



THE PUBLIC HEALTH WIRE

APR, 2024 / Issue 002

NEWSLETTER OF GLOBAL INSTITUTE OF PUBLIC HEALTH

WORLD HEALTH DAY EDITION



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Editor's Note

Welcome to the Second Edition of The Public Health Wire.

With much happiness and pride, we bring to you the second edition of our newsletter, The Public Health Wire. In this edition, we navigate our readers through articles covering pressing public health topics. As the world continues to evolve, so does our understanding of societal issues. Our team is committed in providing you with a snapshot of some relevant public health topics. We have a special feature on World Health Day to honor the 76 years of operation of the World Health Organization, as the world observed World Health Day on April 7.

In this edition, we have two special articles titled "Why Master of Public Health (MPH)" and "Encounters with 'Holistic Public Health and Holistic Epidemiology': An Episodic Reflection," written by two eminent public health leaders, aimed at readers aspiring to work in public health. Following these, you'll find nine riveting articles, including a travelogue by Global Institute Public Health (GIPH) scholars.

We also celebrate the achievements and activities of our MPH scholars at the GIPH. GIPH serves as an arena for research and innovation and we undertake many activities in this direction. Recently GIPH started hosting the Asia-Pacific Node of ReAct, an international network in the field of Antimicrobial Resistance. Additionally, we host centers for One Health, Antimicrobial Resistance, Gender Studies, and Climate Change at GIPH. The quality work of the institution is acknowledged in the section "GIPH Corner."

This edition is a result of absolute teamwork, and I am privileged to be the Chief Editor to this talented Editorial team. Special mention must be made of the Associate Editors; Dr. Ahzana K. Nazarudheen and Dr. Zuhail Abdulla, the Designing Team; Dr. Sooraj Subash and Dr. Gloria Thomas, and the Admin Head; Dr. Suryakiran S, for co-ordinating and bringing out the best from our team members. I am grateful to our patrons, alumni support, and staff advisors for their timely guidance.

The newsletter ends with a Fun Corner featuring a crossword puzzle, trivia quiz, book suggestions, and more for a wholesome read.

We hope you have an informative journey with us.

Best Regards
Dr. Meenakshi G
Chief- Editor, The Public Health Wire



Why MPH ?

Medicine and public health are mutually complementary sciences under the broader field of healthcare and they are two sides of the same coin. Whereas medical science primarily focusses on health issues of individual patients customized to their personal medical conditions, public health's priority is improving the health of populations by framing health policies as well as by engaging in the implementation of programmes that address health problems of the community. Medical science will coach an individual to become a physician while academic training in public health will help a candidate transform into a public health manager in addition to gaining expertise in some complementary areas. Master of Public Health (MPH) course is the standard and interdisciplinary academic training programme across the world which is designed to impart public health knowledge and skills to candidates who come from various backgrounds. Doing MPH course is an opportunity to learn subjects such as epidemiology, administration, economics, management, finance, strategic planning, human resources, biostatistics, and anthropology which is not dealt with in detail during medical or other health-related graduate courses. As a physician, one would have gone through these areas without delving into the depths or comprehending the practical applications of these areas. Here is the relevance of MPH course that helps the candidates develop multiple skills such as strategic thinking, leadership, decision-making, and communication which are prerequisites for developing the capabilities for designing, implementing and reviewing health programs in addition to managing teams. MPH is often the desired qualification required for applying for jobs at many of the public health organizations. Unlike the Kerala University of Health Sciences to which the Global Institute of Public Health (GIPH) is affiliated, many universities truly consider MPH as a multidisciplinary course and therefore a health science-related graduation is not a basic requirement for doing MPH course. Such Universities admit people from multiple backgrounds which strengthens the scope and increases the vastness of discussions and deliberations among the fellows.

Dr. S S Lal
Professor & Head of Public Health
GIPH



World Health Day 7th April

Can you
Guess the
Personality
Answer in page 24



Dr. Sandhya B
2017 Batch



World Health Day is celebrated annually on 7th April to mark the founding of the World Health Organization (WHO) in 1948. Each year, on this day a health aspect of concern is made the theme of action for that year by the WHO. The theme for this year is "My health, My right".

Way back in 1978, the landmark Alma-Ata declaration on health identified "Health as a fundamental human right" and "Health for all" as a major goal to be attained by all nations. This conference, jointly convened by the WHO and the United Nations Children's Fund (UNICEF) had participation of 134 countries, 67 international organizations and many non-governmental organizations. Together, they declared: "governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures". However, even after 46 years, we are still working to draw attention to the urgent need for upholding this fundamental right.

Let us take a moment to reflect on the irony, where humanity has grown unparalleled to any era with respect to technology, convenience, communication and accessibility across the world, this fundamental right to health for all is far from being achieved. The Global Monitoring Report-2023 jointly published by the WHO and the World Bank states that more than half of the world's population is still not covered by essential health services. With the prevailing disparity in healthcare, environmental changes brought about by globalization, the war culture, political structures, artificial intelligence, research and technology, the need for addressing 'My health, My right' cannot be stressed enough. Freedom from violence and discrimination, decent work, and autonomy over one's own body is everyone's right.

In addition to being the responsibility of governments, Alma-Ata declaration clearly highlighted the role of community where it states: "essential health care should be based on practical, scientifically sound and socially acceptable methods, and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination". From our learnings of the past, we must recognize that it is time for every individual to do their part to uphold this fundamental right to health of every human life.

The WHO envisions a world where no one is exposed, excluded, forgotten, overwhelmed, unheard, unsupported, or unsafe and where health is not a privilege of some but a right for all. Only major politico-economic and socio-cultural shifts where the 17 sustainable development goals of the UN (no poverty, zero hunger, good health and wellbeing, quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work and economic growth, industry innovation and infrastructure, reduced inequalities, sustainable cities and communities, responsible consumption and production, climate action, life below water, life on land, peace justice, strong institutions and partnerships) are integrated within the teachings, learnings, thoughts and actions of every individual in a community, constituency and at a larger level across countries, can this fundamental goal be achieved. Let us unite across differences and boundaries to achieve the right to health for all beings inhabiting this planet.

In this era of rapid changes, Public Health faces several challenges. The demographic transition due to changes in the age structure of populations, the rural-urban shifts and transfer of population segments, lifestyle changes, and changes in economic conditions leading to shifts in disease patterns, the changing social structures, value systems, changes in health care delivery systems, etc. are all throwing up new issues and problems that Public Health must address both at policy and program levels. Harnessing all available forms of knowledge and skills in the promotion of health, prevention, and treatment of ill health is imperative in such a context. This complexity can be addressed only by a new approach which can be termed 'Holistic public health and holistic Epidemiology' and there is a need for defining, and delineating this frontier area.

India has a complex demographic and epidemiological profile wherein some states, like Kerala in the southern part of the country are witnessing significant improvements in health indicators. However, there exist several states, namely Uttar Pradesh (U.P.), Madhya Pradesh (M.P.), Bihar, Rajasthan, and Orissa, with very few improvements. Many of the health and demographic indicators are unfavourable in these states. There are also several middle-order states where the indicators are better than the former but they are yet to reach anywhere near an epidemiological transition. Even as new diseases are emerging and old one's re-emerging, and when pandemics and epidemics appear more frequently, the traditions of medicine and healing other than that of the 'modern' system are increasingly gaining importance. The role of living conditions, culture, and politics in public health have been sharply delineated in the past decades, emphasizing the need to go beyond the biomedical paradigm. Simultaneously, the bio-medical paradigm is changing with advances in the spheres of molecular medicine, immunology, and genetic engineering. In this

Encounters with 'Holistic public health & holistic Epidemiology': An episodic reflection



Prof. Dr. K Rajasekharan Nayar
Principal, GIPH

context, the challenge is how the best of the multiple scientific traditions can be optimally utilized for decreasing suffering and improving the health and well-being of populations. This is the challenge of a holistic public health approach, especially holistic epidemiology.

There is a need to examine the conceptual and methodological problems in bringing together diverse scientific traditions as it necessitates intervention strategies based on integrative approaches. Developing a holistic paradigm within epidemiology that can consider parameters that go beyond the bio-medical framework in keeping with the complexities of plural systems and the diversity in social contexts can be challenging. It calls for a dialogue between social determinants, the different perspectives in epidemiology, and the plural medical systems. As already stated, minimizing human suffering is the primary concern, giving primacy to lay people's collective initiatives and then developing appropriate support structures based on 'felt need' and the 'epidemiologically assessed need'. Any mismatch between the two would result in ritualizing the delivery models and non-realization of policy objectives.



Ms. Shamna S Salim
2022 Batch

Can We Overcome? The Battle Against HPV



Cervical cancer, is the only vaccine-preventable cancer. However, its disease burden paints a grim picture globally. According to the World Health Organization (WHO), cervical cancer ranks as the fourth most common cancer in women worldwide, claiming estimated 350,000 lives in 2022 alone with the burden of disease heavy in LMIC, where access to preventive measures is limited.

The primary cause of cervical cancer is persistent infection with HPV although commonly associated with women, this can lead to cancers of the penis, anus, and throat in men as well. Vaccination emerges as the cornerstone of reducing HPV-related cancer risks, especially if administered before exposure to the virus. Thus, HPV vaccines are recommended for all girls aged 9–14 before their sexual debut. Alongside vaccination, cervical screening plays a vital role in early detection and treatment, which is an effective strategy against cervical cancer.

The WHO has embarked on a global strategy to eliminate cervical cancer as a public health problem, by including vaccinating 90% of girls with the HPV vaccine by age 15 as one of its three targets. However, the cost and affordability of vaccines pose significant challenges, particularly for low- and middle-income countries like India.

In India, the cost of well-known vaccines like Gardasil 9 can be prohibitive which is around Rs 11,000 per dose. On a brighter note,

India has developed its own HPV vaccine, Cervavac, manufactured by the Serum Institute of India at a relatively lower cost of Rs 2,000 per dose.

To further enhance accessibility, the Indian government has initiated various measures, including free HPV vaccination programs in selected districts of several states. Additionally, the National Technical Advisory Group on Immunization (NTAGI) has recommended integrating the HPV vaccine into the universal immunization program, targeting girls aged 9-14 years. In her interim Budget 2024-25 speech, Finance Minister Smt. Nirmala Sitharaman underscored the government's commitment in promoting HPV vaccination among girls aged 9 to 14. These initiatives, if executed effectively, have the potential to revolutionize India's healthcare landscape, akin to the successful elimination of polio.

The journey towards defeating cervical cancer in India is fraught with challenges, but with concerted efforts, affordable vaccines, and widespread awareness campaigns, the goal of eliminating this preventable disease may soon become a reality.

India has developed its own HPV vaccine, Cervavac, manufactured by the Serum Institute of India at a relatively lower cost of Rs 2,000 per dose.



Neura Link

The mind-machine nexus

bridging humans and technology by BCIs

A brain-computer interface (BCI) allows control of devices using only the mind, eliminating the need for physical movement.

Recently, a company called Neuralink, founded by Elon Musk, has successfully implanted a wireless brain-computer interface (BCI) in a human subject. In 2023, Neuralink received permission from the US Food and Drug Administration (FDA) to conduct human trials. The company aims to develop a next-generation brain implant with at least 100 times more brain connections than the devices currently approved by the FDA. Initial trial results have shown promising 'neuron spike detection'. 'Spike' refers to using electrical and chemical signals to transmit information within the brain and the body. Neuralink has also announced that their first product will be named Telepathy.

The BCIs enable precise control of prosthetic limbs thus helping amputees and older individuals improve motor and cognitive abilities. BCIs also have role in treating conditions like Parkinson's, epilepsy, and spinal cord injuries. Additionally, BCIs can be used to

detect emotions in patients and improve cognitive performance and human-computer interactions.

There are some concerns about the use of BCIs as they are vulnerable to cyberattacks, as hackers could use malware to intercept brain-wave data generated by the device. Additionally, BCIs raise questions about consent and potential unfair advantages conferred by certain human enhancements.

In the coming decades, research and development in the field of BCI are expected to continue growing, leading to increased use of BCIs in daily life. There is a need to enhance the accuracy, reliability, and efficiency of BCIs to fully realize their potential.

Dr. Asha K S
2023 Batch



Battling Water Crisis in Bengaluru: A Call to Action

The Silicon Valley of India, Bengaluru, is facing an unprecedented water crisis, sparking concerns among its 14 million residents and authorities alike. The Bangalore Water Supply and Sewerage Board (BWSSB) recently took a significant step by announcing a 20% reduction in the water supply to major consumers such as companies, hospitals, railways, and airports. This measure aims to mitigate the ongoing water scarcity gripping the city.

In the first week of March 2024 alone, Bengaluru's water supply plummeted by about 50%, highlighting the severity of the situation. Once known for its abundant man-made lakes and lush greenery, the city's rapid urbanization since the 1990s has taken a toll on its natural resources. The transformation into a bustling tech hub led to exponential growth, with developers encroaching upon lakes and forests to accommodate the burgeoning population.

Today, more than 70% of Bengaluru's water is sourced from the Kaveri River, with groundwater extracted by borewells serving as a crucial supplement. However, a weak monsoon last year exacerbated groundwater depletion, leaving thousands of borewells dry, especially in the outskirts where about 4 million people reside.

The scientists at the Indian Institute of Science (IISc) in their recent study emphasized the long-term perils of unplanned rapid urbanization. Bengaluru's built-up area has increased tremendously by 1055% over the last five decades, leading to an 88% loss of vegetation. The city now boasts a mere 1.5 million trees for its 9.5 million inhabitants, contributing to rising air pollution and temperatures.

Furthermore, the drastic reduction in water bodies due to unchecked concretization has exacerbated the water crisis. Encroachment and pollution have shrunk Bengaluru's water-spread area from 2,324 hectares in 1973 to a mere 696 hectares in 2023. With 98% of lakes encroached upon and 90% polluted with sewage and industrial effluents, groundwater recharge has been severely impacted.

The plight of Bengaluru serves as a cautionary tale for rapidly growing cities worldwide. Urgent action is needed to prioritize sustainable development and environmental protection to ensure a liveable future for all. As Professor T.V. Ramachandra of Indian Institute of Science's Centre for Ecological Sciences warns, unchecked urbanization can lead to a domino effect, resulting in pollution, resource inequity, traffic congestion, and increased reliance on fossil fuels.



In light of the resurgence of mumps in Kerala, Explained.



Dr. Ahzana K Nazarudheen
2022 Batch



With over 12,000 cases reported in just two months, Kerala is experiencing a serious mumps outbreak, underscoring the vital significance of vaccination and public health initiatives. The outbreak began intermittently in the districts of Malappuram and Kozhikode in November 2023. Since then, it has moved to Palakkad and Thrissur, causing significant community outbreaks. The State Surveillance Unit documented 18,387 cases so far this year, with 9,425 of those cases occurring in March. As of March 22, Public Health specialists caution that if the spike in mumps cases is not controlled, there could be several cases of complications such as pancreatitis and meningoencephalitis.

Mumps is a highly contagious viral infection that mainly affects children between the ages of two and twelve, although it can strike adults whose immunity is deteriorating. There have been cases recorded in Andhra Pradesh, Telangana, and Maharashtra, indicating that the outbreak in Kerala is not unique.

Respiratory droplets from coughs, sneezes, or contact with contaminated surfaces are the common ways of virus transmission. Infected individuals must be kept apart for three weeks to prevent further transmission. Soft foods, painkillers, and enough hydration are examples of supportive care for mumps. Complications can be avoided with early identification and expert management by medical personnel. To prevent measles, mumps, and rubella, vaccination with the Mumps, Measles, Rubella (MMR) vaccine is the best course of action. Public awareness efforts emphasizing adequate hand cleanliness, cough etiquette (covering mouth/nose), and timely vaccination are critical.

How long does the vaccination last and when is it administered?

For lifelong protection against serious infection, two doses of the MMR vaccine is required. One shouldn't worry if he/she had mumps, measles, or rubella as a child because she/he should be immune to them for the rest of

her life. Compared to unvaccinated individuals with the same exposure to the virus, those who have had two doses of the MMR vaccine and have not had the infection since infancy are approximately nine times less likely to develop mumps.

Why is the mumps vaccine not part of the National Immunization Schedule?

Mumps has not been included in the Universal Immunization Program (UIP), despite being a vaccine-preventable disease. This is due to the disease's low public health significance and no fatality profile. However, the Indian Academy of Paediatrics (IAP) has consistently argued that the absence of published studies and inadequate documentation of clinical cases, comorbidities, and patient follow-up data have led to an underestimation of the importance of mumps. There are no data on the disease's incidence that are nationally representative. While some influence on reproductive organs is recognized, there is a dearth of research regarding the disease's true long-term morbidity profile.



Infected individuals must be kept apart for three weeks to prevent further transmission.

What should the next course of action be?

The World Health Organization (WHO) states that current measles elimination and rubella control efforts should be closely aligned with vaccination policies aimed at controlling mumps. One organization that has long supported inclusion of the MMR vaccine in UIP is the IAP. However, this vaccine has long been available in the private health sector. There has been no documented research on the efficacy of the mumps vaccination in India. However, worldwide estimates place the protection from two doses, assuming a high coverage, between 70 – 95 percent.



For lifelong protection against serious infection, you require two doses of the MMR vaccine.

In 2014, Kerala replaced the second dose of the measles vaccination—which was administered to infants in the UIP at 18 months of age—with MMR as part of their initiative to safeguard children from Rubella. Kerala did, however, follow suit in 2017 when the Central government added Rubella vaccination to the UIP, replacing the two doses of the measles administered at nine and fifteen months with the MR vaccine (Measles-Rubella). Kerala has communicated with the central government about the state's mumps outbreak and the need to replace the MR vaccine in the UIP with the MMR vaccine.



There have been over 12,000 cases reported in just two months in Kerala

The present outbreak of mumps in Kerala highlights the necessity of strong public health surveillance, immunization campaigns, and community outreach. Working together, healthcare providers, public health officials, and the general public can stop mumps from spreading and protect vulnerable groups.



Soft foods, painkillers, and enough hydration are examples of supportive care for Mumps.



Ms. Divya Suresh
2021 Batch

When the mountain speaks



Travelogue

As public health scholars, when we think of Attapadi, we often think about the distressing infant mortality statistics, poverty, and low health indices. However, the Attapadi I encountered revealed a different picture and is a mixed scenario. Attapadi was a placid expanse nestled along the Shiruvani and the Bhavani Rivers offering a serene panorama of the Western Ghats. It was a learning experience which made me discard few of stories and hearsays I encountered in the past. Of course, I was amazed by the beauty of nature, and the true essence of this place lay in its indigenous inhabitants. When I went deep, I saw the marginalized tribal people who live together and others from outside the tribal settings who were exploiting them. The tragic murder of Madhu, an indigenous tribal, over accusations of food theft when hunger gripped him is a reflection of the atrocities faced by the tribal population.

I got surprised hearing the natives Attapadi had gone through, directly from a local tribal man. Long time ago, this area used to have large areas with grass growing densely. Attapadi's dwellers, predominantly tribal, sustained their livelihood utilizing the natural resources available for them. When outsiders came in, they encroached the land and planted many trees, and turned it into forest. The grassy area became a thick forest which changed Attapadi's story. Wild animals from other places moved to these areas and started creating trouble. As years passed, more people from other parts of Kerala and Tamil Nadu States came, built houses, and divided land. This caused immense changes in the tribal ways of life and culture. The transformation unfolded the tragedy; the original landowners, mostly the tribals were pushed to the status of guests in their homeland, while the immigrants assumed the mantle of natives.

I started spending more time with the inhabitants of Attapadi during my academic fieldwork. I tried to understand the tribal culture, especially related to health. The number of people coming to the hospital for treatment and their attitude towards their health was different from what I had heard from outside. When I spoke to the community head, I realized how their health status was changing and interfering with their health. He talked at length about their health problems and their health needs. The shift in their diet and efforts to reclaim it contributed to my understanding of the social determinants of health and this highlighted that people's health is ultimately in their own hands. The role of tribal promoters is remarkable in the upliftment of the population. However, diseases like tuberculosis, and other emerging diseases are prevalent and are closely linked to socio-economic disparities.

While outsiders became the wealthier community, the marginalized tribal community members shrunk to a small part of their land. The story of selling an acre of land for five idlis was disheartening. Government officials also exploit them, it's reported. However, within these constraints, it's promising that a knowledgeable generation is emerging who are of the opinion that they should adhere to their culture and follow their traditions and should resist unnecessary changes. While the way of life or culture is a dynamic entity, their biggest constraint is the exploitation that they face. The beauty of Attapadi lies in the native people and what destroys it is the outsiders who exploit it. The hope of Attapadi will be in the new generation that realizes the exploitation and the damages done to it. I hope this is positive and will be beneficial to the original and the inheritors of the earth will grow healthier.

Does the Capital Inhale Fresh...?



Dr. Veena Mohan PR
2023 Batch

"Delhi has become worse than hell..." The Supreme Court commented on November 25, 2019. However, over four years since then, there has been no significant improvement in the capital city's scenario.

In 2023, Delhi earned the distinction of being the world's most polluted capital, with PM 2.5 levels (PM – particulate matter) surpassing safe standards by 20 times. Furthermore, India ranked third among the most polluted countries worldwide, with 42 out of the top 50 polluted cities located around its borders. The Ministry of Environment, Forest and Climate Change's data revealed that December 2023 experienced severely poor air quality in Delhi in the past five years. The average Air Quality Index (AQI) for the month reached 348, exceeding the levels recorded in 2019, which were at 337.

Delhi's air pollution stems from six key sources: industries, waste disposal, transport dust, domestic cooking, waste burning, and diesel generator sets. Notably, waste burning and transport are singled out as the major contributors to the city's worsening air quality. The air pollution crisis is compounded by the practice of crop burning in neighboring states, a practice dating back to the 1980s. This phenomenon, prevalent in agricultural regions, contributes significantly to the city's 'smog' and harmful particle emissions. Notably, approximately 80% of agricultural land is dedicated to animal agriculture, implicating it as a contributing factor to Delhi's air pollution woes.

The Graded Response Action Plan (GRAP) serves as a framework aimed at addressing air pollution in the Delhi-NCR region. It was established as an emergency response mechanism, activated when the Air Quality Index (AQI) reaches "poor" levels, triggering its implementation.

To counter the detrimental effects of our modern lifestyles, it's crucial to heighten awareness and modify our habits. Even though the authorities may need to implement measures, individual habits can wield considerable influence. These habits can make a difference locally and potentially even globally, impacting the environment in which you reside. We must worry about the purity of the air our country capital breathes. Delving deeper, we realize that the city where history resides is gasping for breath. It not only impacts the balance but also deteriorates the quality of life for the posterity.



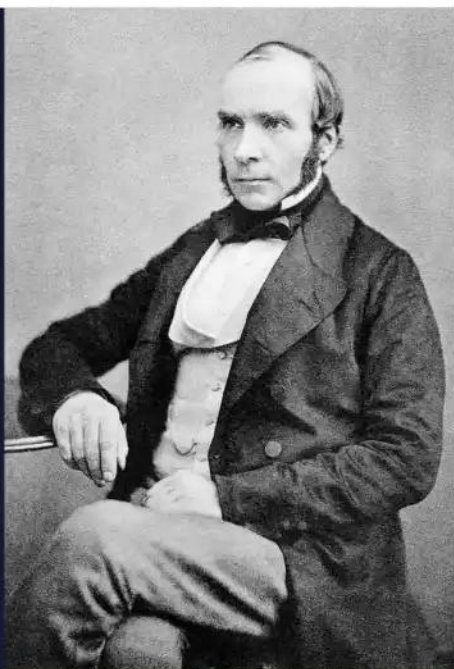
Let's collaborate and make collective efforts...!
Let's forge a path for her to breathe freely....!!
Let's truly make our capital worthy of its name....!!!



Recurrent Columns

Stalwarts of Public Health

British Physician and Anesthesiologist John Snow was born on March 15, 1813, in York, England. He is considered the father of modern epidemiology for his substantial contributions to public health. He conducted studies and made deep investigations into the Cholera outbreak of the Broad Street pump in London (1854). His 'Grand Experiment' was a unique and unprecedented study of water-borne cholera by comparing cases in two areas of London, which were supplied by water from two different companies. This particular study eventually resulted in the control of the spread of the deadly cholera disease in the affected parts of London. His immense contributions, articulate methodology, futuristic vision, and expertise set the stage and direction for other epidemiologists to follow. Looking at his other achievements and contributions to public health, he brought a revolutionary change by strongly voicing his thoughts against the then-existing hypothesis of miasma which speculated that various diseases were caused by bad/poisonous/foul air or 'miasma'. He died on June 16 in the year 1858, in London.



Map plotted by John Snow during his Cholera investigation

JOHN SNOW



HEALTHCARE SYSTEMS AROUND THE WORLD FRANCE

France has one of the most efficient and organized healthcare delivery systems in the world. The most remarkable characteristic is its guarantee to all citizens ensuring healthcare access and affordability irrespective of their socio-economic situation.

France's health system is a blend of the Bismarck model (Social Health Insurance) and the Beveridge model (a health care system in which the government provides health care for all its citizens through income tax payments, e.g. National Health Service in the UK). The healthcare financing is primarily via tax-based revenue. In addition to this, there is a comprehensive health insurance program taking care of a substantial part of the medical requirements which includes medicines on prescription, inpatient hospital stays, and visits by the doctor.

France has made deep inroads in public health by emphasizing preventive care and healthcare services at the primary level to decrease the burden of chronic diseases. Leading causes of death in France include cardiovascular diseases and cancer. In comparison to many developed countries, life expectancy is higher and infant mortality is lower in France. There are also challenges which include a shortage of staff and increased working hours leading to burnout.



Dr. Zuhail Abdulla
BDS, MSc (United Kingdom)
2023 Batch

GIPH Corner

Dr. Ameera (2022 MPH Batch, GIPH) received the first The Medimix Scholarship instituted by Dr Anoop Vasavan, Managing Director of AVA Group of Companies in memory of the Dr. V.P. Sidhan for bagging the first position in the Medimix scholarship examination. Through the scholarship, Dr. Ameera received a full-fee waiver of Rs. 1.5 lakhs for her two years MPH course. Dr Anoop also inaugurated the Dr Sidhan Chair at the GIPH.



TB Day

On March 27th, 2024, The Global Institute of Public Health, in collaboration with the State TB Office, Ananthapuri Nursing College, Ananthapuri Hospital and Research Institute (AHRI), and Public Health Scholars' Forum (PHSF), organized a program titled 'Ending TB: Is it Possible?' in observance of the World TB Day. Dr. Meenakshi G (Vice president, PHSF) commenced the program by welcoming the participants, followed by Rajashekar Nayar (Principal GIPH), who addressed the gathering.

Dr. S.S. Lal (Director, ReAct Asia Pacific), illuminated TB's global impact and the global efforts to eliminate TB. Biju S. from the district TB center, provided firsthand insights into the field-level activities in TB control. Jinbert Lordson (Registrar GIPH), in his vote of thanks, mentioned about the notable participation of Ananthapuri hospitals in the national TB elimination program through the 'public-private mix' strategy for TB elimination.



MPH Scholars of GIPH with Principal Health Secretary Dr. Mohamed Hanish IAS as part of the field visit from GIPH

The 'Centre for Climate and Environment Health' was inaugurated at the Global Institute of Public Health on 05 April 2024. Sri. Sridhar Radhakrishnan, renowned environmentalist and climate expert, inaugurated the Centre. Dr. S.S. Lal (Head of Department of Public Health, GIPH), Dr. Rajasekharan Nayar (Principal, GIPH), Dr. A. Chitra Grace (Vice-Principal, GIPH), Dr. Revathy K. (Student Convenor, CCEH), and Dr. Zuhail Abdulla (MPH Scholar) spoke. This was followed by a panel discussion in which Dr. Manu M S (State Nodal officer, National Program for Climate Change and Human Health under the National Health Mission Kerala), Shri. Sridhar Radhakrishnan (Environmentalist and Steering Committee member of ASHA-Kisan Swaraj, India), Prof. Jaya D. S. (HOD, Department of Environment Sciences, University of Kerala), Sri Sanju Soman (CEO of SUSTERA foundation and UN Youth Climate Leader) took part.

Inauguration of CCEH



IMA-GIPH Quiz competition



Dr. Suryakiran S, 2022 batch of MPH secured the first place for the presentation of the study titled 'How sleep healthy are our public transport drivers' in the national workshop 'NIDRA 2024' which was on comprehensive approaches to diagnosis and management of sleep disorders, held at Kochi, Kerala.

On 7th April (World Health Day), 2024, the Indian Medical Association (IMA) Thiruvananthapuram, Global Institute of Public Health (GIPH), and Public Health Students' Forum (PHSF) of GIPH jointly organized a quiz competition for high school students. Dr. Thomas Mathew, the Director of Medical Education, inaugurated the event. Dr. Krishna Kumar Bhaskaran Pillai was the quizmaster. Five teams were short-listed for the final round. Kendriya Vidyalaya, Pattom, emerged as the winner receiving a cash prize of Rs. 10,000. Christ Nagar school and St. Mary's school, Pattom, came second and third, receiving cash prizes of Rs. 5000, and Rs. 3000 respectively.

GIPH Corner



Launch of antibiotic stewardship initiative

On 4th, April 2024, Dr. Mirfin Mpundu, the Executive Director of React Africa (World Bank consultant for AMR and USAID AMR advisor) visited GIPH. In his visit, Dr. Mpundu gave a lecture for the MPH scholars on the threat of AMR and the ways to fight it. Afterwards, he took part in the inaugural ceremony of the AMR stewardship initiative and delivered the keynote address. The MPH scholars of GIPH presented the latest edition of the newsletter 'The Public Health Wire' to Dr. Mpundu.



ReAct Inauguration

On March 5th, 2024, the ReAct Asia Pacific office was inaugurated at GIPH by Padma Shri Dr. A. Marthanda Pillai, Chairman of Ananthapuri Hospitals and Research Institute. Dr. S. S. Lal, Director of ReAct Asia Pacific, GIPH staff, and interns of ReAct were present. GIPH is hosting ReAct Asia Pacific office. ReAct is an international network that focuses on antimicrobial resistance. Ananthapuri hospital has been chosen for a new pilot project of 'Antibiotic Stewardship Initiative' by ReAct as well as the Indian Medical Association.



GUEST Lecturers



Dr. Sabarigirish Kanjuly (COO - AHRI, Former Additional Director General, Indian Army)
Hari Kurup (Consultant Health Economist), **Dr. Ambarish Dutta** (Additional Professor, Epidemiology and Former Consultant, WHO), **Shri. Satya Sivaraman** (Journalist, Communications Coordinator for ReAct Asia Pacific), **Dr. Harikumar** (Regional Director, GeoHazards International), **Dr. Mary Anionnete** (German Lead – GeoHazards International), **Dr. Sam Prasad** (Expert in the field of HIV), **Dr. T K Sundari Ravindran** (Professor – Achutha Menon Centre for Health Science Studies), **Dr. Rajesh Divakaran** Senior Risk Management and Compliance Advisor – ERM Services)

Editorial Committee



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Fun Corner

Word of The Edition

INFODEMIC

Infodemic: Refers to the rapid spread of misinformation or disinformation during health crises, often exacerbated by social media and digital communication platforms.

Suggested Read

"Medical Apartheid" by Harriet A. Washington.

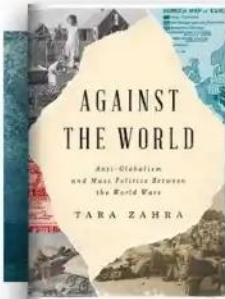
This book provides a comprehensive examination of the history of medical exploitation and unethical experimentation on African Americans, shedding light on the systemic injustices within the healthcare system.



Suggested Read

"Against the World" by Tara Zahra,

This book is about the impacts of World War I and its lasting influence on global politics. From a public health perspective, this book offers a compelling exploration of how political decisions can profoundly affect people's well-being and health.



Cross Word Puzzle

1. An outbreak of disease in a bird population
2. Infectious diseases transmitted from Animals to Humans
3. Poor man's Meat
4. The most common micronutrient in the world
5. A synergistic epidemic in a population or geographical area
6. Formation of abnormal new growth of tissue
7. Adverse effect caused by Medical and Surgical intervention
8. Misfolded protein which caused Kuru disease in Papua New Guinea.



Answers 1. Epornithic, 2. Zoonosis, 3. Pulses, 4. Iron, 5. Syndemic, 6. Neoplasia, 7. Iatrogenic, 8. Prion

QUIZ Corner

1. Which South Asian City was declared as the first Elderly- friendly by WHO?
2. Which country has the highest life expectancy in the world?
3. Which is the country that created Electronic Soil?
4. What is the G 20 summit theme for 2024?
5. Which country was the first to grant women's right to abortion through the constitution?
6. Where does India stand on the Human Development Index (2023-2024)?
7. Who is the current Director General of the World Health Organization?
8. Which disease severely affects Oral and Facial parts was added to the list of NTD (Neglected Tropical Diseases) by WHO in 2023, December?
9. Who discovered the first vaccine?
10. Which is the largest hospital in the world?

Answer: 1. Kochi, Kerala, 2. Monaco (87 years), 3. Sweden, 4. Building a just world and sustainable planet, 5. France, 6. 134, 7. Tedros Adhanom Ghebreyesus, 8. NOMA, 9. Dr. Edward Jenner in 1796 for Smallpox, 10. Zhengzhou University Hospital, China, (7000 beds).

Do you know?

When someone is experiencing **Heat stroke**, quick actions can save lives. What are the actions?

1. Put the person in a cool tub of water or a cool shower.
2. Spray the person with a garden hose.
3. Sponge the person with cool water.
4. Fan the person while misting with cool water.
5. Place ice packs on the neck, armpits, and groin.
6. Cover the person with cool, damp sheets.
7. Offer chilled water and electrolyte drinks.
8. Start CPR if the person is unconscious with no circulation

Stay informed and prepared for emergencies- knowing these steps could be crucial. Stay safe!

Answer to Page number 03

Tedros Adhanom Ghebreyesus

Admin News

MPH @ GIPH: Important upcoming dates

- 2024 MPH admission Entrance exam is likely to be held in September 2024, at LBS Palayam, Trivandrum. Admission notice for the MPH program will be announced by late August or early September at the GIPH Web site www.giph.in Application for admission can be submitted online.
- GIPH is planning to host an annual international public health conference by September 2024
- MPH 2023 Admission synopsis submission will be in the month of September 2024.

Job Corner



Feedback

