

FOCUS

HIV/AIDS : Are We at Risk?

A careful examination of the available evidence and a plan for further research are required as well as strategies for control programme at the national, local and community levels. Policymakers and stakeholders ought to comprehend the magnitude of the problem, as there might not be much time left to act.

by Dr Mahmud Husain

of chimpanzees, pan troglodytes, is the probable vehicle of a final crossing over of the species boundary by HIV into the human reservoir when these chimpanzees and humans came into close contact during the destruction of their habitat in the central African rainforest. Large-scale destruction of the rainforest was primarily due to human settlement aggravated by timber logging adopted as a survival strategy by the marginal settler populations on the fringes of the forest. The final crossover event of the virus from chimpanzees to humans probably occurred in the 1940s and 50s, perhaps as early as the 1930s.

HIV broke free from the fringe communities of the rain forest following the Kinshasa highway to the Indian Ocean port of Nairobi in Kenya and subsequently to the rest of the world. This highway, equidistantly called the 'AIDS highway', cuts through the swathe of the African continent from east to west. It is the main trade route in intra-African trade and commerce frequented by long distance truck drivers and traveling businessmen along its stretch. Spread of HIV through this route was swift and devastating; entire villages in Central, Southern and Eastern Africa became depopulated and life expectancy of many of these countries dropped precipitously in the last twenty years (e.g. 16 years for Zimbabwe since 1990). The rest, we may sadly conclude, is history! The deadliest microorganism to challenge the mammalian immune system has emerged, one on par with the historically important infectious diseases like tuberculosis, syphi-

lis and plague. It is already having socio-economic and human development implications that are changing the destiny of entire nations, races and peoples.

The Bangladesh Situation

Situated at the middle of the Asian epicentre of HIV infection (comprising Thailand, Cambodia, Myanmar and India) and at the cross roads of South and South East Asia, Bangladesh with its poor health infrastructure and overpopulation seems to be particularly at risk from an HIV/AIDS epidemic in the not too distant future. These risks are a function of the prevalence of high-risk lifestyles, behaviour and co-factors that may predispose to a generalised spread of the infection in a given population. Recent surveys in Bangladesh have shown a moderate incidence of the sexually transmitted diseases in the general population and a high incidence in the commercial sex workers. Safe sex practices are not common and the incidence of sex out of wedlock at the mass level is not insubstantial. Best practices in transfusion and clinical work regarding sterilisation and aseptic procedures are not of very high quality in hospitals and health centers in resource poor settings of Bangladesh. And above all, the awareness level of the general population regarding HIV/AIDS is quite low.

An important factor in Bangladesh's vulnerability in HIV/AIDS is its geographical situation. Surrounded by India and Myanmar on all sides except for the sea in the south and having significant cross border trade and population movements, Bangladesh also shares and same cultural and economic determinants that lead to an explosion of the syndrome in these two countries. Half a million Bangladeshis legally visit India every year while there are about two million expatriate Bangladeshis working abroad. Distinct ethno-linguistic groups like the Garos, Manipuris, Rohingyas etc are trans-border populations inhabiting multiple

modern states and regularly crossing the international frontier for trade, marriage, social events and education. An overwhelmingly conservative paternalistic peasant society with poor human development indices, Bangladesh and its people are especially at risk due to their poverty and illiteracy and for the lack of female empowerment. Social norms and attitudes are hardly conducive of the frank and honest public information campaigns required to aggressively contain the epidemic at an early stage.

The situation in India has important bearing on Bangladesh because of its close historical ties and significant cross border population movements. At the end of 1998 there were an estimated four million HIV infected people in India, more than in any other country in the world. There is some evidence that viral transmission is no longer concentrated in high-risk groups and has started spreading into the general population, indicated by the increasing seropositivity rates in patients attending antenatal clinics. In some southern and western Indian states, the epidemic is already well entrenched in urban areas, while in the rural areas of Tamil Nadu, 2.1 per cent of the adult population are now HIV infected. In the north eastern seven sister states (Assam, Tripura, Mizoram, Manipur, Meghalaya, Nagaland and Arunachal Pradesh), HIV infection has spread rapidly through intravenous drug use in the 1990s. HIV and AIDS is still uncommon in Calcutta and West Bengal, the place most frequented by Bangladeshis due to cultural and linguistic affinity, although cross border movements of some population groups (e.g. Manipuris) between Bangladesh and the seven sister states with high HIV infection rates in some groups, without immigration control, negates this advantage somewhat. The risks of a HIV/AIDS epidemic are thus due to factors that are geographical, cultural, anthropological and social and strategies for its prevention and control should of

necessarily be sensitive to these factors.

What is to be Done?

It's not yet twenty years since AIDS broke out as a global epidemic described as the disease of the three-H's: Haitians, homosexuals and hemophiliacs. It was, and to some extent still is, generally believed to be a disease of the minorities and of high-risk behaviour groups. Presently, however, mainstream communities across the world are experiencing the serious effects of the disease on society and economy, and in some cases, the viability of the most affected nations in the hardest hit regions of the world are at stake. This is perhaps the most widespread global public health crisis in recent history. The issues surrounding the global HIV/AIDS epidemic are now important as communities and people around the world struggle to formulate strategies for its prevention and control. It is all the more important to understand these issues in depth in the country context to be able to recommend intervention modalities in priority areas in resource constrained settings of Bangladesh.

The global epidemic upsurge of HIV/AIDS sweeping the world for the past two decades has now assumed epidemic proportions in parts of Asia neighbouring Bangladesh. The effects of the epidemic have had crippling impacts on many developing countries and HIV/AIDS is now considered a development issue by most governments and the UN countries like Bangladesh with widespread poverty, inadequate health care and mass illiteracy would be in a very difficult situation in an epidemic outbreak of HIV/AIDS at the community level. A careful examination of the available evidence and a plan for further research are required as well as strategies for control programme at the national, local and community levels. Policymakers and stakeholders ought to comprehend the magnitude of the problem, as there might not be much time left to act. Whatever window of opportunity still left should be seized as the effects otherwise will be severe in terms of the numbers of people dead, the economic losses suffered and the effects on the long-term development prospects of the nation.

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Essential Public Health Functions A National Priority

by Dr M Zakir Husain

GOOD public health practice is essential to protect the health of population. While personal medical care at times of illness is perceived as direct and urgent, public health service is relevant and brings benefit to entire population and communities of people. The aggregate value of benefits is high though often not perceived directly by individuals. Health is an investment and it enhances human capital. That is what makes public health essential. That is what also makes it a national priority. Specifically, public health functions become essential when these:

- prevent and control epidemic outbreaks of diseases within or across countries;
 - address adverse health effects from environmental damages and human settlements;
 - encourage healthy life style and behaviour and community responsibility and actions that promote and develop health;
 - maintain surveillance of health situation and monitor health outcomes;
 - assure food safety and hygiene; safety of consumers of various products and services;
 - extend health care to the vulnerable sections of the population.
- Unlike personal medical care, public health functions is the responsibility of the State because most of it is beyond the capacity of persons in their individual capacity. But even then, governments cannot do it alone; good comprehensive public health functions can only be performed and sustained by

partnership with the private sector, the civil society and the communities who are willing and able to share responsibilities and tasks. Unfortunately, even though of such importance, public health does not get the attention it deserves. There is lack of appreciation of health promotion and disease prevention. State is also pressurised to spend more money out of limited health budget on providing medical care rather than on expanding and improving public health services. The criteria of public spending on peoples' health need to be revised and determined on the basis of highest health outcomes. It makes not only good "health" sense but also good "economic" sense to invest money in public health because a healthy population and environment enhances the economic and social productivity of the people.

As part of its normative function in international health work, the World Health Organisation (WHO) in 1997 concluded an International Delphi Study on Essential Public Health Functions involving a group of 145 participants with extensive experience in public health covering a range of professional expertise. A total of 67 countries were represented from all WHO regions in this study.

There is now general agreement in the international health community on the concept and scope of these functions, and that States should carry out a minimum set of these functions everywhere. It is also accepted that the actual content of specific functions

would differ from country to country depending on socio-economic and health situation. All functions are not equally essential in all countries and all situations. Health expenditure is also a political issue leading to the choice of the path of least resistance and high visibility by decision makers. But the public health functions need to be performed in all countries rich or poor albeit within the capacity and resources that can be harnessed.

A common agreement with the concept of an essential nature of certain public health functions is necessary pre-condition in national health policy and decisions on resource allocation in the health sector. Some of the accompanying activities can be mentioned as follows:

- Developing and implementing health policies, programmes, and services that give promise of better health outcomes for populations.
 - Generating the required resources for public health functions and monitoring the appropriateness of their use.
 - Planning and performing essential health to generate valid information and health technologies.
 - Creating informed and responsible public participation in maintenance of public health services.
 - Producing valid health and related information and their effective use within and among countries.
- There are many public health problems affecting population of Bangladesh. Most of these can be reduced to a level where these cease to remain as problems by strengthening the present public health infrastructure and functions. Most of the present problems are amenable to existing health technologies but only technology is not enough; what is additionally needed is the co-operation and participation of all parties including the people themselves. Social control of technology is a strong positive point for public health. That usually is the product of these public information and education such that people take control and act in enlightened self-interest. Public health functions depend upon proper and up-to-date legislation and its enforcement to secure compliance of public health standards by the commercial, industrial, and numerous private and public enterprises throughout the country.

The writer believes that public health has a future in Bangladesh. For achieving good health of the population as a whole, there is no better alternative to the performance of essential public health functions. That being stated, the public and their representatives have the right and responsibility to be informed and empowered to make the choice. Indeed, people will choose rightly and in their self-interest if and when they have the right information. There is need for strong and evidence-based advocacy in support of essential public health functions.

THERE is a mythical element in the great epidemics periodically ravaging the human race across continents in all recorded history. Real, yet unknown, seemingly unconquerable, organisms with ancient genetic sequences appear and overwhelm the cellular defense mechanisms of the most sophisticated mammalian immune systems. The great cholera epidemics of the Gangetic plains in the eighteenth and nineteenth centuries still inspire fear and respect for the 'Great Bacillus' in the collective memory of the people in this part of the world. Accounts of epidemics of bubonic plague and syphilis pestilence in medieval and pre-modern Europe seem hauntingly contemporary in the times of AIDS. Witnessing the emergence of the magnificent retrovirus in our lifetime is a privilege. The virus has taken its rightful place in the pantheon of super organisms and attest to the triumph of simplicity and beauty over bulk and ugliness in evolutionary design.

Clusters of Kaposi's sarcoma, an otherwise rare skin cancer in young Caucasian males, began appearing in communities of homosexual men and intravenous drug users in New York City and San Francisco in 1981. Mortality rose sharply among this group causing serious concern for public health authorities. In the same year a clinical syndrome, the acquired immunodeficiency syndrome (AIDS), was described for severe immunodeficiency resulting from human immunodeficiency virus (HIV) infection. During 1983-84, Luc Montagnier of the Pasteur Institute in Paris and Robert Gallo of the US National Institutes of Health in Bethesda, Maryland independently reported the isolation of HIV from blood samples taken from acutely ill AIDS patients.

HIV is thought to have mutated from a closely related virus of the primates, the simian immunodeficiency virus (SIV). A subspecies



All health information to keep you up to date.

Health and Nutrition

Exercise and water intake

Drink enough liquids while exercising. Remember, dark urine means you're dehydrated. If you're older, you're particularly at risk of dehydration because you're less likely to notice that you're thirsty than when you're younger. Also, older athletes are particularly at risk for dehydration because kidney function doesn't work as well as it used to.



Beware!

Travelling with small children

Many problems crop up while travelling with small babies. Do not buy milk from outside restaurants and tea stalls. Milk powder, diluted in boiled water, should be used. Always carry a flask with boiled water and a can of milk powder. Take a few extra sets of milk bottles and teats properly boiled at home as children are sensitive to outside water and prone to get diarrhoea and other infections.

Anti-septic highlight

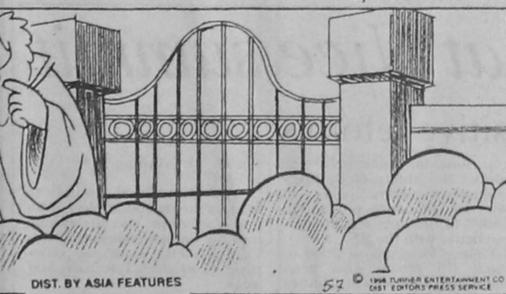
Antiseptic lotions (Dettol/Savlon) are meant to be added to water for washing hands in hospitals and clinics. They are also applied on wounds to clean them and prevent infection. For cleaning of wounds, antiseptic lotions should be diluted with water before applying because concentrated antiseptics may cause irritation/allergy and the inflammation to flare up, rather than soothing it.

Tomorrow: Before the doctor comes, and other tips.

TOM & JERRY



By Hanna-Barbera



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