

BULLETIN

of the



ASIA PACIFIC PEDIATRIC ASSOCIATION
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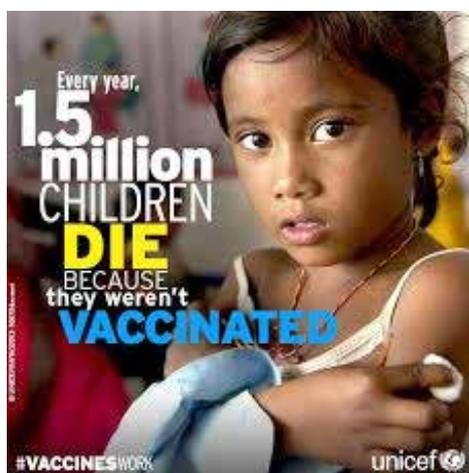
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VACCINE

VACCINE HESITANCY: A GROWING CHALLENGE FOR IMMUNIZATION PROGRAMMES



People who delay or refuse vaccines for themselves or their children are presenting a growing challenge for countries seeking to close the immunization gap.

Globally, 1 in 5 children still do not receive routine life-saving immunizations, and an estimated 1.5 million children still die each year of diseases that could be prevented by vaccines that already exist, according to WHO.

In a special issue of the journal *Vaccine*, guest-edited by WHO and published today, experts review the role of vaccine hesitancy in limiting vaccine coverage and explore strategies to address it. Vaccine hesitancy refers to delay in acceptance or refusal of safe vaccines despite availability of vaccination services.

The issue is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as

misinformation, complacency, convenience and confidence.

“Vaccines can only improve health and prevent deaths if they are used, and immunization programmes must be able to achieve and sustain high vaccine uptake rates. Vaccine hesitancy is an increasingly important issue for country immunization programmes,” says Dr Philippe Duclos, Senior Health Adviser for WHO’s Immunization, Vaccines and Biological Department and guest editor of the special issue, entitled WHO recommendations regarding vaccine hesitancy.

The authors of the editorial of the journal note, “As the recent Ebola crisis tragically brought to light, engaging with communities and persuading individuals to change their habits and behaviours is a lynchpin of public health success. Addressing vaccine hesitancy is no different.”

The recommendations proposed by WHO aim to increase the understanding of vaccine hesitancy, its determinants and challenges. They also suggest ways organizations can increase acceptance of vaccines, share effective practices, and develop new tools to assess and address hesitancy.

Factors contributing to vaccine hesitancy
Concerns about vaccine safety can be linked to vaccine hesitancy, but safety concerns are only one of many factors that may drive hesitancy. Vaccine hesitancy can be caused by other factors such as: negative beliefs based on myths, e.g. that vaccination of

cont'd on pg. 4

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The APPA Secretariat Wishes Everyone A Happy, Safe and Productive 2016

Measles Vaccination has Saved an Estimated 17.1 Million Lives Since 2000 but, 2015 Global Milestones and Measles Elimination Goals are off Track



EPA/MORWAN ALI

The number of measles-related deaths has decreased 79% from 546 800 at the beginning of the century to 114 900 in 2014.

New data released by WHO for the Measles & Rubella Initiative, estimates that 17.1 million lives have been saved since 2000, largely due to increased vaccination coverage against this highly contagious viral disease.

Measles vaccination has played a key role in reducing child mortality and in progress towards Millennium Development Goal 4.

However, the new data published in this week's edition of the Centers for Disease Control and Prevention's (CDC), "Morbidity and Mortality Weekly Report" and WHO's "Weekly Epidemiological Record", shows that overall progress towards increasing global immunization coverage has recently stagnated. While coverage with the first dose of the measles vaccine increased globally from 72% to 85% between 2000 and 2010, it has remained unchanged the past 4 years.

"We cannot afford to drop our guard," says Dr Jean-Marie Okwo-Bele, Director of WHO's Department of

Immunization, Vaccines and Biologicals. "If children miss routine vaccination and are not reached by national immunization campaigns, we will not close the immunization gap."

Based on current trends of measles vaccination coverage and incidence, the 2015 global milestones and measles elimination goals set by WHO's Member States will not be achieved on time.

Although all countries include at least 1 dose of measles-containing vaccine in their routine vaccination schedule, only

122 (63%) have met the target of at least 90% of children vaccinated with a first dose. Additionally, only half of the world's children are receiving the recommended second dose of the vaccine.

Success of immunization campaigns

In 2014, mass vaccination campaigns led by country governments with support from the Measles & Rubella Initiative and Gavi, the Vaccine Alliance, reached approximately 221 million children. Twenty-nine countries supplemented their routine vaccination programmes with mass immunization campaigns, helping to reduce measles incidence in 4 out of 6 WHO regions last year.

Overall, since 2000, these campaigns have enabled 2 billion children to receive a supplemental dose of measles vaccine.

In the African Region, cases dropped from over 171 000 in 2013 to under 74 000 in 2014, likely due to campaigns in Democratic Republic of the Congo (DRC) and Nigeria. WHO's Eastern Mediterranean, European and the South-East Asia regions also saw decreases in measles incidence in 2014.



President's Message



Dear friends and colleagues,

Greetings from APPA. I hope that your last 6 months have been fruitful in all your advocacy work, as well as professional and personal lives.

Year 2015 marks the end of the MDG and as the relevant bodies scramble to draft the new Sustainable Development Goals (SDG), we have to also look at the successes and shortcomings of the Millennium Development Goals (MDG).

Reminiscing MDG

Looking back, generally many countries have documented successes in achieving the goals set in MDG 4 and 5 regarding child and maternal mortality. A few being left behind happens in any program. While it is nice to measure quantifiable progress in terms of reductions in infant, under-5 and maternal mortalities, it is also important to look at the total achievement of the MDG. It is easy to analyze these numbers and look at which countries have met the lines set as goals.

The non-quantifiable gain of the MDG is the amount of data on these mortality rates that could be obtained from different countries. For some, it was a wake-up call to improve on their national surveillance systems. For most of us in the Asia Pacific region, governments were beginning to look at marginalized populations in remote areas where deaths were not reported. The aboriginal populations in our countries and those suffering in areas of conflict are not included in our mortality census most of the time.

Marginalized populations

In Malaysia, with the need to document statistics for MDG, we have discovered some aboriginal populations living deep in the rainforests in central peninsula, and the ones in scattered villages in East Malaysia have not reported deaths, especially neonatal deaths. While the government tries to have contact with these remote villages and nomadic tribes, and document all births, neonatal deaths were under reported as it was easy to bury an unnamed newborn than an older child whose name would be tallied with a registered village census. I am sure a similar situation is happening in other countries with marginalized populations, areas of extreme conflict, or among secluded populations due to personal beliefs, etc. These are the groups all governments want to assist and hopefully the additional data garnered can be used to improve their way of life.

Towards 2030

The SDG will provide another set of rules for governments to adhere to. They are supposed to be an extension of the MDG

consisting of comprehensive, far-reaching and people-centred set of universal and transformative Goals and targets to be achieved by year 2030. Eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. Governments have to commit to ensuring sustainable development in its three dimensions - economic, social and environmental - in a balanced and integrated manner. The resolution, between now and 2030,

- to end poverty and hunger everywhere;
- to combat inequalities within and among countries;
- to build peaceful, just and inclusive societies;
- to protect human rights and promote gender equality and the empowerment of women and girls;
- to ensure the lasting protection of the planet and its natural resources, seem far-reaching and utopian for now.

Governments also resolve to create conditions for sustainable, inclusive and sustained economic growth, shared prosperity and decent work for all, taking into account different levels of national development and capacities.

While these are noble goals that are all-encompassing, we also realise the limitations of governments especially in our region. Nonetheless we, through our national paediatric societies, have to help monitor these outcomes for the sake of the children in our countries and the future of the planet. Along with other civil society organisations and NGOs, we have to act as the conscience of the region by providing feedback to governments. Paediatricians who are on the ground should not keep quiet; our voices for the children we care for should be heard!

Farewell, APPA

In January 2016, my term as APPA President ends. It has been an honour to have served in this prestigious post that have been held by many illustrious personalities before me. If I have not served all the needs of the 21 countries in our region well, I seek your forgiveness. I extend a vote of thanks to everybody who have helped make APPA successful and I hope and pray that we will move forward together as a united regional paediatric community.

May peace be upon you all.

Zulkifli Ismail
President, APPA

cont'd from pg. 2

Large-scale campaigns in 2014 included:

- Bangladesh - more than 53.6 million children vaccinated
- DRC - more than 18.5 million children vaccinated
- Pakistan - more than 25 million children vaccinated
- United Republic of Tanzania - more than 20.5 million children vaccinated
- Yemen - more than 11.3 million children vaccinated
- Viet Nam - more than 15.1 children vaccinated.

“Last year, the Measles and Rubella Initiative supported campaigns in 29 high-risk countries to stop measles, including in Liberia where a serious outbreak occurred following the Ebola epidemic. Funding for many of the largest campaigns came from Gavi, the Vaccine Alliance.

Gavi’s support for measles campaigns in large countries like DRC and Pakistan, and measles-rubella vaccine introduction through campaigns targeting children under 15 years of age, is providing a strong boost to measles control and elimination in those countries, ” says Dr Robert Linkins, Chief, Accelerated Disease Control and Surveillance Branch at the U.S. Centers for Disease Control and Prevention.

“Despite our success in these countries, globally over 100 000 children needlessly died from measles last year. That’s a tragedy which can be easily prevented if we intensify our measles surveillance and vaccination efforts,” Linkins concluded.

Measles outbreaks remain an issue

Measles outbreaks, which happen when there are gaps

in vaccination programmes, continue to pose a serious challenge to meeting global targets. The Americas and Western Pacific regions saw increased numbers of cases in 2014, mostly due to large outbreaks in China, the Philippines, and Viet Nam. In other regions, although the overall number of cases fell, some individual countries still had large outbreaks, including Angola, Ethiopia, India, the Russian Federation and Somalia.

Accelerating progress

Measles is highly infectious and strong, sustained efforts are needed to maintain the current level of control. Together with changes in policies and practices in high-burden countries, vaccination and surveillance efforts need to be funded, maintained and strengthened, WHO and its partners say.

“Despite the welcome reduction in measles deaths, this highly-infectious disease continues to take a terrible toll on the lives of children around the world,” said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance.

“A coordinated approach that puts stronger routine immunization at its core will be central to getting measles under control and securing further reductions in mortality from this vaccine-preventable disease.”

Note to editors

Please note these figures are from 2014 and do not include numbers from outbreaks in early 2015.

- WHO, November 12, 2015, Geneva, Switzerland



cont'd from pg. 1

women leads to infertility; misinformation; mistrust in the health care professional or health care system; the role of influential leaders; costs; geographic barriers and concerns about vaccine safety.

But the authors note there is no “magic bullet,” or single intervention strategy that works for all instances of vaccine hesitancy. The magnitude and setting of the problem varies and must be diagnosed for each instance to develop tailored strategies to improve vaccine acceptance.

Effective communication is key to dispelling fears, addressing concerns and promoting acceptance of vaccination. Vaccine hesitancy is not only an issue in high income countries, but is a complex, rapidly changing global problem that varies widely.

Interviews with immunization managers from WHO regions revealed that while in some cases particular rural ethnic minorities and remote communities were affected;

in other areas wealthy urban residents expressed concerns regarding vaccine safety. In some areas concerns are related to subgroups of religious or philosophical objectors.

Determinants of vaccine hesitancy can act both as barriers and promoters: For example, a higher level of education does not necessarily predict vaccine acceptance, the experts note. In fact, a number of studies identify higher education as a potential barrier to vaccine acceptance in some settings, while other studies identify education as a promoter of vaccine acceptance in different areas. Even fear of needles can be a factor for vaccine refusal and WHO will issue, in September 2015, a position paper on pain mitigation.

- WHO, Geneva, Switzerland, August 18, 2015



CHILDREN'S HOSPITAL

New Children's Hospital In HK In 2018

The Hong Kong Paediatric Society in collaboration with the Hong Kong Paediatric Foundation and the American Academy of Pediatrics (AAP) organized a conference with the theme 'Consensus on Integrated Child Health - from Hospital to



The 'Consensus on Integrated Child Health - from Hospital to Community' conference, held from November 7-8, 2015 in Hong Kong, was a success.

Community' on 7-8 November 2015.

By all counts, the conference was a success and the discussions involved Paediatricians, nurses, other healthcare workers and, most importantly, policy-makers and politicians. Credit has to be given to Dr Chok-Wan Chan, past-president of APPA and IPA for gelling together these other stakeholders and moderating mature discussions among the attendees.

New children's hospital policies

Although the theme was about transitioning between hospital and community care, it was also about deciding policies for the new children's hospital in Kai Tak area (where the old airport used to be). Dr Chan's (and many senior paediatrician's) vision, and the promise of a former Hong Kong Chief Executive, of a Centre of Excellence in Paediatrics & Child Health with a neurology and rehabilitation centre challenged the new policy of having

major subspecialties minus the neuroscience centre. As usual, Dr Chan's eloquent expression of his vision and recollection of the promise were clearly demonstrated to the audience.

An update on the progress of the Hong Kong Children's Hospital (HKCH) by Dr Libby Lee, the Chief Manager of the Strategy & Planning Division of the Hospital Authority Head Office showed the expense involved in the hospital as well as the effort put in to the details of the physical building and staff deployment. HKCH aims to enhance the quality of paediatric services in Hong Kong by concentrating expertise, research and teaching with multi-partite involvement.

The medical home

The AAP with Dr Jane Foy and Dr Thomas Klitzner brought the concept of the medical home, a virtual centre that coordinates and handles the needs of patients with chronic illnesses needing multidisciplinary management. That is the best that I could try to describe the concept! Even in the US there are not yet many places that use this concept. Although it was an eye-opener, I am still wondering how we can implement such a technology-, cost- and labour-intensive system in our region.

Child health systems

I was invited to give an overview of child health systems in the Asia Pacific Region while Dr Kun-Ling Shen, the President of the Chinese Pediatric Society presented China's system. Dr



Panel of experts discussing the children's hospital, Dr Chok-Wan Chan is at extreme left and Dr Libby Lee third from right

Jane Foy explained the US system. It was a good exchange of ideas and thoughts although we all know that what works for one country may not be implemented in another. It is enough to study and adopt each other's best practices. Dr Chok-Wan Chan and Dr Lilian Wong, President of the Hongkong Paediatric Society with the assistance of Ms Susanna Lee, President of the Asia Pacific Paediatric Nurses' Association, and their committees deserve all the credit for organizing such a meaningful event participated by all stakeholders in the making of the new children's hospital. We in the region wait eagerly for it to open its doors in 2018. Congratulations HK!

Zulkifli Ismail
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Dr. Zulkifli Ismail (4th from right) and Dr. Chok-Wan Chan (5th from right, former APPA and IPA President) in a group photo with other distinguished delegates of the conference



MENINGITIS

UK Rolls Out World's First Meningitis B Vaccination Programme



Britain, became the first country to implement a vaccination programme for all newborn babies against meningitis B, which is fatal in one in 10 cases.

Campaigners hope the vaccine, which will be given to babies at two, four and 12 months old, will prevent up to 4,000 cases by 2025. It is billed as the world's first nationwide publicly-funded programme against the infection.

Trials found that the vaccine was effective against 88 percent of the hundreds of strains of meningococcal group B bacteria.

“Over the next decade this vaccine could potentially prevent up to 4,000 cases of meningococcal disease in children younger than five years in the UK,” said Christopher Head, from the Meningitis Research Foundation.

Sue Davie, chief executive of the charity Meningitis Now, called the move a “massive step forward.”

Group B is the most common meningitis in Britain, with around 1,700 cases diagnosed each year. Babies already receive a meningitis C vaccination. The National Health Service warns that the vaccine can cause side effects, “but studies suggest they are generally mild and don't last long.”

“Since the vaccine was licensed, almost a million doses have been given, with no safety concerns identified,” it said.

Bacterial Meningitis, which includes Meningitis B, accounts for 170,000 deaths globally every year, according to the World Health Organization (WHO).

– AFP Relaxnews, September 2, 2015

HIV / AIDS

New Formulation of HIV Treatment to Save More Children's Lives-Unicef and Unaid

Children affected by HIV and AIDS will benefit from the decision by the United States Food and Drug Administration to grant approval to a new antiretroviral formulation that can be mixed with food to make it easier for children living with HIV to take the life-saving medicines, UNAIDS and UNICEF said today.

“Treatment innovations such as this that replace unpleasant and bad tasting medicines are a real breakthrough, accelerating access to treatment for children and keeping our youngest healthy,” said Michel Sidibé, Executive Director of UNAIDS. “It is unacceptable that only 24% of children living with HIV have access to antiretroviral medicines.”

The oral pellets, manufactured by Indian generic medicines manufacturer CIPLA, contain an antiretroviral formulation of lopinavir and ritonavir that can be mixed into a child's food. The treatment is heat stable and more palatable than medicines currently available, making it particularly suitable for treating very young children.

“This new formulation is a step in the right direction towards saving more lives of children living with HIV,” said Craig McClure, UNICEF's Chief of HIV and AIDS and Associate Director, Programmes. “We expect it to greatly improve

treatment access for many more children and support UNICEF's equity focused programming aimed at reaching the most disadvantaged children throughout the world.”

HIV infection progresses rapidly in children and, in highly impacted countries, is a major contributor to child morbidity and mortality. Without treatment, one in three children who become infected with HIV will die before their first birthday. Half will die before their second birthday.

Early initiation of antiretroviral treatment in children as recommended by the World Health Organization substantially reduces the risk of death. Many countries have not been able to fully implement the WHO recommendation because of the challenge of not having a more appropriate, heat stable and palatable paediatric formulation of lopinavir/ritonavir used as part of the treatment options for children under 3 years of age.

Despite global efforts to accelerate access to HIV paediatric care and treatment, fewer than 800 000 of the 3.2 million children living with HIV worldwide had access to antiretroviral medicines in 2013.

– UNICEF, New York, USA/Geneva, Switzerland, June 5, 2015



CHILD MALTREATMENT

Child Maltreatment in Asia-Pacific is Costing Countries US \$209 Billion Each Year, Says Unicef

Child abuse and violence is costing countries in East Asia and the Pacific around US \$209 billion/year, equivalent to 2 per cent of the region's GDP, according to newly published research commissioned by UNICEF.

This is the first ever costing of child maltreatment in the region and was conducted by a team of global experts using a proven methodology previously employed in Australia and the US.

"We all know that violence against children must stop because it is morally wrong. This research shows that inaction about violence results in serious economic costs to countries and communities," said UNICEF Regional Director Daniel Toole. "Governments need to take urgent action to address violence against children, both for the sake of the children themselves and for the wellbeing of future generations."

The social and economic impact of child maltreatment include an added burden on already stretched health care systems, disability and death, and increased levels of violence and criminality. It is difficult for children who experience violence and abuse to grow up to be productive members of society, and their countries also risk losing the potential benefits to their communities these children might otherwise provide.

The research follows previous studies on the prevalence of child maltreatment. It looks at the different types of maltreatment, and the cost to economies of each.

According to the study, the costs associated with emotional abuse are US \$65.9 billion, those associated with physical abuse are \$39.6 billion, sexual abuse costs about \$39.9 billion,

The study notes that:

- In lower middle income countries, 35 per cent of males have experienced physical abuse and 22 per cent of females have experienced sexual abuse
- In high income countries, 42 per cent of females have experienced emotional abuse and 32 per cent of males have witnessed domestic violence
- 25 per cent of mental disorders among males in low income countries are attributable to physical abuse during childhood
- 31 per cent of mental disorders among females in lower middle income countries are attributable to sexual abuse during childhood
- The percentage of GDP lost due to child maltreatment is highest in upper middle income countries, at 3.45%, with the largest part (1.26%) due to emotional abuse.

Additional research in Cambodia, supported by UNICEF, found that over 50 per cent of children had experienced at least one form of violence before the age of 18. Roughly a quarter of Cambodian children were emotionally abused and about five per cent experienced some form of sexual abuse.

UNICEF is working with governments in the region to take action based on these findings. In Cambodia, we have supported a survey which provides, for the first time, national estimates of the scale of violence against children. This study will inform action by the Cambodian government to prevent and respond to violence against children.

"We're supporting the Cambodian Government to prevent violence against children from happening in the first place, and to improve services for those boys and girls who experience violence," said UNICEF Cambodia Representative Rana Flowers. "This research allows us to demonstrate the scale of the problem in Cambodia and helps us make a powerful case for change."

All governments in the region have signed the UN Convention on the Rights of the Child, which commits them to protect children from violence, abuse and maltreatment. More needs to be done to meet these commitments, including greater investment in social services.

"All children have the right to live free from violence, which harms their physical and mental growth, and inhibits the growth of their society and economies," Daniel Toole said. "Violence against children often takes place behind closed doors but it is preventable when people come together and say loudly and clearly that this is not acceptable."

- UNICEF, Bangkok, Thailand, June 2, 2015

CHILD MORTALITY

Child Mortality Rates Plunge by More than Half Since 1990 but Global MDG Target Missed by Wide Margin

16,000 children under 5 years old die each day

Child mortality rates have plummeted to less than half of what they were in 1990, according to a new report released today. Under-five deaths have dropped from 12.7 million per year in 1990 to 5.9 million in 2015. This is the first year the figure has gone below the 6 million mark.



WHO/D. Rodriguez

New estimates in “Levels and trends in child mortality report 2015,” released by UNICEF, WHO, the World Bank Group, and the Population Division of UNDESA, indicate that although the global progress has been substantial, 16,000 children under 5 still die every day.

And the 53% drop in under-five mortality is not enough to meet the Millennium Development Goal of a two-thirds reduction between 1990 and 2015.

Levels and trends in child mortality 2015

“We have to acknowledge tremendous global progress, especially since 2000, when many countries have tripled the rate of reduction of under-five mortality,” said UNICEF Deputy Executive Director Geeta Rao Gupta.

“But the far too large number of children still dying from preventable causes before their fifth birthday – and indeed within their first month of life - should impel us to redouble our efforts to do what we know needs to be done. We cannot continue to fail them.”

The report notes that the biggest challenge remains in the period at or around birth. A massive 45% of under-five deaths occur in the neonatal period – the first 28 days of life. Prematurity, pneumonia, complications during labour and delivery, diarrhoea, sepsis, and malaria are leading causes of death for children under 5 years old. Nearly half of all under-five deaths are associated with undernutrition.

However, most child deaths are easily preventable by proven and readily available interventions. The rate of reduction of child

mortality can speed up considerably by concentrating on regions with the highest levels - sub-Saharan Africa and Southern Asia - and ensuring a targeted focus on newborns.

“We know how to prevent unnecessary newborn mortality. Quality care around the time of childbirth including simple affordable steps like ensuring early skin-to-skin contact, exclusive breastfeeding and extra care for small and sick babies can save thousands of lives every year,” noted Dr Flavia Bustreo, Assistant Director General at WHO.

The Global Strategy for Women’s, Children’s and Adolescents’ Health, to be launched at the UN General Assembly this month, will be a major catalyst for giving all newborns the best chance at a healthy start in life.”

“Many countries have made extraordinary progress in cutting their child mortality rates. However,

we still have much to do before 2030 to ensure that all women and children have access to the care they need,” said Dr Tim Evans, Senior Director of Health, Nutrition and Population at the World Bank Group.

“The recently launched Global Financing Facility in Support of Every Woman Every Child with its focus on smarter, scaled and sustainable financing will help countries deliver essential health services and accelerate reductions in child mortality.”

Among the report’s findings:

Roughly one-third of the world’s countries - 62 in all -have actually met the MDG target to reduce under-five mortality by two-thirds, while another 74 have reduced rates by at least half.

The world, as a whole, has been accelerating progress in reducing under-five mortality - its annual rate of reduction increased from 1.8% in 1990-2000 to 3.9% in 2000-2015.

10 of the 12 low-income countries that have reduced under-five mortality rates by at least two-thirds are in Africa. While 5 in 10 global under-five deaths occur in sub-Saharan Africa, while 3 in 10 occur in Southern Asia.

45% of all under-five deaths happen during the first 28 days of life. 1 million neonatal deaths occur on the day of birth, and close to 2 million children die in the first week of life.

- WHO/UNICEF/ World Bank/ Geneva, Switzerland; New York/ Washington, USA, Sept 9, 2015



NEPAL QUAKE

Three Months on from First Nepal Quake, Children still at Risk

UNICEF provides \$15 million in cash transfers to most vulnerable families



Thirteen-year-old Anjali listens to her grandfather Dil Bahadur Darain speak about his son, daughter-in-law and grandson, who died during the April 25 earthquake in Nepal.

Three months after Nepal's April 25, 2015 earthquake and its aftershocks, children continue to face multiple risks as their families have been pushed deeper into poverty and they remain in need of aid.

Although the humanitarian situation has improved over the past three months, hundreds of thousands of children still need shelter, food, access to water and sanitation, medical care, education and protection.

About 1 million children affected by the earthquakes continue to live in areas at high risk of landslides and floods. As the rainy season takes hold, access to these areas is becoming increasingly challenging, threatening these children's access to water, sanitation, education and health services and putting them at a higher risk of exploitation and abuse, including trafficking.

More than 10,000 children have been identified as acutely malnourished since the first earthquake. These include more than 1,000 children with severely acute malnutrition. Over 200 children remain without a parent or caregiver, and more than 600 have lost one or both of their parents to the quakes. Over 32,000 classrooms have been destroyed. Nearly 900,000 houses have been damaged or destroyed.

According to a Government-led assessment, between 700,000 and almost 1 million people in the worst-affected districts could be pushed below the international poverty line of US\$1.25 a day.

When a major disaster strikes like the earthquakes on 25 April and 12 May, it incurs not only loss of lives but also destruction of assets, sources of livelihoods and substantially reduces household income particularly among the most vulnerable population," said Tomoo Hozumi, UNICEF Representative in Nepal.

"We know that when going through difficult times, poor households often resort to harmful coping strategies, such as

reducing their food consumption, cutting down their health and education expenditure, and sending their children to work – all of which can have irreversible negative consequences on them and more so on their children," Hozumi said.

"The top-up cash provided will help vulnerable households to at least meet some of their basic needs such as food and medicine without further resorting to harmful coping strategies during these lean times."

To help address the immediate needs of children and their families affected by the quakes, UNICEF is providing \$15 million worth of direct cash transfers to approximately 330,000 households, including an estimated 450,000 children, in 19 districts most affected by the earthquakes. This support, channeled through existing government social assistance programmes, is reaching vulnerable individuals including Dalit children, people with disabilities, widows, the elderly and marginalised ethnic groups.

"The earthquake has exposed the fragility of Nepal's progress in terms of poverty reduction," continued Hozumi. "Looking beyond immediate relief, one of the priorities for UNICEF is to assist the government to phase in a reliable and predictable form of income support for children and their families. Strengthening and expanding the country's social protection system and improving its responsiveness to shocks will contribute to children's well-being and development during normal times and increase their families' ability to cope in case of future disasters."

Since April, UNICEF has also been providing a wide range of services to the children and families living in the areas worst hit by the earthquakes including:

Procuring 1,000 metric tonnes of essential supplies including tents, hygiene kits, therapeutic foods, vaccinations and other life-saving medicines, medical kits, bed nets, newborn packages, and school-in-a-box and early childhood development kits.

- Helping over 100,000 children to continue their education in UNICEF-supported temporary learning centres.
- Supplying clean water to over 650,000 people in homes and camp settings.
- Restoring birthing centres in more than 150 health facilities. Helping intercept 513 children and women from being trafficked or illegally moved out of the country.
- Providing nearly 30,000 children with psychosocial support to help them recover from their experiences.

"Together with the Government and partners, we have been able to achieve a lot in the past 90 days. At the same time, given the enormity of the damages and losses, and the possible impact of the monsoons, there is a lot more to be done to bring a sense of normalcy to the lives of the earthquake survivors especially the most vulnerable amongst them," said Hozumi.

- UNICEF, Kathmandu, Nepal, July 25, 2015



EVENTS

International Medical Events in 2016

INDIA

15th Asia Pacific Congress of Pediatrics (15th APCP), 5th Asia Pacific Conference of Pediatric Nursing (APCPN) and 53rd Annual Conference of Indian Academy of Pediatrics (PEDICON 2016)

Dates: January 21-24, 2016

Venue: Hyderabad International Convention Centre (HICC), Hyderabad, India

Organised by: The Indian Academy of Pediatrics (IAP)

Organising Secretariat:

E-mail: apcppedicon2016@gmail.com / secretariat@apcppedicon2016.in

Website: www.apcppedicon2016.in

INDIA

International Conference on Paediatric Gastroenterology, Hepatobiliary, Transplant & Nutrition: Controversies and Consensus - New Dimensions to Explore

Dates: February 11-14, 2016

Venue: Nims University, Shobha Nagar, Jaipur – Delhi Highway, Jaipur, India

Organised by: Society of Pediatric Gastroenterology, Hepatology, Transplant and Nutrition, Nims University Jaipur- India.

Secretariat e-mail: pghtncon2016@gmail.com / info@pghtn.com

Facebook: pediatricpghtncon

CHINA

5th Global Congress for Consensus in Pediatrics and Child Health (CIP 2016)

Dates: March 3-6, 2016

Venue: Xiaan, China

Website: http://2016.cipediatrics.org

ITALY

2016 Course on First Steps in Neonatal Brain Ultrasound: An Amazing, Adventurous Journey

Dates: March 14, 2016

Venue: Palazzo Ricasoli Polihotels, Via delle Mantellate, 2, Florence, Italy

Organising Secretariat: ultrasound2016@aimgroup.eu

Tel: 39 055 233881 **Fax:** 39 055 2480246

Website: aimgroupinternational.com/2016/ultrasound

ITALY

2016 Neonatal Ultrasound Course: Why, How and When an Ultrasound Image?

Dates: March 15-18, 2016

Venue: Palazzo Ricasoli Polihotels, Via delle Mantellate, 2, Florence, Italy

Organising Secretariat: ultrasound2016@aimgroup.eu

Tel: 39 055 233881 **Fax:** 39 055 2480246

Website: aimgroupinternational.com/2016/ultrasound

SPAIN

The 3rd World Congress on Controversies in Pediatrics (CoPedia)

Dates: March 31-April 3, 2016

Venue: Barcelona, Spain

Website: www.congressmed.com/copedia

PHILIPPINE

53rd Philippine Pediatric Society Annual Convention 2016

Dates: April 3-6, 2016

Venue: Philippine International Convention Center, CCP Complex, Pasay City, Philippine

E-mail: ppsinc1947@yahoo.com, ppsinc@pps.org.ph

AUSTRIA

The 2nd International Neonatology Association Conference (INAC 2016)

Dates: July 15-17, 2016

Venue: Vienna, Austria

Website: ww.worldneonatology.com

CANADA

The 28th International Congress of Pediatrics (IPA2016)

Dates: August 17-22, 2016

Venue: Vancouver Convention Centre, British Columbia, West Canada

Secretariat: MCI Canada/AFEA

Phone: 1-604-688-9655

E-mail: IPAinfo@mci-group.com

Website: IPA2016.com

THAILAND

8th Asian Congress of Pediatric Infectious Diseases (ACPID)

Dates: November 7-10, 2016

Venue: Queen Sirikit National Convention Center Hosted by the Pediatric Infectious Disease Society of Thailand in Collaboration with the Asian Society for Pediatric Infectious Disease

Theme: Working Together to Safeguard Children

Website: www.acpid2016.com

E-mail: secretariat@acpid2016.com

THAILAND

The 12th Asian Society for Pediatric Research (ASPR) and Faculty of Medicine Ramathibodi Hospital Joint Meeting 2016

Dates: 9-11 November, 2016

Venue: Pullman Bangkok King Power, Bangkok, Thailand

Website: www.aspr2016.com

Contact: Medical Convention Promotion Center, Ramathibodi Hospital, 270 Rama VI Road, Phayathai, Ratchathewi, Bangkok 10400 Thailand

Tel: 66- 2201-0283 **Fax:** 66 2201 0283

E-mail: regiscon@hotmail.com

Compiled by Fairos Nazri, Executive Secretary, APPA



TOXIC STRESS

Toxic Stress and Resiliency?

That was the question I asked when the American Academy of Pediatrics (AAP) sent an invitation to participate in a forum at the AAP Experience conference in Washington DC.

Invited as Asia Pacific Pediatric Association (APPA) President to give an insight into the prevention of toxic stress and promotion of resiliency, I had to understand what exactly

family, school teachers, and other adults like our maids who are supposed to provide a stable and safe environment for the child.

Persistently abused or exploited children, those in refugee camps, in war zones, constantly bullied, etc are subjected to toxic stress. Different children respond differently to these stress situations giving different levels of resilience.



Dr Zulkifli Ismail (second from right) is flanked by panel of speakers from Russia and Latin America.

these meant! Asking Paediatricians working on child abuse and neglect gave a small insight into the topic but it was hardly enough.

Most did not know what toxic stress really is; resilience they can understand. That was when I turned to Dr Jonathan Klein from the AAP who then sent me a website on these topics that I found so interesting.

Toxic stress and resilience are new areas to paediatricians even in the US although the psychologists had been writing all about it for the past decade. It was time that Paediatricians started to understand it and learn to apply it in their daily practice.

Studying the websites, it became clear to me that there was so much of science involved. What I wanted to know was how we as Paediatricians can apply the science to our daily practice.

We all know that stress can be positive, negative or just tolerable. Toxic stress is part of this continuum - a chronic stress situation that the child cannot get out of.

Under ideal circumstances, the child's immediate adult carers would provide the protection and support to ameliorate this stress. In toxic stress, there is no parental nor social support to save him to provide a way out.

We sometimes forget the interaction of the child with his immediate family, extended

Paediatricians' role

Our role as paediatricians is to identify these stresses which manifest in many ways, look at ways to help the children and help develop the social structure to support resilience in these children.

These are huge expectations that few are willing or able to meet! In all our countries, there are social welfare departments within the government machinery that need to be primed towards providing this sort of support.

As in any symposium of this nature, nothing concrete can be expected but the awareness of the presence of toxic stress and the knowledge about agencies and people who are available to help would be a good enough outcome.

It certainly opened my eyes to the different types of stresses, various presentations of toxic stress and the avenues that are open to Paediatricians to help.

We may even enlist the help of the AAP to conduct similar symposia at our local or regional meetings to cascade this message on toxic stress and resiliency.

To be effective, these meetings should be attended by others who care for children too, eg, child psychologists, welfare department officials, health officials, educationists, nurses' associations, public health staff, etc so that the Paediatricians are not the only ones shouting about this.

We may not be able to do it all in our countries but we have a target to achieve and a light to follow. The AAP has shown us this light and set our target.

Zulkifli Ismail
drzulkifli.ismail@gmail.com
APPA President



Dr Zulkifli Ismail, as APPA President (extreme left), was invited to participate in the forum organised by the American Academy of Pediatrics (AAP).

**28th International Pediatric Association
Congress (IPA2016) 17-22 August 2016, Vancouver, Canada**



international pediatric association
association internationale de pédiatrie
asociación Internacional de pediatria



**WELCOME TO THE 28th INTERNATIONAL PEDIATRIC ASSOCIATION CONGRESS
(IPA 2016)**

We are delighted to be hosting the 28th International Pediatric Association Congress (IPA 2016) in Vancouver, British Columbia, Canada, from August 17 - 22, 2016.

Vancouver is one of the world's most spectacular cities, sitting at the edge of the Pacific Ocean, and nestled in and around the slopes of the towering Coast Mountain Range. We look forward to welcoming you to Vancouver to enjoy the Conference, as well as the city's natural beauty, cosmopolitan flair and unique mix of cultures.

On behalf of the International Pediatric Association (IPA) with its 168 member organizations, we will be pleased to welcome you to the 28th International Pediatric Association Congress to be held in Vancouver, British Columbia, Canada, August 17-22, 2016. The conference theme of "Community, Diversity, Vitality" reflects both the meeting location and the content of the scientific program.

Vancouver is a vibrant city on the west coast of Canada with potential pre- and post-conference activities including both the ocean and the mountains. Further information on the social aspects of this Congress will be available later.

We invite you to be part of this process to improve the health and well-being of children and youth throughout the world and to utilize this opportunity to establish or further effective working relationships at the International Pediatric Association Congress in Vancouver, August 17-22, 2016.

We look forward to your participation.

Handwritten signature of D.D. McMillan in black ink.

D.D. McMillan, M.D.
IPA 2016 Congress,
President

Handwritten signature of J.-Y. Frappier in black ink.

J.-Y. Frappier
IPA 2016 Congress,
Scientific Chair

Handwritten signature of A. Konstantopoulos in black ink.

A. Konstantopoulos
IPA, President

IPA 2016 Congress Secretariat

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