

HIV/AIDS

Towards universal access to prevention, treatment & care

SHEIKH ALI HAIDER AZAM

December 1, 2009 was marked as the 21st anniversary of World AIDS Day. Together with its partners, the World AIDS Campaign set this year's theme for the Day as "Universal Access and Human Rights". Global leaders have pledged to work towards universal access to HIV/AIDS prevention, treatment and care, recognising these as fundamental human rights. Strong commitment, sustainable programmes and urgent action are crucial to augment the progress in access to HIV/AIDS services.

The prevalence of HIV/AIDS has increased up to 7 percent among Injecting Drug Users (IDU) in parts of Dhaka city, which is termed concentrated epidemic. Although HIV prevalence is said low and it is less than 1% in other risk groups including sex workers, the risks involve in spreading HIV/AIDS are still very high.

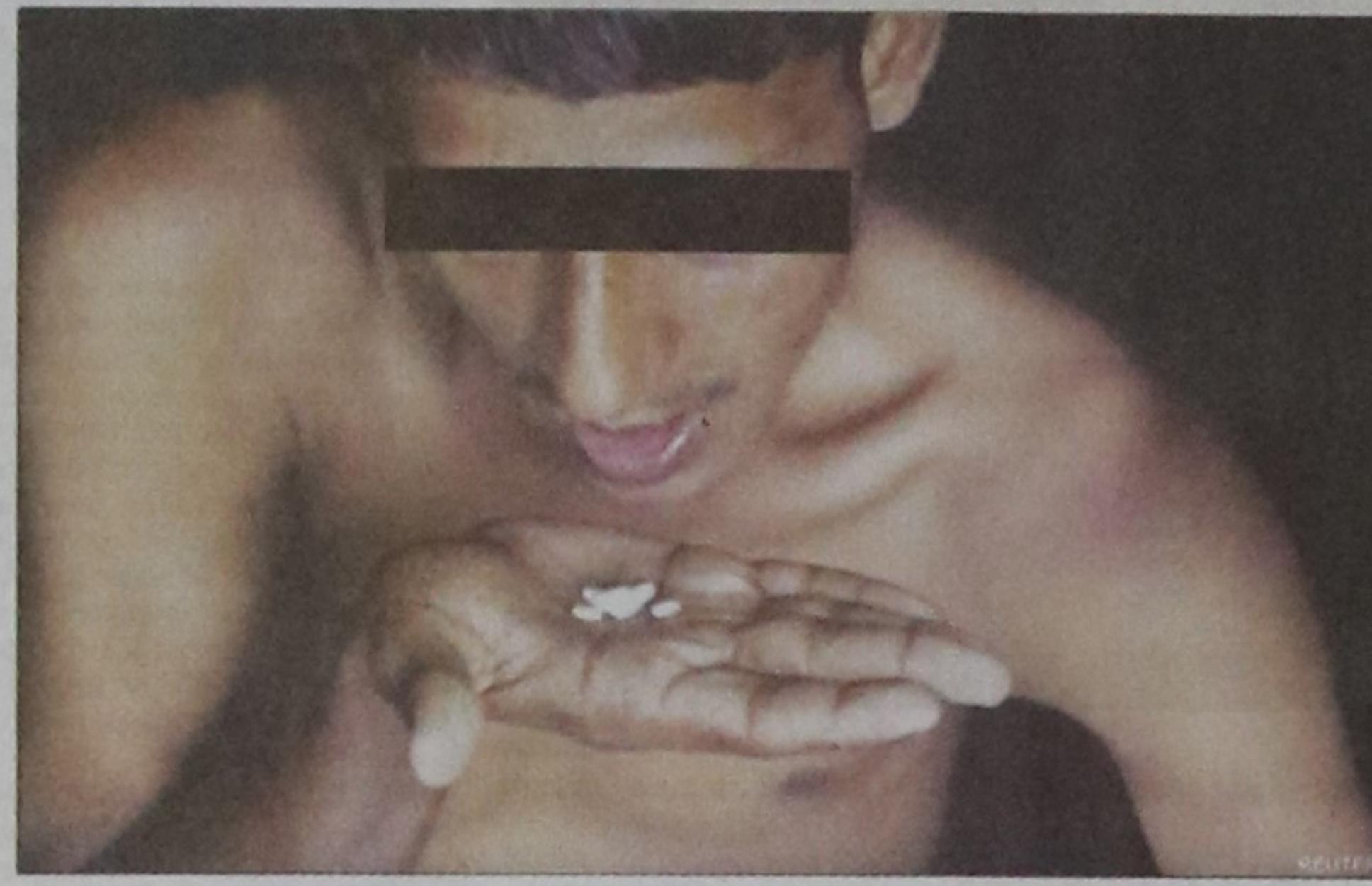
Despite dramatic developments in political commitment, funding and treatment provision, significant progress has not yet been made in prevention and

eliminating stigma and discrimination. These are some major obstacles that hinder people to access HIV/AIDS services, especially Antiretroviral Treatment (ART).

Even though injecting drug use is an important driving force behind the spread of HIV in Bangladesh; many of these people cannot access the services due to social stigma, lack of proper counselling, satisfactory rehabilitation programmes and their migrating nature.

Again, sex workers cannot access proper services due to stigma, lack of condom use, risky sexual behaviour. There is an urgent need to increase coverage of targeted interventions such as 100 percent condom use for sex workers, needle-syringe exchange programmes and substitution therapy for IDUs.

It has long been recognised that gaining the upper hand against AIDS epidemics around the world will require rapid and sustainable expansion in HIV prevention. Integrated prevention programmes with most at risk population (MARPs) like IDUs, female sex workers, men who have sex with



men (MSM), vulnerable youth lead by Government can make a significant progress in fight against HIV/AIDS.

The encouraging progress made in expanding access to treatment has not yet been properly matched with a parallel scale up of prevention. This is very crucial to ensure long-term success against the epidemic and the sustainability of treatment programmes. The health sector must play a much

more effective role in HIV prevention, especially in expanding HIV testing and counselling, offering prevention services to people living with HIV/AIDS.

Unless the gap in prevention, treatment and care is reduced rapidly, the epidemic will cause an irreversible social and economic havoc in the region.

Scaling-up of the HIV/AIDS strategy in the region involves developing a comprehensive response to

HIV/AIDS as well as addressing the need to expand coverage geographically to reach more people. It also focuses on increasing coverage to different population types, improving the quality and scope of services, and ensuring that the involved systems are accountable.

The ultimate goal is to guarantee the delivery of a comprehensive intervention and programme to reduce the transmission of HIV/AIDS and lessen its

impact on individuals and societies.

Established public private partnership for high quality prevention, care and support services intended for responding the HIV epidemic throughout the country. Many non-government entities are engaged in implementation of project activities in collaboration with national AIDS/STI programme. However, low prevalence rate indicates that prevention is possible and has worked. So, based on our experiences and lessons learnt, priorities in programmes would be continued to focus on most vulnerable and un-served key populations at full coverage with evidence base approaches.

We hope to see that Bangladesh will make a significant difference in halting the HIV epidemic through standard prevention model. For this, we need to implement effective, sustainable and strong comprehensive action plans for protecting the nation from HIV/AIDS.

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correct, avoiding smoking may be one way.

The idea that smoking could be a risk factor does have physiological evidence to back it up, the researchers point out. High levels of nicotine, for instance, have been found to trigger convulsions in both animals and humans.

Smoking also diminishes the oxygen supply to body tissues and, via the stimulating effects of nicotine, can trigger sleep problems, both of which may contribute to seizures.

Dworetzky and her colleagues based their findings on data from the Nurses' Health Study II, which began following more than 116,000 U.S. nurses between the ages of 25 and 42 in 1989. Over 16 years, 95 women suffered a seizure, and 151 were newly diagnosed with epilepsy.

Smokers were at greater risk of having an isolated seizure than non-smokers, even when other risk factors, including history of stroke, were taken into account.

Research has suggested that, as with nicotine, high alcohol or caffeine intake may also contribute to seizures. But in this study, women's drinking and caffeine habits were unrelated to the risks of seizure or epilepsy.

"Because there is little knowledge of modifiable risk factors for seizures or epilepsy," Dworetzky and her colleagues conclude, "more prospective studies are needed to find ways to possibly prevent their occurrence."

Source: Epilepsia



Recently BISS has organised two international training courses — "Sports Physician Course" and "Sports Physiotherapy Course" in Dhaka. Trainers from Turkish Federation of Sports Medicine are seen along with the participants in the 4-day course.

Lets work together for sports medicine

DR MUHAMMAD ZUBAYER

During the last two decades, significant progress has been made to help increase the performance of players who are taking part in different competitive sports. However, sports medicine in Bangladesh is lagging far behind. With combined efforts to establish sports medicine, we have many things to do yet.

Sports medicine is a multi disciplinary approach that includes cardiology, hematology, infectious diseases, trauma, exercise, sports psychology, nutrition and environmental aspects and so on.

Sports medicine is not only concerned with the treatment of injuries. It encompasses other things like training diet and other methods for peak performance. Along with dealing professional players, sports medicine has also significant importance in serving normal people who randomly play and help people in doing proper exercise.

The tempo of the past several decades has shown the wisdom and benefits of regular exercise in sports. We have observed that physically active individual do not suffer proportionately from atherosclerosis, stroke, myocardial infarction, obesity, diabetes, stress, heart diseases and

other chronically debilitating diseases as do their sedentary counterparts. Rudimentary exercise research has begun to yield the secret success of fitness training.

Now it is established through different research about the health benefits of regular physical activities including reduction of coronary heart disease, cancer, anxiety, depression and all cause death rates, maintenance of appropriate body weight and functional capacity and increase bone mineral content.

Considering all these, we established Bangladesh Institute of Sports Sciences (BISS) which got the recognition by the different international organisations.

Fitness, stamina and injury are always a big concern for Bangladeshi player. With proper application and implementation of sports sciences and medicine we can overcome these barriers and can boost the performance level.

We always have the dream and endeavor that Bangladesh will hold a prestigious position in international sports arena. Lets work to make our dream come true.

The writer is the President of Bangladesh Institute of Sports Sciences (BISS).

Bridging gender gap in eye care

DR MAMUHT

After decades of research and despite a global consensus on the need of gender sensitive policies, gender disparities in eye care services still exist in many countries including Bangladesh. Available global data on childhood blindness and visual impairment also demonstrate various dimensions of gender disparity in children's eye health.

There is huge gap between the service uptake rate among boys and girls. Girls in Bangladesh are still more likely to get eye diseases because of negligence by their parents; girls are less likely to be seen by a doctor when they have eye conditions. They also receive less surgical treatments for their eye problems. This situation needs to be changed.

Eye care planners, doctors and health professionals, community development organisations and citizens should play a role to decrease the risk of getting eye diseases and going blind, especially among girls and women. There is ample evidence that these inequities can be reversed. Efforts need to bridge the gap in information, training, planning, implementation and monitoring of eye care and community development programmes. Following strategies can be applied to increase the access to eye care by girls.

Increase detection of girls with visual impairment

Case detection of girls with visual impairment and blind-

ness—needs to be enhanced as more boys are usually detected. Blind girls are frequently missed out because they are not reported by their parents due to prevailing stigma, negative attitude and other socio-economic constraints.

Increase uptake of surgery by girls

Uptake of surgery by girls is very low because of various factors including fear of surgery, social negative attitude towards girls, wearing spectacles. Health promotion, counselling and financial support is needed to increase the uptake of surgery by girls.

Free cataract surgery for women and girls

Bring parents of girl child and services together—outreach eye care programmes (camps) are useful to reach girls who are from poor

socio-economic condition, live in remote areas and unlikely to access routine and static eye care facilities. Gender specific messages should be included in the publicity and awareness activities prior to the camp to ensure that girls are brought to the eye camps by their parents.

Increase support to eye care for girls

Provide necessary extra support to increase access to services by women and girls. For example, providing free surgery scheme for girls or providing transport facilities to and from eye hospitals can increase the uptake of services by girls. Thus establishing specific support systems for girls and women (travel, counselling) can make the programmes more gender sensitive and effective.

Increase awareness of childhood blindness and gender issues

Community sensitisation on blindness in girls and mass communication highlighting the gender issues in children eye care is needed.

Motivate women and girls to motivate other women and girls—using women and



girls as advocate and promoter of eye health at the community level could be a good strategy to ensure girl's access to eye care. Make information available to women and girls about eye health promotion, treatment facilities etc.

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Planning, monitoring and research on gender and child blindness

Conducting research and monitoring programmes through gender specific data can make them friendly to the target groups.

Eye care programmes

should be developed to

address their concerns and

needs. Gender strategies for eye care should be developed as part of a comprehensive plan of action.

The National Eye Care Plan

of Bangladesh needs to be

reviewed for a gender analysis and incorporate a gender sensitive action plan.

The writer is the Chairman of Child Sight Network and Consultant in international eye health and disability.



REUTERS

Women who smoke risk having seizures

REUTERS HEALTH, New York

Women who smoke may have a higher risk of developing seizures than non-smokers do, a new study suggests.

Researchers found that among more than 100,000 U.S. women in a long-running health study, current smokers were between two and three times more likely than non-smokers to suffer a seizure over 16 years.

Current smokers did not clearly show a higher risk of developing epilepsy, a disorder marked by recurrent seizures that are not provoked by a specific cause, such as a reaction to a drug.

However, epilepsy risk was somewhat elevated among former smokers, who had a 46 percent higher risk than women who had never smoked.

Dr Barbara Dworetzky and colleagues at Harvard Medical School and Brigham & Women's Hospital in Boston report the findings in the journal Epilepsia.

Seizures arise from an episode of abnormal electrical activity in the brain—with symptoms ranging from a brief staring "spell" or change in vision or sensations in the skin to convulsions and loss of consciousness. Epilepsy is diagnosed when a person suffers at least two unprovoked seizures.

In some cases, seizures and epilepsy have an identifiable cause, such as head trauma or brain damage from a stroke. But more often, no specific cause can be found.

Little is known about how seizures can be prevented, according to Dworetzky's team, but if the current findings are

Seminar on prevention of heart diseases and treatment options

STAR HEALTH REPORT

Parkway Health, which owns and operates Mount Elizabeth, Gleneagles and East Shore hospital in Singapore, has organised a seminar on "Prevention of Heart Diseases and Treatment Options" at a local hotel recently. The seminar aimed at updating people with better treatment modality and aid to undergo for the appropriate medical options.

A number of people attended the seminar to enrich their knowledge and exchanged views with the international experts.

Speakers in the seminar



Dr Saw Huat Seong, Senior Consultant Cardiothoracic Surgeon of Mount Elizabeth and Gleneagles Hospital and Dr Lim Yean Teng, Senior Consultant Cardiologist of Mount Elizabeth Hospital of Singapore delivered a health talk on "Prevention of Heart Diseases and Treatment Options" in Dhaka recently.