



ISSOP e-bulletin Nº 16, July 2015
CONTENTS

- 1. Introduction**
- 2. Meetings and news**
 - 2.1 ISSOP Annual Meeting in Geneva
 - 2.2 ISSOP comments on WHO strategy on Women's , Children's and Adolescents' health
 - 2.3 Tracking Universal Health Coverage
 - 2.4 UNICEF Progress for Children: learning from the MDGs
- 3. International Organisations**
 - 3.1 German Society for Social Paediatrics
 - 3.2 ANPPCAN and ISPCAN meeting
 - 3.3 Social Paediatrics Webinars in Latin America (update)
- 4. Current controversy**

Addressing Child Poverty: Blog by ISSOP trainees
- 5. CHIFA report**
- 6. Recent publications**
 - 6.1. Paediatric perspectives. Children and armed conflicts
 - 6.2. Inequalities in child health and the UK budget

1. Introduction

It's nearly time for the ISSOP annual meeting in Geneva 7-9th September – be sure to register soon as this meeting is likely to be a sell-out. Olivier Duperrex gives more details of the programme below. ISSOP contributed to the one month-long process to give feedback on the Zero Draft of the Global Strategy for Women's, Children's and Adolescents' Health. Despite the time constraints, we managed to participate and several of our points were taken into account.

This month our controversy looks at the definition of child poverty, which currently the UK government is trying to change. See also the blog in section 6 on inequalities in child health and the impact of the austerity programmes being enforced in a number of European countries. Paediatricians are speaking out on the impact of these programmes on children and the ISSOP trainees have been going public with the data, so please encourage your trainees to join this active and growing group.

We are glad to highlight the German Society for Social Pediatrics as a member of the European family of ISSOP and the account by Harald Bode in section 3 below describes their many activities.

Tony Waterston and Raul Mercer



2. Meetings and news

2.1 ISSOP in Geneva Sept 7-9 2015

ISSOP2015 – Meeting is shaping up

From September 7th to 9th 2015, Geneva will be hosting a conference on: **Sustainable Development Goals (post-2015): A booster for Child health and Children's Rights**. This 33rd Annual Meeting of the International Society for social pediatrics and child health (ISSOP) is co-organized with the University of Geneva (Institute of Global Health and Centre for Children's Rights), The Geneva University Hospitals and the Intercultural Network for Development and Peace (INDP).

The programme is available on: <http://issop2015.org/scientific-programme/>

We will explore what the next Sustainable Development Goals (SDGs) can bring to our practices, under the Children's rights and with the known social determinants of child and adolescent health. All countries will be affected by these new goals. In the third week of September 2015, the Sustainable Development Goals will be finalized and adopted as part of a United Nations Summit in New York and will come into force in January 2016. The acceptance of these objectives by our countries represents an opportunity for the health of children and adolescents, but raises a number of issues.

The meeting will encourage exchanges between participants during workshops and plenary sessions. Based on participants abstracts submissions, the topics for the workshops are Breastfeeding & Conflict of interest, Child injuries, Child maltreatment, Children with special needs, Economic hardship, Global agenda for social pediatrics, Integrated care, Migrant children, Students participation in health promotion projects. With everyone's participation, we will produce concrete proposals for practitioners, academics and for the professionals building or influencing public health policy.

Three questions to Olivier Duperrex about the ISSOP2015 – Meeting



1. Why should professionals go to this meeting?

- To understand better what are the new Sustainable Development Goals (SDGs) that will replace the Millennium Development Goals (MDGs) from 1st Jan 2016.
- To anticipate how they can use these new SDGs to make a difference for the children, adolescents and the families they work with, in order to improve their rights and their health.
- To meet interesting people who are working in different settings but all relate with common values

2. What are the expectations of the organizers?

We hope that participants will enjoy themselves during their stay in Geneva, that they will participate in the discussions and that we can produce useful outputs for professionals at various levels, including practitioners, policy makers and researchers.

3. What is the added value of a Social Pediatrics congress compared to traditional health meetings?

The focus is more on the social causes and consequences of child and adolescent health, rather than on diagnosis or treatment. It also brings more health promotion and prevention than traditional health meetings, with projects targeting communities as well as individuals. They often link closely with Child public health.

Contact Congress President, Dr Olivier Duperrex, Institute of Global Health, UniGE
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¹ <http://www.who.int/pmnch/activities/advocacy/globalstrategy/en/>



2.2. Global Strategy for Women's, Children's and Adolescents' Health²

ZERO DRAFT FOR CONSULTATION 5 May 2015

Comments from the International Society for Social Pediatrics and Child Health (ISSOP)

Prepared by Olivier Duperré, Shanti Raman, Sherry Shenoda, Nick Spencer³

ISSOP Mission statement: 'Professionals acting locally and globally to improve the health and well being of children and young people with a focus on social pediatrics and child health.'

International Society for Social Pediatrics and Child Health, ISSOP (from 2012) - formerly European Society for Social Pediatrics and Child Health, ESSOP (1977-2011): we are a group of health professionals interested in sharing our experiences and knowledge in the field of social pediatrics and child health. Some are doctors, others not.

General Comments

- We appreciate the overall tone and approach of this document.
- We particularly like the SDGs three pillars—Survive, Thrive, Transform.
- Emphasis made on what stakeholders can expect in return for their investment is useful and well summarised.
- Emphasis on women's and children's rights' could be strengthened (first mentioned on p5).
- Emphasis on social determinants of health could be strengthened (WHO Commission on Social Determinants of Health Report is not referenced)

Specific Comments

- **Section I:** add a reference to CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.
- **Section II :** Page 6, Big Returns To Investing in Women's, Children's And Adolescents' Health: Under Saved lives, improved health
 - Investing in contraception: should be highlighted on its own. Increasing contraceptive use in developing countries has cut the number of maternal deaths by 40% over the past 20 years, contraception can also improve perinatal outcomes and child survival,
- **Section III: Page 11:**
Thrive: Realize the highest attainable standard of health (healths ectortargets)
 - Is it possible to incorporate a specific target on child disability?

- **Section IV:** Page 16 - Fig 7: under **child** the items are only focused on health care services. We suggest to add:
 - Health promotion through healthy behaviours and structural measures
 - Poverty reduction as an essential prerequisite for child health promotion
 - Protection of children through policies
 - Sexual education
 - Development and reinforcement of social competencies
- **Page 18 - Tackle Inequities and Fragilities Across Settings**
 - Focus here is on technological change but inequities arise as a result of socio-economic inequalities and high poverty rates – more emphasis on poverty reduction and reduction of socio-economic inequality would address this (e.g. WHO Commission on Social Determinants of Health)
 - More emphasis can be made on how pro-poor strategies can work for the benefit of women and children (eg Brazil)
- **Page 19:**
 - Use evidence-based research and marketing strategies to craft social media messaging regarding rights and well-being.
 - Targeted advocacy communication at the adolescent demographic will serve to not only effect local community and policy change, but will realize adolescents' rights to a voice and participation in matters that affect them (Article 12, CRC).
- **Section V:** No comment

Final comments

It will be crucial that these important statements are carefully translated into real actions not only with professionals, NGOs, authorities at all levels, but also with the contribution of women, children and adolescents. Enabling their understanding with appropriate language will therefore be central to empower them to participate. A specific approach with adolescents and their ways of communication, i.e. social media, will be needed. ISSOP and its members will be happy to contribute in the next phase.

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4. CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

² <http://www.who.int/pmnch/activities/advocacy/globalstrategy/en/>

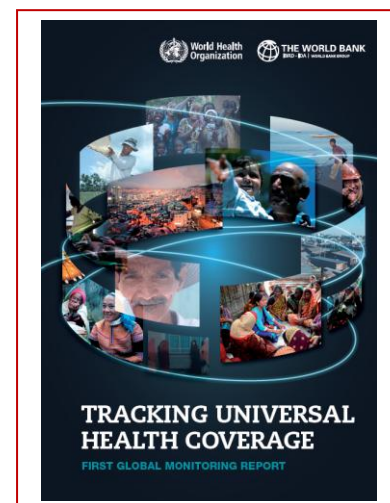
³ On behalf of the Executive Committee - 5th June 2015



2.3.WHO First Global Monitoring Report: Tracking Universal Health Coverage⁴ (by Nick Spencer)

The January 2015 e-bulletin carried a short item on Universal Health Care. This important report highlighting the current global situation in relation to the delivery of quality essential health care services to meet peoples' needs without exposing them to financial hardship has now been published. It is the first attempt to monitor the situation globally and provides essential information for those interested in ensuring equity of health care across the world. A page from the preface is reproduced below. The report can be downloaded at:

Universal health coverage (UHC) means that all people receive the quality, essential health services they need, without being exposed to financial hardship. A significant number of countries, at all levels of development, are embracing the goal of UHC as the right thing to do for their citizens. It is a powerful social equalizer and contributes to social cohesion and stability. Every country has the potential to improve the performance of its health system in the main dimensions of UHC: coverage of quality services and financial protection for all. Priorities, strategies and implementation plans for UHC will differ from one country to another. Moving towards UHC is a dynamic, continuous process that requires changes in response to shifting demographic, epidemiological and technological trends, as well as people's expectations. But in all cases, countries need to integrate regular monitoring of progress towards targets into their plans. In May 2014, the World Health Organization and the World Bank jointly launched a monitoring framework for UHC, based on broad consultation of experts from around the world.



The framework focuses on indicators and targets for service coverage – including promotion, prevention, treatment, rehabilitation and palliation – and financial protection for all. This report provides the first global assessment of the current situation and aims to show how progress towards UHC can be measured. A majority of countries are already generating credible, comparable data on both health service and financial protection coverage. Nevertheless, there are data blind spots on key public health concerns such as the effective treatment of noncommunicable diseases, the quality of health services and coverage among the most disadvantaged populations within countries. UHC is a critical component of the new Sustainable Development Goals (SDGs) which include a specific health goal: “Ensure healthy lives and promote wellbeing for all at all ages”. Within this health goal, a specific target for UHC has been proposed: “Achieve UHC, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”. In this context, the opportunity exists to unite global health and the fight against poverty through action that is focussed on clear goals. Supporting the right to health and ending extreme poverty can both be pursued through universal health coverage.

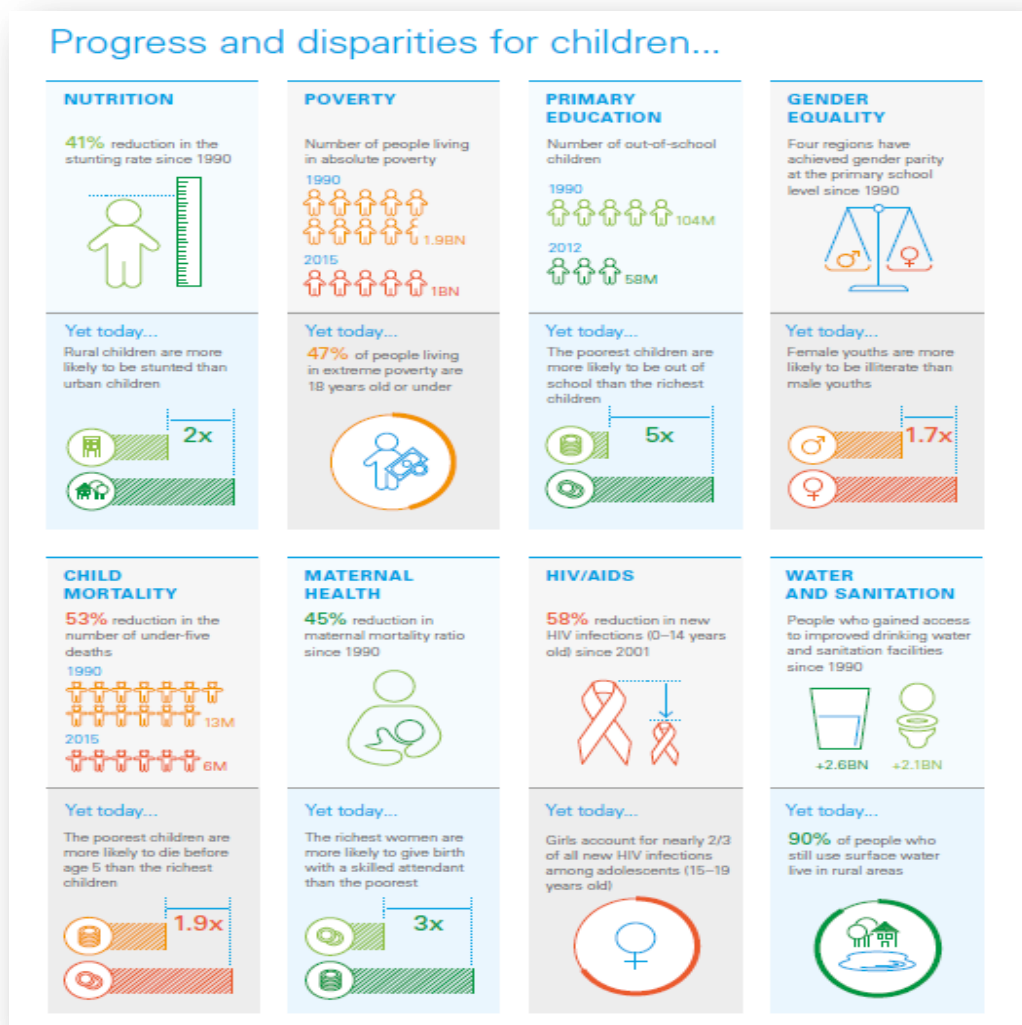
⁴ http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/



2.4 UNICEF Progress for Children – Beyond Averages: Learning from the MDGs. Number 11, 2015

This is UNICEF’s report on progress in the 15 years since the Millennium Development Goals (MDGs) were launched focussing both on progress but also on persistent disparities affecting the poorest mothers and children. The graphic below summarises both the progress and the remaining extent to which the poorest lag behind in all key MDG areas. This illustrates very well the problem of depending solely on averages across countries and the importance of monitoring the situation of the most vulnerable. As the report says, in many of the areas, the poorest have made faster progress than their more advantaged peers but they still lag behind indicating the need to focus on how best to ensure continuing and more accelerated improvement in services and outcomes. This is particularly important in a period of financial and economic retrenchment following the Global Financial Crisis. The report can be downloaded at: http://www.unicef.org/publications/index_82231.html

Nick Spencer





3. International Organisations

3.1 German Society of Social Pediatrics

(Deutsche Gesellschaft für Sozialpädiatrie und Jugendmedizin – DGSPJ)

TECHNICAL DATA

Founded in 1966. **Membership:** 1800 persons, mainly pediatricians, some nurses, psychologists, therapists and institutions. **Annual fee:** 50 € (personal); 150 € (institutional)
Journal: Kinderärztliche Praxis (www.kinderaerztliche-praxis.de). **Homepage:** www.dgspj.de
President (2013 – 2016): Dr. Christian Fricke; Werner-Otto-Institut, Bodelschwingstr.23, 22337 Hamburg. **email:** cfricke@werner-otto-institut.de; **Tel.** 0049 40 50 77 31 46. **Office of the Society:** K. Paul, Chausseestraße 128/129, 10115 Berlin; **email:** geschaeftsstelle@dgspj.de; **Tel.:** 030/40005886. **For international contacts:** Prof. Harald Bode, Division of Social Pediatrics and Child Neurology, University Children's Hospital, Frauensteige 10, D - 89070 Ulm, Germany. **Tel.** 0049 731 500 57009; **email:** harald.bode@uniklinik-ulm.de

Aims:

- Promotion of research, teaching and professional education in social pediatrics
- Initiation and promotion of preventive health programs for families, children and youth
- Improvement of interdisciplinary contacts to other professionals in the German health system and national / international institutions and organizations concerned with public health
- Advocacy for children and youth with social disadvantages, chronic diseases and handicaps and their families
- Prevention, therapy, rehabilitation and societal inclusion of these persons
- Advocacy for the rights of children according to the UN- convention
- Representation of the interests of ~ 150 interdisciplinary social pediatric centers (SPZ) in Germany. These centres are concerned with the care for about 2 – 300.000 children and youth / year with developmental problems and / or various handicaps.

Main topics of this presidential period:

- Implementation of developmental and social pediatrics in specialist education in pediatrics
- Creation of the pediatric subspeciality "special social pediatrics" in advanced training
- Project: "Structures of pediatric care in the future" – within the framework of the German academy of pediatric and youth medicine – Deutsche Akademie für Kinder- und Jugendmedizin – DAKJ; www.dakj.de)
- Revision of criteria for the structural quality of the ~ 150 social pediatric centers (SPZ) in Germany ("Altöttinger Papier")
- Development and implementation of indicators and guidelines for quality criteria in diagnostics and therapy for various developmental disorders, diagnostic procedures and professional activities
- Organization of annual meetings of the DGSPJ (<http://www.dgspj.de/tagungen/jahrestagung/>) and other regional meetings (<http://www.dgspj.de/tagungen/>)



3.2. ANPPCAN⁵ and ISPCAN⁶ Meeting: Impact of armed conflict and terrorism on children

Armed conflicts have been recognized to have a negative impact on children and their families. In recent times, terrorism has emerged, where communities have been attacked, lives, and property destroyed and persons, including children are kidnapped, transported and confined in secret holding grounds.

In many countries, children and their families have been killed, injured and displaced by armed conflicts or terrorism, yet this violence seems to be a normal occurrence around the world. There is, therefore, a need for all stakeholders, including state and non-state actors, in the children's sector to hold a dialogue and build consensus on how to reduce the impact of armed conflict and terrorism on children globally.

It is on this basis, therefore, that The African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) and The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) are announcing an International Conference on the Impact of Armed Conflict and Terrorism on Children to be held in Nairobi, Kenya, in February 2016. The conference aims to bring together key actors, such as governments, international bodies, civil society and faith-based organizations to deliberate on the impact of armed conflict and terrorism on children with a goal of coming up with strategies for protecting children caught up in such situations.

Objectives

- To review and recognize the conventional and emerging forms of conflict, including; wide spread terrorism and their impact on children.
- To provide an opportunity to share information on research, practices and efforts being made towards prevention and protection of children in situations of armed conflict.
- To provide a forum to review the status of ratification and implementation of key international conventions, treaties and policies regarding children affected by armed conflicts, including terrorism.



⁵ <http://anppcan.org/node/122>

⁶ www.ispcan.org/event/Kenya16



3.3 Social Paediatrics Webinars in Latin America (update) Sexual and Reproductive Rights in Paraguay and Latin America

The Third Virtual Conference of the Committee of Social Pediatrics of ALAPE was held on July 29th. The guest speaker was **Claudia Sanabria Moudelle** lawyer, graduated from the Catholic University of Paraguay, a Masters from the University of Barcelona in Globalization, Development and Cooperation and Family Law. Expert on Social Policy on Children by the Complutense University of Madrid. She is in charge of the Promotion of the Rights of the Child at the Ministry of Public Health and Social Welfare of Paraguay.

Claudia Sanabria was presented by **Dr. Ida Esquivel**, President of the Paraguayan Society of Pediatrics. During the conference Claudia led us through the situation of the rights to sexual and reproductive health of children and adolescents in Latin America. She made comparisons between the laws of several countries in the region including countries (Argentina and Uruguay) that have enacted laws to recognise these rights, in contrast to Paraguay and other countries that have failed to do so and hence ignore the Convention on the Rights of the Child. It's clearly a lecture that contextualizes very well the challenges that Latin American countries face in achieving the recognition and protection of the progressive rights of children and adolescents, particularly those related to sexual and reproductive rights.

For those who are interested in the conference (in Spanish), there is a recorded version you can access through this link: <https://vimeo.com/user33046253/review/134974993/dfccf8c86a>

A piece of hope: working with adolescents living in poverty. **LANDFILL HARMONIC - BEYOND AMAZING** (Cateura, Paraguay, in English) <https://www.youtube.com/watch?v=mq0D5kq9ePE>

The next guest speaker will be **Dr. Helia Molina Milman**, former Minister of Health of Chile. We will send you timely information with the date, time and link to the virtual classroom.

Raul Mercer



Triple Frontier (Argentina, Brazil and Paraguay)



4. Current controversy

Guest Blog: Addressing Child Poverty

The following blog was published in **Archives of Disease in Childhood** as a critique of UK government re-definition of child poverty. Rosie Kyeremateng leads the ISSOP trainee group and is on the ISSOP core-EC⁷.

This Guest Blog, by Caoimhe McKenna⁸, David Taylor-Robinson⁹, Sophie Wickham¹⁰, Benjamin Barr¹¹ and Rosie Kyeremateng¹², addresses the highly political issue of defining child poverty, within the UK context. We would welcome any and many comments on this blog, and via our usual social media channels! (As always, the libellous and frankly spamming will be blocked, but any other comments will be posted.)

The Government's plan to repeal the 2010 Child Poverty Act, which committed them to eradicating child poverty in the UK by 2020, and dispense with the current definition of child poverty is highly concerning. This was in the context for a recent report which stated levels of child poverty in the UK were "unacceptably high" and expected to rise (CCs, 2015).

Ian Duncan Smith [UK Government Minister for Work and Pensions] has indicated that the standard definition of relative child poverty (a household income below 60% of contemporary median) will be replaced with measures of 'worklessness', family breakdown, addiction, debt and educational attainment. Details of how this 'new' definition of child poverty will be formulated, and what the targets are, have not been outlined. This is concerning because an unvalidated and unclear measure of child poverty may be open to political manipulation.

No single measure of child poverty can capture the full picture. One reason the government have cited for ditching the relative income measure of child poverty is that in the context of the 2008/2009 economic recession child poverty appeared to fall. However, this was because the overall UK median income fell. The absolute poverty measure, which is adjusted for inflation, indicates poverty has risen, both before and after housing costs are accounted for (McGuinness, 2015).

⁷ <http://blogs.bmj.com/adc/2015/07/07/guest-blog-addressing-child-poverty/>

⁸ Paediatrician working in North London and an Academic Clinical Fellow at the Institute of Child Health, UCL. She has a special interest in the social determinants of health and the impact of economic policy on child health. She is also a member of the International Society of Social Paediatrics (ISSOP).

⁹ Clinical Senior Lecturer at the Department of Public Health and Policy at the University of Liverpool. He is also an Honorary Clinical Senior Lecturer at the Institute for Child Health, UCL.

¹⁰ Research Fellow at the Department of Public Health and Policy at the University of Liverpool. Sophie's research interest since working at the department revolve around the role policy interventions have on the social determinants of health inequalities.

¹¹ Senior Clinical Lecturer in Applied Public Health Research at the Department of Public Health and Policy at the University of Liverpool.

¹² Community paediatric trainee in the South West of England with interests in public health, global health and children's environmental health. Rosie is author of the 'Infection in Schools' module of the RCPCH Healthy Schools Programme, and she has contributed to a child rights curriculum associated with the Open University. She is trainee representative on the International Society of Social Paediatrics (ISSOP) executive committee.



Relative income measures of poverty are an international standard used by the European Union, the Organisation of Economic Co-operation and Development, UNICEF and most income-rich countries. The measure is highly correlated with child health (figure 1). Children who grow up in poverty are more likely to have been born prematurely, die within the first year of life, develop obesity, have behavioural problems and perform less well at school (Griggs and Walker, 2008); these adverse risks also extend into adulthood (Raphael, 2011), increasing the risk of poor health and social outcomes across the life course.

But now more than ever a poverty measure based on income is important. The Institute for Fiscal studies have predicted a decade of rising child poverty, unprecedented since records began in the 1960s (Social Mobility & Child Poverty Commission, 2014). The cuts to be announced in the Chancellor's emergency budget, due to be published on July 8th, outlining a further £12 billion in cuts to working-age benefits are likely to make the situation worse.

The current policy response to the shameful levels of child poverty in the UK appears to be to obfuscate the measure. We suggest that paediatricians should be "up in arms" about the proposed changes. Considering that around 1 in 3 of our patients are already living in poverty (McGuinness, 2015) we must demand real action and certainly not permit any attempt to hide the true scale of the problem.

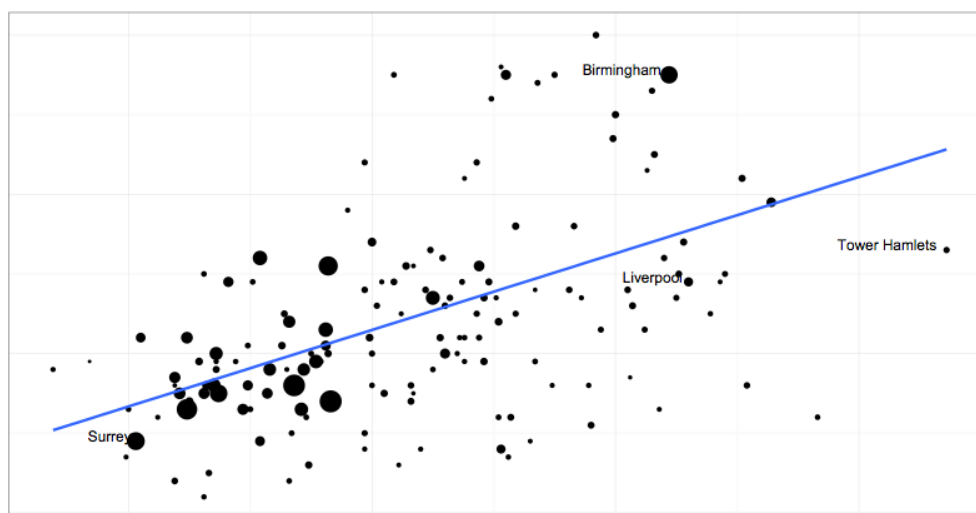


Figure 1. Infant mortality rate by relative child poverty (<60% median) for upper tier local authorities in England.

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5. CHIFA report (formerly CHILD2015).

CHIFA (Child Health Information for All) continues to grow and the formation of a Spanish version supported by PAHO is expected later this year. A further webinar on immunisation is planned for later this year and suggestions for further topics for webinars are welcome. Recent postings on CHIFA include a directory of randomised trials in child health, the effectiveness of deworming, Nigeria's success in eliminating polio, and a valuable thread on the ethics of working with large corporations in delivering oral rehydration solution to rural areas.

The title of the forum has now completed the transition from **CHILD2015** to **CHIFA** and you may send messages via CHIFA@dgroups.org

Please do make use of CHIFA for all your information needs and questions!

The link for the directories of randomised trials is <http://ichrc.org/evidence-0>

Tony Waterston

6. Recent publications

6.1 PEDIATRIC PERSPECTIVES

Children and Armed Conflict¹³

Sherry Shenoda, MD, Ayesha Kadir, MD, MSc, Jeffrey Goldhagen, MD, MPH

We are really tired of these wars... I'm speaking up for peace.
Malala Yousafzai, Nobel Peace Prize laureate and child rights activist

Although there is much evidence that war is bad for health, today wars are also an expression of inequality. The geographic transition of the Second World War fought predominantly in Europe to the present wars in Africa and the Middle East, expresses the gradient between the powerful and the weak that fuels conflict as a way to perpetuate the submission of the poor and keep the war machine running without interruption.

What is the role of paediatricians in these conflicts¹⁴?

Three colleagues and activists for the rights of the child offer an evidence-based approach on the means of tackling this epidemic of violence that affects civilians, mostly children.

According to the authors, *"multiple armed conflicts throughout the world are profoundly impacting the physical and mental health of children. The conflict in Gaza, Syria's civil war, the targeting of children in Iraq, the kidnapping and murder of School children in Nigeria, the recruitment of child soldiers by ISIS, and the street violence in inner-city America are among the reasons UNICEF identified 2014 as the most dangerous year in recent history for children. In past conflicts, children were collateral damage; now, they are targeted victims of war.*

¹³ www.pediatrics.org/cgi/doi/10.1542/peds.2015-0948 (not open access reference)

¹⁴ <http://tropej.oxfordjournals.org/content/51/3/128.extract> (not open access reference)



Although the United States remains the only country that has not ratified the CRC, this exclusion does not preclude its use by paediatricians as a powerful tool to advocate for and advance the health and well-being of children affected by armed conflict and violence.

Pediatricians have the knowledge, experience, and credibility to prioritize the effects of armed conflict on children in the fields of medicine and public health. It is imperative that we address armed conflict and the violence it wreaks upon children by using the language and structure of child rights. Our efforts will be more just, honest, and effective if we do so by translating the principles, standards, and norms of child rights into practice in clinical care, health systems development, and the generation of health policy.”

R.M.

6.2. Inequalities in child health and the UK budget

The **Royal College of Paediatrics and Child Health** in the UK is becoming more active in political advocacy. After the recent election in May 2015, the College issued a 100 day challenge on what it believes needs to be done for children and child health in the first 100 days of government¹⁵. The challenge called for action in the following areas:

- **Prevention and early intervention** - particularly in relation to tackling obesity and addressing poor mental health in children and young people
- **Strengthening child health research** - including a designated fund for child health research and an increase in the number of child health research posts
- **Addressing health inequalities and child poverty** - by identifying interventions that directly reduce risk
- **Involving and empowering children, young people, parents and carers** - including an extension of the patient survey of young people in hospital to outpatient and community settings
- **Ensure the NHS works for children and young people** - by breaking down barriers between primary and secondary care and ensure the College's Facing the Future standards are implemented to ensure children are seen at the right place, at the right time, by the right professional.

Two ISSOP members were invited by the RCPCH to write a blog about the Government's budget in July, the impact on child health inequalities, and the impact on children's health. The blog by **Tony Waterston** and **Caoimhe McKenna** is on the RCPCH website¹⁶

The article shows that the budget is likely to increase inequalities in society and states -

“Ultimately, policies which benefit lower income families will tend to reduce economic and health inequalities and policies which negatively impact upon these groups will widen inequalities. Reflecting on the Summer Budget, Johnson et al from the IFS [Institute of Fiscal Studies], concluded, 'Given the array of benefit cuts it is not surprising that the changes overall are regressive – taking much more from poorer households than richer ones.'”

Note from editors: we welcome correspondence on this or any other article in the newsletter, write to one of us at the following addresses: Tony.waterston@ncl.ac.uk - raulmercer@gmail.com

¹⁵ <http://www.rcpch.ac.uk/news/rcpch-sets-100-day-child-health-challenge-government>

¹⁶ <http://www.rcpch.ac.uk/news/blog-inequalities-child-health-and-budget>