CONCEPT ARTICLE

IMPACT OF UNIVERSAL HEALTH COVERAGE ON CHILD GROWTH AND NUTRITION

ABSTRACT

Recently after 2014 many initiatives have been taken by the Indian government to achieve universal health coverage (UHC) which is a programme of WHO. Realization of UHC is one of the key features of the United Nations Sustainable Development Goals (SDG). IMR and NMR of India is very high which needs to be curbed.

This article tries to explore why child growth and nutrition is important, what are the factors affecting child growth and nutrition, what is UHC, what are the initiatives of govt. affecting child growth and nutrition and the impact of UHC on child growth and nutrition.

KEY WORDS : Universal health coverage, child growth, nutrition, impact.

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INTRODUCTION

Child growth and nutrition is important. When a child is sick or malnourished, it impacts the well being of an individual, it burdens family and public resources, it weakens societies, and squanders potential.

India contributes the highest global share of deaths among the under-fives. According to a joint study conducted by ASSOCHAM and EY, India is home to the largest number of malnourished children in the world.[1] About 40% of Indian children were reportedly undernourished in the year 2015. Over the decade (2005-15), there has been an overall reduction in the IMR and under five mortality rate (U5MR) in India, yet the country is housing about 50 % of undernourished children of the world.

Factors affecting child growth and nutrition are:

- Antenatal and postnatal care
- Early Initiation of Breast Feeding
- Immunization
- Early screening
- Availability of health services
- Presence of communicable and non communicable diseases
- Environmental sanitation and hygiene
- Educating women
- Place of dwelling – rural or urban

What is universal health coverage (UHC)?

The concept of UHC for India was anticipated way back in 1946 by the landmark Bhore Committee Report which envisaged a country where "no individual would fail to secure adequate care because of inability to pay."[2] Universal Health Coverage is a flagship programme of the WHO in the South- East Asia Region, and is now a global priority. The goal is to ensure that everyone should have access to essential healthcare services without facing financial hardship at everywhere. Progressive realization of UHC is one of the key features of the United Nations (UN) Sustainable Development Goals (SDG). In 2000-2015, there were 8 Millennium Development Goals MDGs (figure 1) and in 2015-30 - The 17 SDGs were adopted by UN to achieve by 2030 (figure 2).

Figure 1: Millennium Development Goals in 2015

Targets for Goal 3 of SDG to be achieved by 2030:

1. Reduce the global MMR to < 70 per 100,000 live births.
2. End preventable deaths of newborns and children under 5 years of age
3. Reduce NMR to at least as low as 12 per 1,000 live births and
4. Under-5 mortality to at least as low as 25 per 1,000 live births

To achieve the SDG3 target on preventable deaths by 2030, the majority of Indian districts need to make a giant leap to reduce their NMR and U5MR. India's commitment towards achieving UHC is clearly reflected in policies and institutional mechanism, which are directed towards increasing coverage and access to health services.

Figure 2: Sustainable Development Goals (SDG) in 2015-2030

Some of the initiatives by govt to achieve UHC:

• In **April 2005 Janani Suraksha Yojana** (JSY) was launched. It is a safe motherhood intervention under the National Rural Health Mission (NHM). The objective was to reduce maternal and infant mortality by promoting institutional delivery among pregnant women. Under this scheme financial assistance of Rs. 500/- per birth up to two live births to the pregnant women who have attained 19 years of age and belong to the below poverty line (BPL) households is given.

• In **2008- The Rashtriya Swasthya Bima Yojana** (RSBY) was launched with a very laudable social objective of providing financial protection to unorganized workers, including migrant workers. It has benefited many persons who could access hospitalized care under the scheme.

• **2011- Janani Shishu Suraksha Karyakram (JSSK).** Facilities under this scheme include free and no expense delivery, including caesarean section to all pregnant women delivering in public health institutions, free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever required, free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns and infants accessing public health institutions for treatment till 30 days after birth. The scheme aims to eliminate out of pocket expenses while accessing services at Government health facilities.

• **October 2010**- the Planning Commission of India constituted a 15 member High Level Expert Group (HLEG), to recommend a framework for Universal Health Coverage. The HLEG was asked to submit its report in time for the development of the 12th Five Year Plan (2012-2017).

• **2013- National Food Security Act** came which follows a life cycle approach. Special provisions have been made for pregnant women and lactating mothers and children in the age group of 6 months to 14 years. They are entitled to receive nutritious meal free of cost through ICDS/ Anganwadi Centres under ICDS scheme and schools under Mid-Day Meal scheme. Higher nutritional norms have been prescribed for malnourished children up to 6 years of age. Pregnant women and lactating mothers are further entitled to receive cash maternity benefit of not less than Rs. 6,000 to partly compensate for the wage loss during the period of pregnancy and also to supplement nutrition. The aim is to reduce anemia and childhood stunting.

• In **2013**, the National Urban Health Mission and the National Rural Health Mission (2005) were merged to form **National Health Mission** (NHM).

• In **2014,** the Planning commission was abolished and in **2015** the **NITI Aayog**, (National Institution for Transforming India) was established with the aim to achieve SDG. NITI Aayog is undertaking the extensive exercise of measuring India and its States' progress towards the SDGs for 2030, culminating in the development of the first SDG India Index.

• **Sep 2014- India Newborn Action Plan** (INAP) was launched for accelerating the reduction of preventable newborn deaths and stillbirths in the country. The goal was to attain 'Single Digit Neonatal Mortality Rate (NMR) by 2030' and 'Single Digit Still Birth Rate (SBR) by 2030'.[3] It defines six pillars of interventions:

1. Pre-conception and antenatal care;
2. Care during labour and child birth;
3. Immediate newborn care;
4. Care of healthy newborn;
5. Care of small and sick newborn;
6. Care beyond newborn survival

• **Oct. 2, 2014 - Swachh Bharat Mission** launched, a renewed governmental focus on hygiene sanitation and open defecation free India

• **Dec. 25, 2014- Mission Indra-dhanush** launched for expansion of immunization service and coverage. Between 2009-2013, immunization coverage has increased from 61% to 65%, indicating only 1% increase in coverage every year. Target is to achieve full coverage by 2020.

• **2015- Beti Bachao- Beti Padhao** scheme launched to promote gender equity. There is sustained focus on ending female feticide,

improving child sex ratio and education of the girl child through the campaign of the government of India 'Save the girl child – Educate the girl child.'

• **2015- Pradhan Mantri Jan Aushadhi Pariyojana**- to increase availability of generic medicines, universal drug availability and affordability. It will help to bring down the out of pocket expenditure on medicines for drugs used for treating malaria and other chronic diseases like NCDs.

• **2015- Pradhan Mantri Awas Yojana** (PMAY- G) launched, an initiative by Government of India in which affordable housing will be provided to the urban poor with a target of building 20 million affordable houses by 31 March 2022.

• **2016 – PMUY- Ujjwala Yojana** launched. It was needed as there are serious health hazards associated with cooking based on fossil fuels. It aims to provide free liquefied petroleum gas connections to below poverty line families, and clean indoor air by provision of clean fuels. If implemented properly, this would go a long way in decreasing the indoor air pollution due to biomass fuel which is a major problem in rural areas.

• **2018- Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)** launched. It is an umbrella of two major health initiatives, namely:

1. Health and Wellness Centres and
2. National Health Protection Scheme

1. Health and Wellness Centres: Under this, 1.5 lakh existing sub-centres will bring health care system closer to the homes of people in the form of Health and wellness centres. These centres will provide comprehensive health care for NCD and MCH services.

List of Services to be provided at Health & Wellness Centre:

• Pregnancy care and maternal health services
• Neonatal and infant health services
• Child health
• Chronic communicable diseases
• Non-communicable diseases
• Management of mental illness
• Dental care
• Eye care
• Geriatric care
• Emergency medicine

2. **National Health Protection Mission**: It aims to provide a defined benefit cover of Rs. 5 lakh per family per year. This cover will take care of almost all secondary care and most of tertiary care procedures. It ensures that nobody is left out (especially women, children and elderly) there will be no cap on family size and age in the scheme. The benefit cover will also include pre and post-hospitalization expenses. All pre-existing conditions will be covered from day one of the policy. A defined transport allowance per hospitalization will also be paid to the beneficiary.

2018- Laqshya programme launched. After launch of the National Health Mission (NHM), there has been a substantial increase in the number of institutional deliveries. However, this increase in the numbers has not resulted into proportionate improvements in the key maternal and new-born health indicators. It is estimated that approximately 46% maternal deaths, over 40% stillbirths and 40% newborn deaths take place on the day of the delivery. A transformational change in the processes related to the care during the delivery, which essentially relates to intrapartum and immediate postpartum care, is required to achieve tangible results within short period of time. 'LaQshya' programme of the MoHFW aims at improving quality of care in labour room and maternity Operation Theatre and ensure respectful maternity care[5].

Digital India: Use of IT for bridging the gap for those lacking access to quality healthcare and reaching the unreached is essential for India. India is an IT powerhouse and has the second highest mobile phone connections globally. The various ICT application in healthcare being explored in India include telemedicine, vaccine and drug inventory control and storage (electronic Vaccine Intelligence Network), training of health workers (ANMOL, m-ACADEMY, safe motherhood), disseminating health education (Swachh Bharat app, India fights dengue app, m-Diabetes text messaging service, KILKARI recorded voice calls), promotion of behavior change (m-cessation text messaging services, stress control app), drug adherence in tuberculosis (99-DOTS). In the past decade, India has implemented a digital health program called eVIN to track immunization. ANMOL is another important digital health tool, providing better health care services to pregnant women, mothers, and newborns.

A mobile-based application, namely, 'Kilkari,' has been launched in Haryana to create awareness among pregnant women, parents and field workers about the, post-natal care and immunization, importance of antenatal care, institutional delivery. It delivers free, weekly, time appropriate 72 audio messages about pregnancy, child birth and child care from the 2nd trimester of pregnancy until the child attains the age of one year directly to the registered mobile numbers.

India continues to struggle with high maternal and neonatal mortality rates, so tracking and providing services to new mothers is important especially for the country's poorest and most vulnerable people.

Impact of Government Initiatives

1. There has been a downtrend in communicable diseases. India has been polio-free since 2014. We have been free of tetanus since 2015 and have set strict targets for the elimination of malaria, TB, and lymphatic filariasis in the coming years. While we still represent a large percentage of the global burden for these diseases, we've made significant progress.[4] The *Swachh Bharat Abhiyan*, or Clean India Movement, has provided a big push in the right direction to reduce the spread of communicable diseases. As recently as 2014, 65 percent of our population defecated in the open and now that number is down to 20%. This shows how quickly progress can take root when communities and government

leaders work together and how it will have a huge impact on health going forward.

2. Reduced infant and neonatal mortality rates- IMR reduced from 79 to 41 from NFHS 1 to NFHS 4* (figure 3). Neonatal mortality rates have improved markedly, dropping from 57 deaths per 1,000 live births to 37 between 2005 and 2015.

(*NFHS 1- 1992-93, NFHS 2- 1998-99, NFHS 3- 2005-06, NFHS 4- 2015-16)

3. Under 5 mortality rate - According to various rounds of NFHS,[5] under five mortality rate decreased from 109 to 50 and four or more antenatal visits increased from 37 to 51 (figure 4). In the past decade, India has saved a huge number of infants through multiple interventions including an increase in institutional birthing (figure 5), immunization coverage (figure 5), and improved sanitation.

4. Nutritional status – Percentage of stunted decreased from 48 to 38 and underweight decreased from 43 to 36.

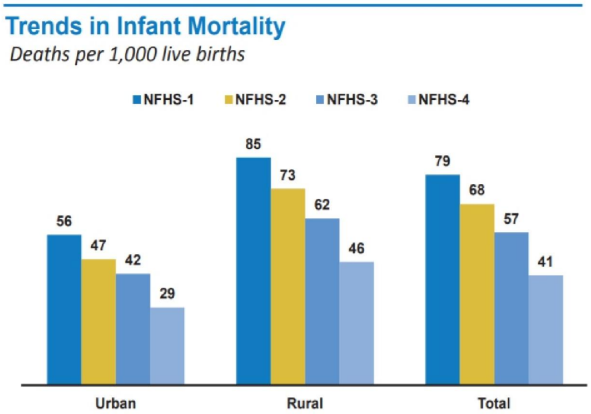
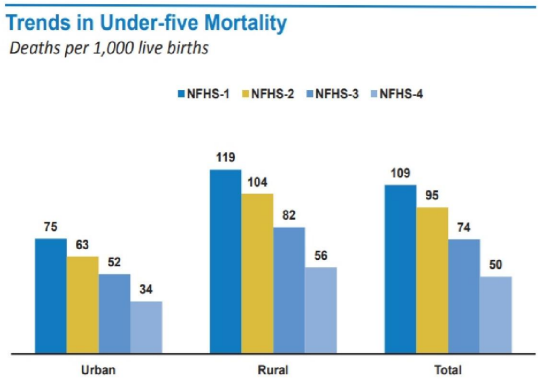


Figure 3: Trend in infant mortality



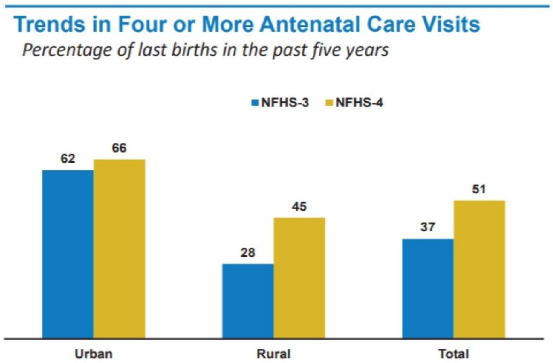
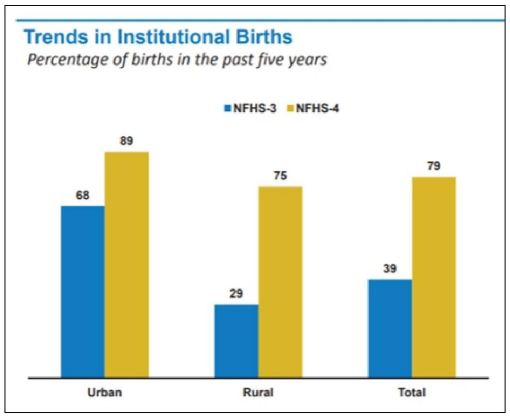


Figure 4: U5 mortality and ANC visit trend



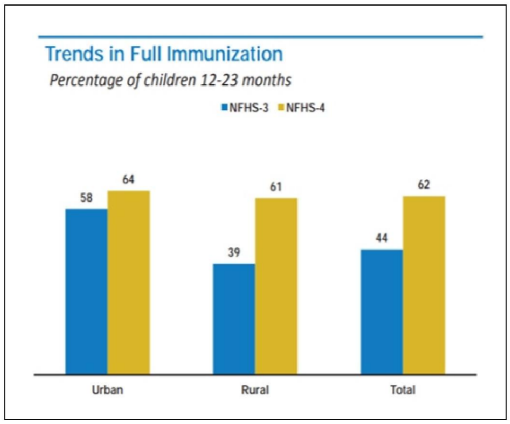


Figure 5: Trends in Institutional births and Immunization

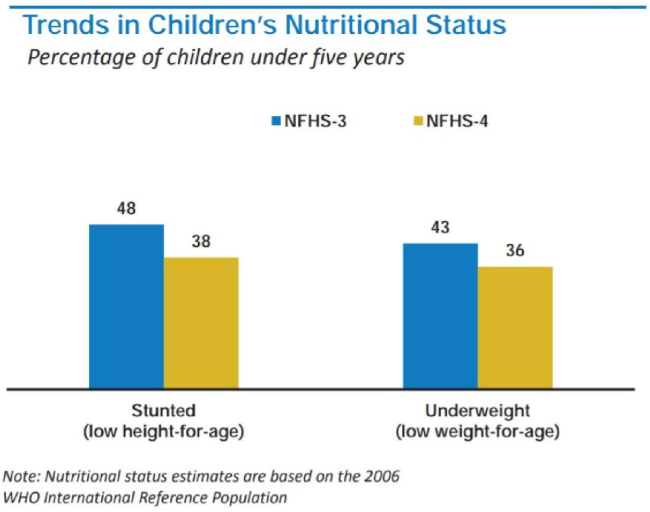


Figure 6: Trends in Children's Nutritional status

Aggregate national indicators do not highlight the huge disparities which exist across the states and districts of India. For ex. a baby girl born in Madhya Pradesh, is at a 6 fold higher risk of dying before her first birthday than a baby girl born in Kerala. Even in the 1st month of life, a newborn runs a 5-fold higher risk of death if born in Odisha as compared to Kerala. Across almost every health indicator, health inequity is starkly evident in the country. Rural, less educated and poorer sections of our population including Dalits have a worse health status than more affluent, higher educated, urban and upper caste groups. Women too are poor in health status and access to healthcare.

A national strategy focused on digital health, nutrition, and other high-impact interventions has dramatically improved health outcomes across India but more work remains to be done. We must continue to build on this progress. India still ranks 154th out of 195 countries in terms of quality and accessibility of health care. While plenty of work remains ahead of us, together we have achieved tremendous positive change.

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