

HEALTH INTERNET PROJECT - Tuberculosis

The Health Inter Network (HIN) envisage bringing together different stakeholders in the area of health care, both governmental and non-governmental using the amazing world of tools offered by information technology. It aims in providing access to high quality, relevant & timely health information, improve communication and networking among public health care providers, researchers and policy makers.

The HIN creates a public health portal on the Internet and establishes information to access sites, both telephonic and wireless in developing countries around the world. Over 10,000 new information access sites will be equipped with Internet facilities by the end of 2003. This requires not only providing appropriate technology and training, but also creating and adapting content and applications to address country needs.

HIN India pilot

India was selected as the one of the first countries for implementation of HIN pilot project as it has several priority public health programs as well as valuable skills and resources that would contribute to the development of the global Health Inter Network project. India accounts for nearly one third of the global burden of tuberculosis and most of the significant research on the cure and control strategy of tuberculosis on a community basis was carried out by the pioneering research Institutes viz., National Tuberculosis Institute, Bangalore and Tuberculosis Research Center, Chennai. Rightly so, "Tuberculosis" was chosen as one of the focal point for the pilot project. Tobacco is the other area being given focus in the HIN project. **In the HIN, the primary objective is on bridging the gaps between health research, policy and practice. Some of the examples one can think of in TB treatment and care are :**

- i. the effectiveness of ambulatory treatment of tuberculosis,
- ii. the effectiveness of intermittent treatment regimes,
- iii. the necessity of direct observation of treatment (DOT) by a trained individual who is not a family member,
- iv. the usefulness and practicability of AFB microscopy as a diagnostic tool among patients reporting to health facilities and
- v. the crushing burden of disease of tuberculosis on our society.

Regarding **tobacco-related morbidity**, the WHO Director-General observed last year that it was in India, in 1964, that the first link between oropharyngeal cancer and chewing tobacco was established. Studies from eastern India were the first in the world to link palate cancer to the chewing of tobacco. Yet again, while other countries were able to act decisively on this research, the tobacco control program in India is still in its stage of inception.

The implications of these gaps between health research, policy and practice must be considered in the context of the magnitude of the two public health problems discussed above - tuberculosis and tobacco use.

I hope that HIN project will ensure the availability and accessibility of the research results done in India to the global community under one umbrella. It will also recognize the relevance and value of health research done in a developing country because of its poor representation due to various reasons in the international databases viz., PubMed, Science Citation Index and Biochemistry and Biophysics Citation Index. This project will also provides access to full text of important literature to different levels of users viz., from policy makers down to the level of health workers at grassroot level through Electronic media.

This workshop is being attended by the stakeholders of participating institutions, Viz; National Tuberculosis Institute, Bangalore; Tuberculosis Research Center, Chennai; VP Chest Institute, New Delhi; LRS institute of TB and Chest diseases, Administrators, Medical and paramedical workers working at levels, Pharmacists and General practitioners. .The 2 day deliberations will work out the strategies and plan the input required for the project.

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