News from here and there

Change in health insurance scheme in Tamil Nadu

Soon after assuming office in Tamil Nadu in May 2011, the government of All India Anna Dravida Munnetra Kazhagam (AIADMK) cancelled the health insurance scheme introduced by the previous government of Dravida Munnetra Kazhagam (DMK) and named after the then chief minister Dr K. Karunanidhi. The new government has announced a revised scheme in November 2011. The new scheme will cover around 900 interventions as compared to about 620 in the previous scheme. Other notable differences are that the scheme will be implemented by a public sector insurance company (the previous scheme was implemented by the private insurance company, Star Health and Allied Insurance), each family will have a cover of ₹100 000 per year (the previous scheme was limited to ₹100 000 per family for 4 years). As in the previous scheme, the cover is restricted to families with an annual income of less than ₹72 000 per year. The government has committed ₹750 crore (7.5 billion) for the scheme. The previous scheme was criticized by a committee of the Planning Commission of the Government of India on many counts, not least for its focus on tertiary care. To quote: 'The state which has the distinction of being one of the model state in terms of its proactive approach in strengthening public health systems with a primary care focus, appears to have catapulted to the "consumer demand" and pulls and pressures of commercial medical care fraternity, by giving primacy to tertiary care in private sector.' (*http://planningcommission.nic.in/reports/sereport/ser/ser_heal1305.pdf*). It is not clear whether the new scheme will steer clear of the pitfalls pointed out by the central Planning Commission.

GEORGE THOMAS, *Chennai, Tamil Nadu*

Credit: Goran Samardziski

iPhone App trialled in India for management of pre-eclampsia

A Canadian Obstetrician–Gynaecologist, Dr Peter von Dadelzsen has been awarded US$ 7 million by the Bill and Melinda Gates Foundation to develop his mobile phone application, and other strategies, to tackle maternal mortality caused by pre-eclampsia.

This technology emerged through a partnership with the University of British Columbia, led by Dr Mark Ansermino, Associate Professor in the Department of Anesthesiology, Pharmacology and Therapeutics. This team developed a pulse oximeter that connects to a mobile phone (*see* picture). Not only does this allow the technology to be readily accessible in remote areas, it is a fraction of the cost.

Dr von Dadelzsen, a Maternal–Foetal Medicine Specialist, also at the University of British Columbia, has studied pre-eclampsia for over 20 years. However, his sight shifted towards the real-world challenges of diagnosis and management of this disease in the past 5 years. 'Where women are dying and being damaged, it made sense to take a more global focus', remarked von Dadelzen to this *Journal*.

Building on the concept of the mobile pulse oximeter, his group has developed a phone-based application that offers a pre-eclampsia management decision-tree for healthcare providers. Patient information collected by the device can be transmitted to more major centres where specialists are available to advise on further management. This provides an optimal tool for intervention where basic healthcare personnel are available on the ground level.

Initial pilot studies in communities throughout the Pacific rim have been promising, with healthcare providers readily demonstrating skill and interest. 'There is a thirst and desire to be the best that people can', said von Dadelszen with respect to teaching mobile phone technology in low-resource areas.

The future direction of this project is three-fold. The first step is to conduct a three-country independent clustered randomized controlled trial including Nigeria, Pakistan and India. If the outcomes are positive, the next steps will be to begin conversion to widespread dissemination and distribution of this technology while expanding the software to potentially address other causes of maternal mortality.

PAMELA VERMA, *Vancouver, British Columbia, Canada*

New strategy for old disease: Anaemia control revisited

The prevalence of nutritional anaemia in India is very high. Even the educated and the people belonging to the upper socioeconomic strata are not spared of this totally preventable and curable debilitating condition which is responsible for much morbidity. Adolescence and anaemia go hand-in-hand in India. As per the NFHS-III data, almost 7 in 10 children aged 6–59 months are anaemic; this includes 40% who are moderately anaemic and 3% who are severely anaemic. The prevalence of anaemia among children aged 6–35 months has increased from 74% in NFHS-II to 79% in NFHS-III. In India, 55.3% of women and 24.2% of men are anaemic. The figures for severe anaemia for women and men being 1.8% and 1.3%, respectively.

To curb the menace of this preventable entity, the Ministry of Health and Family Welfare has proposed, in December 2011, to launch a nationwide 'Weekly Iron and Folic Supplementation (WIFS) Programme' which proposes to cover approximately 12 crore (120 million) adolescents in the financial year 2012–13 and will be funded under the purview of the National Rural Health Mission.

The key features of WIFS include administration of supervised weekly iron–folic acid supplements of 100 mg elemental iron and 500 mg folic acid; screening of target groups for moderate/severe anaemia and appropriate referral to a health facility; information, education and counselling for improving dietary intake; improving hygiene and sanitation for prevention of intestinal worm infestation. It has been suggested that state governments fix a particular day of the week, preferably Monday, to provide free iron and folate supplements to adolescents.

The programme will reflect national-level multisectoral, inter-ministerial convergence in terms of joint programme planning, capacity building, monitoring and comprehensive communication. It will probably go a long way in improving the overall health of adolescents and thereby the health status indicators. Parallel efforts along with the WIFS, targeted at improving the dietary intake can probably further the gains achievable under the proposed programme.

BHAVNA DHINGRA, *New Delhi*

The National Medical Journal of India is looking for correspondents for the '**News from here and there**' section. We are particularly interested in getting newswriters from the north and northeast regions of India as well as from other countries. By news, we refer to anything that might have happened in your region which will impact on the practice of medicine or will be of interest to physicians in India. The emphasis of the news items in this column, which are usually from 200 to 450 words, is on factual reporting. Comments and personal opinions should be kept to a minimum if at all. Interested correspondents should contact SANJAY A. PAI at *sanjayapai@gmail.com* or *nmji@nmji.in*