ISSOP e-Bulletin
Nº 25. January 2017

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1. Introduction

Welcome to the first e-bulletin of 2017! We would like to have your feedback on the content of the e-bulletin, please complete the survey at https://www.surveymonkey.co.uk/r/TF6QGBS.

The ISSOP congress this year will be held in Budapest, Hungary from 28th-30th September with the title ***Children on the Move: Rights, Health and Wellbeing***. This is a critical topic which affects all countries and Hungary is directly involved so please book early as this is likely to be a sell-out conference. And as Zsuzsanna says, the Danube is a very beautiful river!

This month marks the start of a year when the omens are not good for children, following the US election and the problems across the world with climate change, war, austerity policies and neo-liberal economics leading the rush towards poverty and ill health. All the more need for us paediatricians to stand up and speak out. We feature a number of good initiatives from organisations including our own (the ISSOP Position statement on health of migrant children), the American Academy of Pediatrics, the Royal College of Paediatrics and Child Health and the Turkish Society for Social Paediatrics, which is engaging with members of the Turkish parliament in a highly productive way.

Let us make sure that in 2017 and onwards, our values and care for the most disadvantaged children in society take precedence.

Tony Waterston &Raúl Mercer

2. Meetings and news

2.1 ISSOP in Hungary

The International Society for Social Pediatrics& Child Healthwith the collaboration of Hungarian **Pediatric Association**

2017 Annual Meeting

Children ontheMove:Rights, Health and Well-being

Budapest, Hungary, September 28-30, 2017

Danubius Hotel Flamenco

Dear Colleagues, dear Friends,

I am delighted that we are holding the 2017 Annual Congress of the International Society of Social Pediatrics and Child Health (ISSOP) in the beautiful city of Budapest. The theme of the meeting is timely given the unprecedented movement of children across the globe in response to humanitarian crises. Given its long-standing commitment to child rights and the health of child populations, it is appropriate for ISSOP to discuss how paediatricians and other child health professionals should respond to crisis facing millions of children and their families.

I am confident that the Congress will contribute positively to promoting the rights, health and well-being of displaced children as well as offering an enjoyable social programme.

Kind regards:

Prof. Nick Spencer
ISSOP president

It is a special privilege that we are hosting the Annual Congress of the International Society of Social Paediatrics and Child Health. Perhaps paediatrics is the only branch of medicine which preserved a holistic approach. We are pleased, that the program of ISSOP draws the attention of the Hungarian paediatricians to the social paediatric approach and especially to the migration crisis.

Budapest is one of the most culturally important metropolises in Eastern Europe. There are many places to enjoy views of our majestic river, the Danube, which flows through the city. Budapest is also famous for its stunning architecture and thermal springs.

We do hope that the scientific and the social programs will provide lasting memories.

We kindly invite you to Budapest.

ZsuzsannaKovács
On behalf of the Hungarian Pediatric Association

MAGYAR GYERMEKORVOS

Children on the Move: Main objectives and topics

Existing knowledge

- To explore the research-base – identifying the best available, contemporary research on the health needs, prevention, early intervention and amelioration of refugee children and youth
-To determine drivers and impact of violence on displaced children and youth

Clinical practice

-To raise awareness in child care professionals of physical, mental, behavioural and developmental health issues and needs of displaced children
- To determine the role of paediatricians in the care of displaced children.
-To identify tools for an efficient, equal and child rights based clinical practice

Advocacy

-To disseminate displaced children health needs and inequalities to child care professions /sectors and children care stake holders

Policies

-To develop inter-sectoral strategic responses to improve the current care for displaced children.
-To propose policies aiming at improving the implementation of protection, promotion and participation rights of children

Scientific Committee

Nick Spencer (UK), Zsuzsanna Kovacs (Hungary); Barbara Rubio (Spain); Jeff Goldhagen (USA); Luis Martin (Spain); Ayesha Kadir (Denmark); Erika Sievers (Germany); Shanti Raman (Australia); GoncaYilmaz (Turkey)

Local Organizing Committee

ZsófiaMészner, GyörgyVelkey, Bea Pászthy, PéterAltorjai, ZsuzsannaKovács

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2.2 Joint Statement on Syria from World Economic Forum

Joint Statement on Syria- WFP, UNICEF, OCHA, WHO, UNHCR

© UNICEF/UN044441/Al-Issa. Five-year-old Rahaf and her two-year-old brother Wail are amongst the tens of thousands of children who fled the intense ongoing fighting in eastern Aleppo. Download photos and b-roll here: http://weshare.unicef.org/Package/2AM4080EBUGC. WFP Executive Director Ertharin Cousin. UNICEF Executive Director Anthony Lake. Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Stephen O'Brien. WHO Director-General Dr Margaret Chan. United Nations High Commissioner for Refugees FilippoGrandi

DAVOS, Switzerland, January 16, 2017– While efforts to fully implement a ceasefire in Syria continue, we again appeal for immediate, unconditional, and safe access to reach the children and families who are still cut off from humanitarian aid across the country. In Syria today, there are 15 besieged areas where up to 700,000 people, including an estimated 300,000 children, still remain trapped. Nearly five million people, including more than two million children, live in areas that are extremely difficult to reach with humanitarian assistance due to fighting, insecurity and restricted access. All over Syria, people continue to suffer because they lack the most basic elements to sustain their lives – and because of the continued risk of violence. We – indeed, the world – must not stand silent while parties to the conflict continue to use denial of food, water, medical supplies, and other forms of aid as weapons of war. Children are at heightened risk of malnutrition, dehydration, diarrhoea, infectious diseases, and injury. Many need support after being exposed to traumatic events, violence and other violations. Tragically, far too many children have known little but conflict and loss in their young lives.The horrors of the siege of the eastern districts of Aleppo have disappeared from the public consciousness – but we must not let the needs, the lives and the futures of Syria's people fade from the world's conscience. We must not let 2017 repeat the tragedies of 2016 for Syria.

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2.3 Survey on access to services for disabled children and young people

European Academy of Childhood Disability

Enablers and challenges to inclusion and access to services for disabled children and young people in times of austerity:The experiences of families and professionals across Europe

YOUR CHANCE TO HAVE YOUR SAY!

In most countries across Europe, severe financial cuts in public spending are affecting everybody, particularly disabled people and their families. The European Academy of Childhood Disability (EACD), a collaboration of professionals working with disabled children, young people and their families, wants to learn about the experiences families and of professionals working with families with disabled children and young people, to make these widely visible, including to policy makers.

We want to hear about the **good and positive things** that help and support participation in fun activities with family and/or friends and access to health, education and social services, as well as the **challenges and barriers**.Please spread the word and ask professionals and families to take the surveys, which are available in many languages and take 5-6 minutes to do.

The EACD team will put together all the responses into a report that will be used to make the needs of disabled children, young people and their families a high priority. The EACD will use the report to campaign for more resources and better services for disabled children, young people and their families demanding a stop to the cuts to the services that they need. Every contribution matters. Together we can make a positive difference!The final report will be available for everyone to see on the EACD website May 2017www.eacd.org

Survey for professionals:
http://www.surveygizmo.com/s3/3215899/Survey-for-Professionals
Survey for families:
http://www.surveygizmo.com/s3/3216034/Survey-for-Families

2.4 RCPCH speaks out on poverty and child health

Caoimhe McKenna

This week the Royal College of Paediatrics and Child Health (RCPCH) launched their State of Child Health Report. The report, which provides a snapshot of child health in the UK, received widespread coverage in the mainstream media. The 25 measures of child health outlined in the report include specific health conditions such as asthma, epilepsy and diabetes, but also several social determinants of child health and a focus on inequalities.

The RCPCH report highlights that the UK is lagging behind other Western European countries in multiple measures of child health. The UK has the fifth highest mortality rate for infants under the age of one year, out of 19 European countries. The authors estimate that there are approximately 130 additional deaths,

among one to nine-year olds, in the UK every year than there would be if it met the European averages. Rates of smoking in pregnancy were also shockingly high, with almost 1 in 5 women in Scotland smoking during pregnancy (compared to 5% in Lithuania and Sweden). Breastfeeding rates at 6 months were also low with rates in the UK (34%) less than half that of Norway (71%).

The health inequalities highlighted in the State of Child Health report are also stark. Infant mortality rates are twice as high in the lowest socioeconomic groups compared to the highest; Forty percent of children living in England's most deprived areas are overweight or obese, compared to 27% in the most affluence areas; Teenage pregnancy rates were 5 times greater in deprived communities (42.2 per 1,000 women), compared with the wealthiest (8.0 per 1,000 women). As Prof Modi, the president of the RCPCH, describes "Seven years after the Marmot Review, "Fair Society, Healthy Lives", it is tragic that the future health and happiness of a significant and growing number is in jeopardy because of an alarming gap between rich and poor… Poor health in infancy, childhood, and young adult life will ultimately mean poor adult health, and this in turn will mean a blighted life and poor economic productivity. The UK is one of the richest countries in the world; we can and must do better, for the sake for each individual, and that of the nation as a whole."

Worryingly the number of children on a child protection plan or on the child protection register has increased in all four nations between, 2004 and 2015. In England, the rate has almost doubled from 24 to 43 per 10,000.The report also highlighted that 1 in 5 children in the UK are living in poverty and that this figure is expected to increase. Given the well-established effects of poverty on child health the authors assert that "all professionals caring for children should advocate for and support policies that reduce child poverty".

http://www.rcpch.ac.uk/state-of-child-health
Full report: http://www.rcpch.ac.uk/system/files/protected/page/SOCH-UK-

Thereport concludes with key policy recommendations to improve child heath across the UK. The RCPCH calls for a mandatory impact assessment of all governmental policy on child health; that is that all policies, from any Government department, should consider the impact direct and indirect impact on child health.They also call for a ban on the advertising of 'unhealthy' foods before 9pm, a cross-departmental strategy to drastically increased breastfeeding rates, a minimum unit price for alcohol and importantly, a reversalof public health cuts in England, which are known to have disproportionately affected children's services.

While it was promising to see some social determinants of child health represented in the report, in future it would be valuableto include additional social risk factors, for example child homelessness and overcrowding, family debt, exposure to air pollution and access to green spaces. To make real, lasting improvements to child health paediatricians must continue to look upstream, to the 'causes of the causes'. Health, education, economic, welfare, environmental and transport policies, which define the context in which children are born, live and grow, are the currents which push children towards or away from ill-health. Paediatricians must work to protect children from those currents and where possible influence the currents themselves.

3. International Organisations: Turkish Society for Social Paediatrics

3.1 Turkish Society for Social Paediatrics. Report of the 4th National Congress of theTurkish Society for Social Paediatrics. (ZuhalAydoğdu, DamlaMutlu, and GülbinGökçay)

The congress took place in Antalya between 16th and 19th November 2016 with 200 participants. Short courses on child abuse, immunisation and child health surveillance were conducted on the day preceding the sessions. The congress started with a session on **"Inequalities and Health"**. In his presentation, Associate Professor İlkerBelek from the Department of Public Health, Akdeniz University Medical School, emphasized that inequalities in health can occur due to social causes such aspoverty, lack of education and inadequate health policies which can be reduced or prevented. Professor UfukBeyazova from GaziUniversity, emphasized the role of social paediatricians to alleviate the effect of social inequalities on health.

Professor Stuart Logan from Exeter University gave a presentation on**"Prevention of obesity at the community level"**. He summarized the results of their study on the prevention of obesity at the schools showing that the intervention did not have any effect on the prevention of obesity. Professor Logan stated that especially in developed countries, obesity frequency is higher in children of low socio-economic families. According to research results in the UK, obese children assessed their quality of life as worse than children with cancer. On the other hand, many parents of obese children do not see their children as fat. Surveys show that individual-based measures are not effective.In Turkey, the fact that the obesity is beginning to reach epidemic proportions should be taken as a good chance to initiate governmental health policies to identify the social and environmental factors that have caused it. Increasing the tax and price of ready-to-eat sugary foods and beverages is one effective attempt in preventing obesity. The congress continued with a plenary session on **nutrition**. Professor SongülYalçın from Hacettepe University emphasized the importance of breastmilk, mentioning recent findings on epigenetic properties that protect children from chronic diseases.

The congress program also included a session on the Agenda of the Turkish Parliament on children. Three Turkish MPsfrom committeesrelated to child health issues in the Parliament participated as the speakers,YılmazTunç from the party in power and Professor AytuğAtıcı and DenizDepboylu from the opposition parties. During the presentations, the MPs emphasized that not only a revision of the present legislation on children, but extra legislation was needed. They also expressed a need for a Parliamentary Committee on the Rights of the Children as well as a need for special studies to be carried out or commissioned by the parliament for children whose right to education has been seized,for those who have been subjected to ideological and political exploitation, for child workers, child brides and the role of illegal organizations. It was emphasized that children who were coerced into crime should be rehabilitated in the best possible way. Additionally, meeting the nutritional and educational needs of those children who have to live in prisons with their imprisoned mothers should be improved. In the discussion, it was proposed that a workshop in whichrepresentatives of all political parties would take part be organized to review and revise the legal regulations concerning children, to prepare a document on how to provide the means to ensure thebest possible care to needy children and to plan a special budget to meet these needs. The members of the congress and the MP speakers pointed out the importance of bringing together different party MPs at such platforms outside of the parliament.

A session on sexual development and puberty was also held in the congress. Assistant Professor ÇığılFettahoğlu emphasized the difficulties and discrimination faced by the adolescents who have gender dysphoria and underlined the importance of a multidisciplinary approach to diminish the distress confronted by these adolescents and their families. Associate Professor SeldaKaraayvaz from Acıbadem University placed emphasis on the rights sensitive approach to adolescents. Dialogues should be in the form of mutual discussion and solution finding rather than didactic.

A plenary session on child rightswas also conducted. On her talk about child brides, Dr.ArzuKöseli from the International Children's Center in Ankara, stated that the frequency of this problem in Turkey is one in every four marriages. She said that to prevent child brides, children should be looked on as individuals in the society, that every girl should have the opportunity to complete her mainstream education, and social inequalities should be abolished. Professor AhmetErgin from Pamukkale University reported that there are 3.5 million refugees in Turkey and that they have security and serious health problems despite the best efforts. Syrian children can continue their education but have serious problems such as difficulties in adjustment to the curriculum and language.LeventŞenöz emphasized that a framework should be developed to provide specific service provision for refugee issues.

A plenary session on child abuse was realized on the third day of the congress. The speakers pointed that efforts should be made to increase the number of child care centres and specially trained social workers must be employed in these centres. Professor GoncaYılmaz from Karabük University talked on physical punishment. She said that a law prohibiting the physical punishment of the child is a crucial step and added that such a law needs to be supported byefforts to improve social culture. Alternative discipline methods should be taught to the families through parent education programs.**The last day of the congress started with a session on research counselling.** Professor Stuart Logan and ProfessorLeventDönmez from Akdeniz University were the moderators of this session. Two oral presentations were selected and analysed by the moderators. The results were discussed with the audience and researchers.

A session on immunization was held with the participation of the Ministry of Health (MOH). Dr. Osman Topaç, from the MOH reported that vaccination coverage rates reached to 97% in our country and polio and maternal neonatal tetanus were eradicated through theMinistry of Health's immunization policies.With the Polio Eradication Program, the World Health Organization, together with Turkey, issued the European Region with the "Polio Free (eradicated) Region" certificate on 21 June 2002. On 24th April 2009, WHO announced that maternal and neonatal tetanus were eliminated in Turkey. An increase in measles cases was observed in Turkey and in 2013; measles vaccination schedule was changed to start at age 9months with two additional doses at 1 and 6 years of age. Professors SadıkAkşit and FeyzaKoç from Ege University discussed **compulsory immunization**. It was stated that although the World Health Organization has said that compulsory vaccination may be considered in countries where vaccination rates are beginning to fall, there is no correlation between compulsory vaccination and vaccination rates. Vaccine rejection has caused some epidemics in the past. Setting up a vaccination information website by MOHwould be an important step and it would be more appropriate to use the term"vaccinationhesitancy" instead of "vaccination rejection".

Our congresscontinued with a session on child health surveillance, Speakers pointed out that play is a need and a right for every child and families should be informed about the provision of this right.
A talk on **media literacy** was given by Professor BetülUlukol from Ankara University. She emphasized the importance of the correct use of the technology, taking into account the risks it brings. She also mentioned studies which showed that the education of the families on this area and a restrictive approach were found to be the most effective methods. The importance of School Health programs was discussed in a presentation made by Associate Professor EmelÖrün.

The last session was on Environment and Child Healthand included a presentation by ProfessorKadriyeYurdakök from Hacettepe University on the use of plastic materials in pediatric care.She mentioned reports on development of various cancers, diabetes, hyperactivity, obesity, low sperm count and other conditions resulting from use of such materials and stated that the use of these materials should be reduced as much as possible.

At the end of the congress, in due consideration of his invaluable and continuous support to our scientific activities, the Executive Committee of the Turkish Society for Social Pediatrics has decided to accept Professor Stuart Logan of Exeter University, UK, as an honorary member of our Society.

3.2 First Rare Disease Day Policy Event, Geneva, February 10

To mark the occasion of Rare Disease Day 2017, Rare Diseases International, the Global Alliance of Rare Disease Patients, in partnership with the BLACKSWAN Foundation, the Swiss Foundation for Research on Orphan Diseases, and EURORDIS-Rare Diseases Europe, invite you to join people living with a rare disease and policy makers at a unique face-to-face discussion.The event is the first of its kind to be organised in Geneva and will gather international experts in the fields of public health, human rights, epidemiology, scientific research and patient advocacy to discuss why and how rare diseases should be included in the global health agenda.

Speakers already confirmed at the event include Dainius Pūras, UN Special Rapporteur, Chris Austin, Chair of the International Rare Diseases Research Consortium(IRDiRC), National Health Institutes, USA, and Yann Le Cam, Chief Executive Officer of EURORDIS.

There is no registration fee for this event. Please be advised that accommodation and travel expenses are not covered by the organisers.https://www.blackswanfoundation.ch/

Our mailing address is:BLACKSWAN Foundation- Chemin de la Riaz 11 - Vuarrens 1418- Switzerland

4. Current controversy

4.1 American Academy of Pediatrics statement on protecting immigrant children

https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAPStatementonProtectingImmigrantChildren.aspx

1/25/2017 by: Fernando Stein, MD, FAAP, President, American Academy of Pediatrics

"The mission of the American Academy of Pediatrics is to protect the health and well-being of all children—no matter where they or their parents were born. Following today's immigration-focused Executive Orders signed by President Donald Trump, the Academy underscores continued commitment to our mission and reiterates our support for immigrant children and their families.

"Immigrant families are our neighbors, they are part of every community, and they are our patients. The Executive Orders signed today are harmful to immigrant children and families throughout our country. Many of the children who will be most affected are the victims of unspeakable violence and have been exposed to trauma. Children do not immigrate, they flee. They are coming to the U.S. seeking safe haven in our country and they need our compassion and assistance. Broad scale expansion of family detention only exacerbates their suffering.

"Far too many children in this country already live in constant fear that their parents will be taken into custody or deported, and the message these children received today from the highest levels of our federal government exacerbates that fear and anxiety. No child should ever live in fear. When children are scared, it can impact their health and development. Indeed, fear and stress, particularly prolonged exposure to serious stress – known as toxic stress – can harm the developing brain and negatively impact short- and long-term health.

"The American Academy of Pediatrics is non-partisan and pro-children. We urge President Trump and his Administration to ensure that children and families who are fleeing violence and adversity can continue to seek refuge in our country. Immigrant children and families are an integral part of our communities and our nation, and they deserve to be cared for, treated with compassion, and celebrated. Most of all, they deserve to be healthy and safe. Pediatricians stand with the immigrant families we care for and will continue to advocate that their needs are met and prioritized."

4.2 ISSOP position statement on migrant child health*

Executive Summary

Greater numbers of children are on the move than ever before. In 2015, the number of forcibly displaced people across the globe reached 65.3 million. Of the more than one million migrants, asylum seekers and refugees who arrived in Europe in 2015, nearly one third were children and 90,000 of these children were unaccompanied.Child migrants are among the most vulnerable, even after arriving at their destination. The health of migrant children is related to their health status before their journey, the conditions during their journey and at their destination, and the physical and mental health of their caregivers. These children may have experienced numerous forms of trauma including war, violence, separation from family, and exploitation. They may suffer from malnutrition and communicable diseases including vaccine-preventable diseases. Pregnant women, newborns, and unaccompanied minors are particularly vulnerable groups. Social isolation is a major risk factor for all migrant children thatcompounds other health risks even after settlement in their new home. Lack of health information, language and cultural differences serve as major barriers to adequate, timely and appropriate health care. In spite the challenges they face, migrant children demonstrate remarkable resilience that can be nurtured to promote good mental and physical health.

Migrant children, irrespective of their legal status, are entitled to health care of the same standard provided to children in the resident population, as stated in the UN Convention on the Rights of the Child. It is imperative that the health sector includes informed health workers who are able to identify the health risks and needs of these children and provide culturally competent care. In order to achieve this and promote the rights of migrant children to optimal health and wellbeing, ISSOP recommends that:

- Programmes and activities designed to promote and protect migrant child health and wellbeing must be designed in collaboration with all sectors involved, including the education and social sectors among others, and should always includethe voices of migrant children and their families.
- Health services should be readily available and easily accessible for preventive, maintenance and curative care regardless of the child's legal status. Care should be of the same standard as care provided to the local population.
- Health information should be provided that is culturally sensitive and readily available in a language that migrant children and families can understand.
- Medical interpreters and cultural mediators should be available during health care encounters, and personnel working with migrants should receive training in cultural competence.
- Health professionals should not participate in age determination until methods with acceptable scientific and ethical standards have been developed.
- Professionals working with migrant children and families should have access to emotional support services.
- Evidence-based best practices in the care of migrant children should be identified and made widely available to health workers.
- An observatory should be established to study the factors leading to poor psychosocial and mental health in migrant children and youth.
- Paediatricians and paediatric societies should work to improve the sensitivity of their respective populations towards migrants, asylum-seekers and refugees.

This position statement is still in draft form and will be issued soon.

Introduction

Today, greater numbers of children are on the move than ever before. The number of forcibly displaced people across the globe reached 65.3 million in 2015. In the same year, over one million migrants, asylum seekers and refugees arrived n Europe alone, nearly 1/3 of whom were children. Worldwide, there are nearly 100,000 children who are known to be unaccompanied or separated from their families.

Background

In recent years, there has been an evolution in the pattern of migration throughout the world. This is perhaps most widely publicised in Europe, where since 2011, increasing numbers of people have been arriving. Nearly 96,000 asylum applications were submitted by unaccompanied minors in Europe in 2015.Similar phenomena are occurring in other areas. An estimated 240,000 Rohingya people, including children and families, remain internally displaced due to inter-communal violence during 2011-2013 and a further 94,000 Rohingya people have fled by sea to other parts of Southeast Asia and Australia. In 2015, nearly 40,000 unaccompanied minors sought to cross into the United States at its southern border with Mexico.

The reasons children leave their homes, with or without their families, are diverse. Some are seeking safety, others are rejoining family that have migrated, and yet others are searching for better life opportunities. Forced displacement is a major driving factor, with children accounting for one fourth of the 65 million forcibly displaced people worldwide. Persecution, armed conflict, generalized violence, climate change, manmade disasters, and human rights violations are the main reasons for forced displacement. While children make up 13% of migrants across the globe, fully one half of refugees and 40% of internally displaced people are children.

The health risks migrant children face are affected by their modes of travel, the distance and duration of their journey and the health, social and political situations in their countries of origin, transit and destination. Children are among the most vulnerable, and the risks they face have immediate and long-term impacts on their health, safety, wellbeing and their ability to reach their full potential. This, in turn, has an impact on local, regional and global societies, both socially and economically. As the physical and mental health of migrant children are interdependent, all references to health in this statement refer to both physical and mental health,unless specified otherwise.

Migrant children, irrespective of their legal status, have the right to health care of the same standard provided to children in the resident population. The United Nations Convention on the Rights of the Child (CRC) devotes specific attention to displaced and unaccompanied children and provides a useful framework from which to approach migrant children’s health risks and health needs .

4.3 Trump's vaccine-commission idea is biased and dangerous

(Nature International weekly journal of science, Vol 541, Issue 7637, Editorial)

Scientists must fight back with the truth about the debunked link between vaccines and autism.

Critics call Donald Trump unpredictable. "Who knows what he will do next?" has become a popular rhetorical question in US politics. And yet, quite often his actions are entirely predictable. The difficulty comes in comprehending them.A prime example is last week's revelation by environmental lawyer Robert F. Kennedy Jr that president-elect Trump may put together a commission to study "vaccine safety and scientific integrity". (Trump's team has countered that there are no definite plans to do so.) Kennedy says he would head the commission; he has in the past argued — unconvincingly — that a preservative in some childhood vaccines is linked to autism spectrum disorder, despite abundant evidence to the contrary.Trump's embrace of the tiresome and discredited anti-vaccination movement is no secret. He has tweeted and publicly discussed his concerns that childhood vaccines may be linked to autism. He has previously met with like-minded activists, including Andrew Wakefield, a father of the 'anti-vaxxer' crusade who has been barred from practising medicine in the United Kingdom for professional misconduct.

Given the people Trump has chosen to listen to, his suggestion of a Kennedy-headed vaccine commission should be no surprise. But it remains difficult to grasp how someone in his position, with unlimited access to the world's best resources on vaccine safety, would selectively choose to overlook them all: the studies, the commissions, the scientists who have spent a lifetime studying vaccines. What good is another investigation of speculation already so thoroughly analysed and debunked — unless it is being set up to reach a different conclusion? It is a clear waste of money and effort. Much more frustratingly, it fuels an anti-vaccination movement that puts children and elderly people at risk.

Trump surely knows that there is already a federal commission to evaluate vaccine safety. The US Centers for Disease Control and Prevention (CDC) has an Advisory Committee on Immunization Practices that reports to the government on vaccine safety. Vaccines are also regulated by the US Food and Drug Administration — and often have particularly stringent safety requirements because they are used in healthy children.

To read more: http://www.nature.com/news/trump-s-vaccine-commission-idea-is-biased-and-dangerous-1.21310

During the Women's March against Trump, people expressed that "all the people should be recognized as equal"

5. CHIFA report

Abigail Enoch and Neil Pakenham-Walsh

Over the past year we have been working on a **CHIFA Capacity Building Project**,which aims to strengthen CHIFA's sustainable capacity. During the last 6 months we have made the following progress:

Output 1: Restructure and expand CHIFA's organisational and financial support base

We recruited 7 CHIFA Supporting Organisations (SOs), 2 of which have provided some financial support; we therefore have 12 SOs in total. SOs help CHIFA grow its membership, contribute to the CHIFA community and/or provide technical or financial support.

Output 2: Increase the human resources to support diversified CHIFA roles

We recruited 8 CHIFA Country Representatives (CRs), representing 6 countries without previous CRs; so we now have 34 CRs representing 28 countries. CRs help support and promote CHIFA in the Representative's countries.

We also recruited a new Assistant Moderator for the CHIFA forum.

Output 3: Create a suite of training and promotional tools to support added capacity

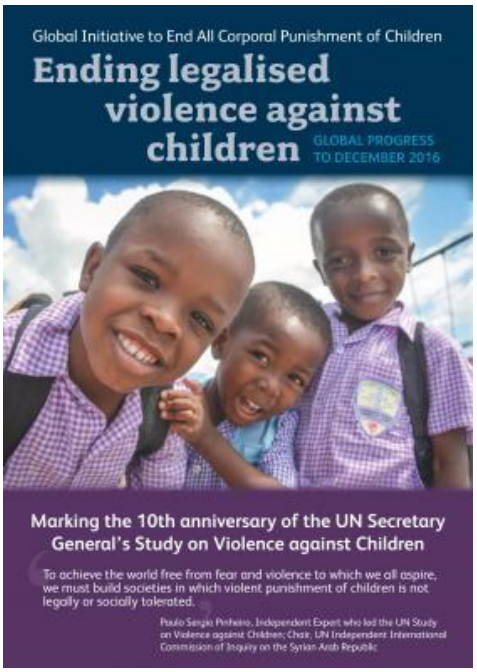
The CHIFA leaflet was translated into Spanish and Arabic, and the Introduction to CHIFA Power Point is now available in Indonesia Bahasa, Arabic, French, Spanish, Serbian, Nigerian Hausa, and Dutch.

Furthermore, in training the new Assistant Moderator, we validated the Reader-Focused Moderation Training Guide that we developed earlier in the Project.

6. Publications

6.1 Ending legalised violence against children

Global report 2016



Published by
Global Initiative to End All Corporal Punishment of Children & Save the Children Sweden

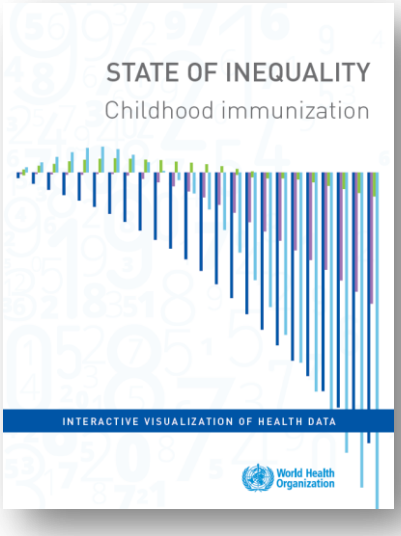
The year 2016 marked the 10th anniversary of the presentation of the World Report on Violence against Children to the UN General Assembly. This anniversary edition of our annual global report celebrates the significant progress made towards universal prohibition of corporal punishment in the last decade, to December 2016, and particularly highlights the major achievements of 2016 – a big year in the journey to end all corporal punishment. Most notably, 51 states and six territories worldwide now prohibit all corporal punishment of children and another 55 states have clearly committed to doing so.

The report also highlights the shortcomings of the past decade – the states where corporal punishment is not fully prohibited in any setting, the states where corporal punishment remains lawful as a sentence for crime, and the states that experienced setbacks in the journey towards prohibition of corporal punishment in 2016. Designed to encourage and support action, the report sets out what still needs to be done to end all corporal punishment of children globally, and how to do it. A limited number of hard copies is available for advocacy use, contact **info@endcorporalpunishment.org**.

6.2 State of inequality: Childhood Immunisation (introduction by Nick Spencer)

World Health OrganizationPublished online: December 2016

Access the report athttp://apps.who.int/iris/bitstream/10665/252541/1/9789241511735-eng.pdf?ua=1



The report addresses two overarching questions: What inequalities in childhood immunization coverage exist in low- and middle-income countries? And how have childhood immunization inequalities changed over the last 10 years? In answering these questions, this report draws on data about five childhood immunization indicators, disaggregated by four dimensions of inequality, and covering 69 countries. The findings of this report indicate that there is less inequality now than 10 years ago. Global improvements have been realized with variable patterns of change across countries and by indicator and dimension of inequality. The current situation in many countries shows that further improvement is needed to lessen inequalities; in particular, inequalities related to household economic status and mother's education were the most prominent. This report is accompanied by electronic interactive visuals, which facilitates thorough and customizable exploration of the data.

Immunisation in childhood is one of the most effective public health interventions in the early years. Inequality in coverage reflects inequality in access to effective child health care. The WHO report shows improvement in overall coverage but persistent inequality in many countries. One notable feature of the report is the identification of potential for improvement in individual countries which would be achieved by eliminating within country economic-related inequality in coverage (see Figure 3.15 in the report).

Key findings: There were major gaps in national immunization coverage between countries

National levels of childhood immunization coverage varied widely across countries for all indicators. Based on the span of the interquartile range, BacilleCalmette-Guérin (BCG) immunization demonstrated the least variation across countries (narrowest interquartile range), and full immunization demonstrated the most variation (largest interquartile range). While more than two thirds of study countries reported levels of BCG immunization among one-year-olds that were in excess of 90%, other countries reported national coverage of around 50% or less. For the full immunization indicator, the median coverage across countries was 68%, and about one quarter of countries reported coverage of less than 50%.

6. 3 Disability Matters in Britain 2016: Enablers and challenges to inclusion for disabled children, young people and their families

http://www.rcpch.ac.uk/system/files/protected/education/RCPCH%20DM%20iPDF%20Inclusion%20Report_2016_IF_R8.pdf

The report reflects the views and experiences of the 123 parent carers, 10 young people and 128 professionals and volunteers who responded to the Disability Matters call for evidence early in 2016. Some examples of excellent inclusive practices are celebrated. Frustration and disillusionment at the increasing barriers to meaningful inclusion brought about by austerity cuts in services were lamented, as was the shocking lack of 'can do' attitudes.Disability equality is not yet a reality in Britain. This is not good enough. The free learning resources that the Disability Matters report links to were completely co-produced with disabled children, young people, parent carers and other experts. They contain practical tips about what can be achieved, to better include and support disabled children and young people, even with limited resources.Positive, 'can do' attitudes, good physical access, a quiet place to chill out if things become too much or are overwhelming, high quality services, information and support are identified as enablers of meaningful inclusion.

Dr Karen Horridgewww.disabilitymatters.org.uk
Consultant Paediatrician, City Hospitals Sunderland NHS Foundation Trust
Chair, British Academy of Childhood Disability- Clinical lead, Disability Matters

6.4. Journal of Human Rights and Social Work (New!)

Although it is not an open-source journal , you can download the articles free during the first two years of the publication!
Click here:
http://link.springer.com/journal/volumesAndIssues/41134

Dedicated to advancing a human rights perspective in social work research, practice, and education

▸Welcomes interdisciplinary work including the fields of psychology sociology, social policy, social welfare, and social development

▸Offers an international scopeFocusing on human rights practice, this journal is a resource for educators, practitioners,and administrators in the field of social work. The journal provides research-based human rights tools, theoretical discussions of human rights, as well as guidelines for improvingpractice.*Journal of Human Rights and Social Work* (JHRW) brings together knowledge aboutaddressing human rights in practice, research, policy, and advocacy as well as teachingabout human rights from around the globe. Articles explore the history of social work as ahuman rights profession, familiarize participants on how to advance human rights usingthe human rights documents from the United Nations, present the types of monitoringand assessment that takes place internationally and within the U.S., demonstrate rightsbasedpractice approaches and techniques, and facilitate discussion of the implications ofhuman rights tools and the framework for social work practice.

6.5. Towards the Human Rights-based global community♣

An interesting book has recently been published in Italian, by **Ilaria Simonelli**, sociologist, and **Fabrizio Simonelli**, psychologist. It describes the construction process of human rights and the ideological and social transitions that led to the affirmation of a cultural paradigm of global reach, represented by the Universal Declaration of Human rights of 1948 and the subsequent international and national pronouncements. This paradigm has strong ethical, social, legal features but also limits and problems not so easy to be solved. Some trends in the global scenario, however, may open new perspectives of continuity and evolution, by assigning to the theme of human rights the role of central paradigm of post-industrial society, revolutionizing the current scale of values that often - too often - mortifies human dignity, and significantly approaching the horizon of a real global community based on human rights.

♣ **More information: http://www.francoangeli.it/ricerca/Scheda_libro.aspx?ID=23852&Tipo=31**