EFFECTIVE MAINSTREAMING OF THE CONVENTION OF THE RIGHTS OF THE CHILD AND THE RIGHTS-BASED PROGRAMMING APPROACH: "WALKING TOHE WALK" IMPERATIVES OF PEDIATRICS AND CHILD HEATH CARE FOUNDATIONS IN ETHIOPIA AND ELSEWHERE

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ABSTRACT

***Aim**: The piece of work puts imperative emphasis on effective mainstreaming of the Convention of the Rights of the Child (CRC) and Rights-based Programming Approaches (RBPA) in all dimensions of Pediatrics and Child Health Care practices as the cardinal professional morale guide.*

***Method**: This is a descriptive qualitatively review. Pertinent electronic and/or hard copy materials of the College of Health Sciences of the Addis Ababa University, University of Gondar College of Health Science, Hawassa University's College of Health Sciences, and Jimma University's College Public Health and Medicine and, the Federal Ministry of Health were the primary data sources. Curricula of these four major public Health Sciences Colleges and the Health Ministry's Programme documents, specifically, focusing on Pediatrics and Child Health Care in Ethiopia were systematically analyzed in light of the global dynamics. Extent of concrete attention and hence incorporation of the CRC and RBPA fundamentals into the respective regular standards of academic and programmatic practices in particular comprised the overarching criterion, focus, and indicator of the systematic appraisal.*

***Observations and reflections**: In light of the contemporary state of knowledge and standards of practices pertaining to CRC and RBPA, it became evident that the various levels of Pediatrics and Child Health practitioners have not been putting sufficient enough academic and programmatic efforts on these dimensions, specifically, within the pre- and in-service Pediatrics and Child Health Training Curricula packages in Ethiopia thus far. Practically the same typical feature was found prevailing in respect to the pertinent strategic guidance document of the Ministry of Health, namely the National Strategy for Child Survival in Ethiopia (2005/06-2014/15). It could have been assumed that, by now, mainstreaming of CRC and RBPA will have become coherent and hence straightforward standards of Pediatrics and Child Health practices, all across, in light of the on-going active support which is being provided by the key United Nation agencies and other sizable number of Development Partners.*

***Conclusions**: CRC and RBPA competency Pediatrics and Child Health practices should constitute among the foundational "walking the walk" requirements at all times. In this respect, comprehensive, interconnected, and systematically thorough enough intervention package may be warranted.*

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Introduction

Presumably, the history of traditional "Pediatrics" and Child Health Care practice goes back to the "pre-historic" period (i.e., as far back as the history of humanity and initiation of the earliest "primitive" socialization per se). Following the anecdotal thread, all of the series of earlier periods of civilization, namely the then powerful Far Eastern, Mesopotamian, Romanian, Greek, Ethiopian, Egyptian and so forth philosophical perspectives and practices are believed to have put their respective "Pediatrics" and Child Health care footprints but little were found documented to date. In contrast, the evolution of the contemporary "modern" and scientifically founded "Pediatrics" and Child Health Care practice dates back not that far and long, though. Intricately tied to the era of "Western Renaissance" of dynamic scholarly/scientific discoveries, innovations, technological advancements, expansion of manufacturing, modernization of governance and sectoral service systems, etc., Pediatrics and Child Health care proper boasts of little more than 200 years of historical milestones (1-3). The term "Pediatrics" driven from the Greek word "peas" or "paids" meaning "child" and "iatros" standing for "doctor" or "healer", literally means "healing of children". However, according to the Policy Statement of the American Academy of Pediatrics, the profession's commitment, among others, is: "the attainment of optimal physical, mental and social health and wellbeing for all infants, children, adolescents, and young adults" (3).

Evidently and collectively, the progressively adapted contemporary Code of Medical and Health Professional Ethics and the World Health Organization's (WHO) Helsinki Declaration of Health/Medical Research Ethics do serve mandatory morale guides across nations. Similarly, Hippocrates period which continues to shape the contemporary morale value of health and clinical professional practice, through the still distinctively prominent "Oath of Hippocrates", has been widely recognized the solid foundation (4-7). On the other hand, despite the existence of the Universal Human Rights Declaration of the United Nations since 1948 and then emanating from all the other human rights initiatives, the Convention of the Rights of the Child (CRC) and the Rights-based Programming Approach (RBPA) are comparatively recent developments along the Pediatrics and Child Health Care milestones (8-14). And still, these two tools are supposed to make up integral parts of any initiative we can possibly think of, including training and programmatic spheres.

Foundationally guiding the respective Pre- and In-Service Pediatrics and Child Health Training Programs should make up one of the cardinal pathways. Similarly, all of the Pediatrics and Child Health Care related program documents are expected to particularly pay sufficient degree of emphasis to CRC and RBPA (15-28). The solemn declarations such as "Health for All …" and "Universal Coverage and Universal Fairness" may only be possible to get attained through and with concrete implementation the CRC and RBPA by all, at all levels, and at all times (29, 30). The objective of the systematic analysis is in order to be able to, specifically, flagship CRC and RBPA mainstreaming "*walking the walk*" imperative across all the spectra of Pediatrics and Child Health Care standards of practices in particular.

Method and Materials

This is a descriptive qualitative study limited to systematic critical analysis of pertinent documented evidences of the specifically targeted health stream, i.e., Pediatrics and Child Health within the Ethiopia as particularly prevailing at the time of the review. Whilst the systematic review has made an exclusive focus on and about the Ethiopia case scenario, however, the information may potentially feed into the other settings as well. In view of technological facilities coupled with the time factor considerations, the enrolment did employ the e-mail and telephone guided communication through the corresponding focal leads within the respective institutions.
The five universities with fairly well established medical schools were purposively enrolled into the review. Accordingly, given their comparative historical as well as practical prominence at least within Ethiopia, the College of Health Sciences of the Addis Ababa University, University of Gondar's College of Health Sciences, Jimma University's College Public Health Medical Sciences, and Hawassa University's College of Health Sciences and Mekele University's College of Health Sciences together with the Federal Ministry of Health were the primary specific targets of the review. However, the pertinent document of the Mekelle University's College of Health Sciences was not accessed solely due to the absence on official abroad mission of the lead In-Charge of the Department of Pediatrics and Child Health within the specified time. Medical Degree Curricula, namely "Undergraduate Curricula for the Degree of Doctor of Medicine prepared by the Medical and Health Science National Council August 2008" of these four major public Health Sciences Colleges and the pertinent Programme document, namely the "National Strategy for Child Survival in Ethiopia" of the Federal Ministry of Health of Ethiopia were systematically appraised with a particular focus on the Pediatrics and Child Health stream.
With the intuition that the specific theme is of vital professional significance as well as timely, the Author initiated the solicitation and then performed systematic analysis duly capitalizing upon the generously facilitative supports extended, particularly, by Professor Bogale Worku the Executive Director of the Ethiopian Pediatrics Society and the In-Charges of the respective target institutions during the time. The Editorial Board of the Ethiopian Journal of Pediatrics and Child Health appreciated and open-heartedly welcomed the consolidation of this review paper for possible publication in the forthcoming Issue of the Journal. In order to expedite the process, serial e-mail-based correspondences were exchanged. A relatively short time frame was put mainly to be able to make it readily available and accessible, specifically, at and during the anticipated maximum audience interaction of Pediatricians-Child Health professionals at the forthcoming Ethiopian Pediatrics Society's Annual (14^{th}) Scientific Conference. The publication in the Ethiopian Journal of Pediatrics and Child Health with the eventual dissemination in the course of the Conference is believed to stimulating maximal attention toward concerted professional action within the shortest time frame possible.

The concrete task of evidence review of the pertinent documents of the systematic analysis may well be claimed as fairly pragmatic, quick, qualitative, simple and straightforward enough. It, specifically, looked into the extent of concrete attention and hence incorporation of the CRC and RBPA fundamentals into the respective regular standards of academic and programmatic practices comprised the overarching criterion, focus, and indicator of the systematic appraisal.

As to the scientific soundness of the choice and application of the methodology per se, arguably, there has been ever more growing interest on qualitative techniques and hence analysis in health search over the last three to four decades. In fact, at present, there even is a rigorous scientific discourse around qualitative and social epidemiology as well as around the dynamicity of the Taxonomy of Epidemiology as discipline itself (31, 32). Systematic qualitative analysis is presumed to increasingly forming integral consideration of and thereby informing the Ethiopian Journal of Pediatrics and Child Health inclusive. Accordingly, this review and analysis falls under and hence follows this specific pathway.

Pragmatic Observations and Reflections

Like with the Methods and Materials, the observations and reflections will have to get rationalized and guided by the pragmatic lens of reasoning. At the outset, the plan was to critically review any of the possible "Pediatrics" and "Child Health" related curricula of the varied health professional cadres in Ethiopia coupled with the pertinent programmatic documents of the Ministry of health. However, it eventually got exclusively confined to the "Pediatrics and Child Health" domains of the major medical schools, mainly, due to logistics, resources, and time constraints. Four of the five medical schools enrolled could share their full curricula electronically for the proposed review within a reasonable time range (panel 1).

Panel One: **Study Denominations and Documents of the Critical Review, Ethiopia, 2012**.

Document Source Sites	Exact Document Title	Remarks
Addis Ababa	Department of Pediatrics and Child Health Curriculum for Postgraduate Program Certificate of Specialty in Pediatrics and Child Health (November, 2008) and Undergraduate Medical Curriculum Prepared by Medical and Health Science Council and Faculty of Medicine, Addis Ababa University (September 2008) together with the Year II and Year III detailed schedules based on the curricular extracts; and Child Health Curriculum of the School of Public Health.	Regularity (on how frequent) of curriculum revision and amendments were not clearly specified except stating like: "the Curriculum Committee of the School of Medicine is responsible to up-date the curricula regularly … the medical council shall evaluate the medical school every five years and forward its recommendations … "; and hence, thorough revision must have been due.
Gondar	Undergraduate Medical Curriculum Final Prepared by Medical and Health Sciences National Council; August 2008.	
Hawassa	Undergraduate Medical Curriculum Final Prepared by the Medical and Health Sciences National Council; August 2008.	
Jimma	Jimma University Faculty of Medical Sciences, School of Medicine. Revised Degree of the Degree of Doctor of Medicine (MD) Prepared by the School of Medicine in Line with (the) Medical and Health Sciences National Council Recommendation; August 2008.	
Mekele*	Neither the electronic nor the hard copy of the	Receipt of the concrete

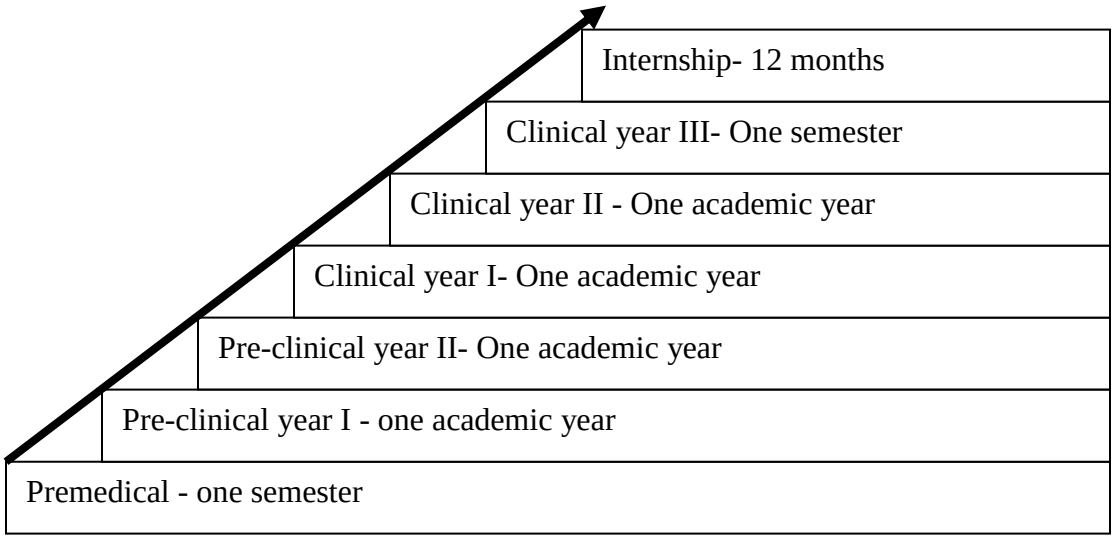
	Curriculum was, actually, received; based on the practical experiences with all the other Medical Schools , it however, is highly likely that it is in line with the "Medical and Health Sciences National Council Recommendations" (blended from AAU, Gondar and Jimma, in particular).	Curriculum version could not materialize due to force de majors.
Ministry of Health's Programme specific	FDRE National Strategy for Child Survival in Ethiopia**. Family Health Department, Federal Ministry of Health, Addis Ababa, Ethiopia, July 2005.	There was no clear stipulation in the specific document on the regularity of possible up-dates addendum considerations.

*: As already commented within the appropriate sections, Mekeles' actual curricula version was not obtained at the time of this review.

**: According to the FMoH of Ethiopia, "The National Child Survival Strategy is one module of the three-part strategy. It should be read in conjunction with the National Reproductive Health Strategy and the National Nutrition Strategy. Together, these three complementary strategies address the preventive, promotive and clinical care needs of the highly vulnerable maternal, newborn and child health groups".

It was evident that in substantive content terms, in particular, all of the readily made available for review curricula of the four medical schools are fairly generically identical. In so far, however, the CRC and RBPA were not found visible enough in both the undergraduate for the degree for the doctor of medicine (MD) and postgraduate certificate of specialty in Pediatrics and Child Health Training curricula in Ethiopia. It is worth noting that neither CRC nor RBPA was mentioned anywhere in the clinical-oriented curricula reviewed (*Panel 1*). And, if at all, the efforts, to date, must have, yet, been ad hoc and thus can never be expected to result in meaningful as well as sustainable impact. On the other hand, whilst still insufficient, particularly, the Child Health Curriculum of the School of Public Health within the College of Health Sciences of the Addis Ababa University has been offering CRC and RBP the passing-by recognition.

Panel Two: **Chronological Structure and Timeframe of the Generic Undergraduate Medical Degree Training Program in Ethiopia, Active 2008 through 2012**.



Like with the curriculum, with the systematically concerted technical guidance by the Medical and Health Science National Council, the number of training years, schedule and structure of the course of the undergraduate training for the degree of Medical Doctor are typically harmonized and standardized in Ethiopia since August 2008 (*panel 2*).

Panel Three: **Selected Undergraduate Medical Degree Curriculum Specifications ("Modules") with Potentials Entry Points for CRC and RBPA Essentials, Ethiopia*, 2012**.

Training Programme Courses	Selected 'Modules' Specifications	Allotted Credits/ Weeks	Remarks
Under the Pre-Med	Civics Education	3	Whilst not the direct objective of the analysis, apparently, however, (perhaps unintentionally), as stipulated in the documents, the core public health courses did not appear paying due attention to Child-Adolescent, Family and Reproductive Health domains;
	Medical Anthropology and Sociology	3	
	Health Education	1	
Under the Pre-Clinical Y1	Environmental Health	2	
	CBTP Phase 1	3	
Under the Pre-Clinical Y2	ComH Epidemiology	3	
	Health Serv. Mx	3	
	Nutrition	2	
	CBTP Phase 2	3	
Under the Bridging Course	Physical Dx and Clinical Skills	P or F	
	Medical Ethics and Legal Medicine	2	
Under the Clinical Year 1	Internal Medicine 1	11	
	General Surgery 1	11	
	Obst. & Gyn. 1	11	
	Pediatrics	11	

	CBTP Phase 3	3	also, Health Education should have warranted to get mainstreamed within the "basic professional" course content
Under the Clinical Year 2	The major clinical attachments	44	
	Research Methods	1	
	CBRTP Phase 4	3	
Internship	Major Clinical Disciplines	40	
	TTP	8	
	Student Research Programme	3	
	Comprehensive Community/ Public Health Evaluation	P or F	

*: By taking into account the very elaborate CBTP/TTP of Jimma Medical School's case as potentially common point of reference, it is proposed that the specified here above Modules will make the tailor-made (instructional and evaluation) incorporation of the CRC and RBPA essentials.

In general, the undergraduate curriculum prepared by the Medical and Health Sciences National Council (of 2008) appeared paying insufficient attention to the public health and social dimensions of health the distinctive exception, in certain aspects, being Jimma (*Panel 3*). It is important to highlight that, to date, CBTP and TTP, have been classically typical of the Jimma domain.

Specifically, as duly highlighted (*panel 3*), from the Federal Ministry of Health's programmatic perspective, the main source document which got critically reviewed was the "National Strategy for Child Survival in Ethiopia" issued and launched in July 2005. This is a ten-year tailored into two phases (2005/06-2009/10 and 2010/11-2015) strategy document. Evidently, the strategy is a richly collaborative endeavor. However, neither CRC nor RBPA even as a glossary or term were to be found within the document.

Panel 4: Proposed **Specific Courses or Modules of the Respective Curricula within Which CRC and RBPA Can Effectively Get Incorporated (Mainstreamed) Tailor-made, Ethiopia, 2012.**

Training Programme	Pertinent Specific Course or Module	Remarks
Undergraduate Curriculum for Degree in Medicine (MD)	Civic education	Essential
	Medical Anthropology and Sociology	Potentially applicable
	Medical Ethics and Legal Medicine	Essential
	Health Education	Potentially applicable
	Pediatrics and Child Health	Essential
	CBTP and TTP	As per the elaborate specifications within the Jimma domain and essential.
Curriculum for Postgraduate Program Certificate of Specialty in Pediatrics and Child Health	General Pediatrics (and Child Health)	Essential
	Research Methods (Projects)	Essential
	Health Education	Potentially applicable
	Teaching skills and activities	Essential

If not constituting separate module in/on their own right, it is rationalized that the duly tailor-made CRC and RBPA essentials can effectively get mainstreamed within the specified here above disciplines (*panel 4*), including within the competency and proficiency evaluation domains

Discussion

This piece of work is shaped by the strong argument that effective mainstreaming of the CRC and RBPA in all spheres of Pediatrics and Child Health Professional Practices should make up the mainstay of standards of practices. This is a position being increasingly advocated for in the various platforms. Certainly, it may well be argued that the respective professional codes of ethics can guide the practice (4-7). And, it arguably is correct that, in light of the prevailing state of knowledge and technology at the given time, the founding "fathers" of Pediatrics and Child Health both globally and in Ethiopia alike have increasingly been exerting the deserved efforts in respect. The "Medical Ethics for Physicians Practicing in Ethiopia" which was published and disseminated as of December 1987 is one of the vivid examples (6). However, a professional code of ethics which does not take into concrete and systematic accounts of the CRC and RBPA provisions can never be considered complete and comprehensive enough. To the effect, this paper argues that all of the Professional Codes of Ethics need to get concretely informed by these two fundamental instruments (7-14) and, specifically more so, that of Pediatrics and Child Health.

Due to the mere fact that Medical and Health Science National Council could drive the development process, basically, the undergraduate medical curriculum of the five medical schools considered in the review were standardized and uniform and if not it could only be just in packaging format (e.g. "Community Based Training Program" (CBTP)/"Team-based Training Program (TTP)" and "Students Research Programme" Vs "Community Health Attachment", "Health Informatics" Vs "Information Technology", etc.), structuring and the likes (16-20). Certainly, the coherent standardization and uniformity features of the undergraduate medical curricula are very commendable. But the Jimma University's CBTP and TTP appeared consistently distinctive (19). Overall, however, within the National context, the School (then Faculty) of Medicine of the Addis Ababa University could have set the rightful historic precedence; of course, consequently followed by Gondar and Jimma, in particular (16, 17, 19). Apparently, both the Undergraduate and Postgraduate level training programmes of the respective Medical Schools in Ethiopia are believed to have a direct stake on the tailor-made incorporation (mainstreaming) of CRC and RBPA. In light of their distinctive roles, Pediatrics and Child Health domains will bear increased responsibility into the indefinite future.

Regularity, timeliness and up-to-datedness of the curriculum appraisal and amendments might be challenged. Equally, balancing of the contextualization ("nationalization") with globalization demands may get looked into from the two major perspectives, namely from the dynamic preparedness and readiness to the increasing demands of the 21st Century professional standards and from the point of desired attraction of "Health and Medical Tourism", including expanding training potentials to entrants from other countries. "To advance third-generation reforms, the Commission puts forward a vision: all health professionals in all countries should be educated to mobilize knowledge and to engage in critical

reasoning and ethical conduct so that they are competent to participate in patient and population-centered health systems as members of locally responsive and globally connected team … realization of this vision will require a series of instructional and institutional reforms, which should be guided by two proposed outcomes: transformative learning and interdependence in education" (25).

It may well be speculated that to date, be it for technical and/or logistical reasons, however, the complementarily, continuum or links, and synergy between the "Pediatrics" and "Child Health" professional practice aspects and, mainly, within the academics settings, have often been remaining blurred and thereof lacking sufficient equilibrium. Unintentional marginalization of the "Child Health" domain may have been the common practice. A critical and sound balance between the "Pediatrics" and "Child Health" domains of the professional practices across the key players cannot be an overemphasis (8, 9, 23-28). CRC and RBPA should make up essential catalysts of the dynamic transformative process of education and programming in Pediatrics and Child Health alike. As an illustrative example, inter alia, under Article 24 of the CRC it is stated that "Children have the right to the highest attainable standard of health and access to medical facilities when they are sick" (9). Accordingly, the absolute indispensableness of ensuring the critical balance among child health promotion, prevention and protection, cure, and rehabilitation spectra of professional standards of practices cannot be an overemphasis. Such undoubtedly calls for uncompromising advocacy role fulfillment of the health profession, essentially, through and with the effective CRC and RBPA instrumentation in the everyday practices (8-14) the lead of which being the Physician. The profound stake to Pediatrics and Child Health becomes increasingly clear.

It cannot be stated well than: "The UN Convention of the Rights of the Child provides a framework for improving children's lives around the world. It covers both individual child health practice and public health and provides a unique and child-centered approached to child pediatrics problems … **Pediatricians can make a difference to the status of children worldwide by adopting a rights-based approach**" (8). Whilst Undergraduate Medical Education is the rightful foundation, equally, the Postgraduate Pediatrics and Child Health specialization training programme is required to provide due emphasis to CRC and RBPA essentials (8-14).

Championing the practical mainstreaming/implementation of CRC and RBPA is vital necessity, including toward the rightful ascertainment of the myriad of quality of care of child's social services and child's broader social readiness competencies and thus should make up the day to day business of everyone (27-30). Moreover, who else could have been better vanguards of CRC and RBPA than the Ministry of Health, Heath and Medical Education, and Health Professional Associations systems (7, 8-10, 13, 21-26). Effective mainstreaming of CRC and RBPA within both the front-line and referral level professional practices will result in increasingly universal as well as sustainable health care service demand, utilization and coverage (29, 30).

Apparently, at any given academic level, it may well be a commonly prevailing tendency for a clinician to paying more and legitimate attention to alleviating the suffering at hand than looking to the other

fundamentally broader dimensions of health. In spite of such, however, trans-generational scientific rationalization and practical wisdom unwaveringly demonstrate/illustrate that substantial portions of potential sufferings can well get significantly averted and hence minimized through and with concertedly systematic public health measures (3, 7, 8, 22, 25, 27).

Given, at least in principle, that regularly periodic curriculum and programme documents appraisal and up-dates are common standards of practices, it will be worthwhile to make the necessary preparatory efforts to the respective effect in regular and timely tandem. Systematic incorporation and practice of the complementary "CRC" and "RBPA" essential tools should be viewed the foundational "Walking the Walk" imperative of Pediatrics and Child Health in particular (15-26, 29). Among others, increasingly greater systematic coordination with the Child and Adolescent Public Health Stream and hence institutionalization of joint implementation arrangement may be the realistically cost-effective alternative. This, equally, may apply to the wider "Child Health" domain of the Pediatrics and Child Health of both the undergraduate and postgraduate training programmes. The call for increasingly greater coordination and joint endeavoring appears just right and timely enough.

Similarly, Ethiopia, like many of the countries around the world, is expected to revise and up-date Its Child Health Strategy in view of the broader and comprehensive "Quality Child Survival, Development, Health and Wellbeing" framework beyond the 2015. The CRC and RBPA tools will be the best foundations for optimal "Walking the Walk" of Pediatrics and Child Health care across the country thereof. In fact, the same will hold true to many countries of the world (22-26, 29). Absence of due link to the CRC and RBPA essentials within the "National Strategy for Child Survival in Ethiopia" of July 2005 was found equally bothersome (21). The concrete reason could not get ascertained by this study due to its nature. It is high time to be able to look into the consideration concertedly enough.

The purposeful focus of the critical review on the five universities with the fairly well established medical schools and the Federal Ministry of Health alone might not be able to fully reflect the spectra in respect to the status of mainstreaming of CRC and RBPA across Ethiopia. Again, the study limited itself on solely reviewing documented evidences in the Ethiopian setting; comparison with other settings could have expanded our horizons but this study did not attempt simply because such was not within the scope of the current endeavour. Nevertheless, the critical review brings out justifiably solid enough information to be able to guide the future standards of practices irrespective of the domains and levels of Pediatrics and Child Health.

Conclusions and Recommendations

To date there really has been insufficient effort in properly internalizing and thus institutionalizing the fundamental CRC and RBPA requirements by all the responsible bodies irrespective of the domains, levels and orientations we can possibly think of – academics, policy, program, research, service, etc. Whereas, CRC and RBPA were supposed to become the standing foundational requirements, the reality on the Ethiopian professional ground did not prove such. Henceforth, CRC and RBPA should make up the fundamental bolting, cementing-gluing, netting, and so forth essentials of Pediatrics and Child Health standards of practices across all spectra in particular. Effective mainstreaming of CRC and RBPA will ensure optimal "Walking the

Walk" of the proper (holistic and at full scale) Pediatrics and Child Health standards of practices in particular. Towards sustained cultivation of unwavering professional conviction, commitment, and culture so that CRC and RBPA become at the bedrocks of optimal Pediatrics and Child Health Care practice, therefore:

- All of Pediatrics and Child Health Care policy, strategy, programme, and service related discourses and documents, at the various levels, must always get shaped by the corresponding CRC and RBPA essentials.

- CRC and RBPA literacy of all layers of Pediatrics and Child Health as well as in the broader health profession should constitute among the mandatory competency requirements at all times. Both the pre-service and in-service Pediatrics and Child Health Care training environments at all levels need to steer the progressive dynamics to the effect. The curricula of all Pediatrics and Child Health Care academicals and training initiatives should be required to mainstream the entirety of CRC and RBPA philosophy/principles and practice tools. To the effect, the Module Specifications for the potential tailor-made incorporation within the Curricula, in particular, are duly proposed. Increasingly greater systematic coordination and joint venturing with the key actors appeared among the feasible as well as sustainable enough alternatives.

- Research enterprises must get re-oriented to the progressive enrichment of Pediatrics and Child Health CRC and RBPA implementation evidence-base trajectory across the continuum.

- Development partners and civil societies may tangibly contribute across all dimensions of Pediatrics and Child Health CRC and RBPA capacity enhancement dynamics.

- Professional Associations, namely the Ethiopian Pediatrics Society and similar entities must bear CRC and RBPA flagship high and sustained enough; are strategically positioned to progressively advocating for, advancing, and promoting "Walking the Walk of Pediatrics and Child Health Care Foundations" (CRC and RBPA) in particular.

- The Ethiopian Journal of Pediatrics and Child Health may spearhead in featuring matters of CRC and RBPA on stand-by scheme.

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Acknowledgements

The committed fellowship with the Ethiopian Pediatrics Society is the prime driver of this specific piece of work. Likewise, the continuing professional encouragement and support being provided by Members of the Editorial Board of the EJPCH has been an indispensible morale guide. Professor Bogale Worku was uniquely instrumental in facilitating the timely electronic access of the corresponding curricula from the respective Medical Schools. The generously welcoming facilitation and support accorded by all of the In-Charges of the Pediatrics and Child Health Training Program of the five Schools of Medicine, namely Dr. Amha Mekasha, Chairperson, DPCH (School of Medicine, AAU), Dr. … (School of Medicine, Gondar U), Dr. Nigus Chanie, Chairperson (School of Medicine, Hawassa U), Dr. Netsanet Workneh Chairperson, DPCH (School of Medicine, Jimma U), and Dr. … (School of Medince, Mekelle U) and Mrs. Mulumebet Abera, Chairperson, Department of Family and Population Health, Jima University are appreciated at the depth of heart - Thank you and may God increasingly bless all.

This is none financially motivated and hence supported study; and I declare no conflict of interest of any form other than the solemn commitment toward increasingly fulfilling the dynamic scholarly professional service duty.