

Presidential Address

XXXXIII National Conference of Indian Academy of Pediatrics, New Delhi, January 5, 2006

Dignitaries on the dais and off the dais, my seniors and friends,

Contrary to the tradition, I do not have a printed speech or any formal presentation for you as I want your total undivided attention to what I am going to say in the next 10 minutes.

At the outset I will like to thank each and every member of the IAP for reposing faith in me by electing me to this highest position in Academy. In return, I assure all of you that I will toil hard to live up to your expectations.

I extend a warm welcome to all of you to the 43rd National Conference of the Indian Academy of Pediatrics and I will like to congratulate Dr. A.K. Dutta and his team of organizers for the hard work put in while organizing this mammoth event!

I am impressed by the enormous growth of the academy from 3,000 plus members in 1990s to 15,000 plus members now. However, what impresses me more is the positive change in the focus of Academy's plan of actions in the recent years. IAP now is involved more closely with programming and planning of child health policies, and is playing a decisive role in public health projects concerning child health and child survival. This has resulted in IAP's advice being sought more often now than ever before by the health authorities. Credit goes to all the past IAP office bearers for this unparalleled accomplishment! And, of course I wholeheartedly wish to carry on this good work in 2006 too.

As a nation, we have achieved a lot in last 2 to 3 decades in child health and child survival through various child health programs. That is how our UFMR now stands at 87, IMR at 63 and NMR at 42. However this is not enough. India still annually contributes 2.5 million of the global 10.8 million under 5 deaths and this is not acceptable. We know that most of these children die of ARI, acute diarrhea, neonatal causes, measles, 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, time tested interventions to those who need them the most; interventions like breast feeding, zinc and iron supplementation, immunization, ORS, antibiotics for ARI, neonatal services, *etc.* Effective implementation of these measures will involve huge programmatic and planning efforts. While we are aware that IAP can not do what the health authorities and other NGOs can and need to do, we are also aware that we have a huge responsibility in doing our part of work, in playing our role. The entire IAP 2006 Plan of action revolves around this issue and IAP proposes one program each to look after these important child health issues.

The leading cause of under-5 deaths is ARI which contributes to approximately 25% of these deaths. We plan to have IAP National Task Force to evolve Standardization of the Management of the Respiratory Tract Infections in children.

Similarly acute diarrhea contributes 22% of the under-5 deaths. It is disheartening to note that ORS is used in less than 20% of diarrhea episodes while antibiotics are misused in most of them. IAP proposes to have a National consultative meeting to have a re-look at the

comprehensive management of Acute Diarrhea in children.

The major stumbling block in further reduction of IMR now is Neonatal deaths which contribute 50% of the under-5 deaths and 75% of the infant deaths. While we know that it will need huge scaling up of the existing neonatal services to bring down NMR significantly, the least we can do is to use the force of 15,000 plus members who I feel are all neonatologists in their own capacity. I am pleased to inform you that IAP and NNF will work together for this cause and the IAP-NNF National Task force will evolve standard level 2 care protocols for the management of common neonatal problems.

Pediatric HIV/AIDS as a problem has a special place in my heart as well as for the IAP and we have formed the IAP National Task Force in HIV/AIDS which will look in to 3 important issues i.e. antiretroviral therapy, management of opportunistic infections, and prevention of parent to child transmission.

Two important diseases that cut across all the causes of under-5 deaths are malnutrition and anemia and we know that malnutrition is seen in almost 65% of our children and anemia in 90% of them. Hence IAP proposes a National Consultation Meeting to look in to each of these problems.

Lastly, we need to go beyond 70% national coverage for the routine vaccines and we plan to conduct more than 30 regional Immunization updates which will sensitize further our members in to correct immunization practices.

This is as far as our public health responsibilities are concerned.

Our academy also owes a lot to its members, a large proportion of whom are private practitioners. In today's era of evidence based practice, we need to empower them with what

is the latest. Hence, we plan to conduct various training programs for them.

First major activity envisaged this year is "Ask IAP" program where we have compiled best practice statements on day to day problems written by National experts. The First National "Training of the Trainers" workshop was held successfully yesterday and soon we will roll all over the country.

Secondly, it is proposed to have CMEs in each specialty and IAP Hematology Oncology Chapter have already started IAP PHO Practical Training in Hematology, the First National CME under this project was successfully conducted already yesterday in Gurgaon.

Thirdly, we propose to have IAP specialty books which will augment the IAP Text book. This IAP specialty series will include books on major specialties in pediatrics. These books will be available before the end of this year.

As in past IAP also proposes to have National Consensus Meetings followed by National Guidelines; and the topics targeted for 2006 are Iron Deficiency, Growth Monitoring, ITP, Blood Components, Leukemia, Enteric Fever, Epilepsy and role of Iron and Zinc in health and disease.

Lastly, IAP has duties towards its other partners who equally look after the child health namely Family Physicians, Nurses and last but not the least the parents themselves. We have planned for a novel and interactive CME for family physicians. We also propose to revive the IAP Refresher Course for nurses in Basic Maternal and Child Health. And we will also conduct "Parvarish", the ideal parenting workshops for parents.

It goes without saying that all the ongoing programs of IAP will continue including the programs started by my predecessors.

I will like to acknowledge the help received by me over last so many years from the over worked staff members of the IAP central office headed by Mr. Gonsalves, and I would like to thank each one of them. Similarly, our journal offices also deserve special mention as they too are working with meager resources and my special compliments to Dr. Panna Choudhury, the Editor-in-chief of Indian Pediatrics, and Dr. A. Balachandran, Editor-in-chief of IJPP. I thank Dr. Raju Shah and IAP EB 2005 for guiding me and giving me free hand while planning for 2006 in 2005 itself because of which I am able to draw such an elaborate plan well in advance. I welcome Dr. Naveen Thacker as the President-Elect, Dr. Deepak Ugra as the Secretary General and Dr. Rohit Agrawal as the Treasurer. I would also like to welcome Dr. Anupam Sachdeva as the IAP's special representative and Dr. Kamlesh Srivastava as the Academic Affairs Administrator. I welcome the entire IAP EB 2006, the pillars of strength for IAP this year, and it will be my pleasure to work with them. I take great pleasure in introducing Dr. V.N. Tripathi as the IAP Vice-President 2006 and wish him all the best for this new role.

I would also like to thank our friends in Government, NGOs and UNICEF, particularly Dr. Marzio from UNICEF for supporting IAP in all its activities.

At the end, my personal thanks to my trio mentors from Mumbai Dr. Lokeshwar, Dr. Potdar and Dr. Amdekar whose constant guidance has been a great source of encouragement for me; especially Dr. Lokeshwar who has influenced my life and carrier in more than one ways. My special thanks to all my family members, my wife, my both daughters, my patients and my colleagues at all the places where I work for patiently tolerating my chronic absenteeism and it's only because of their silent but solid support I could work for the academy.

Ladies and gentlemen, I take this opportunity to wish you and your family a Happy and Prosperous New Year! On behalf of the Organizing Committee, I welcome you all to PEDICON 2007 to be held at Mumbai. Lastly, I thank you all for your patient hearing.

Long live India! Long live IAP! Jai Hind!
Jai IAP!

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