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Indian Medical Parliamentarians' Forum
Newsletter

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Dear friends,

On behalf of the IMPF, we are pleased to release the IMPF Newsletter after a long gap of 5 years. The IMPF was formed in the year 2006, and Dr. Anbumani Ramadoss, then Union Minister of Health and Family Welfare was the patron of the IMPF. At present in the current Parliament, there are 35 Members, who belong to the medical profession as qualified medical practitioners. In the recent meeting of the IMPF, we decided to resume the activities of the IMPF and bring the regular session-wise newsletters for our fellow parliamentarians to inform them about the pressing issues of public health and health sector.

At a glance:

IMPF is committed to promoting health for all. We believe that free and affordable access to healthcare, treatment and medicine is important step to ensure the right to health for the people. The forum proposes to act as a bridge between people and policy-makers on matters related to health sector and public health, and work closely with all stakeholders including the government, healthcare providers, patients groups and civil society.

We express our sincere appreciation to all the contributors who have made this newsletter very informative for parliamentarians across parties. Hence, we look forward to your support and participation to carry forward our responsibilities.

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Air Pollution: Impact on Public Health

With the aim to help India achieve the global leadership in the climate change debate and to encourage the policy makers to focus on the issue, PM Narendra Modi launched the country's first air quality index amid growing concern over the impact of air pollution on public health.

According to WHO reports, 7 million people died due to air pollution in 2012, globally, making it the world's single biggest environmental health risk. Between 2005 and 2010, outdoor air pollution increased by 4% worldwide. However, in India it increased by 12%. Outdoor sources of air pollution include the noxious wastes generated by traffic, industrial sectors, power plants, cooking and heating with solid fuels, forest fires and open burning of municipal waste and agricultural residues. People residing in cities with pollutant levels beyond WHO guidelines have increased the risks of stroke, heart disease, lung cancer, chronic and acute respiratory diseases and other health problems. However, indoor air pollution is also a major concern for poor health and premature death.

The WHO assessed 1,622 cities worldwide for smaller particulates in air called PM2.5 and found India home to 13 of the 20 cities with the most polluted air topped by New Delhi with an annual average of 153 micrograms of PM2.5 per cubic metre. The level was six times more than the recommended maximum by WHO and two times more than the Indian standards. However, India has rejected the study conducted by WHO stating that the value specified for Delhi in the report has been over-estimated and the yearly average is in fact around 110 micrograms.

Air pollution has become a major area of concern today. The leaders of the nation are thus striving to work towards a greener lifestyle. The Indian government has undertaken several initiatives to combat air pollution. Provisions have been made for monitoring stations with air quality index display board to be set up in the major cities of India. The scrapping of subsidies on petrol, diesel and the world's first market for trading permits in emissions of particulate matter, has been proposed to be launched by Gujarat, Maharashtra and Tamil Nadu. A research project has also been undertaken near Patna retrofitting the chimneys of brick kilns in ways that reduce smoke. Further, the Prime Minister has proposed to declare every Sunday as "bicycle day" along with switching off of street lights during full moon.

New Delhi declared as the most polluted city in India deserves pollution limiting measures to be executed and implemented by locally elected representatives and officials, so as to root out the problem from its source. The city has succeeded in combating pollution to some extent by adopting CNG for its buses and rickshaws, following the Supreme Court's ruling in 1998. However, the 8,000 buses constitute only a small fraction of total traffic in Delhi. With the increasing population of vehicles in the city, the Delhi High Court has directed the Union Government to come up with a road map and proposed additional monitoring stations to be established in Delhi.

Air pollution is a severe issue and needs to be fought against in an international platform. In this endeavour, countries have already enforced air quality standards and motivated the development of cleaner technologies accessing the internationally agreed guidelines such as the WHO air quality guidelines, the Environmental Health Criteria documents and International Agency for Research on Cancer (IARC) studies. Further, since air pollutants are easily transported across borders, over 50 countries are engaged in effective cooperative work under the United Nations Economic Commission for Europe (UNECE) Convention on Long-range Trans-boundary Air Pollution, which needs to be expanded further.

Investing in effective policies to make air cleaner will cost countries far less in the long run than permitting the current levels of air pollution for short term goals. Opportunities clearly exist to tackle air pollution and other severe health and environmental problems using integrated, cost-effective approaches.

- Dr. Kirit Premjibhai Solanki, MP
Professor of Surgery, GCS Medical College
Hospital & Research Centre, Ahmedabad

TB and Women: the need for political commitment

Tuberculosis has emerged as India's biggest health crisis killing almost 1,000 Indians every day. Yet we rarely understand or address its impact on and risks to women's and children's health. When I first started looking at the epidemic in my home state of Maharashtra, I was stunned to realize that TB kills more women in India than all causes of maternal mortality combined. In Mumbai, TB has a devastating effect on families where women often suffer the most either as patients or as family members of patients.

You need a strong immune system to fight infections like TB. However, excessive workload from birth and poor nutrition ensure that women rarely have the ability to fight TB. Additionally, women are exposed to indoor air pollution in rural India, where they still cook indoors in poorly ventilated spaces using biomass fuels. This also makes young children who stay with their mothers vulnerable to this infection.

TB's impact on women and children is never entirely realized. In a deeply patriarchal society like ours, a woman with TB is far more vulnerable than a man with TB. It is estimated that more than 100,000 women lose their status as mothers and wives because of the stigma of TB. It is estimated that more than 300,000 children may have left school permanently because of their parents' TB.

TB related stigma coupled with poor socio-economic status and lack of awareness leads to significant delays in the diagnosis and treatment of TB among women and children. Women try to hide their disease for fear of desertion, rejection or blame for bringing the disease. This is also one of the reasons why women drop out of treatment when diagnosed with TB. When women lose their partners to TB, families, forced into destitution and poverty, often abandon them.

Health programmes are not designed to be sensitive to the challenges faced by women and children in accessing care or completing treatment. If we need to address TB in women and children we must begin by mobilizing political commitment and resources to assure that health services are gender-equitable and child-friendly.

For this to happen, all arms of the health system must work together. We have to make access to TB care easy, supportive and convenient. No matter whether the woman seeks neonatal care or child health, all arms of the health system should work to create greater access to TB services. For instance, we need to integrate TB screening into reproductive health services, including family planning, antenatal and postnatal care and immunization visits by ASHAs and members of self-help groups.

I remember travelling in a slum and meeting women who are affected by various diseases. But few spoke about TB–Why? Because, it is the silent killer of women and children. It is time we created specific campaigns focused around women and children to sensitize communities on TB. We also need to provide women and children with better nutrition.

India's women carry the future in their wombs and nurture it with their own bodies. How can a country's future be healthy and secure when those in charge of it are sick? How can we dream of a secure and strong nation when the women of this country are ashamed and scared of asking for help for a curable disease like TB? A TB-free India cannot be a reality without the involvement of communities, especially its women. It's time we acted – to save our women and our children.

- Dr. Heena Vijaykumar Gavit, MD (Medicine)
Member of Parliament (Lok Sabha)

Need for Health Promotive Public Policies especially in Medicines and Health

It has been since very long that we have been waiting for a comprehensive Public Health promotive Drug Policy. The last Drug Policy was in 1994 and there was National Pharmaceutical Pricing Policy 2011, which dealt merely with the pricing aspect.

Alma Ata Charter 1978 on Comprehensive Primary Health Care of which India was signatory, had as one of the major components, access to Essential Drugs. The- need for this has been recognized for long, and Tamil Nadu and Rajasthan have even shown that it can be done.

A new National Health Policy is in the pipeline. With the health budget being mere 1.2% of GDP for 1.2 billion Indians and a cut of only 20% of the health budget being accessible to essential medicines, healthcare for the needy won't be easy. Leaving it to unregulated corporate commercial sector cannot be the solution, especially for those with little or no purchasing power. For many the denial will continue; and for others, if a Rational Drug Policy to complement a Comprehensive health policy with adequate financial and human resources is not in place, exploitation in the name of medicine will also continue.

Even as Communicable Diseases (CDs) whether water borne (Diarrhea, typhoid), vector borne (malaria, Dengue) or air borne (Tuberculosis, Acute Respiratory Infections) continue to take lives, the Non-communicable Diseases (NCDs) such as Diabetes, Hypertension, Cardio-Vascular Diseases, Cancer, Chronic Respiratory Diseases (Asthma, etc) and Mental Health Problems, requiring lifelong treatment are showing rapid increase. Even the young are being diagnosed with Type 2 Diabetes, Hypertension, Depression, etc. Cancer diagnosis and treatment is out of reach for many and for those few who do manage to get it, it is catastrophic expenditure, resulting in indebtedness.

Besides the prevention and health promotion efforts, quick affordable diagnostic testing and affordable, effective, quality essential medicines are required which need to be used rationally.70% of the medical care costs are by public as Out of Pocket Expenditure, and 70% of this is on Medicines.

The inclusion of Rational Use of Drugs in Medical Education and as part of Rational Drug Policy, Health Policy and Medical Practice has been recognized for long. Had Rational Use of antibiotics especially Anti TB drugs been given high priority, the emergence of antibiotic resistance would not have emerged as a serious problem. Antibiotic resistant infections result in complications, costly hospitalizations, extremely costly drugs and even loss of lives. There is use of antibiotics from sub-therapeutic doses for those who can't afford, to irrational and overuse and misuse of antibiotics for others.

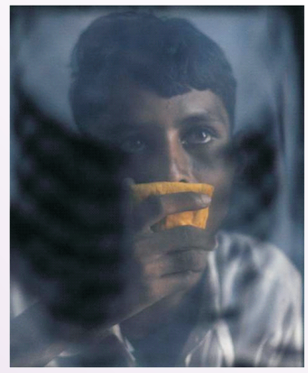
The use of antibiotics as growth promoters in industrial poultry and dairies (besides growth hormones, etc) results in emergence of antibiotics resistance in humans, as they get into the food chain. What the implications for Antibiotics resistance with the use of Antibiotics Resistance Marker genes in GM crops will be can be well imagined.

A Rational antibiotic policy and practice, as part of a Rational Drug Policy, to complement a comprehensive health promoting National Health Policy is needed.

Ensuring enactment of Public Policies for Protection of Public Health is the responsibility of the State as our Constitution says. It cannot be left to the market, trade and commerce. The distortions and increasing inequities in healthcare and access to essential medicines are matters of deepening concern and need to be addressed as a priority in its entire dimension, such as non-dilution of Intellectual Property Rights, rejecting TRIPS plus Agendas and protecting Traditional knowledge systems from Biopiracy.

- Dr. Mira Shiva M.D.
Initiative for Health, Equity and Society,
People's Health Movement
Diverse Women for Diversity

TB is India's ticking time bomb



Tuberculosis or TB is undoubtedly one of India's biggest health crises. It kills almost 1000 Indians everyday and 3 lakh every year and causes India economic losses close to $ 23.7 billion annually. Yet it occupies very little space in the imagination and discussions of our political class. Most MPs think that TB is nothing more than a debilitating disease that needs treatment. Unfortunately, life for millions of TB patients is far more complex, filled with suffering. From the time a patient begins coughing to the time they are appropriately treated can be months, sometimes years, or even never. Since TB is airborne, a TB patient if left untreated can infect 15-20 people on average every year feeding the epidemic.

India is the TB capital of the world. Yet we often miss its relationship to human suffering, poverty and consequently development. TB is a leading cause of poverty pushing families into debt and devastation. It particularly affects women and children leading to lakhs of women being abandoned and a larger number of children being pushed out of schools.

Deepti, 32, a Mumbai resident spent 6 years struggling with Multi Drug Resistant TB - a more dangerous form of TB where a patient grows resistant to several of the drugs used to treat TB. By the time she got accurate diagnosis her case had become critical. "I had accepted this was my life. Every day was painful and a struggle", says Deepti, one among the 100,000 cases of MDR TB India is believed to have, and thousands remain still undiagnosed and untreated.

Much like Deepti, most patients in India first seek care in India's vast but unregulated private sector. The public sector is rarely an option with its long waiting times, inflexibility, poor quality of treatment and rampant corruption. The private sector though convenient is expensive and exploitative with extensive misuse of diagnostics and drugs. By the time patients receive an accurate diagnosis and treatment their case might deteriorate and become drug resistant.

It is time our MPs work up and address this critical health issue. A recent open letter put together by important experts and endorsed by leading citizens (including Aamir Khan, Adi Godrej, Aruna Roy and MS Swaminathan among others) put forward some key suggestions on TB management to the Prime Minister's office. This could be a useful starting point for our MPs to address TB in India.

Our MPs can do much within parliament, in their parties and as public spokespersons for TB patients. They must urge the government to provide free and accurate diagnosis and treatment to every single patient whether in public or private sector. The government also needs to provide all TB patients with an upfront Drug Susceptibility Test, to rapidly identify all forms of drug resistant TB. The government must also be urged to consider introducing, new drugs that have the potential for curing even the most resistant TB strains.

Political stakeholders also need to engage on issues of prevention, community engagement and empowerment nationally and locally. We need comprehensive multi-media campaigns to ensure awareness of TB and help fight stigma with strong regional focus.

TB in India will never be controlled without participation from the private sector. MPs must learn from innovative experiments currently underway where local city governments in Mumbai, Patna and Mehsana, Gujarat have transformed how TB is diagnosed and treated by working together with the private sector. This can be replicated in their constituencies and states.

Finally, let us look into the patients' needs. Nutritional supplements are needed for all TB patients with low body weight and those below the poverty line. Similarly, economic support programmes for TB patients and their families, during the treatment period to avoid further impoverishment, are critical.

Yet, none of this will be possible until MPs stand united inside and outside parliament and lead public discussion on policy-making regarding TB demanding more resources, new diagnostics, drugs and schemes for patients. It's important they raise these issues in parliament and with the private sector. At the same time try and learn and implement innovations in their local contexts. If not, TB will continue to be India's ticking time bomb – and patients will continue to suffer and die of a treatable disease.

- Chapal Mehra
Public Health Specialist and independent writer

Population Growth and its Health Concerns: An Opportunity or Challenge?

Let's go over this again. The global population took thousands of years from the evolution of mankind to the early 1800s to reach one billion people. Then, shockingly, it took only about hundred years for it to double again to two billion in the 1920s and then fifty years only to double again to four billion in 1970s. Currently, every year, we're adding the equivalent of the entire country of Germany. Just today, the human race added another quarter million people! And this happens every day, rain or shine.

According to the UN's World Population Prospects, India is set to be world's most populous country by 2028. It has no more than 2.5% of global land but is home to 1/6th of the world's population. The very thought of swarms of humans crowding over a small area is suffocating. One can only imagine the variety of diseases it can infamously claim to breed. Is Population Growth an obstacle to health care in India? Is Population Growth the actual plague that requires treatment in the current scenario?

The Planning Commission's report *Population Growth: Trends, Projections, Challenges and Opportunities* states that the prevailing high maternal, infant, childhood morbidity and mortality, low life expectancy and high fertility and associated high morbidity had been a source of concern for public health professionals, right from the pre-independence period.

Chronic Energy Deficiency (CED) and micronutrient deficiencies continue to be widely prevalent in adults and children. Since population growth in India will continue for the next few decades, appropriate strategies need to be devised to improve food and nutrition security of families.

Over the next 20 years the population of more than 60 years will grow from 62.3 million to 112.9 million. This poses as a major challenge in the prevalence of non-communicable diseases and the cost of providing socio-economic security and healthcare. Also, the large reproductive age group will result in the population growing beyond replacement levels of fertility (couples having two children). Planners and policy makers in India have to ensure optimal usage of human resources as agents of development to achieve improvement in quality of life.

"Most developing countries with rapid population growth face the urgent need to improve living standards but risk irreparable harm to natural resources on which they depend", warns *Population Reports, Population and the Environment: The Global Challenge*, published by the Johns Hopkins Population Information Program.

The First Five Year Development Plan recognised in the census figures of 1951 that population explosion in India was a walk on the razor blade and they had to take steps to avert it. Population stabilisation is an essential prerequisite for sustainable development and India became the first country to formulate a National Family Planning Programme in 1952.

Although, the rate of population growth has slowed over the past few decades, the absolute number of people continues to increase by about 1 billion every 13 years. Population growth is inevitable in the initial phases of demographic transition. It was earlier assumed that population growth would lead to overcrowding, poverty, under-nutrition, environmental deterioration, poor quality of life and increase in disease burden. However, in India, it is both a challenge and an opportunity. The challenge is to ensure human development and optimum utilisation of human resources. The opportunity is to use these human resources to achieve economic development and improve quality of life.

- Atma Dinnie Charles
Tata Institute of Social Sciences,
Tuljapur Centre, Maharashtra

News Box 1

National e-Health Authority (NeHA)

E-health initiatives of India government aim at providing timely, effective and economical services to masses that have little access to healthcare services in India.

A proposal to constitute an e-health authority of India was mooted in June 2014. The Ministry of Health and Family Welfare had released a concept note discussing establishment of the National eHealth Authority (NeHA) for India. Public inputs were also invited on or before 20th April 2015.

As per the concept note, NeHA would be responsible:

(a) To guide the adoption of e-Health solutions in a manner that meaningful aggregation of health and governance data and storage/exchange of electronic health records happens in a cost-effective manner,

(b) To facilitate integration of multiple health IT systems through health information exchanges,

(c) To oversee orderly evolution of state-wide and nationwide Electronic Health Record Store/Exchange System.

In the light of the above, NeHA has been envisaged to support:

(a) Formulation of policies, strategies and implementation plan blueprint (National eHealth Policy / Strategy); regulation and accelerated adoption of e-health in the country; to establish a network of different institutions to promote eHealth and Tele-medicine/remote healthcare/virtual healthcare;

(b) Formulation and management of all health informatics standards for India; Laying down data management, privacy & security policies; and

(c) To promote setting up of state health records repositories and health information exchanges (HIEs);

(d) To deal with privacy and confidentiality aspects of Electronic Health Records (EHR).

Source: Concept note on National e-Health Authority (NeHA), GOI.

News box 2

Ebola Virus

Key Facts

- Ebola virus disease is a severe fever, often fatal illness in humans.
- It gets transmitted to people from wild animals and spreads in the human population through human to human transmission.
- It first outbroke in remote villages of Central Africa near tropical rainforests and recently it outbroke in West Africa involving major urban as well as rural areas.
- Community engagements is key to successfully controlling outbreaks by applying a package of interventions, like case management, a good laboratory service, safe burials and social mobilisation.
- Early supportive care with rehydration, symptomatic treatment improves survival.
- There are currently no licensed Ebola Vaccines.

It first appeared in 1976 near a village nearby Ebola River from which the disease takes its name.

The ongoing Ebola fever in countries namely Guinea, Sierra Leone, Liberia, Nigeria, the US and Mali is the longest and the largest outburst so far, recording more than 14,000 cases, including 5,177 deaths till 11 November 2014.

Condition in humans, monkeys, gorillas, chimpanzees caused by the virus of the Filoviridae genus Ebola virus. It is a deadly virus with 90% deaths of all infected people.

Measures

The Ministry of Health and Family Welfare and the National Centre for Disease Control (NCDC) issued detailed guidelines to hospitals, airlines and officers to prevent the spread of Ebola in India, and to deal with patients effectively. The guidelines were issued on the following:

- Sample collection
- Clinical care management
- Health alert for display at airports
- Safe handling of human remains of Ebola patients
- Hospital infection control

Source

http://time.com/3592142/ebola-in-india/
http://in.reuters.com/article/2014/11/18/ebola-india

News Box 3

Right to health as Fundamental Right

Human development is difficult to realise unless individuals have access to healthcare irrespective of economic capacity. The Right to Health envisages provision of timely and appropriate healthcare along with underlying determinants of health, like adequate sanitation, nutrition, healthy occupations, etc. The draft policy to make health a fundamental right will be historic in India's health care sector. Currently the act is yet to see the light of day

The flipside to this can be that it would increase litigations in courts in the short term increasing the burden on Judiciary.

Even if health does become a fundamental right, there are other aspects that need to be addressed like low public spending's on health, proportion of doctors and nurses, infrastructure in government health centers, high handedness of private institutions etc. These must be addressed so that Right to Health becomes a real complement to the Right to Life of every Indian.

Source: National Health Policy 2015 Draft

Why should health be made a fundamental right?

1. This will oblige the state to provide health care to all its citizen.
2. It makes denial of health services an offence.
3. Government will be forced to invest more in health care.
4. Right to health when made a fundamental right, will be in concurrence with what is envisioned by WHO.
5. This will enhance the awareness of health among various stakeholders of the society.
6. This will empower the vulnerable and downtrodden section of population.
7. Supreme Court will have a better vigilance over the health policies, actions and services.

News box 4

National Urban Health Mission

The Ministry of Health & Family Welfare in April 2013 formulated National Urban Health Mission (NUHM) as a Sub-Mission under National Health Mission (NHM) and was launched by the Union Health Minister Ghulam Nabi Azad on 20 January 2014 in Bangalore.

NUHM aims to

- Improve the health care status of the urban population particularly the poor and other disadvantaged sections.
- Strengthen public health care system.
- Involve the community and urban local bodies in healthcare delivery.
- Supplement the National Rural Health Under a unified National Health Mission.

Special Focus on

- Urban Poor Population living in listed and unlisted slums. and other vulnerable populations such as homeless, rag-pickers, street children, rickshaw pullers, construction site workers, sex workers and any other temporary migrants.

Source: National Urban Health Mission(NHUM) Framework for Implementation

Highlights

- 30-100 bedded Urban Community Health Centres for cities above 5 lakh population.
- Urban Primary Health Centres for every 50000 population located within or near slums like settlements.
- Strengthening existing First Referral Units (FRUs), Urban Health Centres & Dispensaries.
- Special outreach sessions for the most vulnerable sections of the urban population.
- One ANM is for every 10000-12000 population.
- One ASHA is for every 200-500 slums & urban poor households.

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