
Presidential Address

XXXV National Conference of the Indian Academy of Pediatrics January 8, 1998, Kochi

M.R. Lokeshwar

Dear Fellow Academicians,

Welcome you all to the 35th National Conference of Indian Academy of Pediatrics (IAP)! Time and tide waits for nobody. The year 1997 has passed out to give way to 1998, so will be the change in guards of IAP. It is my honor to be elected as a President of IAP for 1998 and serve children of India through their pediatricians and IAP.

Enthroned to this highest office of the Academy as the President for the year 1998, I sincerely thank one and all of you for the confidence reposed in me and seek your continued co-operation in taking IAP to a greater height.

I welcome the new team of IAP for 1998, especially Dr. G.S. Hathi - Honorary General Secretary, Dr. Nitin Shah - Treasurer and all the Executive Board Members. I heavily rely upon their constant encouragement, co-operation and help in implementing various activities of IAP in 1998. I am equally sure to get help and guidance from Dr. A. Parthasarathy and whole IAP team of 1997 and President Elect, Dr. Jacob John.

It is my earnest duty to congratulate the whole IAP team of 1997 under the Presidentship of Dr. A. Parthasarathy; Dr.

Reprint requests: Dr. M.R. Lokeshwar, 19/54 Welfare Mansion, Sion (West), Mumbai 400 022.

Swati Bhawe, General Secretary and Dr. G.S. Hathi as Treasurer for having done excellent work. **The Jenners' Symposia**, the brain child of Dr. Parthasarathy, were most popular, useful and practically conducted in every state as well as in various districts.

The IAP Quiz for both undergraduates and practising pediatricians was a grand success, that too without major sponsorship. The credit goes to the entire IAP quiz team under the leadership of Dr. Swati Bhawe.

The year 1997 has been the year of great achievements for IAP as **Pediatrics has been recognized as a major examination subject** by the Medical Council of India due to the untiring and pioneering efforts of our senior IAP leaders like Dr. Walia, Dr. Chapparwal, Dr. Meharban Singh, Dr. Potdar, Dr. Uday Bodhankar and others and on behalf of IAP I salute them. We all are happy that the future mid-level managers of primary health care system will now have an adequate exposure to pediatrics even at the level of undergraduates. This is the right time that our president Dr. Parthasarathy has planned to release the book of "**Textbook of Pediatrics**" which will be extremely useful for our undergraduate students.

We are on the threshold of touching the magic figure of 10,000 members of IAP. Our state branches as well as city/district branches are very active as is evident from the voluminous activities reports received. Equally active have been the subspecialty chapters and the groups. I am aware that some more are banging the door for entry as a speciality chapter. I am sure the branches and the chapters will be as active, rather more this year, as in past. I would like to record our special appreciation to all

the staff of central IAP office under the leadership of Mr. Gonsalvis and Mr. Pragasam for all their untiring help in last 6 years and I bank upon their similar co-operation in the coming year.

Effective child survival programme has been implemented in our country ever since independence, which has received new impetus during 1997 and 1998 as part of India's celebration of fiftieth year of independence. You all are aware that successful implementation of UIP resulted in UIP plus namely Child Survival and Safe Motherhood Programme (CSSM) and this has led to CSSM plus namely **Reproductive and Child Health Programme (RCH)**. This is certainly welcome as thrust naturally will be more on educating pre-adolescents and adolescents, would be mothers, so that effective child survival could be ensured through this programme which will take care of their nutrition, health and education aspects. All these programmes wouldn't have been successful but for the active involvement of each and every member pediatrician directly or indirectly and I am sure IAP will be actively involved at each and every level in the implementation of the RCH programme.

No doubt that there is **notable reduction in infant mortality** during last 50 years since independence from an alarming level of over 200/1000 live births to just 73/1000 live birth at national level. We are proud that few of our states like Haryana, Maharashtra, Punjab, Karnataka, Tamil Nadu, *etc.* have lower infant mortality rate even less than 60/1000 live births and of course the Kerala state should be highly complemented for bringing down IMR to 13-17/1000 live births as in any developed countries. The major stumbling block in bringing down IMR is low birth weight babies. Perinatal mortality and early neonatal mortality accounts for 60% of neonatal mortality and if you look at details of

the causes of mortality of these babies, important causes are preventable like hypothermia, asphyxia, infections which are again more common in low birth weight babies as compared to normal birth weight newborns and hence there is a need to improve our perinatal and neonatal care at all levels including City and District levels. Other points which we do not realize often is that low birth weight babies will grow into a small child may be sometimes handicapped adolescent and as an underweight mother. Therefore this again brings up the need for the care of adolescent girls, hence rightly this year our conference theme is chosen as "**adolescent care is the need of the hour**".

In fact this year adolescent care or teenage care should become the major subject of care and concern in our country. We will certainly promote **teenage care as one of the IAP's motto** at all level. The specific problems-physical, psychological, emotional and social, that are inherent to the adolescent and teenage child are so varied that unless proper counseling is given their impact may affect future generations and will thus become the problem of concern in the national perspective. Today, adolescent and teenage care is no man's land in India. Pediatric care is generally limited upto 12 years and the age group between 13-19 years is partially seen either by pediatrician, family physician or adult physicians. Hence the onus of taking the responsibility of adolescent care is on no one. So there is an urgent **need for opening adolescent clinics in OPD which can be organized under the Department of Pediatrics** in the various medical colleges, districts and taluka hospitals throughout the country. There is a need of multi-disciplinary involvement headed by pediatricians interested in adolescent care and run specialized **adolescent teenage care centers** with the help of adult physicians, gynecologists,

psychiatrists and endocrinologists. I understand the WHO has come out with the teenage care programme concept and when it is introduced in our country, all of us should take active part in its implementation and hence there is a need for training pediatricians on this aspect. Establishing teenage care centers in Pediatric Departments of Medical Colleges and Hospitals and District Hospitals should be our aim and I appeal to all those concerned to support this idea of IAP and see that it is implemented at all levels.

The other important but neglected aspect in our country is research. Early this year we will be establishing an **IAP Research Cell** with the help of various organizations and pharmaceuticals to carry out a number of regional research activities. Dr. Parthasarathy has already initiated IAP Research Cell in various Departments of pediatrics in various medical colleges all over the country. This needs to be strengthened and there is need to link up central research cell with various research cells in the medical colleges and I seek active co-operation from all the members particularly from Heads of the Departments of Pediatrics in various medical colleges. I appeal to all the teachers to link the various research activities done in their institution; the thesis done by the students should be linked up with our research activity. Hence there is a need to have workshops to improve the research activities and thesis of the students in the medical colleges.

I very well realize that various activities started by my dynamic past presidents, have to go on with renewed thrust like **Undergraduate Quiz, Practitioners Quiz, IAP CME Credit System, IAP Week Celebration, World Breast Feeding Week Celebration, etc.**

We are planning to have international updates in different zones in coming years. We are working on it and I hope will be

successful. In coming years we expect a lot more **collaboration with American Academy of Pediatrics (AAP) especially CMEs**, publications and audio-visual material, *etc.* On behalf of IAP, I thank Dr. Potdar and Dr. Parthasarathy for initiating these activities during their recent visit at AAP conference in USA. Office bearers of AAP are present here amongst us and I request Dr. Zanga-President AAP and Dr. Errol Alden, Deputy Executive Director AAP, to implement the same.

IAP has taken a big role in various community activities. We have actively participated in the **Pulse Polio Programme** and all our members are actively participating in **Acute Flaccid Paralysis (AFP) Surveillance Programme**. We have a central AFP surveillance committee and have conducted a number of workshops for our members. I am proud that the earlier recommendations made by IAP are becoming practical at the national level, be it pulse polio immunization or introduction of newer vaccines in the national immunization schedule. There is an urgent need to bring down the cost of newer vaccines so that some of them can be incorporated in the national immunization schedule. There is a need of **epidemiological study of various infectious diseases** like *H. influenzae*, rubell and Hepatitis virus infection and I am sure our research cell will make an attempt in implementing the same. I am happy to inform you that we have IAP PMC Vaccine Information Service at Delhi. This system will receive your questions on immunization round the clock and record them and as soon as possible depending on nature of the question, will call back with answers.

We request the Government as well as NGOs to include members of IAP in the technical committees of various child health programmes at all levels for better implementation. I am happy to announce that IAP has been invited to collaborate

with Breastfeeding Promotion Network of India (BPNI) to decide on plan of action for 1998 like lactation management course for pediatricians, obstetricians and IAP will certainly take active participation.

Another area which needs an immediate attention is "**Parent health education**". Like the doctors have their continuous education programme, we have to organize continuous parents education programmes. I propose **Continuing Parent Education Programme (CPEP)** as our ongoing activity of 1998 onwards. It is our moral obligation to give parents education not only health care education of their children but also how to become better parents. These programmes not only should be conducted in every city and district places but also in every consulting rooms and each pediatrician should have aim of starting at least two hours a week parent education programme in his consulting room. It is our moral duty to educate the parents in understanding the various common diseases, advances in the therapy, and in educating them in prevention of the diseases. "**IAP Parent Education Programme**" is intended towards the goal of ideal child care and advise on preventive and curative aspects of care of child survival. The plan is underway to organize the programme all over the country. I seek the co-operation of one and all of you in this new venture.

We would like to expand the horizon of our CME activities for pediatricians and organize international updates initially in the 5 zones. We are working out a variety of programmes like **general CME for pediatricians, CME of subspecialty chapters, CME for general practitioners/family physicians, CME credit system, certification and recertification courses and production of audio-visual aids** particularly with the help of subspecialty chapters, pam-

phlets and magazines for parents on health education and I am sure that all of you will co-operate, actively participate and give healthy criticism in all these ventures.

No country can progress no matter what programmes are carried out unless every citizen is educated. Children are fathers of nation and our children are future of tomorrow's India. **Hence IAP strongly recommends to the authorities to make school education compulsory for all children.**

Problems of the SAARC countries are similar. We need to get together more often and I am happy to state that this year we have a symposium on the problems of the SAARC countries and many members from SAARC countries have come to participate in our programme and we will be having a meeting to chalk out future programmes.

This year I am very proud that we have with us the President of AAP, Dr. Zanga and Dr. Errol Alden-Executive Director of AAP and I am sure we will have good interaction and have many more collaborative projects between the two countries. We are planning to have an international continuous medical education in 2000. I am very much grateful to them.

These and many other issues have to be approached with utmost care and active participation by members of our academy. I am confident that with your constructive support and criticism we will be able to achieve the goals by 1998 and later. **The need of the hour therefore my friends, fellow academicians and custodians of child health are conviction, co-operation, co-ordination and concentrated efforts and above all commitment to the cause of child survival.** Let us rise to this occasion.

Jai IAP, Jai Hind.