



TSUNAMI REPORT

UNICEF releases 2007 Tsunami Report

Three years after the Indian Ocean Tsunami claimed the lives of more than 200,000 people and devastated towns and communities, the United Nations Children's Fund (UNICEF) has released its 2007 Tsunami report highlighting progress made for children since the December 26, 2004 catastrophe.

Including a detailed financial analysis of funds collected and expenditures to date, the report shows significant gains in education, particularly in the area of school construction in the affected countries.

Since 2004, more than 150 million US dollars have been spent on education - more than a third of which were put into use in the past year. UNICEF has completed construction on more than 100 schools, and the building process is underway for another 254.

The report also highlights progress in UNICEF's other programme areas, including health and nutrition, water and sanitation, HIV/AIDS and child protection in India, Indonesia, Malaysia, Maldives, Myanmar, Sri Lanka and Thailand.

Some of the achievements in these areas include:

- Construction on 59 health facilities has been completed, while construction is underway on an additional 115;
- More than 20,000 water points have been restored, serving over 730,000 people, and over 42,000 latrines constructed;
- Insecticide-treated mosquito nets have been distributed, benefiting nearly 3.5 million people;

- Over 1.2 million children have benefited from UNICEF's psycho-social activities;
- HIV/AIDS awareness and education campaigns have reached over 330,000 people.

In addition to UNICEF's achievements to date, the 2007 Tsunami Monitoring Report also highlights the challenges that often hinder recovery programmes. For example, work in Sri Lanka and Somalia has in some cases been halted due to a resurgence of violence in the past year.

Also, construction in Indonesia has been hampered by the lack of new roads and unresolved land titles, monitoring and evaluation in the Maldives by the dispersed geography, and access in Myanmar by geography and security.

Realising that lasting recovery will take years, UNICEF tries not only to move quickly, but also to be accountable and ensure its work has lasting impact. The aim is not to find quick solutions that cannot be sustained, but to build back better, involving communities and local governments in the recovery and rebuilding process.

With these long-term goals in mind, UNICEF's tsunami programmes and corresponding funding are planned through end of 2009.

Note

The UNICEF 2007 Tsunami report can be viewed at:

www.unicef.org/media/media_42236.html
- **Unicef, December 18, 2007,**
New York, USA/ Geneva, Switzerland

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5th WSPID**Report on the 5th World Congress of the World Society for Pediatric Infectious Diseases**

The 5th World Congress of the World Society for Pediatric Infectious Diseases (WSPID) was held at the Queen Sirikit National Convention Center, Bangkok, Thailand from November 15-18, 2007 with 1,850 participants from 97 countries.

The World Society for Pediatric Infectious Diseases (WSPID) was founded 12 years ago, with the purpose of bringing together members of national and regional organizations in Pediatric Infectious Diseases for an international congress, during which data could be exchanged and new friendships forged.

All of the regional societies from Europe, North America, Latin America, Asia, Australasia and Africa participated in the WSPID. Previous meetings have been held in Acapulco, Mexico (1996); Manila, Philippines (1999); Santiago, Chile (2002) and Warsaw, Poland (2005) and the present one in Bangkok, Thailand (2007).

The opening ceremony was held on the evening of 15th November, 2007 with the opening words by Professor Ron Dagan, President of the World Society for Pediatric Infectious Diseases; Professor Somsak Lolekha and Professor Usa Thisyakorn, Chairpersons of the Local Scientific Committee followed by the Thai cultural dance performed by children.

The scientific program started in the morning of the 15th November, 2007 and went on until the 18th November, 2007. At the closing, two awards were given to one best free paper and one best poster as follows: "AMATA study: effectiveness of HAART in breastfeeding mothers to prevent post-natal vertical transmission until 3 months old in Rwanda" presented by G Ndayisaba and "Diseases burden of H. influenzae type B (HIB) and immunogenicity of HIB vaccine in Korea" presented by HJ Lee.

The scientific program focuses on new developments e.g. new vaccines, challenges in pediatric infectious diseases e.g. epidemiology of serious infections worldwide and updates on topics of global interest e.g. dengue, tuberculosis, pertussis, malaria, neonatal infections, antibiotic resistance, human avian influenza, infection control, pneumonia and regional problems in the far east e.g. Japanese encephalitis.

The large amount of abstracts were submitted, 26 were selected for oral presentation and there were 347 posters presented, 64 of which were selected to be orally presented in a poster walk session.

The world lecture on history of antibiotic development in pediatrics was delivered by Professor GH McCracken in the evening of the 17th, November, 2007 followed by a traditional folklore cultural event, called, "The Spirit of Siam".

The 5th WSPID was a very successful event in opening dialogue of pediatric infectious diseases worldwide, exchanging ideas, sharing new methods of treatment and breakthroughs, most of all it creates the worldwide partnerships that can cross borders not only to specialists, practitioners, researchers and scientists, but to the patients as well.

The next World Congress of the World Society for Pediatric Infectious Diseases will be held in Buenos Aires, Argentina on 26-29 November, 2009.

Professor Usa Thisyakorn, M.D.
Chairperson, Local Scientific Committee,
5th WSPID President, Pediatric Society of Thailand
30th November, 2007

GREETINGS

**THE ASIAN PACIFIC PEDIATRIC ASSOCIATION (APPA)
SECRETARIAT IN KUALA LUMPUR, MALAYSIA, WISHES
EVERYONE A VERY HAPPY, PRODUCTIVE AND PROSPEROUS
NEW YEAR 2008.**

MAY GOD BLESS US ALL.

FEATURE

Fake and counterfeit drugs: An emerging scourge or an established blight?

In any part of the world, whatever precautions one takes, it is impossible to avoid many diseases. Some have been there from time immemorial. Many communicable diseases are the bane of the developing world and non-communicable illnesses assume major importance in the developed world. Drugs used to treat human diseases are very special as they are essential for the well-being of a community. This is particularly relevant to paediatrics.

The potency and effectiveness of medicines used to treat human diseases are generally taken for granted as they are supposed to have been rigorously tried, tested and occupy a hallowed position in standardised treatment schedules.

Against this backdrop, the often subtle and sometimes rampant menace of fake or counterfeit drugs is causing major concerns all over the world. A counterfeit drug or a fake medicine is a medication which is produced and sold with the intent to deceptively represent its origin, authenticity or effectiveness.

A counterfeit drug may be one which does not contain active ingredients, contains an insufficient quantity of active ingredients, or contains entirely incorrect active ingredients (which may or may not be harmful), and which is typically sold with inaccurate, incorrect, or fake packaging. Fake medicines and generic drugs which are deliberately mislabelled in order to deceive consumers are therefore counterfeit⁽¹⁾.

The British Medical Journal, in an editorial, called it "Murder by fake drugs"⁽²⁾. It goes on to postulate that 8% of drugs bought in the Philippines were fake. Major problems were also found in the antimalarial drug mefloquine in Cambodia and artesunate in five countries of South-East Asia. In a study of shop-bought samples of artesunate in Cambodia, Laos, Myanmar, Thailand and Vietnam, 38% did not contain artesunate⁽³⁾.

However, characteristics such as cost and physical appearance of the tablets and packaging reliably predicted authenticity. The authors concluded that the illicit trade in counterfeit antimalarials is a great threat to the lives of patients with malaria.

The World Health Organization (WHO) estimates that

up to 25% of medicines consumed in developing nations are counterfeit or sub-standard⁽⁴⁾. In a specific study on chloroquin and selected antibacterials in Nigeria and Thailand, 36.5% of the samples were substandard with respect to pharmacopoeial limits⁽⁵⁾. There is mounting evidence that malevolent dealings in counterfeit drugs are very much a thing of the present world. Notorious recent real examples include neomycin eye drops and meningococcal vaccine made of tap water; paracetamol syrup made of industrial solvent; ampicillin consisting of turmeric; contraceptive pills made of wheat flour; and antimalarials, antibiotics, and snake antivenom containing no active ingredients⁽²⁾.

There is good evidence that the plague of fake medicines has spread even to the developed countries such as the UK and the USA. In the UK in November 2004, Allan Valentine was imprisoned for manufacturing fake Diazepam and Viagra in his Wembley warehouse where Indian tablet presses and chemicals were found⁽⁶⁾. Even in a country like the USA, there are numerous instances where the problems of substandard and fake drugs have surfaced. Some of these have involved such diverse compounds as epogen, neupogen, anti-cancer drugs, anti-psychotic drugs, anti-cholesterol drugs and even sildenafil⁽⁷⁾. The US Food and Drug Administration estimates that fake drugs alone comprise more than 10% of the global medicine market, generating annual sales of more than 32 billion US dollars.

In point of fact, counterfeiting pills, labels and packages is relatively simple. Most of the tools needed to produce authentic-looking but counterfeit drugs and packaging can be bought over the Internet. Much of the counterfeit drug trade is probably linked to organised crime, corruption, the narcotics trade, unregulated pharmaceutical companies, and the business interests of unscrupulous politicians⁽⁸⁾.

Much greater international political will to eliminate the problem is required. Globally, technical, logistical and financial support, possibly through specialised non-governmental organisations, is needed to allow impoverished countries to protect their drug supplies. Sophisticated techniques, which are hard to copy, such as holograms and fluorescent markers, can be used to brand the genuine product as real, but they are often too

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expensive. Simple, inexpensive and low tech methods to identify fakes should be pursued.

Measures would include supporting drug regulatory authorities; providing simple, easily interpretable and cheap markers of authenticity; coordinating international surveillance for fake and substandard drugs, improving the availability of quality assured essential drugs and educating patients, healthcare workers, and pharmacists.

All measures that reduce the profit margins for manufacturing fakes, such as reducing the price and increasing the availability of genuine, quality assured drugs, will make counterfeiting a less attractive criminal activity. Uncompromising international police action against the factories and distribution networks needs the same vigour as that associated with the pursuit of narcotic peddling.

There is little published medical research assessing the prevalence, public health impact or possible countermeasures, of and on, these malicious deceptions. The accumulated evidence, such as it is, suggests that mortality and morbidity arising from this murderous trade are considerable, especially in developing countries. They have also given rise to misperceptions of drug resistance as patients "fail" their ineffectual treatments. For example, artesunate resistance reported from Cambodia turned out to be due to unwitting use of fake drugs.

The World Health Organization estimates that 10% of global pharmaceutical commerce is in fakes⁽⁹⁾. In the past, drug companies have tended to avoid publicising these problems for fear of damaging public confidence in medicines. Most unfortunately, some countries, well aware of the scale of their problem, have even chosen to ignore it.

There is a growing voice in Sri Lanka, fuelled by public interest groups, patient rights organisations, politicians and even the government, to compel doctors to prescribe by the generic names of drugs. The often quoted reason is that some doctors have been "bought over" by multinational drug companies to prescribe by trade names. Sri Lanka does not possess the sophisticated machinery which enables regular testing of drugs for physical properties, potency and biological availability in humans. It is also quite impossible to test the vast array of different drugs available for treating a multitude of illnesses.

If such facilities are in place and just a few properly tested generic version of a given drug are made available, there is no excuse for doctors to prescribe by trade name. In the

absence of such amenities, one has to at least go by the data available from testing in other countries.

The so-called free market economy in Sri Lanka has gone berserk in the pharmaceutical trade. Our own authorities, on the one hand, allow large numbers of branded products of the same drug to be registered, imported and made available in the pharmacies and then cry foul saying that the doctors are prescribing by trade names. Many doctors do so, especially for children, simply because the branded drugs are of assured quality and not because they are carrying a brief for the multinational drug companies.

It is high time that the general population and the pressure groups realise that one cannot have the cake and eat it as well. It should be a sobering thought to the authorities that even in the UK, where prescribing is only by generic names, there have been well documented instances of fake and counterfeit drugs causing major problems.

- By Dr. B.J.C. Perera, Consultant Paediatrician, Lady Ridgeway Hospital for Children (teaching), Colombo, Sri Lanka

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CYCLONE SIDR

UNICEF reaches cyclone hit children and families with life-saving supplies

UNICEF is assisting an estimated 72,000 children and 109,000 families with life-saving supplies, food and shelter for the cyclone survivors in Bangladesh. The devastating Cyclone Sidr killed over 3,200 people and affected 8.5 million, as it hit 30 out of 64 districts on November 15, 2007. Close to half of the affected population are children.

“UNICEF is concentrating on keeping the affected children healthy and warm after the massive destruction they witnessed three weeks ago, and which left them not only without homes, schools and basic food, but also deeply shaken,” said Louis-Georges Arsenault, UNICEF Representative in Bangladesh.

“The care and support children will need to recover from the situation must continue not only for days, but also for the coming weeks and months. The government of Bangladesh is on the right track in planning long-term recovery efforts and finding solutions to better prepare for and manage natural disasters. UNICEF will continue to support the government’s recovery and rebuilding efforts,” he added.

Nearly 5,000 family kits are being distributed this week. A family kit contains 14 essential items to help families survive who have lost everything including their homes. Basic clothing, utensils, a mat, bedspread and plastic sheets are among the contents. UNICEF distributed 92 metric tons of highly nutritious BP5 biscuits to 47,000 families including those located in remote areas.

More UNICEF non-food assistance is in the process of reaching the affected – 50,000 soaps and 21,000 jerry cans are in the distribution pipeline. And 70,000 children’s warm clothes, 100,000 blankets and 60,000 tarpaulins are set to arrive by mid-December before the winter chill sets in.

UNICEF is going to procure blended food to supply children and women over the next three months. The next harvest is not due until early summer.

So far, 49 Child Friendly Centres (CFC) have been established serving about 10,000 children. The CFCs has been well received by both children and parents for offering children the opportunity to play and learn. Parents also appreciate being able to focus on recovery efforts while their young children are looked after all day. Some 66 more CFCs are planned in the immediate future to respond to community needs.

Even though each CFC is planned for 200-250 children, in some places the number of children exceeded 400. About 200 separated children have been located in four affected districts. UNICEF is working with the Department of Social Services to address the issues related to separated children.

UNICEF’s Education programme will supply text books and learning materials for children attending the CFCs to make up for lost time. The ultimate goal, however, is to get the affected schools ready for children to resume their regular studies at an earliest possible time.

UNICEF remains optimistic about health issues. Major epidemics or disease outbreaks are not expected, but strong precautions are needed to ward off pneumonia and cold related diseases. The scarcity of drinking water has been largely overcome and access to tube wells re-established.

This allows the focus to be shifted to restoring sanitation facilities and cleaning of ponds for general washing and cleaning purposes. UNICEF will continue the present round of relief distribution and response activities through December. – **UNICEF, Dhaka, Bangladesh, 7/12/07**

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| Report on 4ARSC |
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4th Asian Regional Conference on Safe Communities

The 4th Asian Regional Conference on Safe Communities (ARSC) was held in Bangkok, Thailand from November 21-24, 2007. The local organizing committee included members from the Department of Disaster Prevention and Mitigation, Ministry of Interior and Child Safety Promotion and Injury Prevention Research Center (CSIP).

The main theme was “Incorporating Global Thinking, Cultivating Local Strategy”. It was felt that over 20 years of international knowledge, safe communities is needed to be brought to Thailand and the immediate region.

The conference started with a very good turn-out at the pre-conference seminar on injury surveillance where speakers and presenters from United States (US), Singapore, China, Korea, Columbia and Thailand shared over four hours of their experience with a full house audience.

Thailand and our neighbours had many authorities working in various communities. This conference allowed the multi-sectorial groups, nationally and internationally to meet and exchange ideas. This was one of the main objectives.

Over 200 foreign participants attended the conference. They were teachers, policy makers, grass root members, students and from various health sectors from Taiwan, China, Hong Kong, Korea, Japan, Iran, Singapore, Lao PDR, Myanmar, Vietnam, India, Bangladesh, Australia, New Zealand, Egypt, USA, Columbia, South Africa, Sweden, Norway and Germany. Representatives from WHO, WHO SEARO, UNICEF, and UNESCO were also present. As many as 800 Thais from all parts of the country also attended the conference.

The main highlights of the Conference included the Deputy Prime Minister being at and taking much interest at the Opening Ceremony. Some 23 key note speakers, 96 oral presentations, 50 posters and 20 exhibitions were lined up during the conference.

The New Zealand Safe School training session, Thailand youth group meetings and Thailand Safe Communities made up the core of the conference. Topics covered included Safety of children, road, product, home, drowning and suicide prevention, safe communities, safe school and emergency medicine and disaster preparedness.

For the post-conference Tsunami site visit, 40 Thai and foreign visitors travelled to the Phuket and Phang Nga Provinces to meet the locals, speak to and witness the rehabilitation work being carried out in phases. The locals made the visitors feel very welcome and both sides learned much as a result.

The conference has also allowed many participants to understand and make headway on the concept of Safe Communities. Youth groups and community grass-root members rubbed shoulders and aired their views with policy makers. The two potential Safe Communities in Thailand exhibited their current work professionally.

In all, both national and international participants bid farewell feeling satisfied with the time spent and were more confident with the direction of future work required.

The next regional conference, 5th Asian Conference on Safe Community, will be held in Beijing, China in 2009. The exact date is to be announced in due course. For more information on that, please contact Annie at anne@cosha.org.cn

As for the international scene the 17th International Safe Communities Conference is to be held in Christchurch, New Zealand 20-23 October 2008

<http://www.conference.co.nz/index.cfm/iscc08/welcome/index.html>

Thank you.

**Prepared by Johnny M.Chinnapha
5.12.2007**

WHO NEWS

New drive to encourage civil registration

Registering births and deaths is a job no one wants

The Health Metrics Network launches a drive today to encourage countries to count all births and deaths through civil registration.

The Health Metrics Network is a global partnership – hosted by World Health Organization (WHO) – established to address the lack of reliable health information in developing countries.

Civil registration is the way by which countries keep track of births, deaths and marital status of their people. These systems are the best way to produce vital statistics – counts of births and deaths and causes of death.

Such statistics are needed to show whether health programmes are working. They are also essential to assess whether development aid is well spent.

The lack of civil registration systems means that every year, almost 40% (48 million) of 128 million births worldwide go unregistered. The situation is even worse for death registration. Globally, two-thirds (38 million) of 57 million deaths a year are not registered.

WHO receives reliable cause-of-death statistics from only 31 of its 193 Member States.

Other implications

The absence of civil registration has other implications. When children's births are not registered they are less likely to benefit from basic human rights – social, political, civic or economic.

At the other end of the lifespan, when deaths go uncounted and causes of death are not documented, governments are unable to design effective health policies, measure their impact or know whether health budgets are being spent well.

“No single UN agency is responsible for ensuring that births and deaths are registered, so it has fallen between the cracks. That is why we have failed to establish, support, and sustain civil registration systems over the past 30 years in the developing world,” WHO Director-General, Dr Margaret Chan said at the Global Forum for Health Research in Beijing, China on October 29, 2007.

“Without the statistics that these systems produce, we can only have a partial view of the impact of US\$ 120 billion spent annually in official development aid.”

**- WHO, 29 October, 2007,
Beijing / Geneva, Switzerland.**

UNICEF NEWS

Under-nutrition a major factor in child mortality

UNICEF marks World Food Day 2007

Almost 60 years after the Universal Declaration on Human Rights declared that everyone has a right to food, it is unacceptable that under-nutrition is still linked to nearly half of all deaths of children under the age of five, the United Nations Children's Fund (UNICEF) stated on the occasion of World Food Day 2007.

World Food Day highlights the situation of the world's hungry and undernourished. The right to food is the theme of this year's observance. UNICEF supports a two-pronged approach to under-nutrition that focuses on both prevention and treatment.

“Simple solutions to address under-nutrition can make a real difference to the lives of millions of children,” said UNICEF Executive Director, Ann M. Veneman. “Early initiation of breastfeeding and exclusive breastfeeding in the first six months of life could prevent the deaths of over one million children under the age of five each year.”

Timely introduction of nutrient-rich and fortified complementary foods at six months could prevent a further 6 per cent of deaths in children under five. The impact of these interventions would be enhanced by improvements in caring practices at the household level, in hand washing and hygiene and in access to health services.

The use of innovative and nutrient-dense ready-to-use therapeutic foods (RUTFs) at community and household level can provide a valuable means to treat under-nutrition in children, helping to reduce under-five mortality.

An estimated three-quarters of children with severe acute malnutrition and no medical complications can be treated at home with RUTFs, such as the peanut-based paste called Plumpy'nut (registered trademark).

“Sound nutrition – for mothers as well as children – is central to health, learning and well-being,” said Veneman. “Nutrition needs to be an integral part of community-based health services, backed by strong national health systems.”

- UNICEF, October 16, 2007 New York, United States

13th APCP

13th Asian Pacific Congress of Pediatrics (APCP), from Oct 14-18, 2009, Shanghai, China

Name of Congress : 13th Asian Pacific Congress of Pediatrics (13th APCP) and 3rd Asian Pacific Congress of Pediatric Nursing (3rd APCPN)

Dates : October 14 (Wednesday) – 18 (Sunday), 2009

Venue : Shanghai International Convention Center (SICC)

Theme : Building a supportive environment for Child Health

Secretariat:

APPA2009

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E-mail: appa2009@cma.org.cnWebsite: www.chinamed.com.cn/appa2009**Organisers**

Under the auspices of the Asian Pacific Pediatric Association (APPA) and International Pediatric Association (IPA).

The 13th APCP is organised by the Chinese Pediatric Society, Chinese Medical Association and Chinese Nursing Association.

LOC-Local Organising Committee

Congress President : Xiaohu He, MD

Congress Executive President : Yonghao Gui, MD

Secretary General : Kunling Shen, MD

Scientific Committee Chair : Yonghao Gui, MD

Secretariat Committee Chair : Kunling Shen, MD

Nursing Committee Chair : Renjian Huang, MD

Treasurer : Jiong Qin, MD

Pre-Congress Workshop

The Pre-congress workshop will focus more on issues like TB, HIV/AIDS and environment among children.

Plenary & Symposia topics

There will be at least 14 Plenary Lectures, covering topics like child abuse, adolescent problem, mental health, accident and injury, genetics, obesity, learning problem, environmental issues and etc.

At least 40 Symposia topics are being considered, and major ones are: Adolescent Medicine, Allergy, Behavioral Disorders, Cardiology, Pediatric Hematology and Oncology, Infectious Diseases, Community Child Health, Critical Care, Diabetic and Obesity, Genetic and Metabolic Disorder, Environmental and the Child Health, TB, HIV/AIDS, Developmental Pediatrics, Neonatology, Nephrology and Neurology.

Other major symposia topics being considered are: Nutrition, Essential drug access and safety for children in developing countries, Pediatric Surgery, Accident and Injury Prevention, Vaccines, Rheumatology and immunology, Gastroenterology, Pediatric Psychiatry and Pediatric Psychology, Medical Education, Nursing, Challenge for the Pediatric resident training, Evidence base medicine in pediatric practice, Perinatal care and child health, Information Technology in Health Care and Ethical.

Registration Fees

| | | Early Bird Registration (up to October 1, 2008) | Pre Registration (up to June 30, 2009) | Late Registration (from July 1 to on-site) |
|--------------------------|------------------|--|---|---|
| Full Participant | APPA Country | 250 USD | 300 USD | 350 USD |
| | Non APPA Country | 350 USD | 400 USD | 450 USD |
| Trainee/Resident Student | | 200 USD | 200 USD | 250 USD |
| Accompanying Person | | 100 USD | 100 USD | 100 USD |

PROMINENT PAEDIATRICIAN IN THE ASIA PACIFIC REGION



Professor Graeme Barnes

Head of the Discipline of Paediatrics and Child Health
University of Queensland, Australia

Each year, the Paediatrics & Child Health Division of The Royal Australasian College of Physicians (RACP) awards the Howard Williams Medal. This medal acknowledges a person who has made an outstanding contribution to Paediatrics and Child Health in Australia or New Zealand.

The contribution may be in the areas of research, education, teaching, administration, or in the development of special services or practice. In 2008, Professor Graeme Barnes will be the recipient of the Howard Williams Medal.

This Medal will be awarded during the 2008 annual Congress of the Paediatrics & Child Health Division which will be held in Adelaide from May 12-15. Professor Barnes, will be known to many paediatricians in the Asia Pacific region based on his appointments/work in the region and for the major role he played in the identification of rotavirus as a major cause of gastroenteritis in children throughout the world.

Professor Graeme Barnes is Professor and Head of the Discipline of Paediatrics and Child Health at the University of Queensland, Australia. He is also Director, International of the University of Queensland's School of Medicine.

He is a graduate of the University of Queensland Medical School and undertook postgraduate training in paediatric gastroenterology at the Hospital for Sick Children in Toronto, Canada. Following his training, he entered academic practice within the University of Queensland at the Royal Children's Hospital in Brisbane, Australia. He is currently the senior paediatrician in the Department of Paediatric Gastroenterology at the Royal Children's Hospital in Brisbane.

As the founding president of the Asian and Pacific Society of Paediatric Gastroenterology, Hepatology and Nutrition, Geoffrey has developed an extensive network of associations throughout Asia and hence has a very high profile within this region. He is a frequent, invited visitor to countries throughout Asia and has spoken on a number of nutritional and gastrointestinal topics during these visits.

This profile has enabled Professor Barnes to be formally appointed to the Academic Teaching Staff of the Department of Child Health, University of Indonesia in Indonesia as a visiting Professor.

His memberships include the Queensland Paediatric Society, the Royal Australasian College of Physicians, the North American Society of Paediatric Gastroenterology and Nutrition, the European Society of Paediatric Gastroenterology, Hepatology and Nutrition. In addition, he also holds the following positions:

- President, The Federation of International Societies of Pediatric Gastroenterology, Hepatology & Nutrition
- Standing Committee, The International Pediatric Association (IPA)
- Editorial Board, Journal of Gastroenterology and Hepatology
- Editorial Board, Journal of Advances in Nutrition
- Visiting Professor, Faculty of Medicine, University of Indonesia.

**- Prepared by the Paediatrics & Child Health Division,
The Royal Australasian College of Physicians,
December 12, 2007.**

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| IPA NEW OFFICE-BEARERS |
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New office-bearers of the International Pediatric Association (IPA) for 2007-2010:

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|---------------------------|---|
| President | : Dr. Chok-Wan Chan (Hong Kong) |
| President-Elect | : Prof. Sergio Cabral (Brazil) |
| Executive Director | : Prof. Jane Schaller (Canada) |
| Treasurer | : Prof. Zulfiqar Bhutta (Pakistan) – appointed by the Executive |
| Coordinator | : Dr. Swati Bhave (India) – appointed by the Executive |

Standing Committee members:

| | |
|----------------------|---|
| Africa | : Peter Cooper (South Africa, UNAPSA) & Yveline Houenou (Cote d'Ivoire, UNAPSA) |
| Asia | : Sanath P. Lamabadusuriya (Sri Lanka, APPA) & Naveen Thacker (India, IAP) |
| Central Asia | : Enver Hasanoglu (Turkey, UNPSTR) & Ahmaddudin Maarij (Afghanistan) |
| Europe | : Armido Rubino (Italy, UNEPSA) & Eva Olah (Hungary, UNEPSA) |
| Latin America | : Alberto Reveron (Venezuela, ALAPE) & Fernando Dominguez (Cuba, ALAPE) |
| Middle East | : Bahaa El Din (Egypt, UAP) & Najwa Khuri Bulos (Jordan) |
| North America | : Judy Hall (Canadian Pediatric Society) & William J. Keenan (American Academy of Pediatrics) |

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| First Announcement |
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17th ISPCAN INTERNATIONAL CONGRESS**XVIIth ISPCAN International Congress on Child Abuse and Neglect,
September 7-10, 2008, Hong Kong, China**

The above Congress to be held at the Hong Kong Convention and Exhibition Centre (HKCEC), is being organized by The International Society for Prevention of Child Abuse and Neglect (ISPCAN) in collaboration with Against Child Abuse (ACA), Hong Kong.

Apart from removing and preventing abuse and neglect, the theme of the XVIIth ISPCAN Congress hopes to stimulate participants to move the world "Towards a caring and non-violent community" emphasizing "a child's perspective" along the way.

Social policies and practices are usually worked out by adults from an adult's perspective. This conference attempts to explore the theme and the best interest of the child notion also through the eyes of the child. Hopefully, communities in the future may strengthen a child perspective in policies and practices and in early child participation.

The scientific program of the Congress will cater to colleagues who just joined field to those looking for refinements in professional practices. The many concurrent sessions will offer participants opportunities to present innovative approaches to the subject and share well-trying evidence-based best practices.

The field is moving fast with increasing international collaboration. Invited experts will be highlighting latest developments and directions, be they practice or policy related.

Congress Subthemes:

1. Psychological Abuse – Identification, Assessment and Intervention
2. Multidiscipline Collaboration – Myth or Reality?
3. Evidence-based Intervention
4. Legal Protection of Children
5. Child Policy and Its Implications
6. Children with Special Needs and in Difficult Circumstances
7. Child Trafficking, Child Labor & Child Sex Tourism
8. Domestic Violence and Child Abuse
9. Role of the Mass Media in Child Protection
10. Children's Voices and Children's Rights

Pre-congress Events

The Developing Country Professional Forum (DC Forum) and skills training events may take place on September 5-7, prior to Congress. More information will be provided in the Call for Abstracts, Registration Brochure and on the Congress website: www.ispcan.org/congress2008.

For more information, please contact:

CONGRESS SECRETARIAT:

ISPCAN Congress/Conference Manager
245 W. Roosevelt Rd, Building 6, Suite 39
West Chicago, IL 60185, United States of America (USA)
Tel: 1 630 876 6913 Fax: 1 630 876 6917
Email: congress2008@ispcan.org
Website: www.ispcan.org/congress2008

EVENTS**PAKISTAN****19th Biennial International Pediatric Conference Peshawar (BIPCP) March 6-9, 2008, Pearl Continental Hotel Peshawar, Pakistan****Organised by:** Pakistan Pediatric Association NWFP**Conference Secretariat:**

F-7, F-8, Auqaf Plaza Dabgari Gardens Peshawar, Pakistan

Cell: 0300-8582228 / 0092-91-2570440

Email: chamkani333@hotmail.com**Chairman Organising Committee**

Prof. A. Hameed

Chairman Scientific Committee

Prof. Nadeem Khawar

Co-Chairman

Dr. Ghulam Mohyudin

Secretary Organising Committee

Dr. Gohar Rehman

Cell: 0300-8582228

Email: chamkani333@hotmail.com

The official address for sending abstract is:

73, G-2, Street No. 6, Phase 2, Hayatabad Peshawar, NWFP, PakistanWe advise you to use email for sending abstracts. The email address for abstracts is: nkhawar@hotmail.com**IMPORTANT DATES****Last day of Registration** : December 31st, 2007**Last Date of Submission of Abstract** : December 31st, 2007**Hotel Reservation Last Date** : January 31st, 2008**Cancellation of Registration** : February 15th, 2008**AUSTRALIA****10th International Paediatric & Child Health Nursing Conference****Date** : April 30 to May 2, 2008**Venue** : Holiday Inn Esplanade Darwin & Darwin Entertainment Centre, Australia**Secretariat:**

Event Planners, Australia, PO Box 1280 Milton, Queensland, Australia 4064

Tel: 61 7 3853 5503

Fax: 61 7 3858 5499

Email: info@ipchnconference.com.auWebsite: www.ipchnconference.com.au**SWEDEN****First International Pediatric Simulation Symposium and Workshops, February 14-15, 2008, Stockholm, Sweden**

Dear Sir/Madam,

On 14-15 February 2008 the First International Pediatric Simulation Symposium and Workshops will be held in Stockholm, Sweden. The meeting is a co-operation between Karolinska University Hospital and Stockholm South General Hospital and is the first of its kind ever.

We would kindly ask you to publish our web site link on your web site and, if possible, also forward this message to your members/staff/students; www.karolinska.se/pedsimsymposium2008.

The target groups for the meeting are professionals working with simulation in obstetrics, neonatology, pediatric surgery, medicine, anaesthesia and intensive care.

The invited speakers of the meeting are among the most prominent within their fields; Louis P. Halamek, Director CAPE, Stanford University and Peter Weinstock, Ass. Director, Children's Hospital Boston Simulator Program.

If you have any questions about the symposium or if you would need further information, please do not hesitate to contact the meeting secretariat Congrex Sweden AB, ipssw@congreg.com.

Best regards,

Asa Bard

Meeting Planning Manager

Congrex Group

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E: asa.bard@congreg.comI : www.congreg.com <http://www.congreg.com/>.**GREECE****Congress of the European Society for Pediatric Dermatology****Date** : May 15 to 17, 2008**Venue** : Athens Hilton Hotel, Athens, Greece**Congress Organising:**

Erasmus Conference, Tours & Travel SA, 1, Kolofontos & Evridikis str., 161 21 Athens, Greece

Tel: 30 210 725 7693-5

Fax: 30 210 725 7532 / 725 9347

Email: info@erasmus.orgWebsite: www.erasmus.gr

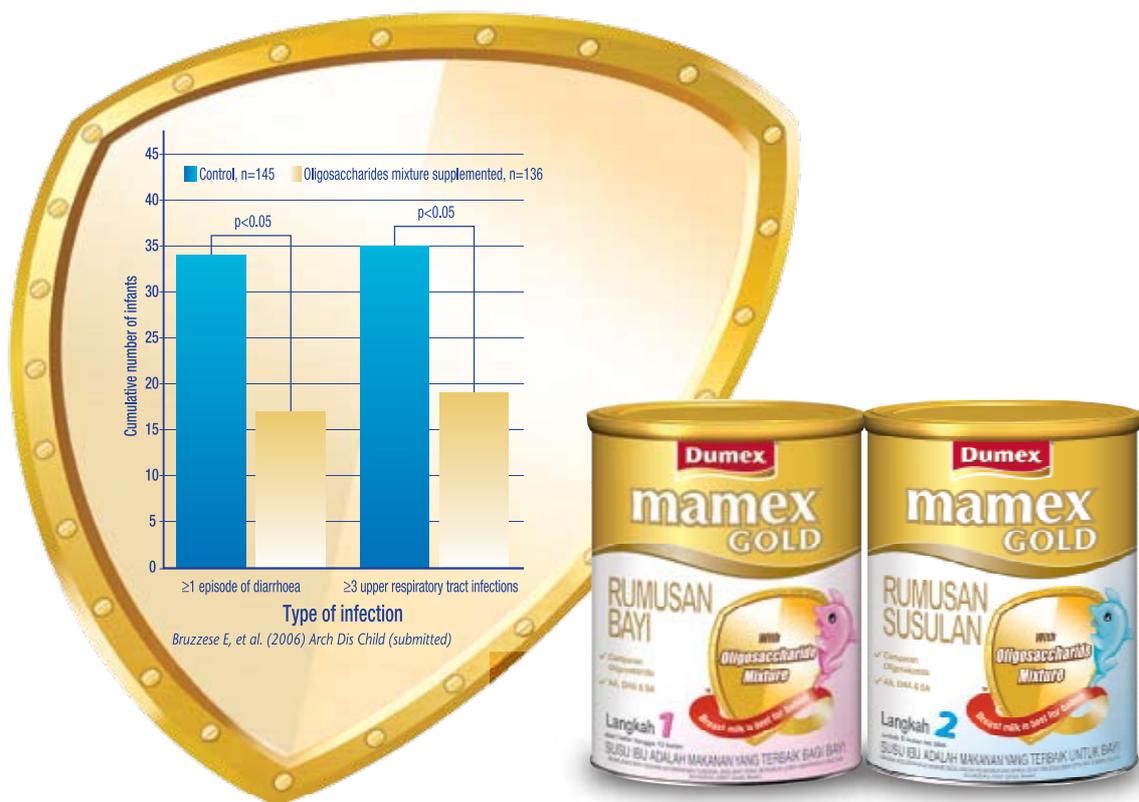
Creating New Horizons in Infant Nutrition

The development of babies' immune system is supported by immune-modulating components such as oligosaccharides acting as prebiotics in breast milk.

New Advanced Mamex Gold is added with oligosaccharides mixture that helps **to improve the intestinal immune system of infants.**

The prebiotic oligosaccharide mixture is scientifically proven to

- Reduce the incidence of certain infections up to 2 years^{1,2}
- Stimulate production of sIgA in term infants^{3,4}



References:

1. Bruzzese E, et al. (2006) Effect of early administration of GOS/FOS on the prevention of intestinal and extra intestinal infections in healthy infants. Arch Dis Child (submitted)
2. Arslanoglu S et al. (2007) Early dietary interventions with a mixture of prebiotic oligosaccharides reduces the incidence of allergy associated symptoms and infections during the first 2 years of life. Oral Presentation ESPGHAN Barcelona 2007 12 May.
3. Bakker-Zierkzee AM, (2006). Faecal sIgA secretion in infants fed on pre- or probiotic infant formula. Pediatr Allergy Immunol, 17:134-140.
4. Alliet P, et al. (2007). An infant formula containing a specific prebiotic mixture of GOS/lcFOS leads to higher faecal secretion of fecal secretory IgA in infants. JPGN, in press / presented at ESPGHAN- Barcelona, May 9-12, 2007.

Breast Milk Is Best For Babies

The World Health Organisation (WHO) have recommended that pregnant women and new mothers be informed of the benefits and superiority of breast-feeding & in particular the fact that it provides the best nutrition and protection from illness for babies. Exclusive breast-feeding for the first 6 months should be recommended and continued for as long as possible. Mothers should be given guidance on the preparation for, and maintenance of, breast-feeding, with special emphasis on the importance of well balanced diet both during pregnancy and after delivery. To stimulate better lactation, baby should be put to the breast within the first hour after birth. Working mothers can breast-feed before leaving home in the morning and again when they return home in the evening. While at work, babies may be fed with breast milk which has been expressed and stored hygienically. Unnecessary introduction of bottle-feeding or other food and drinks should be discouraged since it will have a negative effect on breast-feeding. Similarly, mothers should be warned of the difficulty of reversing a decision not to breast-feed. Before advising a mother to use an infant milk formula, she should be advised of the social and financial implications of her decision: for example, if a baby is exclusively bottle-fed, more than one can (500g) per week will be needed, so the family circumstances and cost should be kept in mind. Mothers should be reminded that breast milk is not only the best, but also the most economical for babies. If a decision to use an infant milk formula is taken, it is important to give instructions on correct preparation methods, emphasizing that unboiled water, unboiled bottles or incorrect dilution can all lead to illness.

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