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India's Rapid Progress in Reducing Mortality Rates Expected to continue

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India has made rapid progress in substantially reducing:

- Under-5 mortality rate (defined as probability that a newborn baby will die before reaching 5 years of age, if age-specific mortality ratios continue to prevail);
- Maternal mortality rate (defined as number of maternal deaths, i.e. death of a woman while pregnant or within 42 days of termination of pregnancy) per 100,000 live births);
- Infant mortality rate (defined as the number of deaths of children under one year of age per 1000 live births)
- Neonatal Mortality Rate (NMR), which concerns the number of newborns dying within less than 28 days per 1000 live births; and
- Probability of Children Dying between 5 and 14 years, expressed as number per 1000 live births.

The data, unless otherwise noted, are from the March 2018 Report by the UNICEF (United Nations Children Fund) entitled "Level and Trends in Child Mortality 2017. The Report is based on the research of the UN Inter-Agency Group for Child Mortality Estimation.

India's rapid progress in mortality rates is expected to continue, if not accelerate, for the reasons explained below.

Under-5 Mortality Rate (U5MR)

According to the Report, estimates for India's U5MR in 2017 are 39.4 (middle estimate), 35.2 (low estimate), and 43.6 (high estimate).

This compares with the global average of 39.1 (middle estimate), and low and high estimates of 37.1 and 42.3 respectively.

India's under-5 mortality rate is thus similar to the global average.

Even with this achievement, India still lags substantially behind Southeastern Asia's under-5 mortality rate (23.2, 26.1, and 30.1 respectively).

India has registered four-fold decline in gender gap in survival of girl child in five years ending in 2017. The Beti Bachao Beti Padhao program, and others aimed at the girl child would provide further impetus towards achieving global average of 10 percent higher survival rate for girls than for boys.

The absolute number of deaths of children under five was 0.8 million in 2017, a sharp decline from around 1 million two years ago. This suggests saving of 0.2 million children in just two years.

Infant Mortality Rate (IMR)

The Report estimates India's IMR in 2017 at 29 (low estimate), 32 (middle estimate), and 35 (high estimate). In 2010, the respective estimates were 43.8, 45.3 and 49.4 respectively. By 2017, India's IMR is same as the global average of 32.

Neo Natal Mortality Rate (NMR)

India's NMR declined from 57 in 1990 to 24 in 2017. This is still uncomfortably higher than the global average of 18 in 2017.

Probability of Children Dying between ages of 5 and 14

Between 1990 and 2017, this rate declined in India from 21 to 6. In 2017, global average was 7. India must aim to halve this rate in the next several years.

Surjit Bhalla in an op-ed article entitled "Modi's Sanitation, Pro-women, pro-poor. If open defecation free works, under 5-mortality rates should have fallen" (The financial Express, September 22, 2018) has summarized his research on India's mortality rates as follows:

- i. For the Under-5 Mortality Rate, India ranked 8th for males and 7th for females among the developing countries in 2017, a remarkable achievement as the respective ranks were

35th and 42nd in 2000.

- ii. In narrowing male-female gap in mortality, India's rank was 1st in 2017, as compared to 57 in 2010.
- iii. In sex ratio, India's rank improved from 46th in 2010 to 2nd in 2017.

India should increasingly benchmark itself against the upper-middle income countries, as classified by the World Bank, than against the developing countries. Such ambitious but achievable benchmark should help India guard against any complacency in further improving its mortality rates.

Prospects

The prospects are for continuing rapid progress in declining mortality rates in India for the reasons explained below.

First, improving sanitation, public hygiene, immunization drive, and affordable good quality medicines, four key factors in improving mortality rates have received strong policy and budgetary support by the Prime Minister Narendra Modi -led government.

This is exemplified by the Swachh Bharat (cleaner India) mission focusing on building toilets in both public places, and in the houses. The health initiatives of the government, including Ayushman Bharat, are expected to contribute to address some of the health care gaps in the country.

Under the Swachh Bharat program, 85 million toilets have been built since 2014. Rural India's sanitation coverage increased from 39 percent in 2014 to over 93 percent in September 2018.

About 500 million persons have reportedly shunned the practice of open defecation since 2014. 459 out of 718 districts in India have been certified as having no open defecation. The goal is to have all districts attain this position by 2019. The challenge would be to sustain this behavioral change.

The sheer scale and rapidity of this accomplishment could provide material and data for many Masters and Ph.D. level theses, and studies by research organizations and public policy schools in the area of behavioral economics, in social change, and in large project planning and execution.

Another indication of the importance of sanitation in the current government's priorities is that the Mahatma Gandhi International Sanitation Convention (MGISC) is being held in New Delhi from September 29 to October 2, 2018, with participation of over 50 sanitation Ministers from various countries. Promotion of knowledge sharing, technological developments in sanitation, and commercial opportunities are expected to be the key focus areas.

The Ayushman Bharat initiative has two complementary components. The first is designed to help address gaps in primary health care by operationalizing 0.15 million health and wellness centers across the country.

The second component is the Pradhan Mantri Jan Arogya Yojna (PMJAY), formally launched on September 23, 2018 in 445 districts, across 30 states. It will immediately make available estimated 0.26 million hospital beds available to those covered under the PMJAY.

The PMJAY provides insurance worth INR 0.5 million per family per year for in –patient and secondary and tertiary treatment. It is an entitlement-based program with costs borne by the government budget. The resulting contingent liabilities would have to be managed.

It covers about 100 million low-income families, nearly 500 persons, equivalent to about 40 percent of India's population. It is thus among the largest and most ambitious health insurance program in the world.

The PMJAY will be managed by a National Health Authority (NHA), which is designed to be a lean organization. About 30 states and Union Territories (out of 36) have reportedly agreed to implement the program, an encouraging sign.

The NHA should regard helping to develop actuarial databases, and data mining capabilities, as an integral part of its responsibilities. These are particularly needed to manage fiscal costs and contingent liabilities of the PMJAY, and to create a feedback loop for making refinements in policy and in execution.

The PMJAY is likely to be followed by some form of national health insurance scheme for the whole country. Careful planning, including for costing, as well supply side preparations for such a scheme would be needed.

The second area concerns opportunity provided by the wide variations in mortality rates in India.

Thus, according to the NITI (National Institution for Transforming India) Aayog, based on India's Sample Registration Survey, IMR in 2016 ranged from a low of 8 in Goa, to 47 in Madhya Pradesh.

While India's IMR declined from 63 in 2002 to 34 in 2016, the decline was also rapid in states with above average IMR. Thus, in Madhya Pradesh, the corresponding decline was from 85 to 47, in Uttar Pradesh from 80 to 43, and in Rajasthan from 78 to 41.

These figures do not fully reflect the progress made since 2016. Since then, several states, such as Uttar Pradesh, Tripura (IMR of 24 in 2016), and Assam (IMR of 44 in 2016), have had new energetic governments, with development priorities similar to that of the Union government. This augurs well for further reduction in the mortality rates in these states.

Third, prospects for improvements in other determinants of mortality rates are promising.

India has been among the fastest growing large economies globally. Most multilateral organizations predict India's 2018-19 growth rate at around 7.3 percent, and around 7.5 percent in 2019-20.

India has taken several initiatives to broad-base growth and narrow regional imbalances, with the Northeast region emerging as a new growth node.

India has also pursued opportunities for tapping new activities, such as from the Blue Economy, which utilizes oceans and inland waterways for generating economic opportunities, and livelihoods.

India is also utilizing technological advances in health care, and water and solid waste management to help address these issues more effectively.

The Jan Aushadhi Yojna provides quality medicines at affordable prices throughout the country, making medicines more accessible. This helps household budgets, and enables necessary medicines available.

The women empowerment and their educational and livelihoods opportunities are also expanding at an accelerated pace.

Concluding Remarks

India has prioritized social sector, with sufficient budgetary support, policy focus, more effective administration (there is room for improvement in this aspect), and aiming for desirable behavioral change, which has significantly brightened prospects for an accelerated progress in the mortality rates. This in turn has the potential to substantially improve household welfare.

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