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Urgent steps needed to tackle AIDS

MD RAJIB HOSSAIN

While global HIV prevalence—the percentage of people living with HIV—has levelled off, the number of new infections has risen in the country. Recently Bangladesh has been reported as one of the five countries in the Asia-Pacific region where HIV/AIDS infections are rising.

HIV in high-risk groups

There is concerning proof that HIV infection continues to increase rapidly among the high-risk groups specially injecting drug users (IDUs). And nobody knows the actual figure of HIV infection in general population as we have no survey on them. The continued focus on high-risk groups has created a false sense of security and complacency in the general population including policy makers.

HIV has already turned into a concentrated epidemic (spread at a rate of 5 percent or more) among IDUs [7 percent]. The country has entered near to the epidemic more or less but is still considered as low prevalence states according to current statistics.

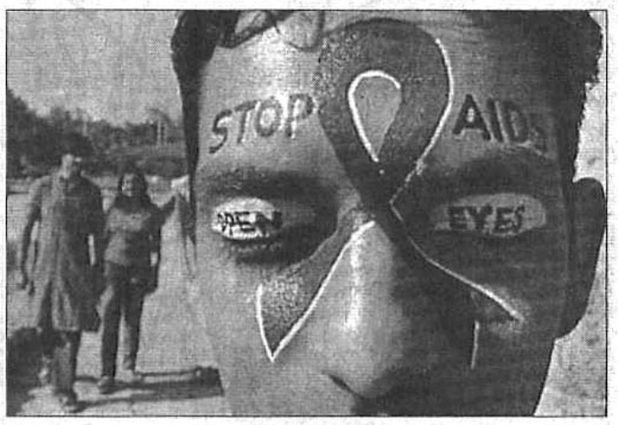
This statistical jargon of 'low prevalence' does not have much meaning particularly when viewed against large absolute numbers in some of the neighbouring countries of the region. The daunting epidemic burden and momentum however may be masked by the large population leading to low reported prevalence.

So it is imperative for the country to depict the actual portrait of the country with a stronger empirical data and contextualise the problems faced in regard to HIV/AIDS and view them in correct perspective.

In order to keep the prevalence low, Bangladesh needs a strong and effective policy through legal frameworks, coordination and strong HIV prevention, better treatment and care. Yet much more remains to be done to achieve the goal of universal access.

Global coverage of many of the key interventions against HIV/AIDS remains low, and the growth in the number of new infections and people in need of treatment continues to outpace the capacity of health services to respond.

Our financial resources also fall short of what will be needed to achieve universal access, and the sustained political commitment



needed to tackle AIDS over the long term is still lacking in the country.

Meeting the needs of affected communities will require a comprehensive response that addresses both prevention and treatment simultaneously.

Working towards universal access by 2010 to achieve standard in HIV prevention, treatment, care and support is a very ambitious challenge. AIDS programmes will have to be equitable, accessible, affordable, comprehensive and sustainable.

In the efforts to achieve universal access, country must face huge challenges. Stigma and discrimination continue to impede prevention and treatment efforts. Among the most important priorities is the strengthening of health services so that they are able to provide a comprehensive range of HIV/AIDS services to all those who need them.

Somewhere HIV prevention programmes are not reaching the people most at risk of infection, such as young people, women and girls, men who have sex with men, sex workers and their clients, injecting drug users, and ethnic and cultural minorities. Current HIV prevention works but needs to be focused and sustained.

HIV testing and counseling

Over the past 20 years, voluntary counselling and testing programmes (VCT) have helped millions of people learn their HIV status, yet a very few people in high risk groups of our country know that they are infected.

Efforts are urgently needed to increase the provision of HIV testing through a wider range of effective and safe options. HIV testing is a critical entry point to life-sustaining healthcare services for people living with HIV/AIDS and service delivery models need to be expanded to testing in antenatal care, sexually transmitted infection clinics, in-patient wards as well as free-standing client-initiated testing centres.

Treatment and care

After the first detection of HIV positive case in the country in 1989, the treatment and care are still inadequate. An infected person faces many inequities and discrimination in treatment and care.

These are the very people who keep themselves away from seeking treatment for stigma and thus fuelling the infection to the general population.

We need to ensure that the infection does not spread from this source, in order to stop the internal transmission. The infected persons should be educated on how to take care of himself/herself. But these people unfortunately are not getting any treatment or cannot buy costly antiretroviral (ARV) drugs; sometimes do not get even proper food or a place to stay. We need to give urgent attention to this matter.

In the early years of AIDS when it was seen as 'gay disease', Africa failed to gain attention of the global health agenda that west did. They recgnised when it took more lives than any other disease.

Failure of timely recognition of African episodes of AIDS delayed the response of the countries to crisis, making it the most AIDS-burden region in the world.

Let us not leave ourselves open to a similar fate. It is the high time to rethink seriously. Action must not only be increased dramatically, but must also be strategic, focused and sustainable.

PHOTO: WHO/MARKO KOKIC

Living a normal life with asthma

Asthma is a chronic disease of the airways characterised by recurrent attacks of breathlessness and wheezing. It is the most common chronic disease among children.

Although asthma cannot be cured, appropriate management can control the disease and enable people to enjoy a good quality of life.

This is the story of 10-year-old Rohan Pankaj, who leads a normal life despite having asthma since the age of three.

Originally from India but now living in Geneva, Switzerland, he enjoys all the activities typical of a boy his age. His doctors and mother, Pankaj, taught him how to control his asthma.

Rohan was living in India when he was diagnosed with asthma. His mother was shocked. She knew nothing about the disease. She attributes his asthma to air pollution and says it is triggered quite easily by dust, cold, and pollution. When living in India, Pankaj tried to protect Rohan from pollution by keeping him indoors.

Doctors have helped Rohan and his mother learn how to control his asthma. Fortunately, Rohan's mother can afford the medication that helps her son breathe freely. However, in low- to middle-income countries, many people cannot afford treatment.

With an inhaler and an action plan, Rohan now knows what to do when he feels an attack coming.

Quick relief medication controls Rohan's symptoms. He does not need continuous treatment because his symptoms are intermittent rather than persistent. His asthma attacks have become less frequent, from once every three or four months to only about twice a year.

Now 10, Rohan currently lives in Geneva, Switzerland. He enjoys all the activities typical of a boy his age. He loves to skateboard and swim.

"Asthma doesn't mean that you can't live a normal life," his mother says. She believes her son is not restricted in any way by his asthma now that he has learned how to treat his symptoms.

Rohan leads a full and healthy life because his illness was detected early. Thanks to the help of a paediatrician, he now knows what he has to do when he has asthma symptoms.

This is not the case for millions of children who are living with undiagnosed and untreated asthma.

Story from World Health Organisation

Titanium dental implant: A revolution in dentistry

Dr Md Nazrul Islam

In today's modern dentistry, dental implants are the most established popular and effective method for replacing missing teeth. With more then 96 percent success rates and very high patient satisfaction, its demand are getting higher than ever before.

What is a dental implant?

Dental implants are small titanium or titanium alloy screws that are used to replace the missing teeth. Titanium is the only metal that our body accepts without any complication and allows the bone to form and grow in and around it. Titanium is used for lots of other purposes in our body like repairing any bone fracture with plates and screws, making artificial joints for our body and so on.

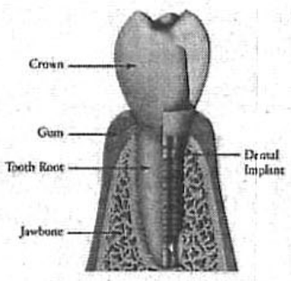
How does it work?

Our tooth has two parts — one is its crown and another part is the root. The root anchors the tooth with the bone and provides the stability, strength and support. The crown is the visible part of the tooth that we can see in the mouth.

Like our tooth, dental implants also have two parts — one is the screw which goes inside the bone like a root of the tooth and another part is the crown.

When we put the dental implant into the jaw bone, it gets attached with the bone which we call osseointegration. This osseointegrated implant acts as a firm root on top of which we make the artificial crown.

This way it resembles every way a normal natural tooth and it also works like a normal tooth. That is why now it is said that dental implants are the closest



Bone forms biological bond with dental implants

thing to our natural tooth.

Who need dental implants?

Any body who has missing tooth can have dental implants. Although there are lots of options to replace missing teeth like bridge, denture etc, but now dental implants are considered as the best possible option for replacing any missing teeth, because it is almost like getting your natural tooth back.

What about those who have no teeth at all?

People who have no teeth use big bulky complete dentures, and more often keeping these dentures in mouth is more difficult.

Dental implants are like blessings for these patients. They are more stable and much smaller in size which gives much more comfortable feeling. The patients who previously could eat only a softer kind of diet with those bulky dentures can happily go back to their normal regular diet with an implant retained complete denture.

Is it costly?

Yes, it is costly because titanium is very precious metal and titanium implant itself is very expensive but still it is affordable. After all, you must think, what can be more precious than your nice beautiful smile and a healthy life.

Where can you find this treatment?

Among the nearby countries, Singapore, Thailand and Hong Kong can provide very good quality dental implant treatment. Using the Singapore's technical assistance and lab support, recently Apollo Hospital, Dhaka also has started dental implant treatment.

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Ensuring access of common people to public health centres

ASMAR OSMAN

Bangladesh is such a country where poverty prevails at its gravest rate, income inequality is enormous, governments have been really inefficient here historically and the effective literacy rate is low. Basic primary healthcare services are not accessed equally; marginalised people of rural Bangladesh are treated in a highly discriminatory nature to access the health facilities.

Here, it is not race or cast that are the basic things behind this; the basic thing is that in a given corrupt socioeconomic background, where 'transparency' and 'accountability' are rarely practised (especially in the public health centres). This is a typical scenario.

But I think and believe that, if the illiterate or even voiceless poor people get the notion about what 'transparency' and 'accountability' are, they will somehow manage their rights to be served equally. This may take time, but presumably will happen surely.

Still on the ground I stand strongly is that as 'conscientisation' (awareness might be an easier term, but to me 'conscientisation' catches the thing better) among the mass of the people about the above stated has made the magic.

But there are already a number of awareness programmes focusing on health issues that are being implemented by the development agencies in rural Bangladesh. In this situation, what new awareness programme am I shouting for?

In spite of some very rare exceptions, all the health awareness programmes have aimed to improve the knowledge level on health and hygiene issues; they have not been aimed to promote the knowledge that primary health care facilities are a right for all. Very often, the common people just think that they are getting the facilities (no matter how small an amount they receive) just because they are lucky enough. Thus, they do not demand equitable access to health facilities.

In this situation, the corrupt doctors do not serve the common people well, take bribes, do not maintain office time at the public health centres (rather they prefer to run private clinics for their own profit during their office time; of course, all are not corrupt, but this is mostly the general picture). Common people most often do not complain about this simply because lack of awareness.

Common people should know that primary health facilities are not only their right, but also that the providers are bound to be 'transparent' and 'accountable' to the people.

This is where our research challenge appears. I really do not know the answer, but I have some ideas about it. As the general people are still effectively illiterate, the awareness programme should have the form of visualisation rather than some boring notices at the centres. Media can work tremendously in this case, especially the electronic media (radio and television).

But as a poverty-ridden country these components are still not accessed by the common people. I would like to share my views in this regard. One experimental hospital should be equipped with pictures that will tell everything to the illiterate people. Middlemen take money from the common people to supply the information. Information should have a pictorial form so that anyone can get the information.

The experimental health centre can be compared to a control health centre where no such interventions are being implemented to know the net benefits of it. Spill-over or demonstration effects can be calculated by comparing them with a nearby health centre (without such interventions) treated as experimental control.

This is said very easily. But as a real action research this will be really tough to design and administer (and ethics should be maintained strictly). But I know that if our researchers take the risks we can depict the real picture and suggest the way out of it.

The writer is a Research Associate of Human Development Research Centre (HDRC). This essay has been selected and published in an international anthology by the Global Forum for Health Research, one of the largest and reputed forums for health research in the world. The writer can be contacted through his e-mail rupenao@yahoo.com

Handwashing more useful than drugs in virus control

REUTERS, *Hong Kong*

Physical barriers, such as regular handwashing and wearing masks, gloves and gowns, may be more effective than drugs to prevent the spread of respiratory viruses such as influenza and SARS, a study has found.

The findings, published in the British Medical Journal, came as Britain announced it was doubling its stockpile of antiviral medicines in preparation for any future flu pandemic.

Trawling through 51 studies, the researchers found that simple, low-cost physical measures should be given higher priority in national pandemic contingency plans.

"Mounting evidence suggests that the use of vaccines and antiviral drugs will be insufficient to interrupt the spread of influenza," they wrote in the report.

The 51 studies compared any intervention to prevent animal-to-human or human-to-human transmission of respiratory viruses, such as isolation, quarantine, social distancing, barriers, personal protection and hygiene, to doing nothing or to other types of intervention. They excluded vaccines and antiviral drugs.

They found that handwashing and wearing masks, gloves and gowns were effective individually in preventing the spread of respiratory viruses, and were even more effective when combined.

"This systematic review of available research does provide some important insights ... There is therefore a clear mandate to carry out further large trials to evaluate the best combinations," the international team of scientists wrote.

Another study, published in the Cochrane Library journal last month, found handwashing with just soap and water to be a simple and effective way to curb the spread of respiratory viruses, from everyday cold viruses to deadly pandemic strains.

Researchers have long warned that the world is due for another pandemic but they cannot say which strain will strike. The H5N1 avian flu virus that has killed more than 200 people globally since 2003 is considered a prime suspect.

Bangladesh Society of Geriatric Cardiology formed

STAR HEALTH REPORT

With a view to improve cardiac care in the country and ensure proper treatment of the older population, a new society named "Bangladesh Society of Geriatric Cardiology" has been formed recently.

Geriatric cardiology deals with any kind of heart diseases of the patients of over 65 years of age. A committee of 50 members was revealed at the inaugural programme in a local hotel in the city.

Professor A A S Majumder and Dr Md Afzalur Rahaman were selected the President and the Secretary respectively.

National Professor (Brig.) A Malik and President of Society of Geriatric Cardiology of the USA Navin C Nanda have given kind consent to be the patron of the society.

While talking on the necessity of forming the society, Professor A Malik said, "It is well established that age is a risk factor of coronary heart diseases. These are increasing in ageing population. Heart disease is the most frequent diagnosis in elderly people and it is one of the leading causes of mortality." He also added, "The profiles of these common cardiovascular diseases in older group differ from that of in young patients. The treatment of this age group is really challenging as other diseases in addition to it usually affect them."

Professor Nanda welcomed the society saying that the establishment of this society in Bangladesh is undoubtedly a landmark in the continued worldwide fight against heart diseases. The society will help reduce the burden and provide better treatment of ageing people with heart diseases.

He suggested that the society should conduct educational programmes for physicians and other healthcare professionals participate in the development of public policies for fostering and maintaining cardiovascular fitness.

The President Prof Majumder in his speech said that the organisation is dedicated to increase the awareness among public regarding geriatric cardiovascular problems and pursue the authority for taking necessary steps to give more attention to the problems unaddressed. It is the need of the day that geriatric population should be properly focused on.

WORLD AIDS DAY 2007

Stop AIDS. Keep the Promise

KHAIRUZZAMAN KAMAL

The theme for World AIDS Day 2007 celebrated yesterday was focused on leadership, under the slogan, "Stop AIDS. Keep the Promise," which is the worldwide campaign until 2010.

This year's theme of leadership encourages you to "Take the Lead" in responding to key issues surrounding HIV/AIDS issues such as stigma and discrimination; access to medicines and better prevention, treatment, support and care.

Leaders with vision, passion, and perseverance, who lead with personal engagement, inspire others to become engaged and make a huge difference in the response of communities to and are better example in the response to HIV/AIDS.

This type of leader is not stuck in a government office; this type of leader is found in your homes, your religious houses, your schools, and your offices.

At home, in schools, at workplaces or worship spaces, you can "Take the Lead" in a compassionate, active and effective response to AIDS.

:: WORLD SCENARIO ::

-According to latest statistics from WHO/UN, AIDS has killed more than 25 million people and an estimated 33.2 million people all over the world are living with HIV.

-Out of this 30% are women and 10% are children(below 15 years).

-Despite the improved access to ARV treatment and care, the AIDS epidemic is killing at least 5700 people per day all over the world.

-Despite rampant awareness 6800 people are getting infected everyday all over the world.

:: BANGLADESH SCENARIO ::

-In December 2006, the GoB reported that 874 people were living with HIV/AIDS in the country, with a total of 240 AIDS cases.

-However, UNAIDS reported in June 2007 there were some 11,000 people living with HIV.

-HIV has turned into concentrated epidemic among Injecting Drug Users (IDUs), which reported 7 percent.

Youth are the future leaders. Involvement of youth in AIDS programme whether it is awareness raising or any kind of activity is stressed by world leader. Here is the recommendation that includes four Strategy of Action for youth involvement.

1.Advocacy and presentation of action plan to immediate community gatekeepers/stakeholders

2.Mobilisation of resources within immediate community

3.Finalisation of modality and sequence of implementation

4.Commemorating the World AIDS Day.

Therefore, as a youth, either young-young youth, old-young youth, or young-old youth, you should get involved yourself in your own capacity.

There are .programmes you can design in line with the theme, based on your community needs assessment, and the stakeholders' analysis.

The writer is the Executive Director of Bangladesh Manobadhikar Sangbadik Forum (BMSF). Web site: www.bmsf-bd.org

Bangladeshi surgeon's paper on modern trauma management acclaimed

A Bangladeshi orthopaedic surgeon's paper on modern trauma management was highly acclaimed at the annual conference of the British Trauma Society that concluded in Nottingham, United Kingdom (UK) recently.

As a member of the British Trauma Society, Dr Md Hasan Masud of the National Institute of Traumatology and Orthopaedic Rehabilitation (NITOR), Sher-e-Bangla Nagar in the capital was invited to deliver a presentation. Over 400 surgeons from many countries around the world assembled there.

Dr Masud's current interests are in joint replacement, arthroscopy and trauma. The papers covered broad spectrum of injuries and their consequences, which reflects the nature of trauma care.