

ISSOP e-Bulletin N°58

July 2022



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1. Introduction

Dear ISSOP Community,

We have made it half way around the sun and 2022 has been flying by quickly. While COVID continues to challenge us in ebbs and flows, we continue our work to advocate for the children and families we serve.

In this issue of the ISSOP E-Bulletin, we are very excited to share information about a Special Collection of articles on the Voices of Children in the time of COVID developed in the ISSOP/INRICH research group and published in BMJPO and also a recently published systematic review of the impact of the pandemic on inequity in childhood vaccination.

We share with you the positive story of Botswana being close to eliminating mother to child transmission of HIV and the exciting news of our own ISSOP colleagues Dr. Tony Waterston and Dr. Gykiua Plange-Rhule who will be working with WHO on reducing pediatric organization sponsorship from manufacturers of breast milk substitutes. We also welcome two new CHIFA moderators, Prerna Singh from India and Marcio Fossari from Brazil.

Our work to promote child and family rights continues to be imperative in particular with the recent US overturning of Roe vs Wade, and we share some perspectives from our editorial team in this issue.

In addition, the war in Ukraine is yet another reminder of the ongoing conflicts around the world that impact child health and well-being. We as social pediatricians must continue to speak out against such acts. We hear in this issue about the crisis situation in Yemen, and the need for humanitarian support.

Sincerely, the ISSOP Editorial Team

Tony Waterston, Raul Mercer, Rita Nathawad, Natalia Ustinova, Gonca Yilmaz, Fernando Gonzalez, Colleen Kraft, and Hajime Takeuchi.



We now have an email address, please use it to send your contributions, make comments or respond to our requests!

editor@issop.org

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1.1 Message from Jeff Goldhagen – President of ISSOP

Dear colleagues and friends. For those of you above the equator—hope you are enjoying the summer. For those of you below, hope you the winter months are treating you well.

I want to bring to your attention several initiatives that are ongoing. First, congratulations to Tony Waterston on his recent appointment with WHO to address marketing of breast milk substitutes. There is more to follow in the Bulletin. As a critical issue of social pediatrics and social pediatricians, there is an important role for pediatricians to play clinically and from a systems and policy perspective to stop violations of the International Code of Marketing Breast Milk Substitutes. We have the opportunity to work with Tony to fulfill children’s rights to optimal health.

We are currently working with Yvon and his daughter Olivia on a project to expand global access to insulin. There are gross inequities on the distribution and access to insulin, in particular for children. In September, a full day workshop, involving the Committee on the Rights of the Child, will explore strategies to expand access.

In addition to the above, we are continuing to plan for a regional meeting in India in collaboration with ISPCAN and the Indian Academy of Pediatrics and an annual meeting in Nairobi in collaboration with the Kenyan Pediatric Association. More to follow.

Chuck Oberg, building on the Beirut Declaration on mitigating harm to children exposed to armed conflict spearheaded by Tom Adamkiewicz, has completed an excellent Policy Brief on this issue that will soon be released.

We are continuing to work on implementing a consortium of Pediatric organizations and associations engaged in addressing the impact of climate change on children. Children have not had a strong voice in the COP meetings and decision-making that we hope to be able to strengthen through this consortium.

Our Covid 19 research collaborative continues under the leadership of Nick Spencer. A collection of articles on the impact of the pandemic on children is being published in collaboration with BMJPO. They are excited by the success of this endeavour—in particular the publications that have been authored by colleagues from LMICs. We will be launching a new collaborative research endeavour at our meeting in India focused on the voices of street and working children.

These are only a few of the many initiatives ISSOP members are advancing. As always, we need to know about others in which you are engaged that we can support. And, we value your involvement and expertise in these and other ISSOP endeavors.

Thanks as always for all you are doing to advance the rights of children.

Jeff

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2. Meetings and news

2.1 WHO appointment on conflict of interest in paediatric associations

Tony Waterston and our ISSOP colleague Dr Gykiua Plange-Rhule from Ghana have been appointed to an eight month consultancy post with the department of Food and Nutrition Action in Health Systems at WHO to work with paediatric associations around the world in ending the sponsorship of doctors by the manufacturers of breastmilk substitutes.

Under the leadership of Dr Larry Grummer-Strawn, the work will bring together an action group of leaders in the field who have rejected such sponsorship, organize a meeting in the autumn to examine options for reform, and finally prepare an action plan to bring about change.

Any ISSOP members who are interested in being part of this important initiative and have a connection with a national paediatric society, please contact Tony or Gyikua at the following email addresses –

waterstona@who.int

plangerhuleg@who.int

Technical Consultants

World Health Organization

Food and Nutrition Action in Health Systems

Department of Nutrition and Food Safety

2.2 Elimination of mother to child HIV transmission in Botswana

In a rare success for infectious disease control, the [Guardian](#) report this month that Botswana is near to elimination of mother to child transmission of HIV.

Being told her baby, Lesedi, was born without the HIV virus was “probably the happiest news I’ve heard”, says Neo Goitseman, a street vendor. “The relief, from the guilt and fear, was unmatched.”

Lesedi, from Selebi-Phikwe, a mining town in the east of [Botswana](#), was born just months after her 35-year-old mother learned she was HIV positive. “What frightened me the most was the idea of ruining my baby’s life before she was even born, by passing the virus on to her.”

According to the World Health Organization, Goitseman had a [15% to 45% chance](#) of passing the virus on to her daughter.

Very few babies now born in Selebi-Phikwe to women with the virus are HIV positive thanks to a national campaign to stop mother-to-child transmissions in a country that once had the [highest HIV prevalence rate in the world](#).

In 1999, the government launched its Prevention of Mother-To-Child Transmission (PMTCT) programme. Pregnant women are encouraged to get tested and are

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immediately put on antiretroviral therapy (ART) if they are HIV positive. Their babies are given ART for up to six weeks after birth. Women who are negative are retested during pregnancy and while breastfeeding.

More than two decades on, Botswana, which still has a high adult HIV prevalence rate of 20% – with most of the cases among women – is on its way to becoming the first African country to eliminate mother-to-child transmissions.

Transmission rates have fallen from 40% in 1999 to below 1% last year, which the WHO called a “groundbreaking achievement”. Seven health districts recorded no transmissions in 2021.

Tony Waterston

2.3 Peruvian Society of Pediatrics: Preconference Course on “Pediatric Syndemics”



The syndemic, which is the phenomenon of the synergistic collision of epidemics that intensifies the burden of disease, has affected our children in Peru in this time of COVID19. COVID-19 has been added to co-existing conditions such as malnutrition, chronic non-communicable diseases, mental health problems, etc. and in a context of changes in social, economic and environmental conditions that have had an impact on the health of our children, girls and adolescents.

The Social Pediatrics Chapter of the Peruvian Society of Pediatrics presents the Syndemic Course in Children and Adolescents, an academic activity in which important speakers and specialists from the ALAPE Social Pediatrics Committee will share their knowledge and experiences on relevant and current issues such as: contributions of social pediatrics during the syndemic, non-communicable diseases and syndemic, mental health space during the syndemic, social context, food insecurity among others.

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3. International Organisations

3.1 The problem with the formula milk industry. Health professional webinars

For decades, the formula milk industry has aggressively marketed their products – despite the negative impact on child and maternal health and human rights, and despite an International Code agreed by all countries to restrict this marketing.

Formula milk companies don't just target parents. They also systematically target the people parents often trust most – their health professionals – to influence their beliefs, training and advice.

Join WHO, The BMJ, PMNCH and CAP2030 for a webinar series that will expose industry tactics to influence health professionals. Webinar 1 will hear from health professionals about their experiences of this marketing and ideas for how to counter it. Webinar 2 will explore the role of health professional associations in using their voice and power to take a stand.

Webinar 1: An unhealthy influence on health professionals?

Thursday 8 September 2022

2:00-3:15pm BST (London)

Register here: https://bmj.zoom.us/webinar/register/WN_xahwkUc7RIKrbTbmycPjAA

Webinar 2: Should health professional associations refuse industry funding?

Thursday 29 September 2022

2:00-3:15pm BST (London)

Register here: <https://bmj.zoom.us/j/83139372057?pwd=bkF1R3FYOEpkNzdSOHdPSEpCdGINQT09>

The banner features a large white dollar sign icon on the left. To its right, the text reads: **THE PROBLEM WITH THE FORMULA MILK INDUSTRY**. Below this, there are two rows of webinar details:

| | |
|--|--------------|
| WEBINAR 01 | 8 Sept 2022 |
| AN UNHEALTHY INFLUENCE ON HEALTH PROFESSIONALS? | |
| WEBINAR 02 | 29 Sept 2022 |
| SHOULD HEALTH PROFESSIONAL ASSOCIATIONS REFUSE INDUSTRY FUNDING? | |

At the bottom of the banner are the logos for the World Health Organization, the BMJ, PMNCH (Women, Children's and Adolescents' Health), and CAP 2030 (Children in All Policies).

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3.2 Webinar: Protect Breastfeeding: A Shared Responsibility

The Department of Noncommunicable Diseases and Mental Health (NMD) will host a webinar on **Wednesday, 4 August 2021, at 10:00 a.m. EDT**. World Breastfeeding Week, celebrated every year from 1 to 7 of August, is a global campaign coordinated by the World Alliance for Breastfeeding Action (WABA) to raise awareness and galvanize action on themes related to breastfeeding.



PAHO joins the global community to support the efforts to strengthen measures to protect, promote, and support the right to breastfeeding across the Region of the Americas.

<https://www.paho.org/en/events/webinar-protect-breastfeeding-shared-responsibility>

4. Current Controversy

4.1 Policy Statement (AAP): Breastfeeding and the use of Breast Milk



Breastfeeding and human milk are the normative standards for infant feeding and nutrition. The short- and long-term medical and neurodevelopmental advantages of breastfeeding make breastfeeding, or the provision of human milk, a public health imperative. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for approximately 6 months after birth. Furthermore, the AAP supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for 2 years or beyond. These recommendations are consistent with those of the World Health Organization (WHO). Medical contraindications to breastfeeding are rare. The AAP recommends that birth hospitals or centers implement maternity care practices shown to improve

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breastfeeding initiation, duration, and exclusivity. The Centers for Disease Control and Prevention (CDC) and The Joint Commission monitor breastfeeding practices in US hospitals. Pediatricians play a critical role in hospitals, their practices, and communities as advocates of breastfeeding and, thus, need to be trained about the benefits of breastfeeding for mothers and children and in managing breastfeeding.

<https://publications.aap.org/pediatrics/article/150/1/e2022057988/188347/Policy-Statement-Breastfeeding-and-the-Use-of>

Raul Mercer

4.2 An opinion against the Policy Statement published by the NYT

These New Breastfeeding Guidelines Ignore the Reality of Many American Moms

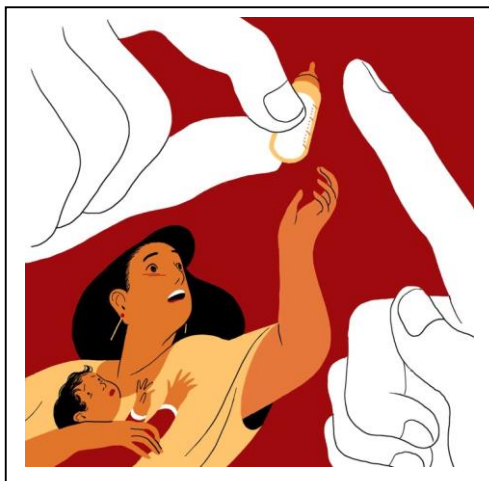
By Jessica Grose

Besides the increase in duration, many of the recommendations remained similar to the guidance published in 2012: The academy continues to recommend breastfeeding exclusively for the first six months of a baby's life, for example. Dr Joan Meek, the lead author of the policy statement, told Pearson that the update has been in the works for years, and timing of its publication "should not be interpreted as if the A.A.P. were suggesting in any way that women can breastfeed their way out of the current formula crisis."

These New Breastfeeding Guidelines Ignore the Reality of Many American Moms.

You're reading the Jessica Grose On Parenting newsletter, for Times subscribers only. A journalist and novelist explores what it means to be a parent today, analyzing the health, economics and culture of the American family. Get it in your inbox.

<https://www.nytimes.com/2022/07/06/opinion/breastfeeding-guidelines.html>



A generous reading of these new guidelines is that they're meant to reduce the stigma against breastfeeding past 12 months, which is a noble idea: Mothers should be supported by medical providers, workplaces, their families and society at large in breastfeeding for as long as they want to. And the new policy statement notes that there aren't enough structural supports in place — such as paid parental leave, flexible work schedules and on-site child care — that might help American families reach their breastfeeding goals.

But releasing the new guidance mere days after the overturning of Roe v. Wade, when millions of American women are alarmed about restrictions on their reproductive and physical autonomy, was a move that struck many as clueless and even callous. And not only are we also still experiencing a formula shortage, but the PUMP Act, legislation meant to give more women access to workplace protections for lactation, failed to pass in the Senate right before Roe toppled.

RM

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4.3 Is the US formula shortage an avoidable crisis?

Tanya Doherty, Anna Coutsoudis, David McCoy, Lori Lake, Catherine Pereira-Kotze, Jeffrey Goldhagen and Max Kroon

Since February, 2022, there has been an acute shortage of commercial milk formula in the USA. This shortage is the result of the recall of several products manufactured by Abbott Nutrition, the largest manufacturer of infant formula in the USA, due to bacterial contamination and shutdown of their Michigan plant. The out-of-stock rate for commercial milk formula reached 43% for the week ending May 8, 2022, and in six states more than half of infant formula was sold out. Desperate parents face huge uncertainty and hungry, crying babies. Socioeconomically vulnerable families are hardest hit by this crisis, because Abbott Nutrition is the main supplier of commercial milk formula to low-income families in the USA through state benefit programmes, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). About half of infant formula nationwide is purchased by participants using WIC benefits; therefore, this shortage poses a direct threat to the health and survival of these most nutritionally vulnerable infants.

See more in: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00984-9/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00984-9/fulltext?dgcid=raven_jbs_etoc_email)

4.4 “First they came for the Socialists” A call for Pediatricians to Speak Out

First they came for the socialists, and I did not speak out—because I was not a socialist. Then they came for the trade unionists, and I did not speak out—because I was not a trade unionist.

Then they came for the Jews, and I did not speak out—because I was not a Jew.

Then they came for me—and there was no one left to speak for me.

—Martin Niemöller

This historic quote by German pastor Martin Niemöller is reminder to all of us that we need to care and advocate for rights of children, regardless of where they live or where we live.

During this past month, multiple examples of how the overturning of Roe v. Wade has had profoundly negative consequences on children have been noted in the United States. Perhaps the most egregious story is about a 10-year-old in the state of Ohio who was assaulted and became pregnant and was denied her reproductive right to remain a child.

<https://www.seattletimes.com/nation-world/10-year-old-rape-victims-doctor-speaks-out-on-abortion-pays-a-price/>

After much denial by Ohio government officials, the 10-year-old underwent pregnancy termination in the adjoining state of Indiana. Since this time, the physician who performed the procedure has been harassed and has received death threats, simply because she performed necessary care for this child.

Numerous articles coming from the state of Texas have outlined how this decision has crept into the competent management of pregnancy complications.

<https://www.texasmonthly.com/news-politics/texas-mother-agonizing-choice-out-of-state-abortion/>

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<https://www.houstonchronicle.com/news/houston-texas/houston/article/A-Houston-mother-s-terrible-choice-deliver-17213571.php>

As pediatricians we have to ask ourselves about the consequences of forcing 10-year-old children to become parents or forcing mothers to leave their other children without a parent because of an ideology gone rogue. As a profession, our colleagues are facing harm because they choose to care for women and children who are alive, today. We need to continue to speak out in support of our patients and our colleagues if we wish to practice medicine that is evidence-based and not politically tainted.

Colleen Kraft

4.5 Abortion in Japan

Abortions are fundamentally prohibited by the current law (maternal protection law) in Japan.

There are only two exceptions for abortion, one of which is where the mother's health is remarkably harmful to continue the pregnancy for physical and economic reasons, and the other is the pregnancy by rape.

However, abortions accounted for 14.4 % of the entire pregnancy in 2020. In recent years, there have been many abortions in NIPT (non-invasive prenatal testing) positive, and more than 95 % of positive pregnant cases have chosen abortions.

One of the basic precepts of Buddhism is never taking any life, and abortion has a reluctant cultural background. Still, in case the pregnancy leads to some socially embarrassing situations, not from the right of pregnant women, such as reproductive rights for women, abortions tend to be selected due to the weak social status of women. Moreover, it is essential to confront conservative ideas based on "familism", which means a male-centred family society based on ancient legal thinking connecting to neo-liberalism. Still, there is not enough debate in Japan about the judicial decision of the U.S. Supreme Court that abortion is unconstitutional.

In my opinion, it is essential to respect the reproductive rights of pregnant women. And also, the politics and policies should proceed with in-kind and financial support for child-rearing because some pregnant ladies have uneasy feelings about parenting.

Hajime Takeuchi

5. CHIFA Report – IPA Report – ISSOP/INRICH Report – CAP 2030 Report

5.1 CHIFA Report

Two new CHIFA co-moderators have been appointed. Their descriptions follow, welcome to Prerna and Marcio!

Prerna Singh, India

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I am Prerna M. Singh, an RN, RM, and MSN in child health from India. I am passionate about public health, educating people regarding children's health, improving the lives of children, helping parents to be educated about their child's holistic development and learning a lot more from them for my own development.

I completed my graduation from Christian Medical College Vellore, Tamilnadu, India (CMC, Vellore). After that I worked as RN in PICU for 1 year at the same hospital. I got an opportunity to go and work in a rural mission hospital which also had a nursing school. I worked there being a mentor and also managed the NICU. Later I came back to Vellore as a tutor and worked at CMC for 1 year. In 2019 I took up post-graduation for 2 years till 2021.

I have recently appointed as a volunteer CHIFA moderator. I look forward to be having interactive sessions full of knowledge and insight to help all of us be the best professionals that we can for our patients. Also look forward to build network and connections across the globe.
Happy to be a CHIFA member.

Marcio Fossari, Brazil

I have been a doctor for 25 years, a neonatologist for 20 years and I trained up to the Masters in Medicine at the Catholic University of Rio Grande do Sul in southern Brazil. I am currently a professor of Medicine at UNIVALI and I work in Health Policy Management in the municipality of Itajaí. I believe being a moderator at CHIFA is a great responsibility and can help me to discuss comprehensive public health policies. I want to reduce maternal and child death rates.

5.2 IPA Report



<https://www.ipa2023congress.org/>

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IPA
preconference
workshop

18 & 19 February 2023

A Rights-Based response to the Needs of
Street and Working Children



Organised by:

ISSOP (International Society for Social Pediatrics and Child Health) &
ICANCL (Indian Child Abuse and Neglect & Child Labour Group)

Main goal: Convene a 2 day working session where child health care professionals & organizations, child welfare practitioners, researchers and child rights advocates, engage and participate in addressing the critical issues that impact street and working children, and develop a strategic framework that attends to the rights and needs of these children.

5.3 ISSOP/IINRICH Report

ISSOP/BMJPO Special Collection - Voices of Children in the time of Covid

Based on projects brought together in the ISSOP/INRICH research group on the impact of the COVID pandemic on children, ISSOP agreed with the journal, BMJ Paediatrics Open (BMJPO) on a Special Collection of articles on the Voices of Children in the time of COVID. As BMJPO is an online only journal, the Collection has not been published in a single issue of the journal but as individual articles as they are accepted for publication.

The Collection consists of two editorials, a literature review and six original research papers, four based on the voices of children in majority world countries and two in minority world countries (see references below). The editorial by Goldhagen et al introduces the concept of the Collection and its roots in a child rights-based approach. Donna Koller's editorial focuses on the right of children to be heard and the importance of their voices which often go unheard. The literature review by Kyeremateng et al

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assesses the extent and quality of published research on the children's voices in the pandemic.

Hamadou Boiro et al give voice to the experience of Quranic schoolboys in Guinea Bissau during the pandemic lockdowns. Four themes emerged from the boys' accounts: hunger resulting from the decrease in alms; challenges to staying safe; changed relations with others; concerns about the impact on their long-term aspirations. The study by Fatou N'dure Baboudóttir et al describes how adolescents in Bissau, the capital of Guinea Bissau, understood the unfolding COVID-19 pandemic and their lived experiences during the first 3 months of the pandemic. The study from India by Sharanya Napier-Raman et al explored the social, psychological and health impacts of the government's pandemic measures on children and young people (CYP), and their families from marginalised, urban slum communities in New Delhi.

Osamagbe Aiyudubie Asemota et al surveyed children aged 6–17 years living in Calabar, Nigeria to determine their knowledge of COVID-19 and their mental health responses to the pandemic. Using an adapted version of the 'Perceived Stress Scale for Children', they report high stress levels. Hajime Takeuchi et al found similar heightened stress levels using the same stress scale in a sample of Japanese children. The study by Anna Sarkadi and colleagues is in press and records the voices of Swedish children and youth on the impact of the pandemic.

A literature review of methodologies for accessing children's voices in the pandemic undertaken by members of the research group (Eva Jörgensen et al) has been published by Acta Paediatrica. This is a further important contribution from the research group to the Voices of Children literature.

References (full papers can be accessed at:

<https://drive.google.com/drive/folders/1K8iCOFYlmtY70C16QrE2CZTrITbKOQKT>

Jeffrey Goldhagen et al. Editorial. Voices of children in the time of COVID. BMJPO. doi:10.1136/bmjpo-2021-001265

Donna Koller. Editorial. Children's right to be heard). BMJPO doi:10.1136/bmjpo-2021-001161

Rosie Keyeremateng et al (in press). Literature Review of Voices of Children in the Pandemic. BMJPO

Hamadou Boiro et al. The impact of the COVID-19 pandemic on the life of Bissau-Guinean religious (Quranic) schoolboys during a state of emergency: A qualitative study. BMJPO. <http://dx.doi.org/10.1136/bmjpo-2021-001303> .

Fatou N'dure Baboudóttir et al. Adolescents amid emerging COVID- 19 pandemic in Bissau, Guinea- Bissau: a qualitative study. BMJPO. doi:10.1136/bmjpo-2022-001417

Sharanya Napier-Raman et al. Impact of COVID-19 on the lives of vulnerable young people in New Delhi, India: a mixed method study. BMJPO. <http://dx.doi.org/10.1136/bmjpo-2021-001171>

Osamagbe Aiyudubie Asemota et al. Exploring Children's Knowledge of COVID-19 and Stress Levels associated with the Pandemic in Nigeria: A Mixed Method Study. BMJPO. <http://dx.doi.org/>

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10.1136/bmjpo-2022-001444

Hajime Takeuchi et al. Identifying Vulnerable Children's Stress Levels and Coping Measures during COVID-19 Pandemic in Japan: A Mixed Method Study. BMJPO. doi:10.1136/bmjpo-2021-001310

Anna Sarkadi and colleagues (in press). Public health through a different lens: child and youth voices about corona to enhance our understanding of risk, impact and mitigation. BMJPO.

Eva Jörgensen et al. The voices of children and young people during COVID-19: A critical review of methods. Acta Paediatrica. 2022;00:1–12

Nick Spencer July 2022

6. FACTS:

6.1 Infant mortality in Japan

Table Infant mortality rate between 2019 and 2020 (per 1,000 birth) in Japan

| Infant mortality rate | 2019 | 2020 | Rate of change | Compared to total rate 2019 · 2020 |
|----------------------------------|------|------|----------------|------------------------------------|
| Total | 1.9 | 1.8 | +5% | 100 · 100 |
| From relative high income family | 1.2 | 1.0 | +17% | 63 · 56 |
| From moderate income family | 1.6 | 1.7 | -6% | 84 · 94 |
| From jobless family | 14.9 | 16.0 | -7% | 784 · 889 |

What did the COVID-19 pandemic make for child health?

This is one worrying fact in Japan.

The infant mortality rate from jobless families is unacceptably high. And the rate became worse during the pandemic. The cases of relatively older ages from jobless families are higher than the total ages (this has not been shown).

Our paediatric society should reveal the socioeconomic background of each case and show the solution for this issue.

Hajime Takeuchi

7. Publications

7.1 Assessment of care givers' pre-hospital management of gastroenteritis. Review by Neil Pakenham Walsh, circulated on CHIFA

CITATION: Assessment of care givers' pre-hospital management of gastroenteritis among children in a tertiary referral hospital R. W. Kung'u et al. East Africa Medical Journal 2022 <https://www.ajol.info/index.php/eami/article/view/228253>

ABSTRACT Objective: The current study sought to determine the caregivers' pre-hospital management and treatment outcomes of GE among children under five years admitted at Kenyatta National Hospital. Design: Analytical cross-sectional study design was utilized in this study. Setting: The study was conducted in Kenyatta National

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Hospital in Nairobi. Participants: The study population included caregivers and children under five years with acute gastroenteritis presenting at pediatric emergency unit (PEU) Kenyatta National Hospital and their caregivers. A total of 102 respondents participated in the study. Data Sources: Questionnaires and clinical examination tools were used to collect data. The data collected quantitatively from clinical examinations was analyzed using R Studio Version 2.0 statistical software. Results: The study results revealed that 57.8% administered remedies, 15.6% administered oral rehydration salts, 14.7% took their children to the herbalist while 11.8% took no step before taking their children to hospital. The results also showed that 65% of the children recovered. There was a significant relationship between pre-hospital management and the treatment outcomes of the children, whereby the children who received ORS at home were 40% less likely to succumb to diarrheal related complications (OR=0.6, CI95%=0.5-0.9, P=0.121). Conclusion: There was a significant relationship between caregivers' pre-hospital management and treatment outcomes of children with GE. Therefore, there is need for all county governments to enhance health education in the community to promote positive approaches in the management of children suffering from diarrhoea at home.

COMMENTS (NPW): 1. Children with diarrhoea are dying needlessly every day in low- and middle-income countries because of gross failures in providing simple, life-saving treatment. The death in 1987 of a child with diarrhoea was the seed for my commitment to healthcare information for all, and you can listen to my story here (starting at 2mins 27secs): <https://www.youtube.com/watch?v=Ax4iS4-AuO0&t=19s> That child died from dehydration before the mother reached my medical hut in rural Peru, and the reason was that the parents believed that they should *stop* giving fluids to a child with diarrhoea. 2. This false belief is common across the world, in Latin America, Africa and South Asia. Our collective failure to empower parents with basic life-saving information is an indictment of the global healthcare information system. The most recent figures I have, from the DHS Survey in India, show that '57 percent of children with diarrhoea were given less to drink and 5 percent were not given anything to drink'. It is because of failures like these that we need a stepchange in high-level commitment, as described in the HIFA Strategy 2022-2024. 3. The paper from Kenya is unfortunately restricted-access, so most of us cannot read the full text. The East Africa Medical Journal is a flagship medical journal for Africa, and is increasingly alone among African journals (many if not most of which are now open access). More debate is needed on how to support LMIC journals to become open-access.




Neil Pakenham-Walsh, Global Coordinator HIFA, www.hifa.org neil@hifa.org Working in official relations with WHO.

7.2 The Impact of COVID-19 Pandemic on Inequity in Routine Childhood Vaccination Coverage: A Systematic Review



Systematic Review

The Impact of COVID-19 Pandemic on Inequity in Routine Childhood Vaccination Coverage: A Systematic Review

Nicholas Spencer ^{1,*}, Wolfgang Markham ¹, Samantha Johnson ², Emmanuelle Arpin ³, Rita Nathawad ⁴, Geir Gunnlaugsson ⁵, Nusrat Homaira ⁶, Maria Lucia Mesa Rubio ⁷ and Catalina Jaime Trujillo ⁷

Abstract: Background: Routine childhood vaccination coverage rates fell in many countries during the COVID-19 pandemic, but the impact of inequity on coverage is unknown. **Methods:** We synthesised evidence on inequities in routine childhood vaccination coverage (PROSPERO, CRD 42021257431). Studies reporting empirical data on routine vaccination coverage in children 0–18 years old during the COVID-19 pandemic by equity stratifiers were systematically reviewed. Nine electronic databases were searched between 1 January 2020 and 18 January 2022. The risk of bias was assessed using the Newcastle-Ottawa Quality Assessment Tool for Cohort Studies. Overall, 91 of 1453 studies were selected for full paper review, and thirteen met the inclusion criteria. **Results:** The narrative synthesis found moderate evidence for inequity in reducing the vaccination coverage of children during COVID-19 lockdowns and moderately strong evidence for an increase in inequity compared with pre-pandemic months (before March 2020). Two studies reported higher rates of inequity among children aged less than one year, and one showed higher inequity rates in middle compared with high-income countries. **Conclusions:** Evidence from a limited number of studies shows the effect of the pandemic on vaccine coverage inequity. Research from more countries is required to assess the global effect on inequity in coverage. More in: . <https://doi.org/10.3390/vaccines10071013>

7.3 Social Determinants of Child Health



BRITISH ASSOCIATION FOR COMMUNITY CHILD HEALTH

Our distinguished member Nick Spencer wrote an article on Social Determinants of Child Health. Here, we share the highlights “I’m a retired Consultant Community Paediatrician and now Emeritus Professor of Child Health at the University of Warwick. I’m also an ex-chair of BACCH. I’m speaking to you now on behalf of the International Society for Social Paediatrics & Child Health (ISSOP). My colleagues and I June 2022

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Social Paediatrics are making a series of short videos on topics which we thought may be of interest to you. This initiative follows discussions with the BACCH Chair, Doug Simkiss. My particular area of interest is the social determinants of child health and this is a key component of social paediatrics. I have agreed to consider three questions in this short talk: 1. Why is awareness of social determinants of child health (SDCH) important for paediatricians and their practice? 2. What can paediatricians do in their practice to address SDCH? 3. What is the role of BACCH/RCPCH in relation to SDCH?

<https://www.bacch.org.uk/>

8. Topics in Social Pediatrics

8.1 A small window on Yemen

At a time when the world is focussed on the multiple tragedies unfolding in Ukraine, it is important to remember the many other corners of the world where the effects of conflict remain a constant threat to children's rights and survival.

I am a Senior Health Advisor for Save the Children - a paediatric nurse and public health specialist by background, and my job is to provide technical advice and problem-solving support to programme staff, government services and communities in several countries, one of which is Yemen.

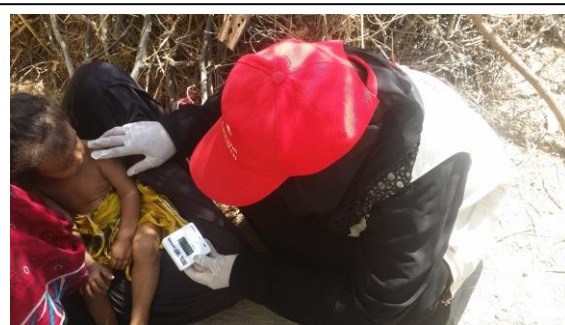


AC in discussions with rural Community Health Workers, at a meeting point in the desert.

Children and families in Yemen continue to experience the worst humanitarian crisis in the world. Despite the recent fragile ceasefire between the warring parties in the north and south, seven years of conflict and severe economic decline have created enormous needs and

suffering.

In a country of 28.5 million people, 85% need humanitarian assistance and protection, and nearly 4 million are displaced, over 70% of who are women and children. About 14 million people are in acute need of health services with only 50% of health facilities functioning. 3.1 million children are acutely malnourished and more than 1 million pregnant and lactating women. The war in Ukraine has also fuelled rises in food prices and is diverting international attention and resource.



Community Health Worker assessing a village child in their daily work.

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Children face multiple threats to their rights, survival and future health and development, due to effects of conflict, poverty, malnutrition, lack of reliable information, lack of access to effective primary health care, and a broken health system that struggles to meet their needs. Many pregnant women lack essential care before, during and after birth; 70% give birth at home and 55% without skilled help, increasing risks to themselves and their newborns exacerbated by limited access to essential health services. They also struggle to access family planning to control their pregnancy choices, and experience harmful gender norms which lead to damaging practices and restrictions in accessing services.

Save the Children has been working across multiple programmes in Yemen since 1963 and has been responding to the current crisis since it began in 2015. The programme that I work most closely with began in 2018 and works to increase access to child health and nutrition services in Lahj Governorate near Aden in the south.

The programme population covers urban and rural poor, and children and families displaced by the war. Average household income in these areas is \$55 per month, childhood illnesses such as pneumonia, diarrhoea and malaria are common - at baseline, 46% of children under 5 years had been sick in the previous 2 months, 52% of women gave birth at home, and 19% of children (and nearly half of pregnant and lactating women) were moderately or severely malnourished.

We provide technical, financial, logistical, and capacity building support to enable health workers and the government health system to remain functional and extend its reach to communities. The programme supports Primary Health Care facilities to provide an expanded range of maternal, reproductive and child health care, immunization, and malnutrition screening and treatment.

A network of Community Health Workers and Volunteers also brings curative and preventive care and support closer to homes in more outlying and remote villages, and it is my privilege to spend time with them, discussing their lives, work, challenges and successes.

In a setting where resource is very limited and lives have been disrupted and traumatised for so long, there is also a focus on promoting good 'experiences of care'; promoting child and human rights to information, privacy, being treated equally and with kindness. Services use short, simplified tools derived from 'WHO Standards for Improving Quality of Care for children and young adolescents' to track these, using the findings to make simple local improvements. Despite many challenges including active conflict, surges in malaria and dengue fever and the emergence of COVID-19, the programme has been effective and made a difference to people's lives, enabling continued and increased access to well managed health care, reliable information and changes in practice, and stronger community systems. An independent evaluation of the programme from 2018-2022 found that:

- Women giving birth with skilled help from midwife, nurse or doctor increased from 50% to 89%
- Mothers and newborns that received essential post-natal care increased from 13% to 83%
- The percentage of infants exclusively breastfed increased from 11% to 32%
- 87% of households with young children were visited by Community Health Workers

In a country that has so much humanitarian need, conflict, and chronic uncertainty, it can be difficult to plan and see beyond the short term, but it is essential to do so. In such a protracted

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crisis, new norms become established that should not be a norm for anywhere. We provide critical support to enable the health system to function, but also nurture and work closely with communities to develop more sustainable ways for longer term health resilience that are less reliant on formal government structures, such as Women's Groups and Community Health Committees.

Whenever I am in Yemen, I spend a lot of time talking with health workers, mothers, children, rural community members, colleagues and officials. I am always struck by their openness, pragmatism, skill, practicality, humour and warmth – I learn a lot from them. When we talk, they are often intrigued that people from outside of Yemen would be interested in what they are doing or how they are managing, but it often pleases them to know this and to feel some solidarity.

Yemen needs peace and continued support, to re-develop and benefit from the tremendous potential of its people. Until then, the children, families and health workers of Yemen need sustained help and solidarity and not to be forgotten.

Andrew Clarke
Senior Health Advisor: Save the Children UK

9. Climate change update

9.1 Ride for their lives 2022

["Ride for their Lives 2022"](#) is well underway in Europe and South America. Already we have hosted 8 single day events and one 7-day ride from London to Geneva. We have more in the healthcare climate action pipeline including a 14-day ride from Geneva down Italy just before COP27 in Egypt. Check our [website](#) and interactive map. Or register for a webinar on the South America campaign (Spanish and English) with GCHA and Healthcare without Harm

Aug 4, 2022 11:00 AM Santiago

Topic: Pedalea por sus vidas 2022

Register in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_wnJkqp4aQouI2X64SFtxqQ

But we need your help particularly in North America, Australasia, and Africa. If you can help, contact us through the website or directly mark@climateacceptancestudios.com"

Mark Hayden

Mark (an intensive care specialist at Great Ormond Street Hospital) inspired the first Ride for their Lives for staff at UK children's hospital and around the world, who cycled from London to Glasgow for COP26. They were joined in London by Diarmid Campbell Lendrum the WHO climate lead who had cycled from Geneva, and took part in the ISSOP webinar in November 2021 which was broadcast from Glasgow.

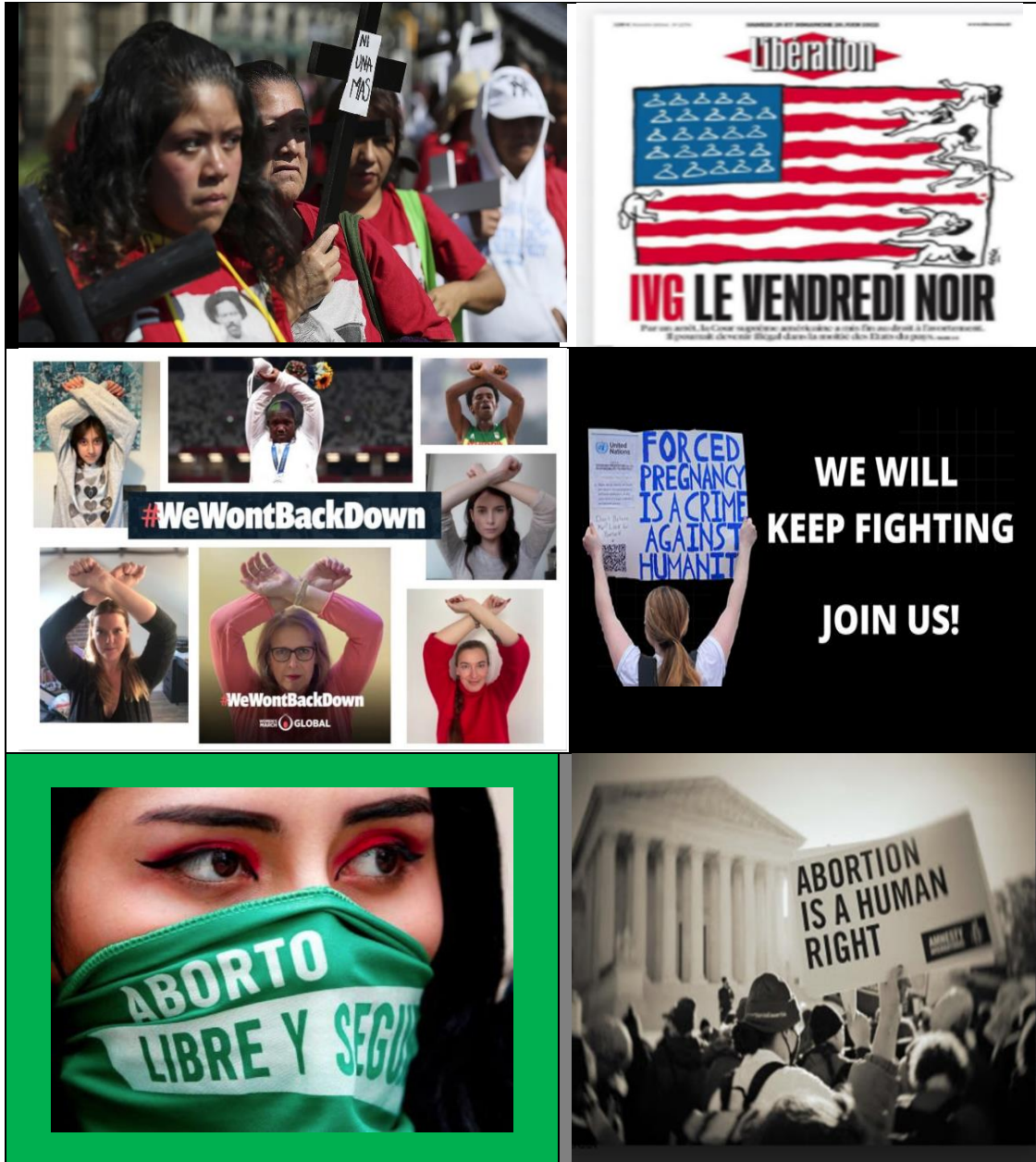
If you can contribute a ride in your own country to the miles being ridden in Europe in advance of COP 27, please respond to Mark as above – TW.

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10. Sexual and reproductive rights around the world

10.1 The voices of women and girls must be heard!!



*“To promote the health of children globally...
their mothers must be healthy... and ALIVE”. (RM)*

Is it possible to think in an unforced world for women?

Unforced marriage

Unforced sex

Unforced pregnancy