

Actions to promote public health

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EDITORIAL

Please cite this paper as: Wang W, Ma G. Actions to promote public health. AMJ 2016;9(11):472–473.

<https://doi.org/10.21767/AMJ.2016.2821>

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Healthcare is continuously needed for childbirth, for communicable disease prevention, and for a broader population-beneficiary. This issue addresses some of these public health issues, for instance, better ways to induce vaginal birth after caesarean, suggestions for HIV-prevention and treatment, innovative model of supported discharge for delirium patients, and discussion about the traditional health practitioners Act No 22 (2007) of South Africa.

There are several ways to help the delivery of childbirth, but practitioners would like to choose a suitable one considering the birth security. After a comparison of three labour induction techniques, i.e., the amniotomy of the foetal bladder with the vulsellum ramus, the intravaginal administration of E1 prostaglandin (Misoprostol), and the intravenous infusion of Oxytocin-Richter, our colleagues have concluded that the intravaginal administration of Misoprostol had resulted in the highest percentage of successful birth.¹

In the purpose of designing a mathematical model for predicting the epidemic process of HIV infection and improving preventive measures, clinical examination and treatment of HIV-infected patients, our colleagues from Russia had analysed data of the morbidity, prevailing ways of transmission, age pattern, and main causes of death of patients with HIV. Their findings revealed new trends in the spreading of this disease, for instance, an increased morbidity rate in older people shown during the last two to three years,

and a rising female morbidity. These colleagues have suggested a unified personalized registration system for HIR-infected individuals in order to facilitate better preventive measures and clinical treatment.²

A program named Supported discharge with Hospital in the Home for patients with delirium was developed and evaluated, thanks to the participation of a number of patients diagnosed with delirium and their caregivers. Results obtained by one group of our colleagues have indicated that this innovative model of care was feasible and well received.³

In South Africa, many of our colleagues had evaluated the Traditional Healthy Practitioners Act No 22 (2007) in their continent, and had expressed their comments or opinions. Some suggestions for its betterment, for instance the possible implementation options to accommodate those unregistered healers into the system, advanced and statutorily recognized education and training systems, etc., were diverse but meaningful.^{4–8}

Of course, there are still other public health topics which need to be fully addressed, through laboratory research, clinical management and population-based behavioural modification. All these await the professional inputs from our readers.

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PEER REVIEW

Peer reviewed.

CONFLICTS OF INTEREST

The authors declare that they have no competing interests.