Get Involved!
Call for SOICH Member Engagement!

Happy New Year to our nearly 1000 SOICH Members. The turn of a New Year always bring New Year's Resolutions and on behalf of SOICH Leadership, one of our New Year's Resolutions is to engage more SOICH Members. As you may (or may not) know, SOICH is a very busy section with a number of activities and opportunities for our members.

In this Newsletter, we hope to highlight the amazing activities of our Members, including ICATCH projects, International Elective Award Winners, and the incredible work of all of our SOICH Members. We are looking for strong and committed SOICH Members to help build, lead, and expand our section that is nearly 1000 members strong. We have opportunities in all areas of SOICH, including oversight and contribution to this newsletter, redesign and optimization of our SOICH website, advocacy opportunities for global child health, and educational activities ranging from planning the SOICH H Program at the NCE to review of ICATCH or International Elective Award applications.

We have created a brief survey with the various opportunities within the section. Please take a minute to indicate your interests and a member of our SOICH Leadership team will reach out and help you to become involved. Click here to learn about and express your interest in the wide array of opportunities within SOICH.

Patrick McGann MD, MS, SOICH Executive Committee

Peer Navigators Improve HIV Treatment & Health For Street Youth in Kenya

A Program Supported by the International Community Access to Child Health (ICATCH)

Peer Navigator Regina Lobun

Millions of children and adolescents live on the streets around the world. These street children are at risk of experiencing extreme and repeated sexual violence, and many engage in transactional sex to survive. In Kenya, HIV infection accounts for nearly half of the deaths of such street girls, further demonstrating the consequences of such a difficult life. Enrollment and retention in HIV care programs remains among the biggest challenges for those working to help this vulnerable population.

In the city of Eldoret, in western Kenya, Paula Bratstein, PhD and Winstone Nyandika, MBChB, created a program with the specific aim of getting street children in for health care and HIV testing. The program utilizes “peer navigators,” young adults who were once on the street themselves, to act as advocates, mentors, educators, counselors, and problem solvers. ICATCH is supporting the salary and some of the training for one of two peer navigators in this program, allowing the program directors to leverage this funding to attract vital research dollars and bring the HIV epidemic in this vulnerable population to the attention of the local hospital and its HIV care program.

As of the end of 2016, this innovative program has engaged 396 young men (18 or 5% HIV-positive) and 173 young women (43 or 25% HIV-positive). Those involved have been offered education, support and counseling. Additionally, of the 61 street youth living with HIV now being followed by the peer navigators, 34 have initiated
antiretroviral treatment (ART) and 26 are still in care. This program is a powerful example of how your SOICH membership dues and ICATCH donations can boost the efforts of colleagues in low-resource communities to improve medical and social conditions for children, share knowledge with others, and build sustainable programs with lasting impact. Please know that your contributions are greatly appreciated!

Click here for more information about ICATCH.

“I have to say that the ICATCH funding, though relatively small, has enabled us to have a huge impact on a very high risk, marginalized, and largely ignored population - street children and youth in Eldoret. We had identified a serious HIV epidemic among them, and felt there was an urgency to do something in respect to linking them to HIV testing and if positive, to treatment and care. We didn’t want to do research because of the time and complexity of trying to do that from the beginning, and really felt compelled to act quickly. The ICATCH funding, matched by other donor funds, enabled us to hire two peer navigators, who have done a tremendous job. We have been able to leverage this program to attract research dollars, and most importantly, to put the HIV epidemic in this vulnerable population on the map of the hospital and the local HIV care program. We are incredibly grateful for the support. It’s a great example of how a little can go a long way.”

Paula Bratstein, Project Director
Peer Navigators Supporting HIV Treatment for Street Youth Project, Kenya

SPOTLIGHT ON SOICH MEMBERS

Craig Conard MD,
Rwanda Human Resources for Health Program

I am currently a Senior Pediatrician with the Rwanda Human Resources for Health (HRH) Program. I have been here for 17 months teaching at the University Teaching Hospital of Butare (CHUB). It is one of two Ministry of Health-run referral hospitals in Rwanda; the other is in the capital, Kigali. For more information on HRH, click here. “With the commitment to meeting the health needs of its citizens by 2020, the Government of Rwanda, through the Ministry of Health, launched the HRH Program in August 2012. The HRH Program will build the healthcare education infrastructure and workforce necessary to create a high quality, sustainable healthcare system in Rwanda by addressing the country’s most challenging obstacles in high-quality healthcare: critical shortage of skilled health workers; poor quality of health worker education; inadequate infrastructure and equipment in health facilities; and inadequate management of health facilities.

The Rwanda Human Resources for Health (HRH) Program represents a new model for health education and the delivery of foreign aid.” Currently in its 5th year, HRH is comprised of Physicians, Dentists, Nurses, Midwives, Health Managers, and Public Health practitioners from the US and Europe in full-time and part-time capacities. The MOH paired with 23 Universities in the US to find talented individuals to help with this innovative, largest ever medical education scale-up program. My responsibilities here include daily clinical teaching rounds, helping the Rwandan pediatricians with organizing and teaching the Rwandan medical students and Pediatric residents, and pursuing my own research interests in Rheumatic Heart Disease and malaria.

In addition, I am a member of a local NGO called Kuzamura Ubuzima (Growing Health in the local language, Kinyarwanda)
which is a farm-to-bedside hospital nutrition program that grows food on CHUB land for the patients who cannot provide meals for themselves. We currently provide 100 patients with 2 meals a day, and we have seen great results in decreasing hospital stay and improving in outcomes. There is never a dull day here in Rwanda, and I am amazed at the progress this country has made. I am so proud to have a small part in the development of the future Pediatricians of this amazing country! If you want to follow along on my journey, please visit my blog.

Leah Hodor MD,
Vital Health Africa, Uganda

Vital Health Africa (VHA) is a humanitarian, medical, and educational organization providing low-cost, high-impact intervention in maternal, newborn, child health in Sub-Saharan Africa. In March 2016, I was part of a team of five VHA neonatal specialists, two neonatologists and three neonatal intensive care nurses, sent to Kampala, Uganda. The purpose of the trip was to address the three leading causes of neonatal death: asphyxia, prematurity, and infection at St. Francis Hospital Nsambya. Our team approached these issues as if they were building a house, with no portion of the structure existing without the other. Following this construction concept, we trained bedside nurses/midwives (the foundation), pediatric residents (the walls), and delivery room/theatre midwives (the front door) – all under the supervision of the Neonatologist (the roof). Using this model, we began working toward VHA’s long-term goal of creating a center of excellence for neonatal care.

How did we build this house? We started from the “ground up.” Midwives and nurses in Uganda are not provided with an orientation or mentoring with experienced neonatal experts. With over 50 years of specialized neonatal bedside nursing and education, we worked side by side with the bedside midwives to bring a new level of expertise and care. Our team worked to improve infection control, response times to critical situations, patient monitoring, pain management, positioning, and documentation. Additionally, VHA nurses taught the S.T.A.B.L.E. program training in classroom style lectures to the midwives and nurses. These S.T.A.B.L.E. concepts and skills were then put to use during bedside mentoring. Concurrently, VHA’s neonatologists worked with the pediatric residents. Forming the walls that connect the foundation to the roof, the pediatric residents participated in daily lectures, bedside rounds, and procedure practices. They were able to strengthen their knowledge base, hone their bedside management skills, and improve communication with the nurses, midwives and the neonatologist. The delivery room and operating theatre provided the arena for newborn resuscitation. Delivery midwives – the front door – are the key to charting the path for life. Developing a strong resuscitation team remains a primary goal of VHA. By ensuring babies are resuscitated in an effective and timely manner, better outcomes, shorter hospital stays and decreased long-term disabilities are more likely for the newborns.

The VHA team spent 14 days working on the “construction” of developing a NICU Center of Excellence side by side in the NICU, the delivery room, and operating theatre at St. Francis Hospital. It became apparent that despite the limited resources, understaffing, and sometimes challenging physical conditions, the staff was committed to providing the best possible care to the babies and their families.

The VHA team and the staff at St. Francis learned with, and from, each other and formed a solid relationship. Buildings are constructed but they cannot stand the test of time unless they are maintained. With a focus on sustainability and capacity building, VHA will continue to foster relationships with St. Francis Hospital administration and staff. Customized training and services that take into account staff specific strengths, along with gaps in skills and resources, will be of utmost priority. The VHA team returned to St. Francis Hospital in the fall of 2016 to strengthen and continue the construction of the NICU center of excellence. With the support of VHA’s partners,
a container containing state of the art equipment will be shipped to the hospital. Training on the equipment will be provided by the VHA team. Side by side, with our Ugandan brothers and sisters, VHA will work to save one baby at a time.

Dr. Greenspan is a practicing neonatologist and co-founder of Vital Health Africa. She is a Master Trainer in Helping Babies Breathe (HBB), Essential Care for Every Baby (ECEB), and is a certified instructor for S.T.A.B.L.E. She has extensive experience teaching and training in Sub-Saharan Africa and Haiti. Click here for more information on VHA.

Charles Oberg MD, MPH
Refugee Camps, Greek Island of Lesbos

As President Trump’s proposed U.S. refugee travel ban continues to work its way through the courts, I make a plea for benevolence and tolerance rather than that of fear. I recently returned home from working in the refugee camps on the Greek Island of Lesbos.

I was volunteering with the Boat Refugee Foundation (BRF), a Netherlands based NGO. I spent the majority of my time in the notorious Moria Refugee Camp. The camp is beyond description and is a surreal mix of an internment camp and shanty squatter community encampment. Based in an old army compound it is defined by the steel gates, high fencing and barb wire from the outside and an amorphous sea of tarps and tents on the inside. The weather had turned brutally cold. Over a foot of snow was followed by freezing rain. The cold and dampness penetrated to the bone. Food queues, inadequate unsanitary toilet facilities and ubiquitous garbage were the norm.

There are over 4500 refugees. They had traveled from Syria, Iraq, Iran, Afghanistan and Pakistan from the Middle East. They came from across the African Continent with families from the Democratic Republic of the Congo (DRC), Ghana, Uganda, Somalia, Eritrea and Sudan. In addition, I treated families from as far east as Bangladesh and west from Haiti and the Dominican Republic. Almost all had experienced trauma. Some beaten, shot, tortured, and raped and all had experienced the stress of living in unlivable conditions. The complaints were a blur of physical, mental, and spiritual ailments.

Yet there was a palpable hope that one-day things would be better with aspirations of a better future. Daily they expressed their gratitude that someone would listen as they shared the story of their journey, affirmed their worth, acknowledged their struggle and celebrated their humanity. You could see it in their eyes and their smiles that each was seeking a better life for themselves and their children. I saw no terrorist. I just saw families, children, men and women—all vulnerable and suffering. So let us remember that our kindness will make us safer than any ban. Click here for more information on BRF.

Global Child Health


In this editorial the authors advocate that “it is essential to maintain established U.S. policy toward human migration and global health that is evidence based and upholds the value of compassion, as well as key principles in international human rights law.” They further argue that some “tropical” infections we may fear from migrants are already endemic, including TB, Chagas, leishmaniasis, helminths. The authors conclude by demonstrating the value of continuing partnerships with the developing world, and the need for continued support via funding for U.S based global health research and service.

global child health

in the news

make no mistake, immigration order harms children. Kate Yun MD, Executive Committee Members, SOICH

Global Health Pioneer Hans Rosling dies at age 68

WHO Announces Final 3 Candidates to Become Next Director General

Drug-Resistant Malaria Turns Up in the UK

Challenge to Improve Neonatal Mortality through Increased Chlorhexidine Use

advocating for global child health

The Washington Office works with SOICH on an ongoing basis to ensure that the Academy's mission to promote optimal health and wellbeing for every child informs and influences U.S. foreign policy. This advocacy work is currently centered on educating a new Congress and Presidential Administration. Following up on its Blueprint for Children, issued before the election, the AAP sent a letter to President Trump on January XX with recommendations for putting children first in federal policies. The AAP has also publicly responded to statements and Executive Orders from the White House on vaccines, the Mexico City Policy, and immigrants and refugees, and has provided talking points for members to advocate with their elected representatives and raise their voices through social and traditional media. The AAP meets and consults continually with federal officials in relevant agencies to provide information and input.

The Washington Office is currently meeting with offices and staff of the Senate Foreign Relations Committee, the House Committee on Foreign Affairs, and both Appropriations Committees to learn about the 115th Congress' priorities and to make the case for sustained global child and maternal health funding; building on America's progress around ending preventable deaths, expanding access to childhood immunizations, and improving nutrition; and committing to protecting children from violence and injury, addressing non-communicable diseases, and supporting early brain development.

The AAP collaborates with partners on each of these issues, including through leadership roles in several coalitions of global health implementing and advocacy organizations (the AAP is co-chair of the Task Force on Women and NCDs, a steering committee member of the Maternal, Newborn and Child Health Roundtable and the NCD Roundtable, and a member of the Early Childhood Development Action Network Task Force on Workforce).

In February, the AAP will participate in a day of Hill visits organized by the Global Health Council to educate Members of Congress on global health issues, which will culminate with a congressional reception at which the Division of Life Support Services will demonstrate Helping Babies Breathe alongside other global health-related presentations and displays. The
AAP is also active in advocacy at the multilateral level. The Academy provided comments on the agenda of the World Health Organization’s Executive Board meeting, and will participate in UN Commission on the Status of Women side events in March.

Aaron Emmel, AAP - Federal Affairs
Kate Yun MD, SOICH Executive Committee

SECTION ON INTERNATIONAL CHILD HEALTH EXECUTIVE COMMITTEE

Parmi Suchdev MD, MPH, FAAP - Chairperson
Cindy Howard MD, MPH, FAAP - Education
Kevin Chan MD, MPH, FAAP - Budget
Patrick McGann MD, MS, FAAP - Membership
Nilei St Clair MD, FAAP - Partnerships & Outreach
Katherine Yun MD, MHS, FAAP - Policy & Advocacy
Swati Antala MD - Liaison, Section on Pediatric Trainees

Linda Arnold MD, FAAP - Immediate Past Chair & Nominations Committee
Coura Badalone, MA, MBA - Section Manager

Questions? Contact soich@aap.org

Follow Us:

Section on International Child Health/
soich@aap.org

Click here to unsubscribe

Powered by REAL-MAGNET