



Health e-Letter

Letter from the Editor

It wasn't so long ago that the government's stated goal was to provide health for all. It was in keeping with India's commitment to the Alma Ata Declaration. In recent times, though, the government has shuffled priorities. Decrepit and dilapidated public hospitals vie for government's attention even as expensive private health centres sprout all over urban landscapes to fill this need. Government's efforts, at best, seem patchy and short-term, when I look at public health.

Polio eradication efforts go on ceaselessly year after year with an unmatched zeal even though all other immunization programmes have hit an all-time low in parts of the country. In these parts, people are beginning to believe that if their children need immunization, the government will come to them. That's turning the clock back. The more robust, though old-fashioned, approach of a preventive-promotive health package has been lost for ever.

In the long term, can we survive this willful neglect of the public health system? I foresee a serious problem. The finest public health institutions are losing their best teachers as medical scientists are quitting their resource-strapped, stuffy environments for rewarding breaks. In some places, entire departments are now without doctors. So then, who is to teach the next generation?

Sorry as this state is, there is not much joy even for those pushed into seeking treatment at the new commercial hubs for health. Medical regulations, checks and

counter-checks are still not in place, leaving the field open to those who are game for exploiting the hapless, medically illiterate consumers.

With this monthly Health e-Letter we begin a small, but ambitious, effort to track India's healthcare. This first issue, a baby step, brings to you such pressing issues as our story on Sanjana, a child afflicted by polio; privatization of healthcare in India's business capital, Mumbai; our views on circumcision and more. As with any journalistic effort, the idea is to generate healthy debates and appreciate work and vision that makes a difference.

Our resources are limited. Therefore, we have got together a small team that stretches itself beyond work hours to bring in something extra for us. Some of them include the Kaiser mini-fellows who have been supportive enough to accept my suggestions and guidance on health reporting over the past two years; it also speaks of their commitment.

This is a small beginning. We will depend on your feedback to learn as we grow. You could help us with your comments, suggestions and ideas by providing your feedback at healthletter@gmail.com.

Kalpana Jain
Editor
Health e-Letter

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COUNTDOWN POLIO

In UP 96 per cent of vaccinated children get polio

By Sudhir Mishra

Lucknow: Sushma is a concerned mother these days. The reason for her concern is two letters that she has received from the World Health Organisation: One certifying her daughter Sanjana as polio-afflicted and the other contradicting this diagnosis. Her daughter no longer runs or walks, as her legs do not support her any more. If this is not polio, what is it? Sushma does not know.

All that she knows is that she had been taking her daughter to the government hospital in Lucknow for the required doses of polio drops. After her daughter developed a crippling disease, she received a report on July 28, 2006, confirming that Sanjana had developed polio. The report was signed by a surveillance officer of the World Health Organisation, Dr. Ashok Shukla.

She brought this to the notice of the health department. About six months later, on December 13, she received another report. This one said Sanjana did not have polio. This was again signed by Dr Ashok Shukla. Living in a lower middle class colony, Mawaiyya, Sushma's resources are limited. She does not know if her daughter can walk again. Or which doctor to go to. No one else seems to have the answers either.

Lucknow's CMO (Chief Medical Officer), K K Singh, assured the media that he would not only get the samples retested but also set up an inquiry for this case. Till this date no such step has been taken.

Sanjana too lies forgotten. This is probably not the first case of official callousness and negligence. And tragically may not be the last. The reason why Uttar Pradesh continues to report the largest number of polio cases, despite the pulse polio campaign is perhaps this apathy.

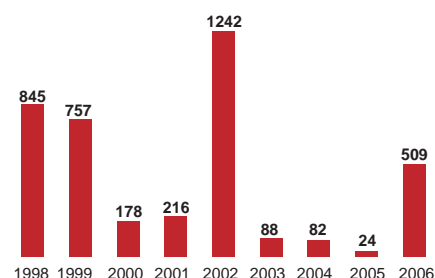
Among those detected with polio in UP, 96 per cent had received several rounds of polio drops. This raises a question mark on the efficacy of the vaccine being given to the children. Scientifically, there may be an explanation, but questions on the efficacy of the cold chain do crop up. Executive Director of the International Clinical Epidemiological Network, Dr Narendra Arora, explaining the cold facts of science, says, the closer we move towards eradication the more we will see this trend. "The last person who develops polio would have received the maximum number of polio drops." The effort here is to interrupt transmission of a wild virus. Moreover, he says, people who live in unsanitary environment are exposed to more germs, especially enteroviruses, which may make the vaccine less effective.

However, scientific facts cannot tell the complete truth. Almost 28 percent of world's polio cases last year were from Uttar Pradesh. In the Indian context, the numbers from UP translate into 81 percent of the polio cases reported in the country. Quite shockingly, of the 509 children suffering from polio in the year 2006, only 21, that is, 4 percent children did not get polio drops. A government report shows that among the afflicted children, 53 percent, or 268 children, had been given polio drops seven times; 153 had been given the drops four to seven times and 67 had been given the drops one to three times.

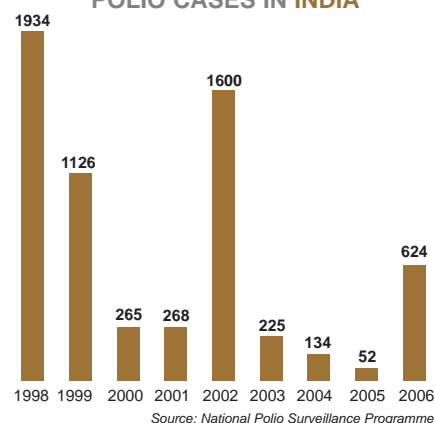
The fact is that polio cases continue to be reported from almost a third of the 813 blocks in U.P. Districts with a higher density of Muslim population are leading the numbers, but a closer analysis of government reports shows a large number of cases coming from non-Muslim households as well. Last year's government data shows that of the total number of children affected by polio, 309 were from the Muslim community while the remaining 200 children were from non-Muslim households. Hindu parents, too, have been refusing to give their children polio drops for various reasons.

For instance, during a pulse polio campaign in Chitvapur, Lucknow, there were 4,000 fewer children as compared to last year's turnout. A Vitamin-A campaign, during which two children died, perhaps affected the pulse polio turnout. Such mishaps tend to drive people off government-run campaigns. This is fuelled by the fact that trust in public health systems is low due to their neglect.

POLIO CASES IN UTTAR PRADESH



POLIO CASES IN INDIA



Where is the 'public' in the Public Health System?

By Shekhar Deshmukh

"There is premature reliance on private healthcare in India as opposed to development of public healthcare. I don't know if healthcare in any country has survived on the basis of private health care at this stage", Noble laureate Amartya Sen said while talking to a media house in Mumbai. This remark by the world-renowned economist is a sad but apt commentary on the state of the health system in India. Here is a small snapshot from Mumbai to illustrate Dr Sen's comment:

High rise structures that compete with multinational offices; foyers that one sees only in seven- star hotels; luxurious waiting rooms, soft music, expensive paintings by renowned artists, a dust free environment, fully equipped operation theatres, gymnasiums as also dieticians and yoga teachers define the new face of the healthcare system. If this were a private venture, with profit-making as its sole purpose, perhaps one would not have so many quarrels with it. The fact is that 13 of such hospitals have been built on land given by the Maharashtra Government. And a common man cannot even dream of coming here for treatment.

Recently, this reporter had to pull strings to get treatment for a poor man who was suffering from tuberculosis. Even the local Municipal hospital was not willing to treat him.

On paper, there is a law and supporting rulings by courts that can help the poor get treatment. Some of the private hospitals do put up the provision on their boards. But that does not make people aware or give them a voice to fight for their rights. According to a recent Mumbai High Court ruling, all private hospitals registered under the 'Bombay Public Trust Act' have to keep two percent of their profits aside for 'Poor People's Provision Fund' under Article 41 (AA). This money is to be utilized for treating patients of lower income groups, either for free or at a concession. It becomes all the more relevant as these hospitals, built on the government land, receive tax concessions from both the State and the Central Government. In lieu of these concessions it is mandatory for these hospitals to reserve 10 percent of their beds for poor patients and another 10 percent for those living below the poverty line.

Moreover, these private hospitals do not make such provisions. Last October a lawyer, Sanjeev Punalekar, took the matter to court when he filed a PIL (Public Interest Litigation) against private hospitals for not providing healthcare to poor patients. Justice Kshitij Vyas and Justice Dhananjay Chandrachud, heading the bench, took a favourable view. They directed that a committee be set up under the chairmanship of the Charity Commissioner to look into the details but as an immediate redressal ordered that the license of any hospital, found guilty of non-compliance, should be cancelled.

We are at a stage where the common man has lost faith in the public health system. He is treated badly at government hospitals and private super specialty hospitals are beyond his reach. In the financial capital of the country, many government hospitals present one with this sorry picture that most of us are familiar with: Walls crumbling and surrounded by garbage, hygiene is the first casualty. Life-saving equipments such as an incubator and sterilizers are either missing or out of order. Both dogs and drug peddlers roam around freely in the premises. Often, overflowing bathrooms are a reservoir of infection. Even the minimum standards of sanitation are not followed.

Can we afford to encourage the private health sector, without first improving the public health sector? It's time to listen to Dr Amartya Sen.

FIRST PERSON

Truly, a positive identity

By Sudhir Mishra

Bangalore: Elango Ramachandran is one of the few who have survived HIV for 18 years. A founder member of Indian Network of Positive People (INP+), he has recently been chosen president of the organization. He admits that HIV has changed his life in a positive way. He married a woman who had lost her husband to AIDS. She was positive too. Today he is a proud father of a son who is not positive.

He is a source of inspiration for those living with HIV. He is an example of how one can live a long life with HIV. A disciplined life and nutritious food has helped him survive the virus longer. He went on anti retroviral therapy two years

ago. It will now continue for the rest of his life.

"My ART has begun, but I am not worried. The virus has given me an identity. I am recognized in the world. While working for the organization, I have been able to buy a house and a vehicle. We have invested enough for our child, in the form of insurance. There will never be a dearth of money in the future".

But life didn't look so positive when he was first told about his status. This was in 1988. He had donated blood without having any idea that he could be HIV positive. He wasn't prepared when he was abruptly informed about his status. It took him almost ten years to come to terms with it. It was only in 1997 that he made his status public. INP plus was founded a while later.

As an INP plus worker he started helping others who were HIV positive and showed them how they could continue to live well. He faced discrimination and social ostracism. He struggled through it and today he is happy. He is now actively involved with various international organizations working on HIV/AIDS. He is also associated with various schemes on care and support for infected people. Elango says, "I know death can come anytime, but I am happy with whatever I have done and seen during this journey called life. This virus has, in true sense of the word, made my life 'positive'".

PERSPECTIVE

Male circumcision: Time for a debate

By Kalpana Jain

The AIDS pendulum has been swinging between hope and despair ever since HIV first appeared in humans over two decades ago. At the XVI International AIDS conference last August, hope of a cure or a preventive vaccine seemed distant yet again. But better prevention techniques for the future moved closer with promising announcements on microbicides and male circumcision.

Year 2006 ended on a positive note with trials showing almost a 50 percent reduction in risk of contracting HIV among circumcised men. The results prompted the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), US, to close two clinical trials of adult male circumcision early.

The trial in Kisumu, Kenya, of 2,784 HIV-negative men showed a 53 percent reduction of HIV acquisition in circumcised men relative to uncircumcised men, while a trial of 4,996 HIV-negative men in Rakai, Uganda, showed that HIV acquisition was reduced by 48 percent in circumcised men. Uncircumcised men are more susceptible because the underside of the foreskin is rich in Langerhans cells. These cells are likely to be the primary point of viral entry into the uncircumcised male. However, circumcision is no cure; it only lessens the chances of contracting the virus.

Does male circumcision offer a new preventive tool in the fight against HIV/AIDS in India? Important as this finding is, the debate has not even begun here. The Indian Network of Positive People, for instance, has not thought about discussing it as yet. The general secretary of INP plus, K K Abraham, although says they will bring it up at future discussions.

For many in India, circumcision defines their religious identity. The centuries-old complex cultural, social and religious issues around circumcision would make it almost a taboo subject in most communities in India. Any awareness or prevention campaign on HIV needs to talk in a language that addresses all these issues, if it is to be successful. Politicians and policy planners would not attempt to bring the issue in any public forum for its health benefits. Union health minister, A Ramadoss, said as much at the XVI international AIDS conference.

There are some, though, who think that people need to be made aware. Epidemiologist and Public Health expert, Dr L M Nath, argues that pediatricians should begin talking about the advantages of child circumcision to parents. This could be the starting point.

But adult male circumcision may be difficult to carry out even if one were to ignore the religious reasons, purely for argument's sake. Firstly, it requires a robust public health system. In India, doctors have refused to perform surgeries on HIV positive patients as they did not have access to disposables. In the absence of clean, hygienic settings, adult male circumcision could lead to more public health issues.

Secondly, the fact that people believe they are somehow protected against HIV by being circumcised may cause them to be somewhat careless or dismissive about the need for other protection, to have promiscuous sex, and in general to feel they are now immune to the virus.

Moreover, if we look at the HIV epidemic in its social context, it is driven by poverty, lack of empowerment of women and illiteracy, the very same social groups who would find it difficult or impossible to access a clean, good health care facility for the procedure, with or without religious reasons. And that is so only if they are aware of HIV/AIDS or feel that they need to seek protection.

Male circumcision for HIV prevention could work well in societies where it can be stigmatizing to be an uncircumcised male. As the authoritative British Medical Journal points out in the case of some African tribes, `` in East Africa, for instance, men of the Masai tribe see uncircumcised men as adolescent, spineless, and timid cowards who do not have full male qualifications (whether we talk about the uncircumcised men of their own community, or those of other tribes or races). Within the Cameroonian Nso tribe the three main reasons for male circumcision have been: Firstly, the belief that circumcision prepares the man for procreation, secondly that it tests the courage and endurance of a boy at the threshold of adulthood, and thirdly, but rather in contradiction of the first claim, it is thought to tame and moderate the sexual instinct thereby helping a man to act more responsibly."

For the rest of us it may at best remain an academic finding.

'Tech guru' shares Web developments with NYC members

By Susan Cosier

The Web can be an intimidating place with its browsers, Weblogs, and podcasts, but thanks to Sree Sreenivasan, a professor of new media and dean of students at Columbia's journalism school, a dozen members of the Association of Health Care Journalists (AHCJ) New York Chapter got a taste of how it could be used to journalist's advantage.

Some computer companies "exploit the fact that all of this is mysterious and difficult to understand," said Sreenivasan, who is also the tech guru for New York City. But technology has gotten easier to use. "If you can send e-mail, you can do almost anything," he said at the Sept. 26 event co-sponsored by the Editorial Freelancers Association.

Sreenivasan described a number of free resources: Skype (www.skype.com), computer-to-computer chat; Mozilla Firefox (www.mozilla.com/firefox/), an open-source browser that has options he said make navigating the Web easier; and Open Office (www.openoffice.com/?hop=bvenl), a suite of programmes similar to Microsoft Office.

Weblogs, or blogs, also can be free, he said. Publications are creating new blogging jobs as they try to reach larger audiences, Sreenivasan explained, and in some cases the positions are quite profitable. "Companies are more open to bloggers and bloggers are more open to companies," he said, citing the Poynter Institute's Jim Romanesko blog.

Blogs can be extremely helpful to someone trying to get exposure, Sreenivasan said. "Blogs are very useful for health care journalists," he said, because they can give someone street credibility and eyeballs that read the blogger's work. Prevention approached Jessica Snyder Sachs about writing for them because editors there liked her blog on microbes, Sreenivasan told the crowd.

Blogs can be incredibly easy to start. Using free software from Google (www.blogger.com), Sreenivasan did a demonstration on how to start a blog. He started at 8:01 p.m. and published a post with the audience by 8:04 p.m. But people who post their work on the Web have to get used to the rhythm of publishing more quickly than traditional journalism, Sreenivasan cautioned. "Anyone can blog, but you have to have something to say and something that people want to hear and read about," he said. But that should not stop people from publishing. Journalists should be open to the idea and "find a way to engage in the conversation because if you don't someone else will," Sreenivasan said. "If your main business is selling yourself, you should absolutely have a Web site."

Journalists can also use the Web to create and post audio files. Podcasts - little audio radio shows - can be recorded conversations that are created, edited, and then put on the computer using programmes like Skype and Audacity (<http://audacity.sourceforge.net>). People who record without the computer can download their audio files to the computer and turn them into MP3s using programmes from Odeo (www.odeo.com) and then post them on the Web. "It's a way to extend your brand," Sreenivasan said.

Sreenivasan ended his presentation with some words of advice: "Keep an open mind, but don't let your brain fall out. If you adapt to the new way, you will have new opportunities."

Susan Cosier is a master's student in New York University's Science, Health, and Environmental reporting Programme. Reprinted with permission of the Association of Health Care Journalists. For more information, visit www.healthjournalism.org.