



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednesday 20190724

Nipah-free

As Kerala declares Ernakulam Nipah-free, youth recalls struggle (The Indian Express: 20190724)

<https://indianexpress.com/article/india/as-kerala-declares-ernakulam-nipah-free-youth-recalls-struggle-5846483/>

The Nipah virus returned to Kerala for the second consecutive year after the 21-year-old college student from Ernakulam district was tested positive for the virus in early June.

Nine Indian men stranded in UAE after accepting fake job offers

Kumbalangi days: Kerala self-help network trains, rolls out all-women construction teams

Catholic priests from Kerala call off stir following conciliatory talks

nipah virus, nipah virus in kerala, nipah virus deaths kerala, nipah virus news, nipah infection, kerala health department on nipah virus, kerala news

Doctors say case gave them chance to study the Nipah virus. (File)

On a day the Kerala government declared Ernakulam as a district free from Nipah virus, a youth diagnosed with the virus, who returned home on Tuesday after a 54-day treatment schedule at ASTER Medcity in Kochi, said he was “born again on June 16” — the day he was moved from the isolation ward to a hospital room.

The Nipah virus returned to Kerala for the second consecutive year after the 21-year-old college student from Ernakulam district was tested positive for the virus in early June.

At their village, his parents on Tuesday said they have finally emerged from a spell of “social boycott”. His father said: “After our son was diagnosed with the virus, we were asked to remain within the house. A neighbour arranged provisions for us. It was a period of social boycott, but we don’t have any complaints.”

The student said he remembers leaving home for for a local hospital — at Kodungallur, in Thrissur district — on May 26, but nothing much after that. “I can’t even recollect the stages I passed through,” he said.”

EXPLAINED | Suspected source of Nipah in Kerala, how is the fruit bat different from other bats?

He said he was not told about the virus during any stage of treatment. “I thought I was affected with an advanced stage of fever. In fact, I had fever until two weeks ago. When my parents told me about Nipah two days ago, I could not believe it,” he said.

Stating that he does not recall how he contracted the virus, the student said, “I remember eating a guava brought from the market. My parents also consumed it. If that fruit was virus-infested, then my parents would also have contracted the disease.”

Even after being moved out of the isolation ward on June 16, the youth said he faced bouts of memory loss, especially after waking up. Such bouts lasted for about half-an-hour, and it took several days to regain “normal behaviour”, he said.

Mauritius route: Four ships, a Hong Kong firm & Jindal Steel

How Delhi rewound to Osaka to rebut Donald Trump — diplomatically

Aggressiveness shown by govt in case of Abhinandan was missing then: Capt Kalia’s kin

Dr Bobby Varkey, consultant neurologist at ASTER Medcity, said: “We confirmed the disease within 36 hours. Some hospital staff who treated the youth had to be put under observation. The speedy diagnosis helped contain spread of the virus.”

Dr Varkey said the most significant aspect of the case was that the health sector could extensively study a Nipah case. “In the outbreak of 2018 in Kozhikode, most affected people died within days of contracting the virus. But in this case, we could thoroughly investigate a sinking case and treat the patient. Now we have a clear picture how Nipah will affect various organs in human body,” he said.

Dr Varkey said the achievement will be published in an international medical journal.

Kerala Health Minister K K Shailaja said the state could contain the virus as the government and the private health sector joined hands. “We had observed 338 persons (cases); 17 of them were admitted to isolation wards,” she said.

Govt Health Expenditure

Public spending on health: Jammu & Kashmir, Assam lead (The Indian Express: 20190724)

<https://indianexpress.com/article/explained/public-spending-on-health-jammu-kashmir-assam-lead-5846174/>

Tiangong-2 was a manned Chinese space station that was destroyed upon its controlled re-entry into the Earth’s atmosphere over the Pacific Ocean on July 19. Tiangong-2 was retired from service after it had completed its experiments in space.

Explained: Reading Trump's Kashmir offer

Health, health expenditure, health Ministry, Kashmir Health Department, express Explained, TIANGONG-2, China, Chinese Space Agency, India News, Indian Express

The share of Government Health Expenditure (GHE) in the GSDPs of J&K and Assam were 1.7% and 1.5% respectively, the data show.

Jammu and Kashmir and Assam spent the largest fraction of their Gross State Domestic Product (GSDP) on public health, according to National Health Accounts Estimates 2015-16, the Ministry of Health and Family Welfare told Parliament last week.

The share of Government Health Expenditure (GHE) in the GSDPs of J&K and Assam were 1.7% and 1.5% respectively, the data show. Haryana and Maharashtra are towards the lower end of the table, having spent 0.6% and 0.7% of their GSDPs on health respectively. In his reply to questions by Su. Thirunavukkarasar of the Congress, and Rajiv Ranjan Singh and Kaushalendra Kumar of the JD(U), Minister of State Ashwini Kumar Choubey said the National Health Policy of 2017 envisaged "increasing state sector health spending to more than 8% of their budget by 2020".

The NITI Aayog's 'Three Year Action Agenda, 2017-18 to 2019-20' calls for a significant increase in government expenditure on public health "to cover screenings for the entire population, active case detection, and disease surveillance from the private sector". It also envisions the mainstreaming of "evidence-based preventive health interventions" such as breastfeeding and infant and young child feeding during up to the age of two through adequate budgetary allocations and national level action plans.

This Word Means: TIANGONG-2

Tiangong-2 was a manned Chinese space station that was destroyed upon its controlled re-entry into the Earth's atmosphere over the Pacific Ocean on July 19. Tiangong-2 was retired from service after it had completed its experiments in space.

Tiangong-2 was 10.4 metres long and 3.35 metres wide at its widest point, and weighed 8.6 metric tonnes. It was launched on September 15, 2016 and, in late 2016, hosted two Chinese astronauts for 30 days in what was China's longest manned space mission so far.

The recently decommissioned space lab followed the Tiangong-1, China's first space station, which crashed into the southern Pacific Ocean on April 1, 2018 after Chinese scientists lost control of the spacecraft in March 2016. China had launched Tiangong-1 in 2011 as proof-of-

concept of technologies for future stations. The lab was visited by two teams of Chinese astronauts for 11 days and 13 days respectively.

Unlike Tiangong-1, scientists were always in control of Tiangong-2. The space lab, which China had never intended to be a permanent post in space, was visited by an uncrewed mission in April 2017. The mission refuelled the station, tested out a new spacecraft, and conducted some “robotic demonstrations”. Tiangong means “Heavenly Palace”.

Most of Tiangong-2 burnt up in the atmosphere, and the remaining debris fell near Point Nemo, the most remote location on Earth, which is so far from land that its nearest neighbours are often astronauts in space. China expects to complete its space station, Tianhe, which will be able to host three astronauts for long durations, around 2022.

GOVERNMENT HEALTH EXPENDITURE (GHE) AS %AGE OF GSDP

MOST		LEAST	
Jammu and Kashmir	1.7	Haryana	0.6
Assam	1.5	Maharashtra	0.7
Himachal Pradesh	1.4	Gujarat, Karnataka, Punjab, Tamil Nadu	0.8
Uttar Pradesh	1.3	Telangana, Uttarakhand	0.9
Bihar, Rajasthan	1.2	Andhra Pradesh, Jharkhand, Kerala, Odisha	1
<i>Select states only</i>			

Source: National Health Accounts Estimates 2015-16



Essential medicines

Essential medicines: Expert panel calls stakeholder consultations (The Indian Express: 20190724)

<https://indianexpress.com/article/business/essential-medicines-expert-panel-calls-stakeholder-consultations-5846217/>

The committee, mandated to look into the issue of AMR while recommending drugs for inclusion and deletion in the latest NLEM, will also be carrying out consultations on this issue.

National Medical Commission Bill introduced in Lok Sabha

In support of West Bengal doctors' protest, PGIMER doctors on strike, patients at the receiving end

Cabinet approves bill for supersession of Indian Medical Council

drugs, drugs seized, drugs seized in mizoram, party drugs, mizoram, Methamphetamine, drug Smuggling, narcotics department, Mizoram news, North-East news, Indian Express news

The consultations also assume importance as they follow changes to the format of the World Health Organisation's (WHO) global model list of essential medicines. (File)

An expert committee set up last year to update India's latest list of essential medicines has called on industry and civil society bodies this week for discussions before it finalises drugs to be included in it.

The Standing National Committee on Medicines (SNCM) has called pharmaceutical associations, companies and patient groups on Thursday to conduct its "first" stakeholders consultation on the existing National List of Essential Medicines (NLEM). This includes feedback on NLEM 2015, as well as inputs on cancer and cardiology medicines that should be a part of the new list, according to a copy of the invitation that The Indian Express has viewed.

SNCM also plans to discuss the addition of penicillin preparations, which some stakeholders say may be a point of contention as Indian drug makers are highly dependent on Chinese firms for the raw ingredients of such formulations and that the costs of these ingredients have been on the rise.

This is because, once a drug is included in India's NLEM, the Department of Pharmaceuticals notified it under Schedule I of the Drug (Prices Control) Order, 2013, for price control. Following this, the National Pharmaceutical Pricing Authority (NPPA), India's drug pricing watchdog, caps the ceiling prices of these medicines.

The committee, mandated to look into the issue of AMR while recommending drugs for inclusion and deletion in the latest NLEM, will also be carrying out consultations on this issue.

The consultations also assume importance as they follow changes to the format of the World Health Organisation's (WHO) global model list of essential medicines. This includes inclusions of expensive new cancer and cardiovascular drugs as well as categorizing antibiotics—those with wide application and low potential to add to AMR (Access), those with higher resistance potential requiring limited access (Watch) and those to be used as a last resort option against multi-drug resistant bacteria (Reserve).

"India would have no choice but to also look into the issue (of the highly priced cancer drugs in WHO's list) to see which ones would be needed here," said Malini Aisola of patient activist group All India Drug Action Network (AIDAN). The list also needs to look at including more medical devices to ensure their affordability, she said.

HomeBusinessEssential Medicines: Expert Panel Calls Stakeholder Consultations

Drugs

People more likely to try drugs during summer: Study (The Tribune: 20190724)

<https://www.tribuneindia.com/news/health/people-more-likely-to-try-drugs-during-summer-study/806560.html>

Reseachers have found that US teenagers and adults are more likely to try illegal or recreational drugs for the first time in summer.

"First-time users may be unfamiliar with the effects of various drugs, so it is important to first understand when people are most likely to start these behaviours," said Joseph J. Palamar, Associate Professor at New York University.

In 2017, according to the US Substance Abuse and Mental Health Services Administration, more than three million people in the US tried LSD, marijuana, cocaine, or ecstasy for the first time.

The study used data collected from the National Survey on Drug Use and Health between 2011 and 2017 involving about 394,415 people aged 12 and older.

According to the researchers, participants were surveyed about their use of various drugs through a computer-assisted interview. New users were asked to recall the month and year when they initiated use.

The findings, published in the Journal of General Internal Medicine, showed that over a third (34 per cent) of recent LSD initiates first used the drug in the summer.

In addition, 30 per cent of marijuana, 30 per cent of ecstasy—also known as MDMA or Molly and 28 per cent of cocaine use was found to begin in the summer months.

The investigators suggest that the results could be explained, in part, by people having extra recreational time during the summer, as well as the growing popularity of outdoor activities, such as music festivals, at which recreational drug use is common.

"Parents and educators who are concerned about their kids need to educate them year-round about potential risks associated with drug use, but special emphasis appears to be needed before or during summer months when rates o

f initiation increase," Palamar said. — IANS

Exercise

One-hour exercise with proper hydration may tackle low BP (The Tribune: 20190724)

<https://www.tribuneindia.com/news/health/one-hour-exercise-with-proper-hydration-may-tackle-low-bp/805069.html>

The study is the first to examine the condition called 'orthostatic intolerance' during daily activities when the astronauts returned home. IStock

Suffering from low blood pressure? Do an hour or more of daily exercise and stay hydrated to improve the condition and control fainting or dizziness episodes, finds a NASA-funded study on astronauts.

The study is the first to examine the condition called 'orthostatic intolerance' during daily activities when the astronauts returned home.

The researchers found that exercise regimens during space flight, followed by saline injections after landing, were sufficient to prevent the condition from occurring.

“Doing an hour or more of daily exercise was sufficient to prevent loss of heart muscle, and when it was combined with receiving hydration on their return, the condition was prevented entirely. We expected to see up to two-thirds of the space crew faint. Instead, no one fainted,” said cardiologist Dr Benjamin Levine from UT Southwestern Medical Centre.

A similar condition is also diagnosed in patients as Postural Orthostatic Tachycardia Syndrome (POTS), which is predominantly found in women. The dizziness that it causes is life-changing and can be debilitating.

Dr Levine has helped one Dallas patient return to a normal life.

For the study, published in the journal *Circulation*, the researchers used a small blood pressure cuff on astronauts’ finger to measure blood pressure and every heartbeat.

These measurements were taken during multiple 24-hour periods before, during, and after six months of spaceflight.

Twelve astronauts were involved--eight men and four women.

This treatment is just one of the ways medicine, heart research, and space travel have connected throughout Dr Levine’s work. The successful moon landing in 1969 was an early influence on his career.

The early interest led Dr Levine into space research within the field of cardiology, and he began working with the space shuttle programme in 1991.

“We put a catheter in an astronaut’s heart--it was former UT Southwestern faculty member Dr Drew Gaffney--and sent him into space. It was probably the most expensive right-heart catheterization ever,” Dr Levine reminisced.

“Much of our early research was devoted to understanding why astronauts faint when they return from space. Now, we can prevent it from happening.” IANS

Infection

Beware of infection down there (The Tribune: 20190724)

<https://www.tribuneindia.com/news/health/beware-of-infection-down-there/804581.html>

During summers and monsoon, the incidence of urinary tract infection (UTI) rises manifold as these seasons provide a perfect environment for this infection to grow.

A UTI denotes infection involving any part of the urinary tract, including kidney, ureter, bladder and urethra. Most infections commonly involve the lower urinary tract i.e. the bladder and the urethra. Women are at greater risk of developing a UTI than men.

There are several reasons why rate of UTIs is more during summer and monsoon. Hot weather can lead to dehydration which in turn leads to infrequent urination. Swimming is a common activity in summer. A dip in contaminated pool water can cause UTI. Excessive sweating in hot weather in the perineal region can facilitate bacterial transfer from rectum to urethra (especially in females).

If left untreated, UTI can lead to severe complications like pyelonephritis (inflammation of the kidney), sepsis, etc.

Infection in urinary bladder or cystitis: Symptoms include burning pain during urination, urgent desire to urinate, increase in frequency of urination, and/or lower abdominal pain. It may be caused due to sexual intercourse, but not always. All women are at risk because of their anatomy—the distance from the urethra to the anus and the urethral opening to the bladder is quite small.

Infection involving the kidneys or pyelonephritis: It is the most dangerous type of UTI. Symptoms include fever with chills or rigors, upper back pain (below the ribs), nausea, vomiting, etc.

Infection involving the urethra or urethritis: Main symptoms include burning pain while urinating, foul smelling discharge from the urinary orifice.

This infection occurs when bacteria spread from the anus to the urethra, particularly in women as female urethra is close to the vagina. Sexually transmitted diseases, such as herpes, gonorrhea, chlamydia and mycoplasma can cause also urethritis.

As women are more at risk because of their anatomy, specific factors for them include:

Sexual activity: More activity and more partners increase the risk.

Birth control methods: Use of diaphragms, copper-Ts and/or spermicidal agents raises the risk of UTI.

Menopause: In post-menopausal women, decreasing levels of estrogen cause changes in the urinary tract making them more vulnerable to infection.

For others

Other factors include urinary tract abnormalities at birth or structural or functional abnormalities of the urinary tract, blockages in the urinary tract such as kidney stones or an enlarged prostate, a suppressed immune system that causes diabetes and other diseases, catheter use among patients in hospital or paralysis patients. Use of unhygienic instruments during a surgical urinary procedure can also cause UTI.

Complications

Patients with acute complicated UTI can have recurrent infections, sepsis (especially if infection spreads from urinary tract to kidneys and even blood), narrowing of urethra in men from recurrent urethritis, in pregnant women risk of low-birth weight or premature infants, multiple organ system dysfunction, shock, and/or acute renal failure, renal abscess (pus collection), perinephric (around the kidney) abscess, emphysematous (collection of gas),

permanent kidney damage due to pyelonephritis, or renal papillary necrosis (a kidney disorder in which all or part of the renal papillae die) which can also be fatal.

Yoga and Physical Fitness

Stretch your ability (The Tribune: 20190724)

<https://www.tribuneindia.com/news/health/stretch-your-ability/804580.html>

The ancient art of yoga is a gentle one. It can be performed even by people with disability

Yoga is not only a form of physical exercise but this ancient practice has a spiritual aspect to it. This makes yoga not only a good workout but also a stress-buster and a means for relaxing the mind.

This age-old practices aids in correcting postures and relieves pain. Yoga is a versatile art as its movements can range from easy and gentle to vigorous ones depending upon the ability and age of the practitioner. However, people with limited mobility, especially those who are bound to a wheelchair, may find it impossible to practise the vigorous movements of yoga.

But as specified earlier, yoga is beauty lies in its versatility. People with disabilities can practise this ancient art in their wheelchair only. They can perform a set of modified movements that can be done sitting in a wheelchair. They can practice various exercises, including breathing ones, without any difficulty. They can learn breath control and meditate and also perform a series of postures so as to discipline their body and mind.

Benefits

Wheelchair users can practice yoga despite having limitations. However before they start, they must consult their doctor. When practicing wheelchair yoga, they should focus on correct posture of each pose and breathe normally as they hold each stretch. Most important is that they should keep in mind their limitation when stretching– and should feel tension but not pain.

Wheelchair-friendly asanas

These are some of the yoga poses that can performed in a wheelchair.

The cat pose: Hold the sides of your chair or place your hands on your thighs in front of you. Spend a few moments breathing in and out to let your muscles and body relax. Inhale, and then exhale slowly as you lean your upper body forward, drop your chin down, and arch your back. Hold this position for a few deep breaths and then gently return to an upright position.

Forward bend: Inhale deeply and straighten your back as much as possible so that you are sitting straight and tall. Exhale and bend forwards from your waist, ensuring that you hold on to your wheelchair for support. Hold this position for up to 5 breaths, and then slowly move back into your seated position.

Hip stretch: As you inhale, lift one of your legs and rest it gently so that it crosses over your other leg. Breathe slowly and deeply, staying in this stretch for 3 to 5 breaths. Slowly bring your leg back to its regular position. Repeat the stretch on the other leg.

The twist: Inhale deeply as you slowly rest your right hand on top of your left leg, using your left arm for support. Exhale and turn to look over your left shoulder, holding this position for up to five breaths. Gently release from this position and return to your original seated position.

Leg stretch: Inhale and stretch your back by sitting up tall in your wheelchair. Exhale slowly and wrap your hands around the back of your leg or shin. Lift your knee so that it is at a comfortable level, and hold this position for up to five breaths.

Heart

Scientists find a new kind of cell that helps heal the heart (The Tribune: 20190724)

<https://www.tribuneindia.com/news/health/scientists-find-a-new-kind-of-cell-that-helps-heal-the-heart/803519.html>

Researchers have discovered a previously unidentified cell population which could lead to new treatments for patients with injured hearts.

The cell, described in the journal *Immunity*, was discovered in the pericardial fluid found in the sac around the heart of a mouse with heart injury.

The researchers from the University of Calgary in Canada found that a specific cell, a Gata6+ pericardial cavity macrophage, helps heal an injured heart in mice.

The same cells were also found within the human pericardium of people with injured hearts, confirming that the repair cells offer the promise of a new therapy for patients with heart disease.

"Our discovery of a new cell that can help heal injured heart muscle will open the door to new therapies and hope for the millions of people who suffer from heart disease," said Paul Fedak, a professor at the University of Calgary

"The possibilities for further discovery and innovative new therapies are exciting and important," said Fedak.

Heart doctors had never before explored the possibility that cells just outside the heart could participate in healing and repair of hearts after injury, researchers said.

Unlike other organs, the heart has a very limited capacity to repair itself which is why heart disease is the number one cause of death in North America, they said.

"We always knew that the heart sits inside a sac filled with a strange fluid," said Fedak.

"Now we know that this pericardial fluid is rich with healing cells. These cells may hold the secret to repair and regeneration of new heart muscle," he said. — PTI

Breast Milk (Hindustan: 20190724)

http://epaper.livehindustan.com/imageview_152096_98519320_4_1_24-07-2019_i_20.pagezoomsinwindows.php

मां के दूध से ट्यूमर का खात्मा होगा

नई दिल्ली | हिन्दुस्तान टीम

सिर्फ ब्रेस्ट मिल्क (मां के दूध) में एक ऐसा रसायन पाया गया है जो ट्यूमर को छोटे-छोटे टुकड़ों में तोड़कर उसे मूत्र के रास्ते से बाहर निकाल देता है। एक हालिया शोध में यह दावा किया गया है। शोध में पाया गया है कि मिल्क शुगर एल्फा 1 एच स्वास्थ्य कोशिकाओं को नुकसान पहुंचाए बिना ट्यूमर का खात्मा कर देती है। यह रसायन बच्चे के विकास के लिए अत्यंत महत्वपूर्ण होते हैं।

कैंसर के इलाज में लाभदायक: एक शोध में पाया गया कि 20 ब्लैडर कैंसर के पीड़ितों में

एल्फा 1 एच की डोज देने के बाद ट्यूमर छोटे-छोटे टुकड़ों में टूटकर मूत्र के रास्ते से बाहर आ गया। ज्यादा शोध करने वाले पर पाया गया कि पीड़ित में इलाज शुरू होने के दो घंटे के अंदर ही ट्यूमर को तोड़ने की प्रक्रिया शुरू हो जाती है। जब एल्फा 1 एच, फैट ओलेइक एसिड से मिलता है तो यह ट्यूमोरिसाइडल कॉम्प्लेक्स बनाता है जो कैंसर कोशिकाओं को मरने पर मजबूर कर देते हैं।

चेक गणराज्य के शोधकर्ताओं को उम्मीद है कि यह कीमो का विकल्प बन सकता है। वर्तमान में मौजूद कीमोथेरेपी की तरह इस इलाज में किसी प्रकार का कोई साइड इफेक्ट नहीं होगा।

Arthrities (Hindustan: 20190724)

http://epaper.livehindustan.com/imageview_152096_98517770_4_1_24-07-2019_i_20.pagezoomsinwindows.php

गठिया होने के कारण पड़ सकता है दिल का दौरा

नई दिल्ली। घुटने और शरीर के जोड़ों में दर्द देने वाली बीमारी गठिया (ऑर्थराइटिस) को हल्के में ले रहे हैं तो सावधान हो जाइए। यह दिल के दौरों की वजह बनकर जानलेवा साबित हो सकता है। एक नए शोध में यह दावा किया गया है। इसके मुताबिक अन्य बीमारियों की तुलना में दिल का दौरा पड़ने की सबसे बड़ी वजह ऑर्थराइटिस है।

स्वीडन की लूंद यूनिवर्सिटी के शोधकर्ताओं ने 11 साल के अध्ययन के बाद यह निष्कर्ष निकाला है। प्रोफेसर मार्टिन इंग्लूंद का कहना है कि जिन लोगों ने नौ से 11 साल तक ऑर्थराइटिस का सामना किया उनमें सामान्य व्यक्तियों के मुकाबले दिल के दौरों से मरने की संख्या प्रति एक लाख में 40 से ज्यादा थी।

Rajasthan vaccination drive

Rajasthan vaccination drive starts amid protests (The Hindu: 20190724)

Parents in Bharatpur prevented health officials from vaccinating children

A measles-rubella vaccination campaign, targeted to cover 2.26 crore children up to 15 years of age, has started in Rajasthan amid protests by parents in some parts of the State.

The drive met with resistance on its opening day on Monday at a school in Bharatpur district's Nagar block where the parents of 600 students prevented the health officials from vaccinating the children.

At least 15 children, who were administered the vaccine in Jhunjhunu district's Kakoda village, were shifted to a hospital when they complained of vomiting and nausea. On Tuesday, half-a-dozen girls at Vaidik Kanya Vidyalaya in Jaipur were admitted to Sir Padampat Mother & Child Hospital when they felt dizzy after vaccination. They were kept under observation till late in the evening.

'Without consent'

While the Medical & Health Department maintained that the vaccination was voluntary, the local officials tried to convince the villagers of its benefits. Some parents alleged that the vaccination was being done without taking their consent and it would have an "adverse impact" on their future generations.

Inaugurating the month-long campaign at Mahaveer Public School here, Medical & Health Minister Raghu Sharma said it would be the biggest vaccination drive in the world, as India accounted for 36% of deaths of the world's children by measles. The campaign's first phase will cover all schools across the State and the second phase will involve outreach to local communities.

About 17,000 trained personnel will undertake vaccination activities at 61,000 Anganwadi centres, while 2.11 lakh principals and nodal teachers, 51,000 accredited social health activists (ASHAs) and 59,000 Anganwadi workers and volunteers will assist in the task. The arrangements for vaccination have been made in 65,000 government schools and 40,000 private schools.

Dr. Sharma said his department was paying the highest attention to reduction in infant mortality rate and maternal mortality ratio, as a result of which the health indicators had depicted a continuous improvement. The infant mortality rate in the State had registered an improvement by 4 digits, showing a decline from 32 to 28 per 1,000, he said.

Besides, the World Health Organization has reported that Rajasthan has carried out 90% vaccination in 2018-19. The measles-rubella vaccination drive is set to cover all pre-school children, government and private school children and out-of-school children.

Anti-AIDS march

Faltering steps in the anti-AIDS march (The Hindu: 20190724)

<https://www.thehindu.com/opinion/op-ed/faltering-steps-in-the-anti-aids-march/article28691834.ece>



The commitment to end the AIDS pandemic by 2030 needs strong and fearless leadership

The Joint UN programme on AIDS, commonly known as UNAIDS, is facing one of the worst challenges afflicting the global AIDS response — this time an existential threat questioning its very relevance. The UN Secretary-General, António Guterres, is expected to appoint a new executive director after the departure of Michel Sidibé in May 2019 on the recommendation of the programme coordinating board which manages the organisation. There are strong contenders from Africa and the U.S. in the reckoning among those who have been shortlisted.

A pivotal role

At such a crucial time, it is disturbing to hear voices again questioning the relevance of UNAIDS for the global response.

There are suggestions that AIDS should go back to the World Health Organisation (WHO) where it originally belonged to some 25 years ago. And that the new executive director should be equipped with an exit strategy to wind up the organisation.

Since its establishment in 1994, UNAIDS has been able to successfully mobilise world opinion to mount an exceptional response to an epidemic which has consumed over 20 million lives with still no effective treatment or cure. The UN General Assembly Special Session (UNGASS) 2001 was a game changer with the adoption of a political resolution that itself was exceptional in many ways. The creation of a Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the slashing of prices of AIDS drugs by Indian generics have brought treatment within the reach of many countries. Today some 22 million people are under antiretroviral therapy (ART) and preventing mother-to-child transmission of HIV has become an achievable goal by 2020. The organisation has provided leadership to many countries which in 10 years (2001-2010) could halt the epidemic and reverse the trend.

The epidemic is still alive

However, at a time when it should be leading the global response to end AIDS as a public health threat, the organisation has started to falter in its strategy. First came the extremely optimistic messaging blitz that the world was going to see the end of AIDS very soon. This is far from true. Regions such as eastern Europe and Central Asia and West Asia are nowhere near reaching that goal, with many countries such as Russia witnessing a raging epidemic among drug users and men who have sex with men (MSM) communities. With the top leadership in UNAIDS exhorting countries to bring AIDS “out of isolation” and integrate with health systems, the political leadership in many countries have thought that AIDS is no more a challenge.

Second has been the thinking that the AIDS epidemic can simply be treated away by saturating anti retroviral (ARV) coverage. Nothing could be farther from the truth. It is forgotten that AIDS affects the poor, the marginalised and criminalised communities disproportionately as they face challenges in accessing the ‘test and treat’ programmes. The ever increasing number of young people who are joining the ranks of vulnerable populations do not get prevention messages like in the past. National programmes do not any more consider condoms, sexual

education and drug harm reduction as central to the prevention of HIV transmission that results from unprotected sex and drug use. Funding for non-governmental organisations and community-based organisations working on prevention has virtually dried up.

Third has been the weakening of country leadership of UNAIDS in many high-prevalence countries. Senior country-level positions are, in many instances, held by people who do not possess the core competence to constructively engage political leadership to undertake legal reforms and provide access to services to marginalised populations.

Weakening activism

But the biggest setback has been the lost voice of vulnerable communities which was the main driving force of AIDS response in the decade after UNGASS. Activism surrounding AIDS has suddenly fizzled out emboldening many countries, especially in Africa, to further stigmatise and discriminate by enacting new laws that criminalise vulnerable sections of society.

To add to its woes, the charges against one of the senior most staff and his exit from the organisation have seriously compromised UNAIDS at a time when the global response needs its leadership the most. The new executive director will have an unenviable task of not just restoring the credibility and relevance of the organisation but strengthening its presence at country level and making it more meaningful to the communities which look to it for leadership. The new executive director has to work relentlessly to place prevention of the epidemic and empowering communities at the centre of global response.

With 1.7 million new infections and one million deaths occurring every year, we can't afford to drop the ball half way. The commitment to end AIDS by 2030 is ambitious but not impossible to achieve. What we need is a re-energised UNAIDS with a strong and fearless leadership from a person of high integrity and commitment along with a sincere effort to remove the deadwood from the organisation. Any thought of winding it up or giving the mandate back to WHO would be suicidal at this moment.

J.V.R. Prasada Rao is a former Health Secretary, Government of India. The views expressed are personal

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