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Exciting Updates from the Newly Branded Section on Global Health

By: Patrick T. McGann, MD, MS, FAAP
Chair, Section on Global Health

I am excited to share several important updates from our newly branded Section on Global Health, including the Section name change, the approval to add a new 7th member to our Executive Committee, and updates from our recent Executive Committee election.

Section Name Change: Section on Global Health

I am excited to announce that we are now all members of the Section on Global Health (SGH). Many of you may recall a lively discussion of this possible name change last year on our listserv. Since the establishment of the Section on International Child Health (SOICH) over 20 years ago, there has been tremendous advancement in the field of international/global health, including terminology. Over the past 20 years, the term “International (Child) Health” has become antiquated and replaced in large part by “Global Health,” to describe health issues that transcend international boundaries. The term “international health” is more focused upon differences between countries rather than commonalities. Despite some efforts to include planetary in our name, there was nearly unanimous support for the name change. In addition, the AAP has a newly energized focus on Global Health with Dr. Janna Patterson as the Senior Vice President of “Global Child Health and Life Support.” To be more aligned with the AAP’s priorities and currently accepted terminology in the field, we are happy to officially become the Section on Global Health. There is no official easy acronym (not that SOICH was easy!) but I think we’ll just use the letters – SGH.

Addition of New Voting Member to Executive Committee

Each AAP Section has an elected Executive Committee tasked to lead section activities and engage section members. SGH is among the largest and most active sections. Prior to the approval of this new position, the Executive Committee has included 6 voting members and one non-voting member (Past Chair). The voting members include the Chair and five Executive Committee members with the following areas of oversight: Membership/Communication, Education (NCE) and Education (non-NCE, such as Webinars), Partnerships (with the many other groups involved in global child health), and Advocacy/Policy. The addition of the seventh voting member will create an Executive Committee member specifically tasked to oversee the International Community Access to Child Health (ICATCH) Program. ICATCH is a hallmark and highly visible program for both the Section and for the AAP. ICATCH has supported community health programs across the world for over 10 years and continues to make large impacts on a regular basis. ICATCH is largely funded through the Section budget. The process

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of selecting the appropriate projects through a highly competitive review process and the monitoring and support of the projects after selection is a very time-consuming job. Historically, the ICATCH Director has been closely involved with the Section Executive Committee but not a voting member. This new Executive Committee Member will officially be selected next year with the 2021 AAP election cycle. There will be requirements to have previous experience with the ICATCH program. Stay tuned for this exciting new leadership opportunity for SGH members!

2020 Election Results
We are excited to officially announce the results of the very competitive 2020 Section elections. Two open Executive Committee positions were filled with 3-year terms beginning in November 2021. In addition to congratulating those who were elected, I would also like to thank the many talented and motivated Section members who ran for these positions. We would have been lucky with the selection of any of these applicants. We encourage the continued participation in the many other opportunities to engage with the Section in the future.

Dr. Alcy Torres, MD FAAP, global neurologist extraordinaire, was successfully elected to continue as a Member of the SGH Executive Committee. Alcy is a pediatric neurologist and Associate Professor of Pediatrics and Neurology at Boston University School of Medicine. Originally from Ecuador, Dr. Torres has decades of global health experience including close work with the ICATCH program as a reviewer and mentor, and as the co-founder of a non-profit organization, The Association of Ecuadorians in New England (AENI.org), which has raised over $700,000 in donations and supported more than 20 projects in South America for children with disabilities.

Dr. Torres has advised Latin American and Caribbean countries regarding hypoxic-ischemic encephalopathy, congenital Zika syndrome and Traumatic Brain Injury. Alcy has done an excellent job in the oversight of Section Membership and Communication activities. Congratulations Alcy!

Dr. Koyejo Oyerinde, MD MPH FAAP, is a pediatrician and global health expert currently working in Minot, North Dakota. His breadth of experience includes work as an ICATCH reviewer, as a health policy professor at Columbia University, work with GAVI to expand global immunization access, and contributions to post-conflict reconstruction of health systems for children in Sierra Leone, Liberia, South Sudan, and Iraq. We are delighted to welcome Koyejo to the SGH Executive Committee. Stay tuned for a more expanded interview and feature on Dr. Oyerinde in an upcoming issue of our Newsletter.
This year marks the AAP’s 90th anniversary, and it also represents another important milestone—the 10th anniversary of Helping Babies Breathe (HBB). This evidence-based program teaches neonatal resuscitation techniques in resource-limited areas and has become one the Academy’s most visible and widely recognized global health programs. HBB was launched in Washington, DC in June 2010 with the inaugural training of 100 global health experts. This training represented the culmination of many years of collaboration to develop an effective newborn resuscitation intervention for low-resource settings.

In the 10 years since that initial training, many other committed partners and governments have contributed to training more than 500,000 individuals in more than 80 countries—and saving a countless number of newborn lives around the world. The global response to HBB has been amazing, showing that this program is meeting a true need in the field. HBB’s efficacy has been documented in many scientific publications, including the groundbreaking findings from Tanzania, published in Pediatrics, which revealed a 47% reduction in early neonatal mortality and a 24% reduction in fresh stillbirths (Msemo et al, 2013). The streamlined learning methodology of HBB has catalyzed innovations in training and delivery of care around the globe. The success of HBB helped spur the development of Essential Care for Every Baby (ECEB) in 2014 and Essential Care for Small Babies (ECSB) in 2015, which together comprise the Helping Babies Survive suite of neonatal care curricula. HBB’s impact has also extended beyond newborn care to influence the development of complementary curricula for resource-limited environments, including Helping Mothers Survive, a suite of maternal care curricula, and Saving Children’s Lives, for critically ill children. Most recently, the World Health Organization (WHO) has recognized the demonstrated and scientifically documented success of HBB over the past 10 years. Our sustained momentum has led the WHO to endorse and support a comprehensive essential newborn care (ENC) curriculum wholly grounded in HBB.

To mark the momentous occasion of HBB’s 10th anniversary, we are celebrating in a number of ways:

- A supplement to Pediatrics will highlight the indelible mark that HBB has made in the field of global health. The supplement will include topics such as the effect of HBB/HBS on the foci of research, training methods, innovations, as well as the overall advancement of newborn health in the global agenda.

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• SGH’s H-program at NCE will also feature HBB-focused content. We are strongly encouraging the submission of HBB/HBS-focused abstracts for poster and oral presentations.

• Following SGH’s H-program, the afternoon awards and breakout session will include a prominent speaker to present on HBB’s history and impact in the field.

• HBB will also be highlighted in the program at the International Reception at the National Conference in San Diego, so please be sure to join us as we gather to reconnect with colleagues and to celebrate this and many other achievements.

• The 10th anniversary of Helping Babies Breathe will also be featured in AAP News as it recounts the AAP’s decade-by-decade history, milestones, and key achievements over the past 90 years.

As we celebrate and reflect on the past 10 years of HBB, I want to take a moment to thank all of you that have been involved in making this initiative such a success. So many SGH members have been involved in the development and dissemination of HBB/HBS, we would be remiss if we did not recognize the important role our members have played over the past 10 years. This highlights the valuable role each and every one of you play in the Section, the Academy, and more importantly, in impacting the lives of children around the world. Thank you for steadfast commitment and dedication to the health of all children!
Aligning Sustainable Development Goals with the Rights of the Child

By: Dr. Errol R. Alden, MD, President, International Pediatric Association

As pediatricians, one of our most important roles is to advocate for our children. In order to optimize our advocacy we must understand the different languages used to assess our goal’s progress. There are two main sets of goals by which we measure children’s health. The Rights of the Child were adopted in 1989 and have acted as a cornerstone for advocacy, setting the standard for pediatric advocacy. The Sustainable Development Goals (SDGs) are 17 goals which were developed by the UN and signed onto by all the world’s governments. Goal 3 of the SDGs is specifically related to health, but many of the other SDGs are also critical to addressing children’s needs. When we look at the entire set of SDGs, they align with the Convention on the Rights of the Child.

<table>
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<th>Rights of the Child</th>
<th>Sustainable Development Goals</th>
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| The Right to Survive and Thrive             | **SDG 2**: Stunting, wasting, overweight  
SDG 3: Births attended by skilled personnel, Under-five mortality, new HIV infections (children under 5, adolescent girls and boys 10-19 years), essential health services, MCV1, DTP3, maternal mortality ratio, Malaria incidence, adolescent birth rate. |
| The Right to Learn                          | **SDG 4**: Minimum proficiency in reading and mathematics in lower secondary, children under-five developmentally on track, participation in organized learning one year before primary, proportion of schools with access to WASH. |
| The Right to Be Protected from Violence, Exploitation and Harmful Practices | **SDG 5**: Violence against girls by intimate partner, violence against girls by someone other than intimate partner, child marriage, Female genital mutilation/cutting.  
**SDG 8**: Child Labor  
**SDG 16**: Intentional homicide, conflict-related deaths, violence from caregiver, sexual violence on girls and boys under 18, birth registration |

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A specific advantage of the SDG’s is that targets must be set, standards established and measurements taken. This makes it possible to continuously measure progress and adapt policies to redirect as needed. For example, in the USA, the baseline for people who smoked daily has increased slightly from 11.4% to 11.8% from 2015 to 2016 after trending down for decades. More data is needed to see if the trend continued upward, and there may be a need to strengthen policies related to tobacco consumption.

As a pediatrician, to be most effective in advocacy, you can:

1. Know the Sustainable Development Goals
2. Know Individual goals set within your country
3. Know current policies and help formulate new policies to meet the goals
4. Keep governments accountable
5. Remain up to date on progress reports
6. Use our collective voice as experts to
7. Ensure the right policies and programs are being enacted

Thank you for all the work you do for children.
Dear SGH Members,

We are pleased to announce that SGH has expanded its educational initiatives beyond NCE programming to include a webinar series that aims to cover a wide variety of global child health topics applicable for trainees and practicing clinicians (with CME and MOC part 2 credit available).

Our inaugural set of webinars launched as a two-part series entitled “Global Prep”, facilitated by global health educators Dr. Nikki St Clair, Dr. Mike Pitt and Dr. Sabrina Butteris, who have all worked globally, and who led the creation of nationally-renowned pre-departure preparation curriculum and the American Board of Pediatrics Program Director's Guide to Global Health Education. The first part of the “Global Prep” series “What To Know Before You Go” focused on pre-departure preparation reviewing important ethical, cultural, professional, logistical and personal considerations inherent to global health. The second part “What to Know When You Go: How to Avoid Voluntourism” highlighted unique considerations for trainees and practicing clinicians working in global health settings, covering everything from donations to diagnostic paradigm shifts. Both webinars also included time for interactive Q&A discussions. Thank you to everyone who tuned in. If you missed the live webinars, you can find archived versions on the SGH website.

Please look out for our upcoming webinars that will include a series focused on Career Development in Global Health exploring various career paths applicable to trainees and mentors, as well as exploring various post-residency global health opportunities available to trainees. We are also partnering with our colleagues in the SGH surgical subcommittee to host a webinar on Global Surgery Pearls, and we are planning to host webinars on Advocacy and Immigrant Health. We hope you will join us for these unique educational activities. If you have any suggestion for webinar topics that you'd like to see SGH do, please email SOICH@aap.org.

Finally, if you would like to find out more about SGH and how to get more involved. I encourage you to take a look at this powtoon video I created.

Sincerely,

Chiquita Palha De Sousa, MD, MPH, FAAP
SGH Education Chair (Non-NCE)
The impact of the disease caused by the novel coronavirus, SARS-CoV-2, COVID-19, has been widespread, with over million cases diagnosed worldwide since the virus was first identified in January of 2020\textsuperscript{1,2}. The World Health Organization (WHO) on March 11 declared COVID-19 a pandemic\textsuperscript{3}.

A review by the Chinese CDC found less than 1\% of 72,314 cases of COVID-19 identified in China occurred in children under age 10 years, and about 1\% of cases were in children 10-19 years of age\textsuperscript{4,5}. The clinical manifestations of the disease are less severe in kids as compared to adults\textsuperscript{6}. The review included symptomatic and asymptomatic children who had known contact with someone suspected or confirmed of having COVID-19. A total of 1,391 children were assessed, and 171 were confirmed to be infected with SARS-CoV-25. The median age of an infected child was 6-7 years. Overall, 41.5\% of the children had a fever, 48.5\% had a cough, 46.2\% had pharyngeal erythema and 15.8\% showed no symptoms at all.

In a more recent study by Dong et al, children with COVID-19 were more likely to remain asymptomatic or have mild symptoms\textsuperscript{7}. Severe symptoms requiring admission for supplemental oxygen have been described in up to 10\% of symptomatic children, particularly those under the age of 5, with the highest risk in those under 12 months of age. Among symptomatic children, 5\% had dyspnea or hypoxemia and 0.6\% progressed to acute respiratory distress syndrome (ARDS) or multiorgan system dysfunction, a rate that is far lower than that seen in adults. The mortality rate appears to be extremely low: only one death in 2,143 COVID-19 infected pediatrics patients\textsuperscript{7}.

Younger age, underlying pulmonary pathology, and immunocompromising conditions have been associated with more severe outcomes with non-COVID-19 coronavirus infections in children\textsuperscript{8}. The intersection of chronic pediatric respiratory conditions such as asthma, sickle cell disease, cystic fibrosis, and chronic lung disease, and increased risk of severe disease, is still unknown. Why certain age groups are more predisposed than others is also still not well understood. Respiratory virus co-infections and secondary bacterial infections are possible and have been described in about 40\% of children in a small study\textsuperscript{9}. Again, it’s unclear what role coinfection will play on the prognosis of the disease?

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Children appear to efficiently shed the virus, even when asymptomatic. Viral RNA is detectable in respiratory secretions for up to 2 weeks and in stool for up to 4 weeks\(^1\). This is critical from an infection control standpoint - an issue particularly relevant to caregivers. The authors in this study found that 13% of COVID-confirmed cases had asymptomatic infection, a rate that almost certainly understates the true rate of asymptomatic infection, since most asymptomatic children are unlikely to be tested.

During periods of community transmission and in the absence of targeted therapy for mild and moderate disease, the decision to test children for SARS-CoV-2 is driven by resource availability, infection prevention and control principles, and manpower to perform epidemiologic contact tracing. Treatment of severe disease remains supportive, to include critical care interventions as required. There are currently no US Food and Drug Administration (FDA)-approved drugs for the treatment of COVID-19 in pediatric patients. While the main treatment for the disease continues to be supportive measures, the use of hydroxychloroquine and Remdesivir comes from previous studies showing an anti SARS-CoV activity in vitro for both medications in preventing replication of the virus\(^1\). Subsequent clinical trials in China have suggested efficacy of hydroxychloroquine compared to placebo in terms of improving lung imaging findings, preventing further exacerbation of pneumonia and accelerating clearance of the virus in adults\(^12\). A recent trial with 26 patients older than 12 years of age reports that the addition of azithromycin to hydroxychloroquine is associated with reduction in nasopharyngeal viral loads measured by PCR negativity at 6 days post inclusion\(^13\). Concerns about QT prolongation with the concomitant use of these two medications - hydroxychloroquine and azithromycin - needs to be taken in consideration when deciding if any of these two medications will be used to treat children with mild to severe disease symptoms.

Enrollment in clinical trials, or compassionate use of experimental therapies, should be considered for children with severe disease just as they would be for severely affected adults. There is no evidence to suggest that prophylaxis after direct exposure is effective.


Event

Ensuring All Children Thrive: Early Childhood Development in Conflict and Crisis Settings

By: Mandy Slutsker, MPH, Director of Global Child Health Advocacy, AAP

On November 19th, 2019, over 100 attendees representing congressional offices, government agencies, non-profit organizations, and advocacy networks gathered on Capitol Hill to learn more about ways the US Government can support the world’s youngest citizens in the most fragile contexts at the event “Ensuring All Children Thrive: Early Childhood Development in Conflict and Crisis Settings.”

The event, moderated by Bill O’Keefe of Catholic Relief Services, featured an esteemed panel comprised of Dr. Fan Tait of the American Academy of Pediatrics, Ms. Sarah Gesiriech of USAID, Dr. Pia Britto of UNICEF, and Mr. Danny Labin of Sesame Workshop. Dr. Tait spoke passionately about the science of early years interventions and the extreme costs of inaction. Children’s brains are never more active than in the first 1,000 days of their life, and the importance of intervening during that window is crucial.
Call to Action on the Global Child Thrive Act

By: Mandy Slutsker, MPH, Director of Global Child Health Advocacy, AAP

There are 250 million children in low- and middle-income countries who are not reaching their full potential due to inadequate nutrition, lack of stimulation, learning, nurturing care, and exposure to stress. Early Childhood Development (ECD) interventions, which include training caregivers to provide age-appropriate mental stimulation and nurturing care such as singing and reading, are cost effective and can mitigate and often overcome the negative impact of poverty and stress.

The Global Child Thrive Act (H.R. 4864 and S. 2715) would mandate the United States to integrate ECD interventions into current foreign assistance programs serving young children and their families. The AAP-supported bill was introduced by Senators Roy Blunt (R-Mo.) and Chris Coons (D-Del.) and Representatives Joaquin Castro (D-Texas) and Brian Fitzpatrick (R-Pa.).

The Global Child Thrive Act will help give children around the world the ability to reach their full potential. Please consider urging your senators and representative to cosponsor this legislation. Here is a direct link to take action through the AAP’s Federal Advocacy website.
Growing Health is Growing Well!

By: Dr. Emily Esmaili

Ambling through the lush fields behind Centre Hospitalier Universitaire de Butare (CHUB) in Rwanda used to be a favorite pastime of mine and coveted respite from the daily business of the pediatrics wards. Within a few short years, after brainstorming with coworkers and meeting a few remarkable Rwandans, this therapeutic landscape was able to sprout and grow into what today has become Growing Health, Inc (GH).

Rwandan government hospitals are not able to provide meals for hospitalized patients. With prolonged hospital stays that are often the norm, many patients cannot afford food in addition to medicines and hospital expenses, and many thus experience long periods of food insecurity during hospitalization. This not only impairs their ability to recover and further prolongs hospitalization, but also can have negative physical and developmental impacts that ripple out through their lifetimes. Nutritional problems are not new to Rwanda or similar settings around the globe. However, GH has proposed creative solutions that are both new and innovative. Laurette Mushimiyiana, Vanessa Umuhoza, Emmanuel Manirarora, and Alex Havugimana have worked together in the many developmental phases of GH, leveraging their local connections and creating systems that would be feasible, acceptable, and sustainable. They knew what would just not grow well in African soil, and what might grow but would never be eaten by Rwandans. They could speak to mothers of malnourished children in ways they would understand, explaining the healing value of nutritious foods, the importance of hygiene and sanitation, and how to build a small kitchen garden of their own.

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With the support of ICATCH, Laurette, Vanessa, Emmanuel, and Alex were soon joined by others, amassing a team of 23 farmworkers, 3 cooks, an agronomist, 5 managers/ coordinators/educators, and a monkey watchman who performs the critical task of guarding our produce from rascally neighbors. We also host volunteers from organizations such as Peace Corps, WWOOF, Duke University, as well as numerous individuals from across the globe. Together, this team provides meals to 110 patients daily at CHUB, and to 15 breastfeeding mothers of premature babies at a local district hospital as well. Last year alone, we harvested 19,051 kg of produce (beans, sweet potatoes, kale, sorghum, bananas, avocados, passion fruit and more!). After watering our fields with jerry cans for the last 4 years, we recently installed an irrigation system which is increasing our productivity (and saving our farmworkers hours of daily labor). In addition, we recently started an outreach program in 3 local villages, targeting 75 families that were former beneficiaries of our program. We visit these villages periodically, delivering fuel-efficient stoves and follow-up trainings on nutrition, permacroading, and preventive health. We hope to continue growing and expanding, ultimately providing healthy, sustainable food to all patients in need at CHUB. And, we hope to provide a model for fighting malnutrition that other Rwandan hospitals might learn from.

In light of these accomplishments and aspirations, we wish to thank the many Section Members who support ICATCH. Thanks to your help, Growing Health – and our beneficiaries – are growing well!
In 2005, members of the American Academy of Pediatrics Section on Global Health (SGH), formerly known as the Section on International Child Health (SOICH), among whom were Bron Anders, Ann Behrmann, Duke Duncan, Liz Hillman, Mirzada Kurbasic, Anna Mandalakas, Cliff O’Callahan, Karen Olness and Donna Staton, decided it was time to think innovatively about improving global child health. The desire was to help make more effective the AAP’s goal of caring for all children by improving access to care in communities in LIC and LMIC.

With the AAP’s domestic CATCH Program (Community Access to Child Health) as a model, the International Community Access to Child Health (ICATCH) grant program was created out of this commitment to child health everywhere—a commitment we all share as members of the AAP and specifically the AAP’s (newly re-named) Section on Global Health. ICATCH provides mentorship in proposal preparation and implementation. Funding is provided for three years with the hope and expectation that the work will be sustained beyond this 3-year grant period.

Please consider making a DONATION to ICATCH at this link. The work achieved through the program would not be possible without your support. Thank you for your generosity.
Monetary support to help this dream come true came primarily from generous members of the AAP as well as from outside donors and foundations. The funds thus provided were awarded to local health teams knowledgeable about the culture and context in which local healthcare is provided.

A decade and a half ago ICATCH began with 4 projects and a six member team at the AAP. This enterprise has evolved to 20 active (current) projects each year and a hard working ICATCH Team of 28 members. In addition to reviewing grant proposals, the ICATCH Team works on fundraising, quality improvement, networking and sharing educational and other resources with recipients.

ICATCH has proven that even small amounts of money can be leveraged to accomplish great things if the money is channeled to creative and committed healthcare providers.

Over 75 successful projects in nearly 40 countries have been supported, demonstrating that sometimes what is needed most is not large sums of money, but innovative solutions and a strong will to improve the future for children.

Be sure to look for articles in this and upcoming SGH Newsletters to learn more about specific ICATCH supported projects.
Global Mental Health

What Have We Learned From Africa?

By: Senait Ghebrehiwet, MPH

Historically, neuropsychiatric data have failed to address the diversity of our global population as most studies have been conducted among Caucasian samples in Europe and North America. This exclusion of diverse populations in the development of medical treatments is particularly worrisome as the evidence used to treat people of non-European descent is often inaccurate and may lead to incorrect dosing of critical psychiatric medications. In addition, there is urgent need to use culturally adapted research tools and qualitative methods across global settings in order to accurately understand the context of research findings.

The Boston University School of Medicine (BUSM) and Boston Medical Center (BMC) Department of Psychiatry’s Global & Local Center for Mental Health Disparities was developed to strengthen the mental health clinical, research, and training capacity for our global community and to address questions that will improve the delivery of quality mental health and psychiatric care for diverse patient populations. Under the leadership of Dr. Christina P. Borba, the Center applies a multidisciplinary approach to understand mental health disparities, building bidirectional partnerships between our global and local work. The Center provides numerous opportunities for medical students, graduate students, post-doctoral students and undergraduates to gain vital experience with populations most at risk for experiencing disparities in psychiatric care. The Global & Local Center for Mental Health Disparities, in collaboration with the Massachusetts General Hospital Chester M. Pierce, MD Division of Global Psychiatry, has current and past projects in more than 15 countries, ranging from Peru to India to Ethiopia.

One example of the Center’s current work includes the Africa Global Mental Health Institute (AGMHI). At the urging of global mental health leaders, including David C. Henderson, MD of Boston University, Bonga Chiliza, MD of University of KwaZulu-Natal, Eliot Sorel, MD of George Washington University, Gregory L. Fricchione, MD of Harvard University, and a host of others, the AGMHI was established in 2016 to serve as a central organization for psychiatrists and other mental health professionals to spearhead and accelerate capacity-building for mental health care in Africa and the diaspora. Aligned with the World Bank and the principles and approaches outlined in the WHO Mental Health Action Plan for 2013-2020, the AGMHI addresses the contemporary challenges of mental health disorders and their comorbid conditions through four key domains: education, research, services, and policy. The AGMHI is firmly committed to working through these four domains to equip mental health professionals with the tools and agency to effectively decrease the stigma of mental illness and increase the capacity for sustainable mental health care on the continent, thus helping to improve other

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health, social, and economic outcomes. The AGMHI has a growing membership of physicians, research scientists, educators, policy makers, program directors, and trainees from around the world who are committed to sharing resources and opportunities for development in the field of global mental health. For more information or to register as a member of the AGMHI, please visit our website at www.agmhi.org.
Let Me Give You a Push

By: Zachary Tabb, MD

Prior to residency and before medical school, before I had considered medicine, let alone pediatrics, I worked in rural areas of Uganda as a Peace Corps Volunteer. As part of the role, I lived in the community where I routinely visited local residents and community leaders. Of course everything seemed so new at first, from the language to the food to how to shake hands and make eye contact properly. Early on, the end of one visit sticks in my mind more than most. As I heard one community leader tell us, “Let me give you a push!” I held my breath and looked to my counterparts to understand what he meant. Had I offended him!?

Instead, I would learn the hospitable nature of this phrase. A push is actually more of an accompanied stroll, slow and paced, when your host walks with you not merely to the door, but beyond the front yard, and even briefly along the path leading out of the village. It’s a nonverbal way of expressing that you will be missed and a display of gratitude for initially making the journey to visit. These moments of accompaniment would become something I looked forward to. Those early cross-cultural interactions at the community level provided powerful insights into the intersection of health and

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poverty, motivating me to commit to a career in global health. I routinely reflect on those early lessons. Overtime a push has become not only a lesson in accompaniment but a reminder of my motivation to stay engaged as well as to invite and support others to also get involved.

We all walked our own paths toward a commitment to global child health. Each of us, whether medical student, resident, fellow, or attending, find ways to keep this devotion during our careers. And as work responsibilities change at various stages of our professional lives, so too might our level of engagement ebb and flow. Yet, whether acting locally with underserved populations such as immigrants and refugees in the US or making short- or long-term trips internationally to low-resource settings, collectively these actions are reducing child health inequity worldwide.

Since only recently getting involved in SGH, already I’ve seen inspiring advocacy work both locally and internationally for child health, as well as rich opportunities for trainee and professional development. I’m confident that with so many passionate pediatricians leading the way other trainees, like myself, will get the push needed to stay committed to addressing disparities in global child health.
Residents as Teachers in Rural Guatemala

By: Elissa Kim, MD, and Kathleen Matthews, MD

Within the rigorous schedule of pediatric residency there are few opportunities for learning outside the confines of hospital rooms and busy outpatient clinics. However, pediatric residents at the University of Colorado are working on the front lines in combating neonatal mortality in Guatemala. After completing the Master Trainer course for Helping Babies Breathe (HBB), an evidence-based neonatal resuscitation program for low-resource settings, residents are able to put their learning to practice in rural, southwestern Guatemala.

Guatemala has one of the highest rates of neonatal mortality in Latin America. Through a long-term partnership with local organizations in the Trifinio region, HBB was introduced to a group of community nurses who deliver much of the primary care and clinical outreach. Two pediatric residents led the

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two-day HBB training for 10 community nurses, including written pre/post test and clinical skills practice. Consistent with the HBB model of knowledge dispersion, the community nurses then facilitated a class with a group of 'comadronas', or midwives who are present for most of the home deliveries in the area. Regarding the impact of HBB, charge nurse Claudia Rivera states, “The birth attendants have a very important role in the community and recognize the importance of having the knowledge and skills to deliver high quality care to the women who need it.” She adds, “The birth attendants are aware of alarm signals during pregnancy and childbirth and when to refer to the hospital. With the training [HBB] they are more prepared for the care of the newborn, encouraging early breastfeeding and supporting the mother.” Through telemedicine and pediatric residents rotating through the Trifinio clinic year around, regular HBB training sessions with the community nurses will ensure knowledge retention and hands-on practice of clinical skills.

In teaching, an instructor is forced to learn more deeply, preparing to answer any question and thinking through all the different scenarios that will be encountered by the students and trainees. In addition, teaching in a global health setting requires cultural awareness and an understanding of local barriers to sustaining long-term change. In this network of community nurses, and the comadronas we can directly see that imparting knowledge has more lasting and growing effects than action alone.
In this section, we offer updates on what other groups and organizations are doing related to global child health, including other medical and surgical subspecialties. If you have any updates for us, please send them to SOICH@aap.org. Today, we are featuring global child health initiatives related to the Pediatric Academic Societies (PAS) annual meeting — specifically, the PAS Global Health Special Interest Group (GH SIG), the Global Societies in Pediatrics Across Networks (G-SPAN), the Coalition of Centres in Global Child Health (CCGCH), and the Academic Pediatric Association (APA) Global Health Research Award.

The PAS GH SIG, led by Drs. Ryan Smith and Meghan Hofto, promotes health equity and supports professional development from a global perspective by raising awareness among US pediatricians on key global health priorities and effective international health partnership approaches. This group coordinates the GH SIG events for each PAS meeting, comprised of dynamic and informative speakers on selected global child health topics.

G-SPAN, led by Dr. Suzinne Pak-Gorstein, is an emerging interdisciplinary group of representatives from each of the PAS partners, affiliates and alliances coming together to support global health programming at PAS. The aim of G-SPAN is to strengthen PAS by incorporating innovative, state-of-the-art GH programming; augmenting professional enrichment opportunities for globally-minded pediatricians, subspecialists, and research scientists; and increasing networking among North American and international conference participants. G-SPAN’s 2020 meeting will be closed in order to strategize activities and goals for the upcoming years.

The CCGCH, led by Dr. Zulfi Bhutta provides a common platform through which academic centres working in global or international child health, from around the world, can connect to enhance research capacity, collaboration and knowledge exchange in order to improve child survival, health and development. Representatives from CCGCH partner with PAS leadership to incorporate global health-related content into PAS meetings annually.

The APA’s Global Health Research Award supports travel for researchers from developing countries to the PAS meeting with a goal of promoting shared knowledge and experience among pediatric researchers. This award is offered annually by the Academic Pediatric Association, usually with a call for applications in early winter, and a deadline in early January.

* The 2020 PAS meeting has been canceled. For more information, please visit https://2020.pas-meeting.org/.
Expand Pediatric Services through Education – Your Help is Needed

By: Katie McMullen, Health Volunteers Overseas

“If you’re a clinician, you’re always educating,” notes Meera Siddharth, MD, an experienced volunteer with the global health nonprofit Health Volunteers Overseas (HVO).

She wants to encourage more pediatricians to volunteer internationally.

“I think that a lot of people feel like they don’t have something to teach. And I think that they’d be surprised at how much they really do have to teach,” says Dr. Siddharth.

HVO is dedicated to improving the quality and availability of care in resource-scarce countries by providing education, training and professional development opportunities to the local health workforce. HVO volunteers focus on building capacity by sharing skills and knowledge with local health care faculty, staff and students.

Dr. Siddharth is particularly interested in recruiting volunteers for HVO’s project at Kabale University School of Medicine (KABSOM) in Kabale, Uganda, which she helps to oversee as the volunteer project director.

“It’s a very interesting area of the country, and this [school] will really benefit from having people come and take an interest in the hospital and the students. Because it is such a new program, someone can come and really make an impact,” notes Dr. Siddharth.

The project, which launched in 2019, is seeking volunteers to provide education and training to medical students, staff and faculty.

“The medical students had gone through their first few years of classroom training, so the challenge that this medical school faces is in having enough staff for clinical pediatric training,” explains Dr. Siddharth. “It’s not just teaching information, but it’s also role modeling and helping students, young physicians, and health care workers build their own clinical style.”

Continued on the next page...
KABSOM is located in the western region of Uganda. The University opened in 2002 with 42 students and, as of January 2019, had approximately 2600 students from all regions of Uganda and several neighboring countries. In July 2015, it was transformed into a public university and has been granted a charter – the last stage of accreditation from the Uganda National Council for Higher Education.

“They’re required by the government to teach problem-based learning, and that is something that the instructors would like more information on,” notes Dr. Siddharth. She also explains that hospital staff would benefit from mentoring and teaching simulations. KABSOM has requested volunteers who are general pediatrics practitioners, as well as subspecialists in neurology, nephrology, oncology, cardiology, and neonatology.

HVO volunteers must be experienced, board-eligible general pediatricians or pediatric subspecialists. Retired pediatricians and pediatricians in academic practice are also encouraged to apply. Assignments at KABSOM are 2-4 weeks.

In addition to its project in Kabale, HVO seeks volunteers, including subspecialists, for projects in Bhutan, Cambodia, Laos, Nepal, St. Lucia, and Kampala, Uganda. For more information, please visit HVO’s website.
Hands Up for Haiti Marks 10 Years of Caring for Haiti’s Children

By: Irene Ratner, MD, co-founder and Past President, Hands Up for Haiti; Mary Ann LoFrumento, MD, co-founder and Past President, Hands Up for Haiti

The 10th anniversary of the earthquake that devastated Haiti in January 2010 has just passed. In its aftermath, we pediatricians founded Hands Up for Haiti (HUFH), a medical humanitarian organization that delivers lifesaving health care to the sickest and most impoverished people of northern Haiti. Ten years later, our organization has evolved, and continues to provide critical services where little medical care exists. HUFH remains committed to building a better future for Haiti’s children through Haitian run and led programs, and continues to train the next generation of Haitian doctors and nurses.

Today another humanitarian crisis is unfolding in Haiti, and for the first time in decades, it isn’t a natural disaster that has put the lives of millions of Haitians at risk. While earthquakes and hurricanes get more press coverage, this geopolitical disaster caused by severe shortages of fuel, food, and medicines is being largely ignored by a world consumed by other news. Lack of ability to transport food and water has resulted in soaring prices for what little food is available, worsening a food insecurity situation that even before the current crisis was at a critical level; 22% of children in Haiti are suffering from chronic malnutrition. As CNN recently reported, deaths of children from malnutrition are increasing dramatically. Despite these massive challenges,

Hands Up for Haiti remains unshakeable and unmovable in its commitment to the children of Haiti.

To this end, we support more than 40 Haitian medical and other professionals as well as community health workers and lay staff. Pediatric programs include an extensive malnutrition treatment program, in-country led pediatric outreach clinics, a hospital and surgical fund for ill children and teaching Helping Babies Survive to hundreds of doctors, nurses and traditional birth attendants. We build and maintain clean water wells and educate entire communities and their children about clean water and good health.

Hands Up for Haiti works through “Sante Kominotè,” community-based health care delivered by hands on the ground, with support from teams of visiting

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pediatricians, pediatric nurses and other volunteers who work alongside our Haitian staff, mentoring, teaching and learning, and others who do so remotely. We also run Global Health programs that welcome pediatric residents from various residency programs.

Despite the challenges we will not be deterred, and we refuse to let the current conditions stand in the way of our mission. But we can't do this alone: now more than ever, we need the help of volunteer pediatricians and other medical professionals. Teams travel to Haiti usually for one week missions to work with and mentor staff on the ground. Opportunities for remote training or research are available as well. If you are interested, please visit our website for additional information on our teams or contact our executive director, Karen Akst Schecter.
An Update to GPEDS

We are excited to share the news that the Global Pediatric Education Series (GPEDS) has undergone a substantial update. This program, originally launched in 2014, is an online curriculum developed to provide foundational knowledge preparation for pediatric providers interested in working in an under-resourced setting. The program is currently utilized by a number of pediatric residency training programs around the country as the primary Global Health curriculum for their trainees.

Over the past year and a half, we have worked hard to revise the course materials, update all of the lectures, and give the course a new coat of paint. This mountainous effort could not have been completed without the help of numerous faculty from the University of Minnesota and our partner institutions abroad. Course content includes 4 topic-based modules comprised of 29 lectures. Modules include: Fundamentals of Global Child Health, Disease Identification and Management, Clinical Pearls and Preparation for Work Abroad, and Global Health at Home.

This course is available for institutional subscription, allowing access for an unlimited number of trainees, or to individual subscribers interested in taking the course for 24 hours of CME credit. Proceeds generated by the sale of this course are used to subsidize costs involved in bringing our international partners to the University of Minnesota; we feel strongly that this bidirectional exchange is important for these partnerships. More information at this [link](#).
The Polio and Measles Outbreak in the Philippines

A Case for an Independent National Vaccine Advisory Committee

By: Nathalie Bernabe Quion, MD, MPH

In February 2019, I visited the Romblon Rural Health Unit. The unit is located on one of the 7641 islands that comprise the Romblon archipelago in the Philippines. I met one of the nurses working for the Department of Health who was staying in the same hostel I was booked at. She had come from one of the other islands and was distraught. She reported that for the first time in many years as a public health nurse, the vaccination rates were dismal with 1 out of 4 households refusing the recommended vaccinations. The main reason was vaccine hesitancy.

By September 2019, the World Health Organization reported an outbreak of polio in a country that was once on the brink of declaring itself polio free. Two cases of polio were reported in two separate municipalities. Both cases were reported to be caused by vaccine-derived poliovirus type 2 (VDPV2). Vaccine-derived polioviruses are rarely occurring forms of polio. It can only happen in places with limited immunization coverage and inadequate sanitation and hygiene. Over time, as it is passed between unimmunized people, it regains the ability to cause disease.

Fifteen years ago, the Philippines eliminated measles. Since January 2019, more than 33,000 cases of measles and 466 deaths from the vaccine-preventable disease have been reported. Where is this vaccine hesitancy coming from? The effect of the following sequence of events cannot be denied.

In 2016, the Philippines started a nationwide effort to immunize children against dengue. The French pharmaceutical company Sanofi won approval from the Philippine Department of Health to implement a national immunization campaign by using its product Dengue vax. Almost a million children received the new dengue shot through a school based immunization program. In less than a year, the campaign was suddenly suspended. Sanofi Pasteur made a statement that the vaccine could pose a risk to those who never had the disease. The government revoked the license for the vaccine, brought criminal charges against officials responsible for the campaign and filed suit against Sanofi over the deaths of 10 children.

The Philippines has participated in the World Health Organization Expanded Program on Immunization since 1976. Six vaccine-preventable diseases are included in the EPI: tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles. It does not include well established vaccines against Varicella, Hemophilus Influenza B, Rotavirus and Streptococcus pneumoniae. There are multiple

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studies demonstrating the prevalence of these diseases in the country and efficacy of introducing these vaccines to the Philippines. Despite this, the Philippines Department of Health decided on implementing Dengue vax which many considered was still in the third phase of its clinical trial phase. The decision was met with controversy by health experts.

With a current immunization rate of 73% (2017) from 88% in 2013, the county’s health workers are working double time to regain the trust of the parents to immunize. But these efforts are futile when the problem that caused this is not addressed. Vaccine implementation should be met with an evidence based and a multisector approach. An independent advisory committee similar to the US Advisory Committee on Immunization Practices or the European Commission on Vaccines, committees that provide advice and guidance on effective control of vaccine-preventable diseases, is needed. Having a committee composed of primary care physicians, infectious disease experts, health economists and epidemiologists will minimize potential vaccine programs that are brought out of self-interest and political discretion. In a country where tuberculosis and HIV are already an infectious disease crises, the outbreaks in vaccine preventable diseases is another public health disaster it does not need.
Long-Standing Partnership with a Focus on Child Health in Kenya

By: Megan S. McHenry, MD, MS, FAAP, and Debbie Ungar

The Academic Model Providing Access to Healthcare (AMPATH) partnership began 30 years ago between Indiana University and Moi University College of Health Sciences and Moi Teaching and Referral Hospital in Eldoret, Kenya. Over the next three decades, the partnership has grown to include a consortium of more than a dozen leading North American academic health centers working in partnership with each other and their Kenyan colleagues to provide clinical care, train the next generation of global health leaders and conduct research to advance healthcare around the world.

In the early 2000s, AMPATH physicians were among the first in sub-Saharan Africa to use antiretroviral medications to treat patients dying from HIV/AIDS. Early in the effort, the impact of hunger, poverty and lack of economic opportunity became obvious barriers to successful medical treatment, and so the program expanded to include supportive services such as a food program and job training, as well as a network of microfinance groups. The AMPATH program is now one of the largest and most successful HIV programs in the world with more than 150,000 patients currently in care.

As the burden of non-communicable diseases increased in Kenya, so did AMPATH’s response. Building on the successful HIV program, Kenyan and North American healthcare leaders are now working with the Government of Kenya and Kenya Ministry of Health to build a sustainable healthcare system in western Kenya to diagnose and treat cancers, hypertension, diabetes and other life-limiting conditions as well as offer universal health coverage for the poorest members of the community.

Pediatric services have expanded as personnel and facilities for children have become available as well. In addition to the Riley Mother and Baby Hospital, which now delivers 40 babies per day and receives NICU referrals from across the region, the Shoe 4 Africa Children’s Hospital also provides a place for children with cancer, rheumatic heart disease and other serious illnesses to receive treatment.

Kenyan and North American medical professionals engage in care, training and research to save and improve the lives of the youngest Kenyans, while identifying opportunities to improve healthcare around the world. Some recent examples of their work include:

Continued on the next page...
• A K23 research award from the National Institutes of Health (NIH) significantly expands pediatric neurodevelopmental research including the development of brain development screening instruments for use in HIV-exposed Kenyan children.

• Nearly 3,000 pregnant and parenting mothers meet in Chamas groups throughout western Kenya. Chamas are community-based, peer-support and education groups that use a three-year curriculum integrating health, social and financial literacy to improve health outcomes.

• The first board certified Kenyan neonatologist joined Moi Teaching and Referral Hospital earlier this year.

• A maternal fetal medicine fellowship began in January with two Kenyan physicians.

• The Sally Test Child Life program helps young patients and their families deal with the challenges of hospitalization and medical procedures.

• With support from the Fulbright Program, the first pediatric hematology-oncology fellowship has launched at Moi and strides are being made in improving the survival rates for childhood cancers such as Burkitt’s lymphoma.
Essential Care for Every Baby mobile app wins First Prize at AMIA

Dr. Sherri Bucher¹ and Dr. Saptarshi Purkayastha²

¹Associate Research Professor of Pediatrics, Indiana University School of Medicine, Division of Neonatal-Perinatal Medicine
²Assistant Professor, IUPUI School of Informatics and Computing, Department of BioHealth Informatics

The Essential Care for Every Baby (ECEB) Digital Action Plan, a mobile phone-based clinical decision support tool built to support low/middle-income country nurses, midwives, and physicians to more effectively deliver key newborn care interventions from birth through 24 hours postnatal, and to equip health care providers (HCPs) to prevent, recognize, and manage common newborn complications as outlined in the AAP’s evidence-based Essential Care for Every Baby educational and training curriculum, has been awarded First Prize in the 2019 American Medical Informatics Association Student Design Challenge.

Features of the award-winning ECEB app include:

• Simultaneous tracking of multiple babies, even across nursing shifts, and ability to quickly ascertain overall patient acuity (e.g., number of “normal” vs. “problem” vs. “high-risk”) of current newborn population in real-time.

• Births are time-stamped. An automated ECEB “clock” generates time-specific reminders for which ECEB interventions are due. Checklists track delivery of services to each baby (Figure 1).

• Based on information entered e.g., birthweight; vital signs), ECEB app automatically classifies each baby into “green (normal),” “yellow (problem),” or “red (high-risk)” zones.

• The app tracks changes in babies’ health status over time (i.e., moving between ECEB zones).

• Advice for evidence-based management of newborns is automatically generated (based on ECEB curriculum).

• Requests for consultation or help from on-call providers can be sent from the app, at the touch of a button.

The ECEB Digital Action Plan was designed by an international team of faculty, students and clinicians, including ECEB content experts and mobile app developers from Indiana University School of Medicine, IUPUI School of Informatics and Computing, Alupe University College (Busia, Kenya), and Moi Teaching and Referral Hospital (Eldoret, Kenya). The multidisciplinary team collaborated over 10 months

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to design, develop, evaluate, and build a user interface prototype. They utilized open-source Java tools, human-centered design methods, iterative, agile processes (weekly scrum meetings), and heuristic evaluation to build a digitized, interactive decision support tool that works off-line on a wide variety of Android mobile devices.

The ECEB Digital Action Plan is the latest exciting innovation within an integrated digital toolkit called mobile Helping Babies Survive powered by DHIS2 (mHBS/DHIS2). By integrating mHBS apps within the District Health Information System (DHIS) platform, which is the Health Management Information System used by a large number of governmental and non-governmental partners in low/middle-income settings, we are building toward global scale-up and sustainability.

All mHBS/DHIS2 apps work off-line. All are strategically aligned to seamlessly support education, training, data collection, reporting, and quality improvement activities related to sustainable dissemination, scale-up, and implementation of evidence-based maternal-newborn-child health initiatives in low/middle-income settings, including those such as the American Academy of Pediatrics’ Helping Babies Survive programs.

As such, mHBS/DHIS2 digital health innovations, including the ECEB Digital Action Plan, may be poised, if scaled, to equip health care providers everywhere, who care for mothers and babies, anywhere, with the knowledge, skills, and competencies by which to save newborn lives and reduce global rates of neonatal mortality.

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Fig. 1. The AMIA award winning ECEB prototype, demonstrating decision support functions related to: Automated, color-coded classification of babies according to recommended ECEB algorithms (harmonized with Action Plan and Provider’s Guide); - Time-stamping (e.g., “22 minutes from birth”); and advice generated for additional management (e.g., prolonged skin-to-skin care).
For more information about the mHBS/DHIS2 suite of apps, including the ECEB Digital Action Plan, please contact Dr. Sherri Bucher, Associate Research Professor of Pediatrics, Indiana University School of Medicine, Division of Neonatal-Perinatal Medicine shbucher@iu.edu


2. Bucher S, Meyers E, Kshatriya BSA, Avanigadda PC, Purkayastha S. Development of an Innovative Mobile Phone-Based Newborn Care Training Application. 2019; Cham.

2020 Events

AAP National Conference & Exhibition
When: October 2 -6
Where: San Diego

The 8th Congress of EAPS
When: October 16 - 20
Where: Barcelona

2020 CNS-ICNA Conjoint Meeting | CNS
When: October 19 - 23
Where: San Diego
Recommended Global Health Literature

Novel Coronavirus - China

Covid-19 Dashboard: John Hopkins University

WHO Director-General’s opening remarks at the media briefing on COVID-19 - 11 March 2020

Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72,314 cases from the Chinese Center for Disease Control and Prevention

SARS-CoV-2 Infection in Children

Clinical characteristics of coronavirus disease 2019 in China

Continued on the next page...
Epidemiological Characteristics of 2143 Pediatric Patients With 2019 Coronavirus Disease in China

Characteristics and Outcomes of Coronavirus Infection in Children: The Role of Viral Factors and an Immunocompromised State

Clinical and CT features in pediatric patients with COVID-19 infection: Different points from adults

Characteristics of pediatric SARS-CoV-2 infection and potential evidence for persistent fecal viral shedding

Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro.

Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies.


Continued on the next page...
The Epidemiology of Hyoxemic Pneumonia among Young Infants in Malawi

Infant TB Infection Prevention Study (iTIPS): a randomised trial protocol evaluating isoniazid to prevent M. tuberculosis infection in HIV-exposed uninfected children.

Global, regional, and national sepsis incidence and mortality, 1990-2017: analysis for the Global Burden of Disease Study

Learning to Swim
Excerpt: In contrast to the endless study-test cycles of my medical education, I never achieved the same grasp of the material as when I had to apply it to a patient in front of me...


A Prospective Observational Study on Postoperative Follow-ups and Outcomes at a Non-profit, Internationally Supported Pediatric Surgery Center in Guatemala.
Global Health News

From political commitment to concrete reality: moving ahead on UHC in 2020

With 10 years remaining until 2030, the World Health Organization (WHO) is calling on all countries to accelerate efforts to fulfil their commitments to achieve universal health coverage (UHC) and the other health-related targets in the Sustainable Development Goals...

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WHO statement on novel coronavirus in Thailand

The World Health Organization (WHO) is working with officials in Thailand and China following reports of confirmation of the novel coronavirus in a person in Thailand...

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More than 140,000 die from measles as cases surge worldwide

Worldwide more than 140,000 people died from measles in 2018, according to new estimates from the World Health Organization (WHO) and the United States Centers for Diseases Control and Prevention (CDC)...

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CDC-Supported Study Launches to Track Infectious Diseases in Central America & Carribean

To better understand, detect and respond to emerging infectious disease threats such as dengue, chikungunya, Zika, Chagas disease, and malaria, the U.S. Centers for Disease Control and Prevention (CDC) is supporting studies to better understand acute febrile illnesses (AFIs) in Belize, Guatemala and the Dominican Republic...

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#Tweetiatricians Tips & Tricks

Did you know... The AAP is celebrating its 90th anniversary this year. Check out the first of AAP News’ series highlighting the history of AAP [here](#). 2020 is also the 50th anniversary of AAP's DC office! Be sure to use the hashtag #AAPBirthday to celebrate AAP’s 90th and AAP DC office’s 50th!

**US Government on Twitter**

Stay engaged with the U.S. government’s global offices, programs, and policies by following:

- [USAID](#)
- [USAID Global Health](#)
- [CDC Global](#)
- [Global Health at the State Department](#)
- [PEPFAR](#)

**Upcoming Social Media Observances**

There are several global health observances over the next 3 months. Learn more about them below – as the days/weeks approach, you’ll see more information on sample tweets and images to share on your accounts. And follow the Academy’s global health feed for some easy retweeting.

- [World Immunization Week](#) (Last week of April)
- [International Day of Families](#) (May 15)
- [World Hypertension Day](#) (May 17)
- [International Day to End Fistula](#) (May 23)
- [Menstrual Hygiene Day](#) (May 28)
- [World No Tobacco Day](#) (May 31)

Do you want to learn more about a specific social media topic or skill? Let us know by emailing [soich@aap.org](mailto:soich@aap.org).
Contributors and Acknowledgements

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How to Join the Section on Global Health (SGH)

If you are NOT a current SGH Member, you may follow one of two options to become one:

❶ Call AAP's Customer Service at +1.866.843.2271, available Monday - Friday from 7:30am - 5pm (CST)

❷ Go online and sign up on your own be either:

A) Filling out the section application directly at this link

B) Or by following the 5 steps below:

   Step 1: Confirm you are a member of the section by logging into your account by visiting this link. If you are a section member you should see it listed on the My Membership homescreen.

   Step 2: If you do not see the Section on International Child Health listed, click on the Join Now link, which you can find in the textbox containing information on Section/Council Membership.

   Step 3: Clicking on Join Now will take you to the section / chapter / council membership registration pages. (Please note: access to this page requires login. This page displays the list of all sections. International Child Health will be in the 2nd column.)

   Step 4: Select Global Child Health and proceed with the application instructions

   Step 5: Email soich@aap.org to let us know that your membership has been updated.