



HIV/AIDS in Bangladesh

Target of universal access to treatment is yet to achieve

DR MD RAJIB HOSSAIN

Although the number of people living with HIV/AIDS in Bangladesh is not high, the country has failed to ensure antiretroviral therapy (ART) for the treatment of this small figure. According to a recent progress report by World Health Organisation (WHO), Bangladesh has not moved even closer to achieve the universal access target of ART. Experts identified limited services given only by NGOs, social marginalisation, lack of human resources, diagnostics and other health systems bottlenecks as the key factors behind this.

In order to lessen the prevalence of HIV/AIDS, United Nations member states in 2006 committed to the goal of universal access to HIV prevention, treatment, care and support by 2010. Although there is a 13-fold increase in ART coverage worldwide over six years, only one third of people in need have access to treatment. The coverage of prevention interventions is still insufficient and most people living with HIV remain unaware of their HIV status. Population surveys in ten countries showed more than 60 percent of HIV-positive people did not know their HIV status. As a result, many patients start treatment too late. Around 18 percent of patients initiating treatment were lost to follow-up during the first year, a large proportion of them dying due to late initiation of treatment.

According to the progress report, only eight low- and middle-income countries have achieved universal access target or coverage of 80 percent or higher for ART based on data from end of 2009. Also, there are 21 countries that are moving closer to achieve the universal access target, with coverage rates between

50-80 percent for ART.

In Bangladesh, Ashar Alo Society, Mukto Akash Bangladesh and Confidential Approach to AIDS Prevention (CAP) are the three NGOs working to provide coverage of ART to all people living with HIV/AIDS. Experts opined that along with NGOs, the government should establish more centres and monitor the programme strictly in order to ensure universal coverage. There is urgent need to provide coverage of ART for people who are the most affected by HIV, especially injecting drug users (IDUs) where HIV/AIDS is a concentrated epidemic (more than 5%).

Many high risk low- and middle-income countries have been shown promising ART coverage for most of its affected people. We need to work together to expand the services to make sure that not a single affected individual are left out of treatment services.

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Incorporating reproductive health services for young people through the national HIV/AIDS responses

DR NIZAM UDDIN AHMED

One of the characteristics of HIV/AIDS pandemic globally is — it affects young people the most and turns into a generalised epidemic through this segment. As such most of the prevention related regimen are concerned with reducing the vulnerabilities of youth to HIV/AIDS exposure by creating enabling environment for them through availability and accessibility of appropriate services and related information.

There is common assumption that young people do not need reproductive and sexual health related information and service prior to marriage. This exacerbates their susceptibility in fact. Hence at the inception stage of the national programme under the

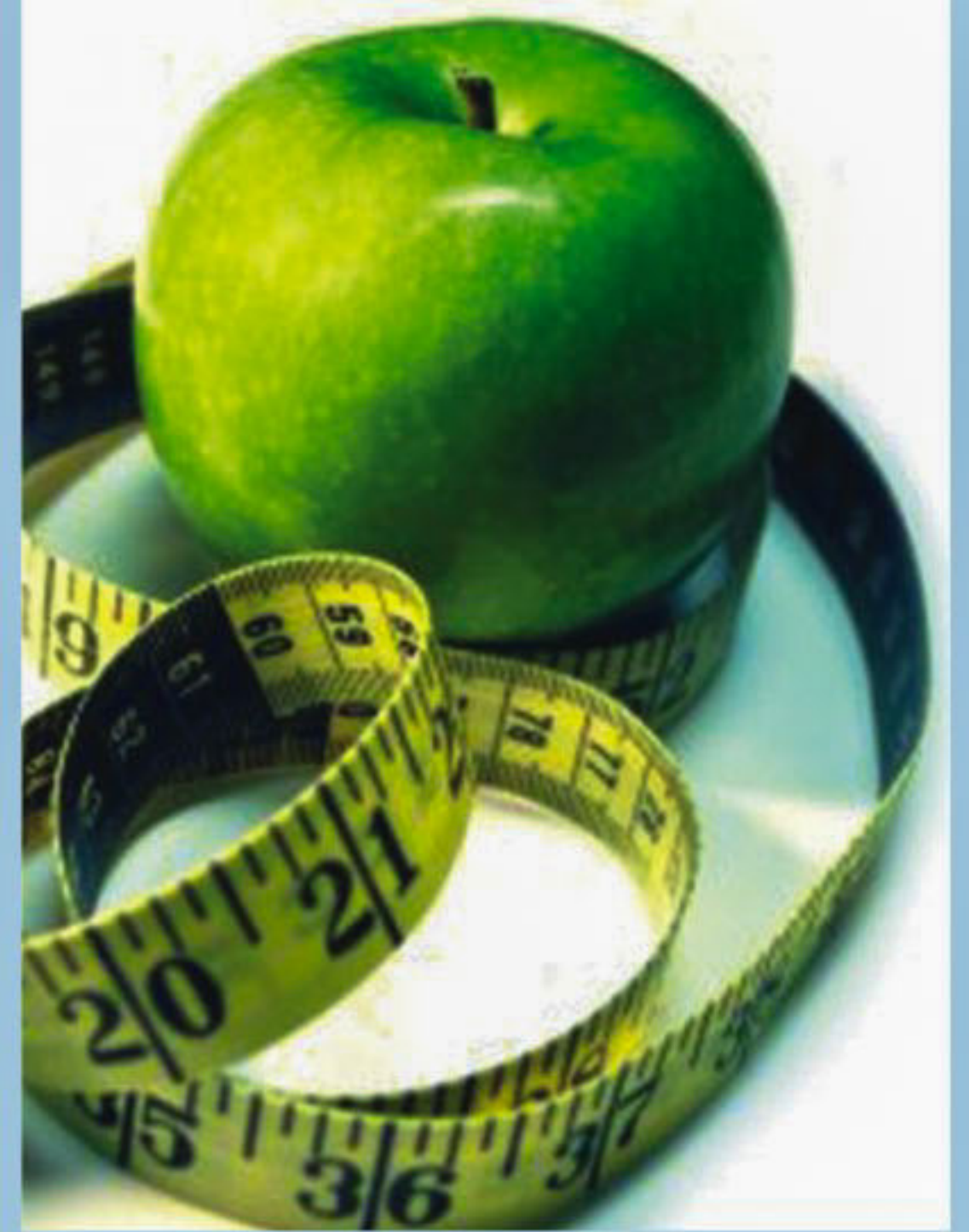
GFATM grants, the human rights perspective for HIV/AIDS prevention, care and support regimen for addressing the neglected areas of reproductive health information and services for youth was established.

Essentially this translated into generating simultaneous thrusts towards diminishing the primary barriers of beliefs, norms, stigma and discrimination. At the initial phase the intervention components focused on mass media campaign, youth friendly health services, life skills education, access to condoms, institutionalising HIV/AIDS information in mainstream education curriculum, advocacy with societal decision makers and religious leaders and developing evidence base for policy and programme

The incorporation between HIV/AIDS and reproductive health has paved the path for establishing youth friendly health services and life skills education that prepares young people to adjust with the emotional and physical changes they experience, analyse critical situation to avoid exposure and the ability eschew peer pressure on premarital sex, substance abuse and early marriage.

So, integration of HIV/AIDS within the existing paradigm of reproductive health and education services is need of the time.

The writer is the Director, HIV/AIDS Sector and South Asia Programme Advisor, Save the Children USA.



Eating less beats exercise for a healthy life

The myth about 'exercise' is now on the top list related to a smart body and losing weight. Of course physical activity is not only good for you, but crucial for an active life. But these days, expensive Gyms and other modern expensive exercise machines will not make lose weight in all cases (Pennington Research centre, La 2009).

Researchers also found (The American Physiological Society, May 2010) that eating less is more important than exercise. Longevity study in mice finds — It is better to go hungry than go running.

Active lifestyle matters quite a lot in living a healthy life. There are many things you can do yourself in your house and workplaces. To be healthy, you need to give your body the proper fuel first — which means concentrate on balanced healthy diet.

So, eat less, develop healthy eating habits and active lifestyle are the open secrets for a better health. Let's enjoy the following 2 in 1 success formula:

Simple: Don't eat too much; Work physically at home
Even simpler: Eat intelligently; Get slim and healthy

Price of life-saving vaccine expected to drop significantly

GAVI's market-shaping impact ensures more of the world's vulnerable children can be vaccinated

STAR HEALTH DESK

A life-saving vaccine against five deadly diseases will now be less expensive for the world's poorest children, the Global Alliance for Vaccine and Immunisation (GAVI) Alliance announced recently — says a press release.

Thanks to increased demand for the "pentavalent" vaccine and a reduced price offer by an emerging market vaccine manufacturer, GAVI estimates that in 2011 the average weighted price for the vaccine will go down to US\$ 2.58, compared to the current average price of US\$ 2.97, and to an even higher price of US\$ 3.65 in 2004. This represents a decrease of 30% over the last seven years.

The conjugate vaccine, which protects a child against diphtheria, tetanus, pertussis, Haemophilus influenzae type b (Hib), and hepatitis B, is highly useful in low-income countries where access to health services particularly in rural and remote areas is often limited and mothers have a much harder time bringing their infants to be regularly vaccinated. By using the pentavalent vaccine, widespread protection is achieved quickly and safely, shipping costs are lower and, with fewer syringes to dispose of, environmental impact is reduced.

GAVI estimates that a fully-funded programme would prevent 3.9 million future deaths by 2015 and make a significant impact on further reducing child mortality around the world.

Visiting your loved one at ICU

DR MD WAHIDUR RAHMAN

Critical patients often need Intensive Care Unit (ICU) admission. When a patient is brought to an ICU, family and friends gathered in visitors' waiting room. As ICU is highly sterile, visitors are often restricted to enter and see their patient's condition. Upon certain rules ICU team allow visitors when they consider visiting safe.

Before going to the ICU, you need to check in with the authority who will make sure that your loved one is ready to see the visitors. The followings are key to prevent spreading of infection in ICU.

To prevent infection and ensure patient-safety, all visitors to the ICU must use the antibacterial liquid to cleanse their hands.

You may require wearing special gown, mask and shoe cover provided by the hospital before entering into an ICU. The following are not permitted in the ICU:

- Children under age of 12
- Food and drinks
- Flowers
- Cameras/video recorders or picture taking
- Cellular phones

If you have cough, fever, runny nose, or rash, the best thing you can do for your loved one is to avoid entering the critical care units.

When you enter the ICU, you will notice that most of the patients are surrounded by equipment and tubing with an alarm. The alarms alert the nurse to changes. The alarms should not frighten you.

While you are visiting an ICU, try to

support and presence

- Touch and hold your loved one's hands
- Talk to your loved one; remind him or her of the date and time
- Respect the privacy of other patients in the ICU



remain calm and supportive to the patient. Make eye contact and provide encouragement. Remember that, although the patient may not show it, he/she hears more than you might think. After checking with the staff, do not be afraid to touch the patient. In the ICU:

- Reassure your loved one of your

Having a relative or friend in the ICU can be a very stressful experience. It is important that you take care of yourself and the patients in ICU by maintaining the rules.

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Team physician and sports medical science course begin

STAR HEALTH REPORT

In order to increase expertise in Sports science and Sports medicine, Bangladesh Institute of Sports Science (BISS) has organised two international training courses, says a press release.

"Sports Team Physician Course" is scheduled to be held on coming December 3-6 and another course titled "Sports Medical Sciences" is a two day long course scheduled from December 9-10. These courses will be held at Nuclear Medicine and Ultrasound Auditorium, Bangabandhu Sheikh Mujib Medical University (BSMMU).

Sports Team Physician Course will be conducted by four renowned sports medicine specialists from American College of Sports Medicine (ACSM) according to an international standard ACSM course curriculum. President of Maltese Association of Sports and Exercise Medicine (MASEM) and specialists from India and Bangladesh will train the other course.

Spot registration will also be available. Interested participants are requested to submit their CV along with one recent photograph within December 1, 2010 to the following address: Secretary General, Bangladesh Institute of Sports Sciences, GPO Box 2776, Ramna Dhaka 1000. Alternatively People can apply through e-mail: krirabiggan1978@gmail.com, faruqul@yahoo.co.in or contact 01713245903, 01191384426.

Knowing for better living

In Bangladesh...

70 lac people including **40** lac children suffer from asthma !

Keep away from dust & smoke

Avoid smoking

Use mask during cleaning your home

Maintain a hygienic life

Consult your Doctor

Courtesy...

