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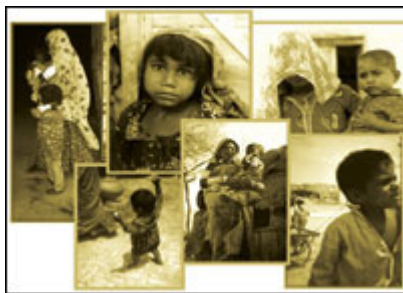
## DAWN Sci-tech World

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### Children of a lesser god

*Child mortality rate in Pakistan is escalating. **Haider Warrach** discusses the sad truth and the various efforts being made to alleviate this problem*



Bilal Colony is a dusty slum located in the outskirts of Karachi. Barely ten miles from the city centre, the colony is yet another stark reminder of the state of Pakistan's poor. Populated mostly by Pathans and Afghans who have migrated to the metropolis in search of better fortunes. Almost all women are clad in burqas from head to toe. Their level of education is poor — most women lack the ability to

understand even the local language, Urdu. A charity hospital runs in the community, giving free treatment to the women and children of the colony. Inside its walls, the hospital provides one with an inside view of the health status of the children dwelling there.

The paediatric clinic becomes a magnifying glass bringing one face-to-face with the grim conditions on the ground. Almost every child is malnourished, and diarrhoea and pneumonia run rampant. These poor children face the brunt of their families' illiteracy and poverty. Mothers are not ready to give their kids the ORS they need to cure diarrhoea, and yet willing to prick their babies with teekas. The neighbourhood is infested as much by dangerous pathogens as it is by quacks ready to dish out antibiotics and injections without any knowledge of paediatric medicine. Parents are willing to go to these quacks since they cannot afford treatment in hospitals.

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Death comes easy and quickly to the children of Pakistan. Four hundred and twenty three thousand children below the age of five die in Pakistan every year. The child mortality rate in Pakistan is 97 per 1000 children under five years of age. 60 per cent of these children die in the first month of their life. About 40 per cent of children are moderately or severely underweight, which in itself is one of the greatest causes of mortality. Pakistan is among the four countries in the world where polio is still endemic. Only 31 per cent of births are conducted by trained birth attendants, when the goal is 90 per cent. Three and eighty of every 100,000 die due to pregnancy-related issues in Bilal Colony alone —and this figure is twice the level it should be. All of this data, collected and presented in The State of the World's Children report 2008: A Pakistani Perspective, a yearly publication of UNICEF (United Nations Children's Fund), sums up the dire situation of not only this nation's children, but of the mothers who bear them.



The relationship between a mother and a child is essential to the well-being of the latter. Maternal education is associated with better child nutrition and lower child mortality. However, female literacy rate remains low in Pakistan, especially in rural areas, struck most severely by childhood mortality.



Balochistan is the province with the lowest female literacy. And so, it is no surprise that maternal mortality there is twice that of the national average. Women in developing countries also have an inferior status in the household. In 60 per cent of developing countries, women participate in less than half of all domestic decisions.

Educating women not only improves their own chances of employment and participation in household matters, but research has also linked it to better child survival, better nutritional status and school attendance of the child. To bring the issues of women forward and to empower them on a functional level, Pakistan is one of the many countries that employ a quota system in their legislature.

However, in spite of these quotas and a former female head of government, the women of Pakistan languish behind their male counterparts with regard to education, wages and a major say in the upbringing of their young.

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***An estimated 50,000 children in Swat have not received much-needed polio vaccinations because of frequent kidnapping and harassment of health workers. Polio has made a comeback in the area with four cases reported this year. And, even though the government has made inroads into alleviating the state of children with the aid of donor organisations, statistics quoted in this article and the existence of visibly sick children prove otherwise.***

The impact of diseases in children and its aftermath is immense. It is not merely something that can be ‘cured’, since it requires action on almost every front of human development. Child mortality, in turn, is considered a major economic indicator for countries. Any intervention that hopes to completely alleviate conditions in Pakistan would have to be multi-factorial, multidimensional and multi-pronged. Eighty to 90 per cent of all children brought to hospitals in developing countries have one of these five diseases: Acute Respiratory Infections (ARIs, for example, pneumonia), diarrhoea, measles, malaria and malnutrition.

As a short-gap solution for developing countries, the WHO (World Health Organisation) and Unicef developed a programme called the Integrated Management of Childhood Illnesses (IMCI) that focuses on finding cost-effective solutions for these five diseases. This programme has been introduced in 80 countries.



In Pakistan, the driving force behind the IMCI has been the Aga Khan Health Service (AKHS) and the government of Pakistan which has pilot tested it in a few districts, yielding favourable results. The IMCI is a holistic programme that looks at the child as a whole, provides cost-effective care without requiring extensive technical experience. However, for its full implementations, training should be administered to healthcare workers on a large scale.

The Expanded Programme for Immunisation (EPI) is another component of the health service, seeking to reduce child mortality. The government of Pakistan plans to introduce a vaccine for Hemophilus Influenzae type B (Hib) — a dangerous pathogen-causing diseases like pneumonia and meningitis in children — in the routine immunisation given free of charge universally. This became possible with extensive help of foreign donors, such as the Global Alliance for Vaccines and Immunisation.



Vaccines have since long formed the backbone of public health initiatives reducing disease prevalence among children.

Recently, two new vaccines are now being introduced in developing countries. One is to counter Streptococcus Pneumoniae which is one of the most common causes of many infections of the chest, the brain membranes, the middle ear and the throat. The other pathogen for which effective vaccines are available is Rotavirus. This is the most common cause of childhood diarrhoea in the world.

Pakistan has now become a focus of many donors, hence benefits from aid since the country accounts for a major chunk of global child mortality. With two new vaccines approved by the FDA , and other cost-effective options under

development in China and India, the future for implementation of the Rotavirus vaccine appears to be bright.

Pakistan has faced two major natural disasters recently, the Earthquake of October, 2005 and the Baluchistan/Sindh floods in 2007. It is the children who have suffered the most in these dire circumstances. And it is inevitable that the uncertain political situation in the country as well as a dwindling economy will certainly affect the amount of water with which a mother tampers her child's milk.

Changing values in the society are affecting healthcare seeking behaviours of Pakistani parents and coupled with parents' blind faith in spiritual healers, the situation worsens even more. An estimated 50,000 children in Swat have not received much-needed polio vaccinations because of frequent kidnapping and harassment of health workers. Polio has made a comeback in the area with four cases reported this year. And, even though the government has made inroads into alleviating the state of children with the aid of donor organisations, statistics quoted in this article and the sight of visibly damaged, sick children prove otherwise. A lot more, obviously, needs to be done.




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**'Unless things change very quickly, we will miss the the Millenium Development Goals by quite a margin' — Dr Anita Zaidi**

*(Professor of Pediatrics and Microbiology, Aga Khan University, Karachi.)*



Given the level of child mortality in Pakistan, we need a composite effort from all sectors in order to make a marked difference. Dr Anita Zaidi discusses with Scitech World the various issues involved, steps that have been taken, and what more is needed to counter the problem. Excerpts from the interview...

**How does child mortality affect the human development of a country?**

Child mortality is an indicator, used for assessing the country's development. It tells you in that one number how many children are dying per 1000 live births and, if that number is high, it tells you that a country is not taking care of its children and is not taking care of its mothers.

### **What are the emerging problems afflicting children in Pakistan?**

We estimate that about 10 million children die every year, and most of those are preventable deaths. And the causes are very few; the big killers include neonatal deaths, which are deaths that occur in the first month of life, mainly from not having access to good care at the time of delivery, home births in unhygienic conditions, and if the birth attendant is not trained.

### **What influence do foreign donors play in public health initiatives taking place in Pakistan?**

Sometimes, the priorities of international donors might differ from those of the country. For example, a lot of funding is present for HIV treatment, while we emphasise HIV prevention. But for the major child health issues, the global agenda is very harmonised with the country level agenda, which is because the WHO is now very evidence-based.

So for Pakistan, the priorities are newborn health, diarrhoea and pneumonia prevention and management, which are the main focus of global funding agencies now.

### **Pakistan is lagging behind in almost all the indicators of the Millennium Development Goals. Do you see that changing by 2015?**

Progress is really slow, and it looks very unlikely that we will meet them. And when you couple that with what is happening politically and economically in Pakistan, poverty rates will only increase. So, unless things change very quickly, we will miss the Goals by quite a margin.

### **Tell us about current projects you have undertaken and what can be achieved through them.**

The main causes of poor child survival are newborn problems, diarrhoea and pneumonia, so it makes sense that if we make a difference here. We focus on these three areas, particularly on prevention, better defining disease causing agents, and finding local, cost-effective solutions for these problems. These are the focus of work being carried out by our department.

### **What are the new interventions, currently in the pipeline, that will significantly affect the health of the world's children?**

The Hib vaccine will become part of the injection given as part of the EPI programme which includes DPT and Hepatitis B. Hib is a big cause of pneumonia and meningitis. Interest is also being shown by the EPI towards introducing the Pneumococcal vaccine, which will eradicate a major cause of pneumonia and

meningitis.

The Rotavirus vaccine is also promising; we have shown from our work that Rotavirus is a very common cause of diarrhoea in children in Pakistan.

There is a possibility that it will be introduced in the next two to three years in Pakistan. The government is also interested in improving the skilled delivery rates at home by training community midwives. And this is a very important programme that should have the highest priority for funding, since it can go a long way in alleviating the state of both the child and the mother.

### **How great a role does the government play in promoting research in Pakistan?**

The Higher Education Commission has shown a big commitment to research. They have increased funding for research programmes and have provided a lot of funding to train PhDs abroad. They have also provided funding for people to come back from abroad to promote research here in Pakistan. But it will take some time for results of this initiative to become visible.

### **The role of a doctor should be more than that of a clinician alone. What are the opportunities available in Pakistan to pursue a career in public health and research?**

Public health is largely focused on prevention of big problems affecting major portions of the population while medicine is only curative on an individual basis. If you can attack the problems head on by preventing them, it is better than waiting to be overwhelmed by them. Public health is not a recognised field in Pakistan, and a lot of people in this field come in by default. There are hardly any schools for public health in Pakistan; the only institutions are present in Punjab. So there is a huge need for increasing the number of public health schools in Pakistan.

On the other hand, India is opening eight institutions of public health throughout the country, and they are recruiting people from all over the world to teach in these schools. This is being done in collaboration with the NIH. — [H.W](#)



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