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### **1. Introduction**

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**This month we have a detailed programme for the ISSOP meeting in Chile on Aug 31, 1 and 2 September which is being held in association with the first Chilean Congress of Social Pediatrics. This meeting will be a great opportunity to make links in the Latin American world, please consider whether you can attend.**

**We update on the progress of the baby food sponsorship motion at the RCPCH, give an account of the Global Campaign to end all corporal punishment of children, and provide a valuable summary by Nick Spencer of the outcome of the 2015 Countdown monitoring progress in the achievement of the MDGs. And do read the very moving message from the director of the Children’s hospital in Aleppo.**

**As always we appreciate your letters and comments which will be published in the next issue.**

**Tony Waterston & Raúl Mercer**



## 2. Meetings and news

### 2.1 ISSOP in Chile



Annual ISSOP Conference  
Chilean Congress on Social Pediatrics



ISSOP  
INTERNATIONAL SOCIETY for  
SOCIAL PEDIATRICS and CHILD HEALTH

August 31, 1 and 2 September 2016

Building Former National Congress Santiago, Chile

### "Action for Equity in Latin America"

This event is intended to become a forum and instance analysis of the social, economic and cultural inequality in Latin America and Chile, from the perspective of the rights of the child and adolescent population. The central idea is to go beyond the analysis of the situation and offer perspectives and proposals for intervention on inequities in our societies, and move from words to actions.

Organized by:

- The Committee on Social Pediatrics of the Chilean Society of Pediatrics (SOCHYPE)
- The International Society of Social Pediatrics (ISSOP)

With the collaboration of:

- The Committee on Social Pediatrics of the Latin-American Association of Pediatrics (ALAPE)

#### PRELIMINARY PROGRAM

##### Working Groups of Social Pediatrics Meeting

9:00-12:00 ISSOP, ALAPE Social Pediatrics Committee, SOCHYPE Social Pediatrics Committee and Committees of Social Pediatrics from Latin America

##### PRE CONGRESS COURSES Wednesday August 31<sup>st</sup>

Pre-Congress Course Nº1: *Early Child Protection: learning experiences.*

Pre-Congress Course Nº 2: *Human resource training in social pediatrics*

Pre-Congress Course Nº3: *Migration effect on child health and strategic approaches*

Pre-Congress Course Nº 4: *Child labour. Current situation and proposals*

Pre-Congress Course Nº 5: *Translating the Principles, Standards and Norms of Child Rights, Health Equity and Social Justice into Pediatric Practice Improving the Health and Well-Being of Children*

#### Thursday, September 1

8.00-9.30 Registration/Opening Session & Welcome

9:30 - 10:30 Plenary session

##### Parallel Seminars 11:00 to 12.30

Nº1: *Equity and inequity in the world.*

Nº2: *Public policies with a life course approach. Role of Social Pediatrics*

Nº3: *Inequalities and social media and information.*

Nº4: *Child Health care. Promoting equity in health services*

14:30 -15:30 Plenary Session: Conclusions and proposals

16:00- 17:00 Panel: "The System of Warranties and Protection of Rights of Children and Adolescents in Chile"

17:00 – 17:30 Child friendly municipalities. A proposal

17:30 - 18.00 Presentation of submitted papers

18:00 - 20.00 Social activity



## Friday, September 2

9:00 – 9:30

Plenary: Health reform in Chile: impact of childhood and adolescence

9.30-10:30

Plenary: Integrated conferences on environment and child health

### Parallel Seminars: 11:00 to 12.30

Nº1: *Rights and equity in Children: experiences and learning*

Nº2: *Successful experiences in promoting child rights in health services and programs*

Nº3: *Child rights and violence against children.*

Nº4: *Child rights in crisis situations*

14:30-16.00

Plenary: Integrated panel

*"History, present and future of social pediatrics"*

16:30-17:30:

Final Plenary:  
The first 1000 days of life

17:30 -18:00

Closing words  
Learning and prospects.  
Next Conference

18:00

Closing session

More information?  
[www.issop2016.com](http://www.issop2016.com)

Primer Congreso Chileno de Pediatría Social  
"Acción para la equidad en América Latina"  
34 Conferencia de la Sociedad  
Internacional de Pediatría Social (ISSOP)  
31 de Agosto, 1 y 2 de Septiembre 2016  
Lugar: Ex Congreso Nacional, Santiago de Chile

Escoja su idioma / Select your language



## 2.2 Report on RCPCH motion on sponsorship at annual meeting

The annual business meeting (AGM) of the Royal College of Paediatrics and Child Health is held during the scientific meeting every year and there is an opportunity for members to put forward a motion for discussion, if signed by 15 members and sent 6 weeks in advance. Motions such as this have been used in the past to request the organisation to become more democratic, to take advocacy seriously and to incorporate children's rights in its activities.

The motion this year (proposed by Professor Charlotte Wright and seconded by Dr Rosie Kyeremateng, chair of the ISSOP trainee group) was worded as follows:

*"In order for RCPCH as a professional body to avoid institutional conflicts of interest and thus maintain its reputation as an unbiased, independent educator and advocate for child health, the College should decline any commercial transactions or any other kind of funding or support from all companies that market products within the scope of the WHO Code on the marketing of breast milk substitutes".*

The President and Council of the RCPCH opposed the motion. There was a prolonged debate with the majority of speakers being in favour of the motion, which was attended by Dr Liz Mason, former director of Maternal, Adolescent, Child and Newborn Health at WHO. The motion was passed with 66 in favour and 53 against.

The President and Chief Executive of the RCPCH have made it clear that an AGM motion is not binding as the Council is the formal decision-making body, and will consider the motion at its next meeting in July. However we are very hopeful that now the tide is turning against baby food sponsorship of paediatric associations, following the ISSOP position paper on this topic (see [http://issop.org/index.php?option=com\\_content&view=category&layout=blog&id=33&Itemid=24](http://issop.org/index.php?option=com_content&view=category&layout=blog&id=33&Itemid=24) ).

The BMJ reported on the AGM decision in a news item on 19 April 2016 <http://www.bmj.com/content/353/bmj.i2221> and also in a blog the same week <http://blogs.bmj.com/bmj/2016/05/04/tony-waterston-infant-formula-once-again-at-the-rcpch/>

Can you put forward a motion at your paediatric association annual meeting, if it still takes sponsorship from the Baby food industry? Please get in touch if so.

Tony Waterston



## 2.3 World Health Assembly: reports from Baby Milk Action

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At this year's World Health Assembly in Geneva – three hot topics are on the agenda: baby foods, WHO's interactions with Business and how to tackle chronic (non communicable) diseases.

As you know IBFAN has been following these issues for decades in our efforts to protect children's rights to health. True to form, the United States, backed by other producer countries in the EU and New Zealand – have been attempting to sabotage WHO's new *Guidance on ending the inappropriate promotion of foods for infants and young children*. These rich powerful nations are also resisting calls for effective safeguards against Conflicts of Interest in WHO's *Framework of Engagement with Non-State Actors (FENSA) Engagement with Non-State Actors*, even though most have strict COI policies at home. So a lot to do!

Patti

*[Patti Rundall is the Policy Director of Baby Milk Action, [www.babymilkaction.org](http://www.babymilkaction.org)]*

For full text of our Press Releases and Statements follow the leads below:

1 WHO's Framework of Engagement with Non-State Actors (FENSA) (Agenda Item 11.3)

- *Press Release World Health Organization's independence and integrity are non-negotiable* <http://www.babymilkaction.org/archives/9714>
- *Statement endorsed by 64 NGOs* <http://www.babymilkaction.org/archives/9749>
- *IBFAN statement* : <https://apps.who.int/ngostatements/meetingoutline/6>

2 Baby Foods (Agenda Item 12.1 (A69/7 Add1)). Guidance on ending the inappropriate promotion of foods for infants and young children.

- *Press Release: US trade lobby ignores global health concerns* <http://www.babymilkaction.org/archives/9749>
- *IBFAN statement* <https://apps.who.int/ngostatements/meetingoutline/6>

3 NCDs and the Global Coordinating Mechanism (Agenda Item 12.4)

- *IBFAN Statement:* <https://apps.who.int/ngostatements/meetingoutline/6>



### 3. International Organisations

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#### Global Initiative to end all corporal punishment in children

<http://www.endcorporalpunishment.org>

Corporal punishment of children is a violation of their rights to respect for their human dignity and physical integrity. Its widespread legality breaches their right to equal protection under the law. The UN Convention on the Rights of the Child and other international and regional human rights treaties require states to prohibit corporal punishment of children in all settings of their lives.

There is growing progress towards universal prohibition of this most common form of violence against children: 49 states have prohibited all corporal punishment of children, including in the family home. At least 54 more states have expressed a commitment to full prohibition.

The Global Initiative to End All Corporal Punishment of Children promotes universal prohibition and elimination of corporal punishment. Supporters of this aim include UNICEF, UNESCO and many international and national organisations and prominent individuals.

On the website you can find an interactive map and detailed reports on the legality and prevalence of violent punishment in each state and territory in the world.

### 4. Current controversy: Violence against children

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The following draft statement comes from ISSOP, ISPCAN and the IPA. The Violence Against Children group consisting of the International Society for Social Pediatric and Child Health (ISSOP, [www.issop.org](http://www.issop.org)), the International Society for the Prevention of Child Abuse and Neglect (ISPCAN, [www.ipscan.org](http://www.ipscan.org) ) and the International Pediatric Association (IPA, [www.ipa-world.org](http://www.ipa-world.org) ) wish to highlight child maltreatment as a human rights violation and a devastatingly costly global public health problem.

All forms of violence against children including war, physical or sexual abuse, and inter-generational trauma result in great physical, psychological, developmental and social harm. Emotionally injured children beget a crippled future society.

ISPCAN, IPA, ISSOP, UNICEF, WHO and every authority at the national level must collaborate to support evidence based preventative interventions, mitigate the effects of armed conflict on families and offer healing intervention for children who have been harmed.



- ISSOP, ISPCAN and IPA will work to ensure that child protection is part of the preparation for every child health worker.
- The health sector must have a vigorous role in preventing and ameliorating the effects of violence against children.
- UNICEF and WHO must continue to emphasize and highlight global and national obligations under the UN Convention on the Rights of the Child (UNCRC).
- The definition of violence against children must include domestic abuse, community inter-personal violence and armed conflict
- Nations and the community of nations must enact and enforce laws guided by the UNCRC that will protect the well-being of children. Prevention of violence against children in wars, in the community and at home must be recognized as a nation building high priority policies.
- Measurement, monitoring and policy focused research is essential at national and international levels to foster effective decision making.

Collaboration between these organisations in this way increases the likelihood of benefit to children from this statement. More to come in the next edition on how the statement will be taken forward.

TW

## 5. CHIFA report

CHIFA: Child Health and Rights - Improving access to life-saving interventions to reduce child deaths and morbidity. CHIFA is delighted to announce that the newly updated CHIFA leaflet is now available:

<http://www.hifa2015.org/2016/04/14/new-chifa-leaflet-child-health-and-rights/>

**A global campaign:  
Child Healthcare  
Information for All**



**Join here  
(free):**

[www.chifa.org](http://www.chifa.org)

CHIFA (Child Healthcare Information For All) addresses the information and learning needs of those responsible for the care of children in developing countries, including mothers, fathers and family caregivers as well as health workers. Its remit includes children's rights to health and healthcare, and the social determinants of health.

The vision of CHIFA is "A world where every child, every parent and every health worker has access to the health information they need to protect their own health and the health of children for whom they are responsible". CHIFA is administered by the International Society for Social Pediatrics and Child Health, the Global Healthcare Information Network, and the International Child Health Group of the Royal College of Paediatrics and Child Health.

CHIFA has 3000 members worldwide, interacting on the CHIFA discussion forum.





## 6. Publications

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### 6.1 Countdown to 2015.

Introduction by Nick Spencer

**Countdown to 2015: a decade of tracking progress for maternal, newborn, and child survival**

*Cesar G Victora, Jennifer Harris Requejo, Aluisio J D Barros, Peter Berman, Zulfi qar Bhutta, Ties Boerma, Mickey Chopra, Andres de Francisco, Bernadette Daelmans, Elizabeth Hazel, Joy Lawn, Blerta Maliqi, Holly Newby, Jennifer Bryce*

*Lancet* 2016; 387: 2049–59 Published Online October 16, 2015 <http://dx.doi.org/10.1016/>

This important paper summarises the outcome of 10 years of the Countdown 2015 initiative that monitored progress in the achievement of the MDGs. The paper records the major advances in MNC survival in the 10 years from 2005 to 2015 while drawing attention to the persistence of inequities. As the authors report, the equity dimension was absent from the MDGs (in contrast to the Sustainable Development Goals adopted since 2015) but Countdown has consistently provided analyses of inequalities in intervention coverage by wealth, sex of the child, place of residence, and other social determinants. These analyses consistently show systematic pro-rich inequalities for virtually all coverage indicators. The gaps are wider for interventions, such as antenatal care (four or more visits) and skilled birth attendance that require access to fixed health facilities, compared with interventions such as immunisation that can be delivered at community level. Countdown analyses have also shown that countries that made rapid progress in coverage were those that effectively reached the poorest families.

#### Paper abstract:

Conceived in 2003 and born in 2005 with the launch of its first report and country profiles, the Countdown to 2015 for Maternal, Newborn, and Child Survival has reached its originally proposed lifespan. Major reductions in the deaths of mothers and children have occurred since Countdown's inception, even though most of the 75 priority countries failed to achieve Millennium Development Goals 4 and 5. The coverage of life-saving interventions tracked in Countdown increased steadily over time, but wide inequalities persist between and within countries. Key drivers of coverage such as financing, human resources, commodities, and conducive health policies also showed important, yet insufficient increases. As a multi stakeholder initiative of more than 40 academic, international, bilateral, and civil society institutions, Countdown was successful in monitoring progress and raising the visibility of the health of mothers, newborns, and children. Lessons learned from this initiative have direct bearing on monitoring progress during the Sustainable Development Goals era.

**Nick Spencer**





## 6.2 IPA newsletter

Dear Colleagues,

Greetings from International Pediatric Association!!

We are pleased to share with you the latest [IPA Newsletter Year 2016 Vol. 11-Issue 2](http://ipa-world.org/uploadedbyfck/IPA-NL_%202015-Vol-11-Issue-1_FNL.pdf). [http://ipa-world.org/uploadedbyfck/IPA-NL %202015-Vol-11-Issue-1 FNL.pdf](http://ipa-world.org/uploadedbyfck/IPA-NL_%202015-Vol-11-Issue-1_FNL.pdf)  
(paste into browser if it doesn't load)

To receive regular IPA Updates kindly visit the [IPA Facebook Page](#) and like the page or follow us on [twitter](#) to stay updated!!

Regards,

Prof. Andreas Konstantopoulos

President- IPA

Dr. William J. Keenan

## 6.3 Infant and young child feeding transition (IYCF)

'To ensure children get the best start in life the World Health Organization recommends that infants are exclusively breastfed to six months of age with ongoing breastfeeding for up to two years of age and beyond. Yet worldwide the prevalence of infants exclusively breast fed to six months hovers at around 37% and has improved only marginally in recent decades.

*'In contrast, the study of 80 countries demonstrates that global milk-based formula (MF) sales are booming. In the five-years between 2008 and 2013 world total milk formula sales grew by 40.8% from 5.5 to 7.8kg per infant/child, a figure projected to increase to 10.8kg by 2018...'*

*'The observed increase in MF sales raises serious concern for global child and maternal health, particularly in East Asia, and calls into question the efficacy of current regulatory regimes designed to protect and promote optimal IYCF. The observed changes have not been captured by existing IYCF monitoring systems.'*

'The paper, 'Global trends and patterns of commercial milk-based formula sales: is an unprecedented infant and young child feeding transition underway?' is published in the journal Public Health Nutrition and is freely available until 12th June 2016.

<http://journals.cambridge.org/download.php?file=%2FPHN%2FS1368980016001117a.pdf&code=bbfdfdae725174bcc11dafcdd37ae9>



## 7. Correspondence

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### Last Night, My Friend, Aleppo's Most Qualified Remaining Pediatrician, Was Killed

[http://www.huffingtonpost.com/the-syria-campaign/last-night-my-friend-was-killed-in-an-airstrike\\_b\\_9799074.html](http://www.huffingtonpost.com/the-syria-campaign/last-night-my-friend-was-killed-in-an-airstrike_b_9799074.html)

Dear friends,

I am Dr. Hatem, the director of the Children's Hospital in Aleppo.

Last night, 27 staff and patients were killed in an airstrike on Al Quds Hospital nearby. My friend Dr Muhammad Waseem Maaz (pictured below), the city's most qualified pediatrician, was killed in the attack.

He used to work at our Children's Hospital during the day and then he'd go to Al Quds Hospital to attend to emergencies overnight.

Dr. Maaz and I used to spend six hours a day together. He was friendly, kind and he used to joke a lot with the whole staff. He was the loveliest doctor in our hospital.

I'm in Turkey now, and he was supposed to visit his family here after I returned to Aleppo. He hadn't seen them in four months.

Dr. Maaz stayed in Aleppo, the most dangerous city in the world, because of his devotion to his patients. Hospitals are often targeted by government and Russian air forces.

Days before Dr. Maaz's life was taken, an airstrike hit only 200 meters away from our hospital. When the bombing intensifies, the medical staff run down to the ground floor of the hospital carrying the babies' incubators in order to protect them.

Like so many others, Dr. Maaz was killed for saving lives. Today we remember Dr. Maaz's humanity and his bravery. Please share his story so others may know what medics in Aleppo and across Syria are facing.

The situation today is critical — Aleppo may soon come under siege. We need the world to be watching.

Thank you for keeping us in your thoughts,

Dr. Hatem



**Dr Muhammad Waseem Maaz**