

Is the global HIV response in crisis?

STAR HEALTH DESK

More than 5,000 people from 140 countries gathered in Mexico City for the opening of the 10th IAS Conference on HIV Science (IAS 2019), where global experts called for urgent action to address the health needs of millions of people affected by humanitarian crises.

Experts grappled with the question, "Is the global HIV response in crisis?" They focused on challenges that threaten the roll out of universal healthcare, including HIV services, to all people. They range from migration to conflict to the difficulties of reaching specific populations, including women and girls and people who inject drugs.

More than 135 million people around the world are in need of humanitarian assistance mostly due to conflict, with natural disasters driving the need for emergency assistance.

"From Syria to Venezuela, the challenge of providing HIV services in humanitarian crises threatens global progress in confronting the epidemic,"

Anton Pozniak, President of the International AIDS Society (IAS) and International Scientific Chair of IAS 2019, said. "People in emergency settings are especially



vulnerable to new infections. We must work to ensure that HIV prevention and treatment are an integral part of global relief efforts."

In Central America and Venezuela, political instability has driven mass migration and strained local health systems. Of the 120,000 people living with HIV in Venezuela, only half were accessing antiretroviral treatment and less than 7% had achieved viral suppression in 2017. In Chile, migrants from Venezuela and Haiti accounted for nearly

half of new diagnoses in 2018.

Globally, women and girls face structural and societal barriers to accessing healthcare, including stigma and discrimination and health providers' lack of specific knowledge around women's healthcare. 29 countries require the consent of a husband or partner for women to access sexual and reproductive health services. These inequities are exacerbated during humanitarian crises and natural disasters.

"Crises and emergency settings put women and girls at increased

risk of violence and heightened risk of both HIV and unintended pregnancy," Quarraisha Abdool Karim, Columbia University Professor and Centre for the AIDS Programme of Research in South Africa (CAPRISA) Associate Scientific Director, said. "Any successful HIV programme should cover comprehensive care, including family planning and pregnancy prevention."

"We have the science and technology we need to address the epidemic, and it is time to eliminate stigma and

discrimination to reach all people," Momchil Baev, Sexual Health Programme Manager at SingleStep said. "Eastern Europe and Central Asia is the only region where rates of new HIV infections are on the rise, with Russia alone contributing 100,000 new infections every year. To reverse this trend, we need interventions that address the needs of those most vulnerable to HIV. And with the Global Fund withdrawing from some East European countries, it is critical to have community organisations to take charge and lead the way in the fight against HIV."

According to Ambassador Deborah L. Birx, U.S. Global AIDS Coordinator and U.S. Special Representative for Global Health Diplomacy, "Over the past 16 years, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has saved more than 17 million lives and helped transform the global HIV response. We are proud of the remarkable progress being made by many of the countries we support, and remain committed to accelerating efforts toward achieving epidemic control everywhere that we work -- country by country, community by community."

RX

WHO recommends dolutegravir as preferred HIV treatment

Based on new evidence assessing benefits and risks, the World Health Organisation (WHO) recommends the use of the HIV drug dolutegravir (DTG) as the preferred first-line and second-line treatment for all populations, including pregnant women and those of childbearing potential.

Initial studies had highlighted a possible link between DTG and neural tube defects (birth defects of the brain and spinal cord that cause conditions such as spina bifida) in infants born to women using the drug at the time of conception.

New data from two large clinical trials comparing the efficacy and safety of DTG and EFV in Africa have now expanded the evidence base. The risks of neural tube defects are significantly lower than what the initial studies may have suggested.

DTG is a drug that is more effective, easier to take and has fewer side effects than alternative drugs that are currently used. DTG also has a high genetic barrier to developing drug resistance, which is important given the rising trend of resistance to EFV and nevirapine-based regimens. In 2019, 12 out of 18 countries surveyed by WHO reported pre-treatment drug resistance levels exceeding the recommended threshold of 10%.

In 2019, 82 low- and middle-income countries reported to be transitioning to DTG-based HIV treatment regimens. The new updated recommendations aim to help more countries improve their HIV policies.

Big sugar and neglect by global health community fuel oral health crisis

Oral health has been isolated from traditional healthcare and health policy for too long, despite the major global public health burden of oral diseases, according to a Lancet Series on Oral Health, published in The Lancet. Failure of the global health community to prioritise the global burden of oral health has led to calls from Lancet Series authors for the radical reform of dental care, tightened regulation of the sugar industry, and greater transparency around conflict of interests in dental research.

Oral diseases, including tooth decay, gum disease and oral cancers, affect almost half of the global population, with untreated dental decay the most common health condition worldwide. Lip and oral cavity cancers are among the top 15 most common cancers in the world. In addition to lower quality of life, oral diseases have a major economic impact on both individuals and the wider health care system.

In high-income countries (HIC), dentistry is increasingly technology-focused and trapped in a treatment-over-prevention cycle, failing to tackle the underlying causes of oral diseases. Oral health conditions share many of the same underlying risk factors as non-communicable diseases, such as sugar consumption, tobacco use and harmful alcohol consumption.



HEALTH bulletin



Estimating the real-world benefits of HPV immunisation

HPV vaccination substantially reduced the burden of HPV infection, genital warts, and cervical precancers, especially in highly immunised populations.

The population-level effects of human papillomavirus (HPV) immunisation began to emerge 4 years after vaccination programmes were introduced. Now, researchers have performed an updated review and meta-analysis of 65 studies measuring the effects of HPV immunisation on frequency of HPV infection, genital warts, and cervical intraepithelial neoplasia grade 2+ (CIN2+; a precursor of cervical cancer) 10 years after vaccine implementation in 14 high-income countries.

In addition to benefitting immunised individuals, vaccine programmes are also advantageous for unvaccinated people through herd immunity; thus, population-level analyses are essential to fully assess the benefits of immunisation. This rigorously executed update of a prior systematic review should strengthen our confidence that HPV vaccine implementation will eventually abrogate cervical cancer.

The need is greatest in resource-poor settings where cervical cancer screening programmes are nonexistent or very limited and vaccine programmes are just being rolled out.

Providing quality care key to earn trust of the patients

STAR HEALTH REPORT

According to the World Health Organisation (WHO), cardiovascular diseases (CVD) are the number 1 cause of death globally: more people die annually from CVDs than from any other cause. An estimated 17.9 million people died from CVDs in 2016, representing 31% of all global deaths. Of these deaths, 85% are due to heart attack and stroke.

Over three-quarters of CVD deaths take place in low- and middle-income countries like Bangladesh. Out of the 17 million premature deaths (under the age of 70) due to noncommunicable diseases in 2015, 82% are in low- and middle-income countries, and 37% are caused by CVDs.

Most cardiovascular diseases can be prevented by addressing behavioural risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity and harmful use of alcohol using population-wide strategies. People with cardiovascular disease or who are at high cardiovascular risk need early detection and management using counselling and medicines, as appropriate.

Recently Dr Ong Sea Hing, a Consultant Cardiologist working at Farrer Park Hospital in Singapore visited Dhaka, Bangladesh and had a conversation with Star Health regarding many aspects of cardiac care. His area of subspecialty is in coronary artery angioplasty



and stenting including complex coronary interventions. He is also trained in structural heart interventions.

Dr Ong was asked about the reasons why people seek cardiac care in Singapore since the discipline has earned the attention in many countries and there are a handful of number of doctors available in most of the countries including Bangladesh. He replied that the main reason is the quality of care and the trust upon the doctors that Singapore - it is not the cutting edge equipment. He said, "Many of the patients come to us because of who we are and because we to meet one of the important things - being trustworthy and doing the right thing about the patients."

According to Dr Ong, the medical world now is becoming more and more commercial and the patients know that as well and

sometimes doctors are getting a very bad reputation. He adds, "I see the people who are gone to Farrer Park Hospital more as the people of the same kind who believe in the values of the hospital, fairness, valuation and doing the right thing for patients. I think this is important that you know that the fine people you see trust in this hospital."

About the cutting advancement in the cardiac treatment, Dr Ong opined that in angioplasty and stenting, currently there are not that many new developments because it is quite well established but there is some new equipment, for example, new rotor blades, new drilling devices, new high-pressure balloons. The new equipment usually comes to Singapore first because they have special access by the authorities. Then there are some advancements in terms of interventions with the use of new equipment.



Sickle Cell Disease

The term sickle cell disease (SCD) describes a group of inherited red blood cell disorders. People with SCD have abnormal hemoglobin, called hemoglobin S or sickle hemoglobin, in their red blood cells.

Signs & Symptoms:

- Anemia
- Episodes of pain
- Hand-foot syndrome
- Frequent infections
- Delayed growth
- Vision problems

Although sickle cell anemia is usually diagnosed in infancy, if you or your child develops any of the following problems, see your doctor right away or seek emergency medical care:

- Unexplained episodes of severe pain
- Swelling in the hands or feet
- Abdominal swelling
- Fever
- Pale skin or nail beds
- Yellow tint
- Any signs or symptoms of stroke

Complication:

- Stroke
- Acute chest syndrome
- Pulmonary hypertension
- Organ damage
- Blindness
- Skin ulcers
- Gallstones