Healthy children for a healthy world

INTERNATIONAL PEDIATRIC ASSOCIATION

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International Pediatric Association (IPA) Executive Council

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Executive Director
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Zulfiqar Bhutta, Pakistan

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International Pediatric Association (IPA) Newsletter Editorial Team

Chief Editor
Prof. Manuel Moya (Spain)

Co-Editor
Dr. Samir Dalwai (India)

Newsletter Editorial Team contact information

newsletter@ipa-world.org

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Message from the President

Dear colleagues,

The International Pediatric Association (IPA) is a huge family, with a history of more than 100 years. Our 169 Member-Societies, work together under the umbrella of IPA, in order to achieve one important goal: ***"make a difference in the lives of our children"***. We have a vision and mission for IPA: to work together and to work hard for the health and well being of our children, all over the globe. Advocacy and scientific initiatives are our main tools. Our mission for the next 3 years (2013-2016) is ***"Children's advocates in action"***. To achieve this mission, we will use the invaluable support of all our Technical Advisors Groups (TAGs): Immunization, Newborn and Child Survival, Nutrition, Adolescent Health, Better Medicines for Children, Children's Environmental Health, Child Health in Humanitarian Emergencies, HIV-AIDS/TB, MDG project, Quality of Care and Early neural development. Our main priorities for the next 3 years will be reinforcing the Technical Advisory Groups to better serve our mission, strengthening the relationships with our global partners (WHO, UNICEF, GAVI, World Bank etc.), advocating with passion for the achievement and maintenance all Millennium Development Goals (MDGs) especially, immunization, child and mother survival, peace and human rights in all parts of the world, empowering the involvement of National and Regional Societies in the administration of IPA, supporting our member societies to facilitate their contacts with local authorities and continuous training of pediatricians in underdeveloped and developing countries, enlarging and developing the IPA family.

In IPA we are putting all our efforts to make sure that the bonds connecting our "family" are strong ones and that all scientific, geographical and social groups are equally represented. Keeping the pediatrician up to date with information related to clinical practice is a top priority for IPA. Among our tools for reaching out pediatricians all around the globe is the IPA newsletter. The newsletter is a very powerful tool and we are encouraging all our member-societies to use this for spreading their news all around the world.

As we have a change in management for the IPA newsletter, I would like to seize this opportunity to thank the ex-newsletter Chief-Editor Dr. Swati Bhave. Dr. Bhave has served her post with great efficiency and enthusiasm. At this point I would also like to welcome our new editorial team, **our Chief-Editor, Prof. Manuel Moya from Spain** and **our Assistant-Editor Dr. Samir Dalwai from India**, wishing them every success in their new duties. I am more than certain that both of them will continue the good job accomplished so far, and will help us in turning the IPA newsletter into a useful tool for pediatricians all around the world.

Best regards,

Prof. Andreas Konstantopoulos
President, International Pediatric Association (IPA)

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Message from the Chief Editor

With this issue we are starting a new era for the IPA Newsletter. The spirit of the newsletter is to provide suitable information for our targeted readers interested in child health ranging from world to individual. This information should be true, pragmatic and presented in both a concise yet dynamic fashion, keeping regular headings which have shorter texts well balanced with their graphic complement, so making it easily readable. One new added factor is the periodicity of the issues.

These functional changes will appear in the same format which has been used for almost ten years. You will recognize the sober cover page including the NL identity and summary.

The aims of the Newsletter consequently should be encompassed into IPA's but the specific ones include two: to facilitate relevant information on pediatric health achievements and to increase the number of recipients.

In the present number you will find the master lines of work drawn by Prof. Andreas Konstantopoulos and of the newly elected officers in the President's message. Also you will have a report by Professor Neil Wigg on the 27th IPC held last August in Melbourne; you will recognize in this the important breakthroughs that our Australian colleagues were able to gather for the event. The altruistic and well planned activities of the IPAF appearing in the article written by Professor Errol Alden merit a deep consideration. Other news from IPA and its integrated societies as in previous issues will be presented in the said precise manner. A new heading appears and will be dedicated to clinical problems. No better start could be found but the article on the contribution of controlling diarrhea and pneumonia towards child survival, written by Prof. Jai Das and Prof. Zulfiqar Bhutta, as well as the article on the polio eradication in India written by Dr. Naveen Thacker which is of most interest due to the presence of poliomyelitis in some countries yet.

As our International Pediatric Congresses are one of most visible actions and although the next will be held in Vancouver in 17th-22nd August 2016, the degree of development will be reported in each issue from the present one. The congress preparation is moving firmly at this early stage.

Finally, I would like to express to all of you that the most important factor for a newsletter is its eventual readers. Our spirit is to open channels of retro information, so please note the following address for any comments or suggestions you may have.

Yours,

Manuel Moya
IPA Newsletter Chief Editor

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

Report from International Pediatric Association Foundation (IPAF)

Report of IPAF 2013 activities:

The IPAF was very busy this year reestablishing fund raising activities and becoming an active organization in the International Community.

One of our major accomplishments was to develop a web presence. We are now able to get more information out to stake holders and funders and have general IPAF exposure to anyone in any part of the world on our web page www.ipaf-world.org. Here you can also make direct donations, apply for grants and find out more of what the IPAF is doing worldwide. You can also e-mail us at office@ipaf-world.org.

In addition, the IPAF was very active in getting information on IPAF to people at the IPA Congress 2013 in Melbourne. Among the activities there, the IPAF co-hosted the Alumni Reception, the board members helped staff a booth on the exhibit floor to inform people of the upcoming grant cycle in 2014 and to encourage those present to spread the word and help raise funds for these wonderful projects. The IPAF board of directors also held a Corporate Summit and invited corporations to meet our Board and also see what how our grants being utilized.

One of our highlights for 2013 was the grants IPAF supplied to the Lebanese Pediatric Society, Jordan Pediatric Society, and the Turkish National Pediatric Society. The IPAF worked with these organizations so that each was able to create a program to help refugee children from the Syrian conflict. In 2014, we hope to continue this collaboration. IPAF also had a call for funds to help the Philippines Pediatric Society on a similar project to help those affected by the Typhoon in November. We are now working closely to meet the needs of our Philippine colleagues.

And finally, we had our first Call for Proposals for our 2014 grant cycle. IPAF received 25 applications that are currently under review by the Board of Directors. The goal is to have this be an annual event where people from around the world can apply for small grants to support programs that help children in the various IPA priorities of Adolescent Medicine, Immunizations, Non Communicable Diseases, Nutrition, Child Survival, Early Childhood Development, Humanitarian Emergencies, Environmental Health, Better Medicines, and Quality of Care.

The IPAF would like to thank the following corporations for support the efforts of IPAF in 2013:

The Coca Cola Company, J&J, Monsanto, Sanofi Pasteur, Inc, Pfizer, Boehringer Ingelheim Pharmaceuticals, Inc

Report submitted by Dr. Errol Alden, IPAF President

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Global Clinical Practice

CHILD SURVIVAL - HOW CAN CONTROLLING DIARRHEA AND PNEUMONIA CONTRIBUTE?

Jai K Das[1] and Zulfiqar A Bhutta[1, 2]

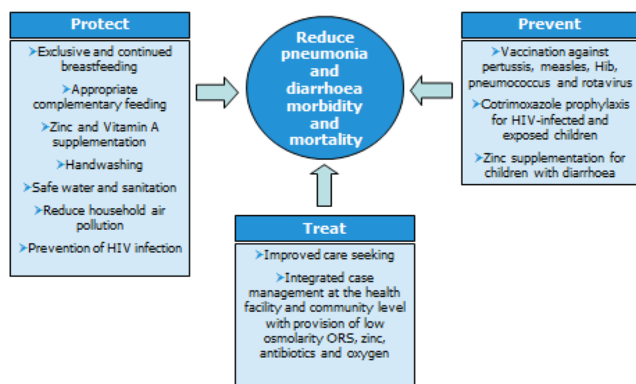
[1]Division of Woman and Child Health, Aga Khan University, Karachi
[2] Center for Global Child Health, The Hospital for Sick Children, Toronto

Child health has been on the agendas of many national governments, international agencies and other relevant bodies for a long period, and there has been a lot on progress in terms of bringing the desired attention, setting collaborations amongst relevant stakeholders, finding solutions and setting priorities and targets. But the progress on ground has been off target at large and still in the year 2012, 6.6 million children under the age of five years died mostly from preventable causes [1]. It could have been understandable had we not known how to prevent or treat these, but the apathy is that despite knowing how to prevent majority of these deaths, we are lagging behind. And the situation becomes more worrisome, when we know that some of the required measures are seemingly easy to implement and low cost. Furthermore we are not on track globally, to achieve the Millennium Developmental Goal 4 (MDG 4), which was set at the convention in the year 2000 and called for a universal reduction in childhood mortality by two-thirds from the base year of 1990.

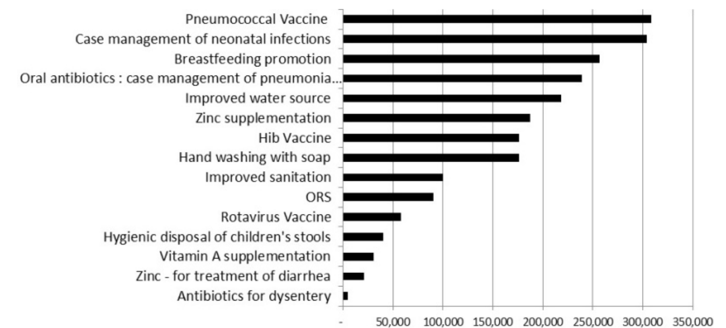
Infectious diseases are by far the leading cause of these under five deaths; diarrhea and pneumonia together contribute to more than a quarter of the total deaths which amounts to over 1.7 million. A high proportion of these diarrhea and pneumonia related deaths occur in the first 2 years of life; 72% for diarrhea and 81% for pneumonia. Though not satisfactory but there have been reductions in childhood mortality, but the incidence of diarrhea and pneumonia has seen far less decline. Incidence of diarrhea has decreased from 3.4 episodes per child-year in 1990 to 2.9 episodes per child-year in 2010; and it still remains one of the most common reasons of hospital admission, with an estimated 1,731 million episodes of childhood diarrhea reported in 2011. There are still 120 million episodes of pneumonia and 14 million of which progress to severe episodes [1-3]. Diarrhea and pneumonia share many common risk factors and hence a call for a combined effort seems pragmatic. These risk factors include poverty, undernutrition, poor hygiene, and underprivileged household conditions and make children more prone to acquire and succumb to these two diseases. These risk factors which are more prevalent in under privileged settings and together with the global uneven distribution of health care; make children living in these settings more susceptible thus emphasize the inequity that exists. Children in low-income and middle-income countries have higher case-fatality rates and an increased likelihood of developing long-term sequele (such as reduced lung volume or bronchiectasis for pneumonia, or stunted growth or Guillain-Barré syndrome for diarrhea) than do those in high-income countries [3].

There are known proven interventions which if implemented at scale can go a long way in reducing morbidity and mortality due to diarrhea and pneumonia. Some of these interventions are specific to the diseases and work either at preventing or treating it, whereas there are generic interventions which work at either improving the environment that the child lives in or improving its nutrition status. Nutrition and infection especially diarrhea are interlinked and either one can lead to other and can form a viscous cycle; hence the importance of improving childhood nutrition must be underscored. Interventions with proven effectiveness at the prevention level include water, sanitation, and hygiene interventions, breastfeeding, complementary feeding, vitamin A and zinc supplementation, and vaccines for pneumonia (*H influenza*, pneumococcal, and measles) and diarrhea (rotavirus and cholera). Oral rehydration solution, zinc

treatment, and antibiotic treatment for some strains of diarrhea (cholera, shigella, and cryptosporidiosis) are effective strategies for treatment of diarrhea, and antibiotics and oxygen therapy are effective for pneumonia. Figure 1 below indicates the building blocks of the global action plan for pneumonia and diarrhea



The recent Lancet series using the lives saved tool suggested that if these identified interventions were scaled up to a global coverage to at least 80%, and immunizations to at least 90%; almost all diarrhea deaths, and two-thirds of pneumonia deaths could be eliminated at a cost of 6.7 billion [4]. Yet, the rate of adoption of these interventions is highly variable and often slow, especially in settings with the greatest need. Inequities have also widened, with stagnant and increasing rates of mortality in large groups in populations. Increases in inequalities in outcomes also emphasize the differences in exposure to underlying determinants for example, 1·1 billion people still practice open defecation. The new era of vaccines can offer a great hope as nearly a third of episodes of severe diarrhea are preventable by vaccination (i.e. against rotavirus and cholera), whereas vaccine-preventable pneumonia (ie, those caused by *Streptococcus pneumonia*, *Hemophilus influenza* type b, and the influenza virus) account for at least a third of severe episodes and two-thirds of deaths [3]. These vaccines together with the provision of essential commodities (ORS, zinc for diarrhea and antibiotics for pneumonia) can greatly impact child survival. These findings emphasize not only the importance of the structural changes needed to reduce environmental pollution and provide safe water and sanitation, but also the importance of behavioral changes needed for other interventions and provision of commodities and health facilities [5]. Figure 2 below highlights the importance of key interventions to reduce the global burden of childhood pneumonia and diarrhea deaths with potential elimination of diarrhea deaths and two thirds reduction in pneumonia deaths by 2025.



There is now some consensus about the strategies to employ to safeguard delivery of these interventions to reduce disparities and provide equitable access to marginalized populations. One such method is to provide these amenities through community health workers through home visitation and community-based sessions for education and promotion of care seeking. Financial incentives are becoming widely used policy strategies to alleviate poverty, promote care seeking, and improve the health of populations. Apart from improving the coverage of the interventions, efforts should also be directed towards improving the quality of clinic-based and community-based care, and new approaches to enhance quality and accessibility of care should continue to be assessed [6].

Global Action Plan for Diarrhea and Pneumonia (GAPPD) was launched in April 2013, with an aim to

end all preventable deaths; fewer than three deaths per 1000 live births from pneumonia and less than one death per 1000 live births from diarrhea by the year 2025 [7]. Attention on management, human resources, commodities, programming monitoring, and data feedback, and resources commensurate with the magnitude of the challenge. Should we choose to do so, these issues can be solved. There should be efforts to develop a clear country-level strategy and work plan, with key responsibilities assigned. There is also a need for inter-sectoral action, transparency and good governance for the effective implementation of the adopted policies. Pediatricians and health care professionals will continue to play a leading role in the implementation of these strategies across the world. The important role of academia and research also cannot be underestimated as they will continue to play a central role in the era of development of new vaccines, finding solutions to antibiotic resistance, threats posed by climate change and also to finding ways to improve access to care and improve quality of care and creating demand and supply.

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India celebrates 3 years without polio- Indian Academy of Pediatrics (IAP) played a crucial role

India marks three years without a case of wild polio on **13 January 2014**, a landmark achievement for global public health and the worldwide effort to eradicate polio. This also highlights the impact of immunizations in ending deadly diseases.

The three-year milestone carries official significance: the Regional Certification Committee (RCC) is expected to convene in March and evaluate data from the entire Southeast Asia Region in order to certify the region as polio-free.

India's accomplishment was a triumph of consistent and strong political will as well as international coordination and has given a huge lift to the global fight against polio. The oral polio vaccine was introduced in India in 1978, a year before the U.S. was declared polio-free. In 1985, Rotary International launched its global effort to end polio everywhere. India was a signatory to the 1988 WHO treaty committing participating nations to be part of that effort.

In 1995 and '96, the government started to organize annual national immunization days, and in 1997, India established the National Polio Surveillance Project. In 1999, it set up an expert advisory group that monitored the program and provided continuous evaluation of how the disease was behaving around the country, after which the number of polio cases reported dropped.

India's health ministry began an intensified national campaign to eliminate polio in from 2000 to 2005; but found to its dismay that the infection could not be entirely wiped out. In 2005, India changed its polio vaccination strategy to substitute the routine 'trivalent' vaccine that works against three polio virus strains, to a 'monovalent' strain specifically tailored to act against the single strain circulating in the northern states of Bihar and Uttar Pradesh.

But even as India mounted its attack on strain 1, experts faced a sudden outbreak of strain 3 from 2007 to 2009. In 2009, India recorded 741 polio cases, almost half of 1604 global cases, says UNICEF. Experts then adjusted their vaccination strategy, switching to a 'bivalent' vaccine against the two strains in 2010. India also upgraded its polio monitoring facilities; devised house-based micro plans to map children and vaccinators; set up immunization camps in key migration hubs such as railway stations, bus stands and state borders and involved Muslim clerics and religious leaders to address resistance to immunization programmes.

India has now become one of the world's largest donors to global polio eradication, putting billions of dollars into fighting the disease at home and also lending its hard-won expertise to Pakistan, Afghanistan and Nigeria, where the virus is still being actively transmitted.

With commitment from all levels, India launched a comprehensive polio effort and built a robust health infrastructure to eliminate the disease. The effort included:

- A surveillance network of more than 33,000 reporting sites
- An army of 2.3 million vaccinators deployed during national immunization days
- Strategies to reach children with vaccines, even in the country's hardest-to-reach areas, resulting in delivery of 900 million doses of oral polio vaccine in 2011 alone.
- Unwavering political will at the highest levels, commitment of adequate financial resources, technological innovations like the bivalent vaccine and tireless efforts of millions of workers, including more than 2.3 million vaccinators and volunteers, and more than 150,000 supervisors.

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Experts once considered India the most technically difficult place to end polio. As recently as 2009, India was home to nearly half the world's polio cases. High population density, migrant populations and poor sanitation presented exceptional challenges to eliminating the disease. India's success against polio is a significant achievement in public health and proves that the disease can be eliminated in even the most challenging of circumstances. Its success provides confidence, inspiration, and technical guidance for stopping polio in the three remaining countries where polio has never been stopped – Pakistan, Afghanistan, and Nigeria.

Strategies from India's polio program inform the new global strategic plan to secure a lasting polio-free world by 2018, which is helping drive progress in the endemics. For example, the plan calls for:

- Implementing strategies used in Uttar Pradesh and Bihar to identify, track and immunize migrant and neglected populations.
- Increasing human resources at the sub-district level and engaging community mobilizers.

Role of IAP in eradicating polio:
In 1997, IAP formed its first polio eradication committee to demonstrate its commitment to the program, and the committee has functioned continuously under successive presidents. It has encouraged members of IAP to join the battle against polio enthusiastically, working through a vast and efficient network of committed coordinators at district and regional levels at most key states.

The polio eradication committee has organized workshops and continuing medical education events in association with National Polio Surveillance Project (NPSP) and UNICEF throughout the country, and has prepared documents, including recommendations and position papers. Until recently, the committee had its own website and regular publication, "The Polio Pulse." Apart from polio-related activities, IAP has conducted many workshops on how to improve RI in India in poorly performing states. It also has published position papers on UIP and RI in India.

The polio eradication committee has collaborated with the social mobilizer (SM) network of UNICEF to counteract resistance to polio vaccination, especially among the minority Muslim population of western Uttar Pradesh, and organized several meetings with the community leaders such as Ulemas, Maulvis, Immams, and Madrasa teachers.

Thus, one member pediatric society of IPA, Indian Academy of Pediatrics, is at the forefront of the immunization field, contributing significantly to different aspects of pediatric immunization both in the private and public sectors. To achieve MDG4 in India and targets stated in GVAP, this collaboration with government health departments and agencies is critical. MDG4 in India and targets stated in GVAP, this collaboration with government health departments and agencies is critical.

This is one example of how national pediatric society can contribute by working with Govt. and International Agencies.

Dr. Naveen Thacker

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28th International Pediatric Association Congress

CHILDREN ARE OUR FUTURE

"Children are the seeds of the future of all nations; their mothers are the soil which provides them nourishment."

These are the words of Dr. Meharban Singh, former Head of Pediatrics at the All Indian Institute of Medical Sciences in Delhi. Since I first met this wise man in 1988 during my first experience with global health, I have had several occasions to use his words to help convey the importance of children in all societies. However, the concept needs to be expanded – to fathers and other family members, to educators, to government officials, and to the many others in society who help provide the environment for growth and development of our children and youth. This **community** includes pediatricians and other health care professionals. It also includes many others who help ensure that each child has a safe environment with access to the necessities of life.

The **diversity** of the people who contribute to each child's health and development starts prior to conception (supporting the need for a healthy mother) and continues from birth into a child's formative years as he or she prepares for a variety of roles in their later life. While the family is the core, all members of society have a responsibility to help our children grow and develop into our future citizens.

To accomplish our collective goals for children and youth, each of us needs to contribute his or her **vitality** to processes which help ensure that this occurs. While we may use our expertise as pediatricians, other physicians, nurses, or other health care providers, we are also cognizant of the need for education, safety, water, sanitation, food and the other necessities of life. Achievement of the appropriate environment in which children grow is not a static process. As long as there is need, we must look for improved ways of making things better for our children and youth, for their future is our future. This means that we should all participate (to the best of our ability) in an ongoing "quality improvement" process to facilitate their improved health and well-being.

Community, **Diversity**, **Vitality** will be the theme for the next International Pediatric Association Congress to be held in Vancouver, British Columbia, Canada, August 17-22, 2016. This theme represents not only the needs of children but also activities of the International Pediatric Association. Our community of various pediatric societies and specialty groups share a common interest in contributing to a better life for children and youth on a global basis. We seek to utilize the diversity of talents of our members in a manner which demonstrates the vitality of the International Pediatric Association (IPA).

The IPA Technical Advisory Groups, Standing Committee and Council of Delegates include many who participate in research and in quality improvement projects.

With two and a half years to go before the 2016 meeting, each of us should consider what we could bring to the meeting to contribute to the future well-being of our children and youth. Now is the time to

continue or start projects so we can report our success (or failure) in ways which will help others. Congress Scientific Chair, Dr. Jean-Yves Frappier, and the Scientific Committee are working to develop an educational program with your contributions and participation in learning which will assist the care and well-being of future children and youth.

The Canadian Paediatric Society is very pleased to host the 2016 meeting and work with MCI/AFEA Conference organizers to produce an educational and enjoyable meeting. Vancouver is an exciting part of the Canadian community which stretches between the Atlantic and Pacific oceans. On the west coast of Canada, it is one of the few places in the world where one could work in the morning, sail or play golf in the afternoon, and ski under the lights in the evening. The ethnic diversity, including Canada's aboriginal people, contributes to gastronomic and cultural experiences that will not soon be forgotten. Whether you wish to use your time after the educational meetings for sports (football, soccer, lacrosse), arts (theatre, music), leisure (Pacific National Exhibition, a walk in Stanley Park), or travel, Vancouver is a city with vitality which will appeal to many global visitors.

I am very pleased to have the opportunity to act as President of the 2016 IPA Congress which I anticipate will not only meet (or exceed) the expectations of all participants, but will help provide important bricks in the road to success as we move forward with our vision for children, youth and our collective future.

Doug McMillan
2016 IPA Congress President

August 17 - 22, 2016

Community, Diversity, Vitality

28th International Congress of Pediatrics

17-22 August 2016, Vancouver, Canada

international pediatric association
association internationale de pédiatrie
asociación internacional de pediatría

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Dr. J-Y Frappier, IPA 2016 Congress Chair of Scientific Committee, Dr. D. McMillan IPA 2016 Congress President and Prof. A. Konstantopoulos, new IPA President, holding the congress handover

News

IPA LATEST NEWS

Continuing Medical Education

The European Union of Medical Specialists (UEMS) is a well-developed institution in Europe for accreditation in the medical education when given under two main ways: Live Educational Events and E-Learning activities. UEMS has developed an accurate method for assessing the quality of education before the implementation of events. In the US the American Medical Association has similar aims and tasks.

IPA as international association is interested in the evaluation of the beneficial approach that this professional initiative could add to its congresses.

This is the reason why it was present in the UEMS Conference on "The new criteria for Accreditation of Live Educational Events", held in Brussels on March, 7th, 2014.

IPA Health Programs

Through IPA Foundation (IPAF), a series of small/ medium grants has been launched with the aim of improving health, particularly in less favored areas of the world. In the next issue of the Newsletter, specific information on this matter probably will be available. The continuity of this initiative appears to be of great and bilateral interest.

IPA Technical Advisory Groups (TAGs)

A new set of guidelines for the 10 IPA Technical Advisory Groups is under formation, encompassing two new aspects: the technical analysis of subjects specific for their field and also an educational program for pediatricians. The TAG - Nutrition is focusing on some educational actions for pediatricians working in low and middle income countries.

The 2014 annual conference of the Spanish Pediatrics Association (AEP) is a significant anniversary of centennial celebration of the First National Conference, held in Palma de Mallorca in 1914. For this reason, the **Spanish Pediatrics Association Annual Meeting**, which will be held in **Madrid** on **5-7 June 2014**, should be considered a Special Congress for AEP's history. Given this historic occasion, we are inviting the societies of Latin American integrated into ALAPE, to join us in Madrid for their II Extraordinary Congress. The presence of ALAPE, as well as of the Pediatric Societies of Italy, Portugal and the American Academy of Pediatrics will mark this occasion as one of the most momentous in our 100-year history.

The Executive Committee of the AEP, the regional and specialty societies, integrated into AEP, as well as our committees and working groups, all fully involved in the Congress organization, will aim to a state-of-the-art scientific programme that will reflect the strength and history of Spanish Pediatrics.

The Conference Executive Scientific Committee has selected a mix of breakthrough scientific roundtables, sessions on controversial topics and hands-on workshops. We anticipate that these sessions will be of great interest to all participants, especially to pediatric hospitalists, primary care pediatricians and pediatric residents and fellows.

International Congress of Pediatrics 2013

On 24th August 2013 almost 3000 delegates from 120 countries converged on the Convention Centre in Melbourne to enjoy the 27th Congress of the IPA. The Congress had a strong regional presence with almost a third of all delegates coming from Australia and New Zealand. There were also large contingents from Indonesia, The Philippines and China.

At the Opening Ceremony delegates were greeted by a local Indigenous Elder who offered a Welcome to Country. The welcome was followed by the haunting sound of the didgeridoo, and by Indigenous dancing. Entertainment was also provided by the National Boys Choir and by young circus performers. An address on "The State of Australia's Children" was delivered by Professor Elizabeth Elliott, from material prepared by Professor Fiona Stanley. The Congress was officially opened by Professor Sergio Cabral, President IPA. A welcome reception for delegates followed.

On the 24th August prior to the Opening ten pre-Congress workshops were held attracting one-in-six of the registrants. This Congress feature is becoming increasingly popular, and was an excellent way to focus on the work agenda and priority issues for the IPA globally.

Three specific features of ICP2013 are worthy of mention:

1. The Victoria State Government generously supported 150 Travelling Scholarships for delegates from low- and low-middle income countries (World Bank). These were offered on the basis of submitted abstracts for oral/poster presentation.
2. More than 2,200 Abstracts were received from prospective delegates, for either oral or poster presentation. These Abstracts were graded by the ICP2013 Scientific Program Committee, and an expanded panel of international academics. Papers were allocated to presentation sessions, to competitive prize sessions and for poster presentations. Over 2000 Abstracts in total were accepted for inclusion in the Congress Program.
3. Integrated streams of educational sessions were organised by the International Society of Social Pediatrics ISSOP (in conjunction with the Chapter of Community Child Health, of the Royal Australasian College of Physicians), by the International Network of Pediatric Surveillance Units INoPSU, and by the Australian College of Children's and Young People's Nurses ACCYPN.

The Congress theme was "Bridging the Gaps in Child and Adolescent Health". This them was admirably launched in the very first plenary session of the Congress – "What is the State of World's Children and where are the Gaps?" The Session was chaired and introduced by Profs Cabral and Elliott. The three speakers, Drs. Elizabeth Mason WHO/UK, Richard Horton K and Mickey Chopra UNICEF/US, challenged the packed auditorium to move beyond child survival, to addressing neonatal mortality and the impact of disability and disadvantage throughout childhood and adolescence. This latter issue was revisited throughout the Congress, particularly in sessions planned by ISSOP/CCCH.

Highly popular sessions included a plenary session on Adolescent Health, with outstanding presentations by Professors George Patton (Aust), Russell Viner UK and Susan Sawyer (Aust).

A Symposium session on "How to Manage Autism" was a sell-out and the repeat session the next day was also over-subscribed. The Delegate feedback about the Program was extremely positive, praising the quality and range of sessions. Each day delegates could choose from as many as 8 parallel sessions. The best indicator of success was the very high level of delegate participation throughout the 5 days, through to the Closing Ceremony on 28th August.

Personally for me the most interesting session was a plenary paper from Professor Mitsuaki Hosoya from Japan in the Environmental Health Plenary. His Paper

"Fukushima: Impacts on Child Health and Lessons for the Future" was received with acclaim.

Throughout the Congress the IPA progressed its administrative and governance meetings. The theme of Advocacy was adopted across all aspects of the IPA agenda. The IPA Foundation established an important role in partnership with the IPA, and both groups hosted a reception for IPA Alumni.

There were too many highlights to mention – delegates were treated to a feast of high quality education, international friendships and some Melbourne hospitality. I feel honoured and delighted to have delivered the Congress for the global Pediatric community. This would not have occurred without the support of the Congress and Program Committees and the hard work of my colleagues particularly Elizabeth Elliott and Jill Sewell, and the support of the IPA Executive Committee. I aimed to showcase the best in Child Health in Australia and New Zealand to the world, and my colleagues both at home and abroad ensured the success of ICP2013.

Dr Neil Wigg
Congress President ICP2013

Dr. E. Elliott, ICP 2013 Chair of Scientific Program

Dr. N. Wigg, ICP 2013 Congress President and Prof. A. Konstantopoulos, new IPA President

Change in IPA Leadership, Prof. A. Konstantopoulos, new IPA President and Dr. S. Cabral, IPA Immediate past President

Calendar of Events

International Academy of Neonatology (IAN)
March 21-23, 2014
Vienna - Austria
www.ia-neonatology.org

Paediatric and Neonatal Conference (UMEMPS Congress)
26-29 March 2014
St. Julian's – Malta
Info@egyicc.com

XXXIII Congreso Nacional de Pediatria (CONAPEME)
April 3-6, 2014
Mazatlan Sinaloa – Mexico
www.conapeme2014.com

117th Japan Pediatric Society Annual Meeting
April 11-13, 2014
Tokyo – Japan
www.jpeds.or.jp

Pediatric Academic Societies Annual Meeting (PAS)
May 3-6, 2014
Vancouver – Canada
www.pas-meeting.org

IV International Symposium Acociacion Latinoamericana de Pediatria (ALAPE)
May 8-10, 2014
Cartagena-Colombia
www.scp.com.co/simposio

XXIV European Congress of Perinatal Medicine (ECPM2014)
June 4-7, 2014
Florence – Italy
XXIV European Congress of Perinatal Medicine

Centennial Congress Asociación Española de Pediatría (AEP) – Spanish Pediatric Association
June 5-7, 2014
Madrid - Spain
www.aeped.es/eventos/congreso-extraordinario

70° Congresso Italiano di Pediatria (SIP)
Italian Pediatric Society
June 11-14, 2014
Palermo – Italy
www.congresso.sip.it

91st Canadian Pediatric Society Annual Conference
June 25-28, 2014
Montreal – Canada
www.annualconference.cps.ca

International Congress of Tropical Pediatrics
August 24-27, 2014
Nairobi – Kenya
http://tropical-paediatrics-congress.com

15th ASEAN Pediatric Federation Congress 2014
September 17-20, 2014
Penang – Malaysia
http://www.cvent.com/asean-pediatrics-federation-congress

VIIth Recent Advances in Neonatal Medicine
October 5-7, 2014
Würzburg, Germany
http://recent-advances.com

American Academy of Pediatrics 2014 National Conference (AAP)
October 11-14, 2014
San Diego – USA
www.aapexperience.org

The 5th Congress of the European Academy of Pediatric Societies (EAPS)
October 17-21, 2014
Barcelona – Spain
www2.kenes.com/eaps

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

52nd Annual Conference of the Indian Academy of Pediatrics (PEDICON)
January 22-25, 2015
Delhi - India
www.pedicon2015.org

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

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