

Presidential Address

XXXXII National Conference of Indian Academy of Pediatrics, Kolkata January 6, 2005

Dear fellow Academicians,

I wish you a very happy and prosperous Year 2005 and welcome you to this 42nd National Conference of Indian Academy of Pediatrics.

The year 2004 ended on a very sorry note. We witnessed very saddening scenes of tsunami disaster in Asian countries including India. In our country effect of aftermath was maximum in Tamilnadu state and Andaman-Nicobar Islands. We express our heartfelt sympathy for all those who have suffered. We are thankful to world community for their sympathy and eagerness to help and Government for prompt actions. I congratulate 'Disaster management group' of IAP for their readiness and plan of action. I appeal all the members and IAP state branches to donate generously for the cause.

At the outset let me take this opportunity to thank you all for reposing your overwhelming confidence in me to be your spokesman and leader for the year 2005. I would also like to take this opportunity to thank my teacher and IAP President for the year 1988 Dr. (Mrs.) A.B. Desai, my mentors Dr. Y.K. Amdekar, Dr. Lokeshwar and many other friends from all over the country who have given me their best for making me what I am today.

I take this opportunity to congratulate IAP team for year 2004 under leadership of President Dr. M.K.C. Nair and Secretary General Dr. Bharat Agrawal for excellent work

done in many fields. In the past 40 years academy has achieved great heights under the leadership of all our worthy past presidents. As an advocate of millions of children of India, academy with a membership close to 15000 is a strong force and revered name. Last decade has seen a sea change in medical science and knowledge. As members of medical profession we have narrowed the gap of knowledge and technology. We have excelled in the skill of intensive care and saved many precious human lives. But I am sorry to state that we as a nation have failed in achieving goals of public health interventions. That has left us with a very daunting unfinished agenda to deal with.

The Lancet in its special edition on Child survival published the editorial entitled as "the world's forgotten children". This made world realize that over 10 million children still die every year before the age of five, that too, nearly fifteen years after the world summit for children. Cover page of Academy Today also carried the world map depicting areas of maximum childhood mortality. Much to our dismay, the Indian subcontinent features prominently in that map.

Friends, we have accepted the responsibility of children aged 0 to 18 years. This responsibility is not only for clinical cure but also for intact and healthy survival. There is also additional dimension now of 'quality life'. It is time for us to consolidate the successes of past years and make academy an effective agent for progress and provide platform to work for a cause we hold most dear to our hearts - the rights of children.

As one of the partner of Alma Ata declaration, we as a nation had pledged solemnly to achieve 'Health for All by 2000'. We have failed miserably due to many reasons

but most importantly due to poverty of vision and not due to poverty of funds.

IAP has two important roles to play - Academics and Advocacy. It is now time to go beyond just Advocacy. Our academy should give new directions to the "Child Survival" Strategies. We should be active partner in the delivery of science of interventions to the community by scaling up to reach the unreached consistently and effectively. We need to establish Public-private partnership so as it can emerge as one of the promising approaches to expand the reach of public health program.

Unfinished agenda

Child Survival partnership

The Lancet had also published series of five articles from lectures delivered at the workshop by global child health experts. First paper in the series provides updated information on main causes of death accounting for 90% of child mortality; these are diarrhea, pneumonia, neonatal causes of death and partly malaria and HIV/AIDS.

Second paper shows that current level of coverage with low cost effective interventions is unacceptably low. Despite improved knowledge in interventions coupled with broader development and increase in overall resources, the gap between what can be done and what actually is being done is increasing. It is evident that child mortality is the result of complex web of determinants at many levels. We usually blame the role played by distal determinants such as poverty and physical environment, but it is important to identify proximal determinants which can be addressed by professional bodies like us. We can wait no longer; knowledge must be translated into practice. Let us pledge, IAP as a professional body will provide leadership by strengthening Public Private Partnership, disseminating

program guidelines of IMNCI among professional colleagues at all levels and organize training programs by active participation of all the members. This will help achieving the universal coverage of low cost, proved interventional strategies without postponing the goalposts.

Children of urban poor and of migratory population

It is evident from the available data that under-5, infant and neonatal mortality rates are considerably higher among the urban poor as compared to National and state averages. These children are more likely than their better off peers, to be exposed to health risks which are compounded by reduced access to preventive and curative interventions.

In India, the absolute number of urban poor and the share of poor living in urban areas is increasing over time, it is estimated that there are more than 90 million urban poor in country. Unfortunately the 'Urban advantage' evades these groups. With lacking infrastructure and services, these settlements are the most life threatening environments. These challenging living conditions also undermine the capacity of care providers to provide optimal care. Child health care indicators of this group of children clearly points at the need for extra focus and efforts on this large segment of population. To meet these needs I have chosen theme for this year's activities as "Extra care for Children of urban poor and migratory population".

Quality Immunization

Immunization is a single most success story of world. Western world has reduced their disease burden of Infectious diseases by using this tool very effectively. Due to progress in molecular biology and genetic engineering many new vaccines are available and many are in pipeline. However, it is of great concern that immunization coverage of many states is

unacceptably low. In the last 5 years there are reports of reemergence of vaccine preventable diseases also. This proves the urgency of stepping up of coverage by reinforcement of quality immunisation. There is also need to add two more vaccines, MMR and HIB in our national calendar to increase the child survival. This year we will organize workshops for Quality Reinforcement in Immunization at many places especially in the AEG states, stressing the need of utilizing the 'missed opportunities'.

Injection Safety Taskforce

IndiaCLEN study on injection practices in our country has revealed that close to 69% injections are unsafe. It is very welcome news that Government of India is switching over to AD syringes for immunization. Last year we have formed this taskforce. We had organized national workshop to finalise IAP policy for the same. We have prepared core curriculum to train the trainers for this very important subject. Now we will organize state wise workshops throughout the year to train our members for safe injection practices as one of the action plan.

Demand generation

Learning from child survival indicators of states like Kerala and Goa, improving literacy rate of women can bring about major change in child survival indicators. Educating mothers about health and diseases and also about preventive health interventions can bring about behavioral changes of the society and can indirectly improve acceptance of interventional strategies. I am planning to have a country wide program of "Better Parenting and Child Health" for mothers.

Academic programs

Academics have always remained a major activity of IAP. While continuing to provide ample opportunities for continuing medical

education programs, we want to introduce standardization of diagnosis and management in outdoors of the hospitals and offices of private practitioners. Practicing pediatrician often face clinical situation, where they have to take decisions in a snapshot time. We are inadequately trained in medical colleges for such a situation and are impracticable to refer to textbooks for help. Protocols based rapid action tools can meet this important need. We have designed "Standardization of office practice" as one of the major action plan for this year. We already have a band of 40 trained pediatricians who will organize more than 50 workshops in various parts of the country throughout the year.

You all will agree with me that epidemiology of one noninfectious disease 'Bronchial asthma' is expanding very fast. Magnitude of the disease has increased in geometrical proportion over last decade. There is new knowledge in pathophysiology as well as in management strategies. Inhaler therapy has replaced oral therapy world over. It is possible to treat a child having Bronchial Asthma in the remote village of India on the same line as one can be treated in metro cities. We will have one more program "Breath free for quality life" for the year. We will reorient our members through number of workshops and increase awareness in society through media and meetings to stall the menace of this allergic disorder.

In the month of December 2004, I attended conference of Asia Pacific Pediatric association to address the issue of HIB disease. I was supposed to speak on disease burden of our country. I scanned the literature, there is no community based data. It is unfortunate that whenever we talk of any disease we have to refer to western data. It is time we have our own community data. We need to establish a Pediatric Data base. It is a mammoth task. With

the hope of getting support from all the corners, this year I am planning to establish 'Pediatric Database' and 'Surveillance Network' of IAP.

In the last 40 years IAP as a body has formulated many policy statements related to child health and allied issues. It will be prudent if we collect all these important documents and put them together. Some of these policy statements might have lost relevance or may have expired in terms of new knowledge or change in epidemiology, which can be updated. I am planning to publish updated "Policy Statements Book" or "white papers on child health policies".

Last year IAP has established partnership with sister professional body NNF. I would like to not only continue this partnership but extend it to other organizations like FOGSI to address the issue of Exclusive breast feeding very effectively.

As a continuation of activity of past two years - preparing IAP protocols for common disorders, we will also prepare such documents this year so as to finish the agenda. I would like specialty chapters to take up this job as their own program.

I would like to strengthen our links with International Pediatric Association, APPA and American Academy of Pediatrics as well as British Pediatric Society. This will help in sharing knowledge, experience and skills. This will also give us opportunity to push issues like "World Pediatric policy". We intend to organize training programs with the help of AAP and BPS to promote technology transfer at a faster rate.

I am very fortunate to have friend like Dr. M.K.C. Nair as President 2004, who gave me free hand to work on action plans for this year. I thank him profusely. Dr. Nitin Shah is not only a President for year 2006 but is equal partner

for the entire IAP action plan for year 2005. We can actually call these plans as plans for years 2005 and 2006. I do not have enough words to thank him for working with me so closely. I am fortunate that for the year 2005 IAP has very able and seasoned Secretary General Dr. Bharat and Treasurer Dr. Deepak. This year with the help of very enthusiastic and supportive executive board members we are sure IAP will fly very high. I take this opportunity to thank my family supporting me in IAP activities.

Pedicon 2005, a conference of a unique style, will be remembered for a long time for its planning, its brochures, its venue, its scientific program and its cultural events. I am sure all of you will join me to congratulate Dr. Tapan Kumar and his team for excellent organization of this mega event.

Friends, with humility, I pledge this year of my life in the service of the IAP. Our motto will be service. The challenges are many. Confronting them is not a matter of winning or loosing. A sincere attempt to meet them does matter. With your overwhelming approbation and cooperation I am confident of securing the best results. Kindly provide your wisdom, guidance and support to my team and to our academy in all the activities and action plans to enable us to scale greater heights. Let us join hands to achieve our goals.

Thank you; thank you very much once again.

Long live IAP.

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