



Indian Medical Parliamentarians' Forum Newsletter

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Monsoon Session Issue

July-August 2015

Dear Friends,

On behalf of the IMPF, we are pleased to present the Monsoon Session, 2015 issue of the IMPF Newsletter. The Budget Session Issue focused on crucial health issues plaguing India such as air pollution, TB, and the need for health promotive public policies, etc. The issue was widely circulated, prompting discussions and deliberations into looking for sustainable solutions to the above mentioned problems.

This issue highlights some of the health challenges of the substance abuse, pesticides and fertilizers, etc. Addressing the concerns that civil society and parliamentarians must collaboratively work and delve on to improve the health planning, policy formulation and implementation.

IMPF is committed to bring the issues in the notice of the policy makers and leaders and thereby to improve the health sector concerns.

We express our sincere thanks to all the contributors who have made this newsletter very relevant and informative for parliamentarians across parties. We appreciate the comments and suggestions received from our supporters, and look forward to working with you to carry forward our responsibilities.

Dr. Heena Vijaykumar Gavit
Convenor-Secretary

Dr. Kirit Premjibhai Solanki
Chairperson

At a glance:

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World Breastfeeding Week August 1 to 7

Argentinian MP, Ms. Victoria Donda Perez breastfeeding her daughter during a recent parliamentary session.



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Substance Abuse: A Global Peril

In the recent years substance abuse has assumed alarming dimensions in India. As the society has progressed, its culture, demographics, social structure and moral values have undergone a transition, with several people choosing to opt out or seek an escape through drugs. The main reason to view substance abuse as a chief social evil is that it is normally intertwined with other forms of organized crimes like human trafficking, money laundering and also contributes to the increased rates of unorganized crimes in India and elsewhere as reported by the National Crime Records Bureau (NCRB).

The menace of drugs has woven itself deep into our society, reaching across men and women, children and the youth. More Indian youngsters struggle with addiction than ever before. Peer pressure, adolescent immaturity and irresponsible parenting are the three-headed monster luring our children towards addiction and a life of suffering and regret.

The National Survey on Extent, Pattern and Trend of Drug Abuse in India report of 2004 says that there are 70 million drug users in India. Nine years down, the figure now stands at a conservative 80 million. The gravity of the issue can further be gauged from the NCRB report which indicates that a total of 34,668 cases under The National Drugs and Psychotropic Substances Act were registered in the year 2013 showing an increase of 18.5% over the previous year. Ten-year trend analysis showed 24.2% increase from the year 2003 level.

The National Drugs and Psychotropic Substances (NDPS) Act was enacted by the government of India with a view to bring India's substance abuse policy to match international standards. The stringent provisions of the act have proved as a major deterrent.

However, over the years, the act has witnessed a lot of denigration. According to critics, the act presupposes the guilt of the accused and the onus falls on him/her to prove his/her innocence. Unless the contrary is proved the accused is deemed to have intentionally held possession of the illicit drugs. Also this act does not adequately distinguish between a casual drug user, an addict or a peddler and punishment is meted out in this manner. Besides, the act further fails to distinguish adequately between hard and soft drugs.

The government also undertakes remedial measures like Integrated Rehabilitation Centre for



Addicts (IRCA) that provides counselling, treatment and rehabilitation services to drug abuse victims. But such centres are less in number. Even though there are 3.4 million drug abuse victims, the government has only 401 rehabilitation centres functioning at present, an average of overwhelming 8,478 victims per IRCA.

Falling back on the statistics as a crude reminder of the loopholes of the NDPS Act and owing to the above said, valid reasons, what India needs is:

- A comprehensive substance abuse policy focusing not only on cutting supply of these psychotropic drugs but also on the pressing need to cut demand.
- Adequate rehabilitation of the addicts, which would prove to be a more sustainable solution.
- Better infrastructure for de-addiction centres and rehabs as these need to be equipped with modern technology in confirmation with the best global practices.
- Strict implementation of the act in states reporting excessive drug use by better policing and law enforcement.
- Sensitisation and awareness campaigns about healthy lifestyles and moral and cultural values among the youth.

India needs joint effort by the government, community leaders, NGOs and individual citizens to deal with the detrimental impact of substance abuse on the society. Substance Abuse cripples a healthy and productive population, and there is an urgent need to curb this growing menace across societies and cultures.

- Dr. Sanjay Jaiswal
Member of Parliament

Pesticides and fertilizers: A Pandemonium

The ever growing demand and onus of supplication of the demand of human population lies on the mother earth. Being the natural home to all the requirements and needs of the biosphere, the advent of technology and IT into human civilization has given our times a boost laced with some troubles for us to bear with. This has not led us to a conscious society but a less healthy conscious society. We all know that fertilizers are used for proper and healthy growth of plants. But are they really healthy? A fertilizer is a catalyst, synthetic or organic, added to the soil in order to increase the supply of essential nutrients that boost the growth of vegetation. With the rapid increase in population and the corresponding demand of food and agricultural yield, almost 40-60% of agricultural crops are grown with the use of different types of fertilizers, and thus the quality of life and natural resources is declining. Not only this, more than 50% people feed on crops grown on synthetic fertilizers.

Major components of fertilizers include nitrogen, phosphorus and potassium; fertilizers including one or more of these components become different channels of misbalancing the equilibrium in nature. The phosphates nitrogen present in the fertilizers is a major source of affecting groundwater and drinking water. Phosphorus from fertilizer can cause algae to accumulate in lakes and ponds, killing fish by robbing them of oxygen. Oxidized nitrogen, a by-product of synthetic fertilizers, also increases smog, leading to higher incidence of respiratory illness and asthma. Nitrogen easily converts into nitrates and travels down into the soil and as it is water soluble, it can stay in the soil for years and thus have cumulative impact. One of the most common results for this can be the development of blue baby syndrome in infants whose skin tissues become low in oxygen, and their skin appears to be blue or purplish in colour. Studies reveal that the use of lawn fertilizers and pesticides can cause health risks like cancer and chronic diseases in humans, especially in children. This pattern is observed due to their smaller bodies in comparison to the normal adult human body, and thus making them prone to such deadly diseases.

Pesticides on the other hand are designed to kill. Their formulations contain both "active" and "inert" ingredients. Active ingredients are what kills the



pest, and inert ingredients help the active ingredients to work more effectively. These "inert" ingredients may not be tested as thoroughly as active ingredients and are seldom disclosed on product labels. Solvents, which are inert ingredients in many pesticide formulations, may be toxic if inhaled or absorbed by the skin. The World Health Organization estimates that there are 3 million cases of pesticide poisoning each year and up to 220,000 deaths, primarily in developing countries. The application of pesticides is often not very precise, and unintended exposures occur to other organisms in the general area where pesticides are applied.

Pesticide exposure can cause a range of neurological health effects such as memory loss, loss of coordination, reduced speed of response to stimuli, reduced visual ability, altered or uncontrollable mood and general behaviour, and reduced motor skills. Other possible health effects include asthma, allergies, and hypersensitivity, and pesticide exposure is also linked with cancer, and problems with hormone, reproduction and foetal development.

A research study reported, when mice were given drinking water laced with combinations of pesticides and nitrate (fertilizers), they exhibited altered immune, endocrine and nervous system functions. According to researchers those changes occurred at concentrations currently found in groundwater. The findings significantly influenced the immune and endocrine systems as well as neurological health affecting the children and foetus in the womb the most.

-Dr. Vijaylaxmi Sadho
Member of Parliament

For a healthy India: Help women space pregnancies

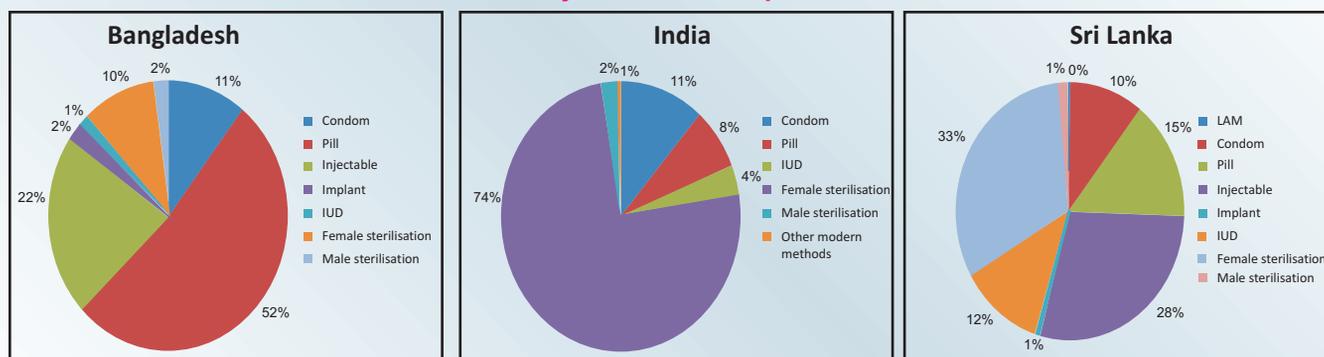
India needs to expand the contraceptive choices offered in the public health system for spacing and delaying pregnancies. While newer methods of contraception are being adopted the world over, even by countries in our neighbourhood, India's family planning programme offers a few methods –condoms, oral pills, intrauterine contraceptive devices (IUCDs) and male and female sterilization. Of this, female sterilisation has remained the mainstay of the programme. In fact, more than 85% of the total family planning outlay of Rs 397 crore in 2013-14 was spent on female sterilization alone.

Now more than ever, we need to consider that over 50% of our population is below the age of 25, and over 65% is below the age of 35. For the young population in India, we must take a fresh look at our population policy, and contraceptives we offer our

Early first birth followed by closely spaced pregnancies spell poor health and even death for the mother and her children, exacerbated by their poor nutritional status and anaemia. About one lakh Indian women die each year due to pregnancy related causes. Spacing methods give a woman's body time to recoup and recover from a pregnancy, and allow the couple to focus attention and resources on the new-born through the critical first few years. A whole range of methods for spacing like implants, progestin-only pills, diaphragms, female condoms, LNG-IUS (Levonorgestrel Intrauterine System) and injectables could be introduced into the public health system.

Along with introduction of new contraceptive methods, we have to ensure that the supply system is streamlined. Contraceptive stock-outs have plagued the family planning programme for long.

Country-wise Contraceptive Use



people. Sterilization is adopted by women when they have either achieved their required family size or when no other method of contraception is made available to them.

The 2011 Census has revealed that over 41% of all girls aged 19 in India are married, and have had their first child soon after. One in every five women aged 20-24 today had her first baby before she was 18, and one in every eight young women in the age group is a mother of three children. The unmet need for spacing among this young group is as high as 21%, pointing to lack of knowledge, access to contraceptives, and choice when a method fails or does not suit them.

While total fertility rate has fallen over the decades, prevalence of unwanted and mistimed pregnancies has been stagnant. In all the three rounds of the National Family Health Surveys, about one-fourth of the women reported that their pregnancy was unintended. Unwanted pregnancies lead to unsafe abortions, or result in low birth weight babies, adding to India's high maternal, neo-natal and infant mortality rates.

Comprehensive sexual education for adolescents and proper counselling need to be provided, so that young people can plan their families.

Also, we need to respect a woman's right to choose the method that suits her best instead of herding her in unhygienic sterilization camps set up to achieve targets where she risks both mortality and morbidity. A woman who is able to delay and plan her pregnancies, is also likely to seek higher education and livelihood skills, enter the labour force and remain an earning member over a longer period contributing to the health and well-being of her family.

Global experience shows that with every additional contraceptive method made available, overall contraceptive use rises. Introduction of newer contraceptives would also help in stabilising the population.

- Poonam Muttreja

Executive Director, Population Foundation of India,
New Delhi

Not all Free: Cost to deliver at Public Health Facilities in India

India accounts for about a fifth of global maternal death, with a maternal mortality ratio of 178 and has missed the target of UN Millennium Development Goal. One of the primary reasons for this is lack of access to safe deliveries, especially among the poor, where healthcare access often imposes considerable financial burden on families. The Government of India launched the conditional cash transfer scheme of Janani Suraksha Yojana (JSY) in 2005 to promote institutional deliveries, offering monetary incentive of Rs.1400 to women delivering in public or accredited private facilities. Delivery at public institutions is also free of cost, which includes services like medicine, diagnostic test, food while being admitted and clinical charges for delivery and postpartum care. Later, JSY was modified into Janani Shishu Suraksha Karyakram (JSSK), which included drop back from facility to home and any medical treatment of sick infant. The conditional cash transfer scheme in India is the largest in the world, with 52 million beneficiaries (MOHFW 2012).

How much a woman pays and its consequence:

As a consequence of JSY and JSSK, institutional deliveries in India have increased from 40.7 percent in 2005-06 to 72.9 percent in 2009-10. However, evidence points at persistent and unaccounted high level of out-of-pocket expenditure (OOPE) associated with maternal care (Leone et al. 2013). Recent NSSO statistics shows that rural population spent on an average Rs.1587 and urban population Rs.2117 to deliver at public facilities. Based on data from district level household survey, estimated OOPE for delivery in public health facilities is Rs.2340 and for C-section delivery it is six times higher than that of normal delivery. A recent study in Uttar Pradesh have found that OOPE was Rs.700 which varied between Rs.680 for normal delivery and Rs.970 for complicated cases and informal payment to facility staff accounts for the maximum cost (Rs.320) (Issac et al. 2015). Studies have highlighted that due to high OOPE for delivery and maternity care, 25-47% families in India have to

borrow money to meet those expenses and are often pushed into further poverty and indebtedness (Modugu et al. 2012; Mukherjee, et al. 2013).

One of the key aspects of promoting institutional delivery is the role of community health workers – ASHAs. They play in not only motivating her to deliver at health facility but also to accompany her and stay during the entire delivery process. The main reason for her to accompany the women is to make the women aware with the services they are entitled for and also provide emotional support in unfamiliar environment. In spite of ASHA presence, studies have showed that women have incurred OOPE and how ASHAs are used by hospital staff to facilitate informal payments as they are low in rank in the health system, and are compelled to negotiate such transaction (Coffey 2014).

Services from public health facilities for delivery care are not free which is contrary to the objective of government funded delivery care. Women had to incur high OOPE and item-wise analysis revealed that major component of OOPE is informal payment, followed by cost that women had to incur from private providers for medicine, supplies and diagnostic care, which otherwise is mandated to be provided by health facilities (Bhattacharyya, et al. 2015). So, there is need for a mechanism to curtail the informal payment and to improve its services in respect to medicine and supplies, laboratory and diagnostic services and provision of food from the facility. The very purpose of JSY scheme will be lost if a woman is paying almost half of the incentive in services which is supposed to be free at health facilities. Cost of care, one of the key determinants for further utilization of services if not addressed, in spite of cash incentive scheme, can deter women from delivering in the public health facilities in future.

Sanghita Bhattacharyya PhD

Senior Public Health Specialist,
Public Health Foundation of India

How I survived MDR TB

I was 16 appearing for my board exams when I first started feeling sick. The cough would not stop despite the medicines. I somehow completed my exams. Soon after my doctor advised me to get a chest x-ray and I was diagnosed with TB.

The initial medication was not helping. We then decided to go to a chest physician but it did not help and my condition continued to worsen.

After few months my doctor told me my parents that I had a more dangerous form of TB called Multi Drug Resistant (MDR) TB and recommended surgery. My parents were confused, shocked and distraught, struggling between grief and helplessness. As for me, I was just 16 so I didn't even realize the severity of the disease.

While I was diagnosed with TB early, recognizing it as MDR TB took time. My doctor kept on changing medicines but never advised me to get drug susceptibility test- a mistake that cost me dearly. I resolved to get the surgery done. Post-surgery in 2000, I had to continue with medicines and injections but my condition deteriorated. We even changed a few doctors but with no hope.

Doctors told me my case was gone. I refused to believe that there was no alternative and started surfing the net to find a doctor. I found one in the UK. Luckily, for me, he suggested a doctor based in Hinduja Hospital in Mumbai.

I went to Dr. Zarir Udwadia at Hinduja and for the first time I felt hope creep back into my life. I started treatment under him although my case had become critical. He told us that I would require another surgery but it was quite risky. We started finding a surgeon, most of who refused. We finally found a surgeon in Mumbai who felt that I had 1 percent chance and would most likely die on the operating table. He asked if I would still want to get

the surgery done. I said yes. After all if one has fought so hard, one might as well fight one last chance.

On the day of the surgery, I was singing before going to the operation theatre. If the surgery were a success I would be cured and if it failed I would die. In either case this suffering would end. The doctor told my parents that I would be on ventilator for 3 days. However, I was out of the ICU the next day. How did that happen? Perhaps, a miracle, the love of family, or I wanted to defeat medical science.

I am a survivor. I took treatment for MDR TB for six years in which I had to take about 400 injections and I had to undergo two major surgeries to get my affected lung removed.

Every day I had to take up to 15-20 tablets. The medicines had severe side effects that made me suffer. I had to quit studying. I regret having no career even today. Yet I consider myself fortunate that I had family and friends who were supportive and loving.

I recently signed a letter to the Prime Minister along with many concerned and well-known citizens requesting him to make TB a national priority. Some key recommendations sent with this letter include free and accurate diagnosis and treatment for every Indian irrespective of where they seek care, nutritional and economic support for poor patients, large scale awareness campaigns, the need to bring new drugs and better surveillance. We have strongly recommended engaging India's vast private sector, there are already experiments underway in Mumbai showing how we can come together to defeat TB. Will those in power listen? Hopefully, another Deepti will not have to tell her story.

-Deepti Chavan

Deepti Chavan is an MDR-TB survivor, and is a patient rights advocate in Mumbai

News Box 1

WHO – New Addition to TB Medication

The 20th WHO Expert Committee meeting on the selection and use of essential medicines has recommended the inclusion of five medicines (bedaquiline, delamanid, linezolid, rifapentine and terizidone) in the anti-tuberculosis (TB) medicines section of the WHO Model List of Essential Medicines (EML).

The addition of these four medicines to the EML will help synergize the efforts of the WHO, member states, donors and technical partners to improve access to life-saving treatment, to improve treatment outcomes of MDR-TB and XDR-TB and reduce avoidable mortality.

About half a million patients are estimated to develop MDR-TB in the world every year and this addition to the medicine list is expected to bring down these appalling statistics.

Source: www.who.int/

News Box 2

World Hepatitis Day – 28th July

This World Hepatitis Day, WHO and partners urged the policymakers, health workers and the public to act now to prevent infection and death from hepatitis. "It's closer than you think" was the theme this year, and events focussed on preventing hepatitis B and hepatitis C.

Viral hepatitis – a group of infectious diseases known as hepatitis A, B, C, D, and E – affects millions of people worldwide, causing chronic liver disease and killing close to 1.5 million people every year. These infections, mostly hepatitis B and C, can be prevented.

In May 2014, World Health Assembly delegates from 194 governments adopted a resolution to promote global action to prevent, diagnose, and treat viral hepatitis.

The date of 28 July was chosen for World Hepatitis Day in honour of the birthday of Nobel Laureate Professor Baruch Samuel Blumberg, discoverer of the hepatitis B virus and developer of the first hepatitis B vaccine.

Key messages of the World Hepatitis Day 2015

Prevent Hepatitis:

- **Know the risks-** Unsafe blood, unsafe injections, and sharing drug-injection equipment can result in hepatitis infection.
- **Demand safe injections-** 2 million people a year contract hepatitis from unsafe injections. Using sterile, single-use syringes can prevent these infections.
- **Vaccinate children-** Approximately 780,000 persons die each year from hepatitis B infection. A safe and effective vaccine can prevent it.
- **Get tested, seek treatment-** Effective medicines exist to treat hepatitis B and cure hepatitis C. Hepatitis A and E viruses also cause viral hepatitis. These two viruses are primarily transmitted through contact with contaminated food and water and are responsible for less than 1% of all hepatitis-related deaths.

Source: <http://www.who.int/en/>

News Box 3

Monsoon Diseases Trends in India

Mosquito-borne diseases: Diseases that spread mainly through stagnant water, ideal for the growth of mosquitoes. Some common mosquito-borne diseases are Malaria and Dengue.

Water-borne diseases: Diseases which spread through contaminated food or water. Types of water-borne diseases include Cholera, Typhoid Fever and Hepatitis A.

Viral infections: Viral infections are caused by the invasion of various disease causing viruses into the host's body. They include Viral Fever and Eye infection.

Fungal infection: Fungal infections are caused by fungus, a type of microorganism. The folds of the skin like armpits and the space between toes often retain moisture, especially during the humid monsoons and become ideal grounds for such infections.

News Box 4

Havells Medical CSR

Havells India Limited is a \$1.4 Billion leading Fast Moving Electrical Goods (FMEG) Company with a strong global footprint. The company has also been faring well in its CSR initiatives:

- The company provides mid-day meals to about 50,000 school children every day in around 666 government schools in Alwar district.
- Havells runs a mobile Medical Van, equipped with a trained doctor and necessary medicines in the rural areas of Delhi & NCR for the very poor and needy villagers. The company also set up free medical check-up camps.
- Recently, the company expanded its mid-day meal infrastructure and constructed a larger kitchen with all the modern facilities to serve freshly cooked food. *Source: www.havells.com*



Union Health Minister, J P Nadda presented the REACH Lilly MDR-TB Partnership Media Awards 2015

News Box 5

WHO called for action against illicit tobacco trade on World No Tobacco Day (WNTD)

The illicit trade of tobacco products poses health, economic and security concerns around the world. One in every 10 cigarettes and tobacco products consumed globally is illicit. Combating this was the theme of WHO's annual WNT Day on 31st May, 2015.

Eliminating the illicit trade would generate an annual tax windfall of US\$ 31 billion for governments, improve public health, and help cut crime. Hence on the WNTD, WHO called the Member States to sign the "Protocol to Eliminate the Illicit Trade in Tobacco Products".

Goals of the WNTD 2015 campaign

- Raise awareness on the harm to people's health caused by the illicit trade in tobacco products, due to the increased accessibility and affordability of these products due to their lower costs.
- Promote the ratification of, accession to and use of the Protocol to Eliminate Illicit Trade in Tobacco Products by all Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC).
- The global tobacco epidemic kills nearly 6 million people each year, of which more than 600,000 are non-smokers dying from breathing second-hand smoke. Unless acted upon, the epidemic will kill more than 8 million people every year by 2030. More than 80% of these preventable deaths will be among people living in low and middle income countries.

Key public messages

- Illicit tobacco products hook young people into tobacco experimentation as they are affordable.
- Illicit trade takes tax revenue away from the Government, which could be used on the provision of public services.

Calls to action: For Policy Makers

- Policy makers must recognize that this illicit trade not only exacerbates the global tobacco epidemic, but also has security implications through financing organised crimes like drug trafficking and terrorism.
- Pursue the Government for Ratification of the Protocol, necessary to respond to the financial, legal and health impacts of the illicit trade of tobacco products.

Source: <http://www.who.int/en/>

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