IPA Co-hosts Education Session at the 68th World Health Assembly

 IPA representatives were active contributors lending pediatric perspectives to the deliberations of the national delegates, Geneva, May 16-24, 2015. The WHA is the governing body of the World Health Organization and meets every May to consider WHO governance and policy issues.

 The IPA cosponsored an educational event directed by NCD Child. Non communicable diseases (NCDs) are a major focus of the post 2015 world health agenda. This event brought the major global organizations together to discuss how to best meet the needs of children regarding NCDs. NCD work will have a great deal of the world’s policy and financial support in the coming years. Participants discussed how to bring the world’s attention to the unique cost effective prevention and treatment opportunities within the Maternal, Neonatal, Child and Adolescent framework. Although little attention has been given at WHO and UN levels to children in relationship to NCDs expectations of transparency and equity are likely to give children’s needs a higher priority in future NCD planning.

 IPA adds child health statements to the 68th Meeting of World Health Assembly

 The IPA also submitted three position papers for consideration by the WHA delegates. These three position statements were formed with the leadership of the related Technical Advisory Groups (TAGs) of the IPA and are available below:

-**Adolescent Health & Professional Education**. Primary author Dr. Helene Fonseca, chair of IPA’s Adolescent Medicine TAG

Position Statement, 2015 World Health Assembly
**Adolescent Health**
International Pediatric Association
April 2015

Mortality rates in all age groups have declined during the past 20 years. However, mortality among adolescents has decreased less than in most other age groups, overtaking childhood mortality in some countries.

Most deaths in young people are preventable. Nearly 2/3’s of premature deaths and 1/3 of the disease burden in adults are associated with conditions or behaviors that began during adolescence. Policy change and education can address unhealthy lifestyles. Inattention is destructive. Dysfunctional adolescence saps the strength of families and weakens the future of nations.

Adolescents have specific vulnerabilities, capabilities, receptiveness and health care needs that evolve throughout the second decade of life. Very often care and support for young people is characterized by misconceptions, unavailability, unreliability and insufficiency. An essential pathway to construct an effective system of care and prevention for adolescents is skilled participation of health care professionals. Current training for these professionals is largely absent. The most effective window of opportunity for training health professionals is the pre-graduate level. Such training can assure that every graduating health professional has received basic knowledge, direct experience and skills that will enable them to understand needs of adolescents, be trusted by them and sensitively address their specific needs in a successful way.

* The IPA urges the WHA members to vigorously support significant global advocacy, comprehensive, intersectional programming and national evidence based policies to touch the lives of vulnerable adolescents with positive interventions that will help direct them to positive outcomes.
* The IPA urges the WHA members to require adolescent development and health delivery content for undergraduate health professionals. The IPA will advance its post graduate support for continued professional development, helping each of its 140 member national societies deliver skilled, trusted and successful adolescent care.

-**Non Communicable Disease & Children**. Primary author, Dr. Jon Klein, chair of IPA’s NCD TAG

Statement to the World Health Assembly. May 2015
**Non-Communicable Diseases: Time to Act for Children**
International Pediatric Association, in collaboration with NCD Child

 Non-communicable diseases (NCDs) cause many preventable deaths and disability. Infancy, childhood and adolescence are critical times for prevention. Children and youth living with and at risk for NCDs require health care specific to their needs. Effective prevention, affordable diagnosis and competent treatment, including pain management and palliative care should be vigorously supported by WHA members as a matter of good governance, building national strength and the demands of equity and human rights.

Prevention and treatment of NCDs contribute cost effectively to maternal and child survival goals. For example, tobacco and secondhand smoke exposure affect adult cancers, diabetes, and cardiovascular death rates, and also impact low birth-weight, prematurity, respiratory infections, asthma and are a leading cause of sudden infant death syndrome.

Member States are urged to:

* Implement effective interventions within national newborn, child and adolescent health and NCD plans.
* Provide access to care for children and youth with cancer, heart disease, diabetes, respiratory diseases, and other NCDs by developing systems, personnel and resources for universal health care for families and individuals with NCDs.
* Incorporate the connection between NCD prevention and maternal and child survival goals into national newborn, RMNCH, and NCD plans.
* Include NCDs and children/youth in health system planning and accountability.
* Include youth, family and professional voices in planning health systems, including for prevention and treatment of NCDs for children and youth.
* Include prevention of NCDs for newborns, children and youth in the post-2015 sustainable development goals, with specific age-based targets for nutrition, tobacco use and secondhand smoke exposure, injury, mental health, and safe sexual practices.
* Include age stratified data for newborn, child/adolescent NCDs and NCD risk factors in the SDG indicators.

-**Child Survival:** Primary author, Dr. Doug McMillan, Co-Chair of IPA’s Child Survival TAG.

Position Statement, 2015 World Health Assembly
**Supporting Improvement in Child Health and Outcome**
International Pediatric Association
April 2015

Significant impact has been achieved with the Millennium Development Goals but 7,700 newborns less than 28 days old die each day1. Cost effective programs of assessment and care can prevent 90% of these deaths. Additionally, 7,300 babies are born stillborn each day. Many of these deaths can be prevented by improved maternal health and assessment/care during childbirth; Effective newborn resuscitation programs reduce the incidence of stillbirth (possibly because some babies currently classified as stillbirth are able to be effectively resuscitated).

The International Pediatric Association (IPA) represents 162 national pediatric societies and pediatric specialty groups. The IPA strongly supports current plans to address newborn mortality including the Every Newborn Action Plan and Every Woman Every Child. The following principles must be considered as we move forward to the Sustainable Development Goals.

* Each country must have a specific plan to utilize human and financial resources to reduce neonatal deaths
* Improved neonatal outcome is tightly linked to improvements of maternal health.
* Equity and access are keys to any effective plan improving health of families, women and their children. Public sector private sector resources and services must be included in any improvement plan.
* Maternal, Newborn and Child Health Programs should recognize the important relationship to other determinants of health, including education, clean water and sanitation, transportation/communication, and improved socioeconomic status.
* An ongoing system of selected indicators for input and outcome should be part of a perinatal program which fosters continuing quality improvement and which addresses sustainability.
* Pediatricians must contribute to ongoing improvements in outcomes with MCH advocacy, clinical expertise, education, evaluation and planning.