The Centre for International Child Health (CICH)
Quarterly eUpdate
Issue 6: December 2017

Centre Updates

Welcome Teresa and Alexia!

A warm welcome to the two newest members of the Centre for International Child Health’s team: Alexia Krepiakevich will join us as our new Program Coordinator as of January 8, 2018 and Teresa Johnson started as our new Project Coordinator in October 2017.

We're seeking long-term partners and collaborators in LMICs

As we continue to implement our strategic plan, the Centre for International Child Health will be focusing our global health efforts by formally establishing one or two longer term collaborations with partners in low and middle income countries (LMICs). Our aim in doing so is to facilitate sustainable programmatic, research and education initiatives that are driven by partner priorities. The ideal potential sites will be ones where we can build a diverse research program, offer twinning opportunities for capacity building, and facilitate trainee exchanges. We believe that by building relationships of mutual understanding and reciprocity while working towards clearly identified common goals, we can increase the impact of our global health work.

If you have a long-standing research, capacity building or programmatic partnership with an institution in an LMIC, please contact Bella.

Calling all nurses and allied health professions interested in

In 2013, the WHO estimated that there was a global shortage of 7.2 million health care workers – and that the shortage would grow to 12.9 million by 2035. The greatest health care workforce needs involve nurses, midwives, allied health professions, and other non-physician health care providers. Embracing nursing-led models of care and investing in the capacity of nurses and allied health professions is a powerful strategy to address this global shortage and create a lasting impact on child health locally and globally.

With this in mind, the Centre for International Child Health is committed to developing and promoting opportunities for nurses and allied health professions, in BC and globally, to build skills, capacity and confidence to lead global health work and interdisciplinary models of care. Alongside Barbara Fitzgerald, Chief Nursing Officer and Head of Interprofessional Practice and Patient Experience at BC Children’s, we are currently reaching out to nurses and allied health professions who are involved with global health projects. These conversations will become the foundation of our ongoing efforts to integrate nursing and allied health into all our global health work.

If you are a nurse, allied health professional, or other non-physician health care provider involved in global health, please get in touch.

Support the Kampala Declaration to improve care for sepsis

The Kampala Declaration to improve care for patients with sepsis in Africa was produced by the African Sepsis Alliance, African Federation of Critical Care Nurses, Global Sepsis Alliance, and World Federation of Critical Care Nurses on October 20, 2017 in Kampala, Uganda. It is a call for urgent and effective national and international action to develop and implement sepsis improvement programs throughout Africa. We urge you to join the Centre for International Child Health and sign the pledge. In so doing, you’ll join a community of people and organizations from around the globe dedicated to reducing the health, economic, and human burden of sepsis. Please sign the Kampala Declaration and contribute to saving millions of lives every year.

Read the Kampala Declaration here and learn more at change.org
Get to know the Coalition of Centres in Global Child Health

Did you know that the Centre for International Child Health is a member of the Coalition of Centres in Global Child Health? The Coalition is a global network of individuals and academic institutions that have committed to collectively identify and advocate for evidence-based strategies to improve child health, survival and development. One way they do this is by curating an online, open-access library of resources. Using these resources can help define work that will have the greatest long-term, measurable impact on global child health.

Check out the Coalition’s webpage to find great resources on tons of topics, including adolescent health, conflict and child health, maternal and newborn health, nutrition, and more.

Project Updates from Around BC Children's and BC Women's

Meet Angeli Rawat

Meet Angeli Rawat, a local warrior in Global Health Systems. For the past 16 years Angeli has been working in health systems in North and Latin America, Asia and Africa. She is passionate about ensuring high-quality, patient-centered primary health care to people and communities near their homes. She has specialized experience in the areas of cancer care and control, HIV and maternal and child health.

Angeli completed her PhD at UBC’s School of Population and Public Health in 2015 with a Global Health Specialization. Her doctoral research involved conducting a health system analysis to understand the impact of integrating antiretroviral therapy and related HIV services into public sector primary care clinics in Free State, South Africa. More recently Angeli has been working as a researcher with UNICEF’s Knowledge Management Implementation Research (KMIR) Unit in New York. She has been documenting the lessons learned for building resilience in community based health systems in four countries that experienced “shocks” such as the Ebola Virus Disease (Sierra Leone, Liberia) and natural disasters (Nepal and Ethiopia). Focusing on maternal, newborn and child health service provision, this research aims to provide guidance for building resilience at community levels to handle any...
Angeli is also currently working on the ASPIRE project in Uganda. The Advances in Screening and Prevention in Reproductive Cancers (ASPIRE) project was established in 2006 through collaboration between the University of British Columbia and Makerere University in Uganda. This women’s health initiative will save tens of thousands of lives by implementing a scalable and affordable integrated cervical cancer screening program that uses a novel technology developed specifically for resource-limited countries. The project examines ways that women can self-collect the samples needed for diagnosis of the human papillomavirus (HPV). With new DNA technology, testing, diagnosis and treatment can be done by existing health care professionals such as nurses, midwives and lab technicians at a lower cost than traditional screening. Angeli was recently in Uganda planning the next phase of ASPIRE research, which will begin shortly.

In this new eUpdate feature, we'll introduce you to a different global health practitioner working at BC Children’s or BC Women’s every quarter. Know someone doing great work that the CICH community should feature? Get in touch.

Investing in #childhealth for World Pneumonia Day

For this year’s World Pneumonia Day on November 12, the Centre for International Child Health celebrated the launch of the Pocket Doc for Pneumonia project, supported by the Google.org Impact Challenge.

World Pneumonia Day is dedicated to efforts that address the leading infectious cause of death for children under five. This year, people around the globe rallied to the theme Stop Pneumonia: Invest in Child Health. In 2015, at least one million children under the age of five died of this preventable and treatable disease. Many of these children lived in the world’s poorest countries, with limited access to health care services, adequate nutrition, and basic sanitation.

Pneumonia is one of the most solvable problems in global health. Safe and effective interventions to prevent and treat pneumonia include exclusive breastfeeding, adequate nutrition, reduced household air pollution, clean water and sanitation, vaccines, and antibiotics. But diagnosis can be difficult, especially in rural and resource-limited settings. The Pocket Doc for Pneumonia addresses this problem. This mobile health platform uses a lightweight sensor and a data-driven app to assess a child’s vital signs and overall condition, providing real-time individualized risk prediction to facilitate timely and effective treatment at first contact, regardless of location.

Over the next 3 years, the Pocket Doc for Pneumonia project team will design, deploy and validate a ‘scalable unit’ focused on patient-level risk prediction and quality improvement for pneumonia, which can be used with minimal training and integrated into a variety of health systems. Work is now underway to design and develop the mobile platform and the prediction algorithms needed to predict risk.

Want to know more? Read the BC Medical Journal interview with the tech lead for Pocket Doc, Dustin Dunsmuir, about his recent trip to Uganda. Or, learn how to #stoppneumonia in its tracks.
This year’s World AIDS Day campaign focuses on the right to health. Too many people in the world, including especially people living with HIV, are being denied this right. Women and children are especially vulnerable. Worldwide, still only 70% of women needing antiretroviral treatment (ART) to prevent vertical transition have access to this treatment. Only half of the 1.8 million children living with HIV are receiving needed ART. These are significant improvements from a decade ago, but much more needs to be done to end AIDS as a threat to global public health.

The right to health is about more than access to quality health services and medicines: it is about dignity, equality, and the freedom to make decisions about one’s own health. In the lead-up to December 1, the #myrighttohealth World AIDS Day campaign has been exploring the challenges people around the world face in exercising their right to health. These challenges are significant, but models of patient-centered care exist that can help women, men, and children living with HIV realize their right to health. BC Women’s Oak Tree Clinic is a model of this kind of holistic care focused on vulnerable women.

Established in 1994, Oak Tree Clinic is still the only HIV clinic in Canada specifically designed for the needs of women and children. An interdisciplinary team provides holistic care for women and their families in a supportive and non-stigmatizing environment. In addition to standard HIV management, the clinic provides other reproductive health care services to its clients. Women and their families can also access much needed social worker support, counselling, peer groups, and other psychosocial support as needed. This can be especially important for women who are negotiating other difficult processes such as immigration, incarceration and the child welfare system, or for women who have co-infections with hepatitis C virus or addictions.

The benefits of this care model are clear. For example, women who receive care from Oak Tree Clinic have an HIV viral load suppression rate of 86%, compared with provincial estimates for women of 53%. Among almost 600 mother-infant pairs cared for at Oak Tree Clinic since 1996, there has been no perinatal transmission of HIV. These are important signs that comprehensive, women-centered holistic care — care that enables women to exercise their right to health — can be a powerful tool in the fight against AIDS, both at home and globally.

Read UNICEF’s recent report, For Every Child, End AIDS, to learn more about how HIV affects women and children worldwide. And, if you are at BC Children’s on December 1, keep an eye out for the pediatric residents, led by Jen Sibley, who will be making the rounds to raise awareness and provide info about HIV in children.
Lunch & Learn
January 24th, 2018
12 - 1 p.m.

Save the date! The Centre for International Child Health and the Healthy Starts group at the BC Children's Hospital Research Institute are hosting the next Global Health & Innovation Lunch & Learn on Wednesday, January 24, 2018 from 12 – 1 p.m. Don’t miss this opportunity to learn about exciting ideas in global health alongside colleagues from around BC Children’s and BC Women’s.

Stay tuned for more information on the venue, time, and topic!

Antimicrobial Resistance Symposium
March 1st, 2018

Antibiotic resistance is the ability of bacteria to stop an antibiotic from working against it. When this happens, standard treatments stop working and infections linger and spread. Antibiotic resistance is an increasingly serious threat to global public health. When bacteria become resistant, common infections can no longer be treated, leading to longer hospital stays, higher medical costs, and more deaths. Although antibiotic resistant infections can affect anyone, of any age, in any country, the danger is greatest for the very young, the very old, and people living in low-income countries. In these countries, health systems are often weaker, hospitals and clinics are generally not as well equipped with needed supplies and infrastructure, and diseases that are already becoming drug-resistant are more common (tuberculosis, malaria, HIV).

The Neglected Global Diseases Initiative at UBC and the Centre for International Child Health are hosting a half-day Antimicrobial Resistance Symposium on March 1, 2018. The symposium, held at UBC’s Vancouver campus, will shine a light on the global and local dimensions of this critical issue. The keynote speaker will be Ramanan Laxminarayan, the director of the Centre for Disease Dynamics, Economics & Policy and Princeton University, who has worked to improve understanding of drug resistance as a problem of managing a shared global resource. David Patrick, the Medical Epidemiology Lead for Antimicrobial Resistance and the Do Bugs Need Drugs Project at the BCCDC will also be presenting. David’s interest is in fostering interdisciplinary approaches to the control of infectious diseases.

To find out more and to register, please email Simona Powell. To learn more about antimicrobial resistance and its impact globally and locally, visit the WHO’s webpage, where you can find infographics, studies, facts, and materials from the recent World Antibiotic Awareness week, which took place November 13-19.
Join the Consortium of Universities for Global Health for their 9th annual global health conference, Health Disparities: A Time for Action. This year, the conference will be held in New York. Featured themes include global health law, human rights, and conflict prevention; governance, health systems, and public institutions; implementation science; neglected topics in global health; the double burden of non-communicable and communicable diseases; planetary health, one health, environmental health, and climate change; reducing disparities and improving well-being across the lifespan; and the social determinants of health.

The early bird deadline for registration is January 31, 2018. Register early and save up to $100 on your registration fees!

Publication Spotlight: Erik Skarsgard
October 2017

In this quarter’s publication spotlight, we invite you to delve into the world of pediatric surgery through a recent article co-authored by Erik Skarsgard, Chief of Surgery at BC Children’s. The article examines the effectiveness and meaningful use of pediatric surgical safety checklists (SSCs) through a systematic review of 20 studies in low, middle, and high income countries. The WHO has worked to ensure that checklists are integrated into surgical systems worldwide. However, information is lacking on the use of SSCs in pediatric surgical environments, even though checklists need to be adapted for these environments to improve patient safety and encourage acceptance. Parents, for example, may have a unique role to play in using these pediatric checklists. Comprehensive SSC implementation strategies may be especially useful to help high-risk patients in low-resource settings.

Want to share something you’ve recently published? We’d love to hear from you.

Funding Opportunities

Healthy Starts Catalyst Grant Competition

Application Deadline: January 22, 2018 at 4 p.m.

The Healthy Starts Theme invites its members to submit new project proposals for the 2017-2018 Catalyst Grant Competition. The purpose of the competition is to provide Healthy Starts Theme Investigators with the opportunity to conduct collaborative and cross-disciplinary research projects that will contribute to the long-term vision and strategic direction of Healthy Starts, whose overarching goal is to keep children and families healthy and out of hospitals. This competition is initiated by Healthy Starts and supported by donors to the BC Children’s Hospital Foundation. Catalyst grant proposals will be considered for a maximum of $40,000 CDN. Up to three successful applications will be awarded funding.

For additional information, including eligibility, review criteria, and details of application format, please visit Healthy Starts teamsite.
Centre for International Child Health
Global Health Trainee Grants
2018 - 2019

Apply Now

Application Deadline: February 28, 2018

The Centre for International Child Health is working to support trainees in the health professions who are engaged in global health research and/or education activities related to the health care of children and youth. Funding is available in the amount of $1000 for trainees who elect to go on global health electives as part of their academic training. Candidates must be registered as a resident or fellow in a postgraduate medical training program, or be a student in a British Columbia professional training program. This includes any health care discipline that leads to a professional designation.

For more information email us or download an application form via our webpage.

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Canadian Child Health Clinician Scientist Program

Application Deadline: April 1, 2018

The Canadian Child Health Clinician Scientist Program (CCHCSP) is a transdisciplinary training program for the next generation of clinician-scientists in child and youth health research in Canada. CCHCSP provides support for highly qualified child health clinician candidates to develop knowledge and skills for a career as an independent scientist in child health research. The program is an excellent opportunity to develop the national connections that are needed to succeed in pediatric research. Several clinician-scientists now working at BC Children’s Hospital have received CCHCSP grants.

The program focuses on a variety of clinical disciplines, including medicine, nursing, occupational therapy, physical therapy, social work, and pharmacy. Funding is provided between $50,000 and $70,000 per year for up to three years (for early faculty or post-doc candidates) or four years (for PhD candidates). Candidates must have a clinical degree and be involved in research to a significant degree.

To learn more about the program and the process of applying, contact Pascal Lavoie, the CCHCSP leader for UBC and BC Children’s Hospital, or Jennifer Myers, Manager of Research Education at BC Children’s Hospital Research Institute.

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Have questions, suggestions, or something to share?
Email us at cichinfo@cw.bc.ca so we can include it in our next quarterly eUpdate.