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## A useful institution

The spread of intestinal diseases, especially diarrhoea, is a recurring health problem in developing countries like Bangladesh. Recently we had this very long drought and in some places tubewells, the only reliable source of fresh drinking water in rural areas, reportedly dried up. People of these localities had to depend on infested shallow ponds and wells that resulted in the inevitable outbreak of diarrhoeal conditions. Every year, Bangladesh is routinely visited by floods that submerge large tracts of the countryside. Tubewells—sunk deep under water—become unusable and flood affected people find no other alternative than drinking impure flood water around them and fall ill in large numbers. Diarrhoeal diseases, associated with flood situation, threaten to take on epidemic forms. These health hazards are not typical only of Bangladesh. Other developing countries also have to confront similar problems.

The Cholera Research Laboratory was set up in Bangladesh some 20 years ago and this centre made extremely valuable contribution for containing both diarrhoeal and diarrhoea related diseases and on research activities. The recently set up International Centre for Diarrhoeal Diseases and Research in Bangladesh in Dacca, for all practical purposes, happens to be a successor of the CRL and possesses all the attributes of an international organisation being funded by WHO and UNDP and the participation and economic collaboration of seventeen developing and developed countries. While inaugurating the ICDDR, President Ziaur Rahman emphasised it that the work of this newly launched international body would collectively benefit all developing states.

Already, very effective methods of diagnosing and treating diarrhoeal exist. But saving lives still depend on transporting patients in time from distant areas into hospital where treatment is possible only under selective conditions. In developing countries, constrained by the problems of poorly developed communication, the big need is to develop inexpensive, simplified techniques for on the spot treatment. The ICDDR should conduct its research activities, keeping this object in view. On the curative side medicines will have to be mass-produced that should be very cheap and readily available just about everywhere. On the preventive side—awareness-building among possible victims on how best to ward off these diseases—will be another important criterion of success in eradication programmes. The ICDDR should be able to make useful suggestions about how to improve physical conditions in village areas, at minimum cost, as another safeguard.