

World TB Day Ending TB by 2030

STAR HEALTH DESK

World Health Organisation (WHO) is calling on countries and partners to 'Unite to End Tuberculosis' on the occasion of World TB Day, observed on 24 March, 2016.

The call comes as we enter the era of the Sustainable Development Goals (SDGs). Ending tuberculosis (TB) by 2030 is a target of the SDGs and the goal of the WHO End TB Strategy.

That is an ambitious aim. While there has been significant progress in the fight against TB, with 43 million lives saved since 2000, the battle is only half-won: over 4000 people lose their lives each day to this leading infectious disease. Many of the communities that are most burdened by tuberculosis are those that are poor, vulnerable and marginalized.

Greater collaboration needed

Ending TB will only be achieved with greater collaboration within and across governments, and with partners from civil society, communities, researchers, the private sector and development agencies. This means taking a whole-of-society and multidisciplinary approach, in the context of universal health coverage.



Momentum is growing at country and community levels – including in the 30 countries with the highest TB burden (over 85% of the global burden). A number of countries are strengthening the strategic agendas of their TB programmes, by adopting newer tools, extending access to care and linking with other parts of government to reduce the financial costs borne by patients. Other countries are partnering with researchers to speed development of diagnostic tests, drugs and vaccines, and to improve delivery.

Key TB facts

- TB ranks alongside HIV/AIDS the world's top infectious disease killer.
- More than 95% of TB deaths occur in low- and middle-income countries, and TB is among the top 5 causes of death for women aged 15 to 44.
- An estimated 43 million lives were saved through TB diagnosis and treatment between 2000 and 2014.
- The TB death rate dropped by 47% between 1990 and 2015.

Country progress on TB

For example, India which is home to more people ill with TB and multidrug-resistant TB (MDR-TB) than any other country, has committed to achieving universal access to TB care with its campaign for a TB-Free India. The Ministry of Health and Family Welfare is expanding its capacity to test patients rapidly for drug-resistant TB and is initiating use of bedaquiline, a new, WHO-recommended drug in MDR-TB treatment. In addition, by making TB case notification mandatory in 2012 and by intensifying efforts to engage the private sector, case notifications rose 29% in 2014 alone.

In working towards universal health coverage, South Africa has greatly expanded access to Xpert MTB/RIF, a WHO-recommended rapid molecular test for TB and drug-resistant TB. South Africa has the largest number of people living with HIV who are receiving TB preventive treatment in the world.

In Thailand, where a large percentage of the population has access to health services at modest cost, efforts are focusing on ensuring that all residents – including migrants – have access

to TB treatment.

Brazil and Vietnam, both with effective basic TB services, are investing in research efforts to drive down the TB burden. Brazil has formed a national network of TB researchers, REDE-TB, which is working on basic science, clinical trials, and operational research priorities. Vietnam has formed VICTORY ('Vietnam Integrated Centre for Tuberculosis and Respiratory Research'), a research partnership that is initiating a TB prevalence survey and developing tools to prioritize interventions for MDR-TB.

Challenges remain

Despite these advances, formidable challenges remain including fragile health systems, human resource and financial constraints, and the serious co-epidemics with HIV, diabetes, and tobacco use.

MDR-TB is another critical challenge. Urgent and effective action to address antimicrobial resistance is key to ending TB by 2030. So are increased investments, as the global tuberculosis response remains underfunded for both implementation and research.

WHO is committed to continuing its work with countries and partners around the world to address these challenges and to accelerate collective action to end the TB epidemic altogether.

Source: World Health Organisation

HAVE A NICE DAY

World's most unwanted settings!



People consider doctors as next to God. But do not forget they are just human beings and they can make mistakes unwittingly. Today it is no longer a secret that medical errors are one of the leading causes of death throughout the world. According to a critical care physician at Johns Hopkins Hospital, a quarter million

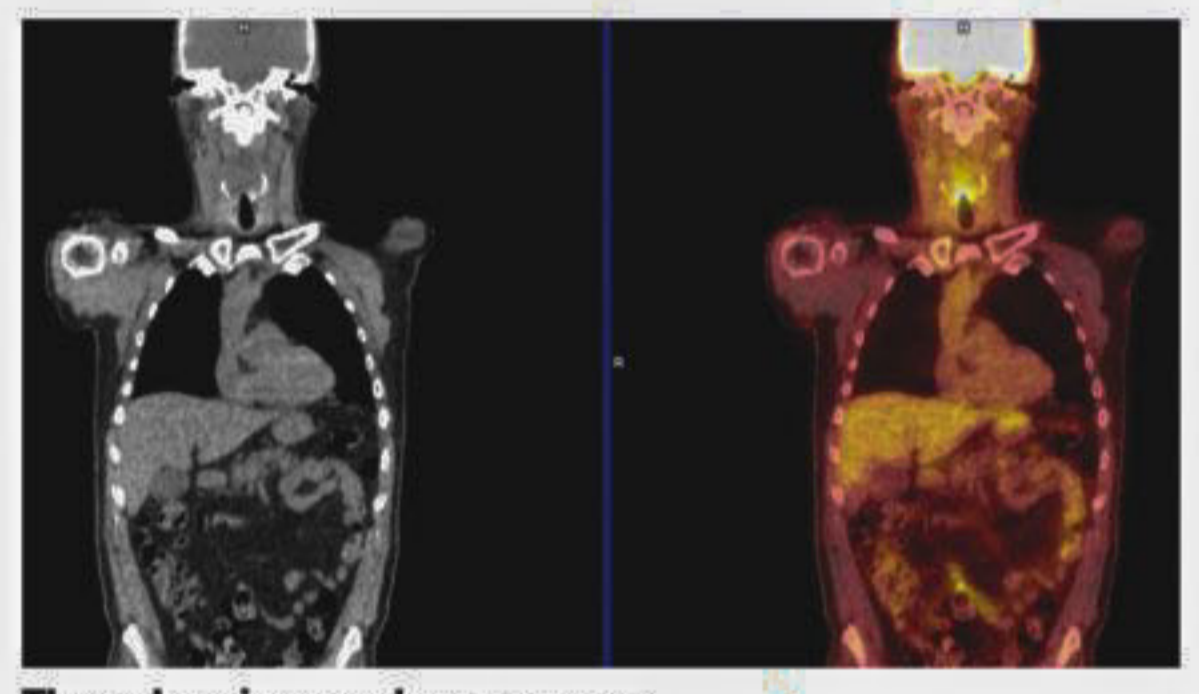
people die every year due to physician error, they are so prevalent that if you were to add them all up, they are so likely would be at least the number three cause on the death list. But the sad part is that a lot of them are preventable. Patients and their attendants can try to prevent them by asking the following questions specially before a procedure.

- If your identity gets mixed up with someone else's, you can get the wrong medication or even the wrong surgery. In our country most of the hospitals do not provide patients a wristband with their name, date of birth and a unique code. Make sure this is checked and verified before every medical procedure.
- Surgical tools or other objects are left inside patients after surgery far more often than we could think. This is often the result of surgical staff failing to count or miscounting small equipment or swabs during and after the procedure. Unexpected pain, fever and swelling after surgery are all indications that one could have a surgical tool still inside. This is just not happening in our country but everywhere. One study in the New England Journal of Medicine found that about 1,500 Americans have objects left inside of them following surgery every year. Incidents involving clamps, retractor and other objects have also been reported. Researchers have found that if you have an emergency surgery, probability of being impacted by an object left behind is much higher.
- The term 'golden hour' is also applicable in case of surgeries. Sometimes emergency patients are waiting so much that the crucial waiting time can be the difference between life and death, loss of limbs, eyes or something valuable. Something similar happened to Malyia Jeffers, a 2 year old child who went through amputation of her limbs as she was not attended by the doctors in time.
- If the hole in your chest is not sealed (made airtight) correctly after a chest tube is removed, air bubbles can enter the wound and cut off blood supply to your lungs, heart, kidneys and brain - a life threatening event. Before having a chest tube removed, ask the duty doctor or expert nurse how you should be positioned to avoid air bubbles and make sure the hole will be sealed airtight.
- If you are undergoing surgery, make sure you confirm with the surgeon, his assistant/s and nurses that they have the correct body location on where to operate - and if any marks are drawn to indicate the area, make sure they are in the proper location.
- Hospital acquired infections are alarmingly universal, in some places it is increasing and sadly they are often deadly. In the United States, a huge 100,000 people die as a result of this infection each year. Our 'infection control team' needs to be more educated and smart. It is an unthinkable killer general people are not aware of. The saddest part is, most of these cases could likely have been easily prevented with better infection control in hospitals, for example, simple routine such as doctors, nurses and other health care providers washing their hands before handling each patient can make a big difference.
- There have been cases reported where a spinal anaesthetic used for pain relief was mistakenly put into a vein which is life threatening. A healthy young pregnant woman and her unborn daughter died after a feeding tube was mistakenly connected to an intravenous line, sending liquid food directly into her veins - This could have been easily avoided. Most of the hospital are suffering from shortage of nurses or nursing assistants; either nurses often work overtime or covering too many patients at once, it is all too easy to connect a tube improperly, leading to an often fatal outcome for the patient.
- You may hear lot of sad but true stories related to unskilled or unmindful anaesthesiologists. Although this discipline is now much safer than ever before. So never forget to talk to the anaesthesiologist before any surgical procedure.
- Last but not the least is misdiagnosis, which can be fatal for you. So please always go for a second opinion. Do not hesitate, a wise doctor should appreciate this. Remember, doctors are also human beings, they can make mistakes.

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HEALTH bulletin

Improving health in cities worldwide



The colour image shows cancer hotspots, including one in the throat. PHOTO: UNIVERSITY OF BIRMINGHAM

Cancer scans minimise risky operations

Using a scanner rather than a scalpel could spare hundreds of thousands of cancer patients from risky surgery, a study suggests. Head and neck tumours are treated with chemotherapy and radiotherapy, but then need an operation to visually check whether the growth has gone.

A study on 564 patients, published in the New England Journal of Medicine, showed 80% of them could be spared surgery by scanning instead. And survival rates stayed the same.

Positron emission tomography-computed tomography (PET-CT) uses a radioactive dye that is picked up by rapidly dividing cancer cells. This allows doctors to see if any of the head or neck cancer is still active.

Prof Hisham Mehanna, from the University of Birmingham, told the BBC, "Cancerous cells hide among the dead cells, with PET-CT you can call them out and find out whether they are alive or not. We can now use this new technology to save patients having a debilitating operation and identify those that need the operation rather than give it to everybody." Prof. Mehanna said scanning could help hundreds of thousands of people around the world each year.

STAR HEALTH REPORT

Hundreds of researchers, educators, community leaders, practitioners, and policy makers from all regions of the world will convene in San Francisco, California from April 1-4 to advance understanding of actions needed to improve health and health equity in cities worldwide. This year marks the 13th annual conference (ICUH 2016) organized by the International Society for Urban Health (ISUH) in collaboration with the American Association of Geographers. The theme of the event, 'Place & Health,' will feature insights from diverse groups of multi-disciplinary experts in fields such as urban planning, architecture, transportation, housing, environmental health, public health and health care delivery.

"Attention to cities has grown more visible worldwide with the recent adoption by the United Nations of the first ever urban goal (Goal 11) among the seventeen Sustainable Development Goals (SDGs) and the creation of the 'New Urban Agenda' as planning continues for the Habitat III Conference in Quito, Ecuador in October of 2016. The International Society for Urban Health is committed to assuring that strategies that advance urban health, as priorities in all such plans with cross-cutting agendas across other goals for health, water-sanitation,



hunger and food security, gender equality and women's empowerment, etc." said Dr. Shamim Talukder, ISUH's President and CEO of Eminence Associates for Social Development in Dhaka, Bangladesh.

The conference kicks off with the launch of a new WHO/UN HABITAT Global Report on Urban Health. The timely report is instrumental for countries and cities to implement the new Sustainable Development Goals, particularly for health and urban settings, and to achieve universal health coverage. The report synthesizes new data from over 100 cities worldwide on the relationship between health and urban settings, including patterns of health inequities, along with evidence for the opportunity of cities

to act across many sectors of government and society to improve health outcomes.

"The American Association of Geographers is pleased to collaborate with The New York Academy of Medicine and the International Society of Urban Health on the joint international symposium on Geography and Urban Health. With this collaboration we aim to foster interdisciplinary and international collaborations in team science, geodesign for healthy urban environments, GI Science advances in health research and technology transfer, and geographic or biomedical research which addresses global health needs," said Douglas Richardson, Executive Director of the American Association of Geographers.

Physical Features

- A flattened face, especially the bridge of the nose
- Almond-shaped eyes that slant up
- A short neck
- Small ears
- A tongue that tends to stick out of the mouth
- Tiny white spots on the iris (colored part) of the eye
- Small hands and feet
- A single line across the palm of the hand (palmar crease)
- Small pinky fingers that sometimes curve toward the thumb
- Poor muscle tone or loose joints
- Shorter in height as children and adults

Treatment

Down syndrome is a lifelong condition. Services early in life will often help babies and children with Down syndrome to improve their physical and intellectual abilities. Most of these services focus on helping children with Down syndrome develop to their full potential.

Down syndrome is a condition in which a person has an extra Chromosome.

Chromosomes are small "packages" of genes in the body. They determine how a baby's body forms during pregnancy and how the baby's body functions. Typically, a baby in born with 46 Chromosomes. Babies with Down syndrome have an extra copy of one of these Chromosomes, Chromosome 21.



Ref: Centers for Disease Control and Prevention (CDC)

