

IIHMR New Delhi, works with a mission of improving standards of health through better management of healthcare and related programmes, prepare students for managerial positions with a focus on national and international healthcare management.

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UPCOMING CONFERENCES

- 1) 3rd National Conference on Infectious Diseases
Date- 17th & 18th April, 2010
Venue- AIIMS, New Delhi, India
Contact- Dr. Ashutosh Biswas
Phone - 91-11-26593501
Email- 3rdncid@gmail.com,
ncid@idsin.in
- 2) National workshop on Research Methodology for Social Science
Date- 19th to 24th April, 2010
Venue- Amritsar, Punjab
Contact- Dr. Anjali Mehra
Website- www.gndu.ac.in
- 3) Workshop on Conduct and Reporting of Systematic Reviews of Randomized Controlled Trials
Date- 20th – 23rd April, 2010
Venue- Indian Institute of Public Health, Plot 34, Sector 44, Institutional Area, Gurgaon 122002
Contact- Dr Niveditha
Phone- 0124-4722922,
09810397722
E-mail- niveditha@iiphd.org
- 4) International Conference on Health System Strengthening
Date- 6th - 10th May, 2010
Venue- Chennai, TN
Website- www.iconhss.com



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SYNAPSE..... Monthly health e-newsletter

HOSPITAL AND HEALTH INSIGHT OF THE MONTH

50% OF MULTIDRUG-RESISTANT TB CASES IN INDIA & CHINA

According to WHO global report on drug resistant TB, an estimated 4.4 lakh people globally got infected with MDR [multi drug resistant] TB in 2008 and 1.5 lakh died out of it. India estimates that 3% of all new cases in the country are the type that can no longer be treated with standard drug regimen. Meanwhile, the worst form of drug resistant TB-XDR is also raising its head more frequently than before. WHO estimates there may be around 25000 XDR TB cases a year, with most proving fatal.

EVERYDAY, 1.1 BILLION PEOPLE DEFECATE IN OPEN ACROSS THE WORLD; WHO- UNICEF REPORT

According to a WHO-UNICEF report, Indians comprised 58% of all people across the world who regularly defecates in the open in 2008. Globally 1.1 billion people still have no access to toilets, with India alone contributing 638 million to the figure. Experts say that open defecation leads to deadly diarrhoea and other intestinal diseases and contributes to poor hygiene which kills thousands of people globally every year.

INDIAN HEALTHCARE BPOS AND IT COMPANIES POISED TO GAIN FROM U.S. HEALTHCARE REFORM

US President Barrack Obama's \$871 billion reform is expected to bring benefits to domestic BPO providers who are focused on insurance and claims processing domains. Insurance firms will look at outsourcing partners to help them enroll new members and process their call and claim needs. Rising cost pressures will force insurers and hospitals to concentrate only on a few core functions, while outsourcing back-office functions like member data base management, claim processing, support services and enrolment processing. The reform will also bring an opportunity for medical transcription providers because of electronic health records.

EVENTS AT IIHMR

1. Online Courses in Healthcare IT launched by IIHMR, New Delhi in collaboration with OTECH –

- Health Imaging and IT standards.
- Introduction to Medical Digital Imaging.
- PACS workflow.
- Introduction to PACS.

For details visit -
<http://www.iihmrdelhi.org/HealthcareIT/index.htm>

2. CIPM

IIHMR, New Delhi launches Online Web based Course of Certificate in Project Management (CIPM) – specialization in Healthcare.

For details visit -
<http://www.cepm-iihmr.org>

MDP's @ IIHMR

- a) Micro Health Insurance, Innovative Products And Marketing Strategies (Date-16th -17th April)
- b) Basic of Computer application. Level I for Nurses & Paramedics. (Date-10th -13th May 2010).
- c) Basic of Computer application. Level II for Doctors. (Date-22nd -25th May 2010).

For MDP details contact:

Training Officer, IIHMR
E-mail: shikha@iihmr.org
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UNION CABINET APPROVES CREATION OF A NATIONAL POPULATION REGISTER [NPR] OF INDIA

The Union Cabinet has approved the creation of a National Population Register which would involve creation of a digital database having identified details of all individuals along with their photographs and finger biometrics. The register would be covering the details of the 1.2 billion Indian population and is estimated to a cost Rs 3539.24 crores for creation. The data collection exercise for NPR would be done along with the house listing process of the census 2011 beginning in April 2010 and would be completed in a phased manner in September, 2010. The enumerators for the two exercises would be same and NPR schedule would be in 2 languages- English and the official language of State/UT.

ASSAM BECOMES INDIA'S FIRST STATE TO GUARANTEE "RIGHT TO HEALTH"

In a historic development, Assam has become the first state in the country to pass the Assam Public Health Bill, 2010 in its state assembly on March 31st. This bill proposes path breaking provisions for health equity & justice to achieve the goal of health for all. The bill also makes it mandatory for all new development projects to carry out a health impact assessment & directs both government & private hospitals to provide free treatment during the first 24 hours to the emergency patients. Other features of the bill include the right granted to each individual to have his/her complete medical records of at least the last 2 years. The bill proposes taking appropriate legal steps to fix responsibility & accountability of departments & agencies concerned with outbreaks.

CLINICAL TRIALS COME OUT OF THE CLOSET IN INDIA

There has been a dramatic increase in the number of trials that have got officially registered in the Clinical Trials Registry – India (CTRI), thus indicating transparency. According to records collected by the Indian Council of Medical Research (ICMR) & the Drug Controller General's office, between July-December 2007, only 11 trials were registered, which has increased to 137 between Jan - Dec 2008 & to an all-time high of 546 between Jan-Dec 2009. Since 15th June 2009, it has become mandatory for all parties to register their trials after getting approval & before enrolling the first human subject.

SOON, UNIFIED HEALTH PLAN FOR THE COUNTRY'S POOR

The Government of India is expected to launch NHM (National Health Mission), a unified healthcare programme, by merging NRHM & the yet-to-be-launched NUHM. Thus it aims to get rid of multiple schemes for the same sector & focus on strengthening the entire public healthcare system to cater to the health needs of both urban & rural poor across the country. This will be a completely Central Government – sponsored scheme with a budgetary support of Rs. 15,000 crores.

DO YOU KNOW?

1. ESIC health facilities, now for the unorganized sector too.
2. MCD launches MCWIS, online software for maternity & child welfare centres.
3. Soon, a device that writes data directly into brain.
4. Government to extend the viability gap funding to health and education sector through PPP.
5. PepsiCo to keep schools sugar-free.
6. Soon, viruses to treat cancer.
7. India will report 1.6 million stroke cases a year by 2015.
8. New distinction for AIIMS.
9. 11th March was World Kidney Day.
10. Now Docs can pocket ultrasound Machines.

RECENT RESEARCHES

DOCTORS READY TO WORK IN VILLAGES FOR POST GRADUATE QUOTA- WORLD BANK STUDY

According to the study conducted by World Bank together with PHFI and CSMMU (Chhatrapati Shahuji Maharaj Medical University), it has been revealed that doctors are ready for a stint of 2-3 years in rural areas, if given a 50% quota in post graduation seats after that. This has proved to be music to the ears of the state government which is grappling with the issue of non availability of doctors, as 7000 out of 12000 posts of doctors in provincial medical and health services are currently vacant. The study was conducted on 500 students in 10 medical and nursing colleges in U.P. using the method of self administered questionnaire. 80% of the respondents preferred quota in PG seats as the most appealing incentive for rural shift.

DONATING KIDNEY IS NO HANDICAP TO HEALTHY LIFE -STUDY

According to the study published in the Journal of American Medical Association, researchers from John Hopkins University School of Medicine found that kidney donors live somewhat longer because they tend to take better care of themselves after the procedure. It's just that they face a higher risk of death in the 90 days immediately following surgery because of risks related to surgery. The study said that the practice of live kidney donation should continue to be considered a reasonable and safe alternative to using deceased donor organ- an idea yet to come alive in India.

HIGH FERTILITY RATE LEADING TO YOUNG POPULATION IN UP -STUDY

A study by the International Institute of Population Science has found that Southern India is greying faster than rest of the country. UP on the other hand is projected to remain the youngest state for three decades. Southern states were decades ahead of several northern states in demographic transition. Their fertility rate was four, way back in 1960 which is the current fertility rate of UP.

BREAKTHROUGH IN MALARIA STUDY

Scientists from India & the US have discovered an internal molecular switch that controls mosquitoes' immunity to malaria-causing Plasmodium parasites. An off switch causes immunity, while an on switch doesn't cause any immunity. Finding a way to flip the switch could block the spread of malaria from mosquitoes to humans. Ingested blood goes straight to a mosquito's gut, where normally, strong anti- germ agents kill invasive bacteria & parasites, but can be stopped by triggering 2 proteins, an Immuno Modulatory Peroxidase (IMPer) & dual oxidase (Duox). They form a protective net-like bag around the blood meal, causing it to pass through the digestive system unscathed, multiply & move into the salivary glands, ultimately passing into their next human victim. Switching off the protein stopped formation of the protective bag, thus killing the malaria parasites. It is believed that these findings may help develop a malaria vaccine someday.

ORISSA, JHARKHAND CUT NEONATAL MORTALITY

According to a report published in "The Lancet", a team led by professor Anthony Costello from the Institute of Child Health, University College, London & Dr. Prasantha Tripathy from NGO Ekjut assessed how women's groups affected neonatal mortality & maternal depression in intervention areas as compared to areas where no participatory groups were set up. The findings were substantial: just by 'peer education' & 'talking out' problems, in Jharkhand & Orissa, neonatal mortality rate fell by 45% & postnatal maternal depression dropped by 57%. This is a significant achievement since these states had the country's worst neonatal death rates.

REVIEW PAGE

REVIEW PAGE

We are glad to inform the readers that from last issue we have added a new section dedicated to recent health developments.

CURRENT TOPIC

National Programme for Prevention of Diabetes, CVDs and Stroke

TOPIC IN NEXT ISSUE

National Programme for Prevention & Control of Deafness

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The National Programme for Prevention & Control of Diabetes, CVD & Stroke

The pilot phase of the National Programme for Prevention & Control of Diabetes, CVD & Stroke was launched on 4th January, 2008 by the Deputy Chairman, Planning Commission in the presence of the Minister for Health & Family Welfare & the Minister of State. The states & districts covered in this phase are: Kamrup (Assam), Jalandhar (Punjab), Bhilwara (Rajasthan), Shimoga (Karnataka), Kancheepuram (Kerala) & Nellore (tentative) (Andhra Pradesh). Budget allocation in the union budget (2010-2011) for this programme was Rs. 90 crore (almost tripled).

Burden of CVD, diabetes & stroke

- The World Health Report of 2002 states that CVD will be the largest cause of death & disability in India by 2020.
- India has 50.8 million people with diabetes, second only to China.
- Compared to all other countries, India suffers the highest loss in potentially productive years of life, due to deaths from CVD in people aged 35-64 years (9.2 million years lost in 2000). By 2030, this loss is expected to rise to 17.9 million years.

Rationale for a common programme

The strategic approaches & operational elements for the prevention & control of CVD & diabetes are similar & closely interlinked, whether it is primordial prevention, primary prevention or secondary prevention

Aims

- Prevention & control of common NCD (non communicable disease) & their risk factors through an integrated approach.
- Reduction of premature morbidity & mortality from Diabetes mellitus, CVD & stroke.

Objectives:

- Primary prevention, surveillance of NCDs through health promotion.
- Capacity enhancement of health professionals & the health system for diagnosis & management of NCDs & their risk factors, reduction of risk factors of NCDs in the population.
- Setting of National Guidelines for management of NCDs, Development of strategies/ policies for the prevention of NCDs through Intersectoral co-ordination, Community empowerment for prevention of NCDs.

Expected outcomes for the pilot phase:

Availability of the population distribution of NCD risk factors, awareness generated on healthy lifestyles, health promotion, health system capacity building for prevention & control of NCDs.

Strategies:

Assessment of the prevalence of NCD risk factors, health promotion. Community, workplace, school based interventions and disease prevention for the high risk groups.

NOTE: The newsletter is open for inclusion of any information or advertisement; however selection of information will be governed by the SYNAPSE Team, IIHMR, New Delhi

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