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Pediatric Association (IPA)

Healthy children
for a healthy world



INTERNATIONAL PEDIATRIC ASSOCIATION

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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.



The International Pediatric Association (IPA) Executive Committee and Standing Committee members recently met in Oxford, UK, on March 24-25th, where the IPA Executive Council and Standing Committee meetings have been held. During both meeting we have mainly focused in

the restructuring and reorganization of our all our Technical Advisors Groups (TAGs): Adolescent Medicine, Better Medicines for Children, Child Survival Early Childhood Development, Environmental Health, Humanitarian Emergencies, Immunizations, Non-Communicable Diseases, Nutrition and Quality of Care. The new TAG structures will be soon available in IPA's website along with the TAG priorities for the next 3 years and you are all encouraged to closely cooperate with our TAGs.

Remaining dedicated to our main goal of making the difference in the lives of our children by continuously serving as their advocates; we have drafted and agreed on a statement – call on Global Community to protect Children from war in Syria. This statement will soon be published in IPA's website and will seek for the support of all its 174 members societies (regional, national subspecialties), in an effort to unite our voices so as to end the violence against the children of Syria, stop blocking the humanitarian assistance, halt

attacks against humanitarian facilities, schools and hospitals and invest in the education and psychological protection of children.

As already highlighted in our previous issue, IPA tries to bring its 174 member-societies close, so as the voice of each society is equally heard and respected. 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. To this direction, I would like to strongly encourage you to send us your news and articles for the IPA Newsletter, as this will allow us to turn our newsletter into a powerful tool and “voice” that will reach pediatricians all around the world. 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

The present NL issue is full of information on events and actions of IPA with undoubted interest for our readers. The message from the President with a clear vision and mission of our global association focuses on our active present.



From the editorial point of view it is important to point out that the mission of the newsletter is a double one. First it is to inform about the main and varied aspects of child health, which unfortunately cannot cover the 174 national societies that form IPA, in each issue, although our idea is to progressively do it in the next launches. Next come the educational aspects that should be in accordance with the NL possibilities and adapted to our audience that spans from the sophisticated tertiary care units to elementary primary care points in low income economies. A tentative educational program is now in progress taking into account this situation quite different to that of subspecialty societies. In order to gain efficacy for both targets (one third may come in the next future) it is very important that the next issues with its regular periodicity directly reaches the greater number of our ample membership, and with the more open spirit a general and generous cooperation in this way will be of great help.

The information on TAGs merits your attention because their facilitating communication between the IPA experienced areas and anybody reading the newsletter. Neither should you miss a new report from the IPAF, see the winner list of the 14 grants and also consider the possibility of a new edition to be launched this year.

Finally under this section it is worth considering the IPA's Statements for the World Health Assembly (WHA, Geneva, May 20th) as at this assembly the new health issues will be approved by the Ministers of Health of every country in the world.

The News section will keep you informed about the present scientific life in certain countries or institutions. Of particular interest is the Global Clinical Practice section which today is dedicated to the important problem of child bride.

To end, the news from the development of the 28th IPA Congress (Vancouver June 2016) will keep you up to date with the vigorous procedure to establish its scientific grounds. Many other aspects could also be considered now but the newsletter spirit of brevity leads me to only to wish you my best regards

Manuel Moya

IPA Newsletter Chief Editor



Snapshot from the IPA 2016 Scientific Program Planning Meeting, held in Vancouver – Canada on May 1-2, 2014

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IPA Ongoing Activities

Executive Director's Report

Administrative: A major event for the IPA in 2014 has been the meetings of the Executive and Standing Committees in Oxford, England March 23rd through March 25th.



Andreas Konstantopoulos presided over a very busy 2 ½ day agenda. Most of the Chairpersons of the Technical Advisory Groups (TAGs) presented their TAG proposals for 2014-2016. The activities of the ten IPA TAGs (Adolescent Medicine, Better Medicines, Child Survival, Early Child Development, Humanitarian

Emergencies, Environmental Health, Immunization, Non Communicable Disease, Nutrition, Quality of Care) will be the dynamic centerpiece of IPA activities. The summary of TAG proposals, activities and opportunities will be presented in this newsletter over the coming months.

Syria: A major topic of worry and conversation has been the plight of the children of Syria deeply affected by the three year war. The IPA Foundation has raised \$30,000 which has been distributed to the pediatric societies in Turkey, Lebanon and Jordan to assist their work with refugee children from Syria. Additional fund raising is underway. Any individual who wishes to contribute to this effort on behalf of Syrian children can connect to IPAF-world.org and use the "Donate" button in the middle of the page. The IPA has issued two statements urging all participants and sponsors of the war to guarantee protections for the children of Syria. One statement is for press release and posting on our website. Member societies are being asked to cosponsor this statement and will be acknowledged in the website

and wherever the statement is circulated. The second version (Example formatted for the AAP, see below) is designed for use by member societies as a local press and editorial statement.

Pediatric Medical Organizations Call on Global Community to Protect Children From War in Syria

Since the conflict in Syria began three years ago, millions of children have been forced from their homes, witnessed horrific abuse and violence, and have been deprived of basic access to education and health care. The American Academy of Pediatrics (AAP) and the International Pediatric Society (IPA) join other humanitarian organizations in calling on leaders to end the violence against children in Syria.

"We are all called to protect the innocents of the world," said Andreas Konstantopoulos, President of the International Pediatric Society, which represents 174 pediatric societies around the world. "The global community has the responsibility to end the violations against children that are occurring in Syria. An entire generation is being shaped by this conflict, and we have grave concerns about the long-term, catastrophic consequences for Syria, the region and beyond."

UNICEF, UNHCR, Save the Children, World Vision, and Mercy Corps have launched **No Lost Generation** -- a public call to stop the violence and suffering for children, ensure humanitarian access and respect for humanitarian law, and invest in protection, education, support, and peace building. The IPA and the AAP, representing 62,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists, joins UNICEF in urging key leaders to:

- End the violence against the children of Syria. All those involved in the fighting must fully respect humanitarian law, end the recruitment of



children, and commit to a peaceful resolution to this conflict.

- Stop blocking humanitarian assistance. Humanitarian organizations must be allowed to safely reach all those who are suffering.
- Halt all attacks against humanitarian workers and facilities - especially schools and hospitals.
- Renew the commitment to reconciliation and tolerance.
- Invest in the education and psychological protection of all children affected by the conflict.

“Children in Syria have been exposed to horrific violence, malnutrition, lack of health care, and separation from their families, and we urge leaders to invest in the psychological and medical support children need to emerge from the shadow of this conflict,” said James M. Perrin, MD, FAAP, president of the AAP. “Beyond the immediate toll of the violence, many children have gone without access to the type of preventive health care – including immunizations – which we know is so important to a healthy trajectory in life.”

The AAP and IPA call on local, national and international leaders to protect children’s rights in Syria and enable them to build a better future for their nation and for themselves.

The American Academy of Pediatrics is an organization of 62,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit www.aap.org.

The International Pediatric Association represents 174 national and international pediatric societies around the globe. IPA is dedicated to the well-being and protection of all children. For more information, visit www.ipa-world.org.

See more at: <http://www.aap.org/en-us/about-the-aap/aap-press-room/Call-on-Global-Community-to-Protect-Children-From-War-in-Syria>

World Health Assembly: Andreas Konstantopoulos, Zulfi Bhutta and Bill Keenan are scheduled to represent IPA during the World Health Assembly meetings the week of May 20. They will meet with the staff of the WHO Department of Maternal, Newborn, Child and Adolescent Health for continuing coordination and support.

The Technical Advisory Groups of Adolescent Medicine, Child Survival, Early Childhood Development, Non Communicable Disease and Nutrition are preparing IPA statements and recommendations to be submitted for consideration by the representatives of the WHA. Those statements will subsequently be available on the IPA website and in the newsletter. IPA will also sponsor a side event addressing urgent consideration in childhood malnutrition.

Dr. William J. Keenan

Executive Director, International Pediatric Association (IPA)



Snapshot from the International Pediatric Association (IPA) Executive Committee held in Oxford, UK, on March 24-25th, 2014



IPAF's Report

The IPAF is happy to announce the Recipients of the 2014 Grants

Besides the mentioned actions on conflict areas, the first tangible results of IPAF come in table. After a careful procedure carried out by the Board of Directors led by Dr. Errol Alden, fourteen grants were given as many realistic projects. Their feasible objectives adapted to the milieu where they were going to be developed, their appropriate design and the fact of being in connection to their National Societies were common factors in all, therefore determinants for their success in receiving the grant. It is worth to mention that with a much contracted budget fourteen new possibilities for improving child health in the determined areas would be possible. We should congratulate the winners but also to the non-winners because the constrained resources were in many occasions the cause. Please remain attentive to the eventual new edition of the IPAF's grants.

Contact Name	Country	Grant Name
Akiani, Nwadiuto	Nigeria	Quality School Health Programme in a Primary School in Obio Akpor Local Government Area, Rivers State
Albers, Gary and Colimon-Adrien, Jessy	Haiti	The Pediatric Subspecialty Educational Initiative at l' Hopital de l' Universite d' Etat d' Haiti (HUEH)
Ali, Salima	Pakistan	Capacity Building of School teachers for Adolescent Mental Health
Buresh, Chris and Kompare, Michelle	Haiti	Community Health Initiative
Haleem, Azad	Iraq	Antibiotics Utilization in Duhok City: Parmaca – epidemiological Study
Hassan, Seema and Farrukh, Naghamana	Pakistan	SHINE Humanity
Kandasamy, Sasidaran	India	Pediatric Acute Care Nursing Education and Training Program (PACNET)
Kandelaki, Nino	Georgia	2014 Immunization Children in Georgia
Namazova-Baranova, Leyla	Russia	Creation educational cartoons regarding the smoking damage for using in middle school for pupils 12-17 years old
Padankatti, Swathi	India	Managing Common Illnesses and Emergencies in Schools: A Program to train and empower school teachers
Pam, Sunday	Australia	Late Preterm Infants Post-birth rehospitalization Morbidity Study (LPREMS)
Rajendran, Aruna	India	Awareness Program Regarding Inherited Bleeding Disorders, Childhood Cancers and Blood Donations (ABCD)
Russell, Fiona	Ethiopia	Investigation of foot length, chest circumference, mid upper arm circumference as screening tools for predicting neonatal mortality in Ethiopia
Tuibeqa, Ilisapeci	Fiji	Surfactant Pilot Study



Treasurer's Report

The functioning of the IPA depends on a secretariat to carry out its essential administrative functions. For many years the secretariat was based in Geneva, but over the past two years, many of these functions have been moved to the United States and have

been carried out under the auspices of the American Academy of Pediatrics (AAP) in Chicago. Similarly, an IPA account has been opened in the US to facilitate its functioning. However, the Geneva accounts remain open as it is important to maintain a presence in Europe. The IPA has a contract with the AAP



whereby the latter will carry out the essential administrative functions of our organization. Costs of the website, auditing of accounts etc also need to be covered. In addition to these expenses, the main expenses of the IPA include:

1. Enabling the President and Executive Director to fulfil their functions e.g. representing the IPA at international fora such as the World Health Assembly etc. On occasions, other members of the Executive and Standing Committees may need to perform similar functions.
2. Meetings of the Standing Committee in between Congress years. These meetings previously were held twice annually, but, with modern means of communications and the need to curb expenses, these meetings are now held once a year.

The three main sources of income for the IPA are:

1. Annual dues by each of its member countries
2. "Profits" that may be accrued from the IPA Congress that is held every three years

3. Grants that may be received for specific projects

Annual Dues

Annual dues are based on the number of members of the national paediatric organization and form the core of the financing of the functions of the IPA. Over the years collection of annual dues has not been as efficient as it should be while some developing countries have difficulty in transferring money out of their own country. The result has been that collection of annual dues has been best during the Congress years as member countries and organizations need to have paid their dues in order to vote at the Council of Delegates meeting! Measures are now in place to improve the efficiency of collection of these dues. However, even if the collection of dues was 100% efficient, these would still not be sufficient to sustain our organization.

IPA Congresses

This has been an important source of income for the IPA over many years resulting in the accumulation of financial reserves that are important during periods of decreased income. The main sources of income for the congress are from those who register and attend the congress and from sponsorship from the trade. However, in accordance with the ethical guidelines of the IPA, we have to be selective with regard to trade sponsorship and, in addition, international rules regarding such sponsorship have appropriately been subject to greater regulation in recent years. The world economic slump since 2008 has limited the number of delegates attending our congresses such that the profits have been relatively limited.

Grants

These are received for specific programs and activities and contribute greatly to enabling the IPA to perform its important functions and raising its profile. However, these grants have to be spent



according to the purposes for which they were applied and add little to assisting with the costs of the essential functions of the IPA.

Tight controls over the finances of the IPA are in place. All expenses have to be approved jointly by the Executive Director, the President and the Treasurer. In addition, the accounts and financial statements are audited annually as required by law in the countries in which these are based.

The Future

The “housing” of the administrative functions of the IPA within the AAP currently is seen as a temporary arrangement. The IPA is looking at establishing a permanent office when the opportunity presents itself. However, with the limited income received from recent congresses, the IPA currently has fewer financial reserves than we would like. Thus efficient collection of the annual dues of member organizations and improving the income from the three yearly Congress are essential to ensure the ongoing financial viability of our organization.

Best regards,

Peter Cooper

Treasurer, International Pediatric Association (IPA)



IPA Statements for WHA

Dear fellow pediatrician:

The IPA is in an official NGO relationship with WHO. When the World Health Assembly (WHA- the WHO governing body) meets each May, IPA has the opportunity to submit statements for consideration by the WHA country representatives.

Below are four such statements: Prevention of Rh Disease, Adolescent Medicine, Early Childhood Development and Non Communicable Disease in Childhood. These statements reflect some of the thoughts and action of our Technical Advisory Groups (TAGs). Several more will be included in the next edition of the IPA newsletter.

Your comments and suggestions are always welcome.

Dr. William J. Keenan

Executive Director, International Pediatric Association (IPA)

Statement to the World Health Assembly 2014 **Prevention of RH Disease** **International Pediatric Association**

May 2014

The members of WHA have an opportunity to immediately improve global newborn health. Rh disease continues to cause death and lifelong injury for thousands of newly born babies each year. The extremely rapid red cell breakdown causes severe acute anemia and very high jaundice levels with resulting brain injury and /or death. Preventative steps for elimination are efficient and feasible. Administration of well-known and widely available anti-Rh gamma globulin to Rh negative women

shortly following birth has virtually eliminated this disease in higher income countries.

Currently the missed opportunity for the preventative provision of an effective Rh globulin is the direct cause of 41,000 stillbirths, 90,000 neonatal deaths and 41,000 children with severe and permanent brain damage (kernicterus) each year. These severe social and economic burdens are preventable.

We urge the members of the World Health Assembly to declare support for public awareness and the global availability of effective anti-Rh gamma globulin. We believe that the prevention of Rh disease should be part of every county health plan.

The IPA works closely with the International Confederation of Midwifery, the International Federation of Gynecology and Obstetrics, the Maternal, Newborn, Child and Adolescent Health Division of WHO and the pediatric societies in each country. The IPA pledges to support Rh disease prevention initiatives with coordinated, vigorous educational campaigns and practice augmentation tools for all providers of maternal and neonatal health care in each of the affected countries.

Statement to the World Health Assembly 2014 **Adolescent Medicine** **International Pediatric Association**

April 2014

The current cohort of young people worldwide is the largest it has ever been. Young people 10 - 24 years of age represent one quarter of the world's population. Four out of five young people live in less developed countries.



Mortality among young people has decreased less than in other age groups, however, most deaths in this age range are preventable.

Long term concerns include that nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviors that began during adolescence.

Most programs for adolescents narrowly focus on sexual and reproductive health, including HIV/AIDS. Adolescents have specific characteristics, capabilities and needs that evolve throughout the second decade of life. There is excellent evidence that positive interventions during adolescence can avert negative outcomes in adulthood.

- IPA strongly recommends that each country strengthens the protective aspects of the environment for adolescents and invests in preventive adolescent-sensitive programs. Policies and services should address the specific needs of adolescents. Effective services must be friendly, confidential and accessible.

Increased attention is needed to address unhealthy lifestyles, mental health issues and violence.

- IPA strongly recommends strengthening the adolescent development & health content of undergraduate training for health professionals, as well as post-graduate training of health professionals to help develop supportive systems for adolescents.
- The IPA urges that the World Health Assembly members adopt a resolution for global significant efforts in advocacy, comprehensive inter sectoral programs and evidence informed

policies to reach the most vulnerable groups, including adolescents with chronic conditions and disabilities, migrants, adolescents out of school or who are homeless.

Statement to the World Health Assembly 2014
Early Childhood Development
International Pediatric Association

April 2014

Early childhood is a time of remarkable physical, cognitive, social and emotional development. Events in the first few years of life are formative and play a vital role in building human capital, breaking the cycle of poverty, promoting economic productivity, and reducing social disparities and inequities.

7.6 million children under the age of 5 worldwide die each year. More than 25 times that number – over 200 million children – survive, but do not reach their full potential. As a result, their countries have an estimated 20 per cent loss in adult productivity.

Consistent and strong evidence continuously demonstrates that when the quality of stimulation, support and nurturance is deficient, child development is seriously affected. Early interventions for disadvantaged children lead to improvements in children’s survival, health, growth, and cognitive and social development. Children who receive assistance in their early years achieve more success at school. As adults they have higher employment and productivity, lower levels of welfare dependence and crime rates and better health than those who don’t have these early opportunities.



WE STRONGLY RECOMMEND MEMBER STATES OF WHA TO

1. ADOPT PUBLIC POLICY SUPPORTING EARLY CHILD DEVELOPMENT:

- Recognize the childhood experience as a major determinant of a child's later success or risk of failure
- Reduce fragmentation and develop a comprehensive early childhood system that addresses the whole child
- Value and support the needs of families with different compositions, cultures, and build on the strengths of existing delivery models.

2. PUBLIC POLICY SUPPORTING QUALITY CHILDHOOD SHOULD INCLUDE:

- An accepting environment responsive to individual differences, appreciating individual capabilities, and respectful regardless of a person's health, culture or, developmental, economic, or social status
- A child centered environment which helps them develop self-confidence and the ability to make appropriate choices and decisions
- An environment that promotes and supports good health and nutrition
- An environment in which children can express feelings, joy, curiosity, hunger, fear, happiness and receive an appropriate response from adults
- A nurturing environment that provides opportunities for meaningful relationships with both children and adults
- A supportive environment that fosters physical and psychological development at a pace appropriate to each individual child
- An environment rich in verbal and written communication

- An environment that reinforces and celebrates children's developmental accomplishments guiding the practice of newly acquired skills
- A dependable conflict free environment serving to counter the stress of insecurity experienced by all children during normal growth and change
- A nurturing environment free of toxic stress that protects them from inappropriate disapproval, teasing and/or punishment

Statement to the World Health Assembly 2014
Non-Communicable Diseases: a Global Health
Challenge
International Pediatric Association

April 2014

Non-communicable diseases (NCDs) cause millions of preventable deaths. Childhood and adolescence are critical times for adoption of lifestyles and behaviors responsible for adult NCDs.

Addressing underlying biological, behavioral and social early life factors in the prevention and treatment of NCDs requires attention from governments, CSOs, and the private sector.

Adolescents and youth, including those living with disability, deserve to enjoy the highest attainable standards of health and deserve equitable access to quality, effective and affordable services for prevention, early and accurate diagnosis, treatment, supportive care, rehabilitation, and palliative care.

Member States are urged to adopt the following recommendations:

1. Implement proven, effective life-course interventions within national child and



adolescent health and NCD plans, addressing NCD risk factors across the life-course, including but not limited to under and over nutrition; secondhand smoke exposure, tobacco, alcohol, and other drug use; physical inactivity; Human Papilloma Virus and Hepatitis B infection; injury prevention; and prevention of toxic childhood experiences.

2. Ensure access to quality affordable medicines, including cancer, asthma and diabetes treatments and pain relief for palliative care.
3. Ensure meaningful engagement of children, families and youth as stakeholders in NCD systems planning.
4. Scale up multi-sectoral responses, recognizing that many effective measures for prevention and management of NCDs require non-health sector legislation or regulation.
5. Ensure children and adolescents, including those with special health care needs, are considered for the post-2015 development framework. Integrate shared targets across all sectors, including education, gender, ethnicity and other areas that address disparities in underlying determinants of health.
6. Integrate social protection measures and adopt universal health coverage to mitigate the social and financial impact of NCDs.

News

POLIO ERADICATION – NEW UNKNOWN THREATS

The efforts to eradicate polio were in reverse gear late last year with 'real issues' and what could have changed the scenario for worse.

This is an effort to enlighten every one of the real ground situation as it exists today. However, there are people who seem to give exaggerated interpretation of facts in predicting end result.

We surely have had issues with reaching many a children to provide protection against polio in Karachi's five Union councils [UC] out 188 UC's in Karachi alone; we also have had difficulties in federally administered areas [FATA] including Waziristan. We have had plenty of successes in this regard since; with the Ulema [religious scholars] decrees favoring polio vaccination, Government's commitment in letter and spirit, Political will, social, technical support [PPA], our recent Polio SNIDs, have met remarkable success in almost all areas including UC4 Karachi and FATA except North and South Waziristan.

Nevertheless polio eradication efforts sometimes require force protection as it can be seen in the not very usual picture. Now polio efforts are low profile secured campaigns in specific localities and otherwise, that are making some dent.

The movement for eradication has taken up some speed again and obstacles are being tackled with reasonable precision.

UNICEF, EPI Sindh and President Pakistan Pediatric association recently held a very successful workshop for Journalist regarding polio, its issues, eradication strategy along with a lengthy interaction about

questions that should be answered and explained to masses and administration.

It is hoped [there are positive signals] that even children in Waziristan area shall have access to polio drops soon.

We feel that IPV should become part of the strategy along with polio, otherwise fuel for Anti-oral polio vaccine activity shall find another 'reason' to create problems.[vaccine derived polio; last few years we have documentation of quite of few cases]

I believe we have all reasons to feel that success in eradicating polio is around the corner; people might say that I am an optimist but I do have grounds to believe that end of polio is around the corner.

Professor Iqbal Ahmad Memon

President, Pakistan Pediatric Association Center 2012-2014

Member Standing Committee, International Pediatric Association 2013-2016





Continuous Medical Education (CME) official regulations

Last February IPA attended the Meeting of the European Union of Medical Specialists on 'Continuous medical education—Continuous professional development'. Representatives from the 50 medical specialties recognized by EU participated there. The analysis of CME—CPD on both sides of the Atlantic discovered how it is organized. The regulation of this extended educational system implies aspects for supporting industry, for the providers and rules for application. Without doubt our congresses and other Live Educational Event or electronic Educational Even we could approach will be affected and improved by such regulations with the added benefit for attendants of official recognition.

Global Forum on Food Security and Nutrition (FSN)

This Forum encompasses a series of studies promoted by the FAO's section dealing with Climate Changes. For this important fact three scenarios have been chosen to study the consequences in the next 30 years. IPA through its TAG on Nutrition is participating in the Scenario for Malawi. The present nutritional status of the Malawian children particularly under the age of five has led us to a proposal to maintain or even increase the crops of sorghum grains; its flour contains a reasonable amount of protein but little lysine content in it. Two possibilities, for short and long term, to increase this essential amino acid have been suggested. The contact with Professor Ken Maleta, President of the National Pediatric Society has been helpful at this beginning and hopefully will continue in this way.



CALL TO PEDIATRICIANS TO SUPPORT GAVI'S REPLENISHMENT

Immunization is one of the best investments we can make for future generations

The power of vaccines

Globally, more than 6.6 million children under five die every year from preventable diseases¹, and millions more suffer serious illness and permanent disability. Sadly, 1.5 million children under five still die every year from vaccine-preventable diseases in the world's poorest communities.

Immunization is widely recognized as one of the most successful and cost-effective health interventions available. Vaccines prevent an estimated 2.5 million deaths each year and give children the opportunity to both thrive and realize their full potential². Thanks to the power of vaccines, more and more children are able to grow up healthier, to spend more time at school, and to live a healthy, productive life.

Increasing public understanding of the benefits of vaccination is one of the pillars of the [Global Vaccine Action Plan \(GVAP\)](#), which provides an important framework for immunization efforts across the world and was endorsed by the World Health Assembly in 2012. The Plan aims to improve health by extending the full benefits of immunization to all people, regardless of who they are or where they live, by 2020.

Every child has a right to immunization. By striving to reach every child, immunization promotes health and equitable opportunities in life. These are also

the main drivers of the GAVI Alliance which exists to redress global inequities in access to new and underused vaccines.

About the GAVI Alliance

The [GAVI Alliance](#) is a global health public private partnership aiming to save children's lives and protect people's health by increasing access to vaccines in poor countries. The Alliance represents all the key stakeholders in immunization: implementing and donor governments; the World Health Organization; UNICEF; the World Bank; the Bill & Melinda Gates Foundation; civil society; the vaccine industry and private companies.

Drawing on the individual strengths of its members, the GAVI Alliance model helps to guarantee long-term, predictable funding through aggregating country demand, which can bring down prices, helping to ensure that generations of children in poor countries do not miss out on lifesaving, economy-boosting vaccines.

GAVI funding currently supports 11 vaccines, including those against pneumococcal disease and rotavirus, and human papillomavirus. GAVI is hoping to expand its vaccine portfolio in the future to prevent deaths from other major killer diseases such as malaria.

Since 2000, with generous support from donors and strong commitment from countries, the GAVI Alliance has helped to strengthen health systems and to catalyze an extraordinary surge in vaccine introductions, bringing global immunization rates to unprecedented levels. **GAVI has helped to immunize an additional 440 million children and saved 6 million lives.**

¹ <http://www.who.int/mediacentre/factsheets/fs178/en/>

² http://www.who.int/immunization/global_vaccine_action_plan/GVAP_Introduction_and_Immunization_Landscape_Today.pdf?ua=1



Despite this remarkable progress, **more than 22 million children worldwide still miss out on the full course of the most basic vaccines and less than 5% are fully immunized with all 11 vaccines.** More than half of these children live in just three countries: India, Indonesia and Nigeria.

The GAVI Alliance is currently in its third strategy phase, which covers the period 2011-2015. The current strategy period has been characterized by a dramatic increase in vaccine introductions, in particular rotavirus and pneumococcal vaccines, a shift in emphasis from broad health systems strengthening to more focused investments to improve immunization outcomes within an integrated health system, and an increased focus on shaping vaccine markets.

The GAVI Alliance strategy for 2016-2020, will be agreed in June 2014 and is likely to seek to build on the impact achieved during 2011-2015 and adapt to the changing environment in which the Alliance and its partner countries operate. Sustainability will be central to the next strategy period to ensure that graduating countries maintain and improve the performance of their immunization programmes after graduation.

After a period of rapid acceleration in the number of vaccine introductions between 2011 - 2015, GAVI Alliance’s next strategy will need to focus strongly on consolidation and integration to increase coverage and equity.

GAVI Replenishment and 2020 vision

The GAVI Alliance stands at a critical moment in time where it can dramatically accelerate progress achieved against the leading killers of children and women. With bold new commitments from donors, implementing countries, vaccine manufacturers and the private sector, coupled with the power of immunization, the GAVI Alliance has the potential to:

- Reach one billion children by the early 2020s;
- Nearly double the number of lives saved since GAVI was founded;
- Unlock up to 100 billion dollars in economic benefits through health care savings and productivity gains.

A high-level meeting hosted by the European Commission in Brussels on 20 May 2014 will mark the launch of GAVI’s next replenishment. This event will frame the tremendous opportunity for GAVI Alliance partners to support countries in consolidating gains achieved and accelerating progress post 2015.

How can we support GAVI?

As pediatricians we see the devastating effects on young children from vaccine-preventable diseases on a daily basis. It is our calling to treat and cure children but also to advocate for children’s health and wellbeing. Thanks to our key advocacy partners, the GAVI Alliance, [PATH](#), the [International Vaccine Access Center at the Johns Hopkins University](#), and [UNICEF](#) (among others), we now have access to all the necessary advocacy tools and also a strong



platform – the [IPA Advocacy Champion Initiative](#) – to promote broadly vaccines and immunization through all available channels (i.e. campaigns, public information, media, including social media).

If we want healthy children with a healthy future, **we need to urge our Governments to prioritize immunization and to call on donors to fully fund the GAVI Alliance.** In the lead-up to this critical replenishment meeting, we need to remind donors that investing in the GAVI Alliance will not only save millions of lives through vaccine programmes but also provide tens of billions of dollars in economic benefits for poor countries, and contribute to reaching the 2030 goal of eradicating extreme poverty. **Take action and have your voice heard to save children’s lives and secure a healthy future for children in developing countries.**

Dr Naveen Thacker, GAVI CSO Alternate Board Member and President Elect of Asia Pacific Pediatric Association

Ms Silvia Theodoridis, Advocacy Manager, PATH, member of the Vaccine Implementation Technical Assistance Consortium (VITAC).



Global Clinical Practice

CHILD BRIDES IN NOWADAYS

The Turkish Pediatric Association (TPA) was established in 1930 as the first pediatric association of Turkey and works on social problems of children in Turkey in addition to organizing congresses and meetings for scientific development of pediatricians. The TPA who addresses a different social problem at each congress has discussed the following subjects in the last 10 years: "The Status of Children in Turkey and in the World", "Children' Rights for Health Service", "Pediatrics and Ethics", "Children Who Die Because of War", "Hunger, Poverty, Child Brides", "Modern Education", "Child Workers", "Child abuse", "Children and Violence", "Disabled Children".

Unfortunately, "child brides" is still an important issue in Turkey. Official and unofficial figures do not match up with each other. There are studies which have shown that the rate of child brides in Turkey is about 30-35%. This rate has been found to be 42,5-59,5% in the eastern and southeastern provinces. According to a report prepared by the United Nations Population Fund, on child marriages in Turkey marriages below the age of 18 years constituted 28,2% of all marriages carried out in 2008. The total rate of marriages below the age of 18 years is 11,5%. Worldwide, the rates of child brides range between 0,6% and 5,7% in the Western countries, while they reach up to 60% in underdeveloped countries (Table).

Table: The frequency of child marriages in different countries

Country	Frequency of child marriage (%)
Canada	0,6
America	3,9
England	1,7
Finland	0,6
Sweden	0,4
Japan	0,7
France	0,6
Azerbaijan	12,0
Niger	61,9
Holland	2,4
Belgium	1,6
Germany	1,2
Italy	3,0
Spain	2,3
Portugal	5,7
Greece	5,5
Argentina	12,4
Afghanistan	53,7

According to the Convention on the Rights of the Child, a child means every human being below the age of 18 years unless there is a law which can be applied to the contrary and according to the World Health Organization, an individual's physical, mental, psychological and social maturation continues until the age of 18 years. These marriages of children who have not yet completed their mental and physical maturation which are carried out without their conscious consent mostly affect girls. With the impact of economical conditions, girls are forced to marry men who are far older than themselves. Furthermore, these marriages are rather carried out within the family and cause an increase in consanguineous marriages also.

According to the health surveys performed in Turkey (2008), 9,6% of women in the 15-19-year age group are married. One of each 12 women aged 17 years



has become a mother or has become pregnant. Pregnancies and deliveries of these children whose physiological developments have not yet been completed constitute serious problems. In addition, many complications including preeclampsia, miscarriage and bleeding are observed. The mother who is a child herself cannot claim responsibility for taking care of the newborn which is also a great responsibility. Girls who are forced to marry at an early age can not complete their education and this adventure which starts with socio-cultural deficiency continues the same in the next generations. The Turkish Civil Code considers a child who marries before the age of 17 years to be a child bride, but the same code states that a 17-year-old girl can be married with judicial decision in extraordinary conditions. Again, the same code states that a person who has completed the age of 15 years can be rendered adult by the court with his/her own will or with the will of the family. The judge can allow a man and a woman who have completed the age of 16 years to get married in extraordinary conditions and on valid grounds. The incidence rate of early marriages carried out with judicial decision as projected by the Turkish Civil Code is 15,5%. Unfortunately, a great portion of these marriages, carried out because of socio-economical reasons in Turkey occur as religious marriage ceremonies instead of civil marriage. This causes that the life of the "child bride" takes a child on her lap before recognizing her own body. This young mother who has no economic freedom becomes helpless if her husband has health or social problems. Domestic violence and psychological problems sometimes result in suicide of these children. In Turkey, the frequency of religious marriage alone is 7,4%. The rate of marriages carried out with only religious marriage ceremony is 30,7% in the 15-19-year age group.

As Turkish Pediatric Association, in this congress, we will once again emphasize the necessity that every human being should be considered a child until the age of 18 years in our country and in the world that all children have the rights for education and physical, mental and psychosocial development and that we, as pediatricians, should fight in this way. We believe that all pediatricians in the world will sincerely support us.

Prof. Fügen Çullu - Çokugrass

President, Turkish Pediatric Association

References

Ras-Work B.. The impact of harmful traditional practices on the girl child, elimination of all forms of discrimination and violence against the girl child, UNICEF innocent research center expert group meeting, Florence-Italy 2006: 25-8.

Birleşmiş Milletler İktisadi ve Toplumsal İşler Birimi. World marriage patterns, 2000 United Nations, population division, department of economic and social affairs, www.un.org/esa/population/publications/worldmarriage/worldmarriagepatterns2000.pdf. Erişim tarihi: 11.06.2012.

Özcebe H, Ünalın T, Türkyılmaz S, ve Coşkun Y. "Türkiye Gençlerde Cinsel Sağlık ve Üreme Sağlığı Araştırması". Ankara, 2007.

TÜİK2. 2008. "Demografik İstatistikler. http://www.tuik.gov.tr/PreTablo.do?tb_id=37&ust_id=11. Erişim tarihi: 10.04.2012.



28th International Pediatric Association Congress

Paediatricians around the world: Come to Canada in 2016

The Suez Crisis grips the world, Elvis Presley appears for the first time on *The Ed Sullivan Show*, and the Brooklyn Dodgers win the World Series: These were some of the stories making headlines in 1956, the year Canada last hosted the International Paediatric Association congress.

Sixty years later, the Canadian Paediatric Society will welcome the world for IPA 2016. Planning is underway for the next congress, which will be held in the west coast city of Vancouver, British Columbia in August 2016.

[Professional development](#) has been central to the CPS mission since it was formed in 1922. In addition to an annual scientific conference, we also host regional continuing medical education events, and a biennial conference on Indigenous child health with the American Academy of Pediatrics.

The CPS represents more than 3,000 paediatricians, paediatric subspecialists, paediatric residents, and other people who work with and care for children and youth. In Canada, most primary care is delivered by family physicians, so the CPS collaborates on many initiatives with the national college of family medicine.

Our peer-review journal, [Paediatrics & Child Health](#), is one of the most widely read subspecialty journals in Canada, with a circulation of 10,000 health professionals.

The CPS monitors rare diseases and conditions through the [Canadian Paediatric Surveillance Program](#), and ensures continued research into vaccine-associated adverse reactions and vaccine-preventable diseases through [IMPACT](#) (Immunization Monitoring Program, ACTIVE).

Canada has one of the highest rates of immigration in the world, so one of our current priority areas is newcomer child and youth health. We recently launched [Caring for Kids New to Canada](#), a unique online resource for health professionals working with immigrant and refugee families.

The CPS also works to increase [public awareness and education](#) about the health needs of children and youth. Our goal is to help parents make informed decisions about their children's health by producing reliable and accessible health information for parents and others who care for children.

Marie Adèle Davis

Executive Director, Canadian Paediatric Society

Jackie Millette

Director of Education, Canadian Paediatric Society

Healthy children
for a healthy world



INTERNATIONAL PEDIATRIC ASSOCIATION

International Pediatric Association Newsletter

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www.ipa-world.org

Calendar of Events

IV International Symposium Asociacion 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](http://www.eupm2014.com)

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

Annual ISSOP Conference 2014

June 16-18 2014

Gothenburg, Sweden

<http://www.nhv.se/ISSOP2014>

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>

5th International Conference on Clinical Neonatology

September 11-13, 2014

Torino (Turin), Italy

www.iccn2014.eu

3rd International Arab Neonatal Congress & 1st MEMAP update on Pediatrics

September 12-14, 2014

Dubai, UAE

www.anc2014.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/



**13th Congress Cameroon Pediatric Association
(SOCAPED) – Union of National African Paediatric
Societies and Associations (UNAPSA)**

November 20-22, 2014

Yaoundé - Cameroun

www.socaped.org

**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