

Tokyo Nutrition for Growth Summit

More than US\$27 b committed to tackle global malnutrition and hunger crisis

STAR HEALTH DESK

Recently government and private sector donors have pledged more than US\$27 billion at the Tokyo Nutrition for Growth (N4G) Summit to address the global malnutrition and hunger crisis. Represented by five Heads of State and Government, 45 countries with high burdens of malnutrition and a dozen donors delivered renewed policy and financial commitments to end malnutrition. These commitments demonstrate country leadership and prioritisation of nutrition at a crucial time, as fiscal resources are constrained, and malnutrition rates are on the rise due to the continuing global COVID-19 pandemic.

“More than 140 million children suffer from stunting, and undernutrition is considered as an underlying cause of nearly half of deaths of children under five years old. Moreover, COVID-19 cast a significant impact on nutrition. The pandemic will likely cause 13.6 million more children to suffer from wasting,” said Japan’s Prime Minister, Fumio Kishida. “Let me recall our Sustainable Development Goal to end hunger, achieve food security and improve nutrition, and promote sustainable agriculture by 2030. Now is the time for us



to take action. No one should be left behind.”

At the event, Japan committed over US\$2.8 billion to provide nutrition-related assistance globally. Among other priorities, this investment will contribute to nutrition in Universal Health Coverage and efforts to create more sustainable and nutritious food systems.

In addition to the donor’s pledge, countries with high burdens of malnutrition led the way at the Summit, delivering commitments towards increased domestic programming and promising more robust policies and programs to reduce malnutrition rates. For example, Bangladesh, represented by Prime Minister Sheikh Hasina, committed to cutting anaemia rates by one-third, stunting among children by one-fifth, and

wasting among children by one-quarter within the next five years.

The Government of Indonesia committed to fighting malnutrition and specifically to accelerating efforts to reduce stunting nationwide. Accordingly, resources will support maternal and child nutrition interventions, including promoting infant and young child feeding, nutritional supplementation for adolescent girls and pregnant women, and nutrition care and support for children with severe malnutrition.

Despite malnutrition being the underlying cause of nearly half of all child deaths under five, less than one per cent of global foreign aid is currently spent on nutrition. To help close the gap, numerous donor governments and multilateral institutions also pledged a combined total of over

US\$27 billion in commitments at the Summit. The European Union committed US\$2.8 billion over 3 years, the United States committed US\$11 billion over 3 years, and the African Development Bank committed US\$1.35 billion over 6 years.

UN agencies also delivered renewed commitments at the Summit. By 2025, UNICEF aims to reach at least 500 million children, adolescents and women annually with malnutrition prevention programs to prevent stunting, wasting, micronutrient deficiencies, overweight and obesity. The World Health Organisation (WHO) committed to developing a Global Action Plan to prevent and manage anaemia in women and children and accelerate progress toward reducing anaemia in women of reproductive age by 50 per

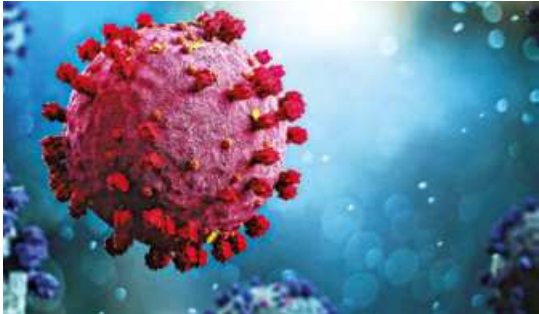
cent by 2030. The World Food Programme committed to increasing the proportion of its programs’ beneficiaries who consume healthy diets to 80 per cent in 2025.

Even before COVID-19, the global burden of malnutrition remained worryingly high, though progress was being made in reducing the more severe forms of malnutrition, including stunting and wasting in early childhood. Malnutrition triggered by COVID-19 could kill 283,000 more children aged under-5, leave 13.6 million more wasted and 3.6 million more stunted, and make 4.8 million more women anaemic over the next three years.

The Nutrition for Growth Summit focused on improving nutrition outcomes through universal health coverage, food systems transformation, and greater resilience in fragile and conflict-affected states. The Summit also emphasised financing and robust data systems as essential to strengthening program design, delivery, and accountability.

The Summit is the culmination of the Nutrition for Growth Year of Action—a global effort to bring together country governments, donors, businesses, and UN agencies to accelerate progress on malnutrition.

UPDATE



Omicron-a variant of concern

RAMISHA MALIHA

The variant of SARS-CoV-2 B.1.1.529, termed Omicron, was labelled a variant of concern by World Health Organisation (WHO) on November 26, 2021. The number of people testing positive has risen in areas of South Africa affected by this variant. Scientists in and outside of South Africa are carrying out several research projects to comprehend Omicron better.

Compared to other variations, including Delta, it is not yet clear if Omicron is more transmissible. Also, Omicron infection has not yet been proven more dangerous than infection with other forms. Initial data suggests that hospitalisation rates in South Africa have increased; however, this may be due to an increase in overall infection rates, rather than a specific infection with Omicron, as previously thought. When it comes to the most vulnerable persons, all forms of COVID-19 (including the dominant Delta version) can cause severe sickness or death, so prevention is always crucial.

Initial evidence suggests that Omicron may be more likely to re-infect patients. WHO is collaborating with technical partners to determine how this variation may affect existing countermeasures, such as vaccines. Vaccines are still needed to combat serious sickness and mortality, including Delta. Vaccines still protect against severe disease and death.

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HEALTHbulletin



HIV as a risk factor for sudden cardiac death

People living with HIV (PWH) are at an increased risk of cardiovascular disease and electrophysiological changes that may lead to sudden cardiac death (SCD). SCD was twice as common in PWH in a recent research published in New England Journal of Medicine; however, one in three fatalities was attributed to overdose.

Researchers have now utilised the Veterans Aging Cohort Study (VACS) data to investigate the link between HIV and SCD. PWH made for 30% of the over 144,000 VACS participants (median age 50) (median baseline CD4 count 385 cells/L).

Hypertension, diabetes, raised LDL cholesterol, obesity, alcohol use, COPD, and cardiovascular disease were more common among HIV-negative veterans. 3035 SCDs occurred throughout a median 9-year follow-up; incidence rose with age in HIV-positive and HIV-negative veterans.

With a lower baseline CD4 cell count and a higher HIV viral load, the risk of SCD increased in PWH. When confounders were taken into account, PWH had a 14% greater risk of SCD than HIV-negative people. PWH with a baseline CD4 count of 200 cells/L had a 29 % greater risk, while PWH with a baseline HIV-1 viral load of >500 copies/ml had a 17 % higher risk. HIV infection was linked to a % higher incidence of SCD in a study confined to never-smokers.

The analysis revealed that advanced HIV infection is linked to an increased risk of SCD and that cardiovascular risk factor modification should be essential for primary HIV care.

Evercare completes its 50th BMT procedure

STAR HEALTH REPORT

Evercare Hospital Dhaka, the first JCI-accredited hospital in Bangladesh, announced at a press meet that they have successfully completed their 50th bone marrow transplant (BMT). They now have a record of conducting the highest number of allogeneic BMTs in the country.

With a dedicated BMT unit and a leukaemia unit, Evercare Hospital Dhaka is fully equipped to tackle different kinds of leukaemia using autologous and allogeneic BMT with full match and half match (Haplo).

Furthermore, the hospital has a stem cell processing lab; a Cryopreservation facility; outpatient and inpatient procedure facility; an in-house molecular diagnostic facility that provides fast and accurate diagnosis; BMT beds with central oxygen supply, HEPA Filter and a system for reverse osmosis water purification.

In addition, it has a molecular lab that uses state-of-the-art technology of Flow Cytometry to diagnose the

specific type of cancer. Furthermore, services like subtyping, FLAER-based PNH, immune-histochemistry, and PET-scan are available to assess the patient’s condition quickly and correctly.

Early diagnosis and planning of BMT procedures are crucial to leukaemia treatment. Therefore, top-notch treatment planning tests like MRD and IHC tests are used to monitor the effectiveness of the treatment and adapt for necessary changes.

Dr Abu Jafar Mohammed Saleh, Coordinator & Senior Consultant, Hematology & Stem Cell Transplant, Evercare Hospital Dhaka, said, “BMT is a very precarious procedure that comes with a lot of challenges. Before this development in Evercare Hospital, there was limited treatment for leukaemia. Hence, we are pleased to have been able to conduct this procedure in our hospital with success. We have a vision of providing comprehensive medical support to the people of Bangladesh. Therefore, the

expansion of our BMT unit is a step forward in this regard. We currently have the utmost confidence and support from our clientele, and we wish to continue working with our best efforts to see this centre become one of the best in this subcontinent.”

Dr Ratnadeep Chaskar, CEO & Managing Director, Evercare Hospital Dhaka, said, “We are the first private hospital in the country to bring the advanced equipment required for BMT. With a fully equipped leukaemia unit, BMT unit and the treatment planning processes, we hope to help more patients who are fighting the painful fear of losing their lives to cancer.”

Dr Arif Mahmud, Deputy Director of Medical Services, Evercare Hospital Dhaka, said, “We have the best facilities for BMT treatment in Evercare Hospital Dhaka. Due to this development, patients no longer need to seek BMT treatment abroad. It is much more cost-effective to do it in the country, and our success rates are as good as developed countries.”



Need for skilled healthcare workforce in rural Bangladesh

A national consultative meeting on “Community Paramedics: A Skilled Healthcare Workforce in Rural Bangladesh” was organised by Achieving Sustainability Towards Healthcare Access (ASTHA), a project of Swisscontact Bangladesh, in Dhaka recently.

The discussion meeting highlighted that public, private, and NGO combined efforts should be established to achieve the Sustainable Development Goals (SDGs). In Bangladesh, a shortage of skilled healthcare workers is a major public health issue. Rural areas are particularly concerning, as residents rely heavily on unqualified providers.

Mr Ali Noor, Secretary for Medical Education and Family Welfare Division to the Ministry of Health & Family Welfare, emphasised, “The role of community paramedics in rural health service is essential and should be spread across the country to ensure the availability of essential primary healthcare services.” To develop a rural healthcare system, the government and non-government institutions must help. He also emphasised monitoring their service scope and quality.

Mujibul Hasan, Country Director of Swisscontact Bangladesh, has stressed the importance of public-private partnership in the country’s overall growth. Additionally, he reinforced Swisscontact’s key role in facilitating and strengthening that public-private partnership and collaboration in attributing Bangladesh’s growth towards becoming a middle-income country.

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