Frontline health facilities faltering without WASH and electricity

STAR HEALTH REPORT

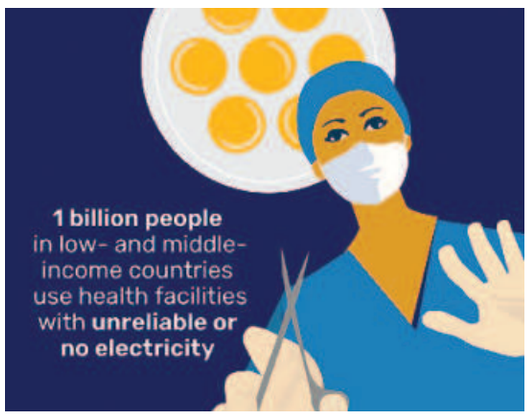
Worldwide, millions of lives could be saved and billions in economic losses prevented through one simple, affordable intervention: water, sanitation, and hygiene (WASH) services in health care facilitie. Safe WASH services enable life-saving infection prevention and control practises, curb the spread of antimicrobial resistance, and help deliver quality primary health care services to all. Yet, actions taken in countries are insufficient, according to a new report released by the World Health Organisation (WHO) and United Nations Children's Fund (UNICEF).

WASH, waste, and electricity services are major contributors to high-quality health care. Interventions such as improving the availability of hand hygiene and drinking water stations, regular cleaning, functioning toilets, and regular on-site water supply can greatly help in improving health services, staff performance, and respecting the dignity of health care facility users.

WASH, waste, and electricity services more generally have critical impacts on the health of mothers and babies during childbirth. Lack of services increases the risk of infection, particularly sepsis, which can be deadly for children and mothers. More than one million women and girls indicated that WASH services are their second-most important demand for quality reproductive and maternal health, after dignified and respectful care.

WHO and UNICEF call on countries and partners to implement the following recommendations in order to rapidly improve WASH, waste, and electricity services in health care facilities:

- Addressing financial obstacles;
- Integrating WASH, waste, and electricity services into health planning
- Developing and empowering the health workforce to deliver and maintain WASH, waste, and electricity services, and practising good hygiene,
- Strengthening accountability by regularly monitoring and reviewing progres



'Silent' symptoms of OVARIAN CANCER

STAR HEALTH DESK

The ovaries are important organs responsible for producing eggs and hormones in women. Ovarian cancer is a type of cancer that begins in the fallopian tubes and then spreads to the ovaries. Detecting ovarian cancer early is crucial for successful treatment, and recent advancements have made treatments more effective.

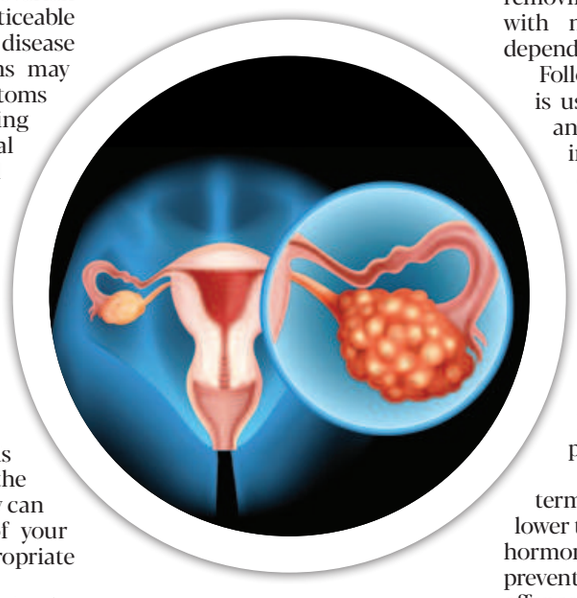
In the early stages of ovarian cancer, there are often no noticeable symptoms. However, as the disease progresses, certain symptoms may start to appear. These symptoms include bloating or feeling pressure in the belly, abdominal or pelvic pain, feeling full quickly during meals, and increased frequency of urination.

It is important to note that these symptoms can also be caused by non-cancerous conditions. Nevertheless, if you experience any of these symptoms persistently for more than a few weeks, it is advisable to report them to the healthcare professionals. They can help determine the cause of your symptoms and provide appropriate care.

Family history plays a role in the risk of developing ovarian cancer. Women with a close relative who has had ovarian, breast, or colon cancer are at a higher risk. Inherited genetic changes, such as BRCA1 and BRCA2 gene mutations, account for about 10% of ovarian cancers. If you have a strong family history of these cancers, it is important to consult with a doctor about potential medical follow-up.

Age is also a significant factor in ovarian cancer risk. The chances of developing ovarian cancer increase with age, particularly after menopause. Postmenopausal hormone therapy, especially the use of oestrogen without progesterone for 5 to 10 years, may also raise the risk. It remains uncertain whether the combination of oestrogen and progesterone carries the same risk.

Obesity is another factor that heightens the risk of ovarian cancer. Obese women have a higher risk compared to non-obese women. Furthermore, death rates from ovarian cancer are higher among obese women, particularly those who are severely overweight.



Diagnosing ovarian cancer involves a series of imaging tests, such as ultrasounds or CT scans, that can reveal the presence of an ovarian mass. However, these scans cannot definitively determine if the mass is cancerous. If cancer is suspected, the next step usually involves surgery to remove suspicious tissues, followed by a biopsy. The tissue sample is sent to a laboratory for further examination to confirm the presence of ovarian cancer.

Surgery is a critical component of both diagnosing ovarian cancer and determining its stage. It is also the initial treatment approach. The goal of surgery is to remove as much of the cancerous tissue as possible. The extent of surgery may involve removing one or both ovaries, along with nearby tissues and organs, depending on the stage of the cancer.

Following surgery, chemotherapy is usually administered to target any remaining cancer cells in the body. Chemotherapy drugs can be given orally, intravenously, or directly into the abdominal cavity.

Reducing the risk:

Pregnancy: Women who have biological children have a lower risk, with the risk decreasing further with each pregnancy. Breastfeeding may also provide additional protection.

Birth control pills: Long-term use of birth control pills can lower the risk of ovarian cancer. The hormonal effects of the pill, which prevent ovulation, are believed to offer some protection.

Tubal ligation and hysterectomy: Procedures like tubal ligation (getting tubes tied) or hysterectomy (uterus removal) may reduce the risk of ovarian cancer.

Low-fat diet: Although no specific diet guarantees the prevention of ovarian cancer, studies suggest that following a low-fat diet for an extended period may lower the risk. Additionally, a diet rich in vegetables may also have a protective effect, but further research is needed to establish these associations.

The mYoga App is available for health conscious people

STAR HEALTH DESK

Yoga is recognised as an accessible way to lead a physically active lifestyle. The World Health Organisation's (WHO) mYoga is an app for the general public to use regularly, providing Yoga learning and practise sessions of varying durations.

The app was developed through a review of scientific literature and extensive international expert consultation processes. The app is safe and secure, collecting no data from users at all, and can be used as a daily yoga companion for people aged 12–65 years. It is available in English and Hindi, with other UN languages following in the coming months.

The app comprises a collection of videos and audio practise sessions that users can do in the comfort of their own homes as and when they wish.

WHO launched its global Traditional Medicine Strategy 2014–2023 to strengthen the quality, safety, and effectiveness of Traditional and Complementary Medicine. With support from the Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy (Ministry of AYUSH), Government of India, WHO has developed the mYoga app to support the implementation of the strategy and encourage people to practise quality yoga at the touch of their smartphone screen.

The app has been assessed to be very safe in terms of cybersecurity because it does not require any information about the user. It does not even require you to set up an account.

The links to the app are https://apps.apple.com/app/id1549821346 (iOS) and https://play.google.com/store/apps/details?id=org.who.APPMYOGA (Andropid).

Breast cancer
Early detection matters

Breast cancer is one of the most common cancers among women. In developed countries, one in every eight women suffers from breast cancer. In Bangladesh, one in every 10 women suffers from breast cancer, and many women aged between 15 and 20 are found to be suffering from breast cancer, which is rare in other countries. Some 12,764 women are diagnosed with breast cancer in the country every year, and 6,844 of them die of the disease.

DR SHUVRA DEBNATH

Breast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. All women need to be informed by their healthcare provider about the best screening options for them. Some methods of breast cancer screening are given below:

Breast self-exam (BSE): Breast self-exam, or regularly examining your breasts on your own, can be an important way to find breast cancer early, when it is more likely to be treated successfully. Women over 20 years old should undergo BSE regularly. The best time to perform a self-exam for breast awareness is usually the week after menstruation (period) has ended. BSE is also applicable during pregnancy.

Clinical breast examination (CBE): A CBE is a physical exam of your breasts done by a health care provider well-trained in the technique. Women over 30 should undergo regular CBE.

Ultrasonography (USG): The USG is highly accurate in diagnosing a simple cyst of breast cancer in women over 40, and it is helpful in evaluating some complex cysts.

Mammography: A mammogram is an X-ray picture of the breast. Doctors use a mammogram to look for early signs of breast cancer and tumours. There are two types: (a) screening mammography and (b) diagnostic mammography.

Magnetic Resonance Imaging (MRI): Breast MRI uses radio waves and strong magnets to make detailed pictures of the inside of the breast.

Genetic screening: Genetic testing is available for hereditary breast and ovarian cancer. Most breast and ovarian cancers are not caused by inherited mutations, so genetic testing will not help most women with a family history of breast and ovarian cancer.

Besides, a breast biopsy is the only test that can diagnose and confirm breast cancer. Awareness surrounding breast cancer is incredibly important, as early detection, often through screening, can catch the disease when it is most treatable.

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Chronic fatigue syndrome and long COVID share common symptoms and biological abnormalities

STAR HEALTH DESK

Chronic fatigue syndrome, also known as myalgic encephalomyelitis (ME/CFS), is a debilitating illness that often begins after a flu-like infection. It leaves patients with persistent symptoms such as fatigue, cognitive problems, disrupted sleep, and pain.

During the COVID-19 pandemic, a similar condition called "long COVID" emerged. Many individuals recovering from acute COVID-19 experienced lingering symptoms resembling those of ME/CFS, including fatigue, cognitive difficulties, and muscle pain. Interestingly, both ME/CFS and long COVID share not only symptoms but also underlying biological abnormalities.

These abnormalities affect various systems in the body. Neurologically, both conditions are associated with cognitive deficits, reduced blood flow in the brain, sleep problems, and autonomic dysfunction.

Immunologically and infectiously, increased levels of inflammatory markers, presence of autoantibodies, reactivation of herpesviruses, and imbalances in the gut microbiome are common. Metabolic abnormalities, including reduced energy production and increased oxidative stress, are also observed. Furthermore, cardiovascular and cardiopulmonary issues, such as diminished exercise capacity and endothelial dysfunction, are present in both conditions.