Health implications of untested hormone-disrupting chemicals

A report titled ‘State of the science of endocrine disrupting chemicals’, by the United Nations Environment Programme (UNEP) and WHO, and released in February 2013, calls for urgent research on health implications of synthetic chemicals which are found extensively in household and industrial products; most of these are untested for their effects on the endocrine system as well as for other specific disorders. Endocrine-disrupting chemicals (EDCs) are usually synthetic products such as pesticides, metals, additives/preservatives/contaminants to food products, personal care products; they also enter the environment via industrial discharges. EDCs are suspected to be associated with altered reproductive function, growth disturbances, neurodevelopmental disorders in children and altered immune function. They have also been linked to breast cancer and are suspected teratogens since most can cross the placental barrier and are also found in breast milk. They have also been linked to asthma, stroke, Alzheimer and Parkinson disease.

The joint report notes that endocrine-related disorders are on the rise in humans as well as wildlife populations and laboratory studies have linked EDCs to disease outcomes. Genital malformations, adverse pregnancy outcomes and endocrine-related cancers have also been increasing. The report highlights that up to 40% of young men in some countries have low semen quality and also the alarming trend of earlier thelarche. The summary for decision-makers section of the report notes that ‘close to 800 chemicals are known or suspected to be capable of interfering with hormone receptors, hormone synthesis or hormone conversion. However, only a small fraction of these chemicals have been investigated in tests capable of identifying overt endocrine effects in intact organisms.’ The report discusses how EDCs have been shown to have harmful effects on reproduction in wildlife, including in the Ganges river dolphins. It also elaborates epidemiological studies in humans on these aspects and the fact that there is a large knowledge gap about the health and environmental impacts of EDCs. It calls for further research as well as improved testing systems for EDCs globally and the need to reduce exposure to these chemicals. Active identification of EDCs remains a challenge worldwide, and it is likely that we are currently assessing only the ‘tip of the iceberg’, the report notes.

SOUMYADEEP BHAUMIK, Kolkata, West Bengal

BRICS countries address emerging health threats

The health ministers of BRICS (the conglomerate of developing economies comprising Brazil, Russia, India, China and South Africa) met on 10–11 January 2013 in New Delhi, India and adopted the Delhi Communiqué which promised to address emerging health threats in these nations, where most of the human race lives, with focus on specific thematic works. The specific areas of work had been identified earlier by the BRICS health ministers at a meeting in Geneva, Switzerland, in May 2012.

The major thrust areas identified were non-communicable diseases, mental disorders, tobacco control, multidrug resistant tuberculosis, HIV/AIDS, malaria, and maternal and child survival. All these conditions are extremely important from the public health scenario of the BRICS nations as each of these is responsible for contributing to a large part of the morbidity and mortality as well as loss of economic growth. The thematic focus areas have been research and development, innovations and technologies rather than adherence or access to already known methodologies and interventions, most of which are based on research in the USA and European nations. The move is expected to focus on a socioculturally appropriate, need-based, economically feasible and customized approach towards public health concerns of the BRICS nations.

The health ministers of the BRICS nations also committed to ‘strengthen cooperation in the mechanisms for planning, monitoring and evaluating disease prevention and control activities and capacity-building for effective health surveillance systems’, and have laid down an action plan on strengthening the health surveillance system. The BRICS nations also put forth the need for maintaining the current set of flexibilities allowed in the TRIPS (trade-related aspects of intellectual property rights) to enable low- and middle-income economies to acquire and produce cheaper generic drugs.

The January 2013 meeting of BRICS also saw these nations reiterate their commitment to increased intra-BRICS collaboration in the area of access to public health and services particularly in implementation of affordable, equitable and sustainable solutions for the common health problems as agreed in the Beijing Declaration in July 2011.

NANDITA HAZRA, Kolkata, West Bengal

Coca-Cola initiates anti-obesity campaign in the USA

The internationally known beverage Coca-Cola, which is headquartered in Atlanta, USA and describes itself as the leader in the beverage industry has become a leader in another campaign. The company, which has operations in more than 200 countries, has for the first time launched a campaign to help America deal with what the company describes as ‘the most serious, complex issues of this generation—obesity’. Coca-cola has started airing these anti-obesity advertisements since January 2013 in the USA, a clear departure from previous advertisement campaigns used by beverage companies which associate their respective brands with happiness and adventure. The move, however, is seen as a means to counter the increasing pressure on soft-drink manufacturers due to a growing body of evidence directly linking beverage consumption with obesity. There is evidence that sugary drinks make people genetically more susceptible to obesity. Under intense pressure, in October 2012, Coca-Cola and PepsiCo agreed to display calorie counts on vending machines in two American cities; it is likely that this will be rolled out across the USA soon.

The 126-year-old beverage company while launching this new campaign claimed that they intend to use their marketing power and scale ‘to educate people about the importance of making
informed choices and balancing “calories in” with “calories out”.’ However, the move has been seen by commentators as misinformation because they tend to portray that all calories are equal. The Food and Drug Administration notes that in ‘most candies and sodas, all the calories are empty calories’. Empty calories are calories that have no nutritional values.

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Health issues in the union budget for 2013

The union budget was presented in Parliament on 28 February 2013. In his speech, the finance minister said that ‘health for all and education for all remains our priority’. The allocation has been raised from ₹30,702 crore (307.02 billion) in 2012–13 to ₹37,330 crore for 2013–14. The break up is as follows: ₹33,278 crore for the department of health and family welfare, ₹17,85 crore for the department of AIDS control, ₹1,259 crore for the department of AYUSH and ₹1,008 crore for the department of health research. Of the amount allocated to the department of health and family welfare, the National Rural Health Mission and the proposed Urban Mission will get ₹21,239 crore.

Various income-tax incentives, including deductions, are proposed for medical treatment and hospitalization for individuals, for expenses on medical treatment as well as for premiums on insurance for self, family, senior citizen parents and disabled relatives. Thirty-four million families below the poverty line are to be covered under health insurance and the same is to be extended to categories such as autorickshaw and taxi drivers and sanitation workers.

Hospitals in rural areas and tier II and III cities will get tax deductions (provided the hospitals started functioning between 1 April 2008 and 31 March 2013). Tax deductions were also offered to all hospitals on expenditure, including capital expenditure for in-house research and development.

The healthcare industry has been given an exemption in service tax and a concession of 5% in basic customs duties for six life-saving drugs and vaccines. However, excise duty on formulations has been increased from 5% to 6% and that for bulk drugs from 10% to 12%.

The six AIIMS-like institutes that started functioning in September 2012 will have hospitals attached to them in 2013–14, for which a provision of ₹1,650 crore has been made. The government has also introduced a new medical visa category for foreign tourists coming to India for medical treatment.

RASHMI MODY, Mumbai, Maharashtra

The National Medical Journal of India is looking for correspondents for the ‘News from here and there’ section. We are particularly interested in getting newswriters from the north and northeast regions of India as well as from other countries. By news, we refer to anything that might have happened in your region which will impact on the practice of medicine or will be of interest to physicians in India. The emphasis of the news items in this column, which are usually from 200 to 450 words, is on factual reporting. Comments and personal opinions should be kept to a minimum if at all. Interested correspondents should contact SANJAY A. PAI at sanjayapai@gmail.com or nmji@nmji.in