From the Editor's Desk

Indian Pediatrics and Child Survival

The year started with IAP Presidents' address to the National Conference at Mumbai; and the first and the foremost priority under IAP Vision 2007 was rightly accorded to the "Child Survival"(1). UNICEF statistics on child mortality have shown that every year, almost 10.5 million children die before their fifth birthday; *i.e.*, 30,000 children every day(2)!

Half of the deaths in under 5 children can be directly attributed to just 5 diseases-pneumonia, diarrhea, malaria, measles and AIDS. These deaths can be prevented by low-cost prevention and treatment measures such as exclusive breastfeeding, rational antibiotic therapy for acute respiratory infections, oral rehydration for diarrhea, immunization, and appropriate prevention and treatment of malaria. Malnutrition also contributes to over half these deaths, thus it is imperative to ensure proper nutrition as a key strategy in child survival(2). Under IAP Vision 2007, the Academy has initiated a series of nationwide 68 workshops on Child survival, spread across 16 EAG (Empowered Action Group) States. In each workshop, 50 practitioners of child health are to be trained. Members of the Academy have responded over overwhelmingly in all the workshops held so far. Movement is gaining momentum amongst the academy members in non EAG states.

Indian Pediatrics is a key partner in propagation of the messages of under-5 child survival program to practitioners, physicians and pediatricians, all over India. In last issues, we have published consensus statements/guidelines/recommendations of the task forces/chapters of the Indian Academy of Pediatrics pertaining to management of malaria(3), enteric fever(4,5), diarrhea(6), severe malnutrition(7,8), growth monitoring(9), and update on immunization policy(10). Our aim is to provide the basic standard of care and evidence based management of key conditions responsible for child mortality. These

recommendations are prepared by different groups; yet the common binder between them is simplicity of messages that need to be put into day to day pediatric practice. We also realize that only publishing these articles may not be enough. The message needs to be communicated and percolated to all the grassroot health functionaries involved in child care. There is also a felt need of public private partnership and high profile advocacy in this regard.

Burden of child disease and death is contributed by those residing in the urban slums of Indian cities is another block to be tackled in improving child survival. Indian Pediatrics has collaborated with Urban Health Resource Center (UHRC) to bring out a series of well-researched papers highlighting important issues on urban child health. Eight articles were published on diverse issues on children living in the underserved urban slums communities. The collaborative efforts were further strengthened through inclusion of "health of urban poor children" as a focus area during IAP's various meetings and conferences such as the Child Survival National Consultation held at AIIMS, New Delhi, and Conference on Enhancing Focus on Child Health among the Urban Poor held in Kolkata.

Women (as decision makers) have a vital role to play in child survival. In this issue, we are also publishing a study(11) on the concerns related to participation of women in the academic and administrative domains of the Academy—a problem, never highlighted before on any forum of the IAP. The study shows clearly that we are lacking in involving women in the administrative arenas of Indian Academy of Pediatrics. A wider involvement of women may gear up the think tank of IAP to have a motherly approach in child survival.

Gandhiji said "if we are to reach real peace in this world and if we are to carry on a real war against war, we shall have to begin with children; and if they will grow up in their natural innocence, we won't have to struggle; we won't have to pass fruitless idle resolutions, but we shall go from love to love and peace to peace, until at last all the corners of the

world are covered with that peace and love for which consciously or unconsciously the whole world is hungering".

Let us take a pledge to involve each one of us in the IAP's crusade against Under-5 Child mortality.

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REFERENCES

- Thacker N. Presidential address: XXXXIV National Conference of Indian Academy of Pediatrics, Mumbai; January 11, 2007. Indian Pediatr 2007; 44: 87-90.
- UNICEF statistics: Child Survival. Progress for Children: a child survival report card; 2006. From: http://www.childinfo.org/areas/childmortality/. Accessed 24 June 2007.
- Kundu R, Ganguly N, Ghosh TK, Choudhury P, Shah RC. Diagnosis and management of malaria in

- children: recommendations and IAP plan of action. Indian Pediatr 2005; 42: 1101-1114.
- 4. Kundu R, Ganguly N, Ghosh TK, Yewale VN, Shah RC, Shah NK, *et al.* IAP Task Force Report: diagnosis of enteric fever in children. Indian Pediatr 2006; 43: 875-883.
- Kundu R, Ganguly N, Ghosh TK, Yewale VN, Shah RC, Shah NK, et al. IAP Task Force Report: management of enteric fever in children. Indian Pediatr 2006; 43: 884-887.
- Bhatnagar S, Lodha R, Choudhury P, Sachdev HPS, Shah N, Narayan S, et al. IAP Guidelines 2006 on management of acute diarrhea. Indian Pediatr 2007;44:380-389.
- Gupta P, Shah D, Sachdev HPS, Kapil U. National workshop on "Development of guidelines for effective home based care and treatment of children suffering from severe acute malnutrition". Indian Pediatr 2006; 43: 131-139.
- Bhatnagar S, Lodha S, Choudhury P, Sachdev HPS, Shah N, Narayan S, et al. IAP Guidelines 2006 on Hospital Based Management of Severely Malnourished Children (Adapted from the WHO Guidelines). Indian Pediatr 2007; 44: 443-461.
- 9. Khadilkar VV, Khadilkar AV, Choudhury P, Agarwal KN, Ugra D, Shah NK. IAP growth monitoring guidelines for children from birth to 18 years. Indian Pediatr 2007; 44: 187-197.
- 10. Singhal T, Amdekar YK, Thacker N; Policy Update. IAP Committee on Immunization. Indian Pediatr 2007; 44: 390-392.
- 11. Dewan P, Gupta P, Choudhury P. Gender gap and Indian Academy of Pediatrics. Indian Pediatr 2007; 44: 596-598.