News from the
International Child Health Group
in association with the Royal College of Paediatrics and Child Health

March 2004 Spring issue

From the Editor

This letter includes materials relevant to ICHG activities at the RCPCH Annual Spring Meeting (ASM) in York (March 29th - April 1st). If you are at the ASM, please plan to attend the Scientific Meeting of ICHG (the morning of Tuesday March 30th), the AGM of ICHG at lunchtime on Tuesday March 30th and the evening meeting, '*The importance of combining maternal and child health care'*, organised by Professor David Southall on behalf of ICHG on Tuesday March 30th. ***The papers for the AGM are included with this Newsletter. Please read them and bring them to the meeting in York.***

Usually this Newsletter Editor is rather short of materials other than her own and the Convener's contributions. This time however there are some very interesting reports of other ICHG activities and interests from members. I hope you will find them of value. Please do think of contributing pieces on topics of interest to ICHG members and newsletter readers.

At the AGM we elect the ICHG Executive Committee. If you think you would like to be part of the EC, please nominate yourself. Even if you have only recently come to this country we should be interested to hear from you - we need people with international experience. From time to time the EC co-opts ICHG members for particular activities so, even if your paediatric experience is currently slight, we shall be interested hearing from you.

I look forward to seeing many of you in York.

Elizabeth Poskitt
ICHG News Editor

Don't Miss It!

Guest Speaker at ICHG Scientific Session ASM York: 30th March 2004, Dr Barbara Stilwell

Dr Stilwell was one of the first nurse practitioners in UK but moved on to a PhD in clinical psychology. Currently she is a senior scientist at WHO working in Human Resources for Health and actively involved in enabling health workers in low income countries manage health programme implementation. She has interests and active involvement in many fields relating to health including those concerning the workforce and health worker migration. She gave a very impressive talk at the RCPCH – Mandela Rhodes meeting in Oxford (see this Newsletter) when her slides were still in transit between Geneva and Oxford. Do come and hear her talk in York……

Editor

Convener's Report

This will be my last contribution to the Newsletter as a convener of ICHG. My term of three years ends in April 2004. However I shall continue to write for ICHG News whenever there is something that I, and the Editor, feel is of interest to readers.

Chairing this group over the past three years has been a tremendous privilege. All ICHG members have the care of children at heart; all work hard to fulfil what is certainly an extra duty at a time when day-to-day NHS work is excessively demanding. ICHG has a diverse nature but I have no doubt that increasingly we are focusing our efforts. Our College has international issues as high priority - again despite excessive pressures on the officers to deal with many very pressing issues within UK. Thus I hope the activities of the Group continue to integrate well within the international responsibilities of the College. Increasing communication with, and cooperation between, the David Baum International Fellow, the International Board, our Group and all College members working on international issues can only strengthen the effect of all we do.

At the AGM in 2002 I asked that ICHG members work to increase ICHG membership. This appeal had a good response. My last plea would be to ask you to strengthen the Group further by sending your suggestions and comments to the Editor of this Newsletter. ICHG News is an important tool which we can all use to advance advocacy issues, research and international training and education. We should not wait from one AGM in York to the next to put our ideas forward. So please do send your messages and views, throughout the year.

Mazin Alfaham Convener ICHG

Inside this issue...

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ICHG Autumn Meeting: 'The management of emergencies in maternal and child health in poorly resourced countries'

University of Keele, November 19th 2003

This highly successful meeting, organised (on the World Day for the Prevention of Child Abuse) jointly by Child Advocacy International (CAI), and ICHG, was attended by health professionals form UK, Europe, and as far away as Bangladesh and Malawi. Both speakers and participants had considerable clinical experience in UK and internationally so discussion was enthusiastic and provocative. A key point was highlighted in the title of the meeting: paediatricians deal with the newborn in the context of pregnancy and the peri natal period. Occasionally obstetricians do so as well!

Amongst the presenters, **Professor Elizabeth Molyneux** discussed the problems of restructuring the business ambience - buildings, equipment, staff etc - as well as the paediatric clinical services at Queen Elizabeth Hospital, Blantyre, Malawi. The working principle was "decide what will work and work around that" with evaluation intimately linked to the restructuring.

In clinical management protocols, international guidelines, including those from WHO, always need modification to suit local needs and variables. For example, anti-malarial and antibiotic regimes need to be adapted to local microbiological resistance patterns. Similarly, the ABC approach of the Advanced Paediatric Life Support Programme (APLS) needs modification for those practising in low income countries with different disease prevalence to Western Europe. In ABC, C can stand for Coma, Convulsion, Confusion as well as for Circulation. D denotes Dehydration more than Disability!

In restructuring A&E services, emergency triage was a major problem. Who triaged for those arriving in a poor state? Doctors, nurses, clerks, cleaners, mothers – all did it! How? – by 'eye-balling'. Early mortality rates changed dramatically when emergencies were triaged by properly trained staff. Overall, it was impressive that one individual has driven such a massive task of restructuring so successfully.

Dr Deepak Upadhyay discussed caring for critically ill children in Kanti Children's Hospital in Nepal. The Neonatal Intensive Care Unit was formally opened in 1984 and the Paediatric Intensive Care Unit in 1992. In addition there was an intermediate (high dependency) care ward. Dr Upadhyay poignantly mentioned 'many salvageable babies die due to lack of essential neonatal care". He introduced APLS to the hospital and this has revolutionised the training of doctors and nurses. His principles: integration of simple technologies; concentration of available skills.

Dr Jenny Gonde talked about her VSO/RCPCH Fellowship in the Kwale district on the South Kenyan coast. As her first experience outside the UK she had encountered many illnesses which she would not see, or very rarely, in Western paediatric practice. She noted with sadness how many children come to hospital too late - and die. In Kwale, leading causes of death were malaria, pneumonia, anaemia and neonatal emergencies with up to 60% of deaths within 24 hours of arrival at hospital. There was lack of staff, lack of training and lack of triage. However, Dr Gonde linked up with the Ministry of Health and introduced a Priority Paediatric Training Needs scheme with instruction on triage, recognition of signs of sick infants and children, and basic life support, all based around the WHO Integrated Management of Childhood Illnesses(IMCI). In addition she organised outreach clinics, protocol development and ongoing training. The argument "we have too many problems within the UK NHS to send our trainees overseas", might be understandable but how many children living in the UK must have benefited from the clinical and organisational skills of Dr Gonde and others with similar experience abroad. Hundreds? Thousands? I suspect many more!

Dr Christine Edwards, an obstetrician, works with Lamb Hospital and Community Health and Development Programme in Bangladesh. Lamb does a lot of training in emergency obstetric care at all levels and Dr Edwards was involved in developing curricula and teaching, as well as 'hands on' obstetrics. Ninety two percent of deliveries were at home and 87% had no trained person in attendance. She discussed the "Three delays model": delay in seeking care; delay in reaching the facility; delay in receiving the appropriate care. Sadly, many people in Bangladesh think eclampsia has a spiritual cause – leading to delay seeking care! Violence against women is an important causes of maternal mortality. The number of skilled personnel within an integrated system needs to increase dramatically.

Dr Andrew Weeks, from Liverpool, worked as visiting lecturer in Obstetrics and Gynaecology at Makerere University, Kampala, Uganda. His research included projects on maternal mortality, looking at low technology solutions to clinical problems. His findings included the use of misoprostol for incomplete miscarriage and umbilical oxytocin injection for retained placenta. Around Kampala, maternal mortality rates are about 880 per 100,000. Once a woman goes into labour, she has an approximately 1% chance of dying in labour. Yet women refuse to attend hospital when in labour for many reasons: finances (63%); distance or lack of transport (44%); the negative attitude of health workers (42%); no companion (21%); no female health worker (17%); and 'do not know where to go' (7%). Dr Weeks initiated a National Audit Project to teach criteria based audit in Maternity

Units. He felt multi-centre projects should involve overseas (? resource poor) countries so as to maximise the numbers and the benefits from such projects. **Dr Joy Lawn** was born by emergency caesarean section in a rural Northern Uganda hospital with no running water and no electricity. She survived! Her presentation discussed where and why women and children die; the potential role of life saving skills which incorporate policies for mother and child: linked needs, tackled together. Many opportunities were lost through dealing with obstetrics and neonatal medicine as two completely separate disciplines. Dr Lawn talked about the Millennium Development Goals (MDG), specifically Goal 4, reduce child mortality and Goal 5, improve maternal health. It is not surprising to learn that 99% of maternal and under 5s deaths occur in developing countries.

Dr Sajjad Rehman introduced his ideas of low cost neonatal technology in neonatal emergencies and management for developing countries (see CAI website). Equipment included cots, aspirators, heaters, resuscitators etc. Dr Rehman cared for critically ill neonates in Afghanistan and Pakistan and showed a Health Service pyramid with Teaching Hospitals up at the top and Community Care Clinics in the bottom section. When improving a system, where should one start?

Drs James Bunn, Sam Richmond and Sara Patterson-Brown discussed the paediatric neonatal emergencies and obstetric emergencies components of the Emergency Maternal and Child Health Care course. On courses such as this, reading the manual before attending the course is essential. This course tests students on their knowledge of the manual at the start of the course to ensure prior reading. Evaluation of the impact of courses is absolutely essential.

The meeting ended with panel discussion between speakers and audience on addressing the conflicts between private and state run health care, the effects of poverty of resources available in state sector hospitals on mothers and children, and health worker training in emergency maternal and child health care. Health worker attitudes to the public as well as public attitudes towards health workers were discussed. For many it is a financial necessity to have private work but this needs to be done without jeopardising loyalty to the public sector. The meeting ended with praise for the dedication and positive caring attitudes from health workers in resource poor countries despite their immensely difficult circumstances.

Robert Moy

**** At their meeting in February, ICHG Executive Committee welcomed Robert Moy as Acting Chair of the International Child Health Group from April 2004 ****

Paediatric Education for Capacity Building in Developing Countries Magdalen College Oxford September 29th 2003

This meeting, organised by Dr Peter Sullivan on behalf of the College with the Mandela Rhodes Foundation and The Rhodes Trust, had the overall purpose of discussing how RCPCH might use its expertise to help paediatric education internationally. The meeting was honoured to have the Princess Royal chairing one of the morning session. It had four stated aims:
1. To provide an overview of the health of children in the developing world with a specific focus on Southern Africa

- Professor Adenike Grange, President-Elect, International Paediatric Association described the problems of preventable diseases, poor child care practices, limited access to health care and other basic facilities, disabling environments and globalisation in Africa today. Malnutrition continues a major role in morbidity and mortality and lack of linkages between Governments, NGOs and other organisations hamper efforts to improve child health.
- Regina Keith (SCF UK) introduced the SCF report '80 million lives'. Poverty and inequity are increasing. International action, through partner ships between governments, NGOs, national and international organisations, is desperately needed.
- Steve Collins (Valid International) discussed humanitarian aid medicine and Pieter Jooste from Kimberley, South Africa, described the appalling effect of HIV/AIDS on medical education in Southern Africa.

2. To outline a programme of skill transfer initiatives designed to train a network of health workers who will provide a focus for efforts to tackle the major health problems confronting children in Southern Africa.

- Professor Eldryd Parry (THET: Tropical Health Education Trust) summarised the needs of education programmes as:
  - Teachers to encourage
  - Programmes to equip
  - Students to enjoy learning
  - Services to engage
  - Programme evaluation
- Frank Bell described District Health Officer (DHO) training programmes in Malawi. DHOs provide most of the health care but have little access to professional development. He suggested how RCPCH might help in curriculum development, educational materials, training the trainers and developing local MRCPCH and DCH examinations.

- David Woods from Cape Town described very successful antenatal and neonatal distance learning programmes which have been running for some years and which reach large numbers of nurses and doctors in rural hospitals in South Africa. *(I came across these whilst working in SA and was impressed).*
- Barbara Stillwell (WHO) gave an excellent talk on the migration of health professionals. Access to high quality education at home and training appropriate for local health needs, are two factors which might encourage health practitioners to stay in their own country.
- Steve Allen presented an E-learning programme based in Oxford but designed for use in Africa and using African authors with potential for adaptation to local needs. The course uses case presentations with video material and an interactive format. Find more at: www.tall.ox.ac.uk/globalhealthprogramme/
- There were further descriptions of programmes by Aggrey Wasuma (Kenya), Sverre Lie (India) and Tony Waterston (Gaza and the West Bank).

3. To bring together the academic, governmental and non-governmental agencies with an interest in developing and contributing to the College's international programmes

- The last part of the afternoon gave an opportunity for the wide range of people in the audience to participate. The were academics from the UK and Africa, representatives of NGOs, people with experience of working in Africa, College representatives and people from the Mandela Rhodes Foundation. (No-one from UK Government?). Discussion continued during breaks and at dinner in the evening

4. To explore means by which the above could be addressed as a joint venture between the Mandela Rhodes Foundation and the Royal College of Paediatrics and Child Health.

- A small group continued discussion after dinner to see where these bodies might co-operate to progress ideas expressed during the meeting. The report of their deliberations is eagerly awaited.

Dr Connie Pullen

Paediatricians visiting from Iraq

The Royal College of Paediatrics and Child Health, with the help of Iraqi doctors working within the NHS arranged a visit for several Iraqi paediatricians during October/November 2003. The visit's aim was to provide a period of CPD for these Iraqi colleagues but we also learned about their experiences and clinical work during times of hardship with limited technology and hostile living circumstances. This was a pilot project but similar visits are intended in the near future

Mazin Alfaham, Convener ICHG

Child Survival Series The Lancet June/July 2003

In February 2003, a group gathered at the Bellagio Study and Conference Centre in Italy to discuss the topic 'Knowledge into Action: improving equity in child health'. Representatives from World Bank, WHO , UNICEF, and USA, UK, Pakistan, Uganda, Bangladesh and Peru expressed concern that the Child Survival Revolution, launched by UNICEF in 1982, had 'run out of steam'. Momentum had been lost and gains slowed down or reversed. More than 10 million children each year do not live to reach their 5th birthday. How many of these deaths could be prevented by *currently available* interventions? One outcome of the meeting was a series of five Lancet papers in June/July 2003.

Paper 1. *Epidemiology.* Many data are unreliable and difficult to compare but half the child deaths occur in just 6 countries and 90% in 42 countries. Better data are needed for forward planning. There are different patterns of illness in different countries. The authors suggest ways of creating country profiles depending on, for example, the prevalence of malaria and AIDS.

Paper 2. *Interventions currently available and feasible for delivery at high coverage in low income settings*. Level 1 (sufficient evidence of effect) and Level 2 (limited evidence) interventions could prevent 63% of child deaths.

Paper 3. *Delivery systems which need to be tailored to the local situation.* This paper gives examples of successful delivery strategies.

Paper 4. *Equity and the increasing gap between wealthy and poor communities*.

Paper 5. *Call for action*. The Bellagio Group "calls on: WHO, UNICEF, the World Bank, UNDP and other UN partners to act on behalf of children by putting child survival at the top of their list of priorities……." The group plans to meet every two years to take stock of progress.

The facts presented in these papers may be familiar but the series provides a useful, challenging summary of what is known. To read the articles free downloads are available for June 28th, July 5th, 12th, 19th and 26th 2003 at www.thelancet.com . We shall see what comes of it all.

Dr Connie Pullen

Postgraduate Training in International Child Health

What do you need to know to work effectively in child health overseas and where can you get that training? Well it all depends…. on such a multitude of factors that a standardized training is not a viable option for practitioners of international child health. A logical approach should obviously start considering the sort of work you plan to do and the environment where you plan to work. This works well for the experienced professional returning from an overseas post, wishing to reflect and build on the experience but focusing on the next opportunity. Training needs may be much less clear prior to that all important first post?

Entry Routes

In Matthew's case his first post came from the International Health Exchange (IHE) as a primary health care trainer employed by Health Unlimited to work with the Oromo Relief Association. Relevant issues were therefore what exactly are 'primary health care trainers' expected to do, what level will the health workers be at, what are the endemic diseases in South-Western Ethiopia?

International Health Exchange www.ihe.org.uk, (now merged with RedR, Engineers for Disaster Relief) supports the work of international aid agencies by helping recruit and train health personnel working in relief and development programmes. Its regular bulletins *Jobs and Courses* and *Health Exchange* and webpage publish lists of job vacancies and training courses available.

One innovative way of training in international child health is to enroll in the RCPCH/VSO scheme and benefit from a mentoring system organized through the college and enjoy in country support though VSO. Clare, one of the first such trainees feels that this was an excellent opportunity to spend a year accredited to UK training in a developing country. The trainee receives a log-book to help guide training, though much is self-directed and relies on the trainee discussing issues of relevance with mentors both in-country and back in the UK. Additional training is given prior to departure by VSO via a range of courses covering cultural and developmental issues as well as a health and a training for trainers course.

Qualifications

Clare in addition spent three months in Liverpool obtaining the Diploma of Tropical Medicine and Hygiene (DTMH). She found this invaluable, giving her confidence to manage conditions not often seen in the UK and also arming her with up-to-date relevant developments that the medical officers were keen to learn about.

The DTMH remains the entry level qualification for doctors from this country who wish to work abroad. Increasingly both the Liverpool and London courses are looking beyond their colonial district medical service origins in which tropical diseases, insects, parasites and snakes loom large. The curricula now include refugee camp health care, maternal and child health and the like. The course attempts with varying degrees of success to equip practitioners with both clinical and public health orientated perspectives. Whereas there is a strong paediatric presence within the Liverpool School, the London School looks to the Centre for International Child Health (CICH), a part of the Institute of Child Health, at Great Ormond Street for its child health input.

A broad division exists between clinical and public health orientated international posts. For the latter increasingly a masters in public health (MPH) is a prerequisite. This is usually a one-two year masters degree available at many of the larger international medical schools. It represents a major career investment which is probably only justified once one commits to a particular career path. Probably a step for the returning enthusiast rather than the internationally naïve.

This clinical/public health division does not map on to the current UK hospital and community paediatric divide. There are many examples of strong international links within both hospital and community paediatrics. However these are usually informal and relate to links between individuals rather than institutions. Attending international group meetings provides useful networking opportunities. We are not aware of any institutionalised rotation which permits an international exchange of postgraduate trainees. Such schemes have been considered in the past but have fallen at the hurdles of equivalency of training and immigration control.

Illustrative biographies are as varied as the child health professionals who choose an international perspective. Matthew cut his teeth overseas in primary health care with an INGO (International Non Governmental Organization) in Ethiopia. As his was largely a training role in a challenging sociopolitical climate, preparation consisted of country briefings, intensive language training and a 'training the trainers' course. With hindsight Matthew wishes he had formally enrolled on the DTMH prior to departure. He followed a steep learning curve for the tropical infectious diseases which confronted him but probably learnt even more than his students on their first covered latrine digging exercise! However the residential 'training the trainers' course coordinated by Health Unlimited was invaluable and, in 1990, far ahead of its time. Time to practise curriculum planning and development provided the most useful transferable skill acquired during this experience.

David chose to do his postgraduate international child health training overseas in Thailand. He reports pros and cons with this approach. Local relevancy is a strength but teaching styles and student experiences can be variable.

Teaching

There are growing numbers of certificate, diploma and masters level 'Teaching and Learning' courses. Contact your local department of medical education to find the

most accessible course. Although based on education in the UK, the skills are generic and transferable. Short 'training for trainers' courses are available too through many medical education departments as well as being offered by some INGOs (eg VSO) before placements.

Research

International Child Health research is a growth field as the international community focuses once again on more targeted approaches to the health sector. The would-be researcher is well advised to seek out opportunities from the leading players where, inevitably, opportunities cluster. In UK the Wellcome Trust and the MRC remain hugely influential and, for energetic, bright, committed postgraduates, remain the first port of call. The larger UK based international child health research groups are found in Liverpool, London, and Oxford but many paediatricians maintain active research links overseas. The trick for interested postgraduates is to find the right person at the right time…..meaning a researcher with a recent grant looking for a research fellow to 'do the work' in collaboration with overseas colleagues.

The development of local capacity must always be a subsidiary aim of any collaboration. Thus there needs to be good reason to employ you rather than a locally trained doctor -perhaps the research is your area of clinical expertise, expertise which is locally unavailable. If you strike lucky then make the most of the opportunities. Registration for PhD rather than MD will commit your employers to support you through research training leaving you with transferable skills for the next post rather than just a thesis. And, whatever the exact nature of your research, you can guarantee you will be involved in teaching collaborating staff and managing aspects of the project.

Management

Junior doctors heading overseas rarely contemplate the management challenges ahead. Yet we believe they head for the biggest management challenge of their careers. Trying to run projects where the newer pressures of pay disparity, political unrest and staff disease exacerbate traditional social tensions can be challenging. Add to this communication across language barriers and shaky telecom networks …..and the recipe for isolation and despondency is rich. The Centre for International Child Health (CICH) offers a three-week course "*Dealing with Uncertainty and Complexity at Work - How to be an Effective Project Leader".* IHE also offers a 3 day course "*Culture, communication and health*" aimed at reducing some of the frustrations of working overseas. The transferable skills of problem solving, prioritization and 'thinking outside the box' will stand you in good stead wherever you choose to 'walk the walk' and 'talk the talk' in the future.

Although there is no single well-trodden route there are plenty of opportunities available to health professionals for training in international child health. We have mentioned a few and shall be interested hearing readers' experiences of others. Your responses will be especially timely as we are commissioning an international child health website which we hope will carry links to sites trainees may find helpful.

Useful Websites

London School of Hygiene and Tropical Medicine (www.lshtm.ac.uk)
Liverpool School of Hygiene and Tropical medicine (www.liv.ac.uk/lstm)
University of Warwick (www.warwick.ac.uk/fac/sci/medical)
International Health Exchange (www.ihe.org.uk)
Centre for International Child Health (www.cich.ich.ucl.ac.uk)
Medical Research Council (www.mrc.ac.uk)
The Wellcome Trust (www.wellcome.ac.uk)

Organisation Websites

VSO (Voluntary Services Overseas)
www.vso.org.uk
MSF (Medecin sans frontiers)
www.msf.org
Red Cross
www.redcross.org.uk
Skillshare Africa www.skillshare.org
Merlin www.merlin.org
International medical corps
www.imcworldwide.org
SCF (Save the Children) UK
www.savethechildren.org.uk
RedR www.redr.org
Health Unlimited
www.healthunlimited.org

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'The Professor of Begging'

Many who work in International Child Health are 'accused' of altruistic motives. They do not mind the accusation, indeed they feel proud about it.

I attended the recent ICHG meeting on The Management of Emergencies in Mothers and Children in Poorly Resourced Countries and was humbled to hear an eminent paediatrician say that when she is asked what is she professor of, her usual reply is…I am 'Professor of Begging'. That paediatrician works in a very deprived area in Africa where she has made a tremendous contribution to the health needs of children. Do I need to prove my point further?

Mazin Alfaham, Convener ICHG

RCPCH ANNUAL SPRING MEETING, YORK
INTERNATIONAL SESSIONS
Tuesday 30 March 2004

0930-1045	**Chairman: Dr Robert Moy, Birmingham**
0930-0945	3-year follow-up study on the effectiveness of classroom-based anti-smoking health education programme among young children in Malaysia [G32] **Dr Zabidi Mohd Hussin**
0945-1000	'Child Friendly Healthcare' improvements in Kosovo, Uganda and Pakistan [G33] **Dr Sue Nicholson**
1015-1015	The relative contributions of body-mass index and waist-to-hip ratio on Samoan adolescent male perceptions of female attractiveness [G34] **Mr Daniel Knight**
1045-1045	**Guest Lecture:** Education and migration of health workers from developing countries: a moral and political problem **Barbara Stilwell**, Department of Organisation of Health Services Delivery, World Health Organisation, Geneva, Switzerland
1115-1115	Coffee
1115-1230	**Chairman: Dr Mazin Alfaham, Cardiff**
1130-1130	Severe iodine deficiency in Southern Albania [G35] **Dr John Bridson**
1145-1145	Health and social needs of children of asylum seekers: a one year Liverpool experience [G36] **Dr Anne Noglik**
1200-1200	Neuro-developmental outcome at 8 years of low birth weight term infants [G37] **Professor Alan Emond**
1200-1230	**Guest Lecture:** How to carry on the clinical care of sick children constructively and successfully in a destructive environment; the experience from Iraq during the years of sanctions and deprivation **Dr Luay Al-Nouri**, Medical City Hospital, Baghdad, Iraq
1230	International Child Health Group session ends

1820–1920	**ICHG/ VSO evening session (PART I)**
2000-2030	*Wine & cheese reception*
2030–2230	**ICHG evening session (PART II):** 'The importance of combining maternal and child health care'
Chairs:	David Southall and Matt Carty, RCOG
Speaker:	**Dr Assad Hafeez**, professor of Paediatrics Islamabad and Director Child Advocacy International, Pakistan
Title:	'Emergency maternal and child health care for Afghan refugees'
Speaker:	**Dr Joanne Meran**, consultant paediatrician Good Hope Hospital, Sutton Coldfield
Title:	'Maternal and Child health care throughout Iraq'
Speaker:	**Dr Bernadette O'Hare**, Consultant Paediatrician, Cardiff
Title:	'Maternal and child healthcare in Uganda for families with AIDS and in the maternity unit'

ICHG Business Meeting AGENDA
30 March 2004, York University

1. Chairman's welcome
2. Apologies
3. Minutes of the Annual Business Meeting held on Tuesday 8th April 2003 at York University
4. Convenor's report

(a) Iraqi children and help for Paediatricians working in Iraq
(Iraqi Paediatricians' visit to the UK; Books and Journals being sent to Iraq; Seminars and Workshops in Iraq following a Needs Assessment Project)

(b) Links with the Royal College of Nursing

(c) Scientific Meetings 19th November
(Emergency Care of Mothers and Children, University of Keele, Stoke on Trent)
Evening meeting 2004 '**The importance of combining maternal and child health care'**

(d) Educational material to Zambia, Pakistan and Ethiopia

(e) ICHG work within RCPCH and the International Board

(f) Contribution to IGBM (inter-agency group on breast feeding monitoring).

5. Treasurer's report
6. International Education. Guidance for Trainees
Written by Drs Claire Hamer, Matthew Ellis and David Osrin
7. Newsletter
8. Report from the David Baum International Fellow/Dr Peter Sullivan
9. AK47MC Report from Professor David Southall
10. Motion for RCPCH AGM 2004 put forward by the Advocacy Committee of the College
To consider the following motion submitted by members, in accordance with Article 9 of the Royal Charter as prescribed by Bye-law 8 (vi) (c):

'RCPCH members request the EC to instigate the appointment of a staff member with responsibility for Parliamentary, media and other advocacy work to ensure that the College is able to maintain a high profile for child health advocacy within political and media circles. The staff member would work with EC and the Advocacy Committee to establish political priorities, identify key centres of influence and liaise with the voluntary sector in relation to taking forward policy issues on child health.'

ICHG accounts 1st January to 31st December 2003

Receipts		***Payments***	
Balance brought forward	7267.78	Committee expenses	909.76
Subscriptions	3475.00	Expenses for attendance at tutors' mtng	55.00
Profits from 2002 Liverpool meeting	277.08	Speakers' expenses York 2003	284.50
Payment from RCPCH for Guest speaker York meeting 2003	250.00	Speakers' expenses Stoke 2003	2052.95
Income from Stoke meeting 2003	2700.00	Printing of newsletter	613.59
Bank interest	90.28	Publicity for Stoke meeting	347.80
		Donation - Interagency Group on Breastfeeding Monitoring	1000.00
		Donations to Child Advocacy International (Zambia)	292.00
		Books (Pakistan)	1037.20
		Books for VSO registrars	55.28
		NESMA for auditing accounts	50.00
Receipts total:	**14060.14**	***Payments total:***	**6698.08**
		Balance carried forward:	**7362.06**
		Total Balance:	**14060.14**