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Public Health Important Day (February)

4th Feb: World Cancer day

Editorial: Poliomyelitis eradication—Is enough being done in Nepal?

In the recent past, (DoHS) has admitted that polio, "the eradication of which has been postponed four times, has now started spreading more dangerously." This shows that not enough has been done to eradicate poliomyelitis from Nepal. However, Nepal remained polio free throughout 2009. Routine immunization coverage with Oral Polio Vaccine (OPV3) was greater than 80%. National immunization days covered was greater than 90% of the targeted population in both the rounds in all 75 districts, and all major AFP surveillance indicators were achieved.

Moreover, according to the global polio eradication

initiative recent update, no new cases of polio have been reported till this date. The total number of cases for the year 2010 remains six (all WPV1s) with the most recent case on 30 August 2010. At this moment it seems that much has been done to eradicate polio from Nepal and FCHVs role is plausible. National Immunization Days (NIDs) has also been regularly conducted twice a year.

Whatsoever, poliomyelitis eradication will remain doubtful due to its closeness to India (Uttar Pradesh and Bihar covers majority of polio cases). Around 24 out of 75 districts of Nepal have open boarder with Uttar Pradesh and Bihar which are polio endemic areas. This has

continuously posed threat of transmission of wild polio virus. Polio eradication of Nepal is thus linked with polio eradication in India especially in Uttar Pradesh and Bihar.

Polio eradication strategies are only well presented in the report but not properly executed or if, poorly implemented. These strategies must be put into action. Recently, NIDs were held on February 12-13, to be followed by another round on March 12-13.

Let's join hands together to make Nepal polio free country!

Amrit Banstola



Greetings

The first available English edition of the first online newsletter of Public Health of Nepal makes this most significant publication accessible to a broader public of students and scholars. This informatics and knowledgeable newsletter with most available content in it hopefully had helped many students of public health related with its first presence. I am delightful to congratulate on both the success and second issue of this noble cause. Seldom before have we had such an intimate and detailed account of a public health student bringing forth a new movement, and probably



never has there been such a wealth of contemporary data back it up. I recommend this volume to any students or scholar of public health conscious. To the generalist and specialist alike it will generate considerable provocation and understanding. It is an indispensable addition to any serious public related concern.

Madan KC
Msc. Medical and Health Care Devices
University of Bolton, UK

It is my pleasure to note that the online newsletter, "The Public Health Perspective (PHP)" has been published. I would like to congratulate the family of PHP. As the team embarks on their new endeavor, I would also express best wishes for every

success.

It is not surprising that everyone is interested in health care and health related activities. Also, evidence-based health information is always sought by practitioners and policy makers for robust planning & effective service delivery. Hence, I am sure that this newsletter will provide useful and up-to-date information to health professionals, planners, relevant students and health consumers / patients.

In the context of Nepal, sharing and reporting of health related information is minimal as compared to developed countries. I hope this



newsletter would provide a strong platform to disseminate the health related information, opinions and experiences. Health care delivery is not effective in rural areas as compared to urban areas of the country that has miserably affected women, children, and vulnerable groups. Therefore, I would like to encourage the PHP to give special concern to include the news regarding this vital issue.

I hope the PHP would always stand up to the expectations of readers with the time. Being the advisory, I am looking forward to work, learn and share with the PHP team. Best Wishes!

Sami Pande (B Pharm, MPH)
Kathmandu, Nepal

How to join PHP?



email:
newsletter.php@gmail.com

website:
www.bmhall.yolasite.com/publications.php

Primary health care: 'Too little political will holding back progresses'

KATHMANDU, JAN 23 -

An international workshop on revitalizing Primary Health Care (PHC) concluded in the Capital on Friday. The weeklong conference that began last Monday reviewed existing primary health care policies of Nepal and Pakistan and the gulf between the policies and its implementation.

The workshop was organized by Strengthening Health and Participatory Engagement Internationally (SHAPE), which is a network of public health researchers and practitioners of 11 institutions in seven countries—Ghana, Pakistan, Zambia, Uganda, UK, Nigeria and Nepal.

"The workshop identified the areas of research and concluded that financial status, lack of political commitment and the literacy level of the region is the cause of unsatisfactory

health care access indicator in rural areas," read a SHAPE statement issued on Sunday.

The concept of the World Health Organization (WHO) made on 1997 Alma Ata Declaration to make universal accessibility to PHC has failed to reach its goal because of its need based care approach.

After realizing this fact, the WHO again come up with revitalizing PHC with demand based care approach after 2000.

Source: eKantipur.com

AIDS funds only via govt now

KATHMANDU, JAN 24 -

Bad news for NGOs who used to get funds from donors through the UNDP. The pool fund partners of HIV/AIDS programs in Nepal will now channelize their funds through the Ministry of Health and Population this year onwards.

This move, many believe, may put many NGOs in a state of collapse. Earlier, they used to directly receive funds from the pool fund partners—DFID, AusAid and World Bank (WB).

Besides, the grant approved by the seventh round of the Global Fund is also being channelized through the government for the first time. The Global Fund has granted US\$ 57 million to Nepal to fight HIV/AIDS, tuberculosis and malaria for five years starting 2011. Some NGOs and INGOs working in the HIV/AIDS sector say they are facing fund crunch this year as the DFID used up its grant in 2010 and the Global Fund's grant is yet to

be implemented.

Of around 400 NGOs and 60 INGOs working in the field, nearly 80 percent are said to be hit by fund crunch and are closing their programs. The trend between 2007 and 2010 shows around US\$ 40 million aid came to Nepal in HIV/AIDS programs.

"We are about to halt our HIV/AIDS program due to fund crunch as the government has not yet selected NGOs despite calling for expression of interest about five months ago," said Rajiv Kafle, President of National Association of People Living with HIV/AIDS in Nepal.

"The Logistics Management Division of the Health Ministry will now select the NGOs eligible to coordinate with the government to run HIV/AIDS programs," said Director of National Centre for AIDS and STD Control Dr. K.K. Rai.

According to MoHP, the trend of launching merely urban focused programs among NGOs and INGOs that did not produce the desired impacts on targeted groups, is the result of this situation.

It also says the previous practice did not fall in line with the Paris Declaration on Aid Effectiveness 2005 that prioritized Ownership, Harmonisation, Alignment, Results and Mutual Accountability among stakeholders.

Source: eKantipur.com

World cancer day: Cancer cases 'on rise'

KATHMANDU, FEB 04 -

As the entire world marked World Cancer Day on Friday, experts said the number of cancer patients in the country has gone up. They said lack of awareness and facilities for early detection and timely treatment is to blame for the rise in the number of cases.

According to them, the number of cancer deaths at present is more than the number of deaths caused by AIDS, malaria and tuberculosis.

Doctors say most common cancer cases can be prevented by eating a varied and healthy diet, maintaining healthy weight, regular physical activity, limiting alcohol intake and avoiding smoking or passive smoking.

"Due to lack of awareness and access to diagnostic facilities in many parts of the country, over 80 percent of cancer patients come to hospitals in the last stage," said Dr. Bhaktaman Shrestha, Executive Director of the B.P. Koirala Memorial Cancer Hospital.

There are an estimated 70,000 cancer patients in the country and 75 percent of them die due to lack of treatment facilities. Women in urban areas are prone to breast cancer as most of them smoke, marry very late, are hesitant about breastfeeding and consume excessive fat and alcohol, according to Dr. Sarita Ghimire, a gynaecologist. She was speaking at a function organised by Nepal Nari Chetanshil Shangh in Kathmandu. services.

Source: eKantipur.com

Need and Importance of Public Private Partnership for Health in Developing Countries

Barsha Shrestha, BPKIHS

Public-private partnership (PPP) consists of three words; public, private and partnership. Generally, the words "public" and "private" here refer to the public sector and the private sector respectively. Public sectors imply governments and government institutions whereas private sectors denote profit oriented business entities or their humanitarian organizations excluding not-for-profit, nongovernmental and faith-based organizations. The term partnership denote for a formal collaboration between associate public and the private sector in the country where the partnership is implemented. Moreover, there is a formal agreement, joint objectives, mutual contributions and an interaction between partners. Therefore it is an approach under which services are delivered by the private sector while the responsibility for providing the resources rests with the government. Specifically, in health sector, it is termed as public-private mix of health care provision.

In developing countries, PPP are generally used in the construction of physical infrastructure, public administration, provision of health and social services so that the global health problems (most of which lie in developing countries) will get global solutions. More importantly, PPP is needed to strengthen the six building blocks of a health system. The six building blocks of a health system as defined by World Health Organization (WHO) are: health service delivery, health workforce, health information, Medical Products, Vaccines & Technologies, health financing and Leadership & governance.

1. Service Delivery

PPP is needed to deliver effective, safe, quality personal health interventions to indigent people. These are often known as the traits of good health services. Furthermore, it is used to expand access, increase the availability of medicines and medical supplies, and improve the quality of care.

2. Health Workforce

In developing countries there is a shortage of human resources for health. This deficiency will likely to continue unless resources are concentrated on tackling this emergency through either private solutions or public-private partnerships, since the public sector lacks resources to turn the corner.

3. Health Information

PPP are necessary in every settings of effective health information system in developing countries. The attributes of an efficient health information system

“PPP is an approach under which services are delivered by the private sector while the responsibility for providing the resources rests with the government.”

includes guarantee of the production, analysis, dissemination along with use of reliable and timely information on health determinants, health system performance and health status.

4. Medical Products, Vaccines & Technologies

Medical products, vaccines and technologies are the essential part of a well-functioning health system. But, they are often shortage in developing countries if not costly. However, with the help of public private mix approach, these things are possible with assurance in quality, safety, efficacy and cost-effectiveness. WHO use the concept of public private partnership for health to develop medicines, e.g. the Medicines for Malaria Venture and the International AIDS Vaccine Initiative.



5. Health Financing

In developed countries health financing has been in practice for many years. Conversely, it is a new concept in many developing countries. Health financing ensure people's health by providing people with necessary services and protecting from economic disaster associated with having to pay for them.

6. Leadership and Governance

We know that leadership and governance in health sector help to form strategic policy frameworks, build partnership, system design and accountability. This is possible only when the leaders and the government collaborate with private institutions and organization. In developing countries the situation is different. Leaders and the government authorities who are novice in health fields often build health policies and strategies. As a result most of the health programs fail at the middle of the project. So, the need of PPP is a must for leadership and governance.

Besides, public private mix is important for risk sharing. In other words, PPP is needed to mitigate the technical risk associated with development of medical product in developing countries. Also, PPP is vital to allocate risks to the party best able to handle particular risk. In addition, public private mix of health care provision is needed and is of significant importance to reduce both duplication and gaps in health services.

PHP Special

Pharmacist's counseling on Medication impairing Driving

Pharmacist's role has continued to change and move toward identifying drug-related issues and providing patient consultation regarding drug therapy. However, barriers such as busy pharmacies, lack of time, and communication problems are some of the obstacles that pharmacists face when trying to provide effective medication counseling to patients. But still pharmacists have a professional, and in some case a legal, responsibility to ensure that they incorporate appropriate patient counseling into their practice. According to guidelines given on Omnibus Budget Reconciliation Act of 1990 (OBRA '90) patients has to be informed on the proper use of their medications. This information includes, dose, dosage regimen, the common and severe adverse effects, drug interactions, contraindications, and appropriate use of medications by the patient such as how and when to take.

Driving is a common, every-day activity for most of the people. Nowadays it has become fashion for young adults. Riding vehicles such as bike, car in over speed is one of the major causes for road accidents. Besides this, driving after drinking, using medication that alters judgments is another reason for it. Many people

underestimate the real risks involved. In reality, driving is the most complex, demanding, and risky activity people engage in on a regular basis.

Medications that have known effects on the central nervous system (CNS), blood glucose levels, blood pressure, vision, or otherwise have the potential to interfere with driving skills have been termed "potentially driver-impairing" (PDI) medications. PDI effects include:

Sedation, hypoglycemia, blurred vision, hypotension, dizziness, fainting (syncope) and loss of coordination (ataxia).

If there is anything on a medication label that indicates, "Mental, visual or physical abilities could be impaired," then consumers should assume that their driving skills could be impaired. If they take this medication, they should be careful before driving or operating machinery because they would be at increased risk of being in a motor vehicle crash.

Many patients ignore warnings about drowsiness and driving, believing that the medication will not affect them or cause a significant problem. The International Pharmaceutical Federation has published a statement on medications and driving that discusses the importance of providing clear, unambiguous, and easy-to-understand warnings on labels and on package inserts about the possible medication effects on driving performance. With regard to the pharmacist's role in patient

education, the Federation recommends the following:

Clarify existing warnings about any potential effects of medications on driving performance;

Communicate that multiple psychoactive medications will impair the ability to drive;

Discuss how alcohol increases impairment; and advise patients about the ways in

“Many patients ignore warnings about drowsiness and driving, believing that the medication will not affect them or cause a significant problem.”

which they can recognize signs of impaired driving.

The use of PDI medications in patients who operate motor vehicles pharmacists should use the counseling opportunity to teach patients how to read the labels on over-the-counter medications. Patients should be advised not to drive if they feel dizzy or sleepy, or have blurred or double vision because of taking their medication. Hence, pharmacists play an important role to decrease the involvement of their patients in a motor vehicle crash.

– Ashik Banstola

He is an advisory of Public Health Perspective Online Newsletter and is currently studying M. Pharm (Pharmacology) in Bangalore.

Cancer Factsheet Nepal

Nepalese are becoming more vulnerable to, cancer, creating significant new pressures on health systems to treat and care for them.

cancer deaths at present is more than the number of deaths caused by AIDS, malaria and tuberculosis.

There are an estimated 70,000 cancer patients in the country and 75 %of them die due to lack of treatment facilities.

World Cancer Day Themes

" teach children and teenagers to avoid UV exposure by being "sun smart" " – 2011

" learn about vaccines against viruses that cause cancers" – 2010

"encourage an energy-balanced lifestyle based on healthy diet and physical activity " –2009

" give children and young people a smoke-free environment " –2008

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Global Health

Low control for high cholesterol

1 February 2011

The largest ever study – representing 147 million people – shows that most people with high cholesterol levels are not getting the treatment they need to reduce their risk of cardiovascular disease such as heart attack and stroke.

Many of these people – living in England, Germany, Japan, Jordan, Mexico, Scotland, Thailand and the United States of America – are unaware that they need treatment, which is easily accessible in the form of low-cost medicines.

This study, published in the international public health journal, the *Bulletin of the World Health Organization*, is the first to show the extent of the treatment gap for high cholesterol – a common risk factor for early cardiovascular deaths. In Thailand, for example, 78% of adults surveyed had not been diagnosed, while in Japan, 53% of adults were diagnosed but remained untreated.

“Cholesterol-lowering medication is widely available, highly effective and can play an essential role in reducing cardiovascular disease around the world,” says study co-author, Dr Gregory A Roth, from the Institute for Health Metrics and Evaluation in the United States of America. “Despite these facts, effective medication coverage for control of high cholesterol remains disappointingly low.”

Cardiovascular diseases are the world’s biggest killers, claiming more than 17 million lives each year worldwide.

“Simple lifestyle changes such as avoiding tobacco use, regular physical activity and healthy diets can help prevent heart disease and stroke,” says Dr Shanthi Mendis, coordinator of WHO’s Chronic Diseases Prevention and Management unit. “Medication to lower blood cholesterol and blood pressure

may be necessary if the risk is very high.”

Source : WHO

It's Time to Tackle the Global Burden of Cancer

4 February 2011

Most of us in developed countries have dwelled in the shadow of cancer. We've anxiously awaited a test result, become intimate with chemotherapy for ourselves or a loved one or held vigil at a bedside.

During those intense and often tragic periods, we usually have options -- education, treatment, pain relief and sometimes, blessedly, remission and recovery -- that is, if we happen to reside in a wealthy country. Not so for millions of others, adults and children alike, in poorer countries where more than 70 percent of all cancer deaths occur yet five percent or less of cancer resources are allocated to the people living there, despite the growing cancer burden.

Cancer is the leading cause of death worldwide, killing more people than AIDS, tuberculosis and malaria combined. The cancer burden in low- and middle-income countries is increasingly disproportionate. Globally in 2009, there were an estimated 12.9 million cases of cancer, a number expected to double by 2020, with 60 percent of new cases occurring in low- and middle-income countries.

Source : TheHuffingtonPost.com

New physical activity guidance can help reduce risk of breast, colon cancers

4 February 2011

Undertaking 150 minutes a week of moderate physical activity can reduce the risk of breast and colon cancers, according to the new Global Recommendations on Physical Activity for Health released by WHO on World Cancer Day. It includes of moderate intensity aerobic physical activity throughout the week for people aged 18 and over. For 5–17 year-olds, at least 60 minutes of moderate to vigorous intensity physical activity can protect their health and, in turn, reduce the risk of these diseases.

“Physical activity has a strong role to play in reducing the incidence of certain cancers,” says Dr Ala Alwan, WHO’s Assistant Director-General for Non communicable Diseases and Mental Health. “Physical inactivity is the fourth leading risk factor for all global deaths, with 31% of the world’s population not physically active.”

In 2008, almost 460 000 females died from breast cancer, while close to 610 000 males and females died from colorectal cancer.

Source : WHO

Action needed to reduce health impact of harmful alcohol use

11 February 2011

Wider implementation of policies is needed to save lives and reduce the health impact of harmful alcohol drinking, says a new report launched today by WHO. Harmful use of alcohol results in the death of 2.5 million people annually, causes illness and injury to many more, and increasingly affects younger generations and drinkers in developing countries.

Harmful use of alcohol is defined as excessive use to the point that it causes damage to health and often includes adverse social consequences.

Source : WHO

BENEFITS OF BEING A PHP SUBSCRIBER

Can submit articles to PHP newsletter.

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Enhances professional writing skills

GREAT SAYING

“Public Health - Just Due It ”

“No Smallpox - No Polio - Know Public Health ”

Journal Watch

A sprinkle of salt needed for Nepal's hidden hunger

Lancet August 2010 study found that not only have IDD's not yet been fully eradicated, but also that previous progress might have even reversed.

The study reports that in the process of the food chain, iodine-deficient soil gives iodine-deficient plants and hence iodine-deficient animal products and livestock; the scale of the problem being directly proportional to altitude. According to the report, in the late 1990s UNICEF claimed that IDD control was the most successful among micronutrient deficiencies control in Nepal. However, a 2008 UNICEF report showed that the proportion of

households consuming adequately iodized salt had improved in most countries in South Asia with the exception of Pakistan and Nepal, with Nepal going down from 68% of households consuming adequate iodized salt in 1995 to 63% in 2005. “Countries where progress has stagnated include those like Nepal and Chad, which have initiated programs and improved household use of iodized salt, but have been unable to increase coverage beyond a certain point, usually because of issues relating to salt production or importation”

At the mean time the report stated that merely

making [the salt] available in the market does not guarantee its actual consumption. There are issues with iodized salt not reaching the Nepalese people with its full initial iodine content because of poor storage conditions and the length of time it stays in transit. Price is also an issue, with the difference of a rupee or two between iodized and non-iodized salt proving a disincentive to use iodized salt for the poorest populations. The online version of this article can be found at: <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2961321-9/fulltext>

Author: Nayanah Siva ◆

Healthcare Liquid Waste Management

Healthcare liquid waste management practice is insufficient in central hospitals of Nepal, according to a study published in the April 2010 issue of Journal of Nepal Health Research Council.

A descriptive prospective study conducted in 10 central hospitals of Kathmandu during the period of May to December 2008 found that the evidence of waste management guidelines and committees for the management of healthcare liquid wastes could not be established in any of the studied hospitals. Similarly, total viable counts heavily exceeded the standard heterotrophic plate count with no significant difference in such counts in hospitals with and without treatment plants.

In the study, for microbiological laboratory works, waste water specimens were cultured for the enumeration of total viable counts using standard protocols.

Among the ten hospitals studied, only one of them had organized trainings for their workforces involved in healthcare liquid waste management and only 2 hospitals had treatment plants for healthcare liquid waste management (HCLWM). Five hospitals disposed their liquid wastes into sewerage system and the remaining disposed their liquid wastes into nearby surface water, mainly rivers.

The study also stated that the ineffectively treated or untreated hospital effluents have further worsened the problems of getting pathogenic organisms in surface water resulting into water related public health hazards. Thus the study elucidated that the problems of healthcare liquid wastes generated in healthcare institutions should be immediately addressed by relevant authorities through policy formation, guidelines development and legal enforcement to protect the communities

from adverse health impacts. Moreover, installation of effluent treatment plants and the development of standards for environmental indicators with effective monitoring, evaluation and strict control via relevant legal frameworks were realized.

Full text article at: *J Nepal Health Res Counc* 2010 Apr;8(16):23-6

Authors: Sharma DR, Pradhan B, Pathak RP, Shrestha SC ◆

GREAT SAYING

“Proud to Be Smoke Free ”

“Public Health is Your Health”

Publisher's Note

We are very pleased to present the online newsletter entitled "Public Health Perspective". This newsletter specially focuses all the health related subjects enhancing and upgrading knowledge in these fields. The inclusion of various sections, imparting knowledge on various fields has made this newsletter multidimensional.

We feel that this online newsletter will live up to many of these issues and our endeavor will be fruitful if the newsletter can help change people's behavior to healthy living and enhance the learning and writing capabilities of the students.

We take this opportunity to extend our sincere gratitude to our advisories, subscribers, campus liaisons, friends, teachers, families, and to all our well-wishers. Our special thanks goes to Mr. Kailash Rajbhandari for his artistic work. Without these helping hands, we wouldn't have been able to change our efforts into reality. We would further expect them to show their co-operation.

In spite of our best efforts, there might have certain typing and other mistakes in the newsletter. We shall be obliged if these mistakes and suggestions for the improvements of the newsletter so that further issues may prove to be more useful.

- The PHP Team

Send Letters to the editor

All readers can post comments on articles and news mentioned in PHP or could be suggestions and compliments.

Send letters to:

newsletter.php@gmail.com

Word limit 150 max. and the title of news or articles of critique

WHO Publications

WHO recommendations on the management of diarrhoea and pneumonia in HIV-infected infants and children

This document on the management of pneumonia and diarrhoea in HIV-infected infants and children is the first of a comprehensive package of prevention, care and treatment for the management of infections, as well as common opportunistic infections and HIV-related co-morbidities. The recommendations are similar to those for non infected children, but they cover specific aspects related to HIV infection. Download Available at:

http://whqlibdoc.who.int/publications/2010/9789241548083_eng.pdf

Bulletin of WHO Vol. 89, No. 02, 2011

The Bulletin of the World Health Organization is an international journal of public health with a special focus on developing countries. Since it was first published in 1948, the Bulletin has become one of the world's leading public health journals. As the flagship periodical of the World Health Organization (WHO), the Bulletin draws on WHO experts as editorial advisers, reviewers and authors as well as on external collaborators. For more info visit:

<http://www.who.int/bulletin/volumes/89/02/en/index.html>

Ebook International Medical Guide for Ships, Third Edition & Quantification Addendum: International Medical Guide for Ships, Third Edition

This e-book package contains a copy of International Medical Guide for Ships, Third edition and a copy of the Quantification Addendum which contains recommended quantities, indications and dosing for 55 medicines listed in the International Medical Guide for Ships 3rd edition. The third edition of the International Medical Guide for Ships shows designated first-aid providers how to diagnose, treat, and prevent the health problems of seafarers on board ship. Full summary available at:

<http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=80&codcch=32>

Global Status Report on Alcohol and Health

In recent years, a greater number of countries have been providing increasingly concise data, allowing WHO to create a more comprehensive picture of the global situation on alcohol use and its health consequences. However, many gaps remain in the data, so a detailed exact picture cannot be clearly drawn for all countries and regions. Download Available at

http://www.who.int/substance_abuse/publications/en/globalstatussummary.pdf

Being Healthy

Simple hygiene steps can avert Conjunctivitis

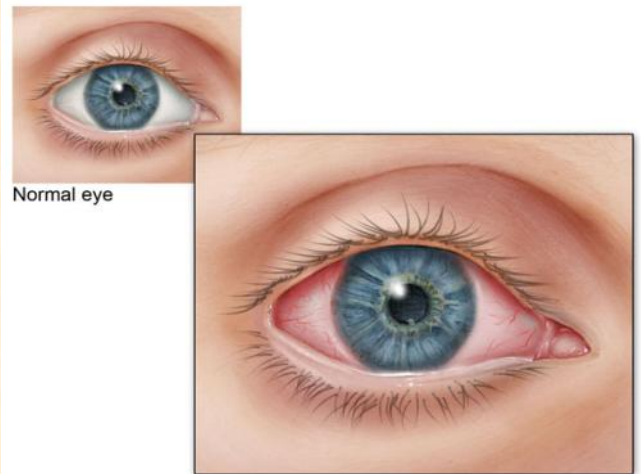
Have you ever got pink eyes? Itchiness or irritation in the eyes? Inflammation of the lining of the white part of the eyes and the underside of the eyelid? If yes, then you have got conjunctivitis. Besides these, it shows different symptoms that can be easily isolated a single person like watery nose, eye pain, eye swelling, sticky and yellow discharge, sensitivity to light, dryness, blurred vision and fever. It is a type of eye infection that is highly contagious. Pink eyes, itchiness and inflammation or redness of the lining of white part of the eyes coupled with conjunctiva happen to everyone at one time or other.

Viral and the bacterial conjunctivitis can easily spread from one person to another and cause epidemics. Still you

can greatly reduce the risk of getting conjunctivitis through some simple good hygiene steps. Avoid touching or rubbing your eyes with dirt. Wash any discharge from around the eyes several times a day. Cleanse hands after applying eye drops or ointment. Do not use the same eyedropper for infected and non-infected eyes—even for the same person.

If you have habit of sharing articles like towels, blankets, and pillowcases, cosmetics, contact lenses or eyeglasses—

be careful! It can spread up to you. Thus, do not forget to launder the pillowcases, sheets, cloths, and towels that encountered the infected ones in



Normal eye

Eye with inflamed or irritated conjunctiva

Purulent Conjunctivitis of the Newborn

This infection, also called *Ophthalmia neonatorum*, is the result of septic infection of the eyes at birth. It is caused by the eyes of the child coming in contact with the diseased vaginal secretions of the mother as the child is passing out of the mother's body. Its symptoms are less violent than purulent conjunctivitis of adults and the consequences are less severe. Infective agents are staphylococcus, pneumococcal and the gonococcus. The gonococcus (in gonorrhoea! ophthalmia) is considered the most virulent of these three types of germs. Nevertheless, Health, cleanliness—these two words sum up the whole of the work of preventing the condition. A clean, healthy mother cannot possibly infect her child and they must live, eat and care for themselves in a way to insure the highest welfare of their unborn child.

A particular antibody in the breast milk, called immunoglobulin A, prevents the pink eye bacteria from attaching to the mucosal surface of the eye. This limits the growth of the bacteria, helping to end the eye infection. However, parents should learn to clean the eyes of a child and not trust a careless or inefficient nurse. Recently, to prevent neonatal conjunctivitis, most hospitals are required by state law to put drops or ointment in newborns eyes.



hot water and detergent. If you are around someone with conjunctivitis, you can reduce your risk of infection by rinsing your hands often with soap and warm water after contact with them. Besides, maintain a proper diet rich in natural foods with vitamin A, vitamin B, etc.

Are you preparing for your semester exams? Are you a booklover? Whatsoever, always read in places with good light or natural light. Throw away and replace any eye or face makeup, contact lens you used while infected to avoid re-infection.

At last, know the symptoms, get treatment if needed, and prevent its spread.

>> For more information visit Center of Disease Control and Prevention (CDC).



Public Health Perspective Online Newsletter

www.bmhall.yolasite.com/publications.php

APPLY FOR CAMPUS LIAISON

Participation on the PHP team is an opportunity to get involved in PHP activities, develop and demonstrate leadership skills, as well as work with some terrific colleagues. The campus Liaisons will have opportunities to shape the activities and strategic directions of PHP. In addition, Liaisons serve as their college representative to the PHP by helping to: reporting news from their college in general and the program of study in specific.

Serving as a campus liaison does not require a large time commitment. Campus liaisons distribute information, for example, by speaking at new student orientations and to your student society or association about PHP. PHP will provide necessary materials needed for this position. This position will also provide students with a unique opportunity to become more cognizant of health news around the nation.

Being a campus liaison for PHP is a great way to demonstrate the team work ability with the professional development as campus liaisons names and their colleges are mentioned in every issues of PHP.

If you are interested in participating as a Campus Liaison and have any questions about the Liaison position, please contact us.

Email: newsletter.php@gmail.com

Our Campus Liaisons

Tilak Mahatara

**Nobel College, Sinamangal,
Kathmandu**

Srishti Shrestha

**Padma Nursing Home, School of Nursing
Pokhara**

Theory at a glance: Health Belief Model

<i>Concept</i>	<i>Definition</i>	<i>Potential Change Strategies</i>
Perceived susceptibility	Beliefs about the chances of getting a condition	<ul style="list-style-type: none"> • Define what populations(s) are at risk and their levels of risk • Tailor risk information based on an individual's characteristics or behaviors • Help the individual develop an accurate perception of his or her own risk
Perceived severity	Beliefs about the seriousness of a condition and its consequences	<ul style="list-style-type: none"> • Specify the consequences of a condition and recommended action
Perceived benefits	Beliefs about the effectiveness of taking action to reduce risk or seriousness	<ul style="list-style-type: none"> • Explain how, where, and when to take action and what the potential positive results will be
Perceived barriers	Beliefs about the material and psychological costs of taking action	<ul style="list-style-type: none"> • Offer reassurance, incentives, and assistance; correct misinformation
Cues to action	Factors that activate "readiness to change"	<ul style="list-style-type: none"> • Provide "how to" information, promote awareness, and employ reminder systems
Self-efficacy	Confidence in one's ability to take action	<ul style="list-style-type: none"> • Provide training and guidance in performing action • Use progressive goal setting • Give verbal reinforcement • Demonstrate desired behaviors

>> Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, National Institutes of Health

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