

Reflections of the Academy – Looking Back to Look Ahead

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“Life can only be understood backwards; but it must be lived forward”

-Soren Kierkegaard

As Indian Academy of Pediatrics (IAP) completes its glorious golden era of service to the health of Indian children, the time cannot be more apt to introspect on its interesting past journey to plan ahead for a better future. Over the years, IAP has become a force to reckon with and is increasingly recognized by the policy makers as an important Civil Society Organization (CSO) to partner with to bring in the desired positive changes in the child health indices of the country. But this hard earned respect comes with a package of increased responsibilities towards the 20000 plus pediatrician members serving over 150 million children of the country.

INTEGRATION OF HEALTH SERVICES: A FOCUS ON PUBLIC-PRIVATE PARTNERSHIP

Despite the advances in medical field, India continues to contribute nearly 20% of under-five mortality. There is inequity in health care related to geography, gender and socioeconomic status across the country [1]. The strengthening of existing primary-care services and targeted programs, for children in most need, is undoubtedly the need of the hour. The efforts can be compounded by the integration of different skills and resources of both private and government entities for joint investment in the provision of public services.

TACKLING RESISTANCE FROM ANTIBIOTICS

Emerging and increasing resistance to antibiotics has become a threat to public health globally. Around 30-70% prevalence of methicillin-resistant *Staphylococcus aureus* (MRSA) has been reported from various parts of the country [2]. Resistance to sulfa-pyrimethamine needs to be closely monitored to protect the antimalarial efficacy of artesunate combination therapy [3]. Most pediatric and neonatal intensive care units are facing the problem of nosocomial infections with resistant gram-negative bacteria. Strategies to reduce the emergence

and spread of drug resistance to other major infections like enteric fever and tuberculosis need to be proactive. To face this herculean challenge, the academy has proposed the launch of a rational antimicrobial module from 2014 which will aim at training pediatricians all over the country on choosing and using the most optimal antibiotic regimens, and reducing antibiotic misuse. The module will also create opportunities to interact with the experts and discuss the practical issues faced by the practitioners.

TB OR NOT TB? – SOLVING THE RIDDLE

Though there have been intense efforts for novel diagnostic, therapeutic and preventative interventions for tuberculosis (TB) in adults, childhood TB has been relatively neglected [4]. The diagnostic and therapeutic challenges in children with tuberculosis are far more complex than adults. Pediatric cases contribute to 20-40% of overall TB burden in India. Revised National TB control Program (RNTCP) and IAP have published management guidelines in 2012. However, challenges remain to address policy-practice and knowledge gaps, especially in sphere of diagnosis of disease, including latent and drug-resistant TB. A training course will be launched in 2014 to train the pediatricians in basic microbiology, clinical aspects, diagnostic issues and programmatic challenges related to TB.

ADVOCACY IN IMMUNIZATION

The role played by the academy in drafting updated recommendations on immunization cannot be undermined. IAP's recommendation on sequential use of OPV-IPV-OPV is the right step paving the way for introduction of injectable polio vaccine (IPV) in the National Immunization Program. 'Immunization and Adverse Events Following Immunization' along with disease surveillance initiated by the IAP under the IAP infectious diseases surveillance program, 'idsurv' has been lauded by the 'National Center for Disease Control' and 'Integrated Disease Surveillance Project'. The collaboration aims to build epidemiologic data that

would help the policy makers of the country to plan interventions. We need to now consolidate further by moving beyond mere sensitization of the members.

IAP 'Mission Uday' project, in its 2nd year, needs to focus on the select districts and generate some useful data. Major under-five killers, diarrhea and pneumonia need to be tackled with more realistic measures. Advocacy needs to be translated into action at field level and it will happen only when the IAP members move out of their chambers and join hands with the fractured public health network in making the health care and health education reach the unreached rural India.

IAP WEB-REVOLUTION 2014

Web-revolution in the form of relay of live conferences and CMEs to nodal centers and individual links is in cards from 2014 onwards. The latest technology will be used to provide convenience of learning and interaction, especially for the postgraduate medical students, who otherwise have to compromise time and energy in

travelling to these venues.

As we embark on the journey of the second half of IAP century, we now stand at a turning point where we hope to capitalize on the lessons from the past with an inspiration to face old and new challenges to deliver the best professional services.

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