"Ban Tobacco Advertising, Promotion and Sponsorship"
All World No Tobacco Day 2013

Nepal Public Health Association is going to publish the official peer review journal “Journal of Nepal Public Health Association (JNEPHA) for August session in trimester system.

Centre for Volunteerism and Public Health Action (CVPHA)

Nepal Public Health Association established the another constituent wing for voluntaries development in Public health sector and promote the public health action. Normally, Graduate studying in last year of public health or passed the public health degree could for apply as NEPHA volunteer support minimum three months to as wish. Individual NEPHA volunteer public health action committee could be established in each public health college under the directive provided by NEPHA. Officially formation of committee should be interlinked and need to take affiliation from NEPHA central committee. Basically it could able to organize different public health related activities, camping, seminar and many more for public health. The detail about this center could see on official homepage of NEPHA. We hope that all the public health college will establish the such committee.

World Health Day was Celebrated

"Healthy Life Style-Healthy Blood pressure" अर्थात् "स्वास्थ जीवन स्वास्थ रक्तचाप" भन्ने मूल नाराका साथ यस वर्षको विश्व स्वास्थ्य दिवस मनाईएको छ। हरेक वर्ष ५ अप्रैललाई विश्व स्वास्थ्य संगठन स्वापना दिवसको रूपमा समय सापेक्ष नाराका साथ विश्व स्वास्थ्य दिवस मनाउने गरिन्छ। विश्व स्वास्थ्य दिवसको अवसर पारे पोखरामा पानी विश्व स्वास्थ्य दिवस विभिन्न कार्यक्रमका साथ मनाइयो।

Nepal Public Health Association is going to publish the its official peer review journal “Journal of Nepal Public Health Association (JNEPHA) for August session in trimester system. All the members, researcher, practitioners requested for article for upcoming published. As recent we will keep the detail about guideline and process of applying the article for publication on www.nepha.org.np/jnepha.
Smoking 'Poses Bigger Risk to Women'

Smoking may pose a bigger health threat to women than men, say researchers. Women who smoke have a higher risk of cancer than men, Norwegian investigators found.

They looked at the medical records of 600,000 patients and discovered the bowel cancer risk linked to smoking was twice as high in women than men.

Female smokers had a 19% increased risk of the disease while male smokers had a 9% increased risk, Cancer Epidemiology, Biomarkers & Prevention reports. In the study, nearly 4,000 of the participants developed bowel cancer. Women who started smoking when they were 16 or younger and those who had smoked for decades were at substantially increased risk of bowel cancer.

Biologically vulnerable?
The University of Tromso team who carried out the research say it is the first study to show women who smoke less than men still get more colon cancer. The findings suggest that women may be biologically more vulnerable to the toxic effects of tobacco smoke. Experts already know that women who start smoking increase their risk of a heart attack by more than men who take up the habit, although it is not clear why.

Sarah Williams of Cancer Research UK said: "It's well established that smoking causes at least 14 different types of cancer, including bowel cancer. "For men and women, the evidence is clear being a non-smoker means you're less likely to develop cancer, heart disease, lung disease and many other serious illnesses."

"Better recognition by health and social care professionals of the impact of stroke will help people to be properly assessed and get the right support."  

Source: WHO

Dengue Fever Have Been Seriously Underestimated

A new study says there could be as many as 400 million dengue infections worldwide each year which is four times higher than the current dengue prevalence estimate of the World Health Organization, usually described as an infectious tropical disease [dengue has] been popping up even outside the tropics. Prior to 1970 the mosquito borne disease had only been reported in nine tropical countries. Now it's endemic in more than 100 nations and appears to be attracted to overcrowded slums in the burgeoning cities of the developing world.

The emotional impact of a stroke is too often overlooked and should be given the same priority as physical rehabilitation, campaigners say.

Stroke 'Emotional Impact Often Over Looked'

A survey of more than 2,700 survivors and their carers in the UK found many had experienced emotional suffering. More than half of the stroke survivors surveyed said they had felt depressed and two-thirds reported anxiety.

But 42% told the Stroke Association they felt they had been abandoned after their physical needs had been seen to. Of the carers who took part in the poll, eight in 10 had experienced anxiety and frustration.

Jon Barrick said: "Stroke leaves survivors and families shocked, shaken and anxious as their lives are often irreversibly changed in an instant. "Better recognition by health and social care professionals of the impact of stroke will help people to be properly assessed and get the right support."

Source: BBC Online News Health

The emotional impact of a stroke is too often overlooked and should be given the same priority as physical rehabilitation, campaigners say.

Source: WHO
Key Facts about Tobacco

⇒ Tobacco kills up to half of its users.
⇒ Tobacco kills nearly 6 million people each year, of whom more than 5 million are from direct tobacco use and more than 600,000 are nonsmokers exposed to second-hand smoke. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030.
⇒ Nearly 80% of the world’s one billion smokers live in low- and middle-income countries.
⇒ Consumption of tobacco products is increasing globally, though it is decreasing in some high-income and upper middle-income countries.

Leading Cause of Death, Illness and Impoverishment

The tobacco epidemic is one of the biggest public health threats the world has ever faced. It kills nearly 6 million people a year of whom more than 5 million are from direct tobacco use and more than 600,000 are nonsmokers exposed to second-hand smoke. Approximately one person dies every six seconds due to tobacco and this accounts for one in 10 adult deaths. Up to half of current users will eventually die of a tobacco-related disease.

Nearly 80% of the more than one billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest.

Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development.

In some countries, children from poor households are frequently employed in tobacco farming to provide family income. These children are especially vulnerable to “green tobacco sickness”, which is caused by the nicotine that is absorbed through the skin from the handling of wet tobacco leaves.

Second Hand Smoke and Its Epidemiology

Second-hand smoke is the smoke that fills restaurants, offices or other enclosed spaces when people burn tobacco products such as cigarettes, bidis and water pipes. There are more than 4000 chemicals in tobacco smoke, of which at least 250 are known to be harmful and more than 50 are known to cause cancer.

There is no safe level of exposure to second-hand tobacco smoke.

⇒ In adults, second-hand smoke causes serious cardiovascular and respiratory diseases, including coronary heart disease and lung cancer. In infants, it causes sudden death. In pregnant women, it causes low birth weight.
⇒ Almost half of children regularly breathe air polluted by tobacco smoke in public places.
⇒ Over 40% of children have at least one smoking parent.
⇒ Second-hand smoke causes more than 600,000 premature deaths per year.
⇒ In 2004, children accounted for 28% of the deaths attributable to second-hand smoke.

Some Facts about the Controlling, Ban and Discourage the Smoking Habits

⇒ Graphic warnings can persuade smokers to protect the health of non-smokers by smoking less inside the home and avoiding smoking near children.
⇒ Studies carried out after the implementation of pictorial package warnings in Brazil, Canada, Singapore and Thailand consistently show that pictorial warnings significantly increase people’s awareness of the harms of tobacco use.
⇒ Mass media campaigns can also reduce tobacco consumption, by influencing people to protect non-smokers and convincing youths to stop using tobacco.
⇒ Just 19 countries, representing 15% of the world’s population, meet the best practice for pictorial warnings, which includes the warnings in the local language and cover an average of at least half of the front and back of cigarette packs. No low-income country meets this best-practice level. Forty-two countries, representing 42% of the world’s population, mandate pictorial warnings.
⇒ More than 1.9 billion people, representing 28% of the world’s population, live in the 23 countries that have implemented at least one strong anti-tobacco mass media campaign within the last two years. Continue on page 5…...
Some Facts about the Controlling ...........

**Ad Bans Lower Consumption**

⇒ A comprehensive ban on all tobacco advertising, promotion and sponsorship could decrease tobacco consumption by an average of about 7%, with some countries experiencing a decline in consumption of up to 16%.

⇒ Only 19 countries, representing 6% of the world’s population, have comprehensive national bans on tobacco advertising, promotion and sponsorship.

⇒ Around 38% of countries have minimal or no restrictions at all on tobacco advertising, promotion and sponsorship.

**Taxes Discourage Tobacco Use**

⇒ Tobacco taxes are the most effective way to reduce tobacco use, especially among young people and poor people. A tax increase that increases tobacco prices by 10% decreases tobacco consumption by about 4% in high-income countries and by up to 8% in low- and middle-income countries.

⇒ Only 27 countries, representing less than 8% of the world’s population, have tobacco tax rates greater than 75% of the retail price.

⇒ Tobacco tax revenues are on average 154 times higher than spending on tobacco control, based on available data.

Antiretroviral Therapy in Nepal

Combinations of antiviral drugs and drugs that boost the immune system have allowed many people with HIV to resist infections, stay healthy, and prolong their lives, but these medications are not a cure. Right now there is no vaccine to prevent HIV, although researchers are working on developing one. Standard antiretroviral therapy (ART) consists of the combination of at least three antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease. Huge reductions have been seen in rates of death and suffering when use is made of a potent ARV regimen, particularly in early stages of the disease. ART has the potential both to reduce mortality and morbidity rates among HIV-infected people, and to improve their quality of life.

In 1986, antiretroviral therapy was initially introduced in other countries with the first drug Zidovudine (ZDV). Initially mono and dual therapies were used but the problem of resistant emerged, at present 3 or more ARV drugs are recommended worldwide for the treatment of people with HIV infection.

**Goals of Antiretroviral Therapy**

⇒ Maximal and durable suppression of viral load

⇒ Restoration and/or preservation of immunologic function

⇒ Reduction of HIV-related morbidity and mortality

⇒ Improvement of quality of life of HIV infected persons

⇒ Prevention of Mother to Child Transmission (PMTCT)

⇒ Post Exposure Prophylaxis (PEP)

Nepal lies in the concentrated epidemic. According to the data from NCASC, estimated 50,200 are infected with HIV with the prevalence of 0.3%. As of July 2012 only 20,583 confirmed through VCT service, and 7142 enrolled for ART. The first case of HIV was reported in Nepal in 1988. There are currently 41 ART centers running in the country. The medicines are supply free of cost. As the new concept treatment is prevention it is very necessary to the clients for timelypopup and enrolled for ART service. Still clients come to the ART centers at late stage. Due to stigma and discrimination they face some problems to stay freely in society. There should be more focus on the treatment care and support area for the control of HIV/AIDS. Also assess to the clients to the ART centers is also needed. The adherence of clients before as well as every visits should be monitored and should make a system to tackle lost to follow up clients. The increase no. of viral load centers should be made for assessing the virological failure of the clients, as currently only in NPHL viral load facility available for the whole country.

By— Madhav Pant
World Health Day was Celebrated Cont.

High blood pressure in adolescents may have a bright side. A new study suggests that hypertensive teenagers have higher academic achievement and fewer emotional and behavioral problems than peers with normal blood pressure.

German researchers gave physical examinations to 7,688 boys and girls ages 11 to 17, and found that almost 11 percent had high blood pressure. They administered two well-validated questionnaires on psychological distress and quality of life to the children and their parents. The results appear in the May issue of *Psychosomatic Medicine*. Unsurprisingly, the children with hypertension were more likely to be overweight, spent more time in front of TVs or computers and were more likely to feel physically unfit.

But even after controlling for many variables, the researchers found that hypertensive children performed better in school, had higher self-esteem and were less likely to report symptoms of hyperactivity. Parents of hypertensive children rated their offspring as less distressed and more satisfied with their lives than did parents of children with normal blood pressure.

Why? One possibility suggested by the senior author, Dr. Christoph Herrmann-Lingen, a professor of psychosomatic medicine at the University of Göttingen, is that elevated blood pressure may stimulate nerve fibers in the brain that soothe negative feelings, creating a biological feedback loop.

By Nicholas Bakalar
The New York Times
Health Sciences News
More than 15,700 health facilities with more than 9 million health workers in 168 countries have registered their commitment to good hand hygiene as part of the WHO global campaign: “SAVE LIVES: Clean Your Hands”. The campaign has been running since 2009 and 12 new countries joined in the last year.

According to the WHO Clean Care is Safer Care Programme, when working with patients, hand hygiene should be performed at 5 key moments, preferably by using an alcohol-based rub or by handwashing with soap and water if hands are visibly dirty. The five moments for hand hygiene are:

- Before touching a patient
- Before clean and aseptic procedures (e.g. inserting devices such as catheters)
- After contact with body fluids
- After touching a patient
- After touching patient surroundings.

Source: WHO

Environment and Public Health

Environmental Health is a branch of public health that deals with all aspects of the natural and built environment that may affect human health. Many diseases are linked to contaminants in our environment.

“A proper policy intervention can counter the undesirable changes in the environmental system.”

Several toxic pollutants are known carcinogens while other pollutants affect different organs.

Environmental conditions vary in time and space, the major concern in today’s world is about change in the environmental conditions by anthropogenic activities. It includes long term effects of global warming and climate change and in the short term microclimatic variations by industrial pollutants and other human activities. There are several environmental aspects to be considered such as air pollution, hazardous wastes and toxic chemicals etc. that directly determine the health of the society.

The direct link between the environment and the health is often overlooked. The latter has tended to remain high on the public and political agenda while the concerns over environment rely a lot on the economy of the state. But in a long term the overall cost return for the investment in the environment is profitable since it improves productivity, reduces employer costs which in turn ensures sound and competitive economy.

There are several schools of thoughts regarding the change in the environmental conditions but the basic requirements for the wellbeing of the inhabitants are maintained by good environmental condition. The burden of diseases can be largely prevented or limited by a healthy environment. For example pollution from industries, and vehicular exhaustion can be checked in order to have cleaner air and healthy water bodies which otherwise will underscore the health of the people. Several anthropogenic activities can be checked or intervened in order to maintain ecological integrity. Sound environment will ultimately pay-off with a multitude of health benefits.

Ecosystems function in a very complex manner and we are dependent on the healthy functioning of ecosystems in innumerable ways. We should learn ways to conserve this complexity of nature which is serving us in countless ways.

By– Vijaya
Upcoming Event in Public Health

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.

FIFA World Cup 2014 in Brazil Will be Tobacco Free

"Free is a natural step in the history of our flagship events," FIFA Secretary General Jérôme Valcke.

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.

"This decision will mean a healthier environment for athletes, staff, and soccer fans from Brazil and around the world," said PAHO Director Dr. Carissa F. Etienne. "It also means that one of the world's most important sporting events will not be a venue for promot ing tobacco use. We commend FIFA for its concern about the health of soccer fans everywhere."

"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 Blancco, 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."

Obesity: Halt or Grow

Obesity has become a notorious problem of developed countries as well as becoming discernible in developing countries. The increasing pattern of eating fast foods, preserved foods and sedentary lifestyle led to the overweight problem from the adolescent age up to the old age. The biggest problem with childhood obesity is that it does not end with childhood but continues with the age thus the obesity can lead to a host of medical conditions like diabetes, hypertension, asthma, gallstones throughout the lifespan and even to poverty itself. Obese children are more likely to become impoverished adults, spawning a vicious cycle in which poverty begets obesity, in turn leading to further poverty.

Children and adolescents who are obese are likely to have long-term health effects as they continue to be obese as adults and are therefore more at risk for adult health problems such as heart disease.
Obesity: Halt ……

disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Being obese or overweight is determined by a percentile measurement of Body Mass Index (BMI). The BMI is an indirect estimate of body fat that is valid for most individuals. Waist circumference, waist-hip ratio, waist-height are some superior measures to BMI for identifying abdominal obesity as an risk factor for CVD and type 2 diabetes. But universal cutoff points for BMI and waist circumference are not appropriate for use worldwide and because the cutoff point would differ according to the given ethnic and population specific differences, so mostly for health promotion highly sensitive cutoff points are taken for these anthropometric measurements to increase public awareness on obesity.

In Nepal, overweight/obesity increased from 1.6 to 10.1% and Overweight-obesity was positively related to age, higher socioeconomic status, and urban residence (Balarajan, Y., 1996 and 2006). In Kathmandu, among the age group of 25-34 years shows, men have -19.66% grades I obesity, 0.38% grade 2 and 0% grade 3 obesity and in women 26.51% obesity grade I, 4.8% in grade II, and 0.21% in grade III (NCD risk factor surveillance, 2010). In Nepal estimated prevalence of overall obesity is 1.4% and overweight is 9.1% (NCD country profile of Nepal, 2011).

It can be difficult for children to make healthy food choices and get enough physical activity when they are exposed to environments that are influenced by making healthy food more affordable and available. We can help them for making healthy choice via education targeted on nutrition. Healthy lifestyle habits, including healthy eating (no extra fat/oil and salt diet, less/no junk food) and physical activity (daily walk/moderate to vigorous exercise, proper sleeping time, limited time of watching TV) can lower the risk of becoming obese and developing related diseases.

To halt the obesity as an overcoming problem of every country unhealthy behavioral patterns of food and exercise practices needs to be modified to healthy practices, which will definitely reduce the burden of medical diseases and its cost in future. Otherwise it will grow as an enormous problem in every family/community/country/universe and eventually become difficult to overcome the NCDs and country will lack behind in health sector.

By- Manita Pyakurel (Bhatta)
BPKIHS, Dharan, Nepal

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   □ A. Very Good
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NEPHA organizational Policy and Strategic Direction Plan 2013

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, Smoking Discourage is Collaborative Effort

Smoking is injures to health” very well-known quote is known to billions of people, but smoking related morbidity and mortality even very high in the world. Smoking is difficult to discourage, because people smoke knowing very well that it is harmful. Smoking is behavioral deal and will be very complicated to change over in few days Worldwide, tobacco use kills about 6 million people per year, and most of the deaths are in Asia. In WHO’s South East Asian region, an estimated 1.3 million people die every year from tobacco-related disease, whereas mostly in South Asia. All these premature deaths are preventable.

The smoke from burning tobacco products, generated by people smoking them is referred to as second hand smoke. Breathing se-
second hand tobacco smoke is also quite detrimental to human health.

When tobacco smoke contaminates the air, especially in enclosed spaces, it is taken in by everyone present there. It exposes both smokers and non-smokers to immense harmful effects. Evidences accumulated over the years reveal a bleak picture about the rising status of heart diseases, lung cancer, asthma and such other ailments. Moreover, tobacco is also a prominent contributing factor for poverty and ill health. As such, priority should be accorded to tobacco control and other precautionary ways for creating mass awareness against tobacco consumption and uses.

Tobacco smoking is a commercially driven behaviour, and policies that prevent smoking have been under development for decades. As always in public health, these effective policies operate at population level, and could cost little or nothing to implement, eg, price rise, promotion of bans, smoke-free policies, or media campaigns. However, implementation of these policies remains far from comprehensive management. The introduction of effective policies to prevent smoking in developing countries could be of profound benefit to the health of millions of people. However, the necessary political, and medical, leadership has been lacking so far.

In spite of legal provisions against tobacco consumption in Nepal, a favorite part of life for many people. Against the backdrop of these facts, Nepal joined the rest of the world in implementing the Framework Convention on Tobacco Control (FCTC). It is a global public health treaty developed in response to the globalization of the tobacco epidemic aimed at reducing the burden of diseases caused by tobacco consumption. Recently The Nepal Government regulated the smoking through Tobacco Control Act still the activities are not so much effective. Every public place is legally prohibited and action will be taken as social crime according to Act. But very poor monitoring behavior, complete implementation law is very even these days is also inquisitiveness.

People are largely free to choose when they would like to take their first puff. Once they start inhaling the smoke, very few have the ability to quit. The result is growing health care costs and threats to non-smokers through passive smoking, among others. It has been fashionable to declare a tobacco consumption ban in the country. Greater public awareness campaigns and strong political support will be needed to be undertaken across the country, highlighting the perils of tobacco consumption in truly vivid terms.

Source: WHO, The Lancet, Himalayan Newspaper

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