

Presidential Address*

In the wake of a calamity, let no child be left behind

***Kosalakumar Wickramarachchi Karunaratne¹**

Sri Lanka Journal of Child Health, 2023; **52**(4): 385-392

DOI: <https://doi.org/10.4038/sljch.v52i4.10722>

(Key words: Calamity, No child is left behind))

It is with utmost pleasure and a profound sense of pride that I stand before you as I assume the responsibilities of the President of the Sri Lanka College of Paediatricians (SLCP). This occasion marks a significant milestone in my career, and I am truly honoured to be entrusted with this esteemed position.

Before proceeding further, I would like to express my sincerest gratitude to Professor Sanath P. Lamabadusuriya for the kind words spoken about me. Dear Sir, your support and encouragement mean a great deal to me, and I am truly humbled by your generous remarks. I would also like to extend my heartfelt appreciation to the outgoing President and her council for their leadership during a period marked by the most challenging economic crisis our beloved country has faced. Please accept my sincere compliments for your service and commitment to the SLCP throughout your tenure of office.

As paediatricians, we are blessed with the ability to enrich our patients' lives through our medical knowledge and skills, but the mark of a true paediatrician is the ability to go above and beyond service. It is the ability to shape the future of our little ones in ways that will make Sri Lanka a Haven for the Young.

As we move forward, I am filled with optimism and determination to build upon the strong foundation laid by my predecessors. Together with my esteemed colleagues and the entire membership of this prestigious institution, we shall strive to further elevate the standards of paediatric care, education, and research in Sri Lanka. At the SLCP, our mission is to transform paediatric care and advocate for the well-being of every child in the nation.

¹*Consultant Paediatrician, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

**Address given on Induction as President, Sri Lanka College of Paediatricians, 30th July, 2023*

Correspondence: kkarunaratne911@gmail.com



<https://orcid.org/0000-0003-2179-3516>

The author declares that there are no conflicts of interest.

Open Access Article published under the Creative

Commons Attribution CC-BY  License

The SLCP logo embodies our commitment to excellence in child care and the dedication of our members. It features a heartwarming representation depicted as follows:

- *Central silhouette*: A joyful child's silhouette embodies our commitment to children's well-being and happiness in Sri Lanka, fostering a brighter future.
- *Encirclement of 24 rose petals*: 24 delicate rose petals encircle the child, symbolizing our round-the-clock care and unwavering support for children and their families.
- *Traditional pot – “Pun Kalasa”*: The emblem rests on the Pun Kalasa, reflecting cultural care values, nurturing children's protection, nourishment, and growth.
- *Sheaves of coconut flowers*: Coconut flowers surrounding the emblem liken children to precious jewels, highlighting their significance in Sri Lanka's tapestry.

The roadmap for advancing paediatric health in Sri Lanka

Welcome to my journey as we set out to address the pressing issues that have affected the well-being of children in our beloved nation in the aftermath of many a crisis. My mission is to embark on a comprehensive roadmap that will lead to positive change and progress in the field of paediatrics, ensuring a healthier and brighter future for the young generation of Sri Lanka. Let us create a clear and actionable plan that will strengthen child health and resilience across the country. By adhering to this comprehensive roadmap for advancing paediatric health in Sri Lanka, we envision building a healthier, happier, and more prosperous future for our children. Together, let us create a legacy of positive change and progress, ensuring that no child is left behind in receiving the care they deserve.

The dual impact of the pandemic and economic crises in Sri Lanka has had a devastating effect on child health, leaving behind a trail of severe consequences.

- ✓ Shortages of essential drugs and medical supplies
- ✓ Manpower crisis within the healthcare sector
- ✓ Increase in malnutrition among children

We are faced with several issues related to medicines

- Foreign currency shortages
- Import difficulties
- Reduced purchasing power
- Manufacturing disruptions

In response to this, the SLCP launched a Medicines Donation Project last year. Medicine-related challenges in Sri Lanka extend beyond mere shortages. The scarcity of essential medicines is undeniably a critical aspect of the crisis. However, the current crisis in hospitals is exacerbated by a myriad of issues, comprising not only shortages but also concerns regarding drug quality, misuse, and the absence of comprehensive drug policies.

1. *A pressing concern contributing to the crisis is the compromised quality of some medications in circulation.* Substandard or counterfeit drugs pose significant risks to patients' health and safety, as they might not provide the intended therapeutic effects or worse, lead to adverse reactions. Rigorous quality control measures are essential to safeguard the well-being of patients and maintain the efficacy of medical treatment.
2. *The inappropriate use of medicines, such as overprescribing, self-medication without proper guidance, or the misuse of antibiotics, can lead to drug resistance and ineffective treatment.* Educating healthcare providers and the general public about responsible medication usage is crucial to prevent unnecessary complications and preserve the effectiveness of available drugs.
3. *The absence of comprehensive drug policies exacerbates the challenges faced by the healthcare system.* A well-structured drug policy is essential to regulate the pharmaceutical industry, monitor drug quality, streamline distribution channels, and ensure equitable access to medicines for all segments of the population. Implementing and enforcing robust drug policies will go a long way in mitigating the crisis.

Addressing these interconnected issues demands a multi-faceted approach involving collaboration between healthcare authorities, pharmaceutical companies, healthcare professionals, and the general public.

Having this in mind, we have formed a Drug Steering Committee with an advocacy role to the

Ministry of Health (MoH). This committee will be involved in the following endeavours:

- Analysing the cost of medicines
- Categorising drugs
- Reducing wastage
- Forming drug policies -Expert Committees

Upon receiving the steering committee's insightful recommendation, we have taken decisive action by establishing an Antibiotic Stewardship Committee. This crucial initiative has been undertaken in collaboration with our esteemed partners, including the World Health Organization (WHO) and the MoH.

Comprising a distinguished team of experts, the stewardship committee comprises a senior microbiologist, an accomplished pharmacologist, and representatives from various disciplines within the field of paediatrics. Their collective expertise and diverse perspectives will converge towards meticulously crafting a comprehensive and robust policy for the judicious utilization of antibiotics in paediatric care. This groundbreaking endeavour marks a pivotal stride towards ensuring the responsible and effective use of antibiotics, aligning with our commitment to safeguarding the health and well-being of our younger population. Through the collaborative efforts of this adept committee, we are poised to shape a future where antibiotic usage in children is both optimally beneficial and conscientiously managed.

The country is currently facing a critical shortage of paediatricians, with a staggering and extremely significant decrease in manpower attributed to migration, as well as non-returnees, and retirements. This situation demands immediate attention and strategic human resources management to ensure the provision of adequate healthcare services for children. By implementing effective measures, we can address the shortage and attract, retain, and support paediatricians to safeguard the health and well-being of the younger population.

Therefore, one of the first tasks I did as I took over the mantle of office as the President is forming a Human Resources (HR) committee. First, the committee analysed the paediatric cadre and found alarming results.

There were only 50% general paediatricians left in the country compared to the cadre. The distribution of paediatricians shows even more disturbing results (Figure 1).

The situation was even worse in the subspecialties (Table 1).

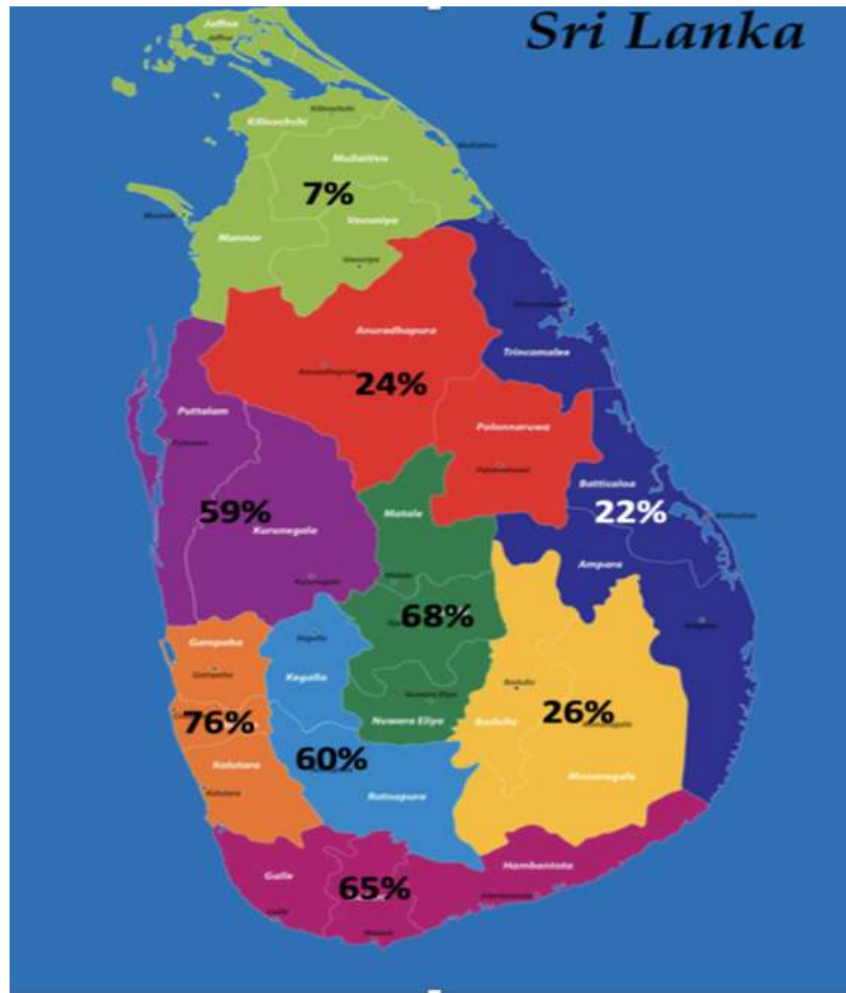


Figure 1: Distribution of General paediatricians in each Province

Table 1: Distribution of paediatricians in the subspecialties

Subspeciality	Current number	Number needed	Current cadre %
Neonatology	13	30	43
Paediatric intensivists	05	14	36
Paediatric cardiology	05	16	31
Paediatric neurology	08	15	53
Paediatric endocrinology	02	08	25
Paediatric nephrology	04	12	33
Paediatric pulmonology	03	08	37
Community paediatrics	01	06	16

The committee meticulously projected the cadre requirements up to the year 2030 and subsequently presented the comprehensive data to the MoH. The allocation priority for paediatricians was deliberated upon in specialised subcommittees, each focusing on a particular speciality. For instance, the placement of neonatologists was determined by analysing the delivery rates and neonatal mortality within the assigned unit's catchment area. These insightful discussions are slated to culminate in the creation of a robust policy document. This document will not only be submitted to the MoH but will also

serve as a pivotal point of reference for the SLCP future reference.

In addressing the ongoing exodus of paediatricians, a multifaceted approach has been devised by our HR committee.

1. *In-depth exodus analysis:* A comprehensive exploration into the underlying factors causing the exodus of paediatricians will be conducted. By identifying these reasons, targeted

strategies can be formulated to mitigate the issue.

2. *Innovative incentive programmes:* Creative incentive programmes will be developed to attract and retain paediatricians. These programmes could encompass financial benefits, professional development opportunities [continuing medical education (CME) points], and work-life balance initiatives.
3. *Collaborative networking via Reach Out programmes:* A proposed Reach Out programme, in collaboration with the MoH, aims to establish a supportive network for paediatricians. This initiative will foster connections, knowledge sharing, and mentorship, which can contribute to enhanced job satisfaction and retention rates.
4. *High-level advocacy discussions with the MoH:* Engaging with the MoH at a high level, as an advocacy group, will enable focused discussions on addressing the paediatrician exodus. These dialogues can lead to policy changes and systemic improvements to create a conducive environment for paediatricians.

This year, our unwavering commitment would be to address these pressing concerns promptly and then

prioritize the sustainable development goals that were crafted before the emergence of the COVID-19 pandemic. All 17 sustainable development goals (SDGs) hold relevance for the well-being of our children, and the indicators of these goals serve as a compass guiding all our past and future initiatives at the SLCP. Our aim is to ensure that every child thrives in a secure environment with quality educational facilities, experiences minimal hunger, breathes cleaner air, drinks safe water, and is not marginalized, all while having access to high-quality healthcare. Let us emerge from the challenges we face, much like the legendary Phoenix rising from the ashes of adversity.

Keeping this vision in mind, I have chosen a theme that perfectly captures our unwavering resolve to triumph over hardship: **"In the wake of a calamity, let no child be left behind."** This theme carries profound significance and is certain to resonate deeply with those who are dedicated to the welfare of the children on this idyllic island.

Prioritizing the well-being and optimal health of children stands as a cornerstone in our approach to their care. The commendable child mortality rates compared to our region and even some of the more developed countries in the world underscore our commitment to this cause. As an example, and most notably, our neonatal mortality rate (NMR) significantly outperforms the SDG targets.

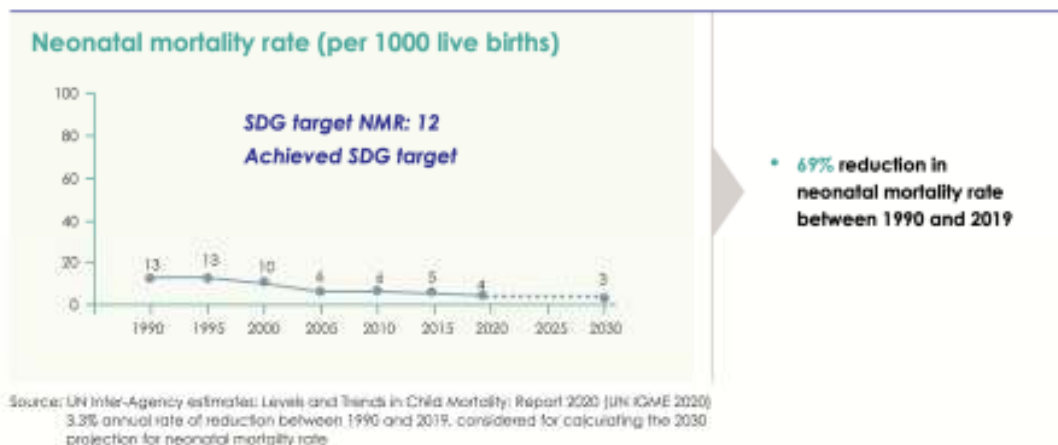


Figure 2: Neonatal mortality rates in Sri Lanka 1990-2019

We have the potential to achieve even greater reductions in the NMR through initiatives such as enhancing neonatal retrieval and transport (Figure 3). Neonatal transport is currently unavailable in certain critical regions. The primary focus of the neonatal transport programme, which is the retrieval

of newborns requiring specialized care, is currently limited to the areas of Karapitiya and Badulla, as indicated by the provided statistics. This year, a significant effort will be dedicated to revitalizing and enhancing the programme to extend its reach and effectiveness

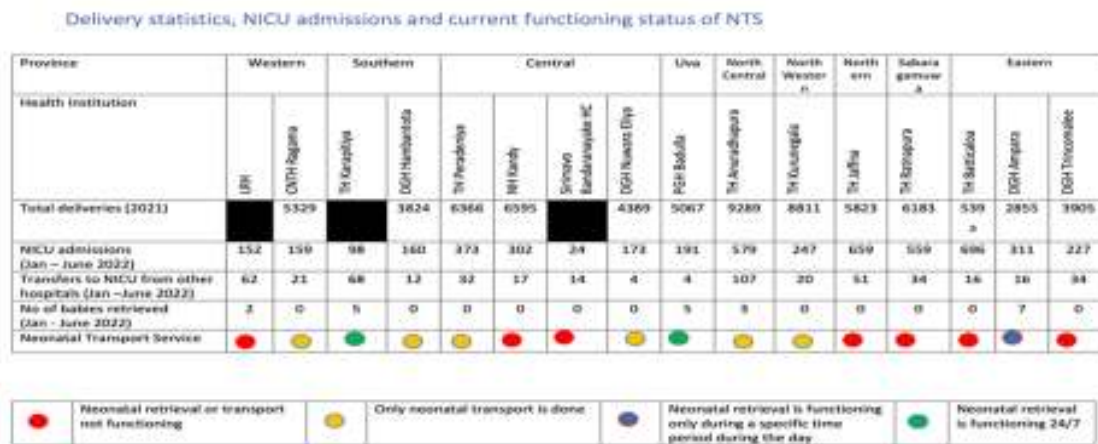


Figure 3: Assessment of neonatal transport system 2022, Family Health Bureau

Once again, the remarkable reduction in under-5 mortality in Sri Lanka is truly commendable (Figure

4). The causes of under-5 deaths are shown in Figure 5.

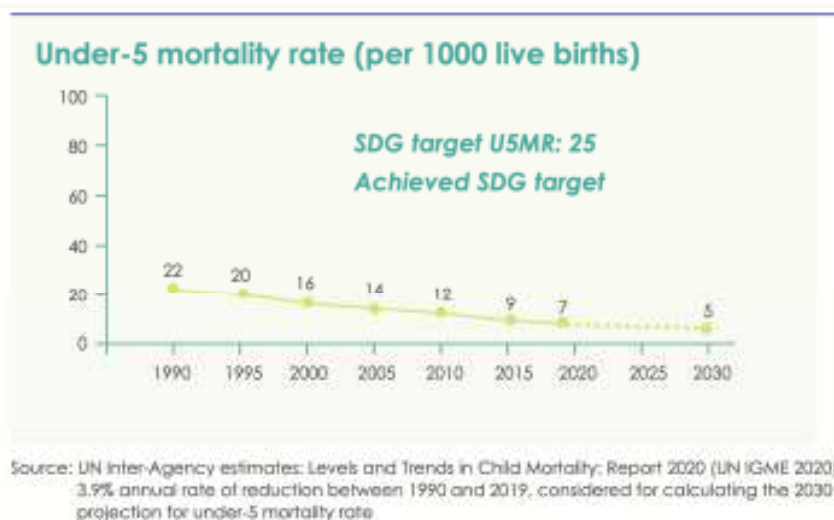


Figure 4: Under-5 mortality in Sri Lanka 1990-2019

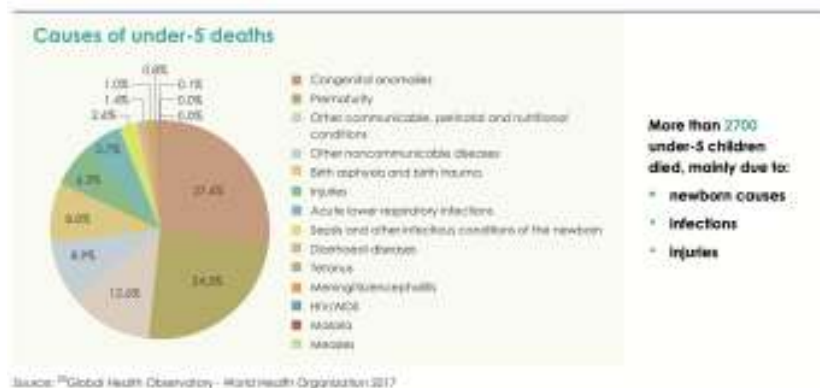


Figure 5: Causes of under-5 deaths

Given that acute respiratory infections (ARI) stand as a treatable contributor to mortality rates, the significance of paediatric intensive care unit (PICU) services within major hospitals cannot be overstated. However, our current scenario is marred by substantial challenges that pertain to the provision of intensive care for paediatric patients.

In response to these challenges, our team has developed a comprehensive set of strategies aimed at mitigating these concerns:

1. *Establishment of dedicated paediatric ICU beds within provincial ICUs:* By creating specialized ICU beds exclusively for children, we seek to enhance the quality of care and improve outcomes for paediatric patients.
2. *Implementation of a centralized bed management system:* Streamlining bed allocation and management processes through a centralized system ensures efficient resource utilization, enabling us to respond promptly to patient needs and optimize care delivery.
3. *Enhancement of trained personnel in the PICUs*
4. *Strategic infrastructure upgrades and PICU advancements:* Our plans include strategic enhancements to the PICU infrastructure, incorporating modern technologies and design elements that align with the unique requirements of paediatric patients and upgrading units to PICUs.
5. *Implementation of a PICU retrieval system:* To facilitate the swift and safe transfer of critically ill children, we are planning to implement a specialized retrieval system. This system will ensure that children requiring immediate PICU care can be transported efficiently and with the utmost care.

Additionally, it is crucial to acknowledge the role of child injuries as a significant contributor to the under-5-year mortality rate. Many of these injuries stem from domestic accidents. In this regard, the Safe Living and Child Protection initiative will play a pivotal role in raising awareness and conducting educational programmes to address these preventable incidents.

Child health in Sri Lanka exhibits several positive aspects, one of which is the commendable achievement of maintaining 99% immunization coverage, even in the face of challenging

circumstances. This remarkable feat becomes even more significant considering the current outbreaks of communicable diseases like measles in neighbouring countries within the region. Unfortunately, there have been instances of emerging cases in localized pockets too in the very recent past in Sri Lanka. This vaccine hesitancy was brought about by beliefs in all kinds of myths and adverse publicity by the media regarding some problems claimed to be associated with vaccination in recent times. However, it is crucial to strengthen our surveillance systems for diseases such as measles. By reinforcing our disease surveillance efforts, we can further enhance the overall effectiveness of our immunization programmes and ensure comprehensive protection for all children. SLCP is collaborating with the Epidemiology Unit of the MoH to reinforce disease surveillance efforts and to formulate awareness programmes.

Congenital and hereditary diseases play a substantial role in childhood mortality. The "Little Hearts Project" aims to enhance the healthcare provided to children with congenital cardiac defects. Furthermore, SLCP will be striving to advance and refine transplantation programmes.

Adolescent health, often overlooked within the realm of child health, stands as a critical area deserving our utmost attention. As a significant undertaking, I am dedicated to tackling the multifaceted challenges that encompass adolescence, including but not limited to teenage pregnancies, reproductive health concerns, psychological well-being, cybercrimes, and substance abuse. To comprehensively address these challenges, I am assembling a distinguished panel of experts, which will consist of child psychiatrists and community physicians, collaborating closely with the adolescent unit of the Family Health Bureau (FHB).

One of our primary goals is to launch targeted awareness programmes that cater specifically to the needs of early adolescence in schools. By partnering with the Department of Education we intend to create impactful campaigns that empower young individuals with the knowledge and tools necessary to navigate the complexities of this pivotal stage in life.

SLCP has consistently prioritized education-related initiatives, with a strong emphasis on fostering impactful projects. Among these endeavours, early childhood education stands out as a particularly significant area that I am eager to concentrate on alongside the dedicated education committee.

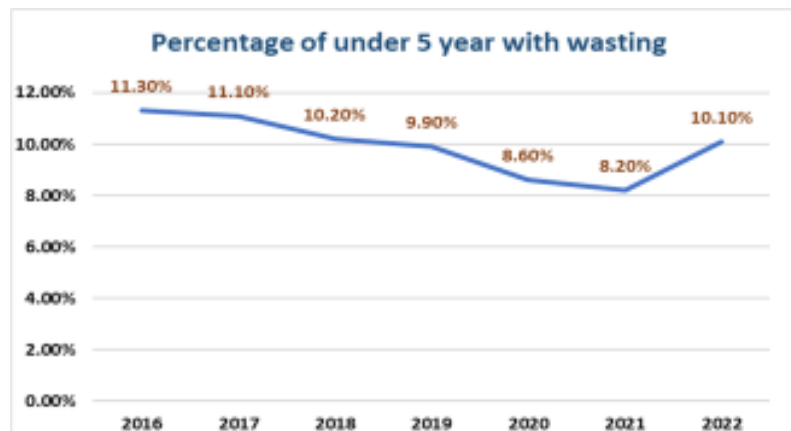
SDG 16.2 stands as a pillar of defence for our children, shielding them from the horrors of abuse,

trafficking, exploitation, and violence. At the forefront of this vital mission is the SLCP Child Protection Committee, a dedicated force working tirelessly to ensure a secure haven for our young ones. Guided by its visionary theme, "Creating Safe Communities for Children," the committee is embarking on an impactful journey this year.

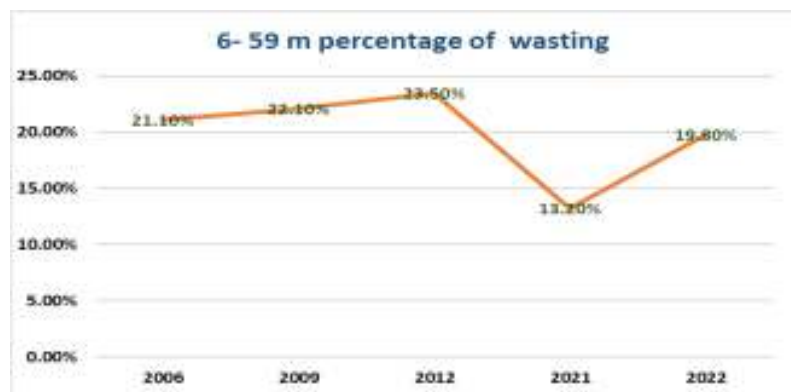
A key strategy in their arsenal is the proactive arm of prevention, manifesting through engaging preschool awareness programs. An exciting development on the horizon is the imminent establishment of the "Second Lama Piyasa"

sanctuary in Karapitiya, a beacon of hope destined to radiate its influence across all corners of our nation, leaving no province untouched by catalysing the establishment of similar units in other parts of the country.

One of the most alarming outcomes after the aftermath of crises has been a significant increase in malnutrition among children (Figures 6-8). Contrasted with wasting, stunting appears to exhibit a relatively stable pattern according to recent statistics.



Figures 6: Family Health Bureau Nutrition data 2016-2022



Figures 7: Medical Research Institute data on wasting 2006-2022



Figures 8: Medical Research Institute data on stunting 2006-2022

These findings underscore the potential advantages of nutrition intervention initiatives. Noteworthy among these efforts are the 'Feed a Child' Programme and the World Food Programme (WFP) Food Supplementation Programmes, both of which continue to make significant contributions in this quest for zero hunger.

My overarching theme for this year centres around the principle of ensuring every child's progress. In line with this vision, the NAMASTE project emerges as a beacon of action. Spanning five years, this initiative is dedicated to enhancing capacity, facilitating early detection and intervention services, as well as fostering widespread consciousness regarding Autism and neurodevelopmental disorders.

As caretakers of our children, it is crucial that we broaden our focus beyond their individual well-being to include the vital task of healing our planet. Within this context, South Asia emerges as one of the world's most susceptible regions to the far-reaching repercussions of global warming, a reality well-supported by a wealth of compelling evidence. Despite its rich historical legacy as a global agricultural hub, South Asia's farming sector is now grappling with substantial disruptions, the direct result of a changing climate. These shifts are manifesting in dwindling crop yields, casting a disconcerting shadow over the region's overall food security. Regrettably, this distressing scenario reverberates far beyond mere agricultural concerns, exerting both direct and indirect impacts on the well-being of the children of Sri Lanka.

The recurrent droughts that punctuate our existence can be traced back to the El Niño phenomenon, which exerts a pronounced influence on the intricate patterns of our monsoonal rains. Moreover, the quality of the air we breathe in Sri Lanka has profoundly deteriorated over the years, serving as a catalyst for an unfortunate surge in respiratory disorders.

In this context, it is imperative that we seize the mantle of climate action and integrate it seamlessly into our future agendas. By doing so, we can lay the groundwork for a more resilient and sustainable future; one where the precious lives of our children are safeguarded against the far-reaching consequences of environmental instability. The time for collective action is unequivocally upon us, as we strive to ensure a world where both the health of our planet and the well-being of its youngest inhabitants are nurtured and preserved for generations to come.

In conclusion, I express my deepest gratitude once again to all those who have supported me thus far. With your continued guidance and collective

dedication, I am confident that we will achieve remarkable milestones and make significant contributions to the field of paediatrics.

I urge each and every one of you to actively participate in our initiatives and programmes organized by the College throughout the year. Let us leverage our collective expertise, compassion and determination, in a singular commitment to put our collective shoulder to the wheel to ensure that no child is left behind, even in the most challenging of circumstances.

EDITORIAL NOTE

On behalf of the Editorial Board of the Sri Lanka Journal of Child Health, as well as the publisher of the journal, The Sri Lanka College of Paediatricians (SLCP), we wish to place on record that history was made when Dr Kosalakumar Wickramarachchi Karunaratne became the President of the Sri Lanka College of Paediatricians this year.

His illustrious father, the late Dr Gamini Wickramarachchi Karunaratne MBBS, FRCS, a renowned Paediatric Surgeon at Lady Ridgeway Hospital for Children in Colombo, Sri Lanka, was the President of the Sri Lanka Paediatric Association (SLPA) in the year 1978/1979. The SLPA, originally formed in 1953, was the forerunner of the SLCP, to which it was seamlessly merged as a continuum in 1996. Dr Gamini Karunaratne's son, Dr Kosalakumar Wickramarachchi Karunaratne, MBBS (North Colombo Medical College), DCH (Colombo), MD (Paediatrics), MRCP (UK), FSLCPaed, a Consultant Paediatrician at the Lady Ridgeway Hospital for Children in Colombo, Sri Lanka, assumed duties as the President of the Sri Lanka College of Paediatricians in 2023/2024.

Following an extensive literature search we have not been able to find a Father and Son combination being Presidents of the same Academic Medical Organisation, nationally and internationally.

This seems to be the ground-breaking first occurrence of such a phenomenon.

Dr G N Lucas and Dr B J C Perera

Joint Editors of the Sri Lanka Journal of Child Health