

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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SYNAPSE..... Monthly health e-newsletter

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UPCOMING CONFERENCES

- 1) DIA's 6th Annual Conference on "Drug Discovery and Clinical Development: Converging Health Care and Market Access Strategies to Benefit Patients"
Date: 15th - 18th October 2011
Venue: Mumbai, Maharashtra, India
Website:
<http://www.diahome.org/DIAHome/Education/FindEducationalOffering.aspx?productID=26779&eventType=Meeting>
- 2) 2nd International Conference on Stem Cells and Cancer (ICSCC-2011)
Date: 15th - 18th October 2011
Venue: Pune, Maharashtra, India
Website:
http://www.stemcells.org.in/?page_id=37
- 3) International Conference on Advances in Dental Science - ADSc 2011
Date: 20th - 22nd October 2011
Venue: Chennai, Tamil Nadu, India
Website:
<http://adsc.theides.org/2011>

HOSPITAL AND HEALTH INSIGHT OF THE MONTH

UNION HEALTH MINISTRY WANTS FDI SAFEGUARDS TO KEEP DRUG PRICES LOW

The Health Ministry wants safeguards to be built into the Foreign Direct Investment process. This is due to the fear of multinational companies taking over Indian pharmaceutical firms. It will undermine the government's efforts at making the generic version of drugs available at affordable prices. In India 100 per cent FDI in the pharmaceutical sector is allowed, but the policy is being reviewed due to the impact of 'brownfield' investments. Keeping in view the need to exercise a certain degree of supervision over takeovers, the Ministry has recommended that prior approval of the Foreign Investment Promotion Board (FIPB) be made mandatory.

DELHI GOVERNEMENT APPROVES RUPEES 100 CRORE FOR NEW HEALTH FUND

The Delhi Cabinet approved the constitution of Delhi Arogya Kosh to offer financial assistance to poor patients suffering from life-threatening diseases. State Government would release the sum of Rs.100 crore as capital to make the fund functional. The present rules and guidelines of Delhi Arogya Nidhi scheme limit financial assistance only to Below Poverty Line (BPL) families. Moreover, as the assistance is restricted to Rs.1.5 lakh and can only be provided once, many deserving poor patients were earlier deprived of the full treatment. Now in case of certain treatments or procedures such as bone-marrow transplant, kidney transplant and liver transplant, the maximum assistance would go up to Rs. 2.5 lakh. The scheme would be open to all those who have been issued either a BPL or Antodaya Ration Card and whose family income was not more than Rs.1 lakh per annum.

NEW-HEADING-PLANNING COMMISSION AIMS TO SET-UP NATIONAL HEALTH REGULATORY AND DEVELOPMENT AUTHORITY

Planning commission has suggested a system of universal healthcare to ensure all citizens have accessible promotive, preventive, curative and rehabilitative health services at affordable cost so that they do not suffer from financial hardships. Registration of all clinics has to be made mandatory. The authority is even empowered to take away any measure to control entry, quality and price of healthcare so that patients will be free to choose between public and private providers.

EVENTS AT IIHMR

1. 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>

MDF@IIHMR

Forthcoming MDF's at IIHMR

- Quantitative and Qualitative Data Management and Processing
20th -22nd October 2011
- Planning and Managing Health Communication
31st October – 5th November 2011
- Application of Health Economics for Healthcare Providers
14th - 18th November 2011

For MDF details contact:

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SETTING UP OF 187 MEDICAL COLLEGES IN 17 HIGH FOCUS STATES SUGGESTED BY THE PLANNING COMMISSION

Catering the need of human resource in healthcare; Planning Commission has suggested setting up of 187 medical colleges in 17 high focus states during 12th and 13th five year plan. This will be done in a phased manner BY 2028. India will achieve target of providing one doctor per thousand population. In addition recommendations were made to increase intake capacity of existing public sector colleges and partner with private sector having conditional reservation.

COMMISSION APPOINTED FOR IMPLEMENTATION OF THE POPULATION POLICY IN THE STATE OF KERALA

Amendments have been introduced in Kerala Children's Code Bill, 2011 and Kerala Women's Bill, 2011 by a committee headed by a former Supreme Court judge. The committee suggested the adoption of family planning and birth control as a secular policy of population regulation in the state. After commencement of this code each unit of husband and wife shall limit its children to two. The committee recommended that a person which include or tends to include the violation of the family norm of two children shall be regarded as a legally disqualified person. The commission will develop a State policy adequate to address the issue and problems relating to the effective realization of rights of the child.

GLOBAL NEWS

CHILDHOOD VACCINE FUNDS AGREED FOR MORE POOR NATIONS

The GAVI international immunisations group has agreed to have more than 50 new deals to fund potentially life-saving vaccines for children in 37 developing countries. The Geneva-based Global Alliance for Vaccines and Immunisation said the agreements, which will help provide rotavirus, pneumococcal and other vaccines for children under five, is a big step in the fight against the two leading child killer i.e. severe diarrhoea and pneumonia. Rotavirus shots made by various drug firms such as GlaxoSmithKline, Merck and Sanofi-Aventis are part of routine childhood vaccinations in many wealthier nations and recent studies from the United States, Australia, El Salvador and Mexico has shown swift fall in the number of children becoming ill with the virus.

UNITED NATIONS ASSEMBLY BACKS STEPS TO FIGHT CHRONIC DISEASE

Chronic diseases kill more than 36 million people a year and will cost the global economy nearly \$47 trillion in the next 20 years, the World Economic Forum says. The number of deaths could rise to 52 million per year in that time, according to the World Health Organization. The General Assembly session on non communicable diseases is only the second such meeting in United Nations history to focus on global health, after nations came together to address the AIDS epidemic 10 years ago. Non communicable diseases are a threat to development. NCDs hit the poor and vulnerable particularly hard and drive them deeper into poverty.

DO YOU KNOW?

1. World Heart Day was observed on 29th September 2011
2. One in thirteen men and one in eleven women in Delhi at risk of cancer by age of 64: ICMR
3. Men in state of Kolkata most hit by tobacco cancer
4. Stress, insomnia and allergies contribute to unwanted body weight
5. Menopause not linked to heart attack in females: Study
6. 62.4 million people afflicted with diabetes in India: Study
7. Union Health Ministry puts high alert as polio reaches China after a decade
8. Supreme Court orders Delhi's private hospitals to provide free treatment to poor people
9. Students will be trained to prescribe cost-effective drugs

WORLD LEADERS PLEDGE TO PREVENT MILLIONS OF DEATHS FROM CANCER, HEART DISEASE AND DIABETES

According to the World Health Organization, an estimated 36 million of the 57 million global deaths in 2008 were due principally to cancer, diabetes and heart and lung diseases — including about 9 million men and women below the age of 60. WHO said 80 percent of these deaths were in developing countries. Non-communicable diseases can be prevented and their impacts reduced, with millions of lives saved and untold suffering avoided. To achieve this, the world leaders have pledged to accelerate implementation of WHO's anti-smoking treaty and its global strategies to promote healthy diets and physical activity, and reduce the harmful use of alcohol. They also pledged to promote cost-effective measures to reduce salt, sugar and saturated fats and eliminate industrially produced trans fats in foods and to encourage policies that support the production and consumption of foods that contribute to healthy diets.

RECENT RESEARCHES

'FIND AND TREAT INTERVENTION' A COST-EFFECTIVE SERVICE FOR TUBERCULOSIS: STUDY

According to a study published in the British Medical Journal, a mobile X-ray service has proved to be a cost-effective way of treating homeless people and drug addicts with tuberculosis (TB). The 'find-and-treat' intervention, which costs between £6,400 and £10,000 a year, is used in various locations where people at high risk of the disease can be found. All infected individuals are then supported by hospital teams to get medical treatment. It has proved to be successful in identifying and offering treatment to those unaware they were infected with TB. It is therefore appropriate that any intervention that provides a cost-effective means to identify cases promptly and ensure that they complete treatment which is an essential component of the tuberculosis control programme."

51 PERCENT RISE IN NEW BREAST CANCER CASES IN DEVELOPING NATIONS

The study published in the Lancet journal says that the incidence of breast cancer increased in all regions of the world at an annual rate of 3.1 percent. The study also found that the incidence doubled in certain cities of India like Delhi, Chennai, Mumbai and Bangalore. Some of the reasons for the rise of the breast cancer are western lifestyle, obesity, late marriage, use of some contraceptives, delayed child bearing and less number of children being conceived, leading to reduced breastfeeding.

HALF OF INDIAN URBAN WOMEN HAVE HYPERTENSION: STUDY

Only one woman in every five hypertensive women is on treatment as published in the Journal of Human Hypertension. The study says that the women above 30 years of age should be made aware of how to prevent and when to seek treatment of hypertension. Some of the reasons identified for hypertension in this study are greater literacy, high dietary fats, low fiber intake, obesity, urban location and transient obesity. Prevalence of hypertension is found to be more in urban women than in rural.

REVIEW PAGE

CURRENT TOPIC

Medical Termination of Pregnancy
Act 1971/ 2002

TOPIC IN NEXT ISSUE

The Registration of Births and Deaths
Act, 1969

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MEDICAL TERMINATION OF PREGNANCY ACT, 1971.

Introduction

MTP act is an enabling act which aims to improve the maternal health scenario by preventing large number of unsafe abortions and consequently preventing high incidence of maternal mortality & morbidity. It legalizes and promotes access to safe abortion services, de-criminalizes the abortion seeker and offers protection to medical practitioners who otherwise would be penalized under the Indian Penal Code (sections 315-316).

MTP Act lays down when & where pregnancies can be terminated. It grants the central government the power to make rules and the state government to frame regulations.

According to the act, abortion is performed by a hospital established or maintained by Government or a place approved for the purpose of this Act by a District-level Committee constituted by the government with the Chief Medical & Health Officer (CMHO) as Chairperson. The act extends to the whole of India except the State of Jammu and Kashmir.

MTP ACT AMENDMENT 2002

Site registration has been decentralized to 3-5 member district level committee chaired by the CMO/DHO. Approval of sites that can perform MTPs under the act can now be done at the district level. Also there is a strict penalty for MTPs that are being done in an un-approved site or by a person who is not permitted by the act. The implications of amendment are that registration of sites can be done at district level and providers can get their sites approved for providing abortions under the MTP Act for 1st trimester only or up to 20 weeks and thereby come under the protective cover of the MTP Act. Approved providers can provide medical abortions from their clinic, as long as they have access to an approved site. The act offers potential to increase number of approved sites, which would enable women to access safe abortion services.

MTP can be performed by a registered medical practitioner (RMP), who has a recognized medical qualification as defined in clause (h) of section 2 of Indian Medical Council Act, 1956, whose name has been entered in a State Medical Register and who has such experience or training in Gynecology and Obstetrics as prescribed by Rules made under the Act.

MTP Act Regulation powers the states to make regulations regarding MTP services. Central government regulations are made in the absence of state regulations and for the Union Territories it is made by central government.

References:

<http://www.mp.gov.in/health/acts/mtp%20Act.pdf>

<http://www.legalservicesindia.com/articles/pregact.htm>

<http://medind.nic.in/jal/t05/i1/jalt05i1p46.pdf>

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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