Annual General Assembly (AGA) of NEPHA Was Completed

An annual general assembly of Nepal public health association was completed on the dated 18th February 2013 (7th Falgun 2069). The AGA was completed by inauguration session and closed session. Mr. Ram Bhandari, the president of NEPHA, took the chairmanship and honorable member of National Planning Commission (NPC), Health section, Prof. Dr. Shiva Kumar Rai was chief of inauguration. Mr. Rai kept his speech about the importance of public health in Nepal. In his tenure the NPC formulated the mechanism of coordination with centralize the health for development. His immense on the continuation of public health journal, newsletter, research and policy activities for the public health development in Nepal, and these activities must be operated by NEPHA.

The Guest from different health related trade union, representatives from different professional association gave the speech about the public health and necessary activities in future. Along with the past president of NEPHA, Professors of public health also expressed the important message about the public health development. They kept the curiosity about the activities need to be conducted by NEPHA in coming days. Finally, the Chairman of inauguration session of AGA gave thanks to all guests, chief guest raised the necessity of one center for public health research. After the inauguration session the closed session was started with the purpose of discussion on organizational report of association (Annual and financial report), future action plan and NEPHA strategic plan (2013-2018) and donation agenda for infrastructure development for NEPHA.

Special in World Health Day 2013
Page no 2.....

Greetings from Chairperson of NEPHA
Page no 3.....

World TB Day was Celebrated

The celebration of world TB day 2013 was kept the aim of prevention and treatment of TB with the slogan “Stop TB in My Lifetime”.

As the vision of stakeholder working in TB prevention and control for zero TB deaths, we need to make a stronger statement that the world’s failure to stop deaths from TB is an outrage. TB is airborne and kill every day 4000 people lose their life expectancy.
WHO Preview

According to WHO “Many people do not know they have high blood pressure because it does not always cause symptoms. As a result, it contributes to more than nine million deaths every year, including about half of all deaths due to heart disease and stroke. Cut your risk of developing high blood pressure by: cutting down on salt; eating a balanced diet; avoiding harmful use of alcohol; doing regular physical activity; and avoiding tobacco use.” About 40% of adults aged 25 and over had raised blood pressure, 17.3 million people died from cardiovascular diseases and 80% of NCD deaths occur in middle and developing countries.

What is Blood Pressure?

Simply, blood pressure is the pressure of blood in your arteries, the tubes that carry your blood from your heart to your brain and the rest of your body. You need a certain amount of pressure to get the blood round your body. The pressure of the blood flowing through your arteries changes at different times in the heartbeat cycle. The pressure in your arteries will be at its highest when your heart is contracting and lowest as it relaxes before it pumps again.

Hypertension

Hypertension is the most common heart disease in Nepal and probably in the world. By definition, it is the abnormal elevation of blood pressure. The cause of hypertension in the majority of cases (90%) is unknown and referred to as essential hypertension. However, factors playing a role in its cause are hereditary, environmental, lifestyle and stress/tension. Aging is a natural human process when we gradually lose our skin elasticity and wrinkling occurs. Similarly, the blood vessel resistance increases with aging, resulting in the narrowing and hardening of the vessel lumen, which results in the elevation of the blood pressure. Thus, there is a linear relation of aging with hypertension. Blood pressure also tends to be higher in men than women. Variation in relation to race also does exist. Only 10% of hypertension cases are due to renal and adrenal disorders, known as non-essential hypertension. However, high blood pressure is both preventable and treatable. In some developed countries, prevention and treatment of the condition, together with other cardiovascular risk factors, has brought about a reduction in deaths from heart disease.

Every blood pressure reading consists of two numbers or levels. We could understand the hypertension by

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Systolic mm Hg (upper reading)</th>
<th>Diastolic mm Hg (lower reading)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>less than 120</td>
<td>and</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120 – 139 or 80 – 89</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure (Hypertension) Stage 1</td>
<td>140 – 159 or 90 – 99</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure (Hypertension) Stage 2</td>
<td>160 or higher</td>
<td>100 or higher</td>
</tr>
<tr>
<td>Hypertensive Crisis (Emergency care needed)</td>
<td>Higher than 180</td>
<td>Higher than 110</td>
</tr>
</tbody>
</table>

Page 2
Preventive Activities for Control of BP

⇒ Aim for a healthy weight/ Weight reduction
⇒ Increase your physical activities routinely. Do at least 30 minutes of moderate activity, such as walking, most days of the week.
⇒ Choose foods with low in salt and sodium or Salt restriction
⇒ Eat more fruits, vegetables, grains, and low-fat dairy foods or health diet with healthy life behavior
⇒ Control the taking of alcohol or Alcohol moderation
⇒ Never take the primary smoke and distich from secondary smoking or Smoking cessation
⇒ Learning to deal with stress/tension

Risk Factors of Blood Pressure

It is important to keep your blood pressure under 140/90 mm Hg. Blood pressure higher than that is considered dangerous. Below is a list of high blood pressure risk factors. People with any of these risk factors should be in regular checkup.

⇒ Cigarette smoking or being exposed to secondhand smoke on a daily basis
⇒ Diabetes (a fasting glucose higher than 125 mg/dL)
⇒ Kidney disease
⇒ Family history of hypertension
⇒ Being obese or overweight or Hyperlipidemia
⇒ Smoking, Hypertrophied heart muscle
⇒ Stress/tension, Chewing tobacco
⇒ Leading a physically inactive, sedentary lifestyle
⇒ Men over the age of 45
⇒ Women over the age of 55
⇒ Taking oral contraceptives
⇒ Elevated cholesterol levels
⇒ Frequently consuming alcoholic beverages
⇒ Hereditary evidence

Relation of Hypertension and Cardiovascular System

The heart muscle hypertrophies as a direct result of sustained high blood pressure. The thickened muscle requires increased blood supply and if not available then angina, heart failure/attack is the likely outcome. In the coronary vessels which supply blood to the heart itself, the vessel wall thickens with atheroma formation causing occlusion and subsequent heart attack. The aorta is the main blood vessel which emerges from the heart to supply blood to the whole body. If blood pressure is elevated in a sustained manner then dissection or thinning of the aorta vessel occurs & eventual rupture can occur. The effect on the brain can be insidious or acute. High pressure can cause deterioration of brain function in the long run or can suddenly cause brain hemorrhage.

Source: University of Maryland, Medical center

“Remarkable increase an incidence of blood pressure/hypertension in young stage of Nepalese people leads serious over the health situation in coming days.”

Greetings from Chairperson of NEPHA

It gives me immense pleasure to bring this special issue of NEPHA newsletter. Our friend in NEPHA central committee are determined for making the newsletter regular.

Since its establishment in 1990, Nepal Public Health Association is advocating for amendments in public health related policies and acts. As the strength of any organization are its members, timely coordination among the members, in many times, remains challenging because of various factors. With the regular publication of news letter, I believe that we will have better coordination among us.

Finally, I congratulate our central treasurer Mr. Binod Regmi for his efforts to bring this issue. And wish all of the members a very fruitful year 2070. Best regards

Donation to NEPHA for Infrastructure

On the occasion of annual general assembly NEPHA decided to generate the fund for infrastructure development. On the announcement of “fund for development”, as keep with greetings, followings our generous donors.

1. Ram Prasad Bhandari—president (NRs 25000)
2. Bisnu Prasad Paudel—General Secretary (NRs 25000)
3. Binod Regmi—Treasurer (NRs 25000)
4. Badrinath Paudel—EC member (NRs 10000)
5. Mohammad Daud - Former President (NRs 25000)
6. Jagatman Shrestha – Former vice president (NRs 10000)
7. Binjawala Shrestha - Former Treasurer (NRs 10000)
8. Pitambar Dhungana –Life member (NRs 10000)
9. Laxmi Narayan Deo-Life member (NRs 5000)

Thank you for your generous donation. We hope the others our respective members also donate on “Fund for Development.”
4000 people lose their lives to TB. It’s curable at low-cost. But the fight against TB is grossly underfunded.

This year, make your voice heard about what you expect in your lifetime:

- Zero deaths from TB
- Universal access to TB care
- Faster treatment
- Quick, cheap, low-tech test
- An effective vaccine
- A world free of TB

Dr Margaret Chan, Director-General of WHO, and Dr Mark Dybul, Executive Director of the Global Fund, said that the only way to carry out the urgent work of identifying all new cases of tuberculosis, while simultaneously making progress against the most serious existing cases, will be to mobilize significant funding from domestic sources and international donors.

WHO and the Global Fund have identified an anticipated gap of US$ 1.6 billion in annual international support for the fight against tuberculosis in 118 low- and middle-income countries on top of an estimated US$ 3.2 billion that could be provided by the countries themselves. Filling this gap could enable full treatment for 17 million TB and multidrug-resistant TB patients and save 6 million lives between 2014-16.

While the Millennium Development Goal of turning around the TB epidemic has already been met, the 2% decline in the number of people falling ill with TB each year remains too slow. Multidrug-resistant TB (MDR-TB) presents a major threat, with an estimated 630,000 people ill worldwide with this form of TB today. Estimates have been made for 118 countries eligible for Global Fund support. Of the US$ 1.6 billion gap in donor financing, almost 60% is for WHO’s Africa region. (WHO)

In Nepal the burden of TB is constant over. 45% of total population are infected with TB 40,000 people get TB every year 20,000 new sputum positive cases every year 5000-7000 people die each year from TB. On the occasion of world TB day, Nepal also celebrates by different awareness program with the slogan of “Stop TB in My Lifetime”. NTC organize the national level TB day program. Mr. Bidhya Dhar Mallik, minister of MOHP put the speech on the international occasion and recurrent about the promise and support of government to stop TB. Similarly, Secretary of MOHP also added his commitment for control of TB. All leaders of different political party are also committed and promised the control of TB in his life as international slogan.

Macular Degeneration: Cholesterol Drugs ‘May Save Sight’

Eye drops designed to lower cholesterol may be able to prevent one of the most common forms of blindness, according to US researchers. They showed how high cholesterol levels could affect the immune system and lead to macular degeneration.

Tests on mice and humans, published in the journal Cell Metabolism, showed that immune cells became destructive when they were clogged with fats. Others cautioned that the research was still at an early stage.

The macula is the sweet spot in the eye which is responsible for fine detail. It is essential for reading, driving and recognizing people’s faces. Macular degeneration is more common in old age. It starts in a “dry” form in which the light-sensing cells in the eye become damaged, but can progress into the far more threatening “wet” version, when newly formed blood vessels can rapidly cause blindness.

(SOURCE BBC News)
Non Communicable Disease (NCD): Overarching or Overdrawn problem

The prevalent communicable diseases are added up with non-communicable diseases which might have misled some of the responsible health professionals towards a reckless address to communicable diseases. A growing issue on NCD has awakened large number of people, mostly the educated, health professionals, policymakers and funding agencies. Apparently risky adult age groups have become sample population for most of researches in developed as well as developing countries. In fact it will be a prudent decision to explore the risk behaviors, tracking those behaviors from early adolescence period. Preventing unhealthy exposures in early life will ultimately reduce disease frequency among the adults. In context of resource utilization, it is more efficient and sustainable to track and modify unhealthy lifestyle than treating the NCD after the disease development.

Active organizations working on NCD are WHO, CDC, IDF. WHO stepwise approach on chronic risk factor surveillance is one of useful tools for NCD survey. Studies that are regarded as ground literature for globalized NCD are “NHANES study” (1999-2002), “global burden of CVD” by Yusuf et al etc. In context of Nepal “NCD risk factor surveillance” (2006) by SOLID Nepal, “hospital based study on prevalence of NCD” (2010) by NHRC are reliable baseline studies on NCD. We still need strong evidences for future from: longitudinal studies, systematic review and meta analysis. For all researches as well as intervention programmes we need to be focused on preventive aspect. Providing health promotion of general population should be one priority approach for both communicable and non communicable diseases.

In Nepal we lack baseline information on NCD; we need to conduct baseline surveys to determine the descriptive epidemiology of the diseases. Furthermore researches should be focused on relevant means of promotion and maintenance of healthy habit irrespective of age. It is alarming that, raising and expending more funds in NCD in a feckless way can become a triple burden for a country in terms of resources utilization.

We have no doubt about burden of NCD is overarching, but we have to be cautious of exaggeration of unauthentic organizations, mass communications, unreliable research evidences.

(CDC-Center for disease control, IDF-International diabetes federation, CVD-cardiovascular risk factors, NHANES- National health and nutrition examination survey)

—Manita Pyakurel
BPKIHS, Dharan, bhattamanita@gmail.com

Pesticides Residues in Fruits and Vegetables and Health Effects in Nepal

Pesticides are any chemical agents that is used to kill pests. Pesticides are made to kill, and it poses similar risk to humans and to other life forms. Soil and Water are the ultimate repositories of all the pesticides. It directly or indirectly affects all the life forms of the ecosystem. Pesticides can pose serious risk to our health which includes disorders of the reproductive system, birth defects, tumors and cancer, decrease in immunity, disorders of the nervous system and decreased IQ among children. These are the proven by various studies carried out in different parts of the world.

Our farmers are the first to be affected by pesticides. Farming in Nepal is considered as a mediocre job and almost all farmers in Nepal are uneducated and hence unaware of the negative effects of pesticides. Moreover that many pesticides are improperly and ambiguously labeled (in Chinese and other scripts). The farmers use

Continued on page 6.....
Pesticides Residues......

these pesticides on the prescription of the local vendor and most of the times the information about pesticides is misleading. Poor choice of pesticides is polluting the environment, affect our health, and affect non target species which include fishes, wildlife, predators and parasites (of pests). There rampant improper use of pesticides in Nepal. City dwellers are more prone to pesticide infestation. Population in cities of our country is regularly increasing this is shrinking arable land. Which in turn putting pressure on pocket farmers in the suburbs to catch up with the demand of increased population as a result farmers end up using excessive fertilizers, pesticides. For the regular supply of fresh vegetables and ripened fruits much before their harvest time, retailers and traders use chemicals and ripening agents which not only compromise its taste and nutrition but also deteriorates the health of the consumers. Commercial cultivation always demands high value return. The major factors that are acting together to augment the use of pesticides they are population pressure (especially in Urban areas), high demand (of fruits and vegetables even in off season).

According to the data of Department of Food Technology and Quality Control (DOFTQC) of pesticide residues in rooting vegetables and leafy vegetables is high which is often considered healthy and taken as solids. There is behavioral change in the food consumption pattern, people are now more conscious about nutrition and health hence they are taking more fruits and green leafy vegetables. DOFTQC is doing a commendable job in monitoring eateries in Kathmandu but it should also monitor the level of pesticides in the fruits and vegetables we eat and regulate market ensuring safe fruits and vegetables.

—Vijay Dev Bhatt
Central Department Environment Science, Tribhuvan University
veejoy099@gmail.com

Understanding of Public Health

Winslow defines Public Health as “the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health.”

Public health as a profession is becoming more and more popular. The essence of public health can be described by this example: In the medical field, clinicians treat diseases and injuries one patient at a time, but in public health, we prevent disease and injury. Public health researchers, practitioners and educators work with communities and populations. They identify the causes of disease and disability, and implement large scale solutions. For example, instead of treating premature or low birth-weight babies, we investigate the factors at work and we develop programs to keep babies healthy. And instead of prescribing medication for high blood pressure, we examine the links among obesity, diabetes and heart disease—and we use our data to influence policy aimed at reducing all three conditions. Promotion of hand washing and breastfeeding, delivery of vaccinations, and using evidence to strengthen family planning, and reproductive health programs and policies are examples of common public health measures.

Public Health is concerned with threats to health based on population health analysis. The population can be as small as a handful of people or as large as all the inhabitants of several continents (for instance, in the case of a pandemic). Public health incorporates the interdisciplinary approaches of epidemiology, biostatistics and health services. Environmental health, community health, behavioral health, health economics, public policy and occupational health are other important subfields. Today, it encompasses areas as wide-ranging as epigenetic, behavioral health, and disability, and implement large scale solutions.

“Public health identify the causes of disease and implement large scale solutions.”

chronic disease, the science of aging, mental health, disaster response, refugee health, injury prevention and tobacco control.

Continued on page 7.....
Understanding….

In public health, our behavioral scientists research ways to discourage populations from smoking. Our environmental health scientists work to discover which foods prevent cancer, while our health policy analysts evaluate health insurance programs and make recommendations. And our epidemiologists identify trends in health and illness, looking for links, causes and interventions in areas such as HIV/AIDS, tuberculosis and infant mortality.

In the country like ours, there is lot to do for public health because most of the population suffers from preventable morbidity mortality. Effective public health measures can help improve health and lifestyle of Nepalese people.

Bharat Raj Bhatta
(brb.bharat@gmail.com)

Upcoming Event in Public Health

World Health Summit (WHS)
Singapore; 8th to 10th April 2013.
Theme “Health for Sustainable Development in Asia”
For more information, click here and here.

Global Conference on Health Promotion 2013
Helsinki, Finland; June 10-14 2013.
For more information, click here.

Culture, Health and Wellbeing international conference
Bristol UK on 24-26 June 2013.
For more info, click here.

Swiss Public Health Conference
Zurich, Switzerland, 15 -16 August 2013.
Theme "Prevention and care of chronic diseases",
For more information, click here.

3rd international Public Health Nursing Conference
25-27 August 2013
Theme is 'making the Difference: The Public Health Nursing Contribution to Primary Health Care'.
For more information conference website

21st IUHPE World Conference on Health Promotion
For more information, click here.

27th International Population Conference
Busan, Korea, from 26 Aug to 31 Aug, 2013.
For more information, click here.

Congreso Iberoamericano epidemiologiap salud publica
Granada, Spain, on September 4-6 2013.
For more information, click here.

9th PHASA conference of the AFPHA
Cape Town, 24 -27 September 2013.
For more information, click here.

Third Global Forum on HRH
Recife, Brazil, From 10 to 13 November 2013
For more information, click here.

6th Europian Health Conference
Theme: "Health in Europe: are we there yet? Learning from the past, building the future"
For more information, click here.

4th Asia Pacific Conference on Public Health
Theme is "Climate change and Population Health"
For more information click here Conference 2015.

14th World Congress on Public Health
Theme “Healthy People - Healthy Environment”.
Kolkata, India, 11-15 February , 2013
(Source: WFPHA)

FIFA World Cup 2014 in Brazil Will be Tobacco Free

The Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO), welcomes the announcement that the 2014 FIFA World Cup in Brazil will be tobacco free.

The Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO), welcomes the announcement that the 2014 FIFA World Cup in Brazil will be tobacco free.

“Besides a smoke-free environment, a tobacco-free World Cup means the tobacco industry cannot use its deceptive marketing tactics to recruit new smokers among the thousands of young fans who attend the games,” said Adriana Blanco, PAHO/WHO’s top tobacco control advisor. “It supports the trend of tobacco-free mega-events and helps advance social change toward rejection of tobacco.”

Tobacco Facts World Wide

⇒ Tobacco kills nearly 6 million people every year, including 1 million in the Americas.
⇒ Tobacco is the only legal product that kills up to half of its consumers when used exactly as intended by the manufacturer.
⇒ Tobacco not only harms smokers, it also affects the health of children and adults exposed to second-hand tobacco smoke.
⇒ Second-hand smoke exposure increases the risks of heart attack and lung cancer in adults and sudden infant death syndrome, among other diseases.
⇒ Tobacco costs the global economy US$200 billion every year.
Annual General…….

The Statute of NEPHA was amendment (Only snap….)
⇒ The General Assembly of NEPHA was decided to amendment in some clause of existing statute 1990
⇒ The number of executive member increased from 11 to 15 with inclusion provision
⇒ The provision of Vice Treasurer is created
⇒ The organization structure is created as regional level, district level and ilika level with some provision
⇒ The right and duties of executive committee was decentralized to peripheral committee
⇒ Criteria for executive committee and channel for executive is created
⇒ Election provision and process was formulated with clear time table
⇒ The general assembly and election is separated as professional
⇒ The different Department (Department of Public Health research and Department of Volunteerism and Public Health Action) was envisioned

NEPHA Going to Formation of Technical Committee
⇒ Family, Maternal and Child Health
⇒ Health promotion and behaviour Sciences
⇒ Disease prevention and control
⇒ Health Right and Public Health Ethics
⇒ Health System management and strengthen
⇒ International Relation Management Committee

Quality Assessment Form

Please choose the answer and send to us in email

1. The quality of newsletter
   A. High
   B. Moderate
   C. Poor

2. The content include in newsletter
   A. Only informative
   B. Only Subjective
   C. Good

3. The formatting of newsletter
   A. Very Good
   B. Moderate
   C. Need to improve

4. Eye Catching of newsletter
   A. Very Attractive
   B. Not Attractive
   C. Normal

Please reply your desired feedback

Please comment to us for vigorous development of newsletter via newsletter@nepha.org.np regarding all the related issues about your concerning.

Business Name

Nepal Public Health Association
(NEPHA)
Way to Thapathali
Babarmahal, Kathmandu
Phone: 00977-1-4248513
Fax: 00977-1-2-4245233
E-mail: newsletter@nepha.org.np

Workshop on PPP of Academia and Training Institute with District Health System

On the auspicious of Nepal Public Health Association (NEPHA), with the support of MOHP and WHO, was conducted in Bhakatapur District. All the participants represent from private institute, government institute, CTEVT, DHO, NHRC, MOHP keep their thought about the chances and benefits of PPP in academia and health system. Mr. Arjun Adhikari, The Chief of District Health Office, Bhakatapur was given the immense about the partnership to strengthen the district health system. Along with, the voice of private institution agreed to promote the PPP by the mutual benefit together from private and public might be sustainable. The Epidemiologist of Nepal Health research Council, Dr. Krishna Aryal was kept their idea about the chances of collaboration in partnership of both type of organization the research activities. The chair of workshop, Mr. Ram Prasad Bhandari (Chairperson of NEPHA) closed the workshop with vote of thanks. Same type of event was conducted in Rupendehi District also.

In Short

NEPHA has developed the NEPHA Organizational Policy and Strategic Direction Plan (2013-2018) and passed from AGA with some amendment. In this plan NEPHA identified the core nine developmental policy and strategic development area. This plan keep intended to complete all the desire activities in coming five years and be a large and vigorous professional association in Nepal.

Editorial, NCDs Time to act Now

Non-communicable diseases were least talked in public health arena with communicable diseases hitting the chart for long time, it was almost since public health begin to rise. But, now the time has come to seriously prioritize this issue. Nepal’s share of public health problems are largely shadowed by communicable diseases and still our programmes are highly focusing on health problems like diarrhoea, ARI and resources are heavily invested to increase contraceptive prevalence, institutional delivery, which have been become fairy tale in industrialized nations.

On the one hand, our resources need to be efficiently invested to tackle the infectious diseases and problems like infant and neonatal mortality, on the other hand, we need to address the growing problems of NCDs. This year’s world health day slogan : Control your blood pressure, sensitizes us about the intensity of NCD’s, especially cardiovascular diseases and the havoc that is being created by them today and in near
Editorial...

Future. In addition to that, it describes hypertension as one of the global health concern in 21st century and how it has contributed to the burden of cardiovascular disease, stroke, kidney failure, premature death and disability. The main aim behind this slogan is to explain how hypertension is both preventable and treatable and how governments, health workers, civil society, the private sector, families and individuals can join forces to reduce hypertension and its impact.

Data from around the world is striking, 40% of adults aged 25 and over had raised blood pressure, and 17.3 million people died from cardiovascular diseases in 2008, the more alarming is that 80% of NCD deaths occur in low- and middle-income countries, which was previously perceived to be the rich man’s disease. These evidence highlights the urgent need to formulate the interventions and policies relevant to NCDs in Nepal’s context as well. In contrast, negligible efforts are conducted in Nepal to address NCDs in limited settings and unless a holistic plan is implemented Nepalese are bound to suffer the toll of NCD’s.

But many ways are there to curve this problem at individual and community level. Strategies like reducing salt levels, eliminating industrially produced trans-fatty acids, decreasing saturated fats dietary intake, limiting free sugars, promoting physical activity, sports, recreation and leisure activities, reducing harmful use of alcohol, and tobacco products can help to reduce the risk of cardiovascular diseases and NCDs.

To summarize, though the global data on NCDs are revealing larger magnitude of the problem yet minor modifications in our lifestyle like dietary changes and physical activities can contribute to decrease NCDs in our life. (Support from: www.who.int)

Editors

(Binod Regmi, Central Treasurer NEPHA and Rakesh Ayer)
Nepal Health Research Council

Healthcare Inequity and Service Scarcity
Empowering Public Health Care

According to Economic & political weekly of India, the massive scarcity of physicians in India, mainly in rural areas, prompted the Union Ministry of Health and Family Welfare to propose a three-and-a-half year Bachelor of Rural Health and Care degree designed exclusively to serve rural populations. The fierce opposition by powerful medical lobbies forced the proposal to fade away. They give emphasizes the importance of “task shifting” and “non-physician prescribing” in the global context and argues that non-physician healthcare providers would not only increase availability and accessibility to rural healthcare, but also provide an empowered second line of authority, adding to the checks and balances to the exploitative prestige-based hierarchy that pervades this knowledge-intensive service. In Nepal also such type of manpower namely Bachelor in Public Health is producing by different universities. But the poor governmental will they are unable to utilize to provide the service to rural people and strengthen the district health system. MOHP of Nepal also need to provide to utilization of such manpower to resolve the HRH and provide the preventive service because prevention is better than cure.

Recently in new version will be published

JNEPHA
Journal of Nepal Public Health Association

Information on Executive Committee

Central Committee
Chairman Mr. Ram Prasad Bhandari
Vice Chairman Mr. Rajan Adhikari
General Secretary Mr. Bishnu Prasad Poudel
Secretary Mr. Salau Din Myia
Treasurer Mr. Binod Regmi
Member Mr. Badri Poudel
Member Mr. Ganga Raj Aryal
Member Mrs. Basundhara Sharma
Member Mr. Narayan Dhital
Member Mrs. Shirjana Pathak
Member Mr. Mohan Krishna Shrestha

Regional Committee
Purwanchal NEPHA Regional Committee
Chair PRDC: Nabaraj Gurung
Western NEPHA Regional Committee
Chair WRDC: Ramesh Prasad Adhikari
Mid-Western NEPHA Regional Committee
Chair MWRDC: Jiban Malla
Far Western NEPHA Regional Committee
Chair FRDC: Shiva Datta Bhatta

Newsletter Editors
Executive Editor Binod Regmi
Editor Salau Din Myia and Rakesh Ayer