

HEALTH DIGEST

Fortnightly E-Publication

EXCLUSIVE NEWS

No Country for baby girls

- The Hindu, March 18, 2017. Jyoti Shelar

In spite of governments initiative to protect girl child 'Beti Bachao, Beti Padhao' there is an increase of sex selective abortions at hospitals. At the core of these abortions is the deep rooted desire in the society to have a boy, an heir to the family.

The village of Mhaisal on the Maharashtra-Karnataka border hit the headlines recently when 19 foetuses were found buried near a homeopath's clinic. Jyoti Shelar reports on the trial of rapacious doctors and touts who tapped into the desperation for male child. "The mothers are under tremendous pressure to have a boy. The in-laws and the husbands are brutal when it comes to having a girl child back - to -back," says Rajashri Zare, an Accredited Social Health Activist (ASHA) from the village.

Run from a two-storey bungalow, the clinic stands barely 100 m



Unabated practice: "To date, the police have arrested 12 people who conducted the sex determination tests." Swaranjali and Pranjali, the daughters of Swati Jamdade who died following a botched-up abortion in Mhaisal village, with their paternal grandmother Padmini Patangrao Jamdade in Manerajuri village. | Photo Credit: Arunangsu Roy Chowdhury



from the Kagwad police station and another 200 m from the government-run Community Health Centre. Dr. Ghodke, 68, who has been arrested, is said to have been running the clinic for over two decades. "It was a maternity home at first that abruptly shut down. Later on, we could only see some action after 11 p.m. There would be couples going in and out of the bungalow," says a local

<http://www.thehindu.com/opinion/op-ed/trail-of-rapacious-doctors-and-touts-no-country-for-baby-girls/article17519873.ece>

This issue of **Health Round-Up** brings together latest articles that all seem to focus on the bane of an over-medicalised health care system, model and approach and seeks to urge readers to question such a model while considering the healthier alternative. The articles here discuss how corporate structured health care packages can cause more harm than good, with these picking up as a modern healthcare trend. Two articles draw attention to the growing problem of microbial drug resistance in India and two other articles focus on the limitations that still exist in the country's public health system despite the efforts being made towards improvement. Other issues discussed include healthcare politics, corruption and inequity in health care and development.

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Health hazards on the rise quality



– Deccan Herald, March 12, 2017

Gastroenteritis, typhoid, skin allergies and a host of children's health issues are mounting due to the pollution in Varthur and Bellandur lakes. Studies conducted locally in Varthur have also indicated a spike in neurology-related cases such as epilepsy in the last four months. Dr. Reena

The allergies, Dr Reena says, have had a domino effect on people in the area, most of whom are working parents who find it tough to attend to their kids when they fall ill. Many people are even ready to relocate so as to get some respite from the increasing problems of the area.

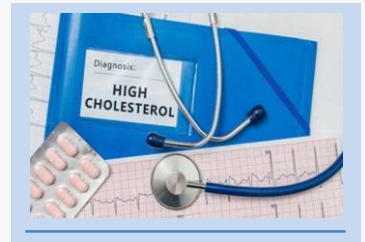
Sunil, Paediatric consultant at a private clinic in Bellandur, believes that the foam and froth raked up by the lake have had a telling effect on people living around the area.

<http://www.deccanherald.com/content/600842/health-hazards-rise.html>

Clinical benefit yes, cost –benefit no?

– The Hindu, March 19, 2017. Gina Kolata

Medical practitioners are upbeat about the advantages of using cholesterol-lowering drug Repatha, but investors are not impressed. The study published in The New England Journal of Medicine and presented at the annual meeting of the American College of Cardiology has found the result of the drug, Repatha which is also called a PCSK9 inhibitor, which can make cholesterol tumble to levels almost never seen in natural adults, or even in people taking cholesterol-lowering statins. Dr. Eugene Braunwald, a cardiologist at Harvard Medical School, conducted the study and says, that hope now been realised for the Amen Drug, "This is like the era of statins coming in." Like statins, which were introduced in the 1980s, the new classes of



drugs have potential to improve the health and longevity of millions of Americans with heart disease. But cost is an issue as statins are available as cheap as generics. The new drugs have a list price of \$14,523 a year. "The next big challenge is financial: how to pay for it," says Dr. David Maron, director of preventive cardiology at Stanford.

<http://www.thehindu.com/sci-tech/health/clinical-benefit-yes-cost-benefit-no/article17529272.ece>

Knowledge, attitude and behaviour of the general population towards organ donation: An Indian Perspective

– The National Journal of India, Vol. 29, No.5, 2016. Poreddi Vijayalakshmi et.al.

The rate of organ donation in India is low and research on organ donation among the general population is limited. The knowledge, attitude and willingness to donate organs among the general population was assessed by the applying cross-sectional descriptive study method among 193 randomly selected relatives of patients attending the outpatient department at a tertiary care center in Bengaluru. The results found by the researchers are that 52.8% of the participants had adequate knowledge and 67% had a positive attitude towards organ donation. While 181(93.8%) participants are aware of and 147 (76.2%) supported organ donation, only 120(62.2%) were willing to donate organs after death. Further, there were significant associations between age, gender, education, economic status and background of the participants with their intention to donate organs. The study also recommends for public education programmes to increase awareness among general population about the legislation related organ donation.

<http://www.nmji.in/showBackIssue.asp?issn=0970-258X;year=2016;volume=29;issue=5;month=September-October>

Health policy wants public hospitals certified for quality

– The Hindu, March 18, 2017. R. Prasad.

The National Health Policy announced a few days ago, proposes to raise public health expenditure as a percentage of the GDP from the current 1.15% to 2.5% by 2025. The resource allocation to individual states would be linked with their development indicators, absorptive capacity and financial indicators. The policy aims to end equality says Manoj Jhalani, Joint Secretary - Policy, Ministry of Health and Family Welfare. The policy stresses on the preventive health care by engaging with the private sector to offer healthcare services and drugs that are affordable to all. It aims at reducing out of pocket expenditure by 25% from current levels by 2025. The centre is working on introducing a health card- an electronic health record of individuals, which can be used for retrieving and sharing health data by primary health centre and higher health facilities.

<http://www.thehindu.com/todays-paper/tp-national/health-policy-wants-public-hospitals-certified-for-quality/article17530382.ece>

The National Health Policy

of 1983 and the National Health Policy of 2002 have served well in guiding the approach for the health sector in the Five-Year Plans. The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions- investments in health, organization of healthcare services, prevention of diseases and promotion of good health through cross sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building knowledge base, developing better financial protection strategies, strengthening regulation and health assurance. NHP 2017 builds on the progress made since the last NHP 2002. The developments have been captured in the document "Backdrop to National Health Policy 2017- Situation Analyses", Ministry of Health & Family Welfare, Government of India.

<http://mohfw.nic.in/index1.php?lang=1&level=2&sublinkid=6478&lid=4270>

The TB time bomb

— The Hindu, March 19, 2017. Chapal Mehra

Disease control in India is a story of contradictions and tuberculosis is no exception. India's health minister, J.P. Nadda, spoke at the World Health Organisation regional health ministers' meeting in Delhi on TB stating that his government's intention to address the disease aggressively. TB is a staggering epidemic that is affecting 2.8 million and kills 485,000 Indians, pushing individuals, families and communities into poverty, suffering debt. This can be attributed to the lack of preventive strategies, poor nutrition, and rapid urbanisation with limited public awareness all feed India's epidemic.

<http://www.thehindu.com/sci-tech/health/the-tb-time-bomb/article17529283.ece>

Rise in H1N1 cases, but no need to panic

– The Hindu, March 18, 2017. Afshan yasmeen

The number of H1N1 positive cases are on the rise this year and seven deaths have been reported so far. Doctors say it is 'not an alarming situation' as the disease can be treated. There have been 1,302 positive cases so far this year. While the specific reason for the rise is not known, doctors say the spike could be due to mutation to the virus. According to the statistics from Health Department, the highest number of positive cases -609 has been reported from BBMP limits. In 2015, the state had reported 3,565 positive cases and 94 H1N1 deaths. There is an increase in the number of cases due to virus mutation and return in more severe form. There is no need to panic as the treatment for H1N1 is available. Only those with low immunity are catching infection says Shashidhar Buggi, Director, Rajiv Gandhi Institute of Chest Diseases. Dr. K.S. Sathish, Consultant pulmonologist at Vikram Hospital, attributes the increase in the H1N1 cases to the fluctuating weather. People should be alert and get tested if the symptom worsens. <http://www.thehindu.com/news/cities/bangalore/rise-in-h1n1-cases-but-no-need-to-panic/article17528735.ece>



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