Welcome to the Section on International Child Health (SOICH) newsletter, Fall 2018 issue.

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AAP National Conference & Exhibition: Global-Health Related Events and Meetings SNAPSHOT!

SUNDAY, NOVEMBER 4 | 8:00am—5:15pm | Windermere Z, Hyatt Regency Orlando
Joint SOICH & SOIMG H-Program: Advocacy and Justice for Children at Home and Abroad (H2022)
This session will explore how to advocate as individuals and organizations for vulnerable children in our communities, nation, and world. Experts will update on risk factors and interventions for underserved children globally, including those from immigrant, Native American and low income communities in the US. The Hillman/Olness Award for Lifetime Service and Lasting Contributions to Global Health will be presented, along with selected scientific abstracts and a global health photography session.

SUNDAY, NOVEMBER 4 | 5:30-9:00pm | Regency Ballroom Q, Hyatt Regency Orlando
International Reception

MONDAY, NOVEMBER 5 | 8:30-9:15am | W304AB, Orange Country Convention Center
F3028: Adoption and Foster Care Medicine 101

MONDAY, NOVEMBER 5 | 11:00-11:45am | W224G, Orange Country Convention Center
Press Conference on the Impact of Armed Conflict of Children

MONDAY, NOVEMBER 5 | 4:00-5:30pm | W224G, Orange Country Convention Center
I3119: Ready, Set, Go Global: Preparation for Short Term Global Health Experiences

TUESDAY, NOVEMBER 6 | 9:30-10:15am | W304GH, Orange Country Convention Center
F4039: Post-Disaster Care: Promoting Resiliency in Children, Families, and Healthcare Providers

TUESDAY, NOVEMBER 6 | 11:10-11:30am | Valencia Ballroom, Orange Country Convention Center
F4043: Helping Babies Survive: Addressing Challenges in Neonatal Survival

TUESDAY, NOVEMBER 6 | 11:30-11:50am | Valencia Ballroom, Orange Country Convention Center
F4044: CATCH: 25 Years of Innovation, Advocacy, and Leadership Development
Congratulations to our 2018 SOICH Travel Grant Awardees!

2018 AAP National Conference and Exhibition
SOICH Travel Grant Awardee (Trainee Category)

Dr Douglas Kinuthia Gaitho
Senior Registrar – Paediatrics
University of Nairobi
Nairobi, Kenya

ABSTRACT: Understanding mental health difficulties and associated psychosocial outcomes in HIV positive adolescents visiting the HIV clinic in Kenyatta National Hospital, Kenya

2018 AAP National Conference and Exhibition
SOICH Travel Grant Awardee (Non-Trainee)

Dr Janvier Hitayezu
Junior Consultant, Pediatrician
The University Teaching Hospital of Kigali, CHUK
Kigali, Rwanda

ABSTRACT: A cross-sectional study to evaluate adherence to the Ten Steps to Successful Breastfeeding at a referral hospital in Rwanda.

2018 AAP National Conference and Exhibition
SOICH Travel Grant Awardee (I-CATCH Grantee)

Dr Mustafa Ghulam
Chairman and Professor of Pediatrics
Institute of Mother and Child Care
Multan, Pakistan

ABSTRACT: Improving care in children presenting with Community Acquired Pneumonia at a tertiary care hospital of a developing country through multi-disciplinary approach
Member Spotlight: Hasan Merali, MD, MPH

As the new SOICH representative to the Helping Babies Survive Planning Group, I wanted to provide you with my first update. I have been part of this team since July and it has been a wonderful experience so far working with this dynamic and dedicated group. Last month, I had the opportunity to travel to Nairobi to teach in the Helping Babies Breathe 2nd Edition Update Workshop at the East, Central, and Southern Africa College of Nursing Conference (ECSACON). Faculty members who participated included Drs. Susan Niermeyer, Nalini Singhal, Michael Visick, Sherri Bucher, and Data Santorino. Midwife faculty included Boniphace Maendeleo, Monica Tumukunde, and Sammy Barasa. We were also joined by Eileen Schoen and Erick Amick from the AAP who helped organize the event.

Keeping with the train the trainer model of HBB, the focus of the workshop was not only on the scientific updates of HBB 2nd Edition, but also on trainer development. There were specific activities organized during the day to allow participants to practice facilitation and receive feedback. We also had discussions and shared ideas on facility-based mentorship, ongoing skills practice, quality improvement, and challenges and solutions to teaching the course in various settings. Overall, we trained over 50 healthcare providers from 16 countries.

The conference also served as a platform for two other important HBB activities. Drs. Sherri Bucher and Rachel Umeron led a stakeholder’s meeting to discuss new research using eHBB and mHBS. These exciting new programs provide newborn training and data collection with a mobile app, as well as virtual reality-based training! The second event was led by Dr. Michael Visick from LDS Charities. This was an Essential Care for Every Baby, Essential Care for Small Babies (ECEB/ECSB) Workshop as part of the 50,000 Happy Birthdays Project. This project builds on the success of the 10,000 Happy Birthdays Project in Zambia and Malawi, and aims to strengthen newborn care in Ethiopia, Rwanda and Tanzania.
Resident’s Experience with a Global Health at Home Elective

By Lauren Palladino

As I was planning my third year residency schedule, I was thrilled to have the opportunity to incorporate some formal global health work into my residency training. I contemplated spending time at a teaching hospital in Rwanda, working with NGOs in Greece assisting immigrants fleeing across the Mediterranean, and even returning to India where I’d spent a summer during college. I finally asked for guidance from a trusted global-health mentor, Dr. Linda Arnold, who recommended exploring the idea of spending time at the AAP’s Washington DC office to learn about and participate in global health advocacy. Though I was initially hesitant because of my preconceived ideas of an immersive, far-outside-your-comfort-zone sort of adventure, I ultimately realized that learning how to advocate for children’s needs globally would be a valuable skill I could carry forward in my career as pediatrician engaged in global health work. In retrospect, I am very glad I made this decision.

Prior to this elective, I admit ‘advocacy’ seemed like something reserved only for incredibly eloquent and politically inclined people with an esoteric understanding of the intricacies of government. The first thing I learned is that the staff at the AAP DC office are these people, and they make advocating so much easier for those of us who are not. In the current political climate, global health work is ubiquitous. I witnessed hearings where Senate committees debated detention of immigrant children or how to handle the ethnic cleansing of Rohingya Muslims in Myanmar, and I met with many DC-based coalitions dedicated to initiatives ranging from promoting early childhood development internationally to protecting children in armed conflicts to combatting antimicrobial resistance. One of my most rewarding experiences during this rotation was when I had the opportunity (along with several other global health advocates) to meet with various representatives about the importance of including a specific set-aside budget for orphans and vulnerable children (OVC) in the reauthorization of the President’s Emergency Plan for AIDS Relief (PEPFAR). Hopefully due in part to these advocacy efforts, we later learned that the Senate and House had passed the reauthorization with our recommended inclusion for OVC. Seeing the tangible fruits of our labor and understanding the profound impact it will have on vulnerable children worldwide was truly powerful.

Through this enjoyable and educational elective, I have learned that pediatricians make wonderful advocates, and the children we serve depend upon us to take this role seriously. We are in a unique position to integrate data and personal anecdotes to make recommendations to people who can effect change on a grand scale. Our appeals carry credibility and should be viewed as an important extension of the ‘standard of care’ when trying to address the complex medical and social problems of our patients and children worldwide. For more information on how to get involved, visit the Federal Advocacy page on the AAP website, or feel free to contact me at lauren.jepson@yale.edu.
HVO LAUNCHES NEW PEDIATRICS PROJECT IN NEPAL

Volunteers Needed

Health Volunteers Overseas (HVO) is seeking volunteers for a new pediatrics project at Lum-bini Medical College (LMC) in Palpa, near Tan-sen, Nepal. LMC was founded in 2006 and began a pediatric residency program in 2016 that is affiliated with Kathmandu University. The pediatric department has a 40-bed pediatric ward, PICU and NICU.

Working with LMC faculty, HVO volunteers will support pediatric training for residents, interns and medical students rotating through their pediatrics training. Additionally, HVO volunteers will support the academic and professional development of the LMC pediatric faculty. Volunteers will train faculty in the administration of advanced pediatric life support (APLS) training and neonatal resuscitation program (NRP) training; mentor and collaborate with faculty on research; and demonstrate interactive methodologies. Priority sub-specialty educational needs identified by LMC include nephrology, cardiology, development and neonatology.

Assignments are a minimum of three to four weeks, and longer placements are welcome. You may volunteer throughout the year, though April, May and October should be avoided due to student exam periods. Contact Luc Polglaze (l.polglaze@hvousa.org) or visit www.hvousa.org/volunteer to get started.

To address the global health workforce crisis, Health Volunteers Overseas (HVO), a Washington, DC-based nonprofit, recruits trained health care professionals - physicians, nurses, dentists, physical therapists and others - willing to donate their time and expertise to work side-by-side with their colleagues overseas. American Academy of Pediatrics has been a sponsor of HVO pediatric programs for more than 25 years.

Photo by © Bryan Watt, Humanitarian Photographer
40th Anniversary of Alma Ata “Health for All”

By Jennifer Werdenberg, MD, MPH, FAAP

There is no pursuit of life, liberty or happiness without health. Not for Americans, not for our local and global neighbors, not for our children.

This year will mark the 40th anniversary of the Declaration of Alma Ata, “Health for All.” At the Alma Ata conference in 1978, 134 countries and 67 international organizations gathered together and affirmed that (1) health is a human right and that (2) governments, informed by the governed, are critical in securing its provision.

Additionally, Alma Ata asserts that not only should there be health for all between countries, but also within – where we are all often slower to acknowledge the gaps. The year following the Alma Ata Declaration there was an alternative movement contending that while provision of basic health as a human right was laudable – it was also unrealistic - and thus, the concept of Selective Primary Healthcare (SPHC) emerged. SPHC argues that it is more realistic to target scarce resources to prevent and control diseases that account for the highest mortality and morbidity rather than building health systems that could provide platforms for both prevention of disease and delivery of primary healthcare1. Forty years later we’ve discovered that targeted interventions in low- and middle-income countries (LMICs) – such as vaccination campaigns, deworming initiatives, neonatal resuscitation training programs, and delivery of HIV treatment - may yield significant improvements in the health of populations. However, if there is not a simultaneous investment in primary health care systems that communities can continue to access, we are simply shifting or temporarily improving morbidity and mortality rather than addressing it. Additionally, 40 years later the US and global community have realized a common challenge to attaining health for all - access. Even in places where the buildings, physicians and supplies to care for communities are built – unless people have reliable access to that system, at a reasonable cost, people will continue to suffer and die despite the theoretical availability of healthcare. Which is one of the reasons why in the U.S., your zip code may determine your life expectancy2. In the US there are 40 million people living in poverty, 18.5 million in extreme poverty and 5.3 million in conditions of absolute poverty. Additionally, the US has the highest youth poverty rate and the highest infant mortality rates among comparable OECD states3. The fight to end preventable childhood death and to equip our children to their greatest potential from their earliest years is far from over. One in five of the Sustainable Development Goal target indicators directly apply to children. It is critical that pediatricians globally lend their voices to the renewed commitment to addressing health inequality both within and between countries. In Astana, Kazakhstan in October 2018 world leaders will gather to recommit to the principles of Alma Ata. May we each look to our communities and partners and do the same.

“Count every baby. Every baby counts.” This is a familiar mantra in newborn global health, and is emphasized in the Helping Babies Survive programs. For six years, Vermont Oxford Network (VON) and the American Academy of Pediatrics (AAP) have partnered to offer an annual Master Trainer Course as a post-conference offering following the VON Annual Quality Congress in Chicago, IL.

The VON community, representing more than 1200 hospitals in 34 countries, has transformed the way we think about neonatal medicine, family participation, and data-driven collaborative quality improvement. The purpose of collecting data is not to fill a logbook, but to learn, advocate, and improve. VON teams are learning, sharing, improving, and leading worldwide. After 30 years of tremendous contributions to the field, 2018 marked the inauguration of the first network of low-income country neonatal units collecting a uniform database for the purpose of collaborative quality improvement (QI) in Ethiopia. VON’s community is further enriched by the Ethiopian Neonatal Network (ENN), formed in partnership with the Ethiopian Pediatrics Society and with support from the Ethiopian Federal Ministry of Health. The ENN utilizes the VON Global Neonatal Database, paired with VON QI coaching, with the goal of improved outcomes for infants and families.

The 2018 Trainees and Early Career Neonatologists (TECaN) Helping Babies Breathe Co-facilitators: Megan Kirkley, MD, MPH; Delia Horn, MD; Shelly Lynn Lash, MD; Raghava Kavalla, MD, MPH; Sharla Rent, MD; Olubunmi Bakare, MD, MPH.

To learn more about VON’s global health initiatives, or to contribute to improvement efforts in Ethiopia, please visit https://public.vtoxford.org/about-us/global-health-initiatives/
Following the Footprints of I-CATCH, CATCH-Pakistan

By Ghulam Mustafa, MBBS (MD), MCPS, FCPS, Fellow Pediatric Pulmonology & Pediatric Intensive Care (Singapore)

The change in behavior of the people or a community is not a gradual process as a step-ladder, where one steps up day by day and a change or improvement is visible with every step, but is a slow, insidious, time-consuming process like a crop where one must invest for months or years and then all the fruit or yield is obtained within days, returning all the investments with a huge profit.

This was an important lesson learned by Helping Hands Foundation-Pakistan (www.hhf.org.pk) through their ICATCH project supported by the AAP and SOICH. The HHF was among the first ICATCH grantees for its program, “Improving child Health through Maternal Education”. Despite early challenges in the first 20 months, the HHF team persisted and became a great success. The initial non-response was actually like an incubation period, where the people were listening to CHWs, talking to each other, absorbing the message but reluctant to act. Later at the maturation of incubation period, all the eggs hatched together and people embraced the message to act. The modest investment by the ICATCH program was critical in the establishment of this early success that CHANGED the course of the HHF for its future endeavors.

The initial ICATCH project included the use of Community Health Workers (CHW) and home visits. This same model has been broadened to expand the use of CHWs. The HHF now has ~25 CHWs, covering an area of 2 union councils and serving a population of over 300,000. The CHWs go door to door, sit with the family, chat with them and leave messages about healthy living. Health topics addressed include (but are not limited to), hand-hygiene, breastfeeding, iodized salt, vaccination, antenatal care, safe delivery, post-natal care, child spacing, gender equality, child education, child abuse, child neglect, child labor, smoking, environmental health and school health. The CHWs choose one topic to focus on for several months at a time. In addition to the door to door visits, CHWs also spread these health messages through community meetings and school gatherings. These CHWs carry tablets to enter the data and track progress on a dedicated software. The cost of running this program is around $3000/month.

The HHF has also started an “Institute of Mother And Child Care” (I-MACCA) in the same locality to augment the ICATCH initiative. The CHWs invite the women from the area to I-MACCA seminar room, to provide important healthcare information provided by experienced professionals. All the services are free of cost, including consultation, investigations, vaccination and medicines. The cost of the program is $12000 per month, supported through local philanthropy. Recently, the HHF has joined with the STOP TB program to adopt this approach to detect and treat TB cases, which is further expanding the impact of our ICATCH grant over 10 years ago! (http://www.stoptb.org/assets/documents/global/awards/cfcs/R8/ROUND8_PAKISTAN.pdf) .
Global Child Health in the News: Check out these articles!

How Worried Should We Be About Ebola in Congo?

WHO has recently upgraded the risk factor to "very high" in the Democratic Republic of the Congo. Yet officials point to reasons for cautious optimism.

Global drive to tackle huge regional disparities in childhood cancer survival launched

Every year, around 300,000 children and adolescents are diagnosed with cancer around the world, but there are huge regional disparities in survival rates. A new initiative, launched by the World Health Organization (WHO) and St Jude Children’s Research Hospital based in the United States, aims to address this stark contrast in survival rates.
Curative Vaccines Against H.I.V., Malaria and Tuberculosis Unlikely

Unless the $3 billion spent annually on research triples, the world may not be able to invent vaccines or rapid cures for many ills of the poor, according to a recent report from the Gates Foundation.

Preparation vital before embarking on short-term global health experience

Featured in the AAP News, new SOICH Executive Committee Member, Dr. Heather Lukolyo discusses the importance of pre-trip preparation and previews the interactive group forum at the AAP NCE titled “Ready, Set, Go Global: Preparation for Short-Term Global Health Experiences” on Monday, Nov. 5.
Global Child Health Literature Review

**Unseen infections harming world’s children**
Subclinical infection and quantity of pathogens, particularly *Shigella*, enteroaggregative *E coli*, *Campylobacter*, and *Giardia*, had a substantial negative association with linear growth, which was sustained during the first 2 years of life, and in some cases, to 5 years. Successfully reducing exposure to certain pathogens might reduce global stunting.

**New TB vaccine protects half of people with latent infection**
A Phase Ib study of a new vaccine designed to prevent activation of latent TB, has shown encouraging results, as recently published Phase Ib study in the New England Journal of Medicine.

**Mass azithromycin distribution for reducing childhood mortality in sub-Saharan Africa**
A large and intriguing cluster-randomized trial demonstrated lower childhood mortality in communities assigned to receive mass distribution of azithromycin than in communities assigned placebo.

**Missing in the middle: measuring a million deaths annually in children aged 5–14 years**
In a recent commentary in *Lancet Global Health*, Drs. Patton and Azzopardi discuss the unrecognized mortality of children “in the middle” age group of 5-14 years.

**Are you a FAAP working as a pediatric hospitalist outside of the US or Canada?**
The American Board of Pediatrics has established two pathways for FAAPs to become eligible to sit for the pediatric hospital medicine certification: either through completion of a 2-year pediatric hospital medicine fellowship training program, or through a four-year practice pathway that requires at least 25% of time to be spent in clinical care of hospitalized children within the United States or Canada. The window for obtaining certification through the practice pathway is closing and the last academic year in which to start accruing pathway experience is 2019-2020. It is important to note that clinical practice outside of the United States or Canada will not qualify towards fulfillment of the practice pathway. FAAPs who are primarily based abroad may wish to consider pursuing opportunities to fulfil a 25% time position in clinical pediatric hospital medicine within the United States or Canada for each of the next 4 years in order to be eligible to take the board certification exam.

For more information on pediatric hospital medicine certification, please visit: [https://www.abp.org/content/pediatric-hospital-medicine-certification](https://www.abp.org/content/pediatric-hospital-medicine-certification)