

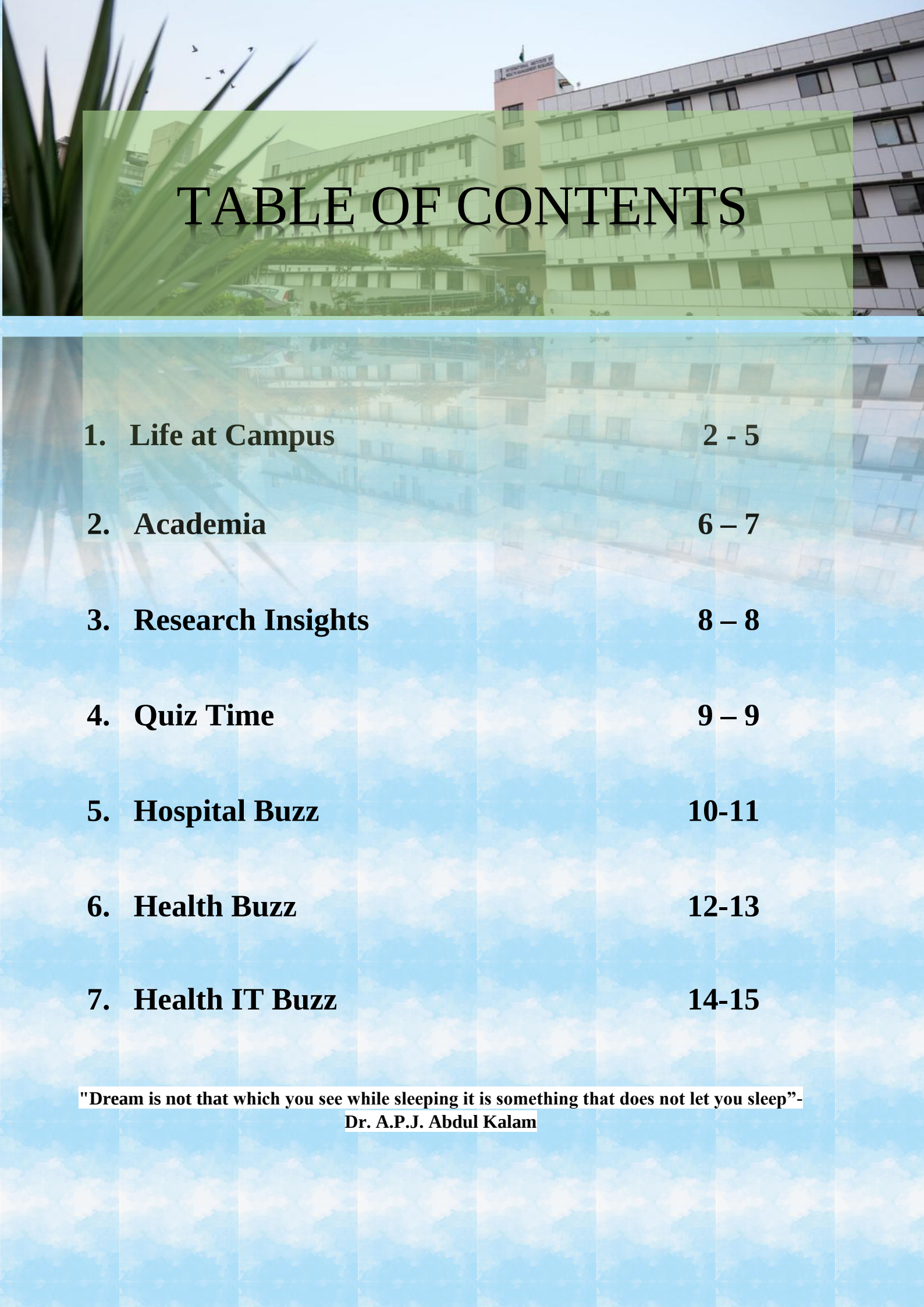
# SYNAPSE

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# TABLE OF CONTENTS

|                             |              |
|-----------------------------|--------------|
| <b>1. Life at Campus</b>    | <b>2 - 5</b> |
| <b>2. Academia</b>          | <b>6 – 7</b> |
| <b>3. Research Insights</b> | <b>8 – 8</b> |
| <b>4. Quiz Time</b>         | <b>9 – 9</b> |
| <b>5. Hospital Buzz</b>     | <b>10-11</b> |
| <b>6. Health Buzz</b>       | <b>12-13</b> |
| <b>7. Health IT Buzz</b>    | <b>14-15</b> |

**"Dream is not that which you see while sleeping it is something that does not let you sleep"-  
Dr. A.P.J. Abdul Kalam**

# LIFE AT CAMPUS

## Women's Day Celebrations

Every year on March 8, International Women's Day is observed to honour the social, economic, cultural, and political contributions of women. In 2025, the theme was "Accelerate Action" and to commemorate this significant event, IIHMR Delhi enthusiastically celebrated the day. The program started with a welcome address by Dr. Divya Aggarwal, Associate Dean, IIHMR Delhi. In her welcome address, she emphasized on the role of women in the society, highlighted their achievements and mentioned that sky is limit for them. In today's world, women can become whatever they aspire be it a CEO of an organization to a trained pilot manoeuvring fighter or civil aircrafts in the skies.



## SPIC MACAY Classical Series

IIHMR Delhi had the honour of hosting the legendary Maestros Abir Hussain and Pt. Mithilesh Jha on 24<sup>th</sup> March 2025 as part of SPIC MACAY programme organized in the Institute. The performance of both these legends was more than just music; it was a heartfelt journey, where every note resonated deeply with the audience. From mesmerizing melodies of *Sarod* to the electrifying beats of *Tabla*, SPIC MACAY programme delivered an unforgettable evening of pure artistic brilliance, leaving listeners inspired and guiding them toward a deeper spiritual connection.



## Gyansthan at IIHMR Delhi

IIHMR Delhi was glad to host medical students from Gyansthan. It is an initiative aimed at helping Indian youth to tap into their true potential through a combination of upskilling programs, experiential learning and initiatives that bridge the gap between education and industry. The students from all across the nation visited the Institute to interact with healthcare visionaries. Dr. Sutapa B. Neogi, Director, IIHMR Delhi and Dr. Sumesh Kumar, Dean Academics, IIHMR Delhi, engaged and interacted with these students and shared the importance of healthcare management in India. Students and Gyansthan team made this visit impactful.

## Spardha Showdown

IIHMR Delhi organized Spardha 2025, an inter-college street play competition on 11<sup>th</sup> April 2025. Combining the spirit of ‘voicing out’ and the ‘power of performance’, the competition saw participation of colleges spread across Delhi and NCR. Each team, which consisted of talented students, harnessed the power of street theatre to augment voices, ignite discussions, and drive change. Each play highlighted the issues which our societies are encountering. A distinguished panel of judges, consisting of Mr. Tarun Kohli (renowned theatre actor and faculty), Mr. Kuldeep Khanna (seasoned actor) and Mr. Vipul Kalra (founder of Ibaarat) witnessed the performances of each team that just didn’t captivate the attention of audience but also challenged perspectives and inspired action. With fearless storytelling, bold expressions, and the undeniable impact of art, these plays transformed entertainment to a call for change.



## Samvayan 2025

The IIHMR Delhi campus was buzzed with warmth, nostalgia, and familiar faces as alumni reunited for Samvayan 2025 on 11<sup>th</sup> April 2025. Dr. Sutapa B. Neogi, Director IIHMR Delhi addressed the alumni, emphasizing the invaluable role they play in shaping the institution's legacy and inspiring future generations. This annual gathering of alumni wasn't just a reunion; it was a celebration of shared journeys, cherished memories, and enduring connections. More than a simple meet-up, Samvayan transformed handshakes into mentorship and conversations into inspiration, offering students a chance to learn from those who once walked the same halls.



## World Health Summit 2025

IIHMR Delhi participated as a delegate in the World Health Summit (WHS) Regional Meeting 2025 held in New Delhi from 25<sup>th</sup> April to 27<sup>th</sup> April 2025. The theme of the Regional Meeting was on 'Scaling Access to Ensure Health Equity' and the Summit saw the participation from stakeholders belonging to different sectors, backgrounds and regions worldwide. It provided a unique platform wherein topics that are poised to shape the future of health in the region and globally were discussed. Some of the key topics which were discussed in the meeting included AI in medicine, digital determinants of health, health and space, manufacturing of health products, scaling health coverage, women's and children's health, and integrative health systems. The Director, faculty members, and research staff from IIHMR Delhi participated and attended the Summit for these three days. It was an inspiring experience to engage with global health leaders, policy makers, researchers, and innovators, all committed to addressing the most urgent health challenges of our time. The discussions, collaboration, and shared insights reinforced the importance of collective action and innovation in advancing global health.



## **A Groundbreaking start at Manthan Conference 2025**

IIHMR Delhi successfully hosted its first ever flagship conference ‘Manthan’ in the pharmaceutical sector on 29<sup>th</sup> April 2025. The theme of the conference was “Transforming Pharma Supply Chains: Navigating Challenges, Embracing Innovation”. This Conference brought together distinguished leaders from the pharma industry. The conference included thought-provoking sessions, case studies and poster presentations. Delegates and students from pharmaceutical background made presentations on various topics such as the packaging of tablets, dosage reminders and drug induced hepatotoxicity. Delegates were from different institutions and Universities like Mahatma Gandhi University of Medical Sciences, Punjab University, Jaganath Institute of Technology, Delhi University, etc. Manthan 2025 marked a space for the Institution in the pharmaceutical space, underscoring its commitment to fostering innovation and addressing key challenges in the sector.





# ACADEMIA

## **The Rise of Lifestyle Diseases in Tier 1 and Tier 2 Cities**

India has witnessed significant economic growth, urbanization, and modernization, in recent decades especially in Tier 1 and Tier 2 cities. While these developments have brought improved infrastructure, better access to services, and higher incomes but they have also led to a sharp rise in lifestyle diseases. Non-communicable diseases (NCDs) such as diabetes, hypertension, cardiovascular diseases, obesity, and certain forms of cancer are increasingly prevalent among urban populations. The growing burden of these lifestyle-related illnesses is not just a public health concern but also a threat to economic productivity and the quality of life of millions. Tier 1 cities such as Mumbai, Delhi, Bengaluru, and Chennai have been known for their fast-paced lifestyles. With the influx of multinational companies and the IT boom, Tier 2 cities like Pune, Jaipur, Kochi, and Indore have also experienced rapid transformation. However, this urban expansion has been accompanied by changes in diet, physical activity, and overall behaviour patterns. People in these cities often lead sedentary lives, spend long hours in front of screens, and consume processed foods high in sugar, fat, and salt. These factors contribute significantly to the onset of lifestyle diseases.

A key factor behind the rise of these diseases is the increasing disconnection from traditional ways of living. The prevalence of fast food, reduced physical activity due to mechanization, and high levels of stress due to competitive work environments have combined to create a toxic health landscape. Moreover, irregular sleeping patterns, over-dependence on electronic devices, and environmental pollution further compound the issue. Another dimension of the problem is the lack of awareness and preventive healthcare. In many Tier 2 cities, healthcare infrastructure is still catching up, and regular screening or health check-ups are not routine for most of the population. As a result, diseases like hypertension and diabetes often go undiagnosed until they reach advanced stages. Even in Tier 1 cities with better medical facilities, the high cost of treatment and lifestyle-related apathy hinder timely diagnosis and care. The rise of lifestyle diseases is also influenced by social and cultural changes. Increasing nuclear families, reduced community interaction, and declining participation in physical social activities are leading to isolation and mental health issues. Depression, anxiety, and substance abuse are increasingly recognized as urban lifestyle problems that are both causes and effects of other health conditions.

To address this growing crisis, a multi-faceted approach is essential. First, there needs to be greater emphasis on preventive healthcare through public awareness campaigns about the importance of a balanced diet, regular exercise, and stress management. Schools and workplaces should incorporate wellness programs and promote healthy habits from a young age. Urban planning must also prioritize green spaces, pedestrian pathways, and recreational areas to encourage physical activity. Governments

and healthcare providers need to work together to make screenings and diagnostic services more accessible and affordable. Policy measures like taxing sugary beverages, regulating food advertisements, and improving air quality standards can also help reduce risk factors. Moreover, digital health solutions like fitness apps, telemedicine, and AI-driven diagnostics can play a significant role in Tier 2 cities, where medical infrastructure may still be developing.

In conclusion, the rise of lifestyle diseases in Tier 1 and Tier 2 cities is a pressing public health issue that stems from rapid urbanization, lifestyle shifts, and changing social patterns. Tackling this requires a holistic strategy that includes education, infrastructure, regulation, and community engagement. Only by promoting healthier lifestyles and preventive care can India's urban centres ensure long-term well-being and sustainable development

**“The key to successful leadership today is Influence, not Authority” – Ken Blanchard**



# RESEARCH

## **Effectiveness of home-based cardiac rehabilitation interventions delivered via mHealth technologies**

Cardiac rehabilitation is a vital program for managing coronary heart disease, which remains the leading cause of death and disability worldwide. It aims to stabilize, slow, or even reverse the progression of cardiovascular disease through personalized care delivered by a multidisciplinary team. It is strongly recommended for patients with various heart conditions, including acute coronary syndrome, heart failure, and coronary revascularization procedures. However, participation in centre-based cardiac rehabilitation (CBCR) remains low, particularly among women, minorities, and socioeconomically disadvantaged populations. To address these challenges, home-based cardiac rehabilitation (HBCR) supported by telehealth and mobile health (mHealth) technologies has emerged as a promising alternative. mHealth tools, such as smartphone applications and wearable activity trackers, enhance accessibility by offering personalized exercise plans, health education, medication reminders, and real-time health monitoring.

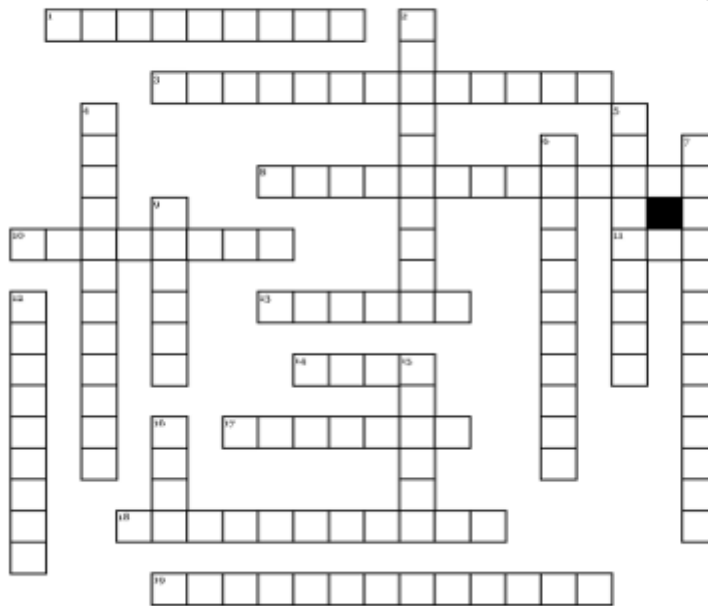
The findings of this systematic review and meta-analysis underscore the potential of mobile health (mHealth)-supported HBCR to improve functional capacity, cardiovascular health markers, and psychological well-being in patients with heart disease. Compared to usual care, mHealth HBCR demonstrated statistically significant improvements and was found to be equally effective, with no significant differences in exercise capacity, cardiovascular markers, or mental health outcomes when compared to conventional CBCR. Given its accessibility advantages, mHealth HBCR provides a viable alternative for patients unable to attend CBCR. The ability to deliver cardiac rehabilitation remotely through smartphones, wearable devices, and mobile applications increases the feasibility of rehabilitation programs for underserved populations. However, further research is required to assess the long-term clinical impact, cost-effectiveness, and patient adherence to mHealth HBCR.

While mHealth HBCR has the potential to bridge the gap in cardiac rehabilitation accessibility, its effectiveness relative to CBCR remains comparable rather than superior. Therefore, healthcare providers and policymakers must consider integrating digital rehabilitation models alongside traditional programs rather than replacing them entirely. Addressing barriers related to technology access, digital literacy, and program adherence will be critical to ensuring equitable implementation. As mHealth technologies continue to evolve, leveraging artificial intelligence, real-time monitoring, and personalized intervention strategies could further enhance patient engagement and outcomes. Ultimately, a hybrid approach combining CBCR and mHealth HBCR may offer the most comprehensive and adaptable solution for improving cardiac rehabilitation accessibility and effectiveness worldwide.

**Source-** [https://www.thelancet.com/pdfs/journals/landig/PIIS2589-7500\(25\)00012-3.pdf](https://www.thelancet.com/pdfs/journals/landig/PIIS2589-7500(25)00012-3.pdf)

# QUIZ TIME

## | Prenatal Development, Pregnancy, and Birth



### Across

1. The period of pregnancy
3. structure that attaches the placenta to the foetus, through which nutrients are passed and foetal wastes are removed
8. Slim, pipelike structure that connects an ovary to the uterus
10. Structure projecting from the wall of the uterus during pregnancy through which the developing baby absorbs nutrients
11. Any infertility treatment in which the egg is fertilized outside the womb. abbr.
13. A fertilized ovum
14. A special hospital unit that treats at-risk newborns, such as lbw and very low birth weight
17. Almond shaped organs that contain a woman's eggs
18. Bag-shaped, fluid-filled membrane that contains and insulates the foetus
19. First 14 days of prenatal development, from fertilization to full implantation

### Down

2. Hollow sphere of cells formed during the germinal stage in preparation for implantation
4. Process in which a blastocyst becomes embedded in the uterine wall
5. The expulsion of the ovum
6. The inability to conceive after a year of unprotected sex
7. The union of sperm and egg
9. The neck, or narrow lower portion, of the uterus
12. One of the 3-month long segments into which pregnancy is divided
15. The pear-shaped muscular organ in a woman's abdomen that houses the developing baby
16. Egg cell containing the genetic material contributed by the mother



# HOSPITAL BUZZ

## 1. Vision for standardized Emergency Medical Services in India

With India's healthcare sector rapidly evolving, the demand for standardized emergency medical services and cutting-edge innovations has never been higher. In an exclusive interview, Summit Salunke, Vice Chairman, Sumeet Group Enterprises, with Dr. Asawari Savant of Elets News Network (ENN), shares his strategic vision for bridging accessibility gaps, integrating advanced technologies, and transforming emergency healthcare delivery across the country.

**Source:** <https://ehealth.eletsonline.com/2025/03/vision-for-standardized-emergency-medical-services-in-india/>

## 2. India's AI in medical diagnostics market 2025-2030: market set to triple in size - shortage of skilled healthcare professional's fuels AI adoption

AI in Medical Diagnostics Market in India Expands at 23.10% CAGR as Health-Tech Startups Drive Innovation. The India AI in Medical Diagnostics Market was valued at USD 12.87 Million in 2024, and is expected to reach USD 44.87 Million by 2030, rising at a CAGR of 23.10%. The AI in Medical Diagnostics Market in India is witnessing rapid growth, driven by an increasing demand for early and accurate disease detection, a rising burden of chronic illnesses, and a shortage of skilled healthcare professionals. With a growing reliance on AI-powered radiology, pathology, and predictive analytics, hospitals and diagnostic centres are integrating AI solutions to enhance efficiency and reduce turnaround times.

**Source:** <https://www.globenewswire.com/news-release/2025/03/07/3038892/28124/en/India-s-AI-in-Medical-Diagnostics-Market-2025-2030-Market-Set-to-Triple-in-Size-Shortage-of-Skilled-Healthcare-Professionals-Fuels-AI-Adoption.html>

## 3. Registration for Ayushman Bharat scheme in Delhi to begin after March 8

The Ayushman Bharat scheme, which received Delhi Cabinet approval, is expected to streamline healthcare delivery in the capital. A key priority will be the establishment of *Jacha-Bacha Kendras* (mother and childcare centres), which have been missing in the city for 11 years. In his maiden media interaction, Singh outlined several key reforms for the city's healthcare system, starting with the closure of 250 Aam Aadmi Party (AAP)-run Mohalla clinics that existed only on paper but were still receiving rent payments.

**Source:** [http://timesofindia.indiatimes.com/articleshow/118773625.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](http://timesofindia.indiatimes.com/articleshow/118773625.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

## 4. Massive fire breaks out at Lokbandhu Hospital in Lucknow

A massive fire erupted at Lokbandhu Hospital in Lucknow, Uttar Pradesh, late on Monday evening, causing panic among patients and staff. The blaze reportedly started on the second floor of the hospital, filling the premises with thick smoke and prompting immediate evacuation efforts.

**Source:** <https://www.republicworld.com/india/big-breaking-massive-fire-breaks-out-at-lokbandhu-hospital-in-lucknow>

**5. Die after 'fake' cardiologist's treatment at MP hospital**

Seven persons have died allegedly after being treated by a fake cardiologist at a missionary hospital in Madhya Pradesh's Damoh district, prompting the NHRC to launch a probe into the matter, officials said on Sunday. A team of the National Human Rights Commission will camp in Damoh from April 7 to 9 to conduct an investigation into the matter, NHRC member Priyank Kanoongo said. As per a complaint lodged by a local resident with the NHRC, a person using the name 'Dr N John Camm', who was said to be working at the hospital, had shown himself to be educated and trained from abroad.

**Source:** <https://www.rediff.com/news/report/7-die-after-fake-cardiologists-treatment-at-mp-hospital/20250406.htm>

**6. More Hospitals in India commit to safe medical practices by joining the BD India and JCI PRIME Program**

BD (Becton, Dickinson and Company), a leading global medical technology company in partnership with Joint Commission International, launched their marquee patient and healthcare worker safety program Preventing Risks of Infections and Medication Errors (PRIME) in IV Therapy in 6 hospitals across India. These hospitals include Apollo Hospital, Grems Road, Chennai, BLK-Max Super Speciality Hospital, Delhi, Amala Institute of Medical Sciences, Thrissur, Apollo Hospital, Jubilee Hills, Hyderabad, HCG Aastha Cancer Centre, Ahmedabad and Apollo Hospital, Visakhapatnam).

**Source:** <https://news.webindia123.com/news/articles/Business/20250430/4311839.html>

**7. Pahalgam attack: 3 long nights at Anantnag hospital where injured were wheeled in**

On April 22, as news of the attack spread and the toll from the attack at Baisaran kept mounting, neighbouring districts began sending their ambulances. By late evening, at least 30 critical care ambulances were sent to the spot. At the Government Medical College (GMC) in Anantnag, South Kashmir, the red alert was sounded at 2.30 pm on April 22 — there had been a terror attack on tourists at Baisaran in Pahalgam. Dr Ruksana Najeeb, anaesthesiologist and principal of the institute, did not waste any time getting the hospital ready.

**Source:** <https://indianexpress.com/article/long-reads/pahalgam-terror-attack-gmc-anantnag-hospital-doctors-medical-treatment-injured-9966477/>

**“You don’t build a business, you build people, and they build the business” – Zig Zigler**



# HEALTH BUZZ

## 1. One lakh Ayushman cards to be distributed on April 5

Delhi govt is set to sign two MoUs with Centre next month to implement the Ayushman Bharat scheme in the city. According to officials, the MoU for PMJAY for health cover will be signed on April 5, coinciding with the distribution of one lakh Ayushman cards to Delhiites. Registration for the scheme is likely to start in April first week. The MoU for PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) will be signed on April 10. The Ayushman scheme comprises Ayushman Arogya Mandir, critical care blocks, integrated diagnostic facilities, Pradhan Mantri Jan Arogya Yojana (PMJAY) and Digital Mission. Central govt's PM-ABHIM aims to strengthen public healthcare systems for managing health emergencies, including epidemics and disasters. The initiative targets improvements across primary, secondary and tertiary healthcare infrastructure.

**Source:** <https://www.ndtv.com/health/world-health-day-2025-focuses-on-maternal-and-newborn-health-know-theme-and-significance-8076672>

## 2. World Health Day 2025 focuses on maternal and newborn health theme

World Health Day is observed on April 07 every year. This day marks anniversary of the founding of the World Health Organization (WHO) in 1948. Each year, World Health Day is used as an opportunity to draw attention to a specific health topic that affects people all over the world. By emphasising one a particular theme every year, World Health Day encourages governments, healthcare organisations, and individuals to work collectively toward improving health standards and access to healthcare. This year's theme will kick off a year-long campaign on maternal and newborn health. This initiative will encourage governments and the healthcare sector to intensify their actions to eliminate preventable maternal and newborn deaths. It will also focus on the long-term health and well-being of women.

**Source:** <https://www.ndtv.com/health/world-health-day-2025-focuses-on-maternal-and-newborn-health-know-theme-and-significance-8076672>

## 3. India's healthcare sector sees 62% growth in March: five courses to kickstart your career in health tech

India's healthcare sector has witnessed a remarkable 62% year-on-year growth in March 2025, according to a recent report by found it (formerly Monster APAC & ME). This surge is being driven by rapid technological advancements and an increasing demand for medical services, creating significant job opportunities across various roles. As the sector undergoes a transformation, there is an increasing focus on roles within Artificial Intelligence (AI), digital health, and health informatics. The growing trend highlights a shift towards a more technology-driven healthcare environment, one that requires professionals to not only have clinical expertise but also technical and cross-functional skills. This provides a unique opportunity for those looking to enter the industry, especially in the fast-evolving health tech space.

**Source:** <https://www.thehindu.com/news/national/kerala/over-300-dengue-cases-reported-in-ernakulam-since-march-1/article69431457.ece>

#### **4. Ernakulam reports over 330 dengue cases since March 1**

A spike in dengue cases has been reported in areas under the Kochi Corporation and Thrikkakara and Kalamassery municipalities, according to an assessment by the health department in the first week of April. Over 295 confirmed and suspected cases were reported between March 1 and March 31. The health authorities said that stagnant water in houses and apartments was the primary source for mosquito larvae to breed, leading to the spread of dengue. “Breeding sites inside households include flower vases and pots, water trays behind refrigerators, and overhead tanks that are not properly covered. We have initiated source-reduction measures to check the vector population,” they added.

**Source:** <https://www.thehindu.com/news/national/kerala/over-300-dengue-cases-reported-in-ernakulam-since-march-1/article69431457.ece>

#### **5. WHO launches new guide to help boost quality in health services**

WHO today launched a new guide on Measuring and monitoring quality of care for maternal, newborn, child, and adolescent health services. The guide and its accompanying tool are designed to support programme managers, policymakers and health workers in strengthening efforts to measure, monitor and improve the quality of health services, especially for maternal, newborn, child and adolescent health. With the right tools, clear indicators and empowered health workers, measuring quality of care becomes more than a task; it becomes a driver for better health for every mother, newborn, child and adolescent.

**Source:** <https://www.who.int/news/item/16-04-2025-who-launches-new-guide-to-help-boost-quality-in-health-services>

#### **6. World Immunization Week highlights the urgency of global vaccine access**

In 2024, there were nearly 26,000 cases of meningitis and 1,400 deaths across 24 countries. From January to March 2025, there have been approximately 5,500 suspected cases of meningitis and roughly 300 recorded deaths in 22 countries. Health experts also recorded re-emerging malaria and yellow fever epidemics. In order to ensure global public health and maximize quality of life, it is imperative for governments to invest in health systems that benefit all walks of life, maximize disease surveillance, and tackle persisting cultural taboos surrounding immunization. However, recent cuts in funding threaten to undo decades of progress. The report found that Bangladesh’s EPI has saved roughly 94,000 lives, prevented 5 million child cases of child infections, and yielded a 25 dollar return per 1 dollar of U.S. funding invested. Additionally, as a result of this model, Bangladesh has managed to increase the coverage of fully immunized children from 2 percent to over 81 percent since 1979.

**Source:** <https://www.globalissues.org/news/2025/04/30/39739>



# HEALTH IT BUZZ

## 1. Oracle health applies for TEFCA QHIN status

Oracle Health has formally submitted its application to become a Qualified Health Information Network (QHIN) under the Trusted Exchange Framework and Common Agreement (TEFCA). If designated, this move would enhance secure data access across providers, public health officials, patients, and payers, aiming to improve care delivery and accelerate authorizations and reimbursements.

Source: [Health IT Answers](#)

## 2. Vitalacy launches AI virtual care solution

Vitalacy, Inc. has introduced an AI-driven Virtual Care solution designed to enhance patient safety, reduce hospital falls, and optimize hospital efficiency through 24/7 AI-powered remote monitoring. This initiative aims to improve patient outcomes and streamline healthcare operations.

Source: [Health IT Answers](#)

## 3. Mount Sinai develops AI algorithm for sleep disorder detection

A team at Mount Sinai has created an AI algorithm capable of detecting sleep disorders, marking a significant advancement in the use of artificial intelligence to diagnose and manage sleep-related health issues.

Source: [Healthcare IT News](#)

## 4. HL7 plans new FHIR Accelerator community

Health Level Seven International (HL7) is planning to establish a new FHIR Accelerator community aimed at enhancing health device interoperability. The community will comprise healthcare providers, clinicians, public agencies, technology developers, and end-users, with the goal of increasing the adoption of FHIR-based interoperability and boosting innovation in digital health solutions.

Source: [Tiga Healthcare Technologies](#)

## 5. WHO discusses digital solutions in healthcare

The World Health Organization (WHO) Regional Office for Europe organized a hearing session focusing on the role of digital solutions in transforming healthcare. Experts discussed topics such as AI governance, big data, precision medicine, predictive modeling, health systems' sustainability, and digital health equity, highlighting the importance of digital innovation in improving healthcare delivery.

Source: [Tiga Healthcare Technologies](#)

## 6. OECD report highlights digital health needs

The Organisation for Economic Co-operation and Development (OECD) published a report titled 'Does Healthcare Deliver?' focusing on the needs and priorities of patients with chronic diseases. The report emphasizes the significance of electronic health records (EHRs) in making patient data accessible for healthcare providers and suggests the delivery of more accessible digital health technologies,

enhancement of EHR interoperability, and improvement of digital health literacy among older and less educated populations.

**Source:** [Tiga Healthcare Technologies](#)

#### **7. Federal health IT strategic plan released**

The Office of the National Coordinator for Health Information Technology (ONC) released a draft of the 2024-2030 Federal Health IT Strategic Plan. The plan focuses on boosting access to electronic health information, improving patient experiences by prioritizing health equity, and modernizing public health infrastructure. The public comment period for the draft plan is open until May 28, 2024.

**Source:** [Healthcare IT News](#)

#### **8. Digital Health 2025 Conference Highlights AI in Healthcare**

The Digital Health 2025 conference, held in partnership with the University of Waterloo, convened global leaders across healthcare, academia, government, and start-ups to explore the transformative role of AI in healthcare. Keynotes from industry experts showcased research into how AI can identify and manage health risks, drive behaviour change, and streamline workflows, emphasizing the potential of AI in advancing population and planetary health.

**Source:** [Times Higher Education Events](#)

# SYNAPSE TEAM MEMBERS

1. Supriya
2. Riddhi Pandey
3. Ruchi Verma
4. Riya Pathak
5. Rabia Tabassum
6. Sudeepta Bhushan
7. Bhavna
8. Harshita Kapil
9. Kokil Aggarwal
10. Lopita Swain
11. Isha Sharma
12. Vaishnavi Rawat
13. Suman Dhankar
14. Tarashi Singh

## Solution

ANSWER: -

| Across                                   | Down            |
|------------------------------------------|-----------------|
| 1.GESTATION                              | 2. BLASTOCYTE   |
| 3.UMBILICAL CORD                         | 4.IMPLANTATION  |
| 8.FALLOPIAN TUBE                         | 5.OVULATION     |
| 10.PLACENTA                              | 6. INFERTILITY  |
| 11.ART(Assisted Reproductive Technology) | 7.FERTILIZATION |
| 13. ZYGOTE                               | 9.CERVIX        |
| 14.NICU                                  | 12.TRIMESTER    |
| 17.OVARIES                               | 15.UTERUS       |
| 18. AMNIOTIC SAC                         | 16.OVUM         |
| 19. GERMINAL PERIOD                      |                 |