1. Prescribing generics & name tags mandated for government doctors in Haryana

In Haryana, the Haryana State Health Resource Centre (HSHRC) issued directives requiring government-hospital doctors to:

- prescribe only generic medicines (not branded ones)
- include full credentials (name, designation, registration number, stamp, signature) on every prescription
- ensure all healthcare staff wear readable name tags showing their professional title/designation
  These instructions follow inspections that found continued use of branded drugs and insufficient staff identification.
  Why this matters:
- It aims to boost affordability of medicines (generic drugs generally cheaper) and increase transparency/trust in public health facilities.
- Clear prescriptions and visible staff IDs improve patient safety (less chance of error, mis-identification).
- This sets a precedent in India's public health system for other states to adopt similar policies.
  Considerations:
- Implementation and monitoring will be key. Staff may need training or oversight to switch to only generic prescribing.
- Generic drugs must still meet quality standards — patients should be assured of efficacy.
- Patients should feel empowered to ask for generic names if given branded ones.

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2. Over 50 PHCs in Mandya district (Karnataka) now equipped with ECG machines

In the district of Mandya, Karnataka, more than 50 Primary Health Centres (PHCs) have been equipped with electrocardiogram (ECG) machines under a Corporate Social Responsibility (CSR) initiative. The announcement was made during the launch of a state-first dental healthcare initiative (‘Danta Chikitsheya Ashakirana’) in the district.

Why this matters:

- Cardiovascular disease risk is significant in rural India; having ECGs at PHCs can enable early detection of heart problems instead of waiting until later stages.

- It enhances decentralised access to diagnostics — reducing the need for patients to travel far to get tests.

- Coupling this with a dental health programme shows a broader push into non-communicable disease (NCD) prevention & care in rural settings.
  Considerations:

- Beyond the machine, PHCs will need trained staff, maintenance and protocols to interpret results and act on them (referrals, treatment).

- Sustainability: CSR funding may initiate it, but state health systems need to absorb and maintain it long-term.

- Patients should be aware that such diagnostic services are now closer to them — encouraging utilisation.

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3. Thickening smog in Ludhiana prompts health advisory

In Ludhiana (Punjab), thick smog due to stubble-burning and other environmental factors has led the health department to issue a public advisory. Particular concern is for vulnerable groups — children, elderly, people with pre-existing respiratory or cardiac conditions. The advice includes: monitoring air quality index (AQI), avoiding outdoor activity during peak polluted hours, wearing N95/N99 masks, keeping windows closed, etc.

Why this matters:

- Air pollution's health impact is increasingly documented — beyond respiratory illness, it affects cardiovascular health, immunity, etc.

- Proactive advisories help reduce exposure and health burden in vulnerable populations.

- It highlights how environmental policy (agriculture, burning practices) is directly tied to health outcomes.
  Considerations:

- For residents of polluted zones: reduce outdoor exposure, use protective masks, follow local advisories.

- Long-term: tracking air quality, pushing for policy actions on stubble burning, emissions, urban traffic.

- Health systems should prepare for increased burdens of pollution-related illness in coming weeks.