

Saving lives: on mortality rate

A new country-wise ranking of neonatal [mortality rates](#) — the number of babies dying in their first month for every thousand live births — gives India cause for both hope and shame. Shame, because the report, produced by the United Nations Children's Fund (Unicef), ranks India behind poorer countries such as Bangladesh, Nepal and Rwanda. Hope, because the ranking shows that financial resources are not the biggest constraint in improving this health indicator; political will is. According to the report, titled "Every Child Alive", while average newborn mortality in low-income nations is nine times that of high-income ones, several countries buck the trend, showing a way forward for India. For example, Sri Lanka and Ukraine, which like India are categorised as lower-middle income economies, had a neonatal mortality of around 5/1000 in 2016. In comparison, the U.S., a high-income economy, did only slightly better with a rate of 3.7/1000. Meanwhile, Rwanda, which falls in the lowest income group of less than \$1,005 per capita, has brought down its mortality rates from 41/1000 in the 1990s to 16.5 through programmes targeted at poor and vulnerable mothers. Money matters, but intent matters more.

India saw the 31st highest newborn-mortality rate, at 25.4 deaths per 1000 in 2016, while Pakistan had the highest. Coming in after 30 countries is no comfort, however, because a small mortality rate can translate to numerous deaths when the birth-rate is high. This means India lost 640,000 babies in 2016, more than any other country. How can we chip away at this staggering number? The report points out that the most powerful solutions are not necessarily the most expensive. The 10 critical products that hospitals must stock to save newborns include a piece of cloth to keep a baby warm and close to the mother to encourage breastfeeding. The list also includes antibiotics and disinfectants, the use of which can stave off killers like sepsis and meningitis. But other solutions will need greater investment. The biggest cause of death is premature birth, while the second is complications like asphyxia during delivery. Preventing these would mean paying attention to the mother's health during pregnancy and ensuring she delivers in a hospital attended by trained doctors or midwives. India has programmes such as the Janani Suraksha Yojana for this, but must expand its reach in laggard States like Uttar Pradesh and Madhya Pradesh. Then there are factors outside the healthcare system, like female literacy rates, that make a big difference to healthcare-seeking behaviour. But changes in education levels will come slowly. Despite these challenges, progress is within reach. States like Kerala and Tamil Nadu show that by focussing on these factors, newborn deaths can be brought to fewer than 15 per 1000 in Indian settings. It's time for the rest of India to follow suit.

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