

Report of 25th KACH Conference 2013 organised by Department of Community Medicine, Bangalore Medical College and Research Institute on 30th November and 1st December 2013

Karnataka Association of Community Health® is the body of Public Health professionals in the state of Karnataka. Adorned by the veterans of the field intending to bring in community development, it networks and facilitates expert advice on public health issues in the current times and has strived to provide solutions to the existing and emerging public health challenges. Started in the year 1985, the membership is more than 500 with representatives from various Medical Colleges and other academic institutions, Government institutions and NGOs and CBOs. It is one of the key members in providing evidence based research to policy makers in the area of community health and public health.

One of the Regular activities of the association is to organise Annual conferences apart from other activities. The responsibility of hosting this year's Silver Jubilee Conference of the Karnataka Association of Community Health (KACH) was handed over to **Department of Community Medicine, Bangalore Medical College and Research Institute (BMCRI)** keeping in mind the nostalgic memories as the roots of KACH were sown in this very college.

Bangalore Medical College and Research Institute is located on K R road near the city market in Bangalore is run by the Government of Karnataka. It is the only Government Medical College in Bangalore city and one among the ten in Karnataka. It has been consistently ranked among the top ten Medical colleges in the Country. The Conference was organised at **Bangalore Medical College and Research Institute on 30th November and 1st December 2013**

The Department of Community Medicine has taken every small step to ensure the delegates had a memorable and thought provoking conference. The theme chosen for the Conference was 'Opportunities and Challenges in Public Health in the 21st Century' which is very relevant in the current context. India being a developing country has the challenge of addressing communicable, non-communicable and emerging infectious diseases together. The high burden of these diseases can only be addressed through an effective public health system. The conference looked at discussing the above issues.

Keeping in mind lot of post graduates attend the conference 3 pre conference workshops were organised to enhance their skills and become efficient public health personnel.

KACH CONFERENCE 2013

The two day conference had over 500 public health practitioners on the 30th November and 1st December 2013. Delegates attended the conference not only from the state of Karnataka but also from the neighbouring states of Kerala, Andhra Pradesh and Tamil Nadu.

The First day of the Conference had different plenary sessions along with the inaugural programme. Each plenary was very interactive with the delegates reflecting upon the presentations.

The first plenary session was on current status of Public Health in India. Noted speaker Dr. Suresh Kishan Rao who was consultant to UNICEF and has shouldered various public health responsibilities spoke on the Status, Challenges, Strategies and Opportunities in public health. The Session was Chaired by Dr. G Gururaj, Professor and Head, Department of Epidemiology, NIMHANS and Dr. Jayanth Kumar K, Professor of Community medicine, Raja Rajeshwari medical college, Bangalore. The session emphasized the current issue of the triple burden of disease being a) Unfinished agenda of communicable disease b) emerging non communicable diseases related to lifestyles and c) emerging infectious disease.

The session addressed various problems related to Maternal and Infant mortality, Nutrition and NCDs. The various policy, planning, implementation and monitoring challenges in public health were discussed. The speaker also spoke about the opportunities and responsibilities for future public health professionals. He suggested that improved integration between medicine and public health, based on respect for the strengths of each discipline is more likely to be effective.

The second half of the plenary taken was handled by Dr. Prashanth Mathur, Senior scientist at ICMR, New Delhi. The session was chaired by were Dr. Thelma Narayan, Co ordinator for Centre for Public health and Equity (CPHE) and Dr MK Vasundhra, public health Specialist. The session focussed on the Priority areas of Research in Non Communicable Disease in the current Public Health Scenario. The session outlined the trends of Major NCDs in India, Key risk factors for these, challenges in control of NCDs and what are the effective interventions. It was brought to the notice of the delegates that prevention of Non Communicable disease is a life course approach. Multi sectoral partnership is the need of the hour for progress in preventing Non Communicable disease.

The speaker also stressed on the fact that effective surveillance, reduction of exposure to risk factors and strengthening of health care for management of NCDs is crucial for control of NCDs in the country.

This was followed by an Inaugural Ceremony. We had many eminent personalities for its inaugural function. Among them were Honourable Health Minister Shri U T Khader and Honourable Minister of State for Medical Education Dr Sharan Prakash Patil who conveyed their best wishes for the conference via pre recorded video messages. Though keen to attend the ceremony they had to attend to the winter sessions in the parliament and were unable to make it. Dr. K S Sriprakash , Vice Chancellor, Rajiv Gandhi University of Health Sciences was the Chief Guest for the occasion. Dr. D Prabhakaran, Executive Director, Centre for Chronic Disease , New Delhi was the Guest of Honour. The Inaugural ceremony was presided over by Dr. Raviprakash D, Dean cum Director of BMCRI.

The Chief Guest Dr. K S Sriprakash , Vice Chancellor, Rajiv Gandhi University of Health Sciences told the august gathering that Public health challenges were no longer just local, national or regional. They were global. They were no longer just within the domain of public health specialists. They were among the key challenges to our societies and were intimately linked to environment and development. He said there was a dire need to establish training facilities for public health specialists along with identifying the scope for their contribution in the field. He

spoke about the Centre for public health started by the university to focus on preventive care and also about setting up a central research laboratory focusing on Public health.

Dr. D Prabhakaran, Executive Director, Centre for Chronic Disease, New Delhi spoke about the transition in disease pattern he has seen since he was a medical student in 1980s till date. He stressed on the need for better research and focus on preventive strategies. He suggested there is need for Multi sectoral collaboration and increase in public health expenditure.

The Director cum dean stressed on the fact that if Preventive health was adequately addressed there was no need to invest in hospitals and equipments. He said there was need to have more focus on promotive health rather than building super speciality high tech hospitals.

Dr Reynold Washington, who was honoured with the B M patil Oration award delivered the B M patil Oration lecture. The Title of the oration was “Acronyms and Community Health”.

The content of lecture was as outlined below:

Everyone is aware that an acronym is a short form, a contraction or an ellipsis. In these days with expanding technology for communication, the English language is being redefined with SMS. Community Health is no stranger to the use of acronyms. We have people (AWW, ANM, ASHA), problems (eg., AIDS), programs (RNTCP) and procedures (FNAC) which use familiar acronyms. However, laws (ITPA) and schemes (ICDS) are also well known by their acronyms. While some may argue that acronyms are used by persons who are ‘lazy’, I find that significant communication and language barriers are overcome through the use of acronyms among ‘lay’ people. In my oration, I will focus on how we can constructively use acronyms in public health. This oration is a result of the decade of experience of implementing large scale public health programs to control HIV, TB and other chronic diseases.

Public health approaches begin with defining goals and objectives. While goals are desirable ends of any program or project, we are aware that objectives must be SMART. Our next step is to define backgrounds in terms of population, programs and priorities. We have used a 5 M approach for methodology to implement programs with a focus on achieving results that demonstrate scale, enhance scope and ensure sustainability. We have defined approaches to care using a 4 C approach and used a D-TEAMS acronym to develop skills among undergraduate students for chronic care management. At a national level MCH expanded to MNCH, then to RMNCH and finally to RMNCHA, in order to be inclusive of a life-cycle approach to reducing maternal and infant mortality. Our world uses acronyms and public health experts should not be left behind.

Life is short, but life lived to the full is what matters. Acronyms are short forms, but if they support comprehension of understanding and public health programming, then why not use them?

The post lunch session dealt with challenges in Public Health with focus on Communicable and Non Communicable diseases.

Dr.Anil S, Deputy Director, State TB Cell, RNTCP, spoke on “Facing the reality of Drug Resistant TB- Issues and possible solutions”. He elaborated on the problems encountered in the

management of patients with MDR-TB. He addressed both programme related and patient related issues. The cost incurred by the government, challenges in diagnosing MDR-TB and reaching out to this population. He spoke on the importance of patient compliance and the rational use of anti-tubercular drugs to counter these problems. He also discussed the method of sputum collection and the use of injectables and role of surgery in the management of MDR-TB.

Dr. Balaji Naik, Technical Consultant, RNTCP, spoke on “HIV-TB co-infection: challenges and solutions” . He elaborated on the burden of HIV TB co-infection in our country; the challenges of combined screening for HIV and TB in our country and the gap between RNTCP and NACP in infrastructure leading to sub-optimal partnerships. He spoke about the probable solutions such as decentralizing TB Microscopy centres and HIV testing facilities and early initiation of ART to patients.

The above sessions were chaired by Dr. Suryakanth, Professor and Head, Community Medicine, JJMC Davengere, Dr. Sharada M P and Dr. Ghattargi H Professors of Community Medicine, Pondichery and SNMC Bagalkot respectively.

The RNTCP sessions were followed by a session on Rabies from by Dr. D H Ashwath Narayana, Dr. Ravish H S and Dr. Manjula S. This session was chaired by DR. M K Sudarshan, Principal, Kempegowda Institute of Medical Sciences, Bangalore and Dr. B J Mahendra, Professor and Head, Community Medicine, Mandya Institute of Medical sciences, Mandya.

Dr Ashwath Narayana, Professor and Head, Community Medicine, KIMS, Bangalore gave an overview of the disease and the burden of rabies in SAARC countries. Pre and post exposure prophylaxis, use of intra dermal vs. Intra muscular vaccines as well as treatment options in immuno competent and compromised patients was elaborated on by. Dr Ravish H S, Associate professor of Community Medicine, KIMS spoke on the effective methods of preventing rabies among high risk groups in endemic countries, the choice of rabies vaccine in countries with economic constraints such as India and the use of immunoglobulins. The session ended on a positive note with the highlights of the National Rabies Control Program and activities undertaken to commemorate World Rabies Day on 28th September each year.

Dr Manjula S, General Manager, Medical services, Zydus cadila spoke on the effectiveness of Vaxirab for treatment of Rabies.

The evening sessions were looked at some of the challenges in Public Health. The session was chaired by Dr R P Pai and Dr M M Angadi, Senior Professors of Community Medicine from Yenepoya Medical College, Mangalore and BLDEA Medical College, Bijapur.

Mr R P Kulkarni, Chief Engineer, Karnataka Rural Water Supply and Sanitation Agency, Government of Karnataka focused on the rural water supply system. The speaker elaborated on Ground water usage in the state, the need for effective water quality testing, Causes of water contamination, defluoridation, technology options for villages affected by water quality and low

cost ground water recharge mechanisms. He stressed on the different Government schemes available for ground and surface water quality maintenance.

Mrs G.Nagarathna Bhat, IEC Consultant ,Nirmal Bharat Abhiyan(NBA), RD & PR Department, Government of Karnataka spoke on the total sanitation Campaign which has been renamed as Nirmal bharat abhiyan.She also elaborated on objectives of NBA,targets achieved,problems caused by outdoor defecation, role of central and state governments to improve sanitation coverage, various awards instituted for best performing villages, cost effective toilet models, success stories and future strategies for improving sanitation coverage. The session was followed by a lively interactive discussion with the audience.

The last technical session of the day was chaired by Dr S M Katti and Dr Ashok N C, senior Community Medicine professors from JN Medical College, Belgaum and JSS Medical College Mysore. The session was led by Dr Krishnamurthy, Deputy Project Director: Project Sukshema, Karnataka Health Promotion Trust. Dr Troy, Dr Prashant Babu, Mr Arin and Mr Somashekar were other speakers from the Karnataka Health Promotion Trust. The session was titled “MNCH situation and response in North Karnataka in the context of project Sukshema”.

The project focuses on improving the availability, accessibility, quality, utilization and coverage of critical MNCH interventions among the rural poor in eight priority districts in northern Karnataka: Bagalkot, Bellary, Bidar, Bijapur, Gulbarga, Koppal, Raichur and Yadgir. The goal of the project is to support the state of Karnataka and India to improve maternal, newborn and child health outcomes in rural populations through the development and adoption of effective operational and health system approaches within the NRHM.

The three main interventions implemented by the project include the following.

1. Improving quality of care at birth and immediate postpartum care at facilities through clinical mentoring (facility-based interventions).
2. Improving management and delivery of outreach services, shaping demand and strengthening accountability through FLW/VHSC interventions (Community interventions)
3. Strengthening data management and use (HMIS and MCTS):

The speakers stressed on the methodology applied in reducing the number of registers that ASHA workers need to maintain, assigning of PHC s to nurses to monitor and onsite monitoring with focus on intrapartum and postpartum care. They also spoke about the need to improve management and delivery of outreach services as well as shaping demand.

Day 2

POSTER COMPETITION- WORLD AIDS DAY

A state level poster competition was organized to commemorate WORLD AIDS DAY, 2013. The theme for the competition was “Getting to Zero”. This was organized in association with Karnataka State AIDS Prevention Society, Youth Red Cross Unit BMCRI and the Karnataka Association of Community Health. The competition was open to all undergraduate and postgraduate medical students in two categories-hard and e-poster. We received 54 E-posters and 17 Hard Posters from medical colleges across the state. Prizes (first, second and third) were awarded separately to undergraduates and postgraduates in both categories amounting to Rs. 12,000 during the valedictory function at KACH Silver Con 2013 on December 1st.

The posters were judged by a panel of experts on the basis of relevance, content, creativity and expression. The Judges comprised of Dr Sunil D R, Dr. Chetana and Dr. Lalitha Hande, fromKSAPS; Dr. Sangameshwar, Nokia and Dr. Asima Banu, BMCRI.

Day 2 of the conference began at 9:00 am with a session on “Introducing a fully integrated tobacco curriculum in medical colleges in India”. This session had speakers from the Quit Tobacco India Initiative, namely, Dr. K R Thankappan, Dr Yamini Thankachay, Dr Jyothi Jadhav, Dr Rekha Thapar and Dr Prasanna Mithra. The session was chaired by Dr Pruthvish S, Professor of Community Medicine, MS Ramaiah Medical College and Dr Bobby Joseph, Professor and Head of Community Medicine, St John’s Medical College, Bangalore. The session dealt with the burden of tobacco usage in our country. The difference between cessation and prevention of tobacco use. The introduction and implementation of the cessation module as a part of the medical curriculum. Dr Jyothi Jadhav spoke of the experiences in Bangalore Medical College and Research Institute while Dr Rekha Thapar spoke of the same in Kasturba Medical College. Questions from the audience were answered by the speakers and finally closing remarks were made by Dr K R Thankappan at 10:00 am.

KSAPS – overview of ART programmes in Karnataka

Speaker for this session was Dr Sunil Kumar D R, ART State consultant, KSAPS and was chaired by Dr KR Thankappan, Professor and Head, Achutha Memon Public health Institute, Trivandrum and Dr MS Rajanna, Professor of Community Medicine, SSMC, Tumkur. Dr Sunil gave an estimate of burden of HIV/AIDS at global, national and in state level. He also explained the goals, objectives and strategies adopted by NACO in prevention and treatment of HIV/AIDS. He also said that NACP adopted a 3 tier model of HIV treatment service. He explained the benefits of early ART initiation and also briefed on post exposure prophylaxis. He also presented evidence of impact of services provided under NACP with a note on status and achievements. He also focussed on the issues and challenges in implementation of the services. Questions were received from the audience and answered suitably by the speaker.

Implementation of PPTCT – newer guidelines in Karnataka

Speaker for the session was Dr Lalitha Hande, PPTCT state Consultant, KSAPS. Dr Lalitha highlighted the present scenario of HIV transmission in India and explained the factors responsible for mother to child transmission which could broadly be maternal factors, during delivery and during breast feeding. She also explained the risk of mother to child transmission in the absence of any intervention. She also focussed on the changes made from the earlier PPTCT regimen. She elaborated on the four pronged strategy and goal of PPTCT with a note on its effectiveness. She also focussed on the guidelines, mechanism of action and regimens of ART. She also mentioned key points regarding initiation of ARV prophylaxis, PPTCT for cases delivered at home and also threw light on the services available in Karnataka.

Bridging the KNOW – DO Gap: From academic research to public health action- Panel Discussion

The key session of Day 2 of the conference was a Panel discussion.

The panellists were

1. Dr Rajini, District Health officer, Bangalore Urban, GOK
 2. Dr Ramesh, Project Director, NRHM, GOK
 3. Dr R P Pai, Professor of Community Medicine, Yenepoya Medical college, Mangalore
 4. Dr Suresh, Project Co Ordinator, BBMP
 5. Dr Girish, Executive Committee member, KACH
 6. Dr Anand Lakshman, Director, Address Health-NGO
- Dr B J Mahendra, Professor and Head, Community Medicine, Mandya Institute Of Medical sciences, Mandya was the moderator for the session and Dr Pradeep B S, Associate professor, Department of Epidemiology, NIMHANS was the rapporteur.

The main objective of the session was to try to bridge the Gap between academic Research and Public Health action.

Research in academia needs to be planned to be used for a larger canvas, than to just remain in library cupboards, university registers, personal collection and journal publications. The potential to fuel health development in the country is enormous, due to the sheer size of this research group. There are pro's and con's from both ends, academia and health programme managers, to benefit from such a kind of synchronous collaboration. A win-win situation is the need of the hour.

There is a need for discussion of all concerned stakeholders on a common platform to critically dissect the advantages, disadvantages, strengths, limitations, opportunities and challenges for such a kind of linkage and collaboration.

Dr Pradeep BS started the discussion by focussing on the following issues

- Academia and public health practice have a symbiotic relation.
- WHO has 10 core factors involved in this linkage, of which research is central?
- There seems to be hesitance from the health sector to use research for public health practice.

- Polio Programme is a good example of collaboration between research and practice.
- Post-graduates and Faculty are in a vicious cycle, and they are neglecting becoming public health professionals.
- In India, academia is large in number and accountability, but has many challenges.
- NGO's need to play an important role in the delivery of public health.
- Government has huge programs and data, but limited awareness of usage of academia.

Each of the following panellists discussed the issues and agreed to address the research gap in public health policy.