Improving Child Health In India: How To Set An Agenda?

CP BANSAL

President, Indian Academy of Pediatrics. Correspondence to: Shabd Pratap Hospital, Gwalior, MP, India. cpbansal@gmail.com

Every 2 seconds a child is born and every minute 3 children under five die! With more than one-third of its population below 18 years, India has the largest young population in the world. But only 35% of births are registered, impacting name and nationality. Around 2.0 million children under 5 die in India every year, accounting for 1 in 5 deaths in the world, with girls being 50% more likely to die. One out of 16 children die before they attain the age of 1, and 1 out of 11 die before they are 5 years old. A child born in India is 10 times less likely to live past 28 days than one born in the U.S. In fact, we account for 20% of the world's births and 25% of the world's child deaths [1]. Tuberculosis (TB) continues to be India's public health emergency, nearly 8-20% of the deaths are caused by pediatric TB. Every year TB results in 300,000 children leaving schools, 100,000 women being rejected from their families, and approximately $3 billion in economic costs to society [2]. Thirty-five percent of the developing world's low-birth-weight babies are born in India. Almost half of Indian children under the age 5 suffer from chronic malnutrition, with about 70% anemic [1].

There are other issues also that do not directly reflect in mortality indices, but have significant impact at the children's social wellbeing, and include issues like child rights, child abuse and neglect, gender inequality, substance misuse, and adolescents' problems. The declining number of girls in the 0-6 age-group is cause for alarm. For every 1,000 boys there are only 927 females - even less in some places. India is home to the highest number of child laborers in the world. Out of every 100 children, 19 continue to be out of school. Of every 100 children who enroll, 70 drop out by the time they reach the secondary level. Of every 100 children who drop out of school, 66 are girls. At least 35 million children aged 6-14 years do not attend school. India has the world's largest number of sexually abused children, with a child below 16 raped every 155th minute, a child below 10 every 13th hour, and at least one in every 10 children sexually abused at any point in time [3]. Only half the population has access to safe drinking water; less than a third to sanitation facilities; and only 44.5% of households have access to a toilet [3].

Then there are issues related to adolescents. More than 1.8 million adolescents die per year due to preventable causes. Fifty percent of all new cases of HIV are in 15-24 year old, 2 in 10 adolescents suffer from a significant mental health problem, 17 people die per hour on road– majority are teens and due to drunken driving, 70% people who use tobacco initiate during teenage age; 70% of the mortality in adulthood is linked to habits picked up during adolescence. Around 50% of girls in India are married by the age of 18 and become mothers soon after. India is the suicide capital of the world, having highest number of suicides in the world. Out of every 3 suicides reported every 15 minutes in India; one is in the age group of 15 to 29! 4.54% of all drug users are 12-17 years old, 16.4% of drug users inject drugs, <50% follow safe injection practices.

On the other hand, childhood overweight and obesity are increasing in India [4,5]. Though the overall prevalence of overweight and obesity is low, it has reached to a relatively high level in some urban and high-SES groups [4]. Three out of every 10 kids studying in a private school in the city are obese, says a survey done by the Diabetes Foundation of India. We can also boast of having the largest number of children with type-1 diabetes in the region - most of the 112,000 children with this problem hail from India, according to the recently released Diabetes Atlas [5].

WHY THE PICTURE IS SO GLOOMY?

The above figures paint a very disturbing picture of child health in India. The very survival of the Indian child is at stake and indeed a matter of great concern. The root causes of such a dismal performance in the arena of child health in India are lack of public health services in remote and interior regions of the country, poor access to subsidized healthcare facilities, declining State expenditure on public health, lack of awareness about preventive child healthcare, and rampant corruption in health sector of some of the large states of the country.

In India, health expenditure is 4.1 percent of the GDP and the government spends 3.7 percent of that on health care. The private sector is predominant in India's healthcare picture, accounting for nearly three-fourths (73.8%) of health expenditures. Despite increases in the Government health budget, India's investment in the health and nutrition sector remains relatively low. Lack of an independent Department of Public Health at national level underlies the gross neglect to this critical aspect of community welfare by the government. Similarly, the access to whatever public health services are available is much lower for those in the poorest quintile than for those in the richest quintile.

WHAT HAVE WE ACHIEVED SO FAR?

No doubt, we have made substantial gains in our health status in the last five decades. We have almost eradicated two major diseases – smallpox and polio. There has been progress in overall indicators: IMRs are down, child survival is up, literacy rates have improved and school dropout rates have fallen. According to latest SRS data, IMR has dropped from 58 per 1000 in 2004 to 44 [6], under-5 mortality rate from 74 per 1000 in 2005 to 59 [7]. According to UNICEF Coverage Evaluation Survey (CES) 2009, coverage for the first dose of measles amongst 1 year old children has reached to 74%. Still, decline in neonatal mortality rate (NMR) is very slow – only one point per year and early NMR is stagnant. While progress has been made, it is unequally distributed. There is striking difference in performance across different states. Some large states like UP and MP are still having IMR around 60, the immunization coverage is lagging behind significantly the national averages [6].

WHERE TO INTERVENE?

Despite significant reductions in mortality and fertility, a number of challenges remain. With one-sixth of the world's population and one-third of the world's poor, India's economic and social progress is critical to achieving universal Millennium Development Goals (MDGs). The above data show that some progress has been made in reducing newborn and under-five mortality, but not swiftly enough to reach the aimed targets set by MDG by 2015.

Lives continue to be lost to early childhood diseases, inadequate newborn care and childbirth-related causes. Neonatal causes are responsible for a whopping 55% of all under 5 deaths in India. Pneumonia and diarrhea (11% each) along with measles (4%) are the most important causes of death among children in post neonatal period. Together with neonatal mortality, they account for almost 80-85% of under-5 mortality. Malnutrition contributes to more than one-third of all under-five deaths. Almost half of under-five deaths are due to infectious diseases.

Most of these deaths can be prevented by known, simple, affordable and low cost interventions such as antenatal care, skilled care during birth and in the weeks after childbirth, early and exclusive breastfeeding up to 6 months of age, immunization, appropriate use of antibiotics, ORS therapy and zinc, insecticide treated bednets, and anti-malarials, while bolstering nutrition. Proper, judicious use of available vaccines and strengthening UIP can significantly reduce these deaths. There is also need for greater public awareness and prevention programs on childhood obesity and hypertension.

IAP AS A SERIOUS CIVIL SOCIETY ORGANIZATION (CSO)

Private sector involvement is critical for a country like India considering the overwhelming use of the private sector by the community as the primary source for health care service delivery and the recent recognition by the public sector that it alone cannot meet the health needs of all Indians. Public-private partnership (PPP) is the need of the hour as a major theme across the entire health portfolio. IAP has gained reputation as a large, serious CSO active in the field of child health. Our contribution to Global Polio eradication Initiative (GPEI) has been acknowledged even at international level. Over the years, successive IAP presidents had included child health programs targeted at overall improvement of child health at community level. However, we are still considered to be more urban oriented, pursuing the interests of private pediatricians, dealing more with the petty personal issues rather than addressing larger public health concerns, often colluding with the industry and behaving more as a custodian of them rather than of large pediatric population of the country. Often we are blamed as conspiring with vaccine manufacturers to further their agenda. Even government sector has similar perception of us. However, it's time to set the agenda right. Here is an opportunity to show that we are also a sensitive organization; and to show the State that we also share their concerns, especially pertaining to melancholy of child health in the country.

SETTING AN AGENDA – A DAUNTING TASK!

India is a diverse country. We take great pride in its unity despite having diversity at all levels. Child health is no exception. There is diversity of diseases often encompassing extreme conditions like under-nutrition at one end and obesity at other. There are many mini-countries residing within a single country, often blending

with each other at different quarters, strata and terrains. As a result, we have divides between rural and urban dwellers, affluent and poor, and northern and southern parts. All these 'divisions' are marred with peculiar child health problems needing targeted interventions and solutions. On one end of the spectrum lies neonatal ailments, infectious diseases and under-nutrition, and at other end the non-infectious life-style diseases sprouting during childhood, adolescents' problems, and obesity. Hence, it becomes a herculean task to set an agenda that can be pursued uniformly to target all the diseases at all the levels throughout the country.

"MISSION UDAY" — A NEW AVATAR OF IAP ACTION PLAN

In IAP, we were indeed struggling to chalk out strategies to take on staggering child mortality in the country. Since we are already busy tackling neonatal mortality through NRP/NSSK program and essential newborn care in association with government of India (GoI) and NNF, and adolescents' issues through a separate division, we thought it prudent to help GoI in a PPP model to take on important major killers like pneumonia, diarrhea, measles, TB, malnutrition, lack of immunization, and other infectious diseases in a 'bundled' program with a staggered approach throughout the country, and quite aptly described as 'Mission Uday'.

One may argue what's new in this program. We in the past have also participated in popularizing interventions to reduce under-5 child mortality. But quite admittedly, they failed to enthuse and motivate an average pediatrician. Their penetration was also limited, just confined to pediatricians. The one major difference here is that we are for the first time reaching to that section of the society that needs these interventions the most through appropriate health care providers. The one key difference is the 'missionary' zeal and approach that is the need of the hour if we are serious to achieve MDGs related goals. We have developed this course with the help of best technical support available in the country. Not only the major diseases are covered but the component of the program has ensured flexibility in incorporating region-specific diseases in a user-friendly interactive ways.

Of late, there is flooding of diarrhea/ pneumonia courses in the country with their overt and covert agendas as the MDGs date is approaching. This program is going to address the real issues in a most comprehensive way stressing on all the required interventions. We believe vaccines are great public health tools and they must be used judiciously to achieve desired results. If a particular vaccine is not made available where it is going to really make an impact, it is futile to introduce in the market. At this point of time when celebrations of the 'Decade of Vaccine' are at their peak, equity in the distribution of life saving interventions must be ensured.

The success of this ambitious project will result in a paradigm shift in the perception of us and our Academy as a whole. It is the time to redeem ourselves, both at academic field and at social arena. Today, our task is much more onerous. We need to ensure not only the survival; but an intact and a meaningful survival of a child with whatever means we do have at our disposal. The onus is on us. We need to deliver. And not falter at this opportunity to take the academy to a greater height.

Funding: None. *Competing interests*: None stated.

REFERENCES

1. Health overview. Available from: http://transition.usaid.gov/in/our_work/health/index.html Accessed on December 3, 2012.
2. World Health Organization. Global Tuberculosis Control 2011: WHO Report 2011. Available from: http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf. Accessed December 2, 2012.
3. Status of children in India. http://infochangeindia.org/agenda/child-rights-in-india/status-of-children-in-india.html. Accessed December 2, 2012.
4. Wang Y, Chen HJ, Shaikh S, Mathur P. Is obesity becoming a public health problem in India? Examine the shift from under- to overnutrition problems over time. Obes Rev. 2009;10:456-74.
5. Bhatia R. Fat to fit: Getting our kids on the right track. Available at: http://indiatoday.intoday.in/story/childhood-obesity-fat-kids-health-ministry-ncert-cbse/1/209589.html. Accessed on December 6, 2012.
6. Sample registration system (SRS) Bulletin, Vol. 47 No.2, October 2012. Available from: http://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS_Bulletin-October_2012.pdf Accessed on December 6, 2012.
7. Sample Registration System (SRS)**:** Executive summary. Available from: http://www.censusindia.gov.in/vital_statistics/srs/Chap_4_-_2010.pdf. Accessed on December 3, 2012.