DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day

Thrusday 20190704

Rural healthcare ailing

Rural healthcare ailing (The Tribune: 20190704)

https://www.tribuneindia.com/news/editorials/rural-healthcare-ailing/796810.html

EVEN as 70 per cent of our population lives in villages, rural India has little to offer to its residents by way of healthcare. The folks are forced to travel to hospitals in cities or expensive private practitioners as most village health centres and dispensaries suffer from acute shortage of doctors. Compounding the malaise is the irregular supply of medicines for even common ailments. Often, the visit to the specialist doctor in the city comes late, at a grave cost to their health. Timely care provided to a patient on his doorstep holds the key to a better, practicable and more effective treatment.

That nearly 25 per cent of the sanctioned posts of doctors at primary health centres in villages are vacant mirrors the underprivileged status of the sick in the villages. The condition is worse in community health centres that have a shortfall of specialists by a painful high of over 80 per cent. This has resulted in another quandary: overburdened doctors in civil hospitals and medical institutes in cities. The major cause for the huge gap in the healthcare facilities available in the urban and rural areas is the unwillingness of most physicians and surgeons to serve in the hinterland.

So, though Punjab has a doctor-patient ratio of 1.3:1,000, higher than the WHO norm of one doctor for 1,000 persons, it does not translate into proportional deployment in urban and rural public health centres. Despite the proliferation of medical colleges over the years, there is not much improvement in the healthcare facilities provided to those living on the periphery or in the heartland. Better pay and perks and a fixed period of mandatory rural service by graduates of government medical colleges can prove to be a balm to the ills of the millions of medically underserved patients in our villages. It will not only help bridge the gaping urban-rural health chasm but the prompt care provided thus will also eventually save many lives.

Children with acute encephalitis syndrome (AES)

Centre’s ‘inter-disciplinary, high quality’ research team to fix precise cause of AES (The Hindu: 20190704)

https://www.thehindu.com/news/national/centres-inter-disciplinary-high-quality-research-team-to-fix-precise-cause-of-aes/article28272707.ece

Children with acute encephalitis syndrome (AES) undergo treatment at the Sri Krishna Medical College and Hospital in Muzaffarpur, Bihar. File

Children with acute encephalitis syndrome (AES) undergo treatment at the Sri Krishna Medical College and Hospital in Muzaffarpur, Bihar. File | Photo Credit: Ranjeet Kumar

A 23-page affidavit filed by the Bihar government said that as of June 30, the total number of reported AES cases were 824 and 157 deaths recorded.

The Central government on July 3 informed the Supreme Court that it had decided to constitute an “inter-disciplinary, high quality” research team to ascertain the precise cause of the acute encephalitis syndrome (AES) outbreak that led to mass child deaths in Muzaffarpur district of Bihar.

In an 11-page affidavit, the Centre said the decision was taken to “save precious human lives in future”. The AES in Muzaffarpur dated back to 1995. Though 'health' was a State subject, it had taken “substantive measures” to support and guide the State government. It had been reviewing the situation, it pointed out.

On July 2, the State government defended its public health system in the top court, saying steps taken by its public health authorities had in fact lowered the AES fatality rate to 19%, much less than the global fatality rate of AES pegged at 30%.

A 23-page affidavit filed by the State government said that as of June 30, the total number of reported AES cases were 824 and 157 deaths recorded.

Chief Minister Nitish Kumar was “personally involved and actively engaged in finding ways and means to control and treat the dreaded AES disease,” it said.

The State was “waging a battle against the dreaded disease in order to protect and save precious human lives”. There was a “substantial reduction” in reported cases of AES. The credit for this went to the “constant and consistent efforts” taken by the government and, secondly, a “change in weather conditions,” it noted.

The affidavits come in response to the court’s June 24 order to provide details of of public medical care facilities, nutrition and sanitation/hygiene followed in the State. It was passed on a PIL filed by Manohar Pratap, who sought directions from the apex court in the light of the child deaths, including the constitution of a medical board, advertisement of preventive steps and improvement of infrastructure in the State.

27% of children with disabilities

27% of children with disabilities have never been to school: UNESCO (The Hindu: 20190704)

https://www.thehindu.com/news/national/27-of-children-with-disabilities-have-never-been-to-school-unesco/article28276203.ece

There are fewer girls with disabilities in school than boys, says report

More than one in four children with disabilities between ages 5 and 19 in India have never attended any educational institution, while three-fourths of five-year-olds with disabilities are not in school.

A report by UNESCO and the Tata Institute of Social Sciences released on Wednesday recommends structural, funding and attitudinal changes to ensure that no child is left out of the right to education.

Census data

Citing 2011 census data, the report showed that there are more than 78 lakh children with disabilities in the country between 5-19 years. Only 61% of them were attending an educational institution. About 12% had dropped out, while 27% had never been to school at all.

“The number of children [with disabilities] enrolled in school drops significantly with each successive level of schooling. There are fewer girls with disabilities in school than boys,” says the report. In 2014-15, there were more than 15 lakh children with disabilities in primary school. Two years later, enrolment had dropped by more than two lakh, data shows. At the higher secondary school level, there were less than 63,000 such children in 2016-17.

Home-based education

Experts say the situation is worse than what the statistics show as the government data on enrolment includes home-based education, which often exists only on paper for children with disabilities. “In many parts of rural India, if a parent opts for home-based education, the child may not be getting an education at all. The Sarva Shiksha Abhiyan teacher is supposed to visit and check, but how often does that happen? The number of excluded children is much higher than government data shows,” said Arman Ali, executive director of the National Centre for Promotion of Employment for Disabled People, who was part of the editorial board overseeing the report

“The Right to Education Act mandates enrolment, but not the provision of resources needed for the actual education of a child with disabilities,” pointed out Susheela Jeliya, a disabilities specialist with World Vision India.

Amendments to the RTE Act, 2009 to make it align with the Right of Persons With Disabilities Act, 2016 are among the major recommendations of the report.

Taken steps to prevent AES spread, Bihar tells top court

Claims disease fatality rate in state is lower than global average

Acute encephalitis syndorme (AES)

Taken steps to prevent AES spread, Bihar tells top court (The Tribune: 20190704)

https://www.tribuneindia.com/news/nation/taken-steps-to-prevent-aes-spread-bihar-tells-top-court/796660.html

Claims disease fatality rate in state is lower than global average

The Bihar Government has told the Supreme Court that it has already taken steps to check the spread of acute encephalitis syndorme (AES) in Muzaffarpur and that AES fatality rate in the state is lower than global average despite shortage of doctors and nurses.

In an affidavit filed in the SC, the Nitish Kumar government said the state had already taken all-possible steps to prevent the spread of the disease by providing additional medical facilities in the affected region. It also said that in cooperation with the Centre, AIIMS and other agencies, it has simultaneously provided all medical facilities to treat the affected children.

“The steps taken by the state has prevented spread of the disease and has reduced the fatality rate arising out of the AES,” it said in its affidavit filed in response to a PIL on the issue, adding this was despite having only 43 per cent doctors and 29 per cent nurses against the sanctioned strength. Of the 824 AES cases in Bihar, 157 deaths were reported but the fatality rate had come down to 19 per cent, against the global rate of 30 per cent.

Acting on a PIL filed by advocate Manohar Pratap, the SC had on June 24 asked the Bihar Government and the Centre to file affidavits within a week on adequacy of public medicalcare facilities, nutrition and sanitation/hygiene in the state. A Vacation Bench headed by Justice Sanjiv Khanna had sought a similar affidavit from the Government of Uttar Pradesh where Gorakhpur and adjoining districts had been affected by AES in recent past. “This is a serious matter. Deaths can’t keep happening. We need definite answers,” it had said.

The petitioner had sought direction to the Centre to provide necessary medical help and support for effective treatment of children suffering from the epidemic and a relief of Rs10 lakh to surviving members of family of each child who died due to negligence of the state machinery.

Exercise

Short bouts of exercise enhance brain function (The Tribune: 20190704)

https://www.tribuneindia.com/news/health/short-bouts-of-exercise-enhance-brain-function/796609.html

The study showed that an acute burst of exercise is enough to prime the brain for learning. File photo

Regular exercise is not just good for your health but it can also make you smarter, a study has found.

Neuroscientists, working with mice, have discovered that a short burst of exercise directly boosts the function of a gene that increases connections between neurons in the hippocampus, the region of the brain associated with learning and memory.

They measured the brain's response to single bouts of exercise in otherwise sedentary mice that were placed for short periods on running wheels. The mice ran a few kilometers in two hours.

The study, published in the journal eLife, found that short-term bursts of exercise—the human equivalent of a weekly game of pickup basketball, or 4,000 steps—promoted an increase in synapses in the hippocampus.

The neurocientists at Oregon Health & Science University in the US made the key discovery by analysing genes that were increased in single neurons activated during exercise.

During the research, one particular gene—Mtss1L—stood out. This gene had been largely ignored in prior studies in the brain.

The Mtss1L gene encodes a protein that causes bending of the cell membrane.

The researchers discovered that when this gene is activated by short bursts of exercise, it promotes small growths on neurons known as dendritic spines—the site at which synapses form.

The study showed that an acute burst of exercise is enough to prime the brain for learning. PTI

HIV infection

HIV infection ups risk of heart failure, stroke (The Tribune: 20190704)

https://www.tribuneindia.com/news/health/hiv-infection-ups-risk-of-heart-failure-stroke/796603.html

People living with HIV are at an increased risk of developing cardiovascular diseases (CVD), particularly heart failure and stroke, warn researchers.

"Our findings reinforce the importance of primary prevention of cardiovascular disease through control of risk factors such as high blood pressure or smoking in persons living with HIV," said study lead author Alvaro Alonso from Emory University in the US.

Published in the Journal of the American Heart Association, the study analysed information from a large health insurance database.

For the study, researchers analysed information on 19,798 people living with HIV and 59,302 age- and sex-matched non-infected individuals who were followed for an average of 20 months.

According to the researchers, people living with HIV had 3.2 times and 2.7 times higher risks of heart failure and stroke, respectively, when compared to non-infected persons.

The association of HIV infection with cardiovascular disease was especially strong for persons younger than 50 years of age and those without a prior history of CVD, said the study.

However, people living with HIV did not have an increased risk of peripheral artery disease and only moderately increased risk of heart attack or atrial fibrillation. — IANS

Arthritis

Untreated, arthritis affects organs, lowers life expectancy (Hindustan Times: 20190704)

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

At least one in four men and women in India have varying degrees of bone and joint degeneration after 50, with age-related wear and tear, injury, obesity, osteoporosis and rheumatism being the leading causes of pain and restricted movement.

Living with pain is not inevitable, said experts. “Many people think arthritis and related conditions, such as rheumatism and osteoarthritis, are an inevitable consequence of getting older, especially if there is a family history. This misconception is not only outdated, but dangerous. With modern medicine and techniques, one does not have to put up with the symptoms of arthritis,” said UK-based consultant rheumatologist Dr Taher Mahmud, who calls the failure to treat arthritis and osteoporosis effectively a medical emergency.

“Left untreated, arthritis can severely impact the quality of life, causing irreversible damage to muscles and bone structure. Severe symptoms can even affect the functioning of organs and lower life expectancy,” said Dr Mahmud, co-founder of The London Osteoporosis Clinic.

Urban lifestyle fuels unhealthy eating patterns and inactivity, and is leading to nutritional deficiencies and obesity, which causes and aggravates bone and joint diseases. “Osteoarthritis and rheumatoid arthritis are common in India, especially among the overweight and people above 50-60 years,” said Dr RK Arya, director, Sports Injury Centre, Safdarjung Hospital.

“Rheumatoid arthritis is an inflammatory disease that starts appearing in the 40s, usually in women with a family history of the disease. The symptoms of both, osteoarthritis and rheumatoid arthritis, are similar—painful and swollen joints. But, rheumatoid arthritis causes more disability in the smaller joints such as fingers and toes,” Dr Arya said.

Pain from osteoarthritis, caused by joint overuse injuries, is usually milder in the mornings but becomes acute with continued use of the affected joint. People with rheumatoid arthritis wake up with stiff and painful joints, but experience an easing of pain as the day progresses.

Treatment focuses on a combination of therapies to relieve symptoms, improve joint function and preserve bone and joint health. “At least 30% of general physician consultations in the UK relate to musculoskeletal

problems, which account for 41% of work-related ill health. People are living in debilitating pain, even when the pain and lost productivity is largely preventable. This impacts their quality of life, productivity,” Dr Mahmud said.

Treating arthritis and rheumatic conditions not only alleviates the symptoms, but also reduces bone damage and subsequent need for surgery. “In many cases, lifestyle changes, such as diet and exercise, are all that’s needed to alleviate arthritic and rheumatic symptoms. For those who need it, a range of other medical options, such as injections, disease-modifying anti-rheumatic drugs (DMARDs) to slow or stop the immune system from attacking joints, can treat and reverse the conditions,” said Dr Mahmud.

If the pain persists, painkillers such as paracetamol, tramadol and oxycodone, and hydrocodone preparations help relieve pain, while non-steroidal anti-inflammatory drugs (NSAIDs) lower, both, pain and inflammation.

“As a result of better treatment options, the number of people with rheumatoid arthritis needing joint repair, joint replacement or joint fusion surgeries have gone down over the past decade,” said Dr Yash Gulati, consultant orthopaedic surgeon, Indraprastha Apollo Hospital.

“Losing weight is a must, as is doing gentle exercises to improve range of motion of the joint and strengthen the muscles surrounding the joints. These, however, must be done under medical supervision,” said Dr Gulati.

Healthcare (The Aasian Age: 20190704)

http://onlineepaper.asianage.com/articledetailpage.aspx?id=13311830

Healthcare in India is in abysmal shape, must be shaken out of comatose state

Archana Dalmia
focus

■ Just before the run-up to the elections, there was a ray of hope — we saw that the Congress manifesto had proposed the idea of a Right to Healthcare Act, while the BJP promised more funding for healthcare with its Ayushman Bharat policy — which by the way, is used to garner healthcare to the tune of ₹6,400 crores, but only to benefit the private sector. Once again, the poor and middle-class were left out.

● **Primary Health Centres (PHCs) are not present in many villages (about 1 for every 20), and where present, are so severely undermanned that the 'access' system is completely broken.**

While recently re-reading Aravind Adiga's *The White Tiger*, I was brought again to the brink of tears by the passage that describes how the protagonist Balram's father dies of tuberculosis in the corridor of a municipal hospital in the fictitious Laxmangarh. They spread his body out on a newspaper, they wait and wait for the doctor who never arrives until their father, an emaciated rickshaw puller, coughs up all his life blood and then dies unattended.

One does not have to turn to fiction as the facts are an even harsher in reality. India's poor often die in the corridors of the overcrowded and understaffed municipal hospitals across the great subcontinent. Only recently, about a 100 children have died of acute encephalitis syndrome (AES) in the past fortnight in Muzaffarpur district in Bihar, while more than 600 children across 16 districts of Bihar this year have been infected.

The story of infants and children dying due to AES remains the same. This is not the first time that this disaster has occurred. Five years ago, there was an outbreak of the disease in Bihar itself, but nothing much has changed since then — it is "the song of never-ending beeps from the monitors, the unblinking eyes of the children and their frothing mouths," to quote journalist Chinki Sinha, who was reporting from the trenches.

Even though the Union health ministry has expressed alarm over the deaths, and they speak of putting in place a plan to tackle the disease, (as vague as every), but my question is, why do we always react to disaster rather than plan ahead? Especially when it comes to recurring epidemics that can be stemmed and treated if timely action is taken. More often than not, India's poor or lower-middle-class dies due to lack of access to healthcare and when there is access, there is a lack of quality. The figure for people who die of treatable ailments in our country is a staggering 2.4 million.

The apathetic attitude often stems from the high birth rate. I have often heard comments like, "Oh so what if a few millions die — millions are born every day!" It is this shocking lack of value for life that marks the approach towards public healthcare systems in this country. "We need to better measure the quality of our health system as a composite entity rather than merely being content with certifying hospitals and laboratories," to quote K. Srinath Reddy, president of the Public Health Foundation of India, which is a Delhi-based thinktank. The mechanisms for monitoring the quality of healthcare in India are not in place and in most cases, are unavailable.

Simple things like a CT scanner are not even available in many of India's urban hospitals (you would be shocked to know that one such hospital is in Mumbai!) — and then patients are sent off to expensive private centres for the procedure. Many of India's poor cannot even afford to buy the expensive medication that is prescribed by doctors — let alone afford a CT scan. With the poor amounts of funds allocated to healthcare in our country, our hospitals lack simple things like the supply of critical equipment and consumables (including syringes, oxygen, etc.). The number of hospitals and the retained staff of doctors, specialists, nurses and assistants are dismal when compared to nations like China and Brazil that spend up to three and five times the amount on healthcare. If it is not lack of access, it is a lack of affordable medical care.

Moreover, across political parties, healthcare is given a low priority. As a result, India performs poorly in care delivery — our health indices are some of the worst in the world. Just before the run-up to the elections, there was a ray of hope — we saw that the Congress manifesto had proposed the idea of a Right to Healthcare Act, while the BJP promised more funding for healthcare with its Ayushman Bharat policy — which by the way, is used to garner healthcare to the tune of ₹6,400 crores, but only to benefit the private sector. Once again, the poor and middle-class were left out of the picture. Often issues of security and religion outstrip the simple needs of the poor, like access to water and good healthcare. Healthcare often takes a backseat when it comes to pressing the button in the booth and it hardly ever becomes a mandate for elections.

One bold step that has been proposed by the Niti Aayog is to overhaul the Medical Council of India (MCI). The logic behind this replacement scheme is because the MCI has been a bribe-taking organisation for accreditation of medical colleges. It has reportedly used its authority to require that doctors without specialised degrees cannot perform the most routine of procedures like caesarean sections or ultrasounds. Absurdly, this means that even MBBS doctors are not allowed to legally treat some of the leading causes of death in India.

In villages, Primary Health Centres (PHCs) are supposed to feed medical cases that require treatment to specialist hospitals in districts and further on to the state-level specialist hospitals. PHCs are not present in many villages (about 1 for every 20 villages), and where present, are so severely undermanned that the "access" system is completely broken.

It goes without saying that much work needs to be done to figure out a combination of methods to address the needs of a heterogeneous India that caters to the urban and rural populations, rich and poor and formal and informal workers. More than ever, India needs a robust healthcare system in place.

The writer is the chairperson of the AICC grievance cell. The views expressed here are personal.

Universal Healthcare (The Aasian Age: 20190704)

http://onlineepaper.asianage.com/articledetailpage.aspx?id=13311834

Universal healthcare key to national well-being

Moin Qazi

meanwhile

■ India must revitalise its public health system to ensure access, outcome, quality and affordability. The focus must be on finding solutions which are affordable, scalable and yet of a high quality.

India's economy is soaring and is now the world's envy, but its healthcare system remains an Achilles' heel. For millions of people, the high cost of treating illnesses continues to undermine economic progress. This is largely on account of India's dilapidated healthcare system — a major symptom of the dire lack of funding. India ranks poorly in international rankings on most health indices.

The World Health Organisation (WHO) has found that 50-65 per cent of Indians lack access to essential medication, despite the country being the largest producer of generic medicines. This signals a need for the government to mass produce generic essential medication and distribute them to the population across the country through public health clinics.

Another point to be noted is that the growth of healthcare facilities has been concentrated in the private sector, while, governmental hospitals continue to be under-resourced, understaffed and poorly managed, thereby delivering poor quality of care. This has led to a rapid mushrooming of unregulated private providers, which today accounts for 93 per cent of all hospitals, up from 8 per cent in 1947. Private facilities also account for 64 per cent of all beds and employ 85 per cent of all doctors in the country. This contributes to the ever-widening gap in access to healthcare between rich and poor communities in India.

The other indices of India's healthcare are also alarming — with 63 million people pushed into poverty due to healthcare expenses. Additionally, hospital bed density in India is merely 0.9 per 1000 persons, while the minimum advocated by the WHO is 3.5 beds per 1,000 people. Similarly, India only has around 0.7 doctors per 1,000 people, while the WHO's minimum is 1 doctor per 1,000 people. Out-of-Pocket (OOP) expenditure on healthcare in India — personal spending — contributes to approximately 86 per cent of private expenditure and 60 per cent of overall healthcare expenditure in the country and is much more than the rates in countries like Thailand (25 per cent) and China (44 per cent).

An elderly man walking to a Primary Health center in Tamil Nadu

According to the international consultancy, KPMG, the number of healthcare personnel and infrastructure is highly disproportionate for India's burgeoning population and voluminous disease burden. The country shares about 20 per cent of the burden of global diseases. However, in terms of global infrastructure share, India has only 6 per cent beds and 8 per cent doctors. In terms of public healthcare coverage, the statistics are horrific. There is one government doctor for every 10,189 people, one hospital bed for every 2,046 people, and one government-run hospital for every 90,343 people. These are certainly mind-numbing figures.

Healthcare expenses are a major cause of impoverishment of working families in India. Private healthcare has catastrophic costs that shave off hard-earned savings of patients and their families, thereby becoming a primary route to bankruptcy.

All these have spillover consequences for families resulting in less money available to households for food, education, housing and long-term plans. According to Dr David Dror, founding chairman of the Micro Insurance Academy and an expert on the Indian health insurance system, "A health event is a bigger risk to farmers than an unsuccessful crop." He adds, "Once they sell their land or livestock, they become indentured labourers. That takes a generation to fix." By managing risks and avoiding debt, those who have micro-insurance policies are in a position to protect the meagre wealth they accumulate, generate more income and even get a fair chance to rescue themselves and their families out of the mire of poverty.

Health insurance is emerging as an important financing tool in meeting the healthcare needs of the poor. Life is a tough ordeal for families hit by "health shocks". Poor families have long suffered the triple curse of sudden illness — the trauma associated with sickness, the financial burden of intensive healthcare and the loss of wages.

The poor prefer health insurance to life insurance, as they say, "We die once but go to the doctor many times each year." By hedging life's uncertainties, they are in a position to protect the wealth they accumulate, generate more income, and can even get a fair chance to rescue themselves and their families out of the mire of poverty.

Community-based health insurance, rather than market-mediated or government-provided insurance, is widely considered an appropriate way of reaching and protecting the poor. The development of private health insurance has potential risks and benefits in terms of healthcare access for the poor. It could result in substantial long-term welfare benefits but it is unaffordable for most low-income families.

India must revitalise its public health system to ensure access, outcome, quality and affordability. The focus must be on finding solutions which are affordable, scalable and yet of a high quality. The government needs to supplement curative services with preventive measures by strengthening ancillary civic services like insect management, water purification systems, sewage systems and plants for treatment of industrial effluents and waste. Due to poor hygiene and sanitation, people are suffering from pneumonia, malnutrition, malaria and tuberculosis across the country.

The biggest disease burden sits on the bottom pyramid of 500 million people. They don't have access to reliable diagnosis or proper treatment. If they get diagnosed, they find it hard to get treatment. The government-run hospitals are free for everyone, but access is difficult, quality is abysmal and corruption is endemic. Another challenge for the health sector is the lack of provisions to deal with non-communicable diseases such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes.

Unlike the short-term effects of communicable diseases, the dual health and economic impacts of non-communicable diseases on individuals, families and households are devastating and long-lasting. It is estimated that India is likely to lose $4.58 trillion before 2030 due to NCDs, as government-run healthcare system focuses only on maternal and child care, especially at the rural level. This would mean providing a clean environment and potable water so that infectious diseases are contained to the minimum and a stress-free and healthy lifestyle is promoted to ward off the growing threat of non-communicable diseases.

We need a National Medical Service under the National Health Mission that can have a national pool of doctors who can be distributed across the states to correct unevenness of the quality of medical services in different regions. Pooled public procurement and strategic purchasing of equipments and medical supplies will save costs and help attain efficiency, thereby promoting quality controlled health services. Sharing of best practices can help tone up the deficient regions. The flow of talents through this national medical cadre will bring about more balanced development of health services at the national level.

The writer is a member of the Niti Aayog's National Committee on Financial Literacy and Inclusion for Women

Obesity

Obesity tops smoking as main cause of cancers (The Times of India: 20190704)

https://timesofindia.indiatimes.com/home/science/obesity-tops-smoking-as-main-cause-of-cancers/articleshow/70066441.cms

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