regions between 2019 and 2025 by embedding treatment in its essential health service package.

WHO calls on all countries to embed hypertension control in universal health coverage reforms. Implementing the recommended measures could prevent millions of premature deaths.

SOURCE: WORLD HEALTH ORGANISATION

Stop wasting food—Bangladesh acts now!

ABEDA SULTANA

Every year on September 29, the world observes the International Day of Awareness of Food Loss and Waste. The goal is to raise awareness, emphasise solutions, and promote global collective action to achieve the Sustainable Development Goal. Middle- and higher-income regions experience greater food loss and waste at the consumption stage, while developing countries lose more food from poor harvesting and weak infrastructure – a challenge that continues to persist.

Food loss is the food that is lost between harvest and retail, while the part wasted at the consumer or retail level is referred to as food waste. In 2021, about 13% of food was lost worldwide after harvest (FAO, 2023). About 19% of food was wasted across households, food service, and retail in 2022 (UNEP, 2024). Households cause about 60 per cent of global food waste (UNEP, 2024). On the other hand, in 2023, approximately 28.9% of the global population faced moderate or severe food insecurity (FAO, 2024).

According to the "Food Waste Index Report 2024", a Bangladeshi wastes an average of 82 kg of food at home each year, significantly higher than in many developed countries. In 2021, the figure was 65 kg. This rising trend is alarming. Over 211

million tonnes of food are wasted at different stages from production to post-harvest. In Bangladesh, where millions struggle with hunger and malnutrition, the need to tackle food loss and waste has been more urgent.

Food waste also harms the environment. Food waste contributes 8-10% of global greenhouse gas



emissions. The water used to grow food we waste each year is three times more than the volume of Lake Geneva in Switzerland. Wasting just 1 kg of beef means wasting 25,000 litres of water, while pouring away 1 litre of milk wastes over 1,000 litres. Globally, about one-third of all farmlands—some 3.4 million acres—

produces food that never gets eaten.

Stopping food waste requires action at every stage—from farmers to food processors and supermarkets to consumers. The first step should be aligning food production with demand. Second, we need improved methods to harvest, store, process, and distribute food. Restaurants, stores, and consumers can reduce food waste by identifying its sources. For example, misshapen fruits are still edible and can be used in dishes like soups. Consumers should buy only what they need. Buying in bulk may seem cheaper, but it isn't saving money if it ends up in the bin over the weekend. If food becomes unfit for people, it can feed livestock, be composted, or at least be recycled.

Now is the time for all—producers, businesses, consumers, and policymakers in Bangladesh—to act urgently, individually and together, to reduce food loss and waste and ensure a food-secure future.

- Think before you waste
- Take smaller portions at home or share dishes at restaurants.
- Turn leftovers into ingredients for another meal.
- Store food wisely.
- Reuse your food waste, such as for compost or bio-enzyme cleaner.
- Sharing is caring.

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From seeds to sustainable food systems

The Daily Star (TDS): How do Lal Teer's seed innovations contribute to better nutrition outcomes, and what evidence links these seeds to dietary improvements or food diversity at the household level?

Mahbub Anam (MA): Lal Teer's seed innovations help farmers grow diverse vegetables and cereals year-round, even in challenging climates. This ensures households have access to iron-rich greens, protein-packed pulses, and vitamin-rich vegetables. With high yield, disease resistant seeds, "hungry seasons" are reduced and diets improve. Evidence shows farmers using Lal Teer seeds harvest more crop varieties, boosting food diversity. Home gardening programs further increase vegetable consumption. By training and supporting women farmers, Lal Teer strengthens nutrition security for rural families across Bangladesh.

TDS: What regenerative agricultural practices are you promoting, and how are these being incentivised through market channels or partnerships?

MA: At Lal Teer, we prioritise climate-resilient seed varieties that need fewer chemical inputs, while promoting Good Agricultural Practices (GAP) through farmer training in soil-friendly techniques. Our Contract Growers' Mechanism guarantees harvest purchase, rewarding sustainable methods. We also build digital market linkages to connect farmers with buyers. Partnering with research institutions and NGOs helps scale adoption, reduce risks, and ensure both farmer income and the nation's long-term food security.

TDS: How do you engage farmers and consumers to create demand for more nutritious, sustainably grown crops?

MA: Lal Teer Seed Limited drives demand for nutritious,

sustainable crops through farmer engagement and consumer awareness. The company offers technical guidance, training, and climate-smart practices, while establishing demo plots and Farmer Field Days to showcase resilient, high-yielding varieties. Our Geodata-Based Information Services (GEOBIS) app offers real-time guidance on crop management, weather, and market conditions. Lal Teer also builds

water-efficient varieties, while GEOBIS-backed traceability verifies origins and offers cultivation advice.

TDS: What role does iDE play in facilitating farmer education and expanding access to improved agri inputs in underserved regions?

MA: In the remote and impoverished regions of Bangladesh, where quality agricultural inputs are scarce, iDE can bridge the gap between Lal Teer's high-quality seeds and smallholder farmers through its grassroots networks. By



Mahbub Anam
Managing Director of Lal Teer

offering hands-on training, iDE can promote climate-resilient practices and showcase the benefits of improved varieties. Integrating Lal Teer's certified seeds into local agri-dealers and demo plots ensures reliable access. With digital platforms providing timely advice and market updates, this collaboration would not only boost productivity and income but also strengthen the entire agricultural ecosystem, making sustainable farming a reality for those who need it most.

iDE, a global nonprofit organisation in 12 countries since 1984, drives poverty reduction through market-driven solutions in Bangladesh, scaling agriculture, WASH, climate resilience, clean energy, and women's empowerment.

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Pharmacists: An untapped pillar of Bangladesh's healthcare system

SHOTABDI SIKDER

Every year, World Pharmacists' Day on 26 September reminds us of the vital role pharmacists play in global healthcare. While Bangladesh has achieved remarkable success in pharmaceutical manufacturing—the broader role of pharmacists in direct patient care remains underutilised.

In developed countries, pharmacists are recognised as frontline healthcare providers. They go beyond dispensing medicines, contributing to clinical decision-making, patient counselling, vaccination, chronic disease management, and monitoring of drug safety.

Increasingly, pharmacists are central to preventive care and digital health services. Bangladesh, however, continues to view pharmacists mainly through the lens of industry.

This limited perspective prevents their integration into hospitals and communities where their expertise could significantly improve patient outcomes. The country's growing burden of non-communicable diseases, rising antimicrobial resistance, and gaps in rural

healthcare requires stronger pharmacist involvement. To bridge this gap, the government must act. First, policy reform should recognise pharmacists as essential healthcare professionals. Second, pharmacy education must align with global standards, emphasising clinical and patient-centred practice. Third, hospital and community healthcare systems should formally integrate pharmacists into their services. Finally, investment in research,

biotechnology, biosimilars, and digital health innovation will allow pharmacists to contribute more effectively to the nation's healthcare goals. The benefits to patients would be direct and profound: safer and more effective treatments, reduced misuse of medicines, lower healthcare costs, and stronger public trust in the healthcare system.

Bangladesh's pharmaceutical industry has earned international recognition. The next step is empowering pharmacists to extend their expertise beyond production lines—into the heart of patient care.

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