

Presidential Address*

Child Health: Navigating through crises

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Introduction

The Presidential Induction is a ceremonial assembly of members which allows the President to showcase his or her vision for the College and plans for the tenure of office. It is also an event where the unity of our College is portrayed, and is a reflection of the continuance of traditions and professional values of our College.

I stand here before you, in all humility, greatly honoured to take the reins of the Sri Lanka College of Paediatricians (SLCP) and follow in the footsteps of my illustrious predecessors. I sincerely appreciate the confidence the Council and the members have placed in me to take up this position, a seminal accolade for a Paediatrician. This is the highest honour that can be bestowed upon a paediatrician in the country and an opportunity provided for that person to play an important role in the lives of the children of our country.

Decades ago, our College had a very humble beginning. It started as the former Ceylon Paediatric Association, inaugurated in 1952, which later became the Sri Lanka Paediatric Association. The SLCP was started in 1996, and the office was placed at the Wijerama House in Wijerama Mawatha. Over the years, we have progressed to greater heights, with the great commitment of the giants who carried the baton for the College over the past 25 years. Now we have a place of our own. I do, most sincerely, appreciate their hard work and dedication.

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All paediatricians and paediatric subspecialists help this organisation to do the very best for the children of this country. Alone, we can do so little; together, we can do so much more. I am sure that all of us as a team can take this great organisation to even greater heights, and accomplish its vision, to serve the children in this country with compassion and equity, and lead this world to be a better place, a better place for our children to live in.

The mission of the College is to facilitate the advancement of paediatric healthcare in the country, influence policy decisions, and support and sustain continuous professional development of child healthcare personnel while promoting collaboration among paediatricians.

Since I took office three months back

Children, who represent 30 per cent of Sri Lanka's total population, are disproportionately impacted by humanitarian crises and require special care and attention. In the context of such pressing problems, our College had to step out of our main objectives and shoulder wider social responsibilities related to child health, provide humanitarian assistance to children, and also create opportunities for all health professionals to develop their skills. Humanitarian work is often cited as an important part of a healthcare professional and an example of the College's potential to improve children's health.

Over the last decade, we have scaled our charitable programmes from individual hospital projects to nationwide initiatives. So, we took the challenge to respond to this unprecedented crisis in important areas: mitigate the drug shortages, combat malnutrition and minimise learning losses, and work on child protection and mental health issues among children.

Shortage of essential drugs

As we all know, we started experiencing a shortage of drugs and consumables in April this year. I presume that we were the first College to take action. We did not want a single life of a child to be lost or any child to suffer due to the lack of drugs or consumables. So, a dedicated website was designed, a creation of my colleague, Dr Duminda Samarasinghe. The response of local and overseas

donors was magnificent. We spent days and nights connecting with donors and suppliers.

The Medical Supplies Division (MSD) is updating us on available stocks; I am so grateful to the MSD Directors and their staff, who are very flexible despite many bureaucratic restrictions. Indeed, all of us went way beyond our job description in this initiative. I thank the paediatricians and paediatric subspecialists in this country, who took this situation very seriously and joined hands to mitigate the adverse effects of the economic downturn on sick children. That is a most laudable commitment indeed.

Each and every paediatric unit in the country is connected through online forums and social media groups to communicate their medicinal needs. Drugs and consumables in shortage are distributed to every corner of the island; the fuel crisis was not a barrier to this endeavour as returning ambulances, doctors, and other staff transported the medicines and equipment to the respective hospitals. The system was fine-tuned to ensure that all drugs would go to the pharmacy inventory through the paediatricians and the Hospital Director.

We have distributed medicines and equipment worth over 150 million Sri Lankan rupees to date. We are glad we could contribute to a worthy cause, at least in a small way. However, it was a herculean task for the College. I am proud to say that this effort was a perfect example of teamwork. One little case scenario will provide an idea as to what we have managed to achieve. This little girl has biotinidase deficiency, a very rare disease. She needs biotin to be symptom-free. Before the economic crisis, the Ministry of Health provided the drug without any shortage, mind you, all free of charge. However, with the financial crisis, biotin was unavailable, and her condition deteriorated. Without biotin, she lost her hair, developed a bad rash, lost her functions and became wasted. Finally, the SLCP provided funds, and all these features gradually disappeared once biotin was re-started.

I may fail in my duty if I do not talk about many special people supporting me for this worthy cause. The list is indeed quite long, and time does not permit me to thank them individually. However, I take this opportunity to thank Dr Navamalika de Silva, who was not in any of the photographs shown but was right beside me since the inception of this programme, and she is at present leading this initiative, quietly and silently, working very hard behind the scenes and attending to constant requests from all corners of the country. Her efforts are merely to help sick children. I quote the famous writer Carol Brink, "*The most truly generous persons are those who give silently without hope of*

praise or reward". Dr Navamalika de Silva is a role model for junior paediatricians to follow her commitment, devotion, and meticulousness.

During this crisis, we were forced to change our approach to prescribing. We looked for alternative medicines, prescribed the least number of required drugs, and selected low-cost medicines. We learnt that the high cost of prescription drugs threatens healthcare budgets and limits funding available for other areas in which public investment is needed. In fact, good prescribing must surely start from the medical school itself. For medical students, the teaching must be more disease-centred than drug-centred. The focus should be on teaching optimal therapeutic skills, keeping the cost of treatment at the back of one's mind. Sometimes, students are only expected to copy the prescribing behaviour of their clinical teachers without explanation as to why certain treatments are chosen. Changing existing prescribing habits is quite difficult. So, good training is needed before poor habits get a chance to develop. Also, more restrictions should be imposed on the *Complementary Item List* of the formulary published by the MSD. I suggest that each unit/ward/operating theatre must have a pricing dashboard displaying the cost of each medicine and procedure. Then, all healthcare personnel, from the nurse to the consultant, would be aware of the cost of their prescriptions. It may be time for us to re-invent the wheel!

An increase in children with undernutrition is anticipated

Sri Lanka is facing one of its worst economic crises and alarming inflation rates in recent decades. It has inevitably further reduced the purchasing power of vulnerable children and families. Thus, deterioration of our child health indices is to be expected. As a response to this, we all know that the Ministry of Health has put up an emergency nutrition plan to mitigate nutritional problems at all levels.

The College took this challenge to specifically support undernourished children. We identified Nuwara Eliya to initiate this programme simply because of the high malnutrition rates in that district. Identified children with severe acute malnutrition are given a food basket worth Rs 3000/= every two weeks for at least six months, totalling Rs 36,000/- for each child. The cost would be *thirty million* Sri Lankan rupees for the estimated 800 children with severe acute malnutrition in the Nuwara Eliya District alone. I am absolutely delighted to report that with the generous support of many organisations and individuals, we have almost reached the target of covering the entire district of Nuwara Eliya and are planning to move into a second district. Importantly, Family Health Bureau monitors each child's progress through an online

database. Along with that, an island-wide training course is planned to empower the first-contact doctors on early detection and management of malnutrition before allowing them to fall into the abyss of severe forms.

A self-sustainable model

An integrated approach is crucial at this juncture to maximize SLCP contribution towards a sustained impact on the lives of the most vulnerable children. Thus, the aim is to raise them by providing relief and empowering them to achieve a self-sustainable model. Thus, other than supporting these families with a food basket, we are also planning to empower them to sustain food security, cash management, prevention of violence against children and many other areas. We have also designed one-pot recipes with cultural adaptability to educate the parents to prepare a low-cost nutritious meal.

Our partners in the 'Feed a child' project

Having a brand ambassador will enhance our effort to reach the public. Mr Roshan Mahanama, a former Sri Lankan Cricketer, is the Honorary Brand Ambassador for this project. He is passionate about supporting the disadvantaged. Our sincere gratitude to all our partners of this project, Roshan Mahanama Trust, SOS villages Sri Lanka, Ninewells Hospitals and Hearts of Joy, Sunshine Holdings, Hemas Holdings PLC, Red Cross Society, Sri Lanka and Raise Sri Lanka of USA. Some of them are here with us in the audience today. Also, the College appreciates our own consultant paediatricians; junior members and senior members of the College, and many other well-wishers for the support given for this endeavour. I specifically appreciate the support given by all senior members of the College to make it happen.

We also thank UNICEF for joining hands with us to support this project in many aspects. Apart from scaling up the supply of ready-to-use therapeutic formula reaching the beneficiary, UNICEF will provide a travel allowance for the parents to bring the child for reviews and measuring equipment for the outreach clinics. I would also like to take this opportunity to appreciate the admirable commitment of the Consultant Paediatricians, Dr Jagath Ranasinghe, Dr Shyama Yapa Bandara, Dr Roshan Siriwardane, the regional directors and all Medical Officers of Health in the Nuwara Eliya District. Also, all the other senior and junior members of the College for their enthusiasm and commitment.

With this effort in Nuwara Eliya, a concept model with much-needed multisectoral collaboration in public-private partnerships is being implemented to manage children with malnutrition and to empower their families, which can be adopted and adapted to all other districts, even by the Ministry of Health.

Regional disparities in the healthcare workforce

Regional disparities in care provision challenge the healthcare systems. Likewise, we saw that Nuwara Eliya is experiencing difficulties due to the lack of an adequate healthcare workforce. Also, staffing issues have been a frequent complaint of the members. Recent statistics show the disparity between the percentage of population and proportion of the healthcare workforce in certain areas of the country. The North-Western Province and Uva have a lower healthcare workforce percentage than the population proportion. It is the reverse in the Western Province. However, the actual picture could be much worse. Certain stations are considered difficult and not appealing or popular, and to add to all our woes, the workforce is migrating. Therefore, those positions could be frequently vacant without a permanent healthcare cadre.

How do we know what is too many in a unit or too little in a unit? It is the right time to work towards a formula. The Workload Indicator Staffing Needs (WISN) is a concept developed by the World Health Organization (WHO) to provide a systematic framework to estimate staffing requirements based on the burden of work. It would provide a scientific basis for cadre allocation. Even in countries like the UK, the required staff is calculated with the required daily work hours at each tier to deliver that work.

With the required health workers on board, Sri Lanka can achieve better health statistics. Our aim must be to achieve the finest care, even at the furthest corner of our island. It is an illusion to think that the finest care should be delivered in Colombo, Galle, and Kandy; there should be centres of excellence across the country, accessible to all our people. The proposed Children's Hospital in Anuradhapura is an excellent step towards this concept.

We will speak to solve issues that matter to children and adolescents

We will always speak for these voiceless groups. We will continue to influence policies to ensure that issues related to children remain high on the agenda by aiming at the policymakers of this country who have the most power to make decisions. Supporting school education is one of our priorities, mainly to urge the relevant policymakers to avoid further learning losses. Even before the pandemic, the most marginalised children were being left behind. During the pandemic, school closures have resulted in widening inequalities, learning losses and school dropouts. Due to school closures, children were forced to resort to remote learning despite having low connectivity and device affordability problems for most. So, children have suffered immense setbacks in their learning journey. With the current

economic crisis, the situation has become even worse with added issues in transport etc., leading to continuing learning losses. For the disadvantaged, providing a school meal would be an incentive to attend school. We are so grateful for several organisations and the government's effort to support this worthy cause. Yet for all that, it needs to be scaled up.

School dropouts have risen due to the severe economic difficulties many families face. As a result, there is a tendency for senior-grade students to discontinue their education to engage in various forms of employment. We continue to urge the authorities to carry out strategies as early as possible because it often requires extra effort to turn around years of academic failure or detachment.

During the last century, considerable variation has been noted in the disease patterns of children. Globally, one in seven 10-19-year-olds experience a mental disorder, amounting to 13 percent of the global disease burden in this age group. Depression, anxiety, and behavioural disorders are leading causes of illness and disability in children and adolescents. Suicide is the fourth leading cause of death among older adolescents. The effects of not addressing mental health problems in young people extend into adulthood, weakening both physical and mental health and restricting chances to live full lives as adults. In the Sri Lankan context, emotional and behavioural problems have become increasingly common reasons for consultations. Yet, a recent hospital-based survey revealed that the number of referrals to mental health services is low compared to other countries. Generally, in Sri Lanka, children with mental health problems and learning difficulties are often ignored, particularly by teachers. These children are unattended, and no extra help is offered. Therefore, we hope to address this issue by liaising with the relevant authorities.

We encourage research that contributes to a positive impact on child health

While acknowledging the pressures on the paediatric workforce, we will encourage all within this speciality to engage in research. Over the years, we have been funding research through the Dr Stella G. de Silva Research Grant. We encourage multi-centre studies. We have embarked on a multi-centre study, headed by a team from the SLCP, investigating the impact of the economic crisis on young child nutrition. Awards are extrinsic incentives and direct motivators when people exert effort explicitly to win the award. We have planned to introduce research awards to recognise the best research publications in national and international journals, which would encourage the College members to publish their original work. Also, it

would promote the enthusiasm of postgraduates in scientific research.

Mentoring a less-experienced researcher is the responsibility of all the senior researchers. A mentoring programme aims to establish the trainee as an independent researcher. Therefore, to facilitate research, particularly among trainees, we would introduce an initiative called "Research Aid". This would offer mentorship and many other resources to aid research activities related to child health.

Strengthening the primary role of our College, dissemination of skills and knowledge among healthcare professionals

Continuous medical education and development need to continue for all practising paediatricians. We will therefore organise interactive online learning tools to support the professional development of all who are part of the child health workforce. The experiences from the pandemic will be necessary for this purpose. It is our responsibility to balance online and face-to-face interactive sessions to influence the skill and knowledge development of the healthcare workforce.

The College has been doing many educational activities, including advanced paediatric life support and neonatal life support courses for years, and it should continue in the same manner in the future. Subspecialty modules are a great way to improve skills and knowledge among practising paediatricians and trainees. These are in addition to webinars, regional sessions, and the Annual Congress to support professional development throughout their careers.

Good governance

The organisation can thrive while being sustainable by managing and governing it successfully. We need to be more innovative in our approach to support this concept. We will find new income streams to make the financial base more sustainable. Also, we will ensure that the College is accessible to all members, however far away they serve and that members are able to contribute effectively to the development of the College.

It is a collective effort...

The vision for the coming months and years is a collective effort. Many groups are working round the clock, although time does not permit me to mention them individually. The good news is that we have already made progress in some of the activities. We can continue our efforts during these difficult times to solidify the recovery and allowing us to move forward.

Once again, I thank the membership and the Council for the trust and confidence placed on me to lead the

College this year during an unprecedented economic crisis. With the help of the College Council, I would always strive to maintain the highest professional standards of the College. It is our duty to heal needy children, enabling them to make a lasting difference to our Motherland. We will continue to put them at the heart of our community, listen and respond to their ideas, and create accessible and aspiring prospects for them to change the world in which they live.