



Public Health Perspective

the first online public health newsletter of Nepal

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Public Health Important Day (May)

3rd May: World Asthma Day

Theme: "You can control your Asthma"

28th May: International Day of Action for Woman's Health

31st May: World No Tobacco Day

Theme: "The WHO Framework Convention on Tobacco Control"

portant technique. Fecal oral transmission may be water-borne, food-borne or direct transmission via fingers, fomites, among others. Efforts has to be made to break the transmission chain. One major way is to avoid open defecation. During rainy seasons, heavy rainfall inundates the open excreta. As a result it mixes with the water sources such as piped water, wells, and tubes and contaminates them. Exposure to diarrhea-causing agents is frequently related to the use of contaminated water and to unhygienic

Editorial: Alert, the season has begun!

There is still one month left for the rainy season to begin. But it seems the rhythms of our seasons in Nepal are changing. The effect of climate change is becoming more well known in public health circles although it is not generally known in the population as a whole. Prior to the beginning of the rainy season, we have been affected by a heavy rainfall each day.

With that change there has been change in the type of patients who visit the hospital. Previously, most of the patients admitted in the health centers were of ARI and pneumonia. Now the situation is different. With the start of rainy season, there has been an increment in the number of diarrheal patients visiting health centers. This is because

practices in food preparation and disposal of excreta.

The response of the public health community should be to work with communities and to urge good hygiene. We should work to assure that all children and adults wash hands thoroughly with soap and water before eating and preparing food as well as after eating and defecating. Hand washing, especially with soap, is encouraged as a simple and highly effective means to avoid exposure to food and water-borne transmission.

In Nepal, everyday 36 people die of diarrhea. It mostly affects the children below two years of life. So, exclusive breastfeeding should be started right at birth and con-

tinued at least for the first six months of age. Also, do not stop feeding during diarrhea. Feeding stimulates intestinal wall renewal, decreases the volume and frequency of stool and speeds recovery. Similarly, restrict the children to play in the soil. Children should also be immunized with DPT and against rotavirus, cholera and measles.

Zinc has been shown to be effective for both treatment and prevention of diarrhea. Its supplementation substantially lowers the duration and severity of acute and persistent diarrhea. WHO/UNICEF recommends daily 20 mg zinc supplements for 10-14 days for children with acute diarrhea and 10 mg per day for infants under 6 months to curtail the

climate change and the increased heavy rains add to the already situation of diarrheal diseases. Due to the very large number of patient flow in health facilities, most of the health professionals are obliged to treat patients out of the care room; outside on the hospital grounds. As a public health professional, I feel professionally very concerned to see such circumstances. Does diarrhea have to occur when the rainy season begin? Does diarrheal patient always deserve this situation? The answer is obvious, no.

We can prevent the diarrheal disease adopting some simple measures. Dehydration caused by severe diarrhea is a major

cause of morbidity and mortality among young children. However, the condition can be easily treated with oral rehydration therapy (ORT). Other recommended home fluids such as rice water, clean water, soup, and yogurt drink could be used too. But, sweet tea, sweetened fruit drink, coffee, and soft drink should not be given as they are hyperosmolar and can cause osmotic diarrhea.

The goal of rehydration therapy is to correct a deficit of fluid and electrolytes quickly and to keep replacing further losses until diarrhea stops. IV rehydration is usually needed only for patients with severe dehydration.

Breaking the fecal-oral transmission chain is the most im-

severity of the episode and prevent further occurrence.

If the child has severe dehydration they should be referred to a health center or to hospitals. Public health staff should promote that friends, families, and communities know and take action about these simple but very important personal hygienic and sanitation actions. Moreover, public health professionals need to take this into consideration in their epidemiological surveillance, preparedness, annual planning, etc.

Promote and use healthy habits! Avoid diarrheal disease and work to provide early and effective treatment.

Amrit Banstola

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Government to distribute 838,855 mosquito nets

KATHMANDU, APR 25 -

In an effort to meet the pre-national target of containing transmission of malaria by 2015, the Ministry of Health and Population (MoHP) is distributing 838,855 mosquito nets with indoor residual spray this year. Addressing a press meet organized on the occasion of World Malaria Day 2011, Director General of the Department of Health Services under the MoHP, Dr Yasho Vardhan Pradhan said, "The MoHP is ready to undertake any kind of effort in order to meet the international target of reducing incidence and containing of the transmission of the disease." According to her, the five-year strategy (2011-2016) focuses on mapping out the most affected areas and launching a special program, which integrates distribution of mosquito nets with indoor residual spray, capacity building of health workers and infrastructure building, among others.

The ministry, with financial support from the Global

National News

Fund, has been implementing Malaria Control Program (MCP) in 12 districts since March, 2004. The program included Banke district in 2008 while 18 new districts have been incorporated this year. Malaria is caused in humans through the sting of an anopheles mosquito. Altogether 65 districts are regarded mosquito-prone with 20.8 million people at risk of the disease, said officials.

"The MoHP has come up with a new strategy in order to meet the national target of pre-elimination by 2015 and to achieve the global goal of malaria elimination by 2020," said Dr Saroj Prasad Rajendra, director of the Epidemiology and Disease Control Division (EDCD). According to EDCD, annually there are around 3,500 malaria cases in Nepal. Statistics show malaria cases have considerably declined in recent years--from 12,750 cases in 2002 to 3,500 at present. *Source: eKantipur.com*

Law to curb smoking

KATHMANDU, APR 26 -

Amid doubts over effective implementation of the recently passed bill on tobacco control, health officials on Monday expressed commitment to put it into practice after three months of its endorsement by the President's office. The Legislature-Parliament on April 11 passed the Tobacco Product Control and Regulatory Bill-2010 that prohibits smoking in public places, workplaces and on public transport.

"We are committed to implementing the anti-tobacco law. We ask tobacco producers, sellers and users to follow legal provisions, flouting which will

result in punishment," Health Secretary Dr Sudha Sharma told reporters at a press meet. Dr Laxmi Raman Ban, Director of National Health, Education, Information and Communication Centre, under the Ministry of Health, said, "Nepal is the first country in Asia to make such a stringent law. It requires companies to allocate 75 percent space on cigarette packets or wrappers for pictorial warning. We should also be able to set an example in its implementation."

The law requires tobacco-producing companies to print color pictures on the packets, describing 'smoking and tobacco chewing are injurious to health'. The law applies also to an international company exporting tobacco products to Nepal. Only licensed shops will be allowed to sell tobacco products to people above 18 years. The law puts a ban on tobacco firms on sponsoring public programs. At present, advertisements and other forms of publicity of tobacco products are banned from the electronic media. The bill bans smoking in government offices, educational and health institutions, airports, public transportation vehicles, and others places will also be declared no-smoking zones. Nepal is signatory to the global tobacco treaty. It signed the World Health Organization Framework Convention on Tobacco Control in 2003, ratifying it in 2006. *Source: eKantipur.com*

Diarrhea kills 10,000 minors each year

PARSA, MAY 11—

Around 10,000 children become the victim of diarrhea

caused by polluted water each year in Nepal, according to a data. The data was made public at a seminar organized by Drinking Water and Sanitation Office, Parsa. Speaking at the seminar on 'Drinking water purification campaign and Media men's role', an engineer of the office Ramahit Yadav made this data public. Presenting the paper, Yadav claimed through his paper based on a survey recently conducted that every day 36 person die of diarrhea in the country. He blamed the polluted water for the main cause of diarrhea and said only 30 percent people in Parsa district have access to safe drinking water. *Source: eKantipur.com*

Sanitation, Drinking Water Access Good in Kaski

KATHMANDU, MAY 16 -

Kaski district in the western region of the country has topped a list of 72 districts that has provided the people access to basic sanitation and drinking water facilities, according to a recent report published by WaterAid Nepal. The report has Bajura district in the far-west at the bottom of the list. WaterAid studied the status and access to basic sanitation and water and investment in this sector in 72 districts. In Kaski, access to basic sanitation and drinking water was found to be 87 percent and 92 percent respectively, while the same was found 11 percent and 87 percent in Bajura. Three of the remaining districts of the country—Kathmandu, Bhaktapur and Lalitpur—were left out of the study.

Source: eKantipur.com

World No Tobacco Day 2011

Theme: The WHO Framework Convention on Tobacco Control

The **WHO Framework Convention on Tobacco Control (WHO FCTC)** was developed in response to the globalization of the tobacco epidemic and as a comprehensive approach to address it.

The WHO FCTC:

- ◆ is the 1st international treaty on public health.
- ◆ is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- ◆ was adopted by the World Health Assembly in May 2003 and entered into force in February 2005.
- ◆ has 172 countries as Parties to the Convention
- ◆ presents a new approach in international health cooperation using the legal framework to address a globalized epidemic.

The WHO FCTC is governed by:

- ◆ The Conference of Parties (COP) comprising all Parties to the Convention.
- ◆ The COP reviews the implementation of the Convention and holds regular sessions every two years.

The core demand reduction provisions in the WHO FCTC are:

- ◆ Price and tax measures to reduce the demand for tobacco.
- ◆ Non-price measures to reduce the demand for tobacco, namely:
 - * Protection from exposure to tobacco smoke.
 - * Regulation of the contents of tobacco products.
 - * Regulation of tobacco product disclosures.
 - * Packaging and labeling of tobacco products.
 - * Education, communication, training and public awareness.
 - * Tobacco advertising, promotion and sponsorship.
 - * Demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC include:

- ◆ Illicit trade in tobacco products.
- ◆ Sales to and by minors.
- ◆ Provision of support for economically viable alternative activities

The WHO FCTC also covers other important areas such as:

- ◆ Liability, and protection of public-health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry (Articles 19 and 5.3).
- ◆ International cooperation, exchange of information and institutional arrangements (Articles 20 to 26).

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PHP Special

Message from Dr Samlee Plianbangchang Regional Director, WHO South-East Asia Region, on the occasion of World No-Tobacco Day 2011

Each year on the 31st of May, we celebrate 'World No-Tobacco Day' to draw global attention to the devastating health and socioeconomic effects of tobacco use, to discourage tobacco use, and to encourage governments, communities, groups and individuals to become aware of the problem and take appropriate action. Since tobacco use is the most preventable cause of premature death and suffering throughout the world, the World Health Assembly instituted the World No-Tobacco Day in order to raise awareness with regard to the need to curb the tobacco epidemic and related diseases. The theme for this year's World No-Tobacco Day is "The WHO Framework Convention on Tobacco Control".

The WHO Framework Convention on Tobacco Control is the world's first ever global public health treaty developed and adopted under the auspices of the World Health Organization. The WHO FCTC embraces all elements of tobacco control. It entered into force and became an international law on 28 February 2005. It is one of the most rapidly and widely embraced treaties in the history of the United Nations in terms of number of signatories, with 172 Member States of the World Health Organization being Parties to the Convention so far. World No-Tobacco Day 2011 highlights the treaty's overall importance, the States Parties' obligations under the treaty, and the essential and inalienable role of WHO in supporting countries to meet those obligations.

You are well aware that the Framework Convention on Tobacco Control was developed in response to the global tobacco epidemic. But I would like to affirm that we need the convention now as much as we did in 1996 when the Fifty-sixth World Health Assembly adopted Resolution WHA 56.1 calling for an international framework convention on tobacco control. Tobacco use is still the leading preventable cause of death and the foremost risk factor for non-communicable diseases. Currently, nearly six million people die each year from tobacco use and exposure to second-hand smoke. The annual global death toll from the epidemic of tobacco use could rise to eight million by 2030. Unless serious action is taken, it is estimated that up to one billion people could die from tobacco use during the 21st century.

The WHO Framework Convention on Tobacco Control is a remarkable achievement. It represents a new approach in international health cooperation using a global legal framework to address a globalized epidemic. It has included provisions for reducing demand as well as supply of tobacco products. It also recognizes the importance of international cooperation and helping low- and middle-income countries to meet their treaty obligations. It has catalyzed actions across the globe, and elevated the importance of tobacco control as a global health and political issue. It has also stimulated policy changes at the national level and injected new public and private resources into the field.

The tobacco epidemic in this Region is complex. Over 240 million adults smoke tobacco and nearly the same number of adults use smokeless tobacco in different forms. However, the WHO Framework Convention on Tobacco Control has added a new dimension to tobacco control efforts in the South-East Asia Region. Ten out of eleven Member countries have ratified the Convention. It has led to significant changes being introduced in the health policies and programs of Member countries. Nine countries have formulated comprehensive national laws to implement the provisions of the WHO Framework Convention on Tobacco Control. These laws, among other things, have included provisions such as:

- ◆ Banning smoking in the public places.
- ◆ Prohibiting all sorts of tobacco advertising, sponsorship and promotions.
- ◆ Making tobacco-related health warnings mandatory on the packs of tobacco products.

Member States in this Region have also scaled up the implementation of the Framework Convention's provisions through health education and awareness programs on tobacco control, integrated tobacco issues into their school health programs and also introduced wide-ranging tobacco cessation services. The Framework Convention recommends 30%–50% coverage for health warnings on tobacco product packages.

(continue on page 9...)

Global Health

Polio Cases in Pakistan Worry Global Agencies

15 May 2011

With 37 polio cases reported so far this year in Pakistan, UNICEF and the World Health Organization (WHO) are a worried lot. The two institutions have stepped up efforts to determine how the disease could finally be eradicated.

UNICEF and WHO are working closely with Pakistan's federal and provincial governments with the common aim of



Photo Credit: rotary.org

vaccinating every child in the country against polio in a bid to eradicate the highly contagious virus forever by 2012.

The 37 cases reported so far this year is far greater compared to 18 in the same period last year.

Source: Xinhua News

Avian influenza – situation in Indonesia

13 May 2011

The Ministry of Health of Indonesia has announced a confirmed case of human infection with avian influenza A (H5N1) virus.

The case is an 8-year old female from West Jakarta district, DKI Jakarta Province. She developed symptoms on 1 April, was admitted to a health care facility on 4 April and referred to a hospi-

tal on 8 April. She died on 11 April.



Photo Credit: U.N. Food and Agriculture Organization

Epidemiological investigation identified a possible risk factor as exposure to wild bird feces found in the area nearby the house. In addition, during the week before the child developed symptoms, her mother purchased chickens from a local market.

Laboratory tests have confirmed infection with avian influenza A (H5N1) virus. Of the 177 cases confirmed to date in Indonesia, 146 have been fatal.

Source: WHO

World unites to halt death and injury on roads

12 May 2011

On 11 May, dozens of countries around the world kick off the first global Decade of Action for Road Safety 2011-



2020. From New Zealand to Mexico and the Russian Federation to South Africa, governments are committing to take new steps to save lives on their roads. The Decade seeks to prevent road traffic

deaths and injuries which experts' project will take the lives of 1.9 million people annually by 2020.

To mark the launch of the Decade, governments in countries such as Australia, Cambodia, Ethiopia, Indonesia, Kuwait, Malaysia, Mexico, Niger, Nigeria, the Philippines, Slovenia, Sri Lanka, Uzbekistan and Viet Nam will host high-profile events and release national plans to improve safety and services for victims. A number of landmark national monuments will be illuminated with the road safety "tag", the new symbol for the Decade. These include Times Square in New York City; Christ the Redeemer statue in Rio de Janeiro; Trafalgar Square in London; and the Jet d'Eau in Geneva, among others.

Source: WHO

Measles outbreaks in Europe

21 April 2011

As of 18 April 2011, 33 countries in Europe have reported more than 6500 measles cases. Belgium has reported 100 cases to date, Bulgaria has reported 131 cases this year, and France reported 4937 cases from January to March 2011. Similarly, nearly 300 cases in Serbia, 350 cases in Spain, more than 400 cases in Former Yugoslav Republic of Macedonia were diagnosed in 2011. Turkey reported more than 80 cases in January 2011.

In addition, this year, there have been outbreaks and an increase in the number of cases reported in Germany, the Netherlands, Norway, Romania, Russian Federation, Switzerland and the United Kingdom.

To prevent further spread, WHO encourages health authorities to advocate for immunization before travel and to provide immunizations through health systems' immunization services according to existing national immunization schedules. Source: EUVACNET & CISID

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- Enhances professional writing skills.

GREAT SAYING

“Seven days without exercise make one weak”

Journal Watch

Prevalence of Risk Factors for Coronary Artery Disease in the Community in Eastern Nepal – A Pilot Study

Risk factors for Coronary Artery Disease (CAD) are prevalent in the community in Dharan, a small city located in the foothills in Eastern Nepal, according to the study published in the May 2011 issue of Journal of Association of Physicians of India (JAPI).

119 subjects (63 males and 56 females) age ranged from 35 to 86 years were included for the final analysis of the study. The investigators used the presence of Diabetes Mellitus (DM), Hyper Tension (HT), Hypercholesterolemia, obesity, history of smoking, sedentary life style and family history of CAD as risk factors for CAD.

The study revealed the history of HT in 18 subjects. However,

on physical examination, a total of 42 (35.3%) subjects were found to be hypertensive. Based on history and biochemical investigations, 19 (15.9%) subjects were found to be diabetic. Hypercholesterolemia was found to be present in 12.6% of the study population. Similarly, a history of high dietary fat intake and history of regular alcohol consumption were found to be 39 (32.8%) and 27 (22.7%) respectively. 56 (47.1%) subjects led a sedentary lifestyle. Family history of CAD was present in 23 (19.3%) subjects and 38.7% of the subjects were current smokers. Physical examination revealed that 40 (33.6%) subjects had BMI > 25 kg/m² and waist: hip ratio ≥ 0.95 was seen in 50 (42.1%) subjects. A history of CAD was given by 10.9% of subjects. Of the whole

group, 36 (30.3%) subjects had more than one risk factor for CAD.

According to the study, prevalence of individual risk factors ranged from 12.6% to 47.1% and approximately one third of the subjects had more than one risk factor. The study suggests that since majority of the risk factors are modifiable, timely intervention can help in reducing morbidity and mortality due to this disease. Full text article is available at: http://www.japi.org/may_2011/04_OA_Prevalence_of.pdf

Authors: Sarathi Kalra, Smiti Narain, Prahlad Karki, Jawaid A. Ansari, Kajan Ranabhat, Nabin Basnet ◆

Effect of cigarette smoking on lipid peroxidation and antioxidant status in cancer patients from western region of Nepal

Cancer development is associated with greater reduction of Total Antioxidant Activity (TAA) in smokers and it may be due to increased oxidants introduced by smoking, a 2011 Asian Pacific Journal of Cancer Prevention study found. The study also found that the development of cancer in non smokers is associated with a greater reduction of TAA levels over and above that of smokers. This indicates massive reduction of antioxidant levels in non smoking cancer patients. TAA is the antioxidant strength contributed by nutrients and other antioxidants in the diet.

This case control study was conducted in Manipal Teaching Hospital, Pokhara, Nepal, and includes a total of 42 patients suffering from cancer and 43 normal subjects without any known diseases serving as controls.

Each of the main groups subdivided into smokers and non smokers. The group of cancer patients included 30 smokers and 12 non smokers. Control group included 26 smokers and 18 persons who are non smokers and have never smoked.

The plasma TBARS was significantly raised (p= 0.001) in cancer patients and TAA, vitamin E were significantly low (p=0.001) in total cancer patients when compared to normal subject.

In both smokers and non smoker cancer patients TAA was significantly low when compared to control group smokers and non smokers. But one interesting observation is that great reduction in TAA was observed in cancer patients who were non smokers (426±159). This level was even lower than the TAA of smokers (581±222) and the normal subject

smokers and non smokers (732±187, 854±152).

The study found that TAA level was significantly decreased in total cancer, smoker and non smoker cancer patients when compared to counterpart controls. This is indicating that more consumption of dietary antioxidants other than vitamin C by tumors to scavenge free radicals.

Full text article at: [Asian Pac J Cancer Prev. 2011; 12\(1\):313-6](http://Asian Pac J Cancer Prev. 2011; 12(1):313-6).

Authors: Nagamma T, Anjaneyulu K, Baxi J, Dayaram P, Singh PP ◆

GREAT SAYING

“Without health life is not life; it is only a state of languor and suffering - an image of death.”

WHO Publications

Manual for the Laboratory Diagnosis and Virological Surveillance of Influenza

In many settings influenza is recognized as a major cause of disease and death. In other parts of the world, however, its epidemiology and the degree of its impact on human health remain relatively uncertain - in large part due to a lack of virological and disease surveillance. Download is available at:

<http://bit.ly/iTMnHZ>

Global Status Report on Non communicable Diseases 2010

The WHO Global Status Report on Non communicable Diseases is the first report on the worldwide epidemic of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, along with their risk factors and determinants. Non communicable diseases killed 36 million people in 2008, and a large proportion of these deaths occurred before the age of 60, so during the most productive period of life. Download is available at:

<http://bit.ly/ipUNaB>

Evaluation of Certain Contaminants in Food

This report represents the conclusions of a Joint FAO/WHO Expert Committee convened to evaluate the safety of various food contaminants, with the aim to advice on risk management options for the purpose of public health protection. The first part of the report contains a general discussion of the principles governing the toxicological evaluation of contaminants and assessments of dietary exposure. Download is available at:

<http://bit.ly/kCbKM3>

Evaluation of Certain Food Additive and Contaminants

This report represents the conclusions of a Joint FAO/WHO Expert Committee convened to evaluate the safety of various flavoring agents, with a view to concluding as to safety concerns and to preparing specifications for identity and purity. The Committee also evaluated the risk posed by two food contaminants, with the aim of deriving tolerable intakes where appropriate and advising on risk management options for the purpose of public health protection. Download is available at :

<http://bit.ly/j5JZ1n>

World Health Statistics 2011

The World Health Statistics series is WHO's annual compilation of health-related data for its 193 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets. As with previous versions, World Health Statistics 2011 has been compiled using publications and databases produced and maintained by the technical programs and regional offices of WHO. Download is available at :

<http://bit.ly/mleF9G>

APPLY FOR CAMPUS LIASION

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

Being Healthy

Staying safe at home

Have you ever fallen from a window or stairs? Injured from sharp pointed instruments? Bitten by your pets? Falls, injuries, and bites happen to everyone at one time or another and they aren't to be taken lightly. Domestic accidents—not connected with traffic, vehicles or sport, take place in the home or in its immediate surroundings. They can happen in the bedroom, in the living room, kitchen, and the bathroom or in the garden. Statistics show that most accidents occur every day at home. These are more common in extreme age groups, young children and in females.



Every domestic accident brings a varying measure of distress to the

victim as well as the family members. The consequences may be disastrous both for the individual and the society when the accident results in permanent disability.

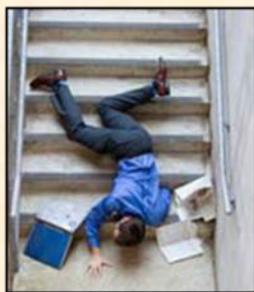
Social and housing factors increase the risk for domestic accidents. Tiredness, nervousness, alcohol consumption and depression may increase the risk of accidents by making people less attentive whilst undertaking normal functions in and around the home.

Toys left on stairs, newspapers and magazines scat-

tered across floors are tripping hazards waiting to happen. A few simple safety measures can prevent many accidents. Arrange your furniture so that you have an unobstructed pathway between rooms. In the kitchen, wipe up spills before they become a hazard.

Various accident sources like cooking stoves, medicines, pesticides, sharp objects and other harmful objects must be kept at a safe distance. Medicines and poisonous items must be stored in special and clearly labeled containers. Safety devices like step ladders, ventilators, wall for people to hold on and electrical insulators. Floor must be kept in dry and non-slippery condition. Use clothing's which do not catch fire easily if you have to work at fire. Acceptable lighting facilities must be ensured in the home. At home, good lighting can also improve your vision and help prevent a

tumble. And go slow when moving from light to dark areas, or vice versa. Give your eyes time to adjust before taking a step.



Many domestic accidents occur on stairs, so make sure your stairs are well lit, with light switches at the top and at the bottom of the landing. Be extra careful when walking on sidewalks or city streets. Bumps and cracks in walkways and uneven grassy areas can cause mishaps. It is required to have a first-aid kit at home and know how to use it efficiently.

Protecting children

Young kids have the highest risk of being injured at home because that's where they spend most of their time. You can help to prevent accidents by child proofing your homes with stair gates.

Supervision is the best way to prevent injuries, in the home and out. This is because you cannot teach a one-year old to avoid dangers and then count on them remembering such instructions even for ten minutes.



Keep all medicines out of the reach of

children in a locked cupboard. Items such as knives, scissors and other dangerous appliance should also be kept n cupboards with locks. Power outlets not in use must be equipped with some kind of lock. Children should also be kept away from fire, hot liquids among others.



World No Tobacco Day Special

(continue from page 4...)

Message from Dr Samlee Plianbangchang cont...

Some Member countries in this Region have gone beyond the Convention's provisions. Thailand has recently upgraded graphic health warnings to cover 55% of the front and back surfaces. The Convention has also led countries to change their tax policies to control this cause of disease and deaths. Some Member countries have demonstrated innovative ways of health financing using tobacco taxation. India is using a 10% cess on tobacco for the National Rural Health Mission and Thailand is using 2% of its tobacco and alcohol tax for health promotion.

I am happy to inform you that the WHO Regional Office and the country offices are at the forefront of coordinating and supporting the Member countries in their efforts at tobacco control. Our staff are on the ground providing hands-on technical support to Member States in implementing the treaty, especially in formulating and drafting legislation, adopting best practices and identifying well-known industry tactics.

I have already mentioned that the Framework Convention on Tobacco Control is relatively a new treaty, it reflects the power of prevention. It has a robust system of implementation review. The Convention's Conference of Parties has adopted a number of guidelines to assist countries to implement the key articles of the Convention and work is underway to develop some more guidelines as well as a protocol.

However, we should also keep in mind the challenges relating to its implementation. The monitoring report tells us clearly that the full preventive power of the Convention is far from being realized. For example, all tobacco products are not covered under national tobacco control legislation in some Member countries, and big gaps exist in taxation levels on different tobacco products in many countries. Furthermore, 100% smoke-free policy in public places has also not been enforced in many Member countries of the Region.

I would like to reiterate that tobacco control is a multisectoral issue and it needs comprehensive and concerted action from a number of sectors. WHO Framework Convention on Tobacco Control recognized the multisectoral nature and suggested action in the domain of legal, health, fiscal, educational, research and surveillance activities. Tobacco control efforts should be integrated with other health programs such as prevention and control of non-communicable disease, health promotion, maternal and child health, school health, adolescent health, TB control and also poverty alleviation.

I would also like to request governments in our Region to prioritize tobacco control, seek alternative methods to finance tobacco control and commit necessary human and financial resources to tackle the tobacco epidemic in their countries.

On World No-Tobacco Day 2011, I would like to urge the WHO staff, tobacco control partners and Member States to put the Convention at the centre of their efforts to control the epidemic of tobacco use. We should all work for the full implementation of the provisions of the Framework Convention so that it can live up to its promise of protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco.



Dr Samlee Plianbangchang
Regional Director

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

Email should include letters to the editor in subject line in the email.

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