Introduction Non-communicable diseases (eg, cancer) have become a high profile issue for healthcare delivery planners in India. In view of limited resources, there is a need for an integrated approach to the control of cancers with common aetiologies. Cancer of the uterine cervix is one of the leading malignancies in Indian women. The present exercise attempts to study the relationship between cervical cancer and tobacco related cancers based on the age adjusted incidence rates as generated from reports of National Cancer Registry Programme of ICMR.

Methods Correlation analysis between the age adjusted rates of cancer of uterine cervix and tobacco related cancers such as mouth, oesophagus, lung were conducted for the three population based cancer registries at Bangalore, Mumbai and Chennai. Multivariate analysis was used for the relationship between cervical cancer with smoking habits based on the data generated through the ICMR study.

Results Results revealed that adjusted OR associated with development of cervical cancer among smokers was found to be of the order of 4. There was a strong relationship between trends in cervical cancer with oral cancer and oesophageal cancer ranging from 0.4 to 0.8 (p<0.05) substantiating the fact of a common aetiology.

Conclusion The tobacco control programs which are a priority with government of India’s National Cancer Control Program could also target cervical cancer control.

Background There is increasing evidence to suggest that the epide-miologic transition is well underway in Bangladesh and many of the low and middle income countries are facing a dual burden, with a huge load of infectious diseases and an increasing burden due to NCDs.

Objectives The objective of this paper is to describe the current status of NCDs in Bangladesh and policy guidelines in regarding the issue.

Methods This paper has been prepared based on literature review and content analysis. Relevant full articles (both academic and popular), abstracts and reports within the context of Bangladesh were reviewed from relevant journals.

Results In Bangladesh around 12.5% of all deaths are caused due to various types of cardiovascular diseases among 27.6% death due to NCDs. The prevalence of hypertension is reported as around 12% and the prevalence of diabetes in urban area is double (10%) than rural area (5%). The prevalence of COPD (≥70 years, depending on the assessment instrument. Frailty predominated in males (60.0–80.0%), 4 or less years of schooling (76.0–91.0%), single (44.0–59.0%) and time in the institution of up to 8 years (64.3% to 72.0%).

Conclusions As a developing country, in Bangladesh, addressing NCDs happens to be a multifaceted challenge. Appropriate strategies under high level political commitment and necessary funding as a part of the integrated development and health agenda of Bangladesh are essential.