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## *Presidential Address*

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### **XXXIV National Conference of the Indian Academy of Pediatrics January 4, 1997, Ahmedabad**

#### **A. Parthasarathy**

#### **Dear Fellow Academicians,**

The 'Action Plan' was superb and achievements were great. Yet concern has been expressed as the 'countdown' begins. Rightly so, "Child Health Commitments - Countdown has Begun"-has been chosen as the theme of PEDICON' 1997. It refers to the global commitments to the cause of Child Health. With particular reference to the achievements, related to the goals set by WHO, towards the objectives of Child Survival by 2000 AD, the theme also reminds us of the needs of IAP's commitments towards the global targets.

Proudly as we are all marching towards the 21st century, we should, look back and take stock not only of our 'achievements' but also of our 'shortcomings'. The WHO, UNICEF and the Central and State Governments have launched several welfare schemes towards the cause of effective Child Survival. The IAP has been proud to associate itself with all these laudable programmes on Child Survival, through active participation of its enthusiastic members, as a true partner in service. With programmes like Universal Immunization, Control of Diarrheal Diseases, Acute Respi-

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ratory Infections Control and the Child Survival and Safe Motherhood, the National Infant Mortality Rate (IMR) has been successfully brought down to 73/1000 live births over the past decade. Many progressive states have since achieved the IMR target of 60/1000 live births for 2000 AD, even as early as 1995. Uttar Pradesh has brought down its IMR by over 60% just by controlling one vaccine preventable disease (neonatal tetanus). But even a progressive state like Kerala where the IMR is just 19/1000, live births has the problem of 30% prevalence of low birth weight (LBW) which is accountable for the high neonatal mortality.

All of us are well aware, that, this is just a beginning and we have to go a long way to achieve the goals of effective Child Survival. The Nation's concern today is the high neonatal component in the IMR which is as high as 70%. Half of this, is due to preventable causes in the perinatal period even in states like Maharashtra, Tamil Nadu, Karnataka, Kerala, Punjab, West Bengal and Gujarat where the Crude Birth Rate has been brought down to less than 25/1000. The principal causes coupled with LBW are hypothermia, asphyxia and infections. Hence urgent measures are needed on a 'war footing' to impart 'hands on training' to the frontline health workers of primary health care delivery system, and also the practicing pediatricians and family physicians throughout the country. In other words, the need of the hour is to take up newborn care right from the community level as we did with Diarrheal Diseases and Acute Respiratory Infections Control Programmes.

Repeatedly with perseverance, we have

been advocating Pediatrics as a separate subject for the undergraduates. An expert committee constituted by the IAP has drawn up an excellent syllabus and submitted it to the Medical Council of India (MCI). Nevertheless barring a few universities, many have not yet implemented this proposal. It is time now, that we emphasize the need for this important and laudable step. Unless and otherwise the undergraduates are adequately equipped with basic knowledge in Pediatrics, with particular reference to the National Health Programmes, they will find it extremely difficult to discharge their duties as managers of primary health care delivery system despite field level orientation and training. Though many eminent Professors of Pediatrics, who are our leaders in IAP, have authored several textbooks in Pediatrics, we humbly feel that, there is a felt need for a full-fledged, updated version of an 'IAP Text Book of Pediatrics' in accordance with the syllabus laid down by the Medical Council of India.

Timely and periodic Continuing Medical Education (CME) has become the order of the day in all medical and surgical specialties. Pediatrics too is no exception. We have to update the practicing family physicians and pediatricians alike, on the latest developments in diagnosis and management of common pediatric problems. Therefore, there is, an urgent need for standard guide books, teaching slides and other educational materials, on common problems of day to day importance and also the need for district level CME programmes at periodic intervals.

History warrants and it is now time, for such members, who have the privilege of working in medical colleges to tie up themselves in the district level CME programmes. Also there is an urgent need for conducting examination coaching

courses for the postgraduate students in Pediatrics. Like we have successfully organized the NALS and PALS courses throughout the country, we should also plan for examination coaching sessions in Pediatrics, especially for the postgraduates appearing for DCH, MD and National Board Examinations.

Also, our commitments to the parents warrants reinforcement and rededication. On behalf of the Academy we must update the existing parent education booklets and bring out booklets on new topics too, especially in regional languages. So also we must actively participate in School Health Education and National School Health Programme which will go a long way in establishing a good rapport with parents by the members of the Academy.

Successfully, members of our august Academy have participated in many National Programmes like Universal Immunization, Control of Diarrheal Diseases, Acute Respiratory Infections Control, Child Survival and Safe Motherhood, Pulse Polio Immunization and Acute Flaccid Paralysis Surveillance, *etc.* Now, the Government of India is contemplating to launch the "Reproductive and Child Health Programme", with particular reference to the care of the adolescent girls, newborns and the under 5 children. The remaining three years of the 20th century will witness many such action packages which will be 'result oriented' and aimed towards achieving the objectives. Perhaps 'Poliomyelitis Eradication' will become a reality by the turn of the century. Hence, IAP as a whole will have to play a decisive role in making standard recommendations to the State and Central Governments.

All these action packages in mind, namely the Academy's commitments to the parents, the medical students, the members and to the Nation as a whole in matters

related to child health, warrant that this august conference, should come out with some recommendations and an action plan.

Recommendations wise, the following are worth considering:

1. The Presidents and Secretaries of the IAP should be included as members of the co-ordination committees constituted in connection with the implementation of the National Health Programmes on Child survival at the National, State and District levels.

2. The views of the IAP should be sought in matters related to Child Health in India, before a policy document is made on key issues concerned with 'Child Survival' especially in the 'Ninth Five Year Plan'.

3. The state health authorities, should be advised, by the Government of India, to include the State Presidents and Secretaries of IAP, for obtaining their views, along with other experts, whenever a specific state related child survival project is proposed for launching.

4. The MCI should insist that all universities in the country must include Pediatrics as a separate subject from the academic year starting in 1997 in accordance with the MCI syllabus.

5. The Drugs Controller General (India) should ban all irrational combinations of common Pediatric drug formulations as pointed by the 'Consumer Protection Cell' of the IAP.

6. The National President of IAP should be included as a member of the 'National Planning Commission', so that, in all matters related to child health, the Academy's views can be projected in an official capacity with particular reference to child labor, child education and adolescent care.

7. The Doordarsan and All India Radio

should allot a 'Child Health Channel', where IAP members could give their official views and unified messages on child care.

8. Provisions must be made in the relevant rules to enable the Drug Controller of India, to fix the price of newer antimicrobials and vaccines while licensing their use in our country.

9. The Academy should critically review the implementations of various Child Survival Programmes and make constructive suggestions to plug the lacunae with alternative strategies and thus play an advisory role apart from taking part in service activities.

10. There should be a plenary session in the annual National Conferences of SAARC countries on issues and strategies of Child Survival common to South East Asia Region. The IAP could even consider the formation of a "Pediatric Association of SAARC Countries" (PAS) in which all the SAARC Countries could become members.

The 'Action Plan' is, therefore, a necessity and it should be well documented. The following plan of action is contemplated for 1997:

1. Publication of an updated standard textbook in Pediatrics for undergraduates in accordance with the syllabus laid down by the Medical Council of India. The book will be styled as TAP Text Book of Pediatrics' with national authorship. This publication will not attract any expenditure from IAP funds. It will be published by a reputed national publication firm and the net proceeds of the sale will go to 'IAP Corpus Fund'.

2. Conduct of IAP Jenner Symposia on Immunization throughout the country by organizing micro level district workshops for practitioners, faculty and postgraduates

using the IAP standard slides on immunization, IAP Guide Book and the Immunization and Health Record cards, through sponsorship.

3a. General CME programmes for practicing pediatricians and family physicians on topics of interest with local relevance along with the Jenner Symposia. District chapters will be entrusted with this task in liaison with the Heads of Departments of Pediatrics of the nearby medical colleges.

3b. Conduct of 'Research Methodology' workshops and postgraduate 'coaching courses' by creating an 'IAP Research Cell' in the Pediatric Departments of Medical Colleges all over the country.

3c. To continue the 'CME Credit System in Pediatrics' with sponsorship, using the journals 'Indian Pediatrics' and the 'IAP Journal of Practical Pediatrics' as course material. No fee will be charged for those who register for the course. A certificate will be given to all participants.

4. Strengthening and streamlining the activities of the 'IAP' Education Center' recently established in collaboration with Dr. A.K.N. Sinha Institute of Continuing Medical Education with the IMA CME cell. There will be no financial commitment on the part of IAP.

5. Publication of 'Guide Books' on common Pediatric topics in line with the 'IAP Guide Book on Immunization'. The IAP Sub Specialty Chapters will be entrusted with this task on a 'time line'. The publications will be ready by 1997 and available to all members on payment. The net sale proceeds will go to the respective Sub Specialty Chapters.

6. To utilize effectively the existing 'Parents' Guide Books' on common Pediatric problems, especially the regional translated

version, by entrusting the task to the respective State Branches, who will receive the net sale proceeds of the books. Organization of Continuing Public Education (CPE) programs also can be planned simultaneously by the state and district branches.

7. To initiate the first nation wide research of 'IAP Research Foundation' and also plan for collection of epidemiological data on common infectious diseases.

8. To strengthen the Government of India's efforts in their National Health Programmes like 'Acute Flaccid Paralysis Surveillance' (AFP), 'Pulse Polio Immunization' (PPI) and the proposed 'Reproductive and Child Health Programme' (RCH) by forming an 'IAP National Task Force'.

9. To consolidate and reinforce the existing, established IAP academic activities like 'IAP Quiz' for under-graduates, NALS and PALS Courses, hands on workshops and update meets of various Sub-Speciality Chapters, IAP Child Health Care Week celebration *etc.* One day could be set-apart, as 'Child to Child Concern Day' involving school children to propagate Child health messages *etc.*

10. To make periodic recommendations to the Central and State Governments on matters related to 'Child Health and Survival' and make known the views of the Academy to the policy makers.

The Organizing Committee of PEDICON '97 needs to be complemented and congratulated for the excellent scientific programme with emphasis on 'updated messages' and 'hands on training'. The team work of our colleagues from abroad and India in conducting the NALS and PALS course, needs our appreciation and applause. The Sub-Speciality chapters of IAP are playing a significant role in updating

ing our fellow Pediatricians on the latest developments in the diagnosis and management of common problems in their respective specialities. We salute each and every one of them for their contributions in the interest of academic furtherance. Our State and District Branches are carrying out excellent programmes at micro level be it CME, Baby Friendly Hospital Initiative, Pulse Polio Immunization, IAP Week Celebrations, *etc.* They need our encouragement and deserve our praise. I take this opportunity to thank all the office bearers, past and present, for their rich contributions. The outgoing team of Central IAP office bearers and board members under the able and energetic guidance of our illustrious outgoing President deserve all our appreciation and congratulations for the excellent contributions made by them in steering the affairs of the Academy during 1996.

History has to be made in the annals of IAP. Let us, therefore, dear fellow academicians, dedicate ourselves to the Academy's commitments to 'Child Health and Survival' by contributing our mite, in our individual and collective capacity and upkeep the glory and hoary traditions of IAP. It is now time for IAP to play a decisive role in

National Child Survival Programmes. Let us have 'one foot in the hospital and the other in the community'.

'Yesterday' we contributed our mite; 'Today' we are taking the pledge; and for 'Tomorrow' we voice our concern and support. Let us not ask 'What is available?'; Let us ask 'What we have done with the available?'. Let us join hands with devotion, dedication and dignity. Let us not forget the fact that the health of the future citizens of our great Nation is in our hands. Let us remember the fact that 'Health becomes a technological mockery without community participation'. Let us not only serve the community but also educate them on matters related to 'Child Health'. We are in the land of the 'Father of the Nation'. The Mahatma once said that 'India lives in villages'. Let our service activities also be centered around the rural masses and the underprivileged urban slum population. Let us become real 'workoholics' and make our 'life and work' as the messages for 'child care', as Gandhiji rightly said and proved. The duty is ours and it is truly magnificent.

*Jai the Child in India, Jai IAP  
and Jai Hind*