

Jan Swasthya Abhiyan

(Peoples Health Movement – India)

Health for All - Now!

Health is a Basic Human Right!

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All India Drug Action Network (AIDAN)
All India People's Science Network (AIPSN)
All India Democratic Women's Association (AIDWA)
Bharat Gyan Vigyan Samiti (BGVS)
Breast Feeding Promotion Network in India (BPNI)
Catholic Health Association of India (CHAI)
Centre for Community Health and Social Medicine, JNU
Christian Medical Association of India (CMAI)
Forum for Creche and Child Care Services (FORCES)
Fed. of Medical Representative Assns. of India (FMRAI)
Health Watch
Jan Swasthya Sahyog (JSS)
Joint Women's Programme (JWP)
Medico Friends Circle (MFC)
National Alliance of People's Movements (NAPM)
National Federation of Indian Women (NFIW)
National Association of Women's Orgs. (NAWO)
Public Health Resource Network (PHRN)
SAMA – Resource Group on Women's Health
SATHI – CEHAT
Society for Community Health Awareness
Research and Action [SOCHARA]

Participating Organisations:

Over 1000 organisations concerned with health care and health policy from both within and outside the above networks.

Statement on Deaths of Children in Muzaffarpur, Bihar

20 June, 2019

Jan Swasthya Abhiyan (JSA) is deeply saddened at the horrific deaths of over 100 children due to Acute Encephalitis Syndrome (AES) over the past few days at the Sri Krishna Medical College and Hospital in Muzaffarpur, Bihar. JSA expresses heartfelt condolences to the families of the young children who have lost their lives.

Acute Encephalitis Syndrome (AES) is the broad term that covers all instances of children having fever followed by loss of consciousness, with large numbers subsequently dying or being left with mental and physical disabilities. This condition has many causes. Deaths due to the deadly AES, has been a recurring problem in the region, and though there are uncertainties over the exact cause in each outbreak, we do know enough to prevent both the outbreak and deaths in all these epidemics. We strongly demand that the government takes responsibility for the failure in preventing and responding to these outbreaks and initiates necessary treatment and rehabilitation of the affected children who have survived but have been left with severe disabilities.

On the treatment aspect, viral encephalitis patients need good tertiary care facilities. The Government has made some ex post announcements of more number of beds and ICU wards (and even a *dharamsala!*) but these appear to be an adhoc response to the immediate crisis. The then, Union Minister of Health had made a similar announcement of a virology laboratory in Muzaffarpur and a 100-bed paediatric ICU five years ago- but no action had followed.

Among the possible causes of the epidemic, one that has evidence, is related to litchi toxicity, which strikes at this time of the year, and affects children in acute malnutrition who consume the fruit. Hypoglycemia, is *not* the cause of the disease, but rather the clinical pathway through which the disease damages the brain, and this makes the disease amenable to life saving treatment if initiated correctly, adequately and immediately. This is a relatively new treatment protocol and it requires government intervention and support to ensure that doctors are aware of this intervention and practicing it. Even more urgent is intensive efforts at health communication to alert families to the dangers of this toxicity, and intensifying supplementary feeding measures that would reach the sections of society where hunger is so rampant. The pre-monsoon months are when family access to food is at its lowest, and even supplementary programs like school mid day meal are non functional. Clearly there is an immense failure of government action as it has not taken heed of the clear scientific opinion in this regard.

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The other major cause of viral encephalitis in this belt that stretches along the Ganges, from west of Gorakhpur and into the Brahmaputra, is viral encephalitis- much of it due to entero-viruses and some of it about 10% or less due to Japanese Encephalitis. These viral encephalitis, though not as easily reversible as litchi toxicity, are also amenable to good tertiary care that could often require ventilatory support as well. Access to quality tertiary care could bring down deaths and disability due to these diseases even if it cannot eliminate it completely. The pediatric ICU is therefore a necessary intervention, and it is high time that the government acted on its repeated promises. Further along this entire belt, every district hospital needs to have the necessary capacity- and not only one or two special hospitals. It is worth noting that the Pradhan Mantri Jan Arogya Yojana (PMJAY) was completely unresponsive and irrelevant to this need- and insurance schemes are no substitute for the urgent expansion of public hospital capacity that is called for.

JSA cautions that even this expansion of public hospital capacity is only an incomplete solution. The terrible situation in access to safe drinking water and improved sanitation, acute poverty and child malnutrition in these poorer sections of the society remains the main cause and addressing it remains the main solution. Further Japanese Encephalitis which was once a major cause, but now is only a minor contributor, can also become once again become a major problem in this region- and controlling this cause of AES needs much better vector control measures as well as immunization of those at risk.

In a situation of multiple causation, each case report of AES needs immediate investigation into the exact cause and circumstances of the outbreak as soon as the first cases occur, so as to prevent the epidemic. But according to reports, the head of microbiology department at IGIMS, Patna has gone on record very recently saying that it is still not clear whether it is viral infection or toxin or malnutrition. Clearly, though this is the nodal center for research on acute Encephalitis syndrome (AES), the capacity to make a rapid assessment with laboratory confirmation is not in place- another colossal failure of the government.

JSA strongly condemns the adhoc approach followed by the state and takes a serious note of this uninformed and piecemeal approach that the government, both in the State and at the Centre, has been following over the past few years. The chronic inability of the state to prevent such disasters has further exposed the chinks in India's health system.

We welcome that National Human Rights Commission (NHRC) has taken a *suo moto* cognizance of the matter and sent notices seeking a detailed report, including on the status of implementation of the National Programme for Prevention and Control of Japanese Encephalitis Virus/Acute Encephalitis (NPPCJA).

JSA demands that the Government initiates immediate measures for the treatment and prevention of AES to prevent further deaths.

JSA also demands that concrete and long term steps be taken to ameliorate and strengthen the public health system instead of pushing the country towards privatisation and insurance-based model of healthcare.

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