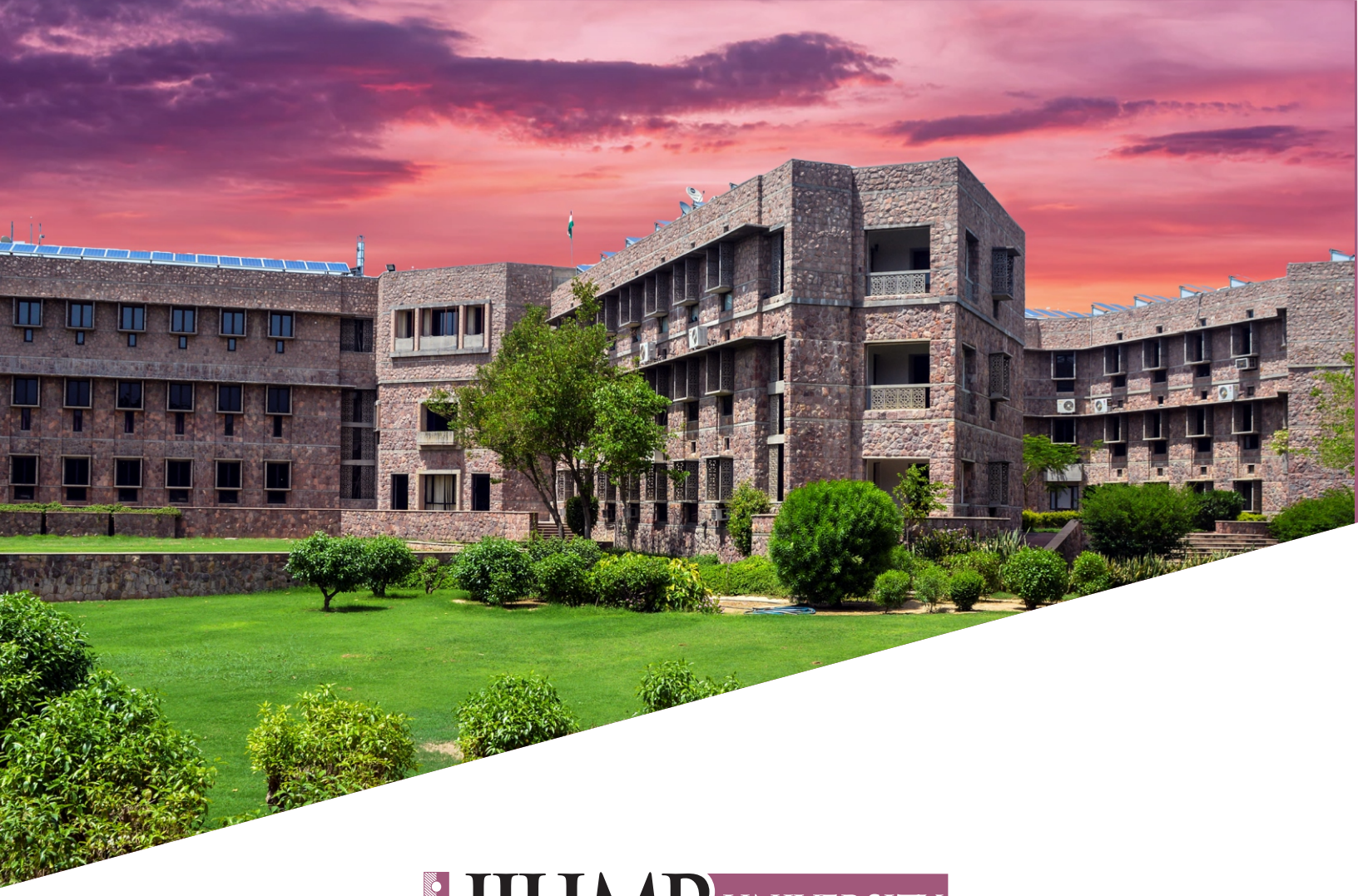

IIHMR UNIVERSITY

INSTITUTE *of*
HEALTH MANAGEMENT RESEARCH

SCHOOL *of*
PHARMACEUTICAL MANAGEMENT

SCHOOL *of*
DEVELOPMENT STUDIES

SD GUPTA
SCHOOL *of* PUBLIC HEALTH

MONTHLY REPORT

SEPTEMBER 2021

37 YEARS 1984-2021
Celebrating 37 years of institutional excellence

Ranked 1st amongst the cleanest Higher Educational Institutions in India in the category Non-Residential Universities - UGC Swachh Campus Ranking - 2019, Ministry of HRD

NAAC Accredited

nirf INDIA RANKING 2021
Ranked 73 in Management Category 2021 by MHRD

Contents

Executive Summary

Dr. P R Sodani
President
IIHMR University, Jaipur

I am delighted to present the report for the month of **September 2021** of IIHMR University, Jaipur.

The month of September saw the launch of the highly prestigious Training of Trainers – CHO Leadership Program Organized by IIHMR University and NISHTHA/Jhpiego.

A virtual Teacher's Day celebration was hosted on 5th Sep which saw the entire faculty and many students in attendance.

Our Webinar on "Policy Dialogue to mitigate Covid Vaccination Hesitancy: Can we learn from Polio elimination in India" was well received and appreciated by over 400 participants.

IIHMR University along with the Indian Research Information Network System (IRINS) has launched a portal to showcase the scholarly communication activities and to create a scholarly network.

We are grateful to the Board of Members of the IIHMR University for their continuous support, guidance and mentoring in the growth and development of the University.

Academics

Teaching / Learning / Evaluation

MBA Hospital and Health Management

First Year

Sept. 06-10
Health Policy and Health Care Delivery System

Sept. 13-17; Sept. 20-24
Bio-Satistics

Sept. 27 - Oct. 01
Essentials of Epidemiology

Second Year Hospital Management

Sept 6-10
Material and Equipment Management

Sept 13-17; Sept 20-24
Marketing Management of Hospital Services

Sept 27- Oct 1
Strategic Management 3 Dr. Monika Chaudhary

Second Year, Health Management

Sept 6-10
Data Management and Analysis

Sept 13-17; Sept 20-24
Logistics and Supply Chain Management

Sept 27- Oct 1;
Programme Planning, Implementation, Monitoring and Evaluation

MPH Cohort 8

06 Sep - 16 Sep 2021
Strategic Management

20 Sep - 30 Sep 2021
Project Management and Evaluation

MBA - All Programmes

Batch 2021-23

GD-PI, September 07-08, 2021

MBA Pharmaceutical Management

First Year

Sept. 06-10; Sept. 13-17
Human Resource Management

Sept. 20-24; Sept. 27- Oct. 01
Essentials of Pharmaco- epidemiology

Sept. 04
16 Community Studies (Unnat Bharat Abhiyan)

Second Year Pharmaceutical Management

Sept 6-10
Public Health Policy

Sept 13-17; Sept 20-24
Clinical Research and Development

Sept 27-Oct 1
Medical Devices

MBA Development Management

First Year

Sept. 06-10
Principles of Management

Sept. 13-17
Basic Services and Entitlement

Sept. 20-24
Essentials of Economics

Sept. 04
Community Studies (Unnat Bharat Abhiyan)

Second Year Development Management

Sept 6-10
Management Information System

Sept 13-17; Sept 20-24
Production and Operation Management

Sept 27- Oct 1

Project Management

Research

Research Proposals Submitted

S. No.	Project Title	Funding Agency
1	Client Exit Survey (CEI) 2021 Development	Foundation for Reproductive Health Services (FRHS) India
2	Technical Proposal on Data Collection for Baseline Study of the Project on Addressing Maternal and Child Undernutrition in Urban Slums of Delhi and Jaipur	MAMTA-HIMC-HIMC
3	Quantitative Survey for Social Network Study in Bihar and Uttar Pradesh	International Center for Research on Women

Proposal Awarded

UNITED NATIONS CHILDREN'S FUND (UNICEF) enters into an institutional contract with IIHMR University for the Training Needs Assessment (TNA) of the Panchayati Raj Institutions (PRIs) on WASH and other services in India.

The objective of this project is to assess the priority trainings and capacity development needs of the PRIs required to improve service delivery of essential WASH services and other services in the areas of health, nutrition, and education in an efficient, sustainable, and equitable manner and provide recommendations to Ministry and state government to strengthen training initiatives and to NIRD and SIRDs for incorporation in training content. While it focuses on WASH, the study will also contribute to explore gaps in these other sectors and make recommendations to further assess these gaps and address them.

Summer temperature and all-cause mortality from 2006 to 2015 for Hyderabad, India

Suresh K Rathi[1], Prahlad R Sodani[2]

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2. President, IIHMR University 1, Prabhu Dayal Marg,Near Sanganer Airport, Jaipur - 302029. Email: sodani@iihmr.edu.in

Abstract:

Background: Studies have documented a significant association between temperature and all-cause mortality for various cities but such data are unavailable for Hyderabad City.

Objective: The objective of this work was to assess the association between the extreme heat and all-cause mortality for summer months (March to June) from 2006 to 2015 for Hyderabad city population.

Methods: We obtained the data on temperature and all-cause mortality for at least ten years for summer months. Descriptive and Bivariate analysis were conducted. Pearson correlation coefficient was used to study the relationship between heat and all-cause mortality for lag time effect.

Results: A total of 122,117 deaths for 1,220 summer days (2006 to 2015) were analyzed with mean daily all-cause mortality was 100.1±21.5. There is an increase of 16% and 17% per day mean all-cause mortality at the maximum temperature of ≥40°C and for extreme danger days (Heat Index >54°C) respectively. The mean daily all-cause mortality shows a significant association with maximum temperature ($P < 0.001$) and Heat Index from caution to extreme danger risk days ($P < 0.0183$). The lag effect of extreme heat on all-cause mortality for the study period (2006 to 2015) was at peak on same day of the maximum temperature ($r = 0.273$ at $p<0.01$).

Conclusion: The study concludes that the impact of ambient heat in the rise of all-cause mortality is clearly evident (16% mean deaths/day). There was no lag effect from the effect of extreme heat on all-cause mortality as the peak period was the same as the maximum temperature. Hence heat action plans are needed. However, extreme heat-related mortality merits further analysis.

Keywords: Heat wave; all-cause mortality; urban; humidity; heat index; India.

DOI: https://dx.doi.org/10.4314/ahs.v21i3.59

Cite as: *Rathi SK, Sodani PR. Summer temperature and all-cause mortality from 2006 to 2015 for Hyderabad, India. Afri Health Sci. 2021;21(3). 1474-1481. https://dx.doi.org/10.4314/ahs.v21i3.59*

Introduction

Global warming and the El Nino events in 2015 and 2016 resulted in high temperatures across the planet [1, 2]. The WHO estimates that between 2030 and 2050 global climate change is predicted to cause a further 250,000 deaths per annum mainly associated with malaria, malnutrition, diarrhoea and heat stress [3]. Rising temperature is nearly the universal phenomena and scientists are researching and reporting its impact on health, development and productivity. Chronic exposure to extend or changes in heat and humidity (including and beyond episodic heatwaves) results in impacts on behavioural, physical and psychological state and mortality [4]. Impact is often amplified in urban areas and may cause impacts on labour and overall productivity, with associated economic aftermath as urban areas may face higher levels of temperature than adjacent suburb and rural areas due to the Urban Heat Island (UHI) effect [5]. The mortality impact of high heat has been explored for several regions of the planet [6,7,8]. India also witnessed a series of heat waves with considerable mortality [9,10,11]. The destructive impact of one wave in India in May 2015, with over 2200 fatalities, demonstrated that extreme heat may be a serious issue even in countries regularly exposed to high temperatures [12]. Heatwaves are expected to increase further not only in intensity, but also in duration and frequency [11, 13, 14].

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ACHSM Asia-Pacific Journal of Health Management

RESEARCH ARTICLE

A STUDY TO ASSESS THE BARRIERS AND FACILITATORS OF BLOOD DONATION AMONG UNIVERSITY STUDENTS OF SOUTH INDIA

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Correspondence: tiwaryb97@gmail.com

ABSTRACT

INTRODUCTION

Donated blood is very crucial and lifesaving for those who require large volumes of blood in any medical emergency. Many blood donation camps are routinely organized to fill this void of demand and supply. In a university campus associated with a hospital, it is important that student volunteers should contribute towards the increase in demand for blood during times of crisis. This makes it imperative to understand their perception of this noble cause.

METHODS

A descriptive cross-sectional study was conducted among 354 volunteers of a university campus using convenience sampling. The primary outcome was to assess the factors that influence voluntary blood donation among the volunteers. The adjusted association was performed using logistic regression. R Console was used for statistical analysis. Odds ratios and p-value < 0.05 with 95% confidence intervals were calculated to determine the level of significance.

RESULTS

A total of 354 responses were received and analysed. Among these, 38.98%, (n=138) participants had donated blood at least once. Factors that were significantly associated with blood donation were gender, being a member of an NGO, frequency of volunteering activities, fear of needles, and belief that they would acquire the disease during blood donation.

CONCLUSION

Most of the participants had good knowledge of blood donation, but their attitude and practice did not fall along the same lines. The study also highlighted that attitude towards donating blood is high among the participants who are associated with the NGOs or participate in voluntary activities. Voluntary work induces a 'sense of giving something to the society which appears to be facilitating factor and an effective measure to encourage blood donation among youth.

Editorial

The Third Wave of COVID-19 Pandemic in India: Is it Inevitable?

Journal of Health Management
23(3) 365 –367, 2021

DOI: 10.1177/09720634211049583
journals.sagepub.com/home/jhm
SAGE

Public health experts have warned that India is going to face the third wave of COVID-19 soon. However, experts differ in their prediction on when it will hit the country and how severe it would be. Different experts have predicted a different timeline for the impending third wave ranging from mid-July to October 2021. The epidemic curve of the second wave of COVID-19 in India is declining since it recorded the highest numbers of laboratory confirmed COVID-19 cases on 6 May 2021. A close look at the pattern of reported cases in India over the last couple of weeks reveals that the second wave of COVID-19 has not yet reached its base. The country has been registering around 40 to 50 thousand new cases (range of weekly average) since 1 July 2021, which is 0.12% to 0.15% of the cumulative total cases. This indicates that the epidemic is still in the control phase and has not reached the containment stage. On 7 September 2021, the country reported 43,401 new COVID-19 cases, of which five states contributed 88.5%. The states of Kerala (30,196), Tamil Nadu (1,587), Andhra Pradesh (1,361), Karnataka (1,102), Maharashtra (4,174), J&K, and a few states of the North-East are largely contributing to this tally of daily new COVID cases. The number of districts reporting more than 100 new COVID cases has declined from 108 districts in June, 58 in July, to 38 in September 2021. Hence, it is evident that the COVID-19 epidemic in India has a varying pattern in states. The weekly positivity rate is also declining and has stabilised below 3%. However, 35 districts—mainly in Kerala and some in Himachal Pradesh and the North-East—are still reporting over 10% positivity. Besides, 30 districts have positivity rates ranging between 5% and 10%.

The government should revisit its COVID prevention and control strategies as the disease is still majorly confined only to a few states and districts of India. It is high time to devise a district-based strategy depending upon the caseload and transmission levels. District with few cases should emphasise micro-containment coupled with intensified early detection, contact tracing, quarantine and isolation. The population movement from other districts should be regulated to ensure a curb on imported cases. At the same time, the strategy of testing, contact tracing, quarantine, isolation should be intensified in districts with a higher caseload. All districts should aim at vaccinating the entire eligible population at the earliest, including children will significantly contribute to thwarting the third wave of COVID epidemic.

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S. D. Gupta
Chairman and Distinguished Professor,
IIHMR University, Jaipur, India
Email: sdgupta@iihmr.edu.in

Online MDP Conducted

S. No.	Programme Name	Programme Coordinator	Date	Number of Participants
1.	Application Data Science in Public Health	Dr. Prashant Sharma	Sept 1-Nov 30, 2021	17
2.	Digital Marketing in Healthcare	Dr Sheenu Jain	Sept 13-17, 2021	13

Upcoming Online MDP

S. No.	Programme Name	Programme Coordinator	Date
1.	Structural Equation Modelling Using AMOS	Veena Nair Sarkar	October 1-3, 2021
2.	Implementation Science for Effective Implementation of Health Programs	Dr. Piyusha Majumdar	October 18-29, 2021
3.	Analytics and Decision Support in Health Care Operations Management	Dr Susmit Jain	October 21-24, 2021
4.	Building Resilience in Children and Caregivers in Times of COVID-19	Dr Ratna Verma	October 28-31, 2021

Training Programme on Leadership and Emergency Services Management for Maharashtra Emergency Medical Services (MEMS)

IIHMR University, Jaipur conducted a 3-day training programme on Leadership and Emergency Services Management for Maharashtra Emergency Medical Services (MEMS) scheduled from September 29-30 and October 1, 2021. This training was conduct for the senior management working with BVG India Ltd – Maharashtra Emergency Medical Services, Pune, at various positions like operation head, zonal manager, ERC head, assistant manager, district manager, senior instructor and fleet manager. The 3-day training program covered a comprehensive range of topics spanning understanding the emerging leadership issues in emergency situations, Pre-requisites of leadership- Performance, Efficient and Effective, Leadership and Value Creation, Value and Effective Team Management, Process of transformation through a Leadership Routine and Assessing the Performance of Health Systems.

Training of Trainers

Training of Trainers – CHO Leadership Program Organized by IIHMR University and NISHTHA/Jhpiego

September 13th -15th, 2021

Jhpiego, a non-profit global health leader and Johns Hopkins University affiliate, is implementing a USAID-funded NISHTHA project to provide technical assistance to the Ministry of Health and Family Welfare, Government of India, to strengthen the delivery of comprehensive primary healthcare (CPHC) services through Ayushman Bharat Health and Wellness Centres (AB-HWCs) across 12 intervention states. NISHTHA is also providing support in COVID-19 response for the intervention states.

With the efforts to strengthen health systems, NISHTHA, in collaboration with IIHMR University, Jaipur has conceptualized an innovative Leadership Program for Community Health Officers (CHOs), which specifically aims to enhance existing competencies of CHOs enabling their development as leaders of change. This program will serve as a Reward and Recognition mechanism for better performing CHOs in the states for an influential leadership role in coordinating the Primary Health Care services. The program curriculum is organized in seven different modules, each focusing on specific learning outcomes. IIHMR University organized the Training of Trainers for CHO Leadership Program during September 13-15, 2021, for 45 participants from 12 States of India. The program was inaugurated by **Shri Vishal Chouhan**, IAS, Joint Secretary (Policy), Ministry of Health and Family Welfare, Government of India.

Know Your Alumni

Webinar


SD GUPTA
SCHOOL of PUBLIC HEALTH
IIHMR UNIVERSITY
WEBINAR SERIES
Public Health and Mental Wellbeing Discussion Series:
Issues, Challenges and Solutions amid COVID-19
Webinar on
Suicide Behaviour Prevention in COVID-19 Scenario:
Creating Hope through Action
Friday, Sept 10, 2021
Time
(IST): 18:00 – 19:30 | (EST): 08:30 – 10:00
(UK): 13:30 – 15:00 | (ICT): 19:30 – 21:00
WORLD SUICIDE PREVENTION DAY 10 Sep
Eminent Speakers
Dr S D Gupta
Chairperson,
IIHMR University,
Jaipur, India
Dr Abdulgafoor M. Bachani
PhD MHS
Associate Professor, International Health
Director, Johns Hopkins International Injury Research Unit
Health Systems Program, Department of International Health
Johns Hopkins University Bloomberg School of Public Health
Baltimore, USA
Dr Cuong Pham Viet
Associate Professor, Hanoi School of Public Health
Director, Center for Injury Policy and Prevention Research
Hanoi School of Public Health, Hanoi, Vietnam
Prof Rob Poole
MB,BS, FRCPsych
Professor of Social Psychiatry,
School of Health Sciences
Co-Director, Centre for Mental Health and Society
Bangor University, UK
Welcome
Dr P. R. Sodani
President
IIHMR University, Jaipur, India
Moderator
Dr D. K. Mangal
Professor and Advisor,
S D Gupta School of Public Health,
IIHMR University, Jaipur, India
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Follows us on:
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https://iihmr.edu.in/school/s-d-gupta-school-of-public-health

Library Initiative

IRINS (Indian Research Information Network System) Services

IRINS is web-based Research Information Management (RIM) service developed by the Information and Library Network (INFLIBNET) Centre in collaboration with the Central University of Punjab. The portal facilitates the academic, R&D organisations and faculty members, scientists to collect, curate and showcase the scholarly communication activities and provide an opportunity to create the scholarly network.

The IRINS would support to integrate the existing research management system such as HR system, course management, grant management system, institutional repository, open and commercial citation databases, scholarly publishers, etc. It has integrated with academic identity such as ORCID ID, ScopusID, Research ID, Microsoft Academic ID, Google Scholar ID for ingesting the scholarly publication from various sources.

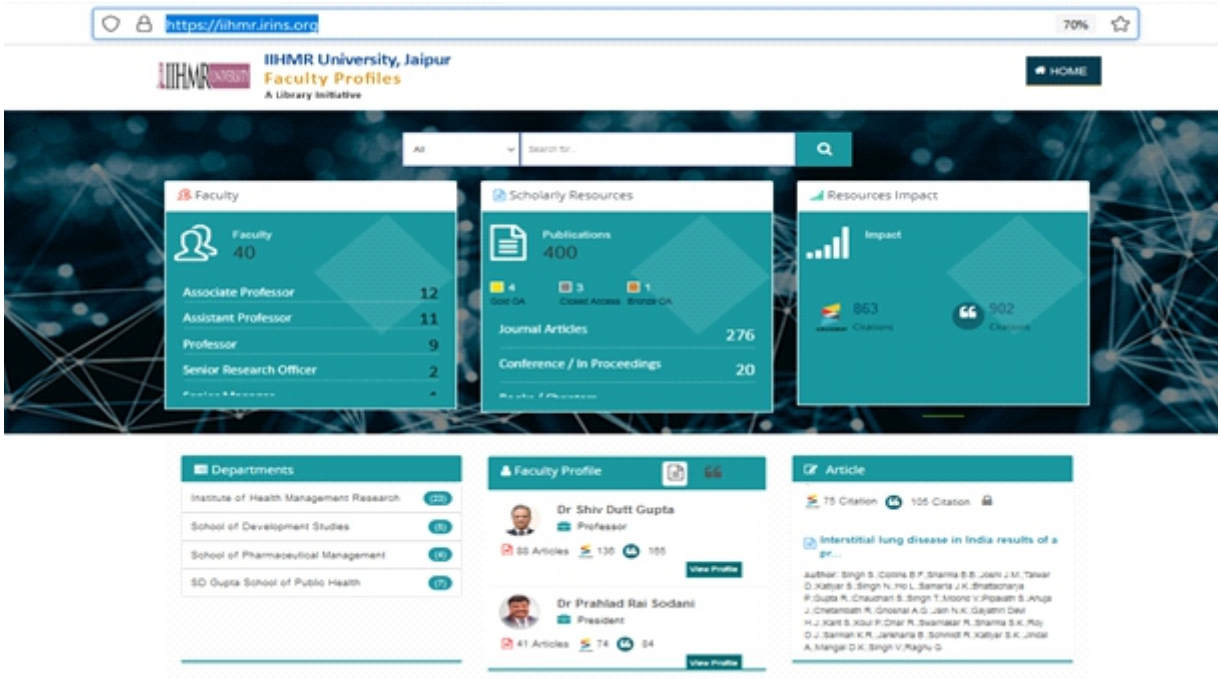
KEY FEATURES of IRINS

DISCOVERY: Key research area and research progress of schools, departments, and faculty members; and Faceted search facility with number of filters to find experts and their contribution.

API: Import publications from academic identities such as Microsoft Academic Search ID, Google Scholar ID, Researcher ID, Scopus ID; and ORCID integration to ingest the profile information with publication.

VISUALIZATION: Networking of faculty through co-author network, map of science network; and Graphical representation on productivity of the department and individual faculty member.

RESEARCH IMPACT: Altmetric from social media such as Facebook, Twitter and Mendeley. Citation from Scopus, CrossRef and link to Open Access article through Impact Story.
Now available for IIHMR University, Jaipur at the URL : https://iihmr.irins.org/



Eminent Speakers of the Month

Dr Abdulgafoor M. Bachani
Associate Professor,
International Health
Director, Johns Hopkins International
Injury Research Unit

Dr Cuong Pham Viet
Associate Professor,
Hanoi School of Public Health
Hanoi, Vietnam

Prof Rob Poole
Professor of Social Psychiatry,
School of Health Sciences
Bangor University, UK

Dr. Anna Strom Basiston
CEO, Daya India

IIHMR conducted a series of webinars in the month of September with over 10 prominent leaders from the health sector. The focus of these online sessions was to provide the much needed guidance and an in depth understanding of the evolving health challenges, strategies of Health care and entrepreneurship development, Career avenues in Drug Safety and Evaluation of Heart with Non- Invasive Techniques.

Dr. Varun Gupta
Senior VP
Tata 1 mg, Gurgaon

Anna Kalbarczyk
Assistant Director
Johns Hopkins Centre for
Global Health, USA

Dr. Svea Closser
Associate Professor of
International Health,
Johns Hopkins Bloomberg
School of Public Health, USA

Dr. N.K.Arora
Chairperson-COVID 19
working group (NTAGI)
Executive Director,
Inclen Trust

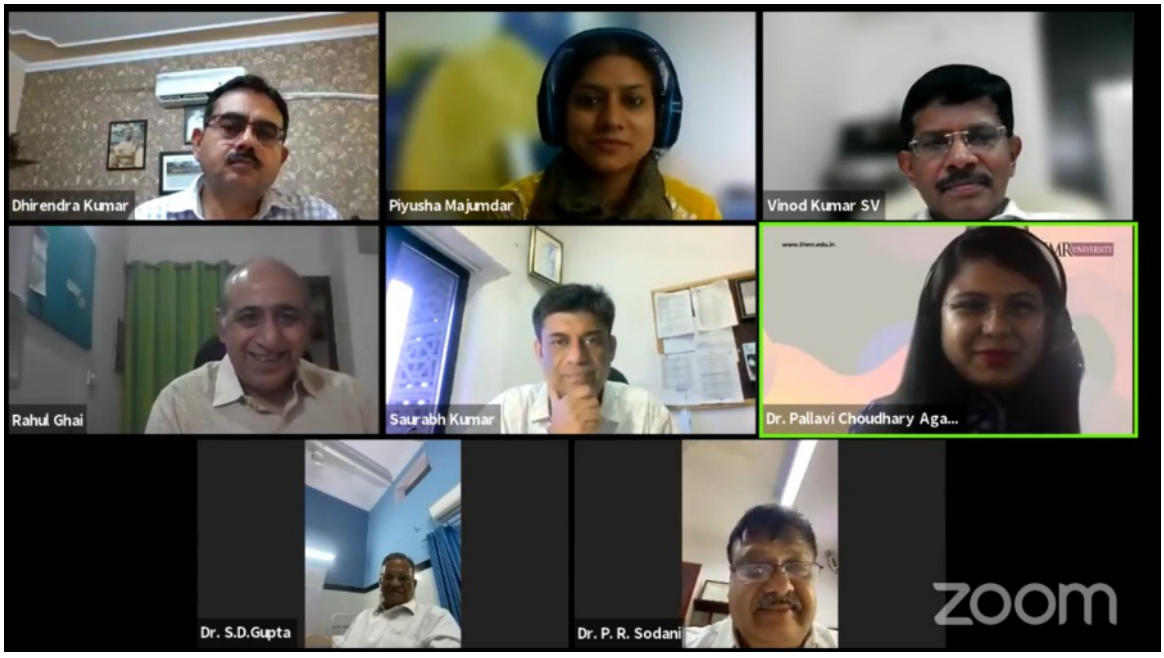
Dr. Sanjiv Kumar
Founder Chairperson,
3D Health Leadership Foundation

Dr. Devendra Khandait
Country Lead,
State health System,
Bill and Melinda Gates
Foundation

Master Classes

Policy Dialogue

Teachers' Day Celebration



Award


WORLD
EDUCATION
CONGRESS
RAJASTHAN
EDUCATION LEADERSHIP AWARDS 2021.
AWARD FOR BEST EDUCATIONAL INSTITUTE IN HEALTHCARE
Presented to
IIHMR University
24th September, 2021
Endorsed by
THOUGHT LEADERS
RAJASTHAN
EDUCATION LEADERSHIP AWARDS 2021.
AWARD FOR BEST EDUCATIONAL INSTITUTE IN HEALTHCARE
IIHMR University
THOUGHT LEADERS

Admissions/ Marketing/ Branding

No. of Applications Received till September 2021

S. No.	Programme	Total Number of Paid Applications
1	MBA HM	671
2	MBA PM	282
3	MBA DM	78
4	MBA RM	17
5	MBA DH	10
6	MPH	263
	Total	**1321**

Overall Followers & Traffic September 2021

S. No.	Platforms	Status on 1st September	Status on 30th September	Increased / Decreased
1	Facebook	71545	71768	223 Increased
2	Instagram	3683	71768	42 Increased
3	LinkedIn	9432	9729	297 Increased
4	Twitter	1761	1775	14 Increased
5	YouTube	2990	3002	12 Increased
6	Website Visitors	10148		

Media Coverage

World Heart Day

An initiative by LOD

ADVERTORIAL

Needed, public health specialists

Dr P.R. Sodani
President
IIHMR University, Jaipur

The public health care infrastructure in rural areas has been developed as a three-tier system consisting of sub, primary health and community health centres, which constitute the main building blocks of India's healthcare delivery system. Over the years, we have been investing in developing this institutional matrix but now we need to get serious about strengthening its solution-based application.

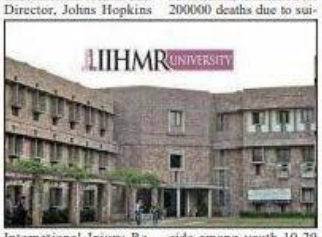
The sub-centre is the most peripheral public health unit in the community. According to the Rural Health Statistics Report, 2019-2020, a total of 1,55,404 sub-centres have been functioning in rural areas as on March 31, 2020. The infrastructure is not very sound at the community level as 40.6% sub-centres are functioning without government building, 28.4% are functioning without appropriate supply of electricity and 14.7% are functioning without regular water supply. In terms of human resources, 14.1 % of the sanctioned posts of health workers (female) and 37% of sanctioned posts of health workers (male) are vacant. The primary health centres are considered as a referral point for sub-centres. According to the Rural Health Statistics Report, 2019-2020, there are 24,918 primary health centres in rural areas as on March 31, 2020. The infrastructure situation is poor as 20.4% of the primary health centres are functioning without government buildings. However, even after the global experience of the pandemic, it is difficult to see a public health specialist at the community health centres. It is high time governments everywhere take serious policy measures and ensure a public health specialist is available in the rural healthcare ecosystem. There must be a partnership between the Government and the private sector with collaborative efforts on managing health systems effectively.

COVID-19 And Suicide Behaviour Prevention: Creating Hope Through Action

Jaipur (The Hawk): The impact of the COVID-19 pandemic on the mental health of populations and mental health systems hastened to respond by enforcing measures such as social-distancing, quarantine and isolation responding to fear, anxiety, anger, and grief by adjusting to new ways of learning and working with the uncertainty of losing jobs and family income. No age group has been spared by the effects of the uncertain situation arising out of the global pandemic and the effects of mental ill-health has manifested itself as a spectrum of varied severity ranging from mild anxiety to the extremes of suicidal tendencies.

To address this important issue of public health concern, SD Gupta School of Public Health, IIHMR University organized a webinar titled Suicide Behaviour Prevention in COVID-19 Scenario: Creating Hope through Action. The webinar was the third under "Public Health and Mental Well Being Series" and coincided with the World Suicide Prevention Day on 10 Sep 2021.

The webinar had an array of eminent global experts from the field of public health, injury research and suicide prevention : Dr. Abdulgafoor M. Bachani, Faculty of International Health and Director, Johns Hopkins



International Injury Research Unit, JHSPH, Baltimore, USA, Dr Cuong Pham Viet, Director, Center for Injury Policy and Prevention Research, Hanoi School of Public Health, Hanoi, Vietnam; and Prof Rob Poole, Professor of Social Psychiatry, School of Health Sciences Co-Director, Centre for Mental Health and Society Bangor University, UK and Dr DK Mangal, Professor and Advisor, SD Gupta School of Public Health, IIHMR University.

In his welcome address, Dr PR Sodani, President, IIHMR University said that "Mental health and mental pressure is one of the most neglected areas of public health and suicide is a complex issue especially after the COVID-19 pandemic. There are hopes and opportunities for suicide prevention at multiple levels. IIHMR has been engaged in road traffic injury research project and now working towards suicide prevention and self harm research.

Dr. Abdulgafoor M. Bachani, defined magnitude of the problem by mentioning the types of injuries as unintentional and intentional, Out of which 3.16 million are unintentional and 1.25 million are intentional respectively. Also non-fatal consequences cause a profound social and economic cost to families, communities and societies.an estimated of 200000 deaths due to suicide among youth 10-29 years of age occur every year . Unexpected restrictions that have occurred lead to sense of isolation, fear and anxiety around the globe.It should be dealt with helping the youth with Global attention to suicides by introducing sustainable development goals. He explained suicide prevention strategies will require mutisectorial strategies, develop and evaluate community and population based approaches to suicide prevention, identify risk and protective factors with groups at higher risk. He also mentioned harnessing the power of big data and AI would be the first application of AI for adolescent injury and violence prevention, it has potential to enhance knowledge and prevention strategies for adoloscents injuries.

Dr Cuong Pham Viet, while explaining the effects of individual and school-level on suicidal ideation and depression among high school students. He further mentioned the more occurances that worsen after COVID pandemic, it increased family violence against women, children, social distancing and isolation gave more exposure to online learning leading to child mental deterioration, cyberbullying, violence. Priorities are being given to prevention and cure of COVID 19 and activities to prevent injuries and violence is not taken care off.

Prof Rob Poole believes that suicides are not inevitable and rates can be reduced. The evidence based suicide prevention COVID-19 intervention can help reducing suicides and should be used widely by schoolteachers, school nurses and any school health care provider who has contact with adolescents to support the development of emotional resilience and behavioural competence which will promote positive emotions and reduce negative ones, especially those associated with low self-esteem as well as cognitive distortions which feed suicidal ideation. Developing positive behaviours such as physical activity provides an opportunity for preventing suicide among vulnerable children at high risk by engaging them in life

Each suicide is a tragedy. Suicides cost billions every year. It is imperative to understand suicide behaviour in order to develop new prevention programs that are efficient, practicable and cost-effective. Over 800,000 die by suicide every year. More people die by suicide every year than are murdered, and suicide has increased 60% in 40 years. To address the increased need for mental health services during and post pandemic, countries must establish a robust system of case registry to have the critical data without any stigma to take action further.

नीति नवाचार : स्वास्थ्य निगरानी सूचना प्रणाली को मजबूत करने पर ध्यान दिया जाना चाहिए

देश की स्वास्थ्य प्रणाली में परिवर्तन का समय

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सार्वजनिक स्वास्थ्य संस्थान सार्वजनिक स्वास्थ्य प्रणाली की रीढ़ हैं। इनको मजबूत करने पर अविलंब ध्यान दिया जाना चाहिए। इसके लिए भारत में सार्वजनिक स्वास्थ्य खर्च बढ़ाने की आवश्यकता है।

विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के अनुसार किसी भी स्वास्थ्य प्रणाली से ऐसे संगठन और लोग जुड़े होते हैं, जिनका प्राथमिक उद्देश्य स्वास्थ्य को बढ़ावा देना, बहाल करना या बनाए रखना है। स्वास्थ्य नीति के लक्ष्यों को चार बुनियादी कार्यों के माध्यम से प्राप्त किया जाता है। ये हैं स्वास्थ्य सेवाएं प्रदान करना, उन सेवाओं को खरीदने के लिए राजस्व जुटाना और आवंटित करना। साथ ही लोगों, इमारतों, उपकरणों, दवाओं और आपूर्ति में निवेश करके संसाधन बनाना। संसाधनों, शक्तियों और अपेक्षाओं के समग्र प्रबंधक के रूप में कार्य करना।

स्वास्थ्य प्रणाली को मजबूत करने के लिए, कार्यों को 'बिल्डिंग ब्लॉक्स' में विभाजित किया गया है, जिसे डब्ल्यूएचओ के स्वास्थ्य प्रणाली ढांचे के रूप में जाना जाता है। यह है सेवा वितरण, स्वास्थ्य कार्यबल, सूचना, चिकित्सा उत्पाद, टीके तथा प्रौद्योगिकी, वित्तपोषण और नेतृत्व। करीब सवा अरब की आबादी तक स्वास्थ्य सुविधा उपलब्ध करवाना किसी भी भारत सरकार के लिए बड़ी चुनौती है। भारत की जिम्मेदारी है कि वह अपनी स्वास्थ्य प्रणाली को बदलने के लिए इन बिल्डिंग ब्लॉक्स का ध्यान रखे, खासकर महामारी के मद्देनजर। कोविड-19 महामारी के हाल के अनुभव ने स्पष्ट रूप से दर्शाया है कि भारत में एक मजबूत स्वास्थ्य प्रणाली के निर्माण की जरूरत है। इसके लिए प्राथमिक, माध्यमिक और तृतीयक देखभाल संस्थानों की एक एकीकृत प्रणाली आवश्यक है। इस पर ध्यान देना होगा कि स्वास्थ्य प्रणालियों को मजबूत करने के लिए विभिन्न हिताधारकों के बीच तालमेल को अधिकतम करने का कोई एक ही तरीका सबके लिए फिट नहीं है।

जिले में सार्वजनिक और निजी क्षेत्र के संस्थानों को प्रशिक्षण, तकनीकी और पेशेवर सहायता प्रदान करने के लिए जिला अस्पतालों को उत्कृष्ट केंद्र के रूप में विकसित करने की सख्त आवश्यकता है। साथ ही, स्थानीय क्षमता को मजबूत करने पर भी ध्यान दिया जाना चाहिए।

महामारी से जुड़े हाल के अनुभव से साफ है कि स्वास्थ्य निगरानी सूचना प्रणाली को मजबूत करने पर प्रमुख रूप से ध्यान दिया जाना चाहिए। कोविड-19 का अनुभव बताता है कि जिला अस्पतालों, उप-जिला अस्पतालों, सामुदायिक स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों और उप-केंद्रों के लिए भारतीय सार्वजनिक स्वास्थ्य मानकों पर फिर से विचार होना चाहिए। इसमें कोई शक नहीं है कि सार्वजनिक स्वास्थ्य संस्थान सार्वजनिक स्वास्थ्य प्रणाली की रीढ़ हैं। इनको मजबूत करने पर अविलंब ध्यान दिया जाना चाहिए। इसके लिए भारत में सार्वजनिक स्वास्थ्य खर्च बढ़ाने की आवश्यकता है। राष्ट्रीय स्वास्थ्य नीति 2017 का इरादा सार्वजनिक स्वास्थ्य खर्च को मौजूदा 1.3 प्रतिशत से बढ़ा कर 2025 तक सकल घरेलू उत्पाद के 2.5 प्रतिशत तक ले जाना है।

महामारी से यह बात समझ में आई है कि दीर्घकालिक रणनीतिक दृष्टिकोण के साथ भारत की स्वास्थ्य प्रणाली के लिए स्वास्थ्य मानकों को बढ़ाने के लिए एक स्पष्ट दृष्टि की आवश्यकता है। एक लचीली स्वास्थ्य प्रणाली विकसित करने के लिए भारत को अनुभवों से भी सीखने पर ध्यान देना होगा। फीड बैक पर नजर रखनी होगी। सार्वजनिक और निजी क्षेत्रों के बीच संवाद और सहयोग को बढ़ावा देने की आवश्यकता है। स्वास्थ्य प्रणालियों को मजबूत करने के लिए सरकारी और गैर-सरकारी संगठनों द्वारा एक दीर्घकालिक रणनीतिक ढांचा विकसित किया जाना चाहिए क्योंकि भारत की स्वास्थ्य प्रणाली को बदलने का यही समय है।

स्वास्थ्य और मानसिक कल्याण वेबिनार

ब्यूरो/नवज्योति, जयपुर। कोविड-19 महामारी से उपजे हालात के कारण लोगों के मानसिक स्वास्थ्य पर बहुत बुरा असर पड़ा है और लोगों को सोशल डिस्टेंसिंग, आइसोलेशन और भय के माहौल के बीच अपना जीवन गुजारना पड़ा। इस महत्वपूर्ण मुद्दे पर चर्चा करने के लिए आईआईएचएमआर यूनिवर्सिटी के एसडी गुप्ता स्कूल ऑफ पब्लिक हेल्थ ने सुसाइड बिहेवियर प्रिवेंशन इन कोविड-19 सिनेरियो क्रिएटिंग होप थ्रू एक्शन पर एक वेबिनार का आयोजन किया। इसमें विश्वविद्यालय के प्रेसीडेंट डॉ. पीआर सोडानी ने कहा कि मानसिक स्वास्थ्य और मानसिक दबाव सार्वजनिक स्वास्थ्य के सबसे उपेक्षित क्षेत्रों में से एक है और आत्महत्या एक बड़ा जटिल मुद्दा बन गया है।

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NATIONAL NEWS UNIVERSITY NEWS

45 Trainers From 11 States Were Trained During First Cohort Of TOT Program

IIHMR Faculty and Trainers to train 900 CHO's over a period of one year after the training program

By India Education Diary ... On Sep 15, 2021

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Jaipur: IIHMR University in collaboration with NISHTHA-Jhpiegoconducteda three-day program – Training of Trainers. These Trainers will further conduct Leadership Certification Program for selected 900 Community Health Officers from 14 states.

A total of 45 participants from 11 states, including northeast were trained to further train community health officers from pan India. In the second program in the series further 55 master trainers will be created. This three-day training covered a wide range of topics from primary health care overview, Public Health Planning and Management, Management Skills, Leadership Skills, Communication Skills, Mentorship, Supply Chain Management, Financial Management, Data Management and other leadership and management lessons for community health officers to perform efficiently and effectively for strengthening primary health care.

Dr PR Sodani, President, IIHMR University said, "Training of Trainers CHO – Leadership Program had been designed to smoothen the accessibility, availability, affordability for the masses by strengthening healthcare and wellness delivery system in India. The programme is developed with an understanding about the concept of Public Health and Wellness Management. He then mentioned about Ayushman Bharat- the flagship programme of India that has proved to be a game changer in health care sector. One of the major pillars of Ayushman Bharat is Health and Wellness Centre. Ayushman Bharat to increase human resource capacity of healthcare workers and create additional infrastructure and Human resources for providing quality healthcare throughout the country. He further mentioned about the necessity to improve the state of public health services by introducing Health and Wellness centres across the country in general and in rural areas in particular so that they are able to provide good healthcare at affordable prices by reducing out of the pocket expenses in India.

Experts highlight polio eradication to deal with vaccine hesitancy

Effective social mobilisation strategy could be evolved to deal with misgivings and rumours, they say

MOHAMMED IQBAL
JAIPUR

Amid reports of COVID-19 vaccine hesitancy, experts at a policy dialogue here laid emphasis on the experience of polio vaccination, which has succeeded in the elimination of the virus. An effective social mobilisation strategy could be evolved in Rajasthan to deal with misgivings and rumours, said the experts.

The vaccine hesitancy, reportedly mainly from the rural areas because of misinformation, trust deficit and indifference, could be managed by removing apprehensions and building trust in the State government's health system, the participants said. Technical advances in the choice of vaccines could also play an important role.

The policy dialogue was organised by the Indian Institute of Health Management Research (IIHMR) University's School of Public Health. Experts felt that the lessons learnt from polio eradication campaigns, with India having been declared polio-free in 2014, would be beneficial for COVID-19 vaccination with the innovations in the programme implementation strategy and delivery.

IIHMR University's chairperson S.D. Gupta said working on the structural barriers to vaccination, changing the behaviour of hesitant persons and increasing vaccine confidence would help remove complacency and make the process convenient for the target groups.

'107 block plan'

Svea Closser of the Johns Hopkins Bloomberg School of Public Health, Baltimore, U.S., said India's "107 block plan" for polio had helped in removing vaccine hesitancy by adopting a broader approach. The communication strategy included information on routine immunisation, oral rehydration solution, breastfeeding and handwashing.

School of Public Health's adviser D.K. Mangal said about 6 billion COVID-19 vaccines had so far been administered across 184 countries. The lower uptake of vaccines because of hesitancy would adversely affect the efforts to contain the pandemic and generate immunity against the virus, he said.

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