ISSOP e-Bulletin
No 9. March 2014

CONTENTS

1. Introduction

It's time to register for Gothenburg! The dates of our annual meeting in Sweden are 16-18 June and the closing date for registration and abstracts is 15th April. Programme details are on p.2 and this is sure to be an excellent and highly enjoyable meeting.

In the last e-bulletin we carried two surveys, the results of these are on p 3. It helps greatly to have these data and we rely on members to return the survey, many thanks to those who did.

In the controversy section this month we cover consent to immunisation. This was introduced by Gonca Yilmaz as a topic on CHILD2015 and there was a prolonged and valuable correspondence. Please let us know what you think, the e-bulletin now has a letters page! As it is relevant to our recent position statement, we also have a press release from Baby Mllk Action about business lobbying of WHO.

We now have a correspondence page – the result of requests in the survey. There will only be letters on this page if you write in, so do please do so – when better than today?

TW

2. Meetings and news

2.1 ISSOP Annual meeting in Gothenburg, Sweden
June 16-18 2014
Closing date for registration and abstracts 15 April 2014
www.nhv.se/issop2014
Conference fee E198

Outline of the programme

Sunday June 15

18.00 Welcome reception with a light meal

Monday June 16

9.00 Welcome and introduction
Session A
Measuring children's health – Setting the scene
Session B
Cohort studies, surveys and registers.Benefits and drawbacks
12.30 – 14.00 Lunch and ISSOP Council meeting
Session C
Indicators and index – systems on international, national and local levels
18.00 Excursion with boat in the Gothenburg archipelago, including dinner and entertainment

Tuesday June 17

Session D
Key gaps in knowledge
12.30 – 14.00 Lunch
Session E
Measuring effects of interventions
16.30 ISSOP General Assembly
18.30 Reception by the City of Gothenburg

Wednesday June 18

Session F
Measuring 'soft values'
12.30 – 14.00 Lunch
End of Conference

2.2 Results of surveys

Sponsorship of medical education (n=13)	
Who is the main sponsor of postgraduate medical education?	
Government/health service	30%
A mixture (including commercial sponsorship)	61.5%
At the main social paediatric conference, are educational events sponsored by the Baby Feeding Industry?	
Yes	27%
No	72%
At the main national paediatric conference, are educational events sponsored by the Baby Feeding Industry?	
Yes	75%
No	25%
To attend international conferences, do doctors fund themselves or get support from one of the following sources (number or responses)	
1. Drug company (n=7)	
2. Baby feeding company (n=5)	
3. Hospital (n=4)	
Do you think that funding of paediatric continuing professional education by Baby Feeding Companies, Drug Companies and others with a commercial interest in promoting their products is a problem?	
Yes	92.3% (12)
No	7.7% (1)
Comment: *only 13 responses is disappointing. I would like to hear some comments on why such a small number replied. It is clear from those who responded that drug companies are an important source of educational support for paediatricians, and almost all the respondees felt this was a problem. So from this admittedly small survey, we have a mandate to take this issue forward for action.*	

Survey on ISSOP e-bulletin (n=13)	
I normally read all the e-bulletin	
Yes 77%	
No 23%	
I find the following sections most useful	
News update	84%
Controversy	69%
Links and reviews	61%
Reports of conferences	55%
I would prefer the e-bulletin to..	
50% replied yes to including a letters column, equal numbers would like it to be shorter or	

longer

Comment: *again a small number replied which is disappointing – unless the total readership is 13!! Responses are positive and the main request for change is for a letters column, which we have included, but you have to write in!*

2.3 Child Rights Training Group

The group has made some progress and the following topics have been chosen for case scenarios:
Consent in hospital: GY, RK
ADHD/parenting boundaries: TW + Palestinian colleague (Samia Hallileh)
Breastfeeding/nutrition: AK, RM
Child protection in clinical settings: LM, BR
[GY Gonca Yilmaz; RK Rosie Kyeramateng; TW Tony Waterston; AK Ayesha Kadir; RM Raul Mercer; LM Luis Martin; BR Barbara Rubio]
First drafts are expected by the end of June and offers of assistance from others are welcome – we have already had an offer in relation to Female Genital Mutilation.

3. International organisations

3.1 The Spanish Social Pediatrics Society (by Luis Martin)

Spanish Social Pediatrics Society (Sociedad Española de Pediatría Social-**SEPS**) was founded in1979 by a group of pediatricians belonging to the Spanish Pediatric Society (AEP) and aware of the necessity to shift from predominant curative care at the time to preventive and social approach to child health care. The society foundation was coincident with the society and professionals' awareness of the need for a comprehensive biopsychosocial and preventive approach to health care. Early in the history of the SEPS became clear the necessity to work jointly with other sectors and professions like child mental health care, public health, social services, education and NGOs. In fact the SEPS statutes address the possibility to be a member either as pediatricians or as professions/organizations involved in child care in the society. The SEPS mission has always been to sensitize and increase knowledge of the society and child care professions on social factors as key determinants of child health and also consequences of child health problems on the family and society. This mission resulted in publications like the first Spanish book on social pediatrics, biannual meetings and biannual reports on child care in the society which show how SEPS focus moved from preventive care to health promotion and from child protection issues to children rights. SEPS activities together with societal, political and professional changes (1980-2000) determined the involvement of primary care pediatricians in prevention care and comprehensive health promotion. SEPS is affiliated to ISSOP since 2010 and its members actively participated in ISSOP meetings and EC. SEPS is also linked to the ALAPE Committee on Social Pediatrics

For more information, please contact: http://www.pediatriasocial.es/inicioie.htm

3.2 The Hungarian Social Pediatric Group

A brief summary on the activity of the Social pediatric group in Hungary
(By Zsuzsanna Kovács, Dóra Scheiber, Hungary)

Child abuse and neglect

In 2003, the first survey of child maltreatment and death was conducted in OECD countries by UNICEF. The study showed that, in these countries, about 3500 children under the age of 15 years die every year because of abuse and maltreatment. Hungary was then ranked as the sixth worst performing country. Over a five year period 113 children were killed by either abuse or neglect in Hungary.[1]

Every year in Hungary more than 3000 children suffer from physical abuse, more than 6000 from emotional abuse and nearly 300 from sexual abuse, more than 15,000 children are physically neglected and more than 13 000 children are emotionally neglected. An unknown number of cases still remain hidden from the authorities; the estimated latency is 1:25. Behind the figures are economic, social factors and alcohol abuse but cultural perceptions are also relevant. A study found that 80% of the participating parents believed that corporal punishment is an accepted part of raising children.

The problem of child abuse and neglect has become a very important focus within the programs of National Institute of Child Health. In 2004 we published a protocol for doctors and health visitors and developed an educational DVD. This has been followed by interdisciplinary seminars for doctors, health visitors, nurses, social workers, teachers and university students all over Hungary.

There are no exact data on how many children are killed or injured each year due to Shaken Baby Syndrome so we have decided to focus on this aspect. There are many different campaigns in the world for prevention of the shaken baby syndrome. With the help of our international contacts (HPH-CA) the team from the National Institute of Child made contact with the Australian team in 2009. They offered their material for non-profit use free of charge, keeping the copyright. It had already been translated into several languages.[2] We translated the Australian material, synchronized the animated movie and prepared 4000 DVDs and 30,000 brochures sponsored by the state. We started our campaign “Never shake your baby” in 2010 so we have joined with an international collaboration initiated by the Australian team.[3] We have organized six conferences and the team was subsequently invited to other conferences to show and distribute the material. Conference attendees included: doctors, health visitors, nurses, social workers, policemen, teachers, psychologists, rehabilitation professionals, lawyers, judges, medical students, Police Academy students, high school students, young parents and lay audience of around 10 000 participants. We also commenced a media campaign, we have been invited

onto national and regional TV programs and radio broadcasts and numerous articles have appeared in the press. Material was distributed to all the paediatric hospitals and departments in Hungary. The animated movie can be watched on the webpage and the brochure can be downloaded free of charge.

The team have launched the first Hungarian website on child abuse in 2011 www.gyermekbantalmazas.hu Now we are working on publishing a guideline for health workers on child abuse and neglect.

Literature:

1. Innocenti Report Card 5 http://www.unicef-irc.org/media-centre/press-kit/repcard5/
2. Kids Health, The Children's Hospital at Wesmead, Shaking your baby is just not the deal [leaflet]. Sydney, Australia: available from: http://kidshealth.schn.health.nsw.gov.au/fact-sheets/safety/shaken-baby-syndrome
3. Foley S., Kovács Zs. et al.: International collaboration on prevention of shaken baby syndrome – an ongoing project/intervention ,Paediatrics and International Child Health 2013 VOL.33 NO.4:233-238

Children's' rights

Implementation of children's rights is a very important part of the activities of those members of the Social pediatric group who work for the National Institute of Child Health. In 2006 a national survey was conducted on the rights of children in hospital.

We have sent an adapted questionnaire of HPH-CA (Health Promoting Hospitals for Children and Adolescents) to the 100 paediatric hospitals or departments in Hungary and 61 replies have been arrived. The results were presented on the HPH conference in Vienna and published in a Hungarian paediatric journal. The survey showed that the knowledge of the personnel on children's rights was not satisfactory.

So the next step was preparation and delivery of materials on children's rights to health institutions. In 2007 we have translated the EACH (European Association of Children in Hospital) Charter distributed it among the leaders of Hungarian paediatric hospitals and departments and put it on the website. We have also published an educational DVD for medical staff on the rights of children in health care. The material is also available on the website of the institute.

In 2008 we carried out a questionnaire study of the primary paediatric health care (primary paediatric practice, general practice, school health service) regarding the rights of children and adolescents. The results were presented in 2009 on the ESSOP conference in Maribor and on the HPH conference in Crete and on national paediatric conference. It was also published [1.]

The authors as members of ISSOP and ECPCP (European Confederation of Primary Care Paediatricians) raised the idea of conducting a similar survey at the international level and now the ISSOP/ECPCP project is going on. In 2009 our group

has taken part in the work of HPH-CA creating a Self Evaluation Model and Tool on the rights of children in hospital. This model was presented at the European Committee and accepted as best practice for self evaluation. Among 17 European hospitals, two Hungarian Hospitals took part in the pilot study of this model [2]

We have translated the model and the pilot study, placed them on the website of the institute and distributed among the leaders of paediatric hospitals and departments.In 2009 we have initiated a questionnaire survey among parents on the rights of children in hospital. Seven Hungarian hospitals took part in this survey; the results were presented on the national paediatric conference. The main goal of the survey was to stress the importance of these rights. This survey was extended to international level by the members of HPH-CA; the results were presented in 2010 on the HPH Conference in Manchester. Eight countries took part in the survey – one hospital/ country (Austria, Croatia, Estonia, Greece, Hungary, Italy, Spain, UK-Scotland). There are some data from Hungary compared to the other countries below:

- Knowledge on children's rights: children's rights were known in 90% of the responders and 95% of them were aware of parents' rights in the hospitals.
- Possibility for parents to stay in the hospital with the child: 90% of parents were offered to stay full time together with their child, and for 8% of them part time was offered only. Only 2% were restricted to stay with the child, however more-7%- had no possibility to stay with them at all, and 20% of the parents could afford to stay part time only, 73% found the way to stay beside of the child. (Proportionally in the Greek, Scottish sample more or less the same, in the Italian, Croatian, Austrian sample less cases were offered to stay whole day together, in Canary Island and Estonia very high ratio -98-98% each - were offered to stay together.) We can conclude that in Hungary the parents had slightly weaker motivation to be involved in nursing or care (72% fulltime, 21% part time) as the hospitals offered so (92% full time, 6 % part time). (This motivation was behind the European results: 82% in Scotland, 81% in Austria, 98% in Canary Island, 88% in Croatia, 99% in Estonia, 97 % in Greece).
- Rights for information: The most general way of information is the oral form. Unfortunately about 5 % of parents had no information at all. Only 19% of parents got the most optimal information either in oral and written form. (It is behind the Italian and the Greek ratio. The way of information written form was most popular is Austria.) In 67% of the communication was fully comprehensive, in 31% partially. Only 2 % of the answerers declared that is was not comprehensive at all, what was optimal compared with the other countries.
- The duration of the hospital stay: Generally the parents find optimal and not influenced by the hospital finance.
- Continuation of the treatment as an outpatient: Out-patient treatment was given in nearly 80% of the cases in Hungary similarly to Austria and Greece. The obstacle was the distance from the hospital in most cases; less frequent explanation was the restriction of employer or the family budget.

- Opportunities to play/relax/study during the hospital stay: Only in 4% of the cases it was not offered. Half and half of the respondents used private tools or equipment of the hospitals, which ratio can be improved in the future.
- Generally the respondents claimed that the surrounding are improved or not changed, but by no means deteriorated in the last years.

Studies in recent years show improved results regarding the general knowledge on children's rights and better results of implementation are also observed. Since the mentioned survey the possibility of parents' stay was expanded up to 18 years of age partly as a result of the activity of National Institute of Child Health.

Literature:

1. Z.Kovács, A.Valek, I. Árki, D.Scheiber:Rights of Children in Primary Health Care in Hungary, Vol. 8. No 7 400-405, Journal of USA-China Medical Sience, July 2011
2. http://www.hphnet.org/library/news/263-self-evaluation-model-and-tool-on-the-respect-of-childrens-rights-in-hospital-now-in-8-languages

4. Current controversy

4.1 Consent to immunisation

A recent discussion on CHILD2015 (initiated by Gonca Yilmaz) has raised the important question of whether immunisation should be mandatory. A number of respondents (mainly from Africa) were in favour of compulsory immunisation whilst others felt that voluntary consent must be sought. Below are examples of contributions from different sides of the debate and further correspondence from ISSOP members to the e-bulletin is welcome on this topic! **TW**

The immunisation is compulsory in Hungary. A few years ago some debates have started about the right of refusal. The health authorities are insisting to keep the immunisation system compulsory and the majority of parents accept this. More than 98% of children are completely immunised as a result.

Zsuzsanna Kovacs

… our coverage at the moment is good (measles around 80%)[in Zimbabwe]. You may not be aware but the country is reviewing the Public Health Act and I have seen the draft. The minister of health will be empowered to force people to immunize their children. This clause has been inserted in response to a FALSE assumption that objectors are mostly from specific religious groups. We have evidence that when engaged these groups come around and immunize their children. We can overcome ignorance through education rather than laws that may lead to resentment in future.

Craig Nyathi, Ministry of Health and Child Welfare, Zimbabwe

In Iceland vaccinations are not compulsory, it is a decision for the parents to vaccinate their children, or abstain. Yet, in the Icelandic context most parents decide to vaccinate their children, and only a few consciously opt out of the recommended

program. Thus, immunization coverage is high. Earlier this month the first verified measles case was diagnosed in a 13 month old child, the first one since 1996. The child had been abroad, and as MMR is recommended first at the age of 18 months, it had not been vaccinated. This gives evidence to that fact that we constantly need to be on the alert regarding immunization coverage, and seek ways to improve it in our respective settings. Another piece of interest is that our national vaccination register, covering all vaccinations given in the country, is electronic and updated in real-time at the point of vaccination, a privilege few countries, if any, enjoy. This helps the health professionals to seek up children who have, for one reason or another, not been vaccinated in line with national immunization recommendation.

Geir Gunnlaugsson, MD, PhD, MPH Chief Medical Officer for Iceland

4.2 Business lobbying of WHO

We have received the following press release from Baby Milk Action on new proposals from WHO on working with businesses, and publish if below owing to the relevance to our new position statement.

Opening the door to Business lobbying- what's wrong with the new WHO policy proposals (26th March 2014)

online: http://info.babymilkaction.org/pressrelease/pressrelease26mar14

WHO has published a draft proposal for a set Framework and set of policies to address its engagement with Non Sate Actors (NSAs). Member States are being invited to discuss these proposals at WHO's HQ in Geneva on 27th and 28th March. Public Interest NGOs are not invited. IBFAN has been following the process closely and finds serious flaws, inconsistencies and contradictions in the proposals.

Despite the many statements of WHO's Director General, Margaret Chan that WHO's policies, norms and standards setting processes should be protected from commercial influence, if the new proposals were to be adopted, the corporate influence would increase. IBFAN fears that this would compromise WHO's integrity, independence and its ability to fulfill its mandate.

In particular, the proposals introduce a new risky element, allowing Official Relations status, with all its related privileges, for International Business Associations. Up to now, if businesses wanted to attend governing body meetings in order to lobby Member States delegations, they could wear a public badge, or, if they wanted to speak, inveigle their way onto government delegations. Some, over the years have slipped through WHO's admission procedures, pretending to be NGOs.[1] The new proposals open the door wide to participation by any business member of these Associations, except tobacco or arms companies. This would, in effect, legitimize businesses lobbying role at WHO's global policy-setting meetings - the very thing that WHO alleges that it is trying to avoid. In addition to turning WHO governing bodies meetings into multi-stakeholder public-private gatherings, the proposals

would also allow businesses greater engagement at programme level, through agreed 3-year plans with WHO.

Lida Lhotska, IBFAN NGO Liaison to WHO says: *"If these new policy proposals are adopted, IBFAN fears that WHO will be unable to lead and support Member States in taking the bold decisions necessary to tackle global health challenges. For example, irresponsible marketing is a major underlying cause of Non Communicable Diseases (NCDs). In tackling NCDs, acknowledged to be a major threat to public health, will WHO prefer to engage in partnerships with corporations, who would prefer campaigns for promoting 'slightly better for you products'– or will WHO help Member States bring in legally-binding controls that truly protect right to health of their citizens?"*

Nestlé violates EU rules on school sponsorship
Brussels 6th February 2014

As EU Member States prepare to launch a new EU Action Plan on Childhood Obesity on 26th February, Nestlé has admitted to violating EU Commission rules regarding its sponsorship of activities in schools.

An outline of the EU Action Plan was presented by Ursula O'Dwyer, of the Irish Department of Health, at meeting of the European Commission's Platform for Action on Diet, Physical Activity and Health on 6th February. Despite calls from the food and advertising industry to be involved in its development - on the basis that they know better than most about the 'realities' - John Ryan, speaking for the European Commission, explained Member States' emphasis that they be the 'executors of the process' and in the 'driver's seat.' He also said that the Action Plan implements an EU Nutrition Strategy on which there had already been full consultation and that 'stakeholder consultations' can only go 'so far.'

The eight actions in the Plan, given the green light by Member States as 'doable' by 2020, include the protection and support of breastfeeding, tougher rules on marketing to children (defined by the Action Plan as 0-19 years), and a 'no sponsorship rule' that aims to ensure that schools are 'protected environments'. …..for more http://info.babymilkaction.org/pressrelease/pressrelease17feb14

Patti Rundall, Policy Director, Baby Milk Action/IBFAN UK
Co-Chair of IBFAN's Global Council
prundall@babymilkaction.org

5. CHILD2015 report

CHILD2015 is planning an exciting moderated discussion and webinar for presentation at the Gothenburg meeting. Hopefully this will be on the programme if all the conditions can be met and the data are available!

The topic will be child abuse, and we are going to put out a number of questions in relation to the actions which have been taken as a result of previous discussion on CHILD2015.The aim is to understand the effect of the forum in bringing about change. The findings will be presented at the ISSOP meeting and immediately following this, a webinar will be delivered to an international audience on measures to combat child abuse within a low resource setting. Comments on this subject from ISSOP members are of course very welcome.
Tony Waterston

6. Correspondence

We have received the following anonymous message from an ISSOP member in relation to a previous issue discussed in the e-bulletin. Further discussion on this topic is welcome, especially answers to the question posed.

In the January e-bulletin you reported a seminar to be held South America on child poverty and inequalities in child health. This is an important topic which is often discussed in ISSOP, but I do not see poverty getting any less. As a paediatrician working in an urban child health clinic I help many children who live in poor families and I can see that their environment contributes to their illness. But I have very little time to carry out work outside my clinic and political activity by doctors is discouraged, whilst the paediatric association does not discuss this issue at its meetings. How does ISSOP recommend I engage with the social determinants of health in a meaningful way, when I have limited time and training?