



Janani –Shishu Suraksha Karyakram (JSSK): Is This Scheme Enough For a Sick Newborn with Congenital Disorders

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Every year more than 1.3 million infants die within one year of the birth and out of these approximately 0.9 million i.e. 2/3rd of the infant deaths take place within the first four weeks of life. Out of these, approximately 0.7 million i.e. 75% of the deaths take place within a week of the birth and a majority of these occur in the first two days after birth [1]. Congenital disorders or birth defects are present in about 3% of newborns [2]. Congenital anomalies resulted in about 632,000 deaths per year in 2013 down from 751,000 in 1990 [3]. The type with the greatest death are congenital heart disease (323,000), followed by neural tube defects (69,000) [3]. Physical congenital abnormalities are the leading cause of infant mortality in the United States, accounting for more than 20% of all infant deaths. Seven to ten percent of all children will require extensive medical care to diagnose or treat a birth defect [4]. Congenital anomalies account for a staggering 25.3–38.8 million disability-adjusted life-years (DALYs) worldwide [5,6]. The World Health Organization's (WHO) recent global burden of disease (GBD) study reports that anomalies rank 17th in causes of disease burden [5].

In June 2011, Ministry of Health and Family Welfare, Government of India launched the Janani–Shishu Suraksha Karyakram (JSSK), a national initiative in order to reduce the maternal and infant mortality [7]. The scheme emphasizes utmost importance on “free entitlements” to eliminate out-of-pocket expenses for both pregnant women and sick neonates. Under this scheme, sick newborns (both medical and congenital surgical conditions) are entitled for free treatment at the public health institutions, free drugs and consumables, free diagnostics, free provision of blood, free diet and exemption from all kinds of user charges till 30 days after birth. This initiative also provides for free transport from home to health institution, between institutions in case of referral and drop back home after delivery [7].

When a neonate is sick and needs urgent and priority treatment for conditions like infection, pneumonia etc is to be conducted free of cost by JSSK but in neonates with congenital disorders which require multiple surgical corrections, frequent follow up and investigations beyond 30 days of life, JSSK will not be of any value. Most of the congenital surgical conditions like omphalocele, pure esophageal atresia, exstrophy bladder etc require surgeries (2nd or 3rd stage) after 30 days of life. Some congenital surgical conditions (cardiovascular, urological and central nervous system anomalies) require primary surgeries after 30 days of life. So it is essential to extend services to newborns with congenital disorders after 30 days of life to justify name and objective of JSSK scheme.

The JSSK initiative is estimated to benefit more than 10 million newborns who access public health institutions every year in both urban and rural areas. India has made considerable progress in reduction of infant mortality rate (IMR), but the pace at which these health indicators are declining needs acceleration.

The JSSK is a huge leap forward in the quest –‘Health for All’. For the first time it challenged the public health system to look beyond financial incentives. Key consensus emerged on the need to eliminate

out of pocket expenses for both pregnant women and sick neonates. It became clear that unless such care reached a basic minimum threshold, the number of beneficiaries would increase, but would not be matched by commensurate reductions in maternal and neonatal mortality because the quality of care and the management of complications were not improving in parallel.

The impact of Janani Shishu Suraksha Karayakaram (JSSK) on out-of-pocket expenditure during perinatal period in an urban slum area of Chandigarh, India was assessed by Tripathi et al. [8] Out-of-pocket expenditure for delivery decreased from Rs. 5342 to Rs. 3565 between pre and post-intervention period. There was no significant difference in catastrophic health expenditures between pre-JSSK (21.2%) and post-JSSK (15.6%) periods ($P = 0.15$) [8]. So the authors concluded that strengthening of implementation of JSSK is required to ensure universal access for natal care.

So the JSSK scheme should extend the arms of benefit for the newborns with congenital disorders after proper assessment of the disease condition and course.

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