



Message from the IPA President

Dear IPA Professional Colleagues and Friends for International Child Health

At the time of publication of the Newsletter, we are pleased that the Influenza A (H1N1) Pandemic is effectively under control. At the WHO Western Pacific Regional Meeting held in Hong Kong in September 2009, we are encouraged to learn from Dr. Margaret Chan, Director General of the World Health Organization (WHO), that the worldwide strategic actions against the Pandemic yielded appreciable results and that a vaccine against H1N1 is underway. Thanks to the great effort of the professionals but still we have to remember our mission as: *How can pediatricians and child health professionals work together to uphold global child health and to minimize the mortality and morbidity of our beloved children of the world?*

I attended the FIGO (International Federation of Gynecologists and Obstetricians) Congress in Cape town, South Africa on 6-9th October 2009 on behalf of IPA whereby I am most pleased to witness the amicable relationship between our two professional bodies both at the organization level and on the working level notably at the Partners on Maternal, Newborn, and Child Health (PMNCH) with effective strategic action plans made at the Implementation platform among the pediatricians, gynecologists and obstetricians, nurses and midwives. We also have good plans as how to place the healthcare professionals at the centre for coordination with other professionals in achieving the MDG4 and MDG5. I gave a talk on "The Continuum of Maternal, Newborn and Child Health Care: the Roles of Pediatrics" whereby I stressed the importance of cooperation and collaborations between professionals of IPA and FIGO especially in the age groups of newborn (vertical transfer) and adolescence (parallel partnership). The message was well received. Also during the Congress, IPA and FIGO jointly hosted two press conferences on Teenage Pregnancy and on Human Papillomavirus (HPV) which attracted significant attention from the

media with good coverage at the publications.

The IPA Standing Committee and Executive Committee met in Shanghai, China from 11-13th October 2009 where we have reviewed our performance to date and appreciated the good effort of our



Executive Director in moving forward our external relationship at the international child health arena, Dr. Swati Bhave for her editorship in the IPA Newsletter, Dr. Naveen Thatcher for the IPA Website, Dr. Judy Hall for her good work in structurizing the governance and monitoring the running of the IPA Working Committees, and Dr. Bill Keenan for implementing the self-evaluation form for assessing the fulfillment of duty by all IPA officers, executives, members of the Executive Committee and members of the Standing Committee. This is one of the attempts of the IPA management to establish good transparency, responsibility and credibility amongst ourselves: a sign of democracy within IPA. We resolved once again to uphold our ethics in the promotion of exclusive breastfeeding by safeguarding the "WHO Code for the Marketing of Brest Milk Substitutes" and the 'IPA Guidelines on Relations with the Industry". The IPA Ethics Committee has also proposed more ethical guidelines for child health which were approved by the IPA Standing Committee and will be circulated to member societies of IPA, WHO, UNICEF, FiGO and be promulgated via our website. We are pleased to have our Technical Advisors of the IPA Programmes present at the Standing Committee Meeting to update us on the programme areas and guide us on the future directions of the programmes and their implementation strategies. Throughout the



SC discussions, we have reiterated time and again the importance of IPA members participation at our activities for their contributions in terms of manpower and expertise, their sense of belongings and their interactions with WHO, UNICEF and FIGO at the regional and national levels for realization of vertical approach for international child health. We of course also updated our organization of the IPA 2010 Congress in Johannesburg and our activities for the Celebration of the Centenary of IPA (our beloved family was established in May 1910 in Paris). We thank Professor Hussein Bahaaeldin, Chairman of the IPA Alumni and Archive Committee, for preparing, producing and financing production of the CD on "History of IPA". This will be launched at the time of our Congress 2010.

The IPA Standing Committee is pleased to participate at the 2009 Congress of our Regional Society APPA (the Asia Pacific Pediatric Association) which was well organized by the Chinese Pediatric Society and the Chinese Medical Association under the capable leadership of Professor Xiaohu He (Congress President), Professor Yonghao Gui (President of the Chinese Pediatric Society and Chairman of the Congress Scientific Committee) and Professor Kunling Shen (President-Elect of the Chinese Pediatric Society and Secretary-General of the Congress). The Congress was well attended by more than 2,600 professional breaking the record of APPA Congresses in number of attendance. The Congress invited excellent speakers with cutting edge topics on child health.

There were three important additional achievements from the Congress, namely 1) the meeting by the International Pediatric Academic Leaders Association (IPALA) formerly known as the Committee for Pediatric Chairs whereby they have formulated strategic plans for the establishment of their organization so as to provide quality training to our budding doctors, 2) the Pre-Congress Workshop on Promotion of Breastfeeding from the Perspectives

of Pediatricians and Healthcare Professionals whereby after a full-day workshop well attended by professionals and actively participated by WHO top officials we have launched an APPA Statement affirming our commitment to promotion of Breastfeeding and the importance of infant nutrition in the first year of life; and 3) The meeting of pediatric nurses from many of the Asia-Pacific countries with strategic action plans under the convenorship of Ms Susanna Lee (Hong Kong, China) with the target date for the inauguration of the Asia Pacific Pediatric Nursing Association by the time of the next Congress by 2012 at Sarawak, Malaysia. We congratulate good effort of the pediatric nurses, our close partner on child health, and wish them every success in their endeavor.

The climax of the Congress was the hand-over of the APPA Presidency from Professor Sanath Lamabadusya (Sri Lanka) to Professor Xiaohu He (China) and the announcement of the 14th APPA Congress in Malaysia in September 2012.

At the time of the APPA Congress, the American Academy of Pediatrics (AAP) is also having a successful Annual Scientific Meeting in Washington DC. We congratulate AAP for organizing an excellent meeting as always but regret that many of our colleague pediatricians were unable to attend both. This is pity. In order to avoid such clashes of major scientific and professional meetings in the future, IPA has inaugurated an Online Calendar for International Child Health Meetings which will cover meetings for more than ten years in the future. We appeal to you to supply your meeting information and details so that we can constantly update our calendar for your kind reference. We thank you in advance for your support!

I thank you for your kind attention and look forward to receiving your instructive guidance for our work and activities. Above all please accept our best wishes to you all for the best of health!

Dr. Chok-wan CHAN
IPA President



From the desk of the editor

Dear IPA members

It gives me great pleasure to bring out the quarterly issue of the 2009 IPA News letter. All my hard work feels well worth it when I get appreciative responses from readers all around the world.

This quarter IPA has really been very busy and we have news of IPA representation at the Global level from our President and Executive director. We have news about regional events from AAPA, EPA /UNESPA and UNPSTR. I request other regional societies also to send news about their events.

I wish I could put in more and more news from our National Pediatric societies. We have news from only the Canadian Pediatric society sent by our active EC member from Canada Judith Hall. This is earnest appeal to all the National pediatric societies to please send me news at swatiybhave@yahoo.com with a copy to Clea admin@ipa-world.org so that I can put it in the next issue .We in IPA are very interested in all the activities that our member societies are doing.

IPA has various program areas as reported in the Jan-mar Newsletter. In this issue we have a report from the Environment area by the TA Ruth Etzel, USA and the area Quality of care and evidence based medicine by the Technical advisor Giorgio Tamburlini, Italy. In subsequent issues we will put reports from our TA's for other program areas.

Our website www.ipa-world has taken very good shape under the leadership of Dr Naveen Thacker from India. Please browse through it and send us your feedback and suggestions.

I have again put the readers response. Please do send us your *response for this issue of newsletter also.*

Yours in Academy service

Dr Swati Y Bhave



News from IPA Program Areas

IPA Program area on Children's Environmental Health

Introduction

There is mounting evidence that environmental factors contribute substantially to many childhood diseases. The ways in which the environment affects diseases and health conditions can differ from child to child depending on age and developmental stage, geographic location, nutritional status, socioeconomic status and genetics.

In practice, environmental health focuses on the effects of environmental agents that fall into three main categories:

1. Pollutants and chemicals such as lead, mercury, and ozone.
2. Useful commercial products that enter our environment and may have health implications, such as pesticides and herbicides.
3. Natural toxins that are part of our everyday life, such as toxins produced by molds, bacteria, and certain fish and shellfish.

Pediatricians in many countries are faced with concerns about the ways in which environmental contamination affects children. Consider, for example, the melamine contamination of infant formula in China in 2008 or the epidemic of aflatoxicosis in Kenya in 2004. Pediatricians may not have the time, however, to pursue extra training in environmental health. To assist in this endeavor, the International Pediatric Association and the World Health Organization have developed a curriculum for use in training pediatricians and others who care for children.

Why is it important for IPA to have this Program Area?

The reason that it is important for IPA to have this

program area is that the underlying causes of many childhood diseases are environmental.

1. *Unsafe water, poor sanitation, and hygiene*

Nearly 1.1 billion people in the world are still without access to safe drinking water. Nearly 2.4 billion people, including half of all Asians, lack access to sanitary means of excreta disposal.

With proper sanitation, proper hygiene, and safe drinking water, diarrhea can be decreased 22% and deaths resulting from diarrhea can be decreased 65%. Because diarrhea accounts for 12% of the deaths of children younger than 5 years, improvements in water and sanitation are critical to the child

health agenda.

2. *Indoor Air Pollution*

The provision of air that is safe to breathe is just as important as safe water. About 2.5 billion people use solid fuels (biofuels or coal) for cooking and they breathe air that is heavily polluted with pollutants from burning these fuels. Ninety percent of rural households in low-income countries and a total of two thirds of the households in developing countries use biomass fuels for cooking and/or heating. This creates levels of gas and particulate pollutant mixtures that are much higher than permitted under typical regulatory limits. About 3.6% of the global burden of disease can be attributed to indoor air pollution from the use of solid fuels. Behavioral interventions such as keeping children away from the stove during cooking, using dry wood, and cooking outdoors, whenever possible, can be recommended by health care workers.

3. *Tobacco*

More than a thousand million adults smoke worldwide. About 5 million people a year – almost 14,000 every day – are killed by tobacco, more than are killed by any other agent. By 2025,



Dr Ruth Etzel
Technical advisor IPA Program area on
Children's Environmental Health



tobacco will kill 10 million people a year, 70% of them in developing countries. Around 700 million, or almost half of the world's children, breathe air polluted by secondhand smoke. Secondhand smoke contains more than 4000 different chemical compounds, many of which are poisons. Exposure is linked to upper and lower respiratory illness, including otitis media and asthma, sudden infant death syndrome (SIDS), and some cancers. There is no safe level of exposure to secondhand smoke. The World Health Organization urges all countries to pass laws requiring all indoor public places to be 100% smoke-free. Pediatricians can take an active role in educating parents and supporting smoke-free public policies.

4. Lead

Children with elevated lead levels have lower intelligence scores, more language difficulties, attention problems, and behavior disorders. A major source of exposure to children has been leaded petrol. Currently, all but 16 countries have eliminated lead from petrol. Pediatricians can be an important voice for policies to reduce children's exposures to lead from petrol.

5. Vector-borne diseases

A considerable proportion of the disease burden for four key vector-borne diseases – malaria, schistosomiasis, Japanese encephalitis, and dengue, dengue hemorrhagic fever – falls on children under 5 years of age. Several of these diseases are related to housing construction and design. Malaria risk is greater for people living in poorly constructed houses (e.g., with incomplete thatched roofs) than for those living in houses with complete brick and plaster walls and tiled roofs. Malaria risk also increases if housing is located near water where mosquitoes can breed.

History when was this program started. what has been done so far

The IPA began building its activities on children's environmental health in 2001. In 2004, with a grant from the US EPA, the IPA launched the International Pediatric Environmental Health Leadership Institute. The objective of the Institute

was to prepare each participating pediatrician to achieve the following competencies:

1. Understand the influence of environmental agents on children's health
2. Recognize signs, symptoms, diseases and sources of exposure relating to common environmental agents and conditions
3. Complete a pediatric environmental health history and record potential environmental hazards and sentinel illnesses
4. Recommend a course of preventive action or make appropriate referrals for conditions with probable environmental etiologies
5. Demonstrate a knowledge of risk communication in patient and community intervention with respect to the potential adverse effects of the environment on health
6. Recognize the full range of resources available to support their work in the field of pediatric environmental health
7. Understand the reporting requirements and regulations in the country or community.

Report of Activities

1. Workshop on Children's Health and the Environment, Nairobi, Kenya, October 12-14, 2005
2. Workshop on Children's Health and the Environment, New Delhi, India, February 23-25, 2007
3. Workshop on Children's Health and the Environment, Port-au-Prince, Haiti, June 3-6, 2007
4. Workshop on Children's Health and the Environment, Athens, Greece August 25, 2007
5. 3rd WHO International Conference on Children's Health and the Environment: From Research and Knowledge to Policy and Action, Busan, Republic of Korea, June 7-10, 2009
6. 14th World Conference on Tobacco or Health, Mumbai, India, March 8-12, 2009



WHO IPA Pre-IPA Congress Workshop Athens, Greece Aug 2004
Ruth Etzel giving lecture and the audience



WHO IPA Pre-IPA Congress Workshop Athens Greece Aug 2004.
Ruth Etzel & Swati Bhave (faculty) with some diplomats who passed the exam



Ruth Etzel IPA President Elect Sergio Cabral and Jenny Pronzowitz from WHO



IAP WHO IPA Workshop on environment hosted by the Indian Academy of pediatrics in New Delhi India Feb 2007
Swati Bhave Chair person IAP Child & Environment group with her team Sangeeta Yadav, Harish Pemde and others



Collaboration with International Agencies

IPA collaborated with the World Health Organization to develop the International Pediatric Environmental Health Leadership Institute. For the 2005 workshop in Nairobi, the United Nations Environment Programme also collaborated.

Future Plan of Action

- 1: Put Children's Environmental Health Training Modules on the IPA website and advertise to pediatricians worldwide.
- 2: In collaboration with at least 3 National Pediatric Societies, conduct workshops to train pediatricians in children's environmental health and improve their capacities for leadership in the recognition, diagnosis, prevention and management of pediatric diseases linked to environmental factors and enable them to offer advice and information to policymakers in their communities.
- 3: Standardize, evaluate and ensure the competence level of pediatricians in children's environmental health through an international credentialing program that will be implemented in coordination with National Pediatric Societies.
- 4: Facilitate global communications, networking and exchange of ideas among pediatricians on prevention and treatment of childhood illnesses linked to the environment.
- 5: Write a manuscript for the peer-reviewed literature summarizing the progress in developing the Pediatric Environmental Health Leadership Institute.
- 6: Write a grant to support the development of a rapid response team of pediatricians with specific training who could respond to requests from the World Health Organization and other organizations when environmental disasters occur and a pediatrician's advice is needed.
- 7: Work with other organizations towards the elimination of tobacco from homes with children and the elimination of lead from petrol.

Submitted by IPA Technical Advisor Dr. Ruth Etzel

IPA Program on Quality of care and evidence based medicine



IPA Technical advisor
Giorgio Tamburlini, Italy

Introduction

Social determinants of health play a major role in influencing exposure and susceptibility to disease, and together with inequalities in access to care are the main causes of the striking differences in child mortality across countries. But quality of care, at both primary care and hospital level, also play an important role in influencing child health outcomes. However, despite evidence that there is substantial scope for quality improvement even without major investments, and that inequities in quality may be as important as inequities in access, the quality of care issue has been neglected in international as well as in national programmes aimed at decreasing child mortality. Based on current guidelines it has been estimated that about 10-20% of sick children presenting for primary care, i.e. the most severely ill, may require referral to a first referral or district hospital. The quality of care provided in these hospitals is likely therefore to have a major impact. There is good evidence that hospital care is often deficient in many countries, including a study of 21 hospitals across 7 countries in Asia and Africa (Nolan, 2001). This study showed that more than half of the children



were under-treated or inappropriately treated, with antibiotics, fluids, feeding or oxygen. Lack of triage and inadequate assessment, late treatment, poor knowledge of treatment guidelines and insufficient monitoring of sick children were key adverse factors observed.^{5, 6} Hospital assessment exercises supported by WHO over the past few years have found similar deficiencies in countries including Cambodia, Indonesia, Kazakhstan, Russia, Solomon Islands and Timor Leste. Similar observations were made in studies in Kenya, with clear indications that most practitioners were neither aware of nor followed international guidance on best practice, and by assessments carried out in Brazil and Angola, where severe malnutrition and triage and emergency care were identified as priority areas to be addressed to decrease hospital mortality.

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Why is it important for IPA to have this area as a program area and the role of National Pediatric Societies?

There is now substantial global experience of strategies and interventions that improve the quality of care for children, particularly in hospitals of countries with limited resources. WHO has developed a toolkit containing adaptable instruments, including tools for quality assessment, a framework for quality improvement, and evidence-based clinical guidelines in the form of the Pocketbook of Hospital Care for Children, teaching material, and mortality audit tools. These tools have been field-tested by doctors, nurses and other child health workers in many developing countries. In most countries paediatricians may not be available at primary care but they are responsible for child care at hospital level. The challenge for them is to bring these and other strategies to scale, and to support research into their use, impact and

sustainability in different environments. Hospital care represents in most countries the very heart of paediatrician's role and therefore IPA must see in this area a priority area for collaborations with national societies. National Paediatric Societies should play an important role in improving QoC across the health system by promoting and disseminating existing clinical standards (such as I(N)MCI guidelines and the Pocket book for hospital care, the latter endorsed by IPA) as well as promoting training and CME on quality of care assessment, tools and quality improvement strategies. Pre-service and in-service training in evidence based paediatric medicine - including in academic centres - is an essential component to promote and maintain good quality of care for children, and to provide paediatricians with the knowledge and skills for developing and updating clinical practice guidelines and protocols.

History in IPA when was this program started. what has been done so far

The Quality of care issue was first addressed by a plenary lecture given by Giorgio Tamburlini at the IPC held in Cancun in 2004. The plenary lecture was accompanied by an introductory symposium. Then the issue was again addressed in Athens with a symposium which reported several experiences of quality assessment carried out at country level. The issue of evidence based paediatric practice (sources, debate on EBM, current experiences and available tools) was addressed by a plenary lecture at the Athens meeting. IPA has been thereafter active in several meetings on this subject including a meeting organized by WHO in Bali in 2008 and several Regional meetings. The results of the Bali meeting have been disseminated widely and reported in a paper published in *Pediatrics* (see references).



IPA has established a working group on QoC and EB pediatrics. The technical advisor Giorgio Tamburini, former SC member, is also assisting WHO in several programmes aimed at improving quality of care and disseminating existing guidelines at country level. Currently Quality of care is among the priorities of the collaboration between IPA and WHO- Child Health and Development.

Future plan of action for the program area

The overall objective is to introduce principles methods and available tools for QoC, essentially but not exclusively addressing hospital care, at country level. The Technical Advisor has proposed joint IPA-WHO training workshops on EBP and QoC to be run at national or regional level. A modular, flexible approach is proposed so that training modules can be adapted to the contexts, resources and needs of national/ regional settings. Module 1a and 2a can be combined in a one-day workshop. Module 2a and 2b can be either proposed separately or combined in one 3-day EBP-QoC workshop. Workshops can be organized back to back with regional national meetings to optimize the use of resources. Short workshops can be run with just one external teacher/facilitator. Long workshops need at least two external facilitators. Financial arrangements could work as follows: WHO (HQ, Regional offices or country offices depending on available funds) could cover the cost of the facilitator/s (travel per diem and fees). All the remaining costs could be covered by National societies. "Back to back" timing of the workshops with national/regional meetings and congresses should be considered to reduce costs and optimize use of time and resources.

Example of workshops contents

- Module 1a. **EBP short module** (3 1/2 hours)

Introduction definitions & history, sources of evidence and limitations, use of Pub Med etc.),

Plenary session **Examples of clinical queries and evidence based answers** (chosen from International Child Health Review Collaboration clinical queries archive, see www.ichrc.org), ideally as a working group session (in this latter case 1 PC and internet connection per group is needed). Both IMCI and Pocket book examples are used (mix to be chosen based on national health system context and role of paediatricians in the system).

Strategies and plan for implementation in the national context, plenary session

- Module 2a. **QoC short module** (3 1/2 hours)

Introduction: definitions & history, available evidence and experience.

The quality assessment tool and adaptation to national contexts.

Quality Improvement strategies: advantages and disadvantages, ideally as working group's session.

Strategies and plan for implementation at national level, plenary session.

- Module 1b. **EBP standard module** (1 1/2 days)

Follows the short module, but time devoted to clinical queries from ICHRC is much longer (4 hours) with participants directly involved in Pub Med Search (needs at least 1 PC station and internet connection per group of 4-5 participants). Examples from both IMCI and Pocket book.

A session is included on contextual factors and patients factors (issues of feasibility, compliance, etc.) that may limit or modify the proposed (gold) standard of care.

A session is included on community and public health issues (Evidence Based Paediatrics and Child Health, list of effective public health



interventions, etc.).

The strategic and planning session is longer (at least 2 hours).

- Module 2b. **QoC standard module** (1 1/2 days)

Follows short module sequence but time devoted to assessment tool and strategies is much longer with participants involved in discussing and adapting the assessment tool and in identifying the QI strategies that may be more effective in their settings. A session is included on introducing basic elements of QoC in pre-service training.

A session is included on community and public health QoC issues.

The strategic and planning session is longer (at least 2 hours).

Note: a workshop on quality of care was held in Dakha, Bangladesh on June 21-24 with the support of IPA.

IPA also recommends the use of the following:

- Summary of relevant RCTs (2004 to 2009) see reference no.4
- List of ICHRC available reviews (see ref. no. 6) (www.ichrc.org)

Submitted by IPA Technical advisor (Giorgio Tamburlini, Trieste, Italy).

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IPA representation in International agency programs

IPA was represented at three recent meetings concerning Health Professional Organizations and the Global Health Agenda. These issues are important to our profession and our goal of addressing issues of child survival, health, and development through our wide network of national and regional pediatric societies.

March 2009: Working meeting of Health Care Professional Associations of the Partnership for Maternal Newborn and Child Health, with attendance also from PMNCH secretariat



representatives and from the Government of Norway.

IPA was represented by treasurer Zulfiqar Bhutta and Executive director Jane Schaller.

The Partnership for Maternal Newborn and Child Health, a global partnership brings together the major world agencies concerned with Maternal Newborn and Child Health from WHO, UNICEF, The World Bank, donor country organizations (the “bilaterals”), Health Ministries from developing countries, NGO’s , and Health Care Professional Associations (IPA, FIGO, ICM). PMNCH is notable for the prominent representation of health care professional associations who occupy three board seats with three alternate members (Zulfiqar Bhutta and Jane Schaller representing IPA), and academicians who occupy three seats, two of which have also brought pediatricians to the table (Vinod Paul of India and Joy Lawn of Saving Newborn Lives).

The Health Care Professionals representatives on the Board have together and started own initiative geared to country level workshops to bring together pediatricians, obstetricians, midwives, and nurses at country level to discuss their professional societies, their professional situations, and their issues in maternal newborn and child health, and to discuss how they could work together at country level for Maternal Newborn and Child Health. So far three workshops have been held, two in Africa and one in South Asia. Two more workshops are being planned, one in the Middle East and one in Latin America. Each of these workshops will have brought together two pediatricians, two obstetricians, and two midwives or nurses from each of the five participating countries. Sixteen countries represented at three Regional PMNCH

HCPA workshops 2006–2008.

The first workshop for Anglophone Africa (held in Malawi November 2006) included Peter Cooper from UNAPSA and Jane Schaller from IPA and 2 pediatricians from each country: Ethiopia, Malawi, Nigeria, Tanzania, and Uganda .

The second workshop for Francophone Africa (held in Burkina Faso March 2008) included Cherif Rahimy and Francois Tall from UNAPSA and 2 pediatricians from each country: Burkina Faso., DRC, Mali, Niger, and Senegal.

The third workshop in South Asia (held in Dhaka Bangladesh November 2008) was organized by IPA under the guidance of Zulfiqar Bhutta and brought together pediatricians from six South Asian countries along with their counterparts in OB and midwifery / nursing: :Afghanistan, Bangladesh, India ,Myanmar, Nepal, Pakistan.

Several points have become apparent as a result of the workshops:

Health care professionals play a critical key role in Maternal Newborn and Child Health at country level with many potential important roles including leadership, setting standards, teaching and training of health care givers at many levels, advocacy, national policy, and provision of care.

- Health care professional organizations from OB-GYN, Pediatrics, Midwifery, and Nursing have not traditionally worked together at country level in the interests of maternal newborn and child health. Working together they can have a stronger voice in maternal newborn and child health practice and policy within their own countries.
- There is a critical shortage of Health Care Professionals in the developing world which demands attention. Health system strengthening is an urgent need if issues of



Maternal Newborn and Child Health and achievement of the Millennium Development goals are to be addressed.

- Professional societies at country level lack the means to function well. Too often various agencies have worked with selected individuals only, but our position is that the professional societies are extremely important as they represent the majority of health care professionals within a country.
- Our HCPA voices are now being heard on the global stage. One major donor, the Government of Norway, has come forward with interest in working with Health Care Professional organizations; we owe gratitude for this to our colleague Sverre O. Lie (past IPA Standing and Executive Committee member and IPA Coordinator) who has used his advocacy with the government of Norway to push this issue. The guidance of a major donor such as Norway is important in our seeking support to enable IPA and other Health Care Professional Organizations to carry out our mission. A representative of the Government of Norway attended the HCPA meeting June 27th and 28th, along with Sverre Lie.

June 2009: Geneva WHO Global Consultation on the Contribution of Health Professions to Primary Health Care and the Global Health Agenda

IPA was represented by Jane Schaller Executive Director IPA. The purpose of this meeting, convened by the WHO Division of Health System Strengthening, was to bring together a wide range of International Health Professional Organizations to create a Global Health Professional Network (GHPN) and to establish a virtual platform to share knowledge. No other

specific actions have yet been defined for this group. A wide range of international health professional organizations ranging from law, environment, ergonomics, to health care professional organizations participated. The Healthcare Professional Associations represented at this meeting by one representative each were FIGO, ICM, and IPA. This consultation was particularly interesting because of the wide range of international organizations concerned with health, but not necessarily with actually providing health care. The building of such a Global Health Profession Network (GHPN) and of a virtual knowledge platform are of interest. IPA has joined in this endeavor. There was also an emphasis on primary health care in this consultation, seeking consensus that primary health care is a crucial component of global health. In this regard the IPA statement on primary health care to the World Health Assembly in May 2009 is of interest and is attached to the Executive Director report above.

June 2009: A Working meeting of PMNCH HCPA representatives was devoted to planning implementation of the two PMNCH overall work plan segments that are the responsibility of the HCPAs: Essential Interventions and Health System Strengthening. We also addressed an amended and expanded version of the Norwegian work plan developed during a recent consultation in Norway attended by Chok-wan Chan, Zulfiqar Bhutta, and Jane Schaller for IPA, along with representatives of FIGO, ICM, The International Council of Nurses, and representatives of the Norwegian Government and Donor Organizations.

IPA has been awarded a grant to develop a database network for the Health Care Professional Organizations, beginning with IPA, FIGO, and ICM. This database will be extremely valuable in a number of ways, but its true value depends on the



provision of accurate contact data for health care professional organization association leaders in a number of countries. We are planning to begin with the health care professionals who have attended the PMNCH workshops, as well as our respective member organizations. Getting our PMNCH database up to date and maintained up to date are crucial to this effort. This PMNCH database is being administered by the Executive Director's office in Vancouver under the capable direction of Sharon Buchman.

A number of countries have been suggested for overall MDG action, based on various interests of different international organizations. Currently the Countdown to 2015 targets a list of sixty eight countries with problems in Maternal and Child Health. A list recently compiled by the maternal mortality advocates lists twenty five countries where maternal survival is a major problem; in each of these countries child survival is also a major issue. The Norwegian government has recently tallied a list of forty eight countries which need emphasis. For the present time PMNCH has chosen to go with the list of twenty five countries, noting that they all have major problems in maternal, newborn, and child survival.

IPA should pursue its initiative on developing country level action related to the MDG's with our National Pediatric Societies taking the lead. In this regard we are contacting the Pediatric Society Leaders of the twenty five PMNCH targeted countries to invite them to join hands with IPA in defining their national needs in child survival and health and development, the bottlenecks preventing their success, the possible role that the pediatric society could play, and the support that would be needed for the pediatric society to function. Sverre Lie, (IPA Technical Advisor for the Millennium Development Goal project),

Zulfiqar Bhutta, (IPA Technical Advisor for Newborn and Child Survival), and Jane Schaller are in the early stages of initiating this endeavor.

Shortened version of report submitted by Jane Schaller Executive Director IPA.

News from National Pediatric Societies

June

The Canadian Pediatric Society (CPS) Annual meeting in Ottawa, June 24th-28th, The International Child Health Section of CPS is working together with the American Academy of Pediatrics (AAP) to enhance educational and information activities of both societies. They have developed a curriculum for pediatric residents who plan to work overseas. The curriculum includes global child mortality, malnutrition, refugee and immigrant health, and returning travelers. It will roll out for pediatric residents in September 2009.

The Canadian project, "Health Child Uganda" continues to expand with great training opportunities for residents and with involvement in the training of community health workers as a priority. Alberta Rotary Club Associations have been very helpful in supporting residents' travel.

The Hillman International Travel Awards for Canadian pediatric residents have been extremely successful. The travel of two residents a year is supported by this CPS fund.

Journal Club/Book Clubs on international health are being developed locally across the country.

Submitted by Judith G. Hall, Canadian IPA Standing Committee Member & IPA Executive Committee Member.



News from IPA Specialty Societies

September

International Pediatric Nephrology Association (IPNA)

IPNA Council Meeting Birmingham, United Kingdom Sep 1st & 2nd

(IPNA now has 1589 members. IPNA website: <http://www.ipna-online.org>)

This meeting was held ahead of the regional meeting of European Society of Pediatric Nephrology. Most of the council members attended this meeting. Reports were also presented from 7 regional societies' reports (Latin American, American, Australia & New Zealand, Africa, Asian, European and Japanese).

As an official society, IPNA would like to work out an *International Classification of Diseases* (ICD) proposed by Dr Franz Schaefer, Germany.

IPNA fellowship program was started ally 20,000 USD to 180,000 USD (the best yearsince 2003 by financial support from IPNA, annu 2009). I This has benefited a lot doctors from the countries, areas or regions underdeveloped in the field of pediatric nephrology. So far about 120 fellows finished their training and have gone back to their home countries to provide childhood care on renal diseases. IPNA fellows earns the following benefits, support by IPNA to attend a national or regional Pediatric Nephrology meeting, a free gift of TEXT book of Pediatric Nephrology and discount registration for IPNA congress. Now there are 30 training sites/centers approved by IPNA located in many countries in Europe, United States, Argentina, Brazil, Chile, South Africa, Singapore, India, Korea etc A new one will be

started in China at Peking University .

IPNA teaching course: Over the past year, IPNA supported several courses in Asia (Beijing, Shanghai, Vietnam, AsPNA), Africa (Lagos), Europe (Russia), Latin America (Panama City) and the US (Miami meeting). Requests can be made for the courses to IPNA which will be assessed and analyzed locally. The relevant committee is chaired by Dr. Pierre Cochat, France and works with several other councilors. Purpose of the teaching Course is to distribute the basic as well as updated knowledge and skills on pediatric nephrology.

The official journal of International Pediatric Nephrology Association (IPNA) is *Pediatric Nephrology*. The impact factor has increased from 1.936 to 2.321 by the hard work of Editors Otto Mehls and Michel Baum along with all editors and reviewers. The contents of Educational Features (including Educational Reviews and Clinical Quiz) are welcomed very much by readers. These columns are accompanied by self assessment questions.

The official text book, Pediatric Nephrology :The new edition (6th edition) of will be published soon edited by Dr Niaudet, et al and published by Springer.

The History of Pediatric Nephrology is an on-going work for IPNA, to be completed by next year.

Submitted by Jie Ding, President of International Pediatric Nephrology Association (IPNA) & Chinese Society of Pediatric nephrology.

News from Regional Pediatric societies

June 26-27 Ukraine



UNPSTR – (The Union of Pediatric Societies of Turkish Republics established in 1993)

9th Regional Congress of Pediatrics” in Crimea Autonomous Republic of Ukraine

106 registered participants from seven countries: Azerbaijan, Baskhortostan (Russia), Kazakhstan, Kyrgystan, Turkey, Uzbekistan, and Autonomuos Republics of Crimea (Ukrain Organized by UNPSTR in collaboration with the Ministry of Health of Autonomous Republic of Crimea, and Crimean State Medical University), Ihsan Dogramaci (Honorary Presidents of IPA, UNPSTR, and International Children’s Center - ICC), and Tair Musayev (Vice Minister, Ministry of Health of Autonomous Republic of Crimea) were the Honorary Presidents Byelalova Lyenura Yagyayevna (Crimean State Medical University) was President, Nasib Guliev (President, UNPSTR) and Enver Hasanoglu (Secretary General, UNPSTR) were Vice-Presidents, and Murat Yurdakok (Past-President of the Turkish National Pediatric Society) was the Secretary of the Congress.

Musaev Tair Akimovich (Vice-Minister of Public Health of Autonomus Republic of Crimea), Nasib Guliyev (President of UNPSTR), Enver Hasanoglu

(Secretary General of UNPSTR), Anatoliy Kubyshkin Vladimirovich (Scientific Investigations Prorektor of Crimean Medical University), Nikolay Kaladze Nikolayevich ((Head of the Department of Pediatrics, Crimean Medical State University), and Lyenura Byelalova Yagyayevna (Crimean State Medical University, President of Crimean Our Generation Society) gave opening remarks

Eurasian countries have similar child health problems. UNPSTR is encouraging these countries to improve their child health situations in this area, thorough organizing congresses and workshops. The theme was “Current Problems in Pediatrics “Thirty oral presentations on various topics of social pediatrics neonatal medicine, pediatric cardiology and asthma were discussed.

Next congress will be held in Astana (Kazakhstan) and/or Ufa (Baskortostan).



Enver Hasanoglu, Murat and Kadriye Yurdakok and team



Enver Hasanoglu address



Engrossed audience



JULY 3-6th Moscow Russia

4th Europaediatric Congress 2009, by EPA/UNEPSA

at Participants: 3000 pediatricians from more than 80 countries covering all major regions of IPA. Organized by European Pediatric Association (EPA)/UNEPSA (which is made up by 38 European countries) and hosted by Union of Pediatrician of Russia. Professor Alexander Baranov (Congress President) Professor J Ehrich (Chairman of Congress Scientific Committee) Professor Andreas Constantinopoulos (EPA Congress).

Opening Ceremony in the evening of 6th July was officiated by the President and the Health Minister of Russia as well as the Mayor of Moscow followed by excellent Russian cultural show including ballet, singing, folk dancing, philharmonics and others. The programme lasted for three hours altogether.

History of Europaediatric Congress: 1st in Rome (2000), 2nd in Prague (2003).

3rd in Istanbul (2007), the 5th will be held in 2011 (so as to avoid crashing with the IPA Congress in 2010) venue yet to decided.

Election will be held at Florence, Italy on 2nd December 2009 for the new office bearers and the new EPA/Cochrane Library Journal on Child Health will be launched at the same Meeting.

The President of IPA Dr. Chok Wan was a invited guest and delivered a lecture on "International Pediatric Association in Protecting Child Health – the Values and Actions".

The Main focus was on Primary Child Health Care: what an every pediatrician should know in his/her daily practices. There was good coverage on the three domains of child health: medical, social and educational. The Section on "When should the pediatrician refer a child to a pediatric subspecialist (e.g. pediatric cardiologists, pediatric hematologists, etc)?" was impressive Very little emphasis on high-tech and molecular medicine.

IPA participation: *Current SC/EC Members:* Hussein Bahaaeldin, Amido Rubino, And Eva Olah . *past EC/SC Members* Errol Alden, Ashok Gupta, Manuel Katz, Manuel Moya, Philippe Evrard, Ahmed Younes.

Professor A Rubino delivered an excellent plenary keynote on "The Pediatric Disease of Civilization – the Other Side of the Coin" Professor Manuel Katz delivered a lecture on "The Organizational Factors in Primary and Secondary Pediatric Care".

Edited version of reports submitted by Chok-wan CHAN, IPA President and Eva Olah SC member IPA.



Congress venue



President Chok Wan & organizers Andreas Constantinopoulos, Eva Olah, Amido Rubino



President Chok Wan and Congress President Alexander Baranov



President Chok Wan & Mexican delegation



President Chok Wan & Thailand delegation



President Chok Wan & Russian delegation



APPA Region

August 20-22nd Cambodia

Asian Vaccine Conference (ASVAC) At Siem Reap

Participants nearly 300 from more than 15 countries from the APPA region.

Organizers: 1 Asian Society of Pediatric Infectious Diseases (ASPID). 2 National Pediatric Hospital Cambodia. 3 International Society of Tropical Pediatrics (ISTP-Ph). 4 Philippine Foundation for Vaccination. Theme: Improving Child Survival through Vaccination. Chairperson : Professor Lulu BRAVO (Manila)

Opening was officiated by Professor Dr. Thir KRUY, Under Secretary of State, Ministry of Health, Kingdom of Cambodia who delivered a Keynote Lecture on "Improving Child Survival in Resources-limited Countries: Focus on Vaccination".

Speakers World Experts on the subject: Ron Dagan (Israel), Kim Mulholland (Australia), Ted Tsai (USA) and *Experts from the Region:* Lulu Bravo (Philippines), Somsak Loleka (Thailand), Sri Rezeki Hadinegoro (Indonesia), Usa Thisyakorn (Thailand)

IPA participation: President Chok Wan was a guest of honour and gave a talk on "Universal Immunization against Pneumococcus for Children in Hong Kong" successfully launched by the Government of Hong Kong signifying success of advocacy work by pediatricians in Hong Kong. He also introduced the IPA Immunization Programme headed by Technical Advisor (Professor Ciro de Quadras of Brazil) and Co-chair (Professor Najwa Khuri of Jordan). Sanath Lamabadysuryia, Member of IPA SC and President of APPA, gave a talk on "Practical Consideration on Immunization: Dosing and Schedule".

This was the first Vaccine Meeting in Asia co-organized by 4 professional bodies.

Meeting was conducted in English with simultaneous translation into the Cambodian Language throughout the conference. New vaccines such as Dengue Fever, Japanese B Encephalitis, Malaria, HIV/AIDS, Tuberculosis, Rotavirus and others were explored in great depth during the Conference. Plans for implementations were also proposed. There were altogether four keynote lectures and more than ten symposia covering different aspect of vaccines over three days.

The "Siem Reap Declaration 2009 for Promotion of Childhood National Immunization Programme at Developing Countries in Asia" was signed by all the attending originations and pediatricians. American Academy of Pediatrics (AAP) affirmed their support via a Letter of Endorsement to the Declaration at the Signing Ceremony. President IPA Chok Wan was given the honour to be the officiating guest at the Signing Ceremony and signed the Declaration on behalf of IPA.

He also had a special luncheon meeting with a delegation of about thirty officials and professionals from the Bangkok Metropolitan Administration (BMA) headed by Dr. Malinee Sukavejworakit, Deputy Governor of the BMA. The purpose of the Meeting was for the BMA to familiarize with the IPA Immunization Programme and for me to share first hand information regarding the successful inclusion of Pneumococcal Vaccine (PCV7) into the Hong Kong Expanded Immunization Programme for Children. My observations at the Conference and Recommendation to the IPA SC

Edited version of report by Chok-wan CHAN, IPA President and Usa Thisyakorn.



President Chok Wan and AAPA president Sanath Lamabadysuyria



Engrossed audience



President Chok Wan, Usa Thisyakorn and the Bangkok Metropolitan Administration BMA officials



President Chok Wan, at the social event



World Breast Feeding Week August 2009

Support for Breast Feeding from The International Pediatric Association

Acknowledging the 2009 Breast Feeding Week, the International Pediatric Association (IPA) reinforces its commitment to promote breastfeeding by all women from all countries and socioeconomic groups, and in all circumstances including times of disaster and emergency as highlighted by the theme "Breastfeeding is a Vital Emergency Response". IPA is committed to the protection and promotion of health for all children everywhere. We address this goal by fostering best practices which enhance child health, practices based on sound scientific research and evidence based experience. IPA acknowledges that breast milk is the most critical nutritional need for all infants. Ideally breastfeeding should be "exclusive" for 6 months and continued with complementary foods as appropriate to the mother's circumstances, generally encompassing a period of 18 to 24 months. Feeding of infants by mothers infected with HIV has been an area of particular concern. When mothers in developing countries avoid breastfeeding to prevent HIV transmission to their infants, their infants are at risk for growth retardation, malnutrition, diarrhea, and death from causes other than HIV infection. Accumulating scientific evidence indicates that appropriate diagnosis and treatment of HIV infected mothers and their infants can not only preserve maternal health, but also prevent mother to infant transmission of infection in nearly all instances.

Unfortunately, promotion of breast feeding worldwide continues to be undermined by the unrestrained marketing of formula milks by their manufacturers in violation of the Code of Marketing of Breast Milk Substitutes, the international document adopted by the 1981 World Health Assembly and formally signed and implemented by many of the world's countries. IPA has been concerned for years that the prominent public image of manufacturers of infant foods implies a relationship with the profession of pediatrics which compromises the IPA commitment to promotion of breastfeeding. In 2007 at its triennial meeting, the IPA Council of Delegates resolved unanimously that the IPA fully subscribe to the Code and encourage its Member Societies to do the same. The IPA remains firmly committed to these principles.

IPA has been concerned by a number of recent articles in the lay press (including the London Times, Atlantic Monthly, and New York Times) indicating that breast feeding can be inconvenient for mothers and that the scientific evidence for superiority of breast milk to any known artificial formula is weak. We note that available evidence for the superiority of breast milk is backed by sound scientific studies. We recognize that some mothers are unable to or unwilling to breast feed, and advise that each mother be presented with the best available evidence on infant feeding and encouraged to make her informed choice on how best to feed her baby. Noting that many mothers must return to work during the 6 month recommended period of "exclusive" breast feeding; we support efforts to achieve national policy regulations which address this difficult issue.

IPA congratulates WABA and its partners on the annual promotion of Breast Feeding Week. Our IPA motto is Healthy Children for a Healthy World. The best start for a healthy life for each and every child begins with exclusive breast milk feeding for the first 6 months of life. We look forward to a world where this is possible for all of the world's mothers and children.

*Chok-wan Chan, President, Jane G. Schaller, Executive Director, Zulfiqar Bhutta,
H. M. Coovadia, Ricardo Uauy, IPA Technical Advisors.*



Promotion of the 26th International Congress of Pediatrics continues as 2010 approaches with the speed of an express train. Arrangements are on track. The Scientific Programme has been decided. The invited speakers have been invited and the call for abstracts is out.

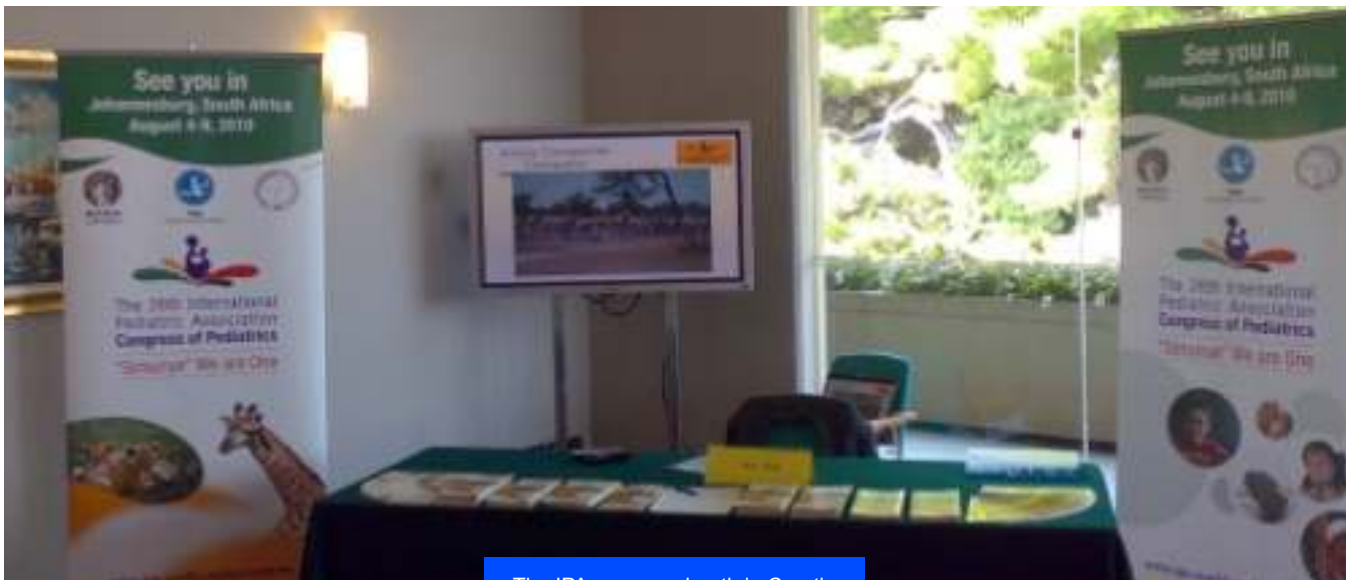
The global financial recession is causing all sectors to curb expenses and this includes paediatricians and their plans to attend meetings. The Congress organisers are cognisant of the need to provide value for money with a high class medical & social programme. We are also attempting to widely publicize the event to all IPA members; including those who are difficult to access on the web.

This year we have exhibited to promote our conference at a number of regional conferences. These include the Indian Academy Meeting in Bangalore, the Royal College Meeting in York, the UMEMPS meeting in Dubrovnik , APPA

meeting in Shanghai and the AAP meeting in Washington. Soon we will have a presence at the ALAPE meeting in Puerto Rico and the World Society for Pediatric Infectious Diseases Congress in Buenos Aires. Attendance at these meetings has been shared between Keith Bolton, Peter Cooper and Despina Demopoulos; all from the South African Paediatric Association and we have been assisted and encouraged by our colleagues from the IPA and regions. It is difficult to judge how effective these efforts are but in all venues there has been tremendous interest and enthusiasm. There have been many queries regarding not only the scientific programme but also about the weather, safety, local sites and especially Safaris!

Keith Bolton.

Below are some pictures from these promotion sites.



The IPA congress booth in Croatia



Forth coming events

41st Congress of the International Society of Paediatric Oncology

October 5-9, 2009

Sao Paulo, Brazil

<http://www.siop2009.com/>

50th Annual Meeting of the European Society for Paediatric Research

October 9-12, 2009

Hamburg, Germany

<http://www2.kenes.com/Paediatric-Research/pages/home.aspx>

13th Asian Pacific Congress of Pediatrics

October 14-18, 2009

Shanghai, China

Flyer of the Congress

<http://www.chinamed.com.cn/appa2009/>

2009 AAP National Conference and Exhibition

October 17-20, 2009

Washington DC, USA

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

9th World Congress of the International Association for Adolescent Health (IAAH)

October 28-30, 2009

Kuala Lumpur, Malaysia

<http://www.iaah2009.com/>

International Conference of Pediatric Neurology and Epilepsy

October 30-1 November, 2009

Chandigarh, India

<http://www.bpna.org.uk/meetings/flyer30oct09.pdf>

EAACI European Pediatric Allergy & Asthma Meeting

November 12-14, 2009

Venice, Italy

<http://www.eaacipediatics-venice2009.org/>

XV Congress, Asociación Latino Americana de Pediatría

November 15-20, 2009

San Juan, Puerto Rico

<http://www.alapepr2009.org/>



Neonatal Update 2009, "The science of newborn care"

November 16-20, 2009

London, United Kingdom

<https://www.prossl.com/symposiassl/events.asp>

6th World Congress of the World Society for Paediatric Infectious Diseases

November 19-22, 2009

Buenos Aires, Argentina

<http://www2.kenes.com/wspid/pages/home.aspx>

III Mesoamerican and XII National CONAPEME Congress of Pediatrics

November 21 -24, 2009

Cancun, Mexico

<http://www.consorcio medico.com/cancun2009/index.htm>

Canadian Refugee Health Conference

November 24-25, 2009

Toronto Canada

http://www.ipa-world.org/Meetings/Documents/CDN%20Ref%20Health%2009%20Notice_web.pdf

Excellence in Paediatrics

December 3-6, 2009

Florence, Italy

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

The 11th World Congress of Pediatric Dermatology

December 17-20, 2009

Bangkok, Thailand

<http://www2.kenes.com/wcpd/Pages/home.aspx>

2010

6th Congress of Asian Society for Pediatric Research ASPR

April 15-18, 2010

Taipei, Taiwan

<http://www.pediatr.org.tw/>

International Child Neurology Congress Egypt

May 2-7 2010

Cairo, Egypt

<http://www.icnc2010.com/>



19th world Congress of the International Association for child and Adolescent Psychiatry and allied professions

June 3-6, 2010

Beijing, China

<http://iacapap2010.org/important%20dates.shtml>

Canadian Pediatric conference

June 17 – 20, 2010 Vancouver,

9th International Congress on Pediatric Pulmonology

June 19-21, 2010

Vienna Austria

<http://www.cipp-meeting.com/>

The 26th International Pediatric Association Congress of Pediatrics

August 5-9 2010

Johannesburg, South Africa

<http://www2.kenes.com/IPA/Pages/home.aspx>

15th Congress of IPNA, 2010

August 29- September 2, 2010

New York, USA

<http://ipna-online.org/kuk/hosted/ipna/congress.php?menu=6&select=home>

5th Asian Congress for Paediatric Infectious Diseases

September 23-26, 2010

Taipei, Taiwan

<http://www.pediatr.org.tw/>

XVIII ISPCAN International Congress

September 26-29, 2010

Honolulu, Hawai'i, USA

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

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

October 23-26, 2010

Copenhagen, Denmark

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

2011

The 9th International Congress of Tropical Pediatric

October, 2011

Bangkok, Thailand

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



Reader's responses

1 Thank you for the latest IPA Newsletter which you have producing promptly. I am so glad that you are successfully using this medium to enhance the good image of IPA.

Nike Grange *Nigeria, Immediate Past President IPA*

2 Congratulations and thanks for your meticulous work.

Hussein Bahaeldin *Cairo Executive committee member IPA*

3 The IPA newsletter is unbelievably good. You have done a great service to the organization - congratulations! Keep it up. Thanks that I am updated with the quantum of work undertaken by the organization under the outstanding leadership of the president Prof.Chok Wan Chan. My best wishes to all of you in the IPA.

Dr Ashok Gupta *Deputy Executive Director International Society Of Tropical Pediatrics, Member Executive, International Pediatric Academic Leadership Association, Member Standing Committee IPA(2004-07)*

4 As an editor of a newsletter for the AAP Adolescent Health Section, I can state that your newsletter is very well done and very informative! Keep up the great work! It is great to hear what is happening with this organization.

Donald E. Greydanus *Professor, Kalamazoo, Michigan, USA*

5 IPA Newsletter is pleasure to read, excellent photographs, information loaded& full of new ideas. Look forward to Adol kit prepared by you and Chandra Mouli

Dr Avinash Bansal *Consultant pediatrician, Kota ,India*

6 This is an excellent publication.

Meg Fisher, *Medical Director, The Children's Hospital Monmouth Medical Center, USA*

7 Congratulations to your taking up the important post of the IPA Newsletter Editor! Indeed the newsletter is very informative and extremely well-illustrated.

Winnie TSE Wing-Yee *Adolescent Pediatrician Hongkong*

8 Congratulation. It is indeed a excellent work. I have missed first issue. But I will definitely look at it in the web site.

Dr. Yagnesh Popat *Executive board member IAP Rajkot India*

9 I commend you on this excellent newsletter! It is extremely informative and well put together.

Dr Chitra Dinakar, *Professor of Pediatrics, Children's Mercy Hospital and Clinics Kansas City USA*