



## **CONTENTS**

- 1. Introduction**
- 2. Meetings and news**
  - 2.1 Improving the health care and health of children on the move
  - 2.2 ISSOP Budapest Congress Update
  - 2.3 The 2017 BUDAPEST ISSOP meeting: uniting disciplines in transdisciplinary care
  - 2.4 ISSOP AGM (International Society for Social Pediatrics and Child Health Annual General Meeting) 2017
  - 2.5 The ISSOP trainees' workshop feedback
  - 2.6 New President of ISSOP: Greetings from Latin America
- 3. International Organisations:**
  - 3.1 RCPCH Conference 2018
  - 3.2 Spanish Society of Social Pediatrics (SEPS) XXIII Congress
  - 3.3 Child Rights and Health: Calvo Mackenna Hospital, Chile
- 4. Current controversy:**
  - 4.1 End of the Deferred Action for Childhood Arrivals (DACA) program in the US. What now?
- 5. CHIFA report**
- 6. Publications**
  - 6.1 Harrowing Journeys: Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation. UNICEF Report September 2017
  - 6.2 Weaponisation of health care in Syria. Review of a paper in the Lancet.

## **1. Introduction**

Welcome to the September edition of the ISSOP e-bulletin, which has been delayed to allow coverage of the fine and moving congress in the exceptionally beautiful city of Budapest in the last few days of September. It is always such a good experience to recall old friends and make new ones, especially those from the parts of the world particularly affected by migration. Hence the presence and contributions of Fouad Fouad, a Syrian academic based in Lebanon, was particularly inspiring. His recent Lancet paper on the weaponisation of health care is reviewed in section 6. As well as coverage of the congress, we also welcome the new co-President Jeff Goldhagen who will work with Nick Spencer over the coming year before taking over at the 2018 Congress which will be in Bonn, Germany. We are all pleased that Nick will be with us for another year though recognise that he has really done his stint, and what a fine one it has been.

**Tony Waterston & Raúl Mercer**



## 1. Meetings and news

### 2.1 Improving the health care and health of children on the move

On Saturday September 30th, during the ISSOP 2017 annual meeting in Budapest, a plenary session was held with a panel of international experts on *children on the move* to discuss how pediatricians and child health providers, pediatric societies and national and international organizations could collaborate to improve the health and well-being of displaced children, in the domains of program development and clinical care, systems development and policy generation.

The plenary session was moderated by Ayesha Kadir and Jeff Goldhagen, and the panel of experts included:

- Dr. Tony Costello from U.K. (WHO) [via skype]
- Katarina Carlzen from Sweden (Milsa project)
- Katalin Tausz from Hungary (UNICEF)
- Balazs Lehel from Hungary (International Organization of Migration, IOM)
- Dr. Fouad M. Fouad from Lebanon (Refugees Health Program)
- Dr. Geert Tom Heikens from The Netherlands (TOGETHER)
- Dr. Lenneke Schrier from The Netherlands (European Academy of Pediatrics)

The ideas and proposals can be summarized as follows:

1. It is important to make the “right diagnosis.” In order to do this, one has to raise the right questions e.g. what are the root causes resulting in the displacement of children and families? War? Poverty? Climate change? These are the *political determinants of health* that need to be identified and addressed correctly.
2. It is important to remember that two-thirds of displaced children are internally displaced.
3. To optimize the health and well-being of children on the move, paediatricians, as individual clinicians could contribute by:
  - Improving the skills and training of professionals who are working in the field (general practitioners, nurses, physician assistants, etc.).
  - Help identify the problems these children have in order to identify children at risk—so that special attention is drawn to them. There should be a special focus on mental health, and signs of trauma or abuse.
  - Develop protocols for health assessment (that go beyond screening) that non-health professionals could use. Include the whole family in the assessment. Most children move with their families.
  - Work together with other professionals involved in the care of displaced children (teachers, social workers, police, law officials, etc.) using a holistic and child rights based approach.



- Advocate to improve tolerance and acceptance of displaced children and their families in the general population.
- Collaborate in long term research. Data collection is essential in order to improve the information and access to health of displaced children.

4. Paediatricians, as participants in health systems development, should engage with their national societies and put forward a set of principles and guidelines for clinical care of displaced children that all professionals involved could use. Include integrative medicine in this framework.

These guidelines should address cultural competence and chronicity of conditions, as well as ensure continuity of care along the journey, as so many families and their children are on the move for a long period of time.

5. It is not enough to focus only on addressing basic needs. Children on the move have complex developmental needs (e.g. formal education) and they have a right to have these needs met. There are guidelines already published that can be revised and put into practice. It is important to engage with the societies who are working in the field and learn from their experience, e.g., the Greek experience.

6. Paediatricians through their pediatric societies, and by engaging with other international societies (ISSOP, IPA, AAP, etc.) and organizations (UNICEF, IOM, WHO, NGO's) should collaborate in all domains of clinical care and programs, systems development and have a role in policy generation.

With these ideas and proposals, it is the intention of ISSOP to develop a set of goals and objectives that could be used to guide future work in caring for children on the move.

**Barbara Rubio**

## 2.2 ISSOP Budapest Congress update

It was an honour for us to be the hosts of this important congress. We are delighted that more than 140 participants and many prestigious speakers arrived to Budapest to think together on today's crisis. In many countries the political climate is rather controversial regarding the issue of migration. This is especially true in Hungary. The program of the congress, the ISSOP Position Statement and the planned joint declaration confirms our belief that the primary task of pediatricians is giving humanitarian help even against the wind.



**Zsuzsanna Kovács**  
**Hungarian Paediatric Association**



### 2.3 The 2017 BUDAPEST ISSOP meeting: Uniting disciplines in transdisciplinary care

ISSOP's 2017 Position Statement on children on the move raised the awareness that, in order to make a difference in *the care for children and youth on the move*, the way forward is to move from parallel systems of professional involvement in health, education, child's rights, housing, politics and health care, towards an interdisciplinary -and thus integrating- holistic approach. An approach which unites from the outset all professionals, policymakers and academics engaged around one commonly defined theme and approach in the care for children and youth on the move. The ISSOP participants felt such a transdisciplinary approach as precondition to improve the rights and circumstances, and thus well-being, of/for this group of children and youth in their new environments. It was fascinating to experience how this attitude at ISSOP in Budapest opened up all, put aside the disciplinary domains and competencies, and thus enabling present professionals, policymakers and academics to be gauged by the resilience of the children, youth and families on the move in developing a real global child health approach for this group in need. Activities, interventions and health system development all aimed at safeguarding a continuum- and improved quality of care by using the typical risk- and protective factors by the highly needed public health approach as demanded by Convention of the Rights of the Child (CRC) and the internationally adopted Universal Health Care (UHC) principles.

'A transdisciplinary team is one in which members come together from the beginning to jointly communicate, exchange ideas and work together to come up with solutions to problems. A multidisciplinary team is one in which members use their individual expertise to first develop their own answers to a given problem, and then come together -- bringing their individually developed ideas -- to formulate a solution.'

More than 140 participants, from 28 countries, shared their experiences in Budapest and all mirrored above awareness. Community paediatricians, clinicians, anthropologists, academics, social workers, psychologists, nurses and child rights specialists, all together looked for better outcomes in the care and future for all children and youth on the move. The TOGETHER interdisciplinary taskforce of health professionals from the Netherlands was invited to share its newly developed public health approach in caring for children and youth on the move (while settling) in the Netherlands. Like-minded experiences from Sweden, Iceland and studies presented from Sydney were a proven testimony that "a wind of change" towards more



interdisciplinary, and hopefully transdisciplinary, care is accepted, the way forward, and become an essential element in a real Global Child Health approach for this group in need of our support. ISSOP's open and inspiring atmosphere typified a watershed, and was reality tested in Budapest how we *together* responded to our Greek and Hungarian colleagues presenting their professional struggles to achieve above professional attitudes and CRC and UHC principles.

Sadly missed in Budapest was the professional input from the internally displaced; above all the brunt of children and youth on the move are not in our health systems but close by the origin of their move. Nonetheless, a strong plea was made for their case and that of their professionals at the inspiring final panel session in Budapest's ISSOP meeting. Equally absent in our discourse were the disenfranchised in the countries we all practice; disenfranchised who by the same globalisation we cherish are ousted from their safety, jobs and comfort zones. Xenophobic as latter have become towards the very same people on the move we meet and discussed with our professional integrity. Hence, as professionals practicing at home together with ISSOP we have to start building bridges with the named important partners in society, start to understand their concerns and needs, and in a transdisciplinary manner build one world in which we all can live, work, receive care, and be in peace together.

**Charlotte Clous and Geert Tom Heikens**  
**Together- The Netherlands**

### **2.4 ISSOP AGM (International Society for Social Pediatrics and Child Health Annual General Meeting) 2017**

This year, the Annual General Meeting (AGM) was held during the International Society for Social Pediatrics and Child Health (ISSOP) meeting in Budapest on September 29, 2017. During the AGM, we discussed the previous year's activities and actions. Firstly, the past 2017 ISSOP Conference held in South America was discussed. This was a very successful meeting to promote social paediatrics in Latin America and to collaborate with our Latin American colleagues. Secondly, in the AGM, we talked about our recent statements which have been prepared by our working groups.

Completed statements in 2017 were:

- 1. Sustainable Development Goals, Child Rights and a Global Agenda for Social Pediatrics (led by Jeff Goldhagen and Sherry Shenoda)**
- 2. Migrant Child Health (led by Ayesha Kadir)**

Both statements are available on the ISSOP website and the statement on Migrant Child Health has been published by Child: Care, Health and Development (DOI: 10.1111/cch.12485). The statement on SDGs has also been submitted to this journal for possible publication.



Thirdly, there was an election for ISSOP next president and executive committee. Our President Prof. Nick Spencer has decided to step down in 2017. This decision made all of us very sad. Prior to the election, Prof. Jeff Goldhagen had accepted the nomination for presidency and after election, he became our new president. Prof. Jeff Goldhagen wishes to share the post with Prof. Nick Spencer for 2017 and he will assume full responsibility after the AGM in 2018.

Our general secretary Dr. Geir Gunnlaugson also decided to step down this year. Dr. Barbara Rubio (Spain) is attended to General Secretary Position.

One of our executive committee members Prof. Manuel Katz also decided to step down from his position. After voting, our new executive committee members are:

1. **Dr. Tony Waterston (UK)**
2. **Dr. Rosie Kyeremetang (UK)**
3. **Dr. Ayesha Kadir (Denmark)**
4. **Prof. Gonca Yilmaz (Turkey)**
5. **Ass. Prof. Shanti Raman (Australia)**

Lastly, we discussed other organisation activities as follows:

ISSOP e-bulletin: ISSOP has continued to publish regular e-bulletins (6 issues/year) on our website. Tony Waterston and Raul Mercer have now been joined by Gonca Yilmaz and Rita Nathawad to form a small editorial board.

1. CHIFA (formerly CHILD2015): ISSOP continues as an active participant in CHIFA. Interesting and challenging issues related to child health are discussed on the forum many of which are relevant to social paediatrics

**Gonca Yilmaz**

## 2.5 The ISSOP trainees' workshop feedback

The ISSOP trainees' workshop took place on Friday September 29<sup>th</sup> 2017 between 12-1pm. The session was run by Dr Rosina Kyeremateng (Bristol, UK), Dr Rita Nathawad (USA) and Dr Anna Battersby (London, UK). A select but enthusiastic group of trainees from a variety of institutions and countries contributed to the success of the session.

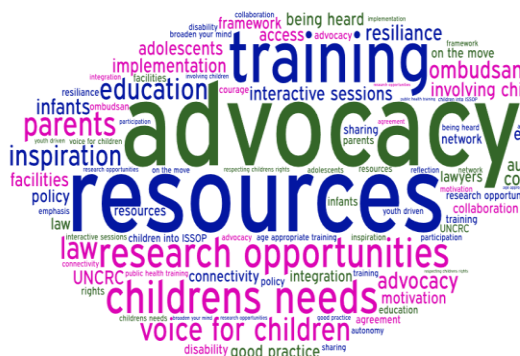
Themes addressed in the workshop included:

- (1) Team work and leadership
- (2) Child rights in the clinical context
- (3) Priorities for the trainees group for the future

### **Team work and leadership**

The success of international societies such as ISSOP relies heavily upon collaboration between child health professionals working in a wide range of clinical contexts. The early part of the session used a group task to highlight the factors that contribute to a team functioning effectively to achieve its goal. Attention was drawn to the importance of listening skills and effective information sharing. These factors must be considered in any collaborative work that ISSOP undertakes, and indeed work the trainee group undertakes.





### **Child rights and the clinical context**

The group spent some time discussing the UN Convention on the Rights of the Child and reviewing how others were using the convention in their work at home. We briefly brainstormed about which articles of the convention were most relevant to children on the move and how a child rights framework could guide future work in this area.

### **Priorities for the trainees group for the future**

An art and crafts based task enabled attendees to relax and openly share their hopes for the future of the ISSOP trainee group. The main interests of attendees were to share experiences with other like-minded individuals and to learn from one another. Common words used within this task included: connectivity, advocacy, progress, inspire and interact. Specific ideas included:

- Improving the content of the ISSOP Facebook group to allow for increased interactivity between trainees.
- Increasing the visibility of ISSOP online, specifically on social networking platforms.
- Enabling ISSOP to become more youth driven, perhaps by inviting young people themselves to the next meeting
- Sharing of work experience and research opportunities between active members of the ISSOP trainee group
- Share good practice documents between trainees, and educational resources

**Anna Battersby**



**The ISSOP trainees  
“dream team”**



## **2.6 New President of ISSOP: Greetings from Latin America**

Members of the ALAPE (Latin American Pediatric Association) Committee on Social Pediatrics wish to express their satisfaction at the new designation of Dr. Jeffrey (Jeff) Goldhagen as President of ISSOP. Jeff, has contributed over the last years to strengthen the relationship of professionals and institutions to promote the rights of childhood in the field of health. His leadership capacity has been expressed through his permanent presence in each of the initiatives developed in Latin America, US and Canada and other regions.

Likewise, our acknowledgment for Nick Spencer for the valuable contribution and generosity in sustaining and consolidating ISSOP and expanding the participation of countries beyond the European region.

**Ernesto Duran (President of the Committee on Social Pediatrics) Colombia**

**Helia Molina and Carlos Becerra, Chile**

**María del Carmen Michelini, Uruguay**

**Maria del Carmen Calle, Peru**

**Josefina Luna, Dominican Republic**

**Raul Mercer, Argentina**

**Ida Esquivel, Paraguay**

**Oscar Ponce, Honduras**



## **3. International organisations**

### **3.1 RCPCH Conference 2018**

** RCPCH Conference 2018**

**13-15 March, Glasgow**

The Organising Committee invites Fellows and Members and their colleagues to offer a paper for presentation at the RCPCH Conference in March 2018. Abstracts by non-members are very welcome, but must be sponsored by a member of the College, on the understanding that s/he is confident that the presentation will be of a high standard. There is no fee for making a submission. If your submission is accepted for presentation then you will be required to attend the Conference and pay the standard registration fee for the day of your presentation. Further information will be sent to you in early January 2018. Should you have any queries relating to your abstract then please do not hesitate to contact our conference secretariat, Hg3 Conferences, at [joanne.mcbratney@hg3.co.uk](mailto:joanne.mcbratney@hg3.co.uk)





### 3.2 Spanish Society of Social Pediatrics (SEPS) XXIII Congress



**Dear colleagues,**

The SEPS Congress arrives at its XXIII edition, and this time, it will be held in Terrassa, on 17 and 18 November 2017. Organizing a congress, and even more if it is Social Pediatrics, is a major challenge, which we have welcomed with enthusiasm. For this, we have prepared a varied program that tries to approach the different problems and realities of childhood and adolescence, with the desire that can help us all to improve our deal with it. Terrassa, is a city with a rich cultural and artistic heritage, which has been shown from its Iberian and Roman origins (as Egara city), passing through the medieval times, the industrial age and even today, a welcoming city of people of very diverse places. Strolling through its streets and with the Natural Park of Sant Llorenç as background, will allow you to travel throughout its history: medieval buildings such as the Tower of Palau and the Castle of Vallparadís; modernists such as Masía Freixa and Casa Alegre de Sagrera, among others.

Drawn on the horizon, you will be impressed by the majestic chimneys, vestiges of important factories, which remind us of the past of textile industrial city of the nineteenth and twentieth centuries. Hence the motto of our congress: "Weaving alliances". Like the threads that are intertwined forming a fabric in the loom, this has to be our work with and for childhood. Collaboration between professionals in different fields (health, education, safety, social work, etc ...) is essential to reach the same goal: to achieve a complete well-being, with a bio-psycho-social vision of childhood and adolescence. We are waiting for you in Terrassa!

**Gloria Estopiñà Ferrer**

President Organizing Committee XXIII SEPS Congress

**More information: <http://www.congresoseps.com/>**



### **3.3 Child Rights and Health: Calvo Mackenna Hospital, Chile**

**III COMMEMORATION OF THE INTERNATIONAL  
CONVENTION ON THE RIGHTS OF THE CHILD  
LUIS CALVO MACKENNA HOSPITAL- SANTIAGO CHILE  
22 AND 24 NOVEMBER 2017**

This coming November, the paediatric hospital Dr Luis Calvo Mackenna, will organize its third version of commemoration of children's rights, through educational, recreational and cultural activities aimed at its users (children and families) and health practitioners. There will be two big events; a morning for discussion and reflection about the advances in the installation of a culture of rights in paediatric health care, for which we will be accompanied by Dr Helia Molina (Chile) and Dr Raul Mercer (Argentina). During the second day, we will promote a participatory activity of healthy citizenship, in which we will have various institutions informing about their work in childhood and educational and recreational activities for children and families in relation to their rights. This initiative is part of the Hospital Friendly Program: Health care with a child rights based approach, which has been implemented since 2008 in this institution.

**Macarena Miranda**

## **4. Current controversy**

### **4.1 End of the Deferred Action for Childhood Arrivals (DACA) program in the US. What now?**

On September 5, the Trump Administration announced it would be ending the Deferred Action for Childhood Arrivals (DACA) program. DACA has provided temporary relief from deportation, as well as work authorization, to more than 800,000 young immigrants who came to the United States as children. The president's decision followed months of mixed messages. While he vacillated in public statements about his intention to end DACA, he ramped up enforcement actions that have terrorized the immigrant community. On June 29, Texas Attorney General Ken Paxton and nine other state attorneys general submitted a letter threatening a lawsuit unless the Administration rescinded DACA by September 5. Rather than uphold the program until a legislative solution could be secured by Congress, President Trump instead chose to jeopardize the lives of nearly one million Dreamers, their families, and their communities by terminating a successful program that has transformed lives and repeatedly held up to previous legal challenges.

**Raul Mercer**

More information: <http://www.clasp.org/pages/the-future-of-daca-resource-page>



## 5. CHIFA report

---

In the run-up to the recent ISSOP conference in Budapest, CHIFA conducted a lively thematic discussion on its forum in which CHIFA members discussed the physical and mental health of child refugees; child refugee rights; members' experiences from around the world in providing care to refugee children; and the care guidelines and support services currently available for this population and the gap in these / access to these.

Furthermore, following on from the success of HIFA's 11 Projects on topics ranging from 'Prescribers and users of medicine' to 'Evidence-informed policy and practice' and 'Multilingualism' (<http://www.hifa.org/projects>), we are launching the first CHIFA Project, which focuses on Newborn Care. This is in conjunction with the Every Newborn Action Plan. As part of this Project, CHIFA will be conducting a thematic discussion on the forum from 16th October – 24th November. This discussion will explore and address how to improve quality of care for newborns within the overall care continuum, particularly those born small and sick in low and middle-income countries. We hope you can join us for what promises to be a fascinating discussion! For more details see: <http://www.hifa.org/projects/newborn-care> and to join CHIFA for free see [www.chifa.org](http://www.chifa.org).

In other news, we are continuing to expand our support system: we now have 46 CHIFA Country Representatives from 41 countries, supporting and promoting CHIFA and the need for increased access to child health information and child rights in their own countries. We have updated our Arabic-language leaflet, and will soon be launching an updated version of our English-language leaflet (these leaflets and Powerpoint presentations on CHIFA in 8 languages are found here: <http://www.hifa.org/about-hifa/publications>). We are also in the process of organising a webinar on infant feeding practices. Details will be found on the CHIFA website ([www.chifa.org](http://www.chifa.org)) closer to the event.

**Neil Pakenham – Walsh & Abigail Enoch**



## 6. Publications

### 6.1 Harrowing Journeys: Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation

UNICEF Report September 2017

[https://www.unicef.org/publications/files/Harrowing\\_Journeys\\_Children\\_and\\_youth\\_on\\_the\\_move\\_across\\_the\\_Mediterranean.pdf](https://www.unicef.org/publications/files/Harrowing_Journeys_Children_and_youth_on_the_move_across_the_Mediterranean.pdf)

This recent report is a summary of findings from UNICEF and International Organization for Migration (IOM) analysis of the journeys of migrant and refugee children (adolescents aged 14–17) and youth (18–24), as recorded in their responses to the Displacement Tracking Matrix Flow Monitoring Surveys conducted by IOM along the Central and Eastern Mediterranean routes to Europe in 2016 and 2017. The purpose of this study was to give voice to children and youth undergoing these stressful journeys and to gain insight into the vulnerabilities to which they may be exposed while in transit.

Reasons for leaving home were most commonly related to escape from violence, war, persecution or conflict. Some also reported leaving to have better access to basic services, educational opportunities or to rejoin family. Unfortunately, the survey revealed that many shifted from one threatening situation to another during migration as there was high-risk of exploitation and trafficking for children and youth travelling through the Mediterranean routes. In particular, children and youth travelling the Central Mediterranean route, with lower baseline education and those travelling alone were at significantly higher risk of forced labor, sexual exploitation, violence and abuse, child marriage, trafficking and captivity. Also of note was the rampant racism and xenophobia experienced by children and youth responding to the survey. In summary, UNICEF has developed an agenda for action in response to the findings of this survey:

- **Protect uprooted children from exploitation and violence.**
- **End the detention of refugee and migrant children by creating practical alternatives.**
- **Help uprooted children to stay in school and stay healthy.**
- **Press for action on the causes that uproot children from their homes.**
- **Combat xenophobia and discrimination.**
- **Keep families together and give children legal status.**

In keeping with this agenda there is a need to continue to identify and address root causes such as conflict, violence, poverty and lack of economic and educational opportunities that drive children and youth to leave home and embark on these harrowing journeys. We must create safer pathways with adequate support and resources along the travel routes children and youth take. Finally, there is limited data available from migrant and refugee children and youth and we must therefore continue to pursue studies that bring to light the voice, experiences and needs of children and youth on the move.

**Rita Nathawad**



**6.2 Health workers and the weaponisation of health care in Syria: a preliminary inquiry for The Lancet–American University of Beirut Commission on Syria. Fouad Fouad et al, March 2017 The Lancet**

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30741-9.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30741-9.pdf)

‘With direct and repeated targeting of health workers, health facilities, and ambulances, Syria has become the most dangerous place on earth for health-care providers.’

Fouad and colleagues describe the unbelievably dreadful targeting of health workers and health facilities by mainly government forces in the Syrian conflict. This started by the large scale aerial bombing of civilian areas during the civil war and continued with the criminalisation of health workers who treated patients in protests. Indeed a new law made it illegal to provide health care to protesters. This is a tragic denial of Hippocratic principles and led to the killing of hundreds of health workers. The authors consider that the pattern of damage to health facilities suggested an intention to target. Not surprisingly this led to an attrition of health workers: in 2015, 15000 of 30000 health workers in the country had left, putting intolerable pressure on those who remained.

No new solutions to this terrible humanitarian disaster are suggested in the paper apart from seeing violations of medical neutrality as war crimes. The authors place the onus on the medical community to raise awareness and build a consensus on the urgent need for protection of health workers.

To me this makes ever more vital the need to address the determinants of conflict such as poverty, climate change and racial discrimination. And health workers round the world must stand in solidarity with their comrades bravely continuing their work in war zones.

**Tony Waterston**



**Image from Budapest (ISSOP/2017)**