



Health scheme for street children

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Kalam does not know his identity. He cannot remember his parents, not even have any near and dear ones. He was born and grown up on a road at Hazaribag in the city. The 10 years old boy feels his mother most whenever he becomes sick. During his sickness in last month, he was crying by the name of mother on the roadside. He could not go to a hospital with his very little money or could not buy his own food or any medicine. Nobody paid attention to him.

Kalam's mental and physical agony was culminating thinking the fate of one of his peers who died untreated after suffering from this sort of fever. He left on the roadside with high fever, chill, rigor and repeated convulsions. After 3 days, one kind passerby did notice and admitted him into the Mitford Hospital with his own money.

Kalam's story depicts more than 200,000 street children floating in Dhaka metropolitan area. Statistics say the terrible thing regarding health status of

street children. More than 73 percent of street children in the city are victims of physical, mental abuse and suffering from various degrees of malnutrition. Street children across the country are out of healthcare facilities.

Health scheme is a dream for them. There is no specific health scheme for these floating children who are highly vulnerable to certain infections like upper respiratory tract infection, diarrhoea, skin diseases, sexually transmitted diseases and highly infectious diseases like HIV/AIDS, hepatitis B, hepatitis C.

According to Save the Children's global report, more than 200 million children under the age of 5 are not receiving proper healthcare, with most of them living in developing countries like Bangladesh.

Hundreds and thousands of our children die or develop fatal illness in course of their childhood due to the lack of simple and basic healthcare facilities. Most of them die due to diseases like pneumonia and diarrhoea which could easily be treated.

The most alarming and frus-



trating thing that has made them vulnerable is lack of immunisation and nutrition. Overcrowding, unhygienic environment and unhealthy foods make the situation worst. Poverty forces most of the children to engage in dangerous and hazardous job. They have very little knowledge regarding work, safety and are continuously risking their lives.

Most of our workplaces have no safety rules or compensatory scheme for ailments caused by working in unhealthy environment.

Street children rarely have the knowledge regarding prevention of disease or regarding their body's physiology. Awareness of STD/HIV/AIDS is very poor among them. They usually do not

visit the clinics, hospitals or doctors for their healthcare during the episodes of their illness due to poverty and ignorance.

Sometimes they develop the deadly habit of addiction and hook to injectable drugs and other substances in contact with injectable drug users (IUDs) and other addicts.

It was also found that the street children are also habituated to professional blood donation which fuels the spread of transmissible diseases.

Simple healthcare is an urgent need and it should be provided on street. Experts urge that free health screening and an effective children based health scheme should be adopted to protect these children. Preventive healthcare should be on primary focus. The health policy should be aimed at ensuring proper immunisation, nutrition and health education for every child. The barriers to access healthcare should be identified and remove properly. Private-public healthcare system may be developed to ensure proper healthcare and increase awareness among them. The government, NGOs, private service organisations and philanthropists can take action programme for the ill-fated street children. By ensuring their proper physical and mental growth; we can turn them into effective human resources.

Call for improved understanding of optimal treatment strategies and greater involvement

HIV experts underscore natural alliance between the response to AIDS and efforts to expand primary care, strengthen health systems in poor countries

STAR HEALTH DESK

Speakers at the XVII International AIDS Conference (AIDS 2008) underscored the importance of simultaneously scaling up AIDS programmes and strengthening health systems in poor countries, emphasising that the two goals should be viewed as allies, not adversaries — says a press release by the International AIDS Society (IAS).

Experts warned that the global shortage of health care workers hampers both goals and demands a collective response. They also stressed the importance of expanding the role of people living with HIV in the planning and provision of health care as a part of the solution.

"HIV and global health advocates have enough common enemies, chief among them political complacency and inadequate human and financial resources," said Dr. Luis Soto Ramirez, Local Co-Chair of AIDS 2008 and Head of the Molecular Virology Unit at the Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán and Coordinator of the Clinical Care Committee of CONASIDA, Mexico's National AIDS Council. "In the struggle to recognise health care as a human right, we are natural partners."

"If the urgency of AIDS and the sheer magnitude of human loss we are now experiencing is not enough to compel us to provide even the most basic level of health care to those living in low-income countries, then we, as a global community, are morally bankrupt," said Dr. Pedro Cahn, International Co-Chair of AIDS 2008 and President of the International AIDS Society and Fundación Huespedes in Buenos Aires, Argentina. "If, in the context of AIDS, we walk away from this challenge, we may never get another chance."

More evidence to weigh in determining when and how to start treatment

According to Anton Pozniak (United Kingdom) of the Chelsea and Westminster Hospital, the questions of "when to start?" and "what to start with?" remain central to people living with HIV and their clinicians as they consider antiretroviral therapy. The move to start treatment earlier is gaining momentum in light of evidence that those untreated patients with CD4 counts above 350 have significantly higher rates of non-AIDS related illnesses such as cardiovascular disease. Pozniak stated that clinical trials are needed to weigh the benefits of starting earlier with the downsides of earlier therapy, including toxicity, resistance and maintaining long-term adherence.

Debates regarding which therapies to use in initiating treatment also continue in those coun-

tries where there is an abundance of choice. The first randomised clinical trial to compare the use of boosted protease inhibitors (PI) with non-nucleoside reverse transcriptase inhibitors (NNRTI), both as the anchor of initial treatment regimens, found virological or immunological benefits to both approaches. Pozniak reviewed data on monotherapy with boosted PIs, which may save money and spare users the long-term toxicity of nucleoside reverse transcriptase inhibitors (NRTIs). He also noted some unexpected toxicities associated with regimens using NRTIs as the backbone of treatment. Some nucleosides are used extensively in resource-poor countries despite these toxicities, because of lower costs. Pozniak also presented evidence of the effectiveness of tailored combinations for treatment-experienced patients. He concluded that in situations where there is a choice of therapies, treatment of HIV has become focused on minimising toxicities and maximising convenience, and that this choice should be offered to all people living with HIV.

Strengthening health systems through greater involvement of PLHIV

According to Morolake Odetoynbo (Nigeria), CEO of Positive Action for Treatment Access, the greater involvement of people living with HIV (PLHIV) can be a key component of efforts, to strengthen fragile health systems in low- and middle-income countries. These already fragile systems have been further taxed by the HIV epidemic, which has depleted the health workforce due to illness and death, and magnified the impact of existing malnutrition. Odetoynbo also warned that lack of treatment literacy and unstable drug supplies are leading to HIV drug resistance and multi-drug resistant TB.

Highlighting the existing involvement of PLHIV as counsellors, peer educators, and spokespersons, Odetoynbo explained how PLHIV can do even more to help strengthen health systems if their involvement is rooted in their existing capacities and skills, and not used to simply fill quotas. According to Odetoynbo, there also must be an environment that allows professionals living with HIV to be actively involved in health systems. PLHIV should have multi-dimensional roles as advocates, watchdogs and managers, and should also be active participants in decision-making bodies responsible for the planning, implementation, monitoring and evaluation of programmes.

AEROBIC EXERCISE

What 30 minutes a day can do?

STAR HEALTH DESK

Investing 30 minutes a day in aerobic exercise — such as walking, bicycling or swimming — can help you live longer and healthier. In fact, aerobic exercise may be the magic bullet you have been looking for.

Take a look at the health benefits associated with aerobic exercise. See how aerobic exercise affects your heart, lungs and blood flow — and get motivated to reap the rewards!

How your body responds to aerobic exercise

During aerobic exercise, you repeatedly move large muscles in your arms, legs and hips. You will notice your body's responses quickly.

You will breathe faster and more deeply. This maximises the amount of oxygen in your blood. Your heart will beat faster, which increases blood flow to your muscles and back to your lungs. Your small blood vessels (capillaries) will widen to deliver more oxygen to your muscles and carry away waste products, such as carbon dioxide and lactic acid. Your body will even release endorphins, natural painkillers that promote an increased sense of well-being.

What aerobic exercise does for your health

Regardless of your age, weight or athletic ability, aerobic exercise is good for you. As your body adapts to regular aerobic exercise, you will get stronger and more efficient. Consider some of the many ways that aerobic exercise can help you feel better

and enjoy life to the fullest.

Regular aerobic exercise can:

- **Reduce health risks.** Aerobic exercise reduces the risk of many conditions, including obesity, heart disease, high blood pressure, type 2 diabetes, stroke and certain types of cancer. Weight-bearing aerobic exercises, such as walking, reduce the risk of osteoporosis.
- **Help you manage chronic**

conditions. Aerobic exercise helps lower high blood pressure, control blood sugar and relieve chronic muscle pain. If you've had a heart attack, aerobic exercise can help prevent subsequent attacks.

• Keep your arteries clear. Aerobic exercise increases the concentration of high-density lipoprotein (HDL, or "good") cholesterol and decreases the concentration of low-density lipoprotein (LDL, or "bad") cholesterol in your blood. The poten-

tial result? Less buildup of plaques in your arteries.

• Strengthen your heart. A stronger heart does not need to beat as fast. A stronger heart also pumps blood more efficiently, which improves blood flow to all parts of your body.

• Boost your mood. Aerobic exercise can ease the gloominess of depression and reduce the tension associated with anxiety,



30 minutes of brisk walking benefits health

• Keep excess pounds at bay. Combined with a healthy diet, aerobic exercise can help you lose weight — and keep it off.

• Ward off viral illnesses. Aero-

bic exercise activates your immune system. This leaves you less susceptible to minor viral illnesses, such as colds and flu.

• Live longer and stay healthier with just 30 minutes of aerobic exercise a day!

as well as promote relaxation.

• Increase your stamina. Aerobic exercise may make you tired in the short term. But over the long term, you will enjoy increased stamina and reduced fatigue.

• Stay active and independent as you get older. Aerobic exercise keeps your muscles strong, which can help you maintain mobility as you get older. Aerobic exercise also keeps your mind sharp. Researchers say that at least 30 minutes of aerobic exercise three days a week can reduce cognitive decline in older adults.

Need more convincing? People who engage in regular aerobic exercise appear to live longer than those who don't.

Start slowly

Check with your doctor before you begin to exercise. Once you have your doctor's OK, start slowly. You might walk five minutes in the morning and five minutes in the evening. The next day, add a few minutes to each walking session. Pick up the pace a bit, too. Soon, you could be walking briskly for 30 minutes a day — and reaping all the benefits of regular aerobic exercise.

Other options might include skiing, aerobic dancing, swimming, stair climbing, bicycling or jogging. If you have a condition that limits your ability to exercise, ask your doctor about alternatives. If you have arthritis, for example, aquatic exercises may give you the benefits of aerobic exercise without stressing your joints.

Live longer and stay healthier with just 30 minutes of aerobic exercise a day!

"It is better to have a piece of bread and an onion in peace than to have a stuffed lamb with quarrels."

Lebanese proverb

Apollo Hospitals Dhaka organises healthcare awareness programme

With a view to increase awareness and enrich level of knowledge regarding stroke and balanced diet, Apollo Hospitals Dhaka recently organised "Healthcare awareness programme" for the manage-

ment staffs of Nestle Bangladesh Ltd., says a press release.

Dr Alim Akhter Bhuiyan, Consultant and Coordinator, Neurology of Apollo Hospitals Dhaka disseminated knowledge and guidelines in the session.

Homeopathic clinic opens in the city

The first homeopathic clinic of the country has started treatment of different diseases in the city, says a press release.

The clinic, named 'Basic Homeopathic Clinic' is operated

by doctors passed from the Government Homeopathic Medical College.

The clinic is located at House 32 (2nd floor), Block Kha, Section 6, Mirpur 10, Dhaka 1216 (south to the fire service).

World Congress on Clinical, Preventive and Geriatric Cardiology

Health of millions is at stake — Time to fight against rising menace of premature heart attack in our country is now, before it becomes too late. With this view in mind, the World Congress on Clinical, Preventive and Geriatric Cardiology (WCCPGC 2008) will bring together experts from the field of cardiology across the globe for a comprehensive overview of this rapidly increasing heart problem — says a press release.

The conference will be held at the Om Shanti Retreat Centre,

Gurgaon from September 19 to 21, 2008. Mrs. Pratibha Devi Singh Patil, the President of India, will be presiding as the chief guest.

The three day conference will highlight the needs and importance of lifestyle optimisation, aggressive secondary prevention of cardiovascular disease and primary prevention of a high risk group.

His Excellency Dr. A.P.J. Abdul Kalam, former President of India will inaugurate the WCCPGC 2008.



Correa said it appears that the condition called gestational diabetes is not associated with an increased risk of birth defects. This is a short-lived form of diabetes that can appear in a woman during pregnancy, but blood sugar levels usually return

to normal shortly after the baby is born.

But Correa said some cases diagnosed as gestational diabetes may actually be type 2 diabetes that simply had gone unrecognized until the pregnancy.

The study involved 13,030

babies born with birth defects around the United States and 4,895 babies without birth defects, and the researchers determined which of the mothers had diabetes before becoming pregnant.

Women with diabetes had triple the risk of having a baby with birth defects than other women, the researchers said.

"Preconception care is not reaching all women with diabetes the way it ought to. And given the increasing prevalence of diabetes, including diabetes among women of reproductive age in this country and in many parts of the world, this is a call to action to the clinical and public health communities to come up with more effective prevention measures," Correa said.

Correa said doctors who know a woman who is pregnant or planning to become pregnant may consider steps including weight control, diet, exercise and medications.