

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.

IN THIS ISSUE:

- ✓ Hospital and Health insight
- ✓ Global news
- ✓ Recent researches
- ✓ Upcoming conferences
- ✓ Events at IIHMR, New Delhi
- ✓ Do you know??
- ✓ Review Page - Universal Health Coverage: Is it Plausible?

UPCOMING CONFERENCES

- 1) Pune Public Health Conference - 2013 on Reproductive And Child Health
Organised by: Interdisciplinary School of Health Sciences, University of Pune , India
Date: 11th - 13th February, 2013
Venue: Pune, Maharashtra, India
Website:
http://www.unipune.ac.in/news/Pune_Public_Health_Conference_27-11-12.pdf
- 2) INDOMEDICON – 2013
4th Conference For Antiaging, Lifespan and Integrative Medicine
Organised by: Antiaging Medicine And Research (AMAR), Mumbai, India
Date: 23rd - 24th February, 2013
Venue: Mumbai, Maharashtra, India
Website:
<http://indomedicon.com/>
- 3) ICOEH 2013 - 1st International Conference on Occupational and Environmental Health
Organised by: Occupational Health & Safety Management Consultancy Services (OHS-MCS) and Department of Community Medicine, Maulana Azad Medical College, New Delhi, India
Date: 1st – 2nd March, 2013
Venue: New Delhi, India.
Website:
<http://www.conferenceoeh.com/>



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SYNAPSE..... Monthly Health e-newsletter

HOSPITAL AND HEALTH INSIGHT OF THE MONTH

WORLD HEALTH ORGANISATION CONGRATULATES INDIA FOR ITS RECENT HEALTHCARE ACHIEVEMENTS

World Health Organisation Director General, Margaret Chan congratulated Health Minister Ghulam Nabi Azad on India's recent success with regards to getting United Nation's nod for its national regularity authority for vaccines. It also praised the role played by India and other BRICS nations – Brazil, Russia, China and South Africa in ensuring Universal healthcare. India contributes to better healthcare throughout the developing world in pursuit of its domestic excellence. She applauded the comprehensive and affordable care given by India with the goal of fairness and social justice.

CLOUD-ENABLED E-HEALTH CENTRE DEPLOYED IN INDIA

The first cloud-enabled e-Health Centre (eHC) was launched on December 2012. The eHC was developed and co-funded by the Council of Scientific and Industrial Research (CSIR), an autonomous industrial R&D body, and Hewlett-Packard (HP) India. It was implemented and tested in a village in Haryana, to provide health services in rural and remote areas. It collects data to aid medical research and policy making. The programme covered over four thousand patients in first hundred days of operation.

NORWAY - INDIA JOIN HANDS TO IMPROVE INFANT, MATERNAL MORTALITY

Norway- India Partnership Initiative (NIPI) second phase has been launched with a focus on maternal and new-born health. It emphasises on the continuum of care from home to facility, and capacity building of health personnel. This phase will start from 2013 and continue to 2017 with US funding of fifty million dollars. It will be under NRHM and covers districts of six states.

HEALTH INSURANCE WILL GET BETTER AND FASTER

Health insurance companies could soon switch to a smart - card based approval system. It will save crucial time usually lost in processing during cashless hospital admissions. These cards will come loaded with pre- defined credit limit depending on the patient's policy specifications and work on a swipe-and-pay mode similar to a

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>

MDP@IIHMR

Forthcoming MDP's at IIHMR

- Healthcare Data Analysis using Data Mining Tools
March 4th- 8th, 2013
- Safer Healthcare for Enhanced Patient Safety
March 11th- 15th, 2013
- Health Informatics Certificate Programme (HICP)
March 19th- 23rd, 2013

For MDP details contact:

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credit and debit card. The new system will help by enabling real time online approval by simply swiping the card.

CASH INCENTIVES TO STATES FOR LOWER NEONATAL DEATHS

The Centre has approved a monetary incentive for States to encourage them to further bring down neonatal deaths. The Ministry of Finance has approved the release of incentive grant-in-aid for reduction in the Infant Mortality Rate (IMR) during 2012-13. An incentive of Rupees 1,500 crore will be given to the States that have made impressive reduction in the IMR between 2009 and 2011. This aid has been approved on the recommendations of the 13th Finance Commission.

GLOBAL NEWS

WHO REPORTS PROGRESS IN FIGHT AGAINST TROPICAL DISEASES

The eradication of some of the world's neglected tropical diseases is in sight, according to the World Health Organization. The publication charts progress in controlling, eliminating and eradicating Neglected Tropical Diseases (NTD). Two are targeted for global eradication, Dracunculiasis (Guinea worm disease) in 2015 and yaws in 2020. An evaluation of WHO's new strategy, of using a new oral antibiotic treatment is designed to replace those developed in the 1950s. Over the next five years treatment for Schistosomiasis (Bilharzia) will reach two hundred thirty - five million people through increased availability of donated medicines and improved distribution at country level.

A NEW INITIATIVE BY GATES FOUNDATION, GERMANY GOVERNMENT AND PRIVATE SECTOR TO REDUCE MALNUTRITION GLOBALLY

The German Federal Ministry for Economic Cooperation and Development (BMZ) and the Bill & Melinda Gates Foundation, together with German and European businesses, are pooling investments worth €80 million (\$108 million). It will be used to reduce malnutrition around the world. According to German Federal Minister for Economic Cooperation and Development Dirk Niebel, the projects form part of Germany's commitment to the G-8 New Alliance for food security and nutrition and the global scaling up nutrition initiative.

WHO DISCUSSES 'ZERO DRAFT' OF NEW GLOBAL MENTAL HEALTH ACTION PLAN

The World Health Organization discussed the 'zero draft' of a new Global Mental Health Action Plan. The plan lists four objectives focused on leadership, comprehensive care, promotion and prevention, and research. It has an overall goal to promote mental well-being, prevent mental disorders, provide care and enhance recovery. It also promotes human rights and reduces the mortality, morbidity, and disability for persons with mental disorders.

RECENT RESEARCHES

DO YOU KNOW?

1. Low-dose oral contraceptive pills reduce side-effects
2. Indian Scientists Devise Sixteen Disaster Management Drugs
3. Study says BP drugs may lower Alzheimer's risk
4. After cancer, India starts stroke registry
5. New regime to reduce mother-to-child transmission of HIV
6. Software for rapid diagnosis of dengue
7. Fried food ups chances of prostate cancer
8. Disabled HIV virus could help cure cancer
9. Depressed stroke survivors likelier to die early
10. Hot food in plastic plates cause kidney stones
11. A hug can boost memory, reduce stress

A SHORT LEISURELY WALK DAILY CAN HELP STAVE OFF ALZHEIMER'S SYMPTOMS

According to the finding, published in the 'Journal of Alzheimer's Disease' taking a brisk stroll daily can help lower the chances of getting Alzheimer's disease. Dr. Marie-Christine Pardon and her team at the University of Nottingham have found that a stress hormone produced during a brisk stroll can protect the brain from memory loss. This is the first time researchers have been able to identify a brain process directly responsible for the beneficial effects of exercise in slowing down the progression of the early memory decline of Alzheimer's.

PROTEIN MISSING IN FAT TISSUE 'FAVOURS BAD OVER GOOD FAT'

According to a study published in the 'Journal of Clinical Investigation', a protein called p62 causes the body to store more fat and burn less energy. In their latest study, Mr. Moscat and colleagues found out that when p62 is missing in fat tissue, the body's metabolic balance shifts-inhibiting "good" brown fat, while favouring "bad" white fat. The discovery of p62's role in brown fat tissue is encouraging; this makes it easier to think about new strategies to control obesity.

CURRENT TOPIC

“Universal Health Coverage: Is it Plausible?”

TOPIC IN NEXT ISSUE

“Distinguished Lecture Series (Continued...)”

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UNIVERSAL HEALTH COVERAGE: IS IT PLAUSIBLE?

UN adoption of affordable universal healthcare during 67th session of General Assembly reiterated Dr. Margret Chan statement on 65th World Health Assembly “Universal Coverage is the hallmark of government commitment and is the ultimate expression of fairness”. This novel movement post MDG agenda is largely supported by west, Africa and Thailand. Concept Universal health Coverage (UHC) is seen as central strategy in Europe and Asia for achieving health goals by 2020. Although, the governing principle revolves around health financing, of mitigating cost, mechanisms of risk pooling and spending. World Health Assembly further stated the necessity of integration of health under broad policy framework for a country to seek answer “whether Health Is a Responsibility or a Right? Obligation or Prerogative? “. Experts debating feasibility of UHC has published many papers through Lancet series and independent reviews.

Indigenous or Global?

Global stimulus followed by national aspirations in most natural course of actions. Late 19th century Germany was the first of the sort to acquaint with nationwide health insurance preceded by UK in and around 1947. Further all of these OECD countries except USA have followed suit and have provided near total health insurance coverage for their populaces. Till date almost 58 countries globally have achieved the milestone and 23 have legally put a stamp to it. The notion of UHC gained ground in developing nations after Thailand and Brazil took momentous stride towards the objective. These steps were based on political obligation; toll based financing, strong community health systems and guidelines of the entire health sector. India in 2010, the planning commission instituted a high level expert group led by Dr. Srinath Reddy. The report of this group, which sketched a basic framework from UHC in India, was submitted to the planning commission in late 2011.

A Case in India

Hovering over the question of what are the social, economic, and political preconditions for UHC to be seen as a realistic political goal in middle income countries. Politicians and policy makers in India are deliberating on successful health strategies of NRHM, RSBY, JSY in line with current political mandate. Economically UHC benefits are ample. If UHC is instigated it will go on to become a single largest employer in the country giving rise to scores of job opportunities both directly and indirectly with a updated and in dated health infrastructure. UHC will also have a direct impact on GDP by decreasing the increasing non-communicable disease burden of India.

12th FIVE YEAR PLAN

The planning commission under 12th five year plan has proposed a country wide expansion of Rashtriya Swasthya Bima Yojana (RSBY). This has raised many concerns among public health officials, NGO’s and civil society considering the evidence of inadequate health care coverage encapsulated in wide range of loop holes in RSBY scheme. Ensuring health coverage is a multidimensional and multi-sector strategy imbibing distal determinants of displacement, migration, urbanization, social conflict, safe water, sanitation connected to wellbeing wherein insurance is not the only solution. What needs to be answered in all the buzz and hype of UHC is how the underdeveloped can or a developing nation like India avail UHC? The general consensus and the empirical evidence suggest it is quite possible and poverty is not a deterrent to this but certainly not living up to the pink of health contributes to poverty in turn loss to the country on a whole. The deterrent lies in the functioning systems/infrastructure governed by top-down policies in wake of failing bottom-up approach. Radical transformation is not the likely a possibility but a piece meal approach prioritizing governance, addressing systems failure in a time bound targets has the possibility to empower common man and ensure ‘reach’ to services.

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

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