

UN Summit on NCD: Endangered gender

NAOSHIN AFROZ

AN epidemic of non-communicable disease (NCD) is spreading fast amongst women. No longer diseases of the rich and elderly, NCDs are increasingly impacting on women in developing countries during the prime of their life.

NCDs, including cancer, cardiovascular disease, chronic respiratory disease and diabetes, are the world's number one killer, causing 60% of deaths globally. A staggering 35 million people die from NCDs, of which 18 million are women. These diseases represent a major threat to women's health, increasingly impacting on women in developing countries in their most productive years. To voice its outrage at the international neglect of these silent killers, the NCD Alliance convened a high-profile side event on women and NCDs at the United Nation's Commission on the Status of Women.

The four main NCDs -- cancer, cardiovascular disease, respiratory disease and diabetes -- are chronic, costly, but largely preventable diseases that share common modifiable risk factors. Notable among them are tobacco use and obesity, both of which are becoming increasing in low-income countries.

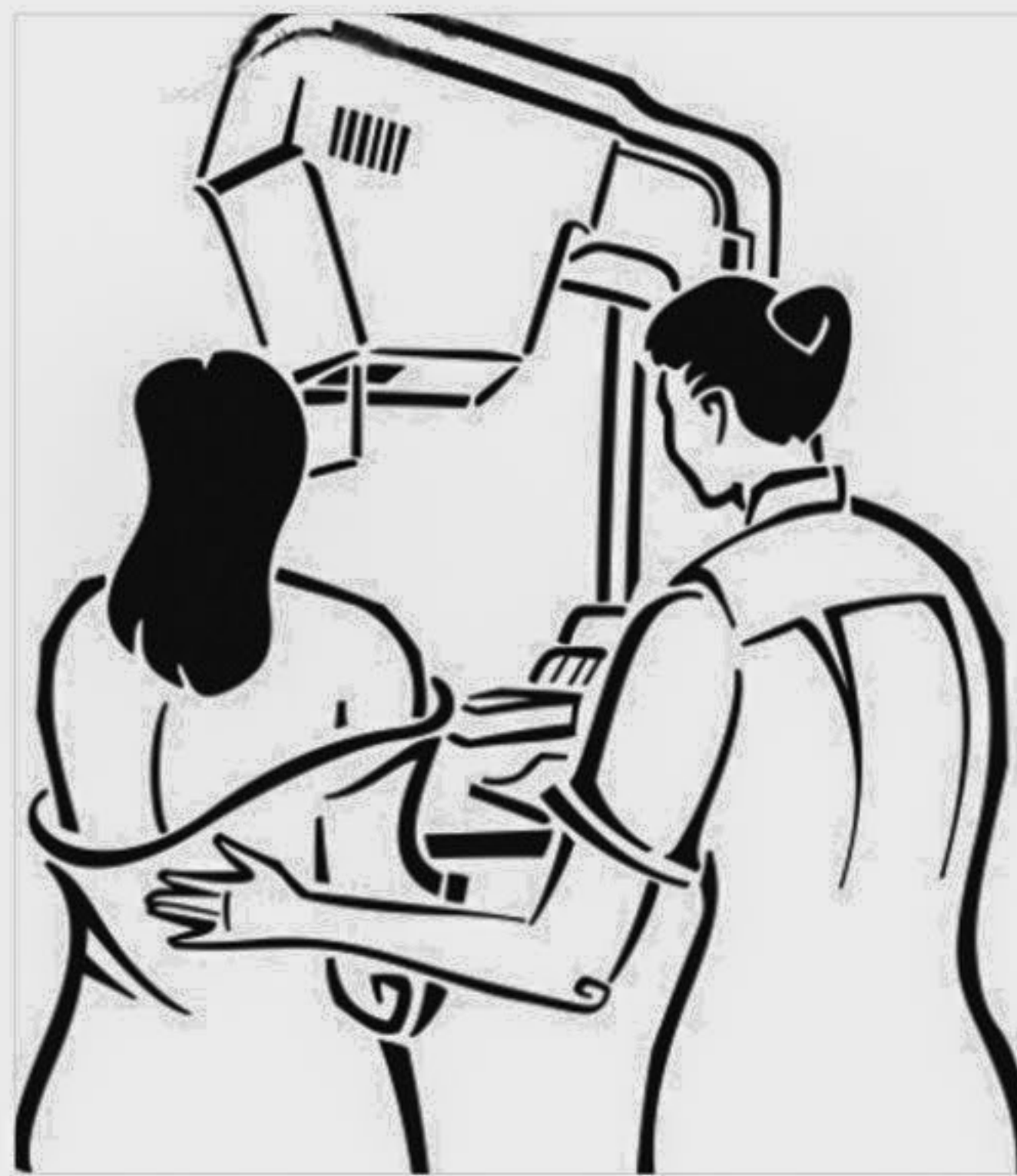
Women and girls are uniquely vulnerable to the risk factors of NCDs, and face economic, socio-cultural and geographical barriers in dealing with the diseases. NCDs often have the greatest impact on the poorest, the women/girls that make up 60% of the poor of the world.

In many low-and middle-income countries, the low socio-economic, legal and political status of girls and women is increasing their exposure and vulnerability to the risk factors of NCDs. Sixty percent of

the world's poor are women, twice as many women as men suffer from malnutrition, and two-thirds of illiterate adults are women. These underlying determinants are putting girls and women at a disadvantage in their capacity to protect themselves from the main NCD risk factors.

Tobacco use is one of the most serious avoidable risk factor for premature death and disease in adult women. WHO estimates that the proportion of female smokers will rise from 12% to 20% between 2010 and 2025. Deaths due to tobacco use among women are similarly projected to increase, from 1.5 million to 2.5 million between 2004 and 2030. Women's health is also jeopardised by exposure to second-hand smoke, especially in countries and cultures where many women do not have the power to negotiate smoke-free spaces. Girls and women are among the new targets of tobacco companies, particularly in emerging economies.

Urbanisation, along with above-mentioned risk factors, has led to a change in dietary patterns, with an increased intake of energy-dense foods, high in saturated fat, sugar and salt. The latest investigation by WHO indicates that in 2008 approximately 1.5 billion adults globally were overweight, of whom more than 200 million men and nearly 300 million women were obese. At



KARL LEHR

The reality for millions with NCDs is a lack of NCD programmes and services. Healthcare systems in low and middle-income countries are still geared towards infectious diseases and delivering acute care, and need to be reformulated to integrate NCDs.

the other end of the scale, under-nutrition in women has also been a major factor for the global NCD epidemic.

Girls and women living with NCDs experience specific challenges in accessing cost-

effective prevention, early detection, diagnosis, treatment and care, particularly in developing countries.

Entrenched poverty, gender inequality, the stigma associated with NCDs, women's responsibilities for the families (care giver) and the cost of seeking care are all significant barriers to the attainment of better NCD care for the women and girls in terms of prevention and control. These barriers are compounded by health systems that may fail to respond to the specific needs of girls and women suffering from NCDs.

Besides, there are some economic, socio-cultural, geographical barriers that act as stumbling blocks. Resources matter for the effective care and management of NCDs, but women's lack of control over resources limits their ability to pay for healthcare for NCDs. Women in low-income families are neglected in terms of providing NCD care and services due to over-prioritisation of family spending on the food entitlements of the family.

Many young women and girls are unable to make decisions about care for themselves or their children without the explicit consent of their husbands or any other family members. Higher rates of illiteracy among women than men also mean they have less access to written information about NCD risk factors, prevention and treatment. In some societies there are some beliefs that girls are naturally "stronger" than boys so treatment is sought earlier for sick boys.

Geographical distance can be a significant barrier to accessing healthcare for women, particularly for those living in remote rural settings. Women tend to be

less mobile than men, as they are less likely to have their own form of transport, and may be unable to afford public transport. These constraints may be reinforced by social expectations requiring women to remain at home and not travel alone, particularly due to fear of crime, violence and harassment in public transport.

Women provide the bulk of healthcare worldwide, both in formal healthcare setting as well as the informal sector and at home. Health systems in many communities are not responsive to the needs of women. In many places cultural taboos make it impossible for women to seek medical care from male health providers but there is, at the same time, a shortage of female health professionals.

Moreover, the reality for millions with NCDs is a lack of NCD programmes and services. Healthcare systems in low and middle-income countries are still geared towards infectious diseases and delivering acute care, and need to be reformulated to integrate NCDs. Integrating NCDs in health systems would lead to a different type of health system that would prioritise prevention, patient education and long-term monitoring.

In order to liberate these endangered women and girls strong, concrete and harmoniously synchronised need-based NCD interventions based on legislative framework need to be devised. Therefore, this UN High-Level Summit on NCD is an historic opportunity to introduce women-centred NCD interventions.

The question is, will the global leaders hear the untold tales of these endangered souls, or will they remain veiled, unaddressed for decade after decade, as they have been?

The writer is Assistant Coordinator-Communication at EMINENCE.

Can an epitaph to India-Bangladesh bonhomie be written?

SMRUTI S. PATTANAİK

THE recently concluded Indian Prime Minister Manmohan Singh's visit to Bangladesh after a gap of twelve years has got mixed response. The letdown of the visit is attributed to the failure to sign an interim water sharing agreement on Teesta. Many accuse India of disregarding bold initiatives taken by Bangladesh's current Awami League (AL) government, which extended a hand of friendship. Yet this failure to sign Teesta agreement does not call for an epitaph to be written on the relationship.

The AL has two more years left before it gets into the election mode where the performance of the government and its relationship with India will be subjected to public scrutiny. Two years is a long period in a nations' history if there is political will. And nothing in the recent past indicates that India and Bangladesh would not be able to overcome the problems, renegotiate the Teesta deal and sign the transit agreement.

Much has been written about Mamata's theatrics, which ultimately resulted in holding back of the interim treaty on Teesta. This was matched by Bangladesh's decision to hold back the letters to be exchanged on transit. The dynamics of coalition politics in India and its federal structure have a bearing on foreign policy making. Not long back, Sri Lanka waited to start final offensive against the LTTE keeping national elections in India in mind, knowing the nature of provincial politics could have a bearing on New Delhi's approach.

While it is imperative that the provinces of India need to be taken into confidence while formulating foreign policy that has direct bearing on them, it is also essential that such policy needs to be crafted keeping individual sensitivities and their political constituency in mind. The failure to sign the Teesta treaty at the last minute also affected India's image as a nation state, a reflection of a collective failure as a country and exposed a lack of consensus between the government and its coalition partners having a bearing on sensitive bilateral relations. This also conveyed to Bangladesh how water, which is a state subject in India, can derail the central government's resolve to ink a water sharing treaty with Bangladesh.

Understandably, Dhaka could not give transit when it failed to get the Teesta deal. While the focus of Bangladesh media was Mamata, the visit of four chief ministers, who are crucial for optimising India-Bangladesh relations, eclipsed the attention it deserved. The Bengal-centricism of

Bangladesh foreign policy has always focused on its relationship with West Bengal, and in the process the North eastern states have not figured prominently in shaping Dhaka's policy towards New Delhi. These states bordering Bangladesh have lost their individual identities and relevance, and have been clubbed as a collective entity of North East. Their development is now been hold hostage to Teesta.

Semantics of Bangladesh's policy have been characterised by portraying transit as benefiting these states, underplaying economic activities the transit route can generate. While these four chief ministers were looking forward to break their economic isolation by developing greater connectivity with Bangladesh and beyond, they returned empty handed just because the

Rather than feeling complacent about the past it is time to put our act together to take the relationship to a new height, the benefits of which should accrue to the people of the two countries who have been at the margins of development.

Paschimbanga chief minister thought of protecting its interest by its myopic decision to scuttle the path-breaking visit at the last minute. It is difficult to buy the argument that she was not informed.

Non-signing of Teesta agreement during this visit due to objection of Paschimbanga, however, can be considered as a boon. Thus, everything is not lost between the two countries as establishment of any durable relationship would require taking these kinds of political hiccups in their stride. Had it been signed, legal wrangling between the centre and the state in India would have done irreparable damage to the bilateral relationship. This would have delayed the implementation of the treaty, creating an atmosphere of distrust which would not have been conducive for long-term bilateral relations. It would have added to the list of promises broken by India.

Trust and confidence are two important pillars in the relationship between India and Bangladesh. Both the countries in the past

two years have strived to emerge out of their mutual suspicion and have silenced the sceptics by taking bold initiatives. The two countries can show the way to their South Asian neighbours that given political will any relationship can be transformed to a partnership of mutual trust and benefit. While reaching an agreement at the earliest is imperative, it would be equally important for India to involve the state of Sikkim in the negotiation.

Given that Manmohan Singh's government is a coalition government, building multiple stakeholders on bilateral issues would help. Similarly, the government of India needs to create informed public opinion regarding its policies. For example, it failed to create informed public opinion in Assam regarding the exchange of enclaves and lands in adverse possession. This resulted in creating an opinion in Assam that sovereign land was bartered at the expense of its population. Similarly, Awami League needs to create multiple stakeholders in its relationship with India. A transparent relationship will endure ideological division and will not create unnecessary suspicion, which is important for lasting relationship.

There is no doubt that water sharing agreement and transit agreement would have gone a long way in cementing the relationship. Over-emphasis on these issues, however, blinds us from emphasising the positives of the relationship. It is important to underline that the two countries signed land boundary agreement, exchanging enclaves and land in adverse possession after 36 years. It is no mean achievement for the people living in these enclaves. These people, marginal in the national discourse of the two countries, achieved citizenship after more than six decades of partition, yet the narratives on bilateral relationship have not celebrated their new identity.

Like any other relationship, India-Bangladesh relationship is dynamic. Let us not mourn what we did not get but celebrate what we have achieved. Rather than feeling complacent about the past it is time to put our act together to take the relationship to a new height, the benefits of which should accrue to the people of the two countries who have been at the margins of development. By making it people-centric, the India-Bangladesh relation has the potential to transcend the boundaries of nation and nationality and chart a new path for a regional future.

The writer is Research Fellow, IDSA.

Sikkim earthquake

M. MUMINULLAH

BANGLADESH was jolted by a magnitude 6.9 earthquake (USGS, Earthquake Notification Service) on September 18. The earthquake occurred in Sikkim at Latitude 27.7230 N and Longitude 88.0640 E, and depth of focus at epicenter in Sikkim was recorded as 19.7 Km (12.2 miles). [Source of magnitude and location: USGS, NEIC].

The earthquake epicenter was 68 Km (42 miles) NW of Gangtok, Sikkim, India, 119 Km (73 miles) North-Northwest of Shilguri, West Bengal, India; 272 Km (169 miles) East of Kathmandu, Nepal; 572 Km (355 miles) North of Kolkata, West Bengal, India (USGS NEIC) and 495 Km Northwest of Dhaka, Bangladesh.

This earthquake was characterised as strong to very strong on local scale, which could cause damage to buildings and severely threaten people. The Sikkim Earthquake killed 13 people in India and 5 in Nepal, and resulted extensive damage to several buildings in India, Nepal and Bangladesh.

Bangladesh lies on Australian Boundary which Eurasian Plate, result due to the forces and of the Himalayas,

The Sikkim earth- by two aftershocks of with a depth of focus location at Latitude Longitude 88.3910 E with a depth of focus ter located at Latitude Longitude 88.266 E tude and location:

There are about 12 earthquakes which around Bangladesh, Chittagong

the Indian-Convergent Plate moves towards ing in earthquakes process of building which is still active. quake was followed the magnitude 4.8 20 km at epicenter 27.446 0 N and and 4.6 magnitude 20.1 km at epicen- 27.377 N and [source of magni- USGS, NEIC]. large-to-great were recorded in or of which Earthquake of April 2, 1762 with an intensity VIII of Modified Mercalli Scale, Central Bangladesh Earthquake of July 18, 1885 and Srimangal Earthquake of July 8, 1918 with 7.6 magnitude on Richter Scale are notable.

The Calcutta Earthquake of October 1, 1737 was the third most catastrophic earthquake, with a loss of about 300,000 lives. The Assam Earthquake of June 12, 1897, with a magnitude of 8.7 on Richter Scale is one of the 10 super-earthquakes on earth, when an area of more than 300,000 sq. km covering Bangladesh, India, Bhutan and Western Myanmar was severely shaken, with damage of more than \$25.00 million.

Other recorded earthquakes are magnitude 8 magnitude Nepal Earthquake on August 26; 1833, 7.5 magnitude Assam earthquake on January, 1869; 7.1 magnitude Dhubri, Assam Earthquake on July 3, 1930; magnitude 7.6 Assam, India Earthquake on March 6, 1933; magnitude 8.1 Bihar-Nepal Earthquake of January 15, 1934; magnitude 7.2 Assam, India Earthquake on October 23, 1943 and magnitude 8.5 Assam-China Earthquake.

Records of worldwide frequency suggest that the more severe an earthquake, the less it occurs. Frequency, magnitude and ground motion of earthquake are related to the depth of focus and epicenter.

The process and the forces that caused earthquakes of the past in or around Bangladesh are still active; as such occurrence of large-to-great earthquake can be anticipated in or around Bangladesh. In recent years, Bangladesh experienced several earthquakes ranging from magnitude 4.2 to 5.2, which could be a warning sign for generation and release of energy to occur, causing an earthquake in the region.

The recurrence of a large-to-great earthquake, like that of the Calcutta Earthquake of 1737 or the Assam Earthquake of 1897, may result in one of the worst catastrophes that Bangladesh and its adjoining areas have so far experienced. This calls for further intensification of the Bangladesh Hazard Reduction Programme to face such a natural calamity, as and when it happens.

The writer is a Retired Director, Geological Survey of Bangladesh.