

## WORLD HEALTH DAY

## Emerging Infectious Diseases in South-east Asia Region

THE Global eradication of smallpox in 1977 and the discovery of antibiotics and vaccines led to optimism and a sense of complacency that infectious diseases, as public health problems, could be eradicated or eliminated. This complacency has had adverse consequences, and, at present, infectious diseases are the leading cause of death, world-wide. Today, at least 17 million people die annually from infectious diseases. The South-east Asia Region (SEAR) unfortunately, accounts for almost 41 per cent (7 million) of these tragic deaths. Even so, this figure is an underestimation since some non-communicable diseases too, such as certain types of cancer and malnutrition, can be contracted as a result of an infection.

Today, SEAR countries, the spectrum of infectious diseases is changing rapidly in conjunction with dramatic socio-economic and ecological changes. While the age-old diseases, such as cholera and tuberculosis, continue to dominate the disease pattern in the region, others like malaria, plague and kala-azar, which were on the verge of eradication, have reappeared. New diseases, such as a new strain of cholera (cholera O 139) and HIV infection, are being reported in the region.

In addition, diseases which were once of no public health concern, such as melioidosis, are assuming importance in association with HIV in some countries. These diseases also pose a significant high economic price from individuals, families and communities in terms of health care and loss of productivity. In response to these trends, WHO has formulated a strategy to strengthen national and international capacities in the surveillance and control of communicable diseases which represent new, emerging and re-emerging public health problems, including the problem of antimicrobial resistance.

There have been notable successes in the never-ceasing battle against infectious diseases. Significant progress has been made in the region towards achieving the goals of eradication of poliomyelitis and guinea worm disease, and the elimination of neonatal tetanus and leprosy as public health problems by the year 2000. A significant reduction in morbidity and mortality associated with other vaccine-preventable diseases like measles, diphtheria and whooping cough has also been achieved. Yet, new, emerging and re-emerging infectious diseases pose serious health problems in almost all the countries of the Region.

## New Diseases

The pandemic of HIV/AIDS reached this region relatively late but has spread rapidly in the last few years. The virus is spreading quickly and more than three million persons in the region are estimated to have been infected since the beginning of the pandemic. By the end of the century, 8-10 million men, women and children are likely to become infected with HIV within the region, accounting for over 25 of the global cumulative HIV infections.

The available epidemiological data show that AIDS cases are increasing very rapidly, particularly in Thailand and India. As of 1 January 1997, about 49,000 AIDS cases have been reported (see Table) from the region, 80 per cent of which were reported over the last three

*In August 1995, during the border meeting involving districts from Bangladesh, Bhutan, India and Nepal, malaria and kala-azar were identified as common health problems. The meeting, which was organized by WHO/SEARO, developed a district joint action plan to address kala-azar problems in border areas between Bangladesh, India and Nepal.*

years. Furthermore, 85 per cent of cases have occurred in the most productive age group: 25-40 years. The studies show that the HIV epidemic has now started spreading into the general population as well. For example, in Bombay, India, 2.5 per cent of pregnant women are now HIV positive. In Chiang Mai, northern Thailand, 16 per cent of military conscripts and 8 per cent of pregnant women are HIV positive.

However, in many other countries, including Bhutan, Maldives and Sri Lanka the HIV transmission continues to remain at a low level. But there is no room for complacency, given the experiences of some of the countries of the region. WHO estimates that more than 3 million people in the region have already been infected; 2.5 million in India; 800,000 in Thailand and 350,000 in Myanmar.

Cholera, caused by the El Tor strain, has been reported from all the countries in the region, except DPR Korea. A new strain, now labelled V. cholerae O 139, was first reported in October 1992 and spread rapidly to many countries in South-east Asia as well as to countries in other WHO regions. The new strain, which almost completely replaced the O 1 El Tor strain in 1993, however, largely disappeared from the countries in 1995-96. Few isolations have been still reported in India and Bangladesh in 1996.

## Emerging Diseases

Tuberculosis (TB) still kills adults more than any other disease. Since 80 per cent of these deaths is among the most productive age group (15-59 years), it has a serious impact on socio-economic development. It is estimated that 3.5 million new cases would have occurred in the South-east Asia region during 1995, which represents about 40 per cent of the global burden of the disease. An estimated 1.2 million people would have also died from TB in the region in 1995, which is also nearly 40 per cent of the global TB deaths. By the year 2000, TB/HIV co-infection is expected to increase dramatically to nearly to a level of one-in-five of all TB cases in the South-East Asia region. Emergence of drug resistance tuberculosis in the region is now a serious concern.

Malaria is another ancient scourge that still dominates the disease pattern in the region. It is estimated that 1.2 billion people in the region live in malarious areas. The number of malaria cases in 1995 in the region was estimated at 23.6 million, with almost 40,000 deaths. An alarming feature is the increase in the proportion of P. falciparum cases. The development of resistance to the parasite to the commonly available anti-malarial drugs is emerging as a serious problem in many countries. Development of resistance to insecticides is another problem hampering the control programmes.

Dengue/Dengue Haemorrhagic Fever (DHF) is a leading cause of hospitalisation and death among children in many countries of the region. It was estimated that there were 400,000 cases and 8,000 deaths from DHF in the region in 1995. During 1996, an increasing trend in morbidity associated

with dengue and DHF has been observed in India, Indonesia and Sri Lanka. In an outbreak in Delhi alone, during August-November (1996), about 10,000 cases and 400 deaths were reported.

In October 1995, a Regional Consultative Meeting on Prevention and Control of Dengue/DHF was organized at WHO/SEARO. This meeting reviewed the present situation and developed a revised strategy and plan of action for prevention and control of this disease at the national and regional levels. Development of a training module for case management of Dengue/DHF/DSS is in process.

WHO provided technical support to the countries of the region in containment of dengue outbreaks. A special Consultative Meeting on Management of Dengue Epidemic was conducted in November 1996 in WHO/SEARO where recommendations for the management of dengue epidemic is being developed.

Tetralent live attenuated dengue vaccine has been developed by Mahidol University in Thailand, with support from WHO, and clinical trials of this vaccine in children are under way. This is the first time a developing country has successfully carried out the development of a vaccine for human use.

Hepatitis B is a growing problem in the region. It is estimated that there are more than 80 million carriers (more than 5 per cent of the total population) in the region. These carriers will help to spread this disease in the general population and infected mothers will pass on the disease to their babies. The majority of those infected are likely to die of liver cancer and cirrhosis.

## Re-emerging Diseases

The sudden re-appearance of human plague in India, in 1994, after a period of 27 years caused global concern. It created a sense of panic, both within and outside the country, and led to the imposition of unwarranted trade and travel restrictions by several countries. There is a need to be vigilant since the natural foci of infectious plague exist in India, Indonesia, Myanmar and possibly Nepal.

Kala-azar almost disappeared from the South-East Asia region during the early 1960s due to insecticide spraying under the malaria control programme (MCP). Subsequently, as the MCP entered the maintenance phase, insecticide spraying was withdrawn and kala-azar vectors started breeding profusely. Kala-azar continues to be a health problem of importance in primarily the rural areas of India, Bangladesh and Nepal, where approximately 110 million people are at risk. It was estimated that 100,000 cases and 5,000 deaths occurred in these three countries in 1995.

But, perhaps one of the most important factors contributing to the emergence of infectious diseases is the low priority and support given to public health services in many countries.

vide ample breeding grounds for infectious diseases.

Migration and displacement of people due to wars, civil strife and natural disasters like floods and earthquakes, also provide fertile breeding grounds for these diseases. The rapid increase in international travel and growing trade and tourism have implications for the spread of infectious diseases from one country to another. Also, mutation results in new strains of infectious agents and antimicrobial resistance. These, together with vector-resistance to insecticides, are also important factors in the emergence of new diseases.

But, perhaps one of the most important factors contributing to the emergence of infectious diseases is the low priority and support given to public health services in many countries.

## Priority Areas for Action

**Strengthening National Capabilities:** There is no doubt that countries will continue to face outbreaks due to emerging infectious diseases. The only way to combat this threat is to recognise these diseases early and take preventive and control measures rapidly. Thus, countries would necessarily have to develop an early warning system and a rapid response mechanism, if they are to protect their citizens from the unnecessary suffering and staggering economic losses that such outbreaks cause.

To achieve this, epidemiological and laboratory services in most countries need to be strengthened. In fact, the World Health Assembly held in May 1995, through its resolution on communicable diseases prevention and control (WHA 48.13), urged the member-countries to strengthen their national and local programmes of active surveillance for infectious diseases.

In fact, imposition of restrictions on affected countries is not the solution to the prevention and control of the spread of disease. On the contrary, the rapid flow of disease surveillance and other relevant data among countries is the only way countries can be prepared to control the spread of diseases.

WHO Report

## Dhaka Day by Day

## Invite Me, Pleeaasse

by Ayesha Fariha



I am constantly amazed by the number of people who hanker after invitations to parties, weddings, dinners, and other functions. These people are generally reserved, polite, and mind their manners, but as soon as they realise there is something to be invited to, they are transformed into sycophantic hanger-ons and nothing can distract them from their goal. Observation has led me to identify two of the common tactics such invitation-seekers employ. They are as follows:

**Intercountry Collaboration:** Disease-causing microbes are no respects of international boundaries. With the ever increasing speed and volume of international travel and trade every opportunity exists for the rapid spread of infectious agents among countries. Because of trade and travel restrictions imposed on countries reporting infectious diseases, some countries are reluctant to provide information on disease occurrence in their countries.

In fact, imposition of restrictions on affected countries is not the solution to the prevention and control of the spread of disease. On the contrary, the rapid flow of disease surveillance and other relevant data among countries is the only way countries can be prepared to control the spread of diseases.

(hearing your reputation) and how well he is doing and all that.

Inviting the person who issues the invitations. If there is enough time even two days for example, invitation-seekers will quickly have a dinner or a milad or a tea, and invite the person over. That way the invitation issuing Authority (IIA) is obligated to invite the host/hostess in return and the mission is accomplished. If that does not work, these people ensure that they are invited the second time round by inviting the IIA at a later date, or by buying the IIA tickets to a show.

Upon receiving the invitation, these people never divulge their intentions. They pretend they know nothing of the upcoming event and ask why the IIA is hosting this event, and who all are coming, and of course they will "try their best" to make it. Then they go around to the other, what they believe to be unfortunate, non-invites and speak of little else but the great victory - that darn, meaningless, pathetic little invitation.

## Deprived Children and an Open Memorandum to the City Mayors

by Shamima Islam

LAST year, Kolorob, the Weekly Education Programme, arranged an interesting Health Education Fair in the form of a class at Gulshan No. 1 market. It was the first of its kind in Bangladesh. The newness of the fair was not only in its concept, but also in its approach where deprived children, helped by Kolorob teachers participated in every possible way. Outsider audience was limited. But one display attracted visitors' attention in that Health Education Fair where girls and boys pretended to be the city Mayors who were giving patient hearing to children's demands in their respective city areas. The children with a tickers on their chest, each with a 'demand' were displaying their demands and the children, in rotation, were reading a memorandum to the City Mayors. The fair also displayed a simple model which can easily cater to many needs of the deprived ill-fed, ill-clad, tortured and exploited children who spend major parts of their waking hours and for street children the 24 hours outside their homes.

The memorandum's messages carry tremendous health implications. Considering the urgency of needs experienced by children under difficult circumstances in the cities, children's voices are communicated to the Mayors through the newspapers concerned on the World Health Day this year. Unless support services are provided, it is useless to throw educational messages to the deprived children who are constantly faced with the concern of how to feed the empty stomach. Thus, the open memorandum, prepared at Kolorob in children's voices is presented to the Mayors for urgent consideration.

## Demands of the Deprived Children to the City Mayors

Respected mayors,

We are children of this country and we belong to your city. You must have noticed that we move and stay in the city streets due to varied occupations. Our poverty drives us out of our homes, but we cannot continue any more. We are simply helpless.

Everyday we stay outside and walk miles after miles but we cannot find water taps for drinking pure water. Please give us water taps in close distance, on the street.

Toilets are virtually absent on the streets. Where do we go for the whole day when we need it? Please provide separate toilets for children on the streets on urgent basis.

Our situations throw us on the streets, and we burn ourselves under the scorching heat for the whole day. The big trees which can provide shade are found nowhere. Where do we sit and rest? Please give us shady trees on the roads.

Most of us eat on the streets. There is no clean food on the road. Where do we eat? What food shall we eat? Please arrange for clean food on the streets.

We walk on the streets, we have no other alternative but to walk. We suffer tremendously due to bad smell and pollution arising out of dirty dust-bins and unhealthy polluted atmosphere and unhygienic situations on the streets. Please keep the roads and dust-bins clean.

We are street children and the deprived minor citizens. Don't you know that all the footpaths are unpassable due to extra stuff and additional work and repairs all occupying the footpaths? How do we walk? You affluent are concerned

about traffic jams, but we have no other alternative but to step on the terrible roads, risking our lives for crossing. Please keep the footpaths clean.

We fall to get water for bath easily. How do we take baths regularly? Please provide separate bathrooms for children in close distance on the streets.

We are poor and deprived children of the city. Street is our home. We have no space to play anywhere. Please arrange for play ground frequently in the city areas.

We, the children are so scared of crossing the roads full of scary automobiles. We cannot cross roads easily. Please take measures so that city children can cross roads easily without being victims of unwanted accidents.

City roads have very insufficient lights. We little children, not only feel scared but also are abused on the streets.

Please arrange for good lighting on the streets.

Poverty drives us to dangerous hazardous occupations. For example, please watch the mode of operation of the little tempo-helper who stands on the foot-board high risk through-out the day and in hales fume.

You please take legal action so that children can work safely for earning their living.

Because of our poverty, we children are the worst victims of mosquito menace in the city. Please make sure that cleaning campaigns are done regularly.

Many of us sleep on the roads. We are children and we suffer badly because of this lack of shelter. Please arrange for some safe shelter arrangement so that we, the shelterless children can have a safe good night sleep and are not abused on your city streets.

Frequently we become victims of varied accidents on the streets. There is no arrangement for provision of first aid or minor treatments on the city roads. Nowhere we easily get treatments. Please arrange for modest dispensary on the streets in close distance where we can easily step in and ask for the services.

We often hear about existence of Child Rights Convention (CRC). We, the children constitute half of the citizens of this country. We believe that as an efficient Mayor, you have ample scope to provide services to children and contribute significantly to children's health

and lifesaving matters. We will remain ever grateful!

We remain,  
Sir  
The deprived children of the city

## Memorandum: Implications

World Health Day brings and renews our concern and pledge for action. We should never forget that children are nation's first priority. Among the poor, children are the poorest. Children's problems should be the first to consider. It is amazing to discover the enormity of problems faced by poor children struggling for survival which have tremendous implications for health services. On World Health Day, we often forget that Municipal Corporations has much to do in implementing children's Right Convention and can take leading role in improving the health services for urban deprived children.

Let World Health Day bring fresh concern among the Mayors, donors, philanthropic persons for healthy up-bringing of deprived urban children.

The author is the Director of Kolorob Weekly Education Model for deprived children in Dhaka city.

## The Daily Star Entertainment Guide

## Monday 7th April

(All programmes are in local time. There may be changes in the programmes.)

## BTV

3:00 Opening announcement  
Al-Quran Programme summary  
3:10 News in Bangla 3:15 P. Trollic song 3:20 Recitation from the Bible 3:25 Cartoon Film: The Lone Ranger 3:50 Reticaleast of selected programmes  
4:45 Educational programme  
5:00 News in Bangla 5:25 Dolan Champa 5:50 Sports programme 6:30 Anu Paramanu 6:50 Open University 7:00 The News 7:25 Band show 8:00 News in Bangla 8:45 Package Drama 10:00 News in English 10:30 Janamat 10:50 Comedy series: Seemil 11:30 News in Bangla 11:35 Tuesday's programme 11:40 Close down

## BBC

6:00am BBC World News 6:30 Time Out: Top Gear 7:00 BBC World News in Chinese  
World News in Chinese  
Report/Asia Today/24 Hours  
10:00 BBC World News 10:30 World Focus: Correspondent  
11:00 BBC News 12:00 BBC News 12:30 Hard Talk 1:00 BBC World News 1:30 World Focus: Correspondent  
2:00 BBC World News 2:30 Time Out: The Clothes Show 3:00 BBC World News 3:30 Hard Talk 4:00 BBC World News 4:30 Time Out: Top Gear 5:00 BBC News 6:00 BBC News 6:30 World Focus: Correspondent 7:00 BBC World News 7:15 World Business Report 7:30 BBC News 8:00 BBC News 8:30 Time Out: Film 9:30 BBC World News 9:50 Hard Talk 10:00 BBC World News 10:30 Time Out: Tomorrow's World 11:00 The World Today 12:00 The World Today 12:30 Hard Talk 1:00 BBC World News 1:30 World Focus: Window On Europe 2:00 BBC World News 2:30 Time Out



The Chosen One for April - The BEE GEES on Channel V

Fasten Your Seat Belt 3:00 BBC Newsweek in World Business Report/24 Hours 5:00 BBC World News 5:10 Newsnight

## CHANNEL V

7:00am Rewind VJ Sophiya 8:00 Frame by Frame 11:00 The Vibe VJ Luke 12:00 Rewind VJ Sophiya 1:00 By Demand VJ Trey 2:00 Frame by Frame 2:30 Liberty First Day First Show 3:00 Videoclan Mangta Hai 4:00 Frame by Frame 4:30 Big Bang VJ Alessandra 6:00 Rewind VJ Sophiya 7:00 By Demand VJ Trey 8:00 The Vibe 9:00 BPL Oye! 10:00 Liberty First Day First Show 10:30 Launch Pad VJ Samira 11:30 Over The Edge 12:30 Rewind VJ Sophiya 1:00 Haysah 2:00 The Hard Rock Featuring Ed Leppard 3:00 Big Bang VJ Alessandra 4:30 Asian Top 20 VJ Trey

## STAR PLUS

6:00am Nanny and the Professor 6:30 Nanaad 7:30 Good Morning India 9:30 Aerobics OZ Style 10:00 Ann Willard's Look And Cook 10:30 Videofashion Clash of 96 11:00 Kate & Allie 11:30 The Oprah Winfrey Show 12:30 Dynasty 1:30 Santa Bar-

7:30 The Grand National 8:00 Live India Tour Of West Indies 9:47 4th Test Match Day 4 From Recreation Ground, Antigua 10:00 Sharjah Cup Hits 10:30 Lunch 11:00 Live India Tour Of West Indies 97:4th Test Match Day 4 From Recreation Ground, Antigua 3:00 Marlboro League '97, Chinese National Football League Dalian Vs Haman 4:30 US PGA Tour 1997 The Players Championships Day 3

## STAR MOVIES

7:30 Comedy: Heart Condition 15 (Arabic Subtitles) 9:30 Adventure: Kidnapped 12 11:30 Family: Lucky Luke - Ballad of the Dalton Gang (Hindi Subtitles) 1:30 Family: Josh and Sam 15:30 Classic: Bachelor of Hearts 12 5:30 Action: Crazy Mama 15 (Hindi Subtitles) 7:30 Classic: The Long Duel 9:30 This Week That Year 10:00 Comedy: There Goes My Baby 15 12:00 World Cinema: L'important C'est Daimer 18 (English Subtitles) 2:00 Thriller: Dark Room 18 4:00 Horror: The Island of Dr Moreau 18 5:30 Thriller: Painted Heart 15

## ZEE TV

6:00 Jagran 6:30 ZED 7:00 ZED 7:30 Helpline 8:00 News 8:30 Ghoomta Aaina 9:00 Disney Hour 10:00 Gaane Anjaane 10:30 Nirma Hum Paanch 11:00 Daak Ghar Apna Ghar 11:30 Umeed 12:00 Suhana Satar 12:30 Dhara Zaka Ka Satar 1:00 Love Stories 1:30 Silsila 2:00 Hum Paanch 2:30 Tara 3:00 Raahat 3:30 Lakme Khoobsurat 4:00 Vakalat 4:30 Khana Khazana 5:00 Hum Hogne Kamyab 5:30 Zimbo 6:00 Its My Show 6:30 Disney Hour 7:30 Raahat 8:00 Gaane Anjaane 8:30 TVS Sa Re Ga Ma 9:30 Campus 10:00 Parivartan 10:30 News 11:00 Darrar 11:30 Close Up Antakshari 12:00 Chutki Baja

Ke 12:30 Yeh Kahan A Gaye Hum 1:00 Hasrateen 1:30 Raahat 2:00 Shapath 2:30 TMM 4:00 Dastan 4:30 Siyaram's Cine Magic 5:00 Surtal 5:30 Suno Bhai Sadho

## PTV

8:00am Tilawat Aur Tarjuma/Ham/Naat 8:20 Cartoon 8:30 Khabran 8:45 Abb Pata Chalta 9:05 Kh. Farman 9:20 Sarang Sarang 9:45 Ilaa-Bill-Ghiza Pakistan 10:05 Shab Daigh 10:35 English Film: Goof Troop 10:55 Milli Naghma 11:00 Khabran 11:10 The Saint (Roger Moor) 12:00 Shama (Drama Serial) 12:55pm Quraan-e-Hakeem 1:02 Bismillah 1:15 Anqaar (Drama Serial) 2:00 Shehrar (Drama Serial) 2:50 The Face Of Cultural 3:15 Roushni 3:30 Paimaney 4:00 Ghadani 4:35 Biology for 10th Geography/ Chemistry 5:55 Inter College Quiz 6:25 Aioa Courses 7:00 Taranum (Drama Serial) 7:45 English News 8:00 Pottuk 8:20 Ali Baba 8:45 Tum Se Kahan Tha (Serial) 9:00 Break For Headline News 10:00 Khabran/Commercial News 11:15 Classics Drama Serial: Janglee 12:30 Special: TBA 1:00 Khas Khas Khabran/Close down

## DD 7

10:30 Janmadin 10:35 Educ Prog 11:00 Najrulgeeti 11:15 Folk Songs 11:30 Parliament Hour 12:30 Monorama Cabin 1:00 Jannabhum 1:30 Trishna 2:00 TBA 2:30 Gaan Nie 3:00 Bahari (Serial) 3:30 Feluda 3:50 Nepal Programme 5:30 News 5:35 Desh Bidesher Khela 6:00 Pali Katha 6:30 Tarunder Janney (Drama Serial) 6:55 Bhangon (Serial) 7:30 Bangla Sambad 7:55 Dinindan 8:00 Anya Bhuban 8:30 Feluda 9:00 Jannabhum 9:30 Monorama Cabin 10:00 Bengali Movie Club Film Show 1:00 Closed

## SONY ET

8:30am Yaadon Ki Baar 9:00 The Three Stooges 9:30 Dennis The Menace 10:00 Dream Of Jeannie 10:30 Bewitched 11:00 Taak Jhank 11:30 Gaane Jaane Man/Faasle (Serial) 12:00 Ghaav 12:30

Premier 1:00 Aahat 1:30 The Young And The Restless (Eng. Serial) 2:30 Cine Matinee-Hindi  
Feature Film 5:30 The Three Stooges 6:00 Dennis The Menace 6:30 Yaadon Ki Baar  
7:00 Dream Of Jeannie 7:30 Bewitched 8:00 Surf-Wheel Of Fortune 8:30 Humse Barke

Gong 9:00 Jevan Mirtu (Serial) 9:30 Yeh Sadi Nahi Ho Sakti (Serial) 10:00 Chamakkar (Drama Serial) 10:30 Kash 11:00 Premier 11:30 The Young And The Restless 12:30 BSA Star Ki Pasand 1:00 O-Mana (Serial) 1:30 Pehli Mulakat 2:00 Surf-Wheel Of Fortune 2:30 Premier 3:00 Closed

## EL TV

12:30 HFF 2:00 Tehkikat 2:30 Parag No 1 3:00 Anurag 3:30 Y Must Show 4:00 HFF (B/W) 7:00 Music Capsules 7:30 Stand By 7:40 Music Capsules 8:30 Hasen Pal 8:40 Fat Or Fit 9:00 Awaaz Naye Andaz

Wahne 9:30 V3- 10:00 HFF 11:00 Hey Ha Ho 1:30 L L Chalo Cinema 2:00 Gujrati Band 3:00 Shatranj 3:30 Rubaru 4:00 Dard 4:30 ZED 5:00 HFF 7:50 Hasen Pal 8:00 L L Chalo Cinema 8:30 Sorry Men Lorry 9:00 Tehkikat 9:30 Superhit Hungama 10:30 Stand By 12:45 HFF

## Garfield®



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## James Bond



DRAWN BY JOHN MCLUSKY



## by Jim Davis



DRAWN BY JOHN MCLUSKY

