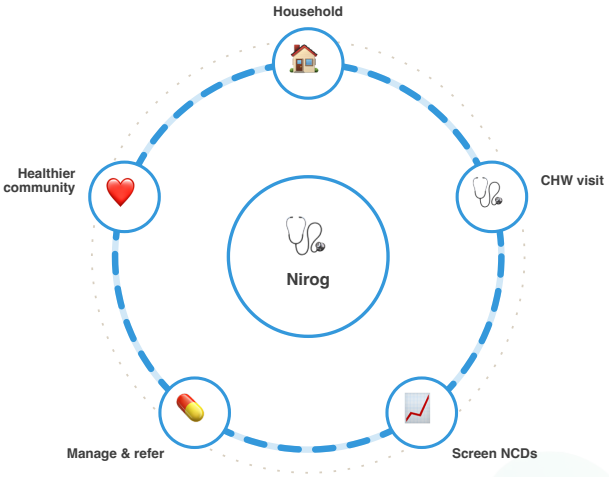
COMMUNITY HEALTH

Nirog

Community health

Bangladesh's NCD crisis is huge, under-treated, and addressable by community health workers



Household → CHW visit → Screen NCDs → Manage & refer → Healthier community

✓ PROVEN PRECEDENT

COBRA-BPS (NEJM): CHW care works at <$2/capita/yr

▲ WHY IT MATTERS

NCDs = 67% of deaths · 61.5% of diabetics undiagnosed

THE SITUATION IN BANGLADESH

In Bangladesh, noncommunicable diseases now account for 67% of all deaths, and nearly one in five adults risks dying from an NCD between ages 30 and 70 [1]. Hypertension affects roughly a quarter of adults, yet only 36.7% are even aware they have it, just 31.1% are treated, and a mere 12.7% have it controlled [2]. Diabetes tells the same story: around 13.1 million adults are affected, placing Bangladesh among the world's top 10 countries for diabetes, with nearly 5.7 million cases undiagnosed [6], and 61.5% of people with diabetes unaware of their condition [7]. The gap is worst in rural areas, where undiagnosed hypertension and diabetes are widespread and regionally unequal, leaving millions to reach advanced disease before anyone detects it [59].

OUR PITCH

Nirog closes this detection-and-control gap by pairing trained community health workers with simple AI screening tools, mirroring the model proven in the COBRA-BPS cluster-randomized trial, where CHW-led multicomponent care lowered systolic blood pressure by about 5 mmHg more than usual care across rural Bangladesh, Pakistan and Sri Lanka [3]. That same trial was highly cost-effective, projected to cost under US$2 per capita annually to scale, making door-to-door screening and chronic-care follow-up economically viable [4]. Our protocols follow the WHO Package of Essential NCD interventions (PEN), explicitly designed so non-physician health workers can detect and manage cardiovascular disease and diabetes in low-resource primary care [8]. The wedge is an institutional payer that funds screening and ongoing management as a cost-saving investment, because early detection and control of hypertension and diabetes is both clinically effective and cheap relative to the strokes, heart attacks and kidney failure that follow late diagnosis [34].

Built so the operator never fails

HelperChain doesn't hand out a loan and walk away. Every operator gets the **full rail** — inputs, training, finance, supervision and a **guaranteed buy-back** of what they produce. We carry the risk so an ordinary person can succeed.

Equipped & trained
We provide the tools, inputs and hands-on training to start — turning **household** into a working operation. No prior capital or expertise required.

Funded, not indebted
Pay-as-you-go, **riba-free** finance turns a poor person into a *funded* operator — with **no debt if a cycle fails**. The network carries the downside, not the operator.

Supervised & supported
Ongoing follow-up and quality assurance — the single factor peer-reviewed evidence shows decides whether ventures survive **(p<0.001)**. The operator is never left alone.

Guaranteed buy-back
HelperChain **commits to purchase the output at a fair, pre-agreed price**, so there is always a market — the operator just produces; **we guarantee the offtake**. This is what removes the fear of failure.

Surplus recycles
A thin margin is recycled to fund the next operator — so help compounds and the network grows stronger with every person it lifts.

The promise: we give the operator everything needed to succeed — and we buy back the output at a fair, pre-agreed price. Inputs in, output bought back, risk carried by the network — so they never fail alone.

SOURCES (9)

1. WHO (2021). NCD services in Bangladesh. WHO Results Report. www.who.int/about/accountability/results…

2. Chowdhury, M.A.B. et al. (2021). Prevalence, awareness, treatment and control of hypertension in Bangladesh (BDHS 2017-2018). Journal of Clinical Hypertension. www.ncbi.nlm.nih.gov/pmc/articles/PMC867…

3. Jafar, T.H. et al. (2020). A Community-Based Intervention for Managing Hypertension in Rural South Asia (COBRA-BPS). NEJM 382:717-726. www.nejm.org/doi/pdf/10.1056/NEJMoa19119…

4. Krishnan, A. et al. (2021). Cost-effectiveness of the COBRA-BPS hypertension programme. BMJ Global Health. pmc.ncbi.nlm.nih.gov/articles/PMC8050199…

5. Hossain, M.B. et al. (2019). Inequalities in undiagnosed hypertension among Bangladeshi adults. BMC Public Health. www.ncbi.nlm.nih.gov/pmc/articles/PMC637…

6. International Diabetes Federation (2021). IDF Diabetes Atlas, 10th edition — Bangladesh. diabetesatlas.org/data/en/country/16/bd.…

7. Islam, J.Y. et al. (2022). Awareness, Treatment and Control of Diabetes in Bangladesh (BDHS 2017/18). PMC. pmc.ncbi.nlm.nih.gov/articles/PMC9159140…

8. World Health Organization (2020). Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care. www.who.int/publications/i/item/97892415…

9. Mistry, S.K. et al. (2025). Prevalence and regional disparities of undiagnosed diabetes in Bangladesh (BDHS). PLOS One. journals.plos.org/plosone/article?id=10.…