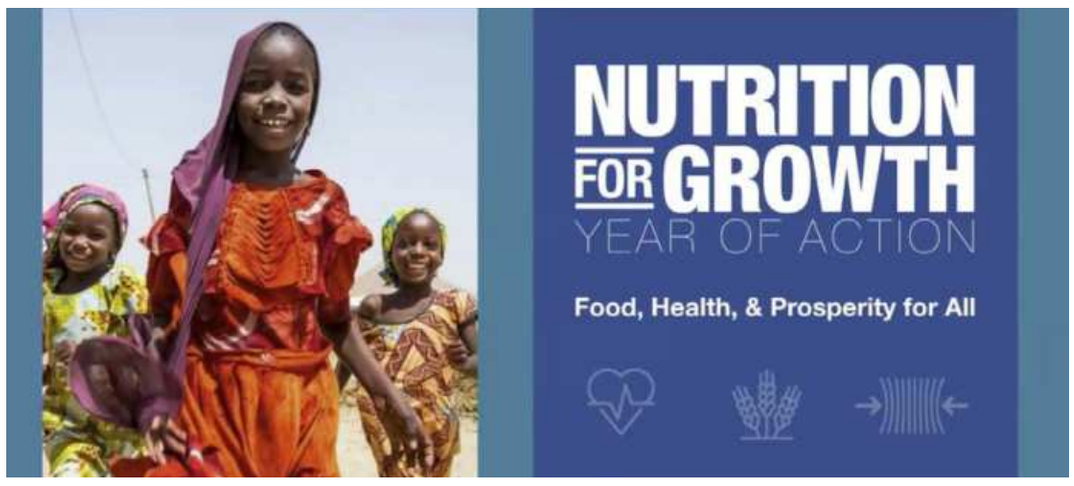
Addressing hunger and nutrition crisis

Global leaders commit more than US$3 billion to address the crisis

STAR HEALTH REPORT



The Governments of Canada and Bangladesh, in partnership with the Government of Japan, hosted a virtual launch of the Nutrition for Growth Year of Action, setting in motion a year-long effort to address a global hunger and nutrition crisis that has been exacerbated by the COVID-19 pandemic. The event featured more than US$3 billion in financing commitments or re-commitments from a range of stakeholders including the Government of Canada, the Government of Pakistan, World Vision International, UNICEF, and the World Bank.

"This year, because of the impact of the COVID-19 virus, a potential 270 million people are facing food insecurity. The most vulnerable are those who were food insecure or malnourished before the pandemic — largely women and children. To address these concerning projections, I am pleased to pledge CAD$ 520 million in nutrition-specific funding over five years to support gender-informed life-saving nutrition interventions for the poorest and most vulnerable." said Canada's Minister of International Development, Karina Gould.

The total funds committed are a fraction of what is needed to tackle the global malnutrition crisis, but represent an important down payment as additional commitments are made over the coming year. The Nutrition for Growth (N4G) Year of Action launches a roadmap of key events throughout 2021, culminating in the UN Food Systems Summit in September 2021 and the Tokyo N4G Summit.

The Government of Bangladesh re-committed to continuing and strengthening nutritional educational and counselling services; Vitamin A supplementation and de-worming programmes; and large-scale food fortification. The Bangladeshi government pledged with an emphasis on women's empowerment — enabling them to take decisions regarding their own and their children's well-being.

New data released recently by the Standing Together for Nutrition consortium predicts massive consequences for maternal and child nutrition as a direct result of the pandemic. Over the next two years, an additional 168,000 child deaths will occur, 9.3 million children will be wasted, 2.6 million children will be stunted, and 2.1 million women will be anaemic unless immediate and significant global action is taken. The costs of future productivity loss due to increases in child stunting and mortality from the effects of COVID-19 on child nutrition is estimated to be US$ 29.7 billion.

Hunger is on the rise and poor diets are now the leading risk factor of death worldwide—responsible for one in every five deaths globally, more than tobacco, high blood pressure, or any other health risk. Despite this, donors currently spend less than one percent of overseas aid on nutrition. New financing estimates show that to combat the effects of COVID-19 on child stunting, child wasting, and maternal anaemia, an additional US$ 1.2 billion is needed annually on top of the Global Nutrition Investment Framework financing estimates of US$ 7 billion per year.

New resources committed aim to close the gap in nutrition financing. To date, N4G mobilisation efforts have generated unprecedented and impactful commitments to improve global nutrition. In 2013, at the first Nutrition for Growth Summit in London, donors secured new major commitments of over US$ 4 billion to tackle undernutrition, and US$ 19 billion in complementary nutrition-sensitive investments between 2013 and 2020. At the 2017 Global Nutrition Summit in Milan, governments, civil society organisations, private philanthropies, and the private sector made financial and policy commitments totaling US$ 3.4 billion.

Donors have delivered on their previous financial commitments, some two years early. The United Kingdom reached its target from 2013 by delivering nutrition interventions to 50 million people, and the European Union EU is projected to meet its target from 2013 to reduce stunting by 7 million. The outcomes of the Nutrition for Growth Year of Action will be enshrined in a global compact that will serve as a global agreement on international and multi-stakeholder commitments to nutrition and summarise the combined ambition of all stakeholders to reach specific, time-bound nutrition targets.

HAVE A NICE DAY

Immunity passports for persons with COVID-19

DR RUBAIUL MURSHED

Till today the most frustrating fear of the world is the vulnerabilities of the COVID-19 pandemic. This has directly and indirectly traumatised our everyday lifecycle. After all these incredibly disordered months in 2020, now some researchers are also focusing on the isolation and quarantine period and the status of severe COVID-19 survivors.

When some research shows that for people who recover from COVID-19, the antibodies they develop against the virus are maintained in their bodies for at least a few months; on the other hand, some reports do not support that. Understanding how our immune system responds to the virus is an important step in vaccine development. Knowing how long immunity lasts is also significant in creating vaccination protocols.

One of the latest studies in November 2020 is saying that people with COVID-19 are most infectious about two days before symptoms begin and for five days afterwards. A few patients who are extremely ill or have impaired immune systems may expel — or 'shed' — the virus for as long as 20 days, other studies have suggested. In mild cases, some patients may shed live virus for about a week. The Centres for Disease Control and Prevention (CDC) recommend that infected people isolate for a minimum of 10 days from the starting of their illness.

In September 2020, France dropped its required period of self-isolation to seven days from 14 days. Germany is considering shortening it to five days. Some people unwittingly mix-up with isolation and quarantine. Isolation refers to people who are ill; quarantine refers to people who have been exposed to the virus and may become ill. Setting the isolation period at five days is likely to be much more palatable and may encourage more infected people to comply.

While we have been working hard on many fronts to understand the virus and develop controls for it, there is still much we do not know including how long it lasts after it strikes.

E-mail: rubaiulmurshed@gmail.com

HEALTH *bulletin*

Better heart health scores in midlifelinkedtolowerriskoflate-life dementia

A study in Finland found that those who had better scores on standard metrics of cardiovascular health in midlife, especially for behavioural factors such as smoking, had a lower risk of dementia later in life. Yajun Liang of Karolinska Institutet in Stockholm, Sweden, and colleagues present these findings in the open-access journal PLOS Medicine.

The researchers found that participants with intermediate or ideal cardiovascular health scores from midlife onwards, especially for behavioural factors, had a lower risk of dementia later in life than participants with poor scores.

When looking specifically at biological factors, ideal scores in late life were actually associated with a greater risk of dementia. The authors note that this could be because some biological hallmarks of dementia might overlap with "ideal" scores on these factors, such as lower blood pressure and lower cholesterol.

These findings suggest that maintaining lifelong cardiovascular health, particularly in the areas of smoking, exercise, and body mass index, could reduce dementia risk later in life.

Is your child growing normally?

DR BEDOWRA ZABEEN

Being short is not easy in this tall world. Studies show that shortness in children is correlated with teasing, bullying, and social exclusion, while studies in adults have linked short stature to social isolation, reduced marriage rates, and adverse effects in finding or sustaining one's career. Moreover, a short child may have altered body composition, delayed puberty, abnormality in blood cholesterol and increase risk of heart disease when they are growth hormone-deficient.

Growth means the increase in height and weight and other body changes that happens with the age. Growth is influenced by many factors, such as hormones, illness, medications, nutrition and psychosocial environment.

After birth, the body grows at the highest rate in a lifetime of 25 centimetres in length. By age 4, growth in height usually continues at a steady rate of about 5 centimetres per year until adolescence. But growth may vary from child to child throughout this period of childhood. During puberty, a major growth spurt happens, usually between 8-13 years of age in girls and 10-15 years in boys. Early signs of abnormal growth include fitting into the same clothes or shoes for more than one year, younger siblings catching up or surpassing your child's height, gradually falling behind the peers.

There are so many causes that can affect your child's growth. Most of the cases are physiological. The most common causes are having a family history of short stature; constitutional growth delay; growth hormone deficiency; genetic causes like Turner Syndrome; slow foetal growth; poor nutrition and emotional deprivation etc.

Growth hormone (GH) deficiency is when the master endocrine gland (the pituitary gland) does not make enough growth hormone. GH is needed to stimulate the growth of bone and other tissues. In addition to growth, growth hormone regulates the body's metabolism. The main sign of GH deficiency is slow height gain each year which can be identified after the child's 3rd birthday. A child with GH deficiency may also have a younger-looking face, high pitched voice, a chubby body build and delayed puberty.

There are many conditions where GH therapy can be given. Your child may need to see a paediatric endocrinologist who will consider his or her age, overall health and other factors when advising treatment. Treatment is done with daily injections of synthetic growth hormone. This treatment will likely continue for several years as your child continues to grow. Your child's doctor will monitor the effectiveness of the GH treatment and adjust the dosage accordingly. The earlier the treatment is started, the better chances that a child will have a normal or near-normal adult height that matches his or her family pattern.

Since early treatment may help your child reach a normal adult height, talk to your doctor as soon as you notice any signs or symptoms of delayed growth. The extra inches would also open up an array of social and economic opportunities, ranging from better social inclusion to greater professional achievement. A child should not be disadvantaged due to having growth hormone deficiency.

The writer is a Consultant Paediatric Endocrinologist at the Department of Paediatrics and CDIC Paediatric Diabetes Centre, BIRDEM 2, Diabetic Association of Bangladesh.
E-mail: bzabeen@hotmail.com

Peripheral neuropathy tied to higher mortality risk

Peripheral neuropathy is associated with increased mortality risk, regardless of patients' diabetes status, according to a study in the Annals of Internal Medicine.

Some 7,100 U.S. adults aged 40 and older underwent monofilament testing. Roughly 27% of those with diabetes and 12% of those without diabetes had peripheral neuropathy.

During a median 13 years' follow-up, 30% of participants died. After multivariable adjustment, among those with diabetes, all-cause mortality and cardiovascular mortality rates were higher in those with peripheral neuropathy than in those without it (hazard ratios, 1.5 and 1.7, respectively). Among patients without diabetes, peripheral neuropathy was associated with a higher risk for all-cause mortality (HR, 1.3) but not for cardiovascular mortality.

The authors conclude: "These findings suggest that decreased sensation in the foot may be an underrecognised risk factor for death in the general population."

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