

Editorial: Health Status of Nepal–That was then & This is now

Inside This Issue

| | |
|--|------------------|
| <u>National News</u> | 2 & 4 |
| <u>World Health Day</u> | 3 |
| <u>Regional Director's Message on WHD</u> | 3 & 7 |
| <u>World Malaria Day</u> | 4 |
| <u>Global Health</u> | 5 |
| <u>Journal Watch</u> | 6 |
| <u>Being Healthy</u> | 8 |
| <u>WHO Publications</u> | 9 |
| <u>Pictogram of RTA</u> | 9 |

Public Health Important Day (April)

7th Apr: World Health Day

"Good Health Adds Life to Years"

25th Apr: World Malaria Day

"Sustain Gains, Save Lives: Invest

Contact Information:

Public Health Perspective (PHP)
Online Newsletter
Pokhara, Nepal

E: newsletter.php@gmail.com

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

T: +977-61400323

The health indicators determine the health status of the country. Thus, in this editorial, we are assessing the trends of major health indicators based on the findings of the 2006 and 2011 Nepal Demographic Health Survey (NDHS), to report the situation as that was then, and this is now. The 2011 NDHS is the recent nationally representative comprehensive survey conducted as part of the worldwide Demographic Health Survey (DHS) project in the country.

THAT WAS THEN (2006)

- 82% of households obtained drinking water from an improved source
- About 23% of households had an improved toilet facility
- Total Fertility Rate (TFR) was 3.1
- Knowledge of at least one modern method of family planning was almost universal among both women and men
- 68 % of married women had used a method of contraception, and 65 % had used a modern method
- The three most popular modern methods used by married women were Injunctables (32%), Condoms (22%), and Pills (18%)
- 25 % of married women had an unmet need for family planning services
- Neonatal Mortality Rate (NMR) was 33 per 1,000 live births
- Infant Mortality Rate (IMR) was 48 per 1,000 live births
- Under Five Mortality Rate (U5MR) was 61 per 1,000 live births
- 29% of pregnant women made four or more antenatal care visits during their entire pregnancy
- 14% children were of Low Birth Weight (LBW) i.e., weight less than 2.5 kg
- Vaccination coverage

among children 12-23 months:

- * Fully immunized =83%
- * BCG=93%
- * Measles=85%
- * DPT3=89%
- * Polio3=91%
- * No any vaccine=3%
- Children nutritional status:
 - * Stunting=49%
 - * Wasting=13%
 - * Underweight=39%

& THIS IS NOW (2011)

- Majority of households in Nepal (89%) have access to an improved source of drinking water
- 38% of households have an improved toilet facility that is not shared with other households
- TFR is 2.6
- Knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men
- 50% of currently married women are using a method of family planning, including 43% who are using a modern method
- The three most popular modern methods used by married women are female sterilization (15%), injunctables (9%), and male sterilization (8%)
- 27 % of currently married women have an unmet need for family planning services
- NMR is 33 per 1,000 live births
- Infant Mortality Rate (IMR) is 46 per 1,000 live births
- U5MR is 54 per 1,000 live births
- 50% of pregnant women make four or more antenatal care visits during their entire pregnancy
- 12% children are of Low Birth Weight (LBW)
- Vaccination coverage

among children 12-23 months:

- * Fully immunized =87%
- * BCG=97%
- * Measles=88%
- * DPT3=92%
- * Polio3=93%
- * No any vaccine=3%
- Children nutritional status:
 - * Stunting=41%
 - * Wasting=11%
 - * Underweight=29%

In conclusion, there has been some improvement in access to an improved water source and household sanitation facilities since 2006. Similarly, there has been a significant change in under five mortality rate. Percentage of pregnant women who make four and more Antenatal Care (ANC) visits during their entire pregnancy has doubled in the last five years period. In addition, there is increase in the percent of fully immunized children age 12-23 months. Vaccination coverage for all vaccines has also improved over the last five years.

Alike, fertility rate has also decreased. In addition, there is a reduction in the percent of children born less than 2.5 kg (low birth weight). A fall in the percent of stunting, wasting, and underweight shows that nutritional status of under five children in Nepal has improved over the past five year. This also shows that Nepal is close to achieving the Millennium Development Goals (MDGs) target of reducing the percent of underweight children to 29 % by 2015.

These positive shifts in the major health indicators show that the health status of the nation is on the way towards improvement.


Amrit Banstola

World Tuberculosis Day: Nepal on track to meet MDG target

KATHMANDU, MAR 25 -

World Tuberculosis Day was marked on Saturday calling on people to help the government make the ongoing TB program successful. In Nepal, around 40,000 people develop active TB and 5,000 to 7,000 people die each year, according to the National Tuberculosis Centre (NTC) under the Ministry of Health and Population. NTC estimates that 45 percent of total population is infected with TB. The government had implemented Directly Observed Treatment Short Course (DOTS) since April 2001 across the country, a major success program averting hundreds of TB deaths. State data shows a decline in new cases of patients associated with TB by 2,000, which was about 17,000 three years ago.

The Nepal Health Sector Program, five-year health plan of the government that started in 2010, states, "If the current performance of the DOTS program can be sustained, nearly 5,000-7,000 annual TB deaths can be prevented, avoiding up to 30,000 deaths over the next five years." According to the government, 35,964 TB patients are into the DOTS program. "We are committed to eliminate TB from the country by 2020," said Dr KK Jha, NTC director.

Nepal is also on the track to achieve the Millennium Development Goals on TB. According to the target, Nepal has to reduce the TB prevalence rate (per 100,000 populations) to 210 by 2015. In addition, the country has to decrease the TB death rate (per 100,000 populations) to 20 percent by 2015, which are 22 at present. The WHO states South-

East Asia Region has almost half of all the world's tuberculosis cases, and five of the world's 22 TB high-burden countries. It estimates half a million people in the region die every year from the disease. In addition, the number of people with TB in South-East Asia Region has decreased by about 40 percent since 1990, due to improved detection and treatment, according to the WHO.

Source: ekantipur.com

15 percent women say hubby sexually violent

KATHMANDU, MAR 27 -

At a time when cases of marital rape and sexual violence from partners are gradually coming to the fore, the Nepal Demographic and Health Survey (NDHS) 2011 reports that around 15 percent married women have fallen prey to their husband's libido. Among the married women, the husband is the commonly reported perpetrator of sexual violence, which accounts for around 87 percent, states the report.

The survey on domestic violence, which is part of the NDHS, is based on interviews with 4,197 women, 3,225 of whom were married. The survey also shows that rural women are most likely to be victimized at the hands of their partners. At 16 percent, the problem is more severe in the Terai.

According to the study, a majority of the women who have faced sexual violence are forced to have sexual intercourse—14.3 percent when the wife is not ready—while some 3.5 percent are forced to perform some kind of sexual act despite their reluctance. Women in the age group 40-49 are more vulnerable (15.5 percent) to the violence, states the report. The percentage of tolerating sexual violence is 27.5 for women married more than

once. It has been revealed that wives having the same age as their husband were more often forced into sexual behavior despite their unwillingness. About the character of the husband, the study says ignorance was the cause of 23.5 percent cases of the violence. The study shows that women who have experienced only sexual violence are less likely (7 percent) than women who have experienced physical violence (23 percent) to seek help. In addition, women without children are more likely, than mothers, to seek help.

Source: ekantipur.com

Kathmandu Metropolitan City (KMC) to field 10,000 volunteers for 'clean Kathmandu' campaign

KATHMANDU, MAR 28 -

If all goes as planned by the Kathmandu Metropolitan City (KMC), the Capital city may soon wear a cleaner look. The metropolis is all set to boost public participation in keeping the city clean by introducing a campaign "Clean Kathmandu-Our Kathmandu." The metropolitan city aims to deploy 10,000 volunteers everyday for the week-long campaign beginning April 6 in the first phase. Waste generated by hotels, hospitals, schools, colleges and households will be managed by the volunteers. They will further teach people on how to go about doing that.

Members of local clubs, NGOs, students, teachers, KMC and government officials from other sectors, entrepreneurs, political leaders, KMC's clubs, civil society members and individuals will volunteer for the campaign from 6.30-10 in the mornings for seven days. The first of its kind, the campaign will focus on making people aware about provisions in the Solid Waste Manage-

ment Act (SWMA)-2011, KMC's Executive Chief Kedar Bahadur Adhikari said. According to the Act, one can be fined up to Rs 100,000 and handed down a three-year jail term if found polluting the environment.

"The KMC will be monitoring the implementation of the Act for six months after the campaign and deploy volunteers to see to it that the practice of keeping the city clean becomes people's habit," KMC Chief Kedar Bahadur Adhikari said. "After the campaign, those littering the city streets will be booked as per the law." The metropolis also said the second phase of the campaign will begin on October 17 this year and end on Oct 1, 2013.

Source: ekantipur.com

Treatment a far cry for patients

POKHARA, MAR 30 -

The Western Regional Hospital in Pokhara is struggling to provide treatment to growing number of patients due to inadequate medical ventilators. Although, the 350-bed hospital has eight beds in ICU only one is equipped with a medical ventilator. The health regulation stipulates that each ICU bed should have a medical ventilator. "Every ICU bed needs a ventilator, which the hospital lacks," said Dr Buddhi Bahadur Thapa, medical superintendent of the hospital. The hospital lacks manpower and other infrastructure too. "We are facing difficulties to discharge our duties due to lack of infrastructure," said Dr Madhav Babu Tiwari, in charge of the ICU section. He explained that they face tough time whenever more than one patient is required to be kept in ventilators. The hospital said that in some cases, patients even lost their lives due to lack of such devices.

Source: ekantipur.com

[Continued on page 4](#)

World Health Day (2012) Special

7 April 2012

Every year, World Health Day is celebrated on 7 April to mark the anniversary of the founding of WHO in 1948. World Health Day is a global campaign, inviting everyone – from global leaders to the public in all countries – to focus on a single health challenge with global impact. Focusing on new and emerging health issues, World Health Day provides an opportunity to start collective action to protect people's health and well-being.

Ageing and health - to which each and every one of us can relate - is the theme of this year's World Health Day. Using the slogan "*Good health adds life to years*", campaign activities and materials will focus on how good health throughout life can help older men and women lead full and productive lives and be a resource for their families and communities. Over the past century, life expectancy has increased dramatically and the world will soon have more older people than children. This social transformation represents both challenges and opportunities. In particular, countries may only have a single generation to prepare their health and social systems for an ageing world.



>> [Source: who.int/world-health-day/2012/en/](http://who.int/world-health-day/2012/en/)

Regional Director's Message on World Health Day 2012



Ageing is a lifelong and inevitable process. It is a progressive change in the physical, mental, and social structure of individuals, which begins before birth and ends with death. This journey into the uncharted realms of old age is an adventure of continual learning, adjustments and most important of all, mentoring what is good and admirable. The journey begins even before a person is born, right from the mother's womb. The nourishment and care that the mother and her unborn baby receive will determine how the newborn will fare in the world. Under nutrition in the womb may lead to disease in adult life, such as circulatory disease, diabetes, and disorders of lipid metabolism. Obese or overweight adolescents run the risk of developing chronic diseases like diabetes, circulatory disease, cancer, and musculo-skeletal disorders in adult life and old age.

The inevitability of ageing depends on many factors. An individual's functional capacity continues to grow throughout childhood and adolescence, reaching its peak in early adulthood and declining naturally thereafter. This slope of decline is determined by several external factors such as access to housing, adequate and safe water supply, nutrition and health care; employment opportunities; educational level; extent of integration of the elderly population into society and the balance of genders in the society. Behavior and exposure to health risks such as to smoking, alcohol consumption, poor diet, a sedentary lifestyle, or exposure to toxic substances at work during a person's adult life also influence health outcomes in older age.

For the past one century, mankind has been adding years to life. More people now survive the challenges of childbirth and childhood to reach old age. This trend is not restricted to the resource-rich countries but has become a global phenomenon including the countries of the World Health Organization (WHO)'s South-East Asia (SEA) Region.

It has been estimated that around 142 million people or 8% of the population of the WHO SEA Region are above the age of 60 years. This number will continue to increase and by 2025, the estimated proportion of the population over 60 years will be twice that of 2000 and by 2050, will have further increased to three times the proportion of 2000. In India for example, the elderly population will increase to 160 million by 2025 and to over 300 million by 2050, translating to 19% of the total population. Similarly, in Sri Lanka, the elderly population is projected to be over 4 million by 2025 and 6 million or around 27% of the total population by 2050. In Thailand, the total number of people over the age of 60 years will be around 15 million by 2025 and over 22 million by 2050, corresponding to over 30% of the total population. There is an urgent need to focus attention on the ageing population because of the increasing share of elderly persons in the total population.

While population ageing is one of the triumphs of modern society it also raises several critical questions for the policy- and decision-makers and the nongovernmental sector, as well as for some aspects of the private sector. Some of these questions are economic effects of ageing on the health care and social support systems; ways of ensuring the independence, quality of life and activity of older people; striking a balance between the role of family and the State when it comes to caring for older people who need assistance; humanitarian crises and older population; and the social, economic and health problems of elderly females and very old persons.

Development and progress have brought about improved quality of life and increased life expectancy. Longer life is associated with chronic diseases and disabilities in old age. This affects the overall quality of life and poses a challenge for the families, communities, and national governments. Traditional values and practices still occupy a key position where long-term care of the very old is concerned. However, with nuclear families replacing the joint families and [Continue on page 7](#)

World Malaria Day (2012)

25 April 2012

Sustain Gains. Save Lives. Invest in Malaria



The theme for World Malaria Day 2012 - "*Sustain Gains, Save Lives: Invest in Malaria*" - marks a decisive juncture in the history of malaria control. Whether the malaria map will keep shrinking, as it has in the past decade, or be reclaimed by the malaria parasites, depends, to a great extent, on the resources that will be invested in control efforts over the next years.

World Malaria Day - which was instituted by the World Health Assembly at its 60th session in May 2007 - is a day for recognizing the global effort to provide effective control of malaria. It is an opportunity:

- ◆ for countries in the affected regions to learn from each other's experiences and support each other's efforts;
- ◆ for new donors to join a global partnership against malaria;
- ◆ for research and academic institutions to flag their scientific advances to both experts and general public; and
- ◆ for international partners, companies and foundations to showcase their efforts and reflect on how to scale up what has worked.

**T3: Test, Treat, Track**

WHO's new initiative, *T3: Test, Treat, Track*, urges malaria-endemic countries and donors to move towards universal access to diagnostic testing and anti-malarial treatment, and to build robust malaria surveillance systems.

>>

Source: rollbackmalaria.org; who.int/malaria/en/

National News

Continued from page 2

Doti health post scales the heights

DOTI, APR 05 -

At a time when many district hospitals are struggling to provide health services to patients due to lack of adequate doctors, an area health post at Mauwa in Doti is receiving a large number of patients. Timely treatment and easy access to health services including maternity service are some factors behind a rise in the number of patients visiting the health post. "No death of mother or baby has been reported in the health facility so far during a delivery. This might be the reason behind patient's trust in us," said auxiliary nurse midwife Yasodha Ojha. Impressed by her work, an international organization awarded Ojha with Rs 50,000 last year and also lauded the health facility for rendering remarkable services. Ojha has been continuously serving patients for the last six years. Likewise, Nepal Health Professional Association and Doti Chamber of Commerce and Industry honoured Ramekbal Sah for his contribution in upgrading the health post.

The healthpost, which is running Safe Motherhood and Family Planning Program through the District Health Office for the past six years, carried out 1,196 delivery cases in the fiscal year 2066-67, while 856 deliveries carried out in the district hospital during the same period. Besides, patients suffering from diarrhea, common cold and headache visit the health post. "Most patients visit this health post due to timely treatment," said Ramesh Saud of Khatibada, adding that people are reluctant to go to the district hospital due to high trans-

port fair and unavailability of doctors.

Source: ekantipur.com

Centers for abortion come under scanner- Govt to cancel permits of those flouting guidelines

KATHMANDU, APR 20-

The Ministry of Health and Population is gearing up for initiating action against those health facilities that have failed to follow official guidelines for carrying out abortions. The ministry will continuously monitor facilities authorized to carry out safe abortions, said officials, adding that those flouting the ministry guidelines would be delisted and their permits would be cancelled. "If the health facilities are found violating legal procedures, they will be delisted," said Dr Silu Aryal, focal person for safe abortion program at Family Health Division.

During inspection visits, ministry officials had found malpractices in the centers. Untrained auxiliary nurse midwives were providing service and the fetus was more than 12 weeks old. Basic sanitation procedures were also not being followed, said Aryal. Abortion was legalized in the country about a decade ago. The law allows abortion upon request during the first 12 weeks of pregnancy. The Civic Code states that if the mother's life is in danger and in cases of rape and incest, pregnancy up to 18 weeks can be terminated in hospitals or clinics run by health ministry-certified doctors.

According to MoHP, 500,000 women have received safe, legal abortion services until

today in more than 500 public and private abortion centers. The monitoring was carried out by district public health nurse and a report was sent to the ministry. Nepal Demographic and Health Survey-2011 showed that among all pregnancies, 85 percent resulted in a live birth and eight per cent ended in induced abortion followed by one per cent stillbirths and seven per cent miscarriages. The report also showed that only 38 percent of women know that abortion is legal in Nepal.

Source: thehimalayantimes

Safe abortion services in Nepal

KATHMANDU, APR 21 -

Around 1,350 trained service providers have been enlisted in Department of Family Health, MOHP until now to provide safe abortion service. Around 470,000 women have already enjoyed the services ever since the abortion service was legalised in Chaitra 2060 BS, claimed the Department.

The abortion service is provided to a person when she desires to abort the fetus of until 12 months and for the cases exceeding this period service can be rendered with consent from her guardian and doctors. The Ministry has started the service with a view to ensuring the women's rights for reproductive health and rights to freedom. A woman should pay Rs 1,000 if she wants to abort with machine and Rs 500 if she wants abortion through taking medicine. The service has been extended in all 75 districts by today.

Source: thehimalayantimes

Global Health

Avian influenza – situation in Egypt – update

12 April 2012 –

The Ministry of Health and Population of Egypt has notified WHO of a new case of human infection with avian influenza A (H5N1) virus. The case was a 36 year-old female from Giza governorate. She developed symptoms on 1 April 2012 and was admitted to a hospital on 7 April 2012 and died on the same day.

The case was confirmed by the Central Public Health Laboratories; a National Influenza Center of the WHO Global Influenza Surveillance Network.

Epidemiological investigations into the source of infection indicate that the case had exposure to backyard poultry.

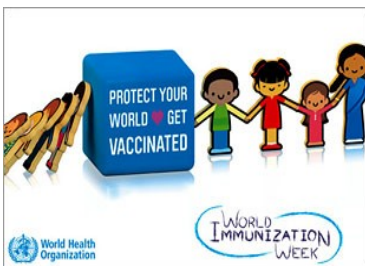
Of the 167 cases confirmed to date in Egypt, 60 have been fatal.

Source: WHO

Protect your world: Get vaccinated

23 April 2012 –

Over 180 countries across the world are participating in the first ever World Immunization Week. The WHO-led initiative, which takes place from 21-28 April 2012, aims to raise awareness and encourage people everywhere to protect themselves and their families



against vaccine-preventable diseases. It is also a time to focus on the fact that in this rapidly globalizing world, disease outbreaks can affect communities everywhere.

Source: WHO

Measles strategy misses targets – New plan to control and eliminate measles and rubella

24 April 2012 –

Global efforts to cut the number of deaths from measles have fallen short of World Health Organization (WHO) targets. An analysis published in the Lancet said deaths had fallen by 74% between 2000 and 2010, but the target was 90%. Outbreaks in Africa and delays in vaccination programs in India have stalled progress, researchers say.

A new campaign to tackle the disease has been launched, which will combine measles and rubella jabs. This new strategy aims to reduce measles deaths and congenital rubella syndrome to zero. The strategy comes with the publication of new data using a state-of-the-art methodology showing that



efforts to reduce measles deaths have resulted in a 74% reduction in global measles deaths, from 2000 to 2010.

In 2000, there were 535,300 deaths from measles. This fell to 139,300 deaths in 2010, according to the analysis.

Source: BBC & WHO

3D images of tissue may help spot and treat cancer

24 April 2012 –

Three-dimensional images of tissue samples could help

spot cancer early, say researchers. Scientists from the University of Leeds have created a technique to generate hi-resolution, color 3D images of a piece of tissue. The images can be rotated on a computer screen and examined from any angle.

Cancer Research UK said the technology could help researchers understand how cancer grew and spread, and learn how to treat it more effectively. The findings are published in the American Journal of Pathology. Digital microscopy is not new - tissue scanning first appeared a decade ago, replacing the conventional method of manually cutting ultra-thin slices of tissue one by one to then examine them under a microscope.

However, these scanners, which are now used around the world, produce two-dimensional images, revealing only one cross-section of that particular piece of tissue. And this has drawbacks, according to Dr Derek Magee, one of the researchers involved in the study.

Source: BBC

Scaling up the fight against malaria

25 April 2012 –

On World Malaria Day 2012, WHO hails global progress in combating malaria, but highlights the need to reinforce the fight. WHO's new initiative, T3: Test, Treat, Track, urges malaria-endemic countries and donors to move towards universal access to diagnostic testing and anti-malarial treatment, and to build robust malaria surveillance systems.

Source: WHO

USAID Launches 5th Birthday Campaign

26 April 2012 –

This year, more than 7 million children will die before they turn 5. Most of these children live in poor countries, and their deaths are largely preventable.

On April 23, USAID Administrator Rajiv Shah presented remarks on U.S. efforts to help children around the world reach age 5 at a Kaiser Family Foundation event. Ariel Pablos-Mendez, assistant administrator for Global Health, served as a panelist along with leaders from the Center for Global Development, US Fund for UNICEF and former White House Press Secretary Mike McCurry.

For the next several weeks, USAID and others in the development community will focus squarely on this critical global health issue, culminating June 14-15 with "Child Survival: Call to Action." This event will bring the governments of the United States, India, and Ethiopia, together with UNICEF, to mobilize a worldwide campaign to end preventable child deaths.

April 25 was World Malaria Day, which continues to be one of the leading causes of child deaths around the world, despite the availability of low cost interventions to prevent those deaths. According to USAID, the disease causes an estimated 700,000 deaths annually, with nearly 90 percent of cases occurring in sub-Saharan Africa among children under age 5. The President's Malaria Initiative (PMI), led by USAID and implemented together with the CDC, released its sixth annual report which describes the role and contributions of the U.S. Government in the effort to reduce the burden of malaria in Africa, and to monitor anti-malarial drug resistance and decrease malaria transmission in the Greater Mekong Sub region.

Source: USAID

BENEFITS OF BEING A PHP SUBSCRIBER

- Can submit articles to PHP newsletter
- Heavy discount rate in PHP trainings, workshops, seminars, conferences
- Get acquainted with public health news from around the nation and globe at a time
- Enhances professional writing skills

How to join PHP?

e-Mail:

newsletter.php@gmail.com

website:

www.bmhall.yolasite.com/publications.php

 Subscribe PHP!

Send Letters to the Editor

- All readers can post comments on articles and news mentioned in PHP or could be suggestions and compliments.
- Send letters to: newsletter.php@gmail.com
- Word limit 150 max. and the title of news or articles of critique.
- Email should include **'letters to the editor'** in subject line in the email.

Journal Watch

Diet among People in the Terai Region of Nepal, an Area of Micronutrient Deficiency

Intakes of vitamin A, iron, riboflavin, and selenium were deficient among the participants according to the study published in the 2012 issue of Journal of Biosocial Science.

An eight-week dietary survey was conducted between March and April 2006 among 114 people (55 *Mushar* adults and 59 *Tharu* adults) ranging in age from 20 to 60 years from the inhabitants of Parsauni village in the Sakhawaparsauni VDC of Parsa District in the Terai region, Nepal. Direct observations of the participants' usual dietary patterns, a one-day weighed food records (WFRs) were obtained for 114 participants. The energy, protein, fat, carbohydrate, iron, calcium, phosphorus, vitamin A, thiamine, riboflavin, niacin, and vitamin C intakes of the participants were estimated using Nepali food composition tables.

The study revealed rice as the major source of energy, protein, iron, and riboflavin among the participants. According to the study, in both sexes of the *Mushar*, more than 85% of the energy, more than 70% of the protein and riboflavin, and more than 40% of the iron came from rice. This tendency was similar among the *Tharu*, but to a lesser extent. Rice contributed more than 70% of the energy intake, more than 50% of the protein and riboflavin intakes, and more than 25% of the iron intake among the *Tharu*.

The study also showed that intakes of vitamin A, iron, riboflavin and selenium were less than 50% of the recommended daily allowance irrespective of ethnicity or sex (with the exception of iron intake among *Tharu* males). The study found that the *Tharu* consumed more thiamine, riboflavin, niacin, phosphorus and zinc than did the *Mushar*, while the *Mushar* consumed more selenium and iodine than did the *Tharu*. As per the study, the *Tharu* also consumed more protein per kg body weight than did the *Mushar*. The study suggested for the encouragement of the creation of small kitchen gardens and the introduction of small-scale fish farming as a interventional projects. Full text article at: *J. Biosoc. Sci.*, (2012) 00, 1–15, 6 Cambridge University Press, 2012

Authors: Rajendra P. Parajuli, Masahiro Umezaki, and Chiho Watanabe ◆

Knowledge, Attitudes, and Practices Related to Avian Influenza among Poultry Workers in Nepal: A Cross Sectional Study

Majority of the poultry workers of Nepal have a good knowledge about avian influenza while the practices related to it is satisfactory, a 2012 BioMed Central journal study found.

A cross-sectional study was conducted in April 2009 with 96 poultry workers age 15 and above from the Rupandehi district in Nepal. According to the study, 97% was aware that avian influenza cases in poultry had been detected in Nepal and all of the respondents knew that poultry workers were among the "at-risk-groups" for being infected with avian influenza.

As for knowledge about protective behaviors in dealing with poultry, slightly over half (53,1%) of the respondents knew about up to two such measures and a further 26% were aware of three, while only small percentages of respondents could name four or more such practices. When it came to practicing these behaviors, hand washing with soap and water and disinfecting of surfaces and utensils was the most prevalent practice (40%). Use of other personal protective actions such as use of gloves, face masks, special boots, and protective body garments, however, seemed to be less common practice.

According to the study, most government control measures were found to be highly accepted. Thus, nearly everybody agreed that in case of an outbreak movements should be restricted (97%), all poultry on the respective farms or in the respective areas be culled (100%), and approval of the District Livestock Services Office (DLSO) be required to restart a business (100%). However, there were also notable exceptions. Only 27% said they thought that the government steps being taken to prevent avian influenza outbreaks were sufficient. The study also found the mixed responses of the poultry workers to the sick or dead poultry. Ninety six percent respondents stated that they used treatment while 95% stated burial of carcasses (95%). Only very few said that when finding sick (1%) or dead poultry (4%) they were in the habit of notifying the DLSO. For Full text article at: *BMC Infectious Diseases* 2012, 12:76

Authors: Dinesh Neupane, Vishnu Khanal, Kamal Ghimire, Arja R Aro, and Anja Leppin ◆

Regional Director's Message cont...

Continue from page 3

with large rural-to-urban migrations, often the old and the infirm are left at home. These changing patterns of society are now affecting the age-old balance of care of the old and very old persons at home.

The focus on ageing is not to prolong life, but to improve the quality of life in the older persons. The use of the terms "active" and "healthy" is an attempt to describe the quality of life. 'Active' in itself is a complex phenomenon and includes physical and mental activities and cognition, as well as social activity or participation; "healthy" is usually equated with absence of disease. With this understanding, we may then say that active healthy ageing is the process of optimizing opportunities for physical, social and mental health to enable older persons to take an active part in society without discrimination and to enjoy an independent and good quality of life. In a sense, active healthy ageing extends life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care. As the process of ageing takes place within the family, the community, and the society, two-way giving and receiving between the older and younger generations remain an important tenet of healthy ageing.

The World Health Day is a celebration of the birthday of the World Health Organization. The World Health Day in 2012 will focus on ageing and will strive to highlight ageing as a rapidly emerging priority that most Member States have yet to realize and address adequately.

The message for the World Health Day is "good health adds life to years". Improving health in the cycle of ageing will require saving lives, protecting health and removing disability and pain, achieved through a well-articulated combination of healthy lifestyle across the life-course, age-friendly environment and improved detection and prevention of disease. The focus will be on how good health throughout life can help older men and women lead full and productive lives and be a resource for their families and communities. Ageing concerns each and every one of us –whether young or old, male or female, rich or poor – no matter where we live.

Promoting and living a healthy lifestyle across the life-course means that an elderly population will continue to participate in social, economic, cultural, spiritual and civic affairs in addition to being physically active and economically independent. A continuum of care and support including health following the life-course will ensure that ageing remains a healthy and fruitful experience and a journey of self-transformation, education, and contribution.

Creating age-friendly environments and policies to engage the elderly population and utilizing its vast potential will result in dignified ageing, allowing the elderly population to participate actively in family, community, and political life, irrespective of its members' functional ability.

Healthy ageing requires a significant paradigm shift in the way care is provided to the elderly population. Age-friendly primary health care minimizes the consequences of non-communicable or chronic diseases through early detection, prevention and quality of care, and provide long-term palliative care for those with advanced disease. Such interventions would need to be supplemented by affordable long-term care for those who can no longer retain their independence.

Building an age-friendly society requires actions in a variety of sectors other than health and include education, employment, labor, finance, social security, transportation, justice, housing and rural-urban development. This will involve policymakers at national governments, cities and municipalities; civil society groups and senior citizens' forums; academic and research institutions; private sector enterprises; community leaders and youth groups.

The World Health Organization's Regional Office for South-East Asia has emphasized to its Member States that promoting healthy ageing requires a significant paradigm shift in the way care is provided to the elderly population. The Regional Office had introduced a strategic framework to assist Member States develop appropriate plans and strategies for promoting healthy ageing. It has continued to provide assistance to Member States to strengthen technical capacities for promoting elderly health care. The Regional Office has been supporting initial projects involving family health practitioners and primary health care providers who are looking at elderly health care in alignment with the relevant psychosocial and economic dependencies.

The World Health Organization continues to work with its Member States towards an "older" world that will be healthy and exciting.



Dr Samlee Plianbangchang
Regional Director

CALL FOR ARTICLES FOR MAY ISSUE

- 400-500 words on any topic of public health importance
- Do not include any graphs, tables and citations
- PP size photo in jpeg format
- email your articles to
- newsletter.php@gmail.com with the subject 'article for PHP'
- **For more information:** <http://www.bmhall.yolasite.com/information-for-contributors.php>

Being Healthy

You can Prevent Pneumonia

Acute respiratory tract infections (ARIs) are the inflammations of upper or lower respiratory tracts affecting lung parenchyma, alveoli, and small airways. ARI is commonly caused by bacteria such as *Streptococcus pneumoniae* and virus such as respiratory syncytial virus through airborne droplets.

WHO classifies ARIs as severe pneumonia, pneumonia and no pneumonia (colds and flu). Among these, pneumonia is the major public health problem causing high mortality and morbidity in children. According to WHO (2008), in Nepal, pneumonia accounts for 16% of causes of deaths in under 5 children and is the second most leading

cause of deaths after diarrhea. The major risk factors for pneumonia include cold, malnutrition, lack of exclusive breastfeeding, low birth weight, lack of measles immunization, and indoor air pollution among others. The children with pneumonia exhibit symptoms like rapid breathing, fever, chest pain, and cough while in severe case; chest

children are healthier and less likely to develop pneumonia in the first place.

The prevention measures listed below all show at least some evidence of reducing pneumonia mortality among under-fives. (Jones, G., et al., 2003, op. cit)

| Chest in-drawing during inspiration | |
|-------------------------------------|--|
| If the child is aged: | The child has fast breathing if you count: |
| 2 months to 12 months old | 50 breaths or more per minute |
| 12 months to 5 years old | 40 breaths or more per minute |

in-drawing is seen.

Since children are one of the most vulnerable groups in the world, pneumonia should be kept at a bay. In other words, reducing pneumonia deaths requires implementing effective prevention measures so that



ways. First, vaccinations help prevent children from developing infections that directly cause pneumonia, such as *Haemophilus influenzae* type b (Hib). Second, immunizations may prevent infections that can lead to pneumonia as a complication (e.g., measles and pertussis). Three vaccines have the potential to significantly reduce child deaths from pneumonia. These vaccines include the measles, Hib and pneumococcal conjugate vaccines.

Immunization

Immunizations help reduce childhood deaths from pneumonia in two



© UNICEF/HQ05-1589/ Giacomo Pirozzi

Adequate Nutrition

Under nutrition may place children at an increased risk of developing pneumonia in two ways. First, malnutrition weakens a child's overall immune system, as an adequate amount of protein and energy is needed for proper immune system functioning. Second, undernourished children have weakened respiratory muscles, which inhibits them from adequately clearing secretions found in their respiratory tract. (Ibid and Victora, C., et al.,)

Exclusive Breastfeeding

It is widely recognized that children who are exclusively breastfed develop fewer infections and have less severe illnesses than those who are not. Breast milk contains the nutrients, antioxidants, hormones, and antibodies needed by the child to survive and develop, and specifically for a child's immune system to function properly. Infants under six months old who are not breastfed are at five times the risk of dying from pneumonia as infants who are exclusively breastfed for the first six months of life. Furthermore, infants 6 - 11 months old who are not breastfed are also at an increased risk of dying from pneumonia com-



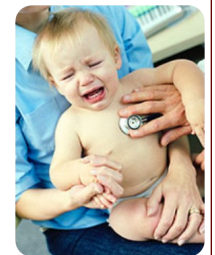
pared to those who are breastfed.

Zinc

Children who lack sufficient amounts of specific micronutrients, particularly zinc, face additional risks of developing and dying from pneumonia. Specifically, research has shown that zinc intake during the acute phase of severe pneumonia decreased the duration and severity of pneumonia and reduced treatment failure rates when compared with a placebo intervention.

Recent research (Luby, S.P., et al., 'Effect of Handwashing on Child Health: A Randomised Controlled Trial', *The Lancet*, vol. 366, 2005, pp.225-233) also suggests that hand washing may play a role in reducing the incidence of pneumonia.

None of these preventive measures is likely to completely prevent childhood pneumonia so there is still a need for an effective case-management strategy. Prompt treatment of pneumonia with a full course of appropriate antibiotics is lifesaving. Infants under two months with signs of pneumonia/sepsis are at risk of suffering severe illness and death more quickly than older children, and should be immediately referred to a hospital or clinic for treatment.



WHO Publications

Bulletin of WHO Vol. 90, No. 04, 2012

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/HELZQZ>

Alcohol in the European Union

This new report uses information gathered in 2011 to update key indicators on alcohol consumption, health outcomes, and action to reduce harm across the European Union (EU). It gives an overview of the latest research on effective alcohol policies, and includes data from the EU, Norway, and Switzerland on alcohol consumption, harm, and policy approaches. The data were collected from a 2011 survey, carried out as part of a project of the European Commission and the WHO Regional Office for Europe. Download is available at:

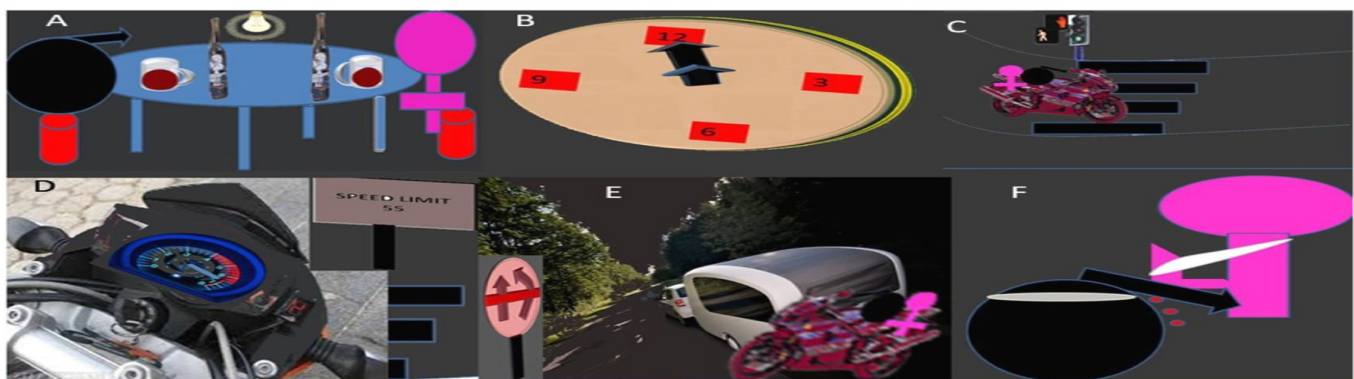
<http://bit.ly/HdEUp9>

Electronic Recording and Reporting for Tuberculosis Care and Control

Adopting electronic recording and reporting is not simply about choosing a piece of software: it is also about changing how people work. This is not a simple undertaking. This document introduces the key questions to be considered and illustrates what the questions, options, and recommendations mean in practice by drawing on examples of recent experience from a variety of countries. It is an essential resource for all those planning to introduce electronic recording and reporting systems for TB care and control, or to enhance existing systems. Download is available at:

<http://bit.ly/I8mZ5w>

Pictogram of Road Traffic Accident (RTA)



Are you safe enough to be safe from Road Traffic Accident?

A: Late night party
B: Midnight
C: Avoiding traffic lights
D: Over speed
E: Overtaking
F: Accident

>> Concept: Anoj Gurung © 2012 PHP (Vol 2 Issue 4 April)

Sagun Poudel
 La Grandee International College
 Pokhara,
 Nepal

Pramila Karki
 Nobel College
 Sinamangal,
 Kathmandu, Nepal

Our Campus Liaisons

Public Health Perspective (PHP) Team

International Honorary Editorial Advisories

Ms. Rose Schneider -- RN MPH

Chair of the Climate Change Working Group of the APHA International Health Section. Senior Health and HIV/AIDS Specialist Health Systems Management
1414 Perry Place NW - Suite 100
Washington, DC 20010

Dr. Margaret Stebbing

PhD, Master of Public Health, Dip App Sci Nursing
Population Health Academic
School of Rural Health, Monash University
Australia

Editorial Advisories

Dr. Duk Bahadur Chhetri

MD, Pathologist
Western Regional Hospital Lab.
Pokhara

Mr. Balram Banstola

Managing Director,
Senior Pharmacist
Banstola Medical Hall
Kaski

Board of Advisories

Ms. Sami Pande

B. Pharm, MPH
Australian Leadership Scholar, 2009
Kathmandu

Arjun Poudel

Msc. Pharm (Social and administrative Pharmacy)
Universiti Sains Malaysia, Penang, Malaysia

Ashik Banstola

M. Pharm
(Pharmacology)

Rajiv Gandhi University
Bangalore

Madan Kc

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

Amit Dhungel

European Masters in Public Health
University of Sheffield, UK
Ecole des hautes études en santé publique (EHESP), France

Dr. Santosh Raj Poudel

Residency (MD) in Internal medicine
Interfaith Medical Center, New York

Dr. Krishna Chandra Rijal

Dept. of Otorhinolaryngology and Head & Neck Surgery, College of Medical Sciences and Teaching Hospital
Bharatpur, Chitwan

Mr. Chandra Bhushan Yadav

Information Officer (MLIS)
Nepal Health Research Council (NHRC)
MOHP, Kathmandu

Contributing Writer

Dr. P. Ravi Shankar

Professor, Clinical Pharmacology & Medical Education
KIST Medical College
Lalitpur, Nepal.

Newsletter Team

Editor-in Chief Amrit Banstola

Section Editors Anoj Gurung

Dikshya Sherchan

Dipendra Malla

Sandeep Pahari

Sangita Shrestha

Subash Timilsina

Sulochana Prajapati

Welcome to New Subscribers

Nepal

Dipak Subedi
Giriraj Adhikari
Hari Sapkota
Melina Bajarcharya
Raam Adhikari

International

Fekadu Admaasu
Rosmond Addai

Articles appearing in Public Health Perspective (PHP) Online Newsletter do not necessarily reflect the views of the PHP team but are intended to inform and stimulate thought, discussion and comment. The PHP newsletter does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, and disability. Contributions are welcome and should be sent to:

The Editor, Public Health Perspective Online Newsletter,

Banstola Medical Hall, Milanchowk, Hemja-8 VDC, Pokhara, Kaski, Nepal, or email newsletter.php@gmail.com