I'm not a bot

Mental Health Concerns Among Adolescents: A Call for Comprehensive Support One in seven adolescents struggles with a mental health condition, with suicide being the third leading cause of death among young people globally. Without proper support, these conditions can have severe repercussions on their education, employment, and relationships, ultimately limiting their life trajectories. Investing in adolescent mental health can yield significant returns. Every dollar invested yields an estimated US$24 return over 80 years. However, despite the importance of this issue, mental health receives less than 2% of national health budgets on average, with little allocated to children and adolescents. Climate change, conflict, poverty, inequality, and displacement are intensifying risks for young people's mental health. In low-income countries, there are fewer than 0.01 child mental health workers per 100,000 people, making services often out of reach. Creating enabling environments is crucial for improving outcomes. This includes strengthening policies and legislation, promoting nurturing care in homes and schools, and ensuring access to learning opportunities and employment. At a family level, interventions supporting caregivers' well-being can significantly contribute to preventing mental health conditions in children and youth. These interventions are relevant for all ages and particularly important when caregivers or their children face mental health issues. Schools can be places of nurturing, equipping students with the knowledge, skills, and competencies needed to thrive. Anti-bullying programmes, socioemotional learning, and whole-school-health-promoting approaches can improve students' well-being, academic performance, and reduce risk behaviours. The impact of social media on young people's mental health is a growing concern. While some countries have initiated actions to regulate access to mobile phones and social media for children and adolescents, evidence is limited. Promising interventions include skills-building programmes and technological tools promoting online safety. Care services must be responsive to different levels of need, from prevention to recovery. Ensuring access to both health and mental health services is essential for supporting young people's well-being. Mental Health for Children and Young People: A Global Imperative Global leadership and coordination are critical to providing quality mental health services to children and young people (CYP) in various settings, including healthcare facilities and non-healthcare environments such as schools and youth centers. Effective interventions can significantly impact the lives of CYP, addressing structural issues like housing, education, and employment, and promoting social inclusion and connectedness. The World Health Organization (WHO), in collaboration with UNICEF, governments, and local stakeholders, has developed a Joint Programme to strengthen country leadership and capacity for providing services to CYP. This initiative aims to improve access to mental health care, prevention efforts, and care services for approximately 10 million children and young people each year. Several countries have successfully implemented evidence-based interventions, including Serbia's digital one-stop shop, which has reached nearly 170,000 young people, and the Ministry of Health of Cote d'Ivoire's social worker training program, which provided services to 50,000 people in refugee camps. In Kenya, a peer counsellor training program called Shamwiri has been implemented, while Brazil's child psychosocial care centres have expanded mental health service provision across the country. However, accountability and capacity to track progress remain inadequate. WHO is working with partners to develop platforms for defining commitments and tracking change in support of CYP mental health. The organization emphasizes the importance of a comprehensive approach to child and adolescent mental health, including stronger policies, legislation, prevention services, and cross-sector coordination across healthcare, education, social welfare, youth, sports, and justice. Physical inactivity has a profound impact on the global health landscape, with far-reaching consequences for individuals, communities, and societies as a whole. The World Health Organization (WHO) defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure, encompassing all types of movement during leisure time, transportation, work, or domestic activities. According to recent estimates, 31% of adults and 80% of adolescents globally do not meet the recommended levels of physical activity. This alarming trend has significant implications for public health care systems, with the global cost of physical inactivity projected to reach approximately US$ 300 billion between 2020 and 2030. Regular physical activity is unequivocally linked to numerous health benefits, including improved cardiovascular health, reduced risk of chronic diseases such as cancer and diabetes, and enhanced mental well-being. Moreover, physical activity has been shown to have a positive impact on cognitive development in children and adolescents, bone health, and muscle growth. Conversely, sedentary behavior, characterized by periods of low-energy expenditure while awake, is increasingly prevalent due to the widespread use of motorized transport and screen-based activities. This growing trend is associated with a range of poor health outcomes, including increased adiposity, poorer cardiometabolic health, and reduced sleep duration. To mitigate these risks, WHO recommends that adults engage in at least 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous-intensity physical activity per week. Moreover, incorporating physical activity into daily routines can be achieved through a range of enjoyable activities, including walking, cycling, sports, and active recreation. The World Health Organization (WHO) has issued guidelines for various age groups and populations to promote physical activity and reduce health risks. The recommendations emphasize that any amount of physical activity is beneficial, and sedentary behavior should be limited across all age groups. For children aged 5 and above, the WHO recommends at least 60 minutes of moderate-to-vigorous physical activity per day. Adolescents (11-17 years) need at least 60 minutes of moderate-to-vigorous physical activity daily, with a focus on muscle-strengthening activities. Adults should aim for at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity aerobic physical activity per week. The guidelines also highlight the importance of muscle strengthening exercises for everyone, regardless of age or fitness level. Additionally, pregnant and post-partum women are advised to engage in regular physical activity, while older adults should aim for at least 150 minutes of moderate-intensity aerobic physical activity per week. Physical inactivity is a significant concern globally, with nearly one-third (31%) of the world's adult population being inactive. Women tend to be less active than men, and physical inactivity levels increase after 60 years of age. The WHO Global action plan on physical activity provides policy recommendations for countries and communities to promote physical activity and ensure everyone has more opportunities to be regularly active. Implementing effective policies requires a collective effort across multiple government departments and sectors. WHO supports countries in implementing recommended actions by developing global policy guidance and guidelines underpinned by the latest evidence and consensus, aiming to promote physical activity and multisectoral collaborations. The organization conducts advocacy to raise awareness about the benefits of increasing physical activity and supports economic analysis of its impact, including return on investment for different policy interventions. To enhance capacity building, WHO develops technical tools and training packages to facilitate the implementation of policies and programs across key settings, leveraging digital platforms such as WHO Academy courses, multi-country workshops, and other knowledge exchange activities. Furthermore, WHO convenes collaborations among sectors and policy makers, practitioners, and researcher communities to strengthen partnerships and achieve global monitoring and reporting on the implementation of the Global Action Plan on Physical Activity. The organization aims to reduce physical inactivity by 15% globally by 2030, with a focus on developing appropriate policies, investment cases, and financing mechanisms. individuals typically experience around 300 blisters throughout their illness. These sores will eventually dry up and turn into crusty scabs that fall off within one to two weeks' time. The amount of time it takes for the rash to appear after exposure to the virus (incubation period) is usually between 14-16 days, with a range of 10-21 days. People are contagious from one to two days before the rash appears and continue to be so until all the lesions have formed scabs. Chickenpox spreads in multiple ways due to its high level of contagion. It can spread through the air when an infected person coughs or sneezes, releasing virus-containing droplets into the atmosphere. The virus may also be transmitted via direct contact with the fluid from chickenpox blisters or respiratory secretions. An individual remains contagious from one to two days before the rash appears until all the lesions have formed scabs. This ease of transmission is why chickenpox can easily spread in places like schools and daycare centers. The secondary attack rate for chickenpox is high, with 61-100% of susceptible individuals contracting the disease after being exposed. While usually a mild illness, chickenpox can lead to complications, particularly in certain groups of people. These complications include pneumonia (lung infection), encephalitis (inflammation of the brain) and bacterial infections of the skin. These complications can be severe and sometimes fatal. Although severe complications are more likely in individuals with weakened immune systems, most deaths from chickenpox occur in otherwise healthy children because the disease is so common. Those at higher risk for severe complications include infants under one year of age, pregnant women, adults and people with compromised immune systems. The full course of chickenpox, from the first sign of the rash to the disappearance of scabs, typically lasts around 2-4 weeks. Importantly, a person remains contagious until all lesions have crusted over. Once the scabs have formed, the risk of transmitting the virus is greatly reduced. Usually, a person will only get chickenpox once in their lifetime. After recovery, their body develops immunity to the virus. The virus then remains inactive in the nerve cells but may reactivate later in life to cause shingles. Both chickenpox and shingles are caused by the same virus: the varicella-zoster virus (VZV). When a person is initially infected with VZV, they develop chickenpox. After the chickenpox infection has resolved, the virus remains inactive in nerve cells. Shingles occurs when this inactive virus reactivates, often later in life. Doctors usually diagnose chickenpox based on its characteristic rash and symptoms. The rash typically starts on the face and trunk before spreading and is characterized by new lesions appearing over several days as macules, papules, vesicles, and scabs. In most cases, laboratory tests are not necessary; however, in some situations where someone has been vaccinated or has a weakened immune system, lab tests may be used to confirm the diagnosis.The recommended treatment for chickenpox is generally mild and focuses on relieving symptoms, such as using calamine lotion or oatmeal baths to soothe itching, taking acetaminophen (paracetamol) to reduce fever, and avoiding aspirin use in children due to the risk of Reye's syndrome. Antiviral medications like acyclovir are usually not necessary for healthy individuals but may be recommended for those at higher risk of complications, such as immunocompromised individuals or those with severe cases. Preventing chickenpox involves avoiding contact with infected individuals, practicing good hygiene, and isolating oneself until lesions have crusted and dried. The World Health Organization (WHO) recommends the use of the recombinant herpes zoster vaccine for older adults and those with chronic conditions to prevent herpes zoster. Child Malnutrition: Understanding the Risks of Low Birth Weight, Wasting, Overweight, and Underweight in Children Violence against children is a pervasive issue that affects over 1 billion children aged 2–17 years worldwide, with each child experiencing physical, sexual, or emotional violence or neglect in the past year. The impact of such violence can be lifelong, affecting not only the individual but also their families and communities. Target 16.2 of the 2030 Agenda for Sustainable Development aims to "end abuse, exploitation, trafficking and all forms of violence against, and torture of, children". Evidence from around the world suggests that violence against children can be prevented through various interventions. Most violence against children involves one of six main types of interpersonal violence: maltreatment, bullying, youth violence, intimate partner violence, sexual violence, and emotional or psychological violence. Maltreatment encompasses physical, sexual, and psychological/emotional abuse, often perpetrated by parents, caregivers, or authority figures in the home or other settings. Bullying, including cyber-bullying, is unwanted aggressive behavior that can have serious consequences for children's mental health and well-being. Youth violence primarily affects children and young adults aged 10–29 years, with forms such as gang violence, physical assault, and online exploitation being common. Intimate partner violence disproportionately affects females, particularly in cases of child marriages and early/forced marriages. Sexual violence includes non-consensual sexual contact, attempted rape, voyeurism, and online exploitation. Emotional or psychological violence can take many forms, including restricting a child's movements, denigration, and intimidation. The impact of violence against children is far-reaching, resulting in death, severe injuries, impaired brain and nervous system development, and lifelong health and well-being issues. Addressing this issue requires a comprehensive approach that prioritizes prevention, protection, and support for affected children and families. Violence against children can have devastating effects on their development and long-term health. Exposure to violence can cause damage to various parts of the nervous system, as well as other vital systems like the endocrine, circulatory, musculoskeletal, reproductive, respiratory, and immune systems. This can lead to severe consequences that span a child's entire life. The impact of violence on children is multifaceted, affecting not only their cognitive development but also their educational and vocational prospects. Children exposed to violence often struggle with negative coping mechanisms and health risk behaviors, which can lead to smoking, excessive alcohol consumption, and drug misuse. Moreover, they are more likely to engage in high-risk sexual behavior, resulting in unintended pregnancies, induced abortions, gynaecological problems, and the transmission of HIV. As children mature, they become increasingly susceptible to non-communicable diseases such as cardiovascular disease, cancer, diabetes, and other health conditions. The negative coping mechanisms associated with violence play a significant role in this increased risk. Violence against children can also have far-reaching consequences that extend beyond their own lives. They are more likely to drop out of school, struggle to find employment, and face heightened risks of later victimization or perpetration of interpersonal and self-directed violence. This creates a cycle of violence that affects not only the individual but also future generations. In response to the growing need to address interpersonal violence, particularly against women and girls, as well as children, the World Health Organization (WHO) has established a global plan of action to strengthen its role in addressing this issue. The plan aims to monitor the magnitude and characteristics of violence against children, providing support to countries in documenting and measuring such violence. The WHO is committed to developing evidence-based technical guidance documents, norms, and standards for preventing and responding to violence against children. Regularly publishing global status reports on country efforts to address violence against children through national policies and action plans, laws, prevention programmes, and response services will also be a key part of the plan. Furthermore, the WHO will support countries and partners in implementing evidence-based prevention and response strategies, such as those outlined in the INSPIRE: Seven strategies for ending violence against children initiative. Collaboration with international agencies and organizations, including the Global Partnership to End Violence against Children, Together for Girls, and the Violence Prevention Alliance, is also essential in reducing and eliminating violence against children globally. In the mid-20th century, a major breakthrough occurred in the fight against polio with the introduction of two types of vaccines: the inactivated polio vaccine (IPV) and the oral polio vaccine (OPV). The IPV was developed by Dr. Jonas Salk and was licensed on the same day as the first case of polio was reported, marking a significant milestone in the history of medicine. By 1957, annual cases had dropped from 58,000 to 5,600, and by 1961, only 161 cases remained, demonstrating the effectiveness of Salk's vaccine. Salk's commitment to equitable access to his vaccine led him to share the formulation and production processes with six pharmaceutical companies without seeking personal profit. He famously stated that there was "no patent" for the IPV, saying, "Could you patent the sun?" This generosity paved the way for widespread adoption of the vaccine. In contrast, the OPV was developed by Dr. Albert Sabin using a live-attenuated approach, which allowed for easier administration and distribution. Despite initial skepticism from the United States due to the use of a new type of vaccine, Sabin's efforts led to significant breakthroughs in testing and implementation. Collaborating with Russian virologists, including Mikhail P Chumakov, Sabin carried out trials on 20,000 children in the Soviet Union and 10 million children in the following year. The OPV proved safe and effective, interrupting the chain of transmission and making it an ideal candidate for mass vaccination campaigns. Hungary was the first country to eliminate polio using the OPV in 1960, followed by Cuba in 1962. The Global Polio Eradication Initiative (GPEI) was launched in 1988, combining individual country efforts with international assistance. The World Health Organization played a crucial role in supporting global collaboration and expanding vaccine production worldwide. By 1994, polio had been eliminated from the Americas, and by 2000, the Western Pacific region was polio-free. Today, only a handful of countries remain where polio is endemic, marking significant progress towards the ultimate goal of eradicating this debilitating disease. The progress in combating polio has been remarkable, with cases plummeting by over 99% worldwide in just two decades. The World Health Organization (WHO) has certified several regions as polio-free, including the South-East Asia region in 2014, the African region in 2020, and the Eastern Mediterranean region which has restricted the virus's spread to a limited number of districts. As of July 2021, only two cases of wild poliovirus have been reported globally this year, both from Afghanistan and Pakistan. However, while the Oral Poliovirus Vaccine (OPV) is safe and effective, its continued use also poses a risk. If not used properly, the weakened vaccine virus can circulate in areas with low vaccination coverage, potentially leading to the emergence of circulating vaccine-derived polioviruses (cVDPVs). If left unchecked, these viruses can recombine into more potent strains that can cause paralysis. On the other hand, widespread vaccination ensures protection against both wild and vaccine-derived polioviruses. Albendazole effectiveness in improving nutritional status of pre-school children in urban slums improves nutrition for young kids living in poverty.