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1. Introduction

Welcome to the final ISSOP e-bulletin of 2014, and let's look to good news for Child Health in 2015, especially around the new Millennium Development Goals – don't forget to mark the date 2-4 Sept 2015 in Geneva. This month we cover the new RCPCH manifesto on improving child health, which comes at a time when children in UK are being more severely hit by economic recession due to the government's austerity measures than at any time I can remember. This is confirmed by the UNICEF Innocenti report – see 6. We also cover the rather depressing vaccine news from Kenya and the rather more positive developments in Polio vaccine. With all best wishes for the Christmas season from the editors.

T.W.

2. Meetings and news

2.1 RCPCH highlights child poverty 'Report by Nick Spencer'

<http://www.rcpch.ac.uk/news/politicians-must-value-our-children-much-elderly-or-britain-faces-serious-consequences-says-top>

The UK Royal College of Paediatrics and Child Health has just published its Vision 2015 aimed at promoting and improving child health through government action. This is an important document as it recognises the key role of government policy in promoting the health of the child population. The poor performance of the UK in child health relative to other European countries has prompted this initiative. Below is a brief extract from the report highlighting both the need for political will and leadership in addition to health services and the actions the RCPCH calls on a future government to commit to:

- A named health professional for children with long term conditions
- Early help for children with mental health problems
- Train every general practitioner and general practice nurse in child mental and physical health
- 20mph zones in residential areas
- Restricting advertising that encourages unhealthy eating
- Stopping children having cheap access to alcohol



Two examples of specific policies are:

To tackle the UK's poor childhood mortality rate:

- Introduce 20mph speed limits in residential areas to reduce the number of road accidents
- Restrict access to alcohol by children and young people including the introduction of minimum unit pricing for alcohol
- Disclose information about the impact of the Chancellor's annual budget statement on child poverty and inequality – known to be key risk factors for child mortality

To reduce childhood obesity:

- Ban advertising of food high in saturated fats, sugar and salt before 9pm
- Implement food and nutrition training for teachers and ensure Public Health England promotes policies which improve children's diet in schools.

Members in other countries might consider urging their paediatric associations to seek political commitments to promote child health from their governments.

2.2 Muslim physicians call for action on polio

Muslim physicians from around the world joined together this month to launch a Call to Action on Polio Eradication and Children's Health. The initiative, spearheaded by the Federation of Islamic Medical Associations (FIMA), urges leaders and community members across the Muslim world to redouble their commitment to ending polio. Over the next few months, FIMA will be collecting additional signatories with the goal of bringing thousands of physicians on board. www.polioeradication.org

3. International Organisations

3.1 WHO Violence, Injury Prevention and Disability (VIP)

The World Health Organization's Department of Violence and Injury Prevention and Disability (VIP) works to prevent injuries and violence, to mitigate their consequences, and to enhance the quality of life for persons with disabilities irrespective of the causes. It does so by:

- Raising awareness about the magnitude and consequences of injuries, violence and disability,
- Analyzing and disseminating information,
- Fostering multisectoral networks and partnerships, and
- Supporting national, regional and global efforts to:

Improve data collection - Develop science-based approaches to injury and violence prevention, control and rehabilitation - Disseminate proven and promising interventions - Improve services for persons with disabilities, as well as victims and survivors of injuries and violence, and their families - Enhance teaching and training programmes - Create multidisciplinary policies and action plans.

On December 11th, VIP will be launching the Global status report on violence prevention

The report will focus on interpersonal violence, which includes child maltreatment, youth violence, intimate partner violence, sexual violence, and elder maltreatment. Much like similar reports on road safety, tobacco control, and mental health, this snapshot of the state of interpersonal violence prevention in each country will serve:

- As benchmark for countries to assess their violence prevention efforts;
- As a baseline to track future progress in violence prevention internationally;
- To identify gaps in national responses to violence that need to be addressed; and
- To catalyze further prevention action.

You can sign up for updates on the work of VIP at

http://www.who.int/violence_injury_prevention/email_signup/en/



4. Current controversy: religious opposition to tetanus toxoid (TT) given to pregnant women

An old controversy is rearing its head again! Allegations that immunisation was being used as a cloak for covert contraception, current a decade ago in Mexico, Tanzania, and Nicaragua have arisen anew in Kenya. HIFA (Health Information for All) which is the parent group for CHILD 2015 recently carried the following message from Beatrice Muraguri, a Kenyan Public Health specialist:

'How can we educate our religious leaders on vaccination? The head of the Catholic Church in Kenya, Cardinal John Njue has now told women of reproductive age who are Catholics not to agree to be vaccinated with TT claiming it has family planning contents. This will be a big challenge to the MOH since it's coming from a very highly respected personality.'

In a follow up message on HIFA, Neil Pakenham Walsh made the following comment:
"An article in the [Daily Nation] says the church believes WHO has been trying to use vaccines as a means of population control since 1972.'It claims that similar tetanus vaccination drives have been used to secretly sterilise women in the Philippines, Mexico and Nicaragua. Catholics have a history of fighting the tetanus vaccines and in 1995 succeeded in stopping such a campaign.'

<http://www.nation.co.ke/news/politics/Tetanus-Vaccine-Catholic-Church-Health-Ministry/-/1064/2519298/-/klv96vz/-/index.html>

A child dies of tetanus in Kenya every day. Meanwhile, respected religious and professional leaders make extraordinary claims that threaten people's health. Most of us would debunk such claims, but the journalists and newspaper editors fail to do so, and the comments of readers suggest they believe the conspiracy."

Was the strategy sufficiently explained e.g. to NGOs which undertake much of primary health care? Certainly it was soon challenged by the Kenyan Catholic Bishops Conference, (supported by Catholic Doctors and post primary school teachers' union) who questioned the increased number of injections and the exclusion of children and men, and (the slums of) Nairobi from the scheme. Then, possibly reactivating old (later disproven) concerns about covert contraception, and aware that TT had been used as an adjuvant in contraceptive vaccines (in which modified beta-Human Chorionic Gonadotropin initiates contraceptive antibody formation, at present used in veterinary practice in USA), they arranged for TT vaccine to be tested for beta-HCG in a number of laboratories.

The results were confusing, and the process is due to be repeated, with measures being taken to avoid false positive results due to the presence of vaccine preservatives. The controversy has hit the press in Africa, UK, and USA, and a clear exposition (Larsen H) is available at www.vaccineconfidence.org. Members of HIFA 2015 are assembling information in order to correct scientific and religio-political misunderstandings.

Maureen B Duggan previously teaching paediatrician in Nigeria, Uganda, Malawi and researcher in Nairobi Kenya

5. CHIFA/CHILD2015 report

5.1. Change of Name

CHILD2015 is in the process of making a change of name from CHILD2015 to CHIFA (Child Health Information for All) so please bookmark the new name in your address book

5.2. Webinars in 2015

We are currently conducting a survey on CHIFA on topics for webinars next year – adopting the format of a panel discussion like the one we had at Goteborg during the ISSOP annual meeting this year. Possible topics are corporal punishment in the home, early child development and nutrition. Please let us know what you think and any suggestions for speakers. Tony.waterston@ncl.ac.uk



5.3. CHILD MEGATRENDS

A group of social pediatricians are writing to get your insights into what you think will be the major (mega) trends impacting children’s health over the next decade. Several years ago, the American Academy of Pediatrics published a set of “mega-trends” that they meant to be a vision of the most important issues that would face child health before 2020. What are our insights and visions to contribute to this exercise? Please feel free to add any issues you feel are missing from this list and send us your perspectives on what order you would use to prioritize the new list. We will send you our results as soon as the information is collated. Some of the latest contributions of our colleagues are printed in color. As you read through the following list, please let us know:

- Any new Megatrends you would add, or you would delete
- Any issues under the proposed new Megatrends you would add/remove

Please send your list of priorities to: Sherry.Shenoda@jax.ufl.edu

Sherry Shenoda, M.D, Jeff Goldhagen, M.D., Raul Mercer, M.D

American Academy of Pediatrics set of “mega-trends” that were meant to be a vision of the most important issues that would face pediatrics before 2020	CHILD 2015 exercise on post 2015 agenda and “child megatrends” based on most critical determinants of child health worldwide today and into the future.
<p>1. Clinical and societal demographic of the patient population</p> <p>2. Advances in information technology applied to health care and pediatrics</p> <p>3. Advances in medical knowledge, diagnostics and treatment</p> <p>4. Form of the healthcare delivery system</p> <p>5. Consumer driven nature of society and healthcare</p> <p>6. Workforce in the profession of pediatrics</p> <p>7. Impact of Disasters (natural, environmental, man-made)</p> <p>8. Global Child Health and Pediatrics</p>	<p>1. Lack of secure places for children as a consequence of:</p> <ul style="list-style-type: none"> - War/violence and military regimes - Displacement - Unhealthy Urbanization (JM Michel) - Children in the streets, child sexual exploitation - Child labor - Family violence - Peer violence (all kinds) - Rights-based play areas (neighborhoods, public places, municipalities) <p>2. Impacts of poverty on childhood (Tony Waterston)</p> <ul style="list-style-type: none"> - Place/structural inequity - Housing and health - Uneven legal systems (for the rich and the poor) <p>3. Discrimination and social exclusion</p> <ul style="list-style-type: none"> - Cultural disrespect (between Western and Eastern world) - Gender equity - Cultural discrimination. Religious discrimination (Nick. Spencer) - Exclusion of kids with disabilities - Women’s rights - Racism, childism - Education illiteracy, digital illiteracy - Homophobia - Lack of access to child health care, Lack of affordable health care (N.Spencer) <p>4. Social factors that affect child life trajectories</p> <ul style="list-style-type: none"> - Early learning/brain development - Life course science - Social epigenetics - Demographic transition (MC Davila, Peru) - Education <p>5. Increasing medical complexity</p> <ul style="list-style-type: none"> - Chronic illness, including obesity and diabetes (JM Michel) - Mental Health issues (JM Michel) <p>6. Truncated families</p> <ul style="list-style-type: none"> - Early marriage - Orphan (post-armed conflict, post HIV) kids - Trafficking - The incarceration of minority males in the US <p>7. Children and marketing (or “the marketization of childhood” “consumerism” (Tony Waterston)</p> <ul style="list-style-type: none"> - Development of the sense of materialism - Mass media and child market dependence - Children in the drug (illegal) industry - Children as target of food, alcohol and tobacco industry - Neoliberal economics and their effect on children (Tony W) - Children as target of pharmaceutical industry (this includes medicalization) <p>8. Environmental degradation</p> <ul style="list-style-type: none"> - Climate change (and emerging diseases, including natural disasters) - Air contamination (and respiratory diseases) - Water contamination (and enteric diseases) - Consequences of globalization on children



6. Recent publications

Children of the Recession: The impact of the economic crisis on child well-being in rich countries UNICEF Innocenti Report Card 12

The UNICEF Innocenti Centre has continued its impressive record of authoritative well-researched reports on child poverty and well-being in rich countries with Report Card 12 addressing the impact of the economic upheaval associated with the economic crisis. The report focuses on the variation in fiscal and social policy responses by national governments to the crisis and marshals convincing evidence that child well-being has been most severely affected in those countries imposing the most severe forms of austerity. An extract from the executive summary is appended here. The full report can be downloaded at <http://www.unicef-irc.org/publications/pdf/rc12-eng-web.pdf>

Extract from Executive Summary:

The data and observations in this *Innocenti Report Card* reveal a strong and multifaceted relationship between the impact of the Great Recession on national economies and a decline in children's well-being since 2008. Children are suffering most, and will bear the consequences longest, in countries where the recession has hit hardest. For each country, the extent and character of the crisis's impact on children has been shaped by the depth of the recession, pre-existing economic conditions, the strength of the social safety net and, most importantly, policy responses. Remarkably, amid this unprecedented social crisis, many countries have managed to limit – or even reduce – child poverty. It was by no means inevitable, then, that children would be the most enduring victims of the recession.

The impact of the recession on children

This report offers multiple and detailed perspectives on how the recession has affected children in the developed world. Official data have been used to rank the impact on children for countries in the European Union (EU) and/or the Organisation for Economic Co-operation and Development (OECD):

- » In 23 of 41 countries analysed, and in many of the highly populated countries, child poverty (children living in households whose income is below the poverty line) has increased since 2008. In 18 countries child poverty has fallen, sometimes markedly.
- » The number of children entering into poverty during the recession is 2.6 million higher than the number that have been able to escape from it since 2008 (6.6 million, as against 4 million). Around 76.5 million children live in poverty in the 41 most affluent countries.
- » The recession has hit young people extremely hard, with the NEET (not in education, employment or training) rate rising dramatically in many countries. In the EU, 7.5 million young people (almost the population of Switzerland) were NEET in 2013 – nearly a million more than in 2008. The United States and Australia have had the largest increases in the NEET rate across non-EU OECD countries.
- » Beyond income and employment levels, the recession has affected a number of other important dimensions of people's lives. From 2007 to 2013, feelings of insecurity and stress rose in 18 of the 41 countries, according to measurable self-perception indicators (including access to food and satisfaction with life).



» The recession's impact on personal experiences and perceptions is not yet over, and many indicators have even worsened in the most recent years.

The consequences of a Great Leap Backward

All countries faced difficult choices, limited budgets and worsening recessions. The enormity of the challenges should not be underestimated. Demand for austerity measures was intense, as were pleas from other vulnerable sectors. Compromises were undoubtedly necessary. But if protection policies had been stronger before, and if they had been strengthened during the recession, how many more children could have been helped? A calculation of the impact of the crisis on the median income of households with children suggests that, between 2008 and 2012, Greek families lost the equivalent of 14 years of progress; Ireland, Luxembourg and Spain lost a full decade; and four other nations lost almost as much. The Great Recession has brought suffering and life-long risks to an extra 619,000 children in Italy, 444,000 in France and 2 million in Mexico. The problems have not ended for children and their families, and it may well take years for many of them to return to pre-crisis levels of well-being. Failing to respond boldly could pose long-term risks – for example, there has been a break in the upwards trend in fertility rates. In no region are these risks more problematic than in Europe, where inequality is rising within and between Member States, threatening to undermine the ambitious targets of Europe's 2020 agenda.

The children of the recovery

What lies ahead for children neglected by the global response to the Great Recession? If the neglect persists, the crisis among children will continue well after any economic recovery. The long term well-being of our societies is at stake. The analysis in this report suggests the following principles and recommendations for governments to consider in strengthening child protection strategies:

- » Make an explicit commitment to end child poverty in developed countries. Countries should place the well-being of children at the top of their responses to the recession, aligning their ethical obligations with their self-interest.
- » Rescue, prevent and give hope. Opportunities to break cycles of child vulnerability should be promoted. Guaranteed minimum social standards would make a positive difference.
- » Produce better data for informed public debate. Availability, timeliness and relevance of information about the well-being of children should be improved.

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: there will be a response to this question in the next edition of the e-bulletin which will appear in January 2015] *Name withheld*