

A lifeline for global health

The World Health Organisation (WHO) is taking bold steps to tackle global health challenges with the launch of its first-ever investment round. This innovative approach aims to secure steady and flexible funding for WHO's core work from 2025 to 2028.

Supported by a coalition of nations, including France, Germany, Norway, Brazil, and South Africa, this initiative highlights the critical need for fully funding WHO's efforts. The investment round is not just about raising funds—it is about ensuring that these resources are used efficiently to make a tangible impact on global health.

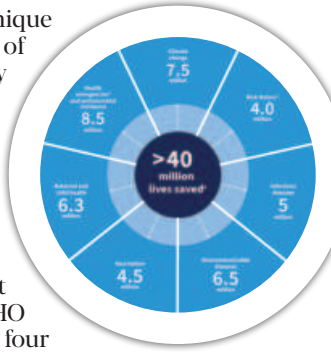
Through the strategy for the next four years (2025-2028), the Fourteenth General Programme of Work (GPW 14), WHO will catalyse action to deliver results in the final push to the health-related SDGs, addressing global health challenges, setting the agenda on access and innovation, accelerating universal health coverage through a primary health approach, and better supporting countries in their differentiated needs based on the world's best standards.

WHO's unique infrastructure of data, country coordination, and priority-setting provides the conditions for global and regional health partnerships to set and drive investment and progress. WHO will, over the next four years, save at least 40 million lives through concrete actions, including:

- » increasing the number of vaccines delivered to priority countries;
- » providing access to health services to more than 150 million people in humanitarian settings in 30 countries;
- » bringing solar electrification to 10,000 health facilities;
- » supporting 55 countries in educating and employing 3.2 million health workers;
- » helping 84 countries reach targets for eliminating malaria, mother-to-child HIV transmission, and other diseases;
- » strengthening access to timely and reliable health data; and
- » prequalifying 400 health products per year

With a fully and sustainably funded WHO, decisive steps can be taken in the next 4 years to tackle emergencies and outbreaks that threaten lives and jeopardise global health security, to reduce disease, and to continue working to improve well-being for everyone, especially for the most vulnerable.

Source: World Health Organisation



STAR HEALTH DESK

The World Health Organisation (WHO) Director-General Dr Tedros Adhanom Ghebreyesus has determined that the upsurge of mpox in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa constitutes a public health emergency of international concern (PHEIC) under the International Health Regulations (2005) (IHR).

Dr Tedros's declaration came on the advice of an IHR Emergency Committee of independent experts who met earlier in the day to review data presented by experts from WHO and affected countries. The Committee informed the Director-General that it considers the upsurge of mpox to be a PHEIC, with potential to spread further across countries in Africa and possibly outside the continent.

In declaring the PHEIC, Dr Tedros said, "The emergence of a new clade of mpox, its rapid spread in the eastern DRC, and the reporting of cases in several neighbouring countries are very worrying. On top of outbreaks of other mpox clades in the DRC and other countries in Africa, it is clear that a coordinated international response is needed to stop these outbreaks and save lives."

This PHEIC determination is the

second in two years relating to mpox. Caused by an orthopoxvirus, mpox was first detected in humans in 1970, in the DRC. The disease is considered endemic to countries in central and west Africa.

In July 2022, the multi-country outbreak of mpox was declared a PHEIC as it spread rapidly via sexual contact across a range of countries where the virus had not been seen before. That PHEIC was declared over in May 2023 after there had been a sustained decline in global cases.

Mpox has been reported in the DRC for more than a decade, and the number of cases reported each year has increased steadily over that period. Last year, reported cases increased significantly, and already the number of cases reported so far this year has exceeded last year's total, with more than 15,600 cases and 537 deaths.

The emergence last year and rapid spread of a new virus strain in the DRC, clade 1b, which appears to be spreading mainly through sexual networks, and its detection in countries neighbouring the DRC is especially concerning and one of the main reasons for the declaration of the PHEIC.

Several outbreaks of different clades of mpox have occurred in different countries, with different modes of transmission and different

levels of risk.

The two vaccines currently in use for mpox are recommended by WHO's Strategic Advisory Group of Experts on Immunisation and are also approved by WHO-listed national regulatory authorities, as well as by individual countries including Nigeria and the DRC.

The Director-General triggered the process for emergency use listing for mpox vaccines, which will accelerate vaccine access for lower-income countries that have not yet issued their own national regulatory approval. Emergency Use Listing also enables partners, including Gavi and UNICEF, to procure vaccines for distribution.

WHO is working with countries and vaccine manufacturers on potential vaccine donations and coordinating with partners through the interim Medical Countermeasures Network to facilitate equitable access to vaccines, therapeutics, diagnostics, and other tools.

To allow for an immediate scale-up, WHO has released US\$ 1.45 million from the WHO Contingency Fund for Emergencies and may need to release more in the coming days. The organisation appeals to donors to fund the full extent of the needs of the MPOX response.

Source: World Health Organisation

New HIV prevention breakthrough

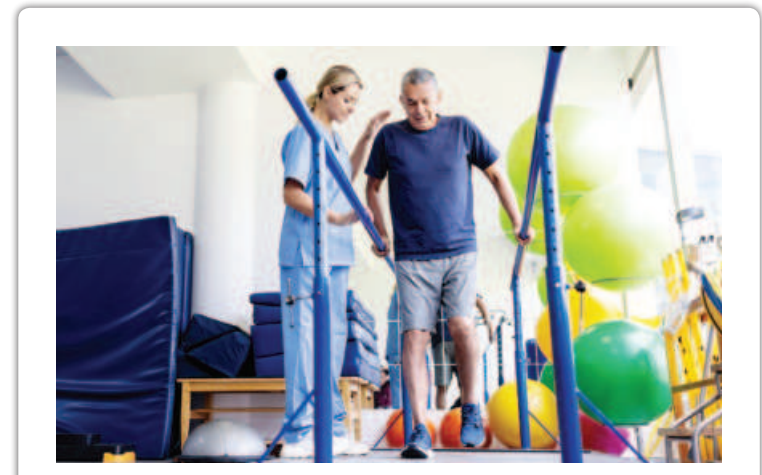
Globally, women account for nearly half of all HIV infections, yet they remain under-represented among those using pre-exposure prophylaxis (PrEP). A recent study published in The New England Journal of Medicine, PURPOSE-1, sheds light on a promising new approach to HIV prevention: twice-yearly lenacapavir.

In this manufacturer-sponsored study, nearly 5,340 sexually active cisgender women in sub-Saharan Africa were divided into three groups: one received lenacapavir injections every six months, while the others took daily oral PrEP medications—FTC-tenofovir alafenamide (FTC/TAF) or FTC-tenofovir disoproxil fumarate (FTC/TDF).

The results are striking. The incidence of HIV among those receiving lenacapavir was zero, in stark contrast to the background rate of 2.41 per 100 person-years and the rates in the FTC/TAF (2.0) and FTC/TDF (1.7) groups. Adherence to oral PrEP was notably low, as many who contracted HIV were not using these daily medications.

Individuals who acquire HIV while on long-acting cabotegravir may exhibit a delayed immune response and low viral loads—a phenomenon known as long-acting early viral inhibition (LEVI). Some of these individuals develop resistance to cabotegravir.

The impressive results of lenacapavir could signal a new era in HIV prevention. If it proves effective in other populations, it may soon be approved by the U.S. FDA for PrEP. With broad and affordable access, this breakthrough could be pivotal in ending the HIV epidemic.



Stroke rehabilitation by occupational therapy

RABEYA FERDOUS

Stroke is the second leading cause of death in the world. After stroke, patients face different challenges to cope with the new situation. Stroke rehabilitation is the crucial part of treating the patient appropriately.

A group of healthcare professionals like neurologist, occupational therapist, physiotherapist, speech and language therapists, social workers, acupressure specialist, and nurses work for it.

Occupational therapy is a client-centred health profession that involves ongoing assessments to understand what activities you can do (and those you want to do), including any current limitations, your goals/motivations, and also to offer advice/techniques about how to do something more easily and safely.

Stroke is nearly linked with proper care and supervision. According to a study, about 43% of adults with strokes have neurological deficits. Rehabilitation after stroke is very crucial to minimise the disability. Early rehabilitation after stroke improves the limitations in performing activities of daily living (ADLs).

So, rehabilitation is not possible without occupational therapy. The vital aim of an occupational therapist is to prepare the disabled people to work in different ways. According to duration

and patient's condition, the occupational therapist provides treatment in the following phase:

1. **Acute Phase**
 - » Positioning
 - » Maintaining joint range of motion
 - » Pressure care
 - » Splinting
2. **Active phase**
 - » Bed mobility
 - » Bed sitting
 - » Lying, sitting
 - » Transferring practice
3. **Rehab phase**
 - » Retraining ADL's
 - » W/C skills (if needed)
 - » Functional mobility
 - » Advance transferring
 - » Follow up on the role and responsibilities
 - » Career education and training

When occupational therapy is needed, it depends on the severity of the stroke. The overall goal of this therapy is to relearn everyday activities that have been lost after stroke. Most of the patients receive physiotherapy, but they do not take occupational therapy. That is why their improvement in daily activities may hamper.

When any patient have difficulty doing daily activities after stroke, then contact a qualified occupational therapist.

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Aiming to bridge the global health equity gap

The health equity gap remains a pressing issue, particularly affecting people in lower-income countries. These nations, despite shouldering 70% of the world's disease burden, receive only a fraction of global health investments. The consequences are dire, with reduced access to quality medicines and care leading to over 5 million deaths annually in low- and middle-income countries.

In response to this critical issue, Pfizer has launched the Accord for a Healthier World, an initiative designed to tackle these disparities. Through the accord, Pfizer pledges to provide its entire portfolio of medicines and vaccines on a not-for-profit basis to 45 lower-income countries. This



commitment is a significant step towards improving access to essential health resources where they are most needed.

To ensure these resources effectively reach those in need, the accord involves collaboration with governments and stakeholders in eligible countries. The focus is on exploring comprehensive solutions to overcome system-level barriers that hinder patient access. This includes pursuing more efficient regulatory pathways, enhancing supply chain logistics, and advancing health workforce training and development.

The ultimate goal of Pfizer's Accord for a Healthier World is to address the multifaceted challenges that limit access to care and to align with each country's national health priorities. By addressing these barriers, Pfizer aims to significantly improve patient access and contribute to closing the global health equity gap.

FOOD FOR THOUGHT Are schools meeting students' dietary needs?

FARAH DIBA

You are what you eat! The age-old phrase holds the idea that health, happiness, well-being, and a sense of contentment are inseparably interconnected with what we eat.

Modern people lack a strong relationship with food. Children are now consuming food that is unhealthy and comes with minimal to zero nutrition. In other words, we have made a recipe for disaster for children's health.

The Bangladesh Demographic and Health Survey 2022 found that about 50% of children aged 6-23 months consume unhealthy foods like soft drinks and processed foods high in salt and sugar. This means over 2.3 million children in this age group eat unhealthy foods.

When these children transition to schools, they are further bombarded with unhealthy foods, as most schools offer third-party-sourced food items that lack the right nutrition blend for students. The shift towards more processed and fast foods over traditional healthy options indicates that school canteens are failing to meet the nutritional needs of students as well as potentially hindering their educational outcomes and long-term health. What children consume affects their physical health, mental development, mood, and learning capabilities. Eating habits that are built at a young age become a lifestyle well into adulthood.

The ideal calorie intake of students aged 2-16 is around 1,400-1,600 (age 2-4), 1,500-1,700 (age 5-10), and 1,400-2,400 overall (age 2-16). Calorie need varies based on a child's age, sex, and activity level. To meet the calorie and nutrient requirements, children need to eat a



range of foods daily in the recommended amounts from each of the five food groups: vegetables, fruit, cereals, poultry, and dairy products. School meals are a major source of daily calorie and nutrient intake for students, and that is why schools must monitor the nutritional quality of these meals to ensure students receive the necessary vitamins, minerals, and macronutrients.

In addition to teaching about the value of nutrition in the classroom, schools are responsible for providing nutritious food in the canteen.

Schools need to emphasise providing an energy-focused breakfast to fuel students for the day ahead and a protein, vitamin, and mineral-rich lunch for brain, concentration, and memory development. Most importantly, as one of the biggest contributors to a child's growth, schools should be mindful of students' allergies, removing mushrooms, beef, brinjal, nuts, shrimp, etc., which are known to be common allergens.

The government of Bangladesh is planning to reintroduce midday meals at primary schools in 150 upazilas after a gap of 2 years, aimed at supporting the physical and cognitive development of underprivileged students. The commendable initiative will provide nutritious meals, guaranteeing these children receive the essential nutrients they need to thrive.

Taking inspiration from the government, private schools can also partner with nutritionists who will give guidance on meal choices and nutritional values, helping to create a comprehensive nutrition policy for each school. This policy should be strictly followed to ensure that students receive well-balanced, nutrient-rich meals. After all, a clean and nutrient-rich diet comprising whole foods helps students build cells that work, learn, and live better. For students to feel healthy, they must eat healthy.

The writer is a nutritionist at the Glenrich International School.

Unveiling hidden risks: Maternal obesity and sudden infant death



In the quest to safeguard infant health, uncovering hidden risks is paramount. One significant concern that has emerged is the impact of maternal obesity on infant outcomes. As obesity rates among expectant mothers rise, understanding its implications for infant health becomes increasingly important.

A recent nationwide study in the US sheds light on this critical issue. Utilising data from the CDC's National Centre for Health Statistics, researchers explored the connection between maternal obesity and sudden unexpected infant death (SUID).

The study, published in JAMA Paediatrics, covering birth cohorts from 2015 to 2019, provides compelling insights into how varying degrees of maternal obesity can affect infant risk.

The findings reveal that infants born to mothers with higher levels of obesity face a greater risk of SUID. This risk escalates with more severe obesity.

These findings underscore the importance of addressing maternal obesity as a critical factor in preventing SUID. The research highlights a need for targeted interventions and support for expectant mothers.