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## Health as a Fundamental Human Right: A Way Forward

Dr. Harshal Pandve<sup>1</sup>, Dr. Smita Chavhan<sup>2</sup>  
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In the midst of a global pandemic, wars, environmental degradation and climate change, the importance of health as a fundamental human right has never been more apparent. As we navigate through these challenging times, it is imperative to reaffirm our commitment to upholding health as a fundamental human right for all individuals, regardless of their social, economic, or political status. To address these types of challenges, the theme for World Health Day 2024 is 'My health, my right'.

### Historical Context:

The recognition of health as a human right traces back to pivotal moments in history, including the adoption of the Universal Declaration of Human Rights in 1948. Article 25 of the Declaration explicitly states that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family." Subsequent international agreements, such as the International Covenant on Economic, Social and Cultural Rights, have further elaborated on the right to health, emphasizing the importance of access to healthcare, essential medicines, and prevention and treatment of diseases (1).

### Challenges and Inequalities:

Despite these international commitments, numerous challenges and inequalities persist in realizing health as a human right. Disparities in access to healthcare services, health outcomes, and social determinants of health continue to disproportionately affect marginalized and underserved populations (2). The COVID-19 pandemic has exacerbated these inequities, highlighting the need for targeted interventions to address structural barriers and systemic injustices that perpetuate health disparities (3).

### Call for Action:

As we confront these challenges, it is essential for governments, policymakers, healthcare professionals, civil society organizations, and individuals to come together and prioritize health as a human right. This requires a multi-sectoral approach that addresses not only the provision of healthcare services but also the underlying social, economic, and environmental determinants of health (4). Investments in primary healthcare, community-based interventions, and health promotion initiatives can play a crucial role in improving health outcomes and reducing inequities (5).

### Empowerment and Advocacy:

Moreover, the realization of health as a human right necessitates active participation and advocacy from all segments of society. Empowering individuals to assert their right to health, demand accountability from duty-bearers, and engage in decision-making processes related to health policies and programs is essential for driving meaningful change (6). Civil society organizations, human rights defenders, and grassroots movements have a crucial role to play in holding governments accountable and advancing the agenda of health equity and social justice.

### Conclusion:

In conclusion, health is not merely a privilege reserved for the fortunate few but a fundamental human right that must be protected, promoted, and upheld for all individuals. World Health Organisation has taken initiative to promote health as right with choosing the path breaking theme for year 2024. Let's work together for the same.

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## Guest Editorial

**World Health Day 2024: My Health, My Right**

Dr. Aniruddha A. Athalye, District Health Officer, Ratnagiri.

**"Of all the forms of inequality, injustice in health is the most shocking and inhuman."  
Martin Luther King Jr.**

As World Health Day 2024 is round the corner, let us ponder over the theme for this year, a truth that transcends borders, politics, and ideologies: health is a basic human right, 'My Health, My Right.'

This momentous occasion serves as a reminder of the fundamental right we all possess: the right to health. This year, under the theme "My Health, My Right," we affirm our commitment to ensuring that every individual, regardless of their circumstances, enjoys the highest attainable standard of health.

We know that Health is not merely the absence of disease or infirmity; it is a state of complete physical, mental, and social well-being. It is a precious asset that empowers individuals to lead fulfilling lives, pursue their dreams, and contribute meaningfully to society. Yet, far too often, this fundamental human right is denied to millions around the world due to various barriers, including poverty, inequality, discrimination, and inadequate access to healthcare services.

In recognizing "My Health, My Right," we acknowledge that health is not a privilege reserved for a select few but a fundamental entitlement that must be safeguarded for all. It is a right that transcends borders, cultures, and socioeconomic status. It demands our unwavering commitment to equity, justice, and solidarity.

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. It was adopted by the United Nations General Assembly on December 10, 1948. The UDHR sets out fundamental human rights to be universally protected, serving as a common standard of achievement for all peoples and nations.

The UN adopted, the Sustainable

Development Goals (SDGs), a set of 17 interconnected global goals adopted by the United Nations General Assembly in September 2015. These goals build upon the Millennium Development Goals (MDGs) and aim to address a range of pressing global challenges, including poverty, inequality, climate change, environmental degradation, peace, and justice. The SDGs provide a comprehensive framework for sustainable development, balancing the economic, social, and environmental dimensions. There are seventeen of them.

No Poverty, Zero Hunger, Good Health and Well-being, Quality Education, Gender Equality, Clean Water and Sanitation, Affordable and Clean Energy, Decent Work and Economic Growth, Industry, Innovation, and Infrastructure, Reduced Inequality, Sustainable Cities and Communities, Responsible Consumption and Production, Climate Action, Life Below Water, Life on Land, Peace, Justice, and Strong Institutions, Partnerships for the Goals.

This brings us to the concept of One Health. The One Health concept is a holistic approach to understanding and addressing health issues that recognizes the interconnectedness of human health, animal health, and the environment. It emphasizes the need for collaboration across disciplines and sectors, including human health, animal health, environmental science, and social sciences, to achieve optimal health outcomes for both people and animals while safeguarding the environment. As Indians we all have learned from childhood the concept of Vasudhaiva Kutumbakam (वसुधैव कुटुम्बकम्). The Earth is one big family. This was also the motto of the G 20 summit headed by India last year, One Earth, One Family.

As we reflect on the theme of this year's World Health Day, let us reaffirm our collective responsibility to ensure that every individual has access to quality healthcare services,



essential medicines, and preventive measures. Let us work tirelessly to eliminate barriers to healthcare access, address the social determinants of health, and promote health equity in all our endeavours.

India's vision for quality healthcare is rooted in its pioneering and mammoth efforts taken especially during the COVID 19 pandemic. We served as vaccine warriors and gave free vaccines to countries who couldn't afford to produce them. Vaccine maitri programme was a huge success. India behaved like a big brother to the smaller ones who had no infrastructure for vaccine production and gave them vaccines at affordable rates. Brazil thanked India by showing Hanuman who carried the Dronagiri mountain for Sanjivani booti a life saver for Lakshman.

Various programmes undertaken by the government of India reflect our pledge to the cause of health as a human right. Universal immunization, Special immunization, Svachh Bharat Abhiyan, P.M. Jan Aushadhi Kendra (for affordable medicines), Ujwala gas yojana (prevents pollution and firewood related health hazards), Ayushman Bharat scheme (affordable healthcare in private sector for the underprivileged), opening of medical colleges in every district of India to decrease the gap in the population to doctor ratio, ticket concessions for those who have grave illnesses and need to travel for their treatment, Divyang scheme (the disabled persons) etc.

Richard Lamm rightly said "Health is not just a matter of having access to a doctor. Health starts with where we live, learn, work, and play."

Inherent in our humanity is the right to live a life of dignity, free from unnecessary suffering and preventable illness. Health is not a privilege reserved for the fortunate few; it is a fundamental entitlement that belongs to each and every one of us, regardless of our background or circumstance. Empowering individuals to claim their right to health requires more than just rhetoric; it demands concrete action at the local, national, and global levels. It requires investments in health systems strengthening, the training and

retention of healthcare workers, the provision of essential medicines and technologies, and the promotion of healthy lifestyles and preventive care and also a strong political will to pass laws from time to time that embolden the healthcare system and make it more inclusive.

Let us recognize that ensuring access to healthcare is not just a matter of charity or goodwill but a moral imperative. It is a duty that we owe to each other as members of the human family.

Despite this universal recognition, millions around the world continue to be denied access to essential healthcare services. They endure needless suffering due to poverty, discrimination, conflict, and inadequate resources. This disparity is not just a violation of their rights; it is a stain on our collective conscience.

It is about more than just treating illness; it is about promoting wellness and preventing disease before it occurs. It is about addressing the underlying determinants of health, such as poverty, education, and access to clean water and sanitation.

As we work towards this vision, let us remember that health knows no boundaries. It affects us all, regardless of our nationality, ethnicity, or socioeconomic status. In promoting health as a basic human right, we not only uphold our shared humanity but also create a more just, equitable, and prosperous world for future generations.

In our pursuit of health as a basic human right, let us also recognize the importance of empowering individuals to take control of their own health. This means providing access to information, education, and resources that enable people to make informed choices about their health and well-being. We see many celebrities advertising for National health programmes, health initiatives like organ donation, climate and water sustainability, wildlife welfare, aquatic welfare, ocean health etc. We make use of Information education and communication methods via audio, visual, mass media, print media, social media to enhance support of the masses in promoting health initiatives. This is



the world of content creators, dynamic people who create content that helps shape our world. Good content makes good impact.

Health camps, awareness campaigns, immunization at the nearest accessible place, maternity services at doorstep, nutrition for pregnant women and children below five years of age, anaemia prevention, rare diseases screening, blood dyscrasia screening etc are some of the major health activities held over large scale in our country.

On this World Health Day, let us pledge to be champions for health, advocates for equity, and agents of change in our communities and beyond. Let us raise our voices against injustice, discrimination, and inequity wherever they may exist. Let us stand in solidarity with those who are marginalized, vulnerable, and underserved, ensuring that their right to health is respected, protected, and fulfilled.

In conclusion, let us reaffirm our commitment to health as a basic human right. Let us stand in solidarity with those who are marginalized,

vulnerable, and underserved, ensuring that they have access to the care and support they need to live healthy, fulfilling lives.

Let us remember that health is not a privilege to be earned but a right to be claimed. "My Health, My Right" is not just a theme for World Health Day 2024; it is a rallying cry for action, a call to arms in the fight for a healthier, more equitable world. Together, let us make this vision a reality for all.

We have always chanted a prayer for the well-being of all life forms on earth,

सर्वेपि सुखिनः सन्तु  
सर्वे सन्तु निरामयः  
सर्वे भद्राणि पश्यन्तु  
मा कश्चित् दुःखभाग्भवेत्।

May this World Health Day be an eye opener for all of us working in healthcare to give to the best of our abilities for the sake of the health of the society including every living being and non- living forms on Land, Water and sky, so that we achieve global health sooner than desired.



**Important Health Related Days, weeks, events in the month of April, May and June**

Sr.No.	Day/Week/Event	Date	Theme for 2024
1	World Health Day	7 <sup>th</sup> April	My Health, My Right
2	World Hemophilia Day	17 <sup>th</sup> April	Equitable access for all: recognizing all bleeding disorders.
3	World Malaria Day	25 <sup>th</sup> April	Accelerating the fight against malaria for a more equitable world
4	World Hand Hygiene Day	5 <sup>th</sup> May	Power of Hand Hygiene
5	World Red Cross Day	8 <sup>th</sup> May	I give with joy, and the joy I give is a reward
6	World Hypertension Day	17 <sup>th</sup> May	Measure Your Blood Pressure Accurately, Control It, Live Longer
7	International Day of Action for Women's Health	28 <sup>th</sup> May	Mobilising in Critical Times of Threats and Opportunities
8	World No Tobacco Day	31 <sup>st</sup> May	Protecting children from tobacco industry interference
9	World Environment Day	5 <sup>th</sup> June	land restoration, halting desertification and building drought resilience
10.	World Blood Donor Day	14 <sup>th</sup> June	20 years of celebrating giving: thank you blood donors!

**Special Article**

**Decoding the Crucial Link: Why Grasping Malaria's Impact in Africa Matters for India's Health Priorities**

Dr. Radha Taralekar

Executive Board Member, Greenway International Foundation, USA

**Introduction**

Malaria remains a significant global health challenge, with a disproportionate burden in sub-Saharan Africa. While India has made strides in malaria control, understanding the dynamics of malaria transmission in Africa is crucial for shaping effective strategies within India. This article explores the interconnectedness between malaria in Africa and India's health agenda, highlighting shared challenges, research synergies, and the importance of global health cooperation. Understanding the link between malaria in Africa and India's health agenda is essential for informing policies and interventions.

**Africa's Malaria Burden: A Sobering Reality**

Sub-Saharan Africa bears a disproportionate share of the global malaria burden, accounting for approximately 94% of all malaria cases and deaths worldwide in 2021 (1). This staggering statistic underscores the magnitude of the challenge faced by the region, where malaria remains a leading cause of morbidity and mortality, particularly among children under the age of five and pregnant women. The reasons behind Africa's disproportionate malaria burden are multifaceted, including factors such as favorable climatic conditions for mosquito breeding, inadequate access to preventive measures, limited healthcare infrastructure, and socioeconomic challenges that exacerbate vulnerabilities (2, 3). Addressing this crisis requires a concerted global effort, not only for humanitarian reasons but also to mitigate the far-reaching implications for nations like India.

*Anopheles stephensi*, a mosquito species capable of transmitting both *Plasmodium falciparum* and *P. vivax* malaria parasites, is raising alarms in Africa. Unlike other primary mosquito vectors of malaria, it flourishes in

urban and human-altered settings. Originating from South Asia and the Arabian Peninsula, *An. stephensi* has been identified in seven African countries (4). Although the appearance of *An. stephensi* in Africa is worrying, it should be considered a symptom of a larger problem: weakened surveillance and control programs for vectors. The incursion and dissemination of this species pose a significant threat to efforts aimed at controlling and eradicating malaria (5).

**India's Stake in Combating Malaria in Africa**

India's health agenda is inextricably linked to the global malaria landscape, and the country has a vested interest in understanding and addressing the disease's impact in Africa. This interconnection stems from several key factors:

**Economic Ties and Globalization:** India's burgeoning economic ties with African nations, facilitated by globalization, have led to increased travel and trade between the two regions (6, 7). Malaria transmission knows no borders, with the heightened movement of people and goods, heightens the vectors movement, facilitating its spread of malaria transmission. Thus, it's imperative for India to prioritize malaria control efforts both domestically and internationally.

**Potential for Resurgence:** Despite significant progress in reducing malaria cases in India, the risk of resurgence remains a concern (8, 9). Imported cases from malaria-endemic regions, including Africa, could potentially reignite local transmission. Surveillance efforts in India must consider imported cases from Africa to prevent outbreaks, undoing hard-won gains and posing a threat to public health.

**Drug Resistance and Global Health Security:** The emergence and spread of drug-resistant malaria strains pose a significant

challenge to global health security (10, 11). Africa, with its high malaria burden and limited resources, serves as a breeding ground for drug resistance. Understanding and addressing this issue in Africa is crucial for safeguarding the efficacy of antimalarial drugs and protecting India's malaria control efforts.

**Humanitarian and Ethical Considerations:** Beyond practical implications, India's commitment to global health equity and human rights compels the nation to prioritize addressing malaria in Africa (12, 13). As a responsible global actor, India has a moral imperative to contribute to alleviating the immense suffering caused by this preventable and treatable disease.

**Forging a Collaborative Path Forward**

Addressing the malaria crisis in Africa and its implications for India's health agenda requires a multifaceted and collaborative approach involving various stakeholders:

- **Strengthening Partnerships:** Fostering robust partnerships between India, African nations, and international organizations is crucial for sharing knowledge, resources, and best practices in malaria control efforts (14, 15). Collaborative research, capacity-building initiatives, and joint efforts in developing and distributing effective interventions can yield significant dividends.
- **Investing in Research and Development:** Prioritizing research and development efforts focused on malaria is essential. This includes developing new diagnostic tools, antimalarial drugs, and innovative vector control strategies tailored to the unique challenges faced in Africa (16, 17). India's expertise in pharmaceutical and biotechnology sectors can play a pivotal role in these endeavors.
- **Enhancing Surveillance and Data Sharing:** Robust disease surveillance systems and data sharing mechanisms are vital for tracking malaria trends, identifying emerging hotspots, and informing targeted interventions (18, 19). Strengthening these capabilities in

Africa, with support from India and other global partners, can enhance preparedness and response efforts.

- **Addressing Social Determinants:** Malaria's persistence in Africa is deeply intertwined with broader social determinants of health, such as poverty, inadequate housing, and limited access to clean water and sanitation (20, 21). Collaborative efforts to address these underlying factors are crucial for achieving sustainable progress in malaria control.
- **Promoting Health System Strengthening:** Investing in strengthening healthcare systems in Africa is a crucial component of the fight against malaria. This includes enhancing access to quality healthcare services, training health workers, and improving supply chain management for essential medicines and commodities (22, 23).

By recognizing the intrinsic connection between malaria in Africa and India's health agenda, and by fostering collaborative efforts with African nations and global partners, India can contribute to mitigating the disease's burden while safeguarding its own public health interests. This endeavor not only aligns with India's commitment to global health equity but also underscores the nation's role as a responsible global actor in addressing one of the world's most pressing health challenges.

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**Concept Note**

**Interdisciplinary Rehabilitation Team for Occupational Rehabilitation in Musculoskeletal Disorders**

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Effective and efficient collaboration between the various health care specialists are necessary to meet the changing demands in the delivery of healthcare, such as the altered disease spectrum, medical advancements in treating patients, and changing patient needs.[1]

Musculoskeletal disorders are related to long-term work disability among the industrial workers. To prevent this, work rehabilitation programs should be developed in every industry using interdisciplinary approach. These programs employ pain intensity, work disability, length of absence from work, and post-program work status as their primary outcome measures. According to the results of the systematic reviews carried out in these programs, involvement in multidisciplinary programs that incorporate a biopsychosocial approach along with cognitive-behavioral and physical conditioning components would seem to promote the return of individuals with a mental health disorder to their jobs during the chronic phase. [2-5]

There has been many models in occupational rehabilitation for MSD. One such an innovative tested model of management, the Sherbrooke Model, that may be of help for industries in order to avoid prolonged absence from work and related costs and its negative consequences on workforce health and well-being.[6] The Sherbrooke Model was made of three integrated steps: occupational intervention, clinical intervention and early rehabilitation.

The first step involves occupational medicine physician and a participatory ergonomics intervention; second clinical intervention of a clinical examination by a medical specialist to exclude a possible serious underlying condition. The third step includes involvement of functional rehabilitation

therapy and therapeutic return to work. This integrated approach involves the team members for interdisciplinary work and includes- physician, occupational therapist, physiotherapist , psychiatrist and physical and medical rehabilitation departments involvement.

There are various factors predicting their role in this approach.[7] These include Socio-demographic factors such as Age (in years, older age, younger age) , gender, marital status, drug/alcohol abuse, sedentary lifestyle and active lifestyle prior to the event. Clinical factors such as diagnosis, site of symptom/injury, pain intensity, presence of radiating pain, diagnostic labelling, Worker's misinterpretation of his/her condition and recovery prognosis (presence/absence), recent event, MSD history/absence from work ( p r e s e n c e / a b s e n c e ) , p h y s i c a l l y deconditioned (presence/absence), sequel from previous MSD and functional limitations. Work-related factors such as job title ,worker's representation of return to work (favourable, unfavourable), tenure (in years, shorter, longer) , worker's perception that work does not match his/her present capacity, Job/firm type .Overly heavy loads, Firm size , awkward postures, loss of employment relationship , unavailability of light duties ,unpredictable nature of tasks, insufficient rest time, prolonged static work posture, presence of Vibrations, Secondary financial gains, attempt to return to work stopped by increasing pain level ,duration of absence from work and low job satisfaction .High work-related stress, Co-worker relationships (dissatisfied, satisfied, tense), undefined occupational goal, worker shows low motivation regarding return to work. Health-services-related factors includes duration of participation in the rehab programme, incomplete medical investigation, history of

multiple medical consultations for this problem, worker's perception of therapeutic failure, worker's perception of insufficient care, long delays between treatments and disagreement between experts. Psychosocial factors include worker's perception of disability, kinesiphobia, psychological distress, worker's perception of having a serious injury, worker's fear of aggravating his/her symptoms if he/she returns to normal activity, presence of recent personal event, Socially isolated, Active pain management, passive attitude, tacit opposition, worker's active involvement in process, lack of adaptive strategies, intellectual limitations, personality disorder and somatisation disorder.[7]

Such findings help us to know the influence of the rehabilitation program and the value of early screening for risk factors and barriers at the time of admission to a rehabilitation program. Furthermore, there is a need to give these aspects more weightage when planning and selecting interventions because of the association they have with returning to work and a number of other employment-related factors. Additionally, the findings imply that when designing an intervention, consideration should be given to the notable distinctions between men and women's experiences regarding the influence of particular elements on a return to work.

No single approach to treatment benefits MSD, there is a need for interdisciplinary approach taking in to consideration of all the predictor and obstacle risk factors to yield a cost effective rehabilitation program which limits the disability and improves the quality of life and also economic productivity. Especially Indians need customised rehabilitation program at their set up to provide an effective intervention program.

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**Perspective**

**Roles of Community Development Officer Managing Public Health Challenges**

Mr. Lahu Kandelkar <sup>1</sup>, Mr. Akshay Neharkar <sup>1</sup>, Mr. Samadhan Mali <sup>1</sup>, Dr. Smita Chavhan <sup>2</sup>  
 Community Development Officer <sup>1</sup>, Professor (Addl) <sup>2</sup>  
 Dept. of Community Medicine, H.B.T. Medical College & Dr. R.N. Cooper Hospital, Juhu, Mumbai

The community development work is not a job, it is a passion a spirit and commitment to develop such a roadmap which not only improve the wellbeing of the peoples but also strengthen the structure of the society which would further remain sustainable. In a real essence community development work catalyst to articulate the human development indicators and critical argue that community development is crucial relating to changing global environment. Hence the community development work in a preliminary stage develop the attitude for future changing circumstances as well as in broader sense it would also increase the sense of right, aware, educate and to sensitize in a multi dimension way which would further leads to increase the Micro and Macro aspect. Before explaining the roles of a community development officer we first illustrate what is the eligibility of the community development officer.

CDOs must possess a Master's Degree in Social Work (M.S.W). It is preferable if they have One year of experience in working in medical sector. Total of 5 Community Development officers works in Community Medicine Department. In this, 1 CDO work in Department, 2 CDOs works in Urban Health Training Centre & 2 CDOs works in Rural Health Training Centre.

Community Development Officers (CDOs) play a crucial role in addressing public health challenges within the framework of medical college, hospital, and the community. CDOs responsibilities encompass a wide array of tasks aimed at promoting health, preventing diseases, and ensuring the well-being of individuals and communities. This article explores the multifaceted roles of CDOs in managing public health challenges in these settings.

1. Establishing Collaborative Partnerships:  
 CDOs act as liaisons between medical

colleges, hospitals, and the community, forging collaborative partnerships to address public health issues effectively. We facilitate communication and coordination among various stakeholders, including healthcare professionals, non-profit organizations, and community members. CDOs works as a linkage between patient and the NGOs as well as patient and the hospital.

2. Needs Assessment and Program Planning:  
 One of the primary responsibilities of CDOs is to conduct comprehensive needs assessments to identify prevalent public health challenges within the community. Based on their findings, we develop strategic plans and interventions tailored to address specific health needs, such as vaccination campaigns, health education initiatives, and disease prevention programs. CDOs works in planning and coordination of various health check-up camps as per requirement with the help of NGOs, institutions and the community. E.g. School, Anganwadi, Geriatric, NCD, Under Five, ENT and others. Also, CDOs works in coordination of various health awareness days, the week's celebration, Health promotion activities, Health awareness campaigns, etc.
3. Health Education and Promotion: CDOs play a vital role in disseminating health-related information and promoting healthy behaviours within the community. We organize sessions raise awareness about preventive measures, disease management, and lifestyle modifications. Additionally, we collaborate with local schools, Anganwadis, community centres, and various institutions to reach diverse populations with sensitive health messages. Also, Health education sessions conducted by CDOs for OPD patients at

UHTC and RHTC on the following topics; Hypertension, Diabetes care and prevention, immunization, Importance of growth monitoring, Breast feeding, Complementary Diet and Personal hygiene etc. CDOs give information about Social Welfare Programmes and Schemes to poor and needy patients.

The non-communicable diseases (NCD) Corner is a centre operated by a Community Medicine Department under the Brihanmumbai Municipal Corporation, where Diabetes and blood pressure check-ups are done who have not tested before. Maximum number of people are checked in minimum time at these centre. CDOs conduct the Health education sessions for awareness on non-communicable diseases at NCD Corner.

4. Capacity Building and Training: CDOs facilitate capacity building initiatives to empower community members and healthcare professionals with the knowledge and skills necessary to address

public health challenges effectively. CDOs works in Planning and coordination of various public health visits for undergraduate medical students in II and III MBBS. E.g. Water treatment plant at Bhandup, Vocational Rehabilitation Centre at Chunabhatti, Helpers of Marry Old Age Home at Andheri, Mahananda Dairy at Goregaon, Sewage treatment plant at Varsova, Central Labour Institute at Sion, Sneha NGO at Bandra, Ali Yavar Jung National Institute of Speech and Hearing Disabilities at Bandra, etc.

Family adoption is a program conducted by NMC under CBME curriculum for MBBS students. According to this programme, we have a field visit in field practice areas. Students have to go there and individually adopt a family for almost 3 years. After adopting the family we have to ask some questions and interact with them. Students have to maintain the record for 5 years. It aims to provide experimental learning opportunity to medical graduates



**Health Education Session at NCD Corner**



**Counselling of Geriatric Patients**



**Health Education Session of PNC**



**Home Visit to Create Family Folder**



community based health care and thereby equity in health. CDOs works in planning, coordination, family tapping, rapport building with families, data collection etc. After visit CDOs conduct a seminar of students for presentation of their work regarding family adoption program.

CDOs works in planning of training workshop for Anganwadi and health centres in urban and rural areas for Anganwadi workers,ASHAs and CHVs.

5. Family Care Study: CDOs works in planning to create Family folders for UHTC and RHTC and take their follow up regularly through home visits at the field practice area. In this we do assessment of health & morbidity profile, epidemiological determinants, assessment of health needs, disease surveillance, evaluation of health programmes and community diagnosis. Also, we conduct Research Survey to get detail information regarding various diseases at UHTC and RHTC field practice areas.

6. Monitoring and Evaluation: Continuous monitoring and evaluation are essential components of CDOs' roles in managing public health challenges. We regularly assess the impact of their interventions, collect data on key performance indicators, and adjust strategies as needed to ensure optimal outcomes. By tracking progress and measuring success, we can demonstrate the effectiveness of their programs and identify areas for improvement.

Community Development Officers play a pivotal role in managing public health challenges across medical colleges, BMC hospitals, and the community. Through our collaborative efforts, strategic planning, and community engagement initiatives, we contribute to improving health outcomes, reducing disparities, and fostering a culture of wellness. By embracing our multifaceted roles, CDOs can create lasting positive change and promote the health and well-being of individuals and communities alike.



**Rally for Health Promotion**



**Institution Visit of Students**



**Training Session of Students**



**Training Session of Anganwadi Workers**



**PG Corner**

**Navigating the Challenges of Weaning: A Guide for Mothers**

Dr. Josephine Samson

Postgraduate Student, Dept. of Community Medicine, Krishna Institute of Medical Sciences, Karad

**Introduction:**

Weaning, the process of transitioning an infant from exclusive breastfeeding or formula feeding to consuming solid foods, marks a significant milestone in a child's development. While this period is essential for a child's nutritional growth, it often presents a range of challenges for mothers. Understanding and addressing these difficulties can make the weaning process smoother for both mother and child.

**1. Emotional Challenges:**

Weaning is not just a physical transition; it's an emotional journey for both the mother and the child. Many mothers experience a sense of loss as the intimate breastfeeding bond changes. Feelings of guilt, sadness, or anxiety may arise, making the weaning process emotionally taxing.

**Combatting Emotional Challenges:**

- a. Acknowledge and express emotions: It's crucial for mothers to recognize and communicate their feelings about weaning. Sharing experiences with friends, family, or a support group can provide emotional support.
- b. Gradual transition: Gradual weaning allows both the mother and child to adjust at their own pace. Slowly introducing solid foods while maintaining some breastfeeding sessions can ease the emotional impact.



**2. Physical Discomfort:**

Mothers often face physical challenges during

weaning, such as engorgement, mastitis, or discomfort as the breasts adjust to reduced feeding sessions.

**Combatting Physical Discomfort:**

- a. Gradual reduction: Abrupt weaning can lead to engorgement and discomfort. Gradually reduce breastfeeding sessions to allow the body to adjust to the decreased milk production.
- b. Cold compress and massage: Applying a cold compress to engorged breasts and gently massaging them can alleviate discomfort and help prevent blocked ducts.

**3. Fussy Eating and Nutritional Concerns:**

Introducing new foods can be met with resistance from the child, leading to frustration for the mother. Ensuring the child receives adequate nutrition during the weaning process is a common concern.

**Combatting Fussy Eating and Nutritional Concerns:**

- a. Patience and persistence: Children may take time to adjust to new flavors and textures. Be patient and offer a variety of foods multiple times, allowing the child to develop preferences.
- b. Nutrient-rich options: Provide nutrient-dense foods to ensure the child receives essential vitamins and minerals. Consult with a pediatrician to create a balanced and age-appropriate diet plan.

**4. Sleep Disruptions:**

Weaning can sometimes disrupt a child's sleep patterns, leading to challenges for both



*Continued on page no. 15*

**Film Review**

**Sex Education: Let's talk in the Schools**

Dr. Harshal Tukaram Pandve, MBBS, MD (PSM)  
 Professor & Head, Dept. of Community Medicine,  
 PCMC's PGI & YCM Hospital, Pimpri, Pune-18

**Film:** OMG 2 (Oh My God ! 2) **Year -** 2023

**Author:** Dr. Harshal Tukaram Pandve

**Language :** Hindi with English Subtitles

**Director:** Amit Rai

**Cast:** Akshay Kumar, Pankaj Tripathi, Yami Gautam Dhar, Arun Govil

**Run-time:** 156 minutes

It is the story of father Kanti Sharan Mudgal (Pankaj Tripathi), is a devout shopkeeper at a Hindu Shiva temple in Ujjain and his teen age school going son Vivek. Everything going as usual in a normal middle class family and its day to day struggles until the day his son, Vivek, is rusticated the from school for obscene act in the school washroom which is filmed secretly and uploaded online and becomes viral. Kanti discovers the boy had taken intensely to masturbating after some

bullies convinced him he has a small sexual organ for which he takes help of quakes, over the counter medications as well as online information available but did not find any improvement in size of the penis.

Vivek after his video going viral becomes laughing stock in the town which pushes his family into lots of embarrassment. Vivek goes into depression and also tries to end his life by attempting suicide. Meanwhile Kanti decides to shift to other place until things get normal. As devotee of lord shiva, the Mahakal he urges the god to help him to find the solution and Lord Shiva send his man the messenger of the God (Akshay Kumar) to help his devotee. This messenger of God tries to help Kanti indirectly at different incidents. This man in the first instance tells Kanti that he himself is wrong that he believes his son has done some sin by

*Continued on page no. 16*

*Continued from page no. 14*

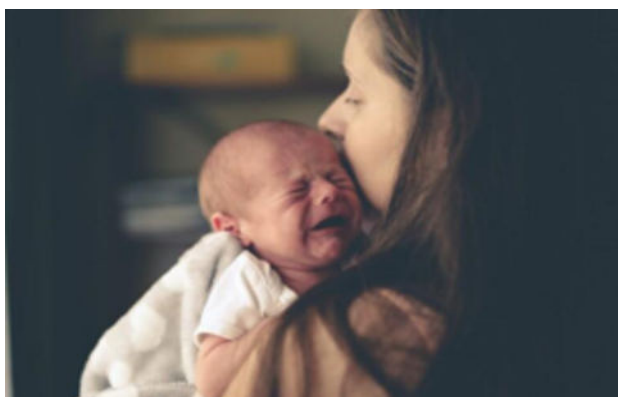
mother and child in getting sufficient rest.

**Combatting Sleep Disruptions:** a. Consistent bedtime routine: Establishing a consistent bedtime routine can help the child feel secure and aid in better sleep. b. Comfort and reassurance: Offer comfort and reassurance during the weaning process. Implement gradual changes in sleep patterns to minimize disruptions.

**Conclusion:**

Weaning is a complex and multifaceted

process that requires patience, understanding, and support. By addressing emotional, physical, and nutritional challenges, mothers can navigate the weaning journey more smoothly. Home cooked foods from locally available cereals, pulses, vegetables and fruits should be encouraged rather than buying store bought packed foods which contain preservatives and hidden salts and sugar which prove to be dangerous for child's development and growth. Food once cooked should be consumed within 2 hours of preparation or even less during summers to avoid any bacterial growth and contamination in it. The transition should be slow giving time for the child to adjust and swallow. From liquids to semi-solids and then solids. Consulting with healthcare professionals, seeking support from friends and family, and maintaining open communication with the child can contribute to a positive weaning experience for both mother and child.



*Continued from page no. 15*

masturbating in the school washroom which rather a natural act as per ancient scriptures and he should support his son to gain confidence back. This man constantly comes to rescue Kanti and his son at different situations and tries to advice Kanti how he should fight without escaping the situation. One of the first advices given is to approach court of law for justice and file case of defamation against the school, pharmacist of local medical shop and quakes who has cheated his son. Kanti decides to sue them all in the court of law and files the case. Initially no one takes Kanti seriously and tries to convey him that what he is doing is ridiculous. But Kanti is convinced to fight the battle in the court of law. He confidently puts his argument that its school's responsibility to teach students about sexuality but school is shying away from it and blaming the student instead. He argues that if proper sex education would have been given in the school his son would not have gained incorrect information from other sources and would not have sought help of quakes. Lawyer defending the school argues that Kanti is trying to justify obscene act of his son and trying to blackmail the school. Over the period arguments based on practical aspects and knowledge from ancient scriptures such as Kamsutra done by Kanti convinces many including the Judge that what is trying say is justifiable and in a way right. At the end judgment is passed that school authorities as well as school curriculum board should come up with solutions to make sex education as part of school curriculum to avoid confusion, misinformation about sex education amongst the students.

Imparting sex education in India has been a debatable issue since long. The reluctant attitude towards sex education in schools arises due to fear that sex education will increase the promiscuous behavior among the school going children. Often policy makers, public opinion leaders, and parents believe that withholding information about sexuality and reproduction from young people will dissuade them from becoming sexually active (1). However, according to

World Health Organization (WHO), these are misbelieves if taken in a scientific way. In fact, good quality sex education does not lead to earlier or increased sexual activity among the adolescents. They need life skills in order to face the challenges of adulthood (2).

To conclude with, OMG 2 is a brave attempt to address sensitive issue of sexuality among school going children and rightly emphasizes the need of sex education in the school curriculum. Film also touches the topic of good touch, bad touch which also one of the very pertinent issue in the current scenario. Such an attempts in Film industry are much needed one as Films are always been very effective medium for awareness and OMG 2 must be appreciated for making a bold statement on sex education.

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**On lighter note**

"Ever notice how public health experts are like the superheroes of the grocery store? They swoop in, rescuing you from the temptation of that extra sugary snack aisle with a gentle reminder about balanced nutrition. They're the caped crusaders of hand hygiene, turning every bathroom visit into a germ-fighting mission. So next time you reach for that second cookie, remember: somewhere out there, a public health hero believes in you... and probably wants you to eat an apple instead."



**World Health Day Activity Report**

**'Artificial Intelligence & Digital Tools for Public Health Professionals: My Health, My Right.'**

**Date:** 27th April 2024  
**Time:** 10:00 AM - 4:30 PM  
**Venue:** Online (via Zoom)  
**Organizers:** Indian Public Health Association (IPHA) Maharashtra Branch & MGM Institute of Health Sciences, Navi Mumbai.

On occasion of World Health day which is celebrated on 7<sup>th</sup> April of each year, IPHA in collaboration with Department of community Medicine of MGM Medical College, MGMIHS, Navi Mumbai had conducted a webinar titled-**“Artificial Intelligence & Digital Tools for Public Health Professionals: My Health, My Right.”**

The organizing committee included Dr Prasad Waingankar, Dr Ashlesha Tawde, Dr Ganesh Nair and Dr Noopur Kulkarni under the guidance of Dr Shashank Dalvi Sir, Hon'ble Vice Chancellor, MGMIHS. The webinar saw participation from a wide range of public health professionals, researchers, and students across India. The main focus was on leveraging AI and digital tools in public health

to enhance health care delivery and management. More than 300 delegates joined the webinar online. The flow of the programme was as follows:

**Inaugural Session:**

The anchor of the webinar was Dr Ganesh Nair Assistant professor in Department of Community Medicine. The organizing secretary of Webinar was Dr Prasad Waingankar, HOD, Department of Community Medicine. The webinar commenced at 10:00 AM with an introduction to AI and the World Health Day theme by Dr. Shashank Dalvi, Hon. Vice-Chancellor, along with contributions from Dr. Sanghmitra Ghosh, National President IPHA, Dr. Gajanan Velhal Immediate Past President IPHA Maharashtra, and Dr Deepak Khismatrao, Secretary IPHA Maharashtra. This session set the stage by emphasizing the importance of AI in transforming public health and gave an idea about the interesting sessions to that was to follow



**Session Highlights:**

- **Session 1: Use of AI Tools by Public Health Professionals (10:30 AM - 10:45 AM):** Dr. Prasad Waingankar discussed various AI tools available for public health professionals and their applications in enhancing efficiency and decision-making in public health initiatives. He gave a hands-on experience of prompt engineering and discussed various scenarios during usage of Chat GPT.
- **Session 2. Empowering Health Care with Generative AI: Exploring Role of Chat GPT**

**(10:45 AM - 11:30 AM):** Dr. Amir Kumar Dey explored how generative AI, particularly Chat GPT, can be used to empower healthcare by improving patient interactions, providing decision support, and facilitating health education. The session was very resourceful as he shared many useful AI backed applications that can be utilised in healthcare setups.

- **Session 3. Application of Artificial Intelligence in Infectious Diseases of Public Health Importance (11:50 AM - 12:20 PM)** Dr Aparna Chaudhary covered an enriching session on how AI can aid in monitoring, predicting, and controlling infectious diseases, enhancing public health responses to outbreaks.
- **Session 4: Simple Digital Tech to Develop Public Health Database for AI-Based Research (12:20 PM - 1:00 PM):** Professor Dr. S V Kulkarni presented on developing robust public health databases using simple digital technologies to facilitate AI-based research and data-driven decision-making.
- **Session 5: Demystifying Artificial Intelligence for Public Health Professionals (1:00 PM - 1:30 PM):** Dr. Alok Modi demystified AI concepts, making them accessible to public health professionals and showing practical examples of AI implementations. Sir also conducted hand on session on use of AI in making effective power point presentations.



Post Lunch

- **Session 6. Ayushman Bharat Digital Mission: Health Practitioner & Health Facility Registration (2:00 PM - 3:00 PM):** Dr Ashlesha Tawde along with Dr Narendra Singh and his NHA team covered the Ayushman Bharat Digital Mission, focusing on the registration process for health practitioners and facilities, aiming

to streamline and digitize health services.

- **Session 7: Panel Discussion: Artificial Intelligence & Digital Tools for Public Health Professionals: My Health, My Right (3:00 PM - 4:00 PM):**

- Moderator: Dr. Alok Modi

- Panellists: Dr. Sanjay Agarwal, Dr. Ketan Mehta, Dr. Anuj Maheshwari, Dr. Harshad Thakur, Dr. Prasad Waingankar

-The panel discussion provided diverse perspectives on the integration of AI and digital tools in public health, highlighting challenges, opportunities, and future directions.

The MMC Observer for this webinar was Dr Archana Bhate. The queries of the participants were promptly and satisfactorily solved by all the speakers.

**Valedictory Function (4:00 PM - 4:30 PM):**

The webinar successfully concluded with a valedictory function led by the IPHA Maharashtra, where the key takeaways were summarized, and the contributions of all speakers and participants were acknowledged. The Valedictory function was graced by the eminent presence of Dr Prakash Doke (Ex- President IPHA Maharashtra) , Dr Murlidhar Tambe (Ex-President IPHA Maharashtra) and Dr Kaushik Mitra (Secretary General, IPHA) briefly encapsulated the webinar. The webinar successfully underlined the critical role of AI and digital tools in modern public health practice. It provided valuable insights into the practical applications of these technologies, fostering a better understanding among public health professionals. The event also promoted networking and collaboration, paving the way for future advancements in the field. Furthering our existing knowledge with the help of AI is the need of the hour. Learning AI tools in healthcare is crucial for modernizing and improving healthcare systems. It leads to more accurate diagnoses, personalized treatments, increased efficiency, and better patient outcomes, ultimately transforming the way healthcare is delivered and managed.

Thus, this webinar proved to be important, enriching, resourceful and informative for all the participants.





**Conference Announcement**



**26th MHIAPSMIPHA CON 2025**



**Bridging Gaps and Expanding Boundaries towards Right to Health**

Pre-conference : January 16, 2025

Conference Date : January 17-18, 2025

Venue : **Dr. Ulhas Patil Medical College & Hospital, Jalgaon**

**Key Highlights :-**

- Engaging sessions and interactive workshops
- Renowned speakers and experts in the field
- Networking opportunities with fellow professionals
- Cutting-edge research presentations
- Discussions on bridging gaps in public health

**Applied for MMC Credit Points**

**Link for Registration**

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**For Registration Payment  
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**Registration Fee for Pre-Conference Workshop and Conference**

Conference Registration Category wise fees	Early Bird (30 <sup>th</sup> September 2024)	01 October 2024 To 30 <sup>th</sup> November 2024	1 December 2024 To 31 <sup>st</sup> December 2024	01 <sup>st</sup> January 2025 Onwards SPOT Reg*
Delegate (IAPSM/IPHA Member)	Rs. 4,800.00	Rs. 5,400.00	Rs. 6,000.00	Rs. 6,600.00
Delegate (NOT Association Member)	Rs. 5,400.00	Rs. 6,000.00	Rs. 6,600.00	Rs. 7,200.00
PG Student (IAPSM / IPHA Member)	Rs. 3,600.00	Rs. 4,200.00	Rs. 4,800.00	Rs. 5,400.00
PG Student (NOT Association Member)	Rs. 4,200.00	Rs. 4,800.00	Rs. 5,400.00	Rs. 6,000.00
Undergraduate Student / Intern	Rs. 3,000.00	Rs. 3,000.00	Rs. 3,000.00	Rs. 3,000.00
Co-Delegate*	Rs. 2,400.00	Rs. 3,000.00	Rs. 3,000.00	Rs. 3,000.00
Foreign Delegates (Includes Pre-Conference)	140 USD	220 USD	290 USD	360 USD
<b>Pre-Conference Workshop</b>	Rs. 1,800.00	Rs. 2,400.00	Rs. 3,000.00	Rs. 3,000.00

**Note:**

- Delegate Fees are Inclusive of GST.
- \*No Conference Kit for Co-Delegates.
- Delegate conference fees includes Delegates Kit, tea, 2 breakfast, 2 lunch and 1 banquet.
- Delegate Pre-conference fees includes tea, 1 breakfast and 1 lunch.
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*Join us in shaping the future of public health!*





**APPEAL**

The Indian Public Health Association (IPHA) existing since 1956 is a professional registered body (Society Act No. S/2809 of 1957 - 58) committed to promotion and advancement of public health and allied sciences in India, protection and promotion of health of the people of the country, and promotion of co-operation and fellowship among the members of the association. IPHA has local branches in almost all states of the country. Any professional graduate, MBBS or any equivalent degree recognized by any Indian university in Indian System of Medicine / Dentistry (BDS) / Engineering (BE) / Nursing (B Sc Nursing) / Veterinary (BV Sc & AH) are eligible to be ordinary & life member of the association after paying the necessary subscription. We, the executive committee members of IPHA - Maharashtra Branch sincerely appeal the eligible qualified individuals to become the life members of the organization and enhance our strength and visibility. Kindly visit National IPHA website, [www.iphaonline.org](http://www.iphaonline.org) to download the application form and for further official procedures of payment of membership fee. If you need any help in this regard please feel free to contact Secretary, IPHA - Maharashtra Branch on phone (022 - 2743 79 96 / 97) or on email - [iphamaha@gmail.com](mailto:iphamaha@gmail.com)

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**IPHA MAHARASHTRA INTER MEDICAL COLLEGE  
PUBLIC HEALTH QUIZ COMPETITION: 2024**

Submit Entry by : 20th June  
Zonal Round : 27th June  
State Final : 11th July

**FOR Undergraduate Medical Students of MAHARASHTRA**

- Zonal Rounds on 27th June at - Mumbai, Pune, Ch. Sambhaji Nagar, Yavatmal, Nashik
- State Level Final Round on 11th July at - B. J. Government Medical College, Pune
- Attractive Cash Prizes at Zonal & State Level
- Padma Bhushan Dr Jal Mehta Rolling Trophy

**Contact Zonal Coordinators for further information**

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