

Interview

Sixty years of saving lives

STAR HEALTH REPORT

icddr,b, better known locally as the ‘Cholera Hospital’, has made many innovations including its landmark innovation of ORS that has saved an estimated 50 million lives globally since its inception in 1960.

This centre of excellence of the Global South is celebrating 60 years of its service to mankind throughout 2020. The Daily Star (DS) had an exclusive interview with icddr,b Executive Director (ED) Professor John D. Clemens recently where he was asked critical questions to understand the international organisation’s history, successes, challenges, major innovations, future directions and commitment to humanity in the days ahead.

DS: Would you please tell us about icddr,b from a historic perspective?

ED: The year 2020 marks a major milestone in the history of icddr,b. About 60 years ago on December 5, 1960 the then South East Asian Treaty Organisation (SEATO) established a small laboratory in Dhaka named Cholera Research Laboratory (CRL) to be operated under the National Institutes of Health (NIH), USA at the very onset of the seventh cholera pandemic. The laboratory was also known as CRL or Pak SEATO CRL or PSCRL. Later in 1978, it became International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) through a Government Ordinance followed by a meeting at World Health Organisation (WHO) headquarters in Geneva in 1979.

DS: icddr,b does claim it has saved 50 million lives globally with ORS. What is the basis of the claim?

ED: During the late 1970s, the WHO estimated that there were 500,000,000 (five hundred million) episodes of diarrhoea in children under 5 years of age each year, resulting in roughly five million deaths from diseases like cholera annually.

In 2007, Fontaine, Garner, and Bhan estimated that more than 50 million children have been saved by oral rehydration therapy (ORT) between 1982 and 2007 – that is on average of 2 million lives a year.

Based on these estimates the number of children saved from 1982 until 2019 by ORT could be more than 70 million. Whatever the exact number of lives saved is, it would not be an overstatement to say that many adults would not be alive today if not for the discovery of ORS earlier called ORT.

DS: icddr,b has been holding the glory of anti-diarrhoeal treatment. What are icddr,b’s other major innovations except for ORS?

ED: In 1970, our scientists, working with US CDC, US NIH and WHO, demonstrated that widely used whole-cell injectable cholera vaccines, the only cholera vaccines available at the time conferred low, short-lasting protection. Subsequently 26th World Health Assembly in 1973 recommended against countries’ requirements for travellers from developing countries to present a certificate of vaccination against cholera, saving billions of dollars.



Professor John D. Clemens, Executive Director, icddr,b

And the WHO recommended against the use of these cholera vaccines in public health programmes for the control of cholera.

In 2015, icddr,b scientists, working with scientists at the University of Melbourne, invented ultra low-cost bubble-CPAP for treatment of severe pneumonia in children. This has a potential to save thousands of infants from premature death. Large scale trials are underway in Bangladesh and in Ethiopia. Recently, WHO has recommended the use of bubble-CPAP for treating Covid-19 positive children suffering from pneumonia.

These are only a few of the contributions made by icddr,b amongst other widespread contribution to science.

DS: icddr,b is a donor-funded international organisation. What is your plan to make it a self-sustaining organisation within the next 10 years?

ED: icddr,b’s annual budget is around USD 70 million, about 70% of this comes from research funding. Other revenue comes from core donor funding and from our clinical diagnostic services. Last year we provided free-of-charge treatment to more than 280,000 patients. We are grateful to Bangladeshi companies, and to the Bangladeshi public through our “hospital appeal campaign” for their continued support to our hospitals and will welcome their support in future too. We are also working to grow our endowment fund and welcome contributions from every walk of life. During the pandemic, many Bangladeshi corporations and individuals came forward to help us in saving lives at our hospitals.

Donors play a very important role in the development, growth, operations and sustenance of icddr,b. Steps are underway to raise our revenue through new initiatives of self-sustenance

that include increasing our endowment funds, as well as an exciting new Contract Research Organisation that will be able to conduct clinical trials of products under development by local and international pharmaceutical companies. We look to local philanthropists and also to the corporations to support our Hospitals and Endowment Funds with their CSR budgets.

DS: What are the major events you have planned to celebrate your organisation’s 60 years?

ED: Our 60 years’ celebration started with the Asian Conference on Diarrhoeal Disease and Nutrition (ASCODD) 2020 in late January. We have had a plan for several stakeholder engagement events throughout the year but due to the COVID-19 pandemic we have revised our celebration programmes and relied on online engagement.

2020 is not only special for icddr,b but also for the nation as Bangladesh celebrates the birth centenary of Bangladesh’s founding father Bangabandhu Sheikh Mujibur Rahman. A tree plantation campaign will be led by our Staff Welfare Association planting 100 saplings in celebration of Bangabandhu’s birth anniversary.

icddr,b has launched a research grant opportunity for female scientists in Bangladesh called Mujib100 Research Grant for Women (RGFW) on this occasion, which we believe will encourage Bangladeshi female researchers to build their career in science.

DS: Thank you.

ED: You are welcome.

RECOMMENDATION



Travel restrictions must be used in a targeted way to be effective at controlling local COVID-19 transmission

International travel restrictions may only be effective at controlling the spread of COVID-19 when applied in a targeted way, according to research published in The Lancet Public Health journal. The measures may have limited impact on the epidemic within individual countries except those with low levels of the virus or that have strong travel links with countries experiencing high rates of infection.

Every country in the world had imposed some form of travel restrictions – which have high economic and social costs – by late April 2020 as part of efforts to control the spread of the COVID-19. However, until now, no studies had produced global estimates of how the risk of importing cases relates to local transmission levels. Findings from this study could enable policymakers to determine where travel restrictions will have a major impact on slowing local transmission, and where they will have little effect.

Professor Mark Jit from the London School of Hygiene and Tropical Medicine, who led the study, said: “We recognise that these measures carry a high economic and social cost, so it is important that governments use travel restrictions in a targeted way. Before introducing restrictions, they should take into account local infection figures, epidemic growth rates, and the volume of travellers arriving from countries heavily-affected by the virus.”

The findings indicate that international travel restrictions were most effective at limiting local transmission of the virus during earlier stages of the pandemic. This is because imported cases led to outbreaks in countries with very few – or no – existing cases.

The authors conclude that recommendations about international travel restrictions should not be applied uniformly. Countries must first consider local infection figures and epidemic growth rates, as well as the volume of travellers arriving from countries heavily-affected by COVID-19. For instance, in September 2020, the measures would be effective in New Zealand and China because the virus had been suppressed to such low levels in both countries that the expected number of imported cases is similar to the local rate, meaning arrivals could trigger a new local wave of infections.

HEALTH bulletin



More years of obesity means higher risk of disease

A greater obesity duration is associated with worse values for all cardiometabolic disease factors, according to a new study published recently in PLOS Medicine by Tom Norris of Loughborough University, UK, and colleagues.

People with obesity do not all share the same risk for the development of cardiometabolic disease risk factors. The duration a person has spent with obesity over their lifetime has been hypothesised to affect this variation.

More years of obesity was associated with worse values for all measured cardiometabolic risk factors. The association was particularly strong for glycated haemoglobin, or HbA1c: those with less than five years of obesity had a 5% higher HbA1c compared to people with no years of obesity, while those with 20 to 30 years of obesity had a 20% higher HbA1c compared to people with no obesity. Importantly, this increased risk persisted when adjustment was made for a robust measure of life course obesity severity.

The findings suggest that health policy recommendations aimed at preventing early obesity onset, and therefore reducing lifetime exposure, may help reduce risk of diabetes, independently of obesity severity.

Get the lead out!

DR MAHFUZAR RAHMAN

Lead is a toxic metal in the globe. It is one of the most ubiquitously spread toxic metals due to thousands of years of use in many applications. It has been used in paints, gasoline, cosmetics, stained glass, ammunition, toys, various other materials, and recently found in spices especially in turmeric and chilli powder. It was banned for use in paints in developed countries many years ago but continues to be a problem in low-income countries with chipping paint that has not been properly remediated.

People are exposed to lead through: soil contaminated with lead or food cultivated in it; lead water pipes or those soldered with lead, which can leach into the water supply; some canned goods, if the cans are soldered with lead; paint on some imported toys and lastly, battery lead. Lead can make its way into the body from anywhere, it can be from the air, soil, water and even from some homes. The leading cause of lead poisoning in children living in Bangladesh and similar countries is the subpar recycling of lead-acid batteries.

For many years, environmental lead has been known to be a health and developmental hazard for young children. Lead is more dangerous to children than adults. Because it can harm the developing brain, causing reduced intelligence, learning disabilities and behavioural problems, school attention deficit disorder, and learning disabilities. The major exposure to Bangladesh has been lead gasoline. All of Bangladesh’s fuel centres have been

converted to lead-free gasoline, people should not be having exposure to it. Although an ideal blood lead level (BLL) is zero, recent studies indicated the national mean BLL among Bangladeshi children below 19 years of age is estimated to be 7 µg/dL. This level is associated with a loss of major intelligence among children. Bangladesh is estimated to have the 4th highest rate of death attributable to lead exposures globally.

The toxic truth is children’s lead exposure can potentially impact children’s growth and intelligence potential. Therefore there is utmost need to mitigate lead exposure by enhancing awareness and appropriate disposal. One of the most important things we can do to decrease children’s exposure to lead in Bangladesh and similar countries is to ensure lead is no longer used in household and other paints to which children may be exposed (such as paints on playground equipment) and appropriate way of disposing lead-containing batteries. In developing countries, awareness of the public health impact of exposure to lead is growing but relatively few of these countries have introduced policies.

A variety of interventions may be recommended, including improved nutrition, correction of iron deficiency, family education, chemical chelation, and attempts to remove lead sources from the child’s environment. Therefore we need continued investment in the reduction of lead exposure across the globe.



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Health camp held in Kaliganj by Shishu Aangina

A health camp was held in Kaliganj, Gazipur organised by ‘Shishu Aangina’, a child and women development center recently, says a press release.

The health camp took place to mark the occasion of the 16 days of activism against Gender-Based Violence which is an annual international campaign that kicks off on 25 November - the International Day for the Elimination of Violence against Women, and runs until 10 December, Human Rights Day.

  /StarHealth



Dialysis Lifeline Uninterrupted...
We never stopped even during the pandemic

Dialysis for Non-COVID patients
At Level 2 Dialysis centre

1. Triageing at Dialysis centre entrance (for both patient & attendant)
 - Questionnaire • Temperature check
2. Caregivers attending with all safety gears
3. Precaution: Patients need to inform Dialysis Centre in advance from home, if they are experiencing any fever, chill, sore throat, cough or any likely COVID symptoms for the caregivers to give them necessary advice

Dialysis for suspected COVID cases

1. Patient is advised for COVID test
2. Dialysis is scheduled at day end, at the farthest corner bed of the centre
3. Keeping safe distance from other dialysis beds.
4. The bedsheet, pillow, quilt and other linens are sent separately for disinfection at segregated laundry area
5. If patient turns out to be COVID positive then s/he is sent for dialysis at COVID wing; if not then regular dialysis continues

Dialysis for COVID patients

1. Separate dialysis area with dedicated machine at COVID wing
2. Available for both out-patient and in-patient COVID cases
3. Caregivers (different team from non-COVID ones) attending with safety gears
4. CRRT and HDF available for COVID patients as well

Plot 15 Road 71 Gulshan Dhaka 1212
Emergency: 0191 400 1234

Dialysis Appointment
0191 400 1370

Appointment
02 22 22 62 466 | 10666