

## *Presidential Address*

### **XXXXIV National Conference of Indian Academy of Pediatrics, Mumbai January 11, 2007**

Dignitaries on and off the dias, invited guests and delegates, members of the Press and my dear friends,

On behalf of Indian Academy of Pediatrics I, welcome you all to the 44th National Conference of Indian Academy of Pediatrics and wish you all a Very Happy and Prosperous New Year!

I take this opportunity to thank each and every member of IAP for reposing their faith in me and electing me to the highest position in the Academy. In all sincerity, dear friends, I pledge this year of my life in the service of IAP and children of India and I will be custodian of every minute which I am devoting to IAP.

On behalf of all gathered here today, I congratulate Dr. Bharat Agarwal and his team for all the hard work put in to making this conference a grand success!!

On the same note, I wish to thank Dr. Nitin Shah and the Executive Board of IAP 2006 for helping and encouraging me to work on the IAP Vision 2007 from day one.

I also welcome Dr.R.K.Agarwal as the President-Elect and the entire IAP Executive Board 2007 team. They are the pillars of strength for the IAP this year, and it will be my privilege and pleasure to work with them. I take great pleasure in introducing Dr Ajay Gambhir as the IAP Vice-President 2007 and wish him all the best.

IAP is now an important partner in the planning of child health policies for child survival and quality child care and is playing a decisive role in public health projects concerning child survival and development.

The Executive Board of the IAP 2007 has dreamt of a vision:

IAP Vision 2007:

- (A) Child Survival
- (B) Quality of child life and development
- (C) Advancing academic pursuits
- (D) Special issues.

#### **(A) Child Survival: The first priority!**

As far as child health is concerned there is no uniformity within the country. It has green areas and red areas; the green areas having a lower than average Infant Mortality Rate and the others having higher than average Infant Mortality. Similar is the case with other child health facilities. IAP vision 2007 focuses on child survival activities in the states having a high Infant Mortality or poor infrastructure of health services. We have selected 309 districts in 16 states for child survival activities.

IAP extends its full support for IMNCI approach for child survival. But if we do not involve private health care providers into the IMNCI fold, we will never succeed. IAP will come up with some innovative ideas for creating new packages suitable for training of private health care providers. IAP vision 2007 aims to create District Resource Persons and nodal centres for training of IMNCI at district level.

While IMNCI is being scaled up, there is an urgent need to strengthen existing interventions. We all know that low cost interventions like ORS, Breast Feeding, Immunization, Zinc Supplementation, Correction of Anemia and Malnutrition, Newborn Resuscitation, Antibiotics for Sepsis and Pneumonia; when scaled up can significantly reduce childhood mortality. About 63% of deaths accounting for 90% of child deaths can be prevented if interventions with both sufficient and limited evidence are implemented with universal coverage.

IAP vision 2007 focuses on up-scaling the implementation of these low cost interventions by involving pediatricians and other medical practitioners of these 309 districts in 16 states.

Newborn health is the key to child survival, especially for India. In India in general half of the under-5 child deaths occur in the neonatal period.

### **1. Capacity Building Initiatives**

IAP vision 2007 envisages to conduct a series of state and sub-divisional level capacity building initiatives for pediatricians on “Comprehensive Newborn Care” and “Under-five Child Survival Interventions” including management of diarrhea, malnutrition, anaemia, ARI and improvement of routine immunization.

### **2. Reaching the Un-reached**

The IAP vision 2007 wishes to approach school going adolescents as resource persons and agent of change to reach the un-reached.

### **3. Science of Vaccinology**

An important component for child survival is achieving high coverage of routine immunization. We have proposed a unique program in collaboration with Government of India where IAP members will give once a week free immunization to all BPL card holders on voluntary basis. Another step which is being taken to improve routine immunization is creation of a network of 600 District Immunization Resource Persons by Science of Vaccinology program.

### **4. IAP Telemedicine and Tele-education Network: CME at doorstep**

We have a vision to develop first of its kind “IAP Tele-medicine and Tele-education Network” so that pediatricians in remote areas can get expert advice to save the lives of poor patients who otherwise cannot afford to go to higher centres for treatment. Through this network our members will also be able to update their knowledge right in their own clinics.

### **5. Child Survival Communication**

Electronic and print media can play a very

big role in communicating messages of child survival. This year we plan to invest in strategic communication for child survival by roping in the services of the electronic and print media.

## **6. Every Child counts**

Child survival activities will also be planned in urban slums with survival crisis, even in states having low Infant Mortality.

## **B. Quality of Child Life and Development**

In the states where the survival crisis is tackled to a large extent IAP vision 2007 is focused on quality of child life and development.

### **1. Child Rights and Protection Program (CRPP)**

IAP was first to raise its voice against child labour which has culminated in legislation against child labour. Creation of The CANCL group of the IAP was a positive step towards addressing the problems of unfortunate victims of Child Abuse, Neglect and Labor. Child Rights and Protection program under IAP Vision 2007 aims to take it further. A step has already been taken in this direction; today a Training of Trainers workshop was conducted successfully by faculty from UK and India. This will be followed by a series of regional workshops.

### **2. Programs for Adolescents and School Children**

Scholastic backwardness affects 5-15% of school children. To this end we have initiated Poor Scholastic Performance Program of the IAP.

Similarly, two programmes Adolescent Friendly Health Services (AFHS) & Adolescent Friendly School Initiative (AFSI) have been dedicated to the adolescent population of India which constitutes nearly 22% of the total population.

## **C. Advancing Academic Pursuits**

*Programs for Private Practitioners:* Majority of our members cater to child health as practitioners and I strongly believe that capacity building and empowering them will improve the health of the

children of our country. In this direction, few programs have been included in IAP Vision 2007: These are:

1. Art and Science of Pediatric Practice (ASPP)
2. Standardization and Computerization of Pediatric Practice (SCOPP 2007)
3. Science of Vaccinology
4. Golden Hour Emergency Management (GEM) Course
5. Desk Top references on subjects which a practitioner faces in day to day practice. Which also includes Pocket book of Hospital care for children by WHO.

Program for Teaching Faculty and Medical Students

(a) For Teaching Faculty - We are planning to hold workshops for the teaching faculty on research methodology, teaching skills and evaluation methods.

(b) For Medical Students - We are also planning a review of guidelines for undergraduate and postgraduate teaching in pediatrics .

### ***IAP's Publications***

In order to keep our prestigious journal Indian Pediatrics at par with other International Journals the IAP vision 2007 aims at introducing Professional Electronic Management of Manuscripts. We also plan to digitalize all old issues of Indian Pediatrics in 2007. At this point I would like to congratulate our Editors; Dr. Panna Choudhury and Dr. A. Balachandran for their excellent work in maintaining the high standard of our two Journals.

### ***IAP Subspecialty Chapters***

All the Subspecialty Chapters of the IAP are doing a wonderful job. We propose to introduce training programmes and refresher courses in major pediatric subspecialties in India as well as collaborate with foreign universities on the subject. I am happy to announce, this year we will sign a memorandum of understanding with Indiana University of US and Royal College of

Pediatrics and Child Health UK which will facilitate our members to take training in pediatric sub-specialities abroad.

### **IAP Branches**

Our branches are doing excellent work in making a contribution to society and child health. We plan to decentralise and involve our state branches more actively. As the first step towards decentralisation, we plan to make state branches as the nodal agencies in implementing IAP Vision 2007 programs. We will also help and participate in their own innovative initiatives.

### **International Front**

On the International Front, I would like to strengthen our existing ties with the International Pediatric Association, International Society of Tropical Pediatrics, Asian Pacific Pediatric Association, American Academy of Pediatrics, Pediatric Association of SAARC countries and Royal College of Pediatrics and Child Health. We would like now to affiliate with various Speciality International Associations so that our sub-chapters can grow at International level.

### **D. Special Issues**

There are two special issues which I would like to highlight here. Polio Eradication and Pediatric HIV/AIDS

#### ***1. Polio Eradication***

Achieving Polio Eradication in India is my lifetime mission, however in 2006; we have witnessed a resurgence of polio. On behalf of the IAP, I reaffirm our commitment to achieve polio eradication in India at the earliest, hoping sincerely during my tenure as President.

#### ***2. Pediatric HIV/AIDS***

Pediatric HIV/AIDS is another thrust area for IAP and we intend to carry on with good work done so far.

I sincerely hope that by working on IAP vision 2007 we will be able to realize the child health components of Millennium Development Goals.

PRESIDENTIAL ADDRESS

I congratulate those who are to receive fellowships and awards today.

I would like to thank our friends in the Government, WHO, NPSP and UNICEF; for supporting the IAP in all its activities.

At the end, my personal thanks to my teachers Dr. V.J. Rajput, Dr. H.P. Singh and Dr. Jyoti Singh.

“Knowing is not enough, we must apply, Willing is not enough, we must do”.

Friends, there are nearly 1,919,000 under-five children dying every year and many more craving

for quality child care. Let us all join forces and try our best to grant a right of survival and quality child health to every child of our country.

Thank you very much.

**Naveen Thacker,**  
*President, IAP 2007,*  
*Deep Children Hospital,*  
*208, Sector 1-A,*  
*Gandhidham, Kutch 370 201,*  
*Gujarat, India.*

*E-mail: presidentIAP2007@iapindia.org*  
*drnaveenthacker@gmail.com*

