

Fighting tropical diseases

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The Chief Executive, General Pervez Musharraf, has recently directed the Health Ministry to focus on primary and secondary healthcare while finalising the national health strategies currently under review. A welcome directive in a country where issues such as prevention and control of diseases, improvement of environment, training of health personnel, coordination of healthcare, research and delivery of health services to the people are only a dream.

With Guinea Worm on the increase, and malaria incidence rapidly rising, most of the underdeveloped communities of Jacobabad, Umerkot, Dadu in Sindh face enormous health challenges. Similar is the case with other shantytown communities in Punjab, Frontier Province, Balochistan and Fata where tuberculosis and malaria have enormously reduced not only the well-being of families but also shattered their economic productivity. Northern Areas stand isolated in terms of healthcare and remain exposed to some of these tropical diseases. Leprosy has re-surfaced and its stigma knows no bounds. Only recently several cases of leishmaniases have already been detected in the Afghan Refugee Camps of Jallozai. Should one wait for another catastrophe to happen before taking action?

Evidence indicates that tropical diseases are rapidly infiltrating poor communities in Pakistan and strike those people who can least afford protection or treatment. Although these diseases have long been plaguing old communities, they have been triggered by the large-scale degradation of natural environment, unplanned water development initiatives and massive population migration. Pakistan's annual rate of deforestation at 2.9 percent is one of the worst in Asia. The countless deaths each year in the country from malaria, vector

infested drinking water and polluted environment are steadily on the rise. The migratory populations, which are increasingly at risk of exposure to these diseases have crippled large communities in Africa and Asia. It can therefore be said that a large proportion of the world's population is at risk from these diseases.

The amount of effort to control these ailments varies depending on policies adopted by the Health Ministry. It is therefore critical that an assessment of costs associated with prevention measures employed by different public sector agencies be made to assist in increasing allocations of resources for "disease prevention and control activities". It is

tional economy.

* To demonstrate the benefits accrued from these interventions and to assess how these benefits compare with those accruing from alternative investments.

* To compare and pinpoint the relative role of the private vs public sectors in disease control intervention.

* To highlight benefits of control interventions in preventing and ultimately eliminating these diseases using existing technologies available in the country.

* To assess the acceptance of interventions by grassroots communities in order to determine long-term financial investment in control measures.

* To follow up by estimating what value local communities might place on disease control activities and to study the short-term and long-term behavioural responses in reduction of disease prevalence.

Time has come when the importance of relationship between public health sector and other sectors needs to be assessed on the basis of allocations provided them as well as the commitment of health professionals about disease control interventions. It is therefore logical to study how disease adversely impacts on labour and economic productivity. This situation may also affect a number of other issues such as shifting of household roles, care of the elderly and rearranging responsibility for child rearing within the household.

The effect of structural change on availability and quality of labour supply has been reflected in the haphazard choice of technologies utilised to reduce dependence on unpredictable availability of labour force and at unpredictable times. It must not be forgotten that premature death and disability including stigma due to disease such as leprosy directly affects household solidarity, care of dependents and education of children.

The availability of drugs, vaccines and other health related items are an integral part of the disease control initiatives. Macro economic factors, balance of payment difficulties and non-availability of foreign exchange have resulted in poor quality of preventive efforts. The poor have no access to quality drugs. Cost sharing have not always facilitated foreign exchange availability nor of generating enough interest of reputable pharmaceutical concerns to collaborate in the actual operational aspects of a disease control campaign. Shouldn't there also be a "patient friendly" side to the big pharmaceutical concerns to help the poor who are unable to buy medicines at exorbitant prices?

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agencies be made to assist in increasing allocations of resources for "disease prevention and control activities". It is frequently stated in professional health research seminars that by describing both quantitatively and qualitatively the consequences of tropical diseases, the public sector agency responsible for health may be able to compete for funds, which may also be used in delivery of basic rural health services. It is through field surveys and field studies that the Health Ministry would be able to assess the social and economic consequences of these diseases and mount a more aggressive and realistic policy planning exercise. Very little has been done concerning these issues to date. Now is the right time to mount this campaign.

Questions pertaining to lack of action, resurgence of disease, ad-hoc control mechanisms and the need to give impetus to protection and control measures should be discussed by health administrators, social scientists and the media on a regular basis, so that health issues can be heard and incorporated in policy making portfolios. Let there be open policy debates on health concerns and practical solutions highlighted to avert health disasters.

In order to have a holistic view of the disease pattern and assessment of control methods it is essential that the research proposal be conceptually sound for carrying out analyses of the subject specific data and its interpretation. Because of the use of different mechanisms of data collection and analysis, it is important to choose the most relevant combination of methods that would make a community's health profile transparent. It is equally essential that the recommended conceptual framework must be able to galvanise administrative facilities available, including training of staff, establishing evaluation techniques and selecting targets for the programme. It is only during an epidemic that the significance of a transparently sponsored control initiative is fully understood and appreciated.

Perhaps of greatest importance confronting public health personnel are the economic pressures faced by poor people, in respect of cost-effective prevention initiatives of health services, which need to be addressed. Issues in assessing impact of tropical diseases have highlighted a number of research areas that would eventually help in reducing costs and reinforcing prevention activity. These may include the following:

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able to buy medicines at exorbitant prices?

A major area for consideration by health researchers is choice of appropriate research methods and tools for data collection and analysis within the orbit of a recommended conceptual framework. Intensive, in-depth studies combined with repeated cross-sectional surveys of the same sample carried out under supervision of experienced health professionals would undoubtedly ensure representativeness of the sample.

Health status indicators have been known to show improvement when resources have been transferred to this sector. However, cuts should not be made in critical sectors such as agriculture, which could drastically reduce food supply, reduce nutritional status and undermine women's health. A primary concern of community oriented disease control research is the relationship between clinical, epidemiological and behavioural analysis, which focuses on relationships for assessing disease incidence and its social and economic consequences. Another major research concern is to ensure that the conceptual framework and methodological approach will be able to provide data that would help in policy formulation. Intensive, in-household studies concerning tropical disease in EMRO region have helped in determining the various combinations of approaches, particularly the involvement of the people which is most useful for operational purposes. Understanding human behaviour and risks involved with tropical diseases have served as important benchmark at the grassroots. Nonetheless focus in research should revolve around factors for improving decision-making processes that in the final analysis will maximise human welfare.

Well conceived and judiciously formulated structural adjustment programmes would help in saving the much required foreign exchange resource so critical in controlling the spread of disease in our *kachi abadis*. Such an exercise would certainly help in highlighting the incidence and prevalence of disease in order to unravel its consequences on people living at the grassroots.

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