

EDITORIAL

Globally Celebrated Health Days

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Globally dedicated days or periods are scheduled to promote important public health issues and create awareness to the general public and health practitioners. United Nations member states subscribe to celebrating health days recognized and mandated by the World Health assembly. In 2017, WHO recognized and celebrated nine (9) global health days including World Tuberculosis Day, 24th March; World Health Day, 7th April; World Immunization Week, 24th – 30th April; World Malaria Day, 25th April; World No Tobacco Day, 31st May; World Blood Donor Day, 14th June; World Hepatitis day, 28th July; World Antibiotic Awareness Week, 13th – 19th November and World AIDS Day, 1st December [1]. However, beyond this are more health days celebrated by many countries.

Generally, it is agreed that these days offer an opportunity to raise awareness and understanding of various health issues. These platforms may be used for advocacy, resource mobilization and policy information.

In our previous issues, we published articles including editorials, policy briefs and original articles relating to health days in commemoration, in particular, World Malaria day and No Tobacco Smoking day. You may visit our archives to refresh your memory. In this issue, The Health Press – Zambia team and its Editorial board, joins Zambia in celebrating the World Antibiotic Awareness Week that

fell through the 13th to 19th November, 2017. We note the progress made in mitigating the Antimicrobial Resistance (AMR) issues challenging the country.

AMR is a global public health threat that needs an urgent multi-sectoral approach to tackle this major problem. Antimicrobials, most of which were discovered in the 20th Century played an effective role in reducing morbidity and mortality among most populations. However, according to a book publication by the World Health Organization (WHO), noted recently is the increasing numbers of Antimicrobial Resistant Organisms globally. The book review indicates the growing concerns surrounding the widespread resistance citing how common disease-causing bacteria are resistant to a variety of antibiotics [2].

Zambia responded to the call from WHO for all countries to take quick action in mitigating the problem of AMR. In this regard, a National Action Plan (NAP) on AMR has been developed, providing a 10-year framework that includes a multi-sectoral ‘One Health’ approach. Major players identified in Zambia include representatives from the approach embracing human, animal, agriculture and environment sectors. For details of the NAP please read Zambia Successfully Launches the First Multi-Sectoral National Action Plan on Antimicrobial Resistance (AMR) in this issue.

In this issue we also feature a paper on 'Prevalence and correlates of tobacco smoking among prisoners at Kamfisa correctional facility, Kitwe Zambia. The paper makes good reading and reveals the high prevalence rate of over 50%. This is more worrying even for those who do not smoke as they are exposed to second hand smoke. A study within another African country, Ethiopia had a lower prevalence rate of 21% among prisoners across 9 major prisons in the Northern region [3]. The paper in this article sites gender and knowledge of effects of passive smoking as being independently associated with smoking among prisoners. The paper also reports a prevalence of close to 9% among the general population in Kitwe where the prison is situated. This is not a surprise. Other studies have determined higher prevalence rates among prisoners than in the general population. A study comparing smoking between the incarcerated and non- incarcerated showed the incarcerated more than two times likely to smoke than the general population [4]. These figures are alarming especially that smoking is a known risk factor for poor health outcomes among prisoners [3]. What the paper did not determine was whether the habit was from before being incarcerated or not. I suppose that is a story for another day.

A Cholera outbreak was declared on 6th October in Lusaka, Zambia. The outbreak continues to propagate and the risk analysis indicates poor water and sanitation conditions as a major player in this outbreak. A multi-sectoral approach has been put in place to mitigate the outbreak: provision of free clean and safe water, solid waste management, desludging pit latrines, contact tracing and health promotion among other interventions. As at 20th December 2012, a cumulative of over 900 cases had been recorded. For a detailed report on the outbreak please read

in the issues 'Summary report of cholera outbreak in Lusaka district as of 18th December 2017' and for updates on the situation, you may access the daily situational reports on our [website](#).

Soon, we will be publishing a monthly IDSR bulletin on along out monthly issue. In the meantime, connect with our surveillance data informed weekly Integrated Disease Surveillance and Response (IDSR) weekly bulletin on our [website](#).

This is our last issue of the year. It has been a pleasure journeying with you on this inaugural year. Of course, we have had challenges, more so with getting adequate people to review the submitted articles. May I take this opportunity to thank all those that have assisted in the review process and all the authors who saw it fit to publish with us. We look forward to a smoother process next year aiming at publishing a monthly issue.

From *The Health Press - Zambia* Team and its Editorial Board we wish you all a MERRY CHRISTMAS and BLESSED NEW YEAR. We look forward to giving you more reads in 2018

References

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