Empowering people in TB control: Key to success

DR ASHEK HOSAIN

The world is changing ever with major departure from the past. It is becoming richer with massive growth of economy supported by gigantic development of technology bringing about changes in life style. Old society disintegrates to shape cosmopolitan one where you find money, commodity and business as the prime determinants of life. So money is the most important thing which buys everything that you need to lead a decent life. It sounds not much decent as it does not fit well with our values that we have been nourishing for years together. In fact there are many relinquishing ingredients in our society which end up with good results.

But you cannot ignore the role of money in this worthy world. It is not but money that kicks us up to the peak of civilisation. So the concept of money and market as the driver of society may not be looked down. There is no harm if we can buy good commodity with money. It of course needs good market management.

Now if I come to public health care and call you to buy it as a commodity, then perhaps you will not agree with me. Because in Bangladesh, public health care is used to be provided by the government at free of cost. Despite well-known weakness the service is reasonably accepted. But it is also a fact that government buys the service from the provider for its people. So by no means it is free. People rather pay for it indirectly, money again playing its role. But here you cannot choose your care or commodity whatever may be the case.

However, marketing public health care would not be a good idea in this country. But the existing system cannot catch up with the ever increasing demand of the community. So we need to find out an alternative in between. That could be done by empowering people at stake.

In Tuberculosis (TB) control programme, it is moving well in Bangladesh. GO-NGO collaboration and coordination is good in this programme, activities being well distributed amongst them. Government has signed a memorandum of understanding with forty four NGOs through BRAC as lead NGO committing partnership to implementing the programme. Having done that the Government shares its wealth and capacity with them. On the other hand NGOs being flexible and carrying more stakes reach out to the community with ease and integrity. In this way access to care is increasing, most importantly developing ownership of the people. So a sort of empowerment is building up within the community that will ultimately drive the programme.

Important development of this endeavour is patient centered care i.e. care given to the patient at his doorstep. Community health care providers are leveraging service to the patients within their reach through DOT (directly observed treatment) centres, which are more than eight hundred in number in Bangladesh. This sort of service is also under consideration for the management of drug resistant TB, the worst type of its kind. So it is obvious that people's power is winning over.

That is how empowerment of the people may alternate to marketing health care. Fortunately that is happening in TB control programme making way to success.

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PESTICIDES

Policies should focus on bans, rather than secure storage

Global policies on access to highly hazardous pesticides — commonly ingested in acts of self-poisoning and suicide in rural Asia — should focus on national bans, rather than safe storage, according to two studies in The Lancet and The Lancet Global Health journals.

The first study is a randomised trial in 180 villages in Sri Lanka which found that secure storage had no impact on rates of self-poisoning or suicide, and the second is a review of global policies on highly hazardous pesticides which concludes that bans are the most effective way of reducing suicides.

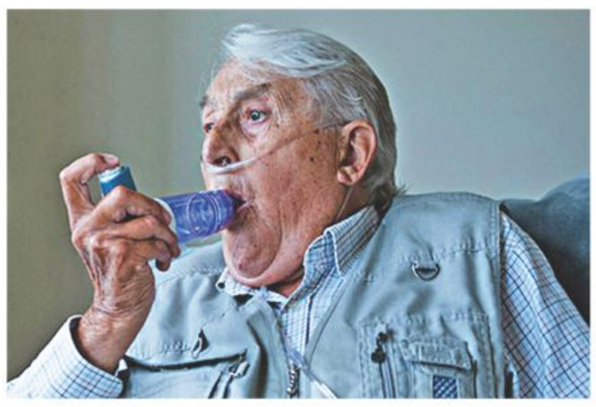
Self-poisoning using pesticides is one of the three most common means of suicide worldwide according to the World Health Organisation (WHO), and accounts for 14-20% of all suicides. Many of these deaths occur in people who live in rural areas in low- and middle-income countries, making it a major public health problem in these regions.

The study reviewed 27 studies spanning 16 countries – including five low- and middle-income countries and 11 high income countries.

National bans were effective in reducing pesticide-related suicides in five of the six countries where these were evaluated, and were associated with falls in overall suicide rates in three of the countries (Sri Lanka, Bangladesh and South Korea). However, the evidence for the effectiveness of sales restrictions is less clear as the studies did not provide strong enough evidence.

"A worldwide ban on the use of highly hazardous pesticides is likely to prevent tens of thousands of deaths every year," says lead author Professor David Gunnell, University of Bristol, UK.

HEALTH *bulletin*



COPD caused 3.2 million deaths worldwide in 2015

Latest global estimates illustrate the vast impact of the two most common chronic respiratory diseases, with 3.2 million deaths from chronic obstructive pulmonary disease (COPD) and 0.4 million deaths caused by asthma in 2015, according to a new Global Burden of Disease study published in The Lancet Respiratory Medicine journal.

COPD is a group of lung conditions (including emphysema and chronic bronchitis) that cause breathing difficulties. The condition is largely caused by smoking and air pollution leading to call for public health interventions. The study finds that asthma is the most common chronic respiratory disease worldwide, with twice the number of cases of COPD in 2015, but that deaths from COPD were eight times more common than deaths from asthma. Many cases of asthma and COPD can be treated or prevented with affordable interventions, but people are often left undiagnosed, misdiagnosed or undertreated.

As a result of the larger number of cases, there were more people living with disability – with the countries with the highest burden of disability from COPD and asthma typically residing in developing regions.

The danger of pathological jaundice in newborn

PROF M KARIM KHAN

Mrs Piara Begum *(not a real name)* paid a visit to me in our out patient department in the morning with a 3 days old boy in her lap. The boy was deeply jaundiced and unable to suck. This was her fourth pregnancy. All previous children died of jaundice during neonatal period and every time she paid visit to kabiraj for treatment. This unfortunate uneducated lady is the wife of a day labourer, who is also not literate. She did not pay any visit to any health facilities during any pregnancy.

Anyway, I admitted the baby. After admission we did the blood grouping of mother and baby along with some other investigations. The mother was found of B negative blood group and the baby was A positive. So the jaundice of the baby was due to Rh incompatibility. We started phototherapy immediately and started preparation for exchange transfusion. In Rh incompatibility, the first pregnancy usually does not affect much but on query we found she had an abortion earlier to her first pregnancy.

Around 75% of the newborn develop some jaundice on day two or three and mostly the cause is physiological, so we designate it as physiological jaundice. This condition subsides within next 10-12 days without any intervention other than sunbathing and frequent breastfeeding.

But jaundice on the very first day of life is pathological and we become concerned about it. This pathological jaundice is mostly due Rh incompatibility, ABO incompatibility, sepsis, congenital spherocytosis, TORCH infection and for other reasons. Early intervention is required in these conditions to save the baby. Alarming condition does occur in Rh incompatibility.

If mother is Rh negative and the baby is Rh positive, Rh antibodies develop in mother's blood in response to baby's Rh antigen. These antibodies can cross the placenta. These antibodies come to the baby's circulation and get attached to the baby's RBC. Finally they are being destroyed and ultimately jaundice and anaemia develop.

First pregnancy is usually spared as sufficient IgG antibodies are not produced, but in subsequent pregnancies the amount of antibodies increase and cross placenta and produce severe newborn jaundice.

This is a preventable condition but unfortunately because of ignorance, patients like Piara Begum suffer. If she would have been given injection anti D immunoglobulin soon after her first abortion, her second pregnancy would be safe.

If early prompt proper management is not being done the baby may die of bilirubin encephalopathy, and many more complications may also occur. Regular visit to health facilities during pregnancy is very important for mother's as well as the baby's health. At least 4 antenatal check ups are mandatory. Please make aware your friends, relatives and neighbours about newborn jaundice.

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Black salt and its health hazard

TAWHID ISLAM

Black salt is a type of rock salt, a salty and pungent-smelling condiment used in the South Asia. It is also known as Himalayan black salt. Popularly known in Bangladesh as *bit laban*, it is a food additive for incrementing the taste of food. But it is not safe for health. Surprisingly, it is used from five star hotels to road side temporary shops.

Black salt is collected from the mines or salty soil. It is commercially processed in countries like Bangladesh, India, Nepal and Pakistan.

This salt may cause incurable diseases, because it contains fluoride in toxic amounts. Research suggests that regularly taking this salt may cause fluorosis (fluoride toxicity). Fluoride is one type of mineral. In our body it is necessary about 2-3mg, and it comes from natural water. Where more than one part/million fluoride may cause health hazard, whereas black salt may contain fluoride 160-200 parts/million.

Though fluoride is mandatory for teeth and bone structure, but excessive presence of fluoride in body acts as toxins. Its toxicity can be compare with lead, mercury or radon gas. Fluorosis shows the symptoms like as dental and bone caries, joint pain, anaemia, mucous membrane infection in stomach, thyroid disorders, skin infection and so on.

In India, Fluorisis Research and Rural Development Foundation's survey said that more than 66 million people are affected by fluorosis in India. They also suggested avoiding black salt enriched or added foods for the betterment of health.

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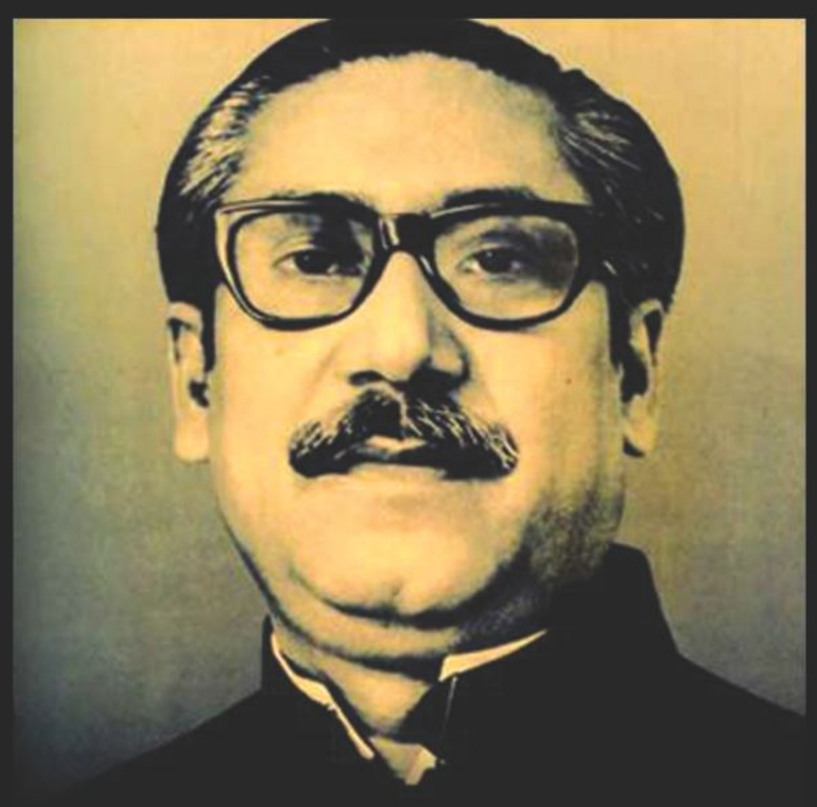

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