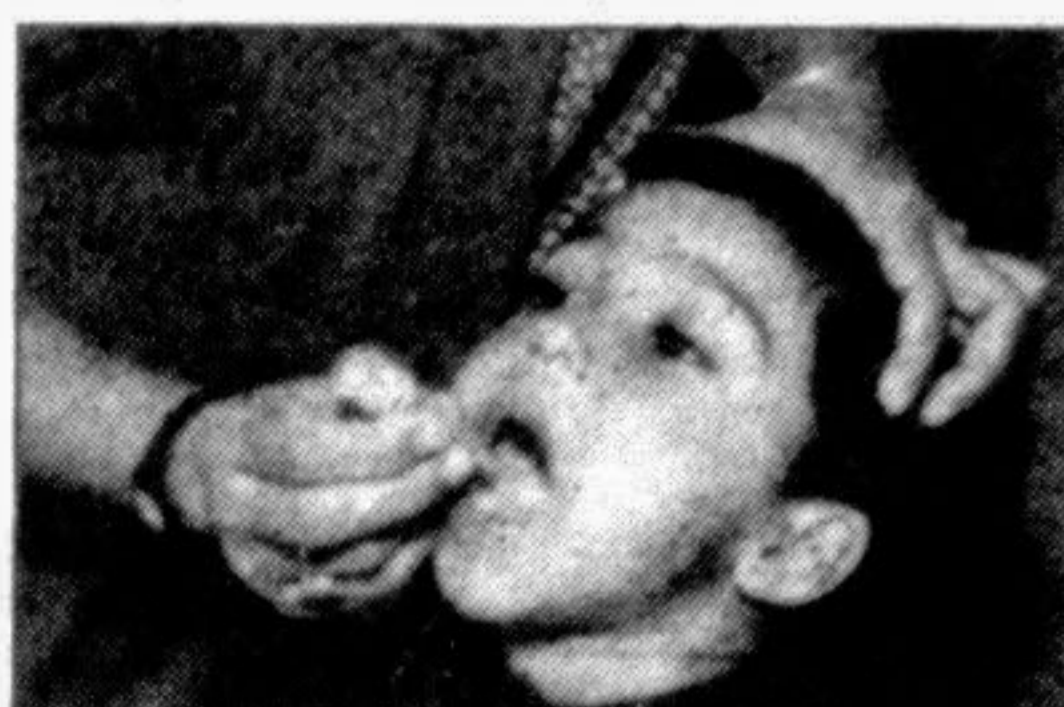


NID News

If your child is below 5 years of age make sure he or she takes two drops of polio vaccine on the 16th of April — National Immunization Day. No matter how many times your child has taken the vaccine or if he or she has not taken it at all, he or she must be immunized on that day. With the vaccine children aged 1 to 5 years will also be given a Vitamin A capsule.



Oral vaccination for polio — a simple precaution to prevent life long crippling.

ERADICATING POLIO BY THE YEAR 2000 An Achievable Target

by Aasha Mehreen Amin

IT was in the Spring of 1989 that Ameena of Faridpur, was to complete the first year of her life when she felt a strange stiffness in her legs, followed by a numbness and fever. The village doctor confirmed that it was a disease called polio that was to cripple little Ameena for life.

The disease that sealed Ameena's fate so cruelly is a vaccine preventable disease which, if contracted causes life-long physical disability. Although polio is virtually non-existent in advanced countries, it is still prevalent in many developing countries including Bangladesh.

The target of eradicating polio in Bangladesh by the year 2000 call for World Health Day on April 7th, may seem a little too ambitious in a country where basic health care is so poor. But Dr Salim Shakur, a well-known child specialist attached to the Shishu Hospital in Dhaka, believes that this target is very much an achievable one. A survey conducted in 1983 showed that every year 10,000 children in Bangladesh suffered from diseases related to polio. The same figure in 1993, says Shakur, has come down to 235 cases of flaccid paralysis, a condition of polio, with 138 confirmed polio cases.

This dramatic reduction explains the child specialist, is largely a result of the nationwide polio prevention campaign that has begun in the last few years. Polio is a viral disease, transmitted by oral faecal route. In other words a child suffering from polio will pass stool that is infected by the polio virus, which in turn may infect other children. Once contracted there is no cure and the child must live with permanent handicap of the

legs. As with many other diseases, prevention, says Shakur who is an associate professor of Bangladesh Institute of Child Health is the best way to deal with this dreaded disease. The polio vaccine, administered orally and in three doses with one month intervals gives life-long immunity to children. Usually the polio vaccine is given along with the injectable vaccine for diphtheria, pertussis and tetanus (DPT). "It is better", says Shakur, "if it can be given immediately after birth and along with measles vaccine at 9 months of age."

The symptoms of the disease are clear enough although, warns Shakur they could imitate those of other diseases not related to polio. The usual indication of polio he says, is a stiffness in the limbs followed by severe weakness, with the muscles becoming flaccid, often leading to paralysis. "This is because the virus damages the nerve cells which keep the muscles active and powerful". The

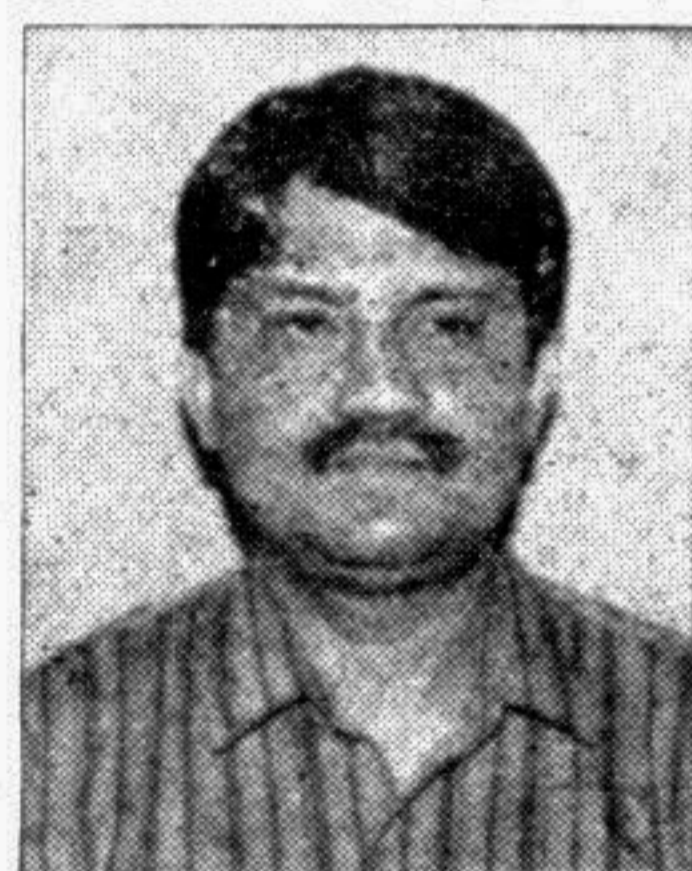
Having a national immunization day or NID, Sakur stresses, is one of the most effective ways of eradicating polio since a very large number of children get immunized at one go.

weakness, adds Shakur, is asymmetrical, that is not affecting both sides equally.

"Parents, however", he says, "should not get paranoid as soon as such symptoms are detected since, they could be conditions of some other less dreadful illness and it is best to consult a doctor first".

Prevention of the disease, therefore, cannot be stressed enough, according to Shakur and the strategy for polio eradication on a nation-wide basis includes three steps: i) high coverage with polio vaccine; ii) effective surveillance systems to identify and investigate all possible polio cases; and iii) conducting supplementary immunization.

Having a national immunization day or NID, Sakur stresses, is one of the most effective ways of eradicating polio since a very large number of children get immunized at one go. NID has been very successful in other parts of the world such as Central and South America where polio is now non-existent. "Bangladesh is not lagging behind", says Shakur, "the Bangladesh government (Ministry of Health and Social Welfare), took a decision to conduct a national immunization day on March 16th and April 16th this year and this will be repeated in 1996 and 1997". About 20 million children are expected to



Dr Salim Shakur, Associate Professor & Consultant BICH, Dhaka Shishu Hospital.

benefit from this nation-wide programme.

So far with the NID programmes 80 per cent of urban children under two years have been immunized with 75 per cent of all children in Bangladesh being brought under the immunization programme. NID has been implemented by the Rotary Foundation of Rotary International, USAID, UNICEF, WHO and several NGOs with the Ministry of Health and Social Welfare being the initiator of the programme.

But what about those children who have already been vaccinated, are there any harmful side effects if they receive the vaccine again as will be inevitable in NID programmes?

"The objective of NIDs", says Shakur, "is to administer oral polio vaccine to all children under five years, irrespective of earlier vaccine or resident status, in one single day. It is very unlikely that a child who has already been vaccinated according to schedule will be harmed by another dose". Rather, he adds, this will ensure that every child in the community, and eventually in the entire nation, is covered.

Moreover, points out Shakur, the polio vaccine produces both "humoral and gut" immunity, that is, it removes the carrier of polio and displaces the virus preventing the spreading of the disease.

Having National Immunity Days once or twice a year, therefore, by providing mass immunity and preventing the spread of the disease can make the target of eradicating polio by the year 2000, a realistic goal for Bangladesh. Shakur concludes.

Are We a Healthier Nation Since 1971?

by Dr Naila Z Khan

HEALTH is an essential quality of life measure. When one considers the health of an entire nation over a span of almost 25 years, it is probably difficult to come up with one comprehensive assessment without making it sound too simplistic. Nonetheless, it is not unreasonable to ask: Are we a healthier nation since 1971? There are innumerable ways of replying to such a question. Demographic measures, for instance, make easy reading and are immediately comparable over time. On the other hand, what do they say about the actual quality of life of a people. After 25 years are they more able, intellectually, behaviorally, socially, motorically or psychologically? What about secular trends, a phenomenon by which certain highly developed societies such as Japan and Sweden have increased their average height, motor performance etc. within the same span of time mentioned above?

There are so many aspects to the health of a nation that one may have to look at it from different points of views to make any valid assumptions.

A question of demographics? When Bangladesh emerged as a new nation in 1971 how important was the health sector to the policy makers, and in fact to the informed public in general, in the overall design of building the country? The First Five Year Plan (1973-78) states that 'preexisting health facilities were grossly inadequate both in quality and in quantity, and services were enjoyed by only a privileged few'. It further states that the total estimated population in 1973 was 74 million, with a growth rate of over 3 per cent. The infant mortality was 140 per 1000, crude birth rate 47 per 1000 and death rate 17 per 1000. Based upon all these alarming indices, the amount of resources allocated from public funds was about 5 per cent of the total budget.

More so, someone two decades later the demographic information may leave someone with both hope and despair. Infant mortality has come down to 91 per 1000, crude birth rate to 31.5 per 1000, and crude death rate to 11.2 per 1000. Less infants and children are dying today and that is surely something to acknowledge and be thankful about, although it would have been more heartening to see at least a halving of the deaths in so many years. What is of more concern is the total estimated population of 116 million (1993) people. By the turn of the century the population is expected to be double that of 1971 (Fourth Five Year Plan). Resource allocation from public funds have also seen a reversal, with the health sector receiving 2.5 per cent and family planning 4.08 per cent.

Less food for more people, or lack of equity? Calorie intake of the average Bangladeshi has come down to 1850 kilocalorie, much less than the required amount. Nutritional deficiency in children has risen from 60 per cent in 1971 to 75 per cent in 1995. It may well be that pauperiza-

The scientific and rational practice of medicine today leaves very little scope for empirical prescription of drugs, a method practised by most doctors, having for example no availability of a blood or urine culture at hand. If the question is an 'appropriate transfer of technology' and training of genuine technicians, then it is another important issue to be addressed, and a service that the general public have a right to.



Hoping for a healthier, happier life — courtesy UNICEF.

tion is leading to such drastic states in our children, and there are many hypotheses for this phenomenon that economists often make conjectures about. Even more drastic is to compare the affluence and waste that is seen within the urban middle and upper classes, especially in the wedding ceremonies taking place everyday of the year in various community centre, Senakunja etc. How many mouths would that kind of money and food feed? If mass starvation is a matter of wealth and resources being concentrated in the hands of the privileged and powerful few, such man-made epidemics must certainly be confronted at the economic and political level.

Health service infrastructure: a success story marred by poor quality of service? This is one aspect where in 25 years we have made considerable strides. Over two-thirds of the total Thanas have a Thana Health Complex (THC), most of them equipped with specialized services such as medical specialist, gynaecologist, and surgeon. Each is also supplied with essential drugs and vaccine. Paramedical health personnel are also posted to each union to provide antenatal care to mothers.

reproductive services to women, immunization and treatment for common ailments. All this compared to almost no services 25 years ago. The fatal flaw in this apparent success story is that very few people avail the services of the THC, most going to the very same doctors in the local bazaar and pharmacies.

Service without a smile? Firstly, who is responsible for this informal (not illegal) 'privatization' of services? This is a question that needs to be addressed. Secondly, the diagnostic aids available to any Thana or even District hospital is rudimentary, obsolete and inadequate by any modern standards. The scientific and rational practice of medicine today leaves very little scope for empirical prescription of drugs, a method practised by most doctors, having for example no availability of a blood or urine culture at hand. If the question is an 'appropriate transfer of technology' and training of genuine technicians, then it is another important issue to be addressed, and a service that the general public have a right to. The third flaw is a lack of accountability of the service-provider. Finally, health deliver is a service industry, and the motto

'service with a smile' is something we have failed to provide. Health education institutions are points where changing attitudes needs to be addressed.

Commitment to international mandates and the integration of social factors into health provision:

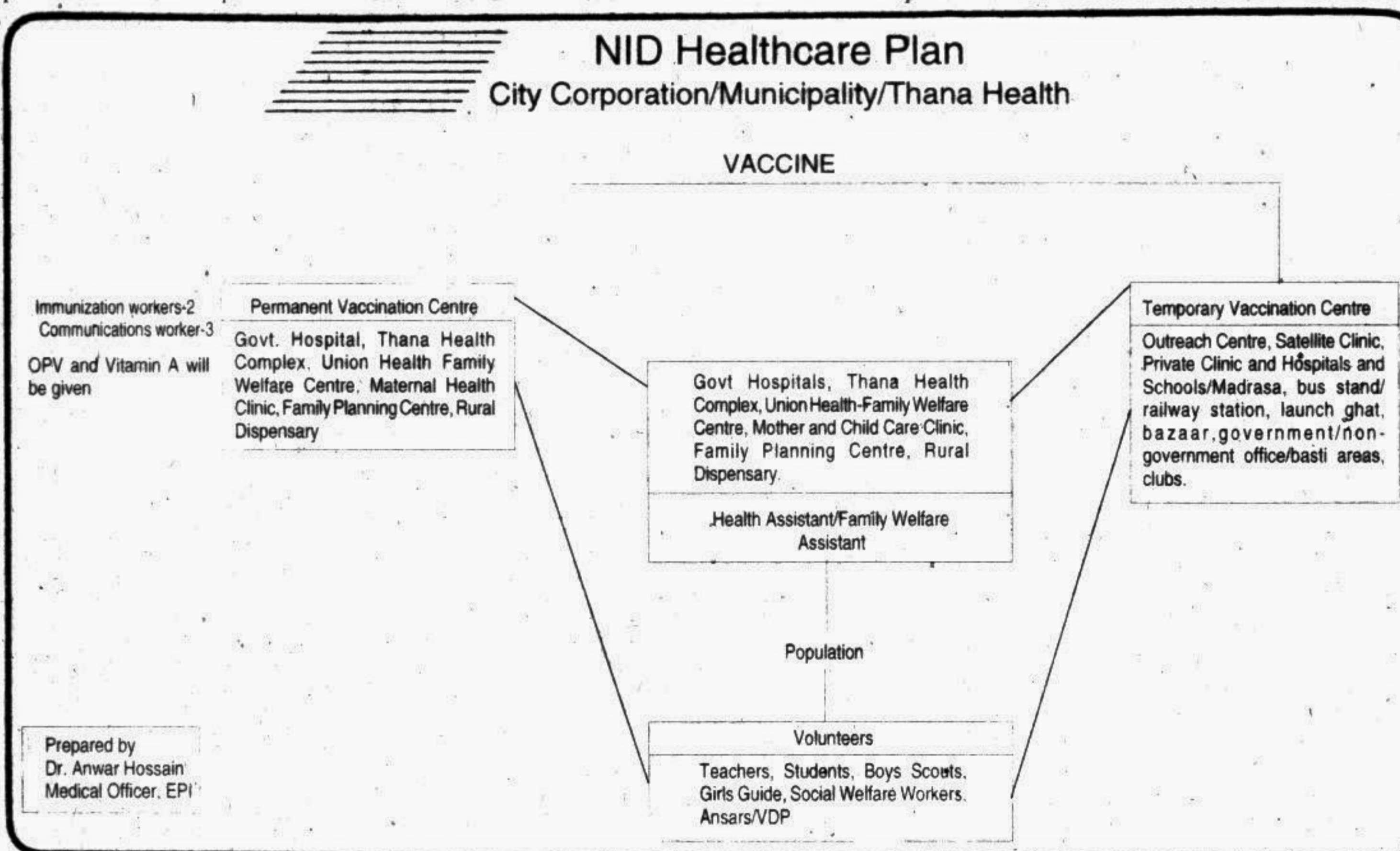
Today the health rhetoric, and some practices, is very much geared to 'Health for All by the Year 2000', universal immunization of children within the EPI programme. The Cairo Declaration, The Social Summit in Copenhagen etc. The positive aspects of such commitments are being seen in the numbers of immunized children in Bangladesh today, which has risen to over 80 per cent in most areas, availing of antenatal care which is over 60 per cent, etc. A caveat is that some areas such as Chittagong still remain low by such statistics. The social phenomenon of health practices by area need to be investigated, esp. in such vulnerable area. Reproductive health has come a long way, but perhaps only in rhetoric, from mere 'cafeteria' distribution of contraceptives to better health provision all through a girls life span, starting from the safety, wellbeing and rights of the girl-child, the independent working woman, the single parent, and the aging woman, and also the inclusion of men and women in the practice of safe sex. The public health sectors inclusion of various womens groups into their policy-planning cells is an important step forward, one presumes.

A concerted effort to be healthier in body and mind?

Millions of malnourished children, abandoned single mothers, small girls having babies, mass pauperization, exodus into the polluted metropolis, hunger, starvation, beggary — is that how we visualize the state of health of our nation? What future for these children who are born maimed, undergo deprivation of all varieties, and still manage to stay alive. Some glimmer of hope is seen where health, economies of daily living, human rights, functional education and rudimentary institutional support are combining efforts. Today one may even say that the policymakers are no longer unaware of the strengths in combining efforts, to make health multi-sectoral, diverse, and part of the social development. After 25 years of struggle, this is definitely a victory of the people. One only hopes that it is directed toward a healthier nation.

In the words of a small girl of 12 who sells flowers in the streets of Dhaka, whom I spoke to the other day — "Apa, I want to study hard, make lots of money, and be healthy and beautiful" — a simple demand from a child with dreams in her eyes. This beautiful country which has given us many joys, is hers as much as ours, and one hopes that she has the strength to keep fighting for it.

The writer is a child specialist and Associate Professor of Child Development and Neurology Unit, Dhaka Shishu Hospital.



USAID contributes 9.8 million dollars to the eradication of polio from Bangladesh

BANGLADESH is committed to eradicating polio by the year 2000. The United States Agency for International Development (USAID) is a partner with UNICEF, the World Health Organization (WHO) and several non-governmental organizations (NGOs) in Bangladesh's National Expanded Programme of Immunization (EPI) to achieve this goal.

The objective of EPI is to reduce the present level of infant and child mortality. A survey conducted in 1983 showed that 10,000 children in Bangladesh suffer from diseases related to polio every year.

USAID, in support of the programme has committed funds totalling \$9,840,000 to implement projects undertaken by the Bangladesh Ministry of Health and Family Welfare. Prior to the start of USAID's involvement in the EPI programme in 1988, only 5 per cent of Bangladeshi children had been fully

immunized in the urban areas. Today, 80 per cent of urban children under two years of age have been immunized, and 75 per cent fully immunized nationwide.

USAID is contributing its technical and financial assistance through a US-based organization called BASICS (Basic Support for Institutionalizing Child Survival). The BASICS experts and helpers are now working in Bangladesh urban areas under four city corporations and 88 municipal committees.

Bangladesh will observe its first ever National Immunization Day (NID) tomorrow (March 16). On this day, all children under five years of age, throughout the country, will be immunized against poliomyelitis. About 20 million children are expected to benefit from this nationwide programme. Recently, a media briefing, in which USAID representatives participated, was held to explain the NID strategy.

Courtesy — USIS.

A Revolutionary Antibiotic Introduced in Bangladesh Market

THE past half century has witnessed the discovery and subsequent development of a remarkable number of antibiotics. However, despite the fact that dozens of these drugs are available for clinical use, the search for new antibiotics continues. There are several reasons for this. Notable among them are:

- Absence of an ideal or optimal antibacterial agent and
- development of bacterial resistance to antibiotics

Development of bacterial resistance to antibiotics (antimicrobial agents) often results on account of incomplete total course of antibiotic treatment. This happens largely because the patients become asymptomatic within 3 to 4 days of antibiotic therapy in most situations although bacterial eradication may not have occurred. Obviously the urge to medication diminishes and very often they forget or decline to continue the remaining course of 5 to 7 days therapy leading to selection of resistant strains.

An antibiotic therapy which does not require to be continued after the disappearance of symptoms without any risk of resistance development would therefore be the most preferred or ideal one.

In the quest for such an antibiotic, AZITHROMYCIN, the first member of a new class of antimicrobial agents called the 'azalides' is developed by a European pharmaceutical company (Pulva-Yugoslavia). Azithromycin has brought in

The Health Status of Women in the World Today

by Dr Farinaz Parsay

Every minute of each day, two women become infected by HIV, and every 2 minutes a woman dies from AIDS. By the year 2000, women will account for 50 per cent of all HIV infections

THE most basic human right is the right to health. However, women suffer from more ill-health and are more vulnerable to certain diseases than men. This may be attributed to the fact that women are biologically and physiologically different from men. In addition, women are subject to gender differences which have consequences on their health status.

Socially, we live behind masks of gender that make it easy for us to relate to each other through our immediate recognition of specific roles we have designed for the purpose of social communication. Depending on the code of

communication developed by a specific gender in a given culture living can be facilitated for one group and complicated with painful consequences for the other. In the world today, unfortunately, not a single day goes by without evidence of the precarious position of women as they struggle for their survival.

Based on the statistics published by the World Health Organization, of the 150-200 million pregnancies each year about 23 million involve serious complications and half million result in death. Unwanted pregnancies force 20 million women to seek unsafe abortions every year. Many

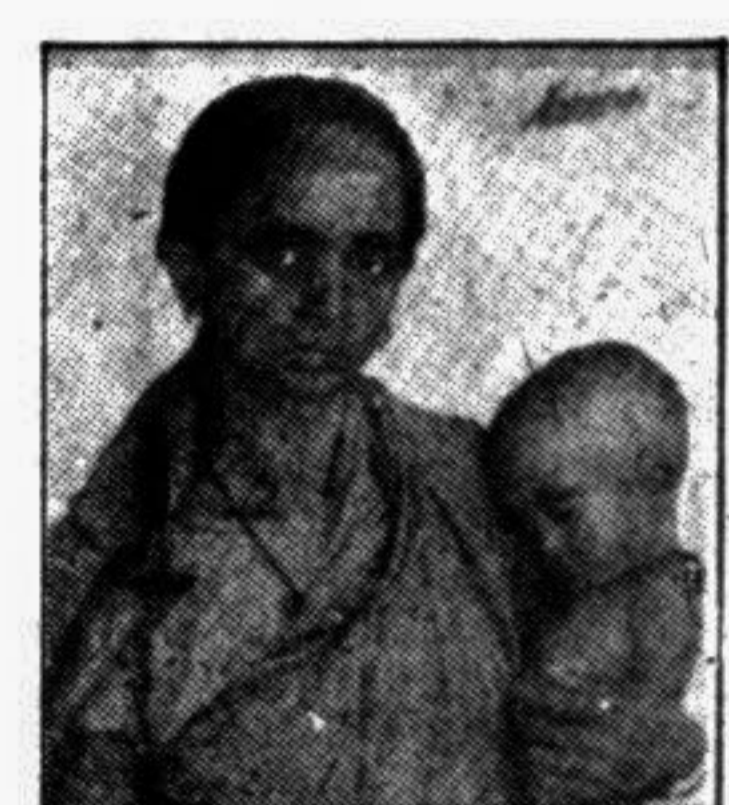
die and 15 million survive with long-term disabilities. Poverty, drought, famine and civil war has distorted communities, dispersed families and contributed to the increase in prostitution. In one country 50-75000 street children survive through prostitution, with all the health consequences this entails.

Every minute of each day, two women become infected by HIV, and every 2 minutes a woman dies from AIDS. By the year 2000, women will account for 50 per cent of all HIV infections.

Violence against women is reaching alarming proportions world wide and has given rise to stress, mental disorders, paralysis and suicide.

Young girls are increasingly used as a source of cheap labor, performing tasks in an environment fraught with health risks.

Gender based discrimination in feeding patterns in early life has been detected in numerous developing countries contributing to protein energy malnutrition, anemia and other micronutrient deficiencies in young girls which affect not only their own lives but also future generations. Studies show a feminization of poverty in the developing



A malnourished child with his mother who has a cataract in her eye — better nutrition the critical factor for a nation's health. — Courtesy BDF

countries, perpetuating the pre-existent inequality of the sexes and consequently affecting the health of the female population disadvantaged as they are in access to food, education, and health services.

It is estimated that 75 per cent of the world's eighteen million refugees are women and girls. Most of them are exposed to poor nutrition and illness, and many of them to violence, including rape.

Based on the above the past 20 years have been marked by resolutions, declarations and conventions in support of women. In September 1995 the Fourth World Conference on Women will be held in Beijing, China, and a platform for action will be adopted there. The Beijing conference can be seen as an important market towards which efforts should be directed, particularly at national level to ensure that governments and non-governmental organizations adequately address women's health issues. Let us hope that it will be so.