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Edition summary

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PRESIDENT'S REPORT

Sickle Cell Disease: A Global Burden

The IPA was asked to join The Global Coalition to End Sickle Cell Disease. On Feb 7, 2020, Dr. Alden met with The Coalition chaired by Muhammad Ali Pate from the World Bank and Brett Giroir, U.S. Department of Health and Human services.

Context

Sickle Cell Disease affects around 120 million people worldwide. Two-thirds live in Africa where 300,000 to 400,000 are babies born with SCD each year. In countries such as Cameroon, Republic of Congo, Gabon, Ghana and Nigeria the prevalence of SCD is between 20% to 30%, and in some parts of Uganda it is as high as 45%. Beyond its impact on health, SCD poses significant economic and social costs for those affected and their families.

Most of the children born with SCD in the African region will die early, from preventable causes such as an infection or severe shortage of blood; those that survive will live a short life wrecked by long and frequent episodes of immense pain during which they will be unable to attend school or hold a regular job. This contrasts with the more successful experience of affected populations in places such as the U.S., where they live to adulthood.

Diagnosis and Treatment

Screening a newborn or a young infant for SCD is inexpensive and can be carried out for under $2 USD per child. Screening can be done either through blood spot screening of newborns or point-of-care screening of infants at the time of vaccinations.

The treatment itself is simple and non-expensive. Each child with SCD can be treated with penicillin prophylaxis, folic acid supplementation, and pneumococcal and HiB vaccinations. The frequency of painful episodes that SCD patients go through can be dramatically reduced by hydroxyurea. These simple measures can reduce mortality among babies born with SCD from 80% to under 5% and can increase the productive life span to more than four decades. With advances in medical technology and new therapeutic products, the survival rate for those affected is likely to increase significantly.

The Global Coalition to End Sickle Cell Disease

In order to aggressively address and significantly reduce the incidence of SCD in Africa, it is proposed to bring together high SCD burdened countries (Cote d'Ivoire, Ghana, Nigeria and Uganda), supporting financial institutions, pharmaceutical companies, public health

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PRESIDENT'S REPORT

agencies, and the private sector in a Global Coalition to End Sickle Cell Disease. The Coalition will harness the comparative advantage of each partner in a collective, ambitious but achievable goal of significantly reducing the morbidity and mortality of SCD. The Coalition will also include the United States Government, the Bill and Melinda Gates Foundation, World Bank Group, World Health Organization, Novartis International AG, and other organizations interested in participating in this effort. The objectives of the proposed Coalition are to:

- Support low-income countries to develop and implement SCD prevention and control programs and policies.
- Increase awareness in the international community of the global burden of SCD and options for addressing it.
- Build strong multi-stakeholder partnerships to promote innovations, financing and delivery of services to prevent and control and significantly reduce the morbidity and mortality of SCD in Africa.

Cheif Rahimy MD a long time member of the standing committee of IPA and IPAF will be the IPA representative. Cherif is Professor of Pediatrics and Medical Genetics and Director of the National Sickle Cell Disease Center in Cotonou, Republic of Benin.

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The President's report was written prior to the COVID19 epidemic. Needless to say COVID 19 has laid bare deep-rooted inequities and magnifies all the soul crushing medical, social and economic consequences. The lives of Refugee Children are made much worse and threatens the families and caretakers of the children already in grave jeopardy. The COVID 19 epidemic serves to make our work more vital so that these children, not only survive the pandemic, but will also help them reach their full potential.

Please follow the IPA website where webinars and our partnership with UNICEF and WHO will be keep you current with the latest developments as related to children and the COVID 19 epidemic.

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From Executive Director's Desk

Dear Colleagues,

I hope you and your family are safe and in good health in these unprecedented and challenging times.

Amid COVID-19 pandemic, IPA is committed to doing the utmost to ensure the health, education, nutrition, safety, and well-being of the children across the globe. We are working to ensure continuity in our activities, providing updated information and guidance to pediatricians from 149 countries through 164 pediatric societies. We quickly learned to be part of the new normal world. It has been very hectic time for the ED office to cope with the workload during this lockdown period.

IPA with support from UNICEF, WHO & FIGO first organized a webinar which helped us to expand to have a collaboration with UNICEF & WHO for a series of webinars. And in the last month, we have successfully hosted four webinars "Covering a different aspect of COVID 19 situation" and child health. We now need to expand our presence in the digital world and social media which will require support from all of you. We propose to work closely with our smaller member societies to support them and the bigger one to learn and arrange activities with them. Please do reach out to us if you need any support from our team. We have been collecting resources related to COVID 19, and the same can be accessed through the IPA website (www.ipa-world.org). Also, the presentations of webinars are available on the website.

IPA plans to commence virtual trainings of Healthcare Professionals (HCPs) under the revised plan of the Vaccine Trust Project in July 2020. We look forward to arranging virtual trainings at the country level and prepare a pool of master trainers and welcome your willingness to take it forward in your country. Do write to us at adminoffice@ipa-world.org for any further inquiries.

We are trying to reach out to each pediatric society across the globe and we were able to contact many societies. Our hope is once we reach all pediatricians (one million), we will be successful in reaching every child (two Billion). We encourage all our member societies and partners to work together as a global health community to fight COVID-19.

I trust and pray that each of you will stay safe and in good health.

Naveen Thacker
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EDITORIAL

Dear Colleagues,

It is our pleasure to present the 2020 volume 14 issue 2 of IPA Newsletter. We were planning to release this issue in first week of April. However, because of Covid-19 pandemic we had to delay the publication.

The Covid-19 pandemic has had a devastating impact on the health and economy of people across the world: globally more than 6 million people have been infected and more than 300,000 have lost their lives. In the majority of children the clinical manifestations of SARS-Cov-2 infection are mild as compared to adults. Unfortunately, a post-infectious inflammatory condition, Multisystem Inflammatory Syndrome, is a severe form of Covid-19 infection which affects children, and is associated with a high mortality rate and uncertain long-term outcomes. Pediatricians everywhere are in the front-line treating patients. We thank all our courageous health care providers for risking their lives in taking care of patients with SARS-Cov-2 infection.

As we are dealing with COVID-19 associated health and economic consequences, we are faced with issues of social justice. It is heartwarming to see that many health care organizations and institutions including pediatric organizations across the world have voiced their support for equal rights and justice.

This issue of IPA newsletter includes a report from the president where Dr. Alden discusses the "Global Coalition to End Sickle Cell Disease". In his Executive Director's report Dr. Thacker reminds us about series of webinars which were collaboratively conducted by IPA, UNICEF, and WHO covering a varied aspects of COVID 19 and child health. He also reminds us about IPA's plans for virtual training of Healthcare Professionals under the revised plan of the Vaccine Trust Project to begin in July 2020.

In the "Whats New" feature Dr. Mychelle Farmer takes a critical Look at the World Health Organization's Best Buys, a roadmap of cost-effective interventions for non-communicable diseases prevention and control. Furthermore,

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Every Child · Every Age · Everywhere

EDITORIAL

Dr. Farmer along with Drs. Damian Jumaand Martena Frye discuss Covid-19 and mental health issues. In addition, Dr. Berthold Koletzko discusses the position paper on prevention of childhood obesity developed by The Global Federation of International Societies of International Societies of Pediatric Gastroenterology, Hepatology and Nutrition.

Wish you all a Happy, Healthy and Peaceful 2020

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Waking up in Twilight Zone...

Like the television series of the early 60's, the COVID-19 pandemic has evolved so rapidly that it was like waking up in the Twilight Zone. With sudden travel restrictions, compulsory lockdowns, the sudden need to be suspicious of all surfaces and other people, the fear of crowded places and the need to wash our hands frequently in a fight against an invisible enemy. We are suddenly at war but with an enemy that we cannot see, unless we have an electron microscope, and whose attack rates vary greatly among different age groups. How do we cope with this new threat to our health and lives?

In the early learning phases in December 2019 when the first cases were reported in the now-famous city of Wuhan, China, the infectivity and severity was nothing more than influenza or the common cold. With mounting mortality and a clearer picture emerging, the reality that this was a more virulent and deadly virus struck at the hearts of nations, most leaders and eventually the people. The emotional rollercoaster ride had begun and that was when we woke up in the Twilight Zone of a health crisis.

Early border control

Looking back with almost 20-20 hindsight vision, we note from countries like Taiwan, Vietnam, Thailand and South Korea that started blocking their borders to inbound travel early are winning this war. Coupled with voluntary or enforced lockdowns of major cities and the universal use of masks in public places have resulted in these countries keeping the SARS-CoV-2 virus in check and reducing the number of COVID-19 patients to within single- or double-digit daily figures. Add testing, testing and more testing to that. These national initiatives coming before the World Health Organisation (WHO) declared COVID-19 a pandemic saved these countries from high mortalities that plagued other nations.

The other important thing to note is that the populations of these Asian countries, including the original epicenter in China, are disciplined people who have the utmost trust, or fear, in their governments.

IPA International Pediatric Association
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EDITORIAL

Personal vs community rights

This is where the argument of civil liberties takes shape. The concept of individual rights versus community safety becomes an argument in certain populations. Lockdowns mean a crippling of the economy, albeit a temporary one, but one that exposes the wide disparity between the rich and poor that will determine who survives and who dies. This pandemic has exposed these stark realities that we all know exists but one that really needs to be addressed with less rhetoric but with definitive action.

The health issue has moved to economic and socio-politics. It became protecting lives versus livelihoods, and we need to look at the web of society where protecting the weakest link in the web is its strength. The weakest refer to the aged, institutionalized individuals, family members, the marginalized homeless, disabled and aboriginal populations within any country. In some countries like Singapore and Malaysia, the high burden of foreign workers, both legal and illegal, has ensured continued survival and transmission of the virus.

The real heroes?

Healthcare workers (HCWs) as frontliners are hailed as heroes for exposing themselves to the virus while treating infected individuals. Some went in without proper personal protective equipment (PPE) and had to pay dearly for this transgression as in the first four doctors to succumb in the UK, the hundreds in Italy and the United States. With this came a fear among the people that HCWs could be bringing the virus back with them to their friends, neighbours and homes, and they became ostracized in some countries and regions. Such is the paradox this pandemic has created but it has also exposed the selfish from the selfless individuals in society. Help for frontliners has come in many forms, many from non-governmental organizations (NGOs) like Malaysia's IMARET and the Paediatric Association that distributed PPEs and food to frontliners working in COVID-designated hospitals nationwide.

Now as some countries start to lift lockdowns, a new normal will have to ensue. Physical distancing while remaining socially integrated will be implemented. New standard operating procedures (SOPs) have been drafted, schools will have less students per class, daycare child centers need to practice new norms, the routine use of face masks, rigorous hand hygiene will be practiced by every single individual in the community. With this, stigmatization of children of frontline HCWs comes to the fore again.

Leadership strengths

This COVID-19 pandemic has brought out the best and the worst in people. It has also shown the strengths, weaknesses and biases of leaders, and put a question on democracy as we see it.

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EDITORIAL

Personal freedom has to be weighed against community health and survival. One positive outcome is that with less commuting, this pandemic has resulted in a cleaner environment all round, a pleasant side-effect. The other favorable outcomes are closer family bonds, a surprising increase in religiosity, time for contemplation, increased use of technology and virtual meetings (affecting all our planned medical conferences), more use of cashless transaction and new ways of doing business.

As in the Twilight Zone series, we will not wake up from this nightmare. We will have to adapt to it and live life within the constructs of a new normal.

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Update on 2021 IPA Congress, Glasgow

As everybody can appreciate, owing to the COVID-19 pandemic, there is a lot of uncertainty about the plans for the meeting. We had made a lot of progress with developing the programme. We have invited several key note speakers and have ambitious plans for workshops and symposia, with plenty of time for reflecting on learning from COVID-19.

Essentially, we are currently considering 3options:

1. Cancel conference completely.
2. Online conference in Aug/Sep 2021
3. Hybrid conference in Aug 2021 ie a few people gather in Glasgow but the majority join the conference online.

We are exploring these 3 options with our professional conference organiser, MCI. There are several factors to consider, including the financial consequences of each of these. MCI will report back later this month and then we will take this forwards.

We are sorry that we cannot be more specific at the moment. We have currently paused our programme development, while we wait to know future plans.

Thank you for your patience.

Dr Meg Fisher
Dr Camilla Kingdon
Joint Scientific Chairpersons

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IPA Activity Recap

Members of SAPA at PEDICON 2020, Indore

Dr Naveen Thacker, represents IPA at Fighting for Breath, The Global Forum on Childhood Pneumonia, 29-31st January, 2020, Barcelona, Spain. Dr Naveen Thacker with State Minister of Health, Nigeria Pediatrics held on 11th -14th September, 2019

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IPA Activity Recap

Dr Joseph Haddad and Dr Amah Amorissani Folquet visiting University Hospital, Abidjan to emphasise on breast milk for premature nutrition.

Dr. Aman Pulungan at East Borneo for Indonesian Pediatric Society National Symposium, 15-16 February 2020.

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IPA Activity Recap

Ethiopian Pediatric Society (EPS) conducted its 21st annual conference, 12-14 February 2020, Adiss Ababa with the theme "Routine immunization in Ethiopia"

Dr Amha Mekasha was awarded the best pediatrician of the year. From right to left: Prof Bogale Worku, ED, EPS. Dr Sofia Mengistu, member, EPS. Dr Tsegenet Gedlu, outgoing president of EPS. Prof Amha Mekasha, member, EPS. Hana Siyou member, EPS. Dr Meseret Zelalem, Director, MCH directorate FMOH Ethiopia.

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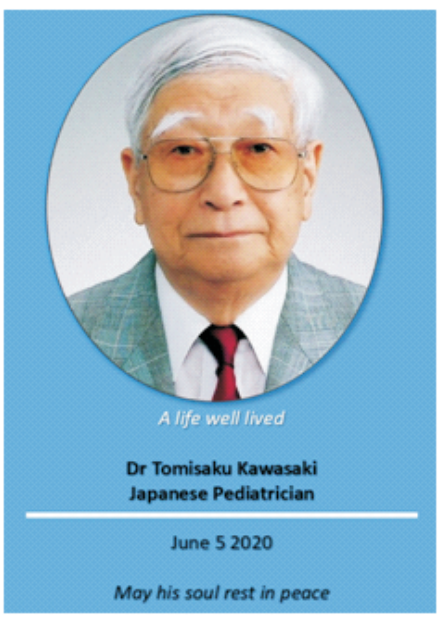
Report from Pakistan Pediatric Association

Three sessions of webinar over last 3 weeks discussing the incidence and clinical presentations from Chinese experience were organized. Three protocols for management of children with Covid-19 were prepared by the Infectious Diseases groups from 2 children's hospitals (Aga Khan University from Karachiland and Children's Hospital of Lahore). How to help children requiring immunization and care for non-covid patients especially under lockdown situation is being discussed. In addition, limited availability of PPE and how PPA can help with this is also being discussed. Fortunately, so far very few children have ben admitted in isolation with milder symptoms of Covid-19.

PPA has shared information on Covid from the Government of Pakistan and reputed international organizations through our website. Whatsapp groups of pediatricians is also sharing information and answering questions.

Dr. Mumtaz Lakhani
Secretary General
Pakistan Pediatric Association

OBITUARY



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What's New

A CRITICAL LOOK AT THE WORLD HEALTH ORGANIZATION'S BEST BUYS: WHAT'S IN IT FOR THE WORLD'S CHILDREN?

Dr. Mychelle Farmer

When the World Health Organization (WHO) introduced the Best Buys in 2011, as a roadmap of cost-effective interventions for non-communicable diseases (NCDs) prevention and control, there was a great deal of enthusiasm for this approach to prevent premature mortality worldwide. Several publications documented great economic benefits, projected to be of significant benefit for low and middle income countries (LMIC). Economic projections through 2025 estimate NCD-related losses in excess of $7 trillion USD for poor countries, a sum that would limit economic growth in LMICs. This economic burden is compounded by the fact that 82% of premature deaths due to NCDs occurs in LMICs. Premature deaths, occurring among adults aged 30-70 years of age, diminish household income, threatening the health and wellbeing of all family members including children and youth. This economic burden will extend into future generations if families living in poverty are unable to educate children. Poor families also have limited access to healthy safe food and shelter, additional factors that increase risk for poor health outcomes for children.

A review of the Best Buys in 2017 provided a comprehensive, updated approach to NCDs prevention and control. The global action plan for NCDs remains a priority for WHO and global health experts. The Sustainable Development Goals (SDGs) include specific goals and targets focusing on NCDs. Beyond the NCDs-specific goals within SDG 3.4, NCDs should also be considered within SDG2 (zero hunger), SDG4 (focus on education), SDG8 (focus on economic growth), and SDG13 (focus on climate action and the environment). Many of these issues are addressed within the Best Buys, but in many instances, the Best Buys leave several gaps that limit support for child health and wellbeing. This critical review of the Best Buys for NCDs prevention and control highlight the benefits and gaps related to child health, and they offer suggestions to strengthen support for children and families at risk for NCDs.

Interventions for children and families with proven impact:

Of the sixteen "Best Buys" interventions, few specifically focused on children and youth. Nevertheless, child and family health will clearly benefit if most of these recommendations are implemented. In the case of recommended interventions to reduce tobacco use, WHO supports mass media campaigns to address the harm of tobacco use, including risks associated with secondhand smoke. While the plan specifies the elimination of indoor secondhand smoke in public spaces, this intervention overlooks the fact that

children are frequently exposed to second-hand smoke in private homes. It will be important to address secondhand smoke in public and private spaces at the national level, through close collaboration with pediatricians and other child health providers. Efforts should be made to link these interventions to SDG13 as well as SDG3.4.

Marketing of harmful products such as alcohol are an important priority, and WHO Best Buys recommend that access to alcohol can be effectively discouraged through limited promotion of alcoholic beverages, restricted sales and through family-centered support for programs addressing alcohol abuse.

WHO's publications about childhood obesity and recent studies provide guidance about unhealthy diets, stressing that diet modifications can significantly reduce one's risk factors for prevalent NCDs including cardiovascular diseases, diabetes, and certain forms of cancer.' Healthy diets begin with the recommendation that all newborns receive breast milk exclusively during the first six months of life, to reduce neonatal infections and improve newborn survival. In support of WHO's Best Buys recommendations, recent publications advise limiting commercial marketing of unhealthy foods and sugar-sweetened beverages (SSBs) to children. Several studies in Latin America document overweight children who have a preference for and frequently purchase unhealthy foods are also more likely to view television advertisements that promote these unhealthy foods. In some countries, over 70% of food and beverage advertising are child-focused. Several studies also prove the effectiveness of taxation of SSBs. For example in Mexico, per capita sales of SSBs fell significantly after the implementation of a tax on SSBs.

Educational institutions, from preschool through secondary school, are excellent locations to teach children and families about the importance of reducing dietary salt and sugar, and they can also benefit from access to fruits and vegetables within the school setting. This recommendation specifically targets young children as they initiate early experiences of learning and eating outside of the home. Educators must be informed about good health practices, particularly as it relates to good nutrition. Educators can provide a basic platform of nutrition education in schools, and this can be an effective approach to prevent NCDs in children.

Schools can also provide opportunities to increase physical activity. All school-aged children are recommended to have at least 60 minutes of physical activity each day, in accordance with their physical abilities. Pediatricians and schools should provide information to families so they will be properly informed about the benefits of physical activity for all children.

What's New

Best buys for cancer prevention include human papilloma virus (HPV) vaccination for girls ages 9-13 years. While this immunization can be provided up to 26 years of age, most health systems prioritize HPV vaccine, using a two-dose regimen, for girls before the fifteenth birthday. This immunization becomes an important component of primary health care for adolescent girls, and pediatricians worldwide should advocate for broad access to and use of the HPV vaccine.

Missed opportunities to focus WHO's Best Buys on children and NCDs:

Cardiac diseases, sickle cell disease and type 1 diabetes in children were largely overlooked by the WHO Best Buys. Diabetes in pregnancy was included as an important condition to improve maternal-newborn health outcomes, but neonatal priorities were not specified. Chronic respiratory diseases such as asthma were included but its role as a prevalent form of NCDs in children was not mentioned

How pediatricians can promote NCDs prevention and care, consistent with WHO Best Buys:

Pediatricians have a unique role to promote primary health care as an essential component of Universal Health Coverage for children, from the neonatal period through adolescence. The following recommendations are suggestions from the IPA's Strategic Advisory Group, to provide guidance to the world's pediatricians for NCDs prevention and control.

1. Raise awareness about the need to integrate NCDs prevention into pediatric health care programs, consistent with WHOs Best Buys. Pediatricians can provide supportive guidance to families about the importance of exclusive breastfeeding during the first six months of life. Families with school-aged children should be advised to avoid unhealthy foods, particularly foods high in sugar, salt, and saturated fats.
2. Pediatricians working in training programs and in university-linked teaching hospitals should integrate NCDs prevention and care as part of the curriculum for pediatric trainees and other students seeking health careers.
3. Pediatricians can work with schools to develop health-promoting schools, to disseminate health messages related to good nutrition and physical activity.
4. Pediatricians can advocate for expanded national surveillance of chronic health conditions in children, including cancer, cardiovascular diseases, diabetes and chronic respiratory diseases including asthma. Less than 50% of countries collect data on NCDs in childhood. Childhood cancers should be documented in national cancer registries.
5. Promote cost-effective cancer prevention strategies such as global use of HPV

vaccine in early adolescence, as an important component of primary health care.

6. Pediatricians should disseminate information to families about the importance of eliminating tobacco products in the home and in the workplace to improve personal health and to protect children from secondhand smoke. Pediatricians can also inform parents about avoiding unhealthy use of alcoholic beverages.

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What's New

Prevention of Childhood Obesity
Dr. Berthold Koletzk

The global Federation of International Societies of International Societies of Pediatric Gastroenterology, Hepatology and Nutrition (FISPGHAN) has recently adopted a position paper on Prevention of Childhood Obesity (Koletzko B et al, J Pediatr Gastro Nutr, in press). Global childhood obesity prevalence increased more than 8 fold over 40 years, which has induced a very large personal, societal and economic burden. Effects of currently available treatments are less than satisfactory. Therefore effective prevention is of high priority. In this position paper, FISPGHAN explores preventive opportunities.

The available evidence indicates large benefits of improving nutrition and lifestyle during early life, such as promoting breastfeeding and improving the quality of infant and early childhood feeding. Promoting healthy eating patterns and limiting sugar containing beverage consumption from early childhood onwards are of great benefit. Regular physical activity and limited sedentary lifestyle and screen time alone have limited effects but are valuable elements in effective multicomponent strategies. The home environment is important, particularly for young children, and can be improved by educating and empowering families. School and community based interventions can be effective, such as installing water fountains, improving cafeteria menus and facilitating regular physical activity. Reducing obesogenic risk factors through societal standards is essential for effective prevention and limiting socioeconomic disparity; these may comprise food, drink and physical activity standards for daycares and schools, general food quality standards, front of pack food labelling, taxation of unhealthy foods, restriction of food advertisements to children, and others. Effective prevention of childhood obesity is not achieved by single interventions but by integrated multicomponent approaches involving multiple stakeholders that address children, families and societal standards. Paediatricians and their organisations should be proactive in supporting and empowering families to support their children's health, and in promoting societal measures that protect children.

Therefore, FISPGHAN has drawn the following conclusions:

Effective prevention of childhood and adolescent obesity cannot be achieved by single interventions but requires an integrated multicomponent approach involving multiple stakeholders that empowers individual children and their families and reduces obesogenic risk factors in their environment through societal standards (Figure 1).

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What's New

Increased understanding of developmental early origins of long-term obesity risks provides large opportunities for marked risk reduction through improved infant and young child feeding, in particular through promotion of breast feeding and of infant feeds without excessive protein supply.

Healthy eating habits and food choices and the promotion of drinking water instead of sugar containing beverages reduce risk and should be promoted from early childhood onwards, given that dietary patterns established in early childhood tend to persist to older ages.

Regular physical activity and limitation of screen times and sedentary behaviour should be promoted. Families should be educated and empowered to act as positive role models for their children on healthy eating, physical activity and health.

Educational institutions for children from early day care to secondary schools and other settings regularly attended by children (e.g. sports facilities) should set and implement standards that proactively promote healthy eating and drinking by education and by creating healthy food environments, including standards for healthy school meals and the elimination of unhealthy snacks and sugar containing beverages from educational institutions, and that promote regular physical activity and limit sedentary behaviour.

Societal standards that protect the health of children and adolescents should be established, which may include easy to understand color code front-of-pack labelling of food products, price incentives for healthy food choices e.g. through taxation of unhealthy foods, banning of advertising unhealthy foods to children, promotion of barrier free opportunities for regular physical activities, and multi-stakeholder collaboration for childhood obesity prevention in communities and other settings.

Particular attention should be devoted to promoting the health of disadvantaged children, both in low- and low-medium income countries and in disadvanted groups in affluent countries.

Paediatricians and their organisations should take an active role in supporting and empowering families to implement steps that support the health of their children, and in promoting societal measures that protect the health of children.

Berthold Koletzko, IPA Strategic Advisor on Nutrition, Professor of Paediatrics, Univ. of Munich, Munich, Germany.

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    https://coronavirus.jhu.edu/map.html

What's New

COVID-19 and CHILD MENTAL HEALTH: Taking a closer look at unique challenges of this 21st century pandemic

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Since the emergence of COVID-19 pandemic in December 2019, this novel Coronavirus has become a major global health crisis. Worldwide, over two million cases have been confirmed, and over 120,000 people have died. Previous experiences with other Coronavirus infections indicate that a global response requires aggressive public health strategies to prevent disease transmission. At the level of the health center, health care providers must be alert to potential cases of COVID-19 infection. All providers should routinely use protective equipment including face masks and coverings, gloves and full examination gowns. At the community level, children and families are required to limit social contact. Schools and workplaces and houses of worship are closed, and special celebrations are canceled. For all with suspected COVID-19 infection, they must be in isolation for an extended period of time during the illness and the recovery period. Close contacts of infected patients must remain in quarantine for 14 days. Consequently, millions are separated from their social networks, and children must cope with an emergency that they may not fully understand.

Mental health challenges are frequently associated with such global health emergencies. During earlier Coronavirus epidemics, the majority of affected populations were found to have mental health co-morbidities or they developed post-crisis psychological disturbances, including depression, post-traumatic stress and chronic fatigue. Preliminary studies indicate similar mental health challenges are developing as a result of COVID-19. Very little information is available about child health and COVID-19, and current publications do not describe mental health co-morbidities for children affected by the pandemic.

The World Health Organization established an Interagency Standing Committee on Mental Health and Psychosocial Support in Emergency Settings, and they have developed guidance specifically for the COVID-19 pandemic. This group offers several important considerations for those providing clinical care and social support for children and their families. The following recommendations are included below for your consideration:

1. Prioritize vulnerable families, particularly those families with children living with a non-communicable disease or a disability, or those families including an adult member living with a disability or other vulnerability. Preparedness should include

a communication plan so that providers may be able to maintain contact with families, to address fears or anxieties related to COVID-19.

2. Where possible, address barriers to care and support, applicable to your country and your community context. Attention is needed for routine health care, and children and families living with NCDs should have information about the best ways to support their on-going health needs during the pandemic.
3. Integrate positive mental health messages into discussions about child health during the pandemic. Providers should also allow parents and children to express any fears or anxieties they are experiencing.
4. Providers should support dissemination of accurate information about COVID-19 through national and local public awareness campaigns. Families who are properly informed may be less fearful.
5. Develop plans for stress reduction for children living with mental health disorders, to improve overall functioning. Encourage a routine in the home to support child health and activities.
6. Families with members that experience mental health disorders will benefit from an emergency contact plan in case a mental health crisis emerges during the pandemic.
7. Plans for home-based care during this pandemic are preferred for children living with a noncommunicable disease including those with a mental health disorder. Regular contact by telephone or by online consultations and self-help services may be of assistance during periods of social isolation.
8. Providers may benefit from identifying specialized psychosocial support for vulnerable families who are not adequately supported by routine care.
9. Families living with individuals infected by COVID-19 may experience stigma, discrimination, and prolonged isolation. Providers should be aware of national and local plans for clinical and psychosocial support for families living with COVID-19 patients, and providers should participate in local networks for clinical care and support in accordance with national and WHO guidelines.

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PERSPECTIVES FROM YOUTH LIVING WITH THE COVID-19 PANDEMIC:

"Many of my peers thought they were invincible to the COVID-19 pandemic, but they realized quickly that they were in fact not invincible, and now they are afraid." 17 year old youth

PICS Paediatric Intensive Care Society

27 April 2020

PICS Statement: Increased number of reported cases of novel presentation of multi system inflammatory disease

Please note this is a statement intended for medical professionals who look after critically ill children.

If you are a parent please be assured that serious illness as a result of COVID 19 still appears to be a very rare event in children. If your child is unwell or has the symptoms of sepsis then please seek medical attention in the usual way as set out in guidance from the Royal College of Paediatrics and Child Health
https://www.rcpch.ac.uk/sites/default/files/202004/covid19_advice_for_parents_when_child_unwell_or_injured_poster.pdf

Over the weekend, PICS members received an email alert from NHS England highlighting a small rise in the number of cases of critically ill children presenting with an unusual clinical picture. Many of these children had tested positive for COVID 19, while some had not. The alert indicated "the cases have in common overlapping features of toxic shock syndrome and atypical Kawasaki disease with blood parameters consistent with severe COVID 19 in children. Abdominal pain and gastrointestinal symptoms have been a common feature as has cardiac inflammation".

It is important to highlight that both in the UK and in other countries there have still been very few cases of critically unwell children with COVID 19 admitted to paediatric intensive care units. However, an early case report relating to COVID 19 presenting as Kawasaki syndrome has been published recently [1], and PICS is aware of a small number of children nationally who appear to fit the clinical picture described in the NHS England alert.
What does this mean in practice?
If you are a healthcare professional and see children presenting with a picture of toxic shock or atypical Kawasaki Disease then please discuss this case early with paediatric

infectious disease or paediatric critical care teams via your usual pathways (often paediatric retrieval services).

What are "blood parameters consistent with severe COVID 19"? Whilst it is too early to say with confidence features appear to include high CRP, high ESR and high ferritin. In adults with COVID 19 disease, hyperinflammation or cytokine storm syndrome, as well as macrophage activation syndrome (MAS) and haemophagocyticlymphohistiocytosis (HLH) have been described [2].

What is "cardiac inflammation"?

Children are presenting with a picture of myocarditis with raised troponin and proBNP. Some have an appearance of their coronary arteries in keeping with Kawasaki Disease.

PICS will continue to work with PICAnet and other national organisations to collect accurate data relating to critically ill children presenting to hospital with suspected covid-19 disease.

1. Jones VG, Mills M, Suarez D, et al. COVID-19 and Kawasaki disease: novel virus and novel case. HospPediatr. 2020; doi: 10.1542/hpeds.2020-0123

2. Mehta P, McAuley DF, Brown M, et al. COVID-19: consider cytokine storm syndromes and immunosuppression. Lancet 2020 Mar 28;395(10229): 1033-1034. DOI: 10.1016/S0140-6736(20)30628-0.

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