

XXX NATIONAL CONFERENCE OF INDIAN ACADEMY OF PEDIATRICS JANUARY 17TH-20TH 1993 CALCUTTA

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Honourable Chief Guest, The Guest of Honour, Dignitaries on the dias, Distinguished guest speakers from India and abroad, Fellow delegates, Friends, Ladies and Gentlemen

I am deeply touched and overwhelmed by the whole hearted support given to me by a large number of Fellows and Members of the Academy to elect me as their representative. I deem it not only a great privilege and honour but truly a challenge and an opportunity to pursue the mandates and policies of the Academy to improve the well being of both the pediatricians and pediatric population of our country.

The children are our greatest heritage and asset and they provide a foundation for future health and strength of a nation. We

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the pediatricians are the custodians of that future because we have been charged to protect and promote their health. We must strive to assist each child to achieve his optimal growth and development potential in order to attain the goal of human resource development so that they can effectively contribute towards national productivity. It is heartening to know that the Government of India has endorsed and accepted the World Declaration on the Rights of the Child as enunciated by the World Summit of Children held in 1990. But as the past experience suggests, any number of policy resolutions are unlikely to achieve much without the necessary public involvement and political will. I would like to take this opportunity to share with you some of my perceptions and perspectives regarding the policies and direction we should pursue to improve the status of pediatric departments, pediatric education and the unfortunate and neglected consumers of our services who are at our mercy.

The Role of Indian Academy of Pediatrics

As compared to other academic bodies in India, we are indeed proud of the track record of Indian Academy of Pediatrics due to foresight of the past Presidents and zeal of secretarial staff at the central office. Our Academy is a vibrant body and has come out with useful guidelines and recommendations on several issues of national relevance from time to time. Nevertheless, there is a need to further streamline the functioning of the Academy and involve it in academic matters on a continuous basis. It is proposed to publish all the recommendations made till date by

various Expert Groups, Task Forces and Steering Committee as IAP Policy statements in a book form so that they are readily available to all the members and various governmental and voluntary agencies for guidance and implementation. These recommendations shall be revised from time to time and the book shall be updated every two years or so by incorporating revised and new recommendations. It is proposed to constitute a number of IAP Standing Committees of experts to review major child health issues in the light of prevailing conditions and economic constraints.

We hope to further strengthen the organisational network of the central office by publication in a book form various administrative and organizational rules, regulations and guidelines providing details of objectives, mandates and policies of IAP, procedure for holding annual conventions, inter-relationships and interactions with various sub-speciality Chapters, National Neonatology Forum, voluntary organizations, national and international academic bodies and Pediatric associations of SAARC countries, Travelling and Training Fellowships and rules for national awards and Fellowships of the Academy, etc.

We have initiated a process to assess and review the contributions made by the sub-speciality Chapters of IAP in order to improve their functioning and accountability.

The Departments of Child Health

Most departments of Pediatrics in our country are outmoded, poorly staffed, inadequately equipped and above all they lack an identity. We shall continue to have an identity crisis unless we identify and develop crucial components of child health in our departments.

The knowledge is expanding exponentially and it is impossible for anyone to know all aspects of child health. Various faculty members working in the Department of Pediatrics must identify their areas of special interest and excel in those. The sub-speciality Chapters have an important role to assess the status of various specialities in the country regarding availability of infrastructure, staff and equipments. They have been charged by the Academy to develop guidelines for assessment and accreditation of departments who can provide in-service training in specified speciality areas before post-doctoral courses can be initiated.

The field of genetics has assumed an ever increasing importance with the realization that practically all diseases have a genetic basis due to imprints in our genome. The ecological influences merely determine the timing or onset of disease process in an individual. It must be realized that seeds of most adult diseases are sown in childhood. Efforts should be made to identify early clinical and biochemical markers of common adulthood diseases like obesity, hypertension, coronary artery disease, diabetes mellitus, etc. in order to improve the quality of adult life. Advances in molecular genetics have revolutionized diagnostic and therapeutic concepts and their application. The emerging technology of polymerase chain reaction has led to the development of DNA probes for diagnosis of various metabolic and infective disorders. Gene therapy with the help of genetic engineering is no longer a fiction and it has become a reality. The pediatric departments in teaching hospitals must establish comprehensive genetic units to harness the dividends which are likely to accrue in increasing quantum in the near future.

The modern medicine has become

highly technology-oriented and cost intensive. The pediatricians in teaching hospitals and nursing homes must acquire the essential technology for providing intensive care to neonates and children suffering from life-threatening critical disorders. Unless we do that, our credibility and image is at stake and we will be left behind in the race with other super specialities of medicine. The National Neonatology Forum of India has catalyzed the development of level II specialized neonatal services in the country. There is an urgent felt need to establish pediatric intensive care units on a priority basis to enhance child survival. If the government and administrators can afford and arrange to provide expensive electronic gadgets for coronary care units, post operative intensive care units, cancer hospitals *etc.*, there is no reason why it cannot be provided for pediatric and neonatal intensive care units. The logic for creating pediatric intensive care unit is more strong because pediatrics is more cost effective. When we save the life of a neonate or an infant, we provide him a lease of 50 years or more of a productive life as compared to saving a patient with cancer or stroke which adds merely 2 to 5 years of longevity. The enhancement of child survival is truly the key to the success of family welfare programme and stabilization of population dynamics.

The fundamental goal of pediatrics is to assist every child to achieve his optimal growth and developmental potential. Development indeed is the most distinctive attribute of children which distinguishes them from adults. We the pediatricians have done very little to establish our identity in this most distinctive and core area of pediatrics. There is an urgent need to establish comprehensive growth and development wings in our departments by develop-

ing expertise and seeking adequate infrastructure, trained staff and equipments from the hospital administrators. The pediatricians must establish their identity by focussing their attention on these specialized and specific areas which constitute the foundation of pediatrics.

Pediatric Education

Education provides the means and medium for realization of our objectives and goals of delivering comprehensive optimal health care to children. I am happy to inform the members that our cherished dream of according pediatrics the status of an independent discipline in undergraduate medical teaching has been fulfilled. The Medical Council of India has finally agreed to our recommendations and persuasion to have an independent examination in pediatrics during final professional MBBS examination. A large number of members of the Academy have been instrumental in achieving this landmark but I would like to specially thank Dr. B.N.S. Walia and Dr. B.C. Chhapparwal for their commitment and dedicated efforts to make this possible. The learning objectives, detailed curriculum, assessment and evaluation of pediatric component of undergraduate medical education have been finalized by two committees appointed by the Medical Council of India. The members of the Academy must play their positive role in getting these recommendations of MCI accepted and implemented by the medical education boards of the State Universities.

The Academy is also seized with the need of improving standards of postgraduate pediatric education in the country. We are in the process of developing a standard curriculum for postgraduate diploma and degree students and make recommendations for a uniform system of examination.

We hope to harness the expertise of various subspecialty chapters to streamline in-service training of pediatricians in various super specialities of pediatrics.

Most health care to children in the community is being provided by basic doctors or general practitioners. The existent programme of the Academy to update their knowledge and skills shall be pursued with renewed vigour to launch a network of CME programme throughout the country with the help of State branches of IAP and the organizational support of Indian Medical Association. To serve the felt needs and requirements of general practitioners, the Academy has launched Journal of Practical Pediatrics under the editorship of Dr. A. Parthasarathy from Madras.

Communication Strategies for Promotion of Child Health

It is unfortunate that medical profession in India has not done anything outstanding or revolutionary as compared to the scientists in the agricultural field who have created successive green (wheat), white (milk) and yellow (oil seeds) revolutions. We all must muster our strength, expertise and resources to create a revolution in the field of health information, education and communication to improve the health awareness of the community. The health education strategies should focus attention on issues such as care and nutrition of girl children, health and nutrition education, personal hygiene and environmental sanitation, acute diarrhea and ORT, promotion of breast feeding, sex education and HIV, mother craft, immunizations, female literacy and above all status of women. There is an urgent need for social, cultural, religious and political actions to improve the status of women in our society. It must be realized that the mother is the

best primary health worker and we must improve her knowledge, skills and attitudes in the art of mother craft. It is proposed that the Academy should serve the role of a catalyst to energize the functioning and provide inputs to various governmental and voluntary agencies concerned with the dissemination of health information to the community. The members of the Academy should assume active responsibility to publish health education articles in newspapers, and magazines through various state and city branches.

The children are neglected because they cannot ask or demand. We the custodians of children must speak for them or provide necessary background information to the politicians, religious leaders, prominent citizens and voluntary organizations to speak for the cause of children. The Academy hopes to initiate a movement to create a revolution in information, education and communication for the lay public, parents and adolescents.

Children are the future decision makers and citizens of our society. The Academy is planning to introduce a nationwide programme to impart health education to adolescent children in schools. With the help of a Task Force we hope to create necessary tools and teaching material to launch this programme. The current school curricula in the fields of health, nutrition, sex education and mother craft shall be evaluated and necessary recommendations made to NCERT for updating the school books.

Child Survival and Safe Motherhood

The women must be accorded special status in society, keeping in mind that they are the creators of progeny and health of mothers and children is closely interlinked. Healthy mothers produce healthy children

and healthy mothers are in a better position to look after the health of their children. The UIP-plus strategy of Child Survival and Safe Motherhood Programme of Ministry of Health, Government of India is a step in the right direction. The Universal Immunization Programme is being used as a spring board to deliver a comprehensive package of essential health services to mothers and children after integrating various vertical programmes. The package for child survival includes basic care to newborn babies at home, 100% coverage of primary immunizations and vitamin 'A' prophylaxis and correct case management of children with acute diarrhea and ARI at home and health care facilities. The ICDS programme which has served the mothers and preschool children so well is being gradually expanded and increasingly integrated with perinatal care through Post Partum Programme. There is, however, an urgent need to strengthen pediatric services for sick children at all levels of health care to improve credibility of the referral system. It is important for all the pediatricians to actively participate in the national programmes aimed at improving health status of children in the community. It is desirable that all programmes whether UIP or family planning, should not be merely target-oriented but outcome-oriented. There is a need to establish a network of epidemiologic surveillance system at the District level to monitor the trends of diseases, births and deaths in order to assess the impact of various health intervention strategies.

Ladies and Gentlemen, the time is slipping fast and mere 7 years are left to attain the elusive Alma Ata goal of 'Health for all by 2000 AD'. It is a sad reality that we are nowhere near the enunciated health indices and targets set for achievement by the

end of century. There are many reasons for the failure of our commitments to provide equitable basic health care to all children in the society. It appears that our commitments are not real but they are merely rhetorical.

There are lopsided priorities in allocation of funds to various sectors. Health sector is allocated merely 2% of GNP, while in most developed countries more than 10% of GNP is allocated to the health and family welfare sector. The international agencies are more concerned with the anticipated epidemic of AIDS and less concerned with the current existent raging epidemics of low birth weight babies, protein-energy malnutrition, diarrheal disorders, respiratory infections and tuberculosis *etc.*, which are killing over 3 million children per annum in India alone. There is greater emphasis in opening new cancer and coronary care hospitals rather than Institutes for promotion of health of mothers and children. The slogan of 'Health for all by 2000 AD' is an empty promise unless it is supported and complemented by additional commitment and concern for food for all, education for all, safe drinking water for all, homes for all, jobs for all and above all dignity for all by 2000 AD. We do know the spectrum of common health problems of children in our country and leading causes of their mortality.

We also have adequate technical knowhow to prevent and manage them. What we lack are the managerial skills, implementation strategies, task-worker matrix guidelines and above all commitment and devotion on the part of most health functionaries right from top to the bottom. There is a general lack of leadership, guidance, supervision and personal examples worth emulation. We all have the knack of passing the buck and blaming

others, least realizing that if each one of us were to exploit and harness his or her full potential, no one shall ever need to be blamed for. We are all aware of the prevailing realities and what we need is to launch a sustained, determined and united crusade to uplift the plight of children in

our country. I hope the benign presence of honourable Minister shall inspire us all to rise to the occasion and do something more for the children as an investment for the future strength and stability of our nation.

Thank you!