Regular check-ups and other preventive measures can significantly reduce the burden of oral diseases and children are important population group for implementation of these measures.
COVID -19 pandemic had influence on oral health care utilization globally, depending on the organization of health service. The aim of this study is to explore the changes in indicators of oral health care for children.
Methods: For this analysis we used data from routine statistics collected regularly from all 158 primary health care centers in Serbia. We compared trends in pediatric dental health care indicators for the period 2001-2020.
Results: The average number of visits to dentist per one preschool child was the lowest in COVID-19 pandemic 2020 (0.7). This number is for 40% lower than in 2019 (1.1) and almost double lower than in period from 2011 to 2013 (1.3). The results are similar for school aged children. One child of this age visited dentist 1.4 time in average in 2020 which is significantly lower than 2.4 visits registered in 2019. Coverage of children with dental check-ups decreased from 85% in 2014 to 59.6% in 2020 for children 7 years old, and from 79.9% in 2014 to 47.3% in 2020 for 12 years old. Conclusion:
COVID-19 pandemic led to changes in pediatric dental healthcare utilization and impact on the children oral health can be expected. The intervention to minimize this effect should be developed and recommendation should be made for the event of further pandemic situation.
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Screening for risk factors of big four diseases-social accountability research from Ajman UAE

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Background & Objectives: Non-communicable diseases accounts for more than 70% of all causes of mortality in the UAE. Leading five risk factors of NCDs are elevated cholesterol, elevated blood pressure, increased blood sugar level, increased body mass index level, and nutritional factors. This research was conducted from the data bank of community engagement as part of social accountability to assess the risk factors of non-communicable diseases among the marginalised population in Ajman.
Material and Methods: Data collected during community engagement was analysed. It had the following variables: Demographic, lifestyle, screening of diabetes, obesity and hypertension. Approval from IRB was obtained. Risk factors screening for marginalised population was part of the social accountability of university. Chi-square test was used to find the association between variables.
Results: Majority of the participants (68.8%) were below the age of 40 years. Male comprises of 93.3% of the total sample. Indians were more with 63.4% when compared to the rest of the nationalities. Prevalence of over-weight and obesity among the expatriates was 57%, while 7.4% were found be diabetic and 26.5% were found to have either grade1 and grade 2 hypertension. Obesity, random blood sugar and hypertension was significantly higher among participants of older ages (14.1%, 27.9% and 39% respectively).
Conclusion: A significantly higher percentage of diabetic, hypertensive and obese respondents were found above the age of 40 years among the expatriate population in Ajman. Educating people to follow health lifestyles can reduce the risk of many life style diseases.
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Personalized cancer cellular therapies: a socio-economical impact of a therapeutic modality on the rise for mass-adoption

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Background and Objective: In 2019 neoplasms rose to be the second global cause of DALYs. The social and economic burden of cancer impacts patients, healthcare systems and countries' health expenditures. While prevention and early detection should be at the forefront of public health action, effective treatment could reduce both the social and economic burden of cancer. Cellular therapies for cancer have recently advanced to a new stage of success with chimeric antigen receptor (CAR) T cell therapy for the treatment of acute lymphoblastic leukemia. The unrivaled response rates this therapy achieved opened the floodgates for research investment and strides into the translation of these results to other malignancies. It also becomes clear that most health care systems are not prepared for the high costs associated with the presently near to prohibitive high cost of personalized cellular therapies.
Methods: We systematically reviewed all current clinical trials in the field and broke these results down in patient individual therapy versus off-the-shelf approaches, as well as targeted tumors and patient populations that can benefit from these therapies. We will also go over technological breakthroughs that can lead to mass production and the ethical implications of failing to implement such cost-lowering technologies.
Results: Currently there are 6 clinically approved CAR T products for hematological malignancies and more than 1000 clinical trials ongoing, more than 500 of these currently recruiting. CAR T cell therapy products currently in the market have an approximate cost of $370.000 for the payer - a cost significantly higher than that of targeted therapies. Furthermore, we highlight efforts in the field of gene and cell engineering to optimize production and scalability.
Conclusion: Personalized cancer therapy heralds both the potential to enable the treatment of malignancies that are currently palliative and to be the straw that breaks traditional public health care systems.
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Countermeasure policy for chronic noncommunicable diseases in Ukraine

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Background: Noncommunicable diseases (NCD) are main reason for disability and precocious mortality rate in ukraine. they are determining main socio-economic consequences for countrys development and need urgent intervention in political decisions and coordinated actions on all levels.
Objective: Comprehensively assess situation of countermeasures, consolidate data from pre-war period about ncd preventive conditions in strategy development of post-war health care system restoration in Ukraine.
Methods: The assessment was done accordingly to who methodology "effective treatment of non-communicable diseases: challenges and solutions for the healthcare systems" within the ukrainian-switzerland project " act for health "
Results: The major NCDS are not only part of irreversible losses because of mortality but factors in reducing life expectancy. contribution of ncds is significant, mainly cardiovascular disease, as ukraines overall disease burden (dalys) which were 8/9 of total years of life lost for women and - for men. There are gaps in primary care in prevention and control of ncds, despite its importance and work done by the system to overcome the epidemy of cardiovascular disease (CVD), diabetes, and oncology diseases in ukraine. nevertheless, mortality rate from these pathologies remains high, showing a systemic fracture in patient group management system and lack of attention to prevention and financial support. As a result, unhealthy lifestyle practices lead to a high level of CVD spread. the number of neglected cases of diabetes and their complications caused by uncontrolled disease courses remains high. Oncology treatment spending from the government and patient budget remains an acute problem.
Conclusions: Results of research show gaps in the pre-war periods activities, which significantly increased due to the destructive impact of war that system passes. Health care system post-war restoration plan development should be based on challenges and barriers depending on populations health condition analysis and pre-war system work.
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Compliance with the cervical cancer screening program among women living in low-income settings in Cali, Colombia

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Background: The global strategy towards the elimination of cervical cancer (WHO), proposes to achieve screening coverage in two rounds higher than