

Feature

Health

EPI has Achieved Major Success

APNAR Shishuke Tiba Din' (immunize your child) is a slogan that has captured the public imagination, and a logo with a child depicted on it, has made the message comprehensive to the unlettered also. Various commercial sections use this EPI logo on their products. Top film and television artists and popular football team captains have appeared in Expanded Programme on Immunization (EPI) posters.

EPI is one of Bangladesh's most wide-ranged programmes in the health sector. "Immunization is to vaccinate a body for making it immune to specific diseases," said Dr Lutfur Rahman Talukdar, Director, EPI, Bangladesh.

Six preventable childhood diseases for which vaccines are widely available are measles, pertussis (whooping cough), tetanus, polio, diphtheria and tuberculosis.

"Recognizing the serious problem of infectious childhood diseases, and the benefits of immunization, the World Health Organization (WHO) set up the EPI with the goal of making immunization services available to all the world's children by 1990.

In 1985, the vaccination coverage of children of Bangladesh was only two per cent and only 22 per cent of the population had access to health service. In 1990, 80 per cent of children had access to vaccination service and 65 per cent had received measles vaccine, the last antigen to be given.

Initiatives to promote urban immunization. WHO's assistance is provided for short-term consultant fellowships, group educational activities,

by Nazme Sabina

"We organize a series of training programmes at national, district and thana levels for various categories of health and family planning workers in

the national level. But at the community level, health assistants (HA) and family welfare assistants (FWA), representing two wings of the Health and Family Welfare Ministry, form the vaccination team and work together. Oral Rehydration Salt (ORS) and conventional contraceptives are available with HA and FWA respectively."

Speaking about problems facing by EPI, he said, "Though TT vaccine is produced at the Institute of Public Health, DPT vaccine also should be produced here. Because, how long do we have it from international organizations? Efforts are being made to produce vaccine at the local level, but projects are yet to be implemented."

About the special programme of the first National Immunization Week (NIW), '92 he told, "The week would focus on the identified constraints.

The national coverage evaluation study conducted in February under the supervision of international organization reveal that Dhaka and Chittagong divisions have low coverage. I think, lack of supervision from district to lower levels is the main reason of it.

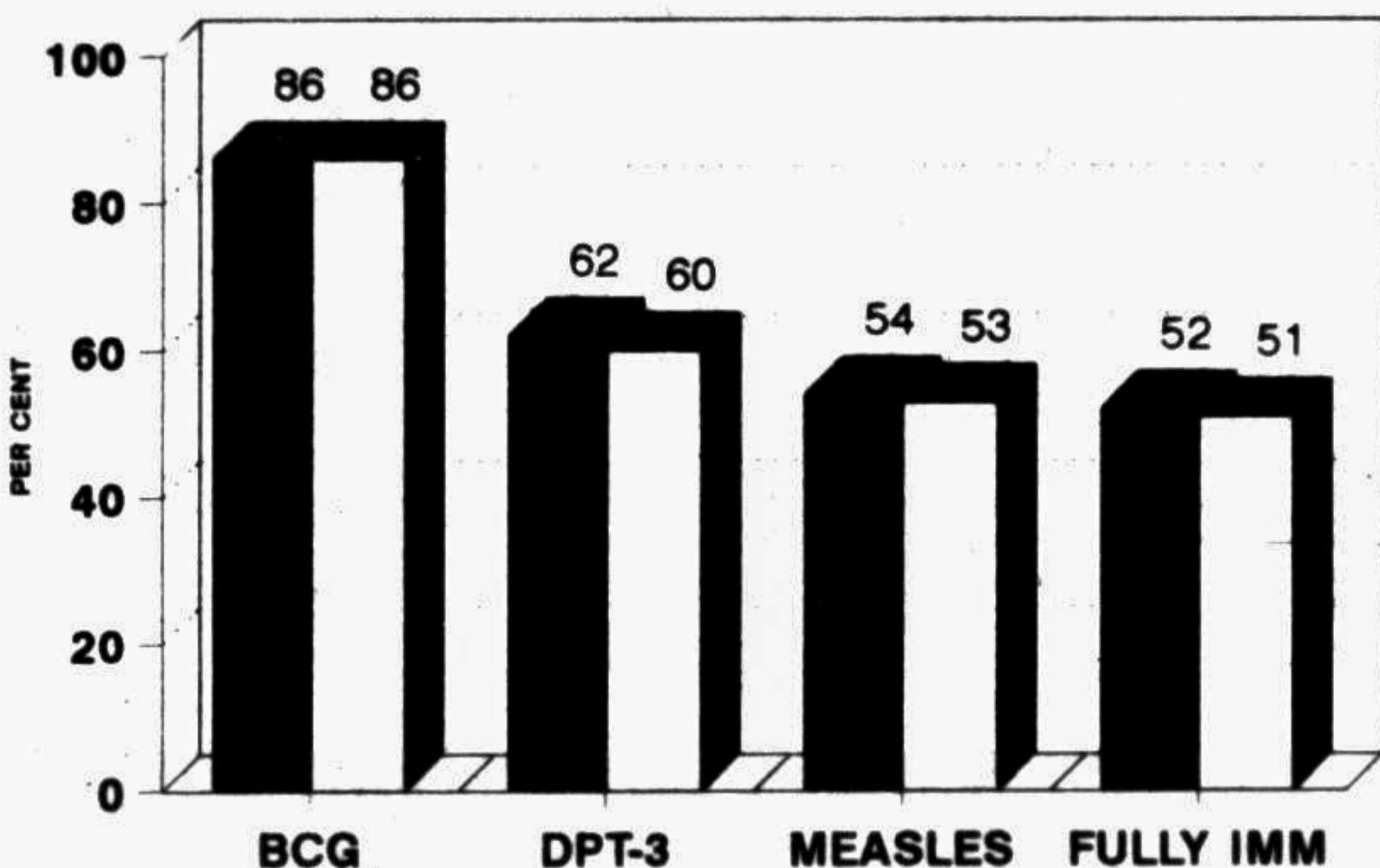
That's why we should strengthen our supervisory network.

The success of EPI does not concern merely policy issues but also mirrors the national spirit.

More, it attaches great importance to the rights of the children, since the theme of the week is 'full immunization is a basic right of every child.'

The address of USAID representative in NIW deserves consideration: "Clearly there are lessons from Bangladesh urban EPI which other countries can share. Comparably, coverage surveys were recently conducted in ten major US cities and I regret to report that no more than 55 per cent of children under two years of age were found to be fully immunized!"

EPI BANGLADESH COVERAGE PERFORMANCE 1991 & 1992 UNDER ONE CHILDREN



local cost subsidy for survey and supply materials. UNICEF has played an important role by supplying vac-

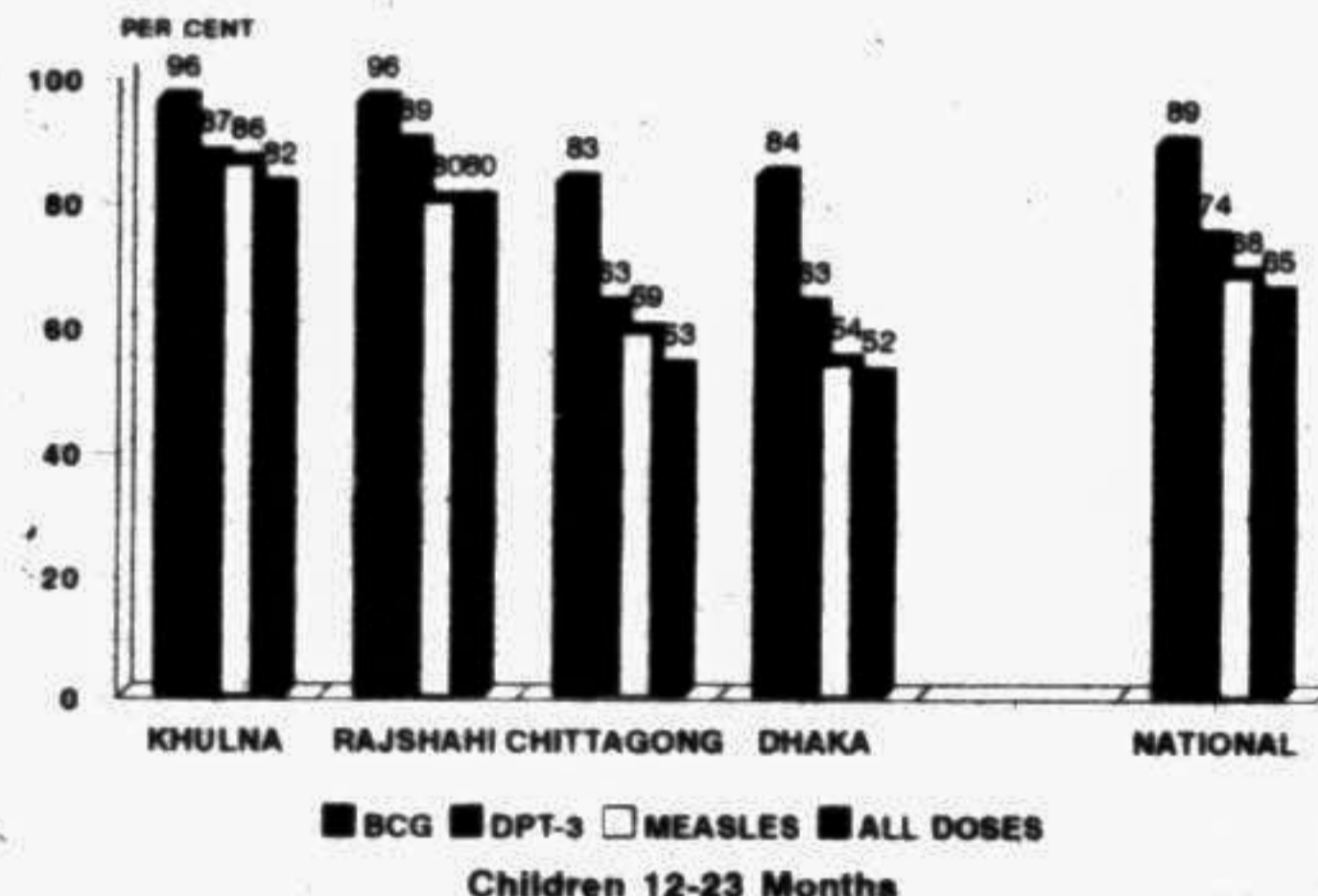
vided mobility by supplying vehicles and also borne the vaccine transport cost to the periphery.

technical, managerial and educational skills. A three days' orientation of civil surgeons and deputy directors (FP) of districts are held on an annual basis at the divisional level. Four officers from each thana and all supervisory staff at district level come in a team for mid-level managers' training course," Dr Talukdar informed.

The main objectives of these courses are to provide necessary skills, to plan the programme considering the local situation, to supervise and manage the programme for effective implementation and to train the field staff.

All health and family planning workers at the thana level receive six days' technical training and three days' training on social mobilization. Dr Talukdar said, "There are separate director generals for the Health and Family Planning at

DIVISIONAL COVERAGE COMPARING EACH VACCINE



Intensified immunization programme was conducted on a phased basis starting in eight thanas in 1985-86 and reaching all 460 thanas and 88 towns in 1989-90. The developed thanas ever chosen first, where experiments were easier, logistics constraints less and the infrastructure largely in place," Dr Talukdar told The Daily Star.

CARE, BRAC, RDRS — three NGOs provide educational and training support in the thanas of Khulna and Rajshahi division.

Assistance from SIDA and Rotary International were channelised through UNICEF. USAID joined EPI of Bang-

Schizophrenia Linked to City Life

by GS Mudur

A new study has indicated that living in cities might increase the risk of schizophrenia, the most severe among mental disorders that has long been enveloped by an aura of mystery and dread.

The link between schizophrenia and city life comes from a team of British and Swedish researchers, and is the latest in a series of studies conducted over the past few decades aimed at identifying patterns in the incidence of this psychiatric illness.

The British-Swedish study looked at the place of upbringing of a group of people linked to the Swedish national Register of Psychiatric Care and found that the incidence of schizophrenia was 1.65 times higher among men brought up in cities than in those who grew up in rural areas.

The cause of schizophrenia — a set of mental disorders characterised by disturbances in thinking and feeling, fragmented and disjointed mental processes, ambivalent, sometimes contradictory emotions and even hallucinations — remains unknown.

Doctors still have little idea of how exactly schizophrenia persists in populations down generations, how schizophrenics who inherit the disease differ from those who do not, and whether and how the course and prognosis of this illness is influenced by industrialisation.

Several studies including one conducted by the World Health Organisation during the seventies have demonstrated

that the course of schizophrenia is less severe in developing countries than in developed countries.

"Studies conducted in India have also indicated that schizophrenics tend to do much better if they come from rural backgrounds," says Dr Shekhar Saxena, additional professor of psychiatry at the All India Institute of Medical Sciences in New Delhi.

Now the British-Swedish team says its study indicates that the highest rate of

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schizophrenia was found in cities, intermediate rates in large and small towns, and the lowest rates of schizophrenia in rural areas.

Reporting their findings in a recent issue of the British medical journal Lancet, the doctors from the Institute of Psychiatry in London and the Huddinge Hospital in Sweden said the association with city life was stronger for schizophrenia than for other psychotic illnesses.

This link between life in the city and schizophrenia persisted even after the researchers adjusted their findings to account for some known risk factors in city life.

These included family history of psychiatric illness, parental divorce and the use of drugs.

The researchers have concluded that undetermined factors in the city increase the risk of schizophrenia. Possible factors could be neurological damage caused by viral infection or childhood head trauma, both of which are more common in cities than in rural areas, they said in their report.

"This is a sophisticated investigation," said Dr Saxena, commenting on the new study. "But it might not be applicable to countries like India since the sociological structures found in our cities differ from those found in cities in developed countries," he said.

He said earlier studies had indicated that the course of the illness in developing societies is not as deteriorating as in some developed countries. Some factors that probably prevent schizophrenics in developing countries from deteriorating much could be family ties and lower pressures on individuals to perform their roles in society, he said.

However, factors like overcrowding, stress and strained interpersonal relations associated with city life might be other risk factors, Dr Saxena said.

— (PTI Science Service)

It's Time to Rethink Male Approach to AIDS

by Ely Maniquis

Is something being overlooked in the global fight against AIDS?

In less than a year, or from April 1991 to February 1992, as many as one million adults and children were added to global figures on AIDS and HIV infections, bringing the total of those infected to 10-12 million, says a World Health Organisation (WHO) report.

WHO projects that by year 2000, HIV infections (which lead to AIDS) will range between 30 and 40 million, tripling or quadrupling in just eight years' time.

The costs could become such that human survival — rather than growth — will become the target of development assistance, says Elizabeth Reid of the United Nations Development Programme (UNDP).

Ms Reid, director of UNDP's HIV and Development Programme, suggests a re-thinking of the approach to combatting AIDS: "place women at the centre of the

avoiding sexual contact is still best, she admits. But if this cannot be done, protection can also come from "reducing the efficacy of the HIV virus. Genital lesions, inflammation, secretions and scarification caused by infections and practices like female genital mutilation increase the possibility of transmission.

It is therefore important that services for the prompt diagnosis and treatment of sexually transmitted diseases and other genital ailments be brought to where both women and men can have ready access to them, says Ms Reid.

A woman may also be better able to protect herself if she knew about her partner's HIV infection he is in. While she may not be able to refuse sexual contact on mere fear or suspicion, she can put her foot down if the risk to her life is definite.

Similarly, faithfulness cannot insure safety for a woman if her husband gets infected. And it is practically impossible for a woman to practise abstinence if her partner refuses to do so.

Says Derework Zewde, Ethiopian founder of the Society for Women and AIDS in Africa: "A woman in my part of the world would be kicked out of the house if she says (to her husband), 'I will not have sex

with you because I know you are having sex with others."

Condom use is also a man's decision. Furthermore, sexual assault including incest and the rape of young girls is on the rise, points out Ms Reid.

With a women-centred approach, more consideration would be given to measures over which women have greater control. For example, research can focus on how barrier methods for women like the diaphragm can prevent the transmission of the virus which causes AIDS.

There is no reason to assume that condoms protect women more than diaphragms do, with or without a spermicide, in the case of HIV. Yet no attention has been given to determining the adequacy of diaphragms as a protective measure."

Such models of women's collective action — as well as legal interventions that have produced concrete results — abound and should be highlighted if men's HIV-related behaviour is to change, she says.

A woman-centred approach will also reveal that HIV-infected women will need "more than drugs and medical care."

They will need a wide range of support services — "household care for ill women, child care, emotional support to deal with anger and guilt, social support to deal with stigma, legal support to lessen discrimination and financial support, as so often they will not have an income coming into the house."

— Depthnews Asia



Manifestation against AIDS — Photo: Lane/Jerrican

analysis."

"This is not an academic or feminist exercise." It means saving millions of lives," she says.

One-tenth of the new infections mentioned in the WHO report are in children born to HIV-infected mothers.

Among the major strategies to prevent HIV virus transmission are reducing the number of sexual partners, the use of condoms and faithfulness in relationships if not celibacy and abstinence. These, Ms Reid points out, are male-centred strategies and largely beyond women's control.

The reality, she says, is that most women whose blood test positive for HIV infection were "not infected through their own behaviour," although they are "blamed as the source of transmission."

It is this fraudulent image that is helping to fuel the worldwide growth in cigarette consumption at a time when the effects of tobacco are well chronicled. The American tobacco merchants can relish the prospect of the promised 2% increase in annual consumption to the year 2000. The financial rewards will not be voluntarily relinquished despite the scale of the largest avoidable epidemic next to AIDS.

"Of the two billion children now living in the world, about 800 million are going to become smokers. If just a quarter of those get killed by the habit, that will mean 200 million deaths from tobacco," explains Peto.

In May some of Richard Peto's calculations for the WHO, compiled with Dr Alan Lopez, were published in The Lancet. It's hard to imagine any other product lasting a day longer on the shop shelf in the face of the recent confirmation that cigarettes kill about one in three smokers.

"It's a hypocrisy that is perhaps unknown in the history of American foreign policy," says Matthew Myers, a Washington-based attorney who once investigated tobacco advertising in the US for the Federal Trade Commission. "I think what is happening currently with American tobacco exports is one of the great international tragedies going on today and it will tarnish the entire image of the United States. I don't think historians will forgive us and I don't think they should."

— Third World Network Features

US Tobacco companies on Recruiting Drive in Third World

by Richard McKerrow

It ought to have been easy for Yorkshire Television's *First Tuesday* to make a documentary about the United States tobacco industry. The golden relationship between America and tobacco is older than the constitution and healthier than the footage of a young Ronald Reagan advertising Chesterfield cigarettes. Over 400 congressmen pocket tobacco funds each year and the industry contributes US\$4.8 billion to the US trade deficit.

If you visit Richmond, Virginia, you can tour the Philip Morris plant, home of Marlboro cigarettes, and view a conveyor belt of Lark cigarettes that doesn't move fast enough to satisfy Japanese demand. The company boasts operating revenues larger than Egypt's gross national product (GNP) and twice the size of Ireland's, and tour guides happily fire off the generous dollops of American tax money provided by Philip Morris.

But this same 'Pride in Tobacco' — the motto of R J Reynolds, producers of Camel, Winston and Salem, which decorates the North Carolinian town of Winston-Salem — vanished in the face of *First Tuesday's* attempts to understand the roaring success of American exports. Permission to film the perfectly legal process inside a manufacturing plant, where cigarettes tumble from high-tech machines at a rate of 8,000 per minute, was denied by all the major players; requests for interviews with company officials were rejected; the US Trade Representative couldn't field an official capable of responding to questions and vice-president Dan Quayle also proved unavailable.

Perhaps this wall of silence is not entirely unrelated to the current brand of global politics practised by the transnational tobacco companies, particularly those headquartered in the US. As cigarette smoking in the industrialised West has declined, these companies have aggressively carved out new markets in the Third World.

While the awareness that 'Smoking Kills' grows in the West, the companies receive the full support of their respective governments in taking the product East and 'pushing it' in the developing world. In 1990, Dan Quayle explained the strategy on a visit down south: 'Tobacco ex-

ports should be expanded aggressively because Americans are smoking less."

What this policy promises to unleash is a huge epidemic of death with the new killing fields located in the 'Third World. In 1989, the World Health Organisation asked a group of special consultants to calculate the number of worldwide deaths that would result from tobacco if current smoking patterns continue. Dr Richard Peto of the Cancer Studies Unit at Oxford University headed the group that reported to the 1990 World Conference of Tobacco and Health in Perth.

Currently, some two and a half million people die each year from smoking, and two-thirds of those deaths are in the developed world. "In the 2020s," explains Peto, "there's going to be three million deaths a year in the rich countries alone from tobacco and

its Trade Representative, began working to prise open the monopoly cigarette markets in Asia.

Deploying Section 301, a piece of American trade legislation that empowers the US government to take action against any nation judged to be imposing 'unfair' or 'discriminatory' trade restrictions, the US threatened trade sanctions unless Japan, Taiwan, Korea and Thailand opened up their markets to American cigarettes. In the face of severe trade threats, resistance crumbled as Japan, Taiwan and South Korea quickly opened up their markets in 1986, 1987 and 1988 respectively.

The tobacco companies had hired former Reagan White House aides, Michael Deaver, Richard Allen and Alexander Haig, to assist their efforts. Various congressmen, such as Senators Jess Helms and

virtually unheard of before the entry of American cigarette brands. Although advertising of cigarettes on television was banned in the US in 1971 (1965 in the UK), a confidential document from the US state department reveals that the US government requested TV advertising for tobacco in Taiwan during trade threats in the mid-1980s.

Although the request for TV advertising was eventually dropped, Taiwan agreed to accept print advertisement. The arrival of American cigarettes in 1987 brought an almost immediate increase in consumption of about 5% and an alarming rise in the number of young smokers. Five years later, American tobacco companies have captured 16% of the market.

Even where laws and advertising restrictions have been imposed, the transnational tobacco companies find imagina-

US tobacco companies are using various tactics to target Asian smokers, to make up for the declining tobacco consumption in their own country. Tobacco export promotion is one of the great global tragedies for which historians will not forgive the US, says an expert.

seven million deaths a year in the poor countries."

These are the potential victims of the Tobacco Wars and, as the world's major exporter of tobacco leaf and cigarettes, the US is leading the onslaught. In 1989, 142 billion US-manufactured cigarettes were shipped abroad, a 24-billion increase over the previous year.

Even Dr James Mason, assistant secretary of the US department of health and human services, was moved enough to remark in Perth that it was "unconscionable for the mighty transnational tobacco companies — and three of the major ones are in the US — to be peddling their poisons abroad, particularly because their main targets are less developed countries." Dr Mason, subsequently muzzled by the Bush administration, was also unavailable to be interviewed by *First Tuesday*.

Nowhere has the growth in the American export market been more dramatic than in Asia, where the number of exports rose 75% during 1988. It is here that the US government has chosen to wage its tobacco wars most intensely during the past decade. During the 1980s, the Reagan administration, through the office of

Mitch McConnell, who enjoy generous campaign contributions, issued their own veiled threats.

Michael Deaver was paid US\$250,000 by Philip Morris and secured an audience with President Chun Doo Hwan of South Korea, while Allen received a retainer from R J Reynolds for lobbying services. Since the American tobacco invasion, the companies have been rewarded with an increase in cigarette consumption in each country — an annual increase of about 5.5% in Asia.

Only Thailand fought back and the international quarrel was eventually settled by the General Agreement on Tariffs and Trade (GATT) in September 1990. Although GATT ruled that the Thai government should open its market to American tobacco imports, it upheld Thailand's right to ban cigarette advertising by finding that GATT's charter allows countries "to give priority to human health over trade liberalisation."

But the US-led tobacco wars are not just about the right to sell American cigarettes abroad. The tobacco companies and, in some instances, even illegal in the US.

The main record store in Kuala Lumpur is the Salem Power Centre, and all the best discs are put on by tobacco companies. In January, Paula Abdul performed under the

new ways to rewrite the rules. In Malaysia, the response to a ban on TV advertising was to develop alternative products with the same name and logo as the famous cigarette brands. So prime-time television is peppered with ads featuring Dunhill accessories, Lucky Strike motorcycling gear, Salem High Country Holidays and so on.

Salem is Asia's most popular menthol cigarette and is sold by R J Reynolds. Where exactly the 'Salem High Country World of Refreshment' depicted on Malaysian television is located remains a mystery, and *First Tuesday's* efforts to book a Salem holiday at the offices in Kuala Lumpur went unrewarded. We were referred to R J Reynolds back in the US.

The nefarious efforts to recruit new smokers in Asia are targeted particularly at young adolescents. Beyond the 'brand-stretching on television found in Malaysia, the tobacco companies are sponsoring rock tours and concerts in the region.