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1. Introduction

Please note that abstracts are now being invited for the annual meeting of ISSOP in September, and the closing date is 15th April.

This month we look at the Partnership for Maternal, Newborn and Child Health which is setting out a new strategy; we cover the recent Lancet and BMJ series on science and the food industry and consider whether 'deep pockets' influence the direction of scientific research; and report on a new disability website.

Do please keep us informed in developments in your own situation – and have a lovely Easter break!

TW and RM

2. Meetings and news

2.1 ISSOP in Geneva Sept 7-9 2015

Sustainable Development Goals (post-2015): A booster for Child health and Children's Rights. Please note the key dates below:

KEY DATES	DATES CLES
Abstract Submission Deadline: 15.04.2015 Notification of acceptance: 30.05.2015 Early-bird for registrations: 30.06.2015	Dernière date pour la soumission des résumés: 15.04.2015 Notification d'acceptation des résumés aux auteurs: 30.05.2015 Tarifs préférentiels: 30.06.2015

2.2 Ebola update

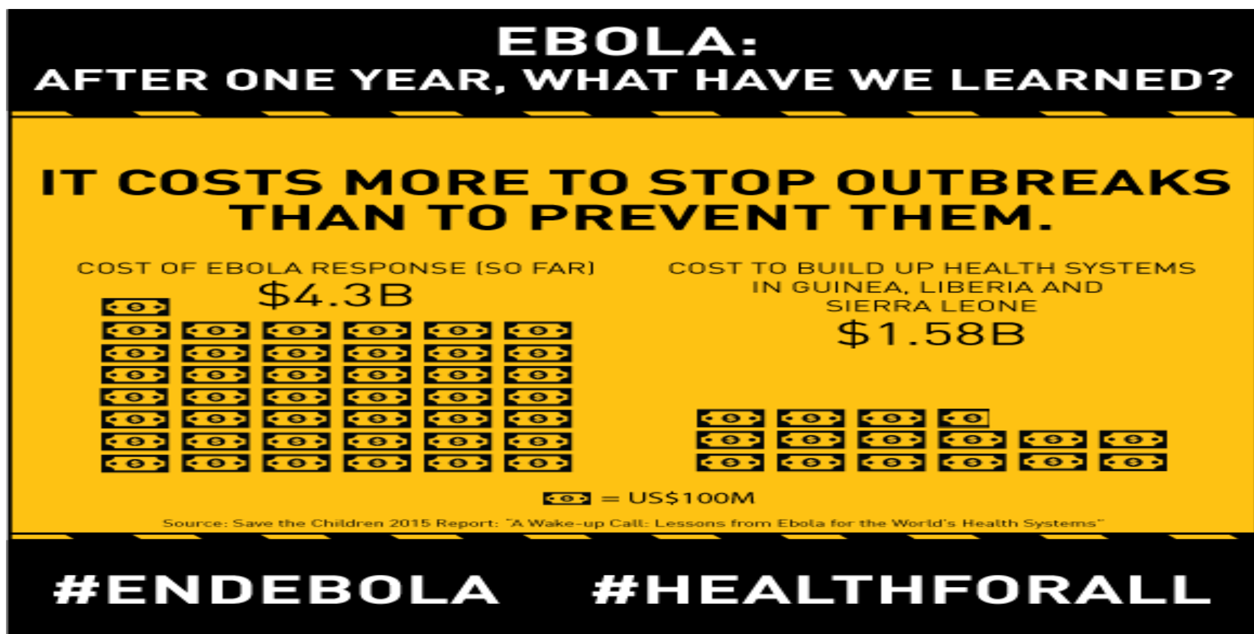
The following message was received from Guy Bloembergen of Global Health Strategies.
Sent: 22 March 2015 **Subject:** Ebola: One year into the crisis.

- One year after the WHO announced the first Ebola cases in West Africa, where do we stand? The outbreak has claimed more than 10,000 lives, cost $4.3 billion in relief efforts and could cost West Africa $15 billion over three years.
- Time and again we've heard global leaders say that health care systems are broken, failing to reach and protect the most vulnerable with the health services they need. Yet, a full year later, as the immediate crisis recedes; we're at risk of going back to business-as-usual. With climate change, conflict and disease outbreaks on the rise, business-as-usual threatens to push global health systems – and communities – to their breaking points.
- It is critical that country and global leaders heed lessons of Ebola and invest in building resilient health systems now. Universal health coverage is the best way to protect everyone, particularly the poorest, from whatever crises lie ahead.
- This week, our coalition needs to come together to hold leaders accountable to their promise of #HealthForAll. Add your voice using the social media content below.

Best, Guy

Guy Bloembergen - Global Health Strategies | New York
Office: +1 212 929 7888 ext. 41 - Mobile: +1 401 440 8609 - www.globalhealthstrategies.com

COST OF EBOLA



3. International Organisations

3.1 Partnership for Maternal, Newborn and Child Health (PMNCH)

http://www.who.int/pmnch/en/

Add your voice to the UN Secretary General's new Global Strategy for Women's, Children's and Adolescents' Health!

PMNCH is coordinating multi-stakeholder consultations to provide inputs into and feedback on the updated Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy). Share your views on key priorities, interventions, and principles for inclusion in the Global Strategy.

Fill out the survey on www.womenchildrenpost2015.org by 20 March 2015
- Organize a discussion on the Global Strategy (using the following consultation toolkit http://crowd360.org/wp-content/uploads/2014/10/PMNCH-GS-ConsultationToolkit-final-draft.pdf) and send us the outcomes at pmnch@who.int
- Join one of the existing consultations
- Join the online conversation: #EWECprogress and #Commit2Deliver
- Send your comments, videos, blogs to pmnch@who.int or post them on www.womenchildrenpost2015.org

The renewed Global Strategy for Women's, Children's and Adolescents' Health, to be launched in September 2015, is a roadmap for ending all preventable deaths of women, children, and adolescents by 2030 and improving their overall health and well-being, and builds upon the 2010-2015 Global Strategy for Women's and Children's Health launched by the UN Secretary-General. The updated Strategy will support the achievement of women's, children's and adolescents' health related Sustainable Development Goals (SDGs) and anticipates a more integrated post-2015 development framework in which all countries are supported to attain and sustain their health goals, moving beyond reductions in mortality to a vision of healthy life for all through the life-course.

More on the Global Strategy

The PMNCH led Global Strategy consultation process will have three phases . Each consultation phase will produce written and oral feedback that will be collated into a PMNCH-led synthesis report, to be shared with the leads of the Global Strategy effort and the wider community. This consultation process will be supported throughout by an interactive online hub (www.womenchildrenpost2015.org), which will continually share information and feedback from the consultation, report on events, and curate a social media-based discussion. This online user-generated content will also be collated to feed into the PMNCH synthesis reports.

Phase 1 (20 Feb-20 March; synthesis report due early April). Together with the global stakeholder meeting in New Delhi, 26-27 Feb, this round of consultation will focus on key questions posed by the technical working groups of the Global Strategy to feed into the overall drafting process of the Strategy;
Phase 2 (end-April to end-May; synthesis report due early June): Together with a global stakeholder meeting in South Africa on 5-6 May, this round will share the draft text of the Global Strategy with a wide set of stakeholders for response and support, including at a high-level side event at the World Health Assembly in Geneva during the week of 18 May;
Phase 3 (TBC): A third round of consultation later in the year, could seek feedback on implementation plans associated with the Global Strategy process.

4. Current controversy

4.1 Science and the food industry: challenges for child public health and paediatricians. Nick J Spencer, Tony Waterston, Shanti Raman

Introduction:

A recent investigation by the BMJ addressed the issue of conflict of interest in the association of scientists with the food industry specifically around the threat to public health from over-consumption of sugar .[1] The current Lancet series on obesity: (http://www.thelancet.com/series/obesity-2015) similarly discusses the role of the food industry in the global obesity epidemic.[2] The BMJ investigation and the Lancet papers illustrate how the food industry has used its vast resources to confuse, obfuscate and undermine the increasingly powerful evidence that sugar lies at the heart of the obesity epidemic and how nutrition scientists in the United Kingdom (UK) have been compromised by their association with the industry. They highlight the ethical issues which arise in the relationships between science, scientists and industry; not dissimilar to the issues canvassed in ISSOP's recent Position Statement on sponsorship by the Baby Food Industry (see www.issop.org). Here we discuss the implications of the BMJ and Lancet findings for child public health professionals and paediatricians and their organisations.

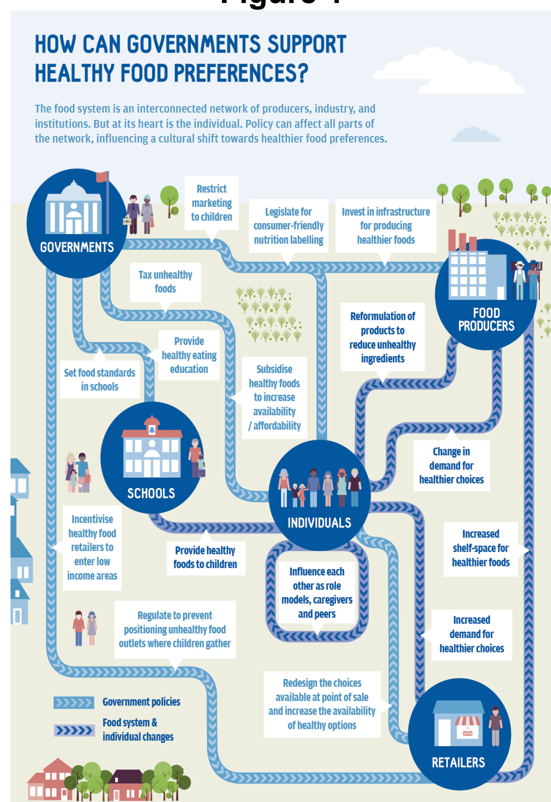
BMJ and Lancet findings

The BMJ investigation looks at the relationship between nutritional science and the sugar industry to address the question – 'is science for sale?' The accompanying editorial points to the increasing evidence for the role of sugar in the obesity epidemic and in the increase in type 2 diabetes among other adverse health outcomes; whilst stressing that further research is needed to confirm a causal relationship.[3] The investigation shows that the industry uses its considerable resources to directly influence research findings and to cast doubt on the evidence for the health-damaging role of sugar.[1]Bes-Rastrollo *et a* reported evidence that systematic reviews examining the relation of sugar sweetened beverages with weight gain or obesity were "five times more likely to present a conclusion of no positive association" if the research had been funded by industry.[4] Indirect influence is exerted through various forms of funding and sponsorship of nutritional scientists and publishing reports which downplay or minimise the role of sugar – what Stuckler & Nestle describe as "diverting the agenda and biasing science".[5] Two examples help to illustrate this process:

- As part of the UK government's light-touch, voluntary approach to regulation of the food industry, they established a food network for their Public Health Responsibility Deal in 2011, in which industry is supposed to work with public health and nutritional scientists to promote public health. The network chaired by the Professor of diet and population health at the University of Oxford, Susan Jebb, has received extensive industry funding for her research.
- UK based AB Sugar, one of the largest sugar producers in the world, recently funded a report by the think tank 2020Health called *Careless Eating Costs Lives*. The report reached a conclusion that echoed the message at the heart of industry's rejection of claims that sugar is a key cause of obesity. Despite attempts to tackle obesity by "focusing on the population's intake of energy dense, high calorie ingredients such as fat, sugar and alcohol … the problem really lies with people consuming too much of everything, and … there is no single cause for the observed rise in obesity."[6] [3]

The Lancet series aims to confront the lack of progress in obesity prevention and provide a framework for action based on a new paradigm (see figure) which characterises obesity as an interaction between the environment and the individual where feedback loops perpetuate food choices and behaviours.

Figure 1[7]



It is clear from the BMJ investigation of the sugar industry that the policy and commercial changes necessary to realise the positive feedback loop depicted in the figure require a robust challenge to the food industry based on science and policy making which are truly independent. As Lobstein et al state in their paper in the series:
"Whereas much public health effort has been expended to restrict the adverse marketing of breast milk substitutes, similar effort now needs to be expanded and strengthened to protect older children from increasingly sophisticated marketing of sedentary activities and energy-dense, nutrient-poor foods and beverages. To meet this challenge, the governance of food supply and food markets should be improved and commercial activities subordinated to protect and promote children's health".[8]

Can scientific work with the food industry be conflict-free?

Scientific work on nutrition and the obesity epidemic, in common with all scientific research, requires funding and, as governments reduce budgets for scientific research, researchers are pushed towards industry to fund their work. Nutritional researchers funded by industry and quoted in the BMJ investigation maintain that, as long as the source of funding is declared, there is no conflict of interest and their findings are valid and independent. The dilemma facing researchers is real in the absence of funding independent of industry; however, there is no such thing as a free lunch when science is dependent on industry for its funding. The findings of the BMJ investigation and the experience of funding and sponsorship of professional meetings by baby food industry highlighted in the ISSOP Position Statement demonstrate that a conflict-free relationship with the industry is illusory. Individual scientists may believe that they can maintain their scientific integrity while in receipt of industry funding but the power relations are such that their work is always likely to be used to divert and bias the science.

Meeting the challenges for child public health and paediatrics

Despite an encouraging trend to recognition of potential conflict of interest in scientific publication and sponsorship of professional meetings, commercial interest, often marketing products detrimental to public health, still exerts undue influence on science and medicine. Nowhere is this better demonstrated than in the obesity epidemic where public health initiatives are heavily dominated by campaigns focused

on individual behaviour. The sugar-coated 'elephant in the room' is studiously ignored. In this climate, science and medicine tend to concentrate on individual solutions which leave the commercial interests untouched.

We propose the following approaches which child public health and paediatrics could take:

1. Given the financial and political power of the industry, we need to be more vigilant in the identification of conflict of interest. ISSOP has recently joined the Conflict of Interest Coalition (http://coicoalition.blogspot.co.uk/) comprising civil society organisations united by the common objective of safeguarding public health policy-making against commercial conflicts of interest through the development of a Code of Conduct and Ethical Framework for interactions with the private sector. We urge other paediatric organisations to join the coalition.
2. The corollary of vigilance on conflict of interest is to work to reduce reliance on industry funding for research and meeting sponsorship. Although challenging and unlikely to be achieved rapidly, it is an essential goal in minimising the influence of industry on research and paediatric meetings.
3. Funding is essential for developing a robust research base and informing policy in relation to child public health. To reduce the influence of industry, advocacy for adequate levels of government research funding is needed.
4. As suggested by Lobstein et al,[8] we can build on the experience of measures taken to restrict the adverse marketing of breast milk substitutes and advocate for similar efforts to limit the promotion of nutrient-poor and energy-dense products to children.
5. As the figure above shows, government action is required to reduce the obesogenic environment and we can play an important role in advocating for policy measures aimed at achieving this.

References:

1. Gornall J. Sugar: spinning a web of influence. *BMJ* 2015; **350**.
2. Kleinert S, Horton R. Rethinking and reframing obesity. *The Lancet* 2015.
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4. Bes-Rastrollo M, Schulze MB, Ruiz-Canela M, Martinez-Gonzalez MA. Financial conflicts of interest and reporting bias regarding the association between sugar-sweetened beverages and weight gain: A systematic review of systematic reviews. *PLoS Med* 2013; **10**(12): e1001578.
5. Stuckler D, Nestle M. Big food, food systems, and global health. *PLoS Med* 2012; **9**(6): e1001242.
6. James M, Beer G. Careless eating costs lives. London: 2020health, 2014.
7. How can governments support healthy food preferences? 2015. http://www.thelancet.com/infographics/obesity-food-policy (accessed 17/3/2015 2015).
8. Lobstein T, Jackson-Leach R, Moodie ML, et al. Child and adolescent obesity: part of a bigger picture. *The Lancet* 2015.

4.2 The FGM debate

The FGM debate has gained momentum in Kenya. Last Friday the National TV stations produced interesting footages about a group of Masai women from Samburu demonstrating against those who are fighting FGM. They claimed that if encouraged to stop their girls will not find husbands. In a similar fashion on Thursday, June 5th 2014 the Standard Newspaper reported that business in Kajiadotown came to a standstill after chaos erupted during a demonstration to advocate for female genital mutilation. More than 500 women from the Maasai community protested at Sajiloni shopping centre in Kajiado Central, asking the Government to allow them to continue with the practice. They marched for 15km from Enkorika to Sajilioni singing pro-FGM songs, saying circumcision of girls is their culture and they are not ready to abandon it. “We cannot afford to abandon our rich culture. The Government should allow us to continue with it,” said Naomi Naserian,

5. CHIFA report (formerly CHILD2015)

- CHIFA is now the official name for the forum so please use it in future.

- A successful webinar was held in early February on the prevention of corporal punishment with speakers from Canada, Ethiopia and Turkey. Amazingly Gonca Yilmaz spoke from her car which was delayed in a snowstorm in Ankara! A further webinar is in the planning stage, do let us know if you have ideas on topics for the future.

- We hope soon to announce the launching of the Spanish version of CHIFA with the support of PAHO, instigated by Raul Mercer.

- A recent discussion stream on legislation against smacking showed how much of a gulf exists in attitudes to smacking in different continents, particularly in Africa. Hopefully the posts were educational and it is likely that this topic will feature again in future

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6. Recent publications

6.1 British Academy for Childhood Disability (BACD) new website

BACD has developed a new website with a number of partners including the Department of Health and BACCH entitled 'Disability Matters'

- www.disabilitymatters.org.uk - introduced as
- **Your free e-learning resource for the UK workforce:**
- **Educational, Inspiring, Informative and Inclusive.**
- **Together we can challenge and positively change our own and others fears, ideas and attitudes towards disability and disabled children and young people.**

Here you can find a range of learning packages which 'are a fun and easy way of exploring the site and will help you develop your record of learning.' Highly recommended!

6.2 Tigers review

Do look out for this remarkable film which will be shown at the RCPCH annual meeting in April and also we hope at the ISSOP annual meeting. Made by an Oscar nominated director, the film is the true story of the baby milk salesman working for Nestle in Pakistan who blew the whistle on the unsavoury practices used by the firm to 'persuade' doctors to prescribe their products. I saw the film in London and it is moving and gripping. It should be shown at all paediatric meetings as it shows the reasons why our position statement on conflicts of interest is so essential.

TW

7. Correspondence

From Professor Graham Vimpani, Newcastle, Australia

I would like to add a couple of other points to Tony Waterston's comments [*in the January 2015 e-bulletin]* on violence prevention and children.
First is the issue of ***domestic violence*** which affects mainly women and children. The Australian and state and territory governments are having a major emphasis on this which can be readily accessed on the web. (https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022)
Some of the key goals in the second action plan are:-

- National Priority One: Driving whole of community action to prevent violence
- National Priority Two: Understanding diverse experiences of violence
- National Priority Three: Supporting innovative services and integrated systems
- National Priority Four: Improving perpetrator interventions
- National Priority Five: Continuing to build the evidence base

This initiative has been given a very human face by the activity of a courageous

woman called Rosie Batty who was named Australian of the Year a week ago. Rosie's 11 year old son Luke was killed by his father (who then killed himself) when he turned up watch him (contrary to Family Court orders) at cricket practice last February. Her story can also be tracked on the web (http://www.themonthly.com.au/issue/2014/october/1412085600/helen-garner/mother-courage).

The second issue is that of ***institutional responses to children who have been sexually abused***. The failures of many institutions involved in children's lives to take appropriate action to protect children from the perpetrators, to deal effectively with the pedophiles engaged in such crimes has been a growing cause of concern in Australia as well as many other countries. The failure of governments to engage previously with this issue has been brought into question by those who are victims as well as thoughtful journalists. In Australia there have been several enquiries initiated by state and territory governments, but the highest profile response has been the establishment of a Royal Commission into Institutional Responses to Child Sexual Abuse one of whose commissioners is a child psychiatrist (http://www.childabuseroyalcommission.gov.au)

At an international level Pope Francis has established Pontifical Commission for the Protection of Minors to investigate the implications for the Catholic church. One of the Commissioners Catherine Bonnet, recently spoke at the San Diego Child Maltreatment Conference. (http://visnews-en.blogspot.com.au/2014/05/pontifical-commission-for-protection-of.html) .

Violence against children is an issue that has gained increasing prominence across my 45 years in paediatrics. Given what we now know about the threats to lifelong health and wellbeing for children who experience abuse and other forms of toxic stress in childhood, it is an issue worthy of attention and effective forms of preventive intervention.

Graham Vimpani AM
Clinical Chair, Kaleidoscope: the Children's Health Network;
Professor of Community Child and Family Health
University of Newcastle.