



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Thursday 20190103

Malaria elimination

Study throws light on innovative strategies for malaria elimination (The Hindu: 20190103)

<https://www.thehindu.com/news/cities/Delhi/study-throws-light-on-innovative-strategies-for-malaria-elimination/article25893960.ece>

India accounted for 6% of global malaria burden in 2016; highest number of cases reported in Odisha

Universal access to malaria diagnosis and treatment and follow-up of patients with enhanced surveillance can dramatically reduce the number of malaria cases.

‘Live project’

This is according to a ‘live project’ — ‘Comprehensive Case Management Programme (CCMP)’ — carried jointly by the Indian Council of Medical Research (ICMR)-National Institute of Malaria Research, New Delhi; National Vector Borne Disease Control Programme (NVBDCP) and Medicines for Malaria Venture, Geneva, in four districts of Odisha. A research paper of this project, ‘Improved Access to Early Diagnosis and Complete Treatment of Malaria in Odisha, India’, has been published and was released here on Wednesday at ICMR.

“Already there has been significant progress in bringing down the caseload. The ICMR has been carrying out a research that has been relevant to elimination of various diseases from the country and CCMP is an example of such research. CCMP is a sustainable model for improving access to malaria control tools in hard-to-reach areas, and other states could take a cue from this, and intensify efforts towards malaria elimination,” said Balram Bhargava, Secretary, Department of Health Research and Director General, ICMR.

Total cases

In 2016, India accounted for 6% of the global malaria burden and 90% of the malaria cases in the World Health Organization (South-East Asia region). India aims to eliminate malaria by 2030. Odisha, has reported the highest malaria burden in the country contributing 45% of the total cases annually.

Meanwhile, the project was implemented in four districts of Odisha — Dhenkanal, Angul, Balangir and Kandhamal. In each district, one block was control block where routine malaria tackling measures were undertaken; while another was intervention block. CCMP activities in these intervention blocks included training and supervision, ensuring no stock-outs of malaria tests and drugs, analysing verified surveillance data, stratifying areas based on risk factors, and appointing alternative providers to underserved areas.

Universal access

The programme provided universal access to malaria diagnosis and treatment, and improved the quality of services and surveillance. “There has been an 85% decline in malaria burden in the intervention blocks, 47% of which can be attributed to CCMP, from the period when universal access to malaria services was reached [pre: 2013-2015] to after [post: 2016-2017],” explained Anup Anvikar, scientist, ICMR-NIMR.

National framework

“The national framework for malaria elimination has already been launched and the programme is in progress. There is a need to reach out to remote areas in order to control malaria. The Indian government has already distributed four crore long-lasting insecticide nets for malaria control. The country has seen a drastic decline in malaria cases and deaths this year. The ICMR has been complementing the programme by conducting operational research on various vector-borne diseases, and this project is an example of the same,” said Neeraj Dhingra, Additional Director, NVBDCP.

Calling CCMP a living laboratory, Madan Mohan Pradhan, Additional District Public Health Officer, VBD, Department of Health and Family Welfare, Odisha, said that CCMP learning experience and several best practices from CCMP have been incorporated into the existing NVBDCP programme.

Mass screening

“The most notable is the CCMP mass screening and treatment of malaria patients along with simultaneous vector control using insecticidal nets/ indoor residual spray in inaccessible areas. This led to creation of DAMAN [Durgama Anchalare Malaria Nirakaran or Malaria Control in Inaccessible Areas]. Utilisation of malaria services in the intervention areas improved as ASHAs and other service providers had the required commodities and skills to diagnose and treat patients at the village level,” he said.

Health Facilities

AIIMS to move OPD to new block 500m away (The Indian Express: 20190103)

<https://timesofindia.indiatimes.com/city/delhi/aiims-to-move-opd-to-new-block-500m-away/articleshow/67357935.cms>

The outpatient department (OPD) of AIIMS, which is visited by over 8,000 patients daily, will be relocated out of the main campus to Masjid Moth, about half a kilometre away, where the institute plans to start a new OPD block by March. It plans to run free transport services between the main campus and the new OPD block.

All-India Institute of Medical Sciences deputy director (administration) Subhashish Panda told TOI that construction of the new building was complete and all infrastructure needs were being addressed so that the shift could be made. "We are aiming to shift OPD services to the new facility by March," Panda said.

AIIMS is visited by patients from all over the country daily. At present, OPD services are run from the main building, Raj Kumari Amrita Kaur OPD Block, which came up in the 1950s. It is overcrowded and patients are often found squatting on the floor.

The OPD department will be relocated to Masjid Moth

More facilities, less wait at AIIMS

New OPD Block To Decongest Main Hospital, Help Focus On More Cutting-Edge Research

The new OPD block is designed to serve better, officials said. "The eightstorey building will have a dedicated lab for OPD services to increase the number of tests and decrease waiting time. It will also have a waiting area, minor operation theatres and resuscitation facilities on each floor," said Dr Aarti Vij, chairman of the institute's media and protocol division.

The new block will also house OPDs for medicine, geriatrics, endocrinology, gastroenterology, orthopaedics, urology, ENT, a psychiatry department and a pharmacy.

The hospital's doctors say shifting OPD services will help decongest the main hospital and, therefore, allow better management of inpatient facilities. "The existing OPD may be utilised to expand emergency medicine and other inpatient departments, depending on need assessments," an official said.

In addition to the OPD block, the Masjid Moth campus will also house the upcoming mother-and-child block and surgical block. The authorities said both buildings are ready and furnishing and equipment installation are underway. "We aim to start them by July-August," an official said. All these projects, he added, were conceptualised long ago and construction work started between 2014 and 2015. "They were supposed to be operational by 2016 but due to some reasons it got delayed," the official said.

"Segregation of OPD services will not only decongest the hospital, it will help the institute focus on its original mandate to do more cuttingedge research, surgeries and innovations," doctors said.

AIIMS produces the maximum research in medicine in the country and is among the busiest hospitals in India. A study by the hospital's administration department showed that in 2009-10 alone, 453 faculty members and 1,200 resident doctors handled 15.28 lakh outpatients, 84,000 admissions and 78,000 surgeries, apart from teaching 1,661 students, investigating 381 projects and publishing 1,424 academic papers. Over the years, this burden has increased.

To improve health facilities at the regional level, the central government has built six new AIIMS and proposed several others in various states. The new AIIMS are, however, yet to gain people's confidence.

The department-related parliamentary standing committee on the Union health ministry noted recently in its 111th report on the functioning of the six new AIIMS (phase 1) that only 37% bed occupancy existed in the obstetrics and gynaecology departments of the six new institutes. It called for the institutes to submit quarterly reports to the health ministry on the status of infrastructure, faculty and construction activity.

good work. not only decongestion but a move to provide better amenities.

bipin menon

In 2006, the Centre decided to set up AIIMS-like institutes in different parts of the country so that people would not have to travel all the way to Delhi. However, government sources said getting the best professionals to run the new AIIMS remains a challenge. "We want to employ pass-outs from its parent institution so as to spread the same culture in newer institutions," Union minister J P Nadda told TOI in a recent interview.

Community-based HIV

Community-based HIV testing effective in reaching at-risk populations (The Tribune: 20190103)

<https://www.tribuneindia.com/news/health/community-based-hiv-testing-effective-in-reaching-at-risk-populations/707600.html>

Community-based HIV testing effective in reaching at-risk populations

Training lay people to conduct HIV testing can be an effective approach to reach high-risk populations and prevent the spread of the infection throughout the world, a study has found.

Lay providers can serve as a critical addition to efforts to help achieve the United Nations' global HIV targets by 2020 and help to cover the "last mile" of HIV services to at-risk populations.

The study—published in PLOS ONE—suggests that community-based HIV testing is an effective approach to reach people at risk of HIV who have never been tested or test infrequently.

Key at-risk populations include people who inject drugs, men who have sex with men, female sex workers, and first-time HIV testers.

A cross-sectional survey of 1,230 individuals tested by lay providers found that 74 per cent of clients belonged to at-risk populations, 67 per cent were first-time HIV testers, and 85 per cent preferred lay provider testing to facility-based testing.

Furthermore, lay provider testing yielded a higher HIV positivity rate compared to facility-based testing and resulted in a high ART initiation rate of 91 per cent.

"Innovation in HIV testing is absolutely critical to meet these ambitious targets, and community-based HIV testing offers a promising solution to connect undiagnosed people with the services they need," said Kimberly Green, HIV & TB Director at PATH, a nonprofit global health organisation based in the US.

Lay providers participating in the study belonged to community-based organisations led by at-risk populations in urban areas and to village health worker networks in rural mountainous areas.

Providers used a single rapid diagnostic test in clients' homes, at the offices of community-based organizations, or at any private place preferred by the client.

This approach helped to overcome barriers that had prevented key populations from seeking facility-based testing services, such as a perceived lack of confidentiality, fear of stigma and discrimination, inconvenient service opening times and distance, and long waiting times for test results.

Clients who had an HIV-reactive test were referred to the nearest health facility for HIV confirmatory testing, and those who received a confirmed HIV-positive result were referred to a public or private clinic for enrollment in ART.

Clients with non-reactive test results received counseling to re-test after three or six months and were referred to a local health facility for HIV prevention services.

The study provides new evidence on the effectiveness of HIV testing administered by non-health care workers representing key populations and frontline village health volunteers.

The results also support findings from community-based HIV testing approaches in other regions, including sub-Saharan Africa, that have demonstrated comparatively high rates of HIV testing uptake, high HIV positivity yields, and high success rates in linking people to care. —

Drugs, medicines

Madras HC lifts ban on online sale of drugs, medicines (The Hindu: 20190103)

<https://www.thehindu.com/news/national/tamil-nadu/madras-hc-lifts-ban-on-online-sale-of-medicines/article25887694.ece>

A Division Bench of the Madras High Court on Wednesday stayed the operation of an order passed by a single judge on December 17 banning online sale of medicines till the Centre notifies the statutory rules to regulate the trade.

Passing interim orders on a batch of writ appeals preferred by e-pharma firms, Justices M. Sathyanarayanan and P. Rajamanickam said that para 38 (relating to ban) of the single judge's

order shall remain stayed until the disposal of the appeals which were ordered to be listed for final hearing on January 24.

The judges did not read out, in the open court, the reasons for having granted the stay but for stating that the reasons cited by them would apply only to the limited extent of lifting the ban and not for final disposal of the appeals.

The ban was imposed following a writ petition filed by the Tamil Nadu Chemists and Druggists Association, which contended that it was illegal to sell medicines through online portals and mobile phone apps when the proposed amendments to Drugs and Cosmetics Rules of 1945 were still in the draft stage and yet to be notified in the gazette.

Concurring with the association, the single judge had held that online sale of medicines could not be permitted till the rules were brought into force and every other e-pharma firm gets registered with the central licensing authority and is made to adhere to the regulations to be put in force by amending the existing statutory rules.

However, at the request of a host of a league of senior counsel representing the e-pharma firms, the judge kept the implementation of her order in abeyance till they prefer an appeal.

Subsequently, while reserving its verdict on the stay petitions on December 20, the Division Bench extended the moratorium till it delivered its verdict. Assailing the single judge's order before the Bench, the e-pharma firms contended that their trade could not be termed as an illegal activity when the Centre itself had proposed only to regulate the trade by subjecting it to statutory laws. Imposing a ban would lead to chaos among people dependent on online sale, they contended.

It was also submitted that no e-pharma firm sold medicines without insisting on submitting scanned copies of prescriptions and verifying them through qualified pharmacists engaged both by the home delivery partners as well as the pharmacies through which the drugs were procured and supplied to the consumers.

Development indicators.

Simply Put: Lessons from Bangladesh elections (The Indian Express: 20190103)

<https://indianexpress.com/article/explained/lessons-from-bangladesh-elections-sheikh-hasina-5520772/>

As PM Hasina storms back to power, her country stands on the cusp of transformative social and economic change — anticipated by interventions by state and society, already seen in development indicators.

Women stand next to a mural displaying portraits of Prime Minister Sheikh Hasina and other Awami League candidates on election day in Dhaka, Sunday. Bangladesh has made dramatic strides in improving the health of its women and children. (AP)

The popular portrayal of Bangladesh in India is frequently unflattering — patronising at best and contemptuous at worst. Bangladeshis are “ghuspaitiye” — infiltrators and illegal immigrants — “termites” eating through India’s resources, and the alleged stealers of India’s cows and contributors to crime in the country.

More than anything else, what this discourse betrays is ignorance. For Bangladesh, once considered a basket case, is today a country that can impart to all its neighbours, India included, some excellent lessons in development. Consider:

At the time of independence in 1971, Bangladesh was one of the world’s poorest countries — on par with Rwanda, Mali, Burundi, Somalia, Ethiopia and Upper Volta (as Burkina Faso was then called). With a population of 67 million, an estimated 71% of whom lived below the national poverty line, it produced barely 10 million tonnes (mt) of rice and was the second largest food-aid recipient after Egypt from 1975 to 1992.

The country’s poverty headcount ratio was 56.6% even in 1992, falling only gradually to 48.9% by 2000. But since then, this has declined dramatically to 24.3% in 2016. Also, while Bangladesh’s population has risen 2.5 times to 165 million since 1971, its rice production has soared 3.5 times to over 35 mt, enough to feed its people.

More impressive is the improvement in social indicators.

In 1971, Bangladesh’s total fertility rate — the number of children women bear on an average during their lifetime — was 6.94. That rate had, by 2016, dropped to 2.1, below the 2.33 for India (which actually had a lower rate of 5.52 in 1971). Defying the so-called “Muslim” stereotype, the proportion of Bangladeshi women aged 15-49 years using contraceptives has increased from a mere 7.7% to 62.4% between 1976 and 2014. That figure for India was 53.5% in 2016, up from 35.3% in 1980, but indicating less impressive progress.

The success in population control has come alongside a massive fall in infant and under-five years mortality rates, from 147.9 and 221.4 per thousand live births respectively in 1971, to 26.9 and 32.4 in 2017. The same period also recorded a jump in the country’s average life expectancy at birth — from 47.14 to 72.49 years (India: 68.56 years), and in the adult female literacy rate from under 10% to 70%-plus (India: 63%).

‘Think of it the other way, not about govt raiding RBI, but how RBI could have behaved differently’

Parents are likely to produce fewer children when they are surer about their survival. Similarly, education makes women more aware of the need for family planning, apart from delaying the age of marriage.

The reduction in mortality rates has followed three specific interventions.

Simmba screening: Rohit Shetty hosts Salim Khan, Helen, Waheeda Rehman and others

Train 18: The fastest train on route will reach Varanasi from Delhi in 8 hours

Ramakant Achrekar, coach to young Sachin Tendulkar, dies at 87

The first is immunisation coverage, which for the four standard vaccines — BCG, DTP, oral polio and measles — was 1%-2% in Bangladesh until 1985. That coverage is now near 100%.

The second is open defecation, which Bangladesh practically eradicated by 2015. That was around the time India had launched the Swachh Bharat Mission, with roughly 40% of its population still practising what is a major source of waterborne diseases from cholera and dysentery to hepatitis.

The third is oral rehydration solution (ORS), a simple electrolyte blend of salt, sugar and clean water that Bangladeshi women were taught to make and administer to children suffering severe dehydration from diarrhoea. This homemade solution, later upscaled to pre-packed oral rehydration salts, proved much cheaper and more effective in rural areas than saline intravenous drips.

The results of these interventions are also manifested in nutrition indicators relating to prevalence of stunting (low height-for-age), wasting (low weight-for-height), and underweight (low weight-for-age) amongst children under 5. Between 1997 and 2017, these ratios for Bangladesh have dipped from 59.7%, 20.6% and 52.5% to 31%, 8%, and 22% respectively.

Behind these accomplishments are institutions that include not just the big NGOs such as Sir Fazle Hasan Abed's BRAC (which really pushed ORS on the ground), Social Marketing Company (which popularised contraception in Bangladesh), and Nobel Peace Laureate Prof Muhammad Yunus's Grameen Bank (which pioneered microfinance), but even the likes of LGED or Local Government Engineering Department. The LGED, under its first chief engineer Quamrul Islam Siddique (a Verghese Kurien or E Sreedharan-like figure), was instrumental in building and managing Bangladesh's rural roads network of some 360,000 km, one of the densest in the world. These, together with investments in rural electrification and shallow tubewell irrigation making it possible for farmers to grow an additional high-yielding winter season boro paddy crop, have contributed to Bangladesh becoming self-sufficient in rice.

The Bangladeshi development experience reveals two things about the country's policymaking.

First, clarity with regard to setting goals and a quiet pragmatism in meeting these. For the political leadership cutting across parties — Bangladesh's large-scale immunisation programme was, in fact, launched during the mid-eighties under the military dictatorship of H M Ershad — population control was an imperative for development. With it also came recognition of the need to focus on maternal and child health. Not only were even NGOs and social entrepreneurs like Fazle Hasan Abed made part of the exercise, a culture of independent evaluation of programmes too was established, expanding the ones that worked and scrapping those that didn't. The same pragmatism, perhaps, explains Bangladesh going ahead with commercial cultivation of genetically modified Bt brinjal, a technology that India has rejected despite being developed by an Indian company.

The second is, of course, religion. The clerics could do nothing to stop family-planning efforts in Bangladesh, unlike in Pakistan, where the total fertility rate is still 3.5 and contraceptive prevalence among women of reproductive age is just 35.4%. The biggest lesson both India and

Pakistan can learn from Bangladesh today is to keep religious fundamentalism at bay and not allow so-called defenders of faith to dictate policy. And that is probably what the Bangladeshi voter has shown yet again.

Toxic air

The world's fastest-growing economies India and China have the most toxic air (The Indian Express: 20190103)

<https://indianexpress.com/article/india/air-pollution-india-china-delhi-air-quality-beijing-5414659/>

In the coming weeks, the Modi government's policies on pollution will be put to the test as winter descends on the dusty plains of north India.

Delhi's air quality severe, fire cracker or vehicular pollution could result in deterioration: CPCB

3 breathing exercises children can practise to cope with air pollution

NGO to hold environment summit in Delhi

Meanwhile, air quality deteriorates in the city, likely to worsen today

India has long struggled to pull together the type of coordinated national approach that's helped China reduce pollution. (File Photo)

Asia's largest economy, China, has long had a reputation for smoggy skies. But these days, neighbouring India is fighting the far bigger battle with pollution: The South Asian country is home to the world's 10 most polluted cities.

Outside India's capital, New Delhi, Kusum Malik Tomar knows the personal and economic price of breathing some of the world's most toxic air. At 29, she learned that pollution was the likely driver of cancer growing inside in her lungs. She had never touched a cigarette. Her husband Vivek sold land to pay for her treatment. They borrowed money from family. Their savings slowly disappeared.

"The government is thinking about the economic growth of the country, but people are dying of diseases or suffering from diseases," Tomar said. "How can you grow economically when, within your country, your citizens are facing economic problems because of the air pollution?"

India has long struggled to pull together the type of coordinated national approach that's helped China reduce pollution. Prime Minister Narendra Modi's government is now pushing new initiatives it says are starting to curtail hazardous air. But any gains would have to be enough to override other facets of India's rampant growth, from the dust left by thousands of new construction sites to exhaust from millions of new cars.

Smog Situation India and China have some of Asia's worst pollution

In the coming weeks, the Modi government's policies on pollution will be put to the test as winter descends on the dusty plains of north India. Crops are burned during this season and millions of fireworks go off during the Diwali festival, usually pushing air pollution to hazardous levels.

00:45

Two women enter Sabarimala temple

If strict policies to battle smog were successfully implemented, India's citizens and the government would be much richer. By the World Bank's calculations, health-care fees and productivity losses from pollution cost India as much as 8.5 per cent of GDP. At its current size of \$2.6 trillion that works out to about \$221 billion every year.

While India is currently the world's fastest-growing major economy, China's \$12.2 trillion economy is five times larger. The South Asian country is still trying desperately to promote basic manufacturing, which could cause pollution to worsen, said Raghbendra Jha, an Australian National University economics professor.

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"It's too simplistic to assume a smooth transition" to clean economic growth in India, he said.

When Arvind Kumar of New Delhi's Sir Ganga Ram Hospital started as a chest surgeon in 1988, 90 per cent of his lung cancer patients were middle-aged male smokers. Now, he says, 60 per cent of his cases are non-smokers, while half are women. Tiny airborne particles have been linked to ailments from asthma to heart disease and lung cancer, contributing to the deaths of more than 1.1 million Indians in 2015, according to the nonprofit Health Effects Institute. Meanwhile, after two decades of expansion that reshaped the global economy, China is orchestrating a shift to less-polluting services and consumption. So while its cities still see smoggy days, they've also seen improvements.

A woman wears an anti-pollution mask as smog covers the capital's skyline on Wednesday. Yesterday the air quality hit severe levels in New Delhi. (PTI)

The number of "very unhealthy" days or worse — when levels of dangerous particles called PM2.5 crossed 200 — rose to 84 in New Delhi in 2017 from 66 in 2015, according to the analysis of air quality data from AirVisual, which tracks air quality. In Beijing, they dropped to 20 days from around 43 over the same period.

"The major challenge is that people are not consistently demanding improvements in air pollution, as happened in China," Michael Greenstone, director of the Energy Policy Institute at the University of Chicago, said via e-mail. "This is because the extent to which air pollution is causing people in India to lead shorter and sicker lives is not yet fully recognized."

India's government has said some international studies linking air pollution to mortality "may not be realistic" and that the "number of deaths due to air pollution needs to be further investigated and supported by indigenous studies."

The country's environment ministry says it's also making headway in reducing bad air, citing its own calculations for this September when it says levels of PM2.5 came down in Delhi. The ministry has introduced an early warning system to help it take preemptive action before pollution spikes and it's planned other measures like deploying more road sweeping machines.

The government acknowledges that more needs to be done, said Harsh Vardhan, the federal minister responsible for the environment and climate change. "We are not claiming that everything is fine now, we can relax now. We're not relaxing even for a moment."

delhi pollution, smog, delhi hc, ngt, national green tribunal, air quality, toxic air, air pollution in delhi, artificial rain, odd even, indian express

Government policies forced millions of homes and businesses to switch from coal to cleaner-burning natural gas.

Modi's government has also promoted solar power, improved emission standards and handed out millions of cooking gas canisters to reduce kitchen fires inside homes. Officials have also tried to ban farmers from burning crops. But environmentalists are still waiting for more concrete targets from a national clean air plan that has yet to be officially launched.

"Any plan at this stage requires reduction targets," said Anumita Roychowdhury, who's advocated on air pollution for more than 20 years at New Delhi's Centre for Science and Environment. "And there has to be a clear compliance strategy."

There's an additional challenge. In India's chaotic democracy, where poverty and unemployment are often seen as bigger concerns, different branches of government run by competing political parties sometimes have little incentive to collaborate on pollution.

Raghav Chadha, a spokesperson for the Aam Aadmi Party that runs New Delhi's local government, complains his party has limited powers on pollution, and can only take small steps like temporarily banning construction. "What is required is coordination between various states governments under the leadership of the central government," he said, adding his party has "serious differences" with Modi's administration.

China, by contrast, had Premier Li Keqiang declare a national war on pollution. The central government also told local officials they wouldn't get promoted without meeting air quality targets, and the country has sought to move away from polluting industries. Government policies forced millions of homes and businesses to switch from coal to cleaner-burning natural gas.

Delhi Air Quality

Concentrations of PM2.5 plunged 33 per cent in Beijing, Tianjin and 26 surrounding cities in last year's fourth quarter from the previous year. "Beijing has the capacity to act speedily and decisively, and certainly more efficient than democracies like the U.S. and India," says Daniel Gardner, a history professor at Smith College who has written a book on pollution in China.

Beijing Air Quality

China continues to battle a cancer epidemic, and its efforts on pollution have had their own problems. In some cases, China simply closed down polluting industries in key cities and shifted them to western regions, said Kristin Aunan, a senior researcher at the Center for

International Climate Research. Still, China later followed up with an updated plan that extended pollution targets to other cities.

The number of “very unhealthy” days or worse — when levels of dangerous particles called PM2.5 crossed 200.

In India, businesses are already feeling the effects. Billionaire entrepreneur Vijay Shekhar Sharma, who founded the digital payments firm Paytm, worries about losing talent. Former banker Krishna Hegde relocated from Singapore to Bangalore to develop new products for Paytm but said he quit mainly because he couldn’t take trips to the firm’s headquarters near Delhi. “By the end of the first day my energy levels would be coming down, and by the end of the second day I’d have a proper headache,” Hegde said.

Sharma has teamed up with a venture capitalist to invest in local and global startups that could help reduce smog. Other companies are attempting similar projects. Tractor manufacturer Sonalika Group donated machinery designed to encourage farmers in Haryana to stop burning old crop.

In New Delhi, Tomar, who was diagnosed six years ago with stage four lung cancer, can no longer work. She spends her days resting in the apartment between medical tests and chemotherapy appointments.

“Sometimes I break down that my family is bearing so much — mentally, physically, emotionally, but financially also,” she said.

Rare-disease policy

Explain U-turn on rare-disease policy: HC(The Times of India: 20190103)

<https://timesofindia.indiatimes.com/city/delhi/explain-u-turn-on-rare-disease-policy-hc/articleshow/67356801.cms>

Taking a dim view of the “somersault” by the Centre on the policy to treat rare diseases, Delhi high court has summoned the Union health secretary for an explanation.

“Secretary, department of health and family welfare, is directed to be present in court on the next hearing. On the said date, the secretary is directed to suggest an interim arrangement that can be made for patients suffering from rare genetic diseases,” Justice Manmohan noted in a recent order, following which the health ministry admitted to not have allocated any funds for the treatment of such patients.

HC was unhappy to note that despite giving an undertaking, the ministry had back tracked on earmarking Rs 100 crore funds instead of revising the policy itself, which had earlier been approved.

Questioning the “flip flop”, Justice Manmohan noted that “since May 2017, HC had been given an impression that the National Policy for Treatment of Rare Diseases had been approved by the appropriate authorities and was being implemented.”

The court had noted “the somersault” by the ministry officials and said that it “does not reflect well on the decision making process in the ministry” as it can prove to be costly. It also underlined that “one of the patients, whose case was directed to be processed by this court, has unfortunately expired during the pendency of the proceedings.”

In an affidavit filed last month, the government argued it was revising the policy as had been erroneously framed though public health is a state subject and concurrence of most of the states had not been obtained prior to the framing of the policy.

The ministry maintained that though the work of rare diseases was transferred from the Public Health Division to the National Health Division, it was difficult for the National Health Mission to support the treatment for rare diseases as the same falls under the tertiary sector and the mandate of NHM is only for primary and secondary care. In the same affidavit the government also conceded that no funds, leave alone Rs 100 crore, had been allocated for the policy.

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HIV/ AIDS (The Asian Age: 20190103)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=12193451>

Community-based HIV testing ‘effective’

Washington, Jan 2: Training lay people to conduct HIV testing can be an effective approach to reach high-risk populations and prevent the spread of the infection throughout the world, a study has found.

Lay providers can serve as a critical addition to efforts to help achieve the United Nations’ global HIV targets by 2020 and help to cover the “last mile” of HIV services to at-risk populations.

The study — published in *PLOS ONE* — suggests that community-based HIV testing is an effective approach to reach people at risk of HIV who have never been tested or test infrequently.

Key at-risk populations include people who inject

COVERING ‘THE LAST MILE’

▶ Key at-risk populations include people who inject drugs, men who have sex with men, female sex workers, and first-time HIV testers

▶ Providers used a single rapid diagnostic test in clients’ homes, at the offices of community-based organizations, or at any private place

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A cross-sectional survey of 1,230 individuals tested by lay providers found that 74 per cent of clients belonged to at-risk populations, 67 per cent were first-time HIV testers, and 85 per cent preferred lay provider testing to facility-based testing.

Furthermore, lay

provider testing yielded a higher HIV positivity rate compared to facility-based testing and resulted in a high ART initiation rate of 91 per cent.

“Innovation in HIV testing is absolutely critical to meet these ambitious targets, and community-based HIV testing offers a promising solution to connect undiagnosed people with the services they need,” said Kimberly

Green, HIV & TB Director at PATH, a nonprofit global health organisation based in the US.

Lay providers participating in the study belonged to community-based organisations led by at-risk populations in urban areas and to village health worker networks in rural mountainous areas.

Providers used a single rapid diagnostic test in clients’ homes, at the offices of community-based organizations, or at any private place referred by the client.

This approach helped to overcome barriers that had prevented key populations from seeking facility-based testing services, such as a perceived lack of confidentiality, fear of

stigma and discrimination, inconvenient service opening times and distance, and long waiting times for test results.

Clients who had an HIV-reactive test were referred to the nearest health facility for HIV confirmatory testing, and those who received a confirmed HIV-positive result were referred to a public or private clinic for enrollment in ART.

Clients with non-reactive test results received counseling to re-test after three or six months and were referred to a local health facility for HIV prevention services.

The study provides evidence on the effectiveness of HIV testing administered by non-health care workers.

— PTI

‘Stem cell jab banishes back pain’

Washington, Jan. 2: A single jab of stem cells is being tested as a new treatment for a common cause of lower back pain.

Doctors believe that the injection can help re-grow discs in the spine that have been damaged by degeneration, and reduce inflammation and pain — without the need for invasive surgery, according to a *Daily Mail* report.

Animal studies have shown that stem cells — which have the potential to develop into many different types of cell — can restore one of the main functions of spinal discs, to act as a fluid-filled cushion between bones in the back.

Now a trial is under way at a hospital in Ohio in the U.S., where 24 people will

► **Ageing, genetics or some injury can damage discs, reducing their ability to act as a cushion between vertebrae and provide support**

receive one of two doses of stem cells, or placebo jabs.

The spine has 26 vertebrae that are cushioned by small soft-centred discs, made of a jelly-like substance, which allow the free movement of the spine.

Ageing, genetics or injury can damage discs, reducing their ability to act as a cushion between vertebrae and provide support.

The discs also lose some

of their water content and dry out. This, in turn, brings the vertebrae closer together, reducing the discs’ shock-absorbing ability. A lack of blood supply means damaged discs do not repair themselves.

They can bulge or slip out of place, putting pressure on nearby nerve endings, which causes chronic pain and movement problems.

Existing therapies treat the symptoms of the disease, rather than the causes of the condition.

First-line treatments include painkillers, steroid injections to reduce inflammation and physiotherapy.

In severe cases, or if other treatments are ineffective, patients may be

offered surgery which involves welding together adjacent vertebrae so they heal into a single solid bone. While this surgery will relieve pain, it can limit movement.

Researchers are now looking at tackling the root cause of the disease using stem cells, which are thought to have anti-inflammatory effects and stimulate the growth of new tissue.

“The most significant unmet need is a therapy that cannot only improve the patient’s pain and function, but has the ability to reverse, halt or slow disease progression,” say the researchers carrying out the trial at University Hospitals Cleveland Medical Center in the U.S.

— Agencies

Ageing (The Asian Age: 20190103)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=12193455>

One-floor living helps seniors ‘age in place’: Study

Older adults are less likely to need to change residences if their homes have certain features, including no stairs, a new study found.

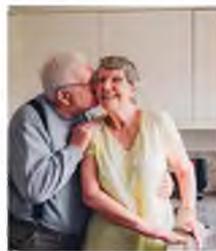
“Most older adults do not want to move to a nursing home, and supporting older adults to age in the community has potential to improve quality of life and costs for care,” said lead study author Marianne Granbom of Johns Hopkins University in Baltimore, Maryland, and Lund University in Sweden.

“But to truly understand how aging in place can be supported, we need to shift focus from merely looking at individual health problems to also include the environments they live

in,” she told *Reuters Health* by email.

Granbom and colleagues analyzed data collected between 2011 and 2015 on 7,197 U.S. adults ages 65 and older. During that period, about eight percent moved within the community and four percent moved to residential care facilities such as nursing homes and assisted living. Overall, those who lived alone, had a lower annual income, and visited the hospital during the past year were more likely to move.

After taking health factors into account, poor indoor accessibility was strongly associated with moving to a new home in the community, but not with moving to a nursing



home, the researchers reported in *Journals of Gerontology*.

Having a one-floor house or having the kitchen, bedroom and bathroom on one floor were the features most strongly associated with aging in place. Dwellings with elevator access, lifts or stair-glides

were also helpful. No other home environment factors, such as entrance accessibility or housing conditions, were associated with relocation.

For older adults, moving to more age-friendly home environments could help postpone the need for a nursing home, Granbom said.

The study found that the longer the adults had lived in their current homes, the less likely they were to move at all. Dr. France Legare of Laval University in Quebec, Canada, who wasn’t involved with this study but who has researched housing decisions among older adults, suggests some home-planning ideas to consider.

“During construction, leaving a space for a lift that could be installed later could be helpful, especially in dense cities where dwellings are often two or three stories,” Legare said.

“Even if it isn’t built yet, having a potential area for a lift could help people age in place and make housing decisions as they grow older.”

Other features such as improved lighting, a no-step entrance, walk-in showers with grab bars, and railings on both sides of indoor stairs could help, said Jon Pynoos of the University of Southern California, who has researched the future of housing for older adults.

— Reuters

Malaria (Hindustan: 20190103)

http://epaper.livehindustan.com/imageview_26497_87627526_4_1_03-01-2019_i_3.pagezoomsinwindows.php

मलेरिया : टेस्ट-ट्रीट-ट्रैक पद्धति से 85% मामले घटे

नई दिल्ली | विशेष संवाददाता

देश से 2030 तक मलेरिया का उन्मूलन करने का लक्ष्य लेकर चल रही केंद्र सरकार को एक बड़ी सफलता हाथ लगी है। मलेरिया के खात्मे के लिए अपनाई गई नई टेस्ट-ट्रीट-ट्रैक पद्धति से दो वर्षों में इस मच्छरजनित बीमारी में 85 फीसदी की कमी दर्ज की गई है।

भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर), राष्ट्रीय वेक्टरजनित रोग नियंत्रण कार्यक्रम एवं जेनेवा स्थित मेडिसिन फॉर मलेरिया वेंचर द्वारा ओडिशा के चार जिलों में चलाई गई परियोजना 'व्यापक केस प्रबंधन कार्यक्रम' (सीसीएमपी) में यह पद्धति अपनाई गई थी। परियोजना के लिए ओडिशा के चार जिलों ढेंकनाल, अंगुल, बोलांगिर एवं कंधमाल के एक-एक ब्लॉक का चयन किया गया था। टेस्ट-ट्रीट-ट्रैक पद्धति के तहत इन ब्लॉक में रहने वाले लोगों की मलेरिया के लिए मास स्क्रीनिंग की गई।

मलेरिया पॉजिटिव पाए जाने पर सभी मरीजों का उपचार कराया गया, भले ही उन्हें बुखार हुआ हो या न हुआ हो।

भारत 2030 तक मलेरिया उन्मूलन के लिए प्रतिबद्ध

आईसीएमआर के महानिदेशक और स्वास्थ्य मंत्रालय के हेल्थ रिसर्च विभाग के सचिव डॉ. बलराम भार्गव ने कहा कि इस परियोजना ने यह साबित कर दिया है कि मलेरिया जांच एवं उपचार की सार्वभौमिक पहुंच, मरीजों के फॉलोअप और बेहतर निगरानी से मलेरिया के मामलों में कमी लाई जा सकती है। डॉ. भार्गव ने कहा कि भारत 2030 तक मलेरिया का उन्मूलन करने के लिए प्रतिबद्ध है और इस दिशा में अब तक काफी प्रगति हासिल की जा चुकी है।

राष्ट्रीय कार्यक्रम में शामिल होगी पद्धति

स्वास्थ्य मंत्रालय के वरिष्ठ अधिकारियों के मुताबिक, इस पद्धति को राष्ट्रीय वेक्टर जनित रोग नियंत्रण कार्यक्रम में शामिल किया जाएगा। देश में मलेरिया के कारण होने वाली मौतों की संख्या में भी कमी आई है। वर्ष 2016 में यह संख्या 331 थी, जो 2017 में 104 और 2018 में

National Health Scheme (Hindustan: 20190103)

http://epaper.livehindustan.com/imageview_26501_88111132_4_1_03-01-2019_i_7.pagezoomsinwindows.php

जन आरोग्य योजना 2020 तक चलती रहेगी

कैबिनेट फैसले

नई दिल्ली | एजेसी

प्रधानमंत्री जन आरोग्य योजना के बेहतर क्रियान्वन के लिए राष्ट्रीय स्वास्थ्य एजेसी को अब राष्ट्रीय स्वास्थ्य प्राधिकरण के रूप में गठित किया जाएगा। इसके अलावा सरकार ने परिवार कल्याण एवं अन्य स्वास्थ्य सुविधा योजना के तहत दस हजार करोड़ रुपये से अधिक के पांच कार्यक्रमों को 2020 तक जारी रखने का भी फैसला किया है। केंद्रीय मंत्रिमंडल ने बुधवार को इस आशय के प्रस्ताव को मंजूरी दे दी।

प्रधानमंत्री नरेंद्र मोदी की अध्यक्षता में मंत्रिमंडल की बैठक के बाद यह जानकारी देते हुए विधि मंत्री रविशंकर प्रसाद ने पत्रकारों को बताया कि यह प्राधिकरण बहुस्तरीय होगा और इसकी एक संचालन समिति होगी। इसके अध्यक्ष केंद्रीय स्वास्थ्य मंत्री होंगे। समिति में सरकार के अलावा राज्यों के प्रतिनिधि और विशेषज्ञ होंगे। इसके लिए कोई अन्य फंड नहीं दिया जाएगा,

ट्रेड यूनियन अधिनियम में संशोधन को मंजूरी

नई दिल्ली। केंद्रीय मंत्रिमंडल ने बुधवार को ट्रेड यूनियनों की मान्यता के संबंध में प्रावधान बनाने के लिए ट्रेड यूनियन अधिनियम में संशोधन करने को मंजूरी दे दी। सरकार ने कहा कि इस अनुमोदन से केंद्र और राज्य स्तर पर ट्रेड यूनियनों को मान्यता मिलेगी। त्रिपक्षीय निकायों में कामगारों का सच्चा प्रतिनिधित्व सुनिश्चित होगा। सरकार द्वारा कामगारों के प्रतिनिधित्व में मनमाने नामांकन को रोका जा सकेगा और मुकदमेबाजी और औद्योगिक असंतोष में कमी आएगी।

युवा सशक्तिकरण योजना की अवधि बढ़ी

नई दिल्ली। सरकार ने वर्ष 2017-18 से चल रही राष्ट्रीय युवा सशक्तिकरण कार्यक्रम की अवधि 2019-2020 तक जारी रखने को मंजूरी दे दी है। प्रधानमंत्री नरेंद्र मोदी की अध्यक्षता में बुधवार को मंत्रिमंडल की हुई बैठक में इस आशय के प्रस्ताव को मंजूरी दी गई। 1160 करोड़ का बजट प्रावधान किया गया है। आठ

राष्ट्रीय स्वास्थ्य एजेंसी का स्थान अब प्राधिकरण लेगा

नई दिल्ली | विशेष संवाददाता

प्रधानमंत्री जन आरोग्य योजना (पीएमजेएवाई) का क्रियान्वयन कर रही राष्ट्रीय स्वास्थ्य एजेंसी को भंग कर दिया गया है। अब इसका स्थान राष्ट्रीय स्वास्थ्य प्राधिकरण लेगा।

यह प्राधिकरण निर्णय लेने और उसके क्रियान्वयन के लिए तेजी से निर्णय लेने में सक्षम होगा। प्रधानमंत्री नरेन्द्र मोदी की अध्यक्षता में बुधवार को हुई केन्द्रीय कैबिनेट की बैठक में इस प्रस्ताव को मंजूरी दे दी गई। राष्ट्रीय स्वास्थ्य प्राधिकरण केन्द्रीय स्वास्थ्य एवं परिवार कल्याण मंत्रालय से संबद्ध कार्यालय के रूप में काम करेगा। इसमें

सरकार के इस फैसले से हमें हमारा अधिकार-पत्र मिल गया है। सरकार के इस फैसले से लालफीताशाही में कर्म आएगी और निर्णय लेने की प्रक्रिया सरल हो जाएगी।

- डॉ. इंदु भूषण, सीईओ, नेशनल हेल्थ एजेंसी

निर्णय लेने के वर्तमान बहुस्तरीय ढांचे के स्थान पर गवर्निंग बोर्ड बनाया गया है। गवर्निंग बोर्ड के अध्यक्ष स्वास्थ्य और परिवार कल्याण मंत्री होंगे। गवर्निंग बोर्ड योजना को सुगम्य तरीके से लागू करने के लिए आवश्यक तेज गति निर्णय लेने में सहायक होगा।

Jeans (Navbharat Times: 20190103)

<http://epaper.navbharattimes.com/details/7505-31344710-1.html>

कामयाब जीन एडिटिंग के दावों से उठा तूफान

चीनी शोधकर्ता च्यानक्वी ने यू ट्यूब विडियो के जरिए जुड़वां बच्चियों के जन्म से पहले ही उनके जींस में बदलाव का दावा किया है। हालांकि इस दावे की पुष्टि नहीं हो सकी है।

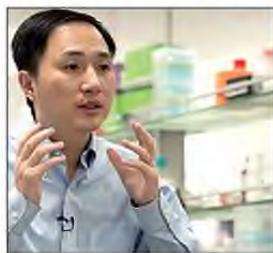


प्रदीप

पिछले कुछ वर्षों में जीव विज्ञान में चमत्कृत कर देने वाले नए अनुसंधान तेजी से बढ़े हैं। इस दिशा में हैरान कर देने वाली हालिया खबर है- एक चीनी वैज्ञानिक द्वारा जुड़वां बच्चियों के पैदा होने से पहले ही उनके जींस में बदलाव करने का दावा। जीन सजीवों में सूचना की बुनियादी इकाई और डीएनए का एक हिस्सा होता है। जीन इस लिहाज से स्वार्थी होते हैं कि उनका एकमात्र उद्देश्य होता है स्वयं को ज्यादा से ज्यादा प्रतिलिपियों को अगली पीढ़ी में पहुंचाना। कह सकते हैं कि काफी हद तक हम वैसा ही दिखते हैं या वही करते हैं, जो हमारे शरीर में छिपे सूक्ष्म जीन तय करते हैं। चूंकि शरीर में क्रियाशील जीन की स्थिति ही बीमारी विशेष को आमंत्रित करती है, इसलिए वैज्ञानिक लंबे समय से मनुष्य को जीन कुंडली को पढ़ने में जुटे हैं। इस दिशा में इतनी प्रगति

हुई है कि अब जेनेटिक इंजीनियर आसानी से आणविक कैची का इस्तेमाल करके दोषपूर्ण जीन को काट-छांट कर सकते हैं। जीन एडिटिंग की इस तकनीक को व्यावहारिक रूप से पौधों या जानवरों की किसी भी प्रजाति पर लागू किया जा सकता है। हालांकि मनुष्य के जीनोम में बदलाव करने की तकनीक बेहद विवादास्पद होने के कारण अमेरिका, ब्रिटेन और जर्मनी जैसे लोकतांत्रिक देशों में प्रतिबंधित है। चीन ही एक ऐसा देश है जहां मानव जीनोम में फेरबदल करने पर प्रतिबंध नहीं है। वहां पिछले कुछेक वर्षों में काफी तेजी से काम हुआ है। इसी कड़ी में ताजा समाचार है- चीनी शोधकर्ता हे च्यानक्वी द्वारा जुड़वां बच्चियों (लुलू और नाना) के पैदा होने से पहले ही उनके जींस में फेरबदल करने का दावा। जियानकुई ने यह दावा एक यू ट्यूब विडियो के माध्यम से किया है। हालांकि इस दावे की स्वतंत्र रूप से पुष्टि अभी तक नहीं हो सकी है और न ही किसी मानक साइंस जर्नल में इसका प्रकाशन हुआ है।

जीन एडिटिंग तकनीक आनुवंशिक बीमारियों का इलाज करने की दिशा में निश्चित रूप से एक मील का पत्थर है। यह निकट भविष्य में आणविक स्तर पर रोगों को समझने और उनसे लड़ने के लिए एक अचूक हथियार साबित हो सकता है। लेकिन



ज्ञान-विज्ञान

यह भी सच है कि ज्ञान दुधारी तलवार होता है। इसलिए च्यानक्वी के प्रयोग पर तमाम सामाजिक संस्थाओं और बुद्धिजीवियों ने आपत्ति जतानी शुरू कर दी है तथा मानव जीन एडिटिंग पर अंतरराष्ट्रीय प्रतिबंध लगाने की मांग कर रहे हैं।

विरोधियों का कहना है कि इससे समाज में बड़ी नटिलताएं और विषमताएं उत्पन्न होंगी। डिजाइनर बच्चे बनाने का कारोबार शुरू हो सकता है। जो आर्थिक रूप से संपन्न लोग होंगे उन्हें अपने बच्चे के बुद्धि-चातुर्य और व्यक्तित्व को जीन एडिटिंग के जरिये संवारने-सुधारने का मौका मिलेगा। स्वाभाविक ही इससे सामाजिक भेदभाव को बढ़ावा मिलेगा।

हालांकि वैज्ञानिकों का एक तबका इस तरह के प्रयोगों को गलत नहीं मानता। उसे लगता है कि ऐसे प्रयोग लाइलाज बीमारियों के उपचार की नई संभावनाएं पैदा कर सकते हैं। इससे किसी बीमार व्यक्ति के दोषपूर्ण जीनों का पता लगाकर जीन एडिटिंग द्वारा स्वस्थ जीन आरोपित करना संभव होगा। मगर विरोधी इस तर्क से भी सहमत नहीं जताते। उनका कहना है कि अगर जीन विश्लेषण से किसी व्यक्ति को पता चल जाए कि भविष्य में उसे फलों बीमारी होने वाली है और वह जीन एडिटिंग थैरोपी करवाने में आर्थिक रूप सक्षम नहीं है तो उसकी क्या स्थिति होगी? क्या बीमा कंपनियां ऐसे भावी रोगी का बीमा करेंगी? क्या नौकरी में इस जानकारी के आधार पर उससे भेदभाव नहीं होगा? इसके अलावा जीन एडिटिंग तकनीक अगर गलत हाथों में पहुंच जाए तो इसका उपयोग विनाश के लिए भी किया जा सकता है। आतंकवादी अनुसंधानकर्ता अमानवीय मनुष्य के निर्माण की कोशिश भी कर सकते हैं। तब इन अमानवीय लोगों से आम आदमी कैसे निपट सकेगा?

जाहिर है, संभावनाएं अपार हैं और चुनौतियां भी। ऐसी चुनौतियों से जूझते हुए ही मनुष्य विकास की संभावनाएं खंगालते यहां तक पहुंचा है। आगे भी उसे विकास की इसी प्रक्रिया के साथ चलना है।

New sensor can monitor heart cells (New Kerala: 20190103)

<https://www.newkerala.com/news/read/84568/new-sensor-can-monitor-heart-cells-with-minimal-disruption.html>

New sensor can monitor heart cells with minimal disruption Engineers have demonstrated an electronic device to closely monitor beating heart cells, or cardiomyocytes, without affecting their behaviour. Inside each of us beats a life-sustaining heart. Unfortunately, the organ is not always perfect and sometimes goes wrong. One way or another research on the heart is fundamentally important to us all. "When researchers study cardiomyocytes in action they culture them on hard petri dishes and attach rigid sensor probes. These impede the cells' natural tendency to move as the sample beats, so observations do not reflect reality well," said one of the researchers Sunghoon Lee from University of Tokyo in Japan. "Our nanomesh sensor frees researchers to study cardiomyocytes and other cell cultures in a way more faithful to how they are in nature. The key is to use the sensor in conjunction with a flexible substrate, or base, for

the cells to grow on," Lee said. For this study, the researchers used a healthy culture of cardiomyocytes derived from human stem cells. The base for the culture was a very soft material called fibrin gel. Lee placed the nanomesh sensor on top of the cell culture in a complex process, which involved removing and adding liquid medium at the proper times. This was important to correctly orient the nanomesh sensor. "The fine mesh sensor is difficult to place perfectly. This reflects the delicate touch necessary to fabricate it in the first place," said Lee. The researchers believe that the device could aid study of other cells, organs and medicines.

Neurological disorder

Advanced brain simulator to help understand neurological disorder (New Kerala: 20190103)

<https://www.newkerala.com/news/read/84555/advanced-brain-simulator-to-help-understand-neurological-disorder.html>

In a bid to improve understanding of neurological disorders, researchers have created a fast and energy-efficient simulation of part of a rat brain by using computer chip manufacturer NVIDIA's Artificial Intelligence (AI) compute platform. Developing faster and more efficient simulators could increase the level of understanding the brain function and identify how damage to a particular structure in neurons can lead to deficits in brain function. For creating the simulator, the researchers used computer hardware designed for 3D games, according to the study published in the journal *Frontiers in Neuroscience*. The study showed that a single Graphics Processing Unit (GPU) was able to achieve processing speeds up to 10 per cent faster than is currently possible using either a supercomputer or the SpiNNaker neuromorphic system, a custom-built machine. The team was also able to achieve energy savings of 10 times compared to either the SpiNNaker or supercomputer simulations. The academics hope that the flexibility and power of GPUs means that they could play a key role in creating simulators capable of running models that begin to approach the complexity of the human brain. "Our work shows that, in the near term, they (GPUs) are a competitive design for high performance computing and have the potential to make advances far beyond where CPUs have brought us to so far," said Thomas Nowotny Professor of Informatics at the University of Sussex in Britain. "We are very impressed by the use of the NVIDIA AI compute platform for brain simulations spear-headed at the University of Sussex and are glad we are able to support research at the leading edge of computational neuroscience as well as AI," Chris Emerson, Head of Higher-Education and Research Sales in UK and Ireland at NVIDIA, said in a statement.