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1. Introduction

Welcome to the first bulletin of 2015. The year resonates owing to the link with MDG goals, and hence with ISSOP's annual meeting in Geneva. More information on this below and do make your booking early as this meeting will be very popular. Also in this issue: news of the sad closure of the Nordic School of Public Health by Lennart Kohler who was one of the founders of ESSOP; a feature on the recent WHO global status report on violence prevention; and have a look at the film 'Bottled Life' – and don't buy another bottle of mineral water again!

2. Meetings and news

2.1 ISSOP in Geneva Sept 7-9 2015

The following message from Olivier Duperrex may now be found on the Home page of ISSOP www.issop.org

Dear colleague / *Cher-chère collègue,*

We have the pleasure to inform you that <http://issop2015.org/> is now active for the 33rd Annual Meeting of the International society for social pediatrics and child health (ISSOP) on **Sustainable Development Goals (post-2015): A booster for Child health and Children's Rights.**

*Nous avons le plaisir de vous informer que le site <http://issop2015.org/> est maintenant actif pour la 33e réunion de la Société internationale pour la santé de l'enfant et la pédiatrie sociale (ISSOP) sur le thème **Objectifs de développement durable (post-2015): une opportunité pour la santé de l'enfant et les droits de l'enfant.***

We are excited at the prospect of sharing these three days that will help identify ways of improving health, protection and well-being of children and adolescents.

Nous sommes enthousiastes à l'idée de partager ces trois jours qui aideront à identifier les moyens d'améliorer la santé, la protection et le bien-être des enfants et des adolescent-e-s.

On behalf of the organizing committee / *Au nom du comité d'organisation*

Warm regards / *Chaleureuses salutations*

Olivier Duperrex, MD MSc
Chargé d'enseignement / Lecturer
Institut de santé globale ISG / Institute of Global Health, UniGE
ISSOP treasurer and webpublisher

Please register early as accommodation is tight in central Geneva and this will be an extremely popular meeting.



2.2 Call for Universal Health Coverage

12.12.14 was Universal Health Coverage day. Did you know that? I didn't. But ISSOP was one of 500 organisations which backed it, and UHC is one of the goals we should all be seeking. Here in the UK we have the wonderful NHS which provides health care for all – apart from asylum seekers and refugees, who have well known high health needs. But other EU countries such as Greece have a much worse situation, and in Africa and other low income countries the situation is dire. So let's put UHC up there as one of the goals to strive for, and there is a good series in the Lancet on the progress that is being made in Latin America see <http://www.thelancet.com/series/latin-america-UHC>

Nick Spencer writes:

Along with over 500 other organisations from more than 100 countries (see the infographic), ISSOP supported the Universal Health Coverage Day organised through the Rockefeller Foundation. The objective was to launch a movement to campaign to provide affordable health care to everyone on the planet. Details of the day and the campaign can be accessed at

<http://www.rockefellerfoundation.org/blog/capitalizing-our-gains?utm> As social paediatricians, we are committed to universal child health care which is accessible and affordable so that no child is denied treatment because services are not available or not affordable. Millions of children across the world currently do not have access to health services. Effective treatments for the conditions, such as pneumonia, which are responsible for the vast majority of child deaths globally, have been available for years but, because of lack of services and cost of treatment, combined with malnutrition and poverty, millions of children have had no access to them. ISSOP will be supporting this campaign by promoting it among national and international paediatric associations.





2.3 UNCRC blog by Dr Lucy Reynolds

Consultant Paediatrician Glenfarg Child Development Centre, Glasgow

It is 25 years since the United Nations Convention on the Rights of the Child (UNCRC) came into being (<http://www.unicef.org.uk/UNICEFs-Work/UN-Convention/>). I always have with me at work a pocket summary of the UNCRC, listing articles 2-42, so I can not only quote but also **show** them to people when relevant. When faced with an individual child, their vulnerability obvious, and you do not turn away. Each child has a right to be listened to, nurtured and protected. Those of us working in Child Public Health are challenged with how we deliver the same respect, nurture and protection at a population level. The British Association for Child and Adolescent Public Health (BACAPH) held a fringe session on Children's Rights and Wellbeing at the Faculty of Public Health Scotland annual conference last year. I highly recommend the ISSOP position statement on Child Rights and Health Care, and particularly the commentary by Elspeth Webb, both linked to from here

http://www.issop.org/index.php?option=com_content&view=category&layout=blog&id=33&Itemid=24.

I observe that in the UK, on the positive side, we do:

- Have far more child and family-friendly health services in many ways than decades ago, eg design of buildings, access to play, acknowledging need for having a parent stay, etc
- Listen to individual patients, not just their parents/carers
- Include groups of children and young people when planning the design of some services (eg a new children's hospital)
- Have a Youth Advisory Panel for our College <http://www.rcpch.ac.uk/child-health/voice-children-young-people-and-their-families/youth-advisory-panel/youth-advisory-pane>
- Have children's parliaments <http://www.childrensparliament.org.uk>
- Manage many good practice examples eg communication passports for children with disability during inpatient stays

But on the negative side we:

- Frequently fail to recognize the child's right to appropriate medical care (article 24) when developing "efficient" ways of increasing the proportion of outpatient appointments attended. Services often respond to referrals by sending a letter to the parents/carers, inviting them to telephone during office hours to arrange an appointment for their child. I don't think I need to list all the reasons why the most vulnerable families would have the most difficulty in following this through – so those children are being systematically denied access.
- Fail to record any routine child health service data by disability status (and rarely well even by ethnicity or Looked After status), so as to identify/quantify access issues and appropriateness/ performance of services. Children's rights and improving child health and wellbeing are fundamentally entwined. Our fringe session hoped to stimulate thought, and translate that into individuals taking concrete actions, relevant to their own practice. Participants were encouraged to write pledges. The following examples might inspire others!

- I will remember that the adult populations/patients involved in my work may have childcare responsibilities, and consider the implications of this.
- I will Google "Unicef UNCRC" and read more
- I will explore the website of Scotland's (*insert nation of your choice!*) Commissioner for Children and Young People, including UNCRC summaries
- I will explore ways of presenting data on Children and Young People TO Children and Young People locally, and ask for their reflections
- I will ask local high school pupils how THEY would run a healthy weight intervention
- I will work on improving local data with respect to children and young people with disability (article 23), and discuss with the office of the commissioner for CYP how we can improve on the data on disability that feeds into the progress reports to Geneva on upholding the CRC.
- I will find out how risk factors for unintentional injury differ in children with disability compared with non-disabled children, and ensure our local injury prevention programmes are not ignoring this subgroup
- When developing local immunization, screening, health surveillance and health service programmes, I will hold as a core principle the child's own right to have the opportunity to benefit from the programme/service, and strive to overcome any barriers their parents/carers may face in accessing them on the child's behalf. A parent/carer failing to opt in or present a child for an appointment should never be an automatic end to the pathway
- I will sign up to the Children are Unbeatable alliance <http://www.childrenareunbeatable.org.uk>



2.4 Closure of Nordic School of Public Health **Child Health and the Nordic School of Public Health NHV**

Lennart Köhler

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Introduction

The Nordic School of Public Health NHV started in 1953, as a joint Nordic project financed by the governments in Denmark, Finland, Iceland, Norway and Sweden. After a slow start the School got a restart in 1978, with its first 3 full professors, and it has since then developed into a leading institution in Public Health education and research and also into a role-model for international collaboration on an academic scene. It has had a major impact on public health policies and agenda in the Nordic countries, it has stimulated the creation of national institutions of Public Health in all of the Nordic countries, and it has had an important influence on European Public Health education and research.

Ironically, the impact by the NHV in spreading the idea of Public Health as an important part of the academic scene is said to have made it superfluous, and thus, NHV is permanently closed on January 1st 2015. It is true that courses and programmes in Public Health are now available in most universities of the five Nordic countries, but directed towards young students from high school. There is no institution where you can find a broad and high quality postgraduate education and training in Public Health, adapted to the special needs of mid-career professionals in a multi-professional and inter-Nordic setting. And we do not have other research institutes focusing on Public Health with a Nordic profile and at the same time being an internationally acclaimed School of Public Health.

Child Health

Over the years many academic fields have been ploughed at NHV. But from the beginning of the new era in 1978 one of the strongest and most consequent academic fields has been Child Health.

I arrived at the Nordic School of Public Health NHV in 1978 as Professor of Social and Preventive Medicine and Dean, from a position as Head of Child Health Services in a Swedish county.

I had a traditional and formal training in clinical paediatrics as well as in Social Medicine, but I also had a newly started ESSOP as a luggage. My obvious ambition was to continue the work for children, but to combine it with the broader aspects of Public Health and to expand it to all Nordic countries.

The first step was to introduce regular courses in Social Paediatrics, as part of the general programmes in Public Health. In various shapes they ran from 1979 until the closing down of the School, from the beginning as one month courses in Social Paediatrics, later named Child Health and Child Public Health, and finally reduced to 2-weeks courses in *Measuring Children's Health – a Public Health perspective*.

The titles of the courses reflect the changing perspectives on children's health and well-being. Social Paediatrics is a clear-cut extension from clinical paediatrics, especially ambulatory and preventive paediatrics, as an effort to accommodate the actual development in social and community medicine for adults to the needs of children.

Then there was a slow but distinct shift in the focus. Less was said about the clinical connections, more was said about multidisciplinary and multisectoriality, less about children's diseases and more about social determinants, less about ill-health, more about health and health promotion.

This development is in line with the contemporary development in the Public Health thinking and acting in Europe, as well as over the whole world: the Health for All movement from WHO and the growth of Health Promotion activities: NHV was an early WHO Collaborating Center, and people such as Aaron Antonovsky, Halfdan Mahler, IlonaKickbusch, Martin McKee have with pride and pleasure accepted honorary doctorates.



Discussions about the theories and practices of Child Health education and research have in the same way been held with these and other organisations, such as Save the Children, UNICEF, EU. Particularly important have been the regular and very close ties with ESSOP.

NHV's training activities were not limited to courses; numerous national, Nordic and international conferences have been held on Child Health topics. Thus, a series of workshops under the auspices of ESSOP focused on actual health issues in specific age groups, and a 3 days international conference was held in 2000 *Protection Prevention Promotion- Development and future of Child Health Services* together with the Swedish Medical Association, also resulting in a book, used in Child Health education.

Supported by a personal award for pioneering work for children's wellbeing from a Swedish National Child Foundation, a joint Nordic – Chinese international conference on Child Health was arranged in Wuhan, China in 1998, also resulting in a book, used as textbook in China.

Several full textbooks were produced, such as Nordic and European ones in Social Paediatrics and in Children's Health and Wellbeing, a Swedish one in Child Health, and numerous chapters in European and American textbooks.

Research

The research has focused on children's health, development, well-being and quality of life and the adequacy, relevance and quality of the services that are available to them. The overall goal has been Child Public Health, i.e. to analyze the health of children in a social, economic and political context.

Thus, already in 1979 a Nordic cross-sectional postal study of children aged 2-17 years from the five Nordic countries, *NordChild*, was initiated and has now been going on for 30 years. Three major studies were performed, in 1984, 1996 and 2011, including about 10 000 children each time, randomised and stratified from the child population in each country.

So far, 10 doctoral theses and more than 130 other publications from the studies have been produced. After the closure of the Nordic School the data-bases will be transferred to another Nordic institution, to be available for researchers and, hopefully, to be the platform for new follow-up studies later on. For almost a decade the increasing problem of migrant children has been in focus, creating a Nordic network on research of refugee children, and carrying out projects on Health and Social

Care for Migrants and Ethnic Minorities in Europe. Lately, special interest has been devoted to indicators for children's health, both internationally, nationally and locally, demonstrated in major EU-project such as *The Child Health Indicators of Life and Development (CHILD) 2002*, *RICHE – a platform and inventory for child health research in Europe 2013*, *TACTICS (Tools to Address Childhood Trauma, Injury and Child Safety) 2014*.

A row of national, regional and local projects have followed to create Child Health Indices, currently used for political and professional planning and implementing actions to improve children's health and wellbeing. It started with a national index for all 289 municipalities, initiated by Save the Children, Sweden (2006), continued with a local index for a disadvantaged part of the city of Gothenburg (2010), then for the whole city of Gothenburg (2013) for the Region of West Gotaland (2013), initiated by local political bodies, and finally again a Child Health Index for all now 290 municipalities in Sweden (2014), commissioned by the Swedish Association of Local Authorities and Regions. As part of doctoral thesis similar Child Health indicators were developed for Greenland (Niclasen 2009). Out of the 75 doctoral theses produced at NHV, 19 deals with Child Health issues.

Conclusion

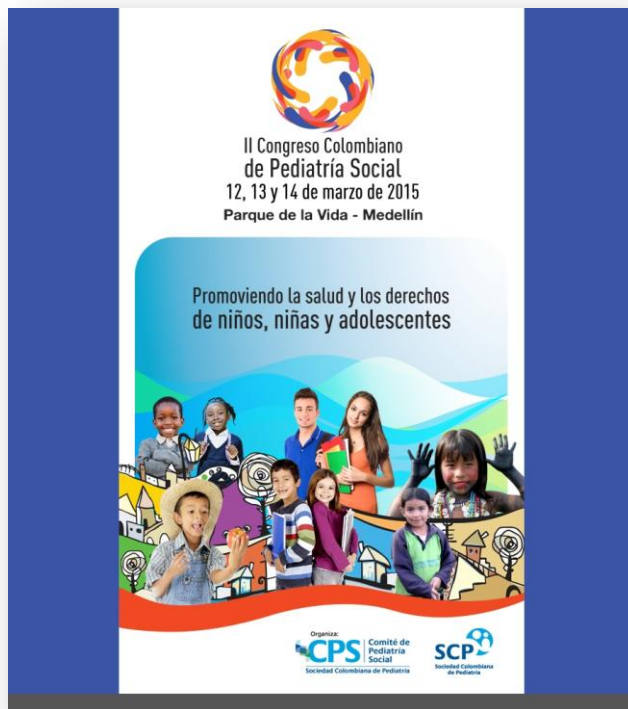
The Nordic School of Public Health has in its 61 years of existence developed into a university with multi-national financing and management, with a broad Public Health curriculum, with an international academic staff, with a campus of old houses, now carefully renovated to modern standards, with comfortable and well equipped student rooms in a beautiful park, a former center for the Swedish Navy, with postgraduate academic programmes intended for professionals from the working life, and with advanced research activities.

NHV has grown into an internationally leading School of Public Health, a centre of Excellence and Relevance in Public Health, which evaluates, assesses and promotes the ideas and results of the Nordic welfare societies. Child Health has for almost 40 years been a main focus for its activities in education and research.

A joint force to promote internationally the ideas, practices and results of the Nordic welfare states is lost. To my mind the closing of NHV is a short-sighted and narrow-minded decision, a mistake, which will in due time be sadly regretted



2.5 Colombian Congress on Social Pediatrics



When?

March 12-14, 2015

Where?

Medellin City, Colombia

Who organizes?

Colombian Society of Pediatrics

Main goal

Promoting health and rights of boys, girls and adolescents

The Colombian Society of Pediatrics invites you to participate in this Congress and welcomes you to enjoy Medellín City, a place where social determinants of health are tangible and equity becomes a reality...

3. International Organisations

3.1 WHO Global Status Report on violence prevention

WHO has just published its global status report on violence prevention which can be accessed at www.who.int/violence_injury_prevention/violence/status_report/2014.

The report states that - 'Despite indications that homicide rates decreased by 16% globally between 2000 and 2012, violence remains widespread. Non-fatal acts of violence take a particular toll on women and children. One in four children has been physically abused; one in five girls has been sexually abused; and one in three women has been a victim of physical and/or sexual intimate partner violence at some point in her lifetime.' Being very interested in the prevention of violence, my eye was drawn to the suggestions made in the executive summary:

A growing number of scientific studies demonstrate that violence is preventable. Based on systematic reviews of the scientific evidence for prevention, WHO and its partners have identified seven "best buy" strategies – six focusing on preventing violence and one focusing on response efforts. These strategies can potentially reduce multiple types of violence and help decrease the likelihood of individuals perpetrating violence or becoming a victim. The strategies are:

- developing safe, stable and nurturing relationships between children and their parents and caregivers;
- developing life skills in children and adolescents;
- reducing the availability and harmful use of alcohol;
- reducing access to guns and knives;
- promoting gender equality to prevent violence against women;
- changing cultural and social norms that support violence;
- victim identification, care and support programmes.



4. Current controversy – violence prevention

After climate change (see below), violence must count as the next greatest threat to global child health and one we are long practised at dealing with in relation to child abuse. But what about prevention? The WHO report just out gives many pointers but in few industrialised countries are there national programmes for violence prevention as was recommended by the UN report which came out in 2006. I'm going to stick my neck out and put down my big 4 topics for paediatric action, do please respond with your own!

1. Violence against children

Clearly violence starts in the home so it is in the home that prevention must begin. This means using both carrot and stick in the form of education of parents in the early years, and prohibition of corporal punishment in the home. Evidence-based approaches to both are available and there will be a CHIFA webinar on prevention of smacking on 10th February at 1600 GMT: Join from PC, Mac, iOS or Android: <https://uiowa.zoom.us/j/990473392>. If paediatricians work together, it is perfectly possible to think that we can achieve a corporal punishment ban within our lifetimes. If you have experience, please write in.

2. Violence against women: FGM

Much publicity has been given to Female Genital Mutilation in recent months and there has been discussion on both HIFA and CHIFA. A doctor is now being prosecuted in UK for 're-stitching' a woman's vagina after delivery of a baby to reproduce the FGM tightness. The role of paediatricians in identifying girls at risk is critical. The UK government has recently issued very full guidelines which address this specific point (see Chapter 3.3)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

3. Upholding the UNCRC

If we adhere to the UN Convention on the Rights of the Child, then violence against children will be much rarer. Do you teach the convention to your trainees and your students? If not then 2015 will be a good time to start!

4. Ending the Arms trade

Clearly this is a big ask. But the lives of children globally are limited by war and violent conflict on a daily basis, and weapons sold by rich countries and bought by poor ones are fuelling the conflict. Doctors in Africa are bravely working to reduce armed violence <http://www.ippnw.org/afp.html> and in the UK the Campaign against the Arms Trade <https://www.caat.org.uk> has valuable materials which I use for teaching medical students. Their current campaign 'Arms to Renewables' makes the link to renewable energy and climate change and I recommend the neat graphic introduction

https://arms-to-renewables.org.uk/#page_0

Tony Waterston



5. CHIFA report

Please note the change of name from CHILD2015 to CHIFA - meaning Child Health Information for All. Negotiations are underway with PAHO (The Pan American Health Organisation) through the good efforts of Raul Mercer to establish a Portuguese language CHIFA forum. We hope to report on this in the next e-bulletin. There will be a webinar on the prevention of corporal punishment with speakers Joan Durrant, Sonia Vohito and Gonca Yilmaz, on Tuesday 10th February at 1600 GMT. Joining instructions can be found in item 4 above. As always - please use the forum, pose questions and offer solutions - ISSOP members can make a great contribution to CHIFA.

6. Recent publications

6.1 Bottled Life

In the ISSOP position statement on the sponsorship of paediatricians by the baby food industry, we have covered the issue of repeated violations of the International Code by infant formula manufacturers with Nestle the most frequent violator. There is a global boycott campaign against Nestle as a result of this serious infringement of ethical practice, but not everyone knows that Nestle also sells bottled water – including to the poorest countries of the world, creating demand which can never be fulfilled. See more about this in an excellent recent film

This is the trailer: <https://www.youtube.com/watch?v=czfSwjx4yYA>

This is the movie: <http://www.bottledlifefilm.com/index.php/the-film.html>

7. Correspondence

Dear Editors

Thank you for the article about climate change in the September newsletter. In my country this has gone out of the news and there is quite a bit of scepticism among my colleagues as to whether it matters, since scientists seem to be in conflict over the data and also the biggest polluter is China, so what difference does it make what we do in Europe? To those working in the health service at a time when cuts are taking place, the fate of polar ice and glaciers in the Alps seem like distant problems.

Editor: The letter above reproduced from the November e-bulletin probably represents a commonly held view, certainly among the general public. I would simply state the case for believing that climate change is the number one priority in global child health – full stop.

Because –

- Scientific opinion is very solid that climate change is happening and that we are heading for an over 2 degrees C temperature rise see http://www.ipcc.ch/pdf/assessment-report/ar5/syr/SYR_AR5_SPMcorr1.pdf
- Poor and vulnerable populations all over the world are ALREADY being adversely affected, particularly women and children, owing to the hazardous effects of drought, flooding, crop failure, malnutrition and infectious disease rise in incidence and also lead to climate refugees see <http://www.climateandhealthalliance.org/resources>
- There is a connection between climate change, austerity and consumerism which are causing such severe harm to European, Australasian and American children – so if we want to tackle these we need to start at the beginning. I recommend a good read of Naomi Klein's new book, 'This changes everything' see <http://thischangeseverything.org>