

The Past Half Century of Indian Academy of Pediatrics (IAP)

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Pediatrics as a specialty of medicine has come a long way indeed, from the time when children were treated by adult physicians, to the current times when super specialties exist within the field of pediatrics. Indian Academy of Pediatrics, the singular body connecting pediatricians from all parts of the country in a common ideological thread, has also grown in size and stature, from the time when it was launched by 159 pediatricians, to the present time when it boasts of membership strength of 20,300. Indian Academy of Pediatrics will become a 50 years old 'mature', at the dawn of the year 2013. This is a juncture to take stock of IAP's youthful years of growth, development and expansion, and to confidently march into its golden middle age with a greater vigour, and to develop a larger sphere of influence in matters related to child health in India.

DEVELOPMENT OF PEDIATRICS AS A SPECIALTY

Late Dr GK Mehrotra, Professor of Pediatrics, Institute of Child Health, Calcutta, in his article on the role of Institute of Child Health in the genesis of Indian Academy of Pediatrics, wrote, "Dr K C Chaudhuri during his first visit to Vienna in 1928 was greatly impressed by the organization of child welfare services in socialist Vienna. This inspired him to establish an institution for the care of children in Calcutta. In those days the word "Pediatrics" was unknown in this part of the world." [1].

Late Dr Pilo E Bharucha, one of the founders of Pediatrics in India, wrote about the development of Pediatrics in India, in a commemorative volume, on the occasion of the 15th International Congress of Pediatrics, in 1977, in Delhi - "Pediatrics is a science of life and moreover, of growing life. Child care in its true sense did not exist 30 years ago. The first pediatricians were regarded as upstarts, if nothing worse. Children were seen by physicians who tried to interpolate adult medicine on to a child. Some hospitals did not have a separate ward for children and the mortality, especially in the younger age groups, was shocking." She added,

"Pediatrics started literally from the bottom. The resident doctors and interns had little knowledge and even less training in Pediatrics. The nurses regarded the children as something to be endured, and their parents as something beyond endurance. The pediatrician had to train the resident doctors, interns and nursing staff to care for the sick child. Child welfare clinics had to be established and parents persuaded to make us of them" [2]. She pictured the status of teaching in Pediatrics thus - "Medical school curriculum of those days had only touched Pediatrics in the most perfunctory way. Gradually a pattern of pediatric education for medical undergraduates was established throughout the country. The Medical Council of India enhanced the training in Pediatrics all over the country, both for undergraduates and postgraduates."

"Rome was not built in a day. How can child care be brought to 300 million children, scattered over 4 million square kilometres of a vast sub-continent?" thus wrote Dr Bharucha about the reality facing Indian children. "With time there is nothing Pediatricians will not be able to accomplish. Planning for a better future is always difficult when you are inundated with the problems of the present, but it is being done, perhaps not speedily, but surely, very surely", she finished her writing on a happy note. Very lucidly outlining the 'Pediatrics' of 35 years ago, Dr Bharucha was clearly optimistic for the future of Pediatrics, in the face of an uphill task of providing care for the millions of children in India, and indeed her optimism has played out well, taking into account the current levels of immunization and health indices in the country. However, there is much ground to be covered and India may sadly not achieve MDG4 by 2015.

Dr PM Udani, the doyen of Pediatrics in India, informed in his article of 1988, IAP - A saga of 25 years, published in Indian Pediatrics, "In the mid-40's, there were hardly 12-15 pediatricians in the country. Pediatrics made its beginning in Bombay in 1928 as the late Dr George Coelho, considered the father of pediatrics in our country, became the superintendent of

the first independent children's hospital, the BJ Wadia Hospital for children, in 1928. In 1948, the Department of Pediatrics was started at Nair Hospital and Topiwala National Medical College, with Dr Shantilal Sheth as the Head of department. At around the same time, Department of Pediatrics was started in Patna, with Late Prof L S N Prasad as the head. In the early 50s' MD in Pediatrics was started in Bombay and Patna. Also, in the early 50's Dr P N Taneja, the senior most pediatrician in Delhi, became the first chief of pediatrics at Irwin hospital and later full time Professor of Pediatrics at the All India Institute of Medical Sciences in New Delhi. Dr JN Pohowalla became the Professor and Head of the Department of Pediatrics in Indore. Diploma in Child Health (DCh) was started in Mumbai in 1944 by BJ Wadia Children Hospital and by the University of Bombay in 1946. MD in Pediatrics was started at many centers in India by early fifties." [3].

THE CREATION OF INDIAN ACADEMY OF PEDIATRICS

"The history of development of Indian academy of Pediatrics is intertwined with the development of pediatrics in India", wrote Dr PM Udani. He added, *"IAP's history is closely linked with development of pediatrics at some of the centres in India, creation of independent children's hospitals, and emergence of pioneer and eminent senior pediatric colleagues initially in Bombay, Calcutta, Madras, Patna and later in Delhi, Hyderabad and in some of the other cities in the country."*

Indian Academy of Pediatrics was established in the year 1963, with amalgamation of two organizations of pediatricians in the country, Association of Pediatricians of India and Indian Pediatric Society. It was registered as a society with the assistant registrar of societies (Greater Bombay region) on 3rd of December, 1963, and as a trust, with the Deputy Charity Commissioner, on 30th of May, 1964. The 5-member office bearers body, the 9-member executive board, and 145 ordinary members from all over the country, comprised Indian Academy of Pediatrics in 1963-64. IAP is a pan-India organization and has a truly secular and pan-Indian character and charter.

The individuals and events leading up to the amalgamation are interesting. The *Association of Pediatricians of India*, started in 1950 in Bombay, by Late Dr G Coelho, and seven founder members, enlisted only pediatricians as ordinary members, and non-pediatricians interested in pediatrics were enlisted as associate members. Its official organ, *The Indian Journal of Child Health*, was founded in 1952. The *Indian Pediatric Society*, which came into existence under the leadership of Late Dr KC Choudhary, had a number of

non-pediatricians as ordinary members. Dr KC Choudhary, founded *Indian Journal of Pediatrics*, which was initially published from Calcutta in 1933 and is now published from New Delhi by Dr IC Verma and his colleagues.

Several pediatricians in the country trained under Dr Coelho at BJ Wadia hospital. Dr Choudhary was responsible for creation of the *Institute of Child Health* in Calcutta of which he was the first Director. A separate department of pediatrics was created in Government General Hospital, Madras in 1946 with Prof ST Achar as the first full time professor. He was later responsible for the creation of a separate Institute of pediatrics and Children's Hospital in Egmore, Madras and was its first director. Dr Balagopal Raju was the next Director/Professor and developed the Institute further [4].

From the late 50's, members of both the national bodies were attending the annual conferences of *Indian Pediatric Society* as well as the *Association of Pediatricians of India*. Professor Achar along with second generation of Pediatricians in Bombay, Delhi, Calcutta, Patna and Indore acted as a cohesive force between the two national pediatric bodies. A joint meeting of the pediatricians of India, including members of both the Indian Pediatric Society, as well as Association of Pediatricians of India, held in 1953 in Pune, could not come to any definite conclusion in starting a separate annual pediatric conference of the pediatricians of India. In 1960, in Jaipur, during the annual conference of Indian Pediatric Society, a committee of senior pediatricians including Dr Shantilal Sheth, Dr Harish Chandra, Dr BD Patel and Dr PM Udani of the Association of Pediatricians of India, and Dr Sisir Bose, Dr Kali Chatterjee, Dr SP Ghosal and other pediatric colleagues from Indian Pediatric Society, was formed. A decision was taken to make attempts to have one national pediatric body, and it was considered unfair to have two national pediatric bodies in one country.

Dr Harish Chandra invited the conference of pediatricians of India which included pediatricians belonging to both the pediatric bodies in 1963 in Hyderabad to discuss and finalize the liquidation of both the old bodies and create a new national body. The pediatricians of India in the General Body Meeting decided to name the new body, *"Indian Academy of Pediatrics"* so that the strings of the Association (of Pediatricians of India) or (Indian Pediatric) Society were not attached to it. It was also decided that the head office of the Indian Academy of Pediatrics would be in Bombay, while office of the new journal of the academy *"Indian Pediatrics"* would be in Calcutta. In 1964, from the assets

of the Association of Pediatricians of India the new office of Indian Academy of Pediatrics was purchased on the first floor of Kailas Darshan which is the present office. The Association of Pediatricians of India held a meeting at the venue of the current Central IAP office at 12 pm on 18th of April, 1967, to resolve finally on the manner of liquidation of its assets and winding up of accounts. The call for the meeting was given by the General Secretary of IAP, and the liquidator of assets, Dr PM Udani [5].

The first Memorandum of Associations of IAP was published in the first issue of the first volume of Indian Pediatrics, and contained four provisions (the third sub divided into 14 provisions) and was signed by the then Executive board, comprising of Dr LSN Prasad, President, Dr Shantilal C Sheth, General Secretary, Dr PM Udani, Treasurer, Dr SK Bose, Editor, Dr SP Ghosal, Jt Secretary, and the members of the Executive Board, Dr VD Arora, Dr H Chandra, Dr SP Ghosal, Dr SS Manchanda, Dr JB Mehta, Dr MV Phadke, Dr JN Pohowalla, and Dr P Tirumala Rao. The constitution of IAP has undergone numerous revisions and expansions, the current constitution containing 118 provisions, and set to undergo another revision on the Golden Jubilee year of IAP, with the General body's approval.

Pediatric surgeons have played an important role in the development of the Academy, and Dr RK Gandhi, the eminent pediatric surgeon was the secretary of the IAP in 1972-72, and its president in 1979. Dr Lata Deshmukh, another eminent pediatric surgeon, was the secretary of the IAP for 4 years from 1982 to 1985.

THE GROWTH AND DEVELOPMENT OF INDIAN ACADEMY OF PEDIATRICS

IAP in 1964 had less than 160 members on its roll, and by the time it was ten years old, in 1974, it had 1193 members. In its silver jubilee year, IAP had 11831 members, 22 Honorary Fellows, 151 Fellows, 30 branches, covering Union territories, 11 States, 2 regional branches and 17 city branches. Dr RD Potdar, Past President of IAP, in his article of 1999, *Indian Academy of Pediatrics, Yesterday, Today and Tomorrow*, wrote, "1964 to 1970 were the developing years of the society and a nationwide consolidation took place. In 1970, IAP gave its first recommendations to Medical Council of India for the status of pediatrics in undergraduate education. In the same year, IAP developed its first 2 booklets for Parent Education, on Infant Feeding, and Immunization. In 1972, the IAP Emblem of Rosebud, with two leaves with a stalk with staff and snakes was developed. This was inspired as a symbol of India's first Prime Minister Pandit Jawaharlal Nehru's love for the child, and incorporated the rose which always adorned

his buttonhole." [6]. By 1972, IAP was accepted by the Government of India for its capabilities and representative status and was asked to advise on the Child Health and Welfare contents of the 5th Five year plan of the country. IAP emblem became a Registered Trade Mark in 2010. While Dr KC Choudhary of Calcutta was the first member of IAP to be elected as Fellow (FIAP) in 1978, 31 FIAPs were awarded to senior pediatricians from all over India, who had helped Indian children through the medium of IAP, as well in their individual capacities.

At the cusp of its Golden Jubilee year, 2013, IAP has 20,473 members, 26 state branches, 303 local branches, one Union territory branch (Chandigarh) and an International branch (UAE). The state branches are situated in Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Nagaland, Orissa, Punjab, Rajasthan, Tamil Nadu, Tripura and Uttar Pradesh. The membership of the Academy has four categories namely - Ordinary Members, Life Members, Associate Members, Associate Life Members, Students Members, and Associate Foreign Members. IAP provides for its members in the following ways - facilities to students, scholars and institutions for study and research in pediatrics by way of scholarships, fellowships, grants, endowments, etc prizes, certificates, diplomas of proficiency in the science of Pediatrics, its official journals, books, periodicals or publications on pediatrics and allied subjects free or at subsidized cost, opportunities to its member to participate in conferences, lectures, meetings, seminars, symposia, workshops, continuing medical education programs, etc, opportunity to become members of its Branches / Subspecialty Chapters / Groups / Cells / Committees. IAP utilizes the academic offices of the pediatric and neonatology departments of all medical colleges in the country, to implements its projects and policies, and there are 250 and odd Heads of departments on IAP's membership roll as in 2012.

In March 2011, IAP launched a scheme to benefit the families of members who die and leave a sudden emotional and financial void in their families. The scheme works through a well administered system of contributions from IAP members. The Family Benefit Scheme that operates from an IAP office at Hyderabad already has 1100 members on its rolls, and the nominee of a dead member can receive Rs. 3 lakh as an immediate relief payment to tide over the crises faced by them. Thus far relief money has been paid to one family of dead member.

PUBLICATIONS

Late Dr KC Choudhary launched the *Indian Journal of Pediatrics*, the first pediatric journal in India and probably Asia, in October, 1933. Dr Choudhury was the editor and there was an all India editorial board. The journal brought Indian pediatricians in contact with the outside world. The felt need of a pediatric journal is evident from the remarks of the late Sir Nilratan Sircar in the foreword of the first issue of the Indian Journal of Pediatrics, “*As regards journals there are none in the subject in India. If the future of the nation really depends upon the welfare of the child, it is necessary that steps should at once be taken to impress upon the people and the profession the necessity of providing for the protection and safety of the child in every possible way. And means for this purpose cannot be successful unless it is based on the universal source of power- knowledge. It is high time, therefore, that a journal should be started in Calcutta with the sole object of spreading scientific knowledge of this all important subject. The duties of the promoters will be extremely onerous.*” [7]. From 1933 to 1953 the journal was published quarterly, and in 1954, it became a bi-monthly journal, and in 1956, a monthly journal.

The proceedings of the First Asian Congress of Pediatrics were compiled into an excellent book of about 500 pages (Asian Pediatrics). The joint editors were Dr Sisir K Bose and Dr A Dey. The Union Ministry of Health, Government of India, sanctioned a special grant to meet part of the expenses of the publication. “Asian Pediatrics” found its rightful place in the archives of world pediatrics.

After the establishment of Indian Academy of Pediatrics, its official journal, *Indian Pediatrics* was launched, in 1964. In the opening editorial of Indian Pediatrics, Dr Sisir K Bose said, “*On embarking upon the new road marked by the inauguration of the Indian Academy of Pediatrics and this Journal. Indian pediatricians face a future full of promise and new responsibilities, though not without its share of uncertainties. As builders of the future, let us hope, it is the promise that will inspire all our activities. The uncertainties we shall conquer with the new unity and sense of purpose that we have achieved. Indian Pediatrics will be the instrument, we hope a worthy one for the fulfilment of both these aims, a harmonious development of the pediatric fraternity of India and the achievement of its national mission*” [8]. In 1970 the office of *Indian Pediatrics* was transferred from Calcutta to Delhi.

Indian Pediatrics will complete a glorious 50 years of publication in 2013. The circulation of the print version is nearing the 20,000 mark (estimated readership 1, 00,000 per month), despite which, the journal has maintained its

schedule of reaching its readers in the third week of every month, without fail. In the last 6 years, manuscript submissions have increased from 750 to 1200 per annum; an increase to the tune of more than 50%. The Impact factor of Indian Pediatrics has increased from 0.75 in 2008, to 1.048 in 2012; a growth of more than 40% in last 4 years. Among specialty biomedical journals, *Indian Pediatrics* is No. 1 in India, and enjoys an incredible web presence with its website www.indianpediatrics.net receiving over 1 million hits per month. *Indian Pediatrics* website is rated as the topmost ranking pediatrics journal website in the world, and the journal is now accessed by more than 2700 institutions worldwide. *Indian Pediatrics* is IAP’s ornament, and IAP wears it proudly [9].

The *Indian Journal of Practical Pediatrics* (IJPP) was launched in 1993 from Chennai (erstwhile Madras) by Professor N Somu and Dr J Balasubramanian. It is a quarterly, peer reviewed medical subscription journal, committed to practical pediatric problems and updates in management. Mission of the journal is to update the knowledge and skills of the practicing pediatricians and general practitioners particularly from non-teaching institutions and rural areas on diagnosis and management of common pediatric problems. Efforts were made to index the journal in Index Medicus. Currently the journal is subscribed to by 2220 life subscribers, 1361 10-years subscribers, and 703 annual subscribers. IJPP conducts annual CMEs titled “IAP-IJPP CME” from the year 2008 and publishes books on selected topics as “IJPP Series”. IJPP hosts a website titled as www.ijpp.in. IJPP is growing along with IAP, and enjoys the support of the organization [10].

IAP’s bulletin, “*Academy Today*” was published for the first time in 1978 and has continued its objective of developing bonds between the pediatricians dispersed far and wide in the Indian subcontinent. ‘*Academy Today*’ which was published as a quarterly magazine to begin with, is now a bi-annual bulletin from IAP central office at Mumbai. It contains report and pictures of central IAP programs, as well as of its branches and chapters, and messages from the office bearers of IAP. It mentions about the achievements of IAP members, and advertises IAP events organized in various parts of the country. It also conveys the ideology of IAP to members by writing about the resolutions adopted in IAP meetings. The ‘election issue’ contains biodata of contestants in IAP elections.

Indian Academy of Pediatrics is a prolific publisher of books. The first “*Textbook of Pediatrics with special reference to problems of child health in developing Countries*” was started in 1978 as a postgraduate

textbook, and released in 1987, in 2 volumes of the size of Nelson's Textbook of Pediatrics with 1500 pages in each volume. It was available to pediatricians not only in India, but in other developing and developed countries of the world. This textbook edited by Late Dr PM Udani was dedicated to the Indian Academy of Pediatrics. Since then, IAP has published several books - The first *IAP Text Book of Pediatrics* was published in the year 1999, of which 5,000 copies were sold out within a few days and a second edition was planned. This was urgent and essential, because MCI had accepted the long standing demand and IAP recommendations, to give major status to Pediatrics, equivalent to Medicine, Surgery, Gynaecology and Obstetrics. In the year 2013, 5th edition of the popular IAP Textbook of Pediatrics will be released.

Down the years, IAP has published several other popular books, i.e. Current Concepts in Pediatrics, IAP Guidebook on Immunization, Rational Pediatric Practice, Immunity, Immunization and Infectious Diseases, Pediatrics Drug Formulary, Immunization – A manual for pediatricians, The Underprivileged Child, IAP Manual of Procedures, Current Pediatrics, New Development in Pediatrics Research, Perspectives in Pediatrics, Better Pediatrics Education, Social Pediatrics, Drug Therapy in Pediatrics, Drug Formulary CD-ROM, IAP Specialty Series on Pediatric Intensive Care, Pediatric Cardiology, Pediatric Gastroenterology, Pediatric Rational Antimicrobial Practice in Pediatrics, Pediatric Haematology & Oncology, Pediatric Infectious Diseases, Pediatric HIV, Pediatric Nephrology, Childhood Disability – A Paediatrician's Perspective, Pediatric Quiz, Principles of Medical Education, Principles of Thesis Writing, IAP Color Atlas of Pediatrics, Textbook of Pediatric Radiology, PICU Protocols, and Textbook of Pediatric Endocrinology. The profits from the sales of IAP books have been earmarked for IAP's research activities. An idea was born in some office bearers' minds, to publish IAP's books through an IAP publishing house, and that led to the creation of a National Publication House at Gwalior and an International Publication House at Indore, in the year 2010. The National Publication House first released books published by it, at the 49th National conference, and will release several books at the Golden Jubilee National conference. The International Publication House at Indore has overseen the publication of the IAP PALS and BLS manuals, and will publish International books for IAP, in the future.

IAP created a drug formulary for pediatric conditions that was released at the 42nd National conference at Kolkata. The formulary is now used by over 6000 pediatricians in India and overseas. A quarterly web

update makes the document very dynamic and contemporary, and the formulary has been updated 28 times already, as in December 2012. The hard copy edition is printed every 3 years, and now there is a PDA version that can be downloaded on mobile phones by users anywhere in the world. In the year 2010, IAP drug formulary was sent to all member countries of the International Pediatric Association. The next step in the development of IAP drug formulary is the creation of a mobile application for various models of mobile phones [11]. The drug formulary is indeed a bright feather in IAP's cap.

THE NATIONAL CONFERENCES

The first National Conference of Indian Academy of Pediatrics was held in Pune in 1964, and was attended by 300 delegates. Dr MV Phadke was the Organizing Secretary, with Dr LSN Prasad as the first President of the Indian Academy of Pediatrics, Dr Shantilal Sheth as the General Secretary and Dr PM Udani as the Treasurer. Dr George Coelho, Dr KC Choudhary, and Dr ST Achar were invited to give special guest lectures at the Pune conference. Later the term annual conference was changed into National Conference of IAP. Soon Annual State Conferences and zonal/regional conferences by North, South, North eastern region, and Maharashtra region, were started all over the country. In 1984, the Annual Conference of IAP at Mumbai (erstwhile Bombay), registered a milestone for IAP, because for the first time, a medical conference was held without any help from the commercial industry. This conference initiated a serious brainstorming in the portals of IAP on industry-professional organization relationship. This concept evolved into the idea of protection of the child as a consumer and became the forerunner of promotion of breastfeeding and lactation management, which was further strengthened by Infant Milk Substitutes Act being passed in India. The Silver Jubilee National Conference of IAP was held at Jodhpur, Rajasthan in 1988, and was inaugurated by Honourable, Late Dr Shankar Dayal Sharma, the then Vice President of Indian Republic. It was a grand celebration and culminated into the establishment of the first "National Institute of Child Health" in Rajasthan.

IAP's national conference is a big draw for pediatricians from all over India, and is an instrument of motivation for them to develop professional excellence. Today, on an average 7,000 to 8,000 delegates from various parts of the country attend 'Pedicon'. The national conference is usually a 4 to 6 days event, with (1) Pre-Conference CME and Workshops (2) Inaugural Program (with FIAP award ceremony) (3) three days of

science sessions (didactic lectures, panel discussions, debates, ask-the-expert sessions, key-pad sessions, subspecialty chapter symposia, Dr Shantilal Sheth Oration, plenary on the theme of the conference, (4) Presidential address (5) Award Papers presentation contest for selecting - (a) Dr ST Achar Endowment Award (one) for Best Paper in "Pediatrics" (b) Dr James Flett Endowment Award (two) for Best Papers on Preventive and Social Pediatrics (c) Dr SS Manchanda Endowment Award (one) for Best Paper in Neonatology and (d) Dr VB Raju Endowment Awards (two) for the best papers on "Child Health", (6) Finals of Undergraduate and Postgraduate Quiz in pediatrics, and (7) General Body Meeting where ordinary members opine on decisions of Executive Board affecting policies and programmes of IAP.

IAP organizes its National conference through various IAP branches, and the conference is granted to a branch through a process of 'bidding' whereby the bidding branches present their attributes and organizational capabilities to the IAP executive board. The winning branch then works in close coordination with the central IAP office to plan and execute the conference. While the conference science is the responsibility of Central IAP office, especially the President elect, the CMEs and pre-conference workshops are the domain of the local organizing team. Financial support for the event is the shared responsibility of Central IAP office bearers, and the local organizers. Pedicons have become bigger over the years, what with an attendance of over 7,000 to 8,000 delegates every year, seen in the past few years. The conference provides an opportunity for members to listen to renowned National and International faculty and to meet up with member-friends from all over the country.

The Golden Jubilee conference of IAP is a special event, because for the first time ever, the faculty at the conference have been invited, based on their merit, and based on suggestions from IAP members from all over the country. To consolidate the democratic process further, the policy of one session-one faculty is adopted. At Pedicon 2013, for the first time ever, three dignitaries of National fame consented to participate in the conference - Past President of the Republic of India, His Excellency, Dr APJ Abdul Kalam; Honourable Minister, Shri Kapil Sibal; and Deputy Chairperson of the Planning Commission, Dr Montek Singh Ahluwalia. The conference will herald the beginning of the year-long Golden Jubilee celebrations of IAP, all over the country.

INTERNATIONAL CONFERENCES ORGANIZED

IAP has been represented on all international pediatric organizations like IPA, APSSEAR (APPA), and ICTP

through its eminent members and these organizations have conducted many workshops in India since 1977, in association with various international and national conferences. The Indian Pediatrics Society hosted the First All Asian Congress of Pediatrics in Delhi in 1961. Dr KC Chaudhury was the Chairman of the Organising Committee and Dr Sisir K Bose, Secretary of the Society, was appointed Secretary-General of the Conference. The conference was held at Vigyan Bhavan in Delhi, and the following 23 countries participated in its deliberations - Australia, Canada, Burma, Ceylon, India, Indonesia, Iran, Ireland, Japan, Nepal, New Guinea, Nigeria, Pakistan, Philippines, Poland, Singapore, Switzerland, Thailand, Turkey, UAR, USA, USSR and Vietnam, with observers from other non-Asian countries. The congress was one of the most outstanding and successful international meetings held in India since India's Independence.

It was in 1965, at the 11th International Congress of Pediatrics in Tokyo, that attempts were made to invite the International Congress to India. However, in the meeting of Council of Delegates of IPA in Vienna, India lost by 9 votes to Argentina. Following this, it was almost unanimously decided at the meeting of Council of Delegates of the IPA, in Buenos Aires, that the 1977 International Pediatric Congress would be held in New Delhi. In a truly democratic fashion for which India is known to the world since its independence in 1947, IAP members elected the President, Secretary General, and the Executive Body to run this Congress in India, through a general election. The event was extremely well organized, at Ashoka Hotel in New Delhi, and had 2500 delegates, of which 1400 delegates were overseas delegates. In addition to scientific publications of the meet, a commemorative volume called, "The Child in India" was published, and it can be called the first treatise on Social Pediatrics in India. The international conferences organized by IAP after this meeting include, the 8th Asian Conference of Pediatrics (APSSEAR) in 1994, the 5th International Conference of Tropical Pediatrics (ICTP) in 1999, the IAP-AAPCME at Mumbai in 2000, and the APPA Vaccinology Update at Mumbai in 2010. Since the year 2000, IAP has annually organized an IAP-AAP CME during its National Conferences, till 2012. IAP has been granted the opportunity to organize the 15th Asia Pacific Congress of Pediatrics in the year 2015, at the 14th Asia Pacific Pediatric Association meeting at Malaysia in September 2012. The congress will be held at Hyderabad, with help from the IAP twin city branches.

THE SUBSPECIALTY CHAPTERS

In 1988, yet another milestone, of developing Subspecialty Chapters of IAP, was achieved. Initially 9

Subspecialty Chapters were launched for development of subspecialties in pediatrics amongst pediatricians of India. In addition, there were nearly 12 subcommittees covering various problems and a scientific advisory committee was established. Over the years, several subspecialty chapters have developed, in addition to several interest groups, cells, committees, and task forces. A chapter has membership strength equal to or more than 2% of the membership strength of IAP, whereas a group has membership strength equal to or more than 1% of the membership strength of IAP. In its 50th year, IAP boasts of hosting 18 subspecialty Chapters and 10 Interest Groups. These are - Adolescent Health Chapter, Allergy and Applied Immunology Chapter, Cardiology Chapter, Community Pediatrics Chapter, Computer And Medical Informatics Chapter, Gastroenterology Chapter, Genetics Chapter, Growth and Development Chapter, Haematology-Oncology Chapter, Infectious Diseases Chapter, Intensive Care Chapter, Infant and Young Child Feeding Chapter, Neonatology Chapter, Nephrology Chapter, Neurology Chapter, Nutrition Chapter, Pediatric And Adolescent Endocrinology Chapter, And Respiratory Chapter. The specialty Interest Groups are - Child Abuse, Neglect, and Child Labour Group, Dermatology Group, Disability Group, Disaster Management Group, Environment and Child Health Group, Medicolegal Group, Pediatric Organ Transplantation Group, Pediatric Emergency Medicine and Acute Care Group, Research in Child Health Group, and Rheumatology Group. Several of these have their own fellowship programs and National conferences.

IAP has several committees, cells, and task forces, and these include - IAP HOD cell, IAP website committee, IAP finance committee, IAP committee on Immunization, IAP committee on electronic voting, IAP committee to formulate national conference guidelines, IAP PALS group, IAP NRP FGM steering committee, IAP committee for Golden Jubilee celebrations, IAP Task force on allergic rhinitis and asthma, IAP task force on prevention of obesity, and IAP Media cell. These bodies of experts provide recommendations and guidelines for consideration of the Executive board of IAP and for implementation by IAP members.

STIMULATION OF RESEARCH

The Academy had substantial saving from the First Asian Congress of Pediatrics, and the interest from these funds helped to expand the research activities of the academy. In the words of Dr PN Wahi, ICMR Director, during the 10th Annual Conference of IAP in Indore in 1970, “*The Indian Academy of Pediatrics was the first national body in the country to stimulate and motivate the young scientists.*” To

stimulate research, by young scientists, various awards were established in different fields of child health as enumerated above. The Academy increased its scientific activities by awarding research fellowship for training and research work in various field of child health.

THE PARTNER ORGANIZATIONS

The Indian Pediatric Society in 1950 became a founder member of the International Pediatric Association (IPA) established in Zurich, Switzerland. IAP is a member of several other international organizations, which include - International Society of Tropical Pediatrics (ISTP), American Academy of Pediatrics (AAP), Association of Pediatric Societies of the Southeast Asian Region (APSSEAR), Asian Society for Pediatric Infectious Disease (ASPID), and Pediatric Association of SAARC (PAS). IAP has successfully collaborated with the Government of India, State Governments, ICMR, UNICEF, WHO, and Bill and Melinda Gates Foundation, for various programs and projects of National and State level importance.

Dr PM Udani wrote in 1988, “*The Academy which was not even known, recognized or consulted on problems of child health in earlier years, is now not only well respected but the Academy’s representation is well received in various committees of the Government. This is a great achievement of the Academy considering its early history. By the time, we cross the 20th century, our Academy’s contribution to child health will be highly significant at the national and international level and the scientific work done on our priority problems will be equal if not better than many developed countries of the world.*”

In its silver jubilee year, IAP became an active partner in training pediatricians in the country on Immunization procedures with the Government of India, and WHO. This collaboration was responsible for nationwide training of pediatricians on management of Acute Respiratory Infections (ARIs), Child Survival and Safe Motherhood (CSSM), Oral Rehydration Therapy (ORT), Lactation Management and Baby Friendly Hospital Initiative (BFHI). In 1991, UNICEF joined hands with IAP in a major nationwide program called Reorientation of Rational Pediatric Practice (RRPP). The late 1990s saw IAP taking up Reproductive Child Health programme (RCH) with the Government of India and WHO, and actively participating in the primary school health examination all over the country, for the Government of India.

IAP participated officially at WHO SE Asia Region Polio Eradication Technical Consultative Meeting in

Lucknow, and at WHO Geneva, on Vaccine Safety. IAP is an active partner in ORS promotion projects funded by USAID through ICICI and PATH. IAP's participation in Pulse Polio, AFP, RCH has been fruitful, and well documented. In 2007, IAP collaborated with Unicef and WHO, on Under-5 Child Survival Intervention Workshops, Child Rights & Protection Programs, Workshop on Acceleration of Implementation of Pre-service IMNCI, Orientation Workshops on Implementation of IMNCI in Uttar Pradesh and Bihar states, and HIV Workshops. Unicef and WHO supported IAP in posting books on IMNCI to all members of IAP. In 2010, IAP joined hands with WHO to prepare an Essential Medicines List for Children. This list was shared with all members of IAP through IAP website, and was shared with the Health ministry, Government of India. In the same year, IAP worked with Unicef to formulate guidelines for management of severe acute malnutrition in Indian children. The guidelines were reviewed and refined by a committee of nutrition experts, and will be converted into a training module for training health providers in district hospitals. From 2008 to 2012, IAP successfully collaborated with AAP, LDSC, the central Government, and state governments of several states, to create training a module called *Navjat Shishu Surakasha Karyakram* and to train close to 90,000 health professionals and health workers in Basic Neonatal Resuscitation.

In its golden jubilee year, IAP is poised once again to work closely with the Government for reduction of Under 5 mortality and achievement of MDG4 through implementation of its Mission Uday project, aimed at reduction of incidence and mortality of childhood pneumonia, diarrhea, dengue, and other common infections illnesses. The Mission Uday project will run for 3 years and aims to train Pediatricians, general practitioners and ASHA workers in 150 high risk districts of the country, identified by the Government. The project also lays emphasis on disease surveillance and reporting of adverse events following immunization. Management of severe acute malnutrition is an important objective of IAP in 2013, and beyond.

THE PROGRAMS, PROJECTS AND POLICIES

Over the years, IAP developed several programs successfully and these include - (a) Participation in Polio Eradication through active participation in planning the national initiative and implementation of Pulse Polio Immunization (PPI), National Immunization Days (NIDS) and Acute Flaccid Paralysis (AFP) Surveillance; (b) RCH training to pediatricians all over India; (c) PALS courses and now Basic Life support courses for the lay

community; (d) Promoting pediatrics as a subject to undergraduates through national level Undergraduate Pediatric Quiz; (e) Pediatric Practitioner's Quiz which was replaced by Pediatric Postgraduate Quiz in the year 2007; (f) countrywide Adolescent Care Workshops and; (g) Celebration of World Breastfeeding Week, Oral Rehydration Solution week, Teenage day, and Child health week by IAP branches all over the country.

IAP Neonatal resuscitation program, first golden minute (NRP FGM), started in the year 2008, with guidance, help and collaboration with AAP, LDSC, and pharma support has gradually developed into the largest training program of its kind anywhere in the world. In the year 2013, IAP will start training Pediatricians and Neonatologists in advanced neonatal resuscitation, based on AAP's NRP 2010 guidelines. This will be achieved through enrolment of several tertiary neonatal care centers in the country.

IAP has policies on many issues related to child health. Policy on Age of Children for Pediatric Care mentions that the purview of pediatrics commences with the fetus and continues through newborn, infancy, preschool and school age including adolescence, up to and including 18 years of age. Policy on Breastfeeding supports exclusive breastfeeding of all infants (barring special conditions warranting other modalities of nutrition) up to six months after which soft foods should be given, while continuing breastfeeding as long as the mother and baby are comfortable with it. Policy on Tobacco-free Environment for Children mentions that all children must have tobacco-free environment at home, school and all other situations.

THE ADMINISTRATIVE STRUCTURE

Indian Academy of Pediatrics is administered through three offices -

- (a) Central IAP administrative and coordinating apex office, located at Kailas Darshan, Kennedy Bridge, Nana Chowk, Mumbai 400 007
- (b) The Journal Office of Indian Pediatrics located at 115 /4, Ground floor, Gautam Nagar, New Delhi - 110 049
- (c) The Journal office of Indian Journal of Practical Pediatrics located at 1A, Block-II, Krsna Apartments, 50, Halls Road, Egmore, Chennai - 600 008, Tamil Nadu, India.

In the year 2010, two additional offices were set up -

- (d) The National Publication house at Gwalior
- (e) The International Publication house at Indore

In the year 2011, two additional offices were set up -

- (f) The IAP NRP FGM project office at Kutch, Gandhidham
- (g) The IAP FBS office at Hyderabad

An Executive Board, elected through a general election, administers the affairs of IAP in a given year, and is the supreme decision making body, next only to the General body of IAP. While in 1963-64, IAP was governed by 5 office bearers and 8 executive board members, twenty years later, in 1983, there were 7 office bearers and 21 executive board members. In 1979, IAP had 2 Vice Presidents, but in 1986, the executive board had only one vice president, with the position of President elect added in 1987. The Editor of IJPP was inducted into the IAP office bearers' position in 1995, and the position of Immediate Past President was added in 1996. In 1998, member of IPA and President of ICTP were added to the list of IAP office bearers, and in 1999, the Secretary General of ICTP was inducted as well. Member of SC-IPA continued in IAP office bearer's position until the year 2001. Ten years later, in 2012, IAP executive board consist of 6 Central IAP office bearers (President, President elect, Immediate Past President, Vice President, Honorary Secretary General, and Honorary Treasurer), 2 Editors in Chief of IAP Journals (Indian Pediatrics and Indian Journal of Practical Pediatrics), Jt. Secretary, who is the Organizing Secretary of National conference, 40 elected members from 22 states of the country, Academic Affairs Administrator, a President's representative from Delhi, and a representative from the Defence Forces.

IAP has held general elections to install its office bearers and executive board since the year 1964. While elections were conducted under the supervision of a single election office at the central IAP office, until elections for the year 2007, the elections officers were increased in number to three, for IAP elections for the year 2008. The executive board of 2010 took a decision to shift the election office to Hubli, in Karnataka, the home town of the chief election commissioner, and IAP elections for 2012 and 2013 were conducted from there. In its Golden Jubilee year, IAP is most likely to introduce electronic and mobile (SMS) voting in elections.

IAP is registered as a society with the Registrar of societies at Mumbai, and with the Charity Commissioner at Mumbai. Until the year 2005, all affiliates of IAP, *viz a viz*, the journals, chapters and branches utilized IAP's society registration number and PAN for their transactions, and submitted their accounts to IAP office for amalgamation with IAP accounts. However, this

process was stopped because of various inconsistencies in submission of accounts, through an amendment to the constitution of IAP in the year 2005, and IAP branches and chapters were advised to register themselves as societies with the local authorities in their state/district/city, acquire their individual PANs and manage their own accounts. Only the audited accounts of the two journals, and the publication houses, are clubbed with audited accounts of Central IAP office, as these offices use IAP's PAN for their transactions. The accounts of the NRP office are administered from Central IAP office.

IAP launched its website in 1999, and the exhaustive portal provides everything from membership details to policies, projects and programs of IAP. It provides guidelines of IAP on various subjects, updated immunization schedule, details of IAP action plans, updates about IAP elections, announcements and updated news about the National conference, announcements of IAP branch and chapter conferences, minutes of IAP AGM and SGM, growth charts, link to websites of sister organizations and several other features. In the year 2012, a system of online payment of membership fee, and members' mass mailing system, were established. IAP website is set for a major makeover in the Golden Jubilee year.

MISSION STATEMENT OF INDIAN ACADEMY OF PEDIATRICS (ISSUED IN 1999)

The Indian Academy of Pediatrics is committed to the improvement of the health and well-being of all children. For this purpose the Academy dedicates its efforts and resources. As members of the Academy we shall strive for the achievement of the optimum growth, development and health in the physical, emotional, mental, social and spiritual realms of all children irrespective of diversities of their backgrounds. We shall fulfil our mission through the advocacy for Children, professional education and improvement, research, support for pediatricians, membership Service, and education of parents and the public.

VISION FOR THE FUTURE OF INDIAN ACADEMY OF PEDIATRICS, AND THE CHILDREN OF INDIA

Indian Academy of Pediatrics has grown in numbers and stature in the last fifty years. However, IAP's counsel in National health policies for children is not yet sought by the Government to the extent that IAP is capable of providing. One of the aims of future office bearers of IAP should be, to expand its sphere of influence and increase its 'say' in the Government health policies for children. To achieve that status, IAP must enhance its academic credentials; make sincere attempts to reduce its

dependence on the pharmaceutical industry to carry forward its meetings and programs, and to shift the focus of its programs and policies from simply increasing the academic awareness of its own members to increasing health awareness in the community. From treating a handful of patients in their clinics, IAP members must move out into the community and spread the message of prevention of childhood diseases amongst the lay masses. IAP needs a re-think on its meetings and conferences, and move away from opulence to austerity. IAP needs to de-escalate its management from the super-specialities to community pediatrics. IAP needs to reach out to that underprivileged child, born to impoverished parents, in a backward and rural area of the country, with food, vaccines, medicines and succour. IAP needs to address the needs of the Girl-child of India; the theme of its 49th National Conference needs to be translated into sincere action. Unless IAP members are willing to break the boundaries of clinic and hospital based practice, to embrace children that are dying for lack of attention, from the administration, and the medical community alike, IAP may not achieve the stature of an organization that truly cares for the children of the nation, despite its swelling membership numbers. IAP needs to expand its academic horizons, and to embrace the lay community, and to widen its vision for the future of the children of India. IAP is a very capable organization, it only needs to prove its once again, to its members, to policy makers in the country, and to the children of India, and their parents. Very aptly, the theme of IAP's National conference in 2014 is 'Achieving MDG4 - strategies and actions'. IAP can strategize, and IAP can indeed act; IAP is very capable of helping the Government of the country in achieving MDG4. Amen !

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