

Too many people are currently missing out on health coverage

STAR HEALTH DESK

The World Health Organisation (WHO) was founded on the principle that all people should be able to realise their right to the highest possible level of health. "Health for all" has therefore been the guiding vision for more than seven decades. It is also the impetus behind the current organisation-wide drive to support countries in moving towards Universal Health Coverage (UHC).

Experience has illustrated, time and again, that Universal Health Coverage is achieved when political will is strong. So in the 70th anniversary year, WHO is calling on world leaders to live up to the pledges they made when they agreed the Sustainable Development Goals (SDG) in 2015, and commit to concrete steps to advance the health of all people. This means ensuring that everyone, everywhere can access essential quality health services without facing financial hardship.

The Organisation will maintain a high-profile focus on UHC via a series of events through 2018, starting on World Health Day on 7 April with global and local conversations about ways to achieve health for all.



Why UHC matters?
Countries that invest in UHC make a sound investment in their human capital. In recent decades, UHC has emerged as a key strategy to make progress towards other health-related and broader development goals. Access to essential quality care and financial protection not only enhances people's health and life expectancy, it also protects countries from epidemics, reduces poverty and the risk of hunger, creates jobs, drives economic growth and enhances gender equality.

What World Health Day can do?
Some countries have already made significant progress towards UHC. But half the world's population is still unable to obtain the health services they need. If countries are to achieve the SDG targets, one billion more

people need to benefit from UHC by 2023.

World Health Day will shine a spotlight on the need for UHC - and the advantages it can bring. WHO and its partners will share examples of steps to take to get there through a series of events and conversations held at multiple levels.

Throughout 2018, WHO aims to inspire, motivate and guide UHC stakeholders to make commitments towards UHC:

- **Inspire** — by highlighting policy-makers' power to transform the health of their nation, framing the challenge as exciting and ambitious, and inviting them to be part of the change.
- **Motivate** — by sharing examples of how countries are already progressing towards UHC and encourage others to find their own path.
- **Guide** — by providing tools for structured policy dialogue on how to advance UHC domestically or supporting such efforts in other countries (e.g. expanding service coverage, improving quality of services, reducing out-of-pocket payments).

The theme of World Health Day in 2018 is "Universal health coverage: everyone, everywhere" and the slogan is "Health for All".

YOGA

Corporate yoga for productivity in the workplace

SHAZIA OMAR

Yoga improves mental, psychological and physical health. Mindfulness techniques can help people reduce stress. Meditation can help people relax. Breathing exercises can be used to calm or energise oneself. A regular yoga practice improves health (circulation, respiration, digestion, sleep and energy levels), increases core muscle strength (preventing back injuries and reducing back aches), leads to weight loss, raises immunity and reduces sickness.

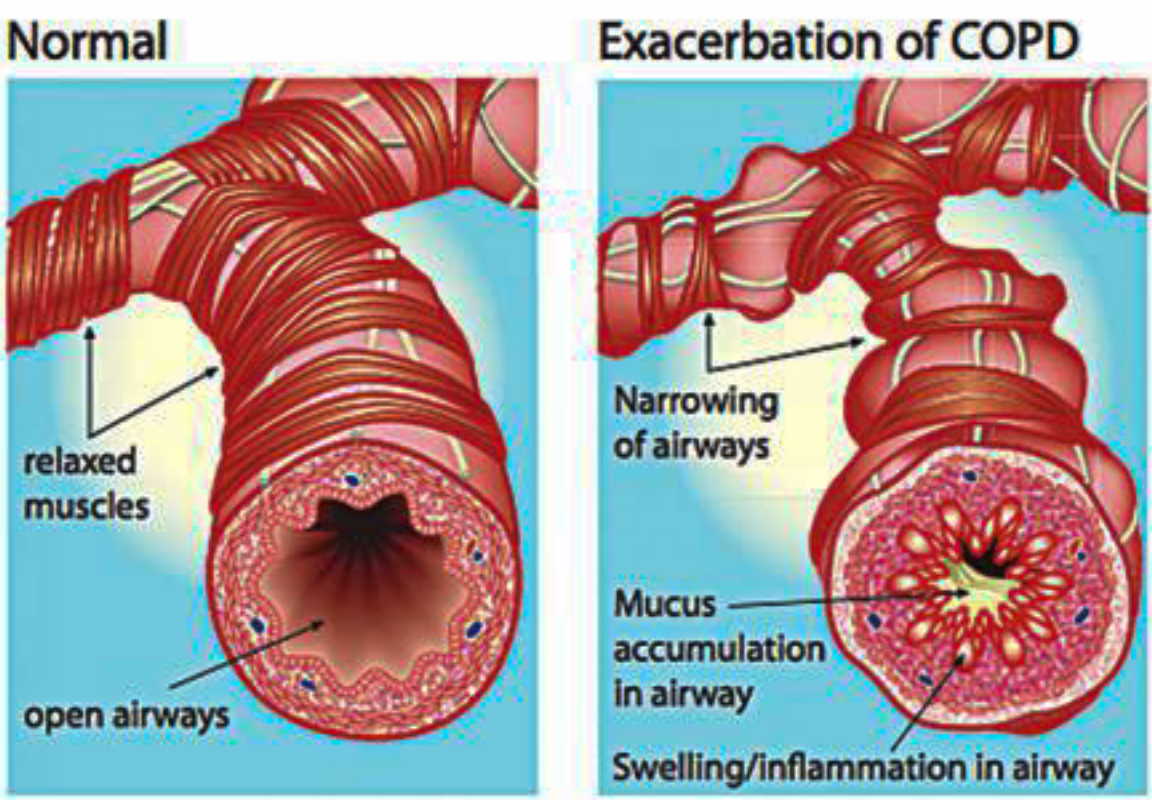
Increasingly, corporates around the world are encouraging staffs to engage in yoga for healthier attitudes at the workplace, lower levels of 'burn-outs', reduced stress, better performance, improved team work, enhanced creativity, higher immunity and increased confidence and wellbeing of their staffs. Many international companies are now offering yoga and mindfulness training to their staffs, including Apple, Deutsche Bank, General Mills, Google, McKinsey, Procter and Gamble, Yahoo and many more.

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HEALTH bulletin

How long do we have to pay tax for our femininity?



Three-quarters of COPD cases are linked to childhood risk factors

Three-quarters of chronic obstructive pulmonary disease (COPD) cases have their origins in poor lung function pathways beginning in childhood. These pathways are associated with exposures in childhood, and amplified by factors in adulthood, according to a cohort study published in The Lancet Respiratory Medicine journal.

While smoking remains the biggest risk factor for COPD, the study demonstrates that childhood illnesses (such as asthma, bronchitis, pneumonia, allergic rhinitis, eczema) and exposures to parental smoking are also linked to the disease. "These findings highlight the importance of preventing both early life adverse exposures that could lead to poorer lung growth, and adult risk factors contributing to accelerated lung decline. COPD is expected to be the third largest cause of death globally by 2030, and it is important that we identify its key causes so that this burden can be reduced," says study author Professor Shyamali Dharmage, School of Population and Global Health, The University of Melbourne, Australia.



Menstrual hygiene management directly influences women's reproductive health, education and labour participation thus closely associated with gender equity and women empowerment.

Unfortunately, 41% of the school girls in Bangladesh do not attend classes during their periods, and 73% women miss their work for an average 6 days a month for infection (reproductive and urinary tract infection) caused by unhygienic menstrual management.

A survey was carried out in rural and semi urban areas across six districts of Bangladesh (Feni, Gazipur, Khulna, Rangpur, Satkhira and Tangail) in 2017. So far, 300 women and young adolescent girls were proportionately sampled and interviewed during the survey.

About 56% of the respondents reported using sanitary pads, while 41% reported using clothes and 3% reported using cotton as menstrual protection.

A hygiene guideline recommends changing absorbents (cloth/cotton/pad) every two to six hours interval depending on the blood flow. But the respondents hardly knew about that. On the other hand, different media advertisement says that their product provides whole day protection.

22.33% of the respondents change the absorbent once a day, 48% of them change twice a day and only 29.67% change thrice or more a day.

Till date sanitary napkin is considered a luxury cosmetic item in many parts of Bangladesh. Majority of the sanitary napkin prices range from BDT 70-145/pack. It is difficult for a girl to spend this amount of money for sanitary napkins each month especially where the average income of the family is below BDT 10,000/month.

Behind the scene of high price of BDT 10-15/piece of sanitary napkin there are some policy issues which have been ignored by our policy makers. Customs duty of sanitary pad is 127.84/Kg. Good quality sanitary napkin requires 12 to 15 types of raw materials from outside the country and local producers usually have to pay high duty which

is around 70% on it. Worldwide wholesale supply rate of sanitary pads are approximately BDT 2.5-5/piece. High custom duty as well as monopoly of some businessmen transformed our essential need into a luxurious cosmetic item.

The production and distribution of low cost sanitary pads, subsidising the costs of sanitary napkin for economically deprived group, reducing/waiving tax on menstrual absorbent are the timely means of improving menstrual hygiene management.

We are living in a country where women are the head of the government almost for the last twenty five years. I believe policy makers will realise and take necessary action on it as a part of their commitment on women empowerment and gender equity.

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Weight reduction in childhood associated with reduced risk for type 2 diabetes

STAR HEALTH DESK

A heightened risk for type 2 diabetes in adulthood was eliminated in overweight boys who achieved a normal weight by puberty and sustained it into early adulthood.

To determine whether the risk for type 2 diabetes mellitus (DM) in adulthood can be mitigated by weight reduction in overweight and obese children, researchers examined type 2 DM incidence at ages 30 to 60 years in a longitudinal study of 62,000 Danish men from childhood. Evaluations occurred at age 7 years, at 13 years, and as young adults (ages 17-26). Results were as follows:

- Eleven percent of men developed type 2 DM over nearly 2 million person-years of follow-up.
- The prevalence of overweight was 5% at age 7 years, increasing to 8% in young adulthood.
- While overweight at any age was associated with elevated risk for later type 2 DM, overweight as a young adult conferred the highest risk.
- Boys who were overweight at age 7 years but had normal weight by age 13 years and thereafter were at no greater risk for type 2 DM compared with men who were never overweight.
- Men who were overweight at age 13 years and as young adults had a greater risk for type 2 DM compared with men who were overweight only as young adults.
- Among some 500 boys who were obese at age 7 years, 33% remained obese in early adulthood; reducing their body-mass index (BMI) to overweight or normal levels by early adulthood was associated with significant reductions in their future risk for type 2 DM.
- Men who were obese in early adulthood had high risk for type 2 DM regardless of their BMI during childhood.



Hidradenitis suppurativa (hi-drad-uh-NIE-tis sup-yoo-ruh-TIE-vuh) is rare, long-term skin condition that features small, painful lumps under the skin. They typically develop where the skin rubs together, such as the armpits, the groin, between the buttocks and under the breasts. The lumps may break open and smell or cause tunnels under the skin.

Signs and symptoms of hidradenitis suppurativa include:

- Blackheads
- Painful, pea-size lumps
- Red, tender bumps
- Tunnels

Complications

Persistent and severe hidradenitis suppurativa often causes complications, including:

- Infection
- Obstructed lymph drainage
- Scars and skin changes
- Social isolation
- Restricted movement
- Cancer

When to see a doctor

Early detection of hidradenitis suppurativa is key to getting effective treatment. See your doctor if your condition:

- Is painful
- Doesn't improve in a few weeks
- Returns within weeks of treatment
- Appears in several locations
- Recurs often

If you've already received a diagnosis of hidradenitis suppurativa, keep in mind that the warning signs of a disease flare (recurrence) are often similar to those that occurred originally. Also pay attention to any new signs or symptoms. These may indicate either a recurrence or a complication of treatment

