

***Inaugural Function of the 8th  
Asian Congress of Pediatrics  
and XXXI National  
Conference of IAP February  
6, 1994 New Delhi***

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**Speech by  
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India, the site of 8th Asian Congress is a classic example of unity in diversity where people of all states, despite different customs, languages and traditions work together as one nation. The same analogy can be easily applied to the Association of Pediatric Societies for South East Asian Region (APSSEAR) where multiple and diverse ethnic cultures are represented with one single minded purpose of improving the health and reduce the disease of Asian Child. That is the mandate for all Asian Pediatricians. At this Congress we have added an element of urgency to this advocacy of Child Health by accepting the theme Child Health: Today, Not Tomorrow. We all are aware that tomorrow never comes and hence today becomes very essential and important for any action that needs to be taken.

Asian Congress or International Congress signifies a journey towards globalization from the national level. While it may appear that it is only since last 24 years that

the Asian Congress is taking place and 60 years that World Congress is taking place, this concept of extension from the local to the global level is not new to India. There are many reference which point to the fact that the Saint, Poets from all parts of this country as well as the authors of treatises on medical subjects have enunciated this concept. I cannot avoid the temptation of quoting a few:

**Pasaydan**

दुरिताचे तिमिर जावो ।  
विश्व स्वधर्म सूर्ये पाहो ।  
जो जे वांछील तो ते लाहो ।  
प्राणिजात ॥

**Sarve Santu niramayah**

सर्वेपि सुखिनः सन्तु ।  
सर्वे सन्तु निरामयाः ॥  
सर्वे भद्राणि पश्यन्तु ।  
मा कश्चित् दुःखभाग्भवेत् ॥

This means that everyone in the world should be happy and healthy and illness should not befall on anyone. One could say that this was probably the poetic version, 5000 years back, of the Alma Ata slogan "Health for All by 2000". Ultimate aim of all professional organizations, be it national, Asian or world level is healthy children. A very good situation analysis of the state of health of Asian children was done by Dr. Perla D. Santos O'Campo in 1985-86 editions of The State of Asian Children. It reflected a cross sectional composition of various shades of Asia's problems. Such publications need to appear atleast once in three years and not once in 10 years. I hope that a due thought will be given by the APSSEAR Governing Council to this year aspect.

In the light of the above let us view the APSSEAR situation. The main objectives of APSSEAR are: (i) Research, (ii) Dissemination of pediatric knowledge, (iii) Holding of Asian Congress, and (iv) Promotion of National Pediatric Meetings. To me the last three objectives appear to have been put into practice at this very moment where the 31st National Conference of Pediatrics has been merged with the Asian Congress even as it retains its own identity which will be displayed on Thursday the 10th of February, the IAP Day, I request all the delegates and especially the foreigners must make an all out effort to be present throughout the day on IAP day.

Let us discuss some points related to situational analysis and research in APSSEAR Region.

Most Asian countries barring a few like Australia, New Zealand and Japan belong to the category of developing countries. It is generally believed that next to Africa, Asia presents a canvas of despair. I would like to quote here from the State of World's Children 1994, "for all the setbacks more progress has been made in the last 50 years in the developing world. Average real incomes have more than doubled, infant and child death rates have been more than halved, average life expectancy has increased by about a third, school enrolment has risen more than three quarters, the percentage of rural families with access to safe water has increased from less than 10% to almost 60%." This certainly is a bright picture but hardly can one be complacent.

Situation analysis with reference to socio-medical profile of condition of child in Asia needs some attention. As an aftermath of fast changing world conditions politically, historically and geographically, the number

of people living in difficult circumstances has increased manifold; especially children are bound to suffer the most. Be it war, siege, ethnic riots, terrorism or natural disasters such as floods and earthquakes it is the children who get affected the maximum. Health problems combined with social handicaps contribute to a very formidable challenge which needs to be accepted. It is here that I would stress the importance of first objective of APSSEAR, viz., Research.

Research in pediatrics has enormous and in great part, neglected power to accomplish the goal of child health. Multi country commission for health research for development says that the world has entered the era of health interdependence even as there are tragic inequalities of health as well as wider gap between the rich and the poor. The fact that the research is essential both to facilitate health action and to generate new understanding and fresh interventions is not adequately realized in most Asian countries barring a few. The tussle between the priorities related to health delivery and research in the context of available financial resources is a constant dilemma in the developing countries. This dilemma should be settled by accepting the fact that the research is essential today because the results are needed now to empower those who must accomplish more with fewer resources. The extent of money, men and machinery used for vertical programmes year after year is phenomenal. A part of the resources could have been used to understand that comprehensive and integrated health care delivery is more rewarding through field research activities. Epidemiological research, social and socio-anthropological research and research on management systems can be good areas for investing our resources to make our health delivery cost effective.

The commission offers four major recommendations towards realizing the aim of research for development: (i) Undertaking of essential national research including impact of development in other sectors. At least 2% of national health expenditure should be utilized for this purpose. (ii) International partnerships between developing and the developed world through international partnerships which more than the methodology can help in mobilizing and focussing the world scientific capacity on the highest priority health problems, (iii) Sustained financial support for research from international sources supplementing investment by developing countries could come in the form of more programme aid rather than exclusive project report. Use of industry funds could be made towards supplementing research activities of the national societies. It may not be out of place to mention here that the Indian Academy of Pediatrics has a LAP Research Foundation for the purpose of research on children in India and I am happy to inform that the surplus of this Congress-will go towards the corpus of this Foundation. Some of the industries who have had no opportunity to participate financially in this Congress could use the medium of Research Foundation to demonstrate their concern for problems of Indian children, (iv) An international mechanism should be established to monitor progress and promote support. Some international agencies insist only on group educational activities as a means of utilization of aid by professional organizations and fund research of very high technical quality much more than field research. Whether research is hitech or grass root its value must be judged by two basic criteria, viz., scientific validity and its application for improvement of health.

APSSEAR could visualize a strategy for

research in Asian countries establishing networks of research collaboration between the national societies of the region as well as scientific communities in industrialized country.

The current international trend seems to be concentrating on what is called as PPE spiral as one can note from the State of World's Children 1994 published by UNICEF. PPE means Poverty, Population Growth and Environmental Stress one leading to other in more than one ways. Simultaneous attack on all these 3 issues is supposed to improve the lot of children. Main stresses on economy and reduction in poverty seems to be advocated as an important and major remedy. Our experience in peri urban slums where problems of PPE appear pointed and acute has shown that it is possible to better the health status of mother's and children despite direct action to correct PPE situation by yet another important essential input, viz., the Human Element where the most down trodden and deprived class is treated as human beings on par with rest of the people of the world and by installing in them the spirit that their wretched life is also worth living because the society cares and wants to help them to help themselves. In 1962, U Thant, Secretary General of United Nations then spelled out the magic words "The importance of human factor in development". Use of humanist philosophy to uplift the status of women could easily start a reaction with a great potential to break the PPE spiral.

Coming from philosophy to practicality, one's attention is drawn to the fleeting of time. Evaluation of mid decade goals enunciated by Child Summit was recently done. While a vast majority of the proposed interventions appear to be in the domain of public health one can identify that maxi-

mum actions could be taken mainly the pediatric age group. With this viewpoint, IAP has taken a conscious decision of taking a pledge towards fresh awareness to the mid decade goals as applicable and practicable by individual pediatricians. A Delhi Declaration will be released on the IAP Day with an aim to motivate individual actions ultimately leading to national action. It is a well-known dictum that if an individual improves, the society also will improve.

It will be my endeavour to understand the state of Asian children more thoroughly in the above context and attempt to assist organization of their welfare. At this point of time I am not very sure of the extent of activities that the President of APSSEAR can undertake but I propose to devote considerable amount of time for the above purpose during my APSSEAR Presidentship. At this juncture I remember the

editorial in International Child Health by Dr. Robert J. Haggerty who was then President of William T. Grant Foundation. He quotes a marvellous and brief advice given to him by his mentor Prof. Charles Janeway from Harvard that one should "BET ON YOUNG PEOPLE". Indian Academy of Pediatrics has no dearth of young people who are able as exemplified by the President of IAP during this year. With development of touch of maturity with age, I am sure all my young colleagues in IAP will take IAP higher and higher. APSSEAR being the parent body will stand only to gain.

Thank you once again for being present on this occasion when I have been given this rare honour as an Indian and I promise that I shall convert it into an opportunity for service.

JAI HIND