



## Message From The President

Dear IPA members,

It is a great honor to take the office as President of our association.



IPA is now 100 years old and well established as the only global representative of the pediatric community. We are the voice of 166 Members Societies, (Regional, National and International Pediatric Specialty Societies). This broad representation entitles IPA to be a valid representative of the pediatric world, to advocate for children in the global health scenario and to be an attractive partner to the major players in global health, delivering actions at the grass roots level, where they are really needed and effective. Acting through these member societies, IPA has the potential to reach more than 500 thousand pediatricians in all regions of the world. These pediatricians can make a difference in our children's lives.

We must, therefore work actively to establish a functional network linking the whole pediatric community, to communicate, establish strategic plans and engage on activities that can benefit our children. If we really want to mean something to children's health, we must be able to deliver care to them, on the field. IPA has to advocate and act politically to represent the best interest of children and pediatricians. But it will never be efficient enough, if we work disconnected from the people we mean to represent.

Many colleagues frequently ask me: what is IPA, what is it for? What are the goals of this association and why it is important for the Pediatric Societies to join?

My answer is: IPA has the huge mission to represent their members next to the global health partners. Member Societies can, of course, establish direct relations with international players. There is, however, an important slot to be filled by an international association, that can represent collectively the pediatric community, claiming for global health policies, optimizing the results and minimizing inequalities between large societies and the smaller ones with increased needs.

In order to fulfill this role as leaders, being increasingly recognized as the authorized voice for the pediatric community, we must get more and more organized and strengthened, politically and financially. To stay respected as an organization we must be independent and attractive to donors and financing agencies. This leads us back to our main advantage, our increasing number of associates, the power we have to implement health programs, our ability to deliver messages directly to health professionals.

Finances are essential but not the only reason of our existence. Advocacy and scientific initiatives are our main talents, what we are about.

We have also the obligation to assist our Member Societies in their requests. As an example, by reinforcing the leadership of the smaller societies in respect to their local governments, or extending the successful experiences of the bigger ones to other regions of the world, we can make a difference in our children's lives.

# Healthy Children for a Healthy World



## INTERNATIONAL PEDIATRIC ASSOCIATION

[www.ipa-world.org](http://www.ipa-world.org)

IPA NEWS LETTER JULY-SEPTEMBER 2010

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IPA can lead initiatives in a way that the other pediatric associations can't, the global one. Being an international organization has the advantage of removing regionalisms and bringing people together, in a similar level of empowerment, even bearing their social and economical differences.

Through its office bearers and Standing Committee members, IPA has played a leadership role in the pediatric world, working with the major global health players like WHO, UNICEF, FIGO and others. We are involved in the most important initiatives like the Partnership for Maternal and Child Health, the Global Alliance for Vaccines and Immunization, the Countdown, the G8, the Millennium Summit, the Global Health Education Commission and many others, giving an active voice to pediatricians and children.

We also have a growing involvement in Pediatric Education. A recent example of our potential to integrate different experiences, is our partnership in the Global Pediatric Education Consortium, that can greatly benefit from the lead of the IPA, facilitating the adoption of its deliverables by the academic pediatric community.

We have also our own programs. These are led by our Technical Advisors and will certainly continue and be fully supported during this session. Adolescent Health, Better Medicines for Children, Children's Environmental Health, Child Health in Humanitarian Emergencies, Immunization, HIV-AIDS/TB, MDG project, Newborn and Child Survival, Nutrition, Quality of Care and Early child development, will remain as our priorities.

Communications are vital. We have a very functional and updated website, that will be utilized to expand our communication channels with our constituency and also used as an efficient educational tool. A very complete newsletter has now been delivered and will be maintained and further explored as an efficient tool in our relations either internal as with other associations.

Our main goal for this session will be to maintain and increase our achievements with special focus on the achievement of the MDGs in the countries with the biggest needs. We plan to grow either politically as financially, strengthening our links with our members and consolidating our position as the global leaders of pediatrics.

The 100 years birthday of the IPA is a time for us to honor the excellent work done by our predecessors. Over the structure they provided, we can be able to realize our dreams, starting our plans and actions, moving on with their previous and successful initiatives and proposing and implementing new improvements. I thank the support I received from Jane Schaller, Adenike Grange, Chok-wan Chan and the many pediatricians I had the honor to work with, for the past years.

We'll move forward with our eyes on the future but keeping the memory of what has been done and should not be discontinued.

IPA has done a lot. IPA can, and will, do much more.

**Sergio Cabral**  
President IPA 2010-13



### From the Desk of the Editor



Dear friends

This issue of IPA Newsletter covers three important issues of IPA—the Triennial congress of IPA, the IPA election for the President elect 2010-13 and the Standing committee members for the term 2010-13 and the taking over by the President elect Sergio Cabral from Brazil as the President IPA for 2010-13. Sergio has been in IPA for a long time and worked as our treasurer before. We look forward to IPA doing wonderful work in his tenure.

The 26th IPA congress was held in Johannesburg in August this year. The congress was a stupendous success, an academic feast and the warm hospitality of our South African Colleagues. It was certainly an event to remember and we must congratulate and thank the organising chairperson of the congress, Keith Bolton, the scientific committee

chairperson Peter Cooper and the whole organising team from the South African Paediatric Association for working hard for last four years to make this event so memorable.

IPA has its election every three years. To learn more about IPA structure and elections please go to the IPA website and download the IPA news letter Jan -March 2009. This gives important information on this issue.

In this term's election the winner of the President elect post is Andreas Constantopoulos from Greece. He was the organising chairperson of the very successful IPA congress at Athens in 2007 and we welcome him. We also have very distinguished new members for the IPA standing committee and I have tried to include as many photos as I could get so that you all know who they are.

Our Immediate past president Chok Wan Chan completed his tenure very very successfully. He was a true leader and started many new things in IPA—including this quarterly newsletter in which he was very actively involved. I have truly enjoyed working with him and as editor for this newsletter. The outgoing standing committee was a wonderful group of people and achieved many milestones under Chok Wan Chan's Leadership and we have put their photos and also listed their achievements in this issue.

Dr Jane Schaller has completed her tenure of Executive Director very successfully. The new Executive Director is William Keenan from who is a senior and competent neonatologist from USA.

Dr Zulfikar Bhutto from Pakistan and myself from India, continue in our second term as treasurer and coordinator respectively.

We have a reader's response section where we put in the comments on the newsletter and suggestions for betterment from all our members. This time I have deleted this page to devote to the memory of a very dear IPA champion Jenny who is unfortunately no more with us. We will restart this section from next volume, so please do send in your responses.

The News letter of any organisation is vibrant only if it covers all its activities. As an editor I heavily depend upon the representatives of various Regional, National and National Paediatric societies to send me news with good photographs. This is a personal request to all of you to please send me lots of news for inclusion into the news letter.

Yours sincerely  
**Dr Swati Y Bhawe**



### International Year of the YOUTH

12th August 2010

On this occasion, the World Health Organization (WHO) is pleased to provide

- 1 A **Joint Statement** by the principals of more than 20 UN entities, including WHO's Director-General, Dr Margaret Chan: <http://social.un.org/youthyear/docs/iyyjointstatement.pdf>. This joint statement was shared with the dignitaries and media who attended the official launch of the Year at UN headquarters in New York.
- 2 WHO also produced a new **Fact Sheet** on the health of young people: [www.who.int/mediacentre/factsheets/fs345](http://www.who.int/mediacentre/factsheets/fs345), which is currently available in English, Spanish, Russian and Chinese, with French and Arabic versions to come.
- 3 WHO also produced a **Podcast** on the International Year of Youth which includes a statement by UNFPA's Executive Director, Thoraya Obaid, as well as interviews with WHO staff including myself and Paul Bloem, and the voice of a young person: [www.who.int/mediacentre/multimedia/podcasts/2010/year\\_of\\_youth\\_20100812](http://www.who.int/mediacentre/multimedia/podcasts/2010/year_of_youth_20100812).
- 4 WHO will roll-out additional activities throughout the Year to raise awareness and galvanize support for improving the health of adolescents and young people.

On behalf of the IPA program area of Adolescent Health as its technical advisor I request you to please do some activities for Youth within your government and constituencies. You can contact the WHO Regional offices for help .

Please send a detailed report of your activities to me at [swatiybhave@yahoo.com](mailto:swatiybhave@yahoo.com) to put on the IPA website in the IPA adolescent program area.

If you send a short report with some photos , I will be happy to put it in the IPA News letter also

*Dr Swati Bhave Technical Advisor of IPA program Area on Adolescent Health*

You can also contact V. Chandra-Mouli Coordinator,  
Adolescent Health and Development  
Department of Child and Adolescent Health and Development, World  
Health Organization  
Tel: +41 22 791 4814, Email: [chandramouliv@who.int](mailto:chandramouliv@who.int)  
Web site: [http://www.who.int/child\\_adolescent\\_health](http://www.who.int/child_adolescent_health)



### News from International collaboration

**28-29 June 2010**

#### Havana, Cuba - WHO/PAHO/CUBA Child Healthcare Workshop

Dr Chok Wan Chan represented IPA .A report of Cuban experience in child health care 1959-2006 was discussed. He made a report of the workshop discussions to the standing committee of IPA where he outlined the Key Factors of Success in Cuba



Chok-wan with Colleagues from Indonesia



Imm Past President Chok WAN at the conf



Conference Organizers



**16-17 September 2010**

### **Astana, Kazakhstan**

#### **“UNPSTR - Tenth Regional Congress of Pediatrics”**

Organized by UNPSTR in collaboration with the Ministry of Health of Kazakhstan. Nursultan Nazarbayev (President of the Republic of Kazakhstan) was the Honorary President, Zhaksylyk Doskaliyev (Minister of Health Republic of Kazakhstan) and Enver Hasanoglu (Secretary General of the UNPSTR) were Vice-Presidents of the Congress.

The theme was “Current Problems in Pediatrics and Pediatric Surgery”.

There were 259 registered participants from six countries: Azerbaijan, Kazakhstan, Kyrgystan, Tajikistan, Turkey, Turkmenistan and Uzbekistan. 405 abstracts of poster paper were printed in the congress book. 40 oral presentations on various topics of pediatrics and pediatric surgery were discussed.

The Union of Pediatric Societies of Turkish Republics (UNPSTR) is encouraging these countries to improve their child health situations in this area, since its establishment in the year 1993 through organizing congresses and workshops.

“Environmental Pollution and Fetus” was the topic of the Opening Lecture and given by Kadriye Yurdakok (Deputy Director of International Children’s Center).

The next congress will be held in Dushanbe, Tajikistan in 2011.



Group photo at the congress



## News from Regional Societies



Left to right: Yermek Ayazbekov (Director of the Scientific Centre of Pediatrics and Pediatric Surgery, Kazakhstan), Zhaksylyk Doskaliyev (Minister of Health Republic of Kazakhstan) and Enver Hasanoglu (Secretary General of the UNPSTR) in the Opening Ceremony.

**22 -24th July 2010**

### **2nd Asian Vaccine Conference Manila, Philippines**

Organizers: Asian Society for Infectious Diseases (ASPID), International Society for Tropical Diseases, Philippines, Philippines Foundation for Vaccines (PFV), Asia Strategic Alliance for Prevention and Control of Pneumococcal Diseases (ASAP)

Total Attendance - 400 from the Asia-Pacific Region. Expanded Programme for Immunization (EPI) Managers from Ministries of Health and CDC of China, Taiwan, Malaysia, Cambodia

Some of the topics discussed were use of Rotavirus Vaccine in the control of Diarrheal Diseases

And a review WHO GAPP Document (Global Action Plans for Prevention and Control of Pneumonia). This includes 1) Protection (Breastfeeding, handwashing, avoidance of smoking and indoor pollution) 2) Prevention via effective immunization and treatment by timely and adequately treatment using inexpensive antibiotics such as Amoxicillin

De Chok wan actively participated at the Conference and introduced IPA action plans focus on 1) Programmes deigned for global child health 2) Programme on Immunization 3) commitment to Exclusive Breastfeeding. He also stressed importance of Immunization (injection safety cold chains, healthcare professionals, incurring expenses etc) when considering Vaccines for use in children.

*Edited version of report submitted by Immediate Past President Chok Wan Chan*



## News from the IPA Administration

August 8, 2010

### IPA Elections 2010

IPA election for the President and the Standing committee members is held every three years during the Triennial congress at the IPA council of delegates (CD ) Meeting .

(The CD comprises National Pediatric societies who are members of IPA and is represented by the President or if she or he is not attending the congress the nominee of the society)

There are two CD meetings during the congress -the first is introductory and during the second meeting elections are held

#### IPA CD meetings at the IPA congress at Johannesburg August 2010

The first CD meeting was held on 4th August .The President of the IPA, Chok Wan Chan introduced the proposed members of the 2010-2013 CD Election Committee as follows:

Nike Grange (Chair), Judith G. Hall, Swati Bhavne, Najwa Khuri-Bulos, and Eva Olah.

Following the endorsement of the members by Council, Nike and Judith presented the preliminary plan for the election which was scheduled to take place at the CD meeting of the 8th of August. *The importance of being accredited prior to the second CD meeting was emphasized at the time of the first CD meeting*

#### I The terms of reference for the Committee

To plan, organize, implement, and monitor election affairs at the time of the Council of Delegates meeting.

#### II The General principles outlined for the election

The election should foster companionship, discretion, transparency, accountability and fairness.

#### III The following Sequence for the elections was endorsed:

- Election of new member societies- ( however there was no new member eligible for election)
- Election of SC members
- Election of the new President-Elect
- Election of the site of 2016 ICP
- Endorsement of the President of the 27th ICP

*The eligibility criteria and the CVs of the candidates who had been proposed by members of the IPA had previously been circulated to all members by the IPA administrative office.*

#### IV. Validation of voters:

During the period between the 4th and 8th of August, the names of all official delegates were validated on the list of IPA members which was provided by the IPA administrative office. All validated voters were issued with validation cards which would allow them to cast their votes at the CD meeting on the 8th of August. The process of accreditation was explained in the first CD Meeting and the delegates had to finish this process prior to the to the second CD meeting on 8th August emphasized at the time of the first CD meeting.

#### V. Voting at the 2nd CD Meeting on the 8th of August

Qualified voters who had previously been validated were seated in seats which were arranged by alphabetical order of their countries.

Ballots were handed out at the time of each election. Run off ballots were needed for the election of candidates from APPA and for the election of the site for the IPA Congress for 2016.





### V. The Ground Rules for the Election Process were as follows:

- No voting by proxy, only validated certified representatives of societies in good standing (i.e., dues paid up for the triennium 2007-2010) may vote
- All qualified voters will be seated in the front rows in pre-designated seats.
- The vote shall be by secret paper ballot
- The counting of the votes shall be in public by the Elections Committee.
- Simple majority (50% + 1)
- True ties will be broken by vote of the President of the IPA
- Endorsement rather than a vote will occur if no competition exists

*Instructions and announcements were made orally and with power-point projection.*

### VI. Ascertainment of Quorum

Quorum for the election was established based on the number of dues -paying members at the beginning of the session. Quorum for the session was defined as 50% +1 of the total dues- paying members present at the session.

### VII. The Election Process

Prior to voting, two independent non-voting members were invited to assist with the distribution and collection of ballot papers. They were also to act as observers of the electoral process.

**VIII. Election of new society members was to have been by endorsement** but no eligible new members emerged during the validation process

### IX. Election of the SC members:

The six Regional Presidents were unanimously endorsed.

*Concerning the second seat for geographical regions, the process went as follows:*

**Africa:** There were two candidates but one of the candidates withdrew hence the remaining candidate was declared the winner.

**Europe, Latin America and Central Asia:** There were two candidates for each of the region. The candidate who received the majority votes in each case was declared the winner.

**For Asia-Pacific (APPA),** there were 9 candidates for 3 seats.

- 1 On the first run-off ballot, the three candidates with the least number of votes each were dropped out of the 2nd run-off ballot.
- 2 The 2nd run-off produced one candidate with a clear 50+1 votes, he was declared a winner of one of the three seats.
- 3 On the third run-off, the two candidates who received the highest number of votes were also declared winners of the two remaining seats.

**North America:** No election was needed. The two validated candidates were endorsed by the CD

### X. Election of International Pediatric Societies

The five validated candidates were endorsed by the CD.

### XI. Election of the President-Elect

Each of the two candidates was allowed to make a presentation for approximately five minutes after which ballots were distributed. The candidate who received the majority votes was declared the winner.

### XII. Election of the site for the 28th ICP (2016)

The 2016 Congress site countries contesting were **Argentina, Canada and Turkey**

Each of them was given ten minutes to make a presentation. The first ballot produced the winner (Canada) with 50%+1 votes.

**XIII. Presentation and Endorsement of 2016 Congress President:** The 2016 IPA Congress Presidential candidate who had been chosen by Canada addressed the CD and he was endorsed by the Pediatrics and Child Health Division of the Royal Australian College of Physicians, the host IPA Member Society for the 2013 Congress (as decided by election at the 2007 Congress in Greece). He was endorsed as the President of the 2013 IPA International Congress of Pediatrics.

*Edited version of the report submitted by Nike Grange (Chair) on behalf of the 2010-2013 Elections Committee*



### Election Photo



Sergio Cabral , Jane Schaller , Chok Wan Chan Council of Delegates meeting



IPA election committee Nike Grange Judith hall Swati Bhawe



President Chok wan at IPA election 2010



IPA election



Cooper & Bolton at Council of Delegates meeting



President Elect Andreas with Haldimir



## The winners of IPA - Election 2010-13

**President Elect** Andreas Konstantopoulos, Greece

### **Standing Committee**

**Africa (Sub-Saharan)** (Union of African Pediatric Societies and Associations - UNAPSA)

1. **Francois Tall**, Burkina Faso –Regional President *ex-officio*.
2. **Angela Okolo**, Nigeria

**Asia-Pacific** (Asian Pacific Pediatric Association - APPA)

1. **Xiao Hu He**, China - Regional President *ex-officio*.
2. **M. A. Arif**, Pakistan
3. **Yoshikatsu Eto**, Japan
4. **Naveen Thacker**, India

**Central Asia** (Union of National Pediatric Societies of Turkish Republics - UNIPSTR)

1. **Enver Hasanoglu**, Turkey Regional President *ex-officio*.
2. **Ahmaddudin Maarij**, Afghanistan

**Europe** (Union of National European Pediatric Societies and Associations - UNEPSA)

1. **Leyla Namazova**, Russia - Regional President *ex-officio*.
2. **Patricia Hamilton**, UK

**Latin America** (Asociación Latino Americana de Pediatría - ALAPE)

1. **Hernando A Villamizar**, Colombo - Regional President *ex-officio*.
2. **Gonzalo Giambruno**, Uruguay

**Middle East & North Africa** (Union of Arab Pediatric Societies - UAPS)

1. **Ali-El Halabi**, Jordan Regional President *ex-officio*.
2. **Joseph Haddad**, Jordan

### **North America**

There being no single representative North American Regional Society, two candidates from North America have accordingly been nominated by the two Member Societies of North America:

1. **Gary Pেকেles** (Canadian Paediatric Society)
2. **Jay E. Berkelhamer** (American Academy of Pediatrics)

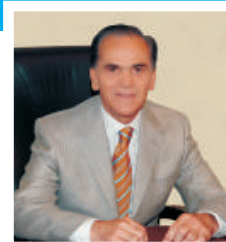
### **International Specialty Societies**

- 1 (ESSOP) European Society for Social Pediatrics and Child Health) –
  - **Giorgio Tamburlini**, Italy
- 2 (ICNA)International Child Neurology Association – • **Mohamad Mikati**, Lebanon
- 3 (IPALA) International Pediatric Academic Leaders Association– • **Peter Cooper**, South Africa
- 4 (IPNA) International Pediatric Nephrology Association– • **Jie Ding**, China
- 5 (ISTP) International Society for Tropical Pediatrics Association– • **Michael Krawinkel**



## PHOTOS OF WINNERS IPA ELECTION 2010

### PRESIDENT ELECT WINNER



**Andreas Konstantopoulos**  
Greece

### STANDING COMMITTEE WINNERS

#### AFRICA (SUB-SAHARAN)

(Union of African Pediatric Societies and Associations - UNAPSA)

**Francois Tall**  
Burkina Faso –  
Regional  
President ex-officio



**Angela Okolo**  
Nigeria

#### ASIA-PACIFIC

(Asian Pacific Pediatric Association - APPA)



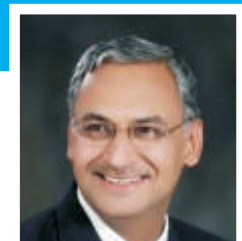
**Xiao Hu He**  
China - Regional President  
ex-officio



**M. A. Arif**  
Pakistan



**Yoshikatsu Eto**  
Japan



**Naveen Thacker**  
India



## PHOTOS OF WINNERS IPA ELECTION 2010

### CENTRAL ASIA

(Union of National Pediatric Societies of Turkish Republics - UNIPSTR)



**Enver Hasanoglu**  
Turkey - Regional President



**Ahmaddudin Maarij**  
Afghanistan

### EUROPE

(Union of National European Pediatric Societies and Associations - UNEPSA)



**Leyla Namazova**  
Russia - Regional President ex-officio



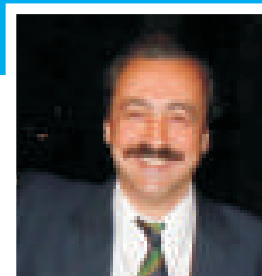
**Patricia Hamilton**  
UK

### LATIN AMERICA

(Asociación Latino Americana de Pediatría - ALAPE)



**Hernando A Villamizar**  
Colombo - Regional President ex-officio



**Gonzalo Giambruno**  
Uruguay



## PHOTOS OF WINNERS IPA ELECTION 2010

### MIDDLE EAST & NORTH AFRICA (Union of Arab Pediatric Societies - UAPS)



**Ali-El Halabi**  
Jordan - Regional President ex-officio



**Joseph Haddad**  
Jordan

### NORTH AMERICA

There being no single representative North American Regional Society, two candidates from North America have accordingly been nominated by the two Member Societies of North America:



**Gary Pekeles**  
Canadian Paediatric Society



**Jay E. Berkelhamer**  
American Academy of Pediatrics



### WINNERS FROM INTERNATIONAL PEDIATRIC SOCIETIES

(ESSOP) European Society for Social Pediatrics and Child Health



**Giorgio Tamburlini**, Italy

(ICNA) International Child Neurology Association



**Mohamad Mikati**, Lebanon

(IPALA) International Pediatric Academic Leaders Association



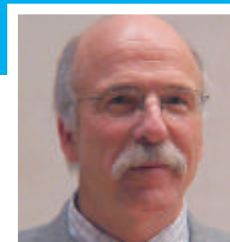
**Peter Cooper**, South Africa

(IPNA) International Pediatric  
Nephrology Association



**Jie Ding**, China

(ISTP) International Society for  
Tropical Pediatrics Association



**Michael Krawinkel**, Germany



### EXECUTIVE COMMITTEE MEMBERS FOR 2000-13



**Sergio Cabral**  
President IPA



**Andreas Konstantopoulos**  
President Greece



**Chok-wan**  
Past President IPA



**Bill Keenan**  
Executive Director



**Zulfikar Bhutto**  
Treasurer



**Swati Bhawe**  
Co-ordinator of Development



**Neil Weig Ex officio**  
President of IPA congress 2013  
Australia

**Two members form Standing committee will be nominated to the Executive committee  
in the next SC Meeting**





## IPA Program Areas

### Adolescent Program Area

#### Update on IPA \_AAP global tobacco control program

A Regional project on pediatric tobacco control

This will be launched December 9-10, 2010. Seven countries in the region will work with the WHO Tobacco Free Initiative (western Pacific Regional Office), AAP, IPA and others to plan child health and tobacco control training centers for each of the seven countries.

The work will be conducted in collaboration with Susan Mercado, MD, WHO Tobacco Free Initiative coordinator for the Asian Pacific Region and Drs. Swati Bhawe, Ruth Etzel, and Jonathan Klein, co-leaders of the IPA/AAP project.

The project will start in December, 2010 with a planning session with each national team, held in Manila. In support of the Regional Action Plan of the Tobacco Free Initiative in the Western Pacific (2010-2014), it is envisioned that sharing of experiences through a training network on child and adolescent health and tobacco control could provide a mechanism to raise awareness, impart knowledge and understanding and enhance skills of health workers on tobacco control. This can be seen as an initial step toward strengthening capacity within the health sector in general with the end in view of expanding this to cover capacity building for primary health care and community workers who are engaged in maternal, child and adolescent health.

#### IPA Congress 2010 Workshop

Drs. Swati Bhawe, Ruth Etzel and Jonathan Klein presented a workshop about children and tobacco at the IPA meeting in South Africa this past month. The IPA/AAP project goal is to engage national pediatric leaders as effective advocates for: 1) environmental and policy change to address tobacco cessation in pediatric care settings and; 2) promoting interventions to protect children and adults from secondhand tobacco smoke.

The AAP Richmond Center ([www.aap.org/richmondcenter](http://www.aap.org/richmondcenter)) has developed a number of Educational Resources for pediatric clinicians, including:

1. A CD-ROM Protecting Children from Secondhand Smoke and Tobacco: a Pediatric Curriculum Guide suitable for residency programs ([www.aap.org/richmondcenter/Pediatric%20Curriculum%20Guide%20-%20NEW/Instruction\\_Letter.pdf](http://www.aap.org/richmondcenter/Pediatric%20Curriculum%20Guide%20-%20NEW/Instruction_Letter.pdf));
2. CEASE materials and training videos to help child health clinicians to tailor office settings to address parental tobacco use ([www.ceasetobacco.org](http://www.ceasetobacco.org));
3. Smoke Free Homes online training and educational activities ([www.kidslivesmokefree.org/index.php](http://www.kidslivesmokefree.org/index.php));
4. A Pedialink® module, "Help Every Family Quit Smoking" that provides CME credit ([www.pedialink.org/cmefinder/search-results.cfm?type=online&grp=2](http://www.pedialink.org/cmefinder/search-results.cfm?type=online&grp=2)) and;



IPA AAP global tobacco program 013\_1



5. Online training modules, suitable for Global Tobacco Control, in collaboration with the Johns Hopkins Bloomberg School of Public Health Global Tobacco Control program ([www.GlobalTobaccoControl.org](http://www.GlobalTobaccoControl.org) (<http://www.globaltobaccocontrol.org/>)).

The AAP Julius B. Richmond Center of Excellence has Visiting Lectureship Funding available this fall. The AAP Richmond Center research is dedicated to effective means to protect people from tobacco smoke, and to ensure that all clinicians ask "the right questions" about tobacco and tobacco smoke exposure. The Center also works to create a healthy environment for children, adolescents and families through public and professional education and through efforts to build the field of child health and tobacco control. The Julius B. Richmond AAP/FAMRI Visiting Lectureships Program provides 4 awards of up to \$3000 each to support 2-3 day educational programs focusing on the field of tobacco control and children's health. The lectureships are designed to promote secondhand smoke exposure control and prevention activities in pediatric education in educational institutions and pediatric organizations in the US and internationally. The US deadline for these four-page proposals is Tuesday, September 7, 2010 and the deadline for International proposals is OCTOBER 15 2010 at 5pm Eastern time. Selected recipients will be funded to support having a tobacco control expert visit their institution or community in 2011. Applications and information are at [www.aap.org/richmondcenter](http://www.aap.org/richmondcenter) under 'funding opportunities'.

*Edited version of report submitted by Jonathan D. Klein, AAP Associate Executive Director and Director, Julius B. Richmond Center, AAP*

## IPA environmental Health program

### IPA Committee on Environmental Health Statement about Secondhand Smoke Exposure and Children

In July 2010 the IPA Committee on Environmental Health completed a statement noting that secondhand smoke is causing an epidemic of preventable diseases among children. There is a growing body of evidence about long-term effects of secondhand smoke exposure during childhood, including decreased lung function, increased incidence of asthma, including asthma as an adult, and increased incidence of cancers. Children exposed to secondhand smoke are more likely to have respiratory complications when undergoing general anesthesia. Secondhand smoke exposure is also associated with childhood dental caries. Among children aged 4 to 16 years, secondhand smoke exposure is significantly associated with 6 or more days of school absence in the past year. Children living in households with smokers are at greater risk for injury and death due to fires. Playing with cigarette lighters or matches by children under age 10 years causes thousands of fires and child deaths each year. Living in a home with a smoking parent also increases a child's risk of becoming a smoker. Most tobacco use begins before age 18, influenced by exposure to tobacco use by parents or peers, glamorous depictions in movies and other media, advertising that targets children and adolescents, and other environmental, social, and cultural factors. The International Pediatric Association has committed to work together with National Pediatric Societies, Ministries of Health, professional organizations, non-governmental organizations and civil society to ensure that children are protected from the harmful effects of breathing other people's smoke.



Ruth Etzel Technical advisor IPA  
Environmental Health



### WORKSHOP ON CHILDREN'S HEALTH AND THE ENVIRONMENT

On August 4 a very successful Workshop on Children's Health and the Environment was held in Johannesburg immediately before the Congress of Pediatrics; 130 pediatricians attended. Among the speakers were Professor Ruth Etzel, who opened the workshop with a presentation on why children are uniquely vulnerable to environmental contaminants and how pediatricians can be effective advocates for prevention; Professor Dorothy Esangbedo (President, Pediatric Association of Nigeria) who presented a description of the recent epidemic of severe lead poisoning among children in northern Nigeria; Professor W. Gelderblom from the South African Medical Research Council, who discussed what the pediatrician needs to know about mycotoxins; and Professor Anthony Costello (United Kingdom), who discussed global climate change; Professor Mrigendra Raj Pandey (Nepal), who spoke about indoor air pollution and tobacco; Mr. Dehran Swart (South Africa), who discussed prevention of childhood paraffin poisoning; Professor Fred Were (President, Kenya Pediatric Association), who described aflatoxicosis in Kenyan children; and Professor David Githanga (Vice-President, Kenya Pediatric Association), who described the importance of clean water and adequate sanitation for child health. Group discussions were led by Professors Jie Ding (China), Salman Mroueh (Lebanon), Leslie Rubin (USA), and Perry Sheffield (USA). At the workshop, all participants received a CD-ROM with the WHO Training Package for the Health Sector on Children's Health and the Environment, including 19 peer-reviewed PowerPoint modules. Participants were encouraged to promote the topic within their own hospital or university, as well as to use the WHO training materials as the basis for their own presentations. The American Academy of Pediatrics donated copies of Pediatric Environmental Health (2nd Edition), and WHO donated copies of "Children's Health and the Environment: A Global Perspective. A Resource Manual for the Health Sector".

*Submitted by Ruth Etzel IPA Technical advisor on environmental Health*

### New IPA Program - Early Childhood Development (ECD)

#### IPA-UNICEF-WHO Workshop on Childhood Development Success of the highlights a Major Interest of Pediatrician in ECD

The IPA recently initiated its 11th Program for Global Child Health. This program concentrates on empowering pediatricians to enhance childhood development in their daily practice as well as to be leaders in training their colleagues, juniors, other health professionals and families of young children in all communities, rich or poor. It features a program committee and a panel of consultants all of whom are world renowned experts in the field. It also relies on close partnerships with international organizations such as WHO and UNICEF.

The inaugural activity of the program was the IPA-UNICEF-WHO Workshop on Early Childhood Development held during the IPA congress on August 5. The workshop provided participants with additional skills to allow them to better screen for developmental delays and intervene to enhance early childhood development. It was attended by a full capacity crowd of over two hundred forty pediatricians and many had to be turned down because the workshop was fully booked well in advance.

Dr. Mohamad Mikati, the IPA Standing Committee member who is heading the Program organized the workshop which featured distinguished international faculty lead by Dr. Jane Lucas who moderated the working group sessions and by Drs. L. Charafeddine, A. D'Aprano, I. Ertem, M. Herran, M. Mikati and O. Petrovic who lectured and contributed to the trainings sessions. The other goal of workshop that the workshop achieved was to distribute related educational material including CDs (containing the slides of the presentations, educational videos, illustrations, and rich background material and resources), as well as handouts, all free of charge. The attendees and representatives of the national and international pediatric societies received the above educational material to use later in their countries to enhance the awareness and practice of developmental screening and interventions.

Given the marked interest and substantial global needs in this field of child health uncovered during the workshop the IPA ECD program has ambitious plan: Developing in collaboration with WHO and UNICEF as well as with other organizations curricula for CME credits and congresses at the national regional and international level, and for

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medical school use. The goal is to provide curricula on three levels: 1) ECD workshop participant 2) ECD provider, 3) ECD Trainer/Mater trainer and to track and record such activities and to include them in the IPA/program website. In addition, there are plans to collaborate with the World Bank, to perform an analytical study on the cost effectiveness of developmental interventions similar to what has been done for nutritional interventions before. Most importantly, the plans are to collaborate with the national and regional societies to push the activities of this program at the national and regional level.

*Report submitted by Mohamed Mikati Technical advisor for IPA program on ECD and a IPA SC member*





## News from National Pediatric Societies

### Canadian Pediatric society

The Canadian Pediatric Society held a successful annual conference in Vancouver, BC June 22-26, 2010. The Section of International Pediatrics had its committee meeting where they reviewed the international curriculum for pediatric residents that is being developed, which included 4 modules. It has been trialed now at five sites and will be added to all of the pediatric residency programs across Canada.

Health Child Uganda (a Canadian Mbarara collaboration) has now trained over 400 community based volunteers, 350 of which are now actively working in villages. In those villages, the infant mortality rate has decreased by 50%. The use of bed nets has increased by 35% and many spontaneous programs have developed within specific villages for educating mothers and children about child health.

Two Hillman International Travel Awards were made this year for residents to be able to take electives abroad. CPS pairs with AAP to provide an educational package of Healthy Babies Breathe workshop. An excellent symposium was provided on targeting optimum immunizations for health internationally.

*Edited version of report submitted by Judith G. Hall,*

*Former Canadian IPA Standing Committee Member IPA Executive Committee Member*

### Pakistan Pediatric Society

#### FLOODS IN PAKISTAN AND THE ROLE OF PPA

The floods in Pakistan started in the highlands up in the north on 28th July 2010 due to unprecedented heavy rains. These were augmented with extra ordinary heavy rains in the lower slopes as well as the length and breadth of plains right down to the southern most region along the Arabian Sea, about 60-70 kilometers from Karachi, and continuing devastation till 15th September 2010. Not only the mighty Indus river and its tributaries but also the biggest man made lake in the world, the Manchar Lake, broke their banks. The result was a massive flood inundating 25% of the land area of Pakistan, more than the combined land area of France, Belgium and some other European countries put together. Thirty million people became internally displaced with their homes destroyed completely or partially, crops destroyed totally, almost all farm animals killed, and assets, including seeds stored for next sowing, washed away. Till today majority of the flooded areas are inhabitable. Now with flood waters down from previous levels of 10-15 feet to 1-3 feet in most areas below the highlands and most of the highlands covered with mud, the boats also can not ply. Roads are badly damaged and most of the bridges on canals and smaller rivers have been washed away. Up to now major high ways have been cleared for relief to flow.

Fortunately there have been only 3000-5000 deaths due to timely but hasty evacuation due to which all assets were left behind to be flooded away. Even now about 10 million are in tents or other temporary shelters, about 2 million are shelterless scattered all over the country on roadsides, high embankments, dykes or higher grounds. The food for adults is being provided but children around 9 months to 3 years of age are worst affected as generally they can not eat adult food. With water borne diseases, skin and eye ailments and respiratory illnesses rampant, they are in miserable condition.

Fortunately, in keeping with its traditions, the communities which have escaped have been very generous in donations as well as in voluntary relief work by NGOs as well as by individuals and groups of people. This has resulted in most IDPs getting some help and surviving.



Pakistan Pediatric Association is working country wide, with its camps and teams busy in providing medical care, nutrition to children, particularly to under 5, and preventive immunization against typhoid in all 3 worst affected provinces of Khyber Pakhtunkhwa, Punjab and Sindh. PPA has its teams in most flood affected areas of each province. As majority of Pediatricians in Government service are also PPA's members, there is a unique coordination between PPA and the pediatricians in the field as well as in small and large hospitals in and near flood affected areas. Some of PPA's members have opened their private hospitals and clinics for free treatment of IDPs. PPA, as an organization is supporting its teams, members and institutions by sending them medicines, food items including high caloric balanced diets and supplies of typhoid vaccination. In this endeavor it has been helped by donations of its members, pharma companies and many international organizations like International Pediatric Association, American Academy of Pediatrics, APPNA (Association of Physicians of Pakistan descent of North America), Midland Doctors Association of UK, etc. Any donations can be sent by wire transfer to Title of Account : "PPA: Emergency Relief Fund" Swift Code: "HABBPKKA007"/Account Number 0008-0160-5118-03 Habib Bank Ltd, Iddgah branch, M. A. Jinnah Road, Karachi, Pakistan.



*Report submitted by Prof. M. A. Arif Secretary General Pakistan Pediatric Association*

### **The unfolding human tragedy in Pakistan: fighting alone**

As we watch another catastrophe befall our nation, the statistics are numbing. In a fortnight that saw incessant rainfall and flooding of all the major rivers across the length of Pakistan, almost 1800 people have died and more than 20 million displaced. An estimated fifth of the entire landmass and most of the fertile agricultural land on either side of the major rivers is submerged (figure),<sup>1</sup> and much of the infrastructure for communication, transport, education, and public health in the affected districts has been destroyed. The heroic work of the armed forces and many civic-society organisations has managed to keep the death toll down, but the real problem might be just beginning. As the waters recede, the risk of disease, food shortages, and undernutrition will compound. The destruction of infrastructure, primary care facilities, communication systems, and services for safe water and sanitation will severely strain an already dysfunctional health system. Elderly people, women, and children—over two-thirds of those affected—are at particular risk of the consequences of flood-related diseases.<sup>2</sup> With more than 38 000 reported cases of acute diarrhoea already and at least one confirmed cholera death, the spectre of major cholera outbreaks is real.

Edmund Burke, the Irish statesman, famously stated that "public calamity is a mighty leveler". Not in this instance. The floods have disproportionately affected poor people, usually subsistence farmers, living along the river banks or in the agrarian catchment population. The districts most affected by the floods also rank among the least developed in the country (human development index of affected 34 districts 0.46 [SD 0.06] vs 0.50 [0.08] for the rest).<sup>3</sup> With thousands of families stranded by road sides and river dykes, or moving slowly to safer ground, the scenes are reminiscent of the kinds of population movements witnessed at the time of the partition of India. However, unlike planned migrations of 1947, most families escaped the rising flood waters with barely the clothes on their backs and have lost everything.

The scale of the disaster has seemingly overwhelmed the governmental machinery and UN agencies. However, in many places the organisations which immediately sprung to the aid and rescue of people were the grass-roots religious groups, often labelled as fundamentalist. It is not too difficult to see why they have grass-roots support in these poor rural areas: they exist and function where others never tread, except when disaster strikes.



A particularly distressing observation is the lacklustre and slow global response to the disaster.<sup>4</sup> To date, less than a third of the immediate call for US\$460 million in assistance has been pledged and little received. Contributing factors to this could be the string of recent disasters and donor fatigue, or the global economic crisis. Perhaps it is because Pakistan is involved, a country which has been in the news for many years for all the wrong reasons, with smouldering militancy and a fledgling democracy that is often chided for widespread corruption and incompetence. Also, the lack of concerted leadership by Pakistan's Government at a crucial phase of the floods contributed to the global

inattention to the scale of the disaster. While the death toll is much less than that in the many recent disasters in Pakistan, including the 2005 earthquake which took 76 000 lives,<sup>5</sup> the population displaced and economic costs are colossal. Overcoming its initial shock, civic society in Pakistan is just beginning to mobilise and react to the disaster to provide shelter, food, and medical assistance. Many of the displaced people are not in governmental shelters but have been housed and clothed by communities and non-governmental organisations. The Edhi<sup>6</sup> and Citizen's Foundations,<sup>7</sup> windows on private philanthropy in Pakistan, have received millions in cash and kind, largely from ordinary citizens and poor people who remain the biggest sources of giving. This is not surprising. In a survey of indigenous philanthropy in Pakistan in 1998, almost a third of the estimated indigenous philanthropy of Rs41 billion annually in 1998 was from people with little to no income, and voluntarism accounted for an additional 58% of individual giving, almost twice the global rate.<sup>8</sup> Under public pressure, the government has been forced to set up an independent commission to oversee foreign assistance. In view of the scale of the disaster and estimated losses exceeding \$10 billion, indigenous assistance will hardly suffice, and urgent global aid and support is needed. It will be a travesty if the poor flood victims have to pay the price of the "image deficit" of the country.<sup>9</sup> The victims of the Pakistan floods will be a test case to see whether global camaraderie and humanity are alive and well.

\*Zulfiqar A Bhutta, Shereen Zulfiqar Bhutta

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We declare that we have no conflicts of interest.

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The 26th  
International Pediatric Association  
Congress of Pediatrics



"Simunye"  
We are one

Johannesburg  
South Africa  
August 5-9  
2010

**Aug 4-9 Johannesburg, South Africa**

## Report of the IPA congress 2010

Sandton Convention Centre in Johannesburg, South Africa, was abuzz with paediatricians as the IPA held the 26th International Congress of Pediatrics from 4-9 August 2010. This meeting is held every three years and is the largest meeting of general pediatricians in the world. This year it drew about 3 300 delegates. The meeting was hosted by the South African Pediatric Association and it is the first time it has been held in sub-Saharan Africa.

The Congress was officially opened by the South African National Minister of Health, Dr Aaron Motsoaledi, who took the opportunity to candidly review the state of South Africa's children; highlighting achievements and deficiencies in the system. The opening ceremony was a colorful affair with performers from "African Frenzy" tracing the history of the Region in glorious song and dance. The children's choir of one of the local schools reminded the audience that children are at the core of our vocation.

The guest speaker at the Opening Ceremony was Professor Himla Soodyall of the Department of Population Genetics, University of the Witwatersrand who reminded the audience that although they were of all shapes and colours and from over a hundred different countries, they all originated from a genetic Adam and Eve, in a cave, a stone's throw from the auditorium.

The thrust of the scientific component of the Congress was threefold: to provide a platform for global and regional priorities for child health, to collaborate on educating under- and postgraduates in pediatrics but also to provide a clinical update for general pediatricians. The first speaker at the opening plenary session was Mrs Graca Machel who set the tone when she discussed Child Advocacy. She was followed by nearly two hundred speakers in seven parallel sessions over the five days of the Congress.

All sessions deliberated on the problems and contrasts faced by the developing and the developed world, re-enforcing the Congress motto, "Simunye – We are One!"

*Report submitted by Keith Bolton President of the IPA congress organizing committee*





### IPA CONGRESS 2010 at Johannesburg

4th August 2010

#### Opening Ceremony : Welcome Message from the IPA President

Honourable Guest on the Podium, Distinguished Guests, Respectable seniors of IPA, Knowledgeable Faculty Members, Dear Technical Advisors and Fellow Colleagues, Ladies and Gentlemen,

On behalf of the International Pediatric Association (IPA), I bid you welcome to Johannesburg and the 2010 IPA Centenary Congress!

The Congress is an important milestone in the history of International Pediatric Association. This is the 100th Birthday of our beloved family, the first time the Congress being hosted at the Sub-Sahara Africa and the last stage towards our achievement of the Millennium Development Goals (MDG) by 2015. We are pleased that you all are here to witness the history.

IPA was inaugurated in Paris in 1910 by Victor Henri Hutinel in the presence of 16 European countries with the First International Congress of Pediatrics being hosted in Paris on Monday 7th of October 1912. This was followed by the glorious history of IPA in the ensuing 100 years with notable achievements in promoting global child health via advancement of knowledge of pediatrics and child health, improving global child health services, enhancing public and professional health education, and taking up the important role of being child advocates for our children. Today the big family of IPA consists of 148 national, 7 regional, 16 subspecialty member societies and 1 committee for pediatric chairs together representing one million pediatricians with one unified voice for global child health.

In the coming five days, we cordially invite you to participate at the Scientific and Social Programmes innovatively organized by Professor Keith Bolton (Congress President), Professor Peter Cooper (Scientific Committee Chairman) as well as Members of the Congress Organizing Committee with the prime objective of providing an optimum platform for exchange of scientific knowledge, promotion of collaborations and cultivation of friendship with the ultimate aim for realization of our IPA value of promoting "child survival, child health and child development" and our motto of "healthy children for healthy world".

You are earnestly invited to enjoy the IPA Centenary Celebration Programme which includes a DVD on "History of IPA", a Live-video on the "First 100 Years of IPA" and a Book on "IPA History" specially prepared by your colleagues at the IPA Standing Committee notably under the guidance of Professor Jane Schaller (our IPA Executive Director) and Professor Hussein Bahaaeldin (Chairman of the IPA Archive and Alumni Committee) with the aim to pay tributes to our seniors for their potent leadership, to review achievements, to evaluate current situation and to plan for the way ahead for IPA to meet the ever-changing challenges and opportunities in taking good care of our children of the global village.

We are pleased to report to you that our beloved IPA Family has achieved a lot over the past three years in building up our permanent infrastructure, in consolidating our programmes, in improving our communication network via the Newsletter, the Web and the upcoming IPA Journal of Global Child Health, in cultivating good relations with partners at the international child health arena as well as in promoting ethics and advocacy. These are all clearly stated in the IPA Triennial Report 2007 to 2010 duly endorsed by the IPA Standing Committee. We are pleased with our outcome deliverables and would like to take this opportunity to thank the Council of Delegates, Members of the IPA Standing Committee and Executive Committee and above all, ladies and gentlemen, for your ever-unfailing support and guidance.

The definition of health evolved over the past six decades from "a state of freedom from diseases (1946)" to "a state of physical, mental and social well being (1986)", to the now "ability to attain one's highest potential in life (2004)". With

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the advancement of knowledge in pediatrics, improvement in child health services and availability of high technology in diagnosis and intervention of childhood medical conditions, new patterns of childhood problems emerged. From the former prevalent infectious diseases, hereditary disorders, birth trauma, metabolic and other medical disorders, challenges today turned to mental health problems and non-communicable diseases such as obesity, accidents and injuries, substance abuse and learning disabilities. Pediatricians (general and subspecialists) and child health workers (pediatric nursing and allied health professionals including physiotherapists, occupational therapists, speech therapists, psychologists and others) need to be familiarized with these new problems and ready to accept the challenges in a proactive and effective manner.

Child in the 21st Century includes human being between 0 to 18 years and covers the period of newborn, childhood and adolescence. Child Health covers the domains of medical, social and education and inter-sectoral collaboration is vital for promoting optimum child health. All children are endowed with rights to access to optimal health by virtue of the United Nations Convention for the Rights of the Child 1989 which promises children with equity and quality healthcare. Equity means equal opportunity, free access and easy availability while quality healthcare includes high standard of child health services, competent healthcare professionals and ethical clinical practice. Attainment of these noble goals depends on cardinal principles of evidence-based practice, professional readiness, resource availability, social justice and government endorsement and support.

In an attempt to find out the underlying factors responsible for the appreciable better child health statistics (Neonatal Mortality, Infant Mortality, Below-5 Morality and others) in Cuba despite her modest Gross Domestic Products (GDP) when compared with other counties with multifold GDP, a Workshop was convened by WHO, PAHO, and the Ministry of Health of Cuba in Havana, Cuba in June 2010. The Meeting was well attended by WHO advisors, representatives from Latin America and the Ministry of Health of Cuba. The Meeting lasted for two days which included critical study of the "Report of Child Health in Cuba for the Past 50 Years" compiled by the Ministry of Health of Cuba and capably edited by Dr. Jose Martines of WHO. This together with country presentations from 10 Latin American countries unanimously arrive at the conclusion that GDP is not the only factor affecting child health outcomes in a community. Other contributing determinants such as political will of the government, healthcare system of the nation, focus on ambulatory care, attitude of professionals, collaboration of healthcare professionals, education of the country citizens, ethics and advocacy for child health all amalgamate to produce good outcomes. Results are clear and the effect is paramount. These together with the high leverage of investment on child health of 1:7 are very convincing and should be well noted by all healthcare professionals and policy makers.

Pediatricians should be proud of our achievements over the past sixty years in bringing pediatrics and child health to the present robust state. However there is no area of complacency because we still have children at this point in time and space living in sub-standard health condition and dying from preventable diseases. This I refer to the Lancet-Priority Countries totaling 68 counties covering the three major areas of Sub-Sahara Africa, South Asia and Latin America. This is what the Millennium Development Goals (MDG) Initiatives are for and this is where global effort converges.

It is oblivious that pediatricians of the 21st Century should have additional roles on the top of the art and science of healing which we were trained for. We should be health educators, research workers, public health specialists, child policy makers, parliamentarians, advocates, civil society leaders and others. We should come out from our Ivory Tower and endeavour to promote Community Pediatrics and Community Child Health at the community level in the ambulatory manner. We should strive to promote child health at both the longitudinal level (at the international arena with WHO, UNICEF, FIGO, World Bank and partnership with other healthcare professionals) and at the horizontal level (the national ministry of health, parliamentarians, healthcare professionals and others) to effect a holistic,



comprehensive and seamless care for our children and to render the world a better place for them to grow, develop and attain their highest potentials in life. Thank you all for the joint effort.

Finally may I wish you all a highly successful congress, a comfortable stay at Johannesburg, and an enjoyable social tour around the beautiful country of South Africa. Above all, I wish you all forever fraternity and the best of health!

*Dr. Chok-wan CHAN, President, International Pediatric Association (IPA)*

## IPA 2010 Congress

9th August 2010

### Closing Ceremony on Address by the IPA President

Dear Guests, Alumni, Colleagues, Friends of IPA, Ladies and Gentlemen,

Thank you for attending this Congress Closing Ceremony and in making this Congress a great success!

The Congress is an important milestone in the history of International Pediatric Association (IPA). This is the 100th Birthday of our beloved family, the first time the Congress being hosted at the Sub-Sahara Africa and the last stage towards our achievement of the Millennium Development Goals (MDG) by 2015. We are pleased that you all are here to witness the history. We are pleased that we have effectively achieved our goals as set down by our mission.

While we are happily celebrating our success, it may be time for us to review some of our achievements over the past three years as summarised by the Report "Some Achievements of the IPA Standing Committee during the period 2007 to 2010 and the Ways Ahead for IPA in the Future". Success of our IPA depends on the good leadership and hard work of many colleagues who constituted significantly to the present day IPA. We thank them all for their tireless and selfless contributions to IPA and we look forward to their support and guidance in the future.

I would like now to introduce our new Officers and Executives for the incoming session 2010 to 2013 and to invite them to the stage. I have the great pleasure to present Professor Sergio Cabral, our incoming President from Brazil, who has been a powerful leader for IPA over the past twelve years in the capacity as IPA President-Elect, Honorary Treasurer and Executive Members. He is instrumental in the IPA Constitution Review 2004, the IPA Governance and Constitution Committee and the IPA Finance with outstanding outcome deliverables. I would like to request you to support him and to help him in bringing IPA from success to success.

I am confident that with the strong and powerful support which these officers and executives have rendered to me over the past three years, they will surely steer IPA into new era and higher horizon of success for the good of IPA and our children of the global world.

With this, I am pleased to announce the successful cessation of our Standing Committee Session 2007 to 2010. I am most pleased that we have achieved our objectives of presenting a fruitful scientific meeting, providing you an enjoyable social tour to Johannesburg and creating a platform for cultivation of forever fraternity amongst participants. Once again thank you for giving me the honour to serve you as IPA President, a privilege I will forever treasure and an honour which I shall never forget. I vow to continue to work for IPA and for children of the global world.

I wish you all a safely homeward trip and see you in Melbourne for the IPA Congress 2013. Until then, take care!

*Dr. Chok-wan CHAN, President, International Pediatric Association (IPA)*

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Opening Ceremony



Opening Ceremony



"IPA centenary cake "



'President Chok Wan Chan, Jie Ding, Swati Bhawe with IPA centenary cake



opening ceremony L-R Bill Keenan and spouse DEBIE, Judith Hall and Swati Bhawe

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IPA CONGRESS Banner



Cesar Victoria at opening plenary session



Opening Ceremony



IPA Congress closing ceremony choir



IPA congress opening ceremony



IPA opening ceremony



**Congress photo President Chok Wan and  
President Elect Sergio**



**Anna Tereza Moura Wife of President elect IPA  
Sergio Cabral with the women members for IPA  
EC and SC**

### Alumini Dinner



**Gerorgio Tamburlini**



**Judith Hall**



**Chok Wan Chan**



## Outgoing Standing and Executive committee IPA 2007-10

### Executive committee Members

**President** Chok Wan Chan , China

**President Elect** Sergio Cabral , Brazil

**Past President** Adenike Grange, Nigeria

**Executive Director** Jane Schaller, Canada

**Treasurer** Zulfikar Bhutto, Pakistan

**Co-ordinator of Development** Swati Bhave, India

**Ex officio** Keith Bolton, President IPA congress 2010

### SC nominees

Judith Hall, Canada

Husein Bahaaeldin, Egypt

### Standing Committee Members

#### Africa

Peter Cooper, South Africa (UNAPSA) *Ex officio* Regional president

Yveline Houenou, Cote d'Ivoire (UNAPSA)

#### Asia

Sanath Lamabadusuriya, Sri Lanka (APPA) *Ex officio* Regional president

Naveen Thacker India (APPA)

#### Central Asia

Enver Hasanoglu, Turkey (UNPSTR) *Ex officio* Regional president

Ahmaddudin Maarij, Afghanistan

#### Europe

Armido Rubino, Italy (UNEPSA) Regional president

Eva Oláh, Hungary (UNEPSA)

#### Latin America

Alberto Reveron, Venezuela (ALAPE) Regional president

Hernando Villamizar, Columbia (ALAPE)

#### Middle East

Bahaa El Din, Egypt (UAP) Regional President

Najwa Khuri Bulos, Jordan (Jordan Pediatric Society)

#### North America

Judy Hall (Canadian Paediatric Society)

William J. Keenan (American Academy of Pediatrics)

### International Specialty Societies

**Federation of International Societies for Pediatric Gastroenterology, Hepatology and Nutrition (FISPGHAN)**

Geoff Cleghorn, Australia

**International Child Neurology Association (ICNA)**

Mohamad Mikati, Lebanon

**International Pediatric Nephrology Association (IPNA)**

Jie Ding, China

**International Society for Tropical Pediatrics (ISTP)**

Michael Krawinkel, Germany

**World Federation of Associations of Pediatric Surgeons (WOFAPS)**

Jose Boix-Ochoa, Spain



### OUTGOING EXECUTIVE COMMITTEE MEMBERS 2007-10



President Chok Wan Chan, China



President Elect Sergio Cabral, Brazil



Past President Adenike Grange, Nigeria



Executive Director Jane Schaller Canada



Treasurer Zulfikar Bhutto, Pakistan



Co-ordinator of Development Swati Bhawe  
India



Ex officio Keith Bolton  
South Africa President IPA Congress 2013



Judith Hall Canada



Husein Baahaeldin, Egypt

Two SC nominees





### OUTGOING STANDING COMMITTEE IPA 2007-10

#### AFRICA



**Peter Cooper**

South Africa (UNAPSA) Ex officio Regional president



**Yveline Houenou**

Cote d'Ivoire (UNAPSA)

#### ASIA



**Sanath Lamabadusuriya**

Sri Lanka (APPA) Ex officio Regional president



**Naveen Thacker**

India (APPA)

#### CENTRAL ASIA



**Enver Hasanoglu**

Turkey (UNPSTR) Ex officio Regional president



**Ahmaddudin Maarij**

Afghanistan



### OUTGOING STANDING COMMITTEE MEMBERS 2007-10

#### EUROPE



**Armido Rubino**  
Italy (UNEPSA) Regional president



**Eva Oláh**  
Hungary (UNEPSA)

#### LATIN AMERICA



**Alberto Reveron**  
Venezuela (ALAPE) Regional president



**Hernando Villamizar**  
Columbia (ALAPE)

#### MIDDLE EAST



**Bahaa El Din**  
Egypt (UAP) Regional President



**Najwa Khuri Bulos**  
Jordan (Jordan Pediatric Society)\*

#### NORTH AMERICA



**Judy Hall**  
Canadian Paediatric Society

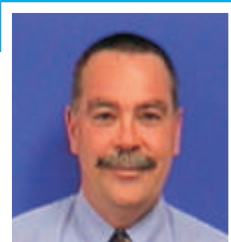


**William J. Keenan**  
American Academy of Pediatrics



### OUTGOING STANDING COMMITTEE 2007-10 REPRESENTATIVES OF THE INTERNATIONAL SPECIALITY SOCIETIES

Federation of International Societies for  
Pediatric Gastroenterology,  
Hepatology and Nutrition (FISPGHAN)



**Geoff Cleghorn**  
Australia

International Child Neurology  
Association  
(ICNA)



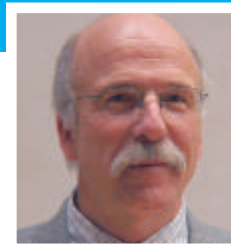
**Mohamad Mikati**  
Lebanon

International Pediatric  
Nephrology Association  
(IPNA)



**Jie Ding**  
China

International Society for  
Tropical Pediatrics  
(ISTP)



**Michael Krawinkel**  
Germany

World Federation of Associations of  
Pediatric Surgeons  
(WOFAPS)



**Jose Boix-Ochoa**  
Spain



## Some of the Major Achievements by the IPA Standing Committee

**For the Period 2007 to 2010**

### Our Major Events and Achievements

#### Administrative

- Good Solidarity at the IPA Management setting an optimum platform with unified effort and dedication for promotion of Global Child Health:
- Jane Schaller IPA ED in effectively administering our internal and external affairs and in timely coordinating our programme areas
- Sergio Cabral and Judith Hall in our infrastructure and governance
- Zuifigar Bhutta in taking care of IPA finance
- Powerful CD, SC and EC at the top management for the guidance, supervision, empowerment and support to all policies, action plans and implementation logistics

#### IPA's great loss

1. Passing away of our Honorary President Professor Ihsan Dogramci in February 2010 at Ankara
2. Passing away of our Former Secretary-General Professor Thomas Stapleton in 2007 in London

#### Confirmation of IPA Infrastructure: Working Committees under the IPA Standing Committee with clear:

- Terms of Reference
- Membership
- Line of Actions
- Update Reports

#### 3. IPA Programmes

- Technical Advisors and Co-Chairs
- Well-defined objectives
- Strategic Plans
- Regular Report back to the IPA SC
- Evaluation of Activities

#### 4. Signature Activities

- The MDG's Initiatives
- Partnership PMMCH with Child Healthcare Professionals (pediatricians, obstetricians and gynecologists, nurses, midwives and others)
- Children's Environmental Health (workshops, courses via the good work of Ruth Etzel and Jie Ding)
- Child Health in Humanitarian Emergencies (good work of Karen Olness and Svieng)
- Tobacco Control (IPA and AAP)



### 5. Governance

- Careful Study of Constitutions
- Understanding of the Constitutions regarding election of the IPA executives, running of the IPA Council of Delegate Meetings, IPA seats for IPA regional presidents and so on)

### 6. Communications with Members

- The IPA Website (Naveen)
- The IPA Newsletter (Swati)
- The IPA Journal on Global Child Health (Mohammad Mikatii)
- Participation at IPA Member Societies activities by the IPA officers and executives

### 7. External Affairs (Jane and Zulfi)

- WHO/UNICEF/FIGO/World Bank
- PMNCH
- GAVI
- Global Actions for Prevention of Pneumonia
- IMCI
- IPA Statements (alone at the WHO and others)
- Statements with other healthcare professionals (FIGO, PMNCH etc)

### 8. Confirmed Directions for IPA in view of limited manpower, finance and resources)

- The IPA Programmes
- Education
- Quality Care and Evidence-based Practice
- Advocacy
- Ethics

### 9. Finance Affairs

- IPA activities under limited resources
- Thanks to the ED and Treasurers for optimally operated our funds
- Appreciate IPA management (Officers, executives, secretaries, SC and EC) for judicious use of our IPA funds)
- The Income and expenditure of IPA remains healthy
- Fundraising needs more effort

### 10. Ethics

- Promote Exclusive Breastfeeding
- Upholding our IPA Guideline on Relations with Industry
- Promulgate six more guideline on various aspects of Ethics
- Monitoring ethics in implementing meetings of IPA members
- Stress on importance of education on ethics



### 11. The 2010 Congress at Johannesburg

- Well attended by more than 4000 delegates from 73 countries of the world
- First Congress ever held in Sub-Sahara Africa
- First Congress IPA held jointly with IPA member societies
- First Congress IPA take up the financial burden from co-hosting member society
- First IPA Congress managed by the IPA PCO (Kenes)
- The IPA Congress dedicated to the Centenary Celebration of IPA

### 12. The IPA Centenarian Celebration Activities

- The History of IPA (Book) by Jane and Co-authors)
- The History of IPA (CD) by Hussein Bahaaeldin
- A Live-Video album by IPA leaders (seniors and contemporary)
- Celebration Party for IPA 100th Birthday on 12th April 2010 at Ankara
- The Opening Ceremony and Alumni Dinner at the IPA 2010 Congress

### 13. The IPA Alumni

- Show tributes to the immense contributions by our pioneers and to take blessing and advice from them
- Initiated by the Jane Schaller at the 2007 Congress in Athens
- Will continue to flourish at the 2010 Congress
- Powerful machinery for fundraising

### 14. Others

#### The Way Ahead for IPA for the coming terms

1. Consolidation on the IPA Working Committees and Programme Areas
2. Continue to be active at the International Child Health Arena
3. Endeavour to define needs of our children globally and to bring child health beyond 2015 towards 2020
4. Intensify IPA relations with members
5. IPA Executive Committee to lead in fundraising
6. Cultivate good relations with IPA alumni for guidance, support and resources mobilization
7. Empowerment of more pediatricians all over the world to represent the big family of IPA for our mission and vision.
8. A permanent premise for IPA Head Office, Secretariat and for realizing professional soldiery amongst pediatricians and child healthcare professions.
9. Review of IPA ethical relation with the industry notably in the area of participation of the infant industry.
10. Intensification of our communication network with members via the Newsletter and Website so as to achieve the goals of bilateral, interactive and informative delivery.

*Submitted by Dr. Chok-wan CHAN, President, International Pediatric Association (2007 to 2010)*



### Special certificates for work done in 2007-10 was given for outstanding work done by some member of the outgoing EC & SC by the President (Some photos included)



Sergio Cabral receiving special certificate from Chok Wan



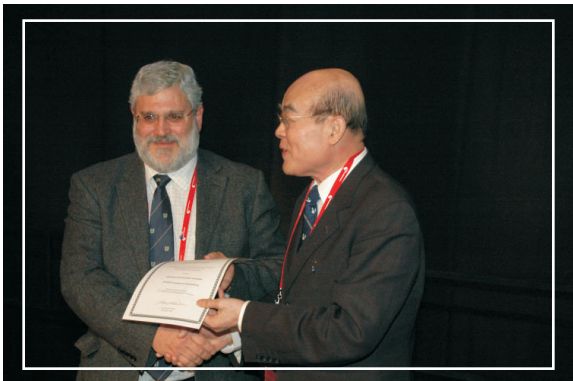
Jane Schaller receiving special certificate from Chok Wan



Niki Grange receiving special certificate from Chok Wan



Swati Bhawe receiving special certificate from Chok Wan



Peter Copper receiving special certificate from Chok Wan



H Bahaaeldin receiving special certificate from Chok Wan



### Outgoing Standing Committee (2007-2010) at Johannesburg Aug 2010



Outgoing SC dinner L\_R Judith Hall,  
Swati Bhawe, Yveline Houenou,  
Najwa Khuri Bulos, Jie Ding



Group photo outgoing IPA SC 2007-10 members





### Events for April-June 2010

#### 15th Congress of IPNA, 2010

August 29- September 2, 2010

New York, USA

<http://www.ipna-online.org/>

#### Xth Turkish World Congress of Pediatrics

16-17 September 2010

Astana-Kazakhstan

#### 5th Asian Congress for Paediatric Infectious Diseases

September 23-26, 2010

Taipei, Taiwan

<http://www.2010acpid.org/>

#### XVIII ISPCAN International Congress

September 26-29, 2010

Honolulu, Hawai'i, USA

<http://www.ispcan.org/congress2010/>

#### India Vaccinology Course

Sept 20-30, 2010

Vallore, India

#### 3rd World Congress of Pediatric Surgery

October 21-24, 2010

New Delhi, India

<http://www.pedsurgery.in/>

#### The 3rd Congress of the European Academy of Paediatric Societies (EAPS)

October 23-26, 2010

Copenhagen, Denmark

<http://www2.kenes.com/paediatrics/Pages/Home.aspx>

#### International Society for Paediatric & Adolescent Diabetes, ISPAD 2010

October 27-30, 2010

Buenos Aires, Argentina

<http://2010.ispad.org/>

#### Excellence in Paediatrics 2010

2-4 December, 2010

London, United Kingdom

<http://www.excellence-in-paediatrics.org/>

#### 2011

#### 1st Global Congress for Consensus in Pediatrics (CIP) and Child Health

February 17-19, 2011

Paris, France

<http://www.cipediatics.org/>

#### 6th World Congress on Pediatric Critical Care

March 13-17, 2011

Sydney, Australia

<http://www.pcc2011.com/>

#### I ALAPE Updates in Pediatrics Conference 2011

April 7-10, 2011

Hotel Riu Plaza, Panama

<http://www.alape-upconference.org/>

#### 5th Europeadiatics 2011

23-26 June, 2011

Vienna, Austria

<http://www.europaediatics2011.org/>

#### The 9th International Congress of Tropical Paediatric

October, 2011

Bangkok, Thailand

<http://www.tropped.org/>

#### 2012

#### 4th WCPGHAN: World Congress of Pediatric Gastroenterology, Hepatology & Nutrition

November 14-18, 2012

Taipei, Taiwan

<http://www.tropped.org/>



### Obituary



#### **IPA loses a dear friend and a Champion for Child and Environmental Health**

Dr Jenny Pronczuk de Garbino passed away in Geneva, Switzerland on September 20 at the age of 63 years. The IPA program on environmental health worked very closely with her and she was actively involved as faculty in jointly-sponsored WHO / IPA workshops on children's environmental health that were held in Nairobi in 2005, and Greece , Haiti and India in 2007. In 2009 she organized the 3rd International Conference on Children's Environmental Health in the Republic of Korea. A tireless champion for children's environmental health, she inspired people around the world to take action to protect children from environmental hazards. Her infectious laugh, indefatigable spirit, and superb judgement will be greatly missed.

She convened numerous meetings and expert workshops that brought children's environmental health issues to the attention of policy makers, health educators, physicians, nurses, and others. She joined the World Health Organization (WHO) in 1991 and worked actively to promote chemical safety, setting up poison centres and medical toxicology training. In 1999 she set up the WHO Task Force on the Protection of Children's Environmental Health; one major outcome of the Task Force was that at the World Summit on Sustainable Development in 2002 the WHO announced a global Healthy Environments for Children Alliance. She planned and coordinated the 1st International Conference on Children's Environmental Health in Bangkok, Thailand, in 2002, which released the Bangkok Statement, a call for action to protect children from environmental threats. She was originally from Montevideo, Uruguay, where she trained as a physician at the School of Medicine, Universidad de la Republica, completing post-graduate studies in Clinical Toxicology and in Occupational Health. She also trained at the Université de Paris, Lariboisière - St Louis (Hôpital Fernand Widai, Paris, France) and, through a Fulbright Scholarship, at the Medical Center in Houston, Texas. In Uruguay, she was appointed as Head Professor of Clinical Toxicology and Director of the National Poisons Centre in Montevideo. She was recognized by the US Environmental Protection Agency as the 2008 International Children's Environmental Health Champion.

We had the occasion to work closely with her and while serving as faculty members in many workshops we had become good friends. We pray that her soul may rest in peace and we commit to carrying her legacy forward by working for child and environment health in the years to come.

*contributed by Ruth Etzel and Swati Bhawe*  
Happy memories of Jenny in IPA



**Jenny , President Sergio Cabral , Ruth Etzel and Swati Bhawe with the faculty at the Precongress IPA WHO Environmental training workshop at Athens Congress in Aug 2007**