

in the following decade. To this BRAC added immunization, then vitamin A supplementation, then more complex efforts to redress malnutrition, therapy for pneumonia — the list continues to expand. BRAC recognized the strong desire of rural women to control their own fertility, and family planning use among BRAC's members now exceeds 40%, when the rest of the country has not reached half that level. Cure rates for TB exceed 90%, among the highest in the world. Disabilities, arsenic contamination of water supplies, malaria — whatever conditions afflict the poor,

BRAC is prepared to work with communities to find affordable solutions.

### Lessons learned

Along with BRAC colleagues, I have reviewed the history of health activities in BRAC over the past 30 years in a recent book, *Learning to reach health for all: thirty years of instructive experience at BRAC*.<sup>1</sup> This analysis seeks to reveal the characteristics that are common to all of BRAC's work, and thereby provide some answers to the frequently heard question: "How does BRAC do it?" We believe

that these answers will be useful when it comes to designing effective programmes in other countries. It is evident that the health impact of BRAC is intimately related to its approach: its partnership with those it serves, its respect for women, especially poor women, its attention to effective support, management and evaluation, and above all, its inspiring leadership. BRAC's workers and their partners believe that a better life is possible for all, and by their actions aim to realize this belief. ■

**Competing interests:** none declared.

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### References

1. Rohde JE, editor. *Learning to reach health for all: thirty years of instructive experience at BRAC*. Dhaka: The University Press; 2005.

### Corrigendum

In Vol. 84, issue number 7, 2006, pages 562 and 563, the published titles of Fig. 1 and Fig. 2 were interchanged and the title of Fig. 1 contained an error. The title of Fig. 1 should be "Eligibility of underreporting studies for inclusion in the systematic review" and the title of Fig. 2 should be "Eligibility of epidemiologic studies for inclusion in the systematic review".