

ICHG News

International Child Health Group

SPRING 2003

In Association With the Royal College of Paediatrics and Child Health

From the EDITOR

It seems a little late for New Year greetings but this is the first Newsletter to 2003 so I shall nevertheless wish all ICHG a very happy and successful, and let us hope, peaceful 2003. Along with those general greetings must go our warmest congratulations to Professor David Hall, President RCPCH, on his knighthood in the New Year's Honours. We, in ICHG, have many reasons to be grateful to Professor Hall for the interest he has shown in the activities of this Group and his efforts to try to carry forward matters of international concern first raised by ICHG. His honour is a source of pride for the whole RCPCH but something which we know is very well deserved. Enjoy the knighthood, Sir David, – we are busy adding the additional three letter word to the relevant places in the first draft of this Newsletter!

ICHG is already busily involved in 2003 with an Executive Committee meeting in February and the RCPCH Annual Spring Meeting (ASM) in York in April, when we join with VSO for an evening session, as well as hold the scientific session and the ICHG AGM. Please see middle pages of this Newsletter for dates and times of all these activities at the ASM.

Many of you will already have read the article Southall D P & O'Hare B A M. Empty arms: the effect of the arms trade on mothers and children. *Brit Med J* 2002 **325**: 1457-61 The session with VSO at the ASM will include a presentation by Professor David

Southall developing the issues raised in this paper (surely very relevant at this time), but it will also include presentations from, and to, those trainee paediatricians who have recently returned from one year overseas with the VSO/RCPCH scheme. Do give this meeting your support. Remember both VSO and the College are keen to attract doctors to this very worthwhile scheme which can certainly provide a trainee with 'the experience of a lifetime'.

The ICHG always tries to be open and democratic with its membership, but it does need a management team – the Executive Committee. If you, or someone you know, would like to be a member of the Committee, do consider making nominations as soon as possible so they can be put to the AGM in April. We are looking for those training paediatricians in this country but with overseas experience. International interests look towards all child health issues extending beyond UK. (If you want to know what we do, read our Convener, Mazin Alfaham's report of ICHG activities along with College international activities over the page). We need variety of experience on the EC. Let us know (caroline.llewelyn@rcpch.ac.uk) if you are interested in standing for election.

You may wonder how often ICHG News comes out. This is the fifth edition in just over a year so 3-4 times a year is perhaps the answer. But to some extent it comes out when there is something to communicate to the ICHG membership. Do think of sending in your ideas, very short papers,

advertisements for meetings, comments about issues, which are relevant to international child health. We need varied materials – I am sure you have something to contribute.

Elizabeth Poskitt
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International elective students?

Would your department or some department in your hospital be prepared to host US medical students during their 4th year international health electives? Places are needed not only in paediatrics but any speciality. The University of Kansas Medical Center is searching for new internship sites for its students and would welcome hearing from those who might be interested in supporting their scheme. Please contact Terry T-K Huang, PhD, MPH, University of Kansas Medical Center, Department of Preventive Medicine & Public Health, Mail-Stop 1008, 3901 Rainbow Boulevard, Kansas City, KS 66160 USA
e mail: thuanga@kumc.edu

Elizabeth Poskitt
ICHG Editor

From The Convener...

What are British paediatricians and the College doing to help children and those working with children overseas?

'A lot' might be your reply when you have read this report from ICHG Convener, Dr Mazin Alfaham, on his experiences representing ICHG at the College International Board
Mazin writes:

The International Board of RCPCH is a forum for updating and co-ordinating the College's international activities. Meetings took place in June and December 2002. Discussions were wide ranging and I thought it would interest ICHG members to have more detail of the meetings.

International Paediatric Training Scheme (IPTS) Professor David Harvey presented a report on IPTS. IPTS enables suitably qualified paediatricians from overseas to obtain limited GMC registration in order to practise and train in UK without first having to pass the Professional and Linguistic Assessment Board (PLAB) test. Statistics showed that 230 doctors' files are currently active, either having been or being processed, 143 doctors are in post and 78 of these are doctors who joined the scheme after January 2002. Doctors on this scheme undertake general professional training at Senior House Officer and equivalent appointments. However 75% of these doctors do not return to their own country - a finding which concerns RCPCH since the aim of the scheme is to train doctors so their expertise can be made available in the country where they first achieved medical qualifications.

Overseas Linkage Programmes. The Board was made aware of several *Overseas Linkage Programmes* with Malawi, Pakistan, the Indian Paediatric Association, the Joint Indian Academy of Paediatrics, and other groupings. Dr Peter Sullivan (David Baum International Fellow: DBIF) described encouraging Kosovan Paediatricians to set up their own Paediatric Society since it is easier for RCPCH to deal with institutions rather than individuals. The DBIF also reported on a joint project with the Tumaini University in Tanzania to support a post graduate training programme in

relevant paediatric specialities, evidence based paediatrics, obtaining electronic information and research methodologies. Professor Alan Craft, RCPCH President Elect, elaborated on *Voluntary Service Overseas (VSO)* initiatives with which he was involved and informed members of the need for more senior paediatricians to participate in the College/VSO group.

As Convener ICHG, I raised the following issues:

Mentors for doctors who work overseas.

ICHG, together with Dr Elaine Carter, manages the register of paediatricians willing to act as mentors for doctors working overseas. The register lists paediatricians willing to act as mentors and with experience of work in disadvantaged countries.

Inter-agency group on breast-feeding monitoring (IGBM). ICHG is represented by Dr Derek Robinson.

ICHG Meetings held:

1. *Perinatal care in developing countries*, Birmingham, November 2001.
2. *The scientific session at the Annual RCPCH Spring Meeting (ASM)*, York 2002
3. *Children and war symposium.* An evening session held during the ASM, York 2002, organised in collaboration with the President RCPCH, the Advocacy Committee (AC), Child Advocacy International (CAI), British Association of Community Child Health (BACCCH) and the College Psychiatry/Psychology Interest Group.
4. *Medical and psychological issues in asylum seeking families and their children* November 2002, Liverpool School of Tropical Medicine.

Project Commission:

Effect of the arms trade on the suffering and death of mothers and children. The work was carried out by Professor David Southall and Dr Bernadette O'Hare and will be presented during the ASM, April 2003 York. (See paper Southall DP& O'Hare

BAM, Empty arms: the effect of the arms trade on mothers and children. *Brit Med J* 2002 **235**,1457-61)

Links with College Advocacy Committee.

The ICHG Executive Committee now has a co-opted AC representative since the two groups have so many common interests.

International syllabus or outline training programme for UK trainees.

This needs further discussion. We shall report progress.

ICHG Newsletter for the ICHG members. Published about three times a year, ICHG News is an evolving means of communication between members.

Provision of advice on books for VSO Fellows to take with them.

ICHG Handbook listing members and ICHG activities.

A report of the work of the **Overseas Equivalence Subcommittee** was also submitted. The workload of the committee consists of assessing applicants who have undertaken specialist training in paediatrics overseas, to see whether their training is equivalent to the UK specialist-training programme. Where training is thought to be equivalent to a UKCCST programme, recommendations are made to the Specialist Training Authority (STA) for direct entry to the Specialist Register. In 2002, 56 applications were received. Processing was quicker when applications were completed fully before submission!

Advocacy issues: The Chair of AC, Professor Margaret Lynch, included discussion on the following at the December meeting:

In liaison with the BMA, the AC is currently considering issues raised by the arrival of *unaccompanied young asylum seekers and of refugee doctors*. A curriculum on Children's Rights is being developed.

Training of paediatricians practising in Iraq. Interest in this followed a letter to the AC and the DBIF from the ICHG Convener. The matter will be considered further.

Education and training in Child Health/ International issues:

I also attended a RCPCH meeting on **Educational and Training Issues in International Child Health**, in November 2002. The meeting, arranged by Professor David Hall RCPCH President, included Dr Peter Sullivan (DBIF); Professor Sunil Sinha; Dr Tony Waterstone; Lord Chan of Oxton; Professor Andrew Tomkins (ICH), Professor David Southall (CAI), Professor Margaret Lynch Chair AC, Professor David Davies, and Dr James Bunn, representing Liverpool School of Tropical Medicine.

The main points that came out at the meeting were:

- International work should focus on institutions overseas rather than individuals. This would be more profitable (in quality of achievement, not finance).
- The prime responsibilities of RCPCH as far as overseas work is concerned, should be in relation to education and training. Although there are major cost constraints, materials developed could also be useful to UK paediatricians, as shown by the Manual of International Child Health Care, which is a practical manual for hospitals worldwide. The Manual, produced under the auspices of CAI, should be an invaluable source for those practising in westernised countries, including UK, as well as in less advantaged countries.
- Training in Child Protection was also discussed. It was emphasised that in this work it was important to link not only with paediatricians, but with organisations and/or individuals such as local Social Services, NGOs and multi-disciplinary professionals. Child Protection work worldwide had to be linked to the International Rights of the Child and children's rights generally. Several members of the College have been involved in Child Protection training overseas. Professor Margaret Lynch had been invited to do collaborative work in Kenya and Professor Southall reported on an initiative to establish an Institution for Child Protection in Pakistan.
- Professor Tomkins gave a presentation on the work of the Centre for International Child Health (CICH) in London. CICH provides an important

information resource centre in addition to its teaching courses and higher degrees.

- Dr James Bunn talked of relevant activities at Liverpool School of Tropical Medicine. The Department of Tropical Child Health, famous worldwide for international connections and for Diploma and Masters courses, had overseas links and research projects with Malawi, Sudan, and several other countries, as well as an adolescent literacy programme.

- A concern was expressed about the problem of postgraduate deans accepting the suitability of overseas work for UK trainees and allowing them to go overseas during their training. This issue will be taken further by College Officers.

- The progress of the Palestine project was discussed. In July 2002 the first session for the RCPCH teaching programme for Palestinian doctors was held in London (see report in RCPCH Newsletter, December 2002, p 12).

- Professor David Southall discussed Child Advocacy International(CAI), which focuses on supporting hospital acute paediatric care but which is also an advocacy group. CAI is developing CD-ROM training in APLS and in other paediatric emergencies.

- Professor Alan Craft, RCPCH President Elect, stated that RCPCH has a real role to play in developing some speciality work overseas. Whilst the cost of (for example) treating cancer in a few children in disadvantaged hospital environments is high compared with the management of commoner conditions such as malnutrition, the focused approach involved in developing effective management of such children should have positive impact on overall quality of care in these hospitals.

- Finally Professor David Hall, President RCPCH, discussed the disability distance learning course, established in Sheffield.

In conclusion, the meeting brought together a number of groups and outlined the breadth of support within the College for overseas training initiatives currently, some going back over many years.

Mazin Alfaham, Convener
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RCPCH Annual Spring Meeting, York **7-10 April 2003**

Agenda Items of particular relevance to ICHG members:

Monday 7th April pm

Plenary Session II,
Including keynote lecture-
'The long-term effects of malnutrition'
(Title to be confirmed)
by Professor Andrew Prentice.

Tuesday 8th April

9.30-12.30 - ICHG Scientific Session
Including Guest lecture: Caring for Children Orphaned by HIV/AIDS
By Dr Geoff Foster, Director Family AIDS Caring Trust, Zimbabwe

12.30-14.00 - ICHG Business meeting

Lunch will be provided (lunch tickets needed).

All members of ICHG and others that are interested are encouraged to attend

20.00 - International Meeting
Presentations about RCPCH/VSO Fellowship Training programme

8:50-9:20 Empty arms. Effect of the arms trade on the suffering and death of mothers and children. Professor David Southall, introduced by Dr Mazin Alfaham

9.20-10.35 Education & Training Issues RCPCH & International Child Health

- Introduction, Professor Sir David Hall
- The David Baum International Foundation, Dr Peter Sullivan
- The International Child Health Group, present position and future/planned developments. Dr Mazin Alfaham
- The Palestine Project/ The difficulties(or realities) of International work. Dr Tony Waterston
- Open discussion chaired by Professor Alan Craft

These Sessions are open to all attending the meeting. Please do try and give your support, clearly ICHG as The International Speciality Group should have strong representation.... and the meeting will be exciting and stimulating!

ICHG Mid year Meeting

Drs James Bunn and Rob Moy organised an excellent meeting at the Liverpool School of Tropical Medicine in November. We are extremely grateful for the efforts they and all their helpers went to over organising speakers, venue, registration and refreshments. ICHG mid year meetings have a very positive reputation as meetings with great interest and practical comment on issues of real relevance for child health worldwide. Thank you to all involved in this meeting! Look out for our Autumn activities in 2003.

Medical and Psychological Issues in Asylum Seeking Families and their Children

Dr Rob Moy reports on the 2002 Autumn meeting of ICHG:

ICHG's mid year meeting was held at the Liverpool School of Tropical Medicine in November 2002 and was very well supported. The wide range of health and social care professionals in the audience included colleagues from Holland and Belgium. All shared concerns about the health and mental well being of families and children seeking asylum in the UK. The meeting heard of the harrowing experiences of many who faced persecution in their own countries by reason of race, religion, nationality, political opinion or membership of a particular social group. These were contrasted with the negative image of asylum seekers portrayed by some UK politicians and certain sectors of the press. It was reported that over 76,000 people including 2,700 unaccompanied children had applied for asylum in 2000 with the majority from Iraq, Sri Lanka, Yugoslavia, Afghanistan, Iran, Somalia and more recently Zimbabwe. 13% were granted asylum and a further 14% granted exceptional leave to remain, the remainder being sent to removal centres prior to deportation. In Holland, an even lower proportion of applicants are granted asylum, although *all* unaccompanied minors are accepted there.

Children seeking asylum may bring infectious disease with them, for

example: TB, hepatitis B, HIV, gastrointestinal parasites, malaria and other tropical diseases, skin infestations and multi-resistant bacterial infections. Despite this, speakers emphasised asylum seekers do not pose major threats to the public health of host nations. Malnutrition, anaemia, incomplete immunisation, dental caries, developmental problems, chronic illness, genetic disorders and mutilations are possible additional paediatric problems. Whatever the problem, the health care needs of asylum seeking children are best met with welcoming, holistic, and needs orientated, health services such as those provided by the accessible multidisciplinary teams being developed in Liverpool and Newcastle Primary Care Trusts, rather than with culturally insensitive and stigmatising medical screening processes.

Whilst the majority of asylum seekers cope well with the psychological trauma of loss of home and the usually long journey to the country of refuge, they may then face significant "secondary trauma" when trying to prove their asylum claim and then integrate into a new society. Some may encounter worse racial harassment in the places that they had hoped would be safe havens. Additionally some may have suffered torture, mutilation and abuse which may manifest as post-traumatic stress disorder, depression and anxiety. Children may have witnessed the torture of their parents, been coerced into being child soldiers, or been subjected themselves to torture or sexual violence. The importance of having a mental health worker attached to an asylum seeker health team was emphasised. An innovative family refugee support project in Liverpool uses horticulture as a psychotherapeutic medium for healing, communication and the provision of an organised structure in a chaotic situation.

The rights of asylum seeking children in UK are not well supported in law. When ratifying the UN Convention on the Rights of the Child, the UK government entered a reservation on applying the legislation to refugee children, so departing from the Children's Act principle about the best interests of the child being of paramount

concern. Further difficulties with entitlement to state financial benefits and the Welfare Food Scheme whilst awaiting asylum decisions were reported.

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Further Reading

Fazel M Stein A. The mental health of refugee children. Arch Dis Child 2002;87:366-70

The Health of Refugee Children: Guidelines for Paediatricians.
www.rcpch.ac.uk/publications/past_publications.html

Health for Asylum Seekers and Refugees (HARP)
www.harpweb.org.uk

Burnett A Fassil Y. Meeting the health needs of refugees and asylum seekers in the UK. NHS information and resource pack

WELCOME!

A big welcome to our new members joining ICHG during 2002

Ms Kim	Adler
Dr Rowan	Heath
Dr Simon	Chapman
Dr Esi	Bentsi-Enchill
Dr Claire	Rose
Dr Jean	Bowyer
Dr Simeon	Dawodu
Dr Rana	Chakraborty
Dr Suyash	Prasad
Dr Ruth	Bland
Dr Clare	Hamer
Dr Lisa	McNally
Dr Ramesh	Mehta
Dr Joanne	Meran-Talahani
Dr Neha	Modi
Dr Nicola	Morgan
Dr Ahmed	Mukhtar
Dr Bianca	Muthesius
Dr Charles	Mwansambo
Dr Wajdi	Nackasha
Dr Nyamugu	Nduru
Dr Jayanti	Rangasami
Dr Sheila	Reilly
Dr Manu	Sood
Dr Marion	Torrance
Dr Irene	Vaz
Dr Samuel	Ibhanesebhor