ISSOP e-Bulletin
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1. Introduction

It is now only two months until the ISSOP Congress in Budapest (28th – 30th September) so do please register and start your travel plans now, if you have not done so already. Please consider using sustainable transport to get to the meeting, if you are coming from within Europe. It may be easier than you think, and your contribution to reducing your carbon emissions will be notable and may get you a prize! See item 2.2 below.We also cover drinking water and sanitation: is hand washing the answer? And more good work from the RCPCH on speaking out about poverty.

Hope to see you all in Budapest!

Tony Waterston &Raúl Mercer

2. Meetings and news

2.1 ISSOP Budapest Congress update

We would like remind you thatthe ISSOP general meeting will be held in Budapest from 28th to 30th September, 2017 (http://issop2017.com/).

The main program of the meeting draws the attention to the migration crisis:
"Children on the Move: Rights, Health and Wellbeing".

More than **100** participants are currently registered and there are speakers coming from **27** countries and **5** continents.

The meeting will provide an opportunity for paediatricians and other child health professionals to discuss and respond to the crisis facing millions of children and families.

With the help of invited experts we are planning to develop a strategic response

- for individual pediatricians how to treat these children and families as clinicians and how to support the communities who are receiving them
- for pediatric organizationsto strategically support local, national and international responses to combat the challenges these children and families are facing
- and create a practical program of inter-sectoral collaboration with advocates and organizations working with migrant children.

Please note that the **registration fee for ISSOP members** corresponds to the early registration fee until**31/08/2017**.

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

ZsuzsannaKovács
Hungarian Paediatric Association

2.2 ISSOP sustainability prize

The sustainability prize is awarded every year at the ISSOP congress for the person with the smallest carbon footprint used in travelling to the meeting.

Why is this prize awarded? It's because of the recognition that everyone (and in particular, those with higher than average incomes) has a big part to play in reducing the risk of irreversible climate change. Whilst change needs to come through government action, individuals can increase the pressure on governments by showing that personal action can make a difference – and is also good for health. A recent study showed which actions can have the biggest effects, see http://www.sciencemag.org/news/2017/07/best-way-reduce-your-carbon-footprint-one-government-isn-t-telling-you-about

The researchers point out that carbon emissions must fall to two tonnes of CO2 per person by 2050 to avoid severe global warming, but in the USA and Australia emissions are 16 tonnes per person and in the UK seven tonnes.

The findings are very interesting and important for paediatricians particularly. Here are the reductions of CO2 in tonnes per year of specific actions:

Having one fewer child	**58.0 tonnes**
Live car free	**2.4 tonnes**
Avoid one round trip transatlantic flight	**1.6 tonnes**
Eat a plant based diet	**0.82 tonnes**

For many of us, it is too late to consider the first of the above, though the magnitude of the effect is staggering. I have no car and eat a vegetarian diet, so that next best thing I can do is not to fly; big medical meetings can contribute as much in carbon emissions as a small country in Africa.

For those who live in Europe, do consider travelling by train to the meeting in Hungary: it's comparable in price but the carbon emissions are far less and the view you will get of other countries is amazing. For me to reach Hungary from UK takes two days but what an interesting journey!

It seems unfair though on paediatricians coming from the US, Australia, South America and Asia who have no choice but to fly. They may well be setting a good example in their own home setting. Please offer suggestions as to how to include this in the awarding of the prize.

One way the congress can change in future is to make it much easier to attend by internet, skype or webcasting. Let's hope we can use this technology effectively in future to make our meetings genuinely sustainable.

Tony Waterston

2.3 Ban nuclear weapons treaty agreed in New York

It is not often that a UN treaty leading to the banning of a weapon of mass destruction is passed by 122 to 1, and bizarre to see the lack of media publicity. But this is what happened at the UN in New York on 7th July, after two months of negotiations: the treaty banning nuclear weapons (NW) was passed overwhelmingly by a large majority of the world's nations.https://www.un.org/press/en/2017/dc3723.doc.htm

The main snag in the treaty is that none of the 9 nuclear armed states took part, on the grounds that NW are essential for security, that deterrence works and that there is already a UN disarmament process which has lead to a reduction in missile numbers in the US and Russia.Those supporting the treaty say that the current UN process is painstakingly slow and inadequately backed by the major powers, that deterrence is a fallacy and unethical if it means promising to kill millions of people, and that security is better achieved through trade deals than through military threats.

Those initiating the treaty itself – which include the medical organisation International Physicians for the Prevention of Nuclear War (IPPNW) – say that the treaty will have the same effect as the ban on landmines which was initially not supported by a number of powerful states but now has achieved its aims. It is an attempt by the world nations to say to the nuclear powers, we have had enough -and on humanitarian grounds there must be a complete ban.IPPNW believes that NW pose one of the two greatest threats to children globally, the other being climate change. Please write to your government to commend the treaty. This is especially necessary if you live in a nuclear weapons state, which means one of the USA, Russia, China, Britain, France, Israel, North Korea, India and Pakistan.

Tony Waterston

2.4 Albino children killed in Mozambique
The following report was circulated on CHIFA

Below is a new report from the BBC: http://www.bbc.co.uk/news/live/world-africa-40384246. Two children with albinism were killed in separate attacks in Mozambique at the weekend, police have said.Unidentified men used a hoe to beat a six-year-old boy to death in central Mozambique's Mulumbo district, said police commander Miguel Caetano.He added that the child's brother-in-law, who is currently on the run, is wanted in connection with the killing.In a second incident, a 13-year-old girl was brutally killed with "blunt instruments" in the Manhewe area in northern Mozambique.A police spokesperson said the "unidentified criminals killed the child, threatened to kill the child's father, attacked his wife and abducted a three-year-old brother of the dead girl".Police have not yet found the boy.People with albinism are hunted down in parts of Africa because of the belief that potions made from their body parts can bring good luck and wealth.More needs to be done to address the harm done in the name of traditional medicine.

Neil Packenham Walsh

3. International organisations

American Academy of Pediatrics, Section on International Child Health

I have been fortunate to attend several meetings of the AAP Section on International Child Health (SOICH) and have been impressed by its breadth and depth of commitment to child health problems around the globe.
https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/soich/Pages/default.aspx

SOICH has nearly 1000 members and is one of the largest sections in the AAP, which is itself a very large organisation. Just one example of its valuable work is the International CATCH programme (Community Access to Child Health) which funds services or training to improve child health in low resource communities. Some examples of funded projects are

- Radio/print media campaign to raise awareness of and prevent child abuse
- Specialized education and home visits for teen mothers
- Support for adolescents with HIV in boarding schools
- Sickle cell education and screening

Details of applying for I-CATCH grants (up to $2000 per year for 3 years) can be found on the website above.

Tony Waterston

4. Current controversy

Reflections on health education messages on sanitation and hand washing in the light of the WHO/UNICEF report on water, sanitation and hygiene (WASH)

WHO/UNICEF Joint Monitoring Programme (JMP) published a report 'Progress on Drinking Water, Sanitation and Hygiene 2017: Update and SDG Baselines. This important report can be downloaded at
https://www.unicef.org/publications/files/Progress_on_Drinking_Water_Sanitation_and_Hygiene_2017.pdf

The report records considerable progress across much of the world in coverage of safe drinking water, adequate sanitation and hand washing with soap. By 2015, 71% of the world's population were using safely managed drinking water defined as located on the premises and available when needed; 39% were using safely managed sanitation defined as excreta safely disposed of in situ or off site. Data on coverage of basic hand washing facilities with soap and water were insufficient to allow a global estimate; however, from available data, the report estimates that coverage in low and middle income regions varied from 76% in Western Asia and North Africa to 15% in sub-Saharan Africa.

Global estimates conceal some of the major differences which still exist between and within regions. Safely managed drinking water coverage is only 34% in sub-Saharan Africa compared with 58% in Central Asia and Southern Asia and there are similar differences for sanitation coverage. Rural areas in low and middle income countries have lower coverage for both safely managed drinking water and sanitation. Unsurprisingly, there is a huge gap between coverage in the poorest compared with the richest households in many countries; in Angola, the poorest have only 15% safely managed drinking water coverage compared with 80% among the richest households. In Tunisia, coverage of handwashing facilities is up to 80% among all but the poorest fifth of households who have only 54%. It is probable that the poorest households have low coverage across all WASH measures greatly increasing the threat to health particularly of their children.

It is in the context of these marked regional and social differences in WASH coverage that I think we need to critically examine health education messages to children on hygiene and specifically handwashing. In 2013 and again recently, instruction lists for children on handwashing and games aimed at educating children on handwashing have been posted on the Chifa e-forum. Although not explicitly stated, these health education materials are clearly intended for children in low and middle income countries where acute diarrhoea is prevalent.

Handwashing with soap and water is established as important in preventing diarrhoea especially in households in which sanitation facilities are basic. Educating children and families (and healthcare professionals) is essential; however, context is also critical to avoid advice which conflicts with the prevalent household living conditions. For example, delivering these messages in the poor rural areas of sub-Saharan Africa might be relevant to the few children from rich households but would directly conflict with the lived reality of all other children for whom water and soap for handwashing is a distant dream. I find it surprising that this failure to grasp the yawning gulf between the ideal and lived reality has drawn so little comment on the forum.

These messages are also based on the idea that hygiene and health are the responsibility of individuals when the infrastructure required for safely managed drinking water and sanitation can only be installed communally requiring political will and commitment to ensure coverage especially in the poorest, remote rural areas. By all means, deliver these messages where the infrastructure exists but, in areas where infrastructure is absent, the focus should be on helping children and their families lobby politicians and other potential funders to demand their rights to the essential requirements for healthy living. We, in the rich nations, should remember that safe water and sanitation, among the main drivers of vast improvements in health of our child populations, came about through vigorous campaigning often involving medical professionals and educators.

Nick Spencer

5. CHIFA report

A special message from Neil Pakenham Walsh about our 'parent' network HIFA:

I would like to invite you to join HIFA. HIFA (Healthcare Information For All) is a growing global health movement working in collaboration with WHO Geneva and supported by around 300 health and development organisations. HIFA has more than 16,000 members (health workers, librarians, publishers, researchers, policymakers and others) committed to the progressive realisation of a world where every person has access to the information they need to protect their own health and the health of others. We have about 5000 members in Africa, 5000 in Europe, and 6000 in the rest of the world, across 177 countries. We interact on five forums in three languages (English, French, and Portuguese). HIFA members have experience and knowledge which they can use to bring clarity to challenging questions around global health issues in general and healthcare information issues in particular. Our website is www.hifa.org and membership is free!
CHIFA will be holding its next webinar in late October, probably Thursday 26th, so please put this date in your diary. The topic is to be the prevention of teenage pregnancy. Full details coming over the summer.

6. Publications

6.1 Child Poverty again

ISSOP trainee member **Guddi Singh** has written the following letter to the BMJ which refers to the recent RCPCH report with Child Poverty Action on child poverty in the UK. Well done to Guddi for this excellent letter, can we hear of similar advocacy by ISSOP members (or anyone!) in other countries?**BMJ 2017;358:j3580**

Child poverty is finally getting some attention thanks to the recent report from the Royal College of Paediatrics and Child Health and the Child Poverty Action Group, as reported in *The BMJ*.

1Is "policy lacking to prevent adverse health in poor UK children," as the *Lancet* asserts?

2 After all, it was policy abrogation that removed poverty reduction targets in 2015.

3 Indeed, the Welfare Reform and Work Bill actively pushed more children into poverty by introducing the income cap and changes to tax credits.

4 What's lacking, then, is not policy but political will. And it's important to make this distinction.Poverty is a political problem; it's neither natural nor inevitable. Evidence for the importance of socioeconomic status to health is overwhelming, but it's never been seriously acted on. Worse, since 2010 the policies of successive governments—

particularly those linked to austerity and the withdrawal of social security—have only aggravated food insecurity and the housing crisis.

5 Poverty is created by political choices, and it will only ever be dissipated by making different political choices. Notably, child poverty didn't feature in a single debate leading up to the recent general election. But politicians aren't the only actors here. Civil society must also play a part, not least those of us who daily witness the effects of poverty on the bodies and minds of our patients. This presents doctors with an important challenge: what can we do, as a profession and as professionals, to act in our patients' best interests? Paediatricians are beginning to grapple with this question.

6. Ranging from our work in the clinic right up to service organisation, as well as bringing issues such as child poverty to national attention, doctors can—and must—think more expansively about their roles in the quest to create a better world.

Mahatma Gandhi famously said, "Be the change you wish to see in the world." For those of us advocating against child poverty, change must start in ourselves. And it means getting political.

Guddi Singh

6.2 Shadow Health Secretary visits the RCPCH

Here is a report of the visit of the Shadow (opposition) Health Secretary in England to the Royal College of Paediatrics and Child Health –

'Jonathan Ashworth, MP, the Shadow Health Secretary, visited the College this month to deliver a speech on the Labour Party's priorities for child health. We were delighted to see him adopt key RCPCH policy recommendations! If you missed it, read a summary of the speech or watch it on our Facebook page.'

This is a good example of direct engagement between paediatricians and the political process. We would be happy to publish similar examples from other countries, please write in!

http://www.rcpch.ac.uk/news/keeping-child-health-political-agenda-%E2%80%93-jonathan-ashworth-mp-visits-rcpch

Jonathan Ashworth MP and RCPCH staff and volunteers

Tony Waterston

6.3 Prohibition of Corporal Punishment: new booklets

Joan Durrant writes to publicise three new booklets from the Global Initiative to End all Corporal Punishment of Children:
http://www.endcorporalpunishment.org/resources/faqs/faqs-en.html

Three new booklets answer frequently asked questions about prohibition

The Global Initiative and Save the Children Sweden are delighted to present a new series of three booklets which provide answers to the questions that arise when we think about prohibiting all corporal punishment of children.

These booklets should give parents and carers, government officials, education professionals and others the confidence to support and pursue legal reform and move a step closer to realising children's right to protection from all forms of violence in all settings. The first booklet dispels common misperceptions about the reasons for a legal ban and its impact on families; the second booklet aims to answer these questions in a way that is accessible to children and young people; and the final booklet answers questions that relate specifically to prohibiting corporal punishment in schools, and clarifies the key issues involved for educators and learners.

The booklets are available to download now in English, French, Spanish and Russian. They will also shortly be available in Arabic, Albanian, Bengali, Chinese, Portuguese and Thai.

Joan Durrant

6.4 Narrowing the Gap: the power of investing in the poorest children UNICEF

Narrowing the Gaps: https://data.unicef.org/narrowing-the-gaps/

The power of investing in the poorest children

In 2010, UNICEF made a bold prediction: Investing in the health and survival of the most deprived children would be more cost-effective, even though the costs of reaching them are higher, because the additional costs would be outweighed by greater results.

Now, new data and analysis back up UNICEF's prediction. Indeed, the study indicates that the number of lives saved per million dollars invested among the most deprived is almost twice as high as the number saved by equivalent investments in less deprived groups.