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## **MEDICAL COUNCIL OF INDIA**

Pocket- 14, Sector - 8, Dwarka Phase -1 New Delhi - 110077, INDIA

**REQUEST FOR PROPOSALS (RFP)**  
**for Selection of a System Integrator (SI) for**  
**Implementation of IP Based CCTV Solutions**  
**at Medical colleges**

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**Last Date for Submission: 11<sup>th</sup> August, 2017, before 1400 hrs**



# Govt-pvt sector tie-up likely for healthcare

Rema.Nagarajan  
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**New Delhi:** With the World Bank as technical partner, Niti Aayog and the health ministry have proposed a public-private partnership model to provide diagnosis and treatment for three non-communicable diseases — cardiac sciences, oncology and pulmonary sciences — in non-metro cities.

The proposal envisages each state identifying five to six facilities to test the viability of the model. The centres under the PPP model would be run in district hospitals based in Tier 2 or 3 cities with at least 250 functional beds and an average daily

## IN TIER 2, 3 CITIES

- Centres to be set up in district hospitals with at least 250 functional beds
- Facilities will provide **minimum screening, diagnostic and treatment procedures** for cardiology, oncology and pulmonology
- Rates to be those fixed for a state health insurance scheme or, where none exists, central govt health scheme



OPD of 1,000 patients in the last two years. The hospitals must have enough vacant land within their premises for the PPP facility, which would have 50 or 100 beds.

These facilities are expected to provide minimum screening, diagnostic and treatment

procedures or services for cardiology, oncology and pulmonology. There will be two kinds of patients — self-paying ones and those paid for by the government under various schemes — but both would pay the same rates. The rates would be those fixed for a state health in-

surance scheme or, where none exists, the central government health scheme. The Niti Aayog wrote to all chief secretaries last month seeking the states' comments on the draft model concessionaire agreement and guidelines prepared with the help of the World Bank and "working groups comprising the industry".

Prevention measures for non-communicable, the cheapest intervention, are entirely the government's responsibility. Complicated cases the PPP facilities can't deal with would be referred to government tertiary hospitals or medical colleges or to private hospitals empanelled under government health insurance schemes.

The proposal has been criticised by public health activists, who said this was a bid to privatise public health facilities which would raise healthcare costs and lead to exploitation of patients for profiteering by the private sector.

Consultations on minimum services to be offered were held with working groups constituted by Niti Aayog. Those involved included private healthcare providers, the Union health ministry, a few states, an expert group of healthcare providers, regional workshops organised by the Confederation of Indian Industry, and representatives of some district hospitals.

► 'Not privatisation', P 8



# Proposal isn't privatisation of public healthcare: Govt

► Continued from page 1

**T**he Niti Aayog letter, however, has no mention of any civil society groups, public health activists or patients' representatives being consulted.

"The experience within India and globally has been that when you outsource services, the cost goes up. The cost of regulation is huge, about 30%, and even then the regulation isn't perfect. So you either spend on regulation or open yourself up to unethical practices like over-investigation or patients being lured into more complicated procedures not covered by public funding," said Dr Amit Sengupta of the People's Health Movement.

The health ministry maintains that the proposal "is not exactly privatisation of public healthcare" and is rather in line with "strategic purchase of services for secondary and tertiary care, as has been envisaged in the National Health Policy by the ministry".

"Treatment of non-communicable diseases is expensive

**For BPL patients, services will be provided free or at pre-determined prices**

and is often unavailable at district level hospitals. The model contract has been drawn with a view to make such sophisticated services available to patients at local levels and at a government determined price," the senior official in the health ministry said.

When asked if this can lead to increase in healthcare costs, the official said the government will fix pricing through tendering for different services. Moreover, prices under government insurance schemes have been set as benchmarks. For BPL patients, services will be provided free or at pre-determined prices.

For any private hospital, one of the biggest expenses is the cost of land. The other big challenge is to ensure adequate patient footfall. With this PPP model, both are taken care of as land will be provided by the district hospital and the govern-

ment is supposed to refer patients to the PPP facility.

"Once you outsource and erode the public system, the bargaining power of the private sector goes up and so do their demands. This happened in the Arogyasri programme in Andhra Pradesh and the state is continuing to give in to the demands," pointed out Dr Sengupta.

In September 2016, private hospitals empanelled under Arogyasri went on strike demanding revised rates for services under the scheme. Undivided Andhra Pradesh doled out over Rs 1,900 crore as reimbursement to 350-odd private hospitals empanelled under the scheme in just five years from 2008 to 2012, said a Lancet study. In contrast, 150 Arogyasri-empanelled government hospitals could claim only Rs 400 crore as reimbursement, a finding local experts argued revealed how the scheme actually benefits the corporate hospitals. As of now, the contract model will be run on a pilot basis and is likely to be implemented only in two states. Niti Aayog is awaiting comments from states to move ahead with the plan.



# A shot in the arm for dental, medical aspirants as govt. raises State share

Over 70% of seats reserved for students from State; Patil says this will give them competitive edge

TANU KULKARNI  
BENGALURU

Competition for a place in medical and dental colleges is likely to intensify among out-of-State aspirants as more than two-thirds of the seats in the State have been reserved for students from Karnataka.

Of the 6,615 seats in all medical colleges in the State, 72.24% have been reserved for students from the State. In dental colleges, it is 70.98% of the 2,740 seats. This includes seats in government colleges as well as government quota and institutional quota seats in private colleges. It also includes the NRI and management quotas.

Each category of college has a different seat matrix and seat-sharing formula. While government and government quota seats are subsidised, institutional quota seats are eight times as expensive as government quota ones.

Institutional quota seats reserved for students in the State will be made open to non-Karnataka students only if they go vacant. However, such a situation is unlikely given the high demand for seats.

With the common National Eligibility-cum-Entrance Test (NEET) kicking in, students from across the country were eligible to opt for institutional quota seats. But following pressure from students in the State, the government has decided to reserve for them 50% of the institutional quota seats in private colleges as well as a percentage of institutional quota seats in minority colleges. Karnataka has 44 medical and 38 dental colleges.



**Scene of chaos:** Aspirants and their parents outside the Karnataka Examinations Authority office for NEET counselling in Bengaluru on Tuesday. **■ V. GREENIVASA MURTHY**

## Quick take

College	No. of seats	Reservation for State students (%)
Medical	6,615	72.24
Dental	2,740	70.98

(Includes seats in government colleges, government and institutional quota seats in private colleges, and NRI and management quota seats)

## NEET SCHEDULE

Option entry by eligible candidates  
**July 19-22**  
Publication of mock allotment results  
**July 23**

Provision to change options  
**July 23-24**

Publication of first round of allotment results  
**July 25**  
Confirmation

of choices on allotment, payment of fees, and downloading of admission order  
**July 26 to August 4**  
Last date for reporting to college  
**August 5**

The move has brought cheer to college aspirants in Karnataka, but their counterparts from other States are less enthused. "We are disappointed as the State government enhanced the State share in institutional quota seats from 30% to 50% after we had registered," a candidate from Kerala said.

Medical Education Minister Sharan Prakash Patil said the reservation was increased to ensure the interests of students from the State were protected. "Medical and dental seat aspirants from Karnataka need not worry as they will have an edge on students from other States," he said.

## Filling NRI quota seats

While the State government will conduct common counselling for all medical seats, excluding deemed university and all-India quota seats, the NRI quota seats in dental colleges will be filled by the college managements themselves. M.R. Jayaram of the Karnataka Professional Colleges' Foundation said the managements have decided to fill their NRI quota seats as they have received no regulations from the Dental Council of India on this. Fifteen per cent of the seats in private and minority medical colleges will be filled by NRIs, Persons of Indian Origin, and Overseas Citizens of India. There are 381 dental seats under the NRI quota in 21 private colleges and 14 minority dental colleges in the State.

## Students irked by delay

STAFF REPORTER  
BENGALURU

Several medical and dental seat aspirants were left disappointed as the portal to enter options was not hosted on the Karnataka Examinations Authority (KEA) website by Wednesday. As per the schedule hosted on the website, the seat matrix should have been displayed on Tuesday and the option entry process started on Wednesday — both of which did not take place.

Medical Education Department officials said seven medical colleges under the Association of Minority Professional

Colleges in Karnataka have approached the Supreme Court over fee revision. "As a result of this, we have not put up the seat matrix and opened the option entry portal. Students can access it on Thursday," a source said. The seven colleges have 1,250 seats.

Ajay K., a medical seat aspirant, said, "I have blocked an engineering seat and I am keeping my fingers crossed for a medical seat. I hope KEA sticks to its schedule and does not delay it any further so that we can give up the engineering seat before the second extended round begins."



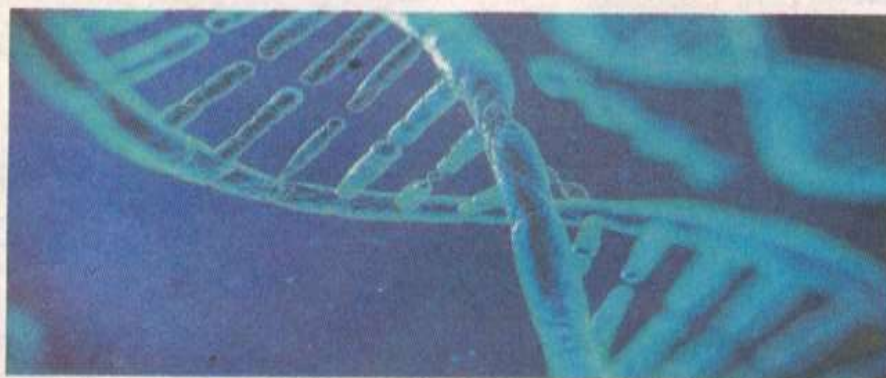
# Indians likely to be vulnerable to rare genetic diseases

Joint genomic analysis reveals that founder events contributed to high rates of region-specific disorders



## High chance

Indian subcontinent is one of the most genetically diverse places on earth. Researchers analysed genome-wide data from 2,800 people from over 260 South Asian subgroups and found that one-third of the subgroups are from distinctive founder events.



**BOSTON/HYDERABAD:** People living in India and other South Asian countries are particularly vulnerable to rare genetic diseases, according to a genomic analysis that may help detect and prevent population-specific disorders.

Several diseases specific to South Asian populations had been identified in the past, but the genetic causes of the vast majority remained largely mysterious.

The study, led by Harvard Medical School (HMS) in the US and the CSIR — Centre for Cellular and Molecular Biology (CCMB) in Hyderabad, reveals that so-called founder events — in which a small number of ancestors give rise to many descendants — significantly contributed to high rates of population-specific, recessive diseases in the region.

“Our work highlights an opportunity to identify mutations that are responsible for population-specific disease and to test for and decrease the burden of recessive genetic diseases in South Asia,” said David Reich, professor of genetics at HMS and co-senior author of the study.

“Much of the focus of genetic research in India has been on diseases such as diabetes, thalassemia or sickle cell anaemia that are prevalent across populations,” said Kumarasamy Thangaraj, a scientist at the CCMB.

## ಆರೋಗ್ಯ ತಪಾಸಣೆ ಶಿಬಿರ

ವಿಜಯವಾಣಿ ಚಿತ್ರ



ಮುಳಬಾಗಿಲು ತಾಲೂಕಿನ ಬಲ್ಲ ಸಮುದಾಯ ಭವನದಲ್ಲಿ ಆಯೋಜಿಸಿದ್ದ ಉಚಿತ ಆರೋಗ್ಯ ತಪಾಸಣಾ ಶಿಬಿರದಲ್ಲಿ ವೈದ್ಯರು ರೋಗಿಗಳನ್ನು ಪರೀಕ್ಷಿಸಿದರು.

■ ವಿಜಯವಾಣಿ ಸುದ್ದಿಜಾಲ ಮುಳಬಾಗಿಲು ಆರೋಗ್ಯ ತಪಾಸಣೆ ಮಾಡಿಸಿ ಕೊಳ್ಳುವುದರಿಂದ ಆರೋಗ್ಯ ಸಮಸ್ಯೆಗೆ ಆರಂಭದಲ್ಲೇ ಚಿಕಿತ್ಸೆ ಪಡೆಯಬಹುದು ಎಂದು ಬಲ್ಲ ಗ್ರಾಪಂ ಅಧ್ಯಕ್ಷ ಜಿ.ಎಂ. ಈಶ್ವರ್ ಹೇಳಿದರು.

ಬಲ್ಲ ಗ್ರಾಮದ ಸಮುದಾಯ ಭವನದಲ್ಲಿ ಕೋಲಾರದ ಆರ್‌ಎಲ್ ಜಾಲಪ್ಪ ಆಸ್ಪತ್ರೆ ಮತ್ತು ಸಂಶೋಧನಾ

ಕೇಂದ್ರ, ದೇವರಾಜ ಅರಸು ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ ಹಾಗೂ ಬಲ್ಲ ಗ್ರಾಪಂ ಸಂಯುಕ್ತಾಶ್ರಯದಲ್ಲಿ ಏರ್ಪಡಿಸಿದ್ದ ಆರೋಗ್ಯ ತಪಾಸಣಾ ಶಿಬಿರ ಉದ್ಘಾಟಿಸಿ ಮಾತನಾಡಿದರು.

ಸಾರ್ವಜನಿಕ ಸಂಪರ್ಕಾಧಿಕಾರಿ ವಿ.ಸುಗುಣಮ್ಮ, ಗ್ರಾಪಂ ಉಪಾಧ್ಯಕ್ಷ ಸುಶೀಲಮ್ಮ ವೆಂಕಟರಾಮಪ್ಪ, ಪಿಡಿಒ ಕೆ.ವಿ.ರಘುಪತಿ ಇದ್ದರು.