

World AIDS Day 2020: Global solidarity, shared responsibility

STAR HEALTH DESK

Every year, on 1 December, the world commemorates World AIDS Day. People around the world unite to show support for people living with and affected by HIV and to remember those who lost their lives to AIDS.

In 2020, the world's attention has been focused by the COVID-19 pandemic on health and how pandemics affect lives and livelihoods. COVID-19 is showing once again how health is interlinked with other critical issues, such as reducing inequality, human rights, gender equality, social protection and economic growth. With this in mind, this year the theme of World AIDS Day is "Global solidarity, shared responsibility".

COVID-19 has demonstrated that, during a pandemic, no one is safe until everyone is safe. Leaving people behind is not an option if we are to succeed. Eliminating stigma and discrimination, putting people at the centre and grounding our responses in human rights and gender-responsive approaches are key to ending the colliding pandemics of HIV and COVID-19.

The COVID-19 pandemic has revealed the entrenched inequalities existing in our societies. This health crisis, like many others, is hitting the



poorest and the most vulnerable the hardest.

The COVID-19 crisis has exacerbated the challenges faced by people living with HIV, women and girls and key populations, including in accessing life-saving health care, and the crisis has widened the social and economic inequalities that increase the vulnerability of marginalised groups to HIV.

However, this crisis has also been a wake-up call, an opportunity to do things differently — better, and together. In many respects, the defeat of AIDS as a public health threat depends on how the world responds to COVID-19.

The leadership and engagement of communities, instrumental in the success of the AIDS response, has also been key in responding to COVID-19. There are countless examples of how community activism and solidarity have been paramount in providing people affected by HIV with information, services, social protection and hope.

However, such solidarity cannot be the sole responsibility of communities. Governments, donors, faith leaders, civil society and each and every one of us need to contribute to making the world a healthier place.

Global solidarity and shared responsibility requires us to

view global health responses, including the AIDS response, in a new way. It requires the world to come together to ensure that:

Health is fully financed: Governments must come together and find new ways to ensure that health care is fully funded. No one country can do it alone. Domestic and international funding for health must be increased.

Health systems are strengthened: Investments in the AIDS response in the past few decades have helped to strengthen health systems and have been supporting the COVID-19 response. But more needs to be done to further

strengthen health systems and protect health-care workers.

Access is ensured: Life-saving medicines, vaccines and diagnostics must be considered as public goods. There must be global solidarity and shared responsibility to ensure that no individual, community or country is left behind in accessing life-saving health commodities.

Human rights are respected: A human rights approach applied everywhere will produce sustainable results for health. The COVID-19 pandemic has exposed the fault lines in society and how key populations have been left behind in many parts of the world.

The rights of women and girls, and gender equality, are at the centre. The COVID-19 pandemic has significantly affected women's livelihoods, which have been disproportionately affected by lockdown measures, and lockdowns have increased violence against women in household settings. Women must be included in decision-making processes that affect their lives.

The world cannot afford rollbacks in decades of hard-won gains in gender equality. Now is the moment for bold leadership for equal societies, the right to health for all and a robust and equitable global recovery.

DIABETES IN CITIES

Diabetes set to devastate India's metropolitan cities

Disturbing new research published in Diabetologia (the journal of the European Association for the Study of Diabetes) shows that more than half of men (55%) and some two thirds (65%) of women currently aged 20 years in India will likely develop diabetes in their lifetime, with most of those cases (around 95%) likely to be type 2 diabetes (T2D). The research is from a team of authors in India, the UK and the USA, led by Dr Shammi Luhar, Department of Public Health and Primary Care, University of Cambridge, UK.

India already has a significant health burden caused by diabetes: estimates suggest 77 million adults currently have diabetes and this number is expected to almost double to 134 million by 2045. Urbanisation, decreasing diet quality and decreased levels of physical activity are all contributing to this hidden epidemic. Since urban centres are continuing to grow rapidly across the country, the authors, in this new research, aimed to estimate the probability of a metropolitan (urban-based) Indian of any age or body mass index (BMI) developing diabetes in their lifetime.

The authors estimate that the lifetime risk of developing diabetes in 20-year-old men and women free of diabetes today is 56% and 65%, respectively. Women generally had a higher lifetime risk across the lifespan. The remaining lifetime risk of developing diabetes declined with age: the authors estimated that for those currently aged 60 years and currently free of diabetes, around 38% of women and 28% of men would go on to develop diabetes.

The authors say: "The remarkably high lifetime risk of developing diabetes and the low diabetes-free life expectancy in India's metropolitan cities, especially for individuals with high BMI, implies that interventions targeting the incidence of diabetes may be of paramount importance moving forward."

HEALTH bulletin



Ibuprofen tied to better pain, fever outcomes than acetaminophen in kids under 2

Ibuprofen is associated with better fever reduction and less pain than acetaminophen in infants and toddlers, with similar levels of safety, suggests a meta-analysis in JAMA Network Open.

Researchers analysed 19 trials comparing acetaminophen and ibuprofen among 240,000 patients under age 2.

Compared with acetaminophen, ibuprofen was associated with lower temperature between 0 and 24 hours after the first treatment and less pain between 4 and 24 hours. None of the studies examined one of the primary outcomes, reduced pain within 4 hours. Serious adverse events were similar between groups.

The authors say, "The clinical importance of these findings is uncertain. ... Collectively, these findings provide weak evidence to support ibuprofen use over acetaminophen."

International day of persons with disabilities 2020

The role of occupational therapy managing disabilities

RABEYA FERDOUS

December 3 is the international day of persons with disabilities. Every year this day is observed nationally and internationally. The main theme of this year is "not all disabilities are visible". It focuses on some disabilities which are not apparent like mental illness, sight or hearing impairment, diabetes, brain injuries, neurological disorders, learning disabilities etc. Stigma and discrimination both have increased in this pandemic situation. Especially disabled people are more discriminated in society. Disability day is observed for increasing awareness among people about disability.

According to a study, there are 9% - 16% of people who have a disability in Bangladesh. World Health Organisation (WHO) estimated that 8.4 million of Bangladesh's 111 million people suffer from a psychological problem. There are 13 million people who are suffering from hearing impairment. Most of the people do not take medical treatment due to social stigma and discrimination. The main causes are disconnection, isolation and negligence.

Disability inclusion is an essential condition to upholding human rights, sustainable development, and peace and security. It is also central to the promise of the 2030 Agenda for Sustainable Development to leave no one behind. The commitment to realising the rights of persons with disabilities is not only a matter



of justice; it is an investment in a common future.

Occupational therapy started in Bangladesh after the liberation war. They firstly rehabilitate war-wounded freedom fighters. Occupational therapists have a great role to rehabilitate disabled people. Occupational Therapy is a health care profession whose aim to ensure the functional independence of a patient through physical, social or psychological rehabilitation.

Disabled people are treated through a multidisciplinary team approach. The team often includes the following professionals depending on the need of the person: occupational therapists, physiotherapists, speech and language therapists, specialised physicians, psychologists etc.

According to the patient's problem, an occupational therapist can provide the following treatment options: activities of daily living (ADL) training, functional Range of motion and strengthening exercise, environmental modification, balance and coordination training, emotional support, psychosocial counselling, ergonomic consultancy and cognitive retraining etc.

Even under normal circumstances, persons with disabilities are less likely to access health care, education, employment and to participate in the community. An integrated approach is required to ensure that persons with disabilities are not left behind.

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Does vitamin C improve response to oral iron therapy?

A gastric acid milieu facilitates intestinal iron absorption. For patients with iron deficiency anaemia who are treated with oral iron, some authorities recommend that ascorbic acid (vitamin C) be taken along with iron. Although evidence suggests that vitamin C enhances iron absorption, the clinical value of this practice is unclear. In a randomised trial from China, researchers assigned 440 patients with documented iron deficiency anaemia to receive either ferrous succinate (100 mg) plus vitamin C (200 mg) three times daily or ferrous succinate alone. Nearly all participants were young women with menorrhagia as the cause of iron deficiency.

At baseline, mean haemoglobin was 8.8 g/dL; during 8 weeks of follow-up, haemoglobin increased by 4 mg/dL in both groups. Additionally, improvements in serum ferritin and iron were not significantly different in the two groups.

Vitamin C did not facilitate response to oral iron supplementation in this trial. However, an important limitation is the homogeneous study population — young women with menorrhagia. Whether these findings translate to other patient groups, some of whom might have hypochlorhydria, is unclear. For example, iron-deficient patients who take proton-pump inhibitors chronically — and who require ongoing acid-suppressive therapy — might benefit from combining vitamin C and oral iron.



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Gallbladder Stones didn't stop
Osteoporosis didn't stop
Brain Tumors didn't stop
Hernias didn't stop

Cancer didn't stop
Heart Attacks didn't stop
Kidney Disease didn't stop
Endometriosis didn't stop
Fractures didn't stop
Appendicitis didn't stop

NOR DID WE
@ United Hospital

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We continued serving the community all along the pandemic following globally benchmarked safety protocols

Your **Safety** is Our Concern,
Your Health is Our **Priority**

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