

# International Child Health Group

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## Convenor's Report

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Things don't look too great for the world's children right now. Hot on the heels of the Boxing Day tsunami comes the Pakistan earthquake and as always it is women and children who are particularly affected. And we must not overlook the impact of the series of hurricanes lashing the Caribbean, USA and Mexico on the poor communities in their paths. Added to all this are the statistics in the UNICEF 2005 State of the World's Children Report entitled "Children under Threat" that 1 billion children suffer from at least one form of severe deprivation (ie 1 in 6 have severe malnutrition, 1 in 5 have no access to safe water, 1 in 3 have no access to sanitation, 1 in 7 have no access to health care, 640 million live in overcrowded huts, 140 million never attend school), and 180 million are involved in the worst forms of child labour, 1.2 million are trafficked each year, 2 million are involved in the sex industry, and the UNAIDS estimate of 2.2 million children currently living with HIV, then things do look pretty bleak.

And so it was a pleasure to read a recent article from Child Advocacy International entitled "Child Health in Africa: 2005 a year of hope?" (Archives of Disease in Childhood 2005;90:776-781). Apart from spelling out again the various economic, political, social and environmental factors that lie behind the excessive disease burden among children in Africa, the article does offer us some hope about tackling these issues perhaps in part due to the public support for the Make Poverty History movement at the G8 conference earlier this year.

But there is also a lot that can now be done to improve the care of sick children and reduce their risk of dying by the application of scientific medical evidence. Two WHO initiatives come to mind, namely "Management of Severe Malnutrition" that seeks to update case management through a series of tried and tested "Ten Steps" ([www.who.int/nut/](http://www.who.int/nut/)), Caring for Severely Malnourished Children by Ashworth and Burgess available from TALC), and "Integrated Management of Childhood Illness (IMCI)" that seeks to improve the identification, classification and treatment of key childhood illnesses at primary care level ([www.who.int/child-adolescent-health](http://www.who.int/child-adolescent-health)). Another important recent finding has been the significant improvement in survival of HIV infected children when given cotrimoxazole prophylaxis (Lancet 2004;304:1865-71).

So the principles of evidence based medicine can also be usefully applied to improving the survival of young children in developing countries. The issue remains about how to get the evidence out there! ICHG looks forward to playing its part through the presentation of papers at its scientific session at the RCPCH meeting in York in April. The call for abstracts has now gone out (see details on the RCPCH website). We are also planning to hold a special session on International Aspects of Child Protection because of increasing concern about the exploitation and abuse of children worldwide as a consequence of trafficking, sex tourism and ritual practices.

So come along to York on Tuesday April 4. We look forward to seeing you there.

### FROM THE EDITOR

We plan to publish the newsletter 3 times a year

Editorial deadlines are

15th February 2006

15th June 2006

15th October 2006

The newsletter is now also downloadable from the website

[www.icgh.org.uk](http://www.icgh.org.uk)

Please send letters and articles for inclusion to

[sheilareilly@doctors.org.uk](mailto:sheilareilly@doctors.org.uk)





## The CD-ROM as a vehicle for Health Information.

The small NGO Teaching-aids At Low Cost (TALC) is now forty years old. Well known in Africa but less publicised in the UK, it started as a distributor of teaching slides and by the 80's had sent out 7 million. In the last 20 years it has concentrated on low cost and free books, sending out around 2 million around the world a third of these were free to those receiving them. However we and similar distributors of health information have still much to do as shown by the conclusion of a group studying spread of health information who wrote in the Lancet July 9th.2004 ....*"There is little if any evidence that the majority of health professionals, especially those working in primary health care, are any better informed than they were 10 years ago"*... (Godlee F). A new electronic approach for TALC was made possible when DFID provided an initial 3 year grant to produce free CD-ROMs as described here. The TALC free CD is almost unique in that it is general. The majority of CDs are oriented to one subject and contain far more information than required at district level. The CD is designed specifically to be easily used by computer novices.

A simple search engine in the most recent CD will add the possibility of search in pdf as well as in html. The CD contains selected articles from the BMJ, Lancet, RCP, RCS, World Anaesthesia, Africa health, PLOS medicine, Tear Fund, Child-to-Child, Cochrane Abstracts, and much else suited to community participation in health. Many organisations have been very supportive on CD-ROM 7 for the first time we had material from the London Royal College of Physicians with papers from their Clinical Medicine including a Q&A content which TALC believes is popular. WHO supplied us with their booklet on Kangaroo Care. TALC was able to include a positive response from a 13% response to a postal questionnaire sent to 1,000 participants. In the future TALC hopes to include more on maternal and child health. The CD-ROM also make it possible to distribute colour images which are popular and important in levels of teaching. An attempt is being made to gather a group of 2 or 3 individuals to identify appropriate copyright free material and also answer questions TALC receives by e-mail, to try and increase North South communication between health workers. *Figure 1. Access to the use of PCs is becoming widespread in Africa* A London Professor John Guillebaud who knows Africa well wrote "I think the TALC CD-ROM is fantastic. It is clearly meeting the needs of health workers in resource-poor settings far better than books or even websites – given the uncertainty regarding veracity or vested interests of so many of the latter, the vagaries of Servers, and at present, the general absence of Broadband, - can do, in practice. I admire the absence of any restriction on the downloading, printing or emailing onwards of the content – a further advantage over books. I have browsed the latest one myself and was impressed by its accurate, up-to-date coverage of such diverse areas of relevance. I was pleasantly surprised to see its useful content in my own specialty area of contraception and reproductive health/maternal mortality reduction. I was especially pleased to see the reference to the first of the "Four Pil-

lars' of Safe Motherhood which include family planning information, counselling and services..." and that it was given emphasis ahead of the (also crucial) 3 others, namely antenatal care, clean/safe delivery under supervision of a trained person, and readily available essential/emergency obstetric services at referral hospitals." Another colleague wrote:

How wonderful that you have this written testimony to how TALC's work is so appreciated. And I couldn't agree more. I don't know if anyone who hasn't lived and worked in a developing country can quite appreciate how depressingly hard it is to get hold of educational materials, nor have any sense of the exceptionally high value health workers themselves place on them! One of the paradoxes is that in spite of the huge thirst for education, it is not common for educational materials to be freely loaned or borrowed because of their high value. In addition, photocopying is expensive and few can afford such a luxury, even as it often violates copyright too. So that the opportunity which



TALC's CDs provide, for downloading and disseminating to so many so easily (while retaining the original for one's own repeated use) means that this particular format can benefit many more health workers than the 5000 who receive them. Prof Guillebaud is right too about the "vagaries of Servers" - phone waiting lists are often years long, and even if you're lucky enough to have one, phone and Server services are expensive, limited and often go "off" for days/weeks at a time during the rains, etc. Further evidence that these CDs are meeting a need comes from the size of the mailing list and its speed of growth since 2001. Currently over 5,000 are sent out twice a year and each month we receive between fifty and a hundred new addresses.

Those wishing to receive a copy or get one sent to a colleague overseas can either write to TALC at P. O. Box 49, St Albans, Herts, AL1 5TX. Or e-mail to [info@taluk.org](mailto:info@taluk.org). The low cost books that TALC provides can be viewed on the TALC website [www.talc.or](http://www.talc.or)

Professor David Morley

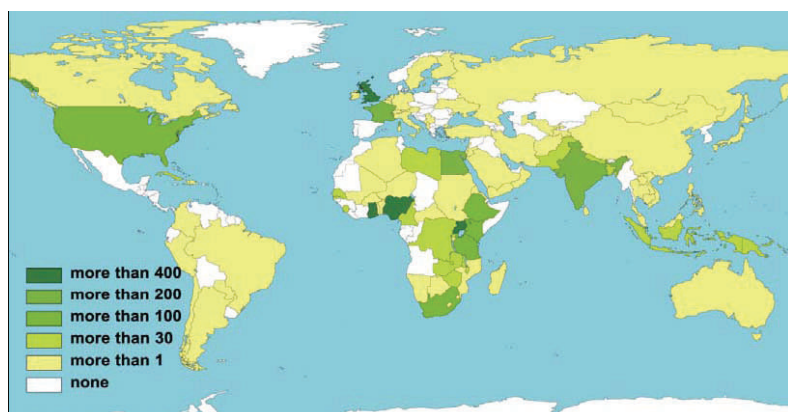


Fig 2. Countries receiving TALC free CD-ROMs

**TALC or the author ([info@taluk.org](mailto:info@taluk.org)) would like to hear from ICHG readers who could contribute new material or with skills to convert material into a form suitable for a CD-ROM.**



## What is CAI (Child Advocacy International) up to now?

It was midday on a weekday in High Wycombe. Suddenly the lights went out and so I went to the neonatal unit. Nurses were ventilating an infant by hand in the dark by torchlight, and no alarms, fluid pumps or monitors were working. The cause was an error in the routine weekly service and testing of the hospital's emergency electricity supply and it was an agonising half hour before the fault was identified and power restored. Luck, skill and dedication prevented any of the disasters which could easily have happened to a number of vulnerable infants.

This episode which I will never forget is dwarfed by the experience of doctors who work in countries where the infrastructure is poorly developed or where natural disasters or armed conflict can destroy the whole medical system. Ten years ago it was the calamities which had occurred during the Bosnian civil war which led to the founding of CAI. The children's hospital in Sarajevo was a majestic building on the outskirts of the city which had been financed by local subscription but during the siege it was shelled, and had to be completely evacuated overnight. Patients, staff and equipment which could be saved were moved to a wholly unsatisfactory administrative building. Imagine moving your department to your local trust headquarters! Awful events such as this continue to happen as a result of war or natural catastrophe in an unpredictable fashion throughout the world, and create the need for organisations such as CAI.

CAI's mission statement is to "alleviate the suffering of mothers and children where there is extreme poverty, armed conflict or other disaster". We call ourselves an advocacy body because one of our key tasks is to emphasise, at all medical and political levels, the importance of medical care for mothers and children in the afflicted area. We now work in nine countries with plans to work in two more. We concentrate on helping to restore or boost existing medical facilities. We identify individual problems, and raise funds to provide both appropriate medical equipment, and to train medical and nursing staff by seconding medical or nursing volunteers to work on site.

CAI has developed a close working relationship with the Advanced Life Support Group (ALSG) in Manchester. Over the past two years a new course the Emergency Maternal and Child Health Care Programme (EMCH) has been developed. This is a teaching programme based on the successful methods ALSG have evolved in courses such as the Advanced Paediatric Life Support (APLS) and Management of Obstetric Emergencies and Trauma (MOET) courses. It includes emergency maternal, neonatal and paediatric care where the level of assumed local facilities are lower than would be expected in Western Europe. The course can be tailored to meet the needs of all health workers from the bedside at home to competent district hospitals to Tertiary Units.. Successful pilot courses have been held in Pakistan. The Pakistani Government and WHO Pakistan are now cascading what they call the ESS EMCH movement, country wide. ESS stands for Essential Surgical Skills, this programme has been developed by the Essential Health Technologies Unit at WHO Geneva. We have merged the ethos of the two programmes and discussions are taking place with WHO with the aim of widespread application of the programme in poorly resourced countries.

This year, after the Tsunami, CAI staff visited Sri Lanka. In liaison with local staff and after intensive fund raising an anaesthetist and paediatric nurse visited the north east of the country, giving training and demonstrating newly provided equipment. A Partnership has been established with the Sri Lankan College of Paediatrics with the aim of giving long term help to the Tsunami orphans.



Dr Kim Cheetham (CAI Honorary Country Director for Bosnia) in Banja Luka hospital, Sept 2005

CAI liaises with individual countries by means of Honorary Country Directors (HCDs) who are often retired consultant paediatricians. I was recruited as the HCD for Bosnia three years ago, and have seen the improvements that had taken place, often as a result of CAI intervention, since their dreadful war. In Bosnia CAI is very fortunate to have had the support of the British Lions who have funded the rehabilitation of five paediatric departments by donating equipment and supporting medical and nursing volunteers. In the past year we have been able to upgrade the casualty department in Sarajevo, and have introduced APLS teaching, and have identified and taught enough Bosnian APLS instructors for there to be an independent Bosnian APLS course. More needs to be done, and there are still university hospitals which lack basic equipment.

I have seen CAI in action, and have seen the results that the provision of appropriate equipment and on site training can produce. The support of British paediatricians is vital to our continuing work. We need a corps of doctors and nurses as members of CAI and others who will become friends of CAI. We are not a wealthy organisation and the members' annual levy helps us keep the charity going. As most paediatricians know, CAI was founded in Bosnia by David Southall who remains a very active medical director, but who is no longer involved in day to day management there.

**Dr Kim Cheetham**

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**Web: [www.caiuk.org](http://www.caiuk.org)**

We're on the Web :  
[www.ichg.org.uk](http://www.ichg.org.uk)

## Bristol Meeting 2005 : Priorities in Disability Prevention and Treatment for Children in Low Income Countries



Guest Speakers and Conference Organiser

Back Row: Dr Paul Eunson, Dr Martin Cox, Dr Matthew Ellis

Front Row. Dr Sally Hartley, Prof Naila Khan, Marlies van der Kroft, Shaya Ibrahim Asindua

### WEBWATCH

Anyone interested in international health should tap into an exciting new website: [www.almamata.net](http://www.almamata.net). This is a network for graduates interested in research, training and working in international health. It was set up in March 2005 by graduates of the International Health BSc for medical students run in Leeds and UCL and student members of Medsin UK (the UK organisation for healthcare students raising awareness of and taking action on global health issues).

Although initially directed at young doctors wishing to sustain interest in international health the site is very relevant to people who have already established careers that include an international aspect. It is a very good source of international health information with links to relevant journals and publications, updates on global health news and events as well as being a tool for communication, discussion and a forum for sharing research.

I have been very impressed with the site and I would urge other interested ICHG members to log in.  
*Claire Hamer—EC Trainees Rep, Lecturer Bristol.*

CONTACT THE  
TREASURER

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### A note from the treasurer

Thanks to all who updated their standing orders this summer. Some people have paid twice because their previous standing order paid out in June 2005 and the new standing order instructed their banks to pay the new amount "now". If you are one of these people and would like a refund, please let me know.