

The WHO-UNICEF-Lancet Commission report published online in February 2018 illustrates the high cost-benefit ratio of investment in child health, showing immediate, long-term, and intergenerational benefits that are greater than the sum of their parts.^[1] ^[2] The Commission goes on to add that vulnerability of children and their caregivers is exploited by big businesses and commercial interests, hindering progress of child health, and exploited as they are exposed to marketing for unhealthy foods, e-cigarettes, and breastmilk substitutes, enabled by well resourced and effective lobby groups. Major inequalities remain and for a child born in sub-Saharan Africa, the risk of death before age 5 years is 14 times higher than that of a child in Europe.^[3] Moreover, a study by Victora and colleagues takes us beyond inequalities between regions, and beyond differences stratified by wealth, residence, sex, and education, to assess inequalities between ethnic groups within individual in low- and middle-income countries (LMICs).^[4]

Disproportionate funding by governments towards illness care and preventive measures in the primary health care is further affecting the survival of under-fives and continued poor health of the mothers from preventable morbidity and mortality. Preventive services are largely left to the funding agencies who prioritize their own interests rather than strengthening primary health care. Vertical inadequate approaches to immunizations, growth monitoring and family planning are some of the examples. Organized health education and community participation receive lip service and make communities rely more and more on illness care and belief that medication is the only answer to health problems. There may be cultural and traditional practices that may have something to do with these differences. However, before attempts to find “causes of the causes”^[5], universal health coverage for continuous care of under-5s at primary health care is fundamental. There is huge gap between what we know and what we do. Under-5s care through monthly growth monitoring not only addresses malnutrition, but also provides an opportunity for educating mothers to avail immunization, family planning and other maternal services.

Health awareness and education receives little importance among those serving in the health industry. In contrast, big businesses thrive on promoting and advertising their wares, often with half-truths and misleading information to lure the public, with the only aim of increasing their profits. Huge amounts of money are spent on advertising. Often packaging of the goods, nutritional supplements and even drugs, costs more than the contents. Doctors, nurses and other health professionals must remember that their first priority is the welfare of their patient.^[6] It is vital for the public to be aware of the facts which will empower them to make better choices. With limited monetary resources, governments cannot compete in advertising with big businesses. However, human resource is one that health departments have in abundance, in addition public trusts these health workers. If each health professional makes it a point to include health education as *part of the prescription* during consultation, far greater improvements in health will be noticed in a very short time. Here also the gullibility of the profession is exploited by the pharmaceutical companies to promote drugs at every opportunity,

without paying attention to the underlying causes of disease and illness. Health awareness and education is much more cost effective in the welfare of public seeking cures from their ailments.

Health statistics tell us a lot. Deaths due to heart disease and cancers top the list. Unintended injuries and chronic respiratory diseases like bronchitis, emphysema and asthma are the next. Morbidity due to cancers, diabetes, heart disease and kidney diseases are crippling diseases and lead to premature deaths. Close review of these conditions leads to causative risk factors like obesity, poor nutritional choices and lack of physical activity. A significant proportion of the morbidity and mortality can be reduced by lifestyle changes promoted through health education.

Women and children in LMICs bear a huge burden of illness and deaths. Among children pneumonia, diarrhea, malaria are the main killers. However, one third of all children in developing countries are also undernourished and knowing that around 45% of deaths among children under age five are linked to undernutrition. Moreover, early childhood malnutrition is also linked to chronic diseases and premature mortality later in life. Primary health care is not complete unless this gap is filled. Undernutrition is preventable, even in poverty-stricken populations, by appropriate advice and help to mothers at a fraction of the cost to treatment of the conditions associated with early childhood malnutrition.

Maternal morbidity and mortality are unacceptably high in LMICs. Many women die or suffer later due to complications of pregnancy. Most common reasons for maternal mortality are pregnancies with abortive outcome, hypertensive disorders, obstetric hemorrhage, pregnancy-related infection and other obstetric complications. Many of these conditions, such as women having poor control on their fertility leading to unwanted/unintended pregnancies and seeking unsafe abortion. Poor availability or acceptance of contraception is a major gap. Stunted growth due to childhood poor and inadequate nutrition and teenage pregnancy are precursors to complications of pregnancy (anemia and hemorrhage, obstructed labor).

Primary health care must have following basic interventions available to all to reduce unacceptable morbidity and mortality:

- Availability of full family planning services, including education and awareness, to address unintended pregnancies;
- Comprehensive care during pregnancy and childbirth followed by postnatal care;
- Nutritional needs of under-5s through supplements and education of all women; and
- Addressing obesity and unhealthy lifestyle, including importance of physical activity among adolescent and adults.

These gaps are most evident in primary health care and must be filled with the already available know-how so that sustainable development goals and Health for All are made

achievable.

References:

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[5] McKee. Grenfell tower fire: why we cannot ignore the political determinants of health. BMJ 2017; 357: j2966.

[6] Hippocratic Oath. See This Week under old items on February 24, 2019. (this website)