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Editorial: Myths and Misconceptions about Cancer

Lack of information and awareness about cancer is a critical obstacle to effective cancer control and care in developing countries, especially for the detection of cancers at earlier and more treatable stages. It is often exacerbated by the myths and misconceptions.

As the world is celebrating the World Cancer Day highlighting the myths about it, we thought our readers might find them useful and have thus summarized them in this issue editorial. One aspect of this effort is conveying clear messages to the public to improve general knowledge about cancer.

There are basically four damaging myths and misconceptions about the disease.

The first myth is *"Cancer is just a health issue"*. However, the truth is that it is not just a health issue. It has wide-reaching social, economic, development, and human rights implications. It constitutes a major challenge to development, undermining social and economic advances throughout the world.

The second myth related to this disease is that *"Cancer is a disease of the wealthy, elderly and developed countries"*. The fact is that it is a global epidemic which affects all ages and socio-economic groups, with developing countries bearing a disproportionate burden. Cancer not only affects the elderly, but young men and women, often in their prime working years, particularly in the developing world. Approximately 50% of cancer in developing countries occurs in individuals less than 65 years of age, according to

Union for International Cancer Control (UICC). This is a tragedy for families and for populations, and has the potential to have a long-term impact on economic development.

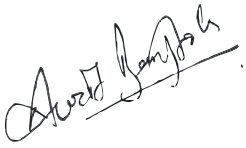
Many cancers that were once considered a death sentence can now be cured and for many more people, their cancer can be treated effectively. Advances in understanding risk and prevention, early detection and treatment have revolutionized the management of cancer leading to improved outcomes for patients. Still people consider *"Cancer is a death sentence"* which is a third myth. With few exceptions, early stage cancers are less lethal and more treatable than late stage cancers.

"Cancer is my fate" is the fourth myth regarding cancer. Nevertheless, with the right strategies, a third of the most common cancers can be prevented. Prevention is the most cost-effective and sustainable way of reducing the global cancer burden in the long-term. Promoting healthy lifestyles can substantially reduce cancers that are caused by risk factors such as alcohol, unhealthy diet and physical inactivity. In addition, improving diet, physical activity and maintaining a healthy body weight could prevent around a third of the most common cancers.

Based on current trends, tobacco use is estimated to kill one billion people in the 21st century. Addressing tobacco use, which is linked to 71% of all lung cancer deaths, and accounts for at least 22% of all cancer deaths, is therefore critical.

For developing countries, the situation often goes beyond addressing behavioral change, with many countries facing a 'double burden' of exposures, the most common of which is cancer-causing infections. Chronic infections are estimated to cause approximately 16% of all cancers globally, with this figure rising to almost 23% in developing countries. Several of the most common cancers in developing countries such as liver, cervical and stomach cancers are associated with infections with Hepatitis B Virus (HBV), the Human Papilloma Virus (HPV), and the bacterium Helicobacter pylori (H. pylori), respectively. Exposure to a wide range of environmental causes of cancer in our personal and professional lives, including exposure to indoor air pollution, radiation and excessive sunlight are also major preventable causes of cancer.

Happy readings!



Amrit Banstola

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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
facebook.com/publichealthperspective
twitter.com/newsletter_php

National News

Air pollutants threatening public health: Study

KATHMANDU, JAN 30 -

High concentrations of atmospheric pollutants pose serious threat to the health of Kathmandu Valley's residents, especially during the dry winter months. According to a study 'Rapid Urban Assessment of Air Quality for Kathmandu, Nepal' commissioned by International Centre for Integrated Mountain Development (ICIMOD), acute respiratory disorders are among the most common five diseases reported in Nepal. In urban areas particularly, about 16 percent of hospital visits and a disproportionate number of premature deaths have been attributed to them. Studies have highlighted increased incidence of respiratory disorders and eye, throat, and skin conditions, as well as increase in cardiovascular-related problems among people living in Kathmandu. "An estimated 30 million rupees (US$ 400,000) in hospital costs could be saved every year by reducing the level of airborne pollutants to meet World Health Organization guidelines," the study suggested.

From 2000 to 2009, the number of cars in Kathmandu Valley increased at an unprecedented rate. In 2000 there were less than 200,000 registered vehicles but by 2009 there were half a million vehicles; more than 60 percent of all the vehicles registered in Nepal. Despite increase in the number of vehicles, the total length of the road network in the valley is only about 1,200 km. Only of the road network in Kathmandu is black topped and each vehicle has less than 2.5 m of road available. The report said vehicle exhaust is a major contributor to increase in inhalable particulate matter and noxious gases — the major causes of air pollution in Kathmandu — and the problem is exacerbated because more than a third of vehicles fail to comply with emission standards. Urban development and ever-increasing number of vehicles have far outpaced the city's capacity to maintain the road network on a regular basis.

Source: thehimalayantimes.com

'Health for Life' drives to strengthen government capacity

KATHMANDU, FEB 05 -

An $18 million program has been launched to strengthen the government's capacity to plan, manage and deliver high quality and equitable family planning, maternal, newborn and child health services. The 'Health for Life' campaign aims to address key health system constraints in the areas of local health systems governance; data for decision-making and evidence-based policy development; human resources; quality improvement systems; logistics systems; and knowledge and behavior change. The Ministry of Health and Population (MoHP) and the US Agency for International Development (USAID) launched the program on Saturday. 'Health for Life' builds on accomplishments from the MoHP's Nepal Health Sector Program II and USAID-supported health sector investments, said a statement issued by the US Embassy. The program will work in close coordination with the Nepal government, the MoHP and other health sector development partners at the central, district and community levels.

In addition to national-level inputs, 'Health for Life; will have a presence in 14 districts within the mid-western and western regions, with a mandate to ensure adequate and effective transfer of lessons learned and best practices to policy-makers countrywide. The MoHP and USAID have signed a partnership agreement for the implementation of the program that will be implemented by RTI International, together with Jhpiego, an international organization, and multiple Nepali NGOs.

Source: ekantipur.com

'19 percent women practice Chhaupadi'

DHANGADHI, FEB 10 –

National The Nepal Multi-Index Survey 2010 paints a grim picture of the situation of women and children in the Mid-West and Far-West regions of the country. The survey, which was made public amid a program on February 09, was conducted among 7,372 women of 15-49 age group and 3,574 children below five years of age from 6,000 households in 24 districts in the regions. According to the survey, 83 percent of the total population of the regions has access to potable water sources while only 36 percent was using improved sanitation facilities. Likewise, 56 percent women of 15-49 age groups have general knowledge about HIV/AIDS while only 22 percent has extensive knowledge about it. The survey has also collected basic data on the Chhaupadi practice that is widespread in the regions, the first in the country. The Chhaupadi is a cultural practice in which women have to live in a special shed away from the rest of the family during menstruation.

The survey shows that nearly 19 percent of women of the 15-49 age groups lived in this way during menstruation. Fifty-two percent women in the mountainous region of the Mid-West and 50 percent in the hilly region of the Far-West faced extreme discrimination during their regular periods. Surprisingly, the survey shows that 48 percent women of that age group were okay with abuse by their husbands if they went out without informing spouses were negligent in taking care of children, refused to have sex with them and burned food while cooking. It showed that 16 percent of the women surveyed had married before reaching 15 years while 60 percent did so before reaching 18 years. It was found that 45 percent women had their health examined by trained health workers during pregnancy only once, 29 percent had given birth under the supervision of trained midwife and 30 percent had given birth at health centers .

Source: ekantipur.com

MoHP to operate pharmacies at all hospitals under it

KATHMANDU, FEB 20 -

The Ministry of Health and Population (MoHP) is going to operate pharmacies itself at all the hospitals under it. The Ministry says the preparation of policy to run pharmacies has reached the final phase. MoHP is to run pharmacies at the hospitals under it after public complaints were received against pharmacies selected through open competition by hospitals. Secretary at the Ministry, Dr. Praveen Mishra, said that the Ministry has directed hospitals to make necessary preparation to run pharmacies itself and not to call for new bids.

Health services have been provided through more than 100 hospitals including central, zonal and district level hospitals under the Ministry. Pharmacies have been run at the premises of such hospitals and outside of hospital by private sector through open competition. Meanwhile, the Ministry has got permission from the cabinet to assign 330 specialist doctors to fulfill the vacant posts. Chief of the Medical Division at the Ministry, Prof. Dr. Tirtha

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An overview of Cervical Cancer

T.Nagamma, Senior Grade Lecturer, Department of Biochemistry, Melaka Manipal Medical College (Manipal Campus), Karnataka, India

Cervical cancer is the second most common cancer in the world. It was responsible for 2, 75,000 deaths, about 88% of which occurred in developing countries in 2008, says International Agency for Research on Cancer (IARC). Nepal Cervical Cancer Prevention Situation Analysis, 2008 estimated that there were about 10,020 new cases of invasive cervical cancer and about 26,000- 45,000 pre-cancerous lesion. In addition, World Health Organization (2010) ranked cervical cancer as the most frequent cancer among women age 15 to 44 years of age in Nepal.

Cervical cancer starts in the squamous cells on the surface of the cervix. The development of cervical cancer is very slow process. It starts with a precancerous condition called dysplasia and can be detected by pap smear test. Most of the cervical cancers are caused by Human Papilloma Virus (HPV).

There is probably no one single cause of cervical cancer or pre cancer, but epidemiological evidence points to a sexually transmitted agent or agents. It is associated with sexual activities that include sex at an early age, frequency of the sex, and number of sexual partners. In addition, poor economic status, not getting HPV vaccine, drug (diethylstilbestrol) intake during pregnancy, and weaken immune system also causes cervical cancer.

"The development of cervical cancer is very slow process. It starts with a precancerous condition called dysplasia and can be detected by pap smear test."

Cigarette smoking is an independent risk factor. Some content of cigarette smoke, which can be detected in cervical mucus, may act as co-carcinogenic agent. The polycyclic aromatic hydrocarbons in cigarette smoke form damaging adducts with DNA. These have been demonstrated in cervical tissue at higher level in current smokers.

The morbidity and mortality rates of cervix cancer are very high, so early detection and treatment is the only solution to it. Most of the time, early cervical cancer has no symptoms. However, symptoms that may include: abnormal vaginal bleeding between periods, after intercourse, or after menopause, continuous vaginal discharge, periods become heavier and last longer than usual. Patients with cervical cancer do not usually have problems until the cancer is advanced and has spread to other organs.

Primary prevention of cervical cancer is thus possible by abstinence from sex which will prevent the infection by HPV. Early immunization of female adolescents with a vaccine is also effective against HPV.

"Primary prevention of cervical cancer is thus possible by abstinence from sex which will prevent the infection by HPV."

Secondary prevention of cervical cancer is also possible through periodic screening of sexually active females by pap-smear. It can diagnose early forms such as in-situ malignancy which can thus be treated before changing into invasive cancer. Pap-smear screening can significantly help reduce cervical cancer rates.

Precancerous changes of the cervix and cervical cancer cannot be seen with the naked eye. Pap smears screen test (a cotton swab is used to take exfoliates of cervical cells for observation under the microscope, it is not the final diagnostic test) for precancer and cancer is found to be useful. If abnormal changes are found, the cervix is usually examined under magnification. This is called colposcopy. Pieces of tissue are surgically removed (biopsied) during this procedure and sent to a laboratory for examination.

The treatment of cervical cancer depends on the stage of the cancer, size and shape of the tumor, woman's age and general health. Early cervical cancer can be cured by removing or destroying the pre-cancerous or cancerous tissue. There are various surgical ways to do this without removing the uterus or damaging the cervix. Treatment for more advanced cases is mainly by radiotherapy and chemotherapy. Mitomycin C, carboplatin is first line choice of drugs. Sometimes radiation and chemotherapy are used before or after surgery. ● ● ●

World Cancer Day

February 4th is the World Cancer Day (WCD), a day dedicated to raising awareness and education about cancer, and encouraging governments and individuals across the world to take action against the disease. This year's WCD will focus on Target 5 of the World Cancer Declaration: Dispel damaging myths and misconceptions about cancer. The aim is to improve general knowledge around cancer and dismiss misconceptions about the disease.

One in three people will be affected by cancer at some stage in their life. In 2008, there were 7.8 million cancer deaths and 12.7 million cancer cases. Without intervention, the global cancer burden is projected to increase by 75% in the next 20 years. Every month 600,000 people die of cancer and many of these deaths may be avoided with increased support and funding for prevention, detection and treatment programs.

The greatest increase in cancer is projected to hit low- and middle-income countries, those least equipped to cope with the social and economic impact of the disease. Of the 7.8 million global deaths from cancer in 2008, more than 55% occurred in less developed regions of the world. By 2030, 60-70% of the estimated 21.4 million new cancer cases per year are predicted to occur in developing countries. Cervical cancer is just one example of the disproportionate burden borne in the developing world. Over 85% of the 275,000 women who die every year from cervical cancer are from developing countries.
Hopefully, initiatives such as World Cancer Day will help achieve the targets outlined in the World Cancer Declaration, which are to place cancer on the political agenda, improve cancer prevention and early detection, and enhance access to and treatment for cancer patients.

"Did you know?" is the question posed for World Cancer Day 2013, which focuses on debunking damaging myths and misconceptions about the disease, reinforcing that there are still too many preconceived ideas about cancer that need demystifying and putting right. Prevention involves various approaches, and one aspect of this many-pronged effort, led by multiple agencies, is conveying clear messages to the public to improve general knowledge about cancer.

Myth 1 - Cancer is just a health issue
Truth: Cancer is not just a health issue. It has wide-reaching social, economic, development, and human rights implications.

Myth 2 - Cancer is a disease of the wealthy, elderly and developed countries
Truth: Cancer is a global epidemic. It affects all ages and socio-economic groups, with developing countries bearing a disproportionate burden.

Myth 3 - Cancer is a death sentence
Truth: Many cancers that were once considered a death sentence can now be cured and for many more people, their cancer can be treated effectively.

Myth 4 - Cancer is my fate
Truth: With the right strategies, a third of the most common cancers can be prevented.

Source: >> iarc.fr/en/
>> worldcancerday.org/cancer-myths

National News

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Burlakoti said that works related to this would be forwarded soon.

Source: ekantipur.com

HIV-infected women's drive against AIDS

ARGHAKHANCHI, FEB 27 -

Bipana Thapa of Kimdanda and Parbata Banjade of Divarne in the district, both living with HIV, have been actively involved in an awareness campaign against HIV/AIDS. Banjade said they decided to be engaged in the drive so that others will not fall victim to the health condition only because of a lack of awareness. "The number of HIV-infected people is on the rise. This is not a good trend," said Banjade. According to the District AIDS Coordination Committee, the number of people living with HIV in the district was 25 six years ago while the figure stands at 103 now. Many HIV victims do not come out openly due to social stigma, said Banjade. She also said though they urged the District Development Committee, party leaders and VDC secretaries to provide adequate funds for awareness campaigns and also to manage medicines as well as jobs for the victims, their demands are yet to be addressed.

The campaigners also said some HIV-infected people are deprived of medicines as local health institutions do not have such service and they cannot afford to travel to Butwal and Kathmandu. Both Banjade and Thapa were infected with HIV through their husbands, who had worked in India. Their husbands both died of AIDS-related complications many years ago. Thapa and Banjare work for local NGOs working for the welfare of HIV victims. Thapa said though they were shunned by locals in the beginning, things have changed now.

Source:ekantipur.com

Workers from India prone to HIV/AIDS

KANCHANPUR, MAR 16 -

Most of the workers, who have returned from India, are in a high risk of HIV / AIDS in Kanchanpur district. Ashok Pandey, Coordinator of the District AIDS Coordination Committee said that the workers returned from India and their families are affected by the AIDS. Some 175 males and 148 women and their 46 children are affected by it in the district, Pandey said. Some 71 victimized here in the district died due to HIV / AIDS since 2006 to 2012, Pandey added. An awareness program targeting the workers should be launched before they go to India, locals said.

Source:thehimalayantimes.com

Global Health

Avian influenza – situation in Cambodia – update

1 February 2013 –

The Ministry of Health (MoH) of the Kingdom of Cambodia reported five new human cases of avian influenza that were confirmed positive for the H5N1 virus in January 2013.

Case details include an 8 month old male from Phnom Penh with onset 9 Jan 2013, a 17 year old female from Takeo Province with onset 11 January, a 35 year old male from Kong Pisey district, Kampong Speu Province with onset 13 January, a 17 month old female from Kong Pisey district, Kampong Speu Province with onset 13 January and a 9 year old female from Toeuk Chhou district, Kampot province with onset on 15 January 2013.

The cases all presented with fever, cough and other ILI symptoms. Four of the cases died, with 1 case, the 8 month old male, recovering after only experiencing mild ILI. Laboratory samples were tested by the National Institute of Public Health's laboratory and by the Institut Pasteur du Cambodge.

Preliminary evidence does not support human-to-human transmission and four of the cases are known to have had close contact with sick/dead poultry.

Source: WHO

Poliovirus detected from environmental samples in Egypt

11 February 2013 –

In Egypt, Wild Polio Virus Type 1 (WPV1) was isolated from sewage samples collected on 2 and 6 December 2012 in two areas of greater Cairo. Virus has been detected in sewage only; no case of paralytic polio has been reported. Genetic sequencing shows that the virus strains are closely related to virus from northern Sindh, Pakistan. Pakistan is one of three countries worldwide affected by ongoing indigenous transmission of WPV (together with Nigeria and Afghanistan). The isolates were detected through routine environmental surveillance in Egypt that involves regular testing of sewage water from multiple sites.

Following detection of these isolates, the Government of Egypt is implementing a comprehensive response in line with international outbreak response guidelines issued by the World Health Assembly (WHA) in Resolution WHA59.1.

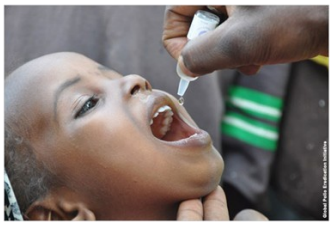
On 2-6 February, supplementary immunization activities (SIAs) were conducted in the two areas of Cairo from where the environmental samples had been collected, reaching more than 155,000 children with trivalent oral polio vaccine .

Source: WHO

Polio in Niger

12 February 2013 -

Following the notification on 3 January 2013 of a wild poliovirus type 1 (WPV1) case in Niger, outbreak response is continuing in the country. A WPV1 case had been detected from Tahoua region, with onset of paralysis on 15 November 2012 (the first case in the country since December 2011). Genetic sequencing confirmed that the virus was a new importation into Niger,



most closely related to virus circulating in Kaduna state, Nigeria.

The Government of Niger is continuing to implement a comprehensive response in line with international outbreak response guidelines issued by the World Health Assembly (WHA) in Resolution WHA59.1. Following an initial supplementary immunization activity (SIA) on 15 January 2013 to reach approximately two million children with bivalent oral polio vaccine (OPV), nationwide SIAs were conducted from 2-5 February 2013, targeting more than five million children with trivalent OPV.

A second nationwide SIA is planned for 2-5 March with bivalent OPV. Previously, nationwide SIAs had been conducted on 23 November 2012 with bivalent OPV. A joint national and international team of epidemiologists and public health experts has been deployed by the World Health Organization's (WHO) Regional Office for Africa to assist the Government of Niger in the investigations, help plan response activities and support active searches for additional cases of paralytic polio.

Source: WHO

Yellow fever in Chad

14 February 2013 -

The Ministry of Health of Chad is launching an emergency mass-vaccination campaign against yellow fever from 22 February 2013, following laboratory confirmation of

two cases in the country in December 2012.

The two cases from Goz Beida and Guereda districts were laboratory confirmation by a WHO regional reference laboratory for yellow fever, Institut Pasteur in Dakar, Senegal. They were identified through the national surveillance programme for yellow fever, following intensive surveillance which was triggered in response to the outbreak of yellow fever in neighbouring Sudan's Darfur region. The intensive surveillance in Chad also reported 139 suspected cases and 9 deaths.

The vaccination campaign will be conducted in 3 districts bordering Darfur, Sudan, namely Goz Beida, Guereda and Adré, targeting over a million people, including inhabitants of refugee camps in the area. The campaign is supported by the Chad's Ministry of Health, the International Coordinating Group on Yellow Fever Vaccine Provision (YF-ICG1), and GAVI Alliance .

Source: WHO

Novel coronavirus infection - update

21 February 2013 –

The Ministry of Health in

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Journal Watch

Tuberculosis practices among private medical practitioners in Kaski district, Nepal

Practice of Tuberculosis (TB) management is not much satisfactory among private medical practitioners in Kaski district of Nepal, according to the study published in 2012 issue two of *Int J Infect Microbiol.*

A descriptive cross sectional study, applying quantitative method, was conducted at Pokhara sub-municipality and Lekhnath municipality of Kaski among 30 private practitioners, 142 private pharmacies, and 42 private laboratories through self administered questionnaire and structured interview schedule.

According to the study, nearly one fourth of the TB suspects in the district were found to have consulted private providers with about 20.0% of the total smear positive cases diagnosed in private laboratories. Beside sputum microscopy, Private Medical Practitioners (PMPs) were also found to prefer other tests like X-ray, culture for TB diagnosis. Similarly, PMPs' varying prescription of anti TB drugs beyond National TB Programme (NTP) recommendation along with their weak recording and case holding were noteworthy, and the cost of TB treatment seemed higher in private sector. As per the study, only one third of private institution had their staff trained in TB. Except some informal linkage, no collaboration between public and private sector was noted.

The study concluded that NTP should take effective measures for Public Private Mix and to make them aware of the standards through training and orientation in order to improve the quality of care.

Full text article is available at:
Int J Infect Microbiol 2012;1(2):68-75 DOI: http://dx.doi.org/10.3126/ijim.v1i2.7085

Author: *Nepal AK, Shrestha A, Baral SC, Bhattarai R, Aryal Y* ◆

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Global Health

Continued from page 5

Saudi Arabia has informed WHO of another confirmed case of infection with the novel coronavirus (NCoV).

The patient was hospitalized on 29 January 2013 and died on 10 February 2013. The

case was laboratory-confirmed on 18 February 2013. Further investigation into this case is ongoing.

In the United Kingdom, the Health Protection Agency continues to investigate the family cluster where three members of the family tested positive for NCoV infection. One member of this family, who had an underlying health condition, has died.

To date, WHO has been informed of a total of 13 confirmed cases of human infection with NCoV, including seven deaths.

Source: WHO

India: Swine flu kills more than 260 this year

28 February 2013 -

Swine flu has killed 261 people in India this year, with most deaths reported in Rajasthan.

Some 2,329 people have tested positive for Influenza A, also known as H1N1, which causes swine flu, across 35 states and union territories *The Times of India* reported. The highest number of cases, 834, was in Delhi, followed by 564 in Rajasthan and 305 in Haryana.

India's health ministry said Rajasthan saw 107 deaths because of swine flu, with Gujarat coming in second with 51, Haryana with 36 and Punjab with 32 deaths, News Track India reported. The ministry also noted that in the past four years, the highest number of swine flu cases was in 2009 at 27,236, followed by 20,604 cases in 2010 and 5,054 in 2012.

The highest number of deaths due to swine flu was in 2011, with 1,763.

One India News noted that since the number of swine flu cases has been increasing, Chief Minister Sheila Dikshit has launched a campaign to combat the problem.

With disastrous public hygiene and a failed health care system critics say disregards the poor, India is highly vulnerable to disease.

Source: globalpost.com

What WHO is doing for climate and health?

WHO Workplan on climate change and health

WHO was requested by the 61st World Health Assembly in 2008 to develop and implement a workplan to support member states in the protection of human health from climate change. The workplan approved by the Executive Board in 2009, orients WHOs priorities to carry out activities in four key areas. Learn more about WHOs activities and available resources on Climate and Health below.

The climate change and health workplan aims to:

- support health systems in all countries, in particular low- and middle-income states and small island states, in order to enhance capacity for assessing and monitoring health vulnerability, risks and impacts due to climate change;
- identify strategies and actions to protect human health, particularly of the most vulnerable groups; and
- share knowledge and good practices

Priorities and areas of work in climate and health

1. Advocate and raise awareness

WHO is raising awareness of climate risks to health through advocacy campaigns, publications and policy briefings, encouraging representation of WHO and health actors in key climate forums, and providing multimedia products which raise the prominence of health issues on the climate agenda and stimulate appropriate health protection by decision-makers.

Objective

Raising awareness of the effects of climate change on health, in order to prompt action for public health measures. A better understanding of the risks and effects of climate change on health will motivate and facilitate both behavioral change and societal support for actions taken to reduce greenhouse gas emissions. Improved awareness will help health-sector professionals to provide leadership in supporting rapid and comprehensive strategies for mitigation and adaptation that will both improve health and reduce vulnerability.

2. Strengthen partnerships

WHO, as the specialized UN agency for health, actively engages in the UNFCCC and One UN initiatives for Climate Change. Partnerships, networks, and collaborations can improve knowledge and evidence, enhance protection of health from climate risks, and enhance health benefits of low carbon energy choices.

Objective

Engage in partnerships with other United Nations organizations and sectors other than the health sector at national, regional and international levels, in order to ensure that health protection and health promotion are central to climate change adaptation and mitigation policies. Partnerships will be sought at all levels. This requires the public health sector to play a stewardship role in fostering policy coherence across sectors, and to influence policies and actions that can benefit health.

3. Enhance scientific evidence

WHO works with leading experts and institutions worldwide to improve the understanding and evidence base of the linkages of health and climate, the burden of disease attributable to climate change, and economic costs of climate change adaptation and mitigation to protect health. Read more about WHOs research agenda, tools, and studies on climate change.

Objective

Promote and support the generation of scientific evidence. There are some important gaps in our knowledge, in particular about the current and potential future impacts of climate-related risks, the degree of population vulnerability, characteristics of vulnerable groups, the type of surveillance and alert and emergency management systems, the most useful indicators for monitoring and evaluation of the criteria for action, as well as the comparative effectiveness of different adaptation and mitigation policies for health promotion and protection.

4. Strengthen health systems

WHO supports member states to strengthen health systems to improve population health, and increase climate resilience of communities and the health system to identify, monitor, respond, and prepare for changes in health and disease burdens related to climate. Read more about WHOs six steps to climate resilient health systems.

Objective

Strengthen health systems to cope with the health threats posed by climate. Health-system action to protect populations from the impacts of climate change will need to encompass public health interventions within the formal health sector, such as control of neglected tropical diseases and provision of primary health care, and actions to improve the environmental and social determinants of health, ranging from access to clean water and sanitation to enhancing the welfare of women. A common theme must be ensuring equity and giving priority to protecting the health security of particularly vulnerable groups. In addition, there is a particular need to control and reduce health risks, and strengthen coordinated preparedness and response in respect of the health effects of acute emergencies and other crises that may be exacerbated by climate variability and change.

Available from: http://www.who.int/globalchange/health_policy/who_workplan/en/index.html

Being Healthy

HEALTH IS WEALTH

No doubt, everyone lives their own life. However, the concern is how people live their life and make their health —'a real wealth'.

Let us consider a differently able people and a normal people. A differently able person, say with no hand, can be wealthier than a normal one (a person with both hands). Here, wealth does not only represents the money and property, rather a healthy way of living.

Generally speaking, a person with both hands live a sedentary life (series of coffee cups, lack of exercise, high calorie intake, overload, cigarette smoking and alcohol consumption) compared to a person with one hand. In addition, their life is easier and comfortable.

However, people with no hands live a different life. Generally, their day starts with a walk for food. They might not have higher earning but a satisfactory for water, breads, and pulse. Their schedule for food and sleep is usually on time.

This is the real scenario of our society. What we see, we judge the same.

Everyone wants a sedentary life. However, most of us do not realize the person living this kind of life is not in good health.

Series of coffee cups is a risk factor for cancer. Lack of exercise and fatty food consumption are risk factors for diabetes. Overload, hectic schedule, tension cause migraine and high blood pressure. Road accident may result of late night drinking. From this perspective, a person with hands

and a good income is not wealthy for his property but for the diseases.

Gist of all this discussion is to aware public about the hidden part of the disease causation.

Diseases such as diabetes, hypertension, asthma, heart attack, stroke, chronic obstructive pulmonary diseases, cancer not only affect health but also disturb body and mind. The consequences of these diseases are irreversible. To add, no medication can completely cure them and if medicine is available, it is expensive and should be used for the whole life.

Your body does the same what your mind orders it to do. It can only do the best when the order is healthy. Now it is time to think for balanced mind and body to be healthy as well as wealthy.

>> By Anoj Gurung

Tips for balanced mind and body:

- Mind should be free from any kind of stress, pain, anxiety, worries, trauma, and pressure. Humor, good emotions, joy, and happiness are the influential tools for the mind to be in good mood.
- Timely schedule for exercise, meal, work, sleeping hours, and rest is the key for better health. All of your life goes naturally and radically if every of them are treated at the right time and in the proper manner.

- Our body needs a balanced diet and no more. It asks for the harmony of all required food items in a proper manner not for the mass of the items.
- Your mind and body should control you not vice-versa. You should control alcohol not you by alcohol. All the bad habits like smoking, consuming alcohol, oversleep, and over workload need to be eliminated.
- Your body shows how fit you are. For this reason, you should make yourself fit and fine by jogging, swimming, joining aerobic and fitness club, yoga and so on.

WHO Publications

Bulletin of WHO Vol. 91, No. 02, 2013

The Bulletin is one of the world's leading public health journals. It is a peer-reviewed monthly with a special focus on developing countries, giving it unrivalled global scope and authority. The Bulletin is one of the top 10 public and environmental health journals with an impact factor of 5.4, according to the Institute of Scientific Information (ISI). It is essential reading for all public health decision-makers and researchers who require its special blend of research, well-informed opinion and news. Full bulletin is available at: http://bit.ly/V1kA1f

Achieving the Health-related Millennium Development Goals in the South-East Asia Region

Member States of the WHO South-East Asia Region have made considerable efforts at providing an extra surge to their efforts down the road to achieving the targets set by the United Nations Millennium Declaration in 2000, the core values of which have been enshrined in the Millennium Development Goals. Since 2000, these goals have been an important yardstick for the international community to measure its progress on select vital health and socioeconomic indices. The report is available for download at: http://bit.ly/YHXDBq

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

OUR CAMPUS LIASIONS

Sagun Poudel
La Grandee International, College
Pokhara, Nepal

Pramila Karki
Nobel College,
Sinamangal,
Kathmandu, Nepal

Amrit Dangi
Nobel College,
Sinamangal,
Kathmandu, Nepal

Barsha Shrestha
BPKIHS Ghopa,
Dharana,
Nepal

Ruja Luitel
CIST College
New Baneshwor
Kathmandu, Nepal

Sharika Mahato
Nobel College,
Sinamangal,
Kathmandu, Nepal

Sumit KC
CIST College
New Baneshwor
Kathmandu, Nepal

Kirui Kiprotich Shadrack
Moi University,
Eldoret,
Kenya

Call for Articles for March/April Issue

- 500-700 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

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Melissa Russell

The Editor, Public Health Perspective Online Newsletter,

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