Gender inequalities at the root of global crisis in health and care work

A recent report from the World Health Organisation (WHO) titled "Fair share for health and care: gender and the undervaluation of health and care work" sheds light on how gender disparities in health and care roles adversely affect women, health systems, and overall health outcomes. The report emphasises the consequences of underinvestment in health systems, leading to a cycle of unpaid health and care work. This perpetuates women's reduced participation in paid labour markets, hindering their economic empowerment and impeding gender equality.

Statistics reveal that women make up 67% of the global paid health and care workforce and also perform an estimated 76% of unpaid care activities. However, these roles, predominantly held by women, are undervalued, resulting in lower pay and substandard working conditions. The document underscores the prevalence of low wages and demanding working environments in the health and care sector, particularly impacting feminised occupations. This devaluation of caregiving adversely affects wages, working conditions, productivity, and the economic standing of the

Chronic underinvestment in health and care over decades has led to a global crisis of care, exacerbated by a lack of progress towards universal health coverage. With billions lacking full access to essential health services, women may bear an even heavier burden of unpaid care work. To address these issues, the report recommends policy actions to better value health and care work. This includes improving working conditions, ensuring equal pay for equal work, closing the gender gap in caregiving, and investing in robust public health systems. Ultimately, investing in health and care systems not only advances universal health coverage but also redistributes unpaid care work.

Empowering women through paid employment in the health and care sectors improves economic outcomes and enhances health outcomes overall. Therefore, it is crucial for health systems to recognise, value, and invest in all forms of health and care work.

Source: World Health Organisation



WORLD TB DAY 2024

Yes! We can #EndTB!

STAR HEALTH DESK

Millions around the globe commemorate World TB Day today. The theme of World TB Day 2024, "Yes! We can end TB!"—conveys a message of hope that getting back TB epidemic is possible through high-level leadership, increased investments, and faster uptake of new recommendations of World Health Organisation (WHO). Following the commitments made by Heads of State at the UN High Level Meeting in 2023 to accelerate progress to end TB, this year's focus shifts to turning these commitments into tangible actions.

WHO is urging action on several fronts on World TB Day to ensure the fulfillment of the promises made to

• High-level leadership and action to end TB. Now that we have strong high-level commitments made by world leaders in the political declaration of the second UN High-Level Meeting on the fight against TB, we must unite forces to translate these commitments rapidly into action. This includes implementing the WHO Director-General's flagship initiative for 2023-2027.

• Sustainable investment of resources, support, care, and information is vital to ensuring universal access to TB care and for research. More investments towards supporting the rollout of WHO-recommended TB preventive treatment options, shorter TB treatment regimens, rapid molecular diagnostics and tests for TB infection, and other innovations and digital tools will lead to improvements in health outcomes and save millions research and innovation are essential to fast-track efforts to reach the end TB targets.

• Scaling up access to TB preventive services for TB disease is a priority, as this creates efficiencies and can lead to massive health and financial gains. Integrating TB screening with TPT increases opportunities to protect

the key targets in the UN High Level Meeting political declaration. WHO is releasing an investment case on scaling up the rollout of TB preventive treatment on World TB Day.

• Ending TB requires concerted on track to turn the tide against the action by all sectors, communities, and civil society to provide the right services and support and create a safe environment in the appropriate place and at the right time. Poverty, inequality, malnutrition, comorbidities, discrimination,

to TB preventive treatment, one of including stigma and discrimination, to ensure health for all. People with TB are among the most marginalised and vulnerable and face barriers to accessing care. WHO is calling for global action to address health inequities for people with TB and other diseases.

"We hope that all these joint actions can help drive the TB response to save lives and achieve the global TB targets," said Dr. Tereza Kasaeva, Director of WHO's Global TB Programme. "As

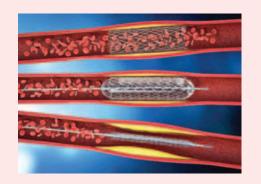


of lives. Importantly, investments in and stigma are major drivers of the TB epidemic. Therefore, the health system alone cannot achieve progress in combating TB and its underlying causes. WHO is working treatment (TPT) and screening closely with countries to support the adoption of the Multisectoral Accountability Framework and calling for strengthening multisectoral engagement and accountability.

 Tackling health inequities to people from falling ill with TB, as well ensure health for all. We are putting as saving a large number of additional the spotlight on the importance lives. To help countries scale up access of tackling health inequalities,

requested in the second UN High Level Meeting political declaration, WHO will continue to provide global leadership for the TB response, working in close collaboration with all stakeholders until we reach and save every person, family, and community impacted by this deadly disease. "We must keep the momentum going to stop the spread of this ancient disease and reach those affected with the care they need.'

Source: World Health Organisation



Drug-coated balloon outperforms uncoated balloon in treating blocked arteries

Researchers compared the efficacy and safety of a drug-coated balloon versus an uncoated balloon in a study published in the Journal of the American Medical Association to treat in-stent restenosis, a complication that affects up to 10% of patients undergoing percutaneous coronary intervention (PCI) with modern drug-eluting stents.

The trial involved 600 patients randomised into two groups, with twothirds receiving a paclitaxel-coated balloon and the remainder receiving an uncoated balloon during PCI. Baseline characteristics were similar between groups, with an average age of 68 years, 26% of participants being women, and 43% having multiple-layer in-stent restenosis.

The main outcome, which included ischemia-driven target-lesion revascularisation, target-vessel myocardial infarction, or cardiac death at 12 months, was much lower in the drug-coated balloon group (18% vs. 29%) than in the uncoated balloon group. The drug-coated balloon significantly reduced both targetlesion revascularization (13% vs. 25%) and target-vessel myocardial infarction (6% vs. 11%).

These findings were consistent across various subgroups, indicating broad applicability. Importantly, there was no apparent increase in the risk of stent thrombosis with the use of the drugcoated balloon.

Overall, the study shows that using a drug-coated balloon to treat in-stent restenosis may have better results than using regular uncoated balloons. This could mean that patients don't need as many interventions and have better safety and prognosis.

HIV in cell culture can be completely eliminated!

STAR HEALTH REPORT

New research from the Netherlands, presented ahead of the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024), unveils a promising breakthrough in the quest for an HIV cure. Led by Dr Elena Herrera-Carrillo and her team at Amsterdam UMC, the study demonstrates how cutting-edge CRISPR-Cas gene editing technology can effectively eradicate HIV from infected cells in laboratory settings.

CRISPR-Cas technology is a revolutionary tool in molecular biology, recognised with the Nobel performance, effectively inactivating Prize in Chemistry in 2020.

It allows scientists to precisely modify the genetic code of living organisms by acting like molecular scissors, guided by RNA molecules. T h i s innovation enables targeted alterations offering DNA, immense potential for advanced therapies.

HIV presents a formidable challenge due to its ability to integrate into the host's DNA, against premature claims of an HIV making it resilient to conventional treatments. Despite the effectiveness of antiviral drugs, lifelong therapy is necessary as the virus can rebound from hidden reservoirs.

The researchers aim to develop a robust CRISPR-Cas regimen capable of targeting diverse HIV strains across various cellular environments, aiming for an inclusive 'HIV cure for all.' In their study, the researchers targeted conserved regions of the HIV genome, which remain constant across different strains. By focusing on these regions, they sought to create a broad-spectrum therapy capable of combating multiple variants effectively.

to transport the CRISPR-Cas strategy.

components into cells. To address this, they experimented with techniques to downsize the vector, akin to fitting oversized luggage into a compact car for transport. Additionally, the researchers aimed to target HIV reservoir cells that remain dormant during antiretroviral treatment can reignite the infection when treatment stops. They evaluated different CRISPR-Cas systems from various bacteria to assess their efficacy and safety in treating HIVinfected cells. Notably, one system, saCas9, demonstrated exceptional HIV with a single guide

RNA and excising viral DNA with two guide RNAs. The strategy minimising vector improved delivery to HIVinfected cells, while targeting specific surface proteins reservoir cells enabled precise

localisation.

The authors stress

that their work represents a proof of concept and caution cure. They emphasise the need to optimise delivery routes to target the majority of HIV reservoir cells while ensuring safety. Moving forward, they plan to combine CRISPR therapeutics with receptor-targeting agents and conduct preclinical studies to evaluate efficacy and safety comprehensively. Their goal

is to achieve a balance between

effectiveness and safety before

considering clinical trials in humans. In summary, the latest research offers hope for a potential HIV cure using CRISPR-Cas technology. By targeting conserved regions of the virus genome and optimising However, a logistical challenge delivery methods, the study arose due to the large size of the represents a significant step forward delivery vehicle (vector) required in the quest for an inclusive cure



Navigating the global shift: understanding future fertility trends and implications

A new study published in *The* Lancet highlights a significant global shift towards lower fertility rates, posing major implications for economies and societies worldwide. By 2100, over 97% of countries are projected to have fertility rates below what's needed to sustain population levels.

However, certain income regions, particularly in sub-Saharan Africa, will see continued population growth due to comparatively higher fertility rates.

The study, based on data from the Global Burden of Disease Study, predicts that by 2050, about three-quarters of countries will fall below the replacement level of fertility,

increasing to 97% by 2100.

If there is no intervention, the populations in these areas will decline unless there is immigration or supportive policies for families. This demographic shift presents challenges for economies, particularly in middle- and high-income countries, where a shrinking workforce and ageing population strain social and health systems.

The study underscores the importance of addressing fertility trends through targeted policies. Efforts to enhance access to contraception and education for women could accelerate declines in fertility rates.

populations decline. As countries may increasingly rely on immigration to sustain growth. Protecting reproductive rights and supporting women's choices are crucial to navigating these changes.

Nevertheless, understanding these fertility trends is essential for informed decision-making and sustainable development in



- Neonatology Paediatrics
- · Child Development Centre (CDC)
- · Paediatric Neurology Paediatric Cardiology

every age

- · Paediatric Endocrinology · Paediatric Pulmonology
- · Paediatric Surgery Plastic & Reconstructive Surgery
- · Psediatric Gastroenterology
- · Paediatric Urology Paediatric Oncology
- Psychosocial Counseling
- Dentistry Ophthalmology
- And more....

Critical Diseases

Dengue shock syndrome. Heart failure. Respiratory failure, Acute exagerbation of Asthma. Status epilepticus, Consulsions, Shock, MISC. GBS, Transverse myelitis, Acute filaccid paralysis. Severe hypertension. Severe pneumonia, Meningitis, Encephalitis, Severe dehydration, Supraventricular tachycardia, Diabetic kertnacidosis etc.

Neonatal & Paediatrics Surgery

Perforation of Intestine, Intestinal Atresia, Anorectal Malformation/ Imperforate Anus, Patent Unachus, Patent Vitellointestinal Duct. Meconium Ileus, Cleft Ilp & Palate. Infantile Hypertrophic Pyloric Stenosis, Duplication Dyst of the gut. Yulval Hemangloma, Inguinal Hernia-Unilateral, Acute Scrotum, Undescended Testis, Lipoma. Congenital Amniotic Bands, Syndactyle / Polydactyle, Intussusception, Intestinal Obstruction-Colonic Atresia, Cystic Hygroma, Hypospadias, Ovarian Dyst. Appendicitis, Burst Appendix. Secrecoccygeal Teratoma etc.

NICU and PICU Services

We have Conventional MV support, HFOV, CPAP, HFMC. We give surfactant therapy. Exchange transfusion, UNC, PICL, LP, Intensive phototherapy. Transcutaneous bilirubinometry. Bedside: CXR, Eche, ABB, USB. ROP screening. Hearing

MV and BiPAP are available in

Treatment of Neonatal Diseases

PT, LBW, VLBW, RDS, MAS, Prieumonia, PNA, Neonatali sepsis, NEC. Meningitis. Neonatal jaundice, Congenital heart disease. Coagulopathy. Electrolyte Imbalance. Diaphragmetic hernia, SYT.

Vaccination

