IHMR 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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HOSPITAL AND HEALTH INSIGHT OF THE MONTH

NATIONAL RURAL HEALTH MISSION CELEBRATES COMPLETION OF 5 YEARS
ON APRIL 12, 2010

As India celebrated completion of five years of National Rural Health Mission, Assam won the best performing state award among the north-eastern state category for implementing the programme well. Rajasthan was adjudged the best performing state among the high-focus areas while Tamil Nadu claimed the award in the category of non-focus states, where Haryana stood second. In the first two categories, Mizoram and Madhya Pradesh bagged the second positions, respectively, getting awards from Vice President Hamid Ansari, at Vigyan Bhavan. Claiming credit for arresting the infant mortality rate (down to 53 in 2008 from 58 in 2005 when NRHM started) and maternal mortality rate (down to 254 in 2004 as against 301 in 2003), Health Minister Ghulam Nabi Azad said the Government was in the process of designing a comprehensive programme on population stabilization in consultation with the state governments.

RAILWAYS TO SETUP 522 DIAGNOSTIC CENTRES AND HOSPITALS

In a major development, Union Railway Minister Mamta Banerjee has announced that the railway Ministry has joined hands with the Union Health Ministry to set up 522 hospitals and diagnostic centres at railway stations and nearby localities. She announced this while presenting the Union Railway Budget for 2010-2011 in the parliament. According to the minister, the Union Railway Ministry has signed an MoU with the Union Health Ministry to setup these hospitals. Sources say plans are afoot to tie up with top-notch institutions like CMC, Vellore and AIIMS for the 15-odd tertiary level multi-specialty hospitals in the states of west Bengal.

THE HEALTH CENTRE SOON FOR EVERY 50,000 POPULATION

The Delhi cabinet gave its nod for introduction of Public Health Standards for Primary Urban Health Centres (PUHC) in the capital. As per plan, for every 50,000 population, one such healthcare unit can be identified, strengthened and upgraded to PUHC. The PUHC will provide preventive, curative and promotive healthcare and there will be mandatory involvement of the community in managing the health centres. To achieve universal coverage, equitable distribution of available infrastructure and rationalization of staff would be required. Cabinet has also approved the budget requirement for the scheme for 2010-2011.
GOVERNMENT READY WITH A DRAFT LAW TO PROTECT HIV/AIDS PATIENTS

In order to ensure the protection of rights of HIV/AIDS patients, government has proposed a new draft which says that non-consensual sex by an infected husband with his wife will amount to sexual assault, punishment for which would be equal to rape. Along with this proposal, the draft law makes it mandatory for the government to provide free medical care and insurance cover to HIV/AIDS patients. This draft also addresses the issue of discrimination and also prescribes a minimum jail term of two years for those found guilty of spreading hatred.

INHALABLE MEASLES VACCINE TO UNDERGO TESTS IN INDIA

The inhalable measles vaccines have been made by the University of Colorado and it is available in dry powder dosage form. They will have to undergo separate clinical trials before being launched in India. The trial would judge the effectiveness of the vaccines in terms of Indian conditions.

CHILD MORTALITY AMONG TRIBALS EXCEEDS NATIONAL AVERAGE

According to World Bank’s Policy Research working paper on “child mortality among Adivasis in India”, four tribal dominates states- Jhakhand, Madhya Pradesh, Rajasthan, Orrisa – register mortality greater than 39 per 1000 live births. Scheduled Tribes (ST’s) make up to 8-9 percent of population, but account for almost 14 percent of all under-five deaths in rural areas. Problems faced by tribals include distance to health services, expenditure and absenteeism of healthcare provider. Another reason behind high child mortality is established practice of dealing with pregnancy in tribal districts.

UNPRECEDENTED PROGRESS CITED IN COMBATING AIDS, TUBERCULOSIS AND MALARIA

The global fund to fight AIDS, TB and Malaria says unprecedented progress has been made in combating these three major diseases in the developing world. The global fund is a Public Private Partnership (PPP) and they say that they have an impressive list of achievements which includes saving at least 3600 lives every day and preventing thousands of new infections. Executive Director of the fund says they can achieve more if they receive more aid. Access to AIDS treatment has advanced significantly in African countries like South Africa, Botswana, etc.

WHO, UNICEF CALL FOR CLOSING GAP IN CHILD MEDICINES

U.N. health bodies called for more research and clinical trials to close gaps in the market for children’s medicines that cost millions lives in developing countries each year. The UNICEF and WHO published list of medicines designed for children and said it exposed dangerous shortfalls WHO said a children medicine guide will be available online to help doctors and health workers to get a better access to some basic medicines that can save children lives by giving practical information. According to WHO millions of children die each year from preventable and treatable causes and improved availability and accessibility to safe medicines is far from realities for many.
SIGNIFICANT DROP IN MATERNAL MORTALITY ACROSS GLOBE

For the first time in decades, researchers are reporting a significant drop worldwide in the number of women dying each year from pregnancy and childbirth, to about 342,900 in 2008 from 526,300 in 1980. The findings, published in the medical journal *The Lancet*, challenge the prevailing view of maternal mortality as an intractable problem that has defied every effort to solve it. “The overall message, for the first time in a generation, is one of persistent and welcome progress,” the journal’s editor, Dr. Richard Horton, wrote in a comment accompanying the article, published online.

CHILDREN WITH AUTISM MAY BE HELPED BY REGULAR DOSES OF A HORMONE

A study published in *Biological Psychiatry* by author Dr. Adam Guastella of the University of Sydney found adolescents with autism, given a single dose each of the hormone or placebo via a nasal spray one week apart and asked to complete a facial expression task that measured emotion recognition, performed significantly better on the task when receiving the hormone. It has been suggested by Australian researchers that a hormone may help treat social problems in those with autism. It was also noted by the study that children with developmental difficulties diagnosed as Autism Spectrum Disorders often have a hard time recognizing emotion in others.

COLA TAKES FIZZ OUT OF MALE FERTILITY

According to a research led by Tina Kold Jensen, researcher at Copenhagen University Hospital, having a litre or more of cold drinks adversely affects male fertility and decreases sperm count by almost 30%.

DETAILED MAP OF GENOME TO HELP TREATMENT

Scientist from all over India comprising of more than 300 researchers, most of them students have put together a massive visual map of tuberculosis bacteria’s genome that shows how the bacteria’s different parts interact. Scientist hopes to use detailed map to pin point a gene that could lead to better TB drugs. This is an open source drug discovery genome data publicly available and the council for Scientific and Industrial Research coordinated the whole thing. According to the project director, Zakir Thomas, the aim is to bring out a drug that will shorten TB therapy.
NATIONAL PROGRAM FOR PREVENTION AND CONTROL OF DEAFNESS

INTRODUCTION

Hearing impairment and deafness are serious disabilities that can impose a heavy social and economic burden on individuals, families, communities and countries. Children with hearing impairment often experience delayed development of speech, language and cognitive skills, which may result in slow learning and difficulty progressing in school. In adults, hearing impairment and deafness often make it difficult to obtain, perform, and keep employment.

OBJECTIVES

1. To prevent the avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
3. To medically rehabilitate persons of all age groups, suffering with deafness.
4. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation program, for persons with deafness.
5. To develop institutional capacity for ear care services by providing support for equipment, material and training personnel.

COMPONENTS OF THE PROGRAMME

1. MANPOWER TRAINING & DEVELOPMENT – For prevention, early identification and management of hearing impaired and deafness cases, training would be provided from medical college level specialists to grass root level workers.
2. CAPACITY BUILDING – For the district hospital, CHC and PHC in respect of ENT/Audiology infrastructure.
3. SERVICE PROVISION INCLUDING REHABILITATION – Screening camps for early detection of hearing impairment and deafness, management of hearing and speech impaired cases and rehabilitation (including provision of hearing aids), at different levels of health care delivery system.
4. AWARENESS GENERATION THROUGH IEC ACTIVITIES – For early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to deafness.

IMPLEMENTATION PLAN

1. It was launched on a Pilot basis initially during the last year of the 10th Five Year Plan and first year of the 11th Five Year Plan i.e. 2006-2008.
2. Based on the outcome and experience gathered during the pilot project, the same will be up scaled during the 11th Five Year Plan to at least 200 districts.
3. The pilot project is conducted in 25 districts derived from 10 states and 1 union territory.

EXPECTED BENEFITS OF PROGRAM

1. Direct benefit of various services like prevention, early identification, referral, rehabilitation etc. for hearing impairment and deafness.
2. Reduction in severity/ ear morbidity.
3. Wide and improved Health service network.
4. Awareness creation among the health workers.