PRESIDENT'S PAGE

Tackling Inequities in Child Survival in India: Let's Meet at the Horizon of Pediatrics and Public Health

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I write this president's page with great pride, honour and humility towards all fellow IAPians for giving me opportunity to serve this prestigious association in the golden jubilee year of Indian Academy of Pediatrics. It has been a great honour and privilege indeed and I profusely thank each and every one of you, not only for electing me president of IAP but supporting the efforts, which I initiated during my tenure, i.e. Mission Uday and Mission Kishore Uday, IAP TOUCH, BLS Awareness Program, Child India (our new e-bulletin), Advisory Committee on Vaccination and Immunization Practices (ACVIP), and Indian College of Pediatrics.

This entire year has been mesmerising and enriching for me. During the year, through personal interactions with many of you, with national and international experts, policy makers and people who strive to improve health scenario in India, I am convinced about one major challenge in child survival i.e., 'inequity in child survival' in India.

I was always disturbed by the high infant and child morbidity and mortality in India and that's one of the many reasons we started IAP Mission Uday. As I got deeply engaged in these activities, I learnt about the wide geographic variations in the morbidity and mortality; Madhya Pradesh has nearly five times of infant mortality rate than that of the best performing state of Goa [1]. Besides, there are wide, disturbing and distressing rural-urban, male-female, rich-poor differences. These differences in survival exist amongst tribal and under-served population and in some religious groups also [2,3].

The stark reality is that since independence, there is only partial success in providing child healthcare to rural and tribal areas of India, where child morbidities and mortalities are high. There is no provision of pediatrician at primary health centre level and nearly three-fourth of the positions of pediatricians at community health centers are vacant [4]. Majority of pediatricians work in private sector in the metropolitan and major cities. There are districts and towns in India, where number of qualified pediatricians for a population of upto 20,00,000 is in single digit; forcing children to be seen by unqualified practitioners. Understandably, the progress in India in reducing child morbidity and mortality is slower than one would expect.

On 17th Nov 2013, IAP hosted the Roundtable summit of Pediatric Association of SAARC countries in New Delhi. I am appalled that infant and child mortality in India is much higher than Bangladesh, Sri Lanka and Nepal. This is despite the fact that during the last 2 decades, economy of India has grown faster than these countries. I as a Pediatricians and IAP President was disappointed by these statistics and thought we need to accept the shared responsibility and do something immediately. I did more search and tried to understand why our neighboring countries could make faster progress in child survival and reducing inequities and not India. And my interpretation is that the other countries have better public health interventions and approaches, well supported by pediatricians. If India has to accelerate child survival and reduce inequities, our interventions and efforts have to meet at the horizon of pediatrics and public health.

I urge my fellow IAPians to make efforts to reduce these inequities in their personal capacity. The importance of taking care of a sick child and happiness on the face of parents when child recovers cannot be underestimated. The clinical care is important but there is need that every opportunity a pediatricians has with parents and child is used for promoting approaches such as immunization, breastfeeding, use of oral rehydration solution for diarrhea, and counselling.

I believe that the pediatricians need to have better understanding of the epidemiology (burden, differential and causes) of child morbidity and mortality in the country [5]. Combined with this understanding and the increasing participation and involvement of IAP members in the government initiatives such as National Rural Health Mission (NRHM), National Urban Health Mission

(NUHM), *Rashtriya Bal Swasthya Karyakram* (RSBY), etc. more actively. Moving from the sphere of pediatrics to the horizon of public health, where personal health services meet population health services is part of my vision to pediatrics in India. I believe that if each one of us IAP member learn little more about these inequities and pledge to do something to address these, i.e. volunteering one or two day in a year to serve in rural area, it would make a huge difference in accelerating child survival and reducing these inequities.

I have highest respect and admiration for Padma Bhushan Dr Maharaj K Bhan for his incomparable contribution to child survival in India. Dr Bhan's pioneering research in low osmolarity ORS and rotavirus vaccine has benefitted children across the country. His leadership and initiative as Secretary of Department of Biotechnology, Govt. of India has paved the path for India taking lead in many health research areas in the years to come. He has contributed to both technical and operational research and is continuously involved in the national policy decision making and drafting of the national programs for child survival efforts in India. In true sense, he is amongst the first Indian pediatricians who have really reached to the horizon where pediatric care meet public health and made difference in the life of the millions of children in the community and in most disadvantageous parts of the country.

There are other leading names who have taken this path and I specially want to name Dr Pukhraj Bafna for extensive and exhaustive work on tribal child health and adolescent health; Dr Abhay Bang has worked on home based newborn care and other efforts in most disadvantage tribal children in Gadchiroli district of Maharashtra; amongst contemporaries Dr Naveen Thacker, who has done a lot of work in public health and his special efforts in NRP has helped in training hundreds of people to serve at community level apart from his key role in IDSurv, polio eradication and Mission Uday. These are only a few examples and there are many more similar people working in this area.

On public health side, I am impressed with Dr Chandrakant Lahariya for his work and vision to improve child survival in India. Dr Lahariya is a young, immensely talented and highly respected public health professional in India, who has significantly contributed to many activities of IAP including vaccinology courses, Mission Uday and has been a regular contributor to all major activities of IAP for last few years.

This gives me hope and conviction that there is merit in combining pediatrics and public health for mutual benefit. We need many more people on both side of pediatrics and public health to meet at this horizon to improve child survival in India. In Pedicon 2013 in Kolkata, all participants had taken an 'IAP pledge for child survival' which aimed at increasing focus upon public health interventions by pediatricians. To continue further on it, I call upon all fellow pediatricians to take a pledge that they will do something in personal capacity to address the existing inequities in India and adopt more of public health approach in their daily life. If it happens, there is no reason that inequities are not addressed and child survival is not accelerated.

Personally for me, if there is any learning from being IAP president, it is that there is much more can be done by all of us in personal capacity to accelerate child survival in India. I call upon you all to join in this momentum and get India free from inequities in child survival. I see many of you joining on the horizon.

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