SUMMER TRAINING REPORT

BY

Nigam Rashmi Dhar
MBA-HM : 0946

MBA (Hospital and Health Management)

2019-21

ACKNOWLEDGEMENT

I am very thankful to my **parents** for providing me support to complete my internship reports during the lockdown due to corona virus.

Also i am very thankful to my enthusiastic mentor **Dr. Piyusha Majumdar** madam wholeheartedly helping me throughout the report process and also guiding with valuable feedback as well as samples to improve.

My report would be incomplete without the precious help from our dean sir **Dr. P.R Sodani** sir , who provides us useful course to choose also providing us continuous pathway to follow.

My gratitude to our president **Dr. Pankaj Gupta** sir for his kind full gesture and support for students.

Special thanks to the authors of article which i reviewed for proving and writing wonderful articles that gave me knowledge , motivation to come up with the reports.

And also to author , professors of Copenhagen university for making me understand about the course i did online as well as proving me information which i wrote in report to complete my summer internship.

Thanking All
Nigam Rashmi Dhar
MBA-HM
Roll. No: 0946

TABLE OF CONTENTS

Sl. No.	CHAPTER	PAGE
1	**PART-1** **Report On Article Review-** **Health(wellbeing) system in India:** **opportunities , challenges and comparing health indicators with other nations** 1. Introduction 2. Objectives 3. Methodology 4. Learning 5. Conclusion	**4 – 17**
2	**PART-2** **Report On Online Course-** **An Introduction To Global Health** 1. Name of the course 2. Course description 3. Objective of the course 4. Course Content 5. Learning 6. Key learning	**18 – 32**
3	**Grades and certificate**	**33**
4	**References**	**34**

PART-1:

Health(wellbeing) System In India: opportunities , challenges and comparing health indicators with other nations

1.Introduction:

Health is essential for essential needs and central rights to achieve the status of a superior personal satisfaction. Better health prompts better instruction, equivalent and more extensive openings for work to all.

In the event that the nature of human health not great physical capital and regular assets can't be appropriately used and development nor be continued or be subjective.

As per WHO , "health is a condition of complete physical, mental and social prosperity and not only the nonattendance of sickness or illness".

The health status is normally estimated as far as
-life expectancy
-infant mortality rate
-fertility rate
-crude birth rate
-crude death rate

Above points are controlled by various factors, for example,
- per capita salary
- nourishment
- lodging
- sanitation
- safe drinking water
- social framework
- wellbeing and clinical consideration administrations gave by government
- topographical atmosphere
- business status
- rate of neediness

Wellbeing is multi-dimensional wonder as it is both an end and methods for improvement system. The connection among wellbeing and advancement is commonly fortifying while wellbeing adds to financial turn of events, monetary turn of events, thus, will in general improve the wellbeing status of the populace in a nation. Wellbeing is likewise a significant privilege that upgrades "capacities" of the destitute individuals prompting increment in "items" and further improvement in wellbeing status. As speculation on wellbeing expands, the beneficial limit of the working populace, and henceforth the degree of salary will in general ascent and to that degree it adds to a decrease in the rate of neediness.

Improving wellbeing will expand future adds to financial development more than instruction. Notwithstanding its immediate effect on profitability, wellbeing effetely affects financial turn of events and segment progress.

Great newborn child wellbeing and sustenance legitimately increment the advantages of instruction.

Be that as it may, India is one of the significant nations where maladies are as yet not levelled out. India‟s social insurance area, notwithstanding, falls well beneath worldwide benchmarks for physical framework and labour, and even falls underneath the principles existing in similar creating nations. This examination looks at the chance and the significant difficulties in the key fragments of the medicinal services division.

2.OBJECTIVES:

1.To look at the status and issues of health administrations in India

2.To look at the nature of health administrations in India

3.To contrast health pointers of India and countries like Pakistan , China, Canada and USA.

3.DATA SOURCES AND RESEARCH METHODOLOGY:

According to creator "The examination depends on optional information of 15 significant states and All India level. Wellsprings of information assortment identifying with health markers and health foundation gathered structure Ministry of Health and Family Welfare, Government of India, National Human Development Report, Planning Commission, Government of India and Population Census of India and World Health Statistics. Though, information identified with financial pointers gathered from the Central Statistical Organization. And Census Of India Report 2011 , 2012"

4.Learning:-

India has healthcare which is one of the biggest piece of administration part as far as income and business, and is extending quickly.

As per data and record “during the 1990, Indian healthcare grew at annual compound growth rate of 16 percent. Today the total value of the sector is more than 34 billion dollar. This translates to 34 dollar per capita, or roughly 6 percent of GDP according to 2012 India Health Report. By 2013, India healthcare sector is projected to grow to nearly 47 billion dollar. Not only right to healthcare has been recognized as a fundamental right in India, there are several international obligations for India to pursue 'access and equity' in this regard. In 2009, the number of beds available per 1000 people in India was only 1.27, which is less than half the global average of 2.6. There are 369351 government beds in urban areas and in rural 143069 beds.”

Table 2.2. Health workers by urban–rural stratum and gender

HEALTH WORKER CATEGORY	URBAN			RURAL			RATIO OF URBAN DENSITY TO RURAL DENSITY	MALE		FEMALE		MALE–FEMALE RATIO
	Number	% of all urban health workers	Density per lakh urban pop'n	Number	% of all rural health workers	Density per lakh rural pop'n		Number	% of all male health workers	Number	% of all female health workers	
Allopathic doctors	381 980	31.2	133.5	250 454	29.7	33.7	4.0	525 945	41.0	106 489	13.6	4.9
Ayurvedic doctors	63 564	5.2	22.2	46 719	5.5	6.3	3.5	94 040	7.3	16 243	2.1	5.8
Homeo. doctors	35 984	2.9	12.6	30 432	3.6	4.1	3.1	55 784	4.3	10 632	1.4	5.3
Unani doctors	6 993	0.6	2.4	3 349	0.4	0.5	5.4	9 479	0.7	863	0.1	11.0
Dental pract.	19 315	1.6	6.8	5 088	0.6	0.7	9.9	18 648	1.5	5 755	0.7	3.2
Nurses & midwives	380 611	31.1	133.0	249 795	29.6	33.6	4.0	104 609	8.1	525 797	66.9	0.2
Pharmacists	127 172	10.4	44.5	104 266	12.4	14.0	3.2	208 559	16.2	22 879	2.9	9.1
Ancill. health	205 156	16.7	71.7	146 022	17.3	19.7	3.6	255 415	19.9	95 763	12.2	2.7
Trad'l & faith heal.	4 606	0.4	1.6	8 034	1.0	1.1	1.5	11 341	0.9	1 299	0.2	8.7
All health workers	1 225 381	100.0	428.3	844 159	100.0	113.7	3.8	1 283 820	100.0	785 720	100.0	1.6
All doctors & nurses	869 132	70.9	303.8	580 749	68.8	78.2	3.9	789 857	61.5	660 024	84.0	1.2
All doctors	488 521	39.9	170.7	330 954	39.2	44.6	3.8	685 248	53.4	134 227	17.1	5.1
AYUSH doctors	106 541	8.7	37.2	80 500	9.5	10.8	3.4	159 303	12.4	27 738	3.5	5.7

Notes: All doctors comprise allopathic plus AYUSH doctors. AYUSH doctors include ayurvedic, homeopathic, and unani doctors. The urban population was 2,861 lakhs and the rural population was 7,425 lakhs. Urban (or rural) density is defined as the number of urban (or rural) health workers divided by the urban (or rural) population.

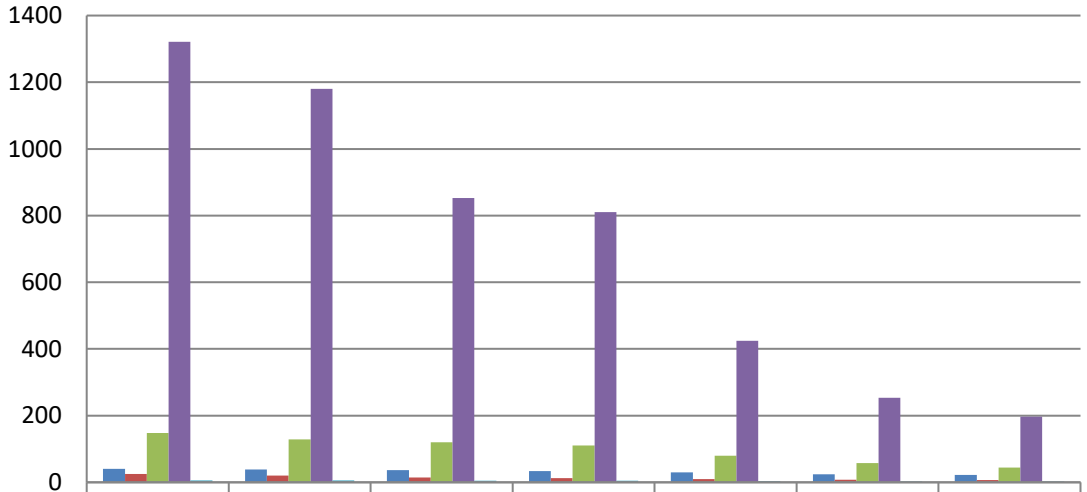
Above figure showing date as per government of India census 2011 taken from WHO health workforce.

As of FY10 “India had around 300 clinical universities, 290 schools for Bachelor of Dental Surgery and 140 universities for Master of Dental Surgery. India needs to open 600 clinical schools (100 seats for each school) and 1500 nursing universities (60 seats for every school) so as to meet the worldwide normal of specialists and attendants as per 2011 Indian Health Statistics Report. Anyway the situation is diverse as the clinical faculty are amassed in urban zones. Around 74 percent of the alumni specialists in India work in urban settlements which represent just roughly one-fourth of the populace. The countrywide circulation of these organizations is likewise slanted as 61 percent of the clinical universities are in the 6 conditions of

Maharashtra, Karnataka, Kerala, Tamil Nadu, Andhra Pradesh and Pondicherry, while just 11 percent are in Bihar, Jharkhand, Orissa and West Bengal and the north-eastern states."

Also, India has agreed to the Millennium Development Goals. MDGs speak to the desire of the world's countries to accomplish improvement destinations continuously 2015. The significance of social insurance in the MDGs is featured by the way that giving human services to everything is the obligation of the Central and State Governments. Sadly, India is a long way from giving a general social insurance inclusion. Not just the upgrades in wellbeing pointers have not exclusively been moderate, India falls a long ways behind in world, including most creating nations and scarcely any least evolved nations as for wellbeing markers. Also, inside India there are huge variations among states in accomplishing wellbeing results too.

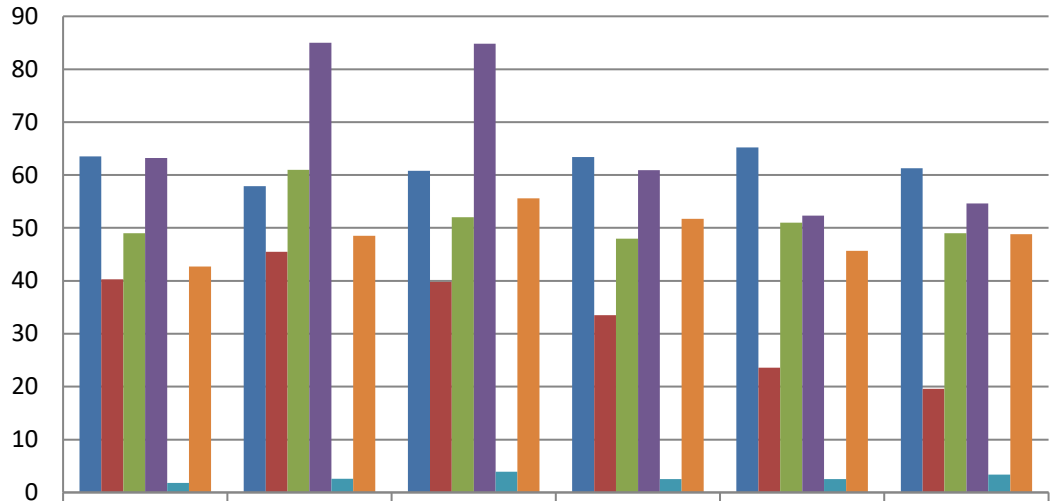
TABLE-1 : HEALTH INDICATORS IN INDIA FROM 1951-2011



	1951	1961	1971	1981	1991	2001	2011
birth rate	40.8	38.7	36.9	33.9	29.5	23.8	21.7
death rate	25.1	20.6	14.9	12.5	9.8	7.6	6.9
infant mortality rate	148	129	120	110	80	58	44
maternal mortality rate	1321	1180	853	810	424	254	197
Total Fertility Rate	6	5.9	5.2	4.5	3.6	2.9	2.5

Table 1 reveals that “in the period from 1950 to 1971, India was inundated in wellbeing decay as the qualities talk so high. The pattern proceeded with the progressive diminishing in the estimations of the wellbeing pointers. The yearly development rate after like clockwork declined. From the estimations of AAGR (Average Annual Growth Rate in Percent) , all the markers have demonstrated a declining pattern with death rate diminished double the birth rate, and same circumstance followed in different pointers also. In this way an emotional change came about with an improvement in wellbeing part.”

Table-2: Some Health Status In Major States Of India



	andhra pradesh	assam	bihar	gujarat	haryana	J&K
life expectancy	63.53	57.9	60.8	63.4	65.2	61.3
neonatal mortality	40.3	45.5	39.8	33.5	23.6	19.6
infant mortality rate	49	61	52	48	51	49
under 5 mortality rate	63.2	85	84.8	60.9	52.3	54.6
total fertility rate	1.8	2.6	3.9	2.5	2.5	3.4
underweight children %	42.7	48.5	55.6	51.7	45.7	48.8

Source: "Indian Health Statistics Report 2012"

Table 2 states "the wellbeing status of chose states based on wellbeing markers. Future estimations of the considerable number of states lie over 57 Years with the most elevated worth ascribed to Kerala followed by Punjab having esteem 73.5 and 68.5 Years and with least future worth recognized to Assam having 57.9 Years. Neonatal Mortality Rates is most elevated in Uttar Pradesh with 47.6 per 1000 births bite the dust followed by Odisha with 45.4 per 1000 births. The least Neonatal Mortality Rates is if there should be an occurrence of Kerala with 11.5 per 1000 births. Different states like Andhra Pradesh likewise witness the high Neonatal Mortality Rates with 40.3 per 1000 births. If there should arise an occurrence of Punjab and J&K the qualities remain at 28.8 and 19.6.Contrary to the Infant Mortality Rates pattern, Madhya Pradesh and Odisha rank first with most noteworthy IMR rates equivalent to 67 for every 1000 births separately. Anyway Kerala is the best entertainer in the fragment with least IMR rate having 12 for every 1000 births. Under 5 death rate is comfortable level if there should be an occurrence of Odisha with 933.8 per 1000 births followed by Bihar, while as Kerala saw low worth 16.7 per 1000 births. If there should arise an occurrence of all out richness rates, Kerala, Tamil Nadu performs well with esteem equivalent to 1.7 followed by Punjab having 1.9 absolute ripeness rates. Most extreme number of underweight of youngsters is found in Uttar Pradesh followed by Bihar. In this way, Kerala suits as a best example having adequate estimations of life pointers.

If there should be an occurrence of ineffectively creating states like Odisha, U.P., and Bihar, the wellbeing markers depict a dim and fastidious picture as the qualities lie well beneath the unsuitable levels."

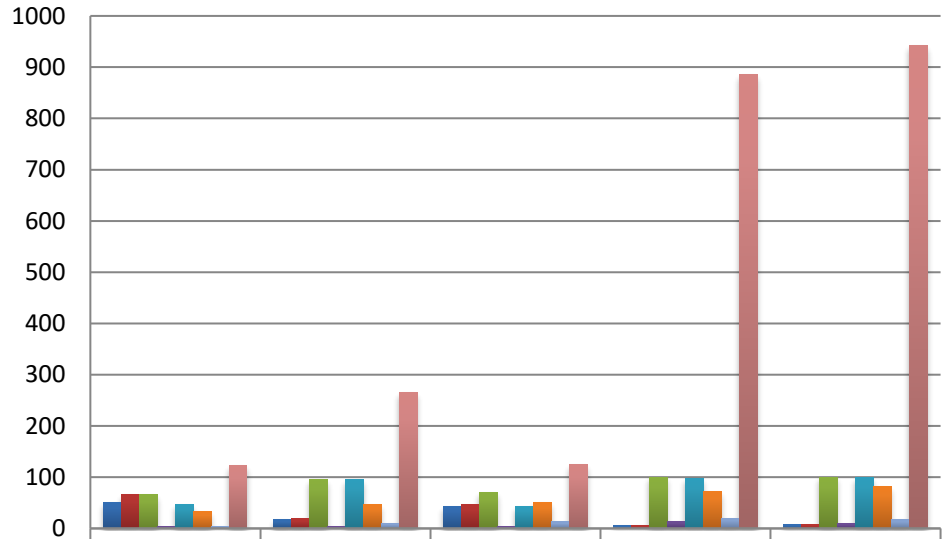
COMPARE SOME OF HEALTH INDICATOR STATUS OF INDIA WITH OTHER COUNTRIES

Now lets compare some of the indicators with our neighbouring countries and developed countries.

The indicators which are important and gives a bit insight about the healthcare system of the country they are-

- infant mortality rate
- under 5 mortality
-fully immunization
- various expenditure on health by the country

Table-3: Selected Health Indicators Compared With India



	INDIA	CHINA	PAKISTAN	CANADA	USA
IMR/1000 live birth	50	17	43	5	7
under 5 mortality/1000 live births	66	19	46	6	7
fully immunized %	66	95	71	100	100
health expenditure as percentage of GDP	4.2	4.3	3.7	13.8	9.7
birth by skilled attendants	47	96	43	98	99
govt. share of health expenditure %	32.4	47.3	49.8	72.7	81.8
govt. health spending share of total govt spending %	4.4	10.3	12.8	19.7	16.8
per capita spending in US $	122	265	124	886	942

Source: "WHO Report 2011"

Table 3 states “the correlation of India with different nations. It appears to be very bad form to contrast India and nations like U.S.A, Canada, on the grounds that on each boundary with respect to status of wellbeing India lingers a long ways behind. If there should arise an occurrence of IMR per 1000 India is at the top with IMR of 50 for every 1000 births followed by its neighbor Pakistan having IMR of 43 for every 1000.In other wellbeing pointers like level of completely inoculated India 66 percent of populace is vaccinated, where as in the event of Pakistan 71 percent of populace is completely vaccinated where as U.S.A, Canada are completely inoculated. The terrible image of the wellbeing part in India is credited to the less government spending in the medicinal services offices. If there should arise an occurrence of India the administration portion of complete wellbeing use is 32.4 percent, in the event of Pakistan it is 49.8 percent and on the off chance that we take a gander at the estimations of per capita spending, the pattern proceeds with India lingering behind followed by Pakistan.”

HEALTH WORKFORCE AND INFRASTRUCTURE:

This segment presents information on the assets accessible to the wellbeing framework – this incorporates

- doctors

- medical attendants (nurses)

- dental specialists

- clinic (hospital) beds

Assessments of the numbers and thickness of the wellbeing workforce allude to the dynamic wellbeing workforce – for example those as of now taking an interest in the wellbeing work showcase.

TABLE 4

COMPARE HEALTH FORCE AND INFRASTRUCTURE OF INDIA WITH OTHER COUNTRIES

Countries	(Doctors) Physician		Nurses		Dentists		Hospital bed density/ 100000
	Number	Density/ 100000	Number	Density/ 100000	Number	Density/ 100000	
China	18623630	14	1259240	10	136520	1	30
India	643520	16	1372059	13	55344	1	1.8
Canada	62307	19	327224	100	380310	12	38
U.S.A	793648	27	2927000	98	43663	16	31
Pakistan	127859	8	62651	4	15790	1	6

Source: WHO Report 2011

Table 4 states “the medicinal services foundation in India in addition to the correlation of chose nations. Wellbeing framework in India is lacking when contrasted and the worldwide gauges. It falls behind the worldwide normal as far as medicinal services foundation and labor. India has a normal 16 specialists for each 100000 populace. The entrance of human services foundation in India is a lot of lower than that of created nations. The absence of a productive and responsible general wellbeing part has prompted the raising of a profoundly factor private area, which represents around 68 percent of by and large wellbeing spending. This is notwithstanding the way that India's economy has been developing at a sensibly quicker rate that numerous different nations and is just behind some country. Contrasted with the quantity of Physicians U.S.A is at the top with thickness of 27 doctors for each 100000 populaces, where as Pakistan at most reduced level adding up to 8 doctors for every 100000. Medical clinic bed proportion is most noteworthy in Canada with 30 beds accessible per 100000, where as India is having 1.8 bed proportions. In this way in all boundaries India is lingering behind when contrasted and country yet an improvement is noticeable when contrasted and creating nations like that of Pakistan.”

OPPORTUNITY FOR INDIA IN HEALTHCARE INDUSTRY:-

The Indian healthcare sector is ready for the expansion and significant growth.
As per author prediction and data “one of the fundamental elements is increment in the space of medical tourism in India. Medical Tourism in India is developing at an exacerbated yearly development pace of more than 27 percent during 2009-2012. Medical Tourism advertise is esteemed to be worth USD 310 million and is relied upon to produce USD 2.4 billion by 2012 and is developing at 30 percent a year (Indian Health Report 2011).Due to expanding medical tourism and more noteworthy clinical preliminary exercises in India, there is a need to redesign the administration norms and give the best in class offices with worldwide principles. This changed viewpoint has made an incredible open doors for the speculators to give truly necessary administrative and monetary help."

And furthermore the creator states "given the developing interest, the rise of rumored private players, and the tremendous venture needs in the medicinal services segment. As of late, there has been developing enthusiasm among outside players and non inhabitant Indians to enter the Indian medicinal services showcase. There is additionally developing enthusiasm among residential and global budgetary organizations, private value reserves, financial speculators, and banks to investigate venture openings over a wide scope of sections. Human services part is a social segment, where option to utilize and value are as significant as the need to have further speculation. Wellbeing is significant fragment of human capital. The chance to enter India medicinal services industry is exceptionally alluring. The assessed 4.2% of GDP produced from the social insurance market to reach over 1.2 billion natives is immature and appears to be an incredible open door for development. The Indian social insurance conveyance showcase is evaluated at US 18.7 billion dollar and utilizes more than 4,000,000 individuals, making it one of the biggest help parts in the economy today. Absolute national human services spending arrived at 5.2% of GDP, or US 54.9 billion dollar in 2011 and is required to ascend to 5.5% of GDP or US 80.9 billion dollar by 2012. This incorporates the pharmaceuticals market, government and private spending. Private section comprises mass and developing quickly, to arrive at 38 billion dollar by 2012. There are different holes in the Indian medicinal services advertise, which additionally present an immense chance. Great social insurance in India is in extraordinary short gracefully. Clinics in India are running at 80-90 percent inhabitancy. There are some financial elements which make India such an energizing business sector. Since social insurance is reliant on the individuals served, India immense populace of a billion people speaks to a major chance; mostly the centre pay bunch speaking to 300 million. A huge bit of the populace gets insufficient or no medicinal services, explicitly 25.7% living underneath the neediness line and the individuals who have just the general wellbeing framework to depend on. In this way Indian medicinal services part speaks to an arrangement to change the open door into potential, with the goal that social area in addition to the general economy prospers.”

CHALLENGES IN THE INDUSTRY

As per the research paper “changes in the wellbeing strategy of a nation must be altered to the requirements and winning circumstance. This is best clarified when we talk about wellbeing changes in India. India, with its remarkable demography, decent variety, political and social frameworks and an ongoing jump in economy can be a test to the policymakers. This area examines the issues in human services conveyance in India and social, monetary and political basics for undertaking changes in Indian medicinal services framework. Issues in medicinal services conveyance in India can be comprehensively partitioned into issues of disparity, financial political issues and unregulated development of private social insurance.”

1.Problems of Inequality:

We can state that “the impact of social and financial imbalance on wellbeing is canny. Neediness, which is a consequence of social and financial disparity in a general public, is unfavorable to the wellbeing of populace. The result pointers of wellbeing (mortality, grimness and future) are for the most part legitimately affected by in-correspondence in a given populace. All the more in this way, it isn't the total hardship of salary that issues, yet the general conveyance of pay. The developing imbalances in wellbeing and human services are negatively affecting the minimized and socially impeded populace.”

2. Socio economic problems

The human services foundation legitimately relies upon the financial quality. The ongoing changes in the monetary approaches definity affected the human services in India. In 1991 a program of financial approach changes was propelled so as to accomplish macroeconomic soundness and higher paces of monetary development. Since India's monetary changes were propelled in 1991, the Indian economy has supported a yearly normal development pace of more than 6 percent. In 2003-04, GDP development was around 7.5 percent. Wellbeing Sector approaches in India have would in general weight on decreasing populace development. Settling development of populace involves significance for a huge nation like India, as there are joins between in general wellbeing status of populace and populace development rate. In a significant number of the Indian states where adjustment of populace development isn't a need, their wellbeing and societal position is among the most noticeably terrible on the planet. Infections of destitution keep on influencing the greater part the populace while ecological debasement; word related dangers and new infectious maladies, for example, AIDS seriously affect the populace. The marvel of Urbanization has heightened issues of human services. Absence of education and absence of mindfulness among masses present steady danger to the texture of the general public, in this manner inclines the band of wellbeing off course. Industriousness of neediness in the social structure additionally confounds the wellbeing scene. The poor endure exorbitantly in light of the twofold weight of customary ailments just as present day ailments that are brought about by industrialisation

and quick asset consumption. Subsequently, social imbalances continue and these influence the strength of the helpless more seriously than it does the more all around obeyed gatherings.

3.Political will

India is an agent as opposed to a participatory vote based system. When the races are finished, the legislators who run the administrative and state governments don't generally need to return to the electorate for each significant choice. Along these lines, in the 5 years between one political race and another there scarcely are any methods accessible to the residents to voice their sentiments on any choice taken by an administration. In India, there are various holes left by the administration in the advancement procedure - once in a while by expectation or because of absence of assets and some of the time because of absence of mindfulness. Most Indian lawmakers are reluctant to accept cruel however solid choices as the governmental issues of vote rules the plan. Simultaneously, uniformity and social equity is an unavoidable subject. As in any changes, a solid political will is of embodiment in wellbeing strategy changes as well. The political will ought to be certified and nonstop over a time of at any rate one to two decades to achieve any obvious change in the framework.

4.Emerging of private Healthcare

Medical care in India has been in ongoing past productive by private human services suppliers. The job of the private part is getting more grounded taking into account the administration money related obliges in extending the wellbeing framework and expanding social insurance costs. A quickly expanding middleclass lean toward private clinical consideration. The justifiable insufficiency of assets in government-run clinical consideration foundation has additionally moved the interest towards private concerns. Moreover, the rise of private guarantors and expanding spread of clinical protection is likewise giving a lift to private clinical consideration. The quick development of private division has offered ascend to certain worries. The need, suitability and effectiveness of care conveyed by clinical consideration offices are progressively under inquiry. There is a far reaching conviction that most offices cheat by method of pointless indicative tests and by extending the patient's length of remain. The issue is exacerbated by absence of guideline and institutional strain to bring down expense per sickness scene. Inspite of these worries, the private social insurance area is developing and getting more grounded. The development of private human services division has been generally observed as a shelter, anyway it adds to ever-expanding social polarity. The strength of the private segment not just denies access to more unfortunate segments of society, yet additionally slants the equalization towards urban-one-sided, tertiary level wellbeing administrations with productivity abrogating uniformity, and objectivity of care frequently taking a secondary lounge. The expanding cost of social insurance that is paid by „out of pocket“ instalments is making medicinal services excessively expensive for a developing number of individuals. One of every three individuals who need hospitalization and are paying

cash based are compelled to obtain cash or offer advantages for spread costs. More than 20 million Indians are pushed beneath the destitution line each year in view of the impact of cash based spending on medicinal services. Without a viable administrative authority over the private medicinal services part the nature of clinical consideration is continually breaking down. Amazing clinical halls keep government from detailing powerful enactment. An ongoing World Bank report recognizes the realities that specialists over-endorse drugs suggest superfluous examinations and treatment and neglect to give suitable data to patients even in private human services part. Despite the fact that administrations offered are magnificent however are excessively expensive for a typical man. This re-stresses the job, financial disparity plays in human services conveyance.

5.Other Challenges

Many hospitals and healthcare providers are struggling due to outdated information technology . A significant test for our country and the medicinal services industry would be not exclusively to hold the social insurance workforce yet in addition to build up a situation, which would pull in those abroad to return (invert mind channel). The developing interest for quality medicinal services and the nonappearance of coordinating conveyance instrument represent an extraordinary test. There is an intense lack of staff of clinical educators everywhere throughout the nation. One of the vital elements to support the anticipated development of the medicinal services industry in India would be the accessibility of a prepared workforce, other than less expensive innovation, better foundation and so forth. Another test will be to discover acceptable ability in India to give the subordinate social insurance administrations; particularly the voice based ones which require great English relational abilities as well as awesome scientific aptitudes.

POLICY RECOMMENDATIONS

So as to exploit segment profits and information as a wellspring of development, it is fundamental to improve nature of HR. For improving nature of HR through wellbeing part the accompanying approach proposals must be made:

First exceptionally pitiful assets are distributed to wellbeing segment in India. The degree of open use on wellbeing in India ought to be improved extensively. The greater part of the strategy reports including National Health Policy 2002; and the National Rural Health Mission (2005-2012) have prescribed expanding wellbeing consumption to around
3% of GDP (Choudhury, 2006). This suggestion ought to be received with quick impact, and not unimportant empty talk.

Secondly, it is prescribed to lessen provincial incongruities in the arrangement of wellbeing administrations. So as to guarantee wellbeing administrations across states, use on fundamental wellbeing administrations ought to be State shrewd. Poor and in reverse states falling behind need quantum bounce in the degree of subsidizing of wellbeing administrations. The consumption on wellbeing administrations ought to be ventured up to the degree of 5 percent of State Domestic Product in most in reverse states like Bihar and Jharkhand, Odisha.

Thirdly, so as to diminish country urban separation in the arrangement of wellbeing administrations, the legislature of India has propelled a program known as National Rural Health Mission (NRHM). The pace of execution of the Mission is moderate. It must be speeded up with the goal that the entrance to wellbeing administrations by the provincial individuals by and large and poor specifically gets improved. For improving the nature of wellbeing administrations the legislature on need premise should fill all the empty posts of clinical staff especially specialists and attendants, improve the nature of foundation and accessibility of meds. Albeit Private area has risen as the significant supplier of wellbeing administrations in India, yet to control segment by virtue of value, nature of administrations, unscrupulous practices, it is prescribed to draft a compelling administrative component.

Fourth , and most important is maintaining a proper data information system about the patients and the diseased people for the improvement of health system. Including advanced technology form data keeping as well as utilising it in need.

Conclusion:

Each territory of difficulty gives out a beam of expectation; and the one unchangeable sureness is that nothing is sure or unchangeable. These expressions of John F.Kennedy offer a beam of expectation when we take a gander at the human services framework in India. While extensive advancement has been made in improving the wellbeing of the Indian populace, the current status despite everything depicts a horrid picture. This is amusing, taking into account that India spends a relatively huge portion of its (GDP) on wellbeing and in spite of this accomplishments are not ideal. The duty of the administration to give essential human services is a piece of a bigger objective to make „equal society" as more than once underscored in the Preamble and Directive Principles of the Constitution of India.

Anyway there have been critical advances in the social insurance framework in India over most recent couple of decades. In spite of these ongoing steps the wellbeing framework stays incapable in giving essential least consideration as guaranteed in the Indian Constitution. The financial imperatives on the administration make it required for the private medicinal services suppliers to assume control over piece of the obligation. New ways for building up, reinforcing and continuing the private-open co-activity are basic for restoring the

framework. With the expanding populace and the development of center salary gathering, the entrance of clinical administrations has increased prime significance. With a few activities taken by government to address the framework necessities the requirement for innovation arrangements have developed quickly. Without innovation arrangements the human services segment can't accomplish its maximum capacity as there would be instances of abundance and deficient limit of particular administrations at different areas. This can be accomplished with the assistance of joining and in this way helping our own economy to be at the apex.

PART-2

An Introduction To Global Health

Instructor – Dr. Flemming Konradsen

Professor, Director, School of Global Health, University of Copenhagen

1.

2.Course Description

This course will give you an outline of the most significant wellbeing challenges confronting the present reality. You will pick up knowledge into how difficulties have changed after some time, will talk about the probable determinants of such changes and look at future projections. Effective worldwide methodologies and projects advancing human wellbeing will be featured and worldwide wellbeing administration structures will be planned and the job of the key components investigated.

3.Objective of the course

1. Defining and Measuring Global Health
2. Infectious Diseases
3. Non-Communicable Diseases and Injuries
4. Maternal and Child Health
5. Environment, Climate and Migration
6. Food and Water
7. Health Systems and Global Health Governance

4.Course Contents

Global Health- A zone of study, exploration and practice that puts a need on improving wellbeing and accomplishing wellbeing value for all individuals around the world.

Important landmarks in global health:

1. The establishment of WHO
2. Alma Ata Declaration
3. ICPD in Cairo
4. MDG's
5. SDG's

Epidemiological Transition- It is the changing population patterns in terms of fertility, life expectancy, mortality, and leading causes of death.

Demographic Transition- It is the shift from high birth rates and high infant death rates in societies with minimal technology, education and economic development, to low birth rates and low death rates with technology, education and economic development.

Major causes of child death-

1. Malaria
2. Pneumonia
3. Diarrhea
4. Meningitis
5. Measles
6. HIV
7. Tetanus

Emerging non-communicable disease among adults

1. Cardio-vascular disease
2. Diabetes
3. Depressive Disorder
4. Cancers
5. Low back pain / neurology

DALY (Disability Adjusted Life Years)

- a measure for disease burden
- a tool to measure the impact of disease
- health gap measure

DALY = YLD + YLL

“YLD- years lived with disability”

“YLL- year of life lost”

YLL= life expectancy – age of person died

YLD= incidence x duration x disease severity weight

DALY CLASSIFICATION SYSTEM

Group-I : communicable disease

Group-II : non communicable disease

Group-III : injuries

GLOBAL BURDEN OF DISEASE

Major determinants of change

- demographic change
- urbanization and consumption patterns
- economic growth
- changing climate and disasters
- war and conflicts
- health sector reforms
- innovation in health care and health technology
- intensification of agriculture
- management of natural resources

DISEASE SPECIFIC RISK FACTOR

Life style disease

- NCD : CVD , chronic pulmonary , cancer , diabetes
- Infectious Disease

Disease Of Poverty

- Malaria
- TB
- Malnutrition

INFECTION ON DIARRHEAL DISEASE

Diarrheal disease

-syndromes

-pathogens

-management

Defination-

The passage of three or more loose or watery stool a day

Caused by one or a combination of several bacterial , viral or parasitology agents

Clinical Syndromes

- acute watery diarrhea
- acute blood diarrhea
- persistent (>14 days) diarrhea

Agents:

Bacteria- e.coli , shigella , aeromonas , vibrio cholera, campylobacter

Virus- rota virus , noro virus

Parasites- cryptosporium , plasmodium falciparum

Management-

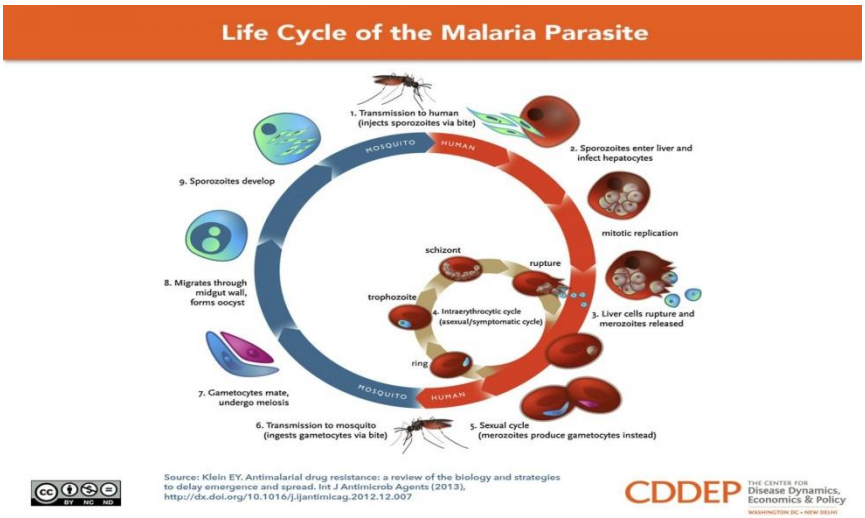
1.ORS for rehydration

or

Home made solution – 6 tea spoon sugar + half tea spoon salt in 1 litre of clean water

2. Excreta management
3. Hand hygiene
4. Food hygiene
5. Awareness

MALARIA THE TRANSITION



TOOLS TO ERADICATE MALARIA

1. Mosquito Control
2. Anti parasite drugs
3. Insecticides nets

HIV IN GLOBAL HEALTH

First case in 1980 , First anti retroviral drug in 1987

ART latest criteria:

As a need, ART ought to be started in all grown-ups with serious or propelled HIV clinical sickness (WHO clinical stage 3 or 4) and grown-ups with CD4 check ≤350 cells/mm3 (solid proposal, moderate-quality proof).

Normal CD4 count is 500 – 1200 cells/mm^3

Current global strategy for HIV

1. Get more HIV positive people on ART
2. 15 million on ART by 2015
3. Reduce in number of new infections over the next decades

NCS'S EXPLAINED

A group of disease characterised by their non communicability once the left over agenda now the leading cause of global death and DALY

It includes mainly

4 NCD – diabetes , heart disease , lung disease , cancer

4 modifiable disease – mental health , tobacco , alcohol , unhealthy diet

RISE OF NON COMMUNICABLE DISEASE

Global burden of disease- it is a analysis provide a comprehensive and comparable assessment of mortality and loss of health for all regions of the world.

NCD linked with:

- poverty
- low level of education
- low standard of housing
- poor neighbourhoods
- unemployment

Social determinant of NCD:

- political environment and policies
- economic development and stability
- trade
- natural environment and resource
- private sector

DIABETES

Type-1

-poor insulin secretion

-young people less than 30 years

TYPE-2

-poor insulin action (insulin resistant)

- people with more than age 30 years

Diabetes

-affects the eye

-affect the kidney

-causes heart attact

-stroke

-amputation

Risk factors of diabetes

-Modifiable

Salt intake , dietary habit , sedentary life style

-Non modifiable

genes , hereditary , race , socio economic class

Murrays Findings :

“1. Global disease burden has continued to shift away from communicable to non communicable disease and from premature death to long life or old age disease.”

“2. In sub- Saharan Africa , however many communicable , maternal , neonatal , death and nutritional disorder remain but they also get an emerging burden of non communicable disease.”

Colocalized diseases risk factor linked

communicable		non-communicable
Leprosy	and	diabetes
Tuberculosis	and	diabetes
Diabetes	and	hypertenstion

MENTAL HEALTH IN A GLOBAL PERSPECTIVE

Mental turmoil A wide scope of conditions that influence state of mind, thinking and conduct.

Mental prosperity portrays your psychological state – how you are feeling and how well you can adapt to everyday life. Our psychological prosperity is dynamic. It can change from second to second, everyday, month to month or year to year.

SEXUAL AND REPRODUCTIVE HEALTH RIGHT

1960 – Asking women demand equality for contraception

1968 – human rights declared , man & women will be able to decide about children

1979 – convention on elimination of all forms of discrimination against women

World Health Assembly SRHR Strategy 2004

1. Improving antenatal , delivery , post partum and newborn care
2. Providing high quality services for family planning
3. Eliminating unsafe abortion
4. Combating sexually transmitted infections

5. Promoting sexual health

Component Of Sexual And Reproductive Health

Trends in sexual and reproductive health

1. Maternal and new born health
   - family planning - unsafe abortion
2. Sexually transmitted infections
   - sexual health

Efforts to improve emergency reproductive care

- skills training
- task shifting
- criteria based audit
- promotion of outreach friendly drugs (misoprostol)

Reason for lack of use of contraception

1. Lack of access to contraception
2. Fear of side effects
3. Infertility
4. Husband or community disapproval

Sexual Health:

A condition of physical mental and social prosperity comparable to sexuality. It requires a positive and conscious , just as the chance of having pleasurable and safe sexual encounters.

Sexual health also covers:

1. Sexual dysfunction
2. Violence related to gender and sexuality
3. Discrimination of specific groups

ROLE OF UNITED NATION POPULATION FUND (UNFPA)

1. Safe child birth
2. Contraceptive supply

Degree of contraceptive

- Effective : IUCD , Implants
- Mild effective : Hormonal pills , Injectables
- Least effective : Condoms

Barrier faced in contraceptive distribution

- Supply chain
- Availability of information
- Cultural stigma

Abortion Stigma

- Abortion is murder
- Abortion is harmful to women mental health
- Abortion is not an individual matter

WHO definition of unsafe abortion

A strategy for ending a pregnancy that is performed by an individual coming up short on the vital abilities or in a situation that doesnot affirm to insignificant clinical gauges or both.

MOBILE HEALTH IN REPRODUCTIVE AND CHILD HEALTH

Two major challenges

1. Access to health services
2. Quality of services provides

Benefit of using mobile health

- collecting community and clinical health data
- direct provision of care to deprived populations
- improve adherence to treatment therapy
- expand access to education and training for health workers

Facilities

- App or sms system in low end mobile
- Register and updates using mobile system sms during all the pregnant period

ENVIRONMENTAL HEALTH CHALLENGES

Environmental Health:

Health contains those parts of human health , including personal satisfaction , that are controlled by physical , substance , natural , social and psychosocial factor in condition

Diseases attributes to modifiable environmental factors

- diarrhoel disease
- malaria
- lower respiratory disease infection
- unintentioned injuries

Environmental factors impacting human health

- poor quality water
- lack of appropriate sanitation
- insufficient access to water
- poor personal hygiene

Environmental risk factors

- urbanization
- water resource
- waste disposal
- pollutions
- traffic and occupational injury

CLIMATE CHANGE AND HEALTH

Climate related health impacts

- extreme weather events
- damage to ecosystem
- population displacement and conflict

Other health impacts

- malnutrition
- mental health problems

Heavy Rainfall:

- inadequate drainage will increase effect of flash floods
- diarrhoeal infections

- lack of sanitation facilities
- inappropriate waste disposal system

REFUGEES AND INTERNALLY DISPLACED

Refugees means " an individual who attributable to a very much established dread of being mistreated for reason of race , religion , nationality , participation of a specific social gathering or political feeling , is outside the nation of his nationality and can't or inferable from such dread is reluctant to profit himself of the security of that nation."

Displace population causes increased risk they are:

1. Poor housing
2. Lack of access to food , water , and sanitation
3. Crowding
4. Exhaustion
5. Loss of protective structure of families and communities
6. Language barrier
7. Violence

NUTRITION AND INFECTIOUS DISEASE

Infection affect undernutrition because:

- reduced intake
- reduced absorption
- increased utilization
- increased excretion of nutrition

Nutrition affect infection by:

- decreasing host immunity
- increase pathogen virulence

Why maize has problem with diet?

- bulky and low in nutrients
- poor absorption in minerals like iron , zinc , phosphorous

MICRONUTRIENTS FACTS:

1. Micronutrients supplement are unphysiological as it provide single nutrients in high dose
2. Vitamin A supplement given as stored in liver and s high dose lasts for months and Vitamin A supplement

reduces:
- case fatality among children with measles
3. Zinc needed daily as no body store zinc and it reduces diarrhea , pneumonia

Nutrition Supplement necessary for disease because:
- transmission and progression
- risk of opportunistic infections
- effect drug efficacy
- effect drug safety
- drug resistance

DIABETES AND MATERNAL AND CHILD HEALTH

Diabetes case are increasing and now a days due to late age children risk of maternal diabetes increasing and developing gestational diabetes.
In India 4 million pregnant women have gestional diabetes

Why worried diabetes in pregnant women-:
- may disrupt fetal development
- macrosomia result prolong labour , baby may have obesity
- child born with maternal diabetes has 8 fold increased risk of developing Type-2 diabetes
Gestational diabetes which disappear after pregnancy has increased rise of Type-2 diabetes in later life and increased risk of cardiovascular disease and increased risk of adverse pregnancy outcomes
Gestational diabetes can be prevented by lifestyle modification and pharmaceutical intervention during and after pregnancy

DISEASES RELATED TO WATER , SANITATION AND HYGIENE
Key area of risk
- poor water supply and sanitation
- vector borne disease
- Poor ambient and indoor air quality
- toxic substances
Clasification of water related disease:
- water borne , like diarrhea , cholera ,typhoid
- water based , like schistosomiasis / crustaceans (water fleas)
- water washed , like scabies , trachoma
- water related insect vectors , like malaria

HEALTH SYSTEM AND GLOBAL HEALTH GOVERNANCE

Elements

1. Guaranteeing that all individuals can get the health benefit administrations they need

2. Guaranteeing that administrations are of adequate quality to be compelling

3. Guaranteeing that the utilization of these administrations doesnot open the client to budgetary difficulty

Global Health Governance

managing solutions to global health

MDG:

SDG:

MEDICAL TOURISM

A particular form of patient mobility where patient travel across borders to receive medical treatment.

Medical tourism does not include:

- emergency care
- experimental treatment

Types of medical tourism:

1. Cultural medical tourists
2. Luxury medical tourists
3. Medical cruises
4. Necessary medical tourists

5. Learning Methodology Used In This Course Are-:

1.Video Lecture

2.Assignments

3. Quiz

4. Reading Materials

6.Key learning from this course are:

1. Defining and Measuring Global Health

First module of this worldwide wellbeing course. In the primary exercise got acquainted with the general ideas and meanings of worldwide wellbeing. Furthermore, the focal instruments expected to quantify worldwide wellbeing trouble.

2. Infectious Diseases

The second module of this course is focussed on irresistible sicknesses ,their connection to destitution and improvement, and noticeable instances of irresistible illnesses that are as yet incomplete plans in enormous pieces of the world.

3. Non-Communicable Diseases and Injuries

In the third module we'll have a more intensive glance at non-transmittable sicknesses, in short NCDs, and inspect the powers that are behind the worldwide pestilence ascent of NCDs, for example, diabetes. The module additionally incorporates an exercise about emotional well-being and wounds - two significant worldwide wellbeing challenges that are regularly disregarded when managing NCDs.

4. Maternal and Child Health

This fourth module manages maternal and youngster wellbeing. Concentrate on subject of sexual and regenerative wellbeing and rights, regularly abbreviated to SRHR. This is trailed by a short exercise focussed on kid wellbeing.

5. Environment, Climate and Migration

In the fifth module we are taking a gander at some extraordinary worldwide emergencies that significantly

sway the strength of populaces, specifically condition, environmental change, and movement. We will look at the wellbeing acpect of these super patterns - how are they affecting and testing strategy, wellbeing frameworks, and the soundness of people in both low and high salary nations.

6. Food and Water

Access to nutritious food and clean water are essential to wellbeing and prosperity. In the 6th module we are focussing on the job of nourishment and water, with some additional regard for the significant job of sanitation and cleanliness and their connection to human turn of events.

7. Health Systems and Global Health Governance

In this last module of the course we will finish the cycle, with exercises about the job of wellbeing frameworks and the effect of strategy. The last exercise of the course will concentrate on worldwide wellbeing administration and the wellbeing parts of the UN Sustainable Development Goals.

HERE IS MY GRADE

Item	Status	Due	Weight	Grade
Defining and Measuring Global Health Quiz	Passed	Apr 27 12:29 PM IST	15%	**100%**
Infectious Diseases Quiz	Passed	May 4 12:29 PM IST	15%	**100%**
Non-Communicable Diseases and Injuries Quiz	Passed	May 11 12:29 PM IST	14%	**90%**
Maternal and Child Health Quiz	Passed	May 18 12:29 PM IST	14%	**100%**
Environment, Climate and Migration Quiz	Passed	May 25 12:29 PM IST	14%	**100%**
Food and Water Quiz	Passed	Jun 1 12:29 PM IST	14%	**85.71%**
Health Systems and Global Health Governance Quiz	Passed	Jun 8 12:29 PM IST	14%	**90%**

You passed this course! Your grade is 95.20%.

HERE IS MY CERTIFICATE AFTER COMPLETION

REFERENCE:

1. Wani N, Taneja K, Adlakha N. March – April 2013. Healthsystem in India: opportunities and challenges for enhancement. Journal of Business and Management. www.iosrjournals.org

2. Goran R, Gleason s, Ridic O. June 2012. Comparisons of Health Care Systems in the United States, Germany and Canada. pubmed.ncbi.nlm.nih.gov/23678317

3. Krishna D. Raot, Bhalnagart A and Peler B. August 2009 INDIA'S HEALTH WORKFORCE: SIZE, COMPOSITION, AND DISTRIBUTION. http://documents1.worldbank.org/curated/en/928481468284348996/pdf/702410BRI0P1020k0Final000Vol010no03.pdf

4. Anand S , Fan V. September 2016. The health workforce in India. https://www.who.int/hrh/resources/16058health_workforce_India.pdf

5. World Health Organization Report 2011, 2012.

6. World Economic outlook Report 2012

7. Government of India Census 2001 ,2011. National Health Policy 2002

8. Konradsen F. Coursera. https://www.coursera.org/learn/global-health-introduction