

## EDITORIAL

The assumption and understanding about the problems of infectious diseases helps people to respond appropriately. Infectious diseases have two modes of transmission, from person to person, as with HIV/AIDS, hepatitis B, tuberculosis, or by vectors, such as mosquitoes, sandfly, transmitting malaria, Japanese encephalitis, kala-azar, filariasis and dengue fever. Both modes are strongly influenced by how people choose to act both individually and collectively through respective program through Ministry of Health and other organizations. People make choices about their help for the treatment or prevention by choosing different preventive measures. An important influence on the selection of these choices is the perceived magnetite of the problem by the people, availability, accessibility, affordability for services and other traditional and cultural factors. The situation of vector borne disease is more typical and more complicated and these disease well response to many prevention and promotive action. In this part I would like discuss more on infectious diseases which come from my previous experiences working in least developed countries like Nepal. These diseases are much more prevalent in developing countries because of geo-climatic environment, socio-economic determinants and government is unable to respond appropriately to control infectious diseases. However, in the case of HIV/AIDS much more financial resources have been allocated even in poor countries because threat every where in low and heavily infected and poor or in rich countries. The issue is how government can react for optimal utilization of resources, better quality services by health workers and people attitude toward the health and disease.

Thinking retrospectively about likelihood of getting infection among the risk (susceptible) population may be high or low. What preventive actions can a person take to lessen the degree of exposure to risk factors and cost and other issues for these preventive measures are equally important. Is the very important cost effective intervention e.g. vaccine available? Are vector mosquitoes or sandflies involved in the disease transmission, and how it be combated? To what extent is the risk of infection determined by overall rate of infection (dynamics of disease transmission) and hence the stage of epidemic? Are the people anonymously getting infection? or susceptible populations' risk prone behavior like in the case of HIV/AIDS and other sexually transmitted diseases making them vulnerable for infection? Weather the important risk factors for the specific infectious diseases have been well studies and is guiding to the policy people for the development of plan and translating

into action. These can be important issues and questions in relation to the infectious diseases.

Infectious diseases are now the biggest killers of children and young adults in Nepal. Over the next hour or day alone, hundred of people will die from an infectious disease - over half of them may be children under five. Most of others will be working-age adults. Both are vital age groups and can have significant impact in families and to the societies. Most deaths from infectious diseases occur in developing countries - the countries with the least money to spend on health care. In developing country like Nepal almost one in three children are malnourished. One in five are not fully immunized by their first birthday. Majorities of the population lack access to essential drugs. Against this backdrop of poverty and neglect it is little wonder that deadly infectious diseases have been allowed to gain ground. In Nepal, all this has been made worse by the huge increase in mass population movements over the past decade. The population of refugees along with the displaced population due to conflict in the country is tremendously increasing in the cities. Not only are refugees and displaced people especially vulnerable to infectious disease; their movement can help spread infectious diseases into new areas. Meanwhile, the growth of densely populated cities with unsafe water, poor sanitation and widespread poverty has created the perfect situation for outbreaks of disease. In current situation, in deprived hilly, mountainous areas children are less likely to be immunized against killer diseases and parents are less likely to be able to pay for health care when they get sick. Under these circumstances, the diseases those were once under control had rapidly re-establish themselves and leading to higher mortality and morbidity.

Pneumonia, tuberculosis, diarrhoeal diseases, malaria, measles and more HIV/AIDS - account for killing mostly children and young adults. The measles disease outbreak and deaths have been reported in many part of the country. The diarrhoeal disease outbreak like cholera and other infectious diseases are the other challenges ahead to us. Behind each of these deaths lies a human tragedy. Because these diseases affect mainly young children and adult population, their impact on families can be disastrous. Children may lose one or both parents to an infectious disease. The AIDS epidemic in Far Western Part of the country alone had lead to the hundred of children orphaned and family displacement. To make condition worse, families risk being driven into debt through lost earnings and high health care costs - trapping them in a vicious circle of poverty and ill-health.

People value many things in addition to health. They value physical intimacy with other human beings, including sexual relations, whether for pleasure or continuation of future generation. But physical intimacy can also lead to infection, whether sexually transmitted diseases or disease of close contact like influenza, measles, meningitis, tuberculosis, leprosy. To the extent that individuals are unselfish, they also value the cost and suffering (stigma, discrimination) of the individual to whom they might infect, such as sexually transmitted diseases. The people still prefer not to boil water, use bednets and restrict their risk prone behavior. They focus in benefit with neglecting risk consequences. Many time in Nepal people don't like to loose their daily wages and health only comes when they have leisure time and resources.

Beside many heath problems, Nepal has made good research studies in the past specifically in kala-azar, Japanese encephalitis, malaria, HIV/AIDS, tuberculosis and other infectious diseases. However, translating the achieved research finding into action is still questionable and much of the researches just have been the property of individual researchers or research institution(s). The translating the research results at policy meter and optimal utilization of available resources and

developing need-based intervention with in-build monitoring and supervision systems are the current need for all disease control programs in Nepal.

The other editors and my colleagues working with me made my task as editor for this issue relatively easier. After reviewing and providing comments by peer reviewers the member of editorial board selected specific diseases or health problems according their area of interest and expertise for review. However, submission of few papers and few researches in Nepal restrict editors to select maximal number of submitted papers for publication. Hope Nepal Health Research Council will continue its future efforts for the continuation of this Journal and the researchers from Nepal and abroad will submit quality research papers in future. Publication of priority research area work will significantly contribute to strengthening the research capability in Nepal and providing policy suggestions to the health programmers and policy makers.

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