

News from here and there

WHO guidelines for care of sexually assaulted children and adolescents

WHO has issued clinical guidelines (2017) for care of children and adolescents who have been sexually abused. These guidelines are grounded in human rights standards and ethical principles. Sexual abuse in childhood and adolescence is the involvement of a young individual in a sexual activity that she/he does not fully comprehend or is not developmentally prepared for, or violates the law or social taboos of society. Unfortunately, child sexual abuse is more prevalent than childhood cancer, juvenile diabetes and congenital heart disease combined and it is estimated that 18% of girls and 8% of boys worldwide have experienced sexual abuse.

Sexual abuse is a serious problem at multiple levels—individual, family, social as well as mental—and can have lifelong consequences, such as anxiety and depression, post-traumatic stress disorder, substance misuse, sleep disorder, self-harm and suicide. Thus, prevention should be a public health priority, especially as many children and adolescents in low- and middle-income countries have little or no recourse to assistance.

According to the guidelines, frontline healthcare providers must give high-quality, compassionate and respectful care to children and adolescents (up to 18 years of age) who have or may have experienced sexual abuse, including sexual assault or rape. The WHO guidelines also address the specific needs of boys and girls with additional vulnerabilities, such as LGBT (lesbian, gay, bisexual and transgender) adolescents as well as children and adolescents with disabilities. The guidelines focus on the provision of psychological support and recommend cognitive behavioural therapy for the child or adolescent as well as for the non-offending caregiver as part of the standard package of care.

Worldwide, sexual abuse is a serious, under-recognized problem on the rise. The issue cannot be solved merely by responding to the abuse after it has been perpetrated. While the criminal justice and related systems offer punishment, efforts to foster community safety are evoked only after the crime. Efforts of public health prevention encourage us to shift our focus from intervention and treatment to prevention of the mishap, which transfers the responsibility to adults instead of putting it on the child to learn to protect himself/herself from sexual abuse.

JYOTIPRIYADARSHINI SHRIVASTAVA, *Gwalior, Madhya Pradesh*

Exit examination to practise Indian systems of medicine and homoeopathy

Medical graduates who wish to practise Indian systems of medicine and homoeopathy will have to clear an exit examination, according to a proposed legislation. This legislation will be part of the draft bill that proposes to create a new regulator, the 'National Commission for Indian Systems of Medicine and Homoeopathy', which will replace the current statutory bodies that govern higher education in Indian systems of medicine and

homoeopathy, namely the Central Council of Indian Medicine (CCIM) and the Central Council of Homoeopathy (CCH).

The CCIM and CCH were set up under the provisions of the Indian Medicine Central Council Act, 1970, and the Homoeopathy Central Council Act, 1973, to regulate the education and practice of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems of medicine.

The Ministry of AYUSH, after discussions with the National Institution for Transforming India (NITI Aayog), has decided to include integrative medicine in the proposed bill, which will enable AYUSH practitioners to practise modern medicine and vice versa after undertaking a bridge course. The committee was headed by the vice-chairman of NITI Aayog, with members including the additional principal secretary to the Prime Minister, the chief executive officer (CEO) of NITI Aayog, and the secretary, Ministry of AYUSH.

The National Commission for Indian Systems of Medicine and Homoeopathy will also have an AYUSH National Teachers Eligibility Test to facilitate quality teaching in the traditional systems of medicine. This test will be conducted to appoint teachers to all the AYUSH institutions.

Also, from the new academic session, all students who seek admission to the AYUSH undergraduate courses will have to pass the National Eligibility-cum-Entrance Test (NEET). A minimum of 50% marks will be the eligibility criteria for admission to the AYUSH undergraduate courses.

P.M. NISCHAL, *Bengaluru, Karnataka*

WHO recognizes 4 February 2018 as World Cancer Day

Across the globe, 4 February is identified as World Cancer Day. The year 2018, which marks the last for the three-year theme 'We can. I can', was used to encourage individuals and local communities to unify in the fight against malignant diseases. An estimated 8 million people are expected to succumb to malignant diseases in 2018 with one in six deaths due to cancer-related conditions. Lung, colorectal, stomach, prostate and breast malignancies top the list of cancer occurrences and mortalities.

WHO and its affiliated organizations hope to create awareness about preventive strategies to reduce the incidence of cancers and to develop interventions for prevention, early diagnosis, screening, treatment and palliation of cancers. The policies will be disseminated through local public bodies, healthcare organizations and governmental authorities as well as on an individual level by including cancer survivors, family members of cancer patients and the general population in these campaigns.

Almost every family is estimated to have at least one member with cancer and the current WHO motto highlights that cancer no longer needs to be regarded as a fatality. The burden of cancer and the survival and quality of life of people living with the disease can be improved by making cancer a global health priority with defined measures and protocols. Healthy lifestyle