

Global child and adolescent health targets in jeopardy without urgent, comprehensive reform

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STAR HEALTH DESK

Despite recent progress, the world is on track to miss its child and adolescent health targets, with over 8.6 million deaths expected in 2019. Children and adolescents need comprehensive, coordinated care from conception to adulthood, according to a new Lancet Series. They also show how the COVID-19 pandemic has disrupted economies and social systems, jeopardising recent progress toward achieving the United Nations Sustainable Development Goals (SDG) and increasing children's vulnerability to violence, abuse and mental health issues.

Children and families faced many challenges during the COVID-19 pandemic, highlighting the urgent need to transform the global child and adolescent health agenda. With less than eight years to go, many children and adolescent health targets are off track. We urgently need a holistic approach that supports children and their families from conception to early adulthood to improve health outcomes, economies, and society. Indicators of human capital and country progress include mortality rates in the first five years of life. But this indicator only looks at one aspect of child development.

Instead, the Series authors considered survival conditions, growth, disability, and education across different world regions and their effects on crucial life stages from the third trimester of pregnancy to 20 years of age. In this age range, there were 8.6 million deaths in 2019. Of these deaths, 1.9 million (23%) were stillbirths, and 2.4 million (28%) were neonatal deaths. Additionally, 2.75 million (32%) children died between one month and five years. Among older children and adolescent deaths, 506,000 (6%) occurred among five-to-nine-year-olds, 368,000 (4%)



deaths occurred among 10-14-year-olds, and 595,000 (7%) deaths occurred among 15-19-year-olds.

The interventions must be scaled up and continued through early childhood and adolescence via school-based and community delivery platforms, where children and families can have consistent access to immunisations and screening programmes to address often neglected areas of child health such as anaemia, vision, dental conditions, non-communicable diseases, neglected tropical diseases, and mental health conditions (including anxiety and depression).

An analysis of data from 95 national surveys in low and middle-income countries (LMICs) confirms that vast economic inequalities persist both between and within countries, with strong connections between early-life poverty and health, nutrition, and cognitive development of children and

adolescents.

Of the countries included in the analysis, children at the lowest end of the wealth spectrum had at least double the risk of detrimental health outcomes linked to an early life poverty, such as childhood mortality, stunting, development delays, teenage motherhood, and incomplete primary school compared to children at the top of the wealth spectrum. Furthermore, the magnitude of inequality in child mortality, nutrition, and development was positively associated with the degree of economic inequality.

However, as pandemic recovery programmes are developed, policymakers have an unprecedented opportunity to strengthen existing anti-poverty policies and create new, multisectoral programmes that will work with health and nutrition interventions to offset the pandemic's impact on women and children.

Guidelines for drinking water quality

The primary goal of the Drinking Water Quality Guidelines is to protect public health. The Guidelines contain the World Health Organisation's (WHO) recommendations for managing the risk of hazards that may jeopardise drinking water safety. The recommendations should be taken into account in risk management for other sources of exposure to these hazards, such as waste, air, food, and consumer products.

Water is necessary for life to exist, and a sufficient (adequate, safe, and accessible) supply must be available to all. Improving access to safe drinking water can have a direct impact on health. Therefore, every effort should be made to ensure that drinking water is as safe as possible.

The Guidelines define safe drinking water as not posing any significant risk to health over a lifetime of consumption, including different sensitivities between life stages. Infants and young children, the elderly, and the disabled are the most vulnerable to waterborne disease,

especially when living in unsanitary conditions. Those generally at risk of waterborne illness may need to take additional precautions, such as boiling their drinking water, to protect themselves from waterborne pathogens. In addition, all normal domestic purposes, such as drinking, food preparation, and personal hygiene, necessitate the use of safe drinking water.

The Guidelines are intended to aid in developing and implementing risk management strategies that will ensure the safety of drinking water supplies by controlling hazardous water constituents. Visit the WHO website to get a detailed preview of the guideline.



Physical activity is associated with lower rates of incident depression

Many studies show a general association between greater physical activity and a lower risk for depression. In this meta-analysis, researchers sought to quantify a dose-response relation by evaluating 15 observational studies (190,000 participants with follow-up ranging from 3 to 25 years) with a wide range of activity level measures that could be harmonised into a single measure of marginal metabolic equivalent task hours per week (mMET-h/wk).

A mMET is any non-occupational leisure-time or domestic physical activity incremental to basal daily or work activities. A 1-hour brisk walk would equal about 3.5 mMET-h. Depression was measured as either self-reported physician diagnosis or depression symptoms on a validated screening instrument.

Nearly 80% of participants reported physical activity at levels lower than 17.5 mMET-h/wk at study entry. Compared with patients who reported no incremental physical activity, those who reported at least 4.4 mMET-h/wk (e.g., brisk walking for 1.5 hours weekly) had 18% lower relative risk for depression. The relative risk reduction for 8.8 mMET-h/wk was 25%. An additional benefit was minimal for physical activity beyond 8.8 mMET-h/w.

Pancreatic cancer: Stay alert and prevent mortality

DR SHUPRIO PAUL

Among different types of cancers worldwide, pancreatic cancer holds 11th position (only 3%). However, no matter how rare this is, pancreatic cancer is one of the most dangerous cancers. It is the seventh leading cause of death cancer worldwide and the fourth leading cause in the western countries. Though it is infrequent in our country, the number of pancreatic cancer patients keeps increasing.

Pancreatic cancer has no known causes. The reasons are still obscure. However, scientists discovered some cancer risk factors. People over the age 75 with a positive family history of pancreatic cancer are at high risk. But it can strike at any age. Pancreatic cancer is more common in smokers, alcoholics, and obese people. Uncontrolled diabetes and pancreatic infection also increase the risk of this cancer. The worst part is that this cancer is usually discovered after spreading throughout the body.

Some signs-symptoms of pancreatic cancer include abdominal pain, reluctance to food, weight loss, yellowish skin discolouration, dark urine, and generalised itching. Most people think these are common issues. However, our country's rural people rarely go to the doctor with these symptoms unless they become severe. So most pancreatic cancer patients are diagnosed recently.

Early diagnosis helps start treatment earlier, which

may have a good prognosis. Some healthy habits should be adopted by everyone that can minimise the chances of getting pancreatic cancer. These may include:

- Cease smoking
- Stop consuming alcohol
- Maintain a healthy weight
- A diet low in fat and sugars
- Regular exercise

Anyone with the pancreatic disease should immediately consult with registered doctors for prompt treatment. People with a positive family history of pancreatic cancer should do routine checkups and diagnostic tests regularly.

Diabetes increases the chances of getting pancreatic cancer and summons other chronic diseases. Therefore, the diabetic patient must control their blood glucose level. People who work in a chemically surrounded environment should strictly follow the chemical environment working guidelines. High-risk people must avoid red meat or processed meat (beef, bacon, ham, sausage etc.). Regular intake of fresh

vegetables and fruits can also help prevent any cancer.

If we remain health conscious and follow the rules of being healthy, the possibility of pancreatic cancer will decline.

The writer is a Research and Policy Assistant at Center for Research, Innovation & Development Action (CRIDA).



UPDATE

Positive scientific opinion from EMA on human insulin with more flexible storage without refrigeration

Novo Nordisk recently announced that the European Medicines Agency (EMA) has granted the company a positive scientific opinion for a proposed update to the storage conditions of two human insulins.

EMA's positive scientific opinion will now be used to support obtaining approval of the more flexible storage conditions by national health authorities in a number of relevant low- and middle-income countries. This to allow that Actrapid® (short-acting insulin) and Insulatard® (intermediate-acting insulin) can be stored for four weeks outside of a refrigerator (if kept below 30° C) prior to use if there are six months or more to the expiry date. Once in use, the insulin should be stored without refrigeration.

The new guidance aims to improve flexibility and convenience for many people with diabetes in low- and middle-income countries, who have limited access to reliable refrigeration, and who may live within long distances from a clinic or pharmacy.



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