IHMR sees Indian health sector facing challenges from competition to non-payments on services

Nandita Vijay, Bengaluru
Friday, June 23, 2017, 06:00 Hrs [IST]

Indian Institute of Healthcare Management (IHMR) finds that Indian healthcare sector is currently facing a serious challenge of excessive and unhealthy competition among large private hospitals. Non-payments on services utilized also adversely affect the growth of the sector in the long run.

This together with the ever increasing reliance on high cost medical technology and short cycle times of such technology development will require training, techniques, up skilling etc which are expensive propositions, Dr. Usha Manjunath, Co-Directing Director, and Dean-Academics, IHMR, Bengaluru told Pharmabiz.

“Double burden of disease, geriatric population and non-communicable diseases would push the need for tertiary, palliative, rehabilitation and chronic care much higher. Retention of well trained physicians, nurses and hospital managers is increasingly becoming difficult for many players and this is detrimental for a healthy growth in the sector. However it is the good management practices, governance and strengthening of internal systems as well as audits would help providers maintain high quality of care and not necessarily get adversely affected,” noted Dr. Manjunath.
In a first of its kind initiative, Karnataka has invited specialists to quote their price online for moving to towns and cities where posts are vacant in public healthcare facilities. This can be called desperation but the present condition of state hospitals calls for such a step. As many as 1,221 specialist posts are unoccupied and there is a shortage of nurses. Joyeeta Chakravorty reports.

PUBLIC SECTOR NEEDS TO REVAMP PACKAGE

The lack of a robust and proper mechanism for health infrastructure and the shortage of qualified health workers and the workforce's unemployment in other sectors is a major challenge. Karnataka Health Services Corporation Limited (KHSCCL) has taken up an initiative to attract health professionals and fill the vacancies. The corporation has also taken steps to revamp the package for health workers. There are various incentives to encourage professionals who are working in the private sector and wish to join the public sector.

The many reasons behind dearth of nurses

There is a dearth of nurses in the public sector. Nurses are not given a chance to grow within the organization and hire a pay in private sectors. This has led to a brain drain. Nurses are also not given leave to pursue higher education. The government needs to make changes to attract nurses and retain them in the public sector.

The need for a robust mechanism

There is a need for a robust mechanism to quote health professionals' price online. This will help fill the vacancies and attract health professionals. The government needs to provide incentives to encourage professionals who are working in the private sector and wish to join the public sector.

Conclusion

The lack of a robust and proper mechanism for health infrastructure and the shortage of qualified health workers are major challenges. The government needs to take steps to revamp the package for health workers and encourage professionals who are working in the private sector and wish to join the public sector. The government also needs to provide incentives to nurses to attract and retain them in the public sector.
SOS to doctors, nurses: Karnataka needs you

As many as 1,221 specialist posts are unoccupied and there is a shortage of nurses.
Pharmacy: careers and related fields

A career in Pharmaceutical Science and related fields can be very rewarding. However, it is also true that it is not easy, not lucrative, and has few opportunities. Let us look at why such a problem exists.

The crisis

The supply of those with degrees or diplomas in Pharmacy today far exceeds the demand. This is leading to a crisis of underemployment and unemployment among graduates in the discipline. The chief cause of this is attributed to the existence of too many of these pharmacy colleges. As the unemployment rate is high among them, the salaries they can hope for when employed can be quite
Pharmacy: careers and related fields

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The Crisis
The supply of those with degrees and diplomas in Pharmacy seems to exceed the demand. This is leading to a crisis in employment and a dwindling interest in the profession. Many students who enter Pharmacy to cater to the demand of less health care professionals are finding it difficult to find employment. At the same time, the salaries they can earn are not very high, and the working conditions are harsh. According to the Bureau of Labor Statistics, the average salary for a pharmacist is around $125,000 per year. However, salaries vary widely depending on the location and type of pharmacy.

Research and Development
If you are an aspiring pharmacist, you might consider a career in research and development. Several research institutions and pharmaceutical companies are always looking for qualified professionals to conduct research and develop new medications. This is an excellent opportunity to make a significant contribution to the field of medicine and help improve people's lives.

Pharmacy Technology
Another option is to become a pharmacy technician. Pharmacy technicians work under the supervision of pharmacists and assist in the dispensing of medications. They are responsible for tasks such as filling prescriptions, maintaining inventory, and providing customer service. This is a good option for those who are interested in a career in pharmacy but do not want to pursue a professional degree.

Community Pharmacy
Community pharmacies are often located in areas where there are limited healthcare options. They offer a wide range of services, including the sale of prescription medications, advice on over-the-counter medications, and health-related services such as flu shots and blood pressure checks. These pharmacies are often staffed by pharmacists, pharmacy technicians, and support staff.

Pharmaceutical Sales
Pharmaceutical sales representatives work for drug companies and are responsible for selling their products to healthcare providers such as hospitals, clinics, and pharmacies. They need a degree in Pharmacy and have a strong understanding of the healthcare industry.
Union govt’s e-health initiative to bolster healthcare growth: Dr. Usha Manjunath

Nandita Vijay, Bengaluru  
Saturday, June 17, 2017, 08:00 Hrs [IST]

Union government’s e-health initiative in line with ‘Digital India’ campaign is giving a fillip to healthcare growth, according to Dr Usha Manjunath, Officiating Director, and Dean-Academics, IIMR, Bengaluru.

Health IT and disruptive technologies are increasingly becoming important for India, making the healthcare industry smarter. This will now see government hospitals to streamline their operations using IT. It will also offer new avenues in IT related domains and healthcare, she said.

Facility of good infrastructure, maintenance and latest technology are impacting government hospitals leading to poor service quality. There is no upgrade of clinical competencies among the government doctors. Over and above, the government system is laden with apathy, lack of enthusiasm, no incentives for performers and are short of accountability. All these lead to a decline in interest to excel in healthcare practice, Dr Manjunath told Pharmabiz.

Despite the presence of qualified doctors in government hospitals, access to multidisciplinary teams are limited. Many government hospitals portray poor sanitary conditions too which has also resulted in atypical service quality. This is where e-health initiatives could ease our infrastructural problems. Remote diagnosis can enable early detection of disease/diorders and allow faster access to treatment with limited hospitalisation.

The market value of Health Information Technology (HIT) is pegged at US $1 billion and is expected to grow one and a half times by 2020. It is not only that private healthcare is investing in technologies but the government is also keen to capitalise on the tech boom, said Dr Manjunath.

Quoting a government report, she said that Public health spending is slated to increase from the current 1.1 per cent of GDP to 2.5 by 2025. “This is an indication that increased healthcare coverage will be possible. The sector has registered a growth of 25% in the recent years. The rising income levels, ageing population, increasing insurance coverage and the imbalance in demand-supply present a big opportunity for healthcare providers to increase their bed capacity and for further investments in this sector,” she noted.

Government has improved basic healthcare services with Primary Health Centres and Community Health Centres in rural areas though much has to be done in this sector. Large scale investments are not feasible for public health system and it is not profitable for private healthcare to invest in rural areas. Rural India is an aggregate of small villages, many of them having less than 1,000 households, so population is spread across and the paucity of transportation is a deterrent for hospitals to be established in such areas. Also, healthcare related supplies such as access to drugs, equipment installation and service, consumables etc are not easily available in rural areas. This is where the Union government’s e-health initiative can bolster healthcare growth, pointed out Dr Manjunath.
IIMHR sees Indian health sector facing challenges from competition to non-payments on services

Nandita Vijay, Bengaluru
Friday, June 23, 2017, 09:00 AM [IST]

IIMHR finds that Indian healthcare sector is currently facing a serious challenge of excessive and unhealthy competition among large private hospitals. Non-payments on services utilized also adversely affect the growth of the sector in the long run.

This, together with the ever-increasing reliance on high-cost medical technology and short cycle times of such technology development will require training, technicians, skill staff etc. which are expensive propositions, Dr. Uma Manjunath, Chief Operating Director and Dean Academics, IIMHR, Bengaluru told Pharmabiz.

"Double burden of disease, geriatric population and non-communicable diseases would push the need for tertiary, palliative, rehabilitation and chronic care much higher. Retention of well-trained physicians, nurses, and hospital managers is increasingly becoming difficult for many players and this is detrimental for a healthy growth in the sector. However, if the good management practices, governance and strengthening of internal systems as well as audits would help providers maintain high quality of care and not necessarily get adversely affected," noted Dr. Manjunath.

There is also a paucity of healthcare professionals despite the increase in MBBS colleges. There are nearly 400 medical colleges in India and around 50,000 doctors passing out annually but only 22,500 seats are available for post-graduation. Parliamentary committee on Health and Family Welfare also noted that in India with over 7,40,000 doctors the doctor-patient population ratio of 1:1,574, is lower than Vietnam, Algeria, and Pakistan.

Even though the number of medical seats is increased year on year the number is not adequate to meet the demands. Also, establishing quality medical education for both MBBS and post-graduation is not easy with inadequate infrastructure, faculty, hospital facility, infrastructure specifically medical equipment and availability of patients for learning etc. Higher percent of medical colleges are present in south and western India, so northern states continue to face the paucity of medical professionals, she added.

Dealing with the medical expenses and corrupt practices which is driving patients to the brink of poverty. Dr. Manjunath noted that nearly 70% of medical expenses are out-of-pocket in India. There is also commercialization of treatment procedures driven by high investments in high and medical technology.

On the epidemiological spectrum, the poor tend to fall sick more often due to multitudes of causes related to poverty and living conditions and the prevalence of non-communicable diseases is increasing among them too. Each episode of hospitalization becomes expensive. Though direct cause and effect relationship is difficult to establish for pushing the poor to brink of poverty, corrupt practices, there is evidence to show that poor borrow money for paying for healthcare and that makes them much more poorer, said Dr. Manjunath.
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**6th Convocation of IIHMR, Bangalore**

IIHMR, The Institute of Health Management Research (IIHMR), Bangalore held its 6th Convocation of the AICTE-Approved Post Graduate Diploma in Hospital and Health Management (Batch 2015-17) at the institute's campus. Special guests Dr. Sanjiv Kumar, Director - IIHMR Delhi and Mr. Takeshi Maki, Director, Sakai World Hospital, Bangalore awarded the convocation certificates and gold medals to Dr. Lavya N., Tripti Vaidya and Dr. Medari S. Mukerji, for their exemplary performance. Like every year, students were placed in reputed hospitals, some govt institutions, and healthcare IT companies with the highest package of INR 1.50,000 per annum, informed Dr. Usha Manjunath, Director-officiating.

*Hello Kolkatta Bureau*
IIHMR conducts 6th Convocation
Institute of Health Management Research (IIHMR), Bangalore holds its 6th Convocation

City Air News

- Places 94% students successfully this year even before completion of the course;
- INR 7.5 lakh per annum was the highest package offered this year.
Bangalore, May 30, 2017: The Institute of Health Management Research (IIHMR) – Bangalore held its 6th Convocation of the AICTE-Approved Post Graduate Diploma in Hospital and Health Management (Batch 2015-17) at the institute’s campus. Dr. Sanjiv Kumar, Director-IIHMR Delhi, was the chief guest for the occasion and Mr. Takashi Maki, Director, Sakra World Hospital, Bengaluru was the Guest of Honor. The Chief Guest and Guest of Honor awarded the convocation certificates and gold...
Institute of Health Management Research (IIHMR), Bangalore holds its 6th Convocation

Bangalore, May 30, 2017: The Institute of Health Management Research (IIHMR) – Bangalore held its 6th Convocation of the AICTE-Approved Post Graduate Diploma in Hospital and Health Management (Batch 2015-17) at the institute’s campus. Dr. Sanjiv Kumar, Director-IIHMR Delhi, was the chief guest for the occasion and Mr. Takashi Maki, Director, Sakra World Hospital, Bengaluru was the Guest of Honor. The Chief Guest and Guest of Honor awarded the convocation certificates and gold medals to Dr Lavya N, Tripti Vaidya and Dr Medari S Mukunda, for their exemplary performance.
IIHMR, Bengaluru holds its 6th Convocation, places 94 percent students successfully

Our Bureau, Bengaluru
Wednesday, May 31, 2017, 13:30 Hq (IST)

The Institute of Health Management Research (IIHMR) Bengaluru has announced the placement of 94 percent of its students during its 6th Convocation of the AICTE-Approved Post Graduate Diploma in Hospital and Health Management of Batch 2016-17 held at the Institute’s campus.

Like every year, students were placed in reputed hospitals, state government institutions and healthcare IT companies with the highest package of Rs 7.50,000 per annum. The students were recruited by Dell, Deloitte, Allscripts, Asian Heart, Prime Era, Narayna Health, NH, DxC, 108 EMRS, Sapphire Systems, ICT Health, Infiniti Research, Columbia Asia Hospitals among others, said IIHMR.

Dr. Sanjiv Kumar, Director, IIHMR Delhi, was the chief guest for the occasion and Takashi Maki, Director, Sakra World Hospital, Bengaluru was the guest of honor. Dr. Lavay N. Tripathi Valiy and Dr. Madan S Mallunda, for their exemplary performance were awarded certificates and gold medals.

In his convocation address, Dr. Sanjiv Kumar, Director-IIHMR Delhi said that the students have been given the best training and are well-equipped to address the growing needs of the healthcare industry.
INSTITUTE OF HEALTH MANAGEMENT RESEARCH (IIHMR), BANGALORE HOLDS ITS 6TH CONVOCATION

MAY 30, 2017

Bangalore, India, May 30, 2017- The Institute of Health Management Research (IIHMR) Bangalore held its 6th Convocation of the AICTE-Approved Post Graduate Diploma in Hospital and Health Management (Batch 2015-17) at the institute’s campus. Dr. Sanjiv Kumar, Director-IIHMR Delhi, was the chief guest for the occasion and Mr. Takashi Maki, Director, Sakra World Hospital, Bengaluru was the Guest of Honor. The Chief Guest and Guest of Honor awarded the convocation certificates and gold medals to Dr. Lavya N. Tripti Vaidya and Dr. Medari S. Mukunda, for their exemplary performance.
Institute of Health Management Research (IIHMR), Bangalore held its 6th Convocation.

The Institute of Health Management Research (IIHMR) – Bangalore held its 6th Convocation of the AICTE - Approved Post Graduate Diploma in Hospital and Health Management (Batch 2015-17) at the institute’s campus. Dr. Sanjay Kumar, Director – IIHMR Delhi, was the chief guest for the occasion while Dr. Takashi Hagi, Director St. Maria World Hospital, Bengaluru was the Guest of Honor. The Chief Guest and Guest of Honor awarded the convocation certificates and gold medals to Dr. Lanki N. H. and V. Y. V. and Dr. Megan S. Mujumbra, for their exemplary performance.
Institute of Health Management Research (IIHMR), Bangalore holds its 6th Convocation

Updated: Jun 22, 2017 18:10 IST

New Delhi [India], June 2 (ANI-NewsVoir): The Institute of Health Management Research (IIHMR) - Bangalore held its 6th Convocation of the AICTE - Approved Post Graduate Diploma in Hospital and Health Management (Batch 2015-17) at the institute’s campus. Dr. Sanjiv Kumar, Director-IIHMR Delhi, was the chief guest for the occasion and Takashi Maki, Director, Sakra World Hospital,
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Institute of Health Management Research, Bangalore holds its 6th convocation

ANI | New Delhi [India]  
June 2, 2017 Last Updated at 18:09 IST

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Institute of Health Management Research (IIHMR), Bangalore Holds its 6th Convocation

Places 94% students successfully this year even before completion of the course; INR 7.5 lakh per annum was the highest package offered this year.
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Institute of Health Management Research (IIHMR), Bangalore holds its 6th Convocation

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**News Details**

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Jun 02, 2017 17:45 PM

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Institute of Health Management Research (IIHMR), Bangalore holds its 6th Convocation

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Institute of Health Management Research (IIHMR), Bangalore holds its 6th Convocation

Monday, February 25, 2012, Karnataka, Bangalore

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The Institute of Health Management Research (IIHMR) – Bangalore held its 6th Convocation of the AICHE – Approved Post Graduate Diploma in Hospital and Health Management (Batch 2015-17) at the institute campus. Dr. Divya Kumar, Director – IIHMR, Cantonment, was the chief guest for the occasion and Dr. Prateek Verma, Director, Satya World Hospital, Bengaluru was the Dean of Honor. The Chief Guest and Dean of Honor awarded the convocation certificates and gold medals to Dr. Lavanya N. Tripathi and Dr. Meenal D. Mallick, for their exemplary performances.
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Bangalore, India

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IIHMR conducts 6th convocation

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Fancy managing a hospital now?

What’s the best way to combine Medicine and Management? A Hospital Management degree, of course! Reshma Ravishanker finds out some more about the opportunities.

Choices ahead

Indian Institute of Health Management and Research offers a PG Diploma in Hospital Management with three specializations: — Hospital Management, Health Management and Health IT.

More scope

Dr Uma says that people who hold a Hospital Management certificate also find opportunities in the fields of medical technology and medical tourism.

Illustration: Saju

Karnataka

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FOOT SMOOTHER

The Strateg Vest Squeeze Pill: Perfect Solution for Eczema, Varicose Veins, Cellulite and Sore Muscles. Its small size makes it perfect for travelling.

GRiffin Powerdock

The Griffin Powerdock is a power station which can charge up to five devices at a time. It doesn’t take up much space and is almost as small as an ice cube. It is ideal for city dwellers but can also charge Kindles and most Android devices.

The study shows that for every physician, there has to be two management staff. This could mean a replacement of over three lakh administrative staff in the healthcare sector alone.

Dr Uma Manjusha, Dean, Indian Institute of Health Management and Research.
THE GST EFFECT

Talk is that GST has exempted the Education sector from tax liabilities. However, a closer look reveals that not everything is tax insulated, says NEERA DAVEHAN.

Negative impact on Education sector

Need stronger anti-profiteering clause

EXPERT OPINION

EQUIPMENT NOT MND CD UP

The government's move to implement the GST on education fees has raised concerns among educational institutions. The tax may have unintended consequences, leading to increased costs for students and reduced quality of education. The GST could also lead to a decrease in the number of students enrolling in higher education institutions, as the increased costs may make education less accessible.

CHALLENGES FOR THE EDUCATION SECTOR

The GST has posed significant challenges for the education sector. Institutions are required to collect and return the GST, which can be a cumbersome process. This can lead to delays in the payment of tuition fees, which can have a negative impact on the institution's cash flow.

E-LEARNING FACED 3% COST Hike

The GST on e-learning services has caused a significant increase in costs for online educational institutions. This increase can lead to higher tuition fees for students, which can deter them from enrolling in online courses.

HIGHER EDUCATION CONTINUES TO PROSPER

Despite the challenges, higher education continues to prosper. Many institutions have adapted to the new taxation framework by reducing their administrative overheads.

NEW IN COST OF COMPLIANCE

The GST has introduced new compliance requirements for educational institutions. To ensure compliance, institutions need to provide detailed records of all transactions and maintain accurate tax returns.

FINANCE MINISTERS WILL DISCUSS

The GST Council, which is responsible for the implementation of the GST, will discuss the impact of the new tax regime on the education sector. The aim is to ensure that the GST is implemented in a way that is fair and equitable for all parties involved.
Universal Health Coverage: Dream to reality

There are no easy answers to address the three key issues of population to be covered, services to be provided and the proportion of health expenditure to be borne by the government.

by Prof. Usha Manjunath, Director and Dean-Academics, IIMR, Bengaluru

India’s health system development has come a long way since the Alma Ata declaration in 1978. The nation has
IIHMR all set to mould future Healthcare and Hospital Management professionals

City Air News

Author(s):
Mumbai, July 31, 2017: The Institute of Health Management & Research (IIHMR) Bangalore's continued efforts for developing future healthcare professionals kicked off with their induction programme for the new batch of 2017-19. The induction programme of the 8th batch of its Post-Graduate Diploma in Healthcare Management (PGDHI 2017-19) was held at IIHMR-Bangalore's campus to not just acquaint the students with the institute and the course, but also to provide an in-depth understanding of their need in the booming healthcare industry.

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Following this, Dr Usha Manjunath also highlighted the profile of the batch of 2017-2019. The new batch consists of students from 17 states with 62% of them hailing from medical background while 38% of them are from non-medical backgrounds, and of them 47% are experienced professionals.

Delivering the keynote address, Ms Latha Mangipudi, State Representative at the State of New Hampshire said, “We are in a time where we have the right mix of the potential and technology to do great things and India has uniquely positioned itself in the world as a young country, which is a challenge as well as an asset and it is up to the students to use the technology and be a beacon to the world.”

Ms Madhuri, COO of Ramakrishna Hospital, congratulating students for choosing to work in the healthcare sector said, “Working in healthcare is a commitment to creating a positive change in the lives of people and empathy is a crucial element for healthcare professionals to excel in the service.”

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**Headline:** IIHMR all set to mould future Healthcare and Hospital Management professionals

**Pageviews:** 93


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IIHMR ALL SET TO SHAPE FUTURE HEALTHCARE AND HOSPITAL MANAGEMENT PROFESSIONALS

August 2, 2017

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Tech powered learning: Enabling a promising future for digital India


Usha Manjunath

Healthcare sector in India is one of the largest sectors in terms of employment and revenues. It is growing at the rate of nearly 15% every year. The sector needs very efficient managers to achieve its goals of access, quality and reach to meet the population healthcare needs. Such managers would facilitate the medical, nursing and paramedical providers to achieve better health among the citizens.

Report by KPMG in 2015 estimated that nearly three lakh managers are required for the sector by 2022. The next question is about what are the critical skill sets for ‘smart healthcare professionals’?
Deaf-dumb children get access to regular schools

Circulation 175,000.
Dr Usha Manjunath
Director, IIMR Bangalore

Emotional intelligence essential for healthcare professionals

Client relations, networking and ability to see the big picture for long term strategy helps healthcare professionals to move further up

What will be key recruitment game changers in 2017-18?
Management professionals are very keenly watched and the game changers are in terms of technical skills, health IT, soft skills and people skills. Legal and institutional growth and sustaining growth are key issues for private sector and medical outcome indicators and patient satisfaction are critical in private and public sector.

What are the emerging skill sets you would like to see in fresh entrants?
Fusion and serving, where the system is a single point in healthcare. Internet and mobile technology savvy, ability to use media effectively for inputs and inputs, organisational communication is essential. Emotional intelligence and ability to deal with one’s own stress and difficult working environment is very important. Work ethics, diligence and good documentation skills add value.

How is technology changing HR, especially recruitment?
Communication technologies like social media, web based recruitment announcements, technology based HR matchmaking, and referrals have made recruitment faster. Also, referral checks and back ground checks are carried out faster due to technology (recruiting, emails, assignment and so on). Skype or mobile video sessions have reduced the impact of distance and delays in initial phases of recruitment.

Rate these basis the criticality for employees in your industry (on a scale of 1-10, 10 being the highest):
- Health benefit - 9
- Salary - 6
- Corporate culture - 6
- Rewards & recognition - 7
- Learning & development - 10
- Career growth - 8

Salary matrix (average range)
- Junior Rs 1.8-2.5 Lakh
- Middle Rs 4-8 Lakh
- Senior Rs 12 Lakh upwards
Panic and confusion reigned in city hospitals on Tuesday as doctors left the city en masse to join the Belagavi protest against the KPMF Amendment Bill. Belagavi Chalo is the second leg of the hunger strike by IMA members that gripped the state, as functioning hospitals in Bengaluru struggled to locate doctors and clinicians.

The contentious bill, which calls for transparency in pricing and bans private clinics near government hospitals, has had private doctors and medical professionals up in arms. Protestors show no sign of backing down unless the proposed amendments are withdrawn, says Joyeeta Chakraborty.

**Docs dig in heels, PATIENTS LEFT IN LIMBO**

Amendments Bill has opened Pandora's box further in following aspects:

- Doctors continue protest in Belagavi
- Health minister although in-tact but tight
- Hospitals await notice from IMA
- Health sector needs transparent pricing
- Government also needs to rethink its policies

**HEALTHCARE SERVICES NEED TRANSPARENT PRICING**

The same issues that he of the proposed amendments are the same issues the doctors are protesting against. The same issues that they have been protesting against for years. The same issues that they have been fighting against for the past few weeks.

The government also needs to rethink its policies. The government also needs to consider the needs of patients. The government also needs to consider the needs of the doctors. The government also needs to consider the needs of the healthcare sector.

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The Price of Healthcare

As the political establishment tightens grip on healthcare with a series of interventions in services and devices, focus on access, affordability and quality laid threadbare is making both industry and investors jittery.

Indian healthcare infrastructure haphazard global peers

Less than one doctor for every 2,000 people in rural India

With large variation in prices

India has one of the lowest number of doctors

As demand-supply gap is not uniform

Less than one doctor for every 2,000 people in rural India

Bitter pill

Across the world, the debate on accessibility and affordability of healthcare is being rekindled with renewed vigour. The rising cost of healthcare is not just a concern for patients, but also for the healthcare providers who have to strike a balance between the two.

The political establishment is taking a leaf out of the book of the global healthcare landscape, where the focus is on access, affordability and quality. The political will to ensure that these three pillars are not threadbare is what is needed to address the challenges faced by the healthcare sector.

The report highlights that while the government has taken several steps to improve the healthcare infrastructure in the country, there is still a long way to go. The report also points out that the cost of healthcare is still a cause for concern, and that it is important to strike a balance between the two.

The report further states that the government needs to focus on improving the healthcare infrastructure in rural areas, as well as ensuring that the cost of healthcare is affordable for all. It also calls for a greater focus on research and development in the healthcare sector, to ensure that the country is in a position to meet the challenges of the future.

The report concludes by saying that the government needs to take a holistic approach to improving the healthcare sector, by focusing on access, affordability and quality, and by ensuring that the cost of healthcare is affordable for all.
India facing nursing shortage due to poor working conditions: Dr Usha Manjunath

Nandita Vijay, Bengaluru

Wednesday, December 13, 2017, 08:30 Hrs [IST]

The Indian healthcare sector is now facing the dual challenges of migration, attrition and drop-outs of nursing staff at government and private hospitals due to poor working conditions, said Dr Usha Manjunath, Director, IHMR (Institute of Health Management Research), Bengaluru.

Large scale migration of nurses to the United Arab Emirates (UAE), Canada, Australia and Europe has been quite common among Indian nurses. Better salaries, facilities and quality of life are the obvious reasons. Many fresh graduates who take up jobs in hospitals and other healthcare organizations tend to leave within the first two to four years and decide to go abroad, she added.

Indian Nursing Council and WHO have shown that India is short of 1.94 million nurses. Nearly 36% of the total healthcare workforce is represented by nurses, largest as a group. Even though the number of Nursing Colleges has increased across India, the shortage and the quality of nurses are not up to the mark.

Among the government hospitals, many may not prefer rural postings due to lack of support and access to services, facilities, and good working environment. Salary structure in private organizations is not always very attractive. Smaller hospitals and nursing homes tend to pay less and hence get less competent nurses. Remuneration of nurses in large private hospitals even with over a decade of experience will not go beyond ₹30,000. Unfortunately, Indian hospitals will never be able to match the salaries and incentives given in the west and Middle East countries. Dr. Manjunath told Pharmabiz in an email.
### Headline
Tech crucial for healthcare sector

### Circulation
1,72,129

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Bengaluru: To capitalise and focus on the need to improve the overall healthcare delivery system in the country avoiding all possible faults while running hospitals, professionals from the healthcare industry got together at a conference held in the city on Saturday. Considering the advancement of technology playing a key role in the sector, Director of Indian Institute of Health Management Research (IIHMR) Bengaluru Dr Usha Manjunath said that the institute trains aspiring healthcare professionals in a tech-friendly manner. “The pace of change in healthcare is very rapid. be it in technology, management or the specialty front. The institute is taking efforts to train students to manage such situations through industry-based earnings,” she said. Discussing the concerns of public outrage, Mehdil Kallim, GM, Motherhood Hospitals, said, “The healthcare industry is based on knowledge and information. Striking a balance is a crucial task for a healthcare manager.” Dr S.D. Gupta, Chairman, IIHMR University, called for a change in the service models followed, citing increasing number of chronic diseases emerging. Dr Prashant Tejwani (HOO, Sparsh Hospital), Dr Prakash K.H. (Deputy Project Director, KHPT) and Mr Srinivasan VP (EHR & EMR NH) were among the others who shared their views on the challenges faced by the healthcare sector.
Why nursing community is hitting the roads in protest?

Link: http://www.saffronmedia.in/eMagazines/CP/2017/CP21122017/index.html
IIHMR organises workshop on ‘Up-Skilling of Orthopaedicians’

Our Bureau, Bengaluru
Tuesday, January 30, 2018, 16:50 hrs. [IST]

The Institute of Health Management and Research, Bangalore (IIHMR) in order to create a platform for Competency Enhancements among various healthcare providers, organised its first annual international workshop on ‘Up-skilling of Orthopaedicians for Enhancement of Competencies’. The 4-day event from January 25-28, 2018 held at its campus was a hands-on workshop on the domain of up-skill training and experiential learning in the field of orthopaedics.

According to the organisers, the event was the first of its kind in India; where over a 100 medical professionals from six countries participated. The 8 sessions saw 85 senior teaching faculty from 17 states of India share knowledge.

Orthopaedic surgical skill is traditionally acquired during training in an apprenticeship model that has been largely unchanged for nearly 100 years. Efforts must be made to learn from the experiences of developed nations and a very few open forums are organized in the developing countries for the dissemination of research findings of the developed nations in relation to skill development of clinicians, stated the organisers.

According to Dr Usha Marunath, Director, IIHMR- Bangalore, though we are not directly associated with the field of orthopaedics, being a premier healthcare institute, we wanted to provide a platform for various medical stakeholders. Orthopaedics is one of the key verticals in Indian healthcare due to growing number of fatal injuries that occur in accidents. So, we opted to mobilise our resources to contribute to upskill the orthopaedicians to deliver quality service.

Commenting on the need for the workshop Dr Anil Sood, organizing chairman of the conference said, that the prime idea behind the conference is to build skills among our medical fraternity. With the sprawling number of tools and techniques in the orthopaedic field, this forum aims to aid practitioners to make the right choice of evidence based model for diagnosis. In fact, each session conducted here has key points to offer, which can be incorporated in the medical practice.

‘It’s great to see a good number of orthopaedicians gathered together to seek knowledge. Even though medical industry has been incalculating varied technologies to serve better, it’s not complete without application of right skills to ace it. This effort by IIHMR is a good initiative taken in that line,’ said Tanashi Maid, Director of Sakha World Hospital Bangalore.

‘The theme of the workshop to upskill the orthopaedicians is very relevant to current day. When I entered medical field as general orthopaedician, all knowledge that I had was from an academic training and had no access to additional sources like workshops. Today the medical industry has enhanced so much that it is imperative for orthopaedicians to focus on sub-speciality and be upskilled. This conference, which is uniquely organised by self-financing, is admirable act trying to fill the gap of upskilling in the industry’, said Dr K.S. Marunath, Director, Bowing Institute of Medical Science.
IIHMR to Hold International Workshop on Up-Skilling of Orthopaedicians

The workshop will be first of its kind to be held in India; over hundred medical professionals from six countries are expected to participate.

The Bengaluru-based Institute of Health Management and Research (IIHMR) will be organising its first annual international workshop on ‘Up-skilling of Orthopaedicians for Enhancement of Competencies’ from January 25 to 28 to help clinicians enhance their skills in alignment with new advancements in the field of orthopaedics.

The first of its kind event in India will see participation of over a hundred medical professionals from six countries. The three-day event will have eight sessions and 65 senior teaching faculty from 17 states of India.

‘Upskilling is a need of today and its equally important for all the verticals be it in healthcare, education, hospitality, technology, banking, etc. This workshop will enhance the existing skills of all the orthopaedicians attending the three day workshop and discuss best practices,’ said Dr Usha Manjunath, Director, IIHMR Bengaluru.
IIHMR to hold 1st annual international workshop on “Up-Skilling of Orthopaedicians”

Bangalore, January 25, 2018: Institute of Health Management and Research (IIHMR) is creating a platform for competency enhancement among various healthcare providers and organizing its first annual international workshop on “Up-skilling of Orthopaedicians for Enhancement of Competency” for four days from 25th January to 28th January 2018. This event is the first of its kind in India, where over a hundred medical professionals from six countries will be coming to participate. The three-day event will have eight sessions and sixty-five senior teaching faculty from seventeen states of India.

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**IIHMR concludes 1st annual international workshop on “Up-Skilling of Orthopaedicians”**

Bangalore, 19 January 2018: Institute of Health Management and Research, Bangalore (IIHMR) in order to create a platform for Competency Enhancements among various healthcare providers, organised its first annual international workshop on “Up-skilling of Orthopaedicians for Enhancement of Competencies” for four days from 26th January to 29th January 2018 in the campus.
IIHMR to Hold International Workshop on Up-Skilling of Orthopaedicians

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Union govt's announcement of Universal Healthcare Coverage should be backed by concrete strategies: Experts

Nandita Vijay, Bengaluru
Saturday, February 19, 2010, 08:30 hrs [IST]

The Central government's announcement of Universal Healthcare Coverage in the budget should be backed by concrete strategies. This is because the country's healthcare, unlike any other system such as the one in UK or US, has a lot of pitfall. It is due to various reasons such as urban and rural divide, high out of pocket expenditure, under-developed medical device sector and many more, stated experts from the Indian Institute of Healthcare Management and the TATA Institute of Medical Sciences.

Indian healthcare system, which has always been vehemently criticized for its poor support towards healthcare, has made a historic move this time. One of its initiatives is the World's largest government-funded healthcare scheme. The National Health Protection Scheme, under which health coverage up to Rs 5 lakh per family for secondary and tertiary hospitalization has been offered. This was indeed an admirable act by the government. Universal Health Coverage has been the concern of our country for many years now. Many people having no access to primary medical facilities have been devastating, they said.

According to Dr Lasha Manjunath, director of IIMAS Bengaluru, the move towards provisioning of a more comprehensive primary care by converting 1.5 lakh sub-centres in Indian villages to health and wellness centres is a positive development given the lifestyle and chronic disease burden in the country.

The foremost menace that has been hovering around the healthcare system has been a lack of medical practitioners. In a bid to overcome this, 24 new government medical colleges are expected to be set up and upgrade the existing district hospitals in the country. Furthermore, announcing at least one medical college for three parliamentary constituencies is praiseworthy. But the government will need to pay heed to allocation of funds for Post Graduation, he added.

Although the overall budget is good; there is still a need to address few issues. Pointing out on low spend on healthcare Prof Dayashankar Maurya, representing Health Management, TAPMI said that a higher allocation to health sector is much-needed. National Health Protection Scheme brings more resources and more families to healthcare system, however, given the problems observed in similar government sponsored health insurance programs and apprehensions expressed by various reports, design and implementation will be crucial.

According to Dr. Manjunath, the most remarkable move by the government was throwing light on burden of TB in India. According to WHO report of 2016, approximately 2.79 million suffer from TB in India. So budget’s move to allocate 5500 per month for an individual’s treatment is a benefit.
HEALTHCARE GETS HEALTHIER

Deloitte Touche Tohmatsu India estimates that with increased digital adoption, the Indian healthcare market, which is worth around US$100 billion, will register a CAGR of 23% and reach US$380 billion by 2020. A number of factors have been adding vibrancy to the industry:

- The country boasts a good percentage of knowledgeable and experienced healthcare professionals.
- Since treatment proves to be more cost-effective in India, in comparison to Western/European countries, medical tourism has received a big boost. India is experiencing 22-23% growth in medical tourism and the industry is expected to double in size from US$3 billion (April 2017) to US$6 billion by 2018.
- Healthcare services provided by private organizations can claim to be among the best in the world—diagnosis, equipment and methods, use of telemedicine, and adoption of hospitality-like treatment by hospitals being a few examples.
- The Ministry of AYUSH aims to evolve India at the global epicentre for traditional medicine. While a total of 1,590 hospitals and 29,723 dispensaries offer AYUSH treatment, the All India Institute of Ayurveda (AIIA) was established in October 2017.

FROM ‘BEWARE!’ TO AWARE

In a complex cycle, improved healthcare services are helping people lead a better lifestyle, even as the younger population makes an effort to seek enhanced medical facilities. This has primarily been facilitated by the increasing ability of people to afford better-class treatment as well as accessible insurance.

Investment in Healthcare Sector in India, a June 2016 paper by Nibshik Desai Associates, states, “The domestic health insurance business at ₹12,600 crore (US$2.03 billion) accounts for about a quarter of the total non-life insurance business in the country. An increase in people opting for health insurance has been witnessed over a period of time. New products that also cover certain ailments not covered earlier are setting more buyers of such insurance policies.”

But there is more to this cycle. Lifestyle being the keyword here. It also includes the population’s sedentary routine with little or no exercise and an erratic sleep schedule, along with an unhealthy diet and cigarette and alcohol consumption. In September 2017, World Health Organization (WHO) launched the NCDs (Non-Communicable Diseases) Progress Monitor, and stated that NCDs—primarily cardiovascular and chronic respiratory diseases, cancers and diabetes—are the world’s biggest killers, and claim the lives of 15

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*Government initiatives in ‘public health cadre’ (along with National Health Policy, 2017 that calls for multidimensional mainstreaming of AYUSH doctors and capacity building of MBBS (patersonal) like nurses and rural medical assistants to create midlevel service provider cadre would be a positive way forward for meeting the manpower needs of primary health care. On the specialist side, plans to start DNB (Diplomate National Board) courses in district and municipality hospitals across the country is a welcome move.*
Why Indian patients spend more on out of pocket expenditure than others?

Dr. Usha Manjunath posted a day ago

Healthcare in India has not always been known for all the right things. Even though there has been a substantial growth in the field over the years, the prominent flaws facing it were never addressed. In fact, even after decades of independence, the centre's mission to provide healthcare for all never succeeded successfully.
<table>
<thead>
<tr>
<th>Website Name</th>
<th>Deccan Chronicle</th>
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<tr>
<td>Headline</td>
<td>Mr Jaitley, show us the money</td>
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Allocate more funds, increase expenditure: Health experts

With the Union Budget around the corner, two health experts have urged the government to allocate more funds to sectors such as family planning and non-communicable diseases, increase expenditure and make health insurance more inclusive.

Observing that the Centre had acknowledged that socio-economic development goals could only be achieved on the foundation of a healthy population, Poonam Mutreja, the executive director of the Population Foundation of India, said this belief was reflected in the National Health Policy.
Allocate More Funds, Increase Expenditure, Say Health Experts

Health experts have pitched for more fund allocation in sectors such as family planning and non-communicable diseases.

Budget 2018 | Press Trust of India | Updated: January 24, 2018 13:30 IST

To Slidev; A Final
Farewell From
Chitrangadhi, Ashwarya
And Others

Raina Dhaka To Go;
Against M3 Shonka
Instructions Tally
New Delhi, Jan 21 (PTI) With the Union Budget around the corner, two health experts have urged the government to allocate more funds to sectors such as family planning and non-communicable diseases, increase expenditure and make health insurance more inclusive.

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"However, during the last financial year (2016-17), only 60.7 per cent of the funds for family planning were spent," she said.
Union Budget 2018: Allocate more funds, increase expenditure, say health experts

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By: PTI | New Delhi | Updated: January 22, 2018 2:18 PM

22 SHARES
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With the Union Budget around the corner, two health experts have urged the government to allocate more funds to sectors such as family planning and non-communicable diseases, increase expenditure and make health insurance more inclusive. Observing that the Centre had acknowledged that socio-economic development goals could only be achieved on the foundation of a healthy population, Poonam Muttreja, the executive director of the Population Foundation of India, said this belief was reflected in the National Health Policy. The government had said it would increase spending on health from 1.15 per cent to 2.5 per cent of the GDP by 2025, she said, adding that it had also renewed its pledge on family planning by committing three billion dollars towards stabilising the population at a conference last year. “However, during the last financial year (2016-17), only 60.7 per cent of the funds for family planning were spent,” she said. This year, she added, the health sector hoped to see an increase in budgetary allocation and expenditure. “Along with an increase in budgetary allocation, we hope to see an increase in expenditure and strengthening of the health systems that would enable better utilisation of the family planning budgets, thereby facilitating the government to translate their vision into action,” she said. Dr. Usha Manjunath, director of the Institute of Health Management & Research, Bangalore, said the government had set short-term and medium-term targets for key health indicators and sought to bring down the Maternal Mortality Rate to 100
Healthcare experts welcome Union Budget 2018

Our Bureau, Mumbai
Friday February 2, 2018, 16:10 hrs [IST]

The healthcare experts have welcomed the Union Budget 2018 presented in Parliament by Finance minister Arun Jaitley.

Welcoming the Budget, OPPI president A. Venkatesh said, “We applaud the Finance Minister’s call for a Swastha Bharat Smriddha Bharat (Healthy India Progressive India) and focus on healthcare delivery and access. The National Health Protection Scheme (NHPS) and enhancing the cover to Rs. 5 lakhs from Rs. 30,000 to cover 100 million families per year for secondary and tertiary care hospitalization, is a step in the right direction. Further, we are encouraged by the path-breaking intervention on healthcare access through an allocation of Rs. 1,200 crore for the flagship Ayushman Bharat programmes under which 1.5 lakh health and wellness centres will provide free essential drugs and services. The announcement of upgrading district medical colleges to twenty four (24) new government medical college & hospitals translating to one medical college per three (3) parliamentary constituencies will also improve access.”

Welcoming the Budget, Dr. Usha Manjunath, director, Indian Institute of Health Management and Research (IIHMR), Bengaluru, said, “All of the provisions in Budget 2018 with respect to healthcare are related to need areas. Investment for health and wellness centres are very welcome given the lifestyle and chronic disease burden in the country. Another welcome move is the increase of National Health Protection schemes coverage to Rs. 5 lakh for poor families. Nutrition for TB is also accepted well. However, the hope is that the operational issues in disbursement get worked out fast enough to make an impact.”

Prof. Dayashankar Maurya, Professor - Healthcare Management at TAPMI, said, “Given low public spending on healthcare, higher allocations to health sector is much needed and welcome step. National Health Protection Scheme brings more resources and more families to healthcare system, however given the problems observed in similar government sponsored health insurance programs and apprehensions expressed by various reports, design and implementation will be crucial.”
Malnutrition stalks city kids

ABILASH MARISWAMY | DC
BENGALURU, FEB. 10

With Bengaluru’s population spiraling it is hardly surprising that it is ranked among India’s 10 most populous cities by a recent IndiaSpend report. But here’s the shocker: The report says the IT City is not able to feed its children adequately with one in four being malnourished. The data shows that children under five in the city are more prone to being stunted or underweight.

The national survey found that almost 30 per cent of children in the city were stunted, 26 per cent were acutely malnourished, 11 per cent below five were severely malnourished and 28 per cent were underweight.

Besides Bengaluru, the survey covered Mumbai, Delhi, Hyderabad, Ahmedabad, Chennai, Kolkata, Surat, Pune and Jaipur. Combined, these cities make up 53 per cent of India’s population and 41 per cent of the child population aged 0 to 70 months.

“Nutrition and protein deficiency is the main reason. There should be 60 per cent of carbohydrate and 30 per cent of protein intake among children,” explains Dr Purmina, a paediatrician of a city hospital.

Dr Usha Manjunath, director, Institute of Health Management Research, observes that slum children, poverty-ridden migrant workers and urban poor continue to face challenges and struggle for the minimum required nutrition while the middle-class children often end up being overweight. “The child care services should be streamlined towards these classes for a healthier child growth environment,” she stresses, regretting that most programmes like the Integrated Child Development Services are not reaching people.

Referring to the 30 per cent reduction in the allocation for reproductive and child health in the National Health Mission (NHM) in the budget, she says the Centre needs to reconsider this and the state government should focus more on providing children nutritious food with more and better schemes.

The survey was carried out to collect the nutrition status of children aged 0-59 months living in the ten most populous cities of the nation. Over 12,000 mothers were interviewed and heights and weights of over 14,000 children were measured.
Karnataka reported 68K new TB cases last year

ABILASH MARISWAMY | DC
BENGALURU, MARCH 24

The World Tuberculosis Day is observed on March 24 to create awareness on the global epidemic and steps to eliminate the disease. This year’s theme, “Wanted: Leaders for a TB-free World”, focuses on building commitment to end TB.

A recent study revealed that there is an increase in active TB cases, with Karnataka reporting 68,000 cases last year.

Dr Vivek Anand Padegal, director, Pulmonology, Fortis Hospital, said, “Multi-Drug Resistant Tuberculosis (MDR-TB) has now become a major public health concern which health authorities are struggling to cope with. Tuberculosis is one of the biggest communicable diseases troubling the authorities today.” He said that MDR-TB does not respond to even the most powerful anti-TB drugs.

Reports highlight the struggle in identifying TB cases. India TB report 2018, released by the central government, states that reaching to the patients was the key priority. “Identifying TB is becoming difficult because many patients stop their medication half-way due to depression and some isolate themselves,” said Dr Sudarshan K.S, assistant consultant, Pulmonology, Fortis Hospital.

According to the World Health Organisation, India reported the world’s highest number of TB cases, of which at least half are treated in the private sector and their diagnoses and treatment are not noted in government records.

The Revised National Tuberculosis Control Programme (RNTCP) does not have the accurate numbers on TB detection, treatment and cure rates in the private sector.

To deal with cases that are not notified, the Union health ministry recently issued a notification, announcing that all the doctors, laboratories and chemists - including those in the public sector - can face a jail term of between six months and two years under Section 270 (negligent act likely to spread infection of disease dangerous to life) of the IPC, if they fail to report cases.

The rule has left many activists and doctors unhappy in the city. “Criminal punishment of private doctors and chemists appears to be harsh and not in the right spirit of a healthy collaborative partnership to fight TB. All proceedings for criminal punishment will also divert resources of the government, which is futile for fight TB on the ground,” said Dr Usha Manjunath, director, IIMMR.

Dr Sudarshan said it’s a welcome move and will help to incentivise medical practitioners for notifying TB cases.

A senior health department official said, “Even after TB becoming notifiable disease in 2012, not all private practitioners are reporting cases to our department. Through the active case finding (ACF) campaign across Karnataka, we are trying to create more awareness and reach out to remote areas.”
**Website Name** – Deccan Chronicle  
**Headline** – Most infants in Bengaluru undernourished: National Family Health Survey  
**Circulation** – 1,72,129  

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**Most infants in city undernourished: Survey**

**ABILASH MARISWAMY | DC**  
BENGALURU, MARCH 25

Bengaluru may have a reputation as a progressive city, but it doesn’t fare very well when it comes to the health of its children.

Going by the National Family Health Survey (NFHS-4), only 13.9 per cent of infants between six and 23-month-old in the city receive an adequate diet. The figure is only slightly better at 8.2 per cent for the state as a whole.

City doctors, however, don’t seem very surprised at this state of affairs. "Lack of knowledge about the various schemes is one of the reasons. Also, a lot of mothers are not even aware of what kind of nutritious food their children need," says Dr Purnima, a paediatrician in a city hospital, pointing out that it is important for mothers to breastfeed for up to six months.

Dr Usha Manjunath, director, Institute of Health Management Research, observes that slum children, and children of poverty-ridden migrant workers and urban poor struggle for the minimum nutrition required.

"Food practices and poverty affect the diet. Most mothers feed children whatever they cook at home. For instance, many mothers feed them only rice, which only helps them gain carbohydrates," says Dr Usha.

"It’s a serious problem as the United Nations Children’s Fund (UNICEF) emphasises that 0 to 6 years is crucial for the brain development of a child and it can be hindered by a lack of adequate nutrition. The organisation warns that lack of nutrition is particularly harmful during childhood, which is a period of rapid growth."

But defending the government’s role in the matter, a senior official of the Department of Women and Child Welfare says there are many services under the Integrated Child Development Services Scheme (ICDS) that provide supplementary nutrition, nutrition and health education for women and also regular health check-ups.

"All these are delivered through anganwadis across the state. Information assistance too is available for mothers to help them give their children the right food,” he adds.
Palliative care cells afflicted by lack of funds and staff crunch: Activists

The functioning of many palliative care cells in the city has been badly hit due to lack of funds and staff. Dr. M.A. Balasubramanyam, CEO of the Swami Vivekananda Youth Movement, a health and education development organisation, said, “These palliative care cells are monitored under the supervision of state government. However, many of these cells are understaffed and have issues with funds and are therefore failing to serve their purpose.”

The state government had introduced palliative care policy in August, 2016 to reach out to terminally ill patients regardless of social and economic status. Karnataka was the third state in the country to adopt this policy after Maharashtra and Kerala.

Dr. Vaibhav Deshmukh, Director of Institute of Health Management Research (IHMR) said, “The onset of palliative care cells being recently implemented are understaffed and receive scarce funding.”

There are more than 60% deaths in the country due to mortality and mortality from non-communicable diseases, according to World Health Organisation (WHO).

It also stated that there are around 30,000 patients in every district around the world who are in need of palliative care, but only 2% receive it. Experts said that palliative care should be introduced early so that patients get holistic care. Patients, doctors and other care providers have to understand that not only cancer patients, but those afflicted by thalassemia and HIV will also benefit from it.

“Palliative care can make patients lead pain-free lives and control symptoms, thereby helping improve adherence to therapy and decrease dropout rates,” Dr. Deshmukh said.

However, Dr. Ravinraj, coordinator of the palliative care policy refuted the allegations against the department.

“No lack of funds”

He also said that palliative care cells will soon be introduced at five districts. The policy was introduced in Karnataka, Kerala, Himachal Pradesh and Maharashtra in a couple of months.

“It is also necessary to incorporate palliative care in the curriculums of medicine, nursing and para-medical courses at graduation level,” Dr. Deshmukh added.