ISSOP e-Bulletin N° 63
May 2023

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1. Introduction

Let's celebrate our first meeting in Africa: in collaboration with the Kenya Paediatric Society, the Mombasa meeting at the end of April brought young people, NGOs and WHO together with ISSOP speakers in a special session on climate change and child health in a hybrid conference which was joined by health professionals from many African countries as well as the rest of the world. Read full details of the conference in 2.2 below. There is also exciting news from Argentina (2.1) where civil society organisations have set a huge example by launching a Bill to make the state responsible for regulating the marketing of breastmilk substitutes. At present only 33 countries in the world have such a law, and only two in Latin America – Brazil and Panama. It would be great to hear of similar initiatives from other countries.

See also in this issue updates on the G7 from Japan, on the WHO initiative on ending sponsorship of paediatric associations by manufacturers of commercial milk formula and on climate change with more grim news from Japan as well as a global update. The ebulletin from the RCPCH climate change working group in 8.3 has some really valuable links to papers on climate change anxiety in young people as well as solutions to tackling this problem of our modern age.

See also a new Sustainable Child Health course at 8.3 which offers a detailed grounding in this subject and is strongly recommended.

As ever we welcome your feedback.

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, hope all are well. I want to take a moment to discuss our role as the only global Social Pediatrics society in the context of the critical issues impacting child health. It is clear that the world is descending into an increasingly authoritarian environment. Where specific countries are along the continuum of populism to authoritarianism to fascism is fodder for political scientists to discuss. In Florida where I live, we have become a fascist state.

This political reality is happening on every continent—in high, middle and low-income countries—children are being targeted, murdered and maimed. Complicated by the impact of globalization, climate change, and violence, the world is wreaking havoc on the lives, health and well-being of children. Singling out individual countries without confusing the culpability of governments with the general innocence of their populace is difficult, and thus not feasible or appropriate. In a sense, we are all culpable. International conventions and agreements prohibiting the targeting of children in armed conflict, trafficking, and torture have not worked to prevent the carnage.

So, we are left with a fundamental question as to how we as individuals and social pediatricians should respond? We (ISSOP) have generated "Declarations" that provide a framework for a response to a number of these issues that need to be moved off of our shelves to define our work. We need to ensure our roles and efforts as child advocates focus on these issues. And first and foremost, we must embrace and engage child rights as the foundation and framework for our work. We must use rights as a bulwark against the rise of authoritarianism and fascism. We can use the principles, standards and norms of child rights to inform and guide our systems and policy agendas, our research, and our engagement of children and youth as genuine partners. We must define our identity as social pediatricians in terms of child rights advocacy.

Toward these ends, it is incumbent on us to continue the evolution of the practice of Social Pediatrics to ensure its relevance to the evolving needs and rights of children—in our practices, in our community and globally. It has been decades since Nick Spencer and colleagues defined the practice of Social Pediatrics—now is an opportune time to relook at our roles and functions, and think strategically about the future of our "discipline." As a foundation for this work, it will be important to continue our endeavors to translate the principles, standards and norms of child rights into practice.
In the ensuing months, we will be convening a working group to move forward with this agenda. In the meantime, please refamiliarize yourself with the CRC and the principles of a child rights-based approach to health. And, please consider sharing some of your time to help inform this work on defining the future of Social Pediatrics.

With warm regards and thanks for all you do.

Jeff

2. Meetings and news

2.1 Argentina launches a bill for the International Code of Marketing of Breast Milk Substitutes (ICMBMS)

With the participation of 14 civil society organizations (NGOs, cooperation agencies, universities) and after 2 years of work, the act of presenting the bill for the ICMBMS was held.

The objective of this effort is to strengthen the regulatory capacities of the State in the face of the growing impact of the marketing of BMS and the affectation of breastfeeding practices.

This is a necessary response to address and defend the rights of children to better nutrition.

The presentation event was held in the FLACSO Argentina auditorium and was attended by representatives of different institutions of the Network, as well as sectors of the government and the legislature.

The following stages of the initiative will contemplate social mobilization and a dissemination campaign in addition to giving input to the parliamentary sphere of the project.

RM

2.2 ISSOP/KPA Mombasa congress April 2023
A Child Born Today: Climate Change and the Determinants of Health In Africa.

ISSOP partnered with the Kenya Pediatric Association for a Pre-Congress on climate change and child health. The meeting, led by Dr. Rosie Kyerematen (UK), Dr. Nathan Uchtmann (US) and Nightingale Wakigera Uchtmann, started with an opening blessing from the elders of the land, setting the stage for the ensuing discussion.

The first session featured speakers from Kenya, Nigeria, the United States and the United Kingdom. A storytelling narrative, “A child born today will have a lifetime experiencing climate change” set the stage for the description of how the poorest countries on our planet bear the effects of greenhouse gases, higher ocean temperatures, floods, drought, and extreme heat. Climate change was outlined with a focus on environmental degradation in Africa and how its present and future effects create further disparities in social determinants of health.

The highlight of the pre-congress was the voices of young people in attendance. Those present discussed personal stories of how climate change is affecting them, what solutions they could present, and how health care professionals can partner with youth to heal the local environment and the planet.

The afternoon sessions highlighted the concept of “One Health”, a collaborative approach to health, which recognizes that humans and animals live in a shared environment and there is

added value to be gained by working together on issues at the interface of these sectors. Testimonials from the Masaai community, local Kenyan residents, and pediatricians focused on climate solutions from Rwanda rounded out the afternoon program. The day ended with a discussion regarding raising awareness for clinicians regarding the downwind effects of climate change as well as organizing movements within countries and across geographic boundaries to work on solutions.

The second day of the pre-conference started with a discussion of healthy environment as a Child Rights. The ensuing talks set a framework for advocacy to local and national governments and NGOs to optimize climate and health outcomes. Dr. Bernadette Daelmans from the World Health Organization discussed global efforts toward promoting a healthy world for children.

The topic of sustainable healthcare was introduced through the resources of "My Green Doctor", by Dr. Todd Sack. Representatives from Uganda, Zambia, Ghana, Botswana, Rwanda, Nigeria and Kenya provided a panel discussion on "Developing a Pan-African Response to the Impact of Climate Change on Children". The pre-congress finished with concluding remarks from Drs. Jeff Goldhagen and Rosie Kyerematenge on developing an ISSOP Declaration on Climate Change and pronouncing a Climate Emergency.

The formal KPA conference also features topics in climate change. After experiencing Mombasa, the pediatric professionals, and commitment from the youth in attendance, it was clear that this country has seen the devastation from climate change and has the political will to actively change the trajectory of their future.

Colleen Kraft, MD

2.3 ISSOP contributes to a WHO scoping meeting on global heating and health: selecting indicators to monitor the impact of extreme heat on Maternal, Newborn, Child Health

The WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA) invited ISSOP to a *WHO Scoping meeting: selecting indicators to monitor the impact of extreme heat on Maternal, Newborn, Child Health*, in Geneva on 25-26 April 2023. The almost forty participants from all continents were representative of various UN agencies (UNFPA, UNICEF, UN-Habitat, World Meteorological Organization, some WHO regional and country offices, WHO/MCA, ...), several academic experts and technical advisors in health and in environment/climate and two professional associations (Ghana Registered Nurses and Midwives Association, and ISSOP). Zulfiqar A. Bhutta and Anthony Costello chaired the sessions with Anayda Portela.

The objectives of the Meeting were:

- To review an initial theory of change on the impact of extreme heat on MNCH, including the different determinants and pathways of exposure;
- To define the parameters and scope of the work for the process of indicator selection, including specifications regarding each population group and criteria for prioritizing indicators;
- To review the information and evidence that has been gathered and to determine any additional evidence that will be required to determine priority indicators.

The sessions were very rich allowing the two 'worlds' of maternal and child health and of environment/climate to understand better the other's field. The discussions were constructive. The work is planned for 12-18 months and a report will eventually be published.

In the meantime, I share here a few key points - some might seem obvious:

- Heat (= energy in Joules) is different than Temperature (= °C, °F) and cumulates
- Heatwaves are important for health but chronic heat as well
- Several systematic reviews confirm the risk of extreme heat for the health of mothers, newborn and children, although with low quality and lack of studies on causality and tagets for interventions
- Some studies show long terms impacts of heat exposure *in utero*
- Chronic heat exposure amplifies health risks in various ways : infections, mental health, cardiovascular, respiratory, COVID-19, inequity
- Data is already routinely collected on some health indicators but none directly related to heat and not everywhere
- Identifying indicators that are appropriate to measure for heat is not that obvious
- Several tools and initiatives exists that aim to measuring heat impacts on health, which have limitations and challenges
- WHO/MCA has done a lot of work to have standardised indicators with the help of measurement advisory groups (MoNITOR, CHAT, TEAM)

A few links that could be useful: https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing, https://www.lancetcountdown.org/

I was really pleased to represent ISSOP at this scoping meeting and to network on its behalf. I will keep you posted on the work of this group. Keep cool, protect yourself and drink enough (water). Kind regards

Olivier Duperrex

3. International Organizations

3.1 *InspiRights* Global Survey

The InspiRights project of the GlobalChild program of research is an exciting opportunity that aims to promote child rights through the identification of the Good Practices that inspire children's rights. The project will take a global inventory of good practices (laws, policies and programs) through an online survey where participants will nominate these good practices. The nominated practices will then go through a rigorous examination to assess and verify their effectiveness in promoting children's rights. By assembling a global inventory of good practices, we can provide governments with a comprehensive example of practices which they can learn about, examine their efficacy and model them for their own practices as part of their plans for promoting and fulfilling children's rights. The survey is available in French, English and Spanish, and **will run May 15- July 15, 2023,** and can be accessed through this link.

For any questions, please contact us at inspirights@unb.ca

3.2 WHO Initiative on ending sponsorship by formula companies

I and my colleague Gyikua Plange Rhule are now entering the final weeks of our consultancy with WHO which will finish in August, though we shall continue to participate in the programme till the end of the year. What have we achieved, and are there signs of a shift in the involvement of paediatric societies in marketing commercial milk formula (CMF), through their acceptance of sponsorship from the industry?

First, let's record the achievements: a paper accepted by the BMJ Paediatric Open and now in press, slamming the excuses given by societies for taking the funding; a Call for Action signed by six umbrella societies of child healthcare professionals (including APPA, the Asia Pacific Pediatric Association, midwifery, neonatal nurses, nutritional sciences and lactation consultants) which will be sent soon to the Lancet in follow up to the series on marketing of CMF; a series of briefing papers for societies which plan to change their practice, including a model policy, a set of case studies from societies which have ended sponsorship, and a paper on alternative sources of funding; and a questionnaire underway to assess the present situation on sponsorship and in future, the rate of change. We also have a highly stimulating and motivated action group with members from Brazil, Turkey, Switzerland, USA, Croatia, Ghana and Italy among others, which meets regularly to plan further initiatives. These successes give rise to an expectation that change will come, albeit slow.

On the debit side, we can't record as yet any societies which have agreed to end sponsorship as a result of our discussions, the IPA precedent (see below) or the weighty Lancet attack on marketing of CMF. This is disappointing to me as it shows that facts alone are not enough to confront the powers of capitalist marketing. Perhaps that shouldn't be a surprise.

The IPA has announced its support for the initiative and doesn't accept CMF funding for its global meetings. However, owing to lobbying from its members, the IPA has declined to sign the Call for Action, though happily one of its key regional groups the Asia Pacific Pediatric Association has willingly done so. Other regional groups including the European and Latin Americans have declined. The obstetricians have also proved resistant, saying that they need the funding from vitamin manufacturers – even if they are the same company who make infant formula. But they still say they conform to the WHO Code (the obstetricians that is).

We are in individual discussion with some national societies where there are powerful forces within the country working for change. WHO will offer to arrange a presentation from an author of one of the Lancet papers, to the Board of any society which requests this.

It would be wonderful to have the support of ISSOP members to work with us in regard to pressurising their society to reform. This is a highly achievable advocacy objective and could make a real difference to infant health. Please get in touch if you would like to contribute in this way.

Tony Waterston
waterstona@who.int

3.3 Report from End Violence against Children

Dear friends and colleagues,

We are pleased to bring you news of our new report on ending school corporal punishment and a roundup of news and activities from the International Day to #EndCorporalPunishment 2023.

New report calls for urgent end to corporal punishment in schools

We are pleased to share our new report on ending school corporal punishment, co-authored with Safe to Learn and the Coalition for Good Schools.

The report emphasises the criticality of safe education for all children. It explores many aspects of corporal punishment in schools, including:

Children's rights and experiences.
Impact and prevalence
How violent punishment entrenches inequality
Global progress – and delay - towards universal prohibition
Seven key steps for eliminating school corporal punishment.

You can read the report **here.**

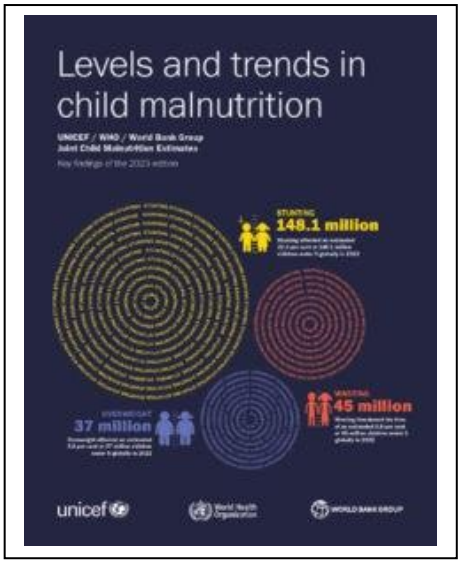
The report was launched at a high-level international webinar on 4 May, chaired by Mehnaz Aziz of the Pakistan National Assembly, and featured a wide range of speakers.

You can watch the recording of the webinar on the End Violence YouTube channel at

Ending corporal punishment in schools to transform education for all children. - YouTube

3.4 Levels and trends in child malnutrition – 2023 Edition

UNICEF-WHO-The World Bank: Joint child malnutrition estimates — levels and trends



Child malnutrition estimates for the indicators stunting, wasting, overweight and underweight describe the magnitude and patterns of malnutrition aligned with the Sustainable Development Goal (SDG) Target 2.2. The UNICEF-WHO-WB Joint Child Malnutrition Estimates inter-agency group updates the global and regional estimates of prevalence and numbers for each indicator every other year. The key dissemination materials for the 2023 edition includes global, regional and country trends from 2000-2022 for stunting and overweight. For wasting and severe wasting, country estimates are based on available primary data sources (e.g., household surveys), global trends are presented for 2000-2022 and the regional estimates show the latest estimates (2022). Country progress assessment towards the 2030 targets are aggregated into regional summaries are included in the brochure.

The Joint Child Malnutrition Estimates (JME) released in 2023 reveal insufficient progress to reach the 2025 World Health Assembly (WHA) global nutrition targets and SDG target 2.2. Only about one third of all countries are 'on track' to halve the number of children affected by stunting by 2030, and assessment of progress to date not being possible for about one quarter of countries. Even fewer countries are expected to achieve the 2030 target of 3 per cent prevalence for overweight, with just 1 in 6 countries currently 'on track'. Further, an assessment of progress towards the wasting target is not possible for nearly half of countries.

More intensive efforts are required if the world is to achieve the global target of reducing the number of children with stunting to 89 million by 2030. With current progress, the 2030 target will be missed by 39.6 million children, with more than 80 per cent of these 'missed' children in Africa. Gaps in the availability of data in some regions makes it challenging to accurately assess progress towards global targets. Regular data collection is therefore critical for monitoring and reporting on country, regional and global progress on child malnutrition.

Download the Report
https://data.unicef.org/resources/jme-report-2023/?utm_id=JME-2023

Access to Dashboard
https://data.unicef.org/resources/unicef-who-world-bank-joint-child-malnutrition-estimates-2023-edition-interactive-dashboard/

Access the data
https://data.unicef.org/resources/jme-report-2023/?utm_id=JME-2023

Access the information on child malnutrition
https://data.unicef.org/topic/nutrition/malnutrition/

4. Current Controversy

4.1 G7 Summit in Hiroshima

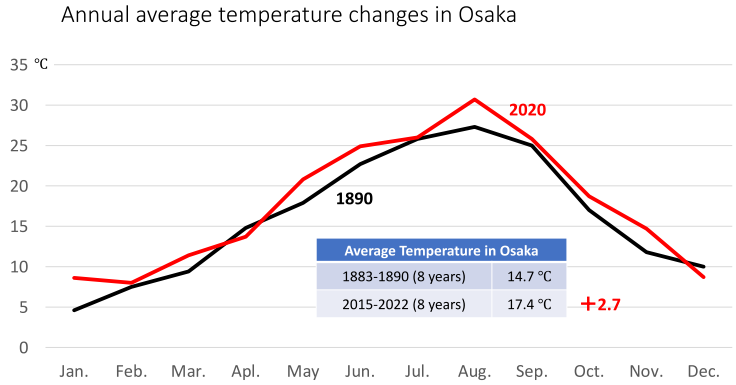
1. Hiroshima and Nagasaki are the only atomic-bombed cities in the world.

G7 leaders visited the Hiroshima Atomic Bomb Museum.

President Biden of the United States wrote in the guest list:
"May the story of this museum serve as a reminder of our duty to build a future of peace. Let us continue to move forward together towards the day when we can finally and forever rid the world of nuclear weapons. Keep your faith!"
He is the second US president visited the museum following President Obama.
We NEVER give up on a world without nuclear weapons.

2. Climate Change and Heat Stroke

The second biggest city in Japan is Osaka.
The figure shows the average temperature there in 1890 and 2020. After the industrial revolution, it has already increased by 2.7 degrees.



The maximum temperatures of 35 degrees or higher were reported from many observation spots on the 18th of May. For example, it was 36.2 ℃ in one city!

And some of these records were the highest temperature in May since the statistics set started. The number of emergency transportation cases due to heatstroke was about 20 thousand a year until 2010. The number was not small at the time. However, it increased to more than 50 thousand in these years. It was more than 90 thousand in 2018.

By Hajime Takeuchi

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

5.1 CHIFA Report

The following posting was circulated on CHIFA on the 21st May so you may have seen it (though I am sorry to say that postings from ISSOP members are few and far between – please assist!)

Neil Pakenham Walsh reports on a remarkable paper in the BMJ on digital tools to support parenting in Peru. This is a great idea which could be used with benefit across the world.
Tony Waterston

'We found high access to smartphones and the intervention was well received and used in very remote areas of Peru, suggesting that digital parenting interventions could be a promising path forward for supporting low-income families in remote parts of Latin America.'

This is the encouraging conclusion of a new paper in The BMJ. NPW.

CITATION: Jäggi L, Aguilar L, Alvarado Llatance M, et al Digital tools to improve parenting behaviour in low-income settings: a mixed-methods feasibility studyArchives of Disease in Childhood 2023;108:433-439. https://adc.bmj.com/content/108/6/433

ABSTRACT Introduction: Digital parenting interventions could be potentially cost-effective means for providing early child development services in low-income settings. This 5-month mixed-methods pilot study evaluated the feasibility of using Afinidata, a comprehensive Facebook Messenger-based digital parenting intervention in a remote rural setting in Latin America and explored necessary adaptations to local context.

Methods: The study was conducted in three provinces in the Cajamarca region, Peru, from February to July 2021. 180 mothers with children aged between 2 and 24 months and regular access to a smartphone were enrolled. Mothers were interviewed three times in-person. Selected mothers also participated in focus groups or in-depth qualitative interviews.

Results: Despite the rural and remote study site, 88% of local families with children between 0 and 24 months had access to internet and smartphones. Two months after baseline, 84% of mothers reported using the platform at least once, and of those, 87% rated it as useful to very useful. After 5 months, 42% of mothers were still active on the platform, with little variation between urban and rural settings. Modifications to the intervention focused on assisting mothers in navigating the platform independently and included adding a laminated booklet with general information on child development, sample activities and detailed instructions on how to self-enrol in case of lost phones.

Conclusions: We found high access to smartphones and the intervention was well received and used in very remote areas of Peru, suggesting that digital parenting interventions could be a promising path forward for supporting low-income families in remote parts of Latin America.

Tony Waterston

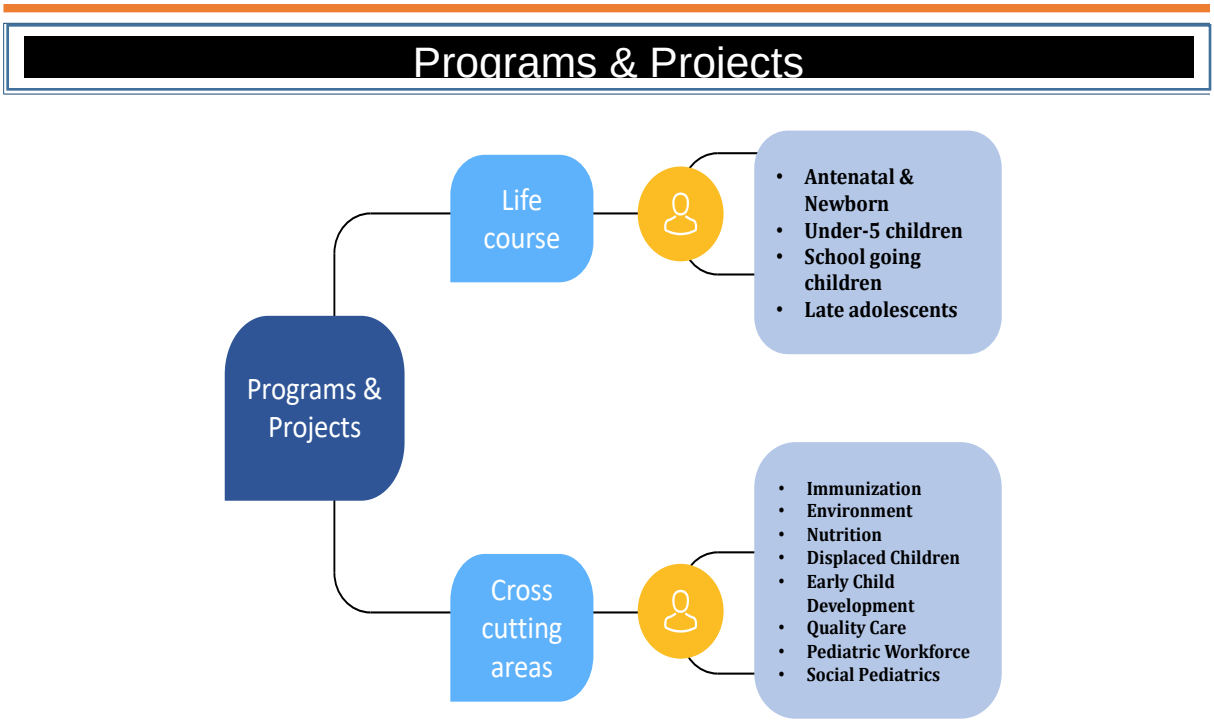
5.2 IPA Report

During the 5th & 6th of May, the IPA Standing Committee members gathered in Athens (Greece) to discuss IPA's strategic priorities and lay out the framework for the program areas and projects that will be addressed.

At present IPA's Strategic Priorities (SP) are:

- SP 1: Children: Work to improve the health and well-being of children across the world, from the first 1000 days to the first 1000 weeks, by highlighting their needs, providing expert guidance on addressing them and increasing their visibility.
- SP 2: Pediatric workforce: Empower pediatric workforce to promote and implement evidence-based scientific and global health standards for quality care.
- SP 3: Pediatric Societies: Strengthen and empower active pediatric societies in every country.
- SP 4: Partnerships: Collaborate with other health care professional associations and partner organizations working for Children Health & Wellbeing.
- SP 5: Communication: Enhance effective communication with member pediatric societies, pediatricians and other stakeholders.
- SP 6: Leadership & Governance: Promote equity, diversity and inclusion in IPA leadership and achieve excellence in governance and operations.

The programs and project IPA will be working on will follow a life course framework, with cross cutting themes along each period of the life course of the child.



THE IPA STANDING COMMITTEE (SC)

By Barbara Rubio- New representative at IPA SC on behalf of ISSOP

5.3 ISSOP/INRICH Report

Although the pandemic has receded in most countries and the WHO has declared the pandemic at an end, the ISSOP/INRICH research group continues its work on various fronts: summarising and dissemination the body of work on the impact of the pandemic on children; the medium- and long-term impact of the pandemic on children's rights, health and well-being; moving beyond the pandemic to examine issues related to child rights and child health equity.

A document summarising the findings of the projects coordinated by the research collaboration is approaching completion. The document consists of summary findings from 45 articles in peer-reviewed journals, sub-divided into 6 themes (Voices of Children; Children with Disabilities; Immunization; Policy; Psychosocial impact on parents and children; Clinical studies), showcasing the work of the group during the years of the pandemic.

The impact of school closures during the pandemic was the subject of a narrative review undertaken by members of the group [1]. In a new project, the research group is examining the medium- to long-term impact of school closures on children's health and well-being. The project will draw on a wide-ranging literature review, incorporating published and grey literature, supplemented with data from cohort studies and cross-sectional surveys. Anyone interested in joining the working group on this project – please contact me at n.j.spencer@warwick.ac.uk or Luis Rajmil at 12455lrr@comb.cat.

The group is also contributing to a new ISSOP/BMJPO Special Collection on the rights, health and well-being of street and working children.

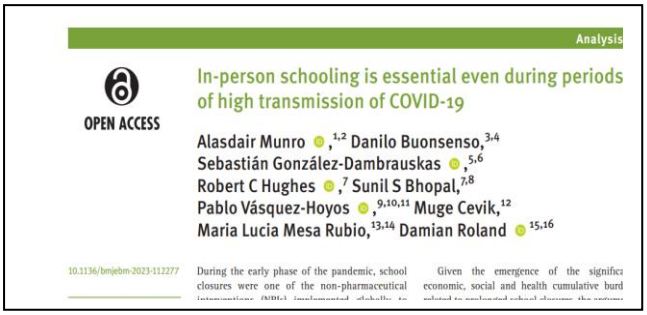
[1] Rajmil L, Hjern A, Boran P, et al. Impact of lockdown and school closure on children's health and well-being during the first wave of COVID-19: a narrative review. BMJ Paediatrics Open 2021;5:e001043. doi:10.1136/bmjpo-2021-001043

Nick Spencer

6. Publications

6.1 In-person schooling is essential even during periods of high transmission of COVID-19

Since the beginning of the pandemic, our dedicated group has been deeply concerned about the extensive closures and the failure to reopen schools despite the mounting evidence. This led us to launch a mission, as outlined in our first article, to shed light on the disastrous consequences of school closures. Despite the growing chorus of voices, we were disheartened to see the persistence of the same patterns, prompting us to issue a second call.


Analysis

OPEN ACCESS

In-person schooling is essential even during periods of high transmission of COVID-19

Alasdair Munro ,[1,2] Danilo Buonsenso,[3,4] Sebastián González-Dambrauskas ,[5,6] Robert C Hughes ,[7] Sunil S Bhopal,[7,8] Pablo Vásquez-Hoyos ,[9,10,11] Muge Cevik,[12] Maria Lucia Mesa Rubio,[13,14] Damian Roland [15,16]

10.1136/bmjebm-2023-112277

During the early phase of the pandemic, school closures were one of the non-pharmaceutical

Given the emergence of the significa economic, social and health cumulative burd

In addressing the SarsCov2 Pandemic, it is crucial to prioritize the health and well-being of children and other vulnerable populations. Specifically, research should focus on comprehending the decision-making process behind school closures and the reasons that underlie them.

In cases where school closures are necessary, it is imperative to establish clear criteria for reopening and limit the duration of closures. Abundant resources and tools exist to guide the reopening process, with active involvement from children, parents, and communities. It is vital to recognize that resource constraints, unrealistic standards, or insufficient capacity to implement guidelines and mitigation measures should not be used as excuses for prolonged closures.

Giving priority to schools that receive financial support and additional human resources, as well as providing extra funding for vulnerable families, is of utmost importance. Access to volunteers, social and psychological support for children and their families, investments in air quality and ventilation, and support for hybrid learning options for high-risk families temporarily unable to attend school should all be considered essential.

Countries are strongly encouraged to develop specific guidance or protocols dedicated to maintaining the safe operation of in-person schools and minimizing closures. Particular attention should be given to allocating resources for children with special educational needs or disabilities, as well as those from disadvantaged populations who are at a higher risk of infection and harm due to absenteeism. The development of such guidance should incorporate input from all stakeholders, including children, youth, parents, educators, and public health professionals. The primary goal should be to ensure that children can attend school in person, and safe reopening guidelines should serve as facilitators rather than obstacles to achieving this objective. Independent research is imperative to assess how governments have responded to the pandemic. Valuable lessons learned from such research can inform future crisis responses and contribute to upholding the rights of children in adverse conditions and times of significant uncertainty for humanity as a whole.

https://ebm.bmj.com/content/ebmed/early/2023/04/16/bmjebm-2023-112277.full.pdf

María Lucía Mesa Rubio

6.2. The syndemic associated with COVID - 19 and the rights of children and adolescents in Latin America. Analysis from 6 countries of the region

The Social Pediatrics Committee of the Latin American Association of Pediatrics (ALAPE) has just published a series of technical documents resulting from a collaborative investigation on Childhood Health with a syndemic and rights-based approach on COVID 19.

This project had the collaboration of ORAS-CONHU (Andean Health Organization, Hipolito Unanhue Agreement) and the Pan American Health Organization (PAHO).

As a result of this project, there are 7 reports. One of a general nature and another for each of the participating countries: Argentina, Chile, Colombia, Ecuador, Peru and Uruguay.

The documents are in Spanish but it is planned to have an executive version in English soon, which can be accessed from the ORAS-CONHU website.

The contribution of this effort is aimed at providing a reading of the situation of children with a perspective based on the foundations of social pediatrics (rights, equity, social determinants) in addition to the epidemiological aspects of the pandemic.

Raul Mercer

7. Topics in Social Pediatrics

7.1. Call for Action for Global Commitment on Early Childhood Development (ECD)

Within the UN Agenda for Sustainable Development the sustainable development goal 4 is defined by ensuring "*an inclusive and equitable quality education and promote lifelong learning opportunities for all*." Specifically, target 4.2 states: "*By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education."* These goals were agreed upon in 2015 and in September 2023 the progress will be reviewed. Experts from the fields of developmental pediatrics and childhood disability expressed their concerns about the misalignment of initiatives among the different UN organizations (UNESCO, UNICEF and WHO) (Olusanya et al., 2023). The authors call for a comprehensive, multisectoral, well-coordinated, and disability-focused strategy to implement ECD for disabled children younger than 5 years. This will affect 50 million children younger than 5 years that have mild-to-severe disabilities requiring some form of intervention.

Olusanya, B. O., Cheung, V. G., Hadders-Algra, M., Breinbauer, C., Smythe, T., Moreno-Angarita, M., Brinkman, S., Almasri, N., Figueiredo, M., de Camargo, O. K., Nnanna, I. C., Block, S. S., Storbeck, C., Olusanya, J. O., Berman, B. D., Wertlieb, D., Williams, A. N., Nair, M. K. C., Davis, A. C., & Wright, S. M. (2023). Sustainable Development Goals summit 2023 and the global pledge on disability-focused early childhood development. *The Lancet Global Health*, *11*(6), e823-e825. https://doi.org/10.1016/s2214-109x(23)00178-x

Olaf Klaus de Camargo

7.2 Vaccines Works, and save lives, Chilean experience with vaccines

In Latin America, in the last 5 years, the percentage of boys and girls not vaccinated has more than doubled, going from 11% in 2016 to 25% in 2021, and more than 1.7 Millions of these do not have any dose. This is shown by an annual report of UNICEF: "The State of the World's Children", in which, during this time, the rate regional immunization of children under one year of age with three doses of the diphtheria/tetanus/pertussis vaccine fell to 75% in 2021, with the rate of lowest routine vaccination in the region in almost 30 years. This places the region very below the world average (81%), and almost on par with eastern and southern Africa (74%). Fortunately, the scenario in Chile is very different, since 95% of the boys and girls have 3 diphtheria/tetanus/pertussis vaccine, less than 1% of the population children under 1 year of age have not received any vaccinations, and 2 out of 3 children aged 3 to 5 years, and 9 out of 10 children from 6 to 18 years old have a COVID vaccination scheme complete primary.

The policy that has enabled these achievements corresponds to the national program of immunizations, which began its functions in 1978, and has decreased the disease, disability and death of thousands and thousands of people from diseases vaccine-preventable, thus contributing to position ourselves as one of the countries with lowest infant mortality in the region (5 to 6 per thousand live newborns). Thanks to your territorial deployment, on the national system of health services and primary health care, it was possible to eradicate smallpox and poliomyelitis, and have reduced Serious illnesses like mumps, measles, rubella, and tetanus. Added to this, in recent years has allowed us to mitigate the

impact of diseases such as influenza and SARS-CoV-2, with a universal, equity, comprehensive and ongoing approach to life.

Today in Chile we celebrate the incorporation of the Meningococcal vaccine against serogroup B to the 2 and 4 months to the national program which will prevent the death of dozens of children and girls and the serious and permanent disability of hundreds of them annually. He effort made by the government is an increase of $6.6 billion pesos to this strategy, in one of the most cost-effective sanitary measures (it is estimated that the vaccination generates a strong return on investment: up to US$26 for every US$1 inverted), which is why the strengthening of strategies of universal protection, a vaccine that, until now, could only be accessed by population in the private system, with a high cost for families.

The pandemic taught us that diseases have no borders. Therefore, we can not allow immunization reliance to become another casualty of the pandemic. Vaccines are safe and save lives, and we must transmit clearly that the pandemic is not over, and we need to maintain and increase the vaccination coverage to continue caring for the health of our children and communities.

Fernando Gonzalez

8. Climate change update

8.1 Climate Change and Child Health Equity8

Katherine C. Budolfson MD, MPH a, Ruth A. Etzel MD, PhD b
https://doi.org/10.1016/j.pcl.2023.03.012

Key points

• The climate crisis poses current and future risks to pediatric health, with disproportionate negative effects on vulnerable children.

• Pediatric clinicians can address and mitigate the health effects of climate change in the clinical encounter.

• Collective action is needed by pediatric clinicians to advocate for eliminating the use of fossil fuels and to enact climate-friendly policies at local, state, national, and global levels.

Case

A 23-month-old boy lived at home with his parents in public housing in a low-lying area of the city of Manchester. During severe rainstorms, the one-bedroom apartment frequently flooded, and as a result, was chronically damp and moldy. From birth, the boy often had respiratory illnesses and was brought to the urgent care center frequently with a chief complaint of “trouble breathing.” The parents were immigrants from Sudan, and the boy’s mother spoke very little English. The boy’s parents made

Climate change and pediatric health

The climate crisis is a global emergency, declared the greatest public health threat facing the world. Children are uniquely vulnerable to the effects of climate change, with children under the age of 5 suffering greater than 88% of the disease burden from catastrophic changes to the environment.5, 6, 7

There is consensus among scientists that climate change is due to greenhouse gas emissions generated by human activities, primarily fossil fuel combustion. Carbon dioxide and other greenhouse

Climate change and health equity
The climate crisis is a social justice and human rights issue and should be approached with a health equity lens.53 Climate justice recognizes that those who are least responsible for the factors causing climate change also are the ones whose well-being suffers the most from the effects of climate change.54 Children are an inherently vulnerable population who disproportionately experience the negative health effects of climate change, but additional socioeconomic, cultural, and environmental

Advocacy and climate change—the pediatric clinician's role
Pediatric clinicians have the unique ability to address both the upstream causes and the downstream consequences of climate change through advocacy and clinical practice. By screening for and addressing the needs of patients, with a health equity and justice lens, pediatric clinicians can mitigate the morbidity of climate-related illness. Through personal action, organizational quality improvement, community mobilization, professional society actions, and national and international advocacy,

Summary
Climate change has profound effects on children that will continue to worsen without drastic global action. The disproportionate effects of climate change on marginalized pediatric populations, particularly children in poverty, further worsen health inequities. Pediatric clinicians can advocate for climate justice through personal, organizational, community, professional society, and national/international actions. Screening, guidance, and treatment for sequelae of climate change can be

Clinics care points
• When evaluating an infant with apnea or recurrent respiratory problems, ask about any moldy or musty smells in the home.
• Any home with moldy or musty smells should be evaluated before sending the infant home.
• When requesting an autopsy of an infant with recurrent respiratory problems, a Prussian blue stain of lung tissue should be done to look for hemosiderin.

8.2 My Green Doctor

Teach Your Patients the Dangers of Gas Stoves: Free Education Webinar

Gas stoves are a health risk. This is true especially for children and the elderly. People who live in homes with gas stoves have more asthma, lung disease, and cardiovascular disease. This month, ISSOP's My Green Doctor provides a free 1-hour education webinar (USA's ACCME credit) that is being offered at three different times on Thursday July 13. There is also a short article (click, or scan the QR) on this vital topic (reading time: 5 mins).

My Green Doctor is a **free money-saving membership benefit from ISSOP**. Members use the "Meeting-by-Meeting Guide" to learn how to adopt environmental sustainability, save resources, and help create healthier communities. The program adds just five minutes to each regular clinic staff meeting or weekly office "huddle", making small changes at each meeting that over time really add up.

Everyone in your practice can register as Partner Society members at www.MyGreenDoctor.org or at www.MyGreenDoctor.es (si, en Espanol). Use the **discount code MGDISSOP** to get full free access to My Green Doctor, save $60 instantly, and save $1000s in the first year. Ask your clinic manager to register today and to put My Green Doctor on your next agenda. **You can do this!**

8.3 Climate change e-bulletin from RCPCH

I am proud to report that the RCPCH is taking strong action on climate change both in its own work with members, and in advocacy. Both are covered in the latest RCPCH e-bulletin which is below. Please encourage your own paediatric society to take similar action on the greatest crisis facing children in the 21st century.

TW

Hi everyone! This is the May climate change eBulletin from RCPCH which is focused on the relationship between climate change and mental health. I'm Maria. I'm a paediatrician and a Paediatric Neurologist and have joined the Climate Change Working Group (CCWG) to share with other colleagues my interest in climate change and how it affects health.

After the recent COVID-19 pandemic, the contribution of mental health to general health and wellbeing is highly recognised. More and more people are now ready and open to discuss causes of mental health issues and it seems that the global climate crisis can negatively affect mental health of children and adolescents. As paediatricians, we can see that as an opportunity to put ideas and actions into prevention and intervention in order to build more resilience.

In our eBulletin, we have tried to highlight different ways in which the climate crisis impacts mental health, shed more light on young people's feelings and thoughts around climate change and discuss how active involvement in environmental initiatives could serve as a resource for promotion of mental health.

Although data is still emerging and original studies in the field still few, this eBulletin can act as a gentle but clear reminder that it is about time to look after the planet and each other!

We are also very happy to introduce a guest author, Dr Peter Thurlow, a Child and Adolescent Psychiatry trainee from Bristol:

"Hi, My name is Peter and I am a Child and Adolescent Psychiatry run-through trainee working in Bristol. I was delighted to be invited to help guest edit this bulletin. As part of my psychiatry training I have spent six months working in paediatrics and I am passionate about how paediatricians and psychiatrists can work together to support the mental health of young people.

"The climate crisis significantly impacts directly and indirectly upon the mental health of young people across the world and is therefore something we as clinicians should be considering in our practice. I find it really exciting how involvement in environmental activism can not only benefit the mental health of young people, but also benefit the wellbeing of the clinicians that support them."

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May 2023

Enjoy the readings!
Dr Maria Gogou, (CCWG Research workstream, member)
Dr Peter Thurlow, (CAMHS Trainee, guest author)
Dr Katy Rose, (CCWG Research workstream, co-Chair)
Dr Solomon Kamal-Uddinm,(CCWG Research workstream, member)

Top papers: Mental health and climate change

"Not about us without us" - the feelings and hopes of climate concerned young people around the world

Our first piece this month captures the thing we always want to hear from most - the voice of children and young people from around the globe. A paper written by young people “Not about us without us” left us both distressed and inspired. We urge you all to make time to listen to their suggestions for a radically more compassionate world.

Climate Change and Children’s Mental Health: A Developmental Perspective

Next, we hope you enjoy this piece by Vergunst and Berry which provides a robust review of climate change and CYP mental health and ill-health for readers. "Children and adolescents are at particular risk because of their rapidly developing brain, vulnerability to disease and limited capacity to avoid or adapt to threats and impacts." It introduces readers to using a developmental approach in considering the threat to mental health posed by climate change and has a useful initial framework to guide policy and interventions in this area.

Climate change anxiety and mental health: Environmental activism as buffer

We end with some concepts for solutions. First, **Schwartz et al** explore the protective nature of activism for young people, and argue for the benefits it provides clinicians too.

Next, **Singh et al** help provide a framework for use in clinical settings to help reduce negative effects of climate change on mental health.

AND STOP PRESS the RCPCH has a new **Sustainable Child Health Course** which

- Describes the relationship between the global environmental crisis and child health and wellbeing
- Describes the role of different players in the ecosystem of care around the child in responding to the threat of climate change
- Applies the principles of sustainable development
- Develops carbon literacy and identifies carbon hotspots
- Plans a sustainable project in your workplace

www.rcpch.ac.uk/sustainable-child-health

Course Structure:

- Self-study period: opens 11 May 2023
- Online workshop: 8 June 2023, 13.00-17.00 BST
- Mentoring at online sustainable healthcare cafés: dates throughout the year

The course is virtual and costs between £95 and £250 but sounds as though it will ground you very thoroughly in the topic and seems to be open to all. It would be great if an ISSOP member could take the course and share the skills and experience with other members.

TW

8.4 Global update on the climate crisis

It seems as we progress through 2023 that warnings are coming thick and fast on the damage being done to our world, with recent severe weather events in Southern Africa (cyclone Freddy), California with heavy flooding, a warm winter in Europe and monsoon in Malaysia. The latest prediction comes from the World Meteorological Organisation which warns that the world is likely to breach the 1.5C barrier by 2027, reported here in the Guardian -

https://www.theguardian.com/environment/2023/may/17/global-heating-climate-crisis-record-temperatures-wmo-research

'World likely to breach 1.5C climate threshold by 2027, scientists warn

UN agency says El Niño and human-induced climate breakdown could combine to push temperatures into 'uncharted territory'

Forest fires in Greece in 2021

The world is almost certain to experience new record temperatures in the next five years, and temperatures are likely to rise by more than 1.5C above pre-industrial levels, scientists have warned.

The breaching of the crucial 1.5C threshold, which scientists have warned could have dire consequences, should be only temporary, according to research from the World Meteorological Organisation (WMO).

However, it would represent a marked acceleration of human impacts on the global climate system, and send the world into "uncharted territory", the UN agency warned.
Countries have pledged, under the 2015 Paris climate agreement, to try to hold global temperatures to no higher than 1.5C above pre-industrial levels, after scientific advice that heating beyond that level would unleash a cascade of increasingly catastrophic and potentially irreversible impacts.

Prof Petteri Taalas, the secretary general of the WMO, said: "This report does not mean that we will permanently exceed the 1.5C specified in the Paris agreement, which refers to long-term warming over many years. However, WMO is sounding the alarm that we will breach the 1.5C level on a temporary basis with increasing frequency."

Global average surface temperatures have never before breached the 1.5C threshold. The highest average in previous years was 1.28C above pre-industrial levels.'
Reading this latest report made my heart sink even lower into my boots than it was before, and increased my determination that only direct action can push governments to take the radical steps which will save us (and in particular the marginalised communities of the global

south) from climate devastation. An interesting comment in the Guardian (again) asked why people aren't rising up despite knowing that the climate crisis is deadly serious –

'The end of the world is nigh, again. And as usual, it's being greeted largely with a shrug. Perhaps you felt a prick of unease as you scrolled the headlines, or half listened over breakfast to some radio debate about the fact that sometime in the next four years the planet is likely to breach the 1.5C rise in global temperature that we have long been told is the tipping point to avoid. (Although this time the breach should be only temporary, the World Meteorological Organisation report stresses that it still takes us into uncharted waters, and if nothing changes the world is likely to cross this dangerous threshold more and more often in future.)

Perhaps you even felt rage or frustration that it's taking everyone else so long to wake up. But the chances are that most people will have forgotten it by lunchtime. YouGov's regular tracker poll finds Britons are still more worried about immigration, which almost a third consider the single most important issue currently facing the country, than about climate and the environment.

Being a Nobel-worthy climate scientist these days must feel frustratingly like being one of those prophets of doom parading down the high street in a sandwich board, yelling at oblivious shoppers that judgment day is coming, with the exception that this time it really might be.'
So is there a lesson for we paediatricians (as scientists also) who are the prophets of doom? I firmly believe that we have to re-double our efforts to 1) lead by example in moving to low carbon lives, 2) speak out to our governments on the impact of the climate crisis on children, and 3) join with our colleagues in taking action – for me it is Doctors for XR (now Health for XR). What is it for you?

TW

9. Save the Date

Joint meeting of the Spanish Society of Social Pediatrics (SEPS) and ISSOP
Valencia, Spain, November 16-18th 2023. Program coming soon.