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Hon'able Chief Guest, His Excellency Sri Rameshwar Thakur, Governor of Karnataka, Guest of Honor(s), Sri Madhavan Nair, Chief, Indian Space Research Organization and Dr. DG Benakappa, dignitaries on the dais and in the audience, dear delegates, members of media, ladies and gentlemen — A hearty welcome to all of you in Pedicon 2009 and wish you a very happy and prosperous new year. A 'Big Thank You' to the members for electing me as the National President of Indian Academy of Pediatrics. I am conscious of and energized by the huge responsibility bestowed upon me.

Indian Academy of Pediatrics (IAP) is a professional organization of over 17,000 pediatricians and has 300 branches. It has taken upon itself the mantle of the welfare of children from 0 to 18 years; and that is a population of nearly 60 million. A massive undertaking! But together we can do it. And we will!

I take this opportunity to express my gratitude to Dr R K Agarwal, Dr Naveen Thacker, Past IAP Presidents; Dr Deepak Ugra, President Elect; Dr. Atul Agarwal, Vice President; Dr. Rohit Agrawal, Secretary General; Dr. Tanmay Amladi, Treasurer; Dr. Piyush Gupta, and Dr. K. Nedunchelian, Editor-in-Chief(s) of IAP Journals for their encouragement and support in shaping the vision of IAP for 2009 and beyond. Kudos to Dr Shivananda, Organizing Chairperson and Dr R Nisarga, Organizing Secretary of Pedicon 2009 and their team for their resolute efforts to arrange this

mammoth event. I sincerely appreciate the background work done by central IAP staff members headed by Mr Gonsalves, and marvel at their almost limitless capacity to work round the year.

The Academy has had an impressive record. IAP is now being approached by National and International bodies for programming, planning, policy making and research in child health. We are now part of practically all decision making bodies in the area of welfare of children. This is a huge achievement and I sincerely appreciate the dedicated efforts of past Office bearers. We have achieved a lot but it is not enough and "Health for All" especially children is still a pipedream. 'Redefining Child Care', the theme of the Conference, is thus pertinent.

IAP Vision 2009 prioritizes certain areas needing urgent attention.

Top most priority is Millennium Development Goal 4 which is to reduce global child deaths by two thirds and the target year is 2015. Achievement of this target largely depends on India's performance on child survival. Our country is on the verge of becoming a superpower, doing nuclear deals and yet carries the largest burden of global child deaths. IAP must try with all means available to remove this stigma faced by the nation.

The first step in this direction I would like to talk about is the Newborn Resuscitation Program popularly known as NRP. At the core of high

childhood mortality in India are one million newborn deaths that take place every year and birth asphyxia is one of the main reasons for this appalling situation. NRP in this regard has proved revolutionary in many countries.

IAP plans to invigorate the NRP program and upscale the ongoing efforts by National Neonatology Forum in a massive way. Considering that 27 million deliveries take place every year we need to train at least 250,000 health professionals attending births in a short period of time. It is a formidable task! But, together we will do it. To recognize the importance of first minute after birth, IAP has code named the program as 'First Golden Minute'. We will create a sustainable system for on-going training and monitoring of NRP in India. I am happy to announce that representatives from professional health organizations including Federation of Obstetrics and Gynecology of India (FOGSI), Indian Medical Association (IMA), The Indian Society of Perinatology and Reproductive Biology (ISOPARB), Society of Midwives of India (SOMI) have come forward to join in this mission.

American Academy of Pediatrics (AAP) and Latter Day Saint Charity from USA are our partners in starting this program and mere words can't fully express our gratitude for the faculty members from these organizations specially Dr. William Keenan and Dr. Robert Clark.

The next measure I want to emphasize on is Immunization.

India contributes to about 40% of 24 million children un-immunized globally. It is no wonder that India also has the largest share of about 0.2 million measles deaths. Routine immunization has been stagnant for some years and needs a big boost. IAP will soon start a program named "Advanced Science of Vaccinology" and through this program will promote routine immunization. Main focus would be in six states with high population contributing to 80% of unimmunized children. I am sure this program will make an impact.

Diarrhea, pneumonia and malnutrition are other key areas that need attention. Diarrhea and

pneumonia account for 50% of the child deaths in India, and malnutrition is estimated to contribute to half of these deaths. IAP will update its recommendations on management of severe malnutrition and formulate strategies to improve facility based management of severe malnutrition especially in smaller hospitals. Diarrhea management guidelines have still not practiced properly. In diarrhea, use of ORS is just 26% and zinc is less than 1%. IAP will carry out awareness program for accelerating use of ORS and Zinc in diarrhea in smaller cities and districts through its branches. High pneumonia deaths in the country need to be addressed in an effective manner through immunization and case management at community level.

Infant and Young Child feeding practices deserve special mention. 'Breastfeeding promotion' alone, especially initiation of breastfeeding within 1 hr of birth and exclusive breastfeeding upto 6 months can reduce IMR by a hopping 12%. World Breastfeeding Trends Initiative (WBTi) India Report 2008, has shown that just 24 percent of newborns start breastfeeding within an hour from their birth and only 46 percent of infants aged less than six months are exclusively breastfed. IAP has setup a working group to formulate guidelines on IYCF practices and plan strategies to improve the coverage.

In our quest for improving child health, rights of girl child deserve special attention. Government's decision, to observe 24th January as "National day of the girl child" starting from this year is laudable.

IAP needs to reach the unreached children and unreached areas. To accomplish this we would involve our district branches in a big way. Dear members, you all will have to take up leadership role in your area for propagating child health messages and carry out child health programs.

I would like to touch upon the issue of lifestyle diseases briefly.

Non-communicable diseases like hypertension, diabetes and cardiovascular diseases are increasing rapidly and have assumed alarming proportions. This is primarily due to change in lifestyle and

partly due to genetic predisposition. Besides the implication on health, it has been estimated that management of these disease can cost hundreds of billions of dollars. Prospective data indicates that settings for these diseases start early in life and pediatrician will have to play an active role in prevention of these diseases. IAP proposes to formulate and implement the interventional education programs for promoting health of children in community, schools, and other forums.

IAP has many ongoing programs on various child health issues. Needless to say they will continue.

Research is an area where the Academy needs to be proactive. IAP has considerable resource conversant with synthesis and interpretation of evidence. Public health policy is increasingly being determined by evidence base rather than traditional methods. Generating relevant evidence by the IAP thus has considerable potential. Efforts should also be directed to exploit the massive infrastructure of the organization for conducting meaningful operational research or research in the office setting.

IAP has just joined hands with Emory University, USA, to establish a sustainable surveillance system to evaluate knowledge, attitudes and practices (KAP) of vaccine providers (pediatricians and primary healthcare center based physicians). This information will help us identify the most significant barriers to achieving and sustaining high immunization rates. IAP also plans to carry out a pilot program of disease surveillance this year.

IAP is trying to build partnership with various national and international organizations. In the era of globalization we can learn a lot from each other's experience. Presence of International Pediatric Association (IPA), AAP, Royal College of Pediatrician and Child Health (RCPCH), EMORY University (USA), Johns Hopkins Bloomberg School of Public Health(USA), WHO and UNICEF are testimony to IAPs effort in this direction.

We wish to thank Dr Errol R Alden, Executive Director of the AAP for facilitating number of collaborative programs and Dr Edward Bailey, Director AAP, for leading the AAP team here. We are fortunate to have with us Dr Mike Webb, Overseas Director South Asia of RCPCH and very happy to inform you that Evidence Based Child Health training program, a collaborative efforts of IAP and RCPCH, will continue with support of David Baum International Foundation. RCPCH has also shown interest to team-up with IAP in conducting MRCPC examination in India. Recently, Partnership Maternal Newborn Child Health (PMNCH) has facilitated formation of Indian Health Care Professionals Association with IAP as a partner. The collaborative efforts would certainly help in improving maternal and newborn care.

At the end, congratulations to all award winners and FIAP awardees! I would like to thank our friends in Government, WHO, UNICEF India as well as Industry for supporting the IAP in its academic activities; special thanks to my family; wife Dr. Monisha Choudhury and daughters Pallavi and Surabhi, and son-in-law Rupesh for unstinted support in my endeavor.

Long Live IAP! Hum Honge Kaamyab (We will succeed)!!! Jai Hind!