

Under-Five Mortality: IAP Can Make A Difference!

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It is perhaps for a reason that the Indian Academy of Pediatrics (IAP) has chosen to time its Presidential installations in the month of January every year. The turn of the calendar symbolically gives the new incumbent an opportunity to start the term on a good note and infuse fresh vision into the organization. Hence, at the outset, I deem it my privilege to wish you on the New Year. As I embark on my Presidential journey, I thank every member of IAP for reposing faith in me and it shall be my endeavor to live up to the promise that is bestowed on the Chair. As I assume charge of office, I recognize the magnitude of my responsibility and happily accept the challenge of continuing a tradition built over half a century of valuable contributions made by my predecessors, not to mention the general body of members.

Great organizations are built not just by leaders, but more so by the large scale impact it can have on society. Leaders come and go, but the achievements of the organization should always take the society forward in the right direction. One such domain in which IAP can make a huge difference today is under-5 mortality. If there is any sphere of life where the profession of pediatrics has made a tangible difference, it is in ensuring that every child born has a better chance of survival than ever before. During my own childhood days and those of the generations before, it was common to come across families who had lost at least one child. If this is no longer the case, the primary reason is better child care.

A LOOMING PROBLEM

Today it is fashionable for us to reckon child birth as a 'miracle' of life. But in olden times, it was survival of the child that was a real miracle. During the turn of the last century, the child mortality rate in India was as high as 53 percent in India. In children under the age of five, 509 deaths per thousand births were recorded in 1880. Over half of all children born during the period did not survive past the age of five. Though child mortality figures have kept fluctuating since then, there has been a steady decline over the decades. Over the last 50 years, under-5 mortality rate (U5MR) of India was declining at a moderating rate to

shrink from 207.55 deaths per thousand live births in 1971 to 35.7 deaths per thousand live births in 2020.

It is estimated that 5.2 million children under five years died worldwide in 2019, mostly from preventable and treatable causes. Since 1990, under-5 mortality has declined worldwide as a result of socioeconomic development and implementation of child survival interventions. Even though India's U5MR has also seen a similar decline in the past years, the rate of decline in India is slow when compared to its neighboring countries. The current U5MR in India stands at 36 deaths per 1000 live births. This means that in every two minutes, three under-5 children die in India.

THE WAY AHEAD

In many ways, child survival is a barometer for national development. Child mortality rates are intrinsically linked to economic advancement. Monaco, Iceland and Japan are among the top three countries with the lowest infant mortality rates with around two infant deaths per 1000 infants within their first year of life. UK has infant mortality of 4.3 while USA has 6.5 per thousand live births. Nutrition, health status of women and availability of tertiary care facilities are important factors contributing to reduction in child mortality.

India has set a target to reduce under-5 mortality to 23 per 1000 live births by 2025 in its National Health Policy. But according to the latest data, if the child mortality trends observed were to continue, the country is likely to miss its child survival targets. India is one of the world's largest and most populous countries, made up of 28 states, 8 union territories and 748 diverse districts. The child mortality figures are not uniform across the country – 17 states and 246 districts would need a higher rate of improvement than they have now, if the country has to meet its child survival targets.

It is very clear from the above narrative that concerted national level effort has to be invested to actualize a quantum leap in reducing child mortality rate in India. Due to the enormous complexities involved in governing a

diverse country like India, many geographical regions remain underserved in the national mission. Government organization and resources alone may find it difficult to address the issues. It is in this context that IAP will have a major role to play in augmenting resources and contributing to the national effort.

HOW IAP CAN HELP?

Being a national level professional body having more than 33,000 professional pediatricians and a presence in almost every district, IAP is a formidable force which can play a constructive role. After undertaking an in-depth study, IAP has formulated a new project 'U5MR 25 BY 25' to support the government in implementing strategies to accelerate reduction of under-5 mortality rate in India. Based on the available data, this project will focus on 18 Indian states that are performing poorly, viz., Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.

From these states, 257 districts of concern have been identified for special attention. Among them, 94 districts have high U5MR and low annual rate of reduction, 57 have high U5MR and medium annual rate of reduction, 46 have high U5MR and high annual rate of reduction, and 60 have medium U5MR and low annual rate of reduction. Out of these, IAP intends to focus on 50 districts spread out in eight states, which are most relevant and feasible in this context, after discussion with Government of India functionaries.

The five main strategic components include evidence-based interventions, providing focused technical and implementation support, capacity building and skill

development of health workforce, advocacy regarding malnutrition, water, sanitation and air pollution, and demonstration of community models to address the issue of malnutrition. These activities will be focused on the selected 50 districts in the first phase and later replicated to the other districts of concern.

As the incumbent President, I call upon every branch and member alike to join hands to make this project a success. While contributing to the national well-being, success in this endeavor will also give us the satisfaction of having made a difference to child health in our own region, and thereby enhance IAP's stature as a professional body to reckon with.

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