MINISTRY OF HEALTH PROPOSES TO MERGE NRHM AND NUHM

The Ministry of Health and Family Welfare has proposed to merge National Rural Health Mission (NRHM) with yet to be launched National Urban Health Mission (NUHM) in Thirteenth Five Year Plan period. The NUHM will be launched in Twelfth Five Year Plan period with budget of rupees thirty thousand crores. It will focus on providing health services to entire urban areas including the slums. The institutional and delivery mechanism will also be improved in urban areas. At primary level, one urban primary health centre will be established for every fifty to sixty thousand dwellers.

DROP IN HIV RATE DUE TO BEHAVIOURAL CHANGES

National Annual HIV Sentinel Surveillance Survey 2009-10 shows that there has been a decline in the HIV and Sexually Transmitted Disease (STD) rates in six high prevalence states namely Maharashtra, Andhra Pradesh, Karnataka, Manipur, Nagaland and Tamil Nadu. This is due to changes in sexual behaviour pattern of high risk individuals. Prevalence of STDs ranged from 7.6 percent to 37.5 percent in the first round and 1.9 percent to 31 percent in the second. Also, there has been an increased use of condoms by high risk groups like female commercial sex workers and long distance truck drivers.

RAJASTHAN LAUNCHES FREE MEDICINE SCHEME

Marking the day of Mahatma Gandhi’s birth on 2nd October 2011, a scheme has been launched in Jaipur. The scheme ensures distribution of free medicines at all government hospitals and healthcare institutions. Earlier free distribution of medicines was available for backward classes only. Chief Minister Ashok Gehlot said that two hundred generic medicines would be given out in the first phase followed by two hundred in the next three months. Several activists and health experts called upon the need for a law that ensures free medicines as everyone’s right.

HEALTH INSURERS PRESENT NEW PRODUCTS AND PORTABILITY OFFERS TO ATTRACT AND RETAIN CUSTOMERS

Consumers can expect a slew of innovative health insurance plans with new features such as health insurance portability. Through it, insurers compete to retain customers and attract new ones. The Regulator has allowed Health Insurance Policy Holder to switch companies and retain their “No-Claim Benefits”. It also includes lower premium and the assurance that their claims will not be rejected on the ground that the illness was pre-existing.
THREE HUNDRED FORTY EIGHT ESSENTIAL DRUGS TO SOON COME UNDER PRICE-CONTROL REGIME

The Central Government has proposed three hundred forty-eight drugs on the National List of Essential Medicines (NLEH) to be listed under Drug Prices Control Order (DPCO-1995). Currently, thirty seven drugs are under it. The revised list covers about twenty seven therapeutic areas which include cancer, HIV, cardiovascular, anti-platelets, anti-ulcer and others. The existing policy controls the prices of only seventy-four bulk drugs and their formulation which constitutes around twenty percent of the market till now. With the new policy, existing DPCO drugs will cover around sixty percent of the market.

UNIQUE MOTHER AND CHILD TRACKING SYSTEM-AN E-GOVERNANCE INITIATIVE

States fudging the statistics of pregnant women and new born children, who have received health services like immunization, will now be reprimanded. The Union Health Ministry’s unique Mother And Child Tracking System (MCTS) is an initiative of Health Ministry. This is to find out the truth behind the statistics of high service delivery rates by the states. According to the Union Health Minister, states on one hand were reporting high IMR and MMR and on the other were reporting immunization rates as high as eighty percent. The Health Ministry realized that the data was being fudged and so the MCTS initiative was started in 2010.

INTERNATIONAL EXPERTS CALL FOR EXPANDED INVESTMENT IN PREVENTION OF HIV/AIDS PANDEMIC

As the world observes the 30th anniversary of HIV/AIDS, experts on the front lines are fighting yet another unexpected threat – the economic recession. This has halted programmes against HIV in U.S., Europe and Central Asia. In an international conference hosted by the Forum for Collaborative HIV Research – it was cautioned by policy makers that the pandemic is still not under control. They also said that it is a major drain on the economies of both developed and developing nations. Currently, 33 million people are living with HIV and each year approximately 2.6 million new HIV infections and 1.8 million HIV-related deaths occur worldwide. The group called for an expanded investment in prevention programmes, which could avert half of the 62 million new HIV infections projected to occur between 2005 and 2015.

GUINEA WORM CLOSE TO ERADICATION

The World Health Organization reports that it is very close to eradicating guinea worm and needs a mere three fifty million dollars to finish the job of clearing out of this dreaded disease. Hopefully after smallpox, it would be the only disease to be wiped off the face of the Earth. The Coordinator of the Department of Neglected Tropical Diseases at the World Health Organization, Dirk Engels, says the goal of eradication is in sight. When the campaign officially started at the end of the 1980s, there were 5.5 million cases. Presently, there are less than 1,000 cases left in four countries, most of them in the New Republic of South Sudan.
MERGE HEALTHCARE SELECTS DELL AS PREFERRED PROVIDER OF CLOUD BASED SERVICES

MERGE HEALTHCARE, a leading provider of enterprise imaging and interoperability solution has announced that it has selected DELL as preferred provider of cloud computing services, storage and enterprise hardware products. This has simplified information access, manage and archiving among its portfolio of image interoperability solution. Through its secure Cloud Based Unified Clinical Archive solution, Dell manages more than four billion medical images and studies for healthcare organisations. It will also host MERGE HEALTHCARE project “HONEYCOMB”, the nation’s largest medical image sharing network.

VACCINE INVENTED TO ARREST LUNG CANCER

Within a short period of time it would be possible to slow down or stop the progression of the lung cancer which is the second most common type of cancer in India. Scientists from France’s Universite de Strasbourg, found a cancer vaccine TG4010 which works very effectively when combined with chemotherapy. It also enhances the deceleration of the progression of advanced Non-Small-Cell-Lung Cancer (NSCLC). Among all lung cancers ninety percent are NSCLC and most of the patients report to the doctors in advanced stages and so this vaccine will be a boon for them.

INDOOR COOKING STOVES KILL 2 MILLION PEOPLE ANNUALLY

Scientists at National Institute of Health have found out that pollution from indoor cooking stoves that burn solid fuels such as wood, charcoal or dung, kills two million people every year. The smoke emitted by these stoves causes pneumonia and chronic lung disease that primarily affects women and children. Clean cooking stoves need to be introduced into the homes to deal with the hazards of this indoor pollution. The research also stressed on the need for examining the effects of the smoke emitted on maternal, neonatal and child health along with its role in causing respiratory, cardiovascular and cancer risks.

TREATING HUMAN DISEASES USING INDUCED PLURIPOTENT STEM CELLS

A report published in a paper Nature, has described the sequence of events for correcting gene mutation responsible for cirrhotic liver disease and lung emphysema. First adult skin cells were taken by researchers and gene mutation was corrected in them. Next these cells were reprogrammed to make them behave like induced pluripotent stem cells (iPSCs). The iPSCs were then reintroduced into a mouse. The mouse had a mutation that resembled the condition seen in humans. The report says that this was the first demonstration of the generation of mutation-corrected patient-specific iPSCs, which could realise the therapeutic promise of human iPSCs.

DO YOU KNOW?

1. Mobile radiation detection system being installed across 50 cities
2. Arthritis cropping up in early stages of life
3. Government projects adverts 1 lakh fresh HIV cases in five years
4. Vacancy of hospital beds per thousand persons
5. Lupin aims for marketing alliances by March 2012
6. Distorted sex ratio in India : ultrasounds to be held responsible
7. Pain killers up in pneumonia risk
8. According to Arthritis Foundation of India – Osteoporosis, the next big health worry for India
9. Antibiotic consumption on a high risk in India
10. Planning commission proposes to relax ban on sex determination in India
11. Focus on eight HPV – cause of 90% of cervical cancer in women
12. Centre investing Rs 40,000 crore annually in tobacco companies
13. No risk on brain tumour from mobile phone usage by British Medical Journal
14. Big cities have worst sex ratios in country
15. Cardio pulmonary resuscitation, chest presses first, research says
16. Minority segment of society catching upon socioeconomic indicators
17. ICMR to fund study on pill abuse by teens and sex workers
The Registration of Births and Deaths Act, 1969

Extend and Coverage

This Act is enacted by Parliament in the Twentieth Year of the Republic of India and extends to the whole of the country. In this Act, unless otherwise required, birth means live-birth or still-birth and death means permanent disappearance of all evidence of life at any time after live-birth has taken place.

Functional body

On the top of the hierarchy is the Registrar-General of India who issues, coordinates and unifies the Activities of Chief Registrars, the chief executive of the State. There exists a District Registrar for each revenue district and a Registrar for each local area.

Registration of births and deaths

The head of the household gives information according to the best of their knowledge and belief to the Registrar. The medical officer is required to enter in the forms wherever required. The Registrar General subject to certain rules also registers information about births and deaths of citizens outside India.

Maintenance of Records and Statistics

Every Registrar keeps in the prescribed form a register of births and deaths for the registration area where he exercises jurisdiction. Every Registrar sends reports of their area to the Chief Registrar at prescribed intervals and in prescribed forms.

Barriers to Registration

At large, this Act is not perceived as a fundamental right and, as a result, is given low priority at an individual’s level. Its value is neglected in the face of problems that are more immediate and tangible. The Act also faces a number of political and administrative barriers like the lack of political will stemming from the government, politicians and other civil servants. Other important barriers include inadequate fund allocations, insufficient and poorly trained personnel, ill-equipped offices and shortages of the materials needed to get the job done. The lack of connection between central authorities and citizens, coupled with low awareness about the value of birth registration, contributes to poor demand for this service. Registration of birth suffers a great deal as a result of a gender bias since Act requires father to register for birth and this invariably excludes women from the entire process.

Conclusion

Birth Registration should be addressed as a core development issue alongside poverty reduction and universal access to basic services. Birth registration is a fundamental human right. It gives a child a recognized legal existence and identity. It is a door to other rights such as access to health and education services. It offers protection against discrimination and neglect and lasts a lifetime—guaranteeing an individual’s right to take their place in the social and political life of their country.

References

delhi.gov.in/DoIT/DES/Registration/ACT.pdf
http://www.in.gov.in/acts-rules/frwr/birth_death_act_e.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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