

BIRDEM : A WHO COLLABORATING CENTRE IN BANGLADESH

Brief history of BIRDEM

Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM) is the major non-profit project and central institute of Diabetic Association of Bangladesh (DAB). DAB was established in 1956 at the initiative of the late National Professor Dr. M Ibrahim and a group of social workers, philanthropists, physicians and civil servants. The Association started a small out-patient clinic in 1957 at Segun Bagicha, Dhaka to provide free health care to diabetic patients. A ten-bed day care emergency hospital was started later to provide emergency care.

Soon the demand for services by diabetic patients increased manifold and this necessitated establishing a Diabetic Clinic for providing comprehensive care to diabetic and endocrine patients in the '70s which, over the years, has turned into one of the largest centres in the world for diabetes health care services and research. The project, named as the Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM) formally started in 1978 at a central location in Dhaka City.

Today it is a 550-bed general hospital with almost all modern disciplines and an Out-patient Department dedicated mainly for diabetic patients. The daily turnover in the OPD is around 3000 with 60 to 70 new patients. The Institute has earned special reputation for its comprehensive approach to diabetes care, which, in addition to medicare, includes health and nutrition education, social welfare services and rehabilitation programmes. BIRDEM has also turned into one of the major academic and research centres in the country not only in the field of diabetes but medical services in general.

WHO Collaborative Centre

In 1982 BIRDEM was designated as the WHO Collaborating Centre for developing Community Oriented Programmes for Diabetes Control and Prevention. In 1997 the Institute was redesigned as WHO Collaborating Centre for Research and Training for Prevention and Control of Diabetes Mellitus.

In collaboration with WHO it has been conducting regular courses and workshops in the training of professionals (doctors and nurses) as well as paraprofessionals (technicians, health educators etc.). Besides, a number of studies have been conducted on the prevalence of diabetes in various sample groups of population, a study on hypolipidemic and antiplatelet activity of medicinal plants and a series of studies on antidiabetic plants were also initiated with the assistance of WHO. WHO has also been assisting in the development of IEC materials and public education.

That the collaboration will continue has been reflected in the WHO Work Plan 2004-2005, where fund has been earmarked for further capacity building of BIRDEM on surveillance, prevention and management of diabetes through sponsoring international seminars, procurement of medical equipment, computers, professional journals and training manuals for para-professionals.

Organisational Structure and Governance Patterns

The executive functions of BIRDEM are conducted by a group of Directors headed by the Director General. Policy decisions regarding BIRDEM are formulated by the democratically constituted 29-member National Council of DAB, which has representation from the concerned ministries of the Government as well as from Affiliated Associations. The Affiliated Associations of DAB (numbering 50 at present) are locally developed autonomous bodies that are affiliated to the Central Association. The Director General of BIRDEM is accountable to the National Council of DAB through the Secretary General of DAB.

Links With Other National Health Activities

BIRDEM works in close collaboration with the concerned ministries of the Government namely Social Welfare, Health & Family Welfare and Finance. BIRDEM acts as the referral center for diabetic patients from both public and private hospitals, clinics and general practitioners all over the country.

In the last two decades BIRDEM has played a prominent role in the development of medical manpower and expertise in the country with special attention in the field of diabetes and endocrinology. In addition, BIRDEM started Diploma and Degree courses under the University both in clinical and basic fields of diabetology and endocrinology. In the last decade these courses expanded to other basic and clinical disciplines as well. Now BIRDEM is the second leading organisation to offer post-graduate courses in different disciplines of medical sciences. In addition to people associated with DAB and its branches the advantages of these training programmes and courses have been taken by employees and staff of government and non-government organisations as well as by private practitioners. These steps have helped to realise the objectives of the early detection of diabetes and in creating mass awareness among the population regarding the disease.

BIRDEM is represented in the general body of the BMRC and maintains a close link with the Council and a significant number of BIRDEM staff has been supported by various research grants administered by the BMRC.

Links With Institutions Abroad

BIRDEM has now developed a fairly extensive collaborative network with regional as well as European research institutes. These links have proved to be highly useful in technology transfer, development of expertise and post-graduate degrees and diplomas in many cases. It may be mentioned that in these collaborative training and research programmes BIRDEM is also acting as a host for researchers (both from developing and developed countries) and in some cases it has played a vital role in transferring technology at the regional level particularly in antidiabetic plant material research.

Research Management Practices

Research and research training activities are primarily planned by individual departments/research groups. The research protocols or training proposals are finally approved by the Director of Research & Academy.

BIRDEM, has its own Animal House where researchers induce both type I and type 2 diabetes in rats by injecting β -cell toxic reagent streptozotocin. There are in-house breeding facilities. Supporting services are available for preparation of special rat diet on a contract basis and sterilisation of drinking water in house.

Institutional Strengths and Weaknesses

Strengths

The Research activities of the institution are expanding in both scope and volume in successive years. The rapidity of expansion is proportional to the epidemic increase of diabetes and its challenges. A good collaborating network has been established in both national and international level.

Weaknesses

The demand for clinical services is so high that most of the BIRDEM budget has to be dedicated for patient services. Also the physical facilities cannot be expanded in proportion to the increase in research activities.

Future Plans for Developing Research Programmes in the institution

- A. To expand the epidemiological clinical research capacities of the Institute using the vast patient base and nationwide network of sister organisations.
 - B. To strengthen the laboratory and animal house facilities which will increase the basic research potential of the institute
 - C. International collaborations with advanced institutes (already developed and to be developed) will be more streamlined to attain the above projects.
 - D. Creation of increased liaison with policy makers in public as well as private sector to translate the BIRDEM research results.
-