EDITOR'S CHOICE

INDIA EDITOR'S CHOICE

Towards better health of children

Anita Jain *India editor, BMJ*

Mumbai

Let's give ourselves a pat on the back. I'm sure, like me, many of you have contributed to making India polio free. Selflessly advised, and sometimes coerced parents; gone door to door to weed out the virus from every nook and cranny; and chased children on national immunisation days to administer them "*Do Boond Zindagi Ke*" [two drops of life (indicating Oral Polio Vaccine)], made popular through an advertising campaign by filmstar Amitabh Bachchan. Completing the final mile in this crusade against polio has required mammoth efforts, as Patrlakeha Chatterjee outlines in this feature (doi:10.1136/bmj.f3378), off which has evolved an intricate public health machinery ready to take on the next mandate.

Starting this year, the Indian government launches a new health programme to serve the diverse needs of adolescents. A young nation, adolescents make up over a fifth of the population. The programme envisions a "holistic and participatory" approach to supplement sexual and reproductive health services alongside a focus on nutrition, mental health, substance abuse, injuries, and non-communicable diseases (doi:10.1136/bmj.g158).

Not uncommonly, access to safe drinking water and sanitation facilities fail to make it on to the health programme agenda. In what exposes a fragmentary approach to governance, the functions of the Ministry of Drinking Water and Sanitation likely fall outside the purview of health. *In Deep Shit*, a report by the Right to Sanitation campaign, lays bare the stark health consequences of India's problem of missing toilets. Nearly half of all homes have no toilet facilities: a number grossly underestimated by ministry records (doi:10.1136/bmj.f7060).

Using a modelling framework, Mathieu Hanf and colleagues analyse 10 years of data from countries across the globe to identify determinants of mortality in the under 5 age group. And inadequate access to clean water and sanitation facilities are strongly correlated with mortality in the under 5s. Sanitation

coverage, they suggest, is a pertinent strategy to reduce mortality both in the short and medium terms (doi:10.1136/bmj.f6427). Lest one forgets, these findings reaffirm the urgency to tackle diarrhoea, a leading cause of child mortality, head on; and for preventive efforts to move beyond a rigid health programme approach.

Rotaviruses being the dominant causal organism in acute gastroenteritis, several countries now include rotavirus vaccine in their routine immunisation schedule. Umesh Parashar and colleagues in this clinical review (doi:10.1136/bmj.f7204) suggest caution nevertheless in developing countries where the vaccine has shown moderate efficacy. They propose further studies in these settings to ascertain effectiveness and safety of the vaccine, and feasibility of a large scale roll out. Until then, oral and intravenous rehydration form the mainstay of treatment for acute gastroenteritis.

The updated World Health Organization recommendations on rehydration therapy for septic shock in children have created quite a stir among practitioners in the global health community. Sarah Kiguli and colleagues claim these guidelines overlook evidence from the FEAST (Fluid Expansion as a Supportive Treatment) trial that showed increased mortality among children administered bolus fluid resuscitation (doi:10.1136/bmj.f7003). In its response (doi:10.1136/bmj.f7271), WHO assures an independent appraisal of all available evidence on this topic. Given that lives of thousands of children are at stake, this better be priority.

Follow Anita Jain on Twitter @ajain247

Cite this as: *BMJ* 2014;348:g385

© BMJ Publishing Group Ltd 2014