



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednesday 20210715

Healthcare: WHO

Spread of Covid-19's Delta variant will substantially up cases, put pressure on healthcare: WHO (The Tribune: 20210715)

<https://www.tribuneindia.com/news/coronavirus/spread-of-covid-19s-delta-variant-will-substantially-up-cases-put-pressure-on-healthcare-who-283014>

As of July 13, at least 111 countries, territories and areas have reported detection of the Delta variant

Spread of Covid-19's Delta variant will substantially up cases, put pressure on healthcare: WHO

Image only for representational purposes. Reuters photo.

The increased transmissibility associated with the COVID-19's Delta variant is likely to substantially increase cases and put a greater pressure on healthcare systems, particularly in the contexts of low vaccine coverage, the WHO has warned.

In its COVID-19 Weekly Epidemiological Update released on Tuesday, the World Health Organisation said that an overall rise in COVID-19 cases due to the Delta variant is reported across all WHO regions.

As of July 13, at least 111 countries, territories and areas have reported detection of the Delta variant, and this is expected to continue to increase, becoming the dominant variant globally in the coming months.

“The increased transmissibility associated with the Delta variant is likely to result in substantial increases in case incidence and greater pressure on healthcare systems, particularly in contexts of low vaccine coverage,” it said.

Globally, cases of the Alpha variant have been reported in 178 countries, territories or areas, while 123 countries reported cases of the Beta variant, 75 countries reported cases of the Gamma variant.

The update said that the Delta variant has shown higher transmissibility than other Variants of Concerns (VOCs) identified to date.

“The increased transmissibility means that it is likely to become the dominant variant globally over the coming months,” the update said.

It said that the emergence of more transmissible variants, coupled with the relaxation and inappropriate use of Public Health and Social Measures (PHSM) and increased social mobility and mixing and low vaccination coverage in many countries continue to contribute to rapid surges in incidence, hospitalisations and deaths in many countries.

“Moreover, in large parts of the world, there remain gaps in epidemiological surveillance, testing and genomic sequencing, and this limits our ability to monitor and assess the impact of current and future variants in a timely manner,” it said.

The update noted that as countries gradually resume non-essential international travel, the introduction of risk mitigation measures aiming to “reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2 should be based on thorough risk assessments conducted systematically and routinely.” Almost a quarter (24.7 per cent) of the world's population has received at least one dose of a COVID-19 vaccine - over three billion doses administered. However, there are vast inequities in vaccine distribution and administration with the majority of vaccines administered in a small number of high and upper-middle-income countries.

The update of the COVAX facility has been working to reduce this gap, but a large proportion of the world's population remains susceptible to SARS-CoV-2 infection.

“The breadth and quality of evidence of the efficacy and effectiveness of current vaccines against emerging variants remains limited; nevertheless, the available evidence suggests full vaccination offers high levels of protection against severe disease and death for all four VOCs, with mixed evidence as to the impacts on infection, mild-moderate disease and transmission.

“Virus evolution and the phenotypic impacts of all variants, including potential immune escape, require close monitoring and assessment, including the possible need for future adjustments to vaccine composition, vaccination strategies and/or coverage targets,” it said.

The global number of new cases reported last week (July 5-11, 2021) was nearly 3 million, a 10 per cent increase as compared to the previous week. Following a steady decline for nine consecutive weeks, the number of weekly deaths increased by 3 per cent this week compared to the previous week, with over 55,000 deaths reported, the update said.

Globally, COVID-19 incidence increased with an average of over 4,00,000 cases reported each day as compared to 3,70,000 from the previous week.

The cumulative number of cases reported globally is now over 186 million and the number of deaths exceeds 4 million.

This week, all regions with the exception of the Americas recorded an increase in incidence. The Eastern Mediterranean Region recorded the largest increase in incidence (25 per cent) followed by European Region with a 20 per cent increase as compared to the previous week.

The African Region had the smallest percentage increase in incidence with a 5 per cent increase. However, the region recorded a 50 per cent increase in the number of deaths as compared to the previous week.

The South-East Asia Region also recorded a significant increase in the number of deaths, reporting a 26 per cent increase as compared to the previous week. The Region of the Americas reported a 3 per cent decline in incidence and an 11 per cent decrease in the number of deaths reported last week.

The update said that the highest number of new cases were reported from Brazil (333,030 new cases; 9 per cent decrease), India (291,789 new cases; 7 per cent decrease), Indonesia (243,119 new cases; 44 per cent increase), the United Kingdom (210,277 new cases; 30 per cent increase) and Colombia (174,320 new cases; 15 per cent decrease).

In the South-East Asia Region, the highest numbers of new deaths were reported from India (6,035 new deaths; 0.4 new deaths per 100,000; a 4 per cent decrease), Indonesia (5,882 new deaths; 2.2 new deaths per 100,000; a 71 per cent increase) and Bangladesh (1,354 new deaths; 0.8 new deaths per 100,000; a 52 per cent increase). PTI

Post-Covid symptoms

Children coming to hospitals in Delhi with post-Covid symptoms like headaches, brain fogging: Doctors (The Tribune: 20210715)

<https://www.tribuneindia.com/news/coronavirus/six-infected-with-coronavirus-in-mohali-no-death-282622>

Since it has happened after Covid, it is felt that it is because of the infection, but it needs to be investigated

Not only adults but also children who have battled Covid are coming to hospitals in the city with post-coronavirus symptoms like gastric issues, headaches, brain fogging, shortness of breath, doctors at private hospitals here said.

Apart from complaints of MISC (multisystem inflammatory syndrome in children), experts are also seeing children, who had mild Covid, coming to them with delayed recovery.

Dr Rahul Nagpal, Director, Pediatrics, Fortis Hospital Vasant Kunj said, "Fortunately, children did not have very severe Covid. We got a handful of patients who had congenital heart disease, some kidney disorders, severe asthma or obesity who required hospitalisation."

"Post-Covid we are seeing multisystem inflammatory syndrome in children. It happens in one to two per cent of cases, but that is also a huge number. With proper drugs and identification, it can be cured.

Then there are lots of patients with diarrhoea, fatigue, body ache, digestive issues," he said.

The senior doctor said that some of the adolescents are coming with headaches, which might be the start of migraine in them. But it needs to be studied more. Since it has happened after Covid, it is felt that it is because of the infection, but it needs to be investigated.

Dr Shuchin Bajaj, Founder-Director, Ujala Cygnus Group of Hospitals, said that children are facing the issue of brain fogging and are unable to remember what they studied.

"They do not have much energy left, are stressed, anxious. Parents might confuse brain fogging with children trying to make excuses to not study or attend online classes, but these are real symptoms," he said.

Bajaj also said that in children who had severe Covid, symptoms like shortness of breath, developing severe heart rate even while going to toilet, severe headaches were found.

"These symptoms were found to be persisting for three to four months," he added.

Dr Nameet Jerath, Senior Consultant, Pediatric Intensive Care, Indraprastha Apollo Hospitals, New Delhi, said most children have had mild Covid, but stressed that even those who were asymptomatic are having prolonged low grade fevers, weakness, headache even after recovery.

Dr Shyam Kukreja, Director and Head of Department of Pediatrics and Infectious Disease Specialist, Max Hospital, said children are also facing psychological issues because of no social interaction, staying at home and due to fear of Covid.

"I have seen children scared to come to hospitals because they have seen Covid in their families or have lost their grandparents to the virus. They are unduly concerned or are facing nervous breakdown," he said.

Kukreja added that they have seen around 50 cases of MISC after the second Covid wave. —
PTI

Six infected with coronavirus in Mohali, no death

Six infected with coronavirus in Mohali, no death(The Tribune: 20210715)

<https://www.tribuneindia.com/news/coronavirus/six-infected-with-coronavirus-in-mohali-no-death-282622>

Mohali: Six fresh Covid cases have been reported from the district during the past 24 hours, taking the tally to 68,379. No death was reported while 13 patients were cured of the disease. — TNS

One fresh case in Panchkula dist

Panchkula: One case of Covid-19 surfaced in the district, taking the overall tally to 30,615. No death was reported on Tuesday. Meanwhile, 2,643 persons were vaccinated at 10 government and five private vaccination centres across the district. — TNS

Vaccination (The Asian Age: 20210715)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15708989>

THE ASIAN AGE

15 JULY 2021

Step up vaccination, don't blame it all on the people

The Union government has of late been warning the people of the impending third wave and the need to take precautions. Prime Minister Narendra Modi said on Tuesday that the opening of the economy is good news but the attendant crowding of markets and tourism spots could be an invitation for a possible third wave. Niti Aayog member V.K. Paul has lamented that people are talking about the third wave as casually as weather updates and the gross violations of Covid-appropriate behaviour could cancel the gains in managing the pandemic so far. He has warned that the world has already started witnessing the third wave of the pandemic and it is people's behaviour that can invite it here more than anything else.

The government has a duty to inform and instruct people on the ways to handle a public health crisis but it must also do its job. The scientific community has identified and the political class has agreed to the singular role vaccination can play in preventing the virus from spreading, but reports emanating from various parts of the country on the topic are not at all encouraging. India has set a target of vaccinating all eligible people by December 31 this year. To meet the target, we must vaccinate over 80 lakh people a day. The number hovered around the target figure for a couple of days after June 21, when the Union government took over the responsibility of distributing the vaccines after dropping its earlier self-defeating policy to hand it over to the state governments and the private sector.

Latest figures, however, talk of a steep drop in the number of doses administered across the country. After recording an average of 61.14 lakh doses in the week starting on June 21, the figures dropped to 41.92 lakh doses daily. For the week starting July 5, the figure is a mere 34.32 lakh doses, which is less than half the target. Several states have started complaining of the lack of availability of doses while some, such as Tamil Nadu and Kerala, have pointed out the imbalance in the allocation of vaccines and asked for a substantial hike. Several states have either shut down or are on the verge of shutting down their vaccination centres.

The government, in an affidavit filed in the Supreme Court, had drawn up a schedule for the procurement of vaccine doses and their administration. However, it seems it has allowed the momentum to taper off, given the poor show which the country is witnessing now.

The nation is engaged in a war with a dangerous micro-organism, and it takes a sustained, targeted and well-funded war to defeat it. Occasional spurts are good for the gallery but cannot guarantee success. The people may have been lax but the government, which looked the other way when festivals were conducted with millions in attendance, and never bothered to ensure availability of adequate quantity of vaccine doses to conduct the world's largest vaccination programme, is no less culpable. At least now it must wake up to correct the course.

The government had earlier drawn up a schedule for administration of vaccines. But it seems it has allowed the momentum to taper off...

Population (The Asian Age: 20210715)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=15708987>

Stabilising population by coercion can never work



Patralekha
Chatterjee

Dev 360

We can't have a sustainable planet without stabilising our population.

It is also no secret that coercive population control policies are not the way to stabilise population. The Narendra Modi government at the Centre was clearly aware of these well-known facts when it told the Supreme Court in December last year that India is unequivocally against forcing family planning on its people and that "international experience shows that any coercion to have a certain number of children is counter-productive and leads to demographic distortions". In an affidavit filed in the Supreme Court, in response to a PIL seeking enactment of a law to control population, the health and family welfare ministry referenced the Programme of Action of the International Conference on Population and Development 1994, to which India is a signatory, and asserted that the country was unequivocally against coercion in family planning. It noted that the country's family welfare programme was voluntary in nature.

More than six months down the line, Uttar Pradesh, ruled by the same BJP which calls the shots at the Centre, is singing a totally different tune. It has come up with a new population policy for 2021-2030 and wishes to bring in a law that would debar those with more than two children from contesting in local polls, prevent them from applying for or getting promotion in government jobs, and get various government subsidies. The proposed law also says that "it shall be the duty of the government to introduce a compulsory subject relating to population control

Uttar Pradesh Population (Control, Stabilisation and Welfare) Bill 2021, which is open for suggestions from the public till July 19, has kicked up a storm.

The proposed law offers a slew of incentives to public servants who adopt the two-child norm such as two additional increments during their entire service, maternity or as the case may be, paternity leave of 12 months, with full salary and allowances.

All this is being done, the UP government argues, because there are "limited ecological and economic resources at hand" in the state and "it is necessary and urgent that the provision of basic necessities of human life, including affordable food, safe drinking water, decent housing, access to quality education, economic/livelihood opportunities, power/electricity for domestic consumption, and a secure living is accessible to all citizens".

The state wants to bring down its gross fertility rate from 2.7 (at present) to 2.1 by 2026, and to 1.9 by 2030.

No one can have any quarrel with the idea of any state government wanting to provide basic necessities to its people. But where is the evidence to show that coercive measures help stabilise population in the long run, especially in democracies? Why is "population control" and "population balance" becoming the talking points instead of the real issues that need to be addressed so that the state can deliver the basics to its people.

There has been a continuous fertility decline among most states in India over the years. States like Kerala and Tamil Nadu, which have succeeded in sharply reducing their total fertility rate, have done so by focusing on female litera-

riage and overall human development. This is also true for other countries in the neighbourhood which have successfully stabilised their population.

There is a wealth of evidence that suggest that women with no, or low education, have higher fertility as compared to women with higher levels of education. India's country-wide female literacy rate is 70.3 per cent, while the male literacy rate is estimated at around 84.7 per cent, going by a nationwide study by the National Statistical Office from July 2017 to June 2018. But a bunch of states, including UP, trail behind the national average when it comes to female literacy. Female literacy rate in Uttar Pradesh was pegged at 63.4 per cent, while male literacy in the state is around 81.8 per cent.

If a state wishes to stabilise its population, it could start with focusing its political energy on improving female literacy and other development indicators. Health activists are pointing out that states which have a dismal record in infant mortality, where institutional births are fewer, and where female illiteracy is high have a much higher birth rate than others.

The government's own surveys show that women in the lowest wealth quintile, and the least educated women, had on an average one more child than those with more than 12 years of schooling and in the highest wealth quintile.

The total fertility rate (TFR) in the country as a whole is coming down -19 out of 22 states now have a below-replacement fertility which means women in these states have less than two children. In UP too, the fertility rate is on a downward trajectory - it nearly halved from 4.82 in 1993 to 2.7 in 2016.

If a state wishes to stabilise its population, it could start with focusing its political energy on improving female literacy and other development

Political observers say the draft bill is less about population stabilisation and more about the politics of perception. Irrespective of whether it becomes a law or not, it is already being seen as a marker of muscular Hindutva that will keep the minorities in their place. With Uttar Pradesh Assembly elections inching closer, this could help consolidate the BJP's support base in the state.

As Ashwini Deshpande, professor of economics, Ashoka University, said in a recent commentary: "The unstated, or often stated, argument is that 'certain communities' have too many children." This stokes baseless majoritarian fears.

Of course, Uttar Pradesh isn't alone in believing in the power of the stick. Assam, also a BJP-ruled state, is debating a population control policy. Gujarat, another BJP state, says it plans to study the new population control laws in other states. In Gujarat, those with more than two children cannot contest local body polls.

Many states have experimented with the two-child policy in one form or another over the years. But they aren't uniform, and it's hard to quantify their impact. Population experts say coercive population policies can do harm - worsen the child sex ratio, malnutrition, etc - and should be avoided at all costs.

It's critical that we keep the fundamentals on the front-burner. The Uttar Pradesh government headed by Yogi Adityanath acknowledges that illiteracy and poverty can slow down population stabilisation. Women with no schooling have a higher fertility rate in UP, as in other states.

There's an urgent need to act on the "why" in these areas, and not population control through coercion, if the goal is sustainable and inclusive development.

The writer focuses on development issues in India and emerging economies. She can be reached at

Vaccination

Lessons on vaccination communication from a remote region in Maharashtra (The Indian Express: 20210715)

<https://indianexpress.com/article/opinion/columns/lessons-on-vaccination-communication-from-a-remote-region-in-maharashtra-7405054/>

Mittali Sethi writes: In Melghat, Maharashtra, the priority was to have a mode of communication which belonged to the people

Sometimes what seems like vaccine hesitancy is just a matter of the wrong time or place. (AP/Representational)

Two months ago, it was difficult for us to get even 50 vaccinations done in a single day in Melghat, Maharashtra, as people would just not turn up in this remote area. Last week, we did 800 in a day, and we know this is a record we will break soon. Vaccination in Melghat, nestled within a forest, a core tiger reserve and home to the Korku tribals, offers rich insights into behaviour, culture and the relationship between them.

Information, education, communication (IEC) is one of the most bandied-about terms in administration. We go all out in terms of the quantity of advocacy without paying attention to the quality. There is too much information today. Social media has pitted us against an infodemic. Secondly, just information is of no use unless it gets translated into knowledge and then action. If we think about how many of our opinions we have changed in the past few years, we will be surprised to discover how the human brain clings to its ideas.

This concept is fundamental for us to understand. Otherwise, it sends us to the ground with stereotypes and biases, such as “the tribal population doesn’t understand because they believe in superstition”. If we approach any culture, thinking it to be an unnatural extension of society, it is unfair to expect that any good will happen. Questions like — how can I use this culture or its practices to strengthen my argument? What makes them fearful of this thing? Can we supply any information or role models that might help make things more transparent for them? — are good points to ponder over.

In Melghat, our strategy was multifold. Language is the centrepiece of every culture. So the priority was to have a mode of communication which belonged to the people. Our discussions led to us shooting episodes of a serial we called Corona haarativa, Melghat jitauva (Corona will lose, Melghat will win), which was broadcast on YouTube. The tribal residents of Melghat acted in the serial, it was in their language, it had them asking questions and answering those questions. This kind of communication allowed us to engage with people much more than just dialogue could.

Sometimes what seems like vaccine hesitancy is just a matter of the wrong time or place. Villagers cannot sit at home all day long as most of them work for MGNREGA or in their fields. We tailored our camps to these schedules. We moved vaccination centres to open spaces in villages. That way, people could see others taking the vaccine. Villagers set up small but beautiful pandals at these places, usually close to a tree where people could sit and get monitored by the medical team after vaccination. We clapped for the first set of vaccinations and made sure the camp felt like a festival in the village, sometimes using music or our videos. Many people used to say they had to first go home and eat before the vaccination. So, we started keeping biscuits and water at vaccination camps.

We set up intermittent goals. Which village can get itself 100 per cent vaccinated first? We kept reward systems, including public appreciation. Last week, I threw a challenge to the sarpanches: Getting their gram panchayat bodies 100 per cent vaccinated because people would listen only to leadership that practises what it preaches. Three gram panchayat bodies became the first set (out of 120) in Melghat to achieve the feat. This number might seem small, but this leadership has brought people together on a common agenda. Things are gradually turning around now, with some villages calling us for vaccination camps. However, we are acutely aware that there is still a long way to go.

Sudden interest in 'population control' in Assam and UP points to political bad faith

Lessons on vaccination communication from a remote region in Maharashtra

Delhi Master Plan: Planning a city by excluding the people

One final point. While we were doing IEC in a village, one kaka asked me, "Did you think of visiting and asking me how I was doing after the injection?" Ultimately, all people want is to be taken care of. They need to trust us and believe that we will respect and care for them, if they give us that faith. The steps we took were not only to meet an immediate target but to tell them that they are a part of our family. It will be in this mutual admiration and respect that we will knit the foundation of a healthy Melghat.

Population control'

Sudden interest in 'population control' in Assam and UP points to political bad faith (The Indian Express: 20210715)

<https://indianexpress.com/article/opinion/columns/sudden-interest-in-population-control-in-assam-and-up-points-to-political-bad-faith-7405007/>

S Y Quraishi writes: What is the provocation for the CMs of Assam and UP to suddenly announce their respective population policies?

Firstly, global experience shows that any coercion in population control is counterproductive.

The last couple of weeks have seen a sudden spurt in political interest in population control in two BJP-ruled states, Assam and UP, which has aroused speculation about the motives. What makes the two chief ministers different is that one has just started his tenure while the other is at the end of his.

Population control is essentially a good idea and has been so right from Independence. India was the first country in the world to have a National Family Planning programme in 1952. We have had a National Population Policy for over half a century which has been updated from time to time. The latest policy, introduced in 2000, is being vigorously followed. It has paid great dividends with 24 out of 29 states having achieved total fertility rate (TFR) of 2.1 which is considered the replacement level (no further population growth). The remaining states, popularly called BIMARU states, though lagging, are also on the right course.

In this backdrop, the question arises: What is the provocation for the two CMs to suddenly announce their respective population policies? In both cases, keeping the cauldron boiling for communal polarisation is the probable answer, and probable electoral gains for Yogi Adityanath in the impending election.

The proposed measures suffer from some essential flaws. Firstly, global experience shows that any coercion in population control is counterproductive. And how can we forget the forced sterilisation programme of the Emergency era (1975-77), which caused a backlash from which the country hasn't still recovered?

Secondly, the two-child norm has earlier shown in other states disastrous consequences for women, with many facing divorce to prevent disqualification of their husbands from contesting elections and couples going for large-scale female foeticide which skewed the gender ratio even further. The child sex ratio of India has been in steady decline, dropping from 945 in 1991 to 918 in 2011.

The Assam CM has expressed concern over the "population explosion" amongst the Muslim community in the state. He has further reiterated that stringent population control is the only way forward to bring about development for the community.

While the above quoted statement might sound alarmist, the government can be credited with taking steps with positive implications. Sub-committees dedicated to a range of issues, from health and education to financial inclusion and women empowerment, are amongst the plans,

which are commendable initiatives. The intent of the government to focus on education and empowerment of women is a sensible step forward.

However, fixating on one particular minority community to bear the sole onus for population control is an atrocious idea. Fixing upper limits on the number of children and tying it to government aid and benefits is questionable, as China is witnessing right now. The one-child policy adopted by that country in the 1990s has proved disastrous, forcing the country to move to the two-child, and very recently, the three-child norm. China is now burdened with nearly a 70 per cent elderly population with less than 30 per cent young people to support them, a consequence which was not foreseen.

On the contrary, India's voluntary population policy is doing very well, having achieved the total fertility rate (TFR) of 2.1, which translates to a couple being "replaced" by two children. In Assam, in particular, the TFR has, in fact, dropped from 2.2 in 2015 to 1.9 in 2020-21. Thus, the population "explosion" is a bogey. The use of modern contraceptive methods by women is highest amongst Assam's Muslim women, at 49 per cent. Unmet need for contraception is also the highest among them, at 12.2 per cent. The problem, clearly, is not uncontrolled population increase amongst the community as the government is projecting, but poor service delivery.

The Population Foundation of India has rightly pointed out that a strict limit on the number of children, like the two-child norm, will unleash a rapid increase in divorce and of sex-specific abortions, which would be highly detrimental to the future of the nation.

What, then, can be done? There are three vital factors which are responsible for high fertility: Illiteracy (especially of girls), poverty and poor reach of health services. CM Sarma's emphasis on addressing these factors is most appropriate. CM Yogi must emulate that. An internationally recognised principle is that "development is the best contraceptive". It should precede fertility control and not the other way round.

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In comparison to Assam, Yogi Adityanath's Uttar Pradesh Population Policy 2021-2030 hasn't specifically mentioned Muslims, though no one is in doubt that the objective is to keep communal hatred on the boil, a tested and tried election winning formula.

Prima facie, the given rationale and most of the provisions of the bill sound reasonable. It's the coercive elements, like denial of government jobs and benefits of government schemes, which make it undesirable and counter productive.

It is noteworthy that despite the triple handicap of lowest literacy, extreme poverty and poor access to family planning services, Muslim adoption of family planning has been commendably high in the last three decades — faster than Hindus. As a result, the fertility differential between

Hindus and Muslims, which was more than one child (1.1 to be precise), has come down to 0.48.

According to NFHS-4, in 22 states, the fertility rate of Muslims was lower than that of Hindus in Bihar. If religion was the determining factor, Muslims all over the country would have a higher fertility. This underscores the fact that socioeconomic conditions, rather than religion, influence fertility behaviour. NFHS surveys clearly show that in the so-called BIMARU states, socioeconomic conditions of both Hindus and Muslims are weaker than in other states.

A pertinent question is: Don't Hindus also have more than two children? A backlash cannot be ruled out. In fact, within 24 hours, VHP attacked the policy. Even an NRC-type reaction cannot be ruled out where more Hindus than Muslims were hit which made the government run for cover.

Since it is not legally possible for both the bills to target a specific religious community, namely the Muslims, the wisest course for Muslims would be not to fall into the trap and start attacking the policies. They should, rather, support the three-pronged development plans to address their illiteracy, income and service delivery.

COVID-19 vaccination woes

Ramping up supply: On COVID-19 vaccination woes (The Hindu: 20210715)

<https://www.thehindu.com/opinion/editorial/ramping-up-supply-the-hindu-editorial-on-covid-19-vaccination-woes/article35330826.ece>

Spikes, dips in vaccination rates are normal, but India needs to guard against slackening

Less than a month after the Centre revised its vaccination policy and took

Non-communicable neurological disorders

Stroke caused 6,99,000 deaths in India in 2019, which is 7.4% of the total fatalities (The Hindu: 20210715)

<https://www.thehindu.com/news/national/stroke-caused-699000-deaths-in-india-in-2019-which-is-74-of-the-total-fatalities/article35315823.ece>

Contribution of non-communicable neurological disorders and neurological injuries to the total disease burden has more than doubled between 1990 and 2019.

Contribution of non-communicable neurological disorders and injury-related neurological disorder to the total disease burden has more than doubled

Five health books

Five health books to invest in this month (The Hindu: 20210715)

<https://www.thehindu.com/books/five-health-books-for-the-month-that-teach-you-positivity-and-resilience/article35297191.ece>

These books are all about how to stay afloat with courage when things go wrong

(Stay up to date on new book releases, reviews, and more with The Hindu On Books newsletter. Subscribe here.)

Cardiovascular diseases

Risk of cardiovascular disease set to increase in Tamil Nadu, finds study (The Hindu: 20210715)

<https://www.thehindu.com/news/national/tamil-nadu/risk-of-cardiovascular-disease-set-to-increase-in-tamil-nadu-finds-study/article35274660.ece>

Researchers found that all the risk factors such as lipids, hypertension and dysglycemia had increased considerably in the population.

The risk of cardiovascular (CV) diseases is set to increase in urban and rural population in Tamil Nadu in the future if the current scenario persists, a recent study has shown.

Immunity debt'

Explained | What is 'immunity debt', and is it caused by coronavirus lockdowns? (The Hindu: 20210715)

<https://www.thehindu.com/sci-tech/health/explained-what-is-immunity-debt-and-is-it-caused-by-coronavirus-lockdowns/article35257903.ece>

Amid a gradual easing of lockdowns, why are some countries reporting a higher number of respiratory infections?

Data | Delta variant drives COVID-19 infection

Data | Delta variant drives COVID-19 infection surge in the world (The Hindu: 20210715)

<https://www.thehindu.com/data/data-delta-variant-drives-covid-19-infection-surge-in-the-world/article35235250.ece>

Studies show that the vaccines are highly effective in reducing related hospitalisations

Across the world, the new confirmed cases of COVID-19 are on the rise again for the past two weeks. The spike is not uniform across all countries, with many

Food and Nutrition

Strawberries For Heart: दिल से लेकर डायबिटीज़ तक, सेहत को ऐसे फायदा पहुंचाती हैं स्ट्रॉबेरीज़ (Dainik Jagran20210715)

<https://www.jagran.com/lifestyle/health-from-enhancing-heart-health-to-diabetes-know-benefits-of-eating-strawberries-21832601.html>

दिल से लेकर डायबिटीज़ तक, सेहत को ऐसे फायदा पहुंचाती हैं स्ट्रॉबेरीज़

Strawberries For Heart Health स्ट्रॉबेरीज़ से जुड़े अध्ययन में 33 प्रतिभागियों को शामिल किया गया था जिनकी डाइट 14 सप्ताह की अवधि में देखी गई थी। प्रतिभागियों को स्ट्रॉबेरीज़ के अलावा अन्य बेरीज़ खाने की अनुमति नहीं थी।

नई दिल्ली, लाइफस्टाइल डेस्क। **Strawberries For Heart:** चाहे स्ट्रॉबेरी केक हो या फिर स्ट्रॉबेरी आइसक्रीम, शायद ही कोई ऐसा हो जिसे ये लाल, रसीला और मीठा फल पसंद न आता हो। न्यूट्रिएंट्स में प्रकाशित एक अध्ययन के अनुसार, "आहार संबंधी स्ट्रॉबेरी मोटापे से पीड़ित लोगों के कार्डियोमेटाबोलिक के जोखिम में सुधार करती है। अध्ययन में 33 प्रतिभागियों को शामिल किया गया था, जिनकी डाइट 14 सप्ताह की अवधि में देखी गई थी। प्रतिभागियों को, स्ट्रॉबेरीज़ के अलावा अन्य बेरीज़ खाने की अनुमति नहीं थी।

क्या कहते हैं एक्सपर्ट्स

डॉ. एम्मा डर्बीशायर, जो सार्वजनिक स्वास्थ्य पोषण विशेषज्ञ हैं, ने कहा, "इस शोध का निष्कर्ष वास्तव में एक बेहद दिलचस्प रहा। यूके में इस वक्त लगभग 7.6 मिलियन लोग हृदय और संचार रोगों के साथ जी रहे हैं। हम जानते हैं कि स्वस्थ जीवन, जिसमें सेहतमंद आहार शामिल है, दिल से जुड़ी बीमारियों, वजन बढ़ने की समस्या और डायबिटीज के जोखिम को कम कर सकता है।"

जानें कोरोना वायरस के डेल्टा वेरिएंट से भी खतरनाक है कप्पा वेरिएंट?

Kappa Variant: जानें कोरोना वायरस के डेल्टा वेरिएंट से भी खतरनाक है कप्पा वेरिएंट?

यह भी पढ़ें

"अपनी डाइट में खूब सारे फल और सब्जियों का सेवन स्वास्थ्य के लिए महत्वपूर्ण होता है। खासतौर पर डाइट में बेरीज का सेवन लोगों के लिए फायदेमंद साबित हो सकता है। स्ट्रॉबेरीज को आप ब्रेकफास्ट की किसी भी डिश के ऊपर डालकर खा सकते हैं, दो मील्स के बीच भूख लगने पर स्नैक के तौर पर खाएं, दही के साथ खाएं या फिर खाने के बाद मीठे की तरह खाएं।"