



COMMONWEALTH ASSOCIATION FOR PAEDIATRIC GASTROENTEROLOGY AND NUTRITION

MINUTES, Council Meeting #2

'The Grand', New Delhi, India, 2 October 2015, 7.30-8.30pm

Present: Professor David Brewster (Chair), A Sibal, N Mohan, B Sandhu, A Phillips, M Manary, B Golden (Secretary), J Berkley

Apologies: S Hill, B Amadi, S Rajindrajith, J Tobin, T Nelson, D Forbes, Z Bhutta, S Allen, P Sullivan, S Hill

- The Future of CAPGAN.

This was discussed at length. In his absence, D Brewster expressed the views of D Forbes as recognising that CAPGAN was needed in 1984, that the world has changed and perhaps CAPGAN has outlived its usefulness especially as organising conferences is increasingly difficult.

On the other hand, B Sandhu, who has been at the heart of CAPGAN almost since its inception, felt that the Commonwealth is a unique body of shared values, very dear to her heart but only as good as those who drive it. She pointed out the importance of commitment and links among Commonwealth people, giving the example of BAPIO. She also noted our differences from eg ESPGHAN.

A Sibal emphasised how much the world has changed and, hence, the need for CAPGAN to change in order to remain relevant. He felt that CAPGAN needs to reach out more to all corners of the Commonwealth as well as to other like meetings. He thought that CAPGAN needs to be re-energised and it should "build (its own) brand".

A Phillips thought that CAPGAN has a wider role to play than ESPGHAN or NASPGHAN. He did not think CAPGAN should reach out to other like meetings however. He noted that we do not advertise CAPGAN eg by writing Guidelines, through advocacy etc ..and perhaps we should.

J Berkley suggested that CAPGAN should have a more distinct and topical focus eg on "The Vulnerable Child". He felt that CAPGAN has advantages that should allow more networking. He also thought CAPGAN could contribute more by writing commentaries on recent research papers etc. A Sibal agreed. B Sandhu mentioned the leadership of the various Working Groups and the possibility of Commentaries and Guidelines, endorsed by CAPGAN, being produced by those groups and/or leaders.

N Mohan supports the continuance of CAPGAN as being an important organisation whose role needs to be enhanced.

M Manary expressed the view that CAPGAN is a cross-cutting organisation between global health and specific disease, largely malnutrition and diarrhoea. He reckoned that diarrhoea is “crying out for a new paradigm” and via networking, that CAPGAN should involve itself in that role.

B Golden stated that having heard the views above, and adding her own view, that CAPGAN should continue, should focus on the vulnerable child in particular but must remain realistic in its ambitions. Thus, CAPGAN needs better means of communication among its members, in particular within the Council and that it should “pick and choose” what it can do.

- Further business.

2.1 The outgoing Treasurer, Susan Hill, had been in touch. She & her husband had severe visa problems having reached Delhi and had to return to London. She sent her fine Treasurer’s Report which was summarised to those present (attached).

2.2 Funding for the next Congress to be held, potentially, in Kenya, was discussed briefly. M Manary offered to help.

2.3 The CAPGAN 2015 Bhupinder Sandhu prizewinners were:

1st Prize: Dr UtpalShava, Lakhnow on Normal values for satiety drinking in children

2nd Prizes: Dr Zhakirul, Dhaka on AGM Capsular Polysaccharides; & Dr Muttaquin Hussain, ICCDR,B, Dhaka on Role of stunting in early development.

- AOB. Nil
- Next Meeting, date etc. Not discussed.