

Inside this issue: **Editorial: Mitigation & Adaptation measures and the challenges for climate change in Nepal**

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Public Health Important Day (September)

10th September:

World Suicide Prevention Day

28th September:

World Rabies Day

29th September:

World Heart Day

In case of climate change, its health effects relationships are now proved scientifically to a greater extent. These days the health effects of climate change are more vivid in Nepal than earlier. As climate change and its health effects have become a certainty, so has the need for mitigation and adaptation to climate change. In other words, there is the need for Public Health Preparedness (PHP) for climate change as the set of mitigation and adaptation practices is collectively known as PHP. In this editorial, I will focus on the different mitigation and adaptation practices adopted by Government of Nepal (GoN) to address climate change together with the challenges these practices bring.

Mitigation includes efforts to slow, stabilize or reverse climate change by reducing greenhouse gas (GHG) emissions. The strategies of mitigation are similar to the primary prevention strategies which include increasing energy

efficiency in buildings and vehicles via smarter land-use and community design decisions as well as increasing opportunities for alternative transportation, i.e., walking, biking and public transit. (APHA, 2011) Mitigating climate change presents unrivalled opportunities for improving public health as well. For example, reducing vehicle miles traveled by encouraging walking, bicycling, and transit use not only lowers motor vehicle contributions to climate change, it also promotes physical activity, an important solution to the obesity epidemic. (Frank et al. & Besser et al.)

The GoN has adopted various measures at the national level for mitigating climate change in Nepal. In Kathmandu valley, fossil fuel-run vehicles are being replaced with electric/gas three wheelers to reduce greenhouse gas emissions. Areas are being protected to preserve forests. So far, 9 national parks, 3 wildlife reserves, 3 conservation areas

and several community owned forests are being designated as protected areas. Nepal has also signed different conservation treaties e.g. Convention on Biological Diversity (CBD), 1992. Buffer zones are declared around national parks and reserves. GoN is also encouraging investments and providing incentives in clean energy sources with priority on hydropower from national, regional, and international sources.

Adaptation as defined by the Intergovernmental Panel on Climate Change (IPCC) is "adjustment in natural or human systems in response to actual or expected climatic stimuli or their effects, which moderates harm or exploits beneficial opportunities." In other words, adaptation is often referred to secondary prevention which includes efforts to anticipate and prepare for the effects of climate change and reduces the associated health burden. The key elements of successful adaptation strategies include identifying vul-

nerabilities, tracking disease and environmental conditions and educating the public on the ways they can prepare themselves and their families for climate change. For public health protection, a crucial focus of adaptation should be ensuring the community has the ability to reduce the health effects of climate change and deal with various extreme weather events. Examples of adaptation include public health officials identifying/mapping vulnerable populations using various sources of data, and launching efforts to reach them. This could include seeking out older, vulnerable residents and bringing them to cooling shelters in times of extreme heat. It could also be putting in a early response/planning system to assure additional vaccines and medications will be

available in anticipation of climate events such as flooding, extreme storm conditions, etc.

In Nepal, public health adaptation actions for climate change include vaccination programs against poliomyelitis, Japanese encephalitis, and measles among others; disease surveillance (e.g. waterborne diseases and vector borne diseases such as diarrhea and malaria respectively); establishment of epidemiology and diseases control division; weather forecasting and warning systems; emergency management and disaster preparedness, public health education and prevention. Adaptation actions for climate change are also included in legislation (e.g. Interim Constitution of Nepal, 2007; Three-Year Interim Plan 2008-2010; climate change policy, 2011). In 2010, GoN in collaboration

with stakeholders, INGOs, NGOs has prepared a National Adaptation Program of Action.

In light to the above public health preparedness measures, following are some of the challenges for mitigation and adaptation for climate change in Nepal:

- Extreme weather events such as floods, landslides, frostbite, and fires with effects such as deaths, diseases and injuries from these weather events cannot be predicted with precision, but protecting the public's health remains essential i.e. preparedness in the face of scientific uncertainty.
- The concept that the public health professionals need to address adaptation to climate change.

• The variety of factors that interact in causing severe climate events

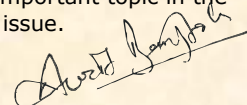
• Need to work across governments agencies and across disciplines to prepare and intervene e.g engineers, foresters, agriculture, health

• Limited research on climate change

• The need to develop a national level PHP plan for climate change.

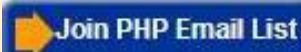
• Addressing the political instability and limited political commitment to date to climate change.

More information will come on this important topic in the next issue.



Amrit Banstola

How to join PHP?



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National census 2011: Lack of expertise stands in way

KATHMANDU, SEP 01 -

As the country is eagerly awaiting for results of Census 2011, Central Bureau of Statistics (CBS) is reeling from the limited technology and qualified human resources to successfully conclude the data analyzing phase. Though the national statistical agency of the government was first to bring computers in Nepal in 1968, it hasn't upgraded its technology. It also badly needs additional experts to carry out its complex and demanding tasks.

CBS is preparing to invite the private sector, most likely an international consultant agency, to process the collected data, ignoring risks of the manipulation and leakage of the findings.

According to CBS population unit chief Rudra Suwal, the unit has only 10 core members, a number too low while conducting the national census. More than 50 questions were asked this time which has made data analysis process of Census 2011 complicated than the earlier census. "Though the

issues of confidentiality and security are of utmost concerns, we have to call for bidding in view of lack of expertise to convert this huge data of hard copies into electronic form," said the officer. *Source: eKantipur.com*

People's health, Nepal's wealth: Community health insurance program faces hiccups

KATHMANDU, SEP 02-

The Ministry of Health and Population is "not looking before leaping". As it plans to launch an ambitious cooperative health insurance scheme, the community health insurance (CHI) program declared in six Primary Health Care (PHC) Centers as a pilot survey has started facing hiccups. The CHI program is witnessing a high dropout rate— more than 50 percent. It was launched in *Mangalbare (Morang), Katari (Udaypur), Chandranigahapur (Rautahat), Dumkauli (Nawalparasi), Lamahi (Dang)* and *Tikapur (Kailali)*. However, among the six, two of the PHCs have been converted into 15-bed hospitals.

For a family to be insured, the health insurance committee of the respective health institute decides as to how much sum one has to pay yearly. The rates, basically, vary from one health institutes to another. Out of the collected sum (not more than Rs 1,000 per year for a six-member family), people get the health benefit equivalent to at least Rs 20,000. Around 80 percent of the total cost of insurance is borne by the government.

National News

Experts say the government's unscientific plan is to blame for the failure of the CHI program. "Initially launched as a pilot program, CHI has been continuing even in the sixth year. However, the community people are dismissive of the insurance scheme," said Ramji Ghimire, chief of CHI at PHC Revitalization Division. He also said that the free health service campaign launched in 2007-08 high on the heels of CHI. People showed hesitancy to give an additional sum in the name of insurance thinking that they don't have to pay for the free health service, Ghimire said. "Therefore, it's high time for the government to review its program so that the upcoming programs won't be affected," he said. *Source: eKantipur.com*

Substandard food: 80 percent samples failed tests

KATHMANDU, SEP 13 -

Around 80 per cent of the total 4,113 samples of foodstuff randomly collected from factories and shops across the country failed food quality test in the last fiscal year, while 23 among the 29 categories were found contaminated, according to the Department of Food Technology and Quality Control (DFTQC). According to a DFTQC report, government lab tests even showed presence of radioactive elements in samples of milk packets collected from the market. Products ranging from salt to pickles and chocolates to meat were found substandard and containing high quantity of inedible substances.

Forty percent of the samples of refined milk contained harmful bacteria and pesticides, the report says. It further says that

samples of "mineral water" that is sold in jars contained 34 per cent bacteria and 27 percent harmful chemicals. "Seventy percent of the samples of meat products were not fit for consumption," the report says.

Though the findings were forwarded to the Department of Commerce, no action has been taken against traders. The DFTQC, which currently conducts lab tests under 29 categories, is not enough when it comes to addressing consumer's problems, lab officials say. The lab does not have adequate manpower and technical experts, while it relies on outdated technology, said DFTQC spokesperson Pramod Koirala. *Source: eKantipur.com*

Infant mortality high in Mid West

NEPALGUNJ, SEP 16 -

With the winter season round the corner, major air pollutants are unexpectedly high in the Kathmandu valley. However, the pollution has not been assessed and measures to control the same have not been taken, all thanks to the government's laxity in repairing the seven dysfunctional air quality monitoring stations for more than three years.

Despite being ranked one of the most polluted 20 cities of Asia by the Asian Development Bank in 2006, Valley denizens are not aware of the level of threat caused by the concentration of particulate pollutants suspended in the air around them. The suspended particulate matter is one of the major air pollutants consisting of solid and liquid particles that are harmful for health. *Source: ekantipur.com*



WORLD RABIES DAY SEPTEMBER 28



World Rabies Day: Awareness is the Best Defense against Rabies

The world is again joining together on September 28th to raise awareness and understanding about the importance of rabies prevention. Rabies is the oldest and deadliest disease known to mankind and the *Public Health Perspective Online Newsletter* is supporting this initiative.

Led by the Alliance for Rabies Control and supported by numerous human and animal health organizations worldwide, World Rabies Day is a unique campaign that brings together hundreds of thousands of people across the world to reinforce the message that rabies is a preventable disease, yet kills 55,000 people needlessly each year, half of which are children under the age of 15¹.

"Rabies is primarily a disease of children, who are particularly at risk from this terrible disease, due to their close contact with dogs, the major global source", said Dr. Debbie Briggs, Executive Director of the Alliance for Rabies Control. "Children are more likely to suffer multiple bites and scratches to the face and head, both of which carry a higher risk of contracting rabies. Children are often unaware of the danger that dogs transmit rabies and may not tell their parents when a bite, lick, or scratch has occurred from an infected animal", says Briggs.

Rabies is a viral disease that can be transmitted to animals and humans. The disease is transmitted mainly by bite, but exposure may also occur through contamination of broken skin or mucous membranes with saliva from an infected animal. Once neurological symptoms of the disease develop, rabies is fatal to both animals and humans. The good news is that rabies is easily preventable. "Vaccination prior to possible exposure is a crucial part of health management of domestic animals, and is the single most important factor in rabies prevention", said Peter Costa, Global Communications Coordinator for the Alliance for Rabies Control.

Rabies prevention starts with the animal owner. Protect yourself, your pet and your community by taking animals to be vaccinated. Avoid stray animals and wildlife. If you are bitten, wash bite wounds with soap and water and seek medical attention immediately. If your pet is bitten, consult your veterinarian immediately. Prompt and appropriate treatment after being bitten and before the disease develops can stop rabies infection and/or prevent the disease in humans and animals.

The World Rabies Day initiative also raises money towards local rabies prevention and control programs, with eight projects funded since 2008. "Through the World Rabies Day campaign we continue to engage all the major stakeholders associated with rabies to take action", says Costa. "We invite everyone to join the team that is Making Rabies History!"

More information on World Rabies Day can be found at the official web site, www.worldrabiesday.org

References:

1. WHO. Human and Animal Rabies, Rabies: A neglected zoonotic disease. Available at: <http://www.who.int/rabies/en/>. Accessed on July 23, 2008.

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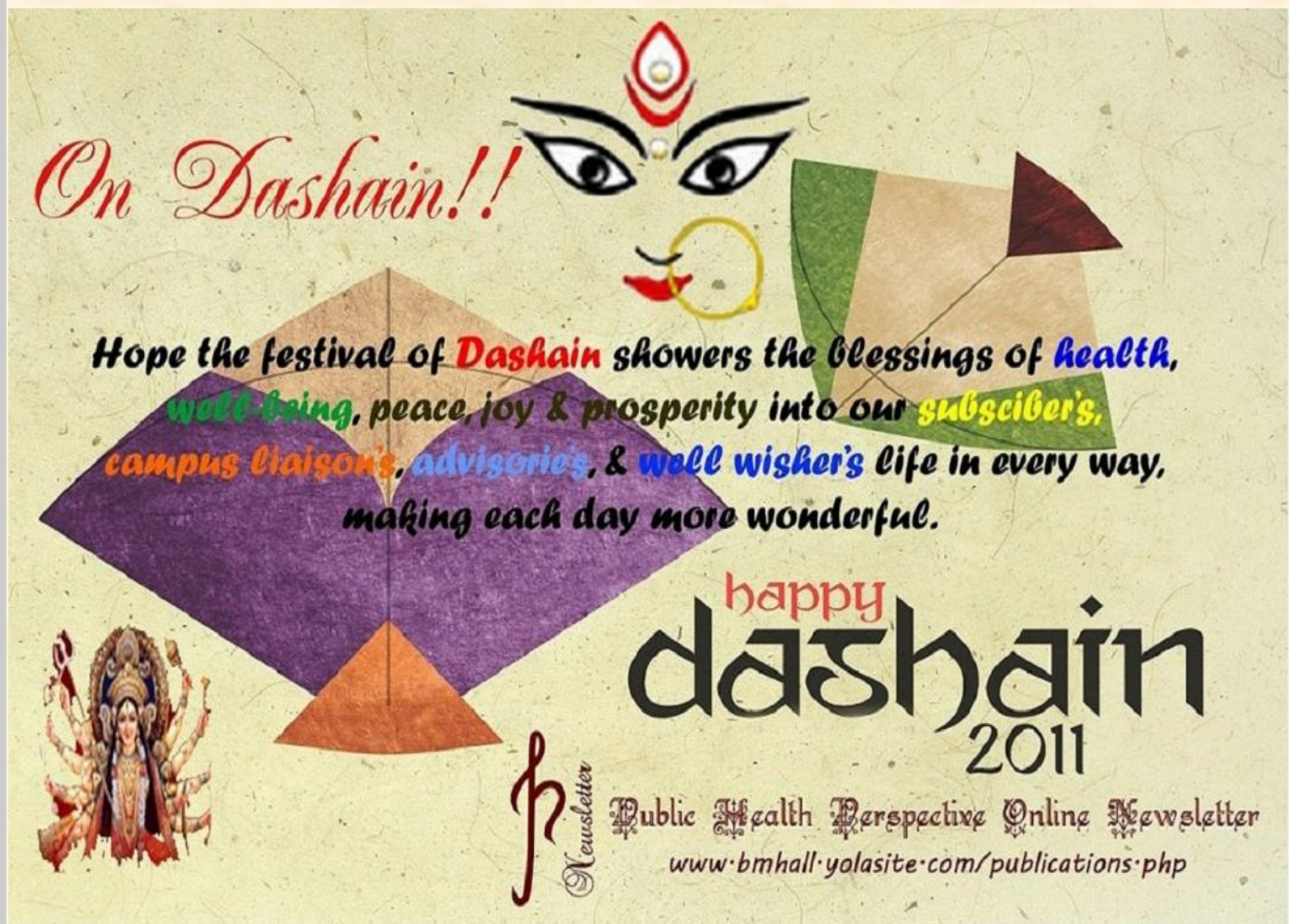
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PHP Dashain Greetings



****PHP in NHRC Website****

PHP is now listed in 'National Journals' section of **Nepal Health Research Council (NHRC)** website at

<http://www.nhrc.org.np>

Home>>Resources>>National Journals

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Global Health

Wild poliovirus confirmed in China

1 September 2011

The Ministry of Health, China, has informed WHO that wild poliovirus type 1 (WPV1) has been isolated from four young children, aged between four months and two years, with onset of paralysis between 3 and 27 July 2011. All four cases are from Hotan Prefecture, Xinjiang Uygur Autonomous Region, China.

A national team of clinicians, laboratory experts, epidemiologists and public health experts has been dispatched to the affected region, to assist in the investigation and planning of response activities, and this team will be joined by international support as required.

The Ministry of Health plans to conduct an initial response vaccination campaign in early September, targeting 3.8 million children aged under 15 years in the key affected outbreak area, and children aged under 5 years in other areas of Xinjiang.

Source: WHO

Drug-Resistant TB on the Rise in Europe, WHO Says

14 September 2011

Europe is facing a wave of drug-resistant TB, the World Health Organization (WHO) reported.

The United Nations agency has launched a five-year plan to contain what is said is an "alarming problem" – the region, mainly eastern Europe, bears more than 18% of the global burden of multidrug resistant TB (MDR-TB).

The toll of extensively drug-resistant TB (XDR-TB) is harder to quantify, the agency said, because many European countries do not have the technical resources to identify cases. But despite

that, the number of reported cases recently nearly tripled – from 132 in 2008 to 344 in 2009.

Source: WHO

Baby Deaths in China Fall with Improved Healthcare

15 September 2011

Fewer newborn babies in China are dying compared to 15 years ago, researchers reported on Friday, underscoring the success of a Chinese programme to encourage women to deliver in hospitals rather than at home.

Deaths among newborn babies fell 62 percent to 9.3 for every 1,000 live births in 2008, compared to 24.7 in 1996, they wrote in a paper published in The Lancet medical journal.

This improved figure puts China nearly on a par with Thailand at 8, Sri Lanka at 9 and Venezuela at 10. Advanced countries typically have much lower figures, such as 3 in Britain, 4 in the United States and 1 in Singapore, according to the United Nations Children's Fund.

Source: Reuters

World Leaders Pledge to Prevent Millions of Deaths from Cancer, Heart Disease and Diabetes

20 September 2011

World leaders have pledged to take wide-ranging action to prevent millions of deaths from cancer, diabetes, and heart and lung disease by tackling the key causes – smoking, excessive drinking, lack of exercise and unhealthy diets dominated by fast food.

But the 13-page political declaration approved at the first-ever General Assembly meeting on chronic diseases which ended Tuesday left unanswered the question of

coordinating an international response to what the leaders called "a challenge of epidemic proportions."

The declaration notes "with profound concern" that according to the WHO, an estimated 36 million of the 57 million global deaths in 2008 were due principally to cancer, diabetes and heart and lung diseases – including about 9 million men and women below the age of 60. WHO said 80 percent of these deaths were in developing countries.

Source: The Associated Press

India Has Shortfall of 2.6 Million Health Workers

21 September 2011

India, which holds the dubious distinction of the highest death rate for children under five and the highest maternal deaths in the world, also has a shortfall of 2.6 million health workers, a report said on Tuesday.

The report by Save the Children India said that at 900,000 a year, India has the largest



Photo: UNICEF

number of newborn deaths and is among five countries that account for more than half of the world's 3.3 million newborn deaths. The others are Nigeria, Pakistan, China and the Democratic Republic of the Congo.

A majority of these deaths, as well as the maternal and child deaths, are preventable, and occur in just seven states—Bihar, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and Uttarakhand—which are also the states with the fewest healthcare workers, the report said.

Source: 2011 HT Media

Journal Watch

Changing trends in Visceral Leishmaniasis: 10 years' experience at a referral hospital in Nepal

This study published in September 2011 issue of *Transactions of the Royal Society of Tropical Medicine and Hygiene* analyses the time trends and geographical distribution of Visceral Leishmaniasis (VL) hospitalisations at Sukraraj Tropical and Infectious Disease Hospital (STIDH) over a 10-year period in Kathmandu, Nepal.

The study was carried from April 1999 to March 2009 among 1521 patients admitted to the hospital during the study period. The researchers defined VL based on clinical signs and laboratory confirmation. The annual incidence, temporal trend (endemic and non-endemic areas) and case fatality ratio were calculated for each 5-year period (April 1999–March 2004 and April 2004–March 2009).

VL admission was highest in 2001–2002 ($n = 399$) and lowest in 2005–2006 ($n = 52$). Of the total VL cases (1521),

88% were from endemic areas and 10% were from non-endemic. The study revealed that there was a significant decreasing trend in the number of VL cases (1192 VL cases in the first 5-year study period and 329 in the second 5-year study period) in this hospital during the study period. However, the study shows that VL is being increasingly diagnosed in patients from non-endemic areas of Nepal. The study shows that in the second 5-year period, VL was reported in 15 new non-endemic districts suggesting that VL might be expanding into newer areas.

Trends in VL in the first and second 5-year periods were significantly different in endemic and non-endemic districts. In endemic districts, there were 1101 VL cases in the first 5-year period, which decreased to 234 in the following 5-year period, whilst the number of cases increased from 65 to 85 in non-endemic districts. VL mainly occurred between 20–29 years of age (22%)

followed by 30–39 years of age (17%). A total of 41 VL patients were diagnosed with other infectious and non-infectious diseases. VL/tuberculosis co-infection was found to be the high (29%) among VL patients.

The study recommends for more expanded surveillance and control measures to address this epidemiological challenge and to allow effective VL control strategies to be developed for the future.

Full text article is available at: *Transactions of the Royal Society of Tropical Medicine and Hygiene* 105 (2011) 550–554 doi:10.1016/j.trstmh.2011.07.004

Authors: Sher Bahadur Pun, Takanori Sato, Kishor Pandey, Basu Dev Pandey ◆

GREAT SAYING

“Health is the thing that makes you feel that now is the best time of the year.”

–Franklin P. Adams

Determinants of child immunization in Nepal: The role of women's empowerment

Women's formal education, one of the empowerment variables is significantly associated with child immunization, according to a study published in the September 2011 issue of *Health Education Journal*.

The authors analyzed the 2006 Nepal Demographic and Health Survey (NDHS) that interviewed a nationally-representative sample of 10,793 women between the ages of 15 and 49 from 8,707 households across Nepal. Of the 4,182 mothers who had given birth in the past five years prior to the survey the researchers selected only the mothers whose first child was 12–23 months of age which resulted in a sample of 1,112 mothers. Of these, 1,056 women answered questions about vaccination status of their children.

Five dichotomous dependent variables were used in the research. They included

whether or not a child had received (confirmed by immunization card or mother's reports). Independent (empowerment) variables used were women's age at birth of first child, age gap between husband/partner and herself, women's formal education, their knowledge about STDs or AIDS, their attitude toward wife beating and their role in intra-household financial, health care and mobility decisions. A list of predisposing, enabling, needs and health risk behavior variables were controlled.

The study shows that of the five indicators of empowerment, education was significantly associated with child immunization whereas other indicators or were insignificant. Compared to children of mothers without education, children of those with secondary education were 5.91 times as likely to receive all eight vaccinations, 4.32 times as likely to receive all three doses of DPT, 6.56 times

as likely to receive all three doses of polio, and 8.20 times as likely to receive vaccination against measles. Similarly among the control variables, women's use of antenatal care and child vaccination were correlated.

On other themes regarding empowerment, almost a third of these mothers had not heard about STDs or AIDS and 56% lacked formal education. About 22% of the women thought that it was appropriate for husbands to beat their wives if they did not follow the instructions of their husbands and 56% were involved in financial, health care, and mobility decisions.

Full text article at: *Health Education Journal* September 2011 doi: 10.1177/0017896911419343

Authors: Shanta Pandey and Hae nim Lee ◆

WHO Publications

Bulletin of WHO Vol. 89, No. 09, 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/pcFetw>

Priorities in Operational Research to Improve Tuberculosis Care and Control

In 2010, the Stop TB Partnership, the World Health Organization, Stop TB Department and the Global Fund to Fight AIDS, Tuberculosis and Malaria jointly organized an expert meeting and workshop on operational research, followed by international consultations. The goal was to identify priority areas in which knowledge gaps hamper optimal implementation of TB control activities. The outcome of these activities formed the basis of this publication. Download is available at:

<http://bit.ly/oTDjuM>

Evaluating Household Water Treatment Options: health-based targets and performance specifications

Household water treatment (HWT) is increasingly being promoted as a rapidly implementable and cost-effective interim approach to improve water quality. It is a key preventive component of the WHO/UNICEF comprehensive strategy on diarrhoea control. This document, for the first time, sets forth global criteria that enable users to evaluate whether an HWT option reduces waterborne pathogens sufficiently to protect health. Download is available at:

<http://bit.ly/p4KiRG>

Community Case Management during an Influenza Outbreak

Community health workers and communities as a whole often have key roles to play in health emergencies, such as disease outbreaks. Local knowledge and awareness of cultural and social contexts reinforce the role played by health workers who often find themselves on the frontline during health emergencies. Download is available at:

<http://bit.ly/n6WikJ>

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

Festive season—Stay healthy

"Dashain aayo, khaunla piunla..."most of us look forward to these 10 days of dining and meeting forgotten friends and long lost relatives with great hope. It is the delightful but may also be a period that could have some adverse effects on health if food hygiene is not maintained properly. It becomes even more necessary to take care of our health during this time so that unnecessary problems do not spoil the festive mood. This is even more pertinent for those who suffer from ailments such as diabetes, gastritis, uric acid and kidney problems.



Dashain is the biggest festival of Nepal and is famous for fine food and delicacies. In this festive a variety of sweets, oily foods, meats and alcohol among others are consumed in a huge amount. But too much of anything is usually bad. These Dashain feasts may cause food poisoning, diarrhea, constipation, indigestion and gastritis. People remain with empty-stomachs until the puja ends and then they take meals in large quantities, with the food usually spicy. Meat which is rich in protein eventually breaks down in the body to uric acid thus increases the uric acid level causing gout (acute painful attacks of ar-



thritis). Similarly, alcohol intake- the other major component of Dashain feast pays a heavy price for its addiction with alcohol in terms of liver diseases like liver cirrhosis and stomach cancer. Ghee contains saturated fats which can raise blood cholesterol level. During festival there is a high mobility of people in the country which invites the chances of many road accidents and deaths.

Food rich in fiber—legumes, green salads, vegetables—are missing from the usual Dashain diet. Thus, one should add these food items in their Dashain feast. But make sure they are fresh and hygienic. Cook food in sunflower or safflower oil if available. People with diseases should be more

careful and maintain a proper diet plan. Do not take any sugar rich foods because sugar is quickly absorbed increasing the blood sugar level interfering with the action of anti-diabetic medicines. If you have gout, meat might harm you. Salt worsens blood pressure. So if you have high blood pressure, do not consume salt. If you drink, do

alcohol to warm yourself once but do not consume in excess enough to make you hypothermic.

Celebrate Dashain with full enthusiasm, but be careful with your eating behaviors—do not allow health problems to ruin your festive mood.

- ◆ Try to avoid milk products; black tea is more preferable than milk tea.
- ◆ Regular morning walks to nearby temples will help you to remain fit.
- ◆ Be careful about the storage of food. Try to avoid food older than two days even if it is stored properly.

not drive because alcohol reduces your ability to deal with crises on the road. While traveling during festivals it is better to avoid the roof tops of buses as a person is at



Health Tips for this festive season:

- ◆ Drink

plenty of water.

- ◆ Take limited amounts of alcohol and red meat.
- ◆ Consume fresh fruits and vegetables as they help a lot in digestion.



high risk of injury and even death in case of accidents. Use

One World, One Home, One Heart.



29 September 2011



About World Heart Day

World Heart Day was created in 2000 to inform people around the globe that heart disease and stroke are the world's leading cause of death, claiming 17.1 million lives each year.

World Heart Day takes place on **29 September** each year.

In partnership with WHO, the World Heart Federation spreads the news that at least 80% of premature deaths from heart disease and stroke could be avoided if the main risk factors, tobacco, unhealthy diet and physical inactivity, are controlled.

National activities such as public talks and screenings, walks and runs, concerts or sporting events are organized worldwide by members and partners of the World Heart Federation.

World Heart Day 2011 Theme

One World

Cardiovascular disease causes 29 per cent of all deaths globally each year, making it the world's number one killer.

With the UN High-Level Meeting on Non-Communicable Diseases (NCDs) taking place in September, World Heart Day presents a great opportunity to communicate messages about the meeting outcomes, and the importance of elevating NCDs up the global health agenda.

One Home

After two years of focusing on heart health in the workplace, this year WHF call on individuals to reduce their own and their family's risk of heart disease and stroke. It has identified four actions you and your family can take:

1. Ban smoking from your home
2. Stock your home with healthy food options
3. Be active
4. Know your numbers (blood pressure, cholesterol, BMI etc.)

One Heart

As always, our emphasis will be on improving heart health across all nations.

>>Source: World Heart Federation

World Heart Day 2011 key image (background) is © World Heart Federation 2011

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

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