Recommendations of Paediatric Society of PNG mid-year meeting

Sogeri June 6-10, 2022

The Paediatric Society of Papua New Guinea met for the first time in nearly 3 years. The purpose of the meeting was to strategize the implementation of the Child and Adolescent Health Plan. The content of the meeting and abstracts are in the meeting program (separate attachment).

The meeting was attended by 40 paediatricians with diverse experience in clinical and academic paediatrics, public health, and health administration within Provincial Health Authorities (PHAs). In addition we welcomed the following participants 5 senior child health nurses; 2 health extension officers; and representatives from the National Department of Health, the Society of Obstetrics and Gynaecology, WHO and UNICEF. The meeting was held in Sogeri: at Koitaki (day 1-2) and Kokoda Trail Motel (day 3-4).

The Society acknowledge the Department of Foreign Affairs and Trade (DFAT), UNICEF, PATH and Provincial Health Authorities for their support and assistance towards making the meeting possible.

The following are the recommendations from the meeting.

The Child and Adolescent Health Policy and Plan

The Society endorses the Child and Adolescent Health Policy and Plan 2021-2030, to be used as a blueprint for activities at a province level and nationally. The Society notes that the Plan aligns with the National Health Plan 2021-2030 and contains more detailed recommendations that can guide activities, service development, and training.

Each province will develop their own annual activity plans, linked to the Child and Adolescent Health Policy and Plan.

Progress towards the Plan will be evaluated and reviewed every 3 years. The Paediatric Society requests that Provincial Health Authorities (PHAs) and paediatricians report against the Plan.

Links with management and PHAs

The Paediatric Society meeting attendees appreciated the presentations and inputs from the Paediatrician-Administrators present, who are in senior management positions in several PHAs. The administrators advised that paediatricians should connect regularly with their PHA management teams to ensure that the Child and Adolescent Health Plan is implemented in their province, to be involved in the PHAs' Annual Activity Planning, and to discuss how best to run their paediatric programs and report on activities and results. For advice on this, please contact any of the Paediatrician-Senior Administrators: Dr James Amini, Dr Dale Frank, Dr Gilchrist Oswyn, Dr Paulus Ripa, Dr Mathias Tovilu and others.

Minimal Standards of Neonatal Care

The Paediatric Society will review the minimal standards for Neonatal Care (2000) to assist facilities to improve newborn care.

The Society recommends that kangaroo-mother care (KMC; not separating mothers and babies, even if they are moderately sick, and using skin-to-skin contact to prevent hypothermia, hypoglycaemia, apnoea and to encourage bonding and establishment of feeding) should be an integral part of every neonatal unit in the country. This requires structural changes to many Special Care Nurseries (SCN), and a change in the way we practice, which has been to house mothers in the post-natal ward separated from their low-birth-weight babies receiving medical treatment in the SCN. Nursing mothers *with* babies also addresses the spread of nosocomial multi-resistant bacterial sepsis in newborns and in SCNs, as babies having skin-to-skin contact acquire healthy bacteria from their mothers, rather than multi-resistant organisms (MROs) from the hospital environment. Recent evidence from multi-country trials settings similar to PNG show nursing babies and mothers together is safe and reduces neonatal mortality, even in babies who require oxygen, intravenous treatment, or other forms of respiratory support such as CPAP.

Congenital anomalies

The Paediatric Society acknowledges the presentation and research done by Dr Anna Toti on congenital malformations. The Society supports the concept of developing a register for congenital malformations, either as an expansion of the reporting from the data within the PHR, or as a separate Birth Defects register. Dr Anna Toti, will develop a Birth Defects Register Form, and distribute to all provinces so recording is uniform.

In addition, the Society will explore diagnostic support tools for congenital malformations that could be useful to paediatricians, and for training.

Early Infant Diagnosis for HIV using point of care testing

The Paediatric Society acknowledges the work done by Dr Paulus Ripa and the Team at Western Highlands PHA on pioneering GeneXpert for early infant diagnosis of HIV. Other provinces to report to Dr Ripa on the lag-time to the availability of results of HIV PCR tests on infants exposed to HIV. This is to provide evidence for a position paper for the Technical Working Group to support use of GeneXpert for EID of HIV.

TB and HIV

The Paediatric Society requests that the HIV and TB programs, and other parallel-funded and administered programs, engage more consistently with the Provincial Health Authorities (PHAs) and involve paediatricians in all training and program activities.

Preventative therapy for Drug Sensitive TB

The Society acknowledges the work done by Dr Vela Solomon, Dr Henry Welch and the TB Team, and Dr Solomon's presentation on TB. A change in preventative therapy was endorsed: 3 months of Rifampicin/Isoniazid (3RH) is an alternative to 6 months of isoniazid (6H) as preventative therapy for drug sensitive TB in children who are household contacts of a case of TB, and who are screened to exclude any signs of TB disease.

Preventative therapy and follow-up for infants exposed to DR TB

Infants (including newborns) and children with household or close family contact with a case of proven drug resistant TB (DR TB) should be assessed by the local paediatrician to exclude TB disease. Preventative therapy can be given and should be individualised. Levofloxacin daily for at least 6 months is recommended by WHO and the NTP in the preventative therapy for MDR TB. Regular reassessment of symptoms and signs of TB is necessary, as the risk of an DR TB exposed infant developing TB disease is high, especially if a newborn is exposed to TB in utero or a mother has MDR TB.

Treatment for MDR TB

Bedaquiline (oral) is now included in the treatment regimen for children of all ages diagnosed with MDR TB, replacing injectable aminoglycosides (kanamycin, amikacin) which had serious side effects if used for months. All MDR regimens require regular observance for side effects by the paediatrician. Advice on MDR TB should be sought from Dr Vela Solomon or Dr Henry Welch.

It is likely that regimens for MDR TB treatment that are shorter than 18 months will be approved in the near future.

Rheumatic heart disease (RHD)

The Paediatric Society acknowledges the work done on RHD by Dr Cornelia Kilalang and Dr Diana Olita'a. The Society requests that paediatricians register all patients with RHD / ARF in the surveillance program – responses to Dr Olita'a.

HPV vaccine

The Paediatric Society strongly supports the introduction of the HPV vaccine for young adolescents, and within the school health program. The Paediatric Society notes the program of comprehensive care for elimination of cervical cancer in Western Highlands PHA, which includes surveillance, the introduction of HPV vaccine to adolescents, and treatment for cervical cancer. The Paediatric Society requests that rapid steps are taken to extend HPV vaccination from another pilot in a single province to a fully national program.

Vaccine preventable disease surveillance (VPDS) and routine EPI coverage

The Paediatric Society requests that PHAs actively take part and report on vaccine preventable diseases, especially for acute fever and rash (AFR); in view of very low national measles-rubella (MR) vaccine coverage and imminent threat of measles outbreak, and acute flaccid paralysis (AFP). VPDS needs strong support from provincial paediatricians.

The Paediatric Society requests that PHAs continue to strengthen their routine immunization programs and explore innovative approaches to improve coverage and engage the community in understanding the life-saving effects of childhood vaccines. This is of crucial importance as the EPI program recovers ground lost during the pandemic.

Bacteriology services

The Paediatric Society notes the benefit of the Fleming Fund project improving bacteriology services on the diagnosis of bacterial infections and understanding of antibiotic resistance in Goroka. The Society requests an update by the Chief Pathologist and Dr Gabriella Ak, on the Fleming Fund project, including which other hospitals this project will be implemented in.

Nosocomial infections

The Paediatric Society acknowledges the great initiative by Dr Doreen Panauwe in dealing with nosocomial infections in Wabag, a setting without bacteriological services. Dr Panauwe had noted a rise in neonatal mortality and clinical infections using data from the PHR. In response she moved all patients into another health facility for chlorinated cleaning and fumigation of the children's ward and SCN. This process, done annually or twice yearly, will reduce MRO colonisation in the wards.

Typhoid

The Paediatric Society acknowledges the important study by Dr Casparia Mond on typhoid in Goroka, including the antimicrobial susceptibility that shows chloramphenicol is still effective.

The Society recommends more research on the burden of typhoid fever in children in hospitals throughout the country. This includes to explore alternative diagnostic tests for typhoid, in settings where blood cultures are unavailable. And to emphasise in the next edition of the Standard Treatment Manual, the ongoing effectiveness of chloramphenicol, and cotrimoxazole in the treatment of typhoid fever. Note, this is different from many other Gram-negative enteric bacteria (such as Shigella flexneri which causes dysentery) which has acquired resistance to many first line antibiotics (cotrimoxazole, amoxycillin) and ciprofloxacin is Standard Treatment for severe dysentery.

Quality improvement

The Paediatric Society notes the value of comprehensive audit and quality improvement programs in several hospitals, and the effect on lowering case fatality rates. The Society requests: that every hospital conducts regular audits of child and newborn deaths and learn lessons from these; that every hospital have a quality improvement team to action recommendations from audit meetings and regular data review; and every hospital has training for registrars in paediatric audits and quality improvement. Tools on audit are on the Paediatric Society website. https://pngpaediatricsociety.org/child-death-review-meetings/ and https://pngpaediatricsociety.org/quality-improvement/

Chronic diseases and disability

The Paediatric Society notes the increased number of children with chronic diseases being admitted to hospitals and endorses the development and use of "Personalised patient care plans" for children with chronic diseases and children with disabilities. Personalised patient care plan proformas will be developed and trialled for common chronic diseases: asthma, epilepsy, cerebral palsy.

PHR

The Paediatric Society gratefully acknowledges the work done by Mr Edilson Yano on the Paediatric Hospital Reporting program. The Society requests that all hospitals participate in the Paediatric Hospital Reporting Program and send your annual summaries to Mr Edilson Yano by February. Please liaise with Edilson or Prof Duke if any problems in using the program.

Child protection

The Paediatric Society acknowledges the presentations by Dr Allanie Rero and social worker Ms Francesca Vangun on Child Protection. The Society recommends that paediatricians support a Child

Protection Taskforce in their province, to improve the reporting and response to child physical and sexual abuse and neglect.

The Society, through Dr Allanie Rero and Dr Mary Paiva, will develop a standard proforma for reporting child physical or sexual abuse cases.

The Paediatric Society supports legislation for mandatory reporting of suspected child sexual or physical abuse. This makes the responsibility of health care workers clear and emphasises that our first priority is to protect the child who is at risk.

Adolescent health

The Paediatric Society acknowledges the presentation on Adolescent Health by Dr Mary Paiva, and the pioneering work by the late Dr Wendy Pameh. The Society recognises the importance of adolescents and commits to including adolescent health in all programs. The Society highlights this by naming the Child *and Adolescent* Health Policy and Plan 2021-2030. This indicates the continuity of care that is needed into the second decade of life, and the responsibility of paediatricians to look after children and their families until the child has reached adulthood.

The Society recommends setting up adolescent health services in provinces as part of paediatric services. This includes running an adolescent outpatient clinic and identifying a separate section of the children's ward for adolescents, considering their needs, which include privacy, security, and activities.

The Society requests the National Department of Health create an Adolescent Health position to coordinate, collaborate, and link with all sectors of society on the care of adolescents and young people.

Identify and train health workers for adolescent health in hospitals and in community care. Emphasise empathy, compassion, a non-judgmental approach, and support staff working in adolescent units and community adolescent hubs.

Incorporate adolescent health into the DCH and MMed training programs (Dr Mary Paiva to give lecture over zoom as a start).

Focus on developing services for adolescents with HIV. Ensure that timing of transition to adult services takes account of the intellectual, emotional, and mental stage of a young person, as many children and teenagers with HIV and other chronic illnesses function at a much younger age than their chronological age, and this makes them vulnerable in adult services.

The Society notes that much legislation pertaining to adolescents is outdated. These laws may lead to discrimination and do not protect adolescents from exploitation or harm. Dr Mary Paiva, the Paediatric Society Adolescent Focal person will review the legislation relevant to adolescents and give recommendations for updating, working with community development and legal. 2 laws which require change are explained below:

The Paediatric Society recommends that the age of criminal responsibility be increased to 14 years. This is based on the neurodevelopmental stage of children 10-14 year, where not understanding right from wrong, poor judgement, and impulsive actions represents normal neural development, not criminal intent.

The Paediatric Society recommends that the legislation criminalising homosexuality be removed. This is because biology dictates sexual orientation, and the law should not discriminate against individuals because of biological differences. This law makes some young homosexual people ashamed of their identity and causes serious mental health issues and exacerbates stigma and discrimination.

Child disability

The Paediatric Society acknowledges the presentation on disability by Dr Beryl Vetuna. The Society requests that all hospitals support the recommendations on child disability in the Child and Adolescent Health Plan.

The Society will conduct a mapping exercise of child disability services in each province, to provide information on government services, and non-government agencies providing care for children with disabilities. Information that could be on the Paediatric Society website and be useful to parents and health care workers.

The Society recommends a trial of parent support groups for children with disabilities.

The Society endorses the use of personalised patient care plans for children with disability (see above).

Palliative care

The Paediatric Society acknowledges the presentation and research on palliative care by Dr Vila Watch. The Society supports the development of paediatric palliative care, as a special area of paediatrics.

Incorporate training in palliative care in under-graduate, post-graduate paediatric training, and training for paediatric nurses.

The Society supports the development of palliative care protocols.

Critical care paediatrics

The Paediatric Society acknowledges the presentation on critical care by Dr Rupert Marcus. The Society supports the development of balanced critical care services, focused on Triage and Emergency Care at an Emergency Department level, Acute Care and High Dependency care. Development of critical care paediatrics should be a part of overall Quality improvement.

The Paediatric Society endorses the use of the colour-coded paediatric monitoring and response charts. https://pngpaediatricsociety.org/quality-improvement/

Specialty areas

Paediatricians to include cardiology visits and other specialty visits in annual work plans, to enable funding when external funds ae not available.

Paediatrician Training

Due to retirement and other reasons for paediatricians leaving clinical roles, there is a need to increase and sustain an intake at least 6 DCH candidates each year to meet our targets described in the Child and Adolescent Health Plan. To do so we need to encourage more young doctors to join the training program. It was noted that registrars need to have provided service for 2 years post residency, this does not all need to be in a children's ward or paediatric service. If a young registrar has done a year with a paediatrician and impressed you by their commitment, and if they fulfil the overall 2-year post-residency service requirement, encourage them to enrol for the DCH. Application for DCH should be done before the end of the academic year, prior to their DCH year, the earlier the better.

The Paediatric Society notes the drafting of curriculum on the Higher Diploma in Paediatric Cardiology and Paediatric Oncology and requests that the University of Papua New Guinea move to endorse this.

The Society and SMHS resolves to develop a curriculum for a higher diploma in Neonatal Medicine, and other areas of interest, such as clinical haematology, infectious diseases.

The Society gratefully acknowledges the role that Prof John Vince has had in training 93 paediatricians over 43 years, and outstanding contribution.

Paediatric nurse training

The Paediatric Society gratefully acknowledges the input to our meeting from Sr. Merelyne Pindau and nursing colleagues from PMGH on the Bachelor of Child Health Nursing.

The Society resolves to provide input and support the Child Health Nursing curriculum, by setting up a small working group: Dr Rupert Marcus, Dr Francis Pulsan, Sr Pindau, Dr Casparia Mond, Dr Maylene Kariko, Dr Andree Zamunu, and Prof Trevor Duke.

HEO training

The Society recommends to the University of PNG to create a pathway for HEOs to undertake training in a course of the Diploma of Child Health or equivalent. This should be accompanied by recognition of post-graduate studies by the National Department of Health and the Department of Personnel Management and appropriate remuneration. A working group be convened to progress this, which includes HEO, Paediatric Society representatives Dr Doreen Panauwe, Dr Tina Yarong, Dr Francis Pulsan, Freda Sui, Leo, Maluo Magaru.

Review of recommendations

The Society resolves to review all recommendations at the mid-year meeting in 2023.

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Dr James Amini

President - Papua New Guinea Paediatric Society

Date:

June 24, 2022

The members of the Paediatric Society and meeting participants, Sogeri, June 8, 2022