

Year 2014; Vol. 9; Issue 3 www.ipa-world.org

Publication identity

International Pediatric Association (IPA) Executive Council

President Andreas Konstantopoulos, Greece

Executive Director William J. Keenan, USA

President-elect Zulfiqar Bhutta, Pakistan

Treasurer Peter Cooper, South Africa

Coordinator of Development Naveen Thacker, India

Past President Sergio Cabral, Brazil

Douglas McMillan, Canada Joseph Haddad, Lebanon Jay Berkelhamer, USA

International Pediatric Association (IPA) Newsletter Editorial Team

Chief Editor Prof. Manuel Moya (Spain)

Co-Editor Dr. Samir Dalwai (India)

Edition summary	Page
Message from the President	2
Message from the Chief Editor	3
IPA ongoing activities	
- IPAF Report	4
– IPA TAGs	5
– WHA	6
 Cooperation on breastfeeding 	6
News	7
Global Clinical Practice	11
28 th IPA Congress	13
Calendar of events	14

Newsletter Editorial Team contact information newsletter@ipa-world.org

© 2014 All rights reserved by the International Pediatric Association (IPA)



Message from the President

Dear colleagues,

Greetings from the International Pediatric Association (IPA)!

Please allow me to share with you some of our recent news since our latest issue of our newsletter. Remaining dedicated to our main goal of making the



difference in the lives of our children by continuously serving as their advocates, we could not remain passive in grave violations against children affected by the word in areas such Syria, Nigeria, Congo, Israel, Iraq and of course Gaza. To this end we have agreed on a statement – on families affected by war. Through this

statement we claim and demand fulfillment and compliance with the orders of UNICEF convention for children rights and cease of attacks against innocent souls.

IPA's Technical Advisors Groups - TAGs on Adolescent Medicine, Better Medicines for Children, Child Survival Early Childhood Development, Environmental Health, Humanitarian Emergencies, Immunizations, Non-Communicable Diseases, Nutrition and Quality of Care, have been finalized. The new TAG structures, which have been a result of consultation among IPA's Standing Committee and Executive Committee members, are available in IPA's website, along with TAG priorities for the next 3 years.

The IPA family is proud that one of its distinguished members Prof. Zulfiqar Bhutta, IPA President-elect, has been awarded with the WHO Ihsan Dogramaci Prize for Family Health, in a ceremony that took place on May 22nd, in the framework of the World Health Assembly. On behalf of the entire IPA family, I would like to congratulate Prof. Bhutta for this accomplishment.

I could not conclude this note without a reference to Ciro de Quadros who passed away on May 29th. Ciro was a champion in immunization, who has dedicated his career in the fight against polio eradication, but above all he was a great pediatrician and remarkable colleague. I am sure he will expect us to continue his great work, protecting all children from vaccinepreventable diseases.

As already highlighted in our previous issues, this newsletter is the most powerful tool for reaching pediatricians all around the world. To this direction, I would like to strongly encourage you to send news and articles from your country/region. The IPA Newsletter secretariat will be expecting your input (newsletter@ipa-world.org).

Best regards,

Prof. Andreas Konstantopoulos

President, International Pediatric Association (IPA)



Message from the Chief Editor

In the present issue you will find several important articles and information besides the conventional sections in relation to IPA life. One of the most



important of these is the one dealing with the Technical Advisory Groups (TAGs), because these are different from pediatric subspecialties although they usually benefit from them. Their real aim is to facilitate health care to different areas of the world. It is an

ambitious project but well underway.

Another article that is worth seeing is the one under the heading "Global clinical Practice". The problem of child abuse has different faces in different parts and one big question is that this misconduct is socially accepted in some areas. The expert view of Dr. Shanti Raman will throw practical lights on this serious challenge.

Also worth mentioning here are the IPA activities related to the top health organizations. The representation of IPA in the in the World Health Assembly (Geneva 19-25 May) was remarkable as you may see in the IPA Activities section. Also IPA and taking advantage of its capacity of reaching the pediatric national societies of the world according to one of the most valued principles will endorse the new brochure for supporting early breastfeeding from UNICEF/WHO.

On the next 19th November, The 2nd edition of the International conference on Nutrition will take place in Rome, gathering all the ministers of Agriculture and Health from the nations that belong to the UNO. The IPA through the Executive Direction and Advisory groups has been contributing in a regular and constant manner to the preparation of the document which will be the leading thread of this conference on food security and nutrition at the country level. Even the IPA postulates on nutritional education have been incorporated.

www.ipa-world.org

The WHO Commission on Ending Childhood Obesity: 'Hearing' should be also mentioned. IPA would play a new role in this carefully planned action, as the essential part that is the individual prevention should be carried out by the pediatrician, who is the first person to recognize the overweight. We will keep you updated on this approach that facilitates the general prevention action to children.

Next it is important to consider that in this time where electronic facilities allow a quick exchange of knowledge, our NL is growing as regards the number of recipient. This fact should be encouraged by all members of the big IPA family, this will ensure the regular delivery of this publication committed only and exclusively to child health and nothing more.

Please enjoy this issue!

Manuel Moya IPA Newsletter Chief Editor

Contact email for IPA Newsletter Editorial Team newsletter@ipa-world.org



IPA Ongoing Activities

IPAF REPORT

The International Pediatric Association Foundation, Inc. (IPAF) works with national pediatric societies to promote the physical, mental and social health of



children in order to achieve the highest standards of health for newborns, children and adolescents in all countries of the world. Incorporated over 10 years ago, the IPAF is the fundraising arm of the International Pediatric Association and provides seed money for research and education projects developed in

collaboration with national pediatric societies. The IPAF also provides funding during humanitarian emergencies.

Some of these efforts over the past twelve months include:

Humanitarian Emergencies

- Supported a *Pediatric Education in Disasters* (PEDs) training program to assist health care professionals who play lead roles improving children's health in the context of disasters.
- Provided funding for the Turkish National Pediatric Society, Jordan Pediatric Society and Lebanese Pediatric Society to help pediatricians provide optimal care for Syrian refugee children through the Syrian Child Refugee Program.
- Raised funds to address challenges created by Typhoon Haiyan, which tore a path of destruction through the central Philippines in November 2013. Thanks to generous contributions by pediatric societies and individuals, the International Pediatric Association reached out to our member society in the Philippines to identify and address needs — and work with the National Pediatric Society of Philippines to help children affected by this disaster.

2014 International Grant Cycle

Last December, the IPAF's Board of Directors was pleased to announce the 2014 International Grant Cycle Award, a commitment to a better tomorrow. Fourteen grants were approved to support the work of pediatricians partnering to achieve common goals. Countries included Ethiopia, Fiji, Georgia, Haiti, India, Iraq, Nigeria, Pakistan, and Russia.

Grant money surpassed USD \$25,000. To follow-up to these efforts, the Board has agreed to become mentors for the grants and partner with the grantees to enhance the outcomes and sustainability of the projects. We are looking forward to providing you with updates on these projects during the first quarter of 2015.

In addition, the IPAF recently launched its website. Our new website is a place where interested partners and individuals can learn about our efforts and donate funds to help advance the IPA's goals. We also used the portal to introduce our 2014 grants and provide financial disclosures to donors.

I encourage you all to visit our website, <u>http://www.ipaf-world.org</u> and provide us with feedback on what you would like to see and how it can be improved.

We also welcome financial support from member societies and pediatricians so that we can to continue to fund projects that are — and will — make a difference in children's lives. No matter how large or small, your contributions go a long way in helping our amazing pediatricians throughout the world make a difference for children. To help continue the legacy, visit <u>http://www.ipaf-world.org/donate.</u> Thank you for all you do!

Errol Alden, MD, FAAP Executive Director



Year 2014; Vol. 9; Issue 3 www.ipa-world.org

IPA TECHNICAL ADVISORY GROUPS (TAGS)

The International Pediatric Association (IPA) is dedicated to the principle of a meaningful and healthy life for every child. The IPA believes every child should have the right to the highest attainable standard of health, and the opportunity to grow, develop, and fulfill to his/her human potential. The IPA Technical Advisory Groups (TAGs) are established in the areas of Adolescent Health, Better Medicines, Child Survival, Early Childhood Development, Environmental Health, Immunization, Non-Communicable Disease, Nutrition and Quality of Care and consist critical actions and education components of IPA. TAGs purpose is to enable leaders worldwide who are interested in the specific areas of interest to meet, discuss and develop ideas, programs and projects which will improve the care of every child.

The IPA Leadership, in an effort to ensure adequate members rotation, has recently updated the TAG guidelines, deciding among others that the TAG roster size should be equal to 10 members and the maximum term should not exceed 6 years for any of the TAGs participants (2 terms of 3 years).

The new TAG rosters for the period 2013-2016 are as follows:

Technical Advisory Group	Lead	2013 - 2016 Members
Adolescent Medicine	Chair: Helena Fonseca (Portugal)	Valentina Baltag (Switzerland-WHO) Enrique D. Berner (Argentina) Asvini D Fernando (Sri Lanka) Silvia Freira (Portugal) Kenneth Ginsburg (USA) Maria do Céu Machado (Portugal) Pierre-André Michaud MD (Switzerland) Harish K.Pemde (India) Usa Thisyakorn (Thailand)
Better Medicines	Chair: Hoppu Kalle (Finland)	Tariq Iqbal Bhutta (Pakistan) Kunling Shen (China)
Child Survival (Neonatal Health - Every Newborn)	Chair : Zulfiqar Bhutta (Pakistan) Co-Chair : Douglas McMiillan (Canada)	Shanti Raman (Australia) Shanti Raman (Australia) Peter Cooper (South Africa) Gonzalo Giambruno (Uruguay) William Keenan (USA) Hasan Afilal (Morocco) Kunling Shen (China) Rohit Agrawal (India) Leyla Namazova (Russian Federation)
Early Childhood Development	Chair: Joseph Haddad (Lebanon)	Shanti Raman (Australia) Robert Armstrong (Kenya) Naveen Thacker (India) Samir Dalwai (India Ghassan Issa (Lebanon) Britto P. (UNICEF) Louise Zimanyi (Canada)
Environmental Health	Chair: Ruth Etzel (USA)	M. Tezer Kutluk (Turkey) Nanthalile Mugala (Zambia) Archana Patel (India) Eva Csobod (Hungary) Stella Michalidou (Cyprus)
Humanitarian Emergencies	Chair: Saleh Al Salehi (Saudi Arabia) Co-Chair: Marisa Herran (USA)	Srivieng Pairojkul (Thailand) Meng Mao (China) Ejaz Ahmad (Pakistan) Marie-Claude Bottineau (France) Angela Okolo (Nigeria) Milagros Martin de Pumarejo (Puerto Rico) Karen Olness (USA)
Immunizations	Chair: Louis Cooper (USA)	Andreas Konstantopoulos (Greece) Naveen Thacker (India) Margarita Ramonet (Argentina) Iqbal Memon (Pakistan) Fred Were (Kenya) Usa Thisyakorn (Thailand) Rohit Agrawal (India) Zulkifli Ismail (Malaysia) Kunling Shen (China) Ex-officio: Ronald de Groot (Netherlands)
Non-Communicable Diseases	Chair: Jonathan Klein (USA)	Teresa Bandeira (Portugal) Jay Berkelhamer (USA) Michael Höllwarth (Austria) Zulkifi Ismail (Malaysia) Helena Fonseca (Portugal) Idpal Memon (Pakistan) Jenny Proimos (Australia) Florianne Rhiza Valdez (Philippines)
Nutrition	Chair: Manuel Moya (Spain) Co-Chair: Kathy Khatami (Iran)	Andreas Konstantopoulos (Greece) Fugen Cullu Cokugras (Turkey) Margarita Ramonet (Argentina) Juan Rivera Medina (Peru) Paul Koki Ndombo (Cameroon) Joseph Haddad (Lebanon) Kenneth Maleta (Malawi)
Quality of Care	Chair: Shanti Raman (Australia)	Les White (Australia) Mike English (Kenya) James Robinson (United Kingdom) Leyla Namazova-Baranova (Russian Federation)



Year 2014; Vol. 9; Issue 3 www.ipa-world.org

WORLD HEALTH ASSEMBLY (WHA) 19-24 MAY, 2014, GENEVA - SWITZERLAND

The annual May meeting of the World Health Assembly has been a significant moment as usual for global health due to the participation of the United Nations top health authorities, as well as health ministries' representatives from all around the world. In this year's WHA that took place in Geneva -the International Pediatric Association (IPA) was represented by its President Prof. Andreas Konstantopoulos, Executive Director Dr. William Keenan, President-elect Prof. Zulfigar Bhutta and the Chair of the Non Communicable Disease Technical Advisory Group (NCD TAG) Dr. Jon Klein. IPA Officers' active participation in the WHA included the following activities:

- IPA hosted a side event on NCD in which the needs of children were emphasized (J Klein)
- IPA co-hosted a side event on Nutrition (W Keenan). Some of the-results of this event are further analyzed in this issue, in the section concerning the the relationship with FAO and WHO.
- IPA submitted pediatric perspective position papers on the Prevention of Rh Disease, Adolescent Medicine, Early Child Development, Immunization, Nutrition and NCD.

Furthermore two very special events for the IPA took place in the occasion of WHA:

The first, Dr. Zulfi Bhutta was awarded the Dogramaci Prize on outstanding career contributions in public health. As many IPA participants will remember Dr. Ihsan Dogramaci was a signatory of the United Nations Charter, an outstanding advocate for children and the long time Secretary General of IPA.

The second, The Every Newborn Action Plan (ENAP) has been approved by the Assembly. Dr. Bhutta had a major role in the scientific and policy work that led to this plan. The ENAP promises to be an effective mechanism to mobilize dramatic action and long awaited support to reduce global neonatal mortality and morbidity. The ENAP is likely to help every national and regional pediatric society in their efforts on behalf of the newly born. One can begin to explore the ENAP by reading the Lancet series of May 20th (http://www.thelancet.com/series/everynewborn).

Certainly we will hear more on the breaking points of this Plan in further issues of this newsletter.

IPA COOPERATION WITH UNICEF/ WHO FOR BREASTFEEDING

This joint action of UNICEF and WHO has produced a very nice and attractive brochure for promoting and reinforcing breastfeeding. As breastfeeding is a cornerstone in IPA activities for pediatric health, IPA is planning to spread the important content of this document though the 174 member societies and also though its own media.

The UNICEF/WHO brochure for early initiation of breastfeeding is available at <u>http://worldbreastfeedingweek.org/pdf/wbw2014-bf-</u> newborn-brochure.pdf





News

THE HONG KONG PEDIATRIC SOCIETY (HKPS)

The Hong Kong Paediatric Society (HKPS) is a professional body firstly formed by a group of dedicated paediatricians in 1962. The early development of child health service in Hong Kong also started in the same year when Paediatrics was firstly recognized as a specialty. The Society emblem of a mother nurturing her child, extracted from an ancient Chinese seal affirms the commitment of HKPS to child health since our first establishment 50 years ago. Throughout the years, Paediatrics has been developed as one of the well-recognized specialties in Hong Kong with over 500 gualified fellows (in a total population of 7.8 million). Nowadays there are a number of childrelated specialities and paediatric subspecialties to serve children and adolescents. HKPS is committed to maintain the standard of paediatric practice and to promote child health. In the past 52 years, we have been fighting for 1) A Children Hospital for Hong Kong; 2) A Child Health Policy; 3) A Children Commission specifically supervising child health welfare and health issues. With the concerted efforts from all stakeholders, the Hong Kong Children's Hospital will commence service in 2018. At our 50th Anniversary in 2012, we have taken up the mission of writing a Child Health Policy for Hong Kong. Hong Kong, despite being an international city with well-developed medical advances, has no health policy specifically for children. Our Society has invited child health professionals from various sectors to come together to draft the Child Health Policy. The final draft is now under reviewed after public consultation. We hope to submit the Child Health Policy to the HKSAR Government early next year and urge the government to consider child health as high priority in their working agenda. The children's issues are currently under the care of Family Commission. In coming year, we would continue to strive for a Children Commission which should be the best representation of the interests and rights of our children.

The Hong Kong Paediatric Foundation (HKPF) is a charitable organization, wholly owned by the Hong Kong Paediatric Society, established in 1994 for promotion of child health and child advocacy work. Members consist of paediatricians, nurses, child health professionals from various disciplines and community celebrities. 2014 is the 20th Anniversary of HKPF with a special theme on "Environmental Health". We believe the health of children could only be secured in a healthy environment. Environmental hazard is always overlooked and its effects on child health have been under-estimated. Therefore, the "Summit on Child Health and the Environment" has been organized on 11-13 Oct 2014 at the Hong Kong Academy of Medicine Building in Hong Kong for all child healthcare professionals in Asia-Pacific Region who care about children and are committed to create a better environment for children to grow and to develop. We hope the Summit can arouse professional and public awareness, to identify strategies to alleviate environment challenges and to improve the health of our beloved children.

Dr. Lilian WONG

President, Hong Kong Pediatric Society





Year 2014; Vol. 9; Issue 3 www.ipa-world.org

INTERNATIONAL WORKSHOP OF ENVIRONMENT AND CHILDREN HEALTH CHONGQING, CHINA, 11 SEPTEMBER 2014

The International Workshop of Environment and Children Health has been successfully held on September 11th, 2014 in Chongqing, China, also serving as the pre-congress meeting for the 19th Chinese Congress of Pediatrics. The workshop was organized by Chinese Association of Pediatric and China Medical Women's Association.

More than 200 doctors including pediatricians from Hong Kong and Taiwan attended this meeting. The organization committee arranged five lectures including Children's Health and the Environment (Dr. Ruth A. Etzel), Environment and Asthma (Dr. Kunling Shen, from Chinese Association of Pediatric), Environment and Fetus Development in Utero (Dr. Tingyu Li, from Chinese Association of Pediatric), Lead Poisoning of Children (Dr. Yaohua Dai, from WHO Collaborating Center for Child Health), Introduction of WHO Educational Materials (Dr. Jie Ding, from China Medical Women's Association). The lectures were all brilliant and well received.



In advance, we have translated the WHO educational materials on children's environmental health into Chinese. We distributed the materials during the workshop and the 19th Chinese Congress of Pediatrics. After workshop, we will put WHO educational materials on the website of Chinese Association of Pediatric and China Medical Women's Association.

The workshop has provided an opportunity for communication of improving clinical service, research and education of children's environmental health. This would be a start on the path towards helping pediatricians become "green between the ears".

Xuhui ZHONG

Department of Pediatrics, Peking University First Hospital

Jie DING

Department of Pediatrics, Peking University First Hospital



Snapshots from the International Workshop on Environment & Children Health, held in Chongqing, China on September 11th. 2014



Year 2014; Vol. 9; Issue 3 www.ipa-world.org

3rd INTERNATIONAL FORUM "REDUCING CHILD MORTALITY – THE RUSSIAN EXPERIENCE OF UNIVERSAL PEDIATRIC CARE COVERAGE FOR CHILD POPULATION AS AN INSTRUMENT FOR ACHIEVING MILLENNIUM DEVELOPMENT GOALS" MOSCOW, 15-17 APRIL 2014, RUSSIA

The 3rd International Forum "Reducing Child Mortality - the Russian experience of universal pediatric coverage for child population as an instrument for achieving Millennium Development Goals", took place on 15-17 April 2014, in Moscow.

The Forum's distinguished guests included Valentina Matvienko - Chairman of the Federation Council Federal Assembly of the Russian Federation, Sergey Narishkin - Chairman of the State Duma and Sergey Lavrov - Foreign Minister of the Russian Federation. The Forum was also attended by A. Torshin - First Deputy Chairman of the Federation Council of the Russian Federation, S. Kalashnikov - Chairman of Health Care Committee of State Duma of the Russian Federation, V. Skvortsova - Minister of Health of the Russian Federation, M.Kotyukov - Head of the Federal Agency for Scientific Organizations, V. Lukov -Ambassador-at-Large Ministry of Foreign Affairs of the Russian Federation and A.Kvasov - Deputy Chief of Presidential Experts' Directorate.

The Forum united pediatricians and health officials from 21 countries, including Azerbaijan, Angola, Armenia, Belarus, Botswana, Vietnam, Germany, Zimbabwe, Spain, Kazakhstan, Kyrgyzstan, Moldova, Mongolia, Nicaragua, USA, Tajikistan, Uzbekistan, France, Ethiopia, as well as more than 100 Russian Forum participants from Moscow, St. Petersburg and other Russian regions.

The lectures focused on the most hot topics of the organization of pediatric health care and education for professionals in the field of pediatrics, including an analysis of the international pediatric systems diversity with the description of strengths and weaknesses of

each pediatric system (Germany, Spain, Russia, USA, France, Japan) while, World Health Organization and European Pediatric Association representatives reported about the progress in achieving Millennium Development Goals (MDGs).

The unique potentialities of the newly constructed highly specialized simulating-training center on the basis of the Scientific Center of Children's Health have been demonstrated to the Forum delegates. The specialized training courses for pediatricians from participating countries would be organized in 2014-2015, in this specialized simulating-training center.



Snapshot from the 3rd International Forum "Reducing Child Mortality – the Russian Experience of Universal Pediatric Coverage for Child Population as an Instrument for Achieving Millennium Development Goals", held in Moscow on April 15-17, 2014



TRIBUTE TO A CHAMPION: CIRO DE QUADROS

Ciro was a Brazilian Pediatrician that left his country very early, on the seventies to build up an outstanding career as a leader in WHO. He was a champion in immunization and among his many major



achievements was the strategy that led to the virtual eradication of Polio in Latin America.

Although he was a legend in Brazil I only got to meet him face to face in 2004, when he was invited to join us at the International Pediatric Association.

Ciro chaired our Technical Advisory Group in Immunization, working closely with our Past President Prof. A. Grange.

Recently, on 2013, we had the opportunity to work together in Nepal in a workshop to empower National Pediatric Societies in developing countries to initiate or to boost local immunization programs.

It is sad to learn from his passing away but, ultimately we all shall die. Most important is how we spend our lives. Ciro devoted his to a passionate struggle for reducing the burden of disease and improving health worldwide.

We honor him as one of the most important players in Global Child Health, an example to be followed and a good friend. We'll miss him.

Sergio Cabral

Immediate IPA Past President

JUDITH HALL TO BE INCLUDED IN THE CANADIAN MEDICAL HALL OF FAME

Dr. Judy Hall a distinguished colleague who has served the International Pediatric Association at different



levels, at present an officer within the IPAF Board of Directors, has received and external recognition for her dedication to pediatrics.

Her trajectory and full and efficient devotion to pediatric health as well to the clinical care in the pediatric endocrinology and metabolic genetic fields, have led her to

deserve this distinction and so is our great pleasure to inform of this.

Dr. Hall's BIO:

An exemplary clinical investigator and passionate international thought leader in her field, Judith G. Hall is a pediatrician and geneticist, specializing in the genetic factors that affect children's growth. With more than 325 publications, Dr. Hall has been at the international forefront of genetics and pediatrics for more than four decades. Her particular interests include human congenital anomalies including neural tube defects, connective tissue disorders such as arthrogryposis and dwarfism, and disorders resulting in short stature. Data from her research is available in the Handbook of Physical Measurements, an essential resource for physicians worldwide. Dr. Hall has clarified medical understanding of how folic acid helps reduce birth defects and has developed new ways to classify dwarfism and other abnormalities. As head of paediatrics at UBC and BC Children's Hospital, Dr. Hall worked with physicians to develop guidelines for care of common disorders, and with lay groups to explain genetic disease that helped parents choose among the available care options.



Global Clinical Practice

CHILD MALTREATMENT IDENTIFICATION AND MANAGEMENT IN LOW INCOME SETTINGS: WHY PAEDIATRICIANS SHOULD GET INVOLVED

Child maltreatment (CM) is a major public health problem globally. The best available evidence from high income countries suggests that CM substantially contributes to child mortality and morbidity and has long lasting effects on mental health, drug and alcohol misuse (especially in girls), risky sexual behaviour, obesity, and criminal behaviour, which persist into adulthood.¹ From large scale population-based research we know that childhood adversities including CM and parental psychopathology, are more important from a public health point of view than all common mental disorders put together; in fact CM is associated with the highest burden in terms of years lost due to disability in the population.² CM and other adverse childhood experiences are overlapping risk factors for long-term adult health problems; the accumulation of these adverse experiences increases the risk of poor adult health.^{3, 4}

Given this background knowledge and acknowledging that CM has a low profile in most Paediatric conferences, the International Society for Social Pediatrics & Child Health (ISSOP) annual meeting in Gothenburg, Sweden in June 2014 included an international webinar on CM. The aim was to assist our members and associates in identifying responses to CM in a low resource setting, and to explore preventive measures. Specific questions were sent out in advance, including requesting members to share case studies from clinical experience of children who have suffered abuse; outlining any actions which members had taken to improve the management of CM in their own settings and any suggestions for support needed in future in relation to the further management of CM in clinical or public health practice in low resource settings.

The following key themes were identified during the webinar, highlighting the challenges of dealing with CM globally:

- 1. The UN Convention on the Rights of the Child [CRC] provides the framework for a child-centred approach that any potential violence or harm to children and young people cannot be tolerated.⁵ The CRC however defines the term 'child protection' broadly, as do Non-governmental organisations [NGOs], to cover abuse, neglect, exploitation and violence in a variety of settings; which may be new ground for clinicians. It encompasses work with child soldiers, refugee and internally displaced children, children in conflict with the law, street and working children, children who have been trafficked, girls who have undergone female genital mutilation, other harmful traditional practices such as early marriage, children who have been victims of physical or mental violence in the workplace, at home, at school etc.
- 2. All forms of CM are prevalent in low income settings. In the surveys of CM in 28 developing and transitional countries, the highest prevalence was in African countries; however even for children in transitional countries the prevalence of psychological, moderate, and severe physical abuse for the preceding month was 56%, 46% and 9%, respectively.⁶ There is considerable variation over time and between cultures about what is deemed abusive to children.⁷ Child neglect is the most frequent form of CM worldwide, yet there is no universally accepted, all-encompassing definition of neglect.⁸ Despite the magnitude of the problem, the significant hurdles for management of CM in low resource settings include:
 - Lack of trained social workers or other allied health personnel
 - Police/law enforcement officials are frequently the abusers.



- Families would rather get financial compensation than see an abuser jailed or otherwise punished.
- 3. A lack of governance and funding in povertystricken, fragile countries provides the setting for widespread and serious forms of abuse and exploitation.
- 4. We can train health care workers to recognise signs of CM, but when they have no recourse to adequate legislative or systems support, it only serves to dishearten them.
- 5. In some low income settings, a good number of people do not understand learning disability. With continued poor school performance, the parent or teacher may lose patience and may resort to severe beatings and/or verbal insults. Indeed corporal punishment is widespread in low resource settings, as large scale surveys have shown.^{9, 10} Teachers need to be trained on how to identify and help children with learning disabilities.
- 6. Physical punishment of children is widely accepted in many cultures.¹¹ A programme of education is needed to help parents find other safer ways of improving child behaviour.
- 7. Although most abuse remains hidden within communities, especially in rural areas, when children are brought to hospital because the injuries have escalated, facilities to provide specialist child protection are urgently needed. Paediatricians need to work together with other disciplines (nurses, social workers, teachers) to build systems which support children in these situations.

Finally paediatricians should show leadership in responding to child rights issues: this includes advocating for children at individual, community, national and international levels.¹² We need to be at the forefront of advocacy in bringing CM, its burden and consequences for long term health/wellbeing to the attention of the powers that be. We have a role to

play therefore in recognising, responding but most importantly preventing child maltreatment.

Shanti Raman, Tony Waterston, Margaret Lynch, Gonca Yilmaz

International Society for Social Pediatrics (ISSOP)

References

1. Gilbert R, Widom CS, Browne K, Fergusson D, Webb E, Janson S. Burden and consequences of child maltreatment in high-income countries. *The Lancet* 2009; **373**(9657): 68-81.

2. Cuijpers P, Smit F, Unger F, Stikkelbroek Y, ten Have M, de Graaf R. The disease burden of childhood adversities in adults: A population-based study. *Child Abuse & Neglect* 2011; **35**(11): 937-45.

3. Danese A, Moffitt TE, Harrington H, et al. Adverse Childhood Experiences and Adult Risk Factors for Age-Related Disease: Depression, Inflammation, and Clustering of Metabolic Risk Markers. *Arch Pediatr Adolesc Med* 2009; **163**(12): 1135-43.

4. Chartier MJ, Walker JR, Naimark B. Separate and cumulative effects of adverse childhood experiences in predicting adult health and health care utilization. *Child Abuse & Neglect* 2010; **34**(6): 454-64.

5. Waterston T, Goldhagen J. Why children's rights are central to international child health. *Arch Dis Child* 2007; **92**(2): 176-80.

6. Akmatov MK. Child abuse in 28 developing and transitional countries results from the Multiple Indicator Cluster Surveys. *International Journal of Epidemiology* 2010.

7. Daro D, editor. World perspectives on child abuse. Seventh Edition ed. West Chicago, Illinois, USA: International Society for the Prevention of Child Abuse and Neglect; 2006.

8.Appleton JV. Perspectives of neglect. *Child Abuse Review* 2012; 21: 77-80.
9. Leung PWS, Wong WCW, Chen WQ, Tang CSK. Prevalence and determinants of child maltreatment among high school students in Southern China: A large

of child maltreatment among high school students in Southern China: A large scale school based survey. *Child and Adolescent Psychiatry and Mental Health* 2008; **2**(27).

10 Kacker L, Varadan S, Kumar P. Study on Child Abuse: India 2007. New Delhi: Ministry of Women and Child Development, Government of India, 2007.

11.Runyan DK, Shankar V, Hassan F, et al. International variations in harsh child discipline. *Pediatrics* 2010: peds.2008-374.

12.Waterston T, Yilmaz G. Child Rights and Health Care. *Child: Care, Health and Development* 2014; **40**(1): 1-3.



Year 2014; Vol. 9; Issue 3 www.ipa-world.org

28th International Pediatric Association Congress

THE SCIENTIFIC PROGRAM IS UNDERWAY

The Canadian Paediatric Society will welcome the world for the International Pediatric Conference 2016 (IPC). As you know, the next congress will be held in the Canadian west coast city of Vancouver, British Columbia in August 2016.

The 24 members of the IPC 2016 Scientific Committee have been very active developing a preliminary program. Members of the committee joined together in Vancouver May 1st and 2^{nd} 2014, just before the PAS annual meeting, to start laying the foundation of the IPC 2016 scientific program.

It is always a challenge to develop a program that will meet the needs of Pediatricians around the world, address the current and emerging issues regarding the health of children and adolescents, but also trying to impact their future health in the context of Global Health, especially the most vulnerable. We have been enthusiastic in suggesting names and topics for Opening and Closing ceremonies.

We have come up with a series of lectures that cover a wide range of issues, from an update on the health status of the world's children and adolescent to global health challenges, health services issues, the environment, technologies and their impact, Non Communicable Diseases, mental health and basic sciences applied to child development.

The seminars and workshops will be divided in four continuous streams throughout the meeting:

- 1. Prevention, Promotion & Public Health
- 2. Technology & Health Care
- 3. Innovations and State of the Art in Pediatric Care
- 4. Global Health and Health Care Systems

Alongside these four streams will also take place many « Meet the Experts » sessions, where specific health topics will be addressed by experts in the many subspecialties of Pediatrics and Pediatric Surgery.

There will also be Platform abstracts presentation sessions every day, and obviously the poster presentation sessions, abstracts that we are convinced you are already planning to submit.

For those who want to attend in depth sessions on a specific topic, there will be the pre-conference workshops.

Altogether, we are excited to offer the Pediatricians of the world more than a hundred scientific sessions over the five days of the meeting, enough to choose from every day according to your practice, interest and needs, sessions offered by a panel of Canadian and International clinicians and scientists renowned in their field of expertise. The program will be finalized in early 2015 and will be available on the IPA and Conference Website. The call for abstracts should be posted in the middle of 2015.

Looking forward to read your abstracts and to meet with you in Vancouver in 2016!

Jean-Yves Frappier, M.D., FRCPC, MSc

President, Scientific Committee IPA 2016 Professor and Chair, Department of Paediatric University of Montreal and CHU Sainte-Justine





Year 2014; Vol. 9; Issue 3 www.ipa-world.org

Calendar of Events

Congress of the International Society of Paediatric Oncology October 22-25, 2014 Toronto, Canada https://siop.kenes.com/

35th Union of Middle Eastern and Mediterranean Pediatric Societies Meeting (UMEMPS) October 22-26, 2014 Istanbul – Turkey www.millipediatri2014.kongresi.info/umemps/

1st Pedia-Arab international congress November 13 – 15, 2014 Sharm Elsheikh, Egypt <u>http://www.pediaevent.com</u>

13th Congress Cameroon Pediatric Association (SOCAPED) – Union of National African Paediatric Societies and Associations (UNAPSA) November 20-22, 2014 Yaoundé - Cameroun www.socaped.org

European Conference on Youth Mental Health: from Continuity of Psychopathology to Continuity of Care (STraMeHS) December 16 - 18, 2014 Venice – Italy https://www.etouches.com/ehome/87435

52nd Annual Conference of the Indian Academy of Pediatrics (PEDICON) January 22-25, 2015 Delhi - India www.pedicon2015.org 2nd Mediterranean Congress of Pediatrics – 2nd Consensus on Pediatrics and Neonatology April 14-16, 2015 Sofia – Bulgaria http://www.infomedweb.com/sofia

The 118th Annual Meeting of the Japan Pediatric Society & the 11th Asian Society for Pediatric Research (ASPR) Congress April 14-19, 2015 Osaka – Japan http://www.aspr.jp

Pediatric Academic Societies Meeting April 25-28, 2015 San Diego – USA http://www.pas-meeting.org

European Society for Pediatric Infectious Diseases Meeting (ESPID) May 12-15, 2015 Leipzig – Germany http://espid2015.kenes.com

European Pediatric Association Conference (EPA/UNEPSA) May 13-16, 2015 Florence – Italy www.epa-unepsa.org/7th-europaediatrics

36th Union of Middle Eastern and Mediterranean Pediatric Societies Meeting (UMEMPS) October 1-3, 2015 Athens - Greece <u>www.upemps2015.gr</u>



54th European Society for Paediatric Endocrinology Meeting (ESPE) October 1-3, 2015 Barcelona - Spain www.espe2015.org

American Academy of Pediatrics 2015 National Conference (AAP) October 24-27, 2015 Washington DC – USA www.aapexperience.org



