Public Health Perspective Newsletter

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Public Health Important Day (June)

5th June: World Environment Day

Theme: "Forests: Nature at Your Service"

14th June: World Blood Donor Day

Theme: "More blood. More life."

Editorial: Health effects of climate change and the public health role

On the occasion of World Environment Day 2011, I went through a practical guide book, developed by American Public Health Association (APHA) called the 'Climate change: Mastering the public health role'. This practical guide book is a translation of a six-part webinar series hosted by the APHA and the Centers for Disease Control and Prevention (CDC). In this editorial, I will be focusing on the health effects of climate change and the role of public health professionals, based on this guidebook.

Climate change is a change in the statistical distribution of weather over periods of time that range from decades to millions of years. The United Nations Intergovernmental Panel on Climate Change (IPCC) stated that "warming of the climate system is unequivocal, as is now evident from observations of increases in global average air and ocean temperatures, widespread melting of snow and ice, and rising of global average sea level." So, the climate change is happening, it is real and there are health risks—around the globe. WHO estimates that climate change is already linked to more than 150,000 deaths each year. Moreover, it estimates 160,000 additional deaths from malaria, malnutrition, diarrhea, flood and heat waves in 2000 as a result of climate change in the poorest developing countries in southwest Asia and southern Africa.

Climate change impacts could lead to severe, adverse effects on health through both direct and indirect means. Potential, widespread adverse health effects could include: heat stress-induced illness and death; air pollution-related health effects; infectious disease, including water- , food-, vector- and rodent-borne diseases; malnutrition; extreme weather-related health effects; and storm surge-related drowning and injuries.

In addition to the previously discussed factors affecting health, the guide book stated that "downscaling climate and air quality projections for air pollutants such as ozone show that in the future, climate change can lead to an increase in ozone levels and a potential increase in ozone-related deaths". At the same time, rising carbon dioxide levels may lead to greater pollen production by weeds and trees, which could cause increased allergies and respiratory-related illness.

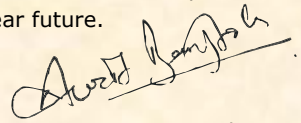
Public health practitioners have a key role to play in the adaptation/ preparedness process, especially in the early stages. For health protection, a crucial focus of adaptation should be ensuring the community develops the ability to deal with variations in weather, such as extreme heat or increased precipitation from climate change, in order to prevent harm from ever happening. In particular, PH professionals play an important role in educating policy-makers and the public about the effects of greenhouse gas emissions on health as well as in monitoring and preparing for conditions that may impact public health.

The prevention approach is a key to ensuring that climate change has a limited effect on the public's health and safety and makes certain that preparedness will remain central in assuring community resiliency in the face of climate change. So, the professionals should be trained, and action plans developed to assure that they follow this approach.

The other role will be to correct the commonly held misperception that climate change is solely an environmental problem. For this, health professionals should be able to convey the negative impacts of climate change on human health and well-being and detail the benefits associated with taking action against climate change.

The 10 essential services below are tenets of good public health practice. The PH practitioners' role can be aligned with these services. PH practitioners should be able to track diseases and trends related to climate change and climate events; conduct investigations of contaminated infected water, and food and vector-borne disease outbreaks; and inform the public and policy-makers about health impacts of climate change. They should also strengthen public health partnerships with industry, other professional groups, and communities to make adaptation plans and to address needs; develop municipal health wave preparedness plans; prepare for and provide health care services following disasters; and organize training of health care providers on health aspects of climate change. Staff should also be trained and programs developed to conduct assessment of preparedness efforts such as heat wave plans; and to conduct research on health effects of climate change, including innovative techniques such as modeling and research on optimal adaptation strategies.

The above guidelines and essential services are global in nature and in following issues, the author will explore further how health care students and professionals in Nepal can assume their role in climate change adaptation more specific to the conditions in Nepal. I encourage others to collaborate in developing more information on this topic in the near future.



Amrit Banstola

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Diarrhea stalks Rukum VDC

RUKUM, MAY 25 –

Gopal BK, 29, died and around 30 others were taken ill following an outbreak of diarrhea in a Dalit settlement at Jhula VDC in Rukum for the past one week. BK, who had been suffering from the disease for the past few days, died on the way to the District Hospital on Wednesday. According to Usha Chand, incharge of the Jhula Sub-health Post (SHP), patients have to visit the district hospital for treatment as the SHP is usually without medicines. She said diarrhea has spread in ward numbers 8 and 9 in the VDC for the past one week.

A local school, Ekata Lowery Secondary School, has been closed for an indefinite period fearing that the outbreak could take epidemic proportions. The District Public Health Office said it has already dispatched a four-member medical team to the affected area to handle the situation.

Source: eKantipur.com

National News

8,110 kg of wastes brought down Everest

KATHMANDU, MAY 29 –

Over a month-long Mount Everest clean-up campaign launched by Everest Summiteers Association brought down on Sunday 8,110 kilograms of rubbish collected up to the altitude of 8700 feet from the Everest base camp. The drive, which cost around Rs 10.71 million, had taken a team of 29 local Sherpas to clear Everest of litters collected over years. It had kicked off on April 15 and concluded on Sunday with a press conference at Namche. According to Wongchu Sherpa, chairman of the association, 3210 kg of wastes will be disposed at Namche itself and the remaining litters will be brought to Kathmandu for recycling and reuse purposes. "Biodegradable waste products will be destroyed at Namche," he said. "Other non-biodegradable products such as bottles, plastics, nylon ropes, and gas cylinders, among others, will be transported to the Capital."

Sherpa added that a press meet was organized at Namche to aware the local people of the importance of cleanliness and adverse impacts of waste products on Everest. The collected wastes mostly include oxygen cylinders, pipes, ropes, plastics and can bottles. "But with the arrival of summer, snow starts melting and the rubbish hidden beneath the layers of snow and ice start unleashing themselves." According to Chairman Wongchu, similar Everest clean-up drive will be launched next year as well.

Source: eKantipur.com

World No Smoking Day being observed

KATHMANDU, MAY 31 –

The Global No Tobacco Day is being observed in different regions of the Nepal by organizing various public awareness programs on Tuesday. Tobacco related diseases claim over 16,000 lives every year in Nepal alone, a recent survey has shown.

Source: eKantipur.com

Census 2011 first phase concludes

KATHMANDU, JUN 01 –

The 18-day-long first phase of the 11th census concluded. However, many people complained to have been excluded from the census as Central Bureau of Statistics (CBS) representatives had not reached their houses. CBS, which began the listing phase on May 16, had urged the public to provide correct information to census officials to avoid repetitions and errors. It had also asked the public to register themselves from any part of the country irrespective of their permanent address. In the first phase, the officials have to register individuals no matter where they permanently hail from. A woman, who married recently and is currently living in a rented room at New Baneshwor, said her parents, will not register her name as they have not approved the couple's inter-caste marriage. "We might remain undocumented in the census," she said, requesting anonymity.

Some people have complained that the officials filled the forms in a hurry because of which they did not understand their questions properly. Meanwhile, CBS officials have said the first phase of documentation will continue for two days more to include all the people who have not been included so far, including those who are abroad. According to Rudra Suwal, the chief of Population Unit at CBS, around 38000 were deployed in the first phase to gather information in 3900 VDCs and 58 municipalities which needed re-adjustment and re-allocation in some places.

The officer said that his unit has received a plethora of complaints on error in maps and the staff's reluctance to record general information such as numbers of household, family members and head of the family. The second phase of the census will be conducted from June 17 to 27. Around 8,500 supervisors have been deployed in the first phase of the census that is held every ten years. CBS has appointed teachers as temporary census officials. CBS has readied questionnaires in Maithili, Bhojpuri, Tharu, Tamang, Gurung, Newari/Nepal Bhasa, Magar, Awadhi, Rai and Limbu languages. Two types of questionnaires, one for household information and the other for individual information are being used for population and household census 2011. The government is spending 1.18 billion for the national event.

Source: eKantipur.com

Nepalese Migrant Workers in Three Gulf Countries: "Living and Working Conditions"

Suresh Joshi, MSc. Health Service and Public Health Research
School of Medicine and Dentistry, University of Aberdeen

>>A brief write up by the corresponding author of the article 'Health problems of Nepalese migrants working in three Gulf countries' published in BMC International Health and Human Rights 2011, 11:3

The Gulf countries have become some of the most dynamic places for the Nepalese migrant workers since the mid 1990s. Nepalese migrant workers typically have high health risks because of their exposure to risky jobs and poor living and working conditions. A cross-sectional survey was conducted among 408 adult Nepalese migrant workers who had work experience of at least six months in one of the three Gulf countries (Qatar, Saudi Arabia and United Arab Emirates) who were in Nepal at the time of recruitment and had returned to Nepal within the previous 12 months.

The purpose of the survey was to describe the living and working conditions of Nepalese migrants working in these Gulf countries. Potential participants were approached at two different types of site within Kathmandu: Tribhuwan International Airport and the hotels and lodges near the airport and the bus park. An interview-based questionnaire was used to obtain the information from these migrant workers.

The migrant workers who agreed to participate in the survey were from many different parts of Nepal and the majorities were adult males, most frequently of age 26-35. Most had only primary level education. More than half 224 (54.9%) were involved in construction work in jobs such as laborer, scaffolder, general helper, plumber and carpenter.

The living conditions of the participants during their stay abroad were assessed by identifying their last residence and the total number of people sharing the accommodation. About half, 196 (48%) had basic accommodation at workers' camps provided by the employer or company. About one third 126 (30.9%) lived in a single room provided by the employer. Very few participants stayed in a private house or an apartment either funded by them or provided by their employer. Construction and agricultural workers were more likely to be accommodated in worker camps than wholesale and retail trade workers or clerical workers. The design of the camps varied between employers. 173 (42.4%) were sharing a single room with 5 to 8 persons, but as we did not collect estimates of the room sizes (square meters), we cannot determine whether the accommodation was overcrowded or not.

Almost half of the participants 182 (44.6%) reported working all seven days per week in their last occupation abroad which means that they did not take rest days. Some participants gave several reasons why, but the most common major reason was an agency rule reported by 124 (68.1% of those with no rest days). Another common reason reported by participants was to earn more money, 74 (40.7%). Some participants did not know whether their employer allowed rest days or not.

The idea of the number of days of annual leave provided by the employer was not understood by all of the participants. Some of the answers suggested that some participants thought of annual leave as the holidays during the local festivals or other local public holidays. About a third of the participants 132 (32.4%) in this survey reported that they were not provided any type of annual leave by the employer during their last occupation. Of the 276 participants who received annual leave, almost all 257 (93.1%) were paid for their annual leave by the employer. More than half of participants 216 (52.9%) worked overtime in addition to their contracted hours and all who did so were paid by their employer for this overtime.

Out of the total 408 participants, almost half, 197 (48.9%), reported that they were harassed in their work place, some by more than one person. Most of these (136, 69.8% of those who reported that they were harassed) stated that the person most responsible for monitoring their work (supervisors/foramens) were also the person making them feel harassed. A very small proportion of participants, 3 (1.5%), reported that their co-workers were responsible for harassing them at work. Verbal abuse was one common type of behavior which was reported as harassment. The demands of supervisors of staff under their supervision was referred to as pressure or "work load" by the participants and was perceived as a form of abuse.

The findings from this survey suggest that more must be done to protect and support the Nepalese migrant workers in the Gulf countries. Living accommodation for migrants provided by employers should meet standards for adequate space and hygiene. Migrant workers should be made aware of any entitlement to annual leave and rest days by their employer or agency in advance of starting work. There should be clear rules about acceptable behavior in the workplace to protect migrant workers against harassment, abuse and exploitation. Employment agencies in Nepal and employers in the destination countries have responsibilities towards the workers. The Government of Nepal should take an active role in making migrants aware of the issues and in demanding that agencies and employers meet their responsibilities.

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PHP Special

Teaching rational use of medicines to health science students

–Words: Dr. P. Ravi Shankar

Rational use of medicines (RUM) implies that patients receive medicines appropriate to their clinical needs at doses that meet their own individual requirements and at the lowest cost to them and their community. RUM has been considered as a series of 'rights': right medicine, right patient, right disease, right regimen, right information and right monitoring. Health science students (medicine, dentistry, nursing, pharmacy, others) among as future practitioners will be using medicines in their patients in a variety of settings and conditions. Teaching students to use medicines properly remains a major challenge for educators. The departments of Pharmacology, Clinical Pharmacology and Pharmacy Practice along with clinical departments have the major responsibility.

"Students should be aware of the essential medicines concept, the national list of essential medicines and standard treatment guidelines."

Traditional teaching in medicine and dentistry has concentrated on diagnostic skills and teaching students to diagnose different diseases. Prescribing skills, the use of medicines properly in a patient has not received the emphasis it requires. Part of the problem could be the organization of pharmacology courses within medical and dental schools. Pharmacology is taught during the first two years in Nepal in an integrated manner with other basic sciences and community medicine.

In certain schools students attend clinics as part of early clinical exposure. Students mainly learn about the use of drugs in patients (therapeutics) during their clinical years of training and internship. Unfortunately there is no formal pharmacology teaching during this period. Also most pharmacology departments in medical schools are small and lack adequate manpower to teach the subject throughout the course. In Pharmacy the focus is on industrial pharmacy and formulation.

Among the exercises which can be taught to health science students are selecting personal or P-drug for a particular disease using impartial, objective sources of medicine information, verifying the suitability of the selected P-drug for an individual patient, writing the prescription, communicating relevant drug and non-drug information to a patient and monitoring and stopping the treatment. Students should be familiar with important social issues in use of medicines like cost of medicines, preference for particular brands, traditional beliefs about medicines among others. The publications by the World Health Organization (WHO) titled 'Guide to good prescribing' and 'Teacher's guide to good prescribing' will be helpful.

Another important issue is understanding and responding to pharmaceutical promotion. The WHO publication 'Ethical criteria for medicinal drug promotion' and a joint WHO and Health Action International (HAI) publication titled 'Understanding and responding to pharmaceutical promotion' will be useful. Students should know to analyze drug advertisements and promotional material, interact with medical representativeness and about the influence of promotion on prescribing. Students should also be able to analyze prescribing in health facilities using standard indicators and to investigate medicine use in the community using simple tools.

Students should be aware of the essential medicines concept, the national list of essential medicines and standard treatment guidelines. They should be taught about the national pharmacovigilance program and how to report adverse drug reactions (ADRs) to regional centers.

In most developing nations including those in South Asia teaching RUM remains a challenge. We should work together to overcome these challenges and train future health professionals to use medicines properly.

>> The author is Professor and Head of the department of Clinical Pharmacology and Therapeutics at KIST Medical College, Lalitpur, Nepal. He is also the contributing writer of the Public Health Perspective (PHP) Newsletter.

Global Health

Poliomyelitis in Chad

10 June 2011

Chad is experiencing outbreaks of both wild poliovirus type 1 (WPV1 – 65 cases) and wild poliovirus type 3 (WPV3 - three cases).

The WPV3 outbreak has been ongoing since November 2007, and Chad is therefore considered to have re-established WPV3 transmission. A WPV1 outbreak began in September 2010 (as a result of a newly-imported virus from northern Nigeria), and has since been intensifying. Originally restricted to the greater N'Djamena area, WPV1 has spread in 2011 to other areas of the country, to the south (including areas bordering Central African Republic and Cameroon) and to the east (including areas bordering Sudan).

Photo Credit: onlinemedicinetips.com

Source: WHO

EHEC outbreak: Increase in cases in Germany

2 June 2011

Cases of Haemolytic Uraemic Syndrome (HUS) and enterohemorrhagic E. coli (EHEC) continue to rise in Germany. Ten countries have now reported cases to WHO regional office for Europe.

As of 31 May 2011, nine patients in Germany have died of HUS, and six of EHEC. One person in Sweden has also died. There are many hospitalized patients, several of them requiring intensive care, including dialysis.

The number of patients in Germany presenting with HUS and bloody diarrhea caused by STEC is 470, which is 97 more than the day before, and 1064 of EHEC, which is an increase of 268. Overall in Europe, 499 cases of HUS and 1115 cases of EHEC have been reported, 1614 in total.

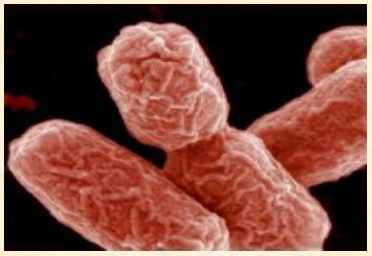

Photo Credit: gpnews.de

Source: WHO

Avian influenza - situation in Egypt - update 52

1 June 2011

The Ministry of Health of Egypt has announced a new confirmed case of human infection with avian influenza A (H5N1) virus. The case is a 30 year old female from Amria District, Alexandria Governorate. She developed symptoms on 26 April and was hospitalized on 3 May.

She was in a critical condition under artificial ventilation and died on 9 May.

Photo Credit: crdf.org

She received oseltamivir treatment at the time of hospitalization.

Investigations into the source of infection indicate that the case had exposure to sick poultry suspected to have avian influenza.

The case was confirmed by the Egyptian Central Public Health Laboratory, a National Influenza Center of the WHO Global Influenza Surveillance Network.

Of the 144 cases confirmed to date in Egypt, 48 have been fatal.

Source: WHO

Outbreak of haemolytic uraemic syndrome in Germany

27 May 2011

An outbreak of severe illness is causing concern in Germany, where 3 women have died and 276 cases of haemolytic uraemic syndrome (HUS) have been reported since the second week of May. HUS, which can lead to kidney failure, is a complication of an infection by particular Escherichia coli bacteria. While most E.coli bacteria are harmless, a group called enterohaemorrhagic E. coli (EHEC) can produce toxins, known as Shiga toxins or verotoxins, which damage blood cells and the kidneys.

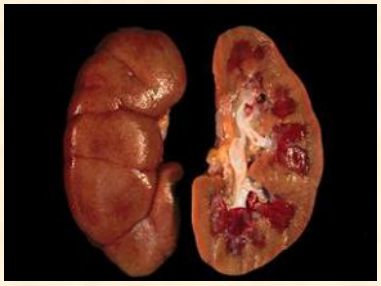

Photo Credit: hospitalnazareth.com

EHEC bacteria that produce these toxins are known as Shigatoxin-producing E. coli (STEC) or verocytotoxin-producing E.coli (VTEC), respectively. Many people have been hospitalized, several requiring intensive care, and new cases continue to be identified, the latest having an onset of 25 May. Some other countries have reported cases, notably Sweden, which has reported ten HUS cases, with two in intensive care. All the people affected recently visited Germany, mostly northern Germany.

Source: WHO

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GREAT SAYING

" Disease is somatic; the suffering from it, psychic"

–Martin H. Fischer

Journal Watch

Hand-touch Method for Detection of Neonatal Hypothermia in Nepal

The hand-touch method has a good diagnostic validity compared with low-reading mercury (LRM) thermometer, a 2011 Journal of Tropical Pediatrics study found. The study was carried out in the Maternity Ward of Tribhuvan University Teaching Hospital, (TUTH), Nepal, from 17 August to 15 September 2007 among 100 full-term neonates delivered within 24 h in Maternity Ward.

Tympanic temperature was taken by tympanic thermometer (Braun themoscan 3000, accuracy ±0.1°C from an exposed ear. Similarly, the auxiliary temperature was measured by LRM thermometer (CE 0086, Zeal, England D5), which could measure from 25°C to 40°C. The bulb of the thermometer was placed at the mid axilla, with the arm held close to the neonate's body for 3 min.

The sensitivity, specificity, positive predictive value and negative predictive value of the hand-touch method for temperature assessment were calculated against LRM thermometer and tympanic thermometer readings. The study found the sensitivity and specificity of the hand-touch method–95.6% and 70.1%, respectively, with 48.8% positive predictive value and 98.2% negative predictive value against the LRM thermometer measurement. There were 24 mismatched observations with 1% false negative and 23% false positive readings by hand-touch method.

Similarly, the study revealed 76.6% sensitivity, 83% specificity, 80% positive and 80% negative predictive value when the hand-touch method was compared with the tympanic thermometer measurement. There were 20 mismatched observations with 11% false negative and 9% false positive hypothermia.

The study demonstrated that hand-touch method has 95.6% and 76.6% sensitivity to detect neonatal hypothermia as compared with LRM thermometer and tympanic thermometer. Full text article is available at: *J Trop Pediatr (2011) 57(3): 236-238 doi:10.1093/tropej/fmq084*

Authors: Roshani Laxmi Tuitui, Satya Narayan Suwal, and Sarala Shrestha ◆

Using surveillance data to evaluate a large-scale HIV highway intervention targeting female sex workers in the Terai region of Nepal

Surveillance trend data indicates that there have been steady and statistically significant increases in key condom use indicators and decreases in HIV prevalence over time during which time the Safe Highway Program (SHP) was scaled up, according to an April jHASE study.

This evaluation is based on the results of periodic cross-sectional surveillance survey data conducted among FSWs annually during 1998-2003 and also in 2006. Two types of repeated surveillance surveys were used for this purpose: behavioral surveillance surveys (BSS) and integrated bio-behavioral surveys (IBBS). For both the BSS and IBBS surveys, the FSW eligibility criteria for recruitment were "women 16 years of age or older who reported providing sexual services in return for monetary or in-kind payment during the last six months."

Five BSS rounds each with sample size (n=400) were conducted among FSWs from the 16 Terai highway districts between 1998 and 2002 that comprised the Safe Highway intervention area. Integrated surveys were conducted among FSWs in 1999, 2003, and 2006. The key indicators assessed for the behavioral outcome for FSWs in the SHP were condom use during last sex act with a client, and consistent condom use with all clients over the last 12 months.

The results of the IBBS-based trend analysis for key behavioral measures showed statistically significant changes over time. The proportion of FSWs who reported having ever used condoms increased significantly over the three time points from 64.9% in 1999 to 84.7% in 2006 (P<0.001). Similarly, the proportion of FSWs who reported condom use during last sex with a client increased from 42.1% in 1999 to 68.0% in 2006 (P<0.001). Statistically significant associations were observed for all types of program exposures and both 'last time' and consistent condom use with clients based on analysis of the 2006 IBBS.

Full text article at: *jHASE 2011, 3(1):1*

Authors: Dimitri Prybylski, Laxmi B Acharya, Sidhartha M Tuladhar, Niranjan Dhungel, Bharat R Gautam, Jacqueline McPherson, Vijaya L Gurbacharyta, Stephen Mills ◆

GREAT SAYING

" Cheerfulness is the best promoter of health and is as friendly to the mind as to the body"

–Joseph Addison

WHO Publications

Bulletin of WHO Vol. 89, No. 06, 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. Full bulletin is available at:
http://bit.ly/jF6JMB

Prioritized Research Agenda for Prevention and Control of Non-communicable Diseases (A)

Currently, non-communicable diseases (NCD) are responsible for almost two-thirds of all deaths globally. Of the 57 million global deaths in 2008, 36 million, or 63% were due to NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. These four groups of diseases share more or less the same risk factors (tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol). Download is available at :
http://bit.ly/iXsrv7

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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.

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Being Healthy

Avoiding Cardiovascular Diseases: Don't Be a Victim Protect Yourself

Cardiovascular diseases (CVDs) are a group of disorders of the heart and blood vessels and include: coronary heart disease (heart attacks), cerebrovascular disease (stroke), peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis and pulmonary embolism.

These CVDs are killing more and more people around the world. According to WHO, report on global burden of diseases 2004, CVD represents 22% of NCD related DALYs in Nepal. A heart attack or stroke may be the first warning of underlying disease. Symptoms of a heart attack include: pain or discomfort in the centre of the chest, in the arms, the left shoulder, elbows, jaw, or back. In addition the person may experience difficulty in breathing or shortness of breath; feeling vomiting, light-headed or faint; and becoming pale.

The most common symptom of a stroke is sudden weakness of the face, arm, or leg, most often on one side of the body. Other symptoms include sudden onset of: numbness of the face, arm, or leg, especially on one side of the body; confusion, difficulty speaking or understanding speech, among others.

If you have ever had a heart attack or stroke, or had to care for someone who has, you will know that these diseases can seriously affect the life of both the patient and his or her family. The effects can even reach beyond the family to the community. However, many heart attacks and strokes could be prevented. The lifestyle factors viz. smoking and other tobacco use; unhealthy diet; and lack of physical activity are the most important risk factors for heart attacks and strokes. Thus, you can protect yourself from heart attacks and strokes by investing a little time and effort to control these risk factors.

Stop using tobacco

If you use tobacco, you should try to quit as soon as you can. It will reduce your chances of having a heart attack or a stroke from the day you stop!

Improve your diet

Fruits and vegetables contain substances that help to prevent heart attacks and strokes. You should eat at least five servings of fresh fruit or vegetables every day (400–500 grams daily). You might wonder how much is a serving? Here are some guidelines. One average-size banana, apple, orange, or mango would be a serving of fruit. Two tablespoons of cooked vegetables, or one big tomato would be a serving of vegetables.

Avoid salt and salty food

Many preserved foods, like pickles and salt fish, contain a lot of salt. In addition, fast food, like French fries, often has a lot of added salt. Prepared foods, such as frozen dinners, can also be very salty. Try to avoid these foods. A good guideline is to use less than 1 teaspoon (5 grams) of salt each day.

Eat more fibre

Fibre protects against heart attacks and strokes. Sources of fibre include beans, lentils, peas, oats, fruits, and vegetables.

Limit alcohol

You do not need to avoid alcohol completely. A man should not drink more than two alcoholic drinks a day. Women should not drink more than one. One drink, or unit, of alcohol, contains about 10 grams of alcohol. That is about one 250-ml bottle of beer, one 100-ml glass of wine, or one 25-ml glass of whisky.

At least two servings fish a week

Fish oils protect people from heart attacks and strokes by preventing blood clots. One serving of fish is about the size of a pack of playing cards. Fish oil supplements are also good.

Limit fatty foods

All fats are high in energy and will make you gain weight unless you burn them off by staying active. Some fats are more likely to increase your risk of heart attack and stroke. Saturated fats and trans-fats increase your risk of heart disease. Try to restrict your use of these fats. Unsaturated fats are less risky, but they still make you gain weight. You should eat them in moderation.

Stay active and control your weight

If you eat a lot and are not active enough to burn off the calories you take in, you will put on weight. You could even become obese. People who are overweight or obese are at higher risk of heart attacks and strokes.

Try to get at least 30 minutes of physical activity on most days of the week. Physical activity is any form of exercise or movement. It does not only mean sports and athletics. Daily chores such as walking, gardening, housework, and playing games with your children are all forms of physical activity. This does not have to be all at once. It can be spread over the course of the day.

Other tips of being healthy

- Reduce high blood sugar
- Reduce high blood fat levels
- Reduce high blood pressure
- Encourage your family members and others to change their lifestyles.

World Blood Donor Day Special

An opportunity to celebrate and thank those who give

At the Fifty-Eighth World Health Assembly, WHO Member States declared unanimously their commitment and support for voluntary blood donation, and Resolution WHA58.13 designated World Blood Donor Day as an annual event to be held each year on 14 June. The launch of World Blood Donor Day took place on 14 June 2004 in Johannesburg, South Africa.

World Blood Donor Day builds on the success of World Health Day 2000, which was devoted to the theme 'Blood Saves Lives. Safe Blood Starts With Me'. The enthusiasm and energy with which this day was celebrated was a powerful and positive response to the opportunity to thank the millions of people who give the precious gift of life through their donation of blood every year. It also builds on International Blood Donor Day organized annually by the International Federation of Blood Donor Organizations since 1995.

The aim of designating this annual day and linking it to a global celebration was to promote voluntary non-remunerated blood donation throughout the world. By designating one special day to celebrate the role of voluntary blood donors around the world, it is hoped that a new generation of blood donors will follow their example, providing sufficient supplies of the safest blood possible for use wherever and whenever it is needed to save lives.

Today, another important objective of World Blood Donor Day is to focus national efforts on improving the safety and adequacy of national blood supplies by promoting a substantial increase in the number of safe, voluntary non-remunerated blood donors who give blood regularly.

More blood. More life.

On 14 June 2011, countries worldwide will celebrate World Blood Donor Day with events to raise awareness of the need for safe blood and blood products and to thank voluntary unpaid blood donors for their life-saving gifts of blood.

The theme for World Blood Donor Day 2011 is, ***"More blood. More life."*** This theme reinforces the urgent need for more people all over the world to become life-savers by volunteering to donate blood regularly.

Today, 62 countries have blood transfusion services based entirely on voluntary blood donation, up from 39 in 2002. In line with the 2009 Melbourne Declaration, which calls on countries to achieve 100% voluntary unpaid blood donation by the year 2020, World Blood Donor Day aims to increase blood donation by:

- Creating wider awareness of the vital role of blood transfusion in saving lives and improving the health of millions of people every year
- Motivating more individuals to become regular voluntary unpaid blood donors to ensure sufficient stocks of blood to meet national requirements, even in emergency situations.
- Recognizing regular voluntary unpaid donors as public health role models; it is because they lead healthy lifestyles and are regularly screened that they are able to donate blood regularly.

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