

The cost of reaching global health targets by 2030

STAR HEALTH DESK

The SDG Health Price Tag, published in The Lancet Global Health, estimates the costs and benefits of progressively expanding health services in order to reach 16 Sustainable Development Goal (SDG) health targets in 67 low- and middle-income countries that account for 75% of the world's population.

The analysis shows that investments to expand services towards universal health coverage and the other SDG health targets could prevent 97 million premature deaths globally between now and 2030, and add as much as 8.4 years of life expectancy in some countries. While most countries can afford the investments needed, the poorest nations will need assistance to reach the targets.

The SDG Health Price Tag models two scenarios: an "ambitious" scenario in which investments are sufficient for countries to attain the health targets in the SDGs by 2030, and a "progress" scenario in which countries get two thirds or more of the way to the targets.

In both scenarios, health systems investments such as employing more health workers; building and operating new clinics, hospitals and laboratories; and buying medical equipment account for about 75% of the total. The remaining costs are for medicines, vaccines, syringes and other commodities used to prevent or treat specific diseases, and for activities such as training, health campaigns and



outreach to vulnerable communities.

Under the "ambitious" scenario, achieving the SDG health targets would require new investments increasing over time from an initial US\$ 134 billion annually to \$371 billion, or \$58 per person, by 2030. The ambitious scenario includes adding more than 23 million health workers, and building more than 415,000 new health facilities, 91% of which would be primary health care centres.

The analysis shows that 85% of these costs can be met with domestic resources, although as many as 32 of the world's poorest countries will face an annual gap of up to US\$ 54 billion and will continue to need external assistance.

The investments could prevent 97 million premature deaths – one every five seconds over 15 years – including more than 50 million infants and children who are either stillborn or die before their fifth

birthday, and 20 million deaths from non-communicable diseases such as cardiovascular disease, diabetes and cancer. Life expectancy would increase by between 3.1 and 8.4 years, and 535 million years of healthy living would be added across the 67 countries.

The "progress" scenario would require new investments increasing from an initial US\$ 104 billion a year to \$274 billion, or \$41 per person, by 2030. These investments would prevent about 71 million premature deaths and boost health spending as a proportion of Gross Domestic Product (GDP) to an average of 6.5%. More than 14 million new health workers would be added, and nearly 378,000 new health facilities built, 93% of which would be primary health care centres.

The analysis includes targets in Sustainable Development Goal 3 (health and well-being) as well as targets from Goal 2 (zero hunger), Goal 6 (clean water and sanitation) and Goal 7 (affordable and clean energy).

The SDG Health Price Tag does not prescribe what countries should spend on health, but is intended as a tool to inform further research. It also highlights that achieving universal health coverage and the other health targets requires not only funding but political will and respect for human rights. WHO plans to update the estimates every five years and will include other health-related targets and diseases as more evidence becomes available.

Source: World Health Organisation

ARTIFICIAL SUGAR

Artificial sweeteners not tied to lower BMI

Artificial sweeteners like aspartame and stevioside are not associated with reduced BMI and may pose some risks, suggest a meta-analysis in the Canadian Medical Association Journal. Researchers identified 37 studies that looked at the effects of artificial sweeteners in 400,000 people over age 12.

In randomised trials with a median 6 months' follow-up, the primary outcome, BMI, was not associated with intake of artificial sweeteners. Three long-term cohort studies suggested a modest increase in BMI over time with increased artificial sweetener consumption. For secondary outcomes like weight, metabolic syndrome, and type 2 diabetes, the observational studies again found higher risk with increased intake.

Globally 1 in 10 child did not receive any vaccinations in 2016

Worldwide, 12.9 million infants, nearly 1 in 10, did not receive any vaccinations in 2016, according to the most recent WHO and UNICEF immunisation estimates. This means, critically, that these infants missed the first dose of diphtheria-tetanus-pertussis (DTP)-containing vaccine, putting them at serious risk of these potentially fatal diseases.

Additionally, an estimated 6.6 million infants who did receive their first dose of DTP-containing vaccine did not complete the full, three dose DTP immunisation series (DTP3) in 2016. Since 2010, the percentage of children who received their full course of routine immunisations has stalled at 86% (116.5 million infants), with no significant changes in any countries or regions during the past year. This falls short of the global immunisation coverage target of 90%.

Roundtable held on regional cancer centres

A roundtable discussion was organised by the Centre for Cancer Prevention and Research (CCPR) and Rotary Club of Dhaka on the importance of establishing a regional cancer centre in the National Press Club recently, says a press release.

Associate Professor Dr Md Habibullah Talukdar, Head of the Department, Cancer Epidemiology at the National Institute of Cancer Research and Hospital (NICR&H) presented a concept note on how establishing regional cancer centres across the country can contribute on the prevention and treatment of cancer throughout the country.

Eminent cancer researchers, cancer survivors, social workers and journalists were also present and actively took part in the roundtable discussion. Dr Talukdar shed light on how a huge portion of cancer patients are deprived of appropriate treatment for cancer and urged the government to establish regional cancer centres that will help the people of the country by providing affordable advanced cancer treatment and prevention modalities.



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HEALTH bulletin



Early menopause linked to an increased risk of developing diabetes

Women with early or normal onset menopause are at a higher risk of developing type 2 diabetes (T2D) than those with late onset menopause, concludes new research published in Diabetologia.

Previous research has shown that women with early onset of menopause (age below 45 years) have an increased risk of cardiovascular disease (CVD) and overall mortality, whereas an onset of menopause at age 50-54 years is linked to a reduced risk of CVD and mortality. While the increased risk is thought to be due to the adverse effects of menopause on CVD risk factors, the influence of age at menopause on these risk factors remains uncertain.

The authors explain: "Our findings might suggest that the risk of diabetes related to menopause is already there before menopause begins. This could explain why other risk factors for diabetes do not explain the link between menopause and T2D – early menopause is an independent marker for T2D, indicating that something else is the driving force behind this observation, possibly defective DNA repair and maintenance."

Occupational therapy in ICU

RABEYA FERDOUS

An intensive care unit (ICU), also known as an intensive therapy unit or intensive treatment unit (ITU) or critical care unit (CCU), is a special department of a hospital or health care facility that provides intensive treatment medicine.

ICU patients may have experienced a sudden decline in their medical and functional status due to a traumatic event, a worsening of a progressive disease, or the onset of a new condition.

The primary goal of acute care is to stabilise the patient's medical status and address life-threatening issues. An essential second goal is to improve functional status and safety to prevent physical and cognitive complications — which are also key components of occupational therapy interventions.

The occupational therapist assesses the patient in the beginning to find out what problems do the patient has. It may include the following:

- Difficulty in activities of daily living (ADL) like feeding, dressing, writing by using their hand due to poor fine motor skills, poor range of motion in shoulder, elbow, wrist and finger joints, poor muscle strength and lack of confidence
- Difficulty in bilateral hand use
- Poor trunk control
- Abnormal hand position
- Poor oral motor control
- Poor knowledge about pressure care and rehabilitation after discharge

After assessing the condition of



the patient, the occupational therapist may suggest multiple interventions for the patient's well-being, which may include:

- Educate the patient about proper positioning and transitional movement
- Train the caregivers to assist with range-of-motion exercises, safe transfers and mobility, and skin checks
- Evaluate the need for splints and positioning devices to preserve joint integrity and protect skin from breakdown due to prolonged pressure
- Use neuromuscular re-education, trunk stabilisation, and balance activities to improve clients' ability to move in and out of bed and maintain an upright posture necessary to perform self-care and, eventually, home management activities
- Practice writing by using writing splint
- Functional joint range of motion exercises in both upper limbs

Leptospirosis

Leptospirosis is a type of bacterial infection spread by animals. It's caused by a strain of bacteria called leptospira.

In 90% of cases, leptospirosis only causes mild flu-like symptoms, such as a headache, chills and muscle pain.

Symptoms of leptospirosis

The symptoms of leptospirosis usually develop suddenly around 7 to 14 days after exposure to the leptospira bacteria.

About 90% of leptospirosis infections only cause mild symptoms, including:

- A high temperature (fever) that is usually between 38C and 40C (100.4-104-F)
- Chills
- Sudden headaches
- Nausea and vomiting
- Loss of appetite
- Muscle pain, particularly affecting the muscles in the calves and lower back
- Conjunctivitis (irritation and redness of the eyes)
- Cough
- A short-lived rash

These symptoms usually resolve within five to seven days. However, in about 10% of cases people go on to experience more serious symptoms.

How is leptospirosis treated?

Leptospirosis is treated with a course of antibiotics.

For mild forms of leptospirosis, antibiotic tablets that can be taken at home are usually used for about a week.

Most people with more severe leptospirosis will be admitted to hospital so their body's functions can be supported while the underlying infection is treated with injections of antibiotics.

