



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Thursday 20190711

Nutrition counselling

A case for nutrition counselling (The Hindu: 20190711)

<https://www.thehindu.com/opinion/op-ed/a-case-for-nutrition-counselling/article28362705.ece>



It is a low-cost measure that offers lifelong benefits

The Integrated Child Development Services (ICDS) scheme is one of the world's largest programmes for early childhood care and development. Now, a new study suggests that nutrition and health counselling delivered under the programme's auspices is one of the best possible investments that can be made by any government.

This timely, non-partisan report is by India Consensus, a partnership between Tata Trusts and Copenhagen Consensus, which has undertaken a first-of-its-kind analysis of 100 government programmes. These were identified by NITI Aayog for their role in supporting India's efforts to achieve the Global Goals.

The Global Goals have a dizzying array of 169 targets, such a long list that no country on Earth can achieve all of them. That's why the unique India Consensus economic analysis approach is vital: it adds new knowledge about costs and benefits. This way, it can be clearer which programmes achieve the most good for every rupee spent.

Researchers have identified twelve programmes that have phenomenal benefits for every rupee spent. Among the top programmes is nutrition and health counselling.

Empowering the mother

As a behavioural change intervention, nutrition and health counselling is relatively low cost for every person that is reached. It's important to note that this programme does not provide food, but instead provides information to the mother, making it more likely that the child will receive more and better food. And that in turn leads to lifelong benefits.

Many studies have now demonstrated that these benefits can be large. Improving the nutrition and health outcomes of the children of mothers reached makes this a highly cost-effective intervention.

Two analyses were undertaken in Andhra Pradesh and Rajasthan, looking at a six-year campaign of nutrition counselling and hand-washing. The average cost of counselling sessions for each woman was estimated at ₹1,177 and ₹1,250 for Andhra Pradesh and Rajasthan respectively. Based on previous studies, it is estimated that counselling leads to a 12% reduction in stunting. This leads to better cognitive skills.

Quantifying the benefits

Quantifying the increase in earnings shows that the per unit benefit for Andhra Pradesh and Rajasthan comes to ₹71,500 and ₹54,000.

What these figures mean is that the investment generates returns to society worth ₹61 and ₹43, respectively, for every rupee spent. While the analysis will differ for other States, these results show that nutritional counselling is a phenomenal investment. It's relevant to note that these figures take into account the challenges of nutrition counselling: it's a relatively difficult intervention to implement and ensure that every person is reached. But even if India's implementation problems were worse than other countries studied by researchers, it is unlikely to make the investment less impressive. The takeaway point is that, among all the ways that the Indian government is spending money to achieve Global Goals targets, adding additional resources to nutrition counselling would be a phenomenal investment.

The preliminary results of this analysis show that there are many policies that can achieve amazing outcomes. If India were to spend ₹50,000 crore more on achieving the Global Goals, focussing on the most phenomenal programmes identified so far by India Consensus would create extra benefits for India worth ₹20 lakh crore — more than the entire Indian public consumption.

With returns like this at stake, there are compelling reasons to look favourably at approaches including nutrition counselling.

Bjorn Lomborg is president of the Copenhagen Consensus Center.

Shireen Vakil heads the Policy and Advocacy unit of the Tata Trusts

Measles rubella

Where India stands in battle against measles, how Sri Lanka eliminated it(The Indian Express: 20190711)

<https://indianexpress.com/article/explained/where-india-stands-in-battle-against-measles-how-sri-lanka-eliminated-it-5824424/>

India has a long road ahead, particularly because vaccine-resistant voices are sometimes being heard.

Fact Check: How India controls desert locusts Rajasthan and Gujarat

Telling Numbers: The gap between high and low earners, in India and world

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Measles, measles rubella, measles Rubella virus, children at risk, health, india measles, india measles vaccine, India measles cases, sri lanka, sri lanka measles, world health organisation, Indian express

Last year, the Delhi High Court had put on hold a vaccination campaign citing lack of parental consent.

Sri Lanka has made health history after spending three years free of any new measles cases (The Indian Express, July 10), and the World Health Organisation (WHO) has declared that the deadly childhood infection has been eliminated in the island nation. In contrast, India has a long road ahead, particularly because vaccine-resistant voices are sometimes being heard. Last year, the Delhi High Court had put on hold a vaccination campaign citing lack of parental consent.

Measles is a serious and highly contagious disease that can cause debilitating or fatal complications, including encephalitis, severe diarrhoea and dehydration, pneumonia, ear infections and permanent vision loss. The disease is preventable through two doses of a safe and effective vaccine. India currently gives a measles rubella vaccine in its universal immunisation programme to tackle both measles and rubella.

READ | Sri Lanka eliminates measles; here's how India can achieve its 2020 target

Rubella, more commonly known as German measles, can have severe consequences during pregnancy. An infection just before conception and in early pregnancy may result in miscarriage, foetal death or congenital defects known as congenital rubella syndrome (CRS).

A woman infected with the rubella virus early in pregnancy has a 90% chance of passing the virus to the foetus.

The latest Global Measles and Rubella Update, which lists provisional data received in June and covering the period between May 2018 and April 2019, says India reported 47,056 measles cases and 1,263 rubella cases during these 12 months. India, as part of the global initiative, has targeted elimination of measles and control of rubella by 2020. Rubella control is achieved when a country reduces the number of rubella cases by 95% as compared to cases in 2008.

India has initiated the world's largest Measles-Rubella (MR) Campaign targeting vaccination of 410 million children and adolescents aged between 9 months and 15 years. The MR campaign began in February 2017, and as of November 2018, 135 million children have been vaccinated in 28 states/UTs. Under the programme, two doses of measles and rubella vaccines are to be given at ages 9-12 months and 16-24 months.

The Sri Lanka milestone

Sri Lanka is the fifth country in WHO's Southeast Asia region to eliminate measles. The other four countries are Bhutan, Maldives, DPR Korea and Timor-Leste. Sri Lanka's success follows its persistent efforts to ensure maximum coverage with two doses of measles and rubella vaccines being provided in the childhood immunisation programme. The vaccination coverage in the country has been consistently high – over 95% with both the first and second doses provided to children under the routine immunisation programme. Additionally, mass vaccination campaigns with a measles-rubella vaccine have been held periodically to plug immunisation gaps, the last one in 2014.

measles, measles rubella, measles Rubella virus, children at risk, health, india measles, india measles vaccine, India measles cases, sri lanka, sri lanka measles, world health organisation, Indian express

The country has a strong surveillance system and all vaccine-preventable diseases are an integral part of the communicable disease surveillance system. Measles is a notifiable disease in the country.

Globally, there are concerns about vaccination gaps that are allowing the disease to resurface in areas where it is not very common. In 2019, a large number of American states including Arizona, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Missouri have reported measles cases to the Centers of Disease Control (CDC) Atlanta. In 2017, over 109,000 deaths occurred from measles all around the world. A global report by WHO and CDC Atlanta, released last year, said that since 2000, over 21 million lives have been saved through measles immunisation. However, reported cases increased by more than 30 per cent worldwide from 2016. The maximum upsurge in such cases in 2017 was reported from the two Americas, Eastern Mediterranean region and Europe, while Western Pacific was the only WHO region where measles incidence fell.

For several years, the global coverage with the first dose of measles vaccine has stalled at 85 per cent. This is far short of the 95 per cent needed to prevent outbreaks, and leaves many people, in many communities, susceptible to the disease. Second dose coverage stands at 67 per cent.

Express ExplainedmeaslesindiaSri Lanka

HomeExplainedWhere India Stands In Battle Against Measles, How Sri Lanka Eliminated It

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MEASLES CASES: TOP 10

COUNTRY	CASES
Madagascar	84,929
Ukraine	83,533
India	47,056
Philippines	34,700
Nigeria	21,199
Pakistan	17,805
Yemen	11,984
Brazil	10,231
Kazakhstan	7,349
Thailand	6,960

*WHO Global Measles and Rubella Update;
provisional data for May 2018-April 2019,
as reported to WHO in June 2019*

Air pollution20190711)

Air pollution may age your lungs faster: Study (The Tribune: 20190711)

<https://www.tribuneindia.com/news/health/air-pollution-may-age-your-lungs-faster-study/799544.html>

Exposure to outdoor air pollution is linked to decreased lung function and an increased risk of developing chronic obstructive pulmonary disease (COPD), according to a study of over 300,000 people published Tuesday.

COPD is a long-term condition linked to reduced lung function that causes inflammation in the lungs and a narrowing of the airways, making breathing difficult.

According to the Global Burden of Disease (GBD) project COPD is the third leading cause of death worldwide, and the number of global COPD deaths are expected to increase over the next ten years.

Lung function normally declines as we age, but the research published in the European Respiratory Journal suggests that air pollution may contribute to the ageing process and adds to the evidence that breathing in polluted air harms the lungs.

"There are surprisingly few studies that look at how air pollution affects lung health," said Anna Hansell, a professor at the University of Leicester, UK.

The researchers used a validated air pollution model to estimate the levels of pollution that people were exposed to at their homes when they enrolled in the UK Biobank study.

The types of pollutants the researchers investigated included particulate matter (PM10), fine particulate matter (PM2.5) and nitrogen dioxide (NO2), which are produced by burning fossil fuels from car and other vehicle exhausts, power plants and industrial emissions.

The team then conducted multiple tests to see how long-term exposure to higher levels of the different air pollutants was linked to changes to participants' lung function.

The participants' age, sex, body mass index (BMI), household income, education level, smoking status, and exposure to secondhand smoke were accounted for in the analyses.

Further analyses also looked at whether working in occupations that increase the risk of developing COPD impacted disease prevalence.

The data showed that for each annual average increase of five microgrammes per cubic metre of PM2.5 in the air that participants were exposed to at home, the associated reduction in lung function was similar to the effects of two years of ageing.

When the researchers assessed COPD prevalence, they found that among participants living in areas with PM2.5 concentrations above World Health Organization (WHO) annual average guidelines of ten microgrammes per cubic meter, COPD prevalence was four times higher than among people who were exposed to passive smoking at home, and prevalence was half that of people who have ever been a smoker.

The current EU air quality limits for PM2.5 is 25 microgrammes per cubic metre, which is higher than the levels that the researchers noted as being linked to reduced lung function.

"In one of the largest analyses to date, we found that outdoor air pollution exposure is directly linked to lower lung function and increased COPD prevalence. We found that people exposed to higher levels of pollutants had lower lung function equivalent to at least a year of ageing," Hansell said.

"Worryingly, we found that air pollution had much larger effects on people from lower income households. Air pollution had approximately twice the impact on lung function decline and three times the increased COPD risk on lower-income participants compared to higher-income participants who had the same air pollution exposure."

"We accounted for participants' smoking status and if their occupation might affect lung health, and think this disparity could be related to poorer housing conditions or diet, worse access to healthcare or long-term effects of poverty affecting lung growth in childhood," Hansell said.
—PTI

Medical Council of India (MCI - online course in basic research methods for all postgraduate students

MCI makes 8-week research methods course must for PG (The Tribune: 20190711)

<https://www.tribuneindia.com/news/nation/mci-makes-8-week-research-methods-course-must-for-pg/800188.html>

Students will have to complete it online by end of 2nd semester

In a significant step that acknowledges the importance of research in learning along the lines of western countries, the Medical Council of India (MCI) Board of Governors today introduced a compulsory online course in basic research methods for all postgraduate students in the country and for faculty with no prior research training.

The eight-week course will be mandatory for medical PG students being admitted from academic year 2019-20 onwards. The course would have to be completed by the end of the second semester.

A top MCI BoG source today told The Tribune that the introduction of the course was overdue. "To comprehend the evidence published in biomedical literature, doctors need to have understanding of research methods. Therefore, acquiring research skills is an integral component of postgraduate training in the country. To ensure that all postgraduate students and faculty acquire the necessary skills, the MCI Board of Governors has decided to introduce an online course in basic research methods for all PG students in the country and also for the faculty training them," the source said.

The National Institute of Epidemiology of the Indian Council of Medical Research will conduct the course, and students will have to register on NIE portal. "The course allows flexible time

to register and study through an eight-week module with inbuilt time-bound assignments and assessments,” an MCI member said. The course completion requires the candidate to appear for an online offsite exam, which will be held at fixed time twice a year.

An online certificate will be generated on successful completion of the course and examination. This will work as the proof of completion of the course. Sources said there will be no fee for the online course, but students will have to pay exam fee, details of which will be available once they register.

The portal for registering for the course for the current academic year will open by August 1, 2019. “Details of the site, process of registration will be communicated in due course of time both on MCI websites and by notification to the college,” MCI sources said.

Western trend takes root

MCI move comes on the lines of western countries, which lay thrust on research

National Institute of Epidemiology will conduct the course

Students will have to register on NIE portal for the course, to be held twice a year

The portal for registering for the course for current academic year will open by Aug 1



Elderly Healp

On call to help the city's elderly (Hindustan Times: 20190711)

<http://paper.hindustantimes.com/epaper/viewer.aspx>

With no govt scheme to help the rising number of old adults, pvt caregivers are filling the gap. Narendra Kumar, 70, lives in Pitampura and plans her day around the needs of her ailing husband who has trouble moving. She gets up at 7am to test his blood glucose, gives him medicines, helps him get ready and serves him breakfast.

Between the 2001 and 2011 census, the population of those over the age of 60 went up by 1.63 percentage points while those between the ages of 0 and 14 went down by 5.25 percentage points. Hiring a caregiver for basic help costs ₹600 a day; a skilled caregiver charges ₹1,500 a day.

“I have to take care of him; give him medicines on time; help him go to the bathroom, clean the house, and cook. I cannot leave him alone. I hardly get time to step out. If at all, I talk to my neighbours from the balcony or my doorway,” said Kumar, who worked as a school teacher before she retired and is not used to staying at home all day.

To pass time, she reads. She used to watch television, but that stopped because her husband complained of the sound. Her husband, CL Seth, 77, cannot walk properly or stand for long or get up without help since he had fall last year, after which they hired full-time help.

Their daughter lives a few kilometres away and visits frequently, with groceries and vegetables for her parents. Their son is a software engineer in the US.

The Seths are one of at least one lakh people over the age of 60 living in Delhi, according to census 2011, who accounted for 6.8% of the state's population at the time.

With people living longer and families growing smaller, the percentage of older adults is steadily increasing. Between the 2001 and 2011 census, the population of those over the age of 60 went up by 1.63 percentage points while those between the ages of 0 and 14 went down by 5.25 percentage points.

lder adults living on their own after their children have moved out to work or after getting married, service providers have moved in to help them cope with daily chores.

IVH SeniorCare is one such service that provides medically-skilled and unskilled helpers. “We recruit ex-defence personnel who undergo training before being assigned as care buddies. They will take care of the elderly —make sure they get their medicines on time, give them a massage, buy things from the shop, accompany them for a stroll, or even just talk to them, whatever is needed. We also hire nurses who can provided more specialised medical care to people who need to be given insulin shots, need catheter, or have had a tracheotomy etc,” said Janardan Yadav, general manager at IVH SeniorCare.

Hiring a person for basic help costs ₹600 a day, and a skilled caregiver charges ₹1,500 a day.

Recently, a 45-year-old from Gurugram decided to hire a caregiver from the services when her parents moved to Rajouri Garden to be near other relatives.

“My mother has a chronic lung condition and cannot go too long without oxygen and my father’s health is also deteriorating. This is why I needed to hire someone to take care of them after I move. Loneliness is a big issue, I am able to go and meet them only about twice a month. Our relatives also try and visit them as often as they can but everybody has their own commitments,” she said, requesting anonymity.

Whether it was zeroing in on an old-age home or hiring a fulltime caregiver, the lack of government programmes for the elderly worried her.

“I am quite happy with the caregiver we have now. But, we were very apprehensive about hiring people from these private companies because who knows what they will do. But, there is no other option, there are no government programmes,” she said.

Besides medical support, the caregiver is more needed to give mental support, she said. Experts agree.

“The recent economic survey shows that the rate of increase in population of people over the age of 60 is now higher than the rate of increase of the total population. And, the number of elderly is expected to double to 16% from the current 8.9%. Now, all the government programmes put together are not equipped to deal with this,” said Dr GS Grewal, who is working on setting up a community-based initiative in Srinivaspuri.

The initiative plans to connect 36 primary care physician trained to treat the elderly, with neighbourhood nursing homes, and then a tertiary care hospital. The programme would also recruit and train people who have completed their senior secondary education in taking care of the elderly.

“They will provide homebased care and also accompany them for their healthcare needs. And, when we are talking about primary care, it is not just managing their diabetes and blood pressure. It will be holistic care that focuses on nutrition, frailty and mobility, mental health, immunisation and abuse. Loneliness is a disease,” said Dr Grewal.



World Population Day

World Population Day: Invest in ensuring women's sexual, reproductive rights (Hindustan Times: 20190711)

<http://paper.hindustantimes.com/epaper/viewer.aspx>

We have failed the youth in helping them exercise their right to make informed choices on reproductive matters

India's population has reached 1.37 billion, according to the recently released United Nations World Population Prospects. Every fifth Indian, 248 million in all, is a young person aged 15-24. As we celebrate World Population Day today, we must recognise that it is these young people whose development trajectories will determine the extent to which India can reap its demographic dividend, meet its commitments to the Sustainable Development Goal (SDGs), achieve population stabilisation, and contribute to its national aspirations of becoming a \$5 trillion economy by 2024.

A critical domain where we continue to fail our youth, however, is in helping them exercise their right to make free, informed and responsible choices, especially in sexual and reproductive matters. Evidence highlights that we in India continue to neglect and violate the sexual and reproductive rights of the youth. For example, not only do more than one in four girls marry in their childhood (below 18) but also, as a recent statewide survey in Bihar and Uttar Pradesh (UDAYA) by the Population Council shows, 65% married girls meet their husbands for the very first time on the wedding day.

Studies have repeatedly shown that many young people enter sexual life before marriage, and irrespective of whether they enter this before or within marriage, many are uninformed about options for preventing pregnancies, HIV and sexually transmitted infections, and where to access the means for doing so. Despite this, very few adolescents receive education that would equip them with knowledge about gender relations, safety and consent in reproductive matters. The UDAYA study in Bihar and Uttar Pradesh shows that just 19% of unmarried girls and 8% of unmarried boys had ever received sex education.

Many newly married young people, both male and female, want to delay their first pregnancy, but are unable to act on their desires because of objection from family members, lack of knowledge or the means to do so. The recent National Family Health Survey shows that as many as 22% of married young women aged 15-24 have wanted to delay their next pregnancy or wanted no more children, but were not using a contraceptive.

Sexual violence against girls is an extreme manifestation of the violation of their sexual and reproductive rights and remains far too common, inflicted by their husband, boyfriend, family members, neighbours and strangers. Sexual violence within marriage is even more common.

What is the way forward? Engaging girls and, equally, boys, in gender transformative life skills education is critical. The health journal, The Lancet, has noted that this is a highly effective method through which to ensure the wellbeing of, and exercise of rights, by the young. At the same time, par

ents must be approached, their inhibitions about communicating with their children, and their fears about delaying their daughter's marriage must be allayed. Moreover, the health system must be reoriented; providers must be re-trained and sensitised into offering non-judgmental services to the young. Efforts have no doubt been made through the Rashtriya Kishor Swasthya Karyakram that envisions providing avenues so that adolescents can make informed decisions about their health and overall wellbeing. But more needs to be done.

Documenting neglect and violation of sexual and reproductive rights of the youth is equally important, and it is unfortunate that the NITI Aayog's recently established Health Index excludes youth-focused indicators. After all, what gets measured is likely to be acted upon.

Without a minimum of these strategies, India will fall short of meeting a host of commitments we have made to achieve, by 2030, including, to "Ensure universal access to sexual and reproductive healthcare services, including family planning, information and education" (SDG3, Target 3.7) and "Ensure universal access to sexual and reproductive health and reproductive rights" (SDG5, Target 5.6).

Of course, India has made impressive gains in many indicators affecting youth sexual and reproductive health, but far more investment is needed to ensure their sexual and reproductive



rights.

Encephalitis (The Asian Age: 20190711)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=13360103>

Encephalitis deaths not just a healthcare issue



Rajeev Ahuja

India's cricket captain Virat Kohli said that his side was not clinical enough with the bat to accelerate their run chase and thereby lost to England in the ongoing ICC Cricket World Cup. If the need for being clinical is so important in sports, imagine how much more important it is in the development process, which is multi-sectoral. This message was again driven home by the recent child deaths in Bihar.

The recent tragedy in Bihar, in which 162 children died due to acute encephalitis syndrome (AES), is the result of a combination of circumstances — poverty, illiteracy, malnourishment and a dysfunctional system for public healthcare. However, much of the blame for the deaths has fallen on the

health sector that failed to respond appropriately to the situation. Commentators have been quick to point out the weaknesses in Bihar's public health system in terms of infrastructure, manpower, health financing and so on. But the fault lines run deeper — and across other sectors.

If only the affected households had a decent and stable income, if only these homes knew and maintained a balanced diet, if only the government nutrition programmes had put malnourished children on nutritional supplements, if only the public healthcare system was strong enough to respond quickly and appropriately — many of these deaths could have been averted.

The government has had vertical fixes for each of these development challenges by

way of national programmes, such as the National Rural Health Mission (NRHM) aimed at strengthening the public healthcare delivery system in rural areas, the Poshan Abhiyan to provide nutritional supplements, education programmes for children (Samagra Shiksha) and adults (Saakshar Bharat) and schemes to support farmers' income. These programmes have been running for a long time, sometimes with the support of international development partners. The NRHM has been running for the last 15 years now, the nutrition programme has been running for some form or the other for the last several years. Ditto for the programmes to support farmers' income. These programmes have made some difference but nothing close to what was expected. Why?

These programmes have mostly taken the form of centrally sponsored schemes (CSS) that are co-funded by both the Centre and states but implemented solely by the states. Over the years, while

Commentators have been quick to point out the weakness in Bihar's public health system in terms of infrastructure, manpower, health financing and so on. But the fault lines run deeper — and across other sectors.

the design of these programmes has evolved to give greater flexibility to states to do local adaptations, their implementation has remained weak. This is mainly on account of two reasons. One, many states have a dislike for CSS as these "instruments of development" have political overtones. Therefore, the states' political will, resources and commitment to implement these schemes cannot always be assumed. Two, even when a state is serious about implementing any CSS, it takes much stronger capacity, oversight and professionalism than that actually seen in reality. Anybody familiar with the ground reality would know

about the ineffectiveness of the administrative machinery for want of resources, supervision and the culture of public service. In this kind of setting, implementing any public programme — whether a CSS or the state's own programme — becomes a daunting task.

Fortunately, the winds of change are blowing. Two different forces are creating pressure on states to strengthen their local administrations. One is the stronger voice of the people in keeping with their rising aspirations and the other is the politics of development that is bringing state administrations to their toes in dealing with development challenges. These forces need further strengthening and support.

At the state level, one only gets to see the big picture. Finer details start to emerge as one goes down to the district, block, and village levels. It's at the local level that one gets to see various inter-linkages and inter-connections across sectoral programmes. If vertical programmes are implemented in a piecemeal fashion or without respect to various inter-linkages, their impact will not get maximised and sustained.

Even when programmes get implemented well on the ground, their impacts remain limited for want of convergence. For example, of what good is having a decent school in a village if children have to stay away from it due to frequent diarrhoeas? Similarly, of what good is having an excellent public health facility if the local people remain malnourished due to want of income?

The administrative machinery at the state, district, block and village levels ought to work in sync and with a strong commitment to results and programme convergence.

It's true that some degree of convergence is built in the design of a few programmes such as health and nutrition. But the real convergence across programmes is to be achieved in their implementation at the local level for the all-round development of a region. District, block and village level administrations need to orchestrate this integration/convergence, even when none exists in the design of programmes.

Sustainable development is as much about human development as about the development

of the surroundings in which people live and derive their sustenance from. This can come about only if the development process is thought of holistically and the local administration constantly strives towards achieving it. The programmes may be designed vertically but their convergence and integration on the ground is the responsibility of the local administration.

Sustainable development is about convergence, and convergence is about being clinical in our approach to development. As in the world of cricket, if we are not clinical enough — with development, we will keep getting bowled by some crisis or the other. This time around, it was the outbreak of encephalitis — tomorrow it will be something else.

The ongoing cricket World Cup is teaching us important lessons on the development front — we have got to be clinical, and we have got to be passionate!

The writer is a development economist, formerly with the Bill & Melinda Gates Foundation and the World Bank

Ageing Citizenry (The Asian Age: 20190711)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=13360108>

Policymakers need to prepare to cater for an ageing citizenry



Mala Kapur Shankardass
focus

■ Increase in current and future population figures of young adults and older people reminds us to take action now for sustainable solutions before the population problem gets worse

Celebrated for almost three decades now, World Population Day on July 11 brings the focus every year to population growth rates. The world's population continues to rise in the 21st century, but at a much slower rate compared to the recent past, alongside increases in life expectancy with differences in male and female life expectancies, a growing proportion of older people and rising median age with variations across regions and countries. As per the United Nations Statistics Division and the

United States Census Bureau, Asian countries with different pace and characteristics are coming closer in population ageing to Europe and North America, but in a shorter span of time. India, the second-largest country in terms of population (China being the first), is undergoing a demographic transition which needs attention. As per the 2018 world population data, India ranks atop the list of countries with the greatest projected population increases between 2018 and 2024. China's population will correspondingly decrease from its current size and India will lead.

Increases in current and future population figures of young adults or older people urgently remind us to take action now for sustainable solutions before it gets worse, based on the present social and economic conditions we are experiencing. The UN's latest demographic data sheets focus on changing age structures around the world with implications for a country's social and economic trajectory, consequences for policy agendas and budgetary resource allocations. With steady increases in the numbers of older adults both in absolute terms and as a percentage of the total population in many parts of the world, particularly in the Asian region and among middle income countries like India, challenges exist in balancing pensions, providing healthcare for both communicable and non-communicable diseases, developing social care services and creating economic benefits and facilities which help in improving the quality of life of older adults.

WORLD POPULATION DAY



The government must address the high costs of older adults' medical and long-term care needs

—AFP

In addition is the question of improving conditions for the employment of the young workforce while at the same time making provisions to allow older adults to remain in the workforce longer. How to incentivise on both ends remains a challenge. As larger birth cohorts age into adulthood and the share of working age adults grows along with the 60-plus population as is happening in India, Brazil and other countries of South and East Asia as well in Latin America and the Caribbean, all going through the second phase of the demographic transition, increasing investments in the well being of younger generations along with older sections of the population are pivotal. Recognising the changing population age structures is crucial since it has implications for national policy, planning and development agendas. For

instance, India needs to think about investing sufficient resources in the development of young people's human capital and at the same time, because of double dependency, that is, due to relatively large shares of child and older-adult populations, plan for the well being of older people too. The government must address the high costs of older adults' medical and long-term care needs. It needs to seriously review the advantages, reach out to "Medicare" and invest judiciously in younger and older generations by recognising that both face different challenges and have unmet needs. Population ageing in India as well as elsewhere poses major challenges in

the interconnected areas of health, gender and income security. The growing burden of non-communicable diseases, of multiple morbidities, the needs and vulnerabilities of an increasingly female older adult population, in terms of poverty, illiteracy, low social protection and security, widowhood, abuse and neglect, all pose serious challenges which must be addressed urgently, before India becomes an aged society as per the projections in not so far a future by the middle of this century. What initiatives are taken now to adapt to population ageing will set the path for the well being of present and future cohorts of older people and their families. Not only the govern-

ment, but the private sector, civil society and older people themselves must address the concerns emerging out of rapid population ageing. Currently, the growth rate of the number of older individuals, aged 60 and older, is three times higher than that of the population as a whole. Current assessments of the health status of older persons reveal increases in the burden of non-communicable diseases, including mental health illnesses and substance abuse disorders, along with violence, injuries and infectious diseases. All these contribute significantly to increases in health costs and expenditures for which the country must appropriately and adequately plan. Further, the impact on economic losses must also be taken into account due to demographic shifts resulting in population ageing. India, like many other

developing countries, reflects feminisation of ageing, even though there is vast variation among states in terms of the gap between male and female life expectancies at age 60. Nonetheless, governments, both at the state and Central levels, need to plan policy. Research studies across the country on older people indicate sex differences in health, ownership of property and inheritance, income security, labour force participation, living arrangements, marital status, education, support systems, coping mechanisms and dealing with old age issues.

Various governments, particularly since the beginning of the 21st century, have taken certain steps towards the well being and welfare of older people. With participation in the World Assembly on Ageing in 2002, UN member countries adopted the Madrid Plan of Action on Ageing. However, as we see in India, the implementation of many of the ageing policies has not been done efficiently and satisfactorily. Not only the outreach has been poor for many of the schemes and plans for older persons, in particular social security and protection plans, but resource allocation has also been deficient. Limited awareness of the programs among the older people and low utilisation of benefits and concessions earmarked for them means that the country needs to re-plan and improve implementation of the ageing policies. With the World Health Organisation (WHO) having designated 2020-2030 as the Decade of Healthy Ageing, there is hope for countries safeguarding and protecting the interests of its ageing populations and older people.

The writer is a sociologist, gerontologist and health and development social scientist, and an associate professor at Delhi University's Maitreyi College

Population ageing in India poses major challenges in the interconnected areas of health, gender and income security

Robotic Surgery (The Asian Age: 20190711)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=13360173>

1st in India: ISIC performs spine robotics surgery

GAURAV PANDEY
NEW DELHI, JULY 10

A city-based hospital has claimed to become the first hospital outside the US to use a highly advanced robotics system to do spine surgeries. The hospital has already performed more than five successful precision surgeries using the recently acquired advanced spine robotics system.

First of his kind in India, the Indian Spinal Injuries Centre (ISIC) at Vasant Kunj has introduced robotics as an advancement in spine surgery, a specialised approach to a complex procedure that allows planning a surgery and facilitates highly accurate and predictable execution of the plan. It helps in inserting implants in the spine.

A team of spine surgeons led by Dr H.S. Chhabra, chief of spine services at ISIC, recently performed a surgery with the help of advanced robotic system on a 33-year-old woman with post spinal tuberculosis kyphotic deformity of back with severe weakness in legs.

A 50-year-old man, who was unable to walk more than 100 metres, was diagnosed with spondylolisthesis, a spinal disorder in which a bone slips forward over another bone below. He was also recent-



ly operated upon with minimal incision (minimally invasive spine surgery) and bleeding. He started walking upto three kilometres within three days of surgery.

The latest robotic system reduces implant inaccuracies, revision surgeries, radiation exposure, length of stay and infection, and combines advanced software, robotic technology, navigation and instrumentation along with artificial intelligence and sophisticated 3D analytics.

"Surgeries conducted through advanced robotics reduce implant inaccuracies, revision surgeries, radiation exposure, length of stay and infection. Such high improvements in so many parameters simultaneously can drive significant clinical efficiency and reduce the burden on healthcare system in the medium to long run. This will help the doctors of ISIC serve the patients better and in a cost-effective manner," said Dr. Chhabra.

Anti-rabbiesjab

Govt mulls from exporter to take anti-rabbiesjab shortage: The Times of India: 20190711)

Read more at:

http://timesofindia.indiatimes.com/articleshow/70158745.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

India's shifting population profile

India's shifting population profile: Working people will continue to grow, but we also need to plan for burgeoning elderly The Times of India: 20190711)

<https://timesofindia.indiatimes.com/blogs/toi-edit-page/indias-shifting-population-profile-working-people-will-continue-to-grow-but-we-also-need-to-plan-for-burgeoning-elderly/>

July 11, 2019, 2:00 AM IST Argentina Matavel Piccin in TOI Edit Page | Edit Page, India, population | TOI

There is increasing realisation of the growing numbers of older people in India. Some even claim that India will soon be a country of old people. Is there reason for alarm or rather a sign of success? On the face of it, the numbers do certainly stack up.

Currently 8.4% of India's population is above the age of 60 years. In numbers, this translates into approximately 102 million people. According to the United Nations Population Fund (UNFPA) projections, by 2061 the elderly population (of and above 60 years) in India will increase to 425 million. In other words, every fourth person in India will be 60 years old or more. Or to reiterate, in 42 years, the number of 60+ people will be four times its current strength.

However, let us not assume we are staring into a bleak reality of old men and women outliving the young. India's youth population is not on the decline. Projections show that India's youth population will continue to grow. Starting 2001 and till 2030, India will have seen a huge increase in its working age population: 390 million will be added to the existing working age population, resulting in a billion plus strong workforce in India by mid 2040s.

Illustration: Chad Crowe

The good news is, mortality is on the decline, life expectancy is on the rise. In other words, Indians are living longer, working longer, and will continue to do so. Projections by UNFPA also show that women will live longer than men, an important factor that needs to be kept in mind while formulating policies and designing programmes for elderly people. Life expectancy for women will increase, from 69.4 in 2011 to 79.7 in 2061 as opposed to for men, from 66.0 in 2011 to 76.1 in 2061.

India's fertility rate, or the number of children who would be born per woman, has decreased rapidly from 3.6 in 1994 to 2.2 in 2015-16. We are that much closer to reaching the replacement fertility rate of 2.1. This means, among other things, more and more women today have access to choices and opportunities made possible by access to family planning services. It also means women today are claiming the right to their bodies and asserting their right to choose whether, when and the number of children they want to have. They can choose to stay in school longer, to enter the labour market, participate in political life, to contribute more to their communities.

So then, why aren't we celebrating? Because even as we take these large strides towards a demographic dividend, our social structures – also going through a transformation – are not keeping pace.

With migration on the rise and the young leaving their homes to move to more productive and economically lucrative states, families comprising of the elderly are being left behind to fend for themselves. A UNFPA study also shows, poverty is higher among the elderly. This trend will only continue and perpetuate. Furthermore, large family units have broken down into nuclear families, leaving the elderly alone.

The breaking down of gender stereotypes has also made way for the young daughters-in-law, traditionally caregivers of the elderly, to transition to working women. It's all good news, except that the old are falling through the cracks. Unlike countries like Japan that provides a comprehensive social healthcare package to the elderly, India is not quite ready to deal with this demographic transition that is taking place. The World Assemblies on Ageing (Vienna, 1982 & Madrid 2002) signalled the need for governments to implement measures to address this. In India too, several consultations have been held, and southern states like Kerala are leading the way by setting aside 10% of annual village funds to take care of the elderly.

The need of the hour is context specific policy planning for the elderly in India. Ageing will happen at a different pace in different states. For example, there is an almost ten-year difference in the male life expectancy in Kerala and Bihar; 77.8 vs 69. In 2061, the female life expectancy will be 85.5 and 79.1 years in Kerala and Bihar, respectively. Per capita income, which could be taken as an indicator for economic well-being of people including the elderly, is Rs 22,890 in Bihar while it is more than Rs 1 lakh in Kerala and Tamil Nadu.

While policies and plans can't be a one size fits all, there is need for a minimum national package of services to ensure dignity for the elderly. At the same time, it is important to keep in mind that most of the labour force in India is not covered by retirement pension plans and the elderly are generally dependent on children or on property for an alternate source of income.

Innovative and sustainable models of social support, care and social protection need to be planned and institutionalised now so that the country is ready with viable models and solutions to support the large number of elderly people in the not too distant future. Social bridges could be established to ensure that the knowledge sitting with the old can be transferred to the young, and that the young can help the elderly bridge the technological gap such as use of smartphones and social media. Without it, India's elderly population remains highly vulnerable to loneliness, ill health and neglect. India cannot let them fade from its collective consciousness.



Measles Free India (Navbharat Times: 20190711)

<http://epaper.navbharattimes.com/details/45552-55300-1.html>

अब खसरा मुक्त हो गया है श्रीलंका, भारत का टारगेट अगले साल तक

■ एनबीटी, नई दिल्ली

श्रीलंका पूरी तरह से खसरा मुक्त हो गया है। विश्व स्वास्थ्य संगठन ने इसकी घोषणा की है। बच्चों की जानलेवा बीमारी खसरे के खात्मे के साथ ही श्रीलंका, दक्षिण-पूर्व एशियाई क्षेत्र का पांचवां देश बन गया है। मीडिया रिपोर्ट के अनुसार श्रीलंका में पिछले तीन साल से खसरा का एक भी नया मामला सामने नहीं आया है। विश्व स्वास्थ्य संगठन की दक्षिण-पूर्व एशियाई क्षेत्र की स्थानीय निदेशक डॉक्टर पूनम खेत्रपाल सिंह ने श्रीलंका के खसरा मुक्त देश बनने की घोषणा की है। हालांकि दक्षिण-पूर्व एशियाई क्षेत्र में श्रीलंका ही अकेला देश नहीं है, जो खसरा मुक्त हुआ है। भूटान और मालदीव भी इन देशों



की सूची में शामिल है। एक साल पहले ही श्रीलंका ने लाल चकते पड़ने वाली बीमारी रूबेला पर नियंत्रण पाया है। भारत ने 2020 तक खसरे और रूबेला मुक्त होने की प्रतिबद्धता जताई है। हाल ही में जारी खसरा और रूबेला रिपोर्ट बताती है कि भारत में 2018 में 56,399 खसरे के मामले और 1,066 रूबेला के मामले दर्ज हुए।

श्रीलंका से पहले भूटान और मालदीव भी मुक्त हो चुके

Fruits (Hindustan: 20190711)

कैंसर को दूर रखेंगे अंगूर-संतरे



नई दिल्ली | हिन्दुस्तान टीन

संतरा, अंगूर और गाजर में कैंसर से लड़ने वाले तत्व मौजूद होते हैं। एक हालिया शोध में खुलासा हुआ है कि इन चीजों में वही तत्व पाए गए हैं जो कैंसर की दवाओं में पाए जाते हैं।

शोध के अनुसार फलों व सब्जियों में मौजूद 7,900 अणुओं में से 110 ऐसे हैं जो ट्यूमर से लड़ने में महत्वपूर्ण भूमिका निभाते हैं। इस शोध में कैंसर के लिए इस्तेमाल की जाने वाली दवाओं में मौजूद अणुओं को आधार बनाया गया और फलों व सब्जियों में उन्हीं अणुओं की तलाश की गई।

फलों और सब्जियों में भरपूर मात्रा में एंटीऑक्सीडेंट होते हैं जो उन्हें उनका प्राकृतिक रंग प्रदान करते हैं। इन्हें फ्लैवोनॉयड कहा जाता है। फ्लैवोनॉयड सूजन को बढ़ने से रोककर कैंसर को दबाने में मदद करते हैं। यह कैंसर कोशिकाओं का फैलाव रोकता है और



110 अणु ऐसे पाए गए हैं संतरे और अंगूर में जो कैंसर से लड़ने में सक्षम हैं

15 लाख लोगों को कैंसर होने की संभावना है अमेरिका में इस साल

कोलकाता के शोधार्थी श्रेयान ने खोज निकाला एंटी ट्यूमर

अमेरिका के कोलंबिया विश्वविद्यालय में शोध कर रहे कोलकाता के एक शोधार्थी ने कैंसर और बड़े ट्यूमर से निपटने वाले बैक्टिरिया का पता लगाया है, जिसे एंटी ट्यूमर कहा जा रहा है। विश्वविद्यालय की शोध पत्रिका नेचर मेडिसिन में प्रकाशित रिपोर्ट के मुताबिक, यह बैक्टिरिया शरीर में जाकर इंसानों की रोग प्रतिरक्षा प्रणाली को मजबूत करता है। साथ ही कैंसर समेत बड़े ट्यूमर से निपटने में सहायक होता है। इस शोधार्थी का नाम श्रेयान चौधरी है। उन्होंने ई-कोली नाम का बैक्टिरिया ढूँढा है, जिसे एंटी-ट्यूमर कहा जा रहा है।

ट्यूमर को मार देता है। इंपीरियल कॉलेज आफ लंदन के शोधकर्ताओं को उम्मीद है कि एक दिन ऐसे निजी फूड पासपोर्ट बनाए जाएंगे जो दवाओं की तरह काम करेंगे और इस तरह की बीमारियों की संभावनाओं को कम करेंगे। इंपीरियल कॉलेज के डिपार्टमेंट ऑफ सर्जरी एंड

कैंसर में कार्यरत शोधकर्ता डॉ. किरिल वेसलकोव ने इस शोध का नेतृत्व किया। यूके कैंसर रिसर्च के आंकड़ों के अनुसार 1960 के बाद जन्मे दो में से एक को कैंसर होने की पूरी संभावना है। अमेरिकन कैंसर सोसाइटी के अनुसार अमेरिका में इस साल 15 लाख लोगों

आठ हजार अणुओं का अध्ययन किया गया

कौन से फल और सब्जियाँ कैंसर से लड़ने में ज्यादा कारगर होंगे, यह जानने के लिए वैज्ञानिकों ने 7962 बायोलॉजिकली सक्रिय अणुओं को एक एल्गोरिदम में सेट किया। इस एल्गोरिदम को ऐसे 199 अणुओं की पहचान करने को कहा गया जो कैंसर प्रतिरोधी दवाओं में मौजूद होते हैं। इंसानी शरीर में यह सक्रिय अणु कैप्सी भूमिका निभाते हैं यह जांचने के बाद एल्गोरिदम ने 110 ऐसे अणुओं की पहचान की है जिनमें कैंसर से लड़ने की क्षमता होती है। इन 110 अणुओं और कैंसर के दौरान दी जाने वाली दवाओं में 70 फीसदी समानता है।

को कैंसर होने की संभावना है। शोधों से पता चलता है कि 30 से 40 फीसदी कैंसर के मामलों को सिर्फ स्वस्थ जीवनशैली से दूर किया जा सकता है। जर्नल ऑफ साइंटिफिक रिपोर्ट में प्रकाशित शोध के अनुसार फल, सब्जियाँ खाना फायदेमंद हो सकता है।

Coffee (Hindustan: 20190711)

आठ कप कॉफी पीने से लंबी हो सकती है जिंदगी

नई दिल्ली | हिन्दुस्तान टीम

शोध

कॉफी पीने से आप ज्यादा जी सकते हैं। एक हालिया शोध के अनुसार एक दिन में आठ कप कॉफी पीने से भी आपको नुकसान नहीं पहुंचता, बल्कि आपकी उम्र में बढ़ोतरी होती है। ब्रिटेन में 5 लाख लोगों पर 10 साल तक हुए अध्ययन में यह पता चला है कि कॉफी पीने वालों में मौत का खतरा कॉफी न पीने वालों की तुलना में काफी कम होता है।

वहीं, कॉफी पीने वालों की उम्र में भी बढ़ोतरी होती है। इस शोध में यह भी पता लगाया गया है कि जेनेटिक परेशानियों से ग्रस्त लोगों का शरीर कॉफी के प्रति कैसी प्रतिक्रिया देता है।

स्वास्थ्य विशेषज्ञों ने चेतावनी दी है कि इस शोध का मतलब यह कतई नहीं है कि लोग कॉफी के सेवन की मात्रा

- कॉफी पीने वालों में मृत्यु होने का खतरा कम होता है
- शरीर के इंसुलिन का प्रयोग करने की क्षमता को बढ़ाती है कॉफी

बढ़ा दें। साथ ही उन्होंने चेतावनी दी है कि गर्भावस्था के दौरान कॉफी का सेवन काफी खतरनाक हो सकता है।

नेशनल कैंसर इंस्टीट्यूट के शोधकर्ताओं ने यूके बायोबैंक के जेनेटिक शोध से मिले डाटा की समीक्षा की। शोध के प्रतिभागियों ने अपने स्वास्थ्य और जीवनशैली से संबंधित सवालों के जवाब दिए। दस साल के फालोअप पीरियड के दौरान पांच लाख में से 14,200 प्रतिभागियों की मौत हो गई।