

## Editorial: Yes! You can control your asthma

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### Public Health Important Days (May)

**May 1: World Asthma Day**  
*"You Can Control Your Asthma"*

**May 31: World No Tobacco Day**

*"Ban Tobacco Advertising, Promotion and Sponsorship"*

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Every year World Asthma Day is organized to raise awareness about asthma, and reduce its prevalence, morbidity and mortality. Global Initiative for Asthma (GINA) is an organizer of this day. This year it is on May 7 and has a theme, "You can control your asthma" with a sub-theme, "It's time to control asthma." The main gist of this theme is that we cannot cure asthma, but we can control it.

However, this particular day does not seem to draw much attention of people. Neither it is able to cover the media attention. This month Public Health Perspective (PHP) nation's first public health online newsletter is supporting this wonderful work of GINA by sharing the information about asthma to its valued readers. In this editorial, we have tried to garner the important information about this chronic lung disease developed by GINA particularly focusing on prevention.

Asthma is a chronic lung disease characterized by recurrent breathing problems and symptoms such as breathlessness, wheezing, chest tightness, and coughing. People with asthma may wake up at night because of coughing or trouble breathing. It affects all people irrespective of their ethnic groups, races, religions, socioeconomic levels, and ages. Its symptoms vary over time, and also from individual to individual.

An estimated 300 million people worldwide now have asthma according to the Global Burden of Asthma Report, a compilation of published data on the prevalence and impact of asthma around the world. It is estimated that there may be an additional 100 million persons with

asthma by 2025. Truly, speaking when someone gets asthma s/he has difficulty doing their jobs and even has to absence from work as asthma attacks range from mild to serious and can even lead to death. In retrospect, a person whose asthma is under control can have normal lives (work, play, and sleep well at night).

The good news is that we can avoid most asthma attacks. Asthma control means no, or very minimal, symptoms, and very infrequent asthma attacks.

GINA suggests the following tips to control your asthma and keep asthma attacks from starting:

1. Take asthma medicines the way the doctor says to take them. Most people with asthma need two kinds of medicine— Quick-relief medicines (relievers), and Preventive medicines (controllers). Relievers are used to stop asthma attacks while controllers are used every day to protect the lungs and keep asthma attacks from starting. It is suggested to carry out quick-relief asthma medicine with you when you leave home. Remember! If you use quick-relief medicine more than twice a week to stop asthma attacks, this means you need a preventive medicine for asthma. If you need quick-relief medicine more than four times in a day to stop asthma attacks, you need help from a doctor today.

2. Stay away from things that start your asthma attacks. Many things can start asthma attacks. These things are called "risk factors": animals with fur, cigarette smoke, dust in beds and

pillows, dust from sweeping, strong smells and sprays, pollen from trees and flowers, cold weather, running, sports, and working hard.

3. Go to the doctor two or three times a year for check-ups. Go even when you feel fine and have no breathing problems.

4. Know the signs your asthma is getting worse— your quick-relief medicine does not help for very long or it does not help at all, breathing is fast and hard, hard to talk, lips or fingernails turn grey or blue, nose opens wide when you breathe, skin is pulled in around the ribs and neck when you breathes, heartbeat or pulse is very fast, hard to walk) and how to respond.

5. Know how to respond. If you get an asthma attack, act fast. Immediately move away from the risk factor that started the attack and take a quick-relief asthma medicine. Stay calm for one hour to be sure breathing gets better. If you do not get better, get emergency help from a doctor.

More details about asthma and an effective, evidence-based asthma management program can be found in the GINA documents available at [www.ginasthma.org](http://www.ginasthma.org).

Until the next issue!

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**Family planning services 'unmet for 52 percent women with migrant spouses'**

KATHMANDU, MAY 02 - A baseline family planning survey targeting migrant couples found that 52 percent of the women whose husbands were out of the country reported their need for family planning unmet. The surveyors believed the desired use of long-acting clinical methods such as Norplant and Intra-uterine device (IUD)—rather than the extra-marital sexual intercourse hinted at—as a possible reason behind such a high percentage. Unmet need for family planning for women living with their husbands was lower at 24 percent; for wives of migrant laborers in general was at 43 percent. The survey found the current use of long-acting clinical methods as a family planning means to be low, with only 0.8 percent of women respondents using IUD and 0.5 using Norplant. A majority of the women obtained these and other family planning means from government hospitals, clinics and health posts free of cost. Male condoms, on the other hand, were found to be the most favored means of family planning, with 18.9 percent of the male migrant laborers using them, usually for free from health posts.

The survey, however, found the consistent use of them with spouses to be very low. Only 4 percent male migrants and 3 percent of the wives of such migrants reported using condoms with their spouses. Consistent use of condoms during sexual intercourse with female sex workers was, however, higher, at around 73 percent, although the sample size was low at 15. The knowledge of HIV and AIDS-preventive measures and transmission is low in both

male labor migrants and their wives, at 17 percent and 13 percent, respectively. Although the survey did not collect HIV prevalence rates among the respondents, it found that the majority of them had heard of the disease, mostly through radio and television. According to the National Centre for AIDS and STD Control (NCASC), around 26 percent of 50,200 people estimated to be living with HIV in Nepal in 2011 are migrant workers, most of whom travel to high HIV prevalent areas in India. NCASC has also found that the disease is usually transmitted through heterosexual transmission; 80 percent of the infections are through sexual transmissions. The survey found India to be the second most popular destination after the Gulf countries. Eighty-six percent of the MLM interviewed for the survey were married. Six hundred and ninety male labor migrants and 1,028 wives of male labour migrants were interviewed for the survey. Male labour migrants had to be aged between 18-49 years, with at least three months of stay outside Nepal, returning at least once within three years prior to the survey. Wives of male labor migrants had to be aged between 15-49 years, whose husbands met the criteria of male labor in Bara, Nawalparasi, Palpa and Kapilvastu by Saath-Saath Project funded by United States Agency for International Development in partnership with the government of Nepal. Three of the four study districts fall in the western development region, where, according to NCASC, the HIV prevalence rate is in an increasing trend, from 1.1 percent in 2006 to 1.4 in 2008.

Source: *ekantipur.com*

**Achham VDC ditches Chhaupadi practice**

KANCHANPUR, MAY 10 -

A VDC in Achham district was declared a Chhaupadi-free area amid a programme on May, 10 2013. Payal is the second VDC in the country to have been freed from the deep-rooted practice, in which women during menstruation are banished from the house. Bhageswor VDC in the same district was the first to root out the practice. Many government officials including Chief District Officer, secretary at the Ministry of Women and Children Dinesh Hari Adhikari and officials of security force, local political leaders and hundreds of locals attended the program. Speaking at the program, secretary Adhikari said it is a kind of violence and injustice to banish women during their period.

"Other VDCs will also follow suit," he said, adding that women should unite to root out the practice. The VDC was declared Chhaupadi-free on the evidence that 1,100 girls and women were allowed to stay in their home during their period ever since the campaign was launched in the VDC against the practice. The locals also destroyed Chhaupadi sheds during the campaign. Many women lose their lives each year as Chhaupadi practice is still widely observed in the country, especially in the rural areas.

Source: *ekantipur.com*

**Districts asked to prepare for monsoon diseases**

KATHMANDU, JUN 02 - With a view to preventing and preparing for possible outbreaks of communicable diseases during the monsoon season, the government has instructed all the districts, including 31 'epidemic-prone' ones, to have human resources and medicines ready. The Epidemiology and Disease Control Division (EDCD) under the Department of Health Services (DoHS) has

written to the districts, asking them to replenish medicine stocks and keep rapid response teams on standby. EDCD Director Dr GD Thakur said they have also instructed officials not to go on leave or have alternative staff in place if they have to take emergency leave. Dr Thakur said various public health awareness



programs are being launched in the districts. The 31 'epidemic-prone' districts include Kailali, Doti, Dadeldhura, Bajhang, Mugu, Humla, Kalikot, Jumla, Jajarkot, Rautahat, Mohattari, Saptari and Siraha. Regional Health Directors have, meanwhile, confirmed the availability of drugs and human resources for emergencies.

Regional Health Director of the Mid Western Region Dr Sushil Pyakurel said they have already maintained the stock of medicines as part of their preparations for the monsoon season. He said districts like Jajarkot and all the districts in the Karnali Region are being closely monitored. Jajarkot had witnessed a diarrhoeal outbreak in 2009, which claimed more than 300 lives. The country has been battling various water-borne diseases like cholera, typhoid and gastroenteritis, which spike up during the monsoon season. In 2011, a total of 14 people died due to various gastroenteritis problems. The number was 27 in 2010.

Source: *ekantipur.com*

**Environment Day celebrated—and that's it**

KATHMANDU, JUN 06 - The World Environment Day celebrations in Kathmandu Valley on June 6th were ritualistic at best with rallies, seminars, workshops, exhibitions and awareness campaigns.

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## World Asthma Day 2013: May 7

**World Asthma Day** is an annual event organized by the Global Initiative for Asthma (GINA) in collaboration with health care groups and asthma educators to raise awareness about asthma and improve asthma care throughout the world.

World Asthma Day activities are organized in each country by health care professionals, educators, and members of the public who want to help reduce the burden of asthma. The first World Asthma Day, in 1998, was celebrated in more than 35 countries in conjunction with the first World Asthma Meeting held in Barcelona, Spain. Participation has increased with each World Asthma Day held since then, and the day has become one of the world's most important asthma awareness and education events.

World Asthma Day 2013 is on Tuesday, May 7, 2013 and the theme is "You Can Control Your Asthma." However, this year GINA will also introduce a sub-theme, "It's Time to Control Asthma."

Though asthma is a condition that is associated with low fatality when compared to other chronic respiratory diseases, symptoms of asthma are associated with sleeplessness, daytime fatigue and reduced activity levels. Awareness about this condition can help to reduce asthma attacks to a great extent. For example, if an asthma patient is helped to identify the trigger that causes asthma, simple avoidance of the trigger can substantially reduce the attacks.

### What are the Barriers to Asthma Control?

Although the barriers to asthma control vary from country to country and from region to region around the world, the Global Burden of Asthma Report identifies several patterns:

**Diagnosis—** Some people with asthma symptoms may never receive a diagnosis of asthma, and thus do not have the opportunity for good asthma treatment and control. Various factors such as poor access to medical care, under recognition by health professionals, lack of awareness among patients, and overlap of asthma symptoms with those of other diseases contribute to under diagnosis of asthma in regions including the Baltic states, the Middle East, Southern Asia, China/Taiwan/Mongolia, and East, West, and Southern Africa.

**Treatment—** Barriers relating to treatment are the most commonly cited in the Global Burden of Asthma Report, occurring in one form or another in almost all regions around the world:

- The high cost of medicines means that many people with asthma in the Baltic states, the Balkans/Turkey/Caucasus/Mediterranean Islands region, the Middle East, Central and South America, East and West Africa, and other areas may not receive sufficient medication to control their disease. In Turkey, the cost of a year of treatment for a person with moderate persistent asthma is about half the monthly salary of a nurse; in Syria, it is greater than a nurse's monthly salary.
- Asthma medications are not available in some areas, such as parts of the Middle East, Southern Asia, Central America, and North, West, and East Africa.
- Treatment that is not consistent with evidence-based guidelines may hamper asthma control in, for example, the UK/Republic of Ireland, Western Europe, China/Taiwan/Mongolia, Central America, the Caribbean, and West and East Africa. There are wide variations in prescribing practices in different areas of the world, and even when cost is not a barrier under treatment may still occur.
- The underuse of inhaled corticosteroids for long-term management of asthma is a particular problem in many regions, including the Middle East, the Caribbean, and West Africa. These medications diminish chronic inflammation in the lungs of asthma patients, and are a key to controlling the disease.
- A general lack of access to medical care limits asthma treatment and control in areas such as the Balkans/Turkey/Caucasus/Mediterranean Islands region, Eastern Europe, Russia, Central Asia and Pakistan, Southern Asia, Southern Africa, and China. This lack of access may arise from socioeconomic factors, or may be a matter of scarce infrastructure and poor transport, especially in rural areas.

**Education—** People with asthma may not understand how to use their medications properly, or may not understand concepts such as asthma control and when to seek help for worsening asthma that would help them manage their disease effectively. Misconceptions about asthma and its treatment represent are widespread in regions including Southeast Asia, Central Asia and Pakistan, Eastern Europe, the UK/Republic of Ireland, Northeast Asia, and Russia.

**Environmental Health—** Avoiding risk factors that cause asthma symptoms is an important strategy for improving control. However, in many regions of the world, people with asthma may be exposed to conditions such as outdoor or indoor air pollution, cigarette smoke, or chemicals on the job that make their asthma worse.



WORLD ASTHMA DAY 2013®

## World No Tobacco Day, 31 May

**WORLD NO  
TOBACCO DAY**



**BAN TOBACCO ADVERTISING,  
PROMOTION AND SPONSORSHIP**

Every year, on 31 May, WHO and partners everywhere mark **World No Tobacco Day**, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. Tobacco use is the single most preventable cause of death globally and is currently responsible for killing one in 10 adults worldwide.



The theme for World No Tobacco Day 2013 is: ban tobacco advertising, promotion and sponsorship.

A comprehensive ban of all tobacco advertising, promotion and sponsorship is required under the WHO Framework Convention for Tobacco Control (WHO FCTC) for all Parties to this treaty within five years of the entry into force of the Convention for that Party. Evidence shows that comprehensive advertising bans lead to reductions in the numbers of people starting and continuing smoking. Statistics show that banning tobacco advertising and sponsorship is one of the most cost-effective ways to reduce tobacco demand and thus a tobacco control "best buy".

The global tobacco epidemic kills nearly 6 million people each year, of which more than 600 000 are non-smokers dying from breathing second-hand smoke. Unless we act, the epidemic will kill more than 8 million people every year by 2030. More than 80% of these preventable deaths will be among people living in low- and middle-income countries.

The ultimate goal of World No Tobacco Day is to contribute to protect present and future generations not only from these devastating health consequences, but also against the social, envi-

ronmental and economic scourges of tobacco use and exposure to tobacco smoke.

Specific objectives of the 2013 campaign are to:

- spur countries to implement WHO FCTC Article 13 and its Guidelines to comprehensively ban tobacco advertising, promotion and sponsorship such that fewer people start and continue to use tobacco; and
- drive local, national and international efforts to counteract tobacco industry efforts to undermine tobacco control, specifically industry efforts to stall or stop comprehensive bans on tobacco advertising, promotion and sponsorship.

### Key messages:

All forms of tobacco advertising, promotion and sponsorship should be banned

- Advertising bans significantly reduce the numbers of people starting and continuing to smoke. Banning tobacco advertising and sponsorship is one of the most cost-effective ways to reduce tobacco use.

The tobacco industry is constantly trying new promotional tactics using nontraditional media to exploit advertising and promotion bans

Examples include:

- handing out gifts and selling branded products such as clothing, in particular targeting young people
- "stealth marketing" such as engaging trendsetters to influence people in places such as cafes and nightclubs
- using online and new media, such as encouraging consumer interaction to design a new pack for a cigarette brand
- placement of tobacco products and brands in films and television programs, including reality TV and soap operas
- corporate social responsibility activities such as donating to charity.

Tobacco industry advertising and sponsorship target young people

- About one third of youth experimentation with tobacco occurs as a result of exposure to tobacco advertising, promotion and sponsorship.
- Worldwide, 78% of young people aged 13-15 years report regular exposure to some form of tobacco advertising, promotion and sponsorship.
- Young people aged 13-15 years are up to five times more likely than adults to be offered free cigarettes by a representative of a tobacco company.
- Most people using tobacco products start doing so before the age of 20.

A comprehensive ban of all tobacco advertising, promotion and sponsorship is required under the WHO Framework Convention on Tobacco Control (WHO FCTC)

- A comprehensive ban reduces tobacco consumption regardless of a country's income level.
- WHO's report on the global tobacco epidemic 2011 shows that only 19 countries (representing just 6% of the world's population) have reached the highest level of achievement in banning tobacco advertising, promotion and sponsorship.

>> Source: WHO

## National News

*Continue from page 2*

Dozens of organizations working in the environment sector celebrated June 5 with the slogan 'Think. Eat. Save', urging the public to contribute towards food security and environment conservation by discouraging the acts of throwing food leftovers. On the occasion of the 40th environment day, Interim Election Government Chairman Khil Raj Regmi said the fundamental right to clean and safe environment will only be guaranteed if each individual incorporates environment conservation and promotion in their daily activities, attitude and behavior.

Addressing a program organized by the Ministry of Science, Technology and Environment (MoSTE), Chairman Regmi urged one and all to integrate Environment preservation and promotional works as an important component of their daily life. "Environment conservation and mitigating impacts of climate change are not possible through the efforts of a single individual or organization. It needs the support of multi-sectoral agencies and people," said Regmi. Various organizations working to promote the concept of cycle-friendly city gifted Regmi with a bicycle at the program.

Source: ekantipur.com

## Global Health

### Brazil to hire 6,000 Cuban doctors to serve in remote areas

7 May 2013 -

**B**razil is planning to hire 6,000 Cuban doctors to serve in remote parts of the country where medical services are lacking or nonexistent.

"Cuba is very proficient in the areas of medicine, pharmaceuticals and biotechnology and Brazil is considering receiving Cuban doctors in talks that involve the [Pan-American Health Organization] PAHO," Brazilian Foreign Minister Antonio Patriota said following a meeting with his Cuban counterpart Bruno Rodriguez.

The Cuban doctors are expected to be sent to poor areas of Brazil's northeast and Amazon jungle regions, despite Brazilian medical associations expressing their opposition to Cuban-trained medical professionals. They claim standards at medical schools in Cuba are lower than those in Brazil and consider them more equivalent, in some cases, to a nursing education in Brazil.

Cuba has sent 30,000 doctors over the past 10 years to work in poor neighborhoods of Venezuela under an agreement with the late President Hugo Chavez. The deal involved exchanging medical services for cheap oil.

Patriota said the plan would strengthen ties between Havana and Brasilia, and announced that Brazil will finance the modernization of five airports in Cuba. Brazilian construction mega-company Odebrecht has already started building a container terminal at the Mariel port.

Source: *Global Post*

### Wild poliovirus in Somalia

11 May 2013 -

**A**n investigation has been launched into a preliminary report of the detection of a wild

poliovirus type 1 (WPV1) in the Banadir region of Somalia. This is the first WPV to be reported from Somalia since 25 March 2007. The virus was isolated from specimens collected on 21 April 2013 from a 32-month-old girl, who became ill due to acute flaccid paralysis on 18 April 2013, and from specimens collected from 3 of her close contacts.

An investigation team is on site; genetic sequencing of the virus is on-going to determine its origin. The preliminary results of these investigations will be reported as soon as possible. An immediate vaccination response with oral polio vaccine (OPV) is being planned to begin on May 14-16 to reach more than 350,000 children under the age of five in all the 16 districts of Banadir region, with a series of subsequent activities, including nationwide OPV campaigns, under discussion.

Source: *WHO*

### Coronavirus: World Health Organization warns of person-to-person transmission

13 May 2013 -

**T**he World Health Organization (WHO) said Sunday that the latest strain of the coronavirus can be passed between two people in close contact. The news came as French authorities said a man that had shared a hospital ward with the country's first coronavirus victim had become infected. The two shared a room for two days in a hospital in Valenciennes and are both now in hospital in Lille.

The second patient is in intensive care after contracting the virus. The coronavirus, an upper respiratory illness, is similar to the SARS virus, which spread from Asia in 2002 and 2003.

SARS killed 800 people worldwide. The new virus has killed 18 people since it was identified in 2012 and there have been over 30 confirmed cases, most notably in the United Arab

Emirates (UAE), Saudi Arabia and France.

Saudi Arabia has been the most affected with 15 deaths out of 24 confirmed cases. Many of those dead are adult males. There have also been cases in Britain and Germany. The French patient had recently visited the UAE before contracting the virus.

Source: *Global Post*

### Human infection with avian influenza A (H7N9) virus – update

17 May 2013 -

**S**ince 8 May 2013, no new laboratory-confirmed cases of human infection with avian influenza A (H7N9) have been reported to WHO by the National Health and Family Planning Commission, China. However, four additional deaths have been reported from previously laboratory-confirmed cases.

To date, WHO has been informed of a total of 131 laboratory-confirmed cases, including 36 deaths. Authorities in affected locations continue to maintain enhanced surveillance, epidemiological investigations, close contact tracing, clinical management, laboratory testing and sharing of samples as well as prevention and control measures.

In the past week, the Shanghai and Zhejiang provincial governments have started to normalize their emergency operations into their routine surveillance and response activities. WHO offices in country, regional and headquarters continue to work closely to ensure timely information updates.

Until the source of infection has been identified and con-

trolled, it is expected that there will be further cases of human infection with the virus. So far, there is no evidence of sustained human-to-human transmission. WHO does not advise special screening at points of entry with regard to this event, nor does it currently recommend any travel or trade restrictions. WHO continues to work with Member States and international partners. WHO will provide updates as the situation evolves.

Source: *WHO*

### India clears path for new, more affordable rotavirus vaccine

17 May 2013-

**S**cientists in India made news around the world on Tuesday when they announced that they had developed a low-cost vaccine that could prevent a severe form of diarrhoea caused by rotavirus. Indian company Bharat Biotech International manufactured the vaccine, in collaboration with the Indian government and nearly a dozen Indian and international partners.

At \$1 per dose (for three doses), the oral vaccine Rotavac is a fraction of the cost of existing rotavirus vaccines and could go a long way to reducing childhood mortality. Globally, rotavirus leads to 435,000 deaths of children under the age of 5 each year – an estimated 100,000 of which are in India. Diarrhoea is India's third leading cause of under-five death, according to the World Health Organization, and scientists say that around 30 percent of diarrhoea is caused by rotavirus.

Source: *Global Post*

### Novel coronavirus infection - update

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## Journal Watch

### Biomass stoves and lens opacity and cataract in Nepalese women

The use of biomass cook stoves is associated with an increased risk of cataract, specifically nuclear opacification, according to the study published in 2013 issue of *Optometry and Vision Science*.

A cross-sectional study was carried out among 143 women aged 20 to 65 years, without previously diagnosed cataract visiting the outpatient department at Manipal Teaching Hospital, Pokhara, Nepal from July to November 2006. The first five patients present at the outpatient department between 9:00 and 10:00 each morning were invited to participate. The severity of lenticular damage, judged on the Lens Opacities Classification System (LOCS) III scales, was investigated in those women.

As per the study, using gas cookstoves as the reference category, nuclear cataract showed the strongest evidence of relationships with stove types: for biomass stoves, the odds ratio was 2.58 (95% confidence interval, 1.22 to 5.46); and for kerosene stoves, the odds ratio was 5.18 (95% confidence interval, 0.88 to 30.38). Similar results were found for nuclear color (LOCS III score Q2). The study revealed that a relationship between biomass stoves and nuclear cataract was a trend with years of exposure to biomass cookstoves ( $p = 0.01$ ). However, cortical cataract showed no evidence of association with either biomass or kerosene stoves. Similarly, the study did not show clear evidence of an association between lenticular damage and stove types.

The study recommends replacement with cleaner alternatives, such as LPG, electricity, or advanced combustion biomass cook stoves. The study also suggests for early screening of lens opacity as part of cataract prevention programs targeting cooks in biomass-using households if the association with nuclear lens opacity is confirmed in larger studies.

Full text article at: *Optometry and Vision Science*, Vol. 90, No. 3, March 2013  
 Authors: Pokhrel AK, Bates MN, Shrestha SP, Bailey IL, DiMartino RB, Smitj KR ◆

*Continue from page 5*  
 18 May 2013-

The Ministry of Health in Saudi Arabia has informed WHO of an additional laboratory-confirmed case of infection with the novel coronavirus (nCoV). The patient is an 81-year-old woman with multiple coexisting medical conditions. She became ill on 28 April 2013 and is currently in critical but stable condition.

The patient was identified as part of the ongoing investigation into an outbreak that began in a health care facility since the beginning of April 2013. She was in the same health care facility previously identified as the focus of this outbreak, from 8 to 28 April 2013. To date, a total of 22 patients including nine deaths, have been reported from this outbreak in the Eastern part of Saudi Arabia. The government is conducting ongoing investigation into the outbreak. WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend the application of any travel or trade

restrictions. WHO continues to closely monitor the situation.  
 Source: WHO

### Child health highlights from WHO's health statistics report

On May 15, 2013 the World Health Organization published its annual World Health Statistics report, which presents the most recent health data for WHO member states and reports on countries' progress toward the health-related UN Millennium Development Goals. The report examined a wide range of statistics for 194 countries in nine areas, including life expectancy and mortality, infectious diseases, health inequities, and health spending.

"Our statistics show that overall the gaps are closing between the most-advantaged and least-advantaged countries of the world," said Dr. Ties Boerma, Director of the Department of Health Statistics and Information Systems at WHO, in a press release. "However, the situation is far

from satisfactory as progress is uneven and large gaps persist between and within countries."

Included in WHO's report are key statistics related to child health. Here are a few:

- Around the world, the number of children who die under the age of five has dropped by more than 40 percent — from 12 million in 1990 to 6.9 million in 2011.
  - Children in low-income countries are 16 times more likely to die before age five than those in high-income countries.
  - While 27 countries have reached the MDG target related to child health in advance of the 2015 deadline, most have not — and at current rates, the world is not on track to meet the goal of reducing child mortality by two-thirds of 1990 levels.
  - India has, by far, the greatest number of children who die under the age of five each year: 1.7 million children in 2011. Sierra Leone has the highest rate of child mortality: 185 deaths per 1,000 live births in 2011.
  - Six largely preventable causes
- Continue on page 7 (next page)*

### How to join PHP?

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## Promoting adaptation to climate change in Nepal-Policy Briefing ...Health Outlook

Practical action (Technology challenging poverty) briefing report focuses on the impact of climate change on Nepal's rural poor. A great deal has been written on the challenges of providing clean energy and the risks to urban populations but, as this paper outlines, climate change also has many other consequences. Rural communities, whose livelihoods are intimately tied to the environment, are profoundly affected by the climate, yet have received little attention in the climate change literature. This aim of this briefing is to help address this shortcoming by first, setting out the current understanding of climate change and its impacts for Nepal and second, demonstrating that through immediate government action and community based adaptation the needs of those most affected by climate change can be met. Here in this write up, we have extracted points that highlights health related issues raised in this policy briefing.

- Global warming means more than just rising temperatures: climate change affects all aspects of the climate, making rainfall less predictable, changing the character of the seasons, and increasing the likelihood or severity of extreme events such as floods..
- Far from being an issue that only has implications for energy supply or the environment, climate change touches all the resources that we depend on in life. In particular, the current and future impacts of climate change hurt the well-being of the poor and vulnerable.
- By directly eroding the resources (physical resources, human resources (malnutrition and the incidents of infectious diseases are predicted to rise with changing weather patterns), social resources, natural resources, financial resources) that poor people depend on for their livelihoods, climate change makes it easier for people to fall into poverty and harder for the poorest to escape from it.
- Water shortages and poor water quality have been attributed to the effects of rapid urbanization and industrialization, aggravated by climate change, in India, Pakistan, Nepal and Bangladesh.
- The incidence of diarrheal diseases and other infectious diseases such as cholera, hepatitis, malaria and dengue fever is expected to increase due to severe floods, rainfall and droughts in combination with poverty, poor access to safe water and poor sanitation. High temperatures and poor hygiene contribute to bacterial proliferation.
- The most profound impacts of climate change in Nepal will be in agriculture and food security, water resources, water induced disasters, biodiversity changes, and human health.
- The burden of climate attributable diarrhea and malnutrition is already high in Nepal relative to elsewhere in Asia.
- Future climate projections suggest that this large relative risk is expected to continue, with flooding causing pollution in surface water and an increase in cholera and diarrheal diseases.
- Analysis suggests that the risk of malaria and kala-azar (a deadly disease transmitted by sand fly bite) is likely to increase, particularly in the subtropical and warm regions of Nepal, with Japanese encephalitis risk also rising the subtropical region.
- Generally, increasing temperatures are likely to yield a spread in insect borne diseases and exposure of communities to diseases that they have no experience of or immunity to.
- New challenges to human health is an example of anticipated climate change impacts that need planning for now.
- Climate change adaptation strategies, including the NAPAs, should require agriculture, energy, transport and health departments of Government to undertake an analysis of predicted climate change and how it impacts on their sector.
- Local and national planning will be required to secure local drinking water supplies, drainage, and health facilities. The distribution of vaccinations as people are exposed to new diseases to which they have are not immune will be essential.

>> Source: [practicalaction.org](http://practicalaction.org)

### Continue from page 6

lead to around 75 percent of child deaths worldwide: neonatal causes, pneumonia, diarrhea, malaria, HIV/AIDS, and measles.

- Under-nutrition contributes to more than a third of all child deaths. Over-nutrition is also a concern – and the number of children who are overweight doubled between 1990 and 2011 in both WHO's African and European regions.
- The gap in child mortality rates between countries with the best health status and the lowest health status has narrowed in the last two decades, dropping from 171 deaths per 1,000 live births in 1990 to 107 deaths per 1,000 live births in 2011. Still, those "top" countries had a more significant drop in their child mortality rates than those "bottom" countries.

Source: *Global Post*

Being Healthy

Tobacco Use and Health

"Tobacco products" are products prepared or manufactured for smoking or for consumption. These are of two types: Smoking tobacco (cigarette, quid of tobacco, cigar, water pipe (*Shisha*), *sulpha*, and *kakkad*) and smokeless tobacco (*khaini*, *guthkha*, *pan*, *parag* and tobacco leaves that are put into mouth or snuffed).

Tobacco consumption in the history has been found used by the Americans in the first century for their ceremonial purpose. However, the invention of cigarette making machine in nineteenth century made the nicotine using population larger.

Scenario

Today's world has 47 percent men and 12 percent female smokers with 29 percent adults

addicted to it. There is a contrast in smoking rate in low/middle and high-income countries. In low/middle income countries, almost half (49 percent) male adults and 9 percent female adults smoke while in high-income countries 39 percent male and 22 percent female do so.

In Nepal, according to World Bank report 2011, 28 percent female (highest in South-Asia) and 36 percent male are smokers. It is highest among the young with boy 13 percent and girls with 5 percent. Forty-four people die annually due to diseases related to smoking and tobacco use. The government spends 16 billion annually for such patients.

Reasons of addiction

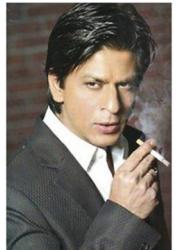
There are several reasons how people are addicted to tobacco use. Peer and family influences are the major reasons. Relation with a friend who is

addicted to tobacco use, urge a non-user to try it for the first time. During the mental pressure and worries, smokers persuade non-smokers that it will help reduce their stress and give the relaxation.

Family members, teachers, and other respectful person who smoke convey negative message and help adults to adopt this bad habits. Teenagers often think that they will become more mature by smoking as it is an adult thing to do.

Sometimes, it becomes one's own interest seeing others enjoying puffing the smokes in the air.

The movies with tobacco scenes have more effects on teens to start it. They take it as a good link for a show-off. Later, it becomes a habit because of nicotine (an addictive drug) found in tobacco products that makes an emotional psychological dependence.



Besides, tobacco companies have found new ways to promote their products to youth. They



support their sporting events and concerts. Many of the companies' promotions also target special ethnic groups of people who do not respond well to anti-smoking campaigns.

Other factors contributing to smoking include cultural traditions, easy access to tobacco, moderate price, ineffective tobacco control policies and strategies, and tobacco companies advertisements and promotional activities among others.



bronchus, lung, cervix uteri, urinary bladder, kidney, other urinary diseases, acute myeloid leukemia);

- Cardiovascular diseases (Ischemic heart disease);
- Cerebrovascular disease (Atherosclerosis, Aortic aneurysm, other arterial disease);
- Respiratory diseases (pneumonia, influenza, bronchitis, emphysema, chronic airway obstruction); and
- Perinatal conditions (short gestation/low birth weight, respiratory distress syndrome, sudden infant death syndrome).

Prevention and control

Teenagers and adults should be exposed to anti-smoking campaigns. Educational institutes such as schools, colleges, university should be made smoke-free and sale and use of cigarettes in the nearby tea shops, cafe, restaurant, hotels should be prohibited.

Parents must be aware about their children habit and their circle. They need to guide their children properly and make them aware about the danger of tobacco use.



Government is the main body responsible to lessen the menacing effects of tobacco products. Effective implementation of appropriate laws, policies, and plans is the core key for this. For instance, excise tax on tobacco products, health tax on tobacco products, health warning and mass information, ban on smoking and advertisements in public places, tobacco labels in all products, and license to sell tobacco products, reduction on production and supply of tobacco products.

Health effects of tobacco use

Various toxins are used in tobacco, which are potentially harmful and lethal to human body. They are the causative factors for the cancers and trauma of different bodily functions. The given table shows the diseases to human body related to tobacco use.

U.S. Surgeon General's Report 2004, have highlighted the following smoking-related diseases.

- Neoplasm (Lip, oral cavity, pharynx, esophagus, stomach, pancreas, larynx, trachea,



## Recently Released

### Bulletin of WHO Vol. 91, No. 05, 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/16d8E0r>

### Surveillance for Certain Health Behaviors among States and Selected Local Areas United States, 2010

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, state-based, random-digit-dialed telephone survey of non-institutionalized adults aged  $\geq 18$  years residing in the United States. BRFSS collects data on health-risk behaviors, chronic diseases and conditions, access to health care, and use of preventive health services and practices related to the leading causes of death and disabilities in the United States. This report presents results for 2010 for all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the U.S. Virgin Islands, 192 MMSAs, and 302 counties. In 2010, the estimated prevalence of high-risk health behaviors, chronic diseases and conditions, access to health care, and use of preventive health services varied substantially by state and territory, MMSA, and county. The report is available for download at: <http://1.usa.gov/14wsLqz>

### Progress on Sanitation and Drinking Water: 2013 update

This Joint Monitoring Programme for Water Supply and Sanitation (JMP) 2013 update presents country, regional and global estimates for the year 2011. Since the JMP 2012 update, which presented 2010 estimates, results of 230 surveys have been added to the JMP data base bringing the total number of surveys in the JMP data base close to 1,700. The report is available for download at: <http://bit.ly/10KLnTV>

### 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. 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 [admin@phpnepal.org](mailto:admin@phpnepal.org)

### OUR CAMPUS LIASIONS

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### Welcome to our new campus Liaison



**Mahesh Prasad Bista**  
IOM, Maharajgunj Campus, Kathmandu

### Call for Articles for June Issue

- 500-700 words on topic of public health importance (see website)
- Do not include any graphs and tables
- PP size photo in jpeg format
- email your articles to [editor@phpnepal.org](mailto:editor@phpnepal.org) with the subject '**Article for PHP**'
- For more information:  
<http://www.bmhall.yolasite.com/information-for-contributors.php>

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