

**XXXXV National Conference,
Indian Academy of Pediatrics
Bhubaneswar, January 17, 2008**

Honorable Chief Minister of Orissa, Shri Navinji Patnaik, dignitaries on and off the dais, delegates, media personnel and my friends,

First of all I wish to offer my prayers to Lord Jagannath as this is the only temple, which has idols of divine brothers and sisters. Lord Krishna, Balarama (brother) and Subhadra (sister), all three symbolize the ultimate care, brotherhood and traditional upbringing of children in our Indian culture.

Again, it is a matter of sweet coincidence for me that I was born in 1945 and now I address you as the President IAP in this 45th PEDICON! This has been possible only because of your faith and confidence in me and that has provided me this rare opportunity to head our esteemed Indian Academy of Pediatrics. I assure that I shall work hard with clarity, transparency and accountability. I shall not deviate from basic MBBS, which I aptly translate into 'Moral Betterment, Better Services'.

It gives me great pleasure to extend a warm welcome to all of you. I take this opportunity to congratulate Dr Gadadhar Sarangi and his entire team for hard work put in organizing this mega event, which is turning out to be the most successful one in recent times.

I wish to thank Dr Naveen Thacker, President IAP 2007; Dr Deepak Ugra, Honorary Secretary General IAP 2007; and the entire IAP Executive Board 2007 for their unstinting help and encouragement to me to work on IAP Action Plan 2008. Working with them was a most satisfying and learning experience for me.

I welcome IAP office bearers for 2008 *i.e.*, *Dr Panna Choudhary* as the IAP President Elect; *Dr Rohit Agrawal*, Honorary Secretary General; *Dr Tanmay Amladi*, Treasurer; *Dr Piyush Gupta*,

Editor-in-chief, Indian Pediatrics; and *Dr Nedunchelian*, Editor-in-chief, IJPP. I also welcome the entire IAP Executive Board 2008.

It is with great pleasure that I introduce *Dr Utpalkant Singh* as the IAP Vice-President, so also I welcome *Dr Ajay Gambhir* as IAP's Representative and *Dr Vijay Yewale* as the IAP Academic Affair Administrator in the IAP 2008 team. The word TEAM here means 'Together Everyone Achieves More' and I assure each and every member of Academy that we all will work with full zeal and enthusiasm throughout this year.

IAP is now a mammoth body of 16000 plus members. With merely 800 members in seventies, I have seen it growing as I and everybody else have also grown with it to this stage. There has been a positive change in our focus in action plans. IAP is an important partner in planning and decision making in public health projects regarding child survival and quality care. Our advice is sought and respected by all concerned health authorities than ever before. This has not been achieved in one day. Credit and admiration goes to vision and wisdom of all past presidents and office bearers. I too wish to follow their path of progress.

Friends, child survival and development are our foremost priority! Despite much scientific advancements, we have not been able to bring down child health indices to a desirable level. Our under-five mortality rate now stands at 76, IMR at 58 and NMR at 40. We contribute 2.1 million of the global 9.7 million under-five deaths annually. This cannot be allowed to go on for long. One million deaths occur in the neonatal period alone; the rest are contributed mainly by malnutrition, respiratory and diarrheal diseases, malaria, and HIV. We also know that 65% of these deaths are preventable, if we could somehow manage to deliver some of the 17 low cost effective interventions like exclusive and prolonged breast feeding, zinc and iron supplementation, strengthening the routine immunization, ORS, antibiotics for pneumonia, neonatal services, management of malnutrition etc. Neonatal mortality can be reduced by one-third by simple neonatal

resuscitation efforts in the first hour after birth in delivery room. The entire IAP Action Plan 2008 focuses on each of these issues.

What we need is also capacity building initiatives for meaningful implementation of these strategies. For any program to be successful, we must first have National Consultative Meet and Training of Trainers (ToT) workshop at national level, followed by zonal, state and district workshops through our branches depending on the local needs and priorities.

IMNCI (Integrated Management of Neonatal and Childhood Illnesses) approach has been found to be very effective and IAP fully supports its both components i.e. pre-service and service components. We need to expand its areas of operations and also try to include in its folds the private health care personnel.

We plan to conduct IAP Neonatal Care workshops to empower our members who can provide neonatal care services in their nursing homes. The IAP under-five child survival workshops will be held at 50 more districts this year to increase awareness and capacity building. The statistics of routine immunization vary between states but the national average is far from universal coverage. The report card submitted from few states also shows dismal performance. Many workshops and updates on Immunization and Vaccinology are planned to complete the creation of resource persons for every district as well as to improve routine immunization coverage with help from our members.

From April this year, we are launching novel educational tele-workshops on specialty topics every month. This will come to your doorstep. This has been made possible through help from ISRO and IAP Hasan. We shall continue the popular ASK-IAP, Respiratory Tract Infections (RTI) and Asthma Training Module (ATM) workshops.

We also need to concentrate on quality of child life and development. Hence we plan to conduct Child Rights and Protection Program (CRPP). This program was well conceived and effectively delivered last year. This year, we have planned 20 activities of CRPP and decided to take it further down to as many branches as possible. Similarly, we plan to conduct programs for adolescents, as they

constitute around 22% of our population and need proper guidance and counseling during this critical period. Adolescent Friendly Health Services (AFHS) and Adolescent Friendly School Initiative (AFSI) have been included this year to percolate the message of family life education to as far as possible. We also need to empower our fellow colleagues to achieve advancing academic pursuits. Accordingly we will conduct program for family physicians, as they are an integral part of our community health services. To upscale their academic skills, we have planned CMEs for them in collaboration with IMA, FOGSI. We also propose to launch IAP course for paramedical staff in basic maternal and child health. IAP's Art and Science, GEM (Golden Hour Emergency Management) programs will also increase skills of our members.

For teaching faculty, the program on research methodology, teaching skills and evaluation methods are being envisaged. We plan to review the guidelines for undergraduate and postgraduate teaching in pediatrics. The module on Ethics is being prepared both for residents and practicing pediatricians. I am aware that some features in our website are not fully functional. This year it will be upgraded to the satisfaction of our members.

IAP is very strong in the field of publications. Indian Pediatrics has been accepted as the most prestigious pediatric journal and its site is being visited with more than 8 lakh hits per month, mostly from overseas. I congratulate the entire team under outgoing editor-in-chief, Dr Panna Choudhary for this achievement. Indian Journal of Practical Pediatrics (IJPP) too is doing well and my admiration goes to outgoing editor-in-chief, Dr A. Balachandran. On its 15th year celebration, we need to think of bringing six issues a year.

We hope to bring out the new edition of IAP Textbook of Pediatrics this year, which is very popular in our country as well as SAARC and overseas. My thanks to Dr A Parthasarathy and all concerned. We have received Rs 8 lakh as royalty from this book so far. Since last two years, IAP has also published four IAP specialty series books on Hemato-Oncology, HIV, Infectious Diseases and Rational Antimicrobial Practice. Four books are being released at this conference on Intensive Care,

Gastroenterology, Cardiology and Pediatric Quiz, and four more are getting ready for publication this year *i.e.*, Neurology, Respiratory Diseases, Neonatology and Adolescence. It is a matter of great honor for the IAP to have 12 specialty series books in just 3 years. My special thanks to Dr Nitin Shah, the Editor-in-chief of this series and all the respective editors for the hard work and for earning royalty of Rs 2 lakhs from the first four books. Two books related to Principles of Medical Education and Thesis Writing are also being released shortly. I thank Dr Tejinder Singh and Dr Piyush Gupta for their efforts in preparing these two books.

Coming to IAP branches, we need to have a branch in each of the 609 districts of India so that we can percolate our policies and programs all over the country. We have made all the state branches as nodal agencies in implementing the programs. We want their more participation. Similarly when we talk of IAP specialty chapters and groups, many of them are doing excellent work but few of them need to be more active both in membership growth and programs. IAP is the only organization where this system exists and works well and we have a fixed slot of 90 minutes in each PEDICON devoted to these chapters and they are free to go with their focused scientific program.

On the International front, IAP has a tremendous image. We have strengthened our ties with IPA (International Pediatric Association), AAP (American Academy of Pediatrics), ISTP (International Society of Tropical Pediatrics), APPA (Asia Pacific Pediatric Association), Pediatric Associations of SAARC countries, and RCPCH (Royal College of Paediatrics and Child Health) and are negotiating with them for many programs, traveling fellowships and grants. IAP will come out with an international standard advanced training program as that of Ad-Vac (France) module in vaccine sciences keeping in mind the ground realities of developing countries. IAP-AAP CME is being planned this year also.

As you may be aware, for the last two consecutive years, we are encountering resurgence

of polio cases. It is our earnest duty to work wholeheartedly for the cause of polio eradication by contributing our might for full coverage of routine immunization.

Lastly, while talking about the organizational issues, we are working on constitutional and election reforms as per the prevailing needs of the Academy. Our central office is working very efficiently in spite of heavy burden and tremendous workload. My admiration goes to Mr Gonsalves and his entire team of staff for their untiring work. I announce with great pleasure that henceforth the central office will be functional for six days a week.

My congratulations to those who are receiving FIAP and other awards today. My thanks to Government of India, UNICEF, WHO, NPSP and many NGOs for their support. My admiration to *Dr Marzio* from UNICEF for his kind support. My special thanks to my wife, *Dr Nirmala Agarwal*, *Dr Tarun* (son) and *Dr Shweta*; *Dr Monoo* and *Dr Natwar*; *Dr Surabhi* and *Dr Akshat* (daughters), my patients and my friends tolerating my absenteeism. It was only because of their silent yet solid support, I could work for the Academy.

What IAP means to me this year is **I** for Integrity, **A** for Accountability, and **P** for Performance, which I appeal to all my colleagues to observe. We should increase quantum of care as well as quality of care in our practice. Lastly, I request you all to provide your wisdom, guidance and support to me and my team to scale greater heights this year.

Ladies and gentlemen, I wish you and your family a very happy and prosperous New Year and thank you all for your patient listening.

Long Live India! Long Live IAP! Jai Hind!
Jai IAP!

R K Agarwal,
President IAP 2008,
RK Hospital,
5/A, Madhuban,
Udaipur 313 001, India.
Email: rk_hospital@hotmail.com