ISSOP e-Bulletin
No 11. September 2014

CONTENTS

1. **Introduction**
2. **Meetings and news**
   2.1. ISSOP in Geneva
   2.2. Conflict of Interest Special Interest Group
   2.3. The Italian Coalition for Infant and Young Child feeding
   2.4. Child Rights Training Group
3. **International Organisations**
   3.1 Global Health Forum
   3.2 Echoes of the Initiative of Child Rights and Health in Latin America
4. **Current controversy – climate change and health**
5. **CHILD2015 report**
6. **Recent publications**
   6.1 Climate justice and the right to health
   6.2 Monitoring health inequality: An essential step for achieving health equity
   Children in the world

1. Introduction

Apologies that this is the first e-bulletin since May. We took a break in July so there is plenty to catch up on. As our publication coincides with the global climate action day and the UN Summit on Climate Change, our controversy article covers this topic. We have follow up on the ISSOP Conflict of Interest statement and the group which has been set up to take this forward, together with a call to action from Italy written by Adriano Cattaneo who is a member of the COI group. And we offer a trailer for next year's annual meeting which will be in Geneva: a magnificent city beside a beautiful lake which also houses the HQ of the World Health Organisation – what could be more fortuitous in the year 2015, the climax for the Millennium Development goals?

TW

2. Meetings and News

2.1 ISSOP in Geneva

Geneva, Switzerland 2nd – 4th Sept 2015

The Millennium Development Goals (MDGs): 2015, and what next?

A social paediatrics and child rights perspective for our practices

This meeting is being organized by **Olivier Duperrex** and promises to be highly relevant and important to global health. Held in the city which represents WHO, the meeting will focus on the follow up to the Millennium Development Goals, and in particular what we as social paediatricians would like to see being put in place. Early September is a lovely time to visit Switzerland and the train service is probably the best in Europe, so why not take the chance for nipping up to the mountains whilst you are there?

2.2 Conflict of Interest Special Interest Group

ISSOP EC has set up this group to monitor and take forward the position statement on Sponsorship of Paediatricians by the Babyfeeding industry, which we featured in the last newsletter. The group members are currently Shanti Raman (Aus), Gulbin Gokcay (Turkey), Ayesha Kadir (US/UK), Adriano Cattaneo (Italy), Olivier Duperrex (Switz), Mitch Blair (UK) and Tony Waterston (UK). The involvement of other ISSOP members is welcomed. The group will work to obtain endorsement of the PS initially in Turkey, Switzerland, USA and by the IPA. Involvement of other countries/national paediatric associations will be very welcome as well as translation of the PS into new languages – please can anyone with an interest in this write to me?

Tony.waterston@ncl.ac.uk

2.3. The Italian Coalition for Infant and Young Child Feeding

On Saturday 13 September 2014, 23 representatives of 13 associations (out of 15 that had been invited, but two were unable to send a representative) met in Rome to found and launch the Italian Coalition for Infant and Young Child Feeding. The meeting was convened by the Associazione Culturale Pediatri (ACP), one of the main paediatric association in Italy, the board of which had made the proposal for a Coalition. Two smaller paediatric associations attended the meeting. The remaining associations were the ones that are traditionally engaged in the protection, promotion and support of breastfeeding in the country, including mother-to-mother support groups.

The participants discussed a draft Manifesto that had been circulated among the 15 associations in the previous two weeks. Following the feedback received prior to the meeting and the lively discussion in Rome, the Manifesto was eventually approved and will be shortly posted in the association websites and disseminated.

The Manifesto is a call for action. Based on it, all the members of the Coalition will promote and monitor joint actions aimed at improving infant and young child feeding through information to the public, training of health workers, support to mothers and families, and application of measures for the protection of breastfeeding and complementary feeding. All the activities carried out by the Coalition will be based on scientific evidence and will be independent from commercial interests.

The Coalition will be particularly active for the enforcement of the International Code. The first joint activity will be a call upon regional health authority to halt the routine advice about formula feeding that is currently present in the discharge letters of most maternity hospitals. This practice is widespread, and has been so for decades, despite being forbidden by a decree of the Ministry of Health issued in 2009. Future action will aim at reducing in the short term, and halting in the long one, the almost universal practice of accepting funds from the baby food industry for meetings and conferences by paediatric associations.

ACP has a code of conduct that prevents such funding since more than 15 years; the code has been recently updated and made stronger. One of the objectives of the Coalition is to persuade other professional associations to adopt a similar code. Alternatively, or in parallel, the Coalition will ask the Ministry of Health to revise the 2009 decree to add such a provision. This means that the Coalition will have to get in touch with the board of all the paediatric associations to request such a move. The ISSOP position statement on this issue will help in this endeavour.

To convince other paediatric association to join in, the Coalition will continue to reveal to health workers and to the public, as done for years by some of its members, the current appalling funding practices. The Coalition will maintain that these practices are detrimental to the image of paediatric professionals, let alone to good infant and young child feeding, and progressively lead to a weakening of the confidence that parents have on their paediatricians.

Adriano Cattaneo

2.3 Child Rights training group

The Child Rights Training Group continues to collaborate on an open access child rights curriculum led by Jeff Goldhagen. The curriculum is designed for health workers and trainees, and will be freely available to all electronically through the Open University. As it is a virtual curriculum, it will continue to evolve over time, with additions and rearrangements and linkages akin to a Wikipedia collection.
Colleagues in ISSOP have been working on a series of case scenarios to illustrate the direct application of child rights in clinical care. All topics are meant to be specific examples of much larger issues – globalisation, poverty, violence and war, etc – and to draw clear links between these issues and individual patients and clinicians. The first round of scenarios has been completed, and we are now beginning work on a second round. Our next series of cases will cover the following topics: the rights of disabled children, children in jail/the juvenile justice system, child trafficking, and female genital mutilation. Additionally, we will prepare a larger section child health care financing which will include comparative pieces from around the world. We would like to extend an invitation all our colleagues in ISSOP who are interested to collaborate with us on this project.

Ayesha Kadir

3. International Organisations

3.1 Global Health Forum – report by Olivier Duperrex

Global Health Forum 2014 – Interconnected Challenges, Integrated Solutions
http://ghf.globalhealthforum.net/
The 5th edition of the meeting was held in Geneva mid April 2014 and I had the opportunity to follow most of it. Fascinating talks and high levels challenges kept me on my toes. And small sessions allowed me to better understand some of the issues

but also to discover very creative solutions. You might want to look at the conclusions of every day but also at the abstracts regrouped by thematic tracks:

Advocacy and Communication (33)	Health Workforce (39)
Chronic Diseases (37)	Humanitarian Action (12)
Clinical Practice and Hospitals (21)	Infectious Diseases (49)
Education and Research (32)	Innovation and Technologies (29)
Environment and Sustainability (6)	Social Determinants and Human Rights (36)
Governance and Policies (35)	
Health Systems (58)	Women and Children (27)

Regards from Geneva, Olivier Duperrex

3.2 Echoes of the Initiative of Child Rights and Health in Latin America

During a recent meeting in the city of Santo Domingo, Dominican Republic, a workshop on Child Rights and Health was held (1). This activity was sponsored by the Ministry of Health, the Pan American Health Organization and the Dominican Society of Pediatrics.

For two days the conceptual aspects of rights and their implications for the health of children and adolescents were approached. The workshop was facilitated by faculty from Argentina, Colombia, Paraguay and Dominican Republic. In turn, local programs working with a rights perspective (maternal and child health, sexual and reproductive rights and disabilities) were part of the agenda.

The group then moved to Bavaro to participate in the ALAPE Congress of Pediatrics. There, a symposium on child rights with a life course perspective was organized. During that time, the group stimulated the formation of Committees of Social Pediatrics and Child Rights (CPS&CR) in the participant countries (2).

Dominican drums (RM)

To date, integrated countries with CPS&CR active committees are: Argentina, Chile, Colombia, Uruguay, Peru, Paraguay and Dominican Republic. Countries in forming process are: Brazil, El Salvador, Haiti, Honduras, Nicaragua and Panama. Finally, countries that have not been contacted yet are: Bolivia, Costa Rica, Cuba, Ecuador, Mexico, Puerto Rico and Venezuela. The group has strong links with professionals and organizations in other countries and regions: Spain (Spanish Society of Social Pediatrics) US (Jeffrey Godlhagen), Canada (CRED PRO, IICRD, CSP) and ISSOP.

More regards, this time, from Argentina. Raul Mercer

(1) http://msp.gob.do/Finalizan-taller-sobre-salud-y-derechos-de-infancia-y-adolescencia
(2) http://www.alape.org/comites.php

4. Current controversy

4.1 Climate change action

21st September marked the largest global demonstration yet held on climate change with hundreds of thousands of people out on the streets in New York, London, Paris, Edinburgh and many other cities round the world. I was out there in Edinburgh and there was a strong feeling of urgency in the huge crowd, in which there were many children participating. But is climate change really an issue for paediatricians and is it onethat we take seriously in ISSOP?

CC is relevant to child health because -

- **It is an issue of intergenerational justice (see 6.1)**
- **It is a key determinant of child health globally**
- **It will affect the most vulnerable in society first**
- **Tackling CC will have huge health benefits**

Yet at the present time it does not seem that sufficient urgency is given to CC by paediatricians and specifically by social paediatricians. No doubt the reasons for this are the same as throughout society, namely –

- **widespread doubts over the reality of CC (*hopefully not shared by paediatricians)***
- **a preference to focus on the serious problems around us now rather than the uncertain future**
- **a vain hope that science will save us from the problems of rocketing CO2 emissions**
- **inertia over the whole question of change – it seems too big a problem, and anyway what does it matter what we do if China doesn't lead the way**
- **the feeling that personal change will make no difference**

My own conclusions to the above are to urge paediatric involvement in this momentous problem on the basis of huge predicted benefits to child health – more than that accrued by immunisation, accident prevention and smoking cessation put together. I say this on the basis of the marvellous book by Ian Roberts 'Energy Glut' which I encourage everyone to read
http://www.roadpeace.org/involved/support_us/the_energy_glut/
and which includes these words by Roberts (a paediatric epidemiologist) –
'My objective with the book was …to spread the idea that the decarbonisation of our towns and cities could bring a world with less hunger, less poverty, a world without war, less obesity and more health and well-being, socially useful jobs, towns and cities that respect human dignity and where we could once again rejoice in safe human movement'

We can take action both on a personal and organisational basis in the following ways:

- **ensure that all paediatric meetings include a topic related to CC**
- **ensure that our paediatric teaching covers the health impact of CC**
- **ask your paediatric association to sign up to the Climate and Health pledge http://www.climateandhealth.org**
- **ask your paediatric association to end investments in the fossil fuel industry – as the UK BMA has done - http://climateandhealthblog.weebly.com/blog/newsflash-uk-doctors-vote-to-end-investments-in-the-fossil-fuel-industry**
- **try and be a role model in leading a low carbon lifestyle – particularly in mode of travel – you'll feel much better for it !**

At the march in Edinburgh Young people calling for a future

5. CHILD2015 Report

At the ISSOP annual meeting in Gothenburg, a CHILD2015 webinar was held on child abuse with an international panel including Professor Margaret Lynch from UK, Dr Luis Martin from Spain and Dr Gonca Yilmaz from Turkey and chaired by Dr Tony Waterston (UK). Following presentations by GY and ML, the panel responded to questions both from the local and the international audience. A recording of the webinar is still awaited and we apologise for the technical difficulties which have led to delays in this being available. A follow up webinar on the prevention of corporal punishment is to be organised before the end of the year.

CHILD2015 members continue to increase and country representatives are sought in former Eastern Europe, North Africa, the Middle East and Australasia to further publicise the network – offers of assistance to Tony Waterston. A Spanish version is under development with the help of Raul Mercer and PAHO. The name of CHILD2015 is to be changed to CHIFA and an announcement about this is imminent.

6. Recent publications

6.1 Climate justice and child rights

The open access journal Health and Human Rights has just published a special issue on Climate Justice and the Right to Health http://www.hhrjournal.org/

Below is the abstract and selected extracts from a paper on climate change and children's rights.

Elizabeth D. Gibbons. Climate Change, Children's Rights, and the Pursuit of Intergenerational Climate Justice. June 2014 Number 1 Volume 16 Health and Human Rights Journal
http://www.hhrjournal.org/wp-content/uploads/sites/13/2014/06/Gibbons1.pdf

Abstract
Frequently forgotten in the global discussions and agreements on climate change are children and young people, who both disproportionately suffer the consequences of a rapidly changing climate, yet also offer innovative solutions to reduce greenhouse gas emissions (climate change mitigation) and adapt to climate change. Existing evidence is presented of the disproportionately harmful impact of climate-induced changes in precipitation and extreme weather events on today's children, especially in the Global South. This paper examines the existing global climate change agreements under the UN Framework Convention on Climate Change for evidence of attention to children and intergenerational climate justice, and suggests the almost universally ratified Convention on the Rights of the Child be leveraged to advance intergenerational climate justice.

Selected Extracts
'We do not inherit the Earth from our Ancestors, we borrow it from our Children.' Native American Proverb

'In 2012, diarrhea was the cause of one in ten preventable child deaths, killing more than 1,600 children under five every day.... Climate change is constraining access to clean drinking water—and the infrastructure which delivers it—by flooding which follows a heavy rain storm or a cyclone; contaminating water and rupturing pipes, by salinization from raising sea levels; and by drought, which dries up water sources, thereby concentrating contaminants...'

'Climate change is affecting the food supply at both global and national levels, and this has a knock-on effect on poor children...'

'The recent and predicted future increase in climate-induced extreme weather events not only impacts children's physical health, nutrition, and survival, but carries long-lasting mental health effects on children who have been displaced by floods and storms...'

'Without compromise, the inexorable pace of global warming will proceed, posing enormous risks to the future of humanity. The risks are most acute for poor children living in both poor and rich countries. One area where all countries may find common ground is around children, and urgent action is needed to respect their best interests and claim to intergenerational climate justice. Possible actions include:

- Developing a globally harmonized system for the collection, analysis, and dissemination of data on the human impact of climate change consequences...
- Opening a dedicated window for intergenerational climate action within UNFCCC climate financing instruments...
- Including, within guidelines of State parties' periodic reports to the CRC Committee, a requirement to provide information on action taken to safeguard children from the impact of climate change on their rights...
- Leveraging the power of the CRC by children, their representatives, and organized civil society, to make States accountable for meeting their obligation to realize child rights, without discrimination, even in the face of climate change...'

Nick Spencer

6.2 Monitoring health inequality: An essential step for achieving health equity

WHO have published (September, 2014) a booklet on health inequalities outlining key steps to be taken for health equity. The details are shown below:

Objectives:

- promote the prioritization of health inequality monitoring, and the practice of disaggregating data
- exemplify and encourage the use of interactive data visualization

Brief summary:

This booklet communicates fundamental concepts about the importance of health inequality monitoring, using text, figures, maps and videos. Following a brief summary of main messages, four general principles pertaining to health inequalities are highlighted:

1. Health inequalities are widespread
2. Health inequality is multidimensional
3. Benchmarking puts changes in inequality in context and
4. Health inequalities inform policy

Each of the four principles is accompanied by figures or maps that illustrate the concept, a question that is posed as an extension and application of the material, and a link to a video, demonstrating the use of interactive visuals to answer the question. The videos are accessible online by scanning a QR code (a URL is also provided). The next section of the booklet outlines essential steps forward for achieving health equity, including the strengthening and equity orientation of health information systems through data collection, data analysis and reporting practices. The use of visualization technologies as a tool to present data about health inequality is promoted, accompanied by a link to a video demonstrating how health inequality data can be presented interactively. Finally, the booklet announces the upcoming State of inequality report, and refers readers to the Health Equity Monitor homepage on the WHO Global Health Observatory.

The booklet can be downloaded at
http://apps.who.int/iris/bitstream/10665/133849/1/who_fwc_ger_2014.1_eng.pdf?ua=1

There are also accompanying video clips illustrating fundamental concepts in monitoring health inequalities – these are available for download at http://www.who.int/gho/health_equity/videos/en/

Nick Spencer

Children in the world – Images – Children in the world – Images – Children in the ..

This is a photo of children with hearing disabilities, made through Atfaluna Society for Deaf Children where children are screened for hearing in grade 1. Many children in Gaza suffer from congenital diseases due to intermarriage, including hearing impairments. Atfaluna is an organization that empowers children and adults with such disabilities.