

India launches India newborn action plan

Sir,

The Indian Government announced launch of India Newborn Action Plan (INAP) in September 2014 that would cover 26 million newborns in the country. This follows the Global Newborn Action Plan [1] conference held in Johannesburg, South Africa [2] and adoption of advancement the Global Strategy for Women's and Children's Health at the 67th World Health Assembly [3], the Indian Government launched an ambitious strategy to reduce neonatal mortality rate (NMR) to <10 by 2030, 5 years ahead of the Global target [4].

India has witnessed higher pace of decline in under-five mortality at 59% from 1990 to 2012 as a comparison to the global decline of 47% during the same period. Focused interventions to reduce neonatal deaths are need of the hour due to a slow reduction over these years and secondly they now contribute around 56% of the child deaths [4-7].

P K Prabhakar, Deputy Commissioner (Child Health) at the Ministry of Health and Family Welfare, Government of India says that "the Government of India has launched ambitious schemes since launch of National Rural Health Mission in 2005 that led to creation of Accredited Social Health Activists (ASHAs), a cadre of community health workers, followed by other schemes such as Janani Suraksha Yojana (cash incentives to promote institutional delivery), Janani Shishu Suraksha Karyakram (aimed at eliminating out of pocket expenses for pregnant women, newborns and infants), Facility Based Newborn Care (for care of sick newborns), Home Based Newborn Care (series of home visits by ASHAs to screen and refer newborns) etc. Through these efforts, significant progress has been made in terms of ensuring zero out of pocket expenses and improved access to healthcare for the vulnerable section of the society."

He also says that "this strategy aims to eliminate preventable newborn deaths and still births. Furthermore, a distinct feature of INAP that sets it apart from Global Plan is that it has given equal importance to improve quality of life beyond survival for those newborns with birth defects/disabilities and those who develop neurodevelopmental delays following sickness."

Subodh Gupta, Professor (Social Pediatrics), MGIMS, Wardha welcomed the News. He says that "NMR as per Sample Registration System stands at 29 per thousand live births (2012) and many states have NMR close to 40. Thus, it would be a challenge for India and such states to achieve a single digit NMR. However, achievements made under National Health Mission are quite encouraging, and India has rightly planned for INAP. India should build on quality of

care as many deliveries are now happening in facilities and a network of newborn care units in the form of Special Newborn Care Units, Newborn Stabilization Units and Newborn Care Corners have been established across the country."

He further adds that "adequate manpower, pre-service and in-service training of health service providers and workers imparting required skills aimed at newborn health and training packages of Facility based Integrated Management of Neonatal and Childhood illness and Facility Based Newborn Care (FBNC) need to be further strengthened along with exposure to real life situations in the hospitals and hence that the trainees gain adequate confidence for managing sick newborns. Some states like Gujarat and Maharashtra have initiated a 4-6 months training program for medical officers in newborn and child care and such examples could be incorporated at the national level as a solution to lack of specialized trained doctors in neonatology."

Saurabh Vyas, National Faculty in FBNC training and active member of Indian Association of Pediatrics and National Neonatology Forum shares similar views: "INAP is an integrated program covering all aspects of newborn health including antenatal care and will help track stillbirths, which is commonly neglected. Leadership of policy makers and Good Governance will go a long way in improving newborn health and software/tools that are now available to monitor data from newborn care facilities would help to improve services and study mortality profiles requiring corrective actions."

INAP has been guided by the principles of Integration, Equity, Gender, Quality of Care, Convergence, Accountability and Partnerships. The program has been based on strengthening six pillars viz. Pre-Conception and Antenatal Care, Care during labor and Child birth, Immediate Newborn care, Care of the healthy Newborn, Care of Small and Sick Newborn and Care beyond Newborn Survival.

"As per study published by Every Newborn Study Group in Lancet, Universal Coverage of Essential Interventions would reduce neonatal deaths by 71%, and would benefit women and children and reduce stillbirths," says Manazir Ali, Professor of Pediatrics at Aligarh Muslim University. He further adds "the Goal of reducing NMR to <10 by 2030 could be reached by prioritizing Quality of care, Incentivizing health workers in high risk areas and filling the required Human Resources for Health gap."

Lily Kak, senior expert on Global Partnerships and Newborn Health says that "The challenge now is to ensure

that the services provided in the health facilities are of high quality and that newborns are receiving the care they need as described in the INAP. A key success factor would be to ensure that quality services are available in both the public and the private sectors. A large proportion of families seek care for their sick newborns in the private sector. Hence, it would be important to develop a strategic approach to improve the quality of care in the private sector just as an impressive effort has been made in the public sector. India has a tremendous asset of a vast network of health professional associations that can be mobilized to improve the quality of care in the private sector.”

She further adds “The results of a bottleneck analysis in eight countries, including India, were recently published in the Lancet. The analysis found over 2,000 bottlenecks many of which were common to all countries; these include health workforce, financing and service delivery [8]. The Government of India is addressing many of these bottlenecks including strengthening the competencies of the health workforce, introducing financing schemes to provide free care for institutional delivery and for postnatal care for mother and baby, and also introducing new service delivery guidelines. These actions have been taken at the national level and will have a better chance of success if they are addressed at the state and district levels as well, especially because health is a state subject.” The Government of India should be applauded that prevention of birth defects has now been included as a National Policy within INAP and this will go a long way in terms of financial and health benefits. Linking INAP with Rashtriya Bal Swasthya Karyakram (RBSK) and District Early Intervention Centres (DEIC) would prove to be highly beneficial and yield rich dividends [9].

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Received - 03 December 2014
Initial Review - 16 December 2014
Published Online - 25 February 2015

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Funding: None; Conflict of Interest: None Stated

How to cite this article: Khurmi MS, Karpe V, Kaur P. India launches India newborn action plan. *Indian J Child Health*. 2015;2(1):43-4.