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1. Introduction

Welcome to the first e-bulletin for 2016. There are hopeful signs that countries may work together more constructively than in the past: two being the relative success of the Paris climate conference and the Iran nuclear agreement, ending years of fierce enmity between USA and Iran. Will the SDGs help children and reduce the daily assault on their lives and wellbeing? Can we make child rights a reality and not just a rhetorical slogan? Can ISSOP challenge the narrative of business as usual in paediatrics and child health?

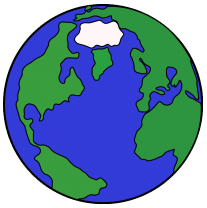
Please write in and let us know what you think, and disseminate the e-bulletin widely.

Tony Waterston and Raul Mercer

2. Meetings and news

2.1 From the trainees

Introduction to weekly review



Darshana Bhattacharjee, Paediatrics, UK

This is a short summary of the preceding week's topical child health and social issues from the UK and around the world. The articles cover a range of subjects including conflict in various countries, and the subsequent impact on children; child public health issues, particularly in the UK; and rounding off with more light-hearted articles on children in relation to their health.

Child health issues near and far- A weekly review (W/B 04/01/16)

A round-up of some of this week's child health and social issues, both from the UK and around the world.

FROM AROUND THE WORLD

Human traffic

January is National Human Trafficking Awareness month. This article gives an overview of what human trafficking is, why it still exists, and the consequences for children.**https://www.unicefusa.org/stories/how-trafficking-exists-today/29715**

How can refugee children hang on to their childhood?

A photo essay highlighting the importance of play for children who are displaced by conflict. UNICEF has set up child-friendly spaces equipped with toys and educational materials to help give kids part of their childhood back.
http://mashable.com/2016/01/05/refugee-children-struggle/

The high price of the Yemen civil war

Yet another sobering reminder of the price children are paying in Yemen as a result of conflict in the besieged city of Taiz. This article highlights the plight of a surgeon having to choose between treating a young girl with severe head injuries and an older man with a gangrenous abdominal wound, with limited hospital resources. It truly makes you thankful for the NHS.**http://www.bbc.co.uk/news/magazine-35253681**

CLOSER TO HOME

Sex education to be taught in schools

A long-standing battle, but one that needs to be fought. Various committees are urging the (UK) Education Secretary to make PSHE (Personal, Social, Health and Economic) education compulsory in schools, which to date is not statutory, therefore not included on the National Curriculum. The lack of PSHE education from a young age is a great disservice to children and young people, who need to learn the skills of building good relationships and developing resilience before entering adulthood. Let's keep our fingers crossed this time...
http://www.bbc.co.uk/news/education-35261816

Mandatory parenting classes?
David Cameron announces plans for an initiative encouraging parents to undertake parenting classes, with the aim of reaching the same level of acceptability as NCT antenatal classes. A noble venture, particularly if it helps families to function better and potentially reduce referrals to the Community Paediatrician!
http://www.theguardian.com/politics/2016/jan/10/david-cameron-parents-children-lessons

How sensitive is your child?
Is there one hurtful thing you can say to your child that could undo all your good parenting and, every parent's fear, scar them for life? Thankfully not, as this article suggests while examining certain aspects of parental communication.
http://www.independent.co.uk/life-style/health-and-families/features/how-easily-can-a-parent-psychologically-damage-their-child-a6802941.html

AND SOMETHING A BIT MORE LIGHTHEARTED...

Dear 15-year old self...
What would you tell your 15-year old self to do better, or never do again?
http://www.independent.co.uk/life-style/health-and-families/the-advice-that-adults-wish-they-could-give-their-15-year-old-selves-a6802361.html

2.2 Street Medics

Posting on HIFA from Hesperian 14th Jan 16

Check out Hesperian Health Guides' newest blog on the modern history of street medics, the Medical Committee for Human Rights, and an interview with Grace Keller on the role street medics play in supporting movements. Here's an excerpt: Care for Where There Is No Justiceby Julia Nakad, Hesperian Health Guides

Street medic groups have been on the front line of many groundbreaking movements, from the Civil Rights and New Left movements, to modern day movements such as Occupy Wall Street and Arab Spring. Perhaps more importantly, however, street medics have played a role addressing root causes of ill health and supporting the movements which transform dynamics of power, privilege, and access.

One only needs to look at the involvement of the Medical Committee for Human Rights (MCHR), one of the most well-documented and long-lived medic organizations to exist in the United States, which illustrates well the scope and magnitude that street medic efforts have had...

Read the full blog here: http://hesperian.org/2016/01/06/care-for-where-there-is-no-justice-the-modern-history-of-street-medics-and-how-they-support-social-movements/

Rachel Grinstein

3. International Organisations

3.1 Intergovernmental Panel on Climate Change (IPCC)

The IPCC http://www.ipcc.ch is the international body of scientists which regularly reviews the world situation in relation to climate change, and produces reports for use by governments, institutions and individuals.
The IPCC reviews and assesses the most recent scientific, technical and socio-economic information produced worldwide relevant to the understanding of climate change. It does not conduct any research nor does it monitor climate related data or parameters. Thousands of scientists from all over the world contribute to the work of the IPCC.
The most recent IPCC report was published in 2014 and the summary is here

http://www.ipcc.ch/pdf/assessmentreport/ar5/syr/AR5_SYR_FINAL_SPM.pdf

There are many figures and data in the report which are of great value in informing colleagues and the public of the validity of the science of climate change, this is of critical importance at a time when many are sceptical or prefer to ignore the reality. The following is a key quote –

Warming of the climate system is unequivocal, and since the 1950s, many of the observed changes are unprecedented over decades to millennia. The atmosphere and ocean have warmed, the amounts of snow and ice have diminished, and sea level has risen. ***{1.1}***

I encourage readers to make use of the IPCC reports in their teaching about climate change and its effect on health.

Tony Waterston

3.2 Russian children's health care as the first of the world social pediatrics state model

The highlight of the Russian maternal and child health development was the control of child mortality rate – the most important social problem at the beginning of the 20th century. The infant mortality rate up to 1913 was fixed at the level of 240 to 270 per 1,000 live births. This figure was more than twice as high, as other European countries. Such a high level of child mortality was connected with low socio-economic status of population.

After the Russian revolution in 1917, a new model of state health care was developed in the Soviet Union. The core of the system was total centralization and state control for the public health. The Soviet health care system was based on the following principles:

- national (state) health service;
- free care for all citizens;
- special focus on mothers and children;
- integration of health promotion, prevention and treatment;
- prevention of socially significant diseases;
- community involvement in the health care.

A special focus on children's health was reflected in the establishing of separate pediatric care with complete network services from the special health services -children's polyclinics (outpatient clinics)- and hospitals to research institutes. The first in the world separate departments of pediatrics for training pediatricians from the freshman year were arranged in 1930.The main idea of polyclinic pediatricians functioning was (and still is) the neighborhood principle which allows for a good connection between the medical workers and the child's family. The district pediatrician has been at the heart of the child population health care. Pediatricians were included in the staff of schools and preschools as well. The regional child outpatient facilities provided the preventive and primary health care for children and adolescences. Vaccination became an important component of preventive measures. Much effort was directed toward the health education of society.

Schools of thought headed by Veselov N.G., Baranov A.A., Albitsky V.Y. et al., researched the influence of social factors on the children health. These aspects were considered as fundamental principles in public policy of child health care.

The most serious problem of the Soviet health care system was its chronic underfunding. Nevertheless the Soviet system of child health care was socially oriented and included elimination of inequality of access to medical care and the focus on the health in the context of the child's environment - family, school and community.

In times of national crisis in the 1990s the most important thing was "do not throw out the baby with the bath water", that is to save the key principles of the Soviet model and at the same time to fill the health care system with new resources and advanced technologies.
Maintenance of the organizational structure - child outpatient clinics - is the basis of the social pediatrics approach to the protection of children's health. This medical structure defined by the legislation and the functions of the district pediatrician are shown in topics 1 and 2 accordingly.

1. Recommended Structure of a Russian pediatric polyclinic

- Department of information management and analysis: registry office, organizational-methodological department (department of medical statistics)
- Department of medical prevention (pediatrics): offices of district pediatricians, preventive (pediatric) care room, vaccination room, medical treatment room
- Day patient department
- Consultative-diagnostic department: offices of medical specialists, functional diagnostics room, X-ray diagnostics room, laboratory
- Department of emergency medical treatment
- Department of rehabilitation medicine

• Department of medical and social care
•Department of the provision/organization of medical care (for children) at educational institutions
• Department of eyesight protection
• Department of allergy diagnostics
• Department of physiotherapy
• Department of physical therapy

2. Functions of a Russian district pediatrician

• Initial antenatal care for gravida, neonates, and younger children
• Dynamic monitoring of physical and psychological development of the entrusted children
• Diagnostic and therapeutic work on an outpatient basis
• Preventive examinations of children
• Immunoprophylaxis
• Referral of children to medical specialists
• Referral of children with medical indications to inpatient treatment
• Preventive examinations and improvement of children's health
• Transfer of information about children and families who are at social risk to the department of medical and social care at pediatric polyclinics and custody and guardianship agencies
• Organization of implementation of individual rehabilitation programs for children with disabilities
• Organization of home care
• Registration of medical records of the children assigned to a sanatorium-resort therapy
• Implementation of measures for prevention and reduction of morbidity, disability and mortality in children, including infants;
• Implementation of counseling and vocational guidance of children
• Implementation of personal, social and health education for children and parents (legal representatives) for the prevention of pediatric diseases and the establishment of a healthy lifestyle
• Organization of sanitary and hygienic education and training of children and their parents (legal representatives)
• Participation in the implementation of an analysis of the basic medical and statistical rates of morbidity, disability and mortality of the designated children
• Organization and implementation of anti-epidemic and preventive measures and events at centers of infectious diseases

The third part of medical treatment (sanatorium and resort facilities), which was lost during the 1990s (they stayed out of Russia - in Baltic and Central Asian countries, in Ukraine etc.), is now being restored through creating rehab centers all over the country for children to restore their health.

The Union of Pediatricians of Russia (UPR) - one of the oldest professional associations of doctors of the country, continues its activities. This professional community was established in 1912 at the first Congress of Pediatricians of Russia, and in 1927 was transformed into the Society of Pediatricians of the Soviet Union. Now UPR as before pays great attention to social aspects of child health. For example, in times of economic and social crisis of the 90s Russian pediatricians prevented the growth of infant mortality. Then in 2005 the unique structure of pediatric care with the key figure of district pediatrician instead of the Western model of general practitioner was preserved. Thus the peculiarities of the Russian health system care were restored.

In 2012 it was decided to organize the social pediatrics working group in the framework of the UPR. Since then, the working group conducts the symposiums within the confines of the annual congress of UPR by on issues of social pediatrics. In 2016, the subject of the symposium will be the protection of the health of children and adolescents within the framework of the Sustainable Development Goals of the Millennium.

Natalia V. Ustinova, Valeriy Yu.Albitsky

4. Current controversy

4.1 Is there still time to prevent overwhelming calamity? Conference of Parties (COP) 21, Paris December 2015

I was fortunate to attend the Paris Climate Change conference in December as a Green Party delegate to the Friends of the Earth action weekend on 11-13th December, the final weekend of the conference. I have written about the action in a blog in the BMJ so will not repeat this here.
http://blogs.bmj.com/bmj/2015/12/16/tony-waterston-coming-up-for-air-at-cop-21/

I shall comment on the outcome of the conference and what might be the role of paediatricians and ISSOP in particular. What were the main points of agreement?
I have made use of the Guardian's report,
http://www.theguardian.com/environment/2015/dec/12/paris-climate-deal-key-points

Keeping temperature rises below 1.5C

Governments have agreed to limit warming to 1.5C above pre-industrial levels: something that would have seemed unthinkable just a few months ago.

Article 2

1. This Agreement, in enhancing the implementation of the Convention, including its objective, aims to strengthen the global response to the threat of climate change, in the context of sustainable development and efforts to eradicate poverty, including by:
(a) Holding the increase in the global average to well below 2C above pre-industrial levels and to pursue efforts to limit the temperature increase to 1.5C above pre-industrial levels, recognizing that this would significantly reduce the risks and impacts of climate change.

Pledges to curb emissions

Before the conference started, more than 180 countries had submitted pledges to cut or curb their carbon emissions (intended nationally defined contributions, or INDCs, in the UN jargon). These are not sufficient to prevent global temperatures from rising beyond 2C – in fact it is thought they will lead to a 2.7C rise or higher. The INDCs are recognised under the agreement, but are not legally binding.

Long-term global goal for net zero emissions

Countries have promised to try to bring global emissions down from peak levels as soon as possible. More significantly, they pledged "to achieve a balance between anthropogenic emissions by sources and removals by sinks of greenhouse gases in the second half of this century".Experts say, in plain English, that means getting to "net zero emissions" between 2050 and 2100. The UN's climate science panel says net zero emissions must happen by 2070 to avoid dangerous warming.

Article 4

1. In order to achieve the long-term temperature goal set out in Article 2, Parties aim to reach global peaking of greenhouse gas emissions as soon as possible, recognizing that peaking will take longer for developing country Parties, and to undertake rapid reductions thereafter in accordance with best available science, so as to achieve a balance between anthropogenic emissions by sources and removals by sinks of greenhouse gases in the second half of this century, on the basis of equity, and in the context of sustainable development and efforts to eradicate poverty.

Take stock every five years

187 countries have put forward their plans for how to cut and curb their emissions beyond 2020, as far out as 2030.But those pledges are not enough to keep warming below 2C, beyond which climate change is expected to have catastrophic impacts. According to several analyses, the plans will see around 2.7-3C.That's why the text has a review mechanism to ramp up those pledges every five years, in order to make them strong enough to keep under 2C. The first stocktake will happen in 2018, but the first one under the deal happens in 2023. The text promises that parties "shall undertake ... [the] first global stocktake in 2023 and every five years".

2. The Conference of the Parties serving as the meeting of the Parties to the Paris Agreement shall undertake its first global stocktake in 2023 and every five years thereafter unless otherwise decided by the Conference of the Parties serving as the meeting of the Parties to the Paris Agreement.
3. The outcome of the global stocktake shall inform Parties in updating and enhancing, in a nationally determined manner, their actions and support in accordance with the relevant provisions of this Agreement, as well as in enhancing international cooperation for climate action.

This all sounds good. However.. many are sceptical, as the commitments are not binding and most countries are likely to backslide owing to the difficulties of both pursuing economic growth and reducing carbon emissions. For example, read George Monbiot
http://www.theguardian.com/environment/georgemonbiot/2015/dec/12/paris-climate-deal-governments-fossil-fuels

'By comparison to what it could have been, it's a miracle. By comparison to what it should have been, it's a disaster.'

The basic problem is that growth as we know it, which involves rampant consumerism, buying a new car and a new computer every two years, flying in long haul jets, and investing in fossil fuels – is incompatible with avoiding a 2 degrees C temperature rise. Yet most world leaders are unwilling to make political statements to this effect. And there has so far been no global agreement to keep fossil fuels in the ground (i.e. tackling the production side). We already have enough in stockpiles to cause 2 degrees of warming. Taking more out of the ground will be fatal. This is why most climate change NGOs (including Greenpeace and Friends of the Earth) say that they have to lead the campaign, and push governments to accept higher targets for emissions

reduction. In my view, medics (and in particular, paediatricians) need to be part of this campaign. Remember how doctors (in UK at least) were the first to give up smoking when the links with cancer became crystal clear. They then became effective role models for the rest of the community.

Can we do the same with climate change?

It's not difficult. We know that measures to reduce carbon emissions will improve our health and wellbeing. But we do need to wean ourselves off our fossil fuel addiction. That means setting a personal example.

So here are my own suggestions for action by ISSOP members. Please write in to say what you think!

1. **Be an activist**
   - join the climate movement so as to be part of the solution
   - disinvest in fossil fuels and invest in renewables
   - discuss climate change with your trainees and colleagues – have you noticed how often the subject is avoided as being 'too serious' or 'too difficult'?
   - read George Marshall's book 'Don't Even Think about it' to understand why others deny or ignore climate change

2. **Understand your carbon emissions**
   - calculate your emissions – it's easy! Try http://www.carbonfootprint.com/calculator.aspx
   For most people, the biggest emissions come from transport, home energy use and food. Have a look at this website to see the comparison between different forms of transport - http://www.beagleybrown.com/planes-trains-or-automobiles-carbon-emissions-compared-for-different-forms-of-transport/
   And if you want to see the difference you could make by adopting a vegetarian diet (or just being veggie for half the week), look at this - http://thinkprogress.org/climate/2014/06/27/3454129/eating-meat-carbon-emissions/
   Home heating is a big one, and if you can both cut your heat losses by effective insulation and generate your own electricity by installing solar PV, you will dramatically reduce your energy bills.

3. **Set a good example**
   Simply think through your options for carbon reduction – what is realistic for you, and will have an impact on your peers? Cutting car use could be no 1 – and avoiding flying when you could find an alternative means of getting there. Remember – it's the well off that have to change their lifestyle, so that those at the other end of the economic ladder can reap the benefits.

Finally: some people say, it's governments that need to lead the change, what I do will make no difference. There are two answers to this.First, we would only be doing what we shall have to do in the future, once governments start to take the problem seriously.Second, if ISSOP members are seen to take climate change to heart, then we set a lead for others to follow, and make it more likely that thinking people will push the government to enforce real change.

Tony Waterston

4.2. Climate change in Argentina: one more tip of the iceberg

The climate is changing and populations should start make changes in their daily lives in order to adapt to these new conditions. Natural climate variability coupled with climate change process is recognized globally as the leading causes the increased frequency and intensity of extreme events, they are one of the main factors of flooding. In different regions of our country, the annual amount of precipitation has been modified substantially over time, with different intensity and in different seasons. Also they have been observed significant changes in the occurrence of events extreme precipitations, such as heavy rain falls in short periods and prolonged droughts.

90% of the population lives in urban centers. Impacts urbanization has caused-and provocation on the water cycle are substantial. The expansion of cities, the pressure on floodplains, intervention of systems natural, coupled with changes in rain regimes poses a major challenge to those responsible to manage the development of urban centers.

A recent publication presents expert contributions in order to provide local decision makers a material in which they can find information, tools and experiences that will prove useful to begin implementing actions to reduce risk and vulnerability to urban flooding. To do this, specialists and experts in the field address in each of its items the most important aspects this problem.
http://www.ambiente.gov.ar/archivos/web/AdCC/file/CambioClimatico_web.pdf

In 2013, the city where I live, La Plata, Capital of Buenos Aires Province suffered a flood that killed 89 people. At that time awareness of the effects of urban growth, lack of planning and lack urban development of infrastructure for the onslaught PROGER precipitation of the population living in peri-urban areas it was taken.
http://www.perfil.com/politica/Oficializan-89-muertos-por-las-inundaciones-de-La-Plata-en-2013-20140704-0027.html Unlike what happens in developed countries, the poor population lives in peri-urban areas of large cities or in marginal areas next to rivers or water tributaries

La Plata, 2013

The floods that are now beating Brazil, Paraguay, Uruguay and Argentina, are the expression of a number of factors to which must be added the deforestation and the use of monoculture soy-based. Only in Argentina, the number of evacuees was over 20,000 having (mostly poor and children) also regretted the loss of human lives.
http://www.infobae.com/2015/12/25/1779018-inundaciones-el-litoral-las-ciudades-mas-evacuados.

While writing this article, I share realities of natural disasters in USA, UK and elsewhere. The Conference on Climate Change (see article by TW) shows symptoms of the political class to take a position against it. The question is how much of what is said may be feasible or are facing an irreversible path of destruction of our habitat.

Raul Mercer

5. CHIFA report

CHIFA: Child Health and Rights - Improving access to life-saving interventions to reduce child deaths and morbidity

CHIFA is a global child health and rights forum with 3,000 members worldwide and is administered by ISSOP, the International Child Health Group, and Global Healthcare Information Network/HIFA. The lead moderator is Tony Waterston. CHIFA supports sponsored thematic discussions. Please contact us for further details: admin@hifa.org

Join here to interact with 3000 global child health professionals worldwide: www.hifa2015.org/chifa

Despite remarkable reductions in child mortality over the past 15 years, 16,000 children still die every day, equivalent to 11 deaths every minute (Danzhen You et al. 2015. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00120-8/fulltext).

The new Sustainable Development Goals include global child health target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5mortality to at least as low as 25 per 1,000 live births.

From 7 November to 7 December 2015, CHIFA hosted a thematic discussion on the Sustainable Development Goals: Improving access to life-saving interventions to reduce child deaths and morbidity, sponsored by the International Child Health Group of the Royal College of Paediatrics and Child Health. The discussion emphasised two issues that are of particular relevance to those of us working in the area of social paediatrics and child health:

1. "In LMICs what is needed is not really new interventions, rather it is the implementation of time tested and known interventions." (Joseph Ana, Nigeria)

2. "Child survival is influenced by many other factors such as clean water, sanitation, clean air and adequate nutrition." (Nick Spencer, UK)

Summary of discussion

We had 45 contributions from 20 members in 10 countries (Cameroon, Ghana, India, Lesotho, Nigeria, Serbia, Tanzania, UK, USA, Zambia). Five key themes emerged (an extended 4-page summary is available here: http://www.hifa2015.org/wp-content/uploads/CHIFA-Lifesaving-Interventions-and-SDGs-2015.pdf):

1. Some lifesaving interventions (such as newborn resuscitation) are much less widely provided than others (such as immunisation)

2. "In LMICs what is needed is not really new interventions, rather it is the implementation of time tested and known interventions." (Joseph Ana, Nigeria)

3. "We need to conduct Operational Research studies on increasing the usages of Lifesaving interventions spanning the health system, inventory management and Capacity building of thehealth staff at local levels." (Dharmesh Lal, India).

4. "Myths and misconceptions and traditional healers/beliefs are among the biggest obstacles in healthcare provision for children." (Omahri Mahiza, Tanzania)

5."Child survival is influenced by many other factors such as clean water, sanitation, clean air and adequate nutrition." (Nick Spencer, UK)

Invitation for expressions of interest

We would like to take this opportunity to invite expressions of interest to sponsor a follow-up discussion on the CHIFA forum to explore issues around social determinants of child health and, more specifically, social determinants of access to health care and lifesaving interventions.

Neil Pakenham-Walsh

6. Publications

Shaping the modern child. Genealogies and ethnographies of developmental science
Béhague D, Lézé S.
Social Science and Medicine 143 (2015) 249-254

The authors contend that the relevance of a genealogical approach to public health and clinical practice is sharpened only when this approach is put into dialogue with ethnographies of developmental sciences and with comparative ethnographic studies of childhood itself. In proposing greater cross-fertilization between two fields that have traditionally been set apart-science studies and childhood studies- this publication raises key ontological questions about the shaping of modern child. They argue that these questions should form the foundation of a critical child science.

Assessment and improvement of Children's Rights in Health Care. Pilot training and tools in Uzbekistan.
Guerreiro A.I, Kuttumuratova A, Bamamuradova M, Atajanova Z, Weber M.
Public Health Panorama, Volume 1 Issue 3 December 2015, 241-245

There is a growing recognition of the importance of adopting rights-based approaches to children's healthcare as demonstrated in Investing in Children: the European child and adolescent health strategy 2015-2020 and national progammes. The present paper present activities based on a pilot experience in the implementation tools to promote child rights in health care settings.