

Press conference on the issues of pediatric healthcare on the occasion of the Day for Protection of Children

Press conference with director of the Scientific Center of Children's Health, head pediatrician of the Russian Federation, Academician Alexander Alexandrovich Baranov dedicated to the issues of children's health protection in Russia was held at the International multimedia center "Russia Today" (International News Agency) in Moscow on May 30. Video interview is available on web-site <http://pressria.ru/pressclub/20140530/949290845.html>

- What is the current situation in healthcare?

- We are preparing to the Day for Protection of Children. We invite everyone to the opening ceremony of the new high-technology complex of the Scientific Center of Children's Health, which has been being built for two years, on the First of June. We are opening the Institute of Pediatric Surgery and a Consultative-Diagnostic Center on the basis of this clinic. The area of the complex is 40,000 m². 5.3 bn rubles have been spent on construction and equipment; this demonstrates seriousness of the state regarding investments into protection of children's health.

On the whole, if we estimate the level of pediatric healthcare, there is, of course, no definite trend. On the one hand, we have attained considerable success in terms of infantile mortality reduction. We have achieved unique results in this sphere in recent years; this has brought Russia into line with the developed countries of the West. Our achievements have been recognized by the WHO, whereof we may rightfully be proud. An international forum dedicated to evaluation of Russia's experience in the sphere of reducing children's mortality and replication thereof in the countries of Eastern Europe, Asia, Africa and Latin America, which was financially supported by the Government and the Ministry of Health of the Russian Federation, has been recently held on the basis of the Scientific Center of Children's Health.

At the Scientific Center of Children's Health, we also conduct educational seminars for doctors from Tajikistan and Kyrgyzstan with this purpose in mind. We are organizing a similar symposium for pediatricians from Angola and Ethiopia in June. By the end of 2015, 240 pediatricians from 12 countries representing different continents will have obtained all the knowledge and skills required for the best possible medical care rendering to children at the high-technology simulation training center.

That is to say that our successes have been recognized in the world community, which is why we have obtained a right to transfer our experience to the countries, where such issues persist.

At the same time, it is commonly acknowledged that social welfare affects infantile mortality. That is fair enough; however, infantile mortality in Russia was reduced primarily at the expense of medical factors.

Perinatal medical service has been founded in the framework of the perinatal centers' construction program, which has been in effect for three years already. Perinatal centers serve to facilitate delivery by women with pathologies and preserve lives of both mothers and children, as pediatric and maternal mortality issues are primarily associated with health problems.

Along with the success in the sphere of reducing under-5 mortality, a high adolescent (10-17 years of age) mortality rate (three times as high as in the advanced countries) is still observed in Russia. Ca. 7-8 thousand adolescents die each year in Russia. Approximately 70% of the fatal outcomes are associated with traumas, intoxications, homicides and drugs, i.e., basically with causes of violent death. Alongside this, suicides constitute 25% of deaths of adolescents. Unfortunately, this remains a grave problem for Russia, as it is among the countries with the exceptionally high suicide rate.

Another negative tendency is the adolescent morbidity rate increase within the past 10 years (by 30%). The most frequently observed diseases are digestive tract diseases, connective tissue diseases and ocular diseases. Thus, the number of schoolchildren with ocular diseases and loss of vision quadrupled over the period of education (ca. 10% of alumni). This pathology is caused by

high or irrational educational load observed at schools; this is one of the primary factors contributing to the adolescent morbidity rate increase.

We also observe decreased physical fitness of adolescents: they are significantly inferior to their age-peers of previous generations in terms of development. Thus, e.g., right hand strength (dynamometry – one of the primary parameters of physical development of schoolchildren) has decreased by 10 kg in boys and by 8-9 kg in girls in the past ten years; this indicates the tendency of physical degradation of the youths. The regulation on the GTO (physical culture training program) standards to be introduced at every educational institution is rather important for that matter.

Another problem is reproductive health of adolescents. It is estimated that 3-8 mn families in Russia are infertile. Ca. 50% of boys and girls are also vulnerable to infertility. In order to prevent aggravation of this issue, it is necessary to establish advanced urological and andrological care system for boys and pediatric gynecological care system for girls, which will allow not only detecting, but also preventing reproductive tract diseases.

It is gratifying to note that ca. 30% of all the state expenses on the healthcare modernization program have been directed to pediatric issues in the recent years: it allowed pediatric medical establishments to purchase new equipment, perform renovation works etc. Unfortunately, most pediatric hospitals are significantly inferior to the adult medical establishments in terms of material and technological resources. It is to a large extent caused by the leftover financing principle employed by the government towards pediatrics previously. Childhood-directed modernization does level the situation; however, many regions still lack regional pediatric hospitals. Another serious problem of the Russian medicine is the shortage of high-technology care of children. According to our estimates, only 60% of the children requiring such care actually receive it. Every seventh child undergoing this type of care is treated at the Center. Taking into consideration the size of Russia, it is necessary to establish high-technology centers for care of children in the other regions as well.

The issue of children's incapacitation is especially relevant in this respect. There are ca. 500 thousand disabled children in Russia, including almost 300 thousand disabled adolescents. CNS diseases, mental disorders, somatic diseases and posttraumatic consequences are the most widespread causes of incapacitation. Pediatric incapacitation in Russia is lower than in the Western countries, although the incapacitation rate in Russia is obviously understated given the overall high morbidity rate. Thus, the intensive pediatric incapacitation rate in Europe is 3%, in Russia – 2%. Experts from the WHO Regional Office for Europe estimate the amount of undercounted disabled children in Russia at 260 thousand. Russia features slightly different (from Europe) criteria of pediatric incapacitation evaluation. Russia has not implemented the current international physical dysfunction criteria adopted by the WHO in 2001 yet.

Given the unique rehabilitative potential of such children, it is necessary to establish rehabilitation centers to solve this problem. A 12-dimensional multi-profile rehabilitation center was established on the basis of the Scientific Center of Children's Health several years ago. One of the results is as follows: physical condition of the children with cerebral hemorrhage at birth doomed to incapacitation significantly improves in the event of intensive rehabilitation in the first year of life, which contributes to incapacitation prevention.

Rehabilitation centers are also aimed at replacing the recently declining sanatorium network and thus bring care closer to where the children live.

Overall, pediatrics features both successes and drawbacks that we know of. We resonate with the Ministry of Health and Government of the Russian Federation in resolution thereof.

- How will the introduction of the GTO standards affect the adolescents authorized to attend physical education classes?

- You are raising a very relevant issue here. At the moment, ca. 3.5 mn adolescents do sports, whereas only 40% thereof are therapeutically authorized to attend physical education classes. The problem consists in the lack of efficient, quality and comprehensive therapeutic-pedagogical

control, as the infrastructure of physical health centers has been lost in the past years. Decision on the implementation of the GTO standards at educational institutions must be furthered by establishing conditions for doing physical exercises and sports and ensuring therapeutic-pedagogical control – one of the most important issues at the moment.

- Does the school medicine require reorganization?

- Of course, it does. The worst problem of school medicine is low wages for the specialists employed in this sphere. The problem is being resolved in accordance with decrees of the President; wages of doctors rise, which is why we hope that this sphere will be attractive for pediatricians. Moreover, a position of pediatric and adolescent hygienist has been introduced at schools; this is a positive factor, without any doubt.

Health Schools play an important role in children's health promotion; the students thereat feature considerably better health parameters than the students at regular educational establishments.

- Are the data on physical degradation increase among Russian adolescents comparable to the data thereupon in the European countries?

- I do not possess international data; however, I may assume that the Western countries devote slightly more attention to sports than Russia does. E.g., sports activities constitute ca. half of the curriculum at American schools, in no small part due to warmer climate.

- What are the consequences of implementing the WHO international age classification for Russia?

- We would, without any doubt, like to compare Russia with other countries. Citizens under 14 years of age used to be considered children in the USSR. I initiated increase of that age when working as the Deputy Minister of Health of the USSR. For the past five years, I have had to address the Government, the Ministry of Health and panels numerous times in order to prove the need to raise the adolescence age limit up to 17 years 11 months 29 days. This is a relevant issue due to high children's morbidity rate and a rather painful perception of transfer of children to the network of adult polyclinics both by children and their parents, as change of the doctor, stereotype etc. negatively affects children. According to the WHO, adolescence extends up to the age of 19 years, in the USA – up to the age of 21 years inclusively. Thus, certain restrictions regarding purchasing of alcohol and tobacco products apply to the citizens under the stated age. Extension of adolescence up to the age of 19 years in Russia might pose difficulties with military draft, inpatient care etc.

- What is your assessment of the legal framework regarding children's health protection? Do the Russian standards correspond with the Convention on the Rights of the Child?

- We need to ordain a law on children's health protection. However, lawyers assume that the law is unnecessary, as these aspects are addressed by a range of other laws. At the same time, many provisions have not been translated into the adopted documents. At the moment, the Scientific Center of Children's Health has appropriated a grant and established a task group for the development of a children's health protection law.

- Do you think the National Vaccination Calendar ought to be complemented?

- Pediatricians certainly contribute a lot to complementing the National Vaccination Calendar. We started working on inclusion of pneumococcal vaccine into the National Calendar many years ago, as pneumococcus is the most frequent cause of under-5 mortality around the world. We have finally managed to implement pneumococcal vaccination for all the small children since 2014. We would like to complement the Vaccination Calendar with new vaccines, as the Russian Calendar features only 12 out of the 28 vaccines used around the world. We must implement vaccination against chickenpox, papillomavirus infection, which leads to cervical cancer in girls and women, and a range of other diseases.

- Do we need pediatric prophylactic medical examination in Russia? And in what design?

- Prophylactic medical examination is a fundamental basis of preventive medicine. I believe that vaccinal prevention and prophylactic medical examination are the first and the second most important aspects thereof, and we need the latter in Russia. Methodologically, all the documents have been approved and the work has started. Prophylactic medical examination helps to reveal up to 50% of the patients with the first-time detected diseases. The main problem with prophylactic medical examination at the initial stage is unavailability of the modern technologies involving medical genetic and instrumental tests. Moreover, the Russian medicine, including pediatric medicine, has not yet been capable of ensuring 100% rehabilitation of the revealed patients, as ca. ¼ of them do not undergo any treatment. That is why establishment of rehabilitation centers will also contribute to maintaining regular medical monitoring.

- What do you think of the proposal for cancellation of exemption from school physical education classes brought forward by the Ministry of Education?

- Actually, any child with any possible disease may attend physical education classes; however, they must adhere to a special program. This requires therapeutic physical training specialists, which is a problem. Doctors know that special physical training is not possible at many schools, which is why they simply exempt children from physical education classes. We will only hail this decision if the Ministry of Education arranges such groups at schools.