# ISSOP e-Bulletin
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## 1. Introduction

We are now looking forward to the first ISSOP congress to be held in the majority world. The 34th Annual Congress will be held in Santiago, Chile at the beginning of September and this promise to be an exciting and influential meeting. See 2.1 for the initial announcement. Currently the refugee crisis in Europe and the dreadful situation for child refugees is on all our minds. There are several initiatives being carried out by ISSOP members which we shall report on in future bulletins. In this issue we feature the UN High Commission for Refugees, a report from Turkey by Gonça Yilmaz and correspondence from Greece by Stella Tsitoura. We welcome further comments and contributions on this subject.

**Tony Waterston & Raúl Mercer**

# 2. Meetings and news

## 2.1 ISSOP in Chile

**34 Annual ISSOP Conference**
**First Chilean Congress on Social Pediatrics**
**August 31, 1 and 2 September 2016**
**Building Former National Congress**
**Santiago, Chile**

This Conference aims to address the problems of children and adolescents with a focus on rights and social determinants of health, assuming that the main problems of childhood today must be confronted actively coordinating with other sectors that carry out plans, policies and programs for children and adolescents.
The main objectives of the Conference are:

- To influence the design of public policies that promote the rights of children and adolescents, ensuring that they include a focus on social determinants of health.
- To promote, organize and convene a space for discussion and exchange of relevant issues related to Social Pediatrics.
- Strengthen the skills of health professionals who work with children and adolescents, ensuring the inclusion of a comprehensive approach to the problems that includes biological, psychological, social and environmental aspects of understanding.
- To contribute to the reduction of inequities, with an approach to social determinants of health, taking over unequal health outcomes they generate.
- The central idea is to go beyond the analysis of the situation and offer perspectives and proposed solutions to inequities within and between countries, and move from words to action.

**Information on registration, program, website and logistics will come soon.**

## 2.2 Survey of UK paediatricians by Child Poverty Action Group

**By Caoimhe McKenna**

The following questions will be sent out to all UK paediatricians by the Child Poverty Action Group www.cpag.org.uk. We encourage ISSOP members to carry out a similar exercise with their national paediatric society.

1. To what extent do you believe that the following contribute to the burden of ill-health among the children you work with?

- Poverty or financial difficulty in general
- Food shortage or poor nutrition
- Homelessness, overcrowding or unsafe housing
- Inability to keep warm at home
- Financial stress and anxiety (whether this is felt by children themselves or by adults in the family)
- Difficulty in accessing health information, visiting the doctor, attending appointments or adhering to treatment, as a result of parents' financial or employment situation.

***For each, choose: Not at all / A little / Somewhat / Very much***

2. Please briefly comment on the impacts you have observed, if any. We would very much welcome brief examples if appropriate.

3. In the last few years, have you noticed any change in the prevalence or severity of the impacts mentioned above?

***Things have got a lot better/***
***Things have got a little better/***
***I haven't noticed any change/***
***Things have got a little worse/***
***Things have got a lot worse***

4. Please briefly describe any changes you have noticed.

***Open question***

5. Independent projections suggest that child poverty is likely to increase by 50% between now and 2020. How great an impact do you think this will have on children's health?

***No impact / slight impact / moderate impact / severe impact***

## 2.3 Why do we need ISSOP and ISPCAN collaboration?

**Gonca Yilmaz**

Effective Child Protection systems are complex and involve multiple role players, activities of which must be coordinated to protect the best interests of the Child.

The General comment No 13, which unpacks Article 19 of the United Nations Convention on the Rights of the Child, was adopted in March 2011 by the UN Committee on the Rights of the Child. The General Comment 13 was therefore developed to provide guidance to governments on the development, functioning and maintenance of these complex systems. The General Comment 13 recognises that there is a need for cooperation across borders and regions due to child protection issues such as international trafficking and the cross border movement of children, both alone and with family members. So it would be a great opportunity to make collaboration with ISPCAN for the violence against children.

Social Paediatrics mainly deals with the social determinants of health (income, social status, support networks and social environments), operating in the early years of life can have a profound effect on health, We all know that childhood adversity exists and impacts child's future, behaviour, mental health and even physical health. So for instance, domestic violence, family dysfunction, mental health problems or substance abuse in the family, childhood abuse experiences, war, being in a refugee camp, being bullied in school and poverty can be linked to future youth suicide, unemployment, delinquency and ill health. Child health protection is a form of primary prevention dealing with all these factors and very important mission for ISSOP.

ISPCAN's mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, and children of war, emotional abuse and child labour. ISPCAN is committed to increasing public awareness of all forms of violence against children, developing activities to prevent such violence, and promoting the rights of children in all regions of the world.

Two organizations believe that effective and sustainable child abuse prevention is achieved through education and professional cooperation, and thus sees the strength of the partnerships in enhancing the global network of those working for child welfare. Partnership describes a close, on-going and coordinated working relationship, supporting an exchange of materials, information and membership benefits between ISSOP and ISPCAN. By sharing experience, research and resources the two organizations hope to augment individual, regional and national efforts to child protection. The collaboration aims to further the common mission, goals and programs of ISPCAN and ISSOP.ISPCAN is hosting a strategic plan meeting on 5-7$^{th}$May 2016, in Sion, Switzerland. I hope this meeting will be the beginning of effective collaboration between ISSOP and ISPCAN.

## 3. International Organisations

**The UN High Commissioner for Refugees www.unhcr.org (from the UNHCR website)**

**This is the biggest humanitarian emergency of our era and millions of children, women and men are now facing a bitter winter ahead.*****The UN Refugee Agency is on the ground providing life-saving protection but we need your help.***Since January 2015, **over 1 million people have arrived in Europe**by sea and land and another 15 million have been forced to flee across the Middle East.

As refugee families continue to flee war and persecution at staggering rates, **a bitter winter is fast approaching**. For many Syrian families this will be the 5th winter bringing further misery for families already struggling to survive in incredibly harsh conditions, **with many lacking basic winter household items.**

UNHCR knows from previous winter crises that it is critical to ensure that families are equipped to survive the winter from November onwards. We need to be fully prepared for the additional challenges of a winter emergency well before freezing temperatures grip regions across Europe and the Middle East, exposing millions of the most vulnerable refugees.

### What is UNHCR doing?

UNHCR is working around the clock with other agencies and aid groups, stockpiling and distributing winter aid items to keep vulnerable people, both in camps and urban settings, protected and warm. This includes:

- The distribution of winter survival kits that include high thermal blankets, sleeping bags, winter clothes, heating stoves, and gas supplies.
- The provision of emergency shelters including family tents, refugee housing units and emergency reception facilities.
- Improvement of reception and transit centers and preparing and supporting families for winter conditions.

**About the UNHCR:**

The Office of the United Nations High Commissioner for Refugees was established on December 14, 1950 by the United Nations General Assembly. The agency is mandated to lead and co-ordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees. It strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, with the option to return home voluntarily, integrate locally or to resettle in a third country.In more than six decades, the agency has helped millions of people restart their lives. Today, a staff of more than 9,300 people in 123 countries provides protection and assistance to nearly 55 million refugees, returnees, internally displaced and stateless people. A further 5.1 million registered refugees are being looked after in the Middle East by the UN Relief and Works Agency for Palestine Refugees.

## 4. Current controversy

**Tony Waterston**

### 4.1 Motion on sponsorship by the Baby Food Industry at RCPCH AGM, 27th April 2016

We have reported in the past on the new sponsorship policy of the RCPCH in UK which allows donations to the College from the Baby Food Industry.Many RCPCH members are very upset about this and indeed we organised a showing of the film Tigers at the annual meeting last year. Following this there has been correspondence with the President Professor Neena Modi, and discussion at the RCPCH council but no change in policy.

Hence a group lead by Professor Charlotte Wright (a leading community paediatrician specialising in child nutrition) and including Rosie Kyeremateng, has put forward a motion to be debated at this year's AGM on 27th April. The RCPCH has indicated that it will oppose the motion but has sent out our briefing paper together with the College view, to all members. These papers are reprinted below. The motion will be proposed by Charlotte and seconded by Rosie and a report will be given in the next e-bulletin.

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### Briefing paper for motion to RCPCH annual general meeting on formula milk sponsorship

**Charlotte Wright, Rosie Kyeremateng, Tony Williams, Tony Waterston, D. Devakumar**

In recent years the RCPCH has progressively distanced itself from formula milk manufacturer (FMM) sponsorship and we applaud the publicity that the College has given to the recent Lancet series1,2 on breast feeding and the President's commitment to "protect all families from aggressive marketing by formula manufacturers"3. However the college still derives income from FMMs for trade stands and core funding from a FMM, while collaborations with the two largest FMMs have recently been considered. We argue that, by accepting such funding, the College assists FMMs in promoting their products and damages its reputation as an objective source of guidance on infant feeding. We hope that the College will now demonstrate its full commitment to breastfeeding by declining all income from formula milk manufacturers when this motion (see overleaf) is debated at the RCPCH Annual General Meeting in Liverpool on April 27th 2016.

## What has changed in our understanding of the importance of breastfeeding?

Until recently many believed that the risks associated with use of breast milk substitutes (BMS) in affluent countries were trivial or spurious. However a recent Lancet series summarised 28 systematic reviews and meta-analyses, including many studies in developed countries. This found that in high income countries, even after allowing for socioeconomic confounding effects, the impact of not breast feeding on child morbidity and mortality is still considerable, while the impact on maternal health is actually higher than in resource poor settings1.

## Why is the use of infant formula such a concern?

While FMMs produce specialist products for paediatric use, the great majority of their profits come from products fed to healthy children and this market is growing worldwide2. Around 80% of UK mothers now start breastfeeding, but the rate drops away sharply after birth. This is strongly associated with the use of ‘supplementary’ formula milk feeding which in fact displaces breast milk and inhibits breastmilk production: increasing the risk of early cessation of breast feeding 13-24 fold (4,5).

## What works in supporting breastfeeding, and what undermines it?

A key message of the Lancet series is that a range of interventions implemented simultaneously results in considerable breastfeeding gains2. One of these interventions is the WHO/UNICEF code on marketing of breastmilk substitutes. This stresses the need for health workers to be independent of FMM promotional influences, such as sponsorship of professional associations2,6,7. These funding relationships undermine breast feeding by facilitating the interaction of health staff with FMM representatives at educational meetings as well as creating an institutional conflict of interest.

## Why is institutional conflict of interest a concern?

We recognise that individual clinicians undertake entirely valid work with FMMs on product evaluation, but this is quite different to the acceptance of funds by a professional body that must independently advise on their appropriate use. Receiving FMM funding will distort public and professional perceptions of the College stance on breastfeeding as well as their advice on the appropriate clinical use of breastmilk substitutes. Sponsorship of this kind thus damages the College’s reputation as an independent advocate for child health; we can afford not to have the money, we cannot afford the loss of reputation.

We hope members will come to the AGM and join in this important debate.

**The motion:**

**"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"**

**Proposer Professor Charlotte Wright**
**Seconder Dr Rosie Kyeremateng**

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## 4.2 Briefing paper from RCPCH Council to inform consideration of a motion on formula milk sponsorship to be presented at the Annual General Meeting, April 27, 2016

***Summary***

RCPCH Council recognises that the intent of the motion proposed by Professor Charlotte Wright, and seconded by Dr Rosie Kyeremateng, is to protect children. However, Council opposes the motion on the grounds that first, the motion is not in the best interest of infants and children, second RCPCH already has strong safeguards in place when accepting financial support, and third the motion will prevent RCPCH and paediatricians from working in the best interests of children. Council urges all members to join in this debate, and consider and vote on the motion.

### *Breast-milk substitutes*

Breast-feeding gives children the best start to life-long health, hence RCPCH welcomed and publicised the restatement of the benefits of breastfeeding in a recent Lancet series published in 2016[1]. RCPCH considers the promotion of formula over breast-feeding in healthy infants to be unacceptable. RCPCH has publicly committed to *"protect all families from aggressive marketing by formula manufacturers"*[2] and strongly supports the *WHO International Code of Marketing of Breast-milk Substitutes.* Council also notes that without high quality breast-milk substitutes babies whose mothers cannot breast-feed and babies with allergic or metabolic conditions, will be harmed. In addition, as cow's milk is not recommended as the main food before 12 months of age, the majority of healthy infants in the UK will use an infant formula during the first year, even if they are initially exclusively breast-fed. The RCPCH therefore considers it essential that high quality breast-milk substitutes are available for healthy full-term infants, preterm infants, and infants with specific diseases and conditions, and that these products are continually evaluated and improved.

1 Breastfeeding Series. *The Lancet* 2016; 387: 403-504
http://www.thelancet.com/series/breastfeeding

2 Open Letter on the crisis in UK breastfeeding February 2016 http://ukbreastfeeding.org/open-letter/

3 RCPCH Sponsorship Framework July 2015
http://www.rcpch.ac.uk/news/rcpch-sponsorship-framework

### *Conflicts of Interest*

Council recognises the need to avoid institutional conflicts of interest and maintain the reputation of RCPCH as an unbiased, independent advocate for child health. However, the potential for conflicts of interest when accepting funding is not restricted to infant formula companies but also includes Government, charities, non-governmental and other commercial organisations, including pharmaceutical companies.

Unless RCPCH is to forego all such funding the question becomes *"How can potential conflicts of interest best be managed?"*

RCPCH has addressed this issue by taking a rigorous and robust attitude to ensuring compliance with guidance from the Charity Commission and best practice within the scientific and medical fields. This is reflected in the updated RCPCH Sponsorship Framework[3] agreed by Council in 2015 that includes a requirement for due diligence, comprehensive investigation to be certain that required standards of conduct have not been breached, before entering into any agreement with external entities.

### *Interactions with commercial organisations*

Breast-milk substitutes occupy a unique position as both food and therapy. Paediatricians working in collaboration with breast-milk substitute manufacturers have an important contribution to make in product development. The proposers of the motion recognise this need noting '*We recognise that individual clinicians undertake entirely valid work with formula milk manufacturers on product evaluation.*' The engagement of clinicians and researchers with industry in accountable and well-governed collaborations drives product quality, evaluation, and translation into practise. Council considers RCPCH as the professional organisation for paediatricians, to have a logical and important role in facilitating communication between clinicians, researchers and manufacturers, monitoring progress, and implementing advances to benefit children.

### *Wider implications*

The motion would set a precedent wider than breast-milk substitutes as similar issues apply to medical devices, therapeutic drugs, and indeed, the growing commercialisation of human donor milk. The motion would be detrimental to RCPCH engagement with developers and manufacturers and hence to infants, children and young people who need their products. A ban on such interactions would not only cause significant increases in the registration fees for the Annual Conference, disproportionately affecting the most junior attendees who are least able to pay, but would have similar effects across the rest of RCPCH activity. Council considers that transparent, productive, working relationships, consistent with the Sponsorship Framework, with the manufacturers of drugs, devices, and products for children, which includes breast-milk substitutes, is essential if RCPCH is to fulfill its obligations to child well-being.

## 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

**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

### 6.1 Information shared by CHIFA (Neil Pakenham Walsh)

This graph shows US gun homicides compared with US deaths by terrorism:
http://ichef.bbci.co.uk/news/624/cpsprodpb/15BEB/production/_85876098_us_gun_terrorism_624_v4.png

The graph shows there are around 12,000 gun homicides per year in the US versus an average of zero US citizens per year killed by terrorism (presumably this reflects one or two deaths in the whole period since 9/11).It is a salutary reminder of how people's perception of threat bears little reality to the likelihood of that threat becoming reality.

It would be interested to see any infographics that compare other statistics in this way. For example, a comparison of Ebola deaths versus excess deaths in the affected countries due to other causes (maternal mortality, malaria, child deaths). Also, it would be interesting to chart the approximately 20,000 deaths due to common child illnesses every day (most of which are preventable with simple, inexpensive interventions) against deaths due to 'global health emergencies' such as Ebola and Zika.

## 6.2 Stop denying migrants their fundamental right to healthcare

**By Nick Spencer**

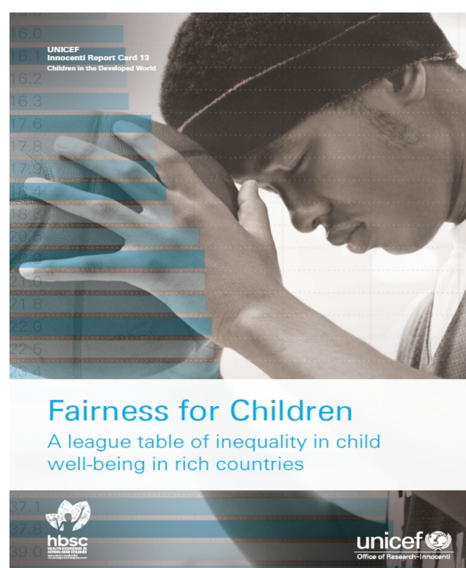
The BMJ carries a very powerful article from Jonathan Clarke highlighting the inadequacy of healthcare provision for migrants and insisting on their fundamental right to healthcare. An ISSOP working group is currently preparing an update of our position statement on migrant children's health and the statement will be based on the right to healthcare as well as other fundamental rights.

http://www.bmj.com/content/353/bmj.i1971?utm_source=marketing_email&utm_medium=Email&utm_campaign=WNOL_140416&utm_content=Intro_1&utm_term=

## 6.3 Fairness for Children A league table of inequality in child well-being in rich countries

**By Nick Spencer**

### Innocenti Report Card 13 Children in the Developed World




The Unicef Innoocenti Centre has published a further Report Card (No.13) in their excellent series which has focused on the impact of social circumstances, especially poverty, on child health and well-being in rich nations. Report Card 13 addresses inequality in child well-being using a perspective of social justice and fairness for all children. An ISSOP working group is currently revising our position statement on child health inequalities which will also adopt a social justice and fundamental rights approach.

**https://www.unicef-irc.org/publications/series/16/**

## 7. Correspondence

### 7.1 Rights of refugee-migrant children on the move

**Stella Tsitoura**

*I was trying to find out what happened with all these thousands of refugees that preferred to be drawn in Aegean Sea than to be killed by bombs. I went to Lesvos and I saw their happy faces thinking that their problems had ended and from now on they will live in the paradise of affluent West, preferably Germany. Then I saw them packed in Idomeni living on the mud waiting for the borders to open and not believing that there was a common decision of EU either to leave them in our country (the one with the worst economic crisis) or to send them back to "safe" Turkey.*

*In the mean time I saw poor Greeks trying hard to feed, dress, support, comfort them and also to convince them to move to better and more safe shelters but they did not want to believe that all those civilized countries that were so willing to ratify immediately the Convention on the Rights of the Child now don't even accept that they have the right to LIFE .*

*Concerning help of course there are serious NGO's but also many psychopath volunteers that try to start the new revolution organizing the refugees against all...*

*My activity at the moment is going around in different refugee camps trying to support mothers and children and also to organize (through MERIMNA-PALLIATIVE CARE NGO) a photographic exhibition about Children on the move in one of the most prestigious Museums of Athens the BENAKI Museum.*

*With the ticket the visitors of this exhibition will receive also the* ***Rights of Children on the Move*** *that is described below. All politicians are invited.*

### Rights of Children on the Move

Refugee and migrant children *on the move*, whether accompanied by family or unaccompanied, with or without documentation, experience highly distressing conditions as they travel through foreign lands in hope to relocate in a safe country. Having fled from war, violence, famine they are often faced during their journey with dangers, such as death, hunger, exploitation, inadequate housing, social isolation and limited or no access to health care and education. Quite often their rights are abused or neglected as ‘unimportant’. Based on the United Nations Convention on the Rights of the Child (CRC), we wish to advocate for the rights of children 0-18, which must be respected and guaranteed even when they enter a country irregularly, with no legal registration.

- ***The right to non-discrimination***. Children on the move are often discriminated against, and denied access to food, shelter, housing, health services and education. By virtue of their age they have fewer opportunities for challenging discrimination and should be protected from any form of discriminatory acts.

- ***The right to be assisted by adults who act in the child's best interests.*** Children's best interest should be of primary consideration in all decisions and actions undertaken for them. Their individuality and status as rights bearers, must be respected when displaced, on the move, or relocated.

- ***The right to life and full development***. In addition to securing their survival, children have the right to a life that enables them to develop their full potential. This is achieved when their right to education in a safe learning environment, their right to leisure and play, their right to adequate life standards, and their right to services that enhance their physical, mental, cultural, social, spiritual well-being, are respected. Despite their struggles, children on the move strive to establish a sense of normalcy and develop resilience when adequately supported.

- ***The right to opinion and participation in decisions***. Children on the move have a right to express their views, desires, and opinion in matters that affect them, and have them taken seriously in accordance with their age and maturity. When silenced, they cannot challenge violence and abuse perpetrated against them. Their right to be heard is of paramount importance in every aspect of their life.

- ***The right to protection from violence, abuse and exploitation.*** Being on the move often places children outside the mainstream protection of minors. Those who are unaccompanied or separated from their families and without a network sustaining them, encounter great risk of sexual exploitation and abuse, forced child labor, detention, military recruitment, and abuse of their rights. Protection involves the provision of a safe and supportive environment, which adequately addresses their needs, while all necessary measures are undertaken to re-unify them with their families as soon as possible.

- ***The right to the highest attainable standard of health.*** Being on the move renders children at risk for communicable and non-communicable diseases, poor nutrition and exposure to various dangers which negatively influence their health. Concerning mental health, there is high prevalence of emotional and behavioural difficulties, anxiety, depression, post-traumatic stress disorder, psychosomatic symptoms and sleep disorders. Access to appropriate health care services can strengthen their capacity to overcome the effects of trauma and displacement, and enhance their resilience.

## 7.2 Refugee Children's Rights in Turkey

**Gonça Yilmaz**

The overwhelming influx of refugees into Turkey has reached over 3.1 million registered, making Turkey the largest host of refugees in the world. In 2016, some 126 166 people have arrived through Turkey to Greece by sea. 91% come from the world's top 10 refugee-producing countries. More than 75 percent of these refugees are women and children. Turkey is a signatory country to the Convention on the Rights of the Child (CRC) and CRC is a very strong advocacy tool for child rights. Virtually every aspect of a child's life is covered in CRC, from health and education to social and political rights. About 90% of Syrian refugees in Turkey remain outside of camp settings with limited access to basic services. In Turkey, although people fleeing Syria are called 'refugees', they are only granted the status of 'asylum seekers' according to Turkish Law. This status is equal to a guest status. So it does not ensure their rights and security. Recently there are some studies have started to modify these regulations to include their fundamental rights and to further extend the scope of resettlement programs.

UNHCR estimates that more than half of the Syrian refugees are children, with 400 000 children remaining out of school in Turkey. Language barrier, resettlement and financial difficulties are serious obstacles for these children training. In CRC, Rights to health (art. 24), education (art. 28), and to an adequate standard of living (art. 27) are called "progressive rights" because they increase along with the State's economic development. However, these social welfare rights are not just principles or abstract goals. Because they are "rights," the prohibition against discrimination (art. 2) means that whatever benefits a State gives to the children who are its citizens; it must give to all children, including those who are refugees on its territory.

There is an urgent need for some extensive studies especially related to refugee children psycho-social well-being in Turkey. I would like to mentions some important points related to this issue:

•Parental distress and anxiety can seriously disrupt the normal emotional development of refugee children.

•Moreover, children often lose their role models in a refugee situation. Separation from one or other parent, very often the father in circumstances of flight, can deprive children of an important role model. Even when both refugee parents are present, their potential for continuing to provide role models for their children is likely to be hampered by the loss of their normal livelihood and pattern of living.

•Children's roles also can change in refugee situations. If one parent is missing, a child may have to take on adult responsibilities. When a mother has to take over a missing father's productive tasks outside the home, for example, an older daughter may have to substitute for the mother in caring for younger children.

•While parents work in housekeeping, child care, patient care and sectors like agriculture illegally for low wages; children can go around begging or become child workers. Their developmental needs might be neglected because of overwork, or lack of opportunities for play or to attend school. Moreover they can be forced into marriage at an early age and abused by means of commercial sexual exploitation.

There is no doubt that Turkey faces a new reality and these Syrian children refugee children are likely to permanently stay in the country and contribute to country's social wealth in the future. In the guidance of CRC, enforcement of extensive social integration policies that regulate housing, health, education and municipal services will create a positive impact, despite the situation.