Health impacts of energy choices

At the 14th WCPH, on February 14, an international panel of speakers from USA, Australia and South Africa spoke on the current scenario of fossil fuel usage, its implications on global climate and the possibility of a transition to alternative renewable energy sources. Dr. Peter Orris from USA mentioned that climate change has been the biggest global threat of the 21st century. Speaking in the context of his nation, he stated that power generation, industrialization and transport have been the biggest contributors to emissions. He mentioned that Asia has the highest usage of coal among all the continents. Despite noting that independent of other factors, access to electricity has a positive effect on population health, he mentioned that 25% of the world’s electricity is generated by the combustion of coal, which is the single greatest contributor to emissions worldwide. He included the fact that as per WHO, 7 million deaths were caused by air pollution as of 2012. Concluding his speech he said that UK doctors have voted to stop investing in companies which use fossil fuels to produce energy and instead channel that investment to companies which focus solely on renewable energy.

Australia’s Dr. Peter Tait talked about the health effects of fossil fuel usage along with other derogatory environmental impacts like the destructive impact on coral reefs. He stated the need to reduce fossil fuel usage urgently in order to achieve sustainable global development along with reducing energy demand in particular. Dr. Stephen Knight of South Africa gave the audience a glimpse of the scenario in his nation. He mentioned that South Africa recently has had a huge spike in energy demand, and with coal being the primary available source of energy, it is the biggest source of emissions in Africa, making it the nation with the 12th highest level of emissions globally.

Rapid Urbanisation and Health

Massive technological growth, lifestyle choices and variation in income levels has inundated cities with droves of people relocating from the rural areas to the urban areas, coming in search of a better lifestyle. However, the reality is vastly different as was shown in the given session organised by JUSCO.

The eminent panel presented statistics for urbanization in the Indian context. In the 1950s, the urban population was barely 17% but today it has skyrocketed up to 30%. The downside to rapid urbanization has come with its share of problems. In 2001, the total estimated population of slum dwellers in cities has increased from 36.2 million in 2001 to 96 million now. It has given rise to a host of diseases like TB, dengue, communicable and non-communicable diseases. A booming population results in cramping public and private spaces, which in turn become breeding grounds for several diseases. Population inflow also puts pressure on the capacity of employment of a certain city, which results in partial or total unemployment for a section of these slum dwellers, many of which then turn to alcohol and drug abuse.

There are several problems plaguing the public health care system in urban spaces diversity of population, lack of supply of adequate medical supplies, lack of adequate trained personnel being most of them.

Next hop Australia

Melbourne, Australia is the venue for the next edition of the World Congress on Public Health. The 15th edition of the international conference can be considered very special as it coincides with the 50th anniversary of WFPHA. The Indian Public Health Association (IPHA) wishes best of luck to the Australian team which gears up for the five day-long conference from April 3 to April 7, 2017, with the theme “Voices, Vision, Action”.

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The panel cited the example of Kolkata and the challenges that Kolkata has to face in the face of rapid urbanisation. Millions of people come to the city on a daily basis and use public amenities, putting immense pressure on public infrastructure. Over population already has the city bursting at the seams.

The panel stressed that public health infrastructure in a city as big as Kolkata has to be adequately prepared so as to improve equity in health care in urban spaces, including in the slums, for general good health of its citizens.

India’s response for improving adolescent nutrition and iron status

On 14th February, Dr. Sushma Dureja spoke about improving adolescent nutrition with a specific focus on anaemia and iron deficiency in general. She began with the implications of anaemia in the 10-19 age group including its intergenerational impact. She noted the primary areas of affect, like reduced physical development, impaired cognitive development and impaired sexual and reproductive development. Moving on to strategies to effectively combat anaemia, she listed methods like dietary diversification and food fortification with iron and other essential nutrients, prevention and treatment of parasitic infections, and the prevention of early pregnancy in adolescent girls which lead to several health complications.

Dr. Dureja then gave us the semantics of the situation, stating that India has a staggering 25.3 million adolescents who account for 22% of the entire population. Unfortunately, studies show that more than half of the girls and one-third of the boys are anaemic. She then spoke about the WIFS program (Weekly Iron and Folic acid Supplementation). Alongside supplementation, it also makes use of the screening of target groups and proper guidance and counselling. The Women and Child Development and the Human Resource Development units also work in tandem with them to aid the adolescent health cause. They make use of both school based and out of school based approaches. Lastly, she mentioned the prerequisites to take note of to successfully respond to the anaemia situation, namely proper supply chain mechanisms, adequate training of service providers, convergence between ministries at the national, state and district levels, media sensitization, awareness generation, support from development partners, simplified reporting formats and field monitoring, scaling up of initiatives, and lastly the existence of a proper ERS (emergency response system).

The UNFPA hosted a session on prioritizing adolescent health on February 14, which was attended by Frederika Meijer, UNFPA representative for India and country director for Bhutan. She endorsed the UNFPA mission, which strives to “deliver a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.”

Cervical Cancer: Training package for nurses

Concluding a discussion on comprehensive control of cancer cervix, on February 13, Mr. P Basu, a representative of WHO SEARO, spoke of the adaptation and implementation for the treatment of cancer. These will include special training packages for trainees and nurses who go on to take care of the patients, interacting with them very closely. The trainee packages will include counselling sessions with nurses and health workers before they intervene in the lives of patients, screening films to women who use the VIA or HPV detection test as well as, classroom and clinical based training to health workers and doctors. “The framework and structure to treat Cervical Cancer is ready and now the ball is in the court of the health ministry to implement the same,” he added.

Cervical Cancer is the second most common cancer in women, after stomach cancer. It accounts for 32.42% of all cancers in women. The session earlier saw a critical discussion about the challenges faced by organizing bodies to set out a structured controlled program within each country. This discussion primarily focused on three countries; Bhutan, Nepal and India closely following the progress and planning of the work being done in the past and to be undertaken in the years ahead.

Women and Children’s Health: goals fallen short

The session chaired by Prof. Judy Lewis, Professor Emeritus, Dept. of Medicine, University of Connecticut had several eminent panelists addressing the issue of Women and Children’s Health. The panel focused on the fact that out of 8 Millennium Development Goals (MDGs), the only three that won’t be achieved by 2015 are those related to Maternal and Child Health.

The panel stressed on the problems faced in the given field namely gender bias in access to healthcare, flaws in mapping and surveillance of IMR and MMR, neglect in basic health education especially in the more backward areas of the world.

The panel unanimously and vociferously called for women empowerment and immediate change in surveillance and mapping and response methods for women and children’s healthcare.
The 14th WCPH concludes today with a plenary session on Human Rights and the Law as tools for Sustainable Development and other sessions spread over the several halls named after well-known Indian scientists. KOLKATA DECLARATION will bring the curtains down on this 5-day meet, which was preceded by the International Students Meet On Public Health (ISMOPH).
GOING FORWARD

Dr. J. Ravi Kumar, President, Indian Public Health Association summed up the future agenda of the IPHA.

In his words, "About 86 countries participated in the Conference, the maximum number of participating countries in a world congress. We are extremely satisfied in the way things have turned out. It is also a matter of huge national pride that India is the only country to hold the World Conference on Public Health twice. The participation of delegates and the quality of sessions and abstracts have far exceeded expectations and we hope this will go on to influence public health system reforms. What we look forward to is to establish a core focus group concentrating on India and its neighbouring countries as a separate Federation of Public Health Association under the global umbrella of WHO, that will help immensely in reforming the existing public health systems.

The proposed Federation will comprise the SAARC nations, which can then work together addressing the common problems of a region as well as the different global problems of the region, creating an effective network for public health.

We have tried in this Conference to stress more and more on preventive public healthcare and reforms as history shows us that ad hoc responses or looking for quick solutions or cure seldom work in the long run. It is very important that we stay prepared and work towards establishing optimal healthcare systems which would add value to human life. We can tackle issues in a more concentrated and specific manner."

Dr. Madhumita Dobe, Organizing Society, 14th WCPH

"The 14TH Congress indeed provided a unique platform to explore opportunities and co-operation to discuss global and national public health issues among the global public health community and other key stakeholders. This will help us in bridging partnerships and collaborating in tackling issues of public health, which have different priorities in different countries, depending on the seriousness of themes. In India, I would consider nutrition and sanitation among the top priorities. History has shown that we did have an effective sanitation system in the times of Mohenjo Daro and we can still achieve some of our goal. That is not to say we do not have several other concerns of public health. The problems will only rise with rapid urbanization but health systems must keep pace. To move forward we must catalyze change, bring in perspectives from other disciplines that fall under public health considerations and focus on key issues for better implementation. The most important takeaway is to learn from other countries and adapt these lessons to our specific needs.

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