

Presidential Address

XXIX NATIONAL CONFERENCE OF INDIAN ACADEMY OF PEDIATRICS, NAGPUR

January 9th to 12th, 1992

R.D. Potdar

Honorable guests, distinguished dignitaries, respected teachers, past presidents of IAP, senior and junior fellow academicians, organizers of the Nagpur Conference and all my friends interested in children as well as our Academy.

I am deeply touched by the overwhelming support from all quarters and state that I am humble and happy enough to accept the responsibility and confident enough of your unstinted support in all our IAP activities for years to come. We will build upon the strong infrastructure already laid down by Dr. N.B. Kumta, Dr. Y.K. Amdekar and Dr. M.R. Lokeshwar, and their executive committee during the year 1991.

The year 1991 has seen tumultuous changes, both at the global level as well as in our own country. The changes which are political, military and economic in nature, have and will affect the child health status of today as well as of future. The revolution that has come over in 1991 has

brought into focus a fact of life which all medical professionals have either overlooked or accepted with a sense of pessimism and despair. The fact is that NON HEALTH FACTORS HAVE A BIGGER SAY on determinants of health in general and child health in particular. Alma Ata, the birth place of Health For All by 2000 A.D., in 1978 is also the place where on December 19, 1991 the mighty Soviet Union disintegrated leading to consequences which are bound to affect child health globally. Despite the good omens of strategic arms reduction treaty signed by Bush and Gorbachev in Moscow on July 31st, and sweeping cuts in U.S. Nuclear Arsenal as well as NATO's okay of 80% cut in arms on 17th October, if "nukes can be converted into nutrition" remains to be seen in the coming eight years. To speak especially of 1992, the universal goal of Health For All by 2000 A.D. seems to be quietly slipping away from our control.

In 1991, India has gone through its worst ever crisis of balance of payments, rupee devaluation, census recorded an all time high population of 843.9 million (10 million more than the previously projected figure) and till the last quarter of the year, political instability with all its consequences persisted. The rays of hope, however, seem apparent through liberalization attitude and market oriented economic reforms, National Literacy Mission opting for total literacy in 70 districts, reservation of 30% seats for women, under five mortality rate from 181 to 142 per 1000 live births and rise in the average annual reduction rate of under five mortality from 2.2 in the last 20 years to 2.4 in 1980-90. However, we are

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still far from expected reduction by 7.1 by 2000 A.D. when the goal of under five mortality rate is targeted at 70 per 1000 live births.

Underfive mortality rate (U5MR) has been chosen by UNICEF as a measure of end result of the development process resulting from wide variety of inputs such as nutritional health, mother's health knowledge, level of immunization and ORT use, MCH service availability, income and food availability in the family, availability of clean water, sanitation and overall safe environment for a child. The average annual reduction rate (AARR) of under five mortality rate actually monitors the progress.

Based on this concept, if we analyze the situation of child health in India we can come to the following etiological conclusions for our under five mortality rate remaining still very high. They could be listed as follows:

1. India's GNP is very low, *i.e.*, about US \$ 340 only,
2. Our incidence of low birth weight babies is still 30% when it should not be more than 10%.
3. Our under four malnutrition rate is 70% though severe malnutrition is only 9%.
4. We are falling short in targeted immunization of measles (87 instead of 97) and tetanus for pregnant mothers (77 instead of 100).
5. ORT use rate is merely 13%.
6. Our female literacy is only 34%, as also very low primary and secondary school enrolment of girls.
7. Only 33% births are attended by TBAs.

8. Contraceptive prevalence is only 34%.
9. Central Government spends on health only 2% and on education only 13% of its income.

This etiological exercise pinpoints the areas for intervention which could broadly be summarized as follows:

1. Reduction in perinatal mortality and low birth weight babies.
2. Nutritional surveillance and management.
3. Extended coverage of immunization in DARK areas
4. ARI, DD control and widespread use of ORT as well as ARI case management strategies.
5. Safe motherhood initiative including boost to family welfare.
6. Influence the Government to increase outlay on health now that the Government has decided to reduce expenditure on military weapons as well as bureaucratic machinery controlling the so called mixed economy of yester years.

Out of these interventions the first four are closely related to health technology, fifth one is related to social and intersectoral joint action while the last one is economic in nature, albeit the most important one.

To imagine that all these will be taken care of in the coming eight years will be nothing but an Utopian dream. While both, on the Governmental as well as on the IAP level, micro efforts are being done on child

survival strategies like breast feeding, ORT UIP, etc. bringing down the IMR to a good extent, the initiative for children at the macro level seems far from political reality. It has still remained a SOFT area with our Government with 'Women and Children' the two umbilically bound disadvantaged groups have continued to remain last in the queue for everything except "exploitation" to quote Bachi Karkaria, a journalist who cares for children. This is the most important area to be brought to the notice of Indian Government on the eve of plan of action for implementing the World declaration on the survival, protection and development of children in the 1990s as advised by the Convention of Rights of Child held in September 1990 to which India is a prominent signatory.

But let us not talk all the time of what the Government can do for us and Indian children but see what we can do for the Indian children and the Government.

This will at least give us some solace from either cautious optimism or reckless pessimism.

On the medical and technical front, we shall continue the Reorientation of Rational Pediatric Practice Programme (the baby conceived by Dr. Subhash Arya and reared by Dr. Amdekar and Dr. Kumta) in more extended form. It will be converted into a training exercise combined with some research element on teaching methodology.

Standardization of child health office practice which is being presented as a plenary at this conference is the beginning of new activity. It is a follow up of RRPP in the sense that IAP is encouraging standard practices including rational drug therapy. This will help peer reviews and make our actions more responsible and responsive to our little consumers who don't have much

say in the matter anyway.

We propose to pursue more vigorously than in the past our efforts towards integrating perinatal care with post partum programmes and integrate and collaborate ourselves with ICDS programmes in a manner which should be beneficial to ICDS as well as IAP. In any case ICDS is manned by our members to a great extent as consultants. It will be our endeavour to request government to provide tools for perinatal services appropriate for health care delivery in addition to training the only area receiving attention all the time from the Ministry.

We propose to advocate the cause of Maternal and Child Health to the Government, convincing them that investing wisely in health will build human capital, enabling people on a more equitable basis to contribute to and gain from economic productivity. Investments in Maternal and Child Health can have returns which do not depreciate and can bring social benefits for a lifetime and into the generations to come.

I must mention three other areas in which IAP needs to work hard. The first one is the Role of Pediatrics as a major subject on par with medicine, surgery and obstetrics and gynecology. Though a period of 3½ months for pediatrics including pediatric surgery seems adequate from educational perspective, it is inadequate in the sense the examination is lacking. Unless education is coupled with evaluation no student is going to take trouble to imbibe the spirit of the subject. This task of getting examination for pediatrics is by no means easy. We have to first convince the Indian Medical Council, a body who has its own woes to attend to and all universities which are autonomous. There is a need for participation with a political will and influence

by our members who are heads of Pediatric Departments in medical colleges in major cities, especially metropolitan ones. We are constituting medical education committee and one of our past presidents will take it up seriously.

The second area is our relationship with Industries especially the ones directly connected with child health. We regard them as partners in betterment of child health as well as accept the fact that they are commercial enterprises with profit as one of their main objectives. We are also grateful to them for financial assistance over many years. Winds of change are taking place where doctors cannot simply afford to neglect consumer interests of their little patients (where our consumer protection committee has done an excellent job). A time has come for both the sides to rethink and review their strategies. IAP and its constituent branches and membership should try to become self-dependent, practice non-glamorous, down-to-earth economy in non-academic sectors of their activities, minimize unnecessary display of extravagance and develop a self confidence that it is possible to manage academic activities with barest minimum outside help. Industry on the other hand should make themselves 'IAP FRIENDLY' by contributing their concerted might to IAP directly in a major lumpsum yearly contribution to its Foundation account. It will be a pool from which streams can flow to appropriate destinations. The IAP friendly seal will automatically make them part of a bigger family of advocates of child health. This family will lend support in all ethical practices whether they relate to food or drugs and possibly a new era of BABY FRIENDLINESS will dawn in this country. India, till today cannot be termed Baby Friendly,

thanks to our ranking amongst countries with very high under five mortality. We propose to start this process in 1992 and request co-operation from all concerned. Since charity should begin at home, our own members must come forward to contribute.

In 1994, we shall be the host to the VIII Asian Congress of Pediatrics, a rare honor to our country after 13 years of International Congress. This may be a good occasion to show to the world that academic excellence, commercial enterprise and baby friendliness all can come together on a very strong co-operative basis instead of being at loggerheads all the time.

The third area is the organizational front. It can be said that we are doing pretty well on this front though improvement is a strong possibility. Younger pediatricians who are passing out by the dozens must consider IAP their Alma Mater, albeit next to their own institution. It is one uniting force which breaks the barriers of states, languages, castes, sub-castes and only one common *raison-de-etre*, viz., Baby Friendliness to the poor little Indian child. They all must enrol as our members and actively participate in IAP's academic and organizational activities.

When importance of social and non-health factors such as education, empowerment and capacity building, water and sanitation, child spacing, housing and communication and socio-cultural and behavioral factors is being increasingly realized all over the world, IAP cannot remain indifferent or unconcerned even though in terms of concrete action they cannot do anything spectacular on these levels. However, it is upto us to offer our hands in co-operation and help to all the agencies working in these fields, and act as coordinators or initiators in appropriate

situations. We have already started close liason with FOGSI, IMA, UNICEF, WHO, ICDS, ICMR, UGC, GOVERNMENT AGENCIES, NGOs of all types. Our steering committee is doing a very good job on this front with able assistance from the Past president Dr. S.K. Bhargava.

If we are able to forecast the impact on child health, of the newly anticipated industrial liberalization and environmental changes resulting thereof we could have done yeoman service to children of this country. We will be facing the double challenge of traditional environmental health problems and those of new environmental threats that accompany industrial revolution. We must gear ourselves up to face this situation and prepare technically as well as in human terms to rise to this occasion.

The IAP, in the years to come, should become a body of persons who are willing

to undergo a drastic alteration of mind sets. Alteration from purely individualized medical practice to constant remembrance of their duty and role in integration of health and non-health factors in our day to day actions. This must be done on individual as well as collective level.

I strongly believe that developmental plans must start with the human balance sheet rather than with macroaggregates of various parameters and it will be my humble endeavor to tap this human asset of Indian Academy of Pediatrics. Our force of 5000 intellectuals who are attuned to caring for hapless and dependent Indian children, can work wonders for them only if they look beyond their own medical acumen, absorb and subscribe to their human needs. Let us give ourselves this mandate during 1992 and for the next decade.

Jai IAP and Jai Hind !

NOTES AND NEWS

SYMPOSIUM ON DEVELOPMENTAL SCREENING

A symposium on "Developmental Screening from 0-5 Years" will be held on *29th March, 1992* at the All India Institute of Medical Sciences, New Delhi. The scientific programme includes practical demonstrations, lectures and videotape sessions by Dr. Claudine Amiel Tison from Paris and Dr. Anand Pandit from Pune. The registration fee is Rs. 100/- till March 14, 1992 and Rs. 150/- thereafter. The maximum number of participants will be limited to 50.

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