I don't ever remember running myself — but I feel very happy when I see children running

The Hugh Leavell Award is a global recognition of significant achievements that impact and improve the healthcare of the masses, in memory of Dr. Hugh R. Leavell, one of WFHPA’s founder members, who was deeply involved in international health activities through his teaching and assignments, throughout the world.

This year the award went to Dr. Vishvas Chaudhary, deputy chief medical officer, RCH, Meerut, Uttar Pradesh in recognition of the astounding ground he has accomplished in eradicating the polio virus from the country. He was presented with the award by Dr. Poornam Khetrapal Singh and took to the stage to deliver the Hugh Leavell lecture.

The resilient doctor, who has been suffering from the disease since he was a year and a half old, shared that he had always wanted to become a doctor. He recalled a time in West Uttar Pradesh was notorious for its reluctance to vaccinate its women and children. Superstition and illiteracy took its toll as convincing people to get their child vaccinated was the biggest hurdle.

Dr. Chaudhary remembered the hard times, where a resilient, anti-vaccination population prevented the polio drive from having its desired impact. That, coupled with restriction in funds, forced Dr. Chaudhary to think out of the box and apply newer techniques for impactful intervention. He guided the audience through the tales of setting polio micro plants, monitoring and collective fresh data about the distribution of population that would serve him purpose of combating the virus. Working from Meerut in the capacity of District Officer, he enlisted the help of ICDS (Integrated Child Development Services) and influential people in the areas where resistance was strong. Furthermore, he followed up on the families that weren’t keen on getting their infants vaccinated, sometimes several times, citing his own example to them, educating them more about the disease.

He also discussed his system checks on migrants in the areas, offspring of workers slogging away in a factory, with special emphasis on the vaccination of pregnant women. Convincing them, he said, was not an easy task, but he reiterated his determination to eradicate the disease that has affected his life the way he remembers.

The regions directly under his supervision gradually underwent significant change, which led to eradication of polio in one of the most stubborn regions of the nation.

Dr. Chaudhry ended his talk, considering himself fortunate enough to play a role in eradication of a disease that had plagued him since childhood and was met with a standing ovation from a moved audience.

For excerpts of Dr. Vishvas Chaudhary’s lecture, see page 4

“We need to invest in health for its own sake and also for its contribution to India’s inclusive growth agenda.”

Mr. Girindra Beeharry
Country Head
Bill & Melinda Gates Foundation

Does Public Health and sustainable development go hand in hand?

The 2nd plenary session on 12th February at the 14th WCPH addressed the very pertinent issue of public health in the agenda of sustainable development. Among the delegates present were Dr. Maria Neira, Dr. Shiriki Kumanyika and Mr. Girindra Beeharry. Dr. Neira talked about how the public health community can be more influential and how sustainable development is actually public health as the two are intrinsically interdependent and are basically different means to a common end. She also identified the 17 goals and 169 targets in the immediate future as part of the MDG. She stated that health is not a vertical concern separate from other goals and that the social and environmental determinants of health should be included in its evaluation. Lastly she expressed her concern over the availability of clean water and sanitation and the need to eradicate dispute as to which indicators are properly related to health as there are many which are not being adequately acknowledged.

Contd....
Mr. Girindra Beeharry was of the opinion that now is the time to look back at the history and look forward to the future of the Millennium Development Goals. On a positive note he stated that both child and maternal mortality has dropped whereas HIV AIDS and polio victim numbers have plummeted sharply in India. On a conclusive note he stated that mere economic gains aren’t sufficient to ensure health and that proper resource allocation is necessary in order to achieve the state of optimal health on a nationwide scale.

Polio is gone. Measles is next!

Most of the developed countries are free of measles, but the disease is prevalent in South East Asia. A region is declared measles free when MCV1 and MCV 2 vaccinations are administered to 95% of the targeted population.

In the 11 countries located in the region, only three countries - namely Bhutan, UPPK and Maldives have WHO acceptable level of Measles and Rubella immunisation. Myanmar has implemented measures to reach that level, whereas Bangladesh has made major strides in the eradication of Measles and Rubella. India and Indonesia however, having the biggest populations in the region, are yet to achieve the desired level of immunisation for measles and rubella.

There are certain established methods to combat measles in a foolproof way, as the panel stressed it. First, the immunisation for measles and rubella has to reach the level of 95% with 2% measles and rubella routine supplements. Secondly, an effective surveillance system for mapping the target population, dividing them on the basis of geographical regions, is necessary. The panel also stressed on the proper methodology of data collection, setting up laboratories and effective indicators in place to monitor the outbreak of epidemics.

Combating the disease comes with its own Pandora box of problems. Increasing routine coverage of target population is much more difficult to implement as it requires MCV 1 and MCV 2 be carried out in succession, instead of SIAs. Large countries also have a demand supply mismatch, which coupled with funding problems and lack of trained staff, which are major implementation obstacles.

The panel cited the example for Bangladesh, which started its measles immunisation program in 1979. Till about a decade ago, Bangladesh was struggling to achieve its target of 95 percent immunisation outreach. So, in an attempt to stem the spread of the disease, the range of ages of the target population was increased, and made to 9 months to 15 years. In a surveillance study conducted in Bangladesh, it was found that over 80 percent of all measles cases inflicted those who were below 15 years of age.

In a bid to thwart the disease, Bangladesh mounted a massive campaign for the eradication of measles, by using up to 400,000 volunteers, with innumerable control rooms set up and involving schools and communities in the campaign. The campaign, along with effective post campaign action has enabled Bangladesh to embark well on course to eradicate measles.

India, on the other hand, is still grappling with implementation problems. Most of the hinterland states have a stubborn anti immunisation outlook, and that, coupled with other implementation half successes has slowed down the implementation process. Dr. Halder attributed it to difference in implementation procedures in different states (half of the states use SIAs, which have not proved to be a very efficient method to tackle the problem, whereas the other half relies on the more suitable routine double immunisation method.), surveillance procedures, lack of micro plants among other difficulties that the immunisation program in India faces.

However, he did go on to report that all the states are looking at a well rounded approach of surveillance, mapping, direct routine immunisation and monitoring to combat this disease and he ended the conference with the very optimistic quote, “Polio is gone. Measles is next!”

Equitable access to medicine in BRICS

This thematic session looked at a trans-pacific partnership of pathological drug dealing between countries, with special focus between Brazil, South Africa and India. The discussion brought to light the effort of multinational companies aiming to subsidize the price of medicines for epidemic diseases such as AIDS, hepatitis, hypertension, diabetes and asthma. These medicines will not only be made affordable but also accessible to the remotest parts of the world. The representative from Brazil proudly claimed to have the most number of drug stores within the country, outnumbering the number of bakeries available. Protocols have been set by organizations and government bodies to ensure that the doctors follow guidelines before they can prescribe medicine to patients, only after a thorough check up. The other important agenda of the session was to understand and dissect how a patient reacts to a pill being given, the awareness among the patients of the pills they take and the necessary side effects, if any. The discussion wrapped up with everyone agreeing to a definite need for collaboration between the ministry of health and the ministry of trade in these countries.
Corrigendum

We are extremely sorry to have attributed wrong figures on Ebola in WFPHA President Mengistu Amsale’s inaugural speech on February 11. The correct figures are: Over 22,500 people had been affected while 8,900 succumbed to it.