

# BULLETIN

of the



## ASIA PACIFIC PEDIATRIC ASSOCIATION

(formerly known as Asian Pacific Pediatric Association)

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### CHILDREN'S RIGHT

## Asia Pacific Governments adopt New Delhi Declaration on Cooperation for Children's Rights



A New Delhi Declaration, renewing governments' commitments to the rights of children and pledging to support each other in the achievement of those rights, was adopted unanimously today (October 25, 2013) by Asian and Pacific States attending the Second High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific.

The meeting was hosted by UNICEF and the Government of India, whose Minister of State for Women and Child Development (Independent Charge), Her Excellency Mrs. Krishna Tirath was in attendance, along with government ministers and senior public officials of 32 countries from across South and East Asia and the Pacific.

Attendees also included UNICEF Executive Director Anthony Lake, along with representatives of the Asian Development Bank, the South Asian Association for Regional Cooperation, the Secretariat of the Pacific Community, and the UN

Economic and Social Commission for Asia and the Pacific.

Prior to adopting the Declaration, participants discussed lessons learned and best practices on early childhood development, children in urban environments, and opportunities and issues regarding adolescents. They also focused on ways to enhance South-South cooperation in the interest of the region's children.

The New Delhi Declaration reaffirms States' commitments to children's rights and sets out a series of recommendations that will serve as a roadmap for future cooperation. This includes collaboration on ways to improve the collection of data on children, and multi-country research into children's issues and the best means to address them.

The Declaration addresses the need for adequate investments in education, job creation and social participation to address the different threats and challenges faced by adolescents, and to eliminate violence against children and adolescents.

It also recommends that governments seek meaningful participation by adolescents in decision-making, and improve access, quality, and relevance of lower secondary education and vocational training, in order to strengthen the job prospects of adolescents, including girls.

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### CONDOLENCES

The Asia Pacific Pediatric Association (APPA) Secretariat in Kuala Lumpur, Malaysia, extends its deepest condolences to the victims and families affected by the massive killer super typhoon, earthquake, cyclone and flash floods that had hit the Philippines, India, China, Indonesia and Vietnam this year.

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## ICP 2013

# INTERNATIONAL CONGRESS OF PEDIATRICS 2013 (ICP2013) MELBOURNE, AUSTRALIA, AUGUST 24-29, 2013



Associate Professor Susan Moloney  
President, Paediatrics and Child Health  
Division, The Royal Australasian College  
of Physicians (RACP)

More than 2,300 child health experts convened at the state-of-the-art Melbourne Convention and Exhibition Centre (MCEC) in Melbourne, Australia, for the 27<sup>th</sup> International Congress of Pediatrics (ICP2013), which began from August 24-29, 2013.

ICP2013, hosted by the Paediatrics and Child Health Division (PCHD) of the Royal Australasian College of Physicians (RACP) is being held in Australia for the first time and featured leading Australian and international



Kangaroos are an attraction in Melbourne, Australia



Koala Bears are synonym with Australia

child health experts presenting a diverse range of topics from genetics to surgery, infectious diseases to mental health and medical education to the Millennium Development Goals.

The Congress was officially opened by Congress President, Associate Professor Neil Wigg on the evening of August 24<sup>th</sup>. The Victorian Health Minister, the Honorary David Davis MLC was an official guest at the Ceremony.

The theme for this year's Congress is 'Bridging the Gaps in Child & Adolescent Health'.

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## Note

During the ICP2013, the Asia Pacific Pediatric Association (APPA) held its 35<sup>th</sup> APPA Business Meeting on August 25, 2013, at the Melbourne Convention and Exhibition Centre (MCEC) in Melbourne, Australia. The IPA Presidency was passed from Prof. Sergio Cabral from Brazil to Prof. Andreas Konstantopoulos from Greece. The 28<sup>th</sup> International Congress of Pediatrics (IPA2016) will be held in Vancouver, British Columbia, Canada, from August 17-22, 2016.



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### Highlights of the ICP2013 include:

#### Plenary sessions:

- State of the World's Children.
- Adolescent Health.
- Global Action Plan for Diarrhoea and Pneumonia.
- Environmental Impacts of Child Health &
- Modern Technologies - the Future of Child Health.

#### Keynote speaker sessions:

- State of Health of Aboriginal and Torres Strait Islander Children.
- Taking on Big Tobacco.
- Children with Disabilities.
- Quality Hospital Care.
- Emerging Respiratory Viruses.
- Tackling the Burden of Obesity and Malnutrition.
- A Rights Approach to Child Health &
- Howard Williams Oration.

#### Meet the Expert Sessions, seminars and symposia included:

- Australia's role in the HPV vaccine story
- Talking to adolescents about sex, drugs and rock'n'roll
- Preventing early pregnancy to improve child outcomes
- The need for recognition of rare ('orphan') diseases
- The Challenge of Eating Disorders
- Health Begins Before Conception
- Attention Deficit Hyperactivity Disorder - what's new.

The RACP had also launched a Consensus Statement during the ICP2013, which calls on the community to sign up and support its campaign to end physical punishment of children in Australia.

RACP's Paediatrics and Child Health Division President, Associate Professor Susan Moloney said there had been widespread support from across the Australian community backing the RACP's call for change on how to discipline children.

She added that the Consensus Statement will ask signatories to raise awareness in the Australian communities about the harms that can be caused by physical punishment, support efforts to promote more effective and positive forms of discipline and educate and support parents to use them.

"By signing the Consensus Statement, signatories are demonstrating their support for bringing an end to the physical punishment of children in Australia, through parent education and law reform," said Associate Professor Moloney.

The 27<sup>th</sup> ICP2013 was officially closed by Associate Professor Neil Wigg.

[-www.racp.edu.au](http://www.racp.edu.au)

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The Declaration recommends enhancement of national and regional coordination on early childhood development, to advance exclusive breastfeeding, full immunization, and children's access to clean water and hygienic sanitation.

The New Delhi Declaration calls for better access to data about children in urban areas, and particularly about children in slums and peri-urban areas. It recommends information sharing and cooperation between cities in the region so they can meet their potential as places that promote child rights.

It recommends efforts to ensure equitable access to services and livelihood options for the most marginalized and excluded urban children, such as those living in slums, as well as examination of the service issues facing rural populations, to allow for a more holistic approach to rural to urban migration.

The Second High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific meeting follows a similar High-Level Meeting held in Beijing, China in 2010.

Delegations of the governments of Afghanistan, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Federated States of Micronesia, Fiji, India, Indonesia, Kiribati, Lao PDR, Malaysia, Maldives, Marshall Islands, Mongolia, Myanmar, Nepal, Niue, Pakistan, Papua New Guinea, Philippines, Samoa, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tonga, Tuvalu, and Viet Nam attended the meeting and a statement from the Government of Vanuatu was delivered.

- UNICEF, Bangkok, Kathmandu, New Delhi 25/10/2013





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association internationale de pédiatrie  
asociación internacional de pediatria

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To all:

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**IPA Regional Member-Societies**

**IPA Subspecialty Member-Societies**



Prof. Andreas Konstantopoulos, MD  
President  
International Pediatric Association (IPA)

October 1<sup>st</sup>, 2013

Dear colleagues,

It is a great honour and privilege for me to take over the Presidency of the International Pediatric Association (IPA) and I would like to thank all for electing me in that position.

IPA is a huge family. All of us should work together under the umbrella of IPA, in order to achieve one important goal: **"make a difference in the lives of our children"**.

As the new President of IPA I would like to emphasize on our ambitious plans for our Association. We have a vision and mission for IPA and I am confident that this vision is shared by the majority of my colleagues: to work together and to work hard for the health and well being of our children, all over the globe. Advocacy and scientific initiatives are our main tools. Our mission for the next 3 years (2013-2016) is becoming **"Children's advocates in action"**. Each one of the ten IPA's Technical Advisory Groups (TAGs) is going to fully support this mission from its perspective, i.e. Immunization, Newborn and Child Survival, Nutrition, Adolescent Health, Better Medicines for Children, Children's Environmental Health, Child Health in Humanitarian Emergencies, HIV-AIDS/TB, MDG project, Quality of Care and Early neural development.

In order to achieve our mission and vision, it will be of paramount importance to have a strong support from our Member Societies, in both a National and Regional level. We will need your assistance. We will also need your proposals and suggestions for enriching IPA's Technical Advisory Groups. Your active participation will guarantee the dynamics and continuity of IPA's efforts.

I would like to assure you that it will be my honor to serve IPA from the position of the President for the next 3 years.

We'll move forward with our eyes on the future, but keeping the memory of what has already been done and should not be discontinued.

Thank you,

Prof. Andreas Konstantopoulos MD  
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**BIRTH REGISTRATION**

## One in Three Children Under - Five Do Not Officially Exist - UNICEF

On UNICEF's 67<sup>th</sup> birthday today, the organization released a new report showing that the births of nearly 230 million children under-five have never been registered; approximately one in three of all children under-five around the world.

"Birth registration is more than just a right. It's how societies first recognize and acknowledge a child's identity and existence," said Geeta Rao Gupta, the United Nations Children's Fund (UNICEF) Deputy Executive Director. "Birth registration is also key to guaranteeing that children are not forgotten, denied their rights or hidden from the progress of their nations."

The new report, *Every Child's Birth Right: Inequities and trends in birth registration*, collects statistical analysis spanning 161 countries and presents the latest available country data and estimates on birth registration.

Globally in 2012, only around 60 per cent of all babies born were registered at birth. The rates vary significantly across regions, with the lowest levels of birth registration found in South Asia and sub-Saharan Africa. The 10 countries with the lowest birth registration levels are: Somalia (3%), Liberia (4%), Ethiopia (7%), Zambia (14%), Chad (16%), United Republic of Tanzania (16%), Yemen (17%), Guinea-Bissau (24%), Pakistan (27%) and Democratic Republic of the Congo (28%).

Even when children are registered, many have no proof of registration. In Eastern and Southern Africa, for example, only about half of the registered children have a birth certificate. Globally, 1 in 7 registered children does not possess a birth certificate. In some countries, this is due to prohibitive fees. In other countries, birth certificates are not issued and no proof of registration is available to families.

Children unregistered at birth or without identification documents are often excluded from accessing education, health care and social security. If children are separated from their families during natural disasters, conflicts or as a result of exploitation, reuniting them is made more difficult by the lack of official documentation.

"Birth registration - and a birth certificate - is vital for unlocking a child's full potential," said Rao Gupta. "All children are born with enormous potential. But if societies fail to count them, and don't even recognize that they are there, they are more vulnerable to neglect and abuse. Inevitably, their potential will be severely diminished."

Birth registration, as an essential component of a country's civil registry, also strengthens the quality of vital statistics, aiding planning and government efficiency.

According to UNICEF, unregistered births are a symptom of the inequities and disparities in a society. The children most affected by these inequities include children from certain ethnic or religious groups, children living in rural or remote areas, children from poor households or children of uneducated mothers.

Programmes need to address the reasons that families do not register children, including prohibitive fees, unawareness of the relevant laws or processes, cultural barriers, and the fear of further discrimination or marginalization.

UNICEF is using innovative approaches to support governments and communities in strengthening their civil and birth registration systems. In Kosovo for example, the UNICEF Innovations Lab has developed an efficient, effective, and low-cost means of identifying and reporting unregistered births, built on the RapidSMS mobile-phone based platform.

"Societies will never be equitable and inclusive until all children are counted," added Rao Gupta. "Birth registration has lasting consequences, not only for the child's wellbeing, but also for the development of their communities and countries."

UNICEF also released today *A Passport to Protection: A guide to birth registration programming*, a handbook for those working on birth registration, providing background information, general principles and a guide for programming.

- UNICEF, New York, USA, 11/12/2013

*The APPA Secretariat in Kuala Lumpur, Malaysia,  
Wishes Everyone A Happy, Safe and Productive 2014.*



## Statement by Heads of Agencies of the Global Polio Eradication Initiative Following a Meeting of the Polio Oversight Board (POB)

"Today, we reaffirm our agencies' unflagging commitment to support governments and national authorities to implement the GPEI's Polio Eradication and Endgame Strategic Plan 2013-2018, and to realize the health benefits polio eradication will bring worldwide.

Last week, we met to review progress on commitments made last year to an emergency approach to complete polio eradication by 2018. We assessed the impact of those commitments, and noted the progress made against the Strategic Plan in the face of serious challenges.

The GPEI's top priority remains interrupting polio transmission in endemic countries, and success is now largely dependent on eliminating the virus in relatively small geographic areas of Pakistan and Nigeria. We are encouraged that polio cases are down 45 percent in Nigeria, Pakistan and Afghanistan from this point last year. Afghanistan has had the most striking decline, down more than 80% compared to last year, and has recorded just four cases this year. We heard from health ministers from Pakistan and Nigeria about critical actions being taken to address continuing transmission in their countries, including establishing access to those few remaining areas where children have not received the polio vaccine.

Threats of violence against the heroic women and men who deliver polio vaccines remain a serious concern and we discussed the GPEI partner agencies' and country governments' responses to the distinct challenges of reaching children in insecure areas, including building trust in high-risk areas by expanding health services and engaging local and religious leaders.

We remain hopeful that the global program is closing in on the elimination of one of the last two remaining types of wild poliovirus (type 3), which has not been detected anywhere in the world in more than 10 months. The upcoming low transmission season (November to April) in countries currently affected by polio transmission will be crucial, and we agreed that endemic country plans could be further refined to capitalize on this unprecedented opportunity.

The outbreak in the Horn of Africa, where more than 190 cases have been reported following importation of the virus earlier this year, and the recent detection of poliovirus in sewage samples in Israel are grave reminders of the ongoing risks to previously polio-free areas of the world if we do not complete eradication. We reviewed measures underway to quickly halt these outbreaks to prevent further spread, and we will evaluate progress and areas of risk again in two months. We also examined the ongoing transmission of poliovirus in Israel following an importation into that country, and discussed the measures being taken to interrupt

that transmission and prevent polio cases in Israel and surrounding countries.

The new GPEI Strategic Plan emphasizes strengthening immunization systems and accelerating the introduction of Inactivated Polio Vaccine (IPV). We heard specific plans to leverage the polio infrastructure to improve routine immunization in 10 focus countries. Work is already underway in Nigeria, Ethiopia, the Democratic Republic of the Congo, Chad, India and Pakistan, with the goal of achieving at least 10 percent annual increase in DTP3 coverage in 80% of high-risk districts. Strengthening these systems is critical to halting polio transmission and ensuring delivery of other critical health interventions to the world's most vulnerable children.

We also reviewed concrete strategies for tackling the major challenge of introducing at least one dose of IPV in more than 100 countries by the end of 2015, which we are pursuing in close coordination with our partners in the GAVI Alliance. These strategies include communicating the rationale for and urgency of IPV introduction to national policy makers and ensuring the availability of appropriate and affordable IPV and Oral Polio Vaccine (OPV) products for all settings.

As leaders of the agencies charged with implementing the GPEI Strategic Plan, we are committed to closely monitoring our organizations' work and ensuring we are doing everything possible to fulfill the plan's objectives. The Polio Oversight Board's stewardship and guidance will be measured against specific operational, financing and human resource metrics that were shared today with donors and key stakeholders. This enhanced accountability will play a critical role in ensuring we achieve a polio-free world by 2018."

#####

The Global Polio Eradication Initiative (GPEI), launched in 1988, is spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, and supported by key partners including the Bill & Melinda Gates Foundation.

The GPEI Polio Oversight Board is made up of the heads of agencies of GPEI partners (WHO Director General Dr. Margaret Chan, UNICEF Executive Director Anthony Lake, Rotary International Past President Wilf Wilkinson, and CDC Director Dr. Thomas Frieden) and Bill & Melinda Gates Foundation Global Development President Dr. Chris Elias.

### Editor's Note:

The above official statement was made in conjunction with World Polio Day on 24 October 2013.



**JAPANESE ENCEPHALITIS****Newly Accessible Japanese Encephalitis Vaccine Will Make Saving Children Easier in Developing Countries****First vaccine from China to be prequalified by WHO**

A newly accessible vaccine against Japanese encephalitis is going to make the protection of more children in developing countries easier. The vaccine, manufactured in China, only needs to be given in one dose, it can be used for infants, and it is less expensive than other Japanese encephalitis vaccines.

Today, WHO has added the vaccine to its list of prequalified medicines, meaning that WHO has given the vaccine its stamp of approval in safety and efficacy terms, and United Nations procuring agencies can now source this vaccine. This is the first Chinese-produced vaccine to be prequalified by WHO.

"This is a welcome development both in the fight to protect children in developing countries from JE and in the future availability of vaccines more generally, as China is now producing vaccines up to WHO standards," says WHO Director-General Dr Margaret Chan. "There is a huge potential for vaccine manufacture in China and we hope to see more and more Chinese vaccines become WHO prequalified. The whole world will benefit."

Japanese encephalitis, a mosquito-borne flavivirus infection is a severe disease that involves inflammation of the brain. It is a major public health problem and is endemic with seasonal distribution in parts of China, the Russian Federation's south-east, and South and South-East Asia. As there is no specific treatment for Japanese encephalitis, supportive care in a medical facility is important to reduce the risk of death or disability. The disease is preventable by proven effective vaccines.

The newly accessible vaccine is available to the world now thanks to the outcome of several years of collaboration between WHO and the authorities of China on vaccine production standards and regulation.

In March 2011, WHO announced that the national drug regulatory authority of China, the State Food and Drug Administration (SFDA), and affiliated institutions, had met WHO indicators for a functional vaccine regulatory system. Herewith vaccine manufacturers in China became eligible to apply for WHO prequalification of vaccines, as long as their vaccines met WHO quality and safety standards.

The vaccine prequalification procedure is a service provided by WHO which guarantees that individual vaccines meet international standards of quality, safety and efficacy and are appropriate for the target population. United Nations procurement agencies can only purchase vaccines that have "passed" the rigorous review process involved.

It is expected that other Chinese manufacturers will soon follow suit and apply for prequalification of their vaccines. This is expected to have a significant, beneficial impact on global supply of vaccines of assured quality.

The close collaboration between PATH and the vaccine manufacturer over the years led to the successful prequalification of the Japanese encephalitis vaccine. In addition, the Bill & Melinda Gates Foundation also provided support through a grant to PATH. At the upcoming Global Alliance for Vaccine (GAVI) Alliance Board meeting, which will be held in Cambodia in November 2013, the GAVI Alliance will consider opening a window for financial support for Japanese encephalitis vaccine. If the Board approves this, eligible countries would be able to apply for GAVI support from 2014, with UNICEF leading the international procurement efforts for the vaccine. PATH is an international non-profit organization that transforms global health through innovations.

- WHO, Geneva, Switzerland, 9/10/2013



## Pneumonia Still Responsible for One Fifth of Child Deaths

**On 5th World Pneumonia Day, global health bodies highlight essential interventions that will help reduce burden of disease**

**Joint news release: WHO, UNICEF, GAVI Alliance**

Pneumonia remains the single biggest killer of children under 5 globally, claiming the lives of more than 1 million girls and boys every year. But pneumonia deaths are preventable.

As countries mark World Pneumonia Day on 12 November, 2013, World Health Organisation (WHO), United Nations Children's Fund (UNICEF) and the Global Alliance for Vaccines and Immunisation (GAVI) Alliance are highlighting essential actions that can help end child deaths from this disease.

"Every 30 seconds, a child younger than 5 dies of pneumonia. This is a great shame as we know what it takes to prevent children from dying of this illness," says Dr Mickey Chopra, Chief of Health, UNICEF. "Tackling pneumonia doesn't necessarily need complicated solutions."

Many factors contribute to pneumonia, and no single intervention can effectively prevent, treat and control it. 5 simple but effective interventions, if implemented properly, will help reduce the burden of the disease that is responsible for almost one-fifth of all child deaths around the world.

**These are:**

- \* Exclusive breastfeeding for 6 months and continued breastfeeding complemented by nutritious solid foods up to age 2;
- Vaccination against whooping cough (pertussis), measles, Haemophilus influenzae type b (Hib) and pneumococcus;
- Safe drinking water, sanitation and handwashing facilities;
- Improved cooking stoves to reduce indoor air pollution; and
- Treatment, including amoxicillin dispersible tablets and oxygen.

The theme of the World Pneumonia Day 2013 is "Innovate to End Child Pneumonia". Recognizing that child mortality cannot be addressed in a vacuum, but only through integrated efforts, in April 2013, WHO and UNICEF released an Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD).

The GAPPD presents an innovative framework bringing together prevention, protection and control of both

pneumonia and diarrhoea - two of the world's leading killers of children under 5 - to make more efficient and effective use of scarce health resources.

To mark 5<sup>th</sup> World Pneumonia Day, Mauritania and Papua New Guinea are today introducing the pneumococcal vaccine, which protects against one of the leading causes of pneumonia. With support from the GAVI Alliance, more than 50 countries will introduce this vaccine by 2015.

"The GAVI Alliance is helping to accelerate the fight against pneumonia by increasing access to pneumococcal vaccines, thanks to GAVI's innovative Advance Market Commitment (AMC), but also to the 5-in-1 pentavalent vaccine which protects against Haemophilus influenzae type b, another major cause of pneumonia," says Dr Seth Berkley, CEO of the GAVI Alliance.

Since the launch of the GAPPD 7 months ago, several countries have taken this forward. For example, Bangladesh and Zambia are translating the GAPPD into local implementation plans in some districts. Programme managers responsible for immunisation, child health, nutrition and water and sanitation have joined forces to accelerate progress and eliminate preventable deaths from pneumonia and diarrhoea.

In addition, in October 2013, WHO published new technical advice for countries: 'Based on a review of the latest evidence, guidelines on the treatment of pneumonia were updated, recommending simpler antibiotic regimens'.

A handbook to guide district and health facility staff on how to introduce the pneumococcal vaccine emphasizes using new vaccine introductions to scale up access to other essential interventions to protect, prevent and treat pneumonia, in line with the GAPPD.

"To achieve the vision and goals of the integrated plan - to end preventable deaths from pneumonia and diarrhoea in the next generation - the children of the world need to see political will, coordinated efforts, and increased resources at the global and national levels to fight these stubborn killers," says Dr Elizabeth Mason, Director of WHO's Department of Maternal, Newborn, Child and Adolescent Health.

- WHO, Geneva, Switzerland, Nov. 12, 2013



## PRESS RELEASE

**UN: Global Child Deaths Down by Almost Half Since 1990**

In 2012, approximately 6.6 million children worldwide - 18,000 children per day - died before reaching their fifth birthday, according to a new report released today by UNICEF, the World Health Organization (WHO), the World Bank Group and the United Nations Department of Economic and Social Affairs/Population Division. This is roughly half the number of under-fives who died in 1990, when more than 12 million children died.

"This trend is a positive one. Millions of lives have been saved," said Anthony Lake, UNICEF Executive Director. "And we can still do better. Most of these deaths can be prevented, using simple steps that many countries have already put in place - what we need is a greater sense of urgency."

The leading causes of death among children aged less than five years include pneumonia, prematurity, birth asphyxia, diarrhoea and malaria. Globally, about 45 per cent of under-five deaths are linked to under nutrition.

About half of under-five deaths occur in only five countries: China, Democratic Republic of the Congo, India, Nigeria, and Pakistan. India (22 per cent) and Nigeria (13 per cent) together account for more than one-third of all deaths of children under the age of five.

**Newborn children are at particularly high risk**

"Care for mother and baby in the first 24 hours of any child's life is critical for the health and wellbeing of both," says Dr Margaret Chan, Director-General at WHO. "Up to half of all newborn deaths occur within the first day."

The lives of most of these babies could be saved if they had access to some basic health-care services. These include skilled care during and after childbirth; inexpensive medicines such as antibiotics; and practices such as skin to skin contact between mother and newborn babies and exclusive breastfeeding for the first six months of life.

**Progress, challenges**

While the global average annual rate of reduction in under-five mortality accelerated from 1.2 per cent a year for the period 1990-1995 to 3.9 per cent for 2005-2012, it remains insufficient to reach Millennium Development Goal 4 which aims to reduce the under-five mortality rate by two-thirds between 1990 and 2015.

"Continued investments by countries to strengthen health systems are essential to ensure that all mothers and children can get the affordable, quality care they need to live healthy, productive lives," said Keith Hansen, Acting Vice President of Human Development at the World Bank Group.

Sub-Saharan Africa, in particular, faces significant challenges as the region with the highest child mortality rates in the world. With a rate of 98 deaths per 1000 live births, a child born in sub-Saharan Africa faces more than 16 times the risk of dying before his or her fifth birthday than a child born in a high-income country.

However, sub-Saharan Africa has shown remarkable acceleration in its progress, with the annual rate of reduction in deaths increasing from 0.8 per cent in 1990-1995 to 4.1 per cent in 2005-2012. This is the result of sound government policies, prioritized

investments and actions to address the key causes of child mortality and reach even the most difficult to reach populations.

**Global and national action to improve child health**

Both globally and in countries, a series of initiatives are in place aimed at improving access to maternal and child health care, inspired by the United Nations Secretary-General's widely endorsed Global Strategy for Women's and Children's Health which aims to save 16 million lives by 2015 through a "continuum of care" approach.

As part of this strategy, focus on specific areas is given through:

- A Global Vaccine Action Plan that is working towards universal access to immunization by 2020. Immunization is one of most effective country-driven and globally-supported actions, as it currently averts an estimated two to three million deaths every year in all age groups from diphtheria, tetanus, pertussis (whooping cough), and measles. In 2012, an estimated 83 per cent (111 million) of infants worldwide were vaccinated with three doses of diphtheria-tetanus-pertussis (DTP3) vaccine.

- Some 176 countries have signed on to A Promise Renewed - the call to action spearheaded by the Governments of Ethiopia, India and the United States, together with UNICEF in a global effort to stop children from dying of causes that are easily prevented.

- The United Nations Commission on Life-Saving Commodities for Women and Children is helping countries improve access to priority medicines such as basic antibiotics and oral rehydration salts.

- Earlier this year, WHO and UNICEF joined other partners in establishing a new Global Action Plan for Pneumonia and Diarrhoea which aims to end preventable child deaths from these two major killers of under-fives by 2025. The plan promotes practices known to protect children from disease, such as creating a healthy home environment, and measures to ensure that every child has access to proven and appropriate preventive and treatment measures.

- Similarly, partners are working on Every Newborn: a global action plan to end preventable deaths. The aim is to launch this global newborn action plan in May 2014 and provide strategic directions to prevent and manage the most common causes of newborn mortality, which account for around 44 per cent of all under-five mortality.

- UNICEF, WHO and the World Bank Group all support the Scaling Up Nutrition (SUN) global movement in its efforts to collaborate with countries to implement programmes to address poor nutrition at scale with a core focus on empowering women.

"Global partnerships to further accelerate the reduction of under-five mortality globally and in sub-Saharan Africa are essential," said Wu Hongbo, Under-Secretary-General for Economic and Social Affairs at the United Nations. "In this regard, it is critical that national governments and development partners redouble efforts through to the end of 2015 and beyond."

- UNICEF, New York, USA, Sept. 13, 2013



## EVENTS

## International Events in 2014

## INDIA

**51<sup>st</sup> National Conference of Indian Academy of Pediatrics (PEDICON 2014)**  
**Date:** January 8-12, 2014  
**Theme:** Achieving MDG - 4: Strategies & Action  
**Enquiries to:** Dr. V.P. Goswami, Organising Secretary, PEDICON 2014,  
 OQ/1, CRP Lines, Opp. Masjid, Near Chacha Nehru Children  
 Hospital, Indore - 452001, Madhya Pradesh, India.  
**Email:** pedicon2014indore@gmail.com; vrpuri2003@yahoo.co.in  
**Website:** www.pedicon2014.org

## THAILAND

**The 3<sup>rd</sup> Global Congress for Consensus in Pediatrics and Child Health, CIP 2014**  
**Dates:** February 13-16, 2014  
**Venue:** Bangkok, Thailand  
**E-mail:** Elena Parfenova : cip2014congress@gmail.com  
**Website:** www.cippediatrics.org/

## BANGLADESH

**The 18<sup>th</sup> Biennial Conference & Scientific Session as well as the SAARC (South Asian Association for Regional Cooperation) Countries Paediatric Conference, organised by the Bangladesh Paediatric Association (BPA)**  
**Dates:** February 28 - March 1, 2014  
**Venue:** Dhaka, Bangladesh  
**Website:** www.bpabd.org

## SPAIN

**The International Neonatology Association Conference (INAC) - INAC 2014**  
**Dates:** April 3-5, 2014  
**Venue:** Valencia, Spain  
**Website:** www.worldneonatology.com or E-mail info@worldneonatology.org

## PHILIPPINE

**The 51<sup>st</sup> Philippine Pediatric Society Annual Convention**  
**Dates:** April 6-9, 2014  
**Venue:** Philippine International Convention Center, CCP Complex, Pasay City, Philippine  
**Email:** ppsinc1947@yahoo.com / ppsinc@pps.org.ph

## JAPAN

**The Pediatric Academic Societies (PAS) and Asian Society for Pediatric Research (ASPR) Joint Meeting**  
**Dates:** May 3-6, 2014  
**Venue:** Vancouver, Canada  
**Website:** www.congre.co.jp/aspr2014 E-mail: aspr2014@ped.med.osaka-u.ac.jp

## CZECH REPUBLIC

**The World Congress on Controversies in Pediatrics (CoPedia)**  
**Dates:** April 24-27, 2014  
**Venue:** Prague, Czech Republic  
**Website:** www.congressmed.com or E-mail moran.bublil@congressmed.com  
**Tel:** +972 73 706 6955

## CANADA

**Pediatric Academic Societies (PAS) and Asian Society for Pediatric Research (ASPR) Joint Meeting 2014**  
**Dates:** May 3-6, 2014  
**Venue:** Vancouver, Canada  
**Website:** www.congre.co.jp/aspr2014/  
**E-mail:** aspr2014@ped.med.osaka-u.ac.jp

## INDONESIA

**The 16<sup>th</sup> Indonesian Congress of Pediatrics (KONIKA).**  
**Dates:** August 24-28 2014  
**Venue:** Aryaduta Hotel-Arista Hotel, Palembang, South Sumatera, Indonesia  
**Secretariat:** Department of Child Health, Medical School University of Sriwijaya / RSMH Jenderal Sudirman Km 3.5, Palembang, Indonesia.  
**Tel/Fax:** 0711- 300 4617  
**E-mail:** idai.sumsel@yahoo.com  
**Website:** www.idaisumsel.co.id

## MALAYSIA

**The 15<sup>th</sup> ASEAN Pediatric Federation Congress (APFC 2014)**  
**Theme:** 'Integrated Approach to Childcare - The Way Forward'  
**Dates:** September 17-20, 2014  
**Venue:** Hotel Equatorial Penang, Penang, Malaysia  
**Website:** www.apfc2014.com.my  
**Tel:** 603-7724 1700 / **Fax:** 603 - 7710 3838

## International Events in 2015

## PHILIPPINE

**The 52<sup>nd</sup> Philippine Pediatric Society Annual Convention 2015**  
**Venue:** Philippine International Convention Center, CCP Complex, Pasay City, Philippine  
**Dates:** April 12-15, 2015  
**Theme:** "The Filipino Child Overcoming the Challenges of the 21st Century: Harmonizing the MDGs"  
**Email:** ppsinc1947@yahoo.com, ppsinc@pps.org.ph

## JAPAN

**The 118<sup>th</sup> Annual Meeting of the Japan Pediatric Society & the 11<sup>th</sup> Asian Society for Pediatric Research (ASPR) Congress**  
**Dates:** April 14-19, 2015  
**Venue:** Osaka, Japan  
**Website:** www.aspr.jp/

## International Events in 2016

## PHILIPPINE

**53<sup>rd</sup> Philippine Pediatric Society Annual Convention 2016**  
**Venue:** Philippine International Convention Center, CCP Complex, Pasay City, Philippine  
**Dates:** April 3-6, 2016  
**Email:** ppsinc1947@yahoo.com, ppsinc@pps.org.ph

## CANADA

**The 28<sup>th</sup> International Congress of Pediatrics (IPA 2016)**  
**Dates:** August 17-22, 2016  
**Venue:** Vancouver, British Columbia, Canada  
**Secretariat:** MCI Canada/AFEA  
**E-mail:** IPAINfo@mci-group.com  
**Phone:** +1 604 688 9655



**WORLD HEPATITIS DAY 2013****Commemoration of World Hepatitis Day 2013 in Indonesia**

Indonesia has quite a high number of chronic Hepatitis B patients. To raise awareness of Hepatitis B infection and to commemorate 'World Hepatitis Day' 2013, the Indonesian Pediatric Society (IDAI) had organized symposiums for health workers in several cities in Indonesia (Bali, Surabaya, Palembang and Jakarta).

The successful events were supported by the speakers comprising pediatricians and internists, and were attended by 150-200 participants.

The seminar which was attended by the President of Indonesian Pediatric Society, Dr. Badriul Hegar, Ph.D and The Director General of Disease Control and Environmental Health, Ministry of Health, Republic of Indonesia, Prof. Dr. Tjandra Yoga Aditama, MARS, DTMAH, DTCE, discusses the importance of Hepatitis B vaccination on day zero for the newborn and the importance of health care workers to protect themselves against Hepatitis B.

Quite a lot of questions were raised, not only related to basic science but also practical and technical. Hopefully, through the seminar, participants' knowledge and skills have increased, not only for himself, but also shared among other health care workers and community.

There is a need to improve the understanding of health workers and the dissemination of information about Hepatitis B infection to the public, so that everyone is aware of the dangers of Hepatitis B.

Also, there is an important need to stress the importance of vaccination in infants aged 0 days as an effective way to provide protection against infection Hepatitis B for every baby.

- Indonesian Pediatric Society, 27 August 2013



The symposium was to raise awareness of Hepatitis B infection and to commemorate World Hepatitis Day 2013 in Indonesia.



The Indonesian Pediatric Society (IDAI) had organized symposiums for health workers in Bali, Palembang, Surabaya and Jakarta.

**IPA / APPA****IPA APP Launched**

It gives us an immense pleasure to announce that **IPA-WORLD.ORG App** has been launched and is accessible for Android based OS (Operating System) phones.

You can download this app by opening Google Play> Apps> (search for) **IPA-WORLD.ORG 2.0**

There is an exclusive tab in this App kept for the **International Congress of Pediatrics-2013 (ICP)**, which can be of great value for the people attending ICP-2013 before and during the Congress as they can easily access all the information related to ICP-2013 through this App.

We request to kindly feel free to promote this App and update yourself with IPA news and events through this App!!

Regards,

**Dr. Naveen Thacker**

President-Elect, APPA

IPA Executive Committee (also member of Standing Committee)

Editor, IPA & APPA website

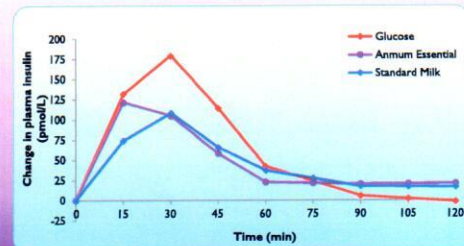
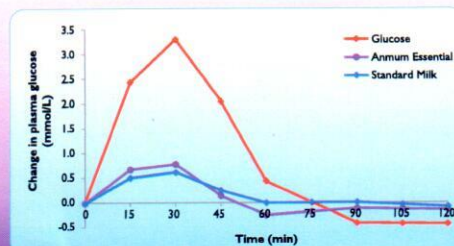




# Essential



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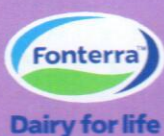
Reference: Brand-Miller J, Atkinson F & Rowan A (2013). Effect of added carbohydrates on glycemic and insulin responses to children's milk products. *Nutrients*. 5(1), 23-31.

## Range of Annum® products for Pregnancy, Lactation and Childhood



### Important Notice : Breast Milk is the Best Food for Infant

Breast milk is the best food for optimal growth and development in infants. This is because breast milk contains just the right amount of all nutrients needed to fulfil the infants' total nutritional requirements during the first 6 months of life. The best time to initiate breastfeeding is within 1 hour post-delivery. Furthermore, the act of breastfeeding provides a unique biological and emotional foundation for bonding between mother and child. A complete and balanced maternal diet is important for maintaining the quality and supply of breast milk. There can be negative effects on breastfeeding if partial bottle-feeding is introduced too early. Once bottle-feeding is initiated, the decision to discontinue breastfeeding may be difficult to reverse. Prior to using infant formulas, mothers should be aware of the social and financial implications of bottle-feeding. Incorrect preparation or feeding methods may lead to health hazards in infants. Working mothers should be encouraged to continue breastfeeding for as long as possible, even after they resume their full-time jobs. Those who need support and advice can seek help from healthcare professionals.



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