Section on
International Child Health
Newsletter
April 2006

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Message from the Chair
Donna Staton, MD, MPH, FAAP

Hello SOICH Members:

Greetings to all our members, especially new section members who may be receiving this newsletter for the first time! As most of you have noticed, our newsletter now comes out four times a year; two issues review recently published international health journal articles and reports, and two issues present news about our section activities and members. Please note that any section member can contribute news articles, announcements, editorial comments or any other material of interest to our section members. We welcome your input, so please contact Dr. Burris Duncan (bduncan@peds.arizona.edu) with any information you would like to have included in our next issue.

Voting is just concluding for new members to our section's executive committee, and we will shortly be introducing our new members to you via our section list serve. I never fail to be so very impressed with the expertise and qualifications of each and every nominee, even those not selected for the final ballot. Thanks to all those members willing to run for these positions—and congratulations to those selected. We have a lot of work ahead of us as the AAP transitions the international office to a new division of its own (see below). I promise you that your executive committee will be working very hard on this over the next several months.

A last word on elections—we are now seeking two or three more section members to serve as our section's Nomination Committee. This 2-3 person committee is responsible for soliciting nominees to the executive committee, selecting the final ballot, and following up on election procedures and results. The nominating committee members specifically cannot be on the executive committee, so this is a great way for members at large to participate in a most important way. Our next elections will take place next year. Please email me if you would like more information

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on participating. And thanks to Drs. Christopher Stewart (California) and Jennifer Friedman (Rhode Island) for handling our elections this year.

Our section executive committee continues to work with the leadership of the AAP on what is now known as the "Office of International Activities" as it transitions to a new division, which will be housed under the office of the AAP's Chief Operating Officer, John Forbes. The Academy is currently searching for a division leader for our new Division of International Child Health (exact name yet to be determined). This person will monitor and help coordinate all activities of the AAP that are international in nature such as publishing, education, relationships with other national pediatric societies and child health organizations and advocacy for international child health issues, for example, and will work closely with our section. This relocation and expansion of international activities within the Academy organizational structure is a clear sign of the global perspective that the Academy has been developing in recent years. And our executive committee is playing a key role in developing the strategic plan for this division. In early June there will be a 2-day meeting in Chicago at AAP headquarters to develop the strategic plan for this division. Cliff O'Callahan and I will participate, especially to represent the needs of our international members. Most importantly, we will strive to guide our Academy's planning to include goals of improving the health of the world's most needy children. We will be seeking section input on this planning via our list serve, so please watch for upcoming emails!

Final Quick Notes:

- The next SOICH executive committee meeting will be held at the Pediatric Academic Societies (PAS) Meetings in San Francisco on May 1, 2006. Please email one of our committee members with any issue, project, announcement, proposal or any other idea you have for our section. We have an incredible network of international health experts, so let's all learn from each other, and achieve some real outcomes to help children in developing countries. NOW is the time to get your idea on our agenda!

- Mark your calendars to attend our section program and annual meeting, the Christopherson Plenary, and the International Reception at the next AAP NCE, this October in Atlanta! This is one of our best opportunities to network in person.

- Have you looked at the Member Spotlight on the AAP Members Only homepage? Would you like to highlight your or another member's international health work here? Just let me know if you are interested; they are continually seeking activities of members to highlight.

- Be sure to read online, or purchase as a paperback ($12.95), UNICEF's latest issue of the annual State of the World's Children. This year's issue is entitled "Excluded and Invisible" and highlights the needs of the many children who may not be helped by the Millennium Development Goals achievements. Back issues, each on a different topic, are available, and make great reading for residents and medical students as well, and are a great way to start up an informal journal club!

As always, I close by asking that all members please make use of our section list serve. Make sure we have your current email, and please feel free to send announcements to your fellow section members any time.

Sincerely,

Donna M. Staton, MD, MPH, FAAP
Chair, AAP SOICH

Office of the Executive Director

INTERNATIONAL ACTIVITIES REPORT

Alejandra Lule, AAP International Activities Coordinator

April 2006

INTERNATIONAL ASSOCIATION ACTIVITIES

The **International Pediatric Association (IPA)** is an association of international pediatric societies. The IPA will host its XXV International Congress of Pediatrics (ICP) in Athens, Greece, August 25-30, 2007. Dr. Errol Alden (CEO) and Margaret Fisher, MD, FAAP, have been asked to Chair the Scientific Committee.

This past February the third bi-national symposium with the **Mexican Association of Pediatrics (AMP)** was held. In 2004 and 2005, AAP provided Spanish-speaking faculty for this symposium, covering various topics. The Canadian Pediatric Society (CPS) also participated this year with speakers, making this symposium Tri-National.

The **National Confederation of Mexican Pediatrics (CONAPEME)** has expressed interest in the AAP Child Passenger Safety Advocacy. Plans are being developed to offer assistance with their needs. Dr. Carden Johnston, past President of the AAP, will be the featured speaker at their national congress in May 2006.

The **Association of Latin American Pediatric Societies (ALAPE)**, will hold its tri-annual meeting in November 2006. Five speakers will be sponsored by AAP and the AAP will have representation on the exhibit floor.

The **Helping the Children Initiative** continues working with Latin America and India for follow-up to disaster management courses given there in 2003 and 2004. A new curriculum was presented in Guatemala City last July during the Meso-American Congress of Pediatrics. Additional modules are being developed on Malnutrition, Diarrhea and Dehydration, and Infections Disease.

The AAP and the AAP-Puerto Rico Chapter participated in the **Puerto Rican Pediatric Society's** congress this past February.

INTERNATIONAL MEMBERSHIP AND NCE ATTENDANCE

The AAP has 1,275 international members. Total international attendance at NCE 2005 in Washington DC was 643, representing 10.8 % of the total attendance. Leading in the number of representatives were Mexico, Philippines, Italy and Brazil. Canada is not counted as "international" since Canadians are eligible for full Fellow membership. Among the attendees were members of the local organizing committee of the International Pediatric Congress in Greece and the Latin American Pediatric Association Congress.

Approximately 20% of exhibit sales were to International Attendees.

LIFE SUPPORT PROGRAMS:

Advanced Pediatric Life Support (APLS):
The 2004 APLS program materials have greatly expanded in volume and scope and this course is highly appreciated internationally. Recent statistics indicate that international participants account for approximately 30% of the attendees at the APLS course conducted each year at the AAP NCE. A Japanese translation of APLS is currently under development.

Pediatric Education for Pre-hospital Professionals (PEPP) is the product of ten years of collaboration, brainstorming, review, and revision by many dedicated physicians, nurses, paramedics, EMT's, and EMS educators interested in improving the quality of pre-hospital care for children. The curriculum was created through collaboration with professional groups such as The American College of Emergency Physicians, The National Association of EMS Physicians, the International Association of Fire Fighters, and the National Association of EMS Educators.

In the U.S. PEPP succeeded immediately. In 2001 the US Department of Health and Human Services Emergency Medical Services for Children Program awarded PEPP the prestigious National Emergency Medical Services for Children "Heroes Award" for Innovation in EMSC Product/Program Development. In a letter to the Academy, J. Dennis Hastert, the Speaker of the US House of Representatives noted, "With this program, EMT's and paramedics will know how to better treat and care for children, and therefore, be more likely to save their lives... I applaud you for your commitment to better medical care for our

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country's children."
International adaptability of this program was rapidly discovered. In five short years PEPP has been so well received that courses have been reported in 14 countries, from Iceland to West Africa.

The Neonatal Resuscitation Program (NRP) is the most widely disseminated of all AAP Life Support Programs. In the U.S. and in 70 other countries NRP has become the recognized standard of care for treatment during and immediately following birth. All professional groups largely responsible for U.S. perinatal care endorse the program, including the American College of Obstetrics and Gynecology, National Association of Neonatal Nurses, Association of Women's Health Obstetrical and Neonatal Nurses, and the American Nurses Association. In addition, the Canadian Pediatric Society has accepted the NRP as its official educational program for neonatal resuscitation.

The over-arching goal of the Neonatal Resuscitation Program is to have one person trained in NRP present at each delivery. The program's primary mission is to train a core group of instructors throughout the world so they, in turn, can train their colleagues in newborn resuscitation. Since the program's inception in 1987, it has grown to become an internationally renowned educational program. In the U.S. alone there are more than 25,000 active instructors and over 1.7 million health care providers. Reporting of international NRP course activity is not required, but is provided voluntarily by countless dedicated instructors and providers.

To date, 106 countries have reported NRP course activity. Fourteen third edition NRP translations were published through copyright request and approval. And 21 fourth edition NRP translations were published. The 5th edition is expected in the spring of 2006, with the Spanish edition expected in the summer.

In Mexico, the ***National Neonatology Federation***, has been successful in implementing NRP nationwide, and is now working on having medical colleges and universities require NRP to be taught as part of the curriculum. Four universities have already adopted this idea, requiring that all medical students be trained in NRP before sitting for their boards.

The **Section on International Child Health** collaborated with **Heart-to-Heart International** to hold the first **China's Neonatal Instructor Training** in Sichuan Province in the People's Republic of China in 2000. The AAP conducted this course one and one-half years ago in Beijing. The Chinese Ministry of Health recently reported that **over 5,600 professionals in 20 different provinces have been trained as NRP providers/instructors**. This is all the result of the initial collaboration between Heart-to-Heart and the AAP and now includes collaboration with the China Ministry of Health, China CDC National Center for Women and Children's Health, Chinese Society of Perinatal Medicine, Chinese Medical Association, Preventive Medical Association, and representatives from Obstetrics/Gynecology, Pediatrics, and Nurse/Midwives. Progress is made possible by an unrestricted educational grant from Johnson and Johnson Pediatric Institute, LLC. Throughout 2006, the Task Force plans to expand current county level training efforts and develop a comprehensive plan for township level (rural) education.

Most recent NRP courses around the world:

In **Afghanistan**, Brian Holland, MD, CPT, US Army, conducted a course in Kandahar for Afghani midwives and two local doctors.

In **Iraq**, Dr Maysoon M. Jabir continues teaching NRP in Baghdad. The Ministry of Health and the US military are supporting her efforts to provide one course every three months and to encourage participation from physicians outside of Baghdad.

In **Belize**, Dr John Morrison has previously conducted provider courses for local nurses and traditional birth attendants. In February 2005, fellow members of the St. Elizabeth Family Practice Center Medical Mission group, Dr Mark Boyd, and Joyce Call, RN, joined him in the training of physicians and nurses at Karl Heusner Memorial Hospital, Belize's tertiary referral center. One of Belize's greatest challenges – there are no neonatologists in the entire country.

In **Peru**, Drs Tania Paredes and Elina Mendoza have been instrumental in coordinating a Peruvian neonatal resuscitation network over the past few years. They licensed reprints of the Spanish 4th edition NRP materials, trained hospital-based and regional trainers, and even produced their own instructor pins.

In **Japan**, Dr Masanori Tamura leads the efforts to disseminate NRP and is the driving force behind the

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Japanese translation of the fifth edition. In 2004, the Japan Ministry of Health and Labor provided financial support for a three-year project to introduce NRP as the standard protocol within Japan.

In **Egypt**, Dr Dena El Metwally led NRP training held prior to the 8th Annual Congress. Thirty-two physicians from the Suez Canal Authority, Ministry of Health, university hospitals, as well as from Saudi Arabia and Yemen participated in the course. In addition, Latter Day Saints Charities collaborated with the Egyptian Pediatric Association on several NRP courses throughout 2005.

In **Pakistan**, Dian Ruder, RN, a hospital-based instructor from Lucile Packard Children's Hospital at Stanford, recently trained over 60 staff members, including physicians, nurses, midwives, aides, and students at Bach Christian Hospital in Qalandarabad in the Northwest Frontier Province. Dr. Angela Condie, a pediatrician at Bach, worked with others to translate the materials into Urdu. Anis Nazir, RN, provided verbal translation for the lectures.

Journals
International Subscription**:** (based on Dec 2005 figures, member and non-members)

	Total Purchasing Countries	Total Subscribers
Africa	19	74
Asia - Oceania	33	2240
Caribbean, Central and South America	28	449
Europe	32	2479
North America (non-US)	2	2773

PUBLICATIONS

- Over 2,154 publications have been shipped to destinations outside the USA July-November 2005.
  - This includes trackable shipments of 1,269 publications, 645 NRP products, and an estimated 250 publications from AAP exhibits

- Top countries for AAP publications (three-year average)

Canada	Hong Kong	Ireland
Great Britain	Italy	Switzerland
Mexico	Brazil	Bahamas
Australia	Greece	Israel
Japan	Germany	Thailand
Malaysia	Spain	China
Taiwan	Saudi Arabia	

- *Red Book® Online and Red Book®* PDA were launched in June 2003. Online access to the Spanish edition was launched in July 2004.

- The *2003 Red Book®* is translated into four languages: Italian, Spanish, Portuguese, and Japanese.

- With funding from the Friends of Children Fund, complimentary access cards to *Red Book® Online* have been produced for distribution by the International Office to designated pediatricians in select countries.

- Other manuals with international editions in one or more languages are:
  Guidelines for Perinatal Care
  Textbook of Neonatal Resuscitation
  Pediatric Nutrition Handbook
  Caring for Your Baby and Young Child
  Your Baby's First Year
  Guide to Your Child's Symptoms

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Caring for Your School-Age Child
Caring for Your Teenager
TIPP®
APLS Textbook

- Many publications were available at international meetings including Cancun, Leon, Puerto Rico, and Canada.

- Many publications are available in other languages for domestic use
  - 31 publications available in Spanish – over 300,000 distributed over past three years
  - All patient education literature in Spanish on CD-ROM
  - Five of the parenting books are now available in Spanish.

Catch an I-CATCH Grant

by Anna Mandalakas, MD, FAAP

There is still time to submit a proposal for the new I-CATCH (International Community Access To Child Health) funding opportunity. The final deadline for submission of proposals is June 1st, 2006. Initial funds will be available to grantees on August 1st, 2006.

The I-CATCH program was conceived by Don and Liz Hillman and is designed to improve children's access to health care in non-industrialized nations. The program will help pediatricians in these countries to plan and implement a variety of community-based child health programs in conjunction with experienced community-oriented Fellows of the AAP. The program provides training and technical assistance, opportunity for peer support and collaboration, and financial support.

I-CATCH grants are implementation grants with less than 6-months time allowed for planning the project. These grants extend for a period of three years and offer a maximum amount of $6,000 ($2,000 per year) for pediatricians to develop and implement innovative, community-based initiatives that increase children's access to sustainable health care or to specific health services not otherwise available. Project activities must lead to sustainable, community-based child health initiatives that increase access to care, especially for underserved children, and address health disparities among children. Full or Affiliate Physician Members of the AAP who live and work in countries outside the US and Canada are eligible. Preference will be given to members who are country-nationals living in non-industrialized nations and spend the majority of their time caring for children in community-based settings.

We encourage you to support your international colleagues and the I-CATCH initiative through the following ways:
Inform you colleagues of the program and the June 1st deadline ASAP.
Provide the following link for detailed instructions and submission guidelines: http:www.aap.org/sections/ich/resources.htm
Offer the $60 affiliate AAP membership fee

For more details about the I-CATCH program please refer to the program description at http://www.aap.org/sections/ich/resources.htm or contact Anne McGhiey, I-CATCH Program Coordinator, at 800-433-9016, ext 7658, or AMcGhiey@AAP.ORG. If you would like to get more involved or volunteer to be a future facilitator or reviewer, please contact Anna Mandalakas, I-CATCH committee chair, at anna.mandalakas@case.edu.

An AAP Staff Person's Account of a Volunteer Experience

by Anne McGhiey

Editor's Comment:
Anne has been the staff person for our Section for the past 8 years. She has been a driving force behind the work that the Section has been able to accomplish and her tireless efforts and support has made the road traveled much easier. We are extremely grateful to her for all she has done to help the world's children and us in our work.

The general public is starting to understand that the health of every human being is relevant to the health of every other. SARS and the bird flu have made that clear. We're also learning through the lay press that millions of people are dying needlessly around the world. What you've all known for a long time is finally entering the conscience of the public. This public awareness offers the perfect opportunity to encourage others to help you with your international projects, even if they have no medical background.

Recently, I was encouraged to get involved and help a few physicians who were working on child health issues in Malawi. Surprisingly, I learned there was a lot I could do.

Although I've previously provided volunteer business services to non-profits in the developing world, I had never worked on health care projects. Honestly, in the eleven years I've worked in physician organizations, I've never actually seen first hand what a physician does or spent much time in a hospital! So it wasn't surprising I had my doubts about whether there was anything I could do.

What made me decide to take an active role was the number of people struggling for survival and the number who are losing that battle each day. It's unbelievable that there is an almost 12-fold difference between the worlds' lowest and highest adult mortality rates at the country level.[i] It comes down to believing that many people doing small things can change that statistic. I guess it was that feeling that persuaded me to get involved with the project in Malawi.

In summarizing this volunteer experience, I can only say it was filled with both the most breathtaking and the most jarringly incomprehensible sights of my life. On the one hand, there was something magical about the vast African savannah where human kind began some 150,000 years ago! On the other hand, this beauty offered little comfort to the death and disease that seemed to be everywhere. From the funeral processions inching along the horizons to the billboards advertising coffins, there was no way to escape the constant reminder of death. And I hadn't even stepped inside the hospital.

My task during my stay in Malawi was to meet with various medical professionals at a regional hospital and gain consensus about what additional projects they felt could help improve their situation. Once there was agreement, I would try to secure funding and/or the supplies back in the US.

Project planning and meeting facilitation is something I do daily. But meeting efficiency took on a whole new meaning when I recognized that hundreds of patients would be without supervision if I occupied the few doctors and nurses that staffed the hospital. At the same time, my gaze continually wandered to the women I saw through an open meeting room window. The women were out in a grassless courtyard washing cloths and cooking over open fires. It was such a remarkable sight because this food was for the patients in the hospital. Families were expected to provide and cook their patients' meals while they were hospitalized. This seemed a bit ironic since food scarcity seemed a big part of what brought them to the hospital in the first place.

Sadly, the living conditions in Malawi prepared me for what I saw at the hospital. It seemed consistent with the other hardships in Malawi. I had no point of reference for how a malnutrition ward should look, but it struggled just like everything else in Malawi. Perhaps it was a blessing I wasn't familiar with a more resourced hospital. I was overwhelmed with a feeling of humbleness - a feeling I still carry with me today. I was humbled by the grace of the people and the strength of spirit they showed in face of such adversity. This seemed out of place to me.

Luckily the meetings concluded quickly and I ended up with a list of projects that seem doable.

- The creation of a pharmacy/dispensary in the pediatric department.
- The expansion of the library to include additional texts as well as nursing material.
- The purchase of small appli-

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ances to make food preparation easier for the nursing staff.

- The development of a clinical officer's training program in pediatrics.

Whether it was working to obtain donated medicines and equipment, writing proposals or conducting internet research to identify potential funders, it was clearly something I could do.

Although I don't think as an individual I will ever be able to give back as much as I've received from this experience, I do believe, however, we can all encourage others to help. I urge you to take advantage of this growing public awareness that the poor health in other countries can affect our lives. This might open the possibility of achieving better global health for the first time. I'm sure your friends will discover there's a lot they can do too.

[i] World Health Organization, World Health Report 2003: Shaping the Future (Geneva: 2003): 17, http//www.who.int/whr/2003/en/whr03_en.pdf.

A Change of Heart

by Caroline Dueger, MD, FAAP

a New Member of the Executive Committee

How did I get involved with International Child Health? Well, I was certainly a latecomer to the field. I had a busy practice and growing family and am embarrassed to say that I simply hadn't thought a whole lot about the plight of the world's children. Then in 1987, in my mid- fifties, my cardiologist husband and I went on a "medical safari" to Kenya. We expected big animals (which there were) and a tax deductible trip but never anticipated our reaction to the rural hospitals. Young doctors just out of medical school were giving ketamine and doing major abdominal surgery alone in the bush, wards were full of children with diseases we no longer saw (draining osteomyelitis, TB empyema, rheumatic heart disease, untreated hydrocephalus, and on and on), they had no diagnostic facilities and few medications… Well, we just looked at one another and said, "This is not right " – or words to that effect – and began planning a new direction in life. So my first word of wisdom is, "It's never too late."

It took a few years to finish up our practices, get some training (MPH& DTM&H) so I felt we might be a bit more useful, and negotiate the terms of our commitments (Walter said, "You want to go for a YEAR?!! I thought a month…"). We ended up with many volunteer assignments of one to four months over a 12 year period and I can truly say it has been the best 12 years of my life. We tried a variety of placements to see where we felt we could best use the skills we had and finally settled on situations where teaching basic medical skills and public health principles was a major part of the job. In that way, we felt something remained after we went home. So the second word of wisdom is, "Seek out ways to use your skills for long term results." Another is "Don't be discouraged by the magnitude of the problems. Do what you can and keep looking for new ways to have an impact."

What continues to motivate me? I have a genetic weakness for travel, adventure and exposure to foreign cultures. To be able to indulge this and at the same time share medical knowledge and benefits from our privileged life with people in need is a gift and a great pleasure. I feel selfish at times to be doing something so thoroughly satisfying. New friends, the people whose lives we've touched, sharing the pride of accomplishment as a program grows and improves – all of these are inspiring. Can you imagine trading this for retirement on the golf course?

Another inspiration has come from people working in ICH - a remarkable group! My story is pathetic compared to some you will meet in SOICH.

And then I am motivated by hope. There is a danger of becoming mired in frustration with repeated famines, centuries of tribal war, ineffectual international interventions, graft, lack of political will, wasted funds, new diseases, etc. However, there now seems to be new energy and interest in change. Young idealists and rich philanthropists who are willing to carefully choose and monitor their programs are stepping up to push for solutions that governments have failed to achieve. A huge interest in ICH in residency programs bodes well for the future. It is a terrific time to get involved. And I guess that is my last word of wisdom.

Some of Our Members in Action "Over there"

Health Volunteers Overseas

If you have ever thought about extending your knowledge and expertise as a pediatrician overseas, now is the time to do it. The World Health Organization (WHO) estimates that currently there is a global shortage of more than 4 million health workers. And as we know, in most resource-poor countries, health care workers are overburdened, underpaid, and unsupported. Many have chosen to leave the health care sector or to migrate to other countries where opportunities for advancement are better. Great contributions to combat this health workforce shortage are being made by volunteer health workers all over the world.

HVO would like to share the personal experience of one of these individuals; a pediatrician who dedicated two weeks of his time to volunteering at an HVO site in Cambodia. The following, Pediatrics in Cambodia: January 2006-February 2006 was written by Lew Nerenberg, M.D.

My overall orientation for the trip was very good. My initial contact was with Dr. Caroline Dueger, about eleven months before going. She imparted the enthusiasm that seems to affect most of us who volunteer at Angkor Hospital for Children (AHC). I appreciated my conversation with her very much, and she was very accurate when she predicted I would want to return again to AHC.

Since this was not my first HVO trip (I had been to Guyana, September, 2004), I was able to get the most out of the Orientation Packet. The information specific to Cambodia was quite useful, including the Program Description; the U.S, Department of State Cambodia background note; the orientation to AHC and specifically the outpatient department (OPD), where I spent most of my time.

Working in outpatient pediatrics was quite a challenging, yet wonderful experience. Although I'm a seasoned general pediatrician, it was tough to realize that for the first few days I did NOT know how to be a good pediatrician in Cambodia. I did NOT know the prevailing standards of the community, and I did NOT know immediately what it took to practice well in a new context. The doctors and nurses in the outpatient department soon gave me a good sense of how to blend my past experience with local conditions, but I found it very humbling to initially feel like I was starting from scratch.

I tried to spend most of my time in the OPD with junior doctors, and it was rewarding to share puzzling cases and find pictures and articles that illuminated what we saw before us. Of course, just as in the U.S., many patients present with relatively minor illnesses such as URI's, gastroenteritis, variations of normal findings, and so forth. But many more patients have diseases related to malnutrition and poverty, including parasitic diseases, untreated strep (aortic insufficiency and mitral insufficiency, probably rheumatic heart disease), as well as post-strep tococcal acute glomerulonephritis, tuberculosis, HIV, beriberi, cerebral malaria, rabies, abscesses, and severe dental caries, for example.

I did attend noon conferences, which I found to be excellent. The topics discussed ranged from fluid balance to resuscitation and intubation to sedation. There were thoughtful discussions about what the literature supported balanced with what was realistic at AHC. There was great stress on critical thinking about which practice patterns to change and which to preserve, with much emphasis on evidence-based medicine. The mutual professional respect between the hospital physicians and volunteers was genuine.

I lectured twice during my two week stay, once about non-traumatic surgical emergencies, and once about CNS emergencies, each time using Advanced Pediatric Life Support curriculum. The cases discussed included mid-gut volvulus, intussusception, pyloric stenosis, and appendicitis, as well as toxic ingestion, status epilepticus, febrile convulsions, and meningitis. (The day after the first lecture a young boy presented with an incarcerated inguinal hernia and required emergency surgery). Each case discussion included the differential diagnosis for the presenting symptoms.

I also served as the lone physician on the monthly medical clinic visit to Prektoal. There were fifty or more patients and only one physician, and it was only my second day in Cambodia, so after three hours the nurses had to ask me, as politely as possible, if I could "work any faster". (Answer: not very much.) We did bring back one child on the boat with us, an infant with prolonged fever, tachypnea, and rales, who was still an inpatient at the time I left Cambodia.

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Some of Our Members in Action "Over there" *Continued from Page 9*

A glaring challenge to the medical community at AHC, in my eyes, is the under recognition and under diagnosis of asthma. There are clearly many patients on the ward and in the OPD who have asthma yet are diagnosed as bronchitis or pneumonia. I realize that there may be a disincentive to make the diagnosis, particularly if bronchodilators, anti-inflammatories, and spacers are expensive or unavailable. But a step forward would be to accurately diagnosis asthma and define, as a pediatric community, what are the best asthma practices given present realities. This would allow a focus on diagnosis, treatment, prevention and control, as well as a fresh approach towards finding new asthma resources and approaching asthma as a community health problem.

It seems to me that asthma is only going to become more common and severe in Siem Reap province over the next two to five years. Development is rapid, dust and diesel fumes are everywhere people live, breathe, work, and travel, and the explosion of "progress" - building, digging, traveling, and tourism - can overwhelm public health capacity to respond.

This could be one useful area of focus if and when I return to AHC and Siem Reap. I'm sure other pediatric volunteers would share this point of view.

I have tremendous respect and admiration for all those involved with AHC. I hope I can return to Angkor Hospital for Children. I cherish the experience.

A private, non-profit membership organization, HVO was founded in 1986 to improve global health through education. HVO designs and implements clinical education programs in child health, primary care, trauma and rehabilitation, essential surgical care, oral health, infectious disease, nursing education and burn management. In more than 25 resource-poor nations, HVO trains, mentors and provides critical professional support to health care providers who care for the neediest populations in the most difficult of circumstances. HVO's pediatric education programs are sponsored by the American Academy of Pediatrics. Currently, HVO is recruiting pediatric volunteers for sites in Cambodia, Malawi, St. Lucia and Uganda. To learn more about Health Volunteers Overseas and volunteer opportunities please visit our web site at www.hvousa.org or contact Alexis Boyd at HVO Program Department by e-mail, a.boyd@hvousa.org or by telephone at (202) 296-0928.

by Minal Giri, MD, FAAP
in Egypt

The path uphill to the clinic at Arba'a wa Nuss is covered in mud. It is steep and narrow, flanked by garbage and strewn with animal feces. I hold my nose. I'm often out of breath by the time I get to the top - likely the result of underlying reactive airway disease mingling with the everyday dust and pollution of Cairo. Along the way, I notice a small boy, around four years old, feeding a donkey bright, crisp leaves of lettuce, one by one; a small kindness from the small hands of a child. That scene juxtaposed against the desperate surroundings- a moment of grace that defies the bleakness of so many children's futures. It stays with me on the days I feel like turning around at the bottom of the hill.

I see children at the Ecumenical Primary Health Care Center at Arba'a wa Nuss on Thursdays. For many years, refugees from Sudan have made their way to Arba'a wa Nuss, a slum area in the outskirts of Cairo known for its more affordable rental prices. It is estimated that more than 2500 Sudanese currently live in the area, in addition to many thousands of very poor Egyptian families.

I joined the medical team at

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Some of Our Members in Action "Over there" *Continued from Page 10*

Refuge Egypt three months ago as a volunteer pediatrician wanting to work directly with refugees. Refuge Egypt is one of several NGOs working in Cairo to address the needs of the city's some 50,000 disenfranchised refugees and asylum seekers. Refuge Egypt serves people from Sudan and other African countries, people who have fled their countries due to war or disaster. The majority of its clients are from Sudan. After 23 years of civil war in the region and despite the signing of a peace treaty in January 2005, Sudanese refugees and asylum seekers continue to flow into Egypt. Many come with hopes of resettlement, only to find themselves stuck in the inhospitable environs of Cairo with no status, no right to work or go to school, and nowhere left to go.

Refuge Egypt provides various forms of assistance to newly arrived refugees and is one of the major health care providers for refugees in Cairo. It provides access to affordable, quality healthcare in an otherwise strange and hostile host culture. The health care program includes primary care clinics at two locations: a clinic inside the basement of All Saint's Cathedral in Zamalek and the aforementioned Arba'a wa Nuss Ecumenical Primary Health Care Center. Services include free tuberculosis screening and treatment, obstetrics and gynecology, family planning, assessments for victims of torture, HIV testing and counseling and general medicine clinics.

Our team consists of health workers, doctors, and expatriate long-term volunteers. The majority of the doctors on staff specialize in family practice or internal medicine. The team welcomed me as a skilled pediatrician and immediately enjoined me to share my knowledge with weekly primary care lectures in pediatrics. I have since been working alongside the Sudanese docs on staff, many of whom still hope to return to Sudan to practice someday.

The majority of the cases we treat are infectious disease and nutrition-related. Routine infections include gastroenteritis, hepatitis, malaria, pneumonia, upper respiratory infections and disseminated TB. A recent nutrition survey revealed high numbers of malnourished and stunted children, problems especially among those whose mothers had been living in Cairo for more than two years. We see a disproportionately high number of rickets cases, the result of poor nutrition and the fear of letting children play outside. This may be because, although sunny enough, the streets of Cairo are not particularly kind to the Sudanese, and both children and adults face taunt and ridicule in their daily routines.

In addition to clinical care, I have been lecturing, streamlining pediatric documentation, and helping establish a screening protocol for nutrition and development. When I first joined the team I had not anticipated having such an amazing opportunity to make a lasting impact through teaching and mentoring.

But nor had I anticipated Cairo's inequities and the sense of resignation so rampant among both its rich and its poor. Though not unfamiliar with conditions in developing countries on an intellectual level - I realize that the poverty of Arba'a wa Nuss contrasted with countless Mercedes Benzes cruising the Corniche el Nil is not particularly unique - seeing it on a daily basis has been exhausting.

After all, Egypt's per capital GDP ranks fourteenth among Africa's 53 nations, and ranks 135 out of the 226 nations of the world. Compared to so many of its neighbors, Egypt is rich. There are resources: in Cairo we can find medicines, medical schools, textbooks and cutting-edge medical technology— as opposed to rural Egypt and beyond. But these resources do not seem meant for everyone. Many of the free government hospitals lack the antibiotics needed to treat routine neonatal sepsis and the facilities to provide basic ventilator support. The distribution of resources is skewed in a way that contributes to a deep-seated distrust of the medical system among the poor.

Back in the States, I work with an underserved, minority population. Despite the challenges of Medicaid and the health insurance system in general, I find comfort in the notion that back home, I would never have to watch a 35 week premie die needlessly of necrotizing enterocolitis because the doctors at the hospital did not think the family could pay for the fluids needed to keep the baby alive. Of course, the disparity illustrated here is defined by an abundance of resources or lack thereof, but what strikes me is the resulting erosion of respect for human life. The erosion of social capital aside, this kind of inequity gnaws at the soul and stunts one's ability to imagine something better.

Dealing with the refugee community within this context has been particularly poignant. This same group of refugees garnered high profile attention in the interna-

Some of Our Members in Action "Over there" *Continued from Page 11*

tional press after the Egyptian government's brutal break-up of a three-month protest in front of UNHCR headquarters in December 2005. In the chaotic days following the incident, we cared for hundreds of injured and wounded protesters, triaging, suturing head wounds, assessing fractures and pneumonias. Information was scarce and rumors abounded; no one had any way of knowing who was injured, dead or detained. We are still dealing with fall-out from the incident. The government has yet to release information regarding autopsies, let alone custody of the actual bodies of those killed. Families are grieving and continue to wait for the right to bury their loved ones in peace. Twelve children were killed in the violence.

To learn more about Refuge Egypt: www.refuge-egypt.org

For more information, contact: info@refuge-egypt.org or minalgiri@hotmail.com

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by Charles G. Erickson, MD, FAAP

in Zambia

Introduction

Thanks to an announcement in the List Serve of the International Section of the AAP, I applied for and received a scholarship from Yale which funded a volunteer experience in Livingstone, Zambia working at the Bindi Ward (children's ward) of Livingstone General Hospital in 2003. Zambia is one of the poorest countries in the world with a per capita income of less the $400 USD per year.

Having recently retired from pediatric practice I was able to spend the 6 weeks required to serve. It was the experience of a life time. Prior to my stint in Zambia the extent of my tropical medicine experience consisted of treating three cases of tuberculosis, one case of malaria and one tapeworm. However, my time spent there is the topic of another article.

Before departure, my Rotary Club (RI) authorized me to spend $500 on a humanitarian project. I didn't even ask for it. I contacted the staff on the ward and they suggested that it would be helpful to install sinks for the ward and the kitchen, and to provide chairs for the mothers to replace the stools they sat on during the long hours they were caring for their children. Therefore we funded these items.

What is Rotary International?

This act of the Lincoln East Rotary Club is representative of the work of Rotary Clubs around the world. But even more remarkable are the things Rotary International has accomplished. Most notably among the accomplishments is the elimination of polio in the Western Hemisphere and the near elimination in the rest of the world; only a few pockets where the disease exists are left. RI funded the project and worked with the WHO to achieve this marvelous result. The AAP publicly recognized Rotary International at the annual AAP meeting a number of years ago. In recent months both the *New York Times* and the *Wall Street Journal* have recognized Rotary International for its achievements. In spite of this, many folks are not familiar with the organization.

RI was founded in Chicago 100 years ago and has now spread to over 168 countries with 32,000 clubs. Rotary's motto, "Service Above Self", exemplifies the humanitarian spirit of the organization's more than 1.2 millions members (*The Rotarian*, August 2005). Clean water, for example is one of the high priorities for Rotary grants around the world.

The members represent a variety of professions. Each local club meets for about 1 hour each week with a meal being served, while a short business meeting is followed by an educational program. The meetings are an opportunity for one to meet with individuals with different vocational perspectives. More can be learned about the mission and goals by logging on to Rotary.org.

Our Project

After returning from my initial trip to Zambia, the club president and the district governor encouraged me to develop an international project which could be supported by matching grants from the district and RI. Our next endeavor involved receiving a travel grant from RI to help develop a medical clinic and do a needs assessment at the Sons of Thunder Mission and Orphanage Farm (near Livingstone) where rural Zambians are taught agricultural skills. In May and June two local Rotarians accompanied me on this trip. We reactivated the closed clinic, consulted with the orphanage director on nutritional and other issues and provided medical care for the residents and folks near the farm. The Rotarian with agricultural experience assessed the farm and a speech therapist checked out the educational needs of the young children in the orphanage.

Our Next Project

Now that we have completed our needs assessment our local club is prepared to fund a preventive medicine program for the Sons of

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Some of Our Members in Action "Over there" *Continued from Page 12*

Thunder Clinic and provide some funds for educational materials for the children in the orphanage. Following this, we will apply for a major grant from the district and The Rotary Foundation to fund laboratory equipment for the new clinic which is being planned. We anticipate providing some additional funds for several orphanages in the area.

AAP International Section and Rotary International

The vignette discussed above is an example of how pediatricians and Rotary International can collaborate to help those in need in the U.S. and abroad. The new Rotary International President, Carl-Wilhelm Stenhammar of Sweden, has called for small projects involving directly local clubs and local groups in third world countries. On the other hand a plan to eliminate malaria in the world has been mentioned to replace Polio Plus which has nearly achieved its goal.

There are dual rewards for those involved when pediatricians become a part of Rotary. Pediatricians benefit by accessing funds for projects that they deem important as well as learning of needs locally and around the world. Rotary benefits by having the expertise of pediatricians in making important decisions in prioritizing projects.

In summary, I would encourage pediatricians in the International Health Section to explore Rotary and consider joining a local club. I realize that we are often called upon to participate in many worthwhile causes and can be overloaded with our professional life. However, Rotary offers a powerful tool for expanding our endeavors in the world.

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Getting to Know Some of Our New Members

by Lina AbuJamra, MD, FAAP

Greetings. I am a new member of the section on International Health of the AAP. My formal training is in Pediatric Emergency Medicine and I currently work at Children's Memorial Hospital in Chicago. I finished my pediatric residency at Baylor College of Medicine in 1999, and my fellowship in pediatric emergency medicine at the University of Florida in 2003. I have been a fellow in the AAP for several years now. My participation in the Academy has mainly centered on the Section on Emergency Medicine where I serve as Co-chair of the committee for the future, a committee focused on leadership development of junior faculty in this field.

My interest in international health dates as far back as I can remember. I was born and bred in Beirut, Lebanon. We moved to the US in 1987. Since completing my medical training, I have had the privilege to accompany medical teams to various countries in South America and now am looking at expanding my horizons to Africa. In the first week of April I will be going to Benin with a medical group from my church to set up clinics for a couple of weeks. The care we provide tends to be primary care in nature. We usually take donations of medicines on such trips, and try to focus on groups of people who don't routinely have medical care, Indian tribes in the Amazon rain forest, for example.

My most recent interest, though, is in regards to developing an international health program for Children's Memorial Hospital. The last few months have provided the opportunity to work with the second year pediatric residents to arrange for elective time in Tanzania. At this point, 15 residents have committed to going, and we are looking for funding opportunities for them.

More broadly, though, I would love to hear from anyone who has set up long standing programs at their institutions for residents to rotate in international settings. I am interested in the long term continuity of such programs, in terms of staffing, resident rotations, funding…

I am very excited about the prospect of becoming involved in the section on international health. I am always eager to volunteer my own time and energy to provide primary care or disaster relief, but am now even more interested in passing on my passion for international medicine to the doctors in training under my supervision.

Feel free to contact me at
labujamra@yahoo.com.
Pediatric Emergency Medicine
Children's Memorial Hospital
Chicago, IL

The Advocacy Workshop In Benin, Africa

by John E. Lewy, MD, FAAP

The Union of African Pediatric Societies and Associations (UNAPSA) asked the International Section of the AAP to develop a workshop on advocacy prior to the UNAPSA meeting in early December, 2005 in Cotonou, Benin. The Executive Committee of UNAPSA felt that many of the African Pediatricians had little access to decision makers in their countries, and were unsure how best to empower pediatricians and more effectively advocate for children.

The AAP has had 16 Legislative Conferences, where American pediatricians were coached in the tools and techniques of advocacy for children with members of Congress and State Legislators. The Section undertook the challenge with the help of the AAP Federal Government Affairs office, and the International Pediatric Association (IPA), to modify the information to make it relevant to the problems which African pediatricians wish to advocate for in their countries. A grant was approved by the International Section to begin funding the Workshop, and this was then supplemented by funds from the IPA, and travel funding from WHO and UNICEF.

Karen Hendricks (a senior AAP staff administrator in the AAP Washington Office), Mychelle Farmer, MD, (from John's Hopkins) and I traveled to Cotonou to facilitate the interactions in the workshop. Attendees included: pediatricians from Benin, Burkina Faso, Guinea, Mali, Togo, Niger, Ghana, Ivory Coast, Zambia, Nigeria, Senegal, Ethiopia, Gabon, Cameroon, Republic of Central Africa, South Africa, and Kenya; a representative from WHO and one from UNICEF; a Benin legislator; and several representatives from the Benin Public Health Department.

The workshop was very interactive. Introductions were given by Cherif Rahimy, MD, the meeting chair, Nike Grange, MD, FAAP (President of the IPA), Jane Schaller, MD, FAAP (Executive Director of the IPA), and myself. Then there were introductory discussions on the importance of advocacy, the identifying, designing, and communicating the message, and developing coalitions.

The approximately 60 attendees were then divided into francophone and anglophone groups. Extensive discussions (about 90 minutes in length) were held by each group regarding problems that the participants would like to advocate about in their respective countries. At the end of the session, each group determined which of the several problems they would like to pursue in detail in the afternoon. A spokesperson for each group then reported to the entire workshop and further discussions ensued. After lunch, short presentations were given by Ms Hendricks, Dr. Farmer and me on communicating the message, strategies to build coalitions, and goal setting. This was followed by another small group session to "flesh out" the details of the selected problems such as how to empower pediatricians, and improved immunization status. This lasted about 90 minutes. The spokespersons status again reported the results to the entire group and another enthusiastic discussion ensued.

It was decided that the next steps for the participants were to take the new tools learned back to their countries, and participate more actively in advocacy. A report to the executive committee of UNAPSA is to be submitted in six to nine months as to their activities in advocacy and their successes and challenges.

The enthusiasm that was present by the members of the group made the workshop a most exciting experience for the AAP visitors. Evidence that the African pediatricians felt that this was a useful session became apparent in the workshops held on subsequent days on Prevention and Control of Hemophilus Influenzae type B, and on Newborn Survival and Health in Sub-Saharan Africa. Frequently during those workshops, participants commented how the skills and approaches that they had learned in the Advocacy Workshop would be useful in advocating for children on subsequent topics.

In this type of setting, we, the AAP participants, always learned far more from our African colleagues than we shared with them. We learned about the problems that they deal with regularly and their challenges in being effective advocates. The opportunity to visit the children's unit in the Benin Regional Hospital and to see several parts of the country were exhilarating and educational experiences.

I hope that the International Section will be responsive if other regional societies would like the AAP to work with them on these important topics. The willingness of the International Section to facilitate the Workshop appears to have been of value to all involved, and certainly appreciated. The representative from WHO felt that this would also be very useful to "bring home" to Geneva, and they suggested that a similar workshop be set up within the coming year.

Volunteers Wanted
Join the Haiti Initiative

by Marlene Goodfriend, MD, FAAP

Haiti is 700 miles from Miami, Florida. This neighboring island is the poorest country in the Western hemisphere. It is a country beset by years of political unrest. Presently there is widespread daily violence including shootings and kidnappings. No one is safe. This is the atmosphere in which our Haitian pediatric colleagues care for children and their families.

The majority of the Haitian pediatricians are based in the capital, Port au Prince. There is a Haitian Pediatric Society. Our colleagues have been trained at either the state medical school in Port au Prince, or at Notre Dame University Medical School. The general hospital in Port au Prince offers a pediatric residency. Some of the pediatricians have had further training in the United States.

Concerns were raised during the executive committee meeting of the Section of International Child Health, October 9, 2004, about the children of Haiti and the difficult working conditions for pediatricians in Haiti. These concerns developed into a commitment to collaborate with our colleagues in Haiti, to help them and to learn from them. This was the start of the Haiti Initiative.

What we have done: Haitian pediatricians have attended the disaster management course in Cleveland Ohio, and the 2005 NCE. The SOICH has arranged subscriptions for *Pediatrics* and *Pediatrics in Review*, and they have been given CD-ROM copies of the *Redbook* and past issues of *Pediatrics in Review*. Two pediatricians will attend the advocacy workshop in Washington DC in April 2006. And, most important, we have established collegial relationships with several of our colleagues in Port au Prince. We have helped them network with colleagues in the United States who will share their expertise with them.

What we have learned: We have learned a lot about the practice of pediatrics in a violent environment. Dr. Jessy Colimon Adrien gave a poignant presentation at the SOICH section meeting at the 2005 NCE on the effects of unrest and violence on families and on the practice of medicine. We have learned about the difficulties of practicing pediatrics under oppressive regimes. Because of the difficult political situation for decades, the pediatricians have been limited in their ability to help children in the general community and intervene with difficult social situations. During the Duvalier regime (1957-1971) the president of the Haitian Pediatric Society wanted to investigate psychosocial problems of children. The result – he was put in jail! Presently, the Ministry of Health sets policies for the care of children but does not consult with the pediatricians. The pediatricians want to improve their relationship with the Ministry of Health, and they are looking forward to the advocacy workshop in April to gain tools to do this. We have learned that we have committed and competent colleagues as our neighbors. They are enthusiastic, concerned about their patients, and interested in community projects, advocacy, and continuing medical education. They have managed to stay healthy, to maintain their senses of humor, and to have hope for the future.

What you can do:

1) Consider inviting a Haitian pediatric resident to spend a month rotation at a university program in the United States. The SOICH has committed funds for 2 scholarships of $500.00 each for short term training/observation in pediatric centers in the United States.
2) Consider being a visiting professor in Port au Prince. The Haitian pediatricians are interested in lecturers in all pediatric specialties. The suggested program is for visiting professor to spend 2 – 3 days in Port au Prince. The professor might give a lecture(s), do a workshop, and round with practicing pediatricians and pediatric residents. The Haitian pediatricians would arrange housing and host the visiting professor. These arrangements are dependent on the political climate and safety.

Who to contact:

If you are interested in joining the Haiti initiative: Please contact Marlene Goodfriend MD, email: marlenegood@hotmail.com

Other ideas, suggestions are most welcome

Pakistan

The Christian Hospital of Sahiwel, a 120 bed modern facility in northern Pakistan, has an urgent need for pediatricians for as short a period of time as two weeks. This is a World Witness facility but there is no religious requirement. The organization pays housing and food and can negotiate travel expenses depending on the length of service. Contact John Hopkins, (864)233-5226, e-mail johnh@worldwitness.org

News from Canada

by CPS representative Donald Hillman, MD, FAAP

The University of Calgary and the Canadian Paediatric Society (CPS) are supporting a community outreach program for children in remote rural communities of Western Uganda. The program, HEALTHY CHILD UGANDA, was developed by the Mbrarara University of Science and Technology (MUST) of Uganda and is directed by Dr. Jenn Brenner of the University of Calgary. Dr. Brenner is also the head of the International Child Health Section of CPS.

We worked in Jenn's project in November '05 and were impressed with the program, especially with the involvement of 4th year medical students. The students spend time learning and doing in selected remote communities, helping villagers promote health and development using the communities' very
scarce resources. The program trains locally selected health workers to be Community-oriented Resource Persons (CORPS). The workers are trained in social paediatrics with a strong focus on prevention, and in integrated management of childhood illnesses (IMCI). This now includes care for the mother and newborn.

The first task of the medical students is to register homes in the village with children under the age of 5 years. Another task is to mobilize the people when health centre staff comes to immunize, weigh and provide vitamin to the children. The CORPS submit monthly written reports on their activities including the number of pregnant women, births, sick children
(and their follow-up) and disabled people (and their needs) that they see. We found the CORPS to demonstrate enthusiasm, commitment and competence. The medical students assigned to the villages were also enthusiastic and highly motivated to promote health.

Eleven Canadian paediatricians have volunteered at the Hospital in Mbarara since the project began, and have served as paediatric teachers in the medical school. Several have been supported by their local Canadian Rotary Clubs.
Dr. Stan Zlotkin of the Hospital for Sick Children in Toronto continues to expand the SPRINKLES program for iron deficiency children around the world, as noted in the SOICH Dec. 05 Newsletter. The cost, like the cost of the Vitamin A program, is easily covered by local or international resources .

Dr. Charles Larson of the Montreal Childrens Hospital continues his work in Bangladesh with zinc supplementation. The focus is to reduce the incidence and severity of diarrhea.

Also in Bangladesh, an exciting new MPH program has been established in the new James Grant University in Dhaka. Students are selected from different health-related professions from all around the world. They work together, first in remote areas and then in the capital city. While we were in East Africa we served on the selection committee and interviewed a number of African candidates. We were impressed with their commitment and vision.

When we returned to Canada for Christmas to be with our family and to celebrate our 50th wedding anniversary, we found a letter from the Royal College of Physicians and Surgeons awarding us a Travel Fellowship. This

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gave us the opportunity to revisit the Paediatric programs with which we have been involved since 1969. The programs are in Kenya, Uganda, Zambia and Tanzania. The temperature in Ottawa was - 40 degrees C with blizzards. So we decided we should return immediately to East Africa to start the long-term impact follow-up of Canadian Universities input in East and Southern African medical schools. We met with many of our ex-students in
Kenya and Uganda and discussed their past training and their current needs in medical education, especially needs which might be addressed by North American university partnerships and/or exchanges. We plan to return to Africa in January and February 2007 with similar visits to ex-students in Tanzania and Zambia and will participate in a workshop for delegates from all four countries to update the Manual on Primary Health Care. The Manual is used in all these universities for undergraduate learning.

Our Kampala visit in November coincided with that of an educational mission from the University of British Columbia (UBC) centered on children's and women's health. UBC faculty members led by Drs Stuart MacLeod, head of the Child & Family Research Institute, and Bob Armstrong, Chair of Pediatrics, are pursuing a formal academic collaboration with Makerere University. Planning is proceeding for research, educational and clinical exchanges in pediatrics, surgery, orthopedics, and maternal and community health.

While we were at the University of Nairobi there was a celebration of the opening of the Canadian-funded Institute of Infectious Diseases (UNITID). The Institute, directed by Dr. Benson Estambale, held an international workshop attended by Dr. Joanne Embree, the chair of Paediatrics at the University of Manitoba. Dr. Embree has played a major role in the Kenyan HIV\AIDS program.

We learned that 15 African countries have far-advanced plans for the opening of an Institute of Child Health in Arusha, Tanzania. The program is linked with UNICEF, the Commonwealth of Learning and Harvard University. It will be under the Chairmanship of Professor Esther Mwaikambo of Tanzania, and vice-Chairman Professor Julius Meme of the University of Nairobi. Both of these senior paediatric leaders are ex-students of the Canadian University support programs with which we were involved in the 1970s and 1980s. They are colleagues of whom we are very proud. We look forward to hearing more about the Institute.

We are presently in St Lucia, a beautiful small Caribbean island. The Island is a Health Volunteer Overseas (HVO) site. Our friends and HVO colleagues
Dr. Larry Gray and his Nurse-Practitioner wife, Melissa are working with St. Jude's Hospital - a very popular HVO volunteer site. As in all the countries we visited, we introduced the AAP concept of I-CATCH projects to the Paediatrician-in-charge, Dr. Sybil Naitram, a Cuban-trained St. Lucian paediatrician. He has excellent plans for the Island's child health needs and is very interested in I-CATCH.

We look forward to seeing many of you at the Canadian Paediatric Annual Conference, June 13-17, in beautiful St. John's, Newfoundland. www.cps.ca

2006 AAP National Conference & Exhibition
SOICH Program
October 8,2006 — Atlanta, GA

8:20-8:40 am	**Christopherson Lecture**
9:15-10:15 am	**Health and International Policy** "Smoke and Mirrors: Deficiencies in Disaster Funding" **Peter Walker PhD**, Director, Feinstein International Famine Center, Tufts University, Boston
10:30 -11:45 pm	**Research Update 2006** "The Top Ten Articles in International Child Health 2005-6" **Plenary Speaker (to be decided) and Linda Arnold MD**, Pediatric Emergency Medicine, Yale New Haven Children's Hospital. Also we will have Duke Duncan (editor of our Section newsletter) and two of the newer sub-section editors that will already be at the meeting join the panel.
11:45 am-12:30 pm	"**SEARCH** (Society for Education, Action and Research in Community Health): Training village health workers and traditional midwives to reduce infant mortality in rural India" **Abhay Bang MD**, *founder and director of SEARCH,* Gadchiroli, India
12:45-1:45 pm	**Lunch, Networking and Section Meeting** (residents and prospective section members welcome!)
2:00-5:00 pm	**Do We Make a Difference—Outcomes of Various Short- and Long-Term Health Interventions in Developing Countries** **John Hammock, PhD** Associate Professor of Public Policy, Former Director Oxfam America Fletcher School of Law and Diplomacy, Tufts University **Susan Emrich** Concern America, Project Coordinator, Peten. Guatemala **Thomas Clark, MD** HIV Prevention Fellow, University of California, San Francisco and Co-Founder and Executive Director, Grassroot Soccer **PANEL Discussion with speakers and section members** Section members will be invited to speak for 5 minutes about outcomes of their work with organizations doing various types of overseas health work
5:00 pm-6:30 pm	**International Child Health Reception**

Upcoming Events
Plan Your Calendars
Please Share with Your Colleagues

by Donna Staton MD, MPH, FAAP
dstaton@massmed.org
Chair, AAP Section on International Child Health

1. The 15th Annual GHEC Conference: *Crossroads in Global Health: the Dual Challenge of Infectious and Chronic Diseases*; Toronto, Ontario, Canada; April 19 ~ 21, 2006

   ***On April 22: Optional Global Health-related Tours and Demonstrations Available at Various Toronto Sites*

   GHEC is Global Health Education Consortium, see http://www.globalhealth-ec.org/ Great website in general—if you or your institution are not members of GHEC, you should join.

2. Pediatric Academic Societies Annual Meeting (PAS), April 29-May 2,2006, San Francisco.

   Several sessions on international health, including the special interest group (SIG) on international health program; also workshops: "So You Want to Do International Health Research," "Helping Children in Disasters," and a special 2-part program on Neonatal Infections in Developing Countries.

   See http://www.pas-meeting.org/

3. AAP NCE, Atlanta, Georgia, October 7-10, 2006. Our section meets here, and we have a great program planned! http://s12.a2zinc.net/clients/aap2005/aap2005/public/enter.aspx

4. ALAPE Triannual Congress; Nov. 5-10, 2006; Punta Cana, Dominican Republic.
   See http://www.alape.org/ Asociacion Latinoamericana de Pediatria

Please see the "Member Activity Spotlight" on the first page of the Members Only web page of the AAP website. Would you like to highlight a project of yours here, or do you know a fellow AAP member with an interesting international health project that we could post here? If so, please send me an email dstaton@massmed.org.

Please feel free to announce meetings/conferences that you know of on our list serve ichmembers@LISTSERV.AAP.ORG. (If you would like to join the email list, please send an email to Anne McGhiey at amcghiey@aap.org.)

Announcing the Robert E. Shope International Fellowship in Infectious Diseases

The American Society of Tropical Medicine and Hygiene has established a fellowship to memorialize Robert E. Shope, M.D., a past president and beloved member of the Society. The intent of the Robert E. Shope International Fellowship in Infectious Diseases is to provide international training opportunities in arbovirology and emerging tropical infectious diseases for those with an M.D., D.V.M., Ph.D. or related doctoral degree who hold positions at North American institutions.

The award recipient will be selected by the Robert E. Shope International Fellowship committee and will be provided $10,000 to help defray travel costs, living expenses and/or research abroad. The Robert Shope Fellowship recipient will be required to prepare a report describing his or her experiences, with the potential to be invited to make a presentation at the society's annual meeting.

Application deadline – May 15, 2006
For details: http//www.astmh.org

Oregon Health & Science University
Students Organize International Health Conference

Over 850 attendees descended on Portland, Oregon during President's Day weekend for the Fourth Western Regional International Health Conference at Oregon Health & Science University (OHSU). The conference was organized and implemented by the Global Health Alliance, a multidisciplinary student group working to reduce international health disparities through the promotion of global health awareness, education and advocacy.

The goal of the conference was to bring together experts from disparate fields in order to have meaningful dialogue about the problems and solutions of global health. More than 120 speakers presented lectures and led workshops in fifty-eight different sessions, along the theme of "Health, Human Rights and Economics: The Value of Human Life."

Sessions were organized thematically. Engineers, parasitologists, public health officials, lawyers, basic scientists, and health care workers spoke about resource and access issues, environmental health, women's and children's health, and a host of other issues related to poverty and inequity. The Women's and Children's Health track included medical topics such as diarrhea, measles, tuberculosis, as well as the public health effects of sex trafficking, HIV/AIDS, and lead toxicity on children. Lowering infant mortality in the black community, empowering communities for health, and children's ophthalmic health were additional areas of focus.

Highlights from the conference included an excellent keynote address by Anne-Christine d'Adesky, who spoke on Rwanda and her work with women living with HIV/AIDS, as well as a live telecast question and answer session with Jeffrey Sachs, PhD, Director of the U.N. Millennium Project. Speakers from the United States, Canada, India, Nepal, and South Korea discussed their individual projects, while other sessions addressed the broader implications of non-governmental organizations and health workers abroad, careers in global health, cultural humility, and the health effects of war. An exhibition hall attracted local and national organizations involved in the promotion of global health, and the poster session included more than thirty abstract submissions from six different countries.

The Global Health Alliance at OHSU has been advancing the cause of global health at OHSU for a number of years. Since the conference, Peter Kohler, MD, President of OHSU, has agreed to the formation of a steering committee to explore the possibilities for developing a more permanent structure for global health at the School.

For more information on the Global Health Alliance at OHSU, please visit: http://www.ohsu.edu/som/gha/

Erin Fitch, MD/PhD student, second year

10th Management of Humanitarian Emergencies

Focus on Children and Families

For: Pediatricians, Primary Health Providers, NGO Relief Professionals, and Mental Health Professionals interested in training that targets the special needs of children and families during and following disasters

Monday – Friday, June 19-23, 2006
Cleveland, OH

Sponsored by:
Case Western Reserve University
School of Medicine

Presented by:
The Rainbow Center for International Child Health

With the support of:
Masters of Public Health Program, Case
The Center for Global Health and Diseases, Case
The Division of Public Health in the Dept. of Epidemiology & Biostatistics, Case

Endorsed by:
The International Pediatrics Association

This intensive, interactive 5-day course examines the most important problems and priorities in disaster situations as they specifically relate to children and families. Taught by faculty with years of field and management experience, topics include Vulnerable Populations, Nutrition Issues, International Humanitarian Law, Personal Preparedness, Security Issues, and much more.

By offering a solid mix of didactic lectures, problem-based learning exercises, skills training and practice, this course will provide the preparation you need to effectively serve in these critical situations. Many who attend already have experience with humanitarian emergencies but desire enhanced understanding and skills. This was the first course to significantly emphasize the needs of the most vulnerable and numerous victims of disaster – children and families – and remains the program by which similar efforts are benchmarked.

Participants should have a Graduate degree or above. The course is sponsored for Category 1 credit by Case Western Reserve University School of Medicine. Both dormitory and hotel housing available. $645 Earlybird (before March 15); $745 standard.

To request a course brochure call Joan Farmer at: 216/983-3152, e-mail Joan.Farmer@uhhs.com or visit our website at http://cme.case.edu

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Current Section Programs

SOICH Email List

The Section has an e-mail list and invites you to become a part of it. Send your e-mail address to Anne McGhiey @ amcghiey@aap.org.

SOICH on the Web

http://www.aap.org/sections/ich/	Section's Web site
http://www.aap.org/cgi-bin/overseas/aapartcl.cfm	Directory of Overseas Opportunities
http://www.aap.org/disaster/	CHILDisaster Network
http://www.ichn.org/	Int'l Child Health Network

Service Opportunities

The Pediatric Division under Health Volunteers Overseas (HVO) needs volunteers for its programs in Uganda, St. Lucia, Guyana, Cambodia, and (new!) Malawi. Contact Kate Fincham at the HVO Washington office @ 1-202-296-0928.

Manual "Working in International Child Health"

This manual by Donna Staton, MD provides information about finding and evaluating potential international assignments, information about what to take with you, and information about supporting international health efforts while at home. For copies, contact Anne McGhiey at 800/433-9016, ext 7658 or by email at amcghiey@aap.org.

SOICH Book Repository Program

The Pediatric Textbook Repository under the direction of Dr. Donna Staton. She has books that you might like to take with you on your next trip and give to your colleagues to be put in their pediatric library or medical school library and not on their personal shelves. Give Dr. Staton a call at 781/899-4707 or Email her at dstaton@massmed.org to find out what books she has and how to get hold of them. If you have pediatric textbooks less than five years old that you want to send overseas, send them to the Textbook Repository.

SOICH "Country of Interest" Groups

The "Country of Interest" groups are being re-vitalized. Anyone interested in being a country coordinator contact Dr. Duke Duncan e-mail @ bduncan@peds.arizona.edu

SOICH Resident International Health Travel Grants

Every year the section awards grants to pediatric residents who are doing electives in developing countries. The grants are to help with travel and living expenses while abroad. Residents can apply by completing a short application available at http://www.aap.org/residents/intertravel.htm.

Support SOICH

The Section invites you to contribute to the Friends for Children and designate your contribution to the Section on International Child Health.

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Section on

International Child Health

April 2006 Newsletter

This edition of the newsletter reviews selected journal articles and other publications related to International Child Health

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