

ISSOP e-Bulletin N°59

September 2022



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1. Introduction

Welcome to the September ISSOP newsletter! September is a month in which we experience changes that occur with the equinox; our colleagues in the northern hemisphere begin to experience shorter days and cooler temperatures, while those in the southern hemisphere welcome spring and new life. As we recognize the changes that occur with the earth's tilt this time of year, we acknowledge the issues in social pediatrics that change our perspective in the way we care for children.

This issue will have articles discussing the World Health Organization, conflict of interest, and industry, particularly infant formula manufacturers. There are articles regarding the health of street children in Japan; reflections on the plight of children living in conflict zones; climate change, child migration and the floods in Pakistan and new research collaborations. We hope these articles both reinforce and challenge your thinking as a social pediatrician.

For those colleagues who are joining us at the International Pediatric Association meeting in Gandhinagar India in February 2023, ISSOP is hosting a pre-conference on February 19 with IPA and ICANCL (Indian Child Abuse, Neglect, and Child Labour). The theme of the pre-conference is "A Rights-Based Response to the Needs of Street and Working Children". We look forward to seeing you in-person for topics that include Child Labour, Epidemiology and Demography of Street and Working Children, and situation from sites around the globe.

Sincerely, Colleen Kraft, on behalf of the ISSOP Editorial Team

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



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

editor@issop.org

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1.1 Message from Jeff Goldhagen – President of ISSOP

Dear colleagues and friends, hope all is well with you and your families.

I recently had the opportunity to visit a number of UN agencies in Geneva. Each of them presented a similar message—there needs to be a stronger focus on health in their work—both at the national and global levels.

Though this sounds to us to be self-evident, there remains a lack of understanding that the practice of Social Pediatrics is different from that of traditional biomedically oriented medicine—whether working in a clinical practice, developing systems of care, or working in policy domains. As a result, we are not always involved in child health program development and implementation, when in fact, we are the most knowledgeable and experienced with respect to the issues being addressed. This is true in high, middle, and low-income countries.

It is clear there are important opportunities for us to partner and collaborate with colleagues in UN and national agencies that perhaps we haven't explored before—in local communities and nationally and internationally.

Toward this end, if you haven't, please reach out to local UN agencies that are working on children's issues to offer your support, knowledge, expertise and experience. We (ISSOP) will similarly be reaching out to these agencies at the national and international level to engage our members and networks in their work.

The issues are broad and deep—from infant feeding to globalization, from climate change to displacement and migration—and the disparities and inequities continue to mount. Like the adage, "If a tree falls in the forest and there is nobody present to hear it—did it fall?" We NEED to be present and to have our voices heard—individually and together with colleagues.

As always, thank-you for all you do every day for children and families.

Jeff

ISSOP Meeting at the CRC-Geneva



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2. Meetings and news

2.1 World Youth Meeting 2022 – Executive Summary

On August 12, 2022, –in the framework of the International Youth Day and its motto "Intergenerational solidarity: Creating a world for all ages"– the Andean Health Agency - Hipólito Unanue Agreement (ORAS-CONHU) and the International Association for Adolescent Health (IAAH) held the World Youth Meeting: an Intergenerational Exchange.

The topics addressed in the event were chosen by 982 adolescents and young people -in addition to adult professionals' experts in adolescent and youth health-, through surveys in Spanish and English. Citizens from 39 countries in the Americas, Africa, Europe and Asia participated in these surveys; showing greater interest in the topics of Mental Health, Sexual and Reproductive Rights, Civic Education, Healthy Lifestyles, Positive Development and Life Projects.

The themes chosen in the polls -adding the theme of Climate Change and Climate Resilience, due to its current relevance- laid the groundwork for the "World Youth Meeting: an Intergenerational Exchange", whose objective was to make visible the main problems and current interests of the world's young population and to analyze its impact on their health and well-being.

To fulfill the objective of the event, 6 panels focused on intergenerational dialogue. The methodology of each panel included the dialogue between a young professional and an adult professional, complemented with the participation of the public through simultaneous surveys that influenced the direction of the conversation among the panelists.

As it was a world meeting, both our panelists and the audience participated from four continents: America, Africa, Europe and Asia.

In each panel, emphasis was placed on certain sub-themes:

- Panel of Mental Health, integrated by Dr. Maria del Carmen Calle and Ruby Diaz.
Sub-themes: Definition of Mental Health, epidemiological situation of mental disorders, impact of the COVID-19 pandemic and recommendations for the mental health promotion.
- Panel of Sexual and Reproductive Rights, integrated by Dr. Jason Nagata and Roberto Delgado.
Sub-themes: Rights related to gender identity and sexual orientation, impact of the COVID-19 pandemic adolescent pregnancy and access to contraception, and sexually transmitted infections.
- Panel of Future Citizenship, integrated by Klaudia Szymuś, Panyo Mulongeni and Dr. Ernesto Treviño.
Sub-themes: Inclusion and social participation of native peoples on the health policies and interventions, and current barriers for the full realization of the right to health of adolescents and youth.
- Panel of Healthy Lifestyle, integrated by Melis Pehlivantürk and Dr. Mauricio Scarpello.
Sub-themes: Access to food security and culturally relevant nutritional education, sleep habits, and their impacts on quality of life.
- Panel of Positive Development and Life Plan, integrated by Tomiwa Akinsanya and Prof. Adesola Olumide.
Sub-themes: Definition of positive development; public policies to protect the integral and positive development of adolescents and young people (development of skills and abilities); the inclusion of parents, caregivers and adolescents themselves in interventions to promote positive development; and related experiences in Nigeria.

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- Panel of Climate Change and Resilience, integrated by Alejandro Luque and Mg. Bertha Pineda.

Sub-themes: Importance of biodiversity and the impacts of its exposure to the climate crisis; climate anxiety; climate change education and climate resilience; and intergenerational and intercultural activism for environmental protection and resilience development in the face of the climate crisis.

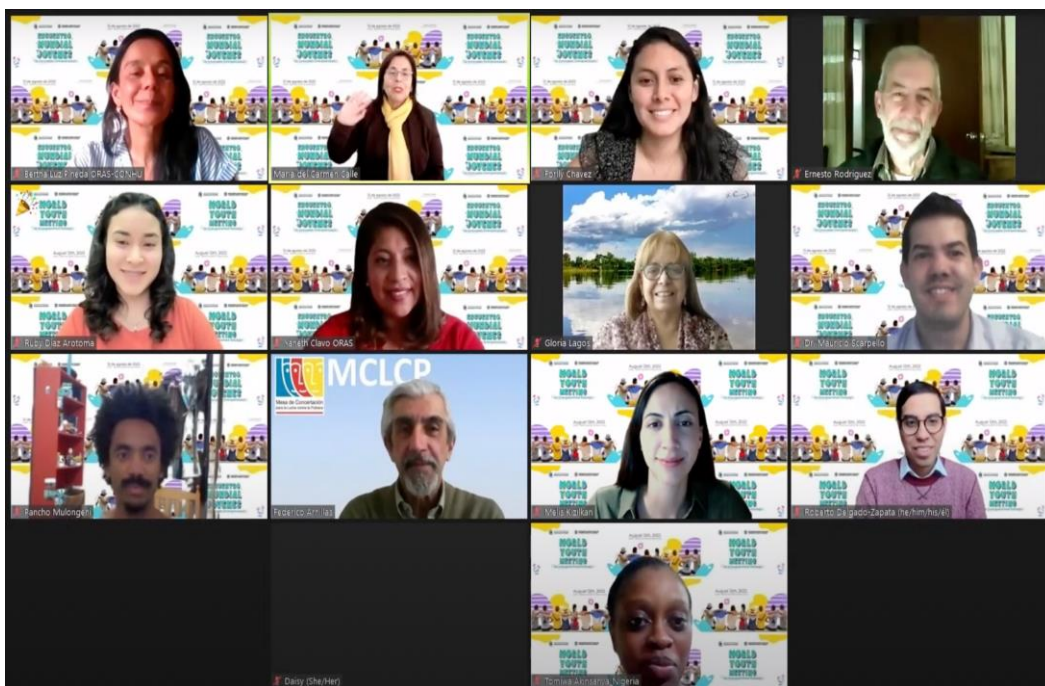
From the enriching dialogues and the participation of the audience, Dr. Ernesto Rodríguez offered a reflection on the importance of these spaces:

"These dialogues are essential and of great relevance. With them we try to respond to an immense lack in our countries... (since), in general, there are monologues, 'adultisms' or 'youthism'. (Today's event helps us to make progress in exchanges) that is very difficult to implement in everyday life, in the design and implementation of public policies, and in the interactions within families, communities, schools, the streets, among others."

After this important event, ORAS-CONHU and IAAH remain committed to continue promoting dialogue for the construction of healthy adolescents and youth and its impact on the development of healthy communities.

Access links to the event recording:

English	https://www.youtube.com/watch?v=NokPTbaJvDU
Spanish	https://www.youtube.com/watch?v=c3k_bkFnZdc



Maria Del Carmen Calle, Peru

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2.2 Child in the City World Conference

As the editor and community manager of Child in the City, it is my pleasure to personally invite you to the forthcoming [Child in the City World Conference](#). The three-day event will be held in Dublin, Ireland, from October 5-7.

We have a full programme of plenary sessions with renowned keynote speakers, interactive parallel sessions and several field trips. The conference begins on Monday October 5 and ends on Friday October 7 in the afternoon. On Thursday October 6 there is an optional networking evening dinner, allowing you to catch up with old colleagues or make new contacts, while enjoying a drink or bite to eat.

Child in the City is all about dialogue. The following themes will be explored and discussed:

- Connecting the present with the past
- Connecting green and play
- Connecting children's (mental) health and play
- Connecting children's participation to urban policies
- Re-connecting children to society during and after Covid-19

I'm sure you will be interested to hear some of the presentations we have lined up, with keynote speakers like Dr Carol Barron (Assistant Professor at Dublin City University), Helen Woolley (Professor of Landscape Architecture at the University of Sheffield) and many others.

I invite you to have a look at the [conference programme](#) and to join us in Dublin. Thank you in advance for your interest and we hope to welcome you in Dublin. If you have any questions, please feel free to contact me. Kind regards,

Simon Weedy-Editor
Child and the City
www.childinthecity.org

3. International Organisations

3.1 The problem with the formula milk industry. Health organizations webinar (2)

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

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

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

Webinar 1: An unhealthy influence on health professionals?

Here the link to the video:

<https://www.youtube.com/watch?v=4fnLB2IApYA>



Webinar 2: Should health professional associations refuse industry funding?

Thursday 29 September 2022 - 2:00-3:15pm BST (London)

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

Note: By the time this newsletter circulates, the webinar will likely have taken place. However, we will send the link to this activity in the next issue.

3.2 InspiRights North American Survey

GlobalChild's InspiRights North American Survey opens on September 26, 2022!

The [GlobalChild](#) program of research is dedicated to working towards promoting children's health and development in Canada and around the world. Our latest project,

[InspiRights](#), is an exciting opportunity to promote child development and child rights. The project will take a global inventory of good practices that inspire the fulfillment of children's rights through a series of surveys where participants will nominate these good practices. By assembling a global inventory of good practices, we can provide governments with a comprehensive list of practices which they can gain inspiration from and model their own practices after as part of their plans for promoting and fulfilling children's rights.



Our first survey, focusing on identifying good practices in the North American region, launches on September 26th and will remain open until November 7th. To participate and nominate good practices, you can follow this [link](#).

If you have any questions about the InspiRights program or survey, please contact the InspiRights

Project Coordinator at inspirights@unb.ca [in](#) [/GlobalChild](#) [f](#) [/GlobalChild](#) [@GlobalChild](#) [Can](#)

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3.3 Update on WHO consultancy on conflicts of interest in national paediatric societies

In July I was appointed to a WHO consultancy (together with Dr Gyikua Plange Rhule from Ghana) to bring together those national paediatric associations who have recognised the conflict of interest which comes from accepting sponsorship from the baby food industry, and have declined further sponsorship.

Our work so far has been to reach out to associations round the world where we have contacts, to elicit their views. The next step will be to hold an on-line meeting, at the end of November, to enumerate the experiences of these associations and plan how to approach those who continue to take sponsorship (unfortunately, the majority).

Many ISSOP members have been very helpful in providing appropriate contacts and we have had some remarkable conversations. These have illustrated the extent to which paediatricians all over the world are still deeply enmeshed with the formula industry and are readily accepting considerable sums of money which are not only to be used for educational purposes. This is a form of corruption which becomes addictive.

However, there is much good news to report and we have encountered many examples of good practice, sometimes within countries where the national association is still taking formula company funds. The following are some of the countries which stand out in one way or another: South Africa, Ghana, Brazil, Italy, Norway, Australia, UK, India, and Pakistan. We shall also be working with the IPA and ALAPE and probably other regional associations.

There are still other countries we have yet to speak to including Argentina and Canada, and we have had valuable conversations with senior paediatricians in the American Academy of Pediatrics and the Union of Pediatricians of Russia.

If there are any ISSOP members who would like to be a contact person in their country for this initiative, please write to me!

Tony Waterston waterstona@who.int
Technical Consultant - World Health Organization
Food and Nutrition Action in Health Systems - Department of Nutrition and Food Safety

3.4. TruePoint collaboration with ISSOP

Organizational and Community Resilience: Learning from Local Leaders' Responses to COVID-19

In 2020-21, Jamie Radner, Nathaniel Foote, Peter Dunn of the TruePoint Centre in collaboration with ISSOP (David Wood and others), conducted a series of interviews with 19 local leaders of human services programs in vulnerated communities in low- and middle-income countries. Included in these 16 case studies were 4 cases from ISSOP members or organizations ISSOP members we work with, including:

- Dr. Rajeev Seth co-founded BUDS;
- Dr. Angela Okolo and Nigeria's National Breastfeeding Week
- Dr. David Wood, with partners, the efforts to keep children in school in very poor, rural areas of Ecuador
- Dr. Bernadine Ekpenyong and the coalition's to serve street children.

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From these cases and other cases, the True Point team found that these leaders and their communities demonstrated a resilience in human services, defined as the capacity to adapt rapidly and collaboratively respond to challenges, and thereby to strengthen human development. The full report can be found at:

<https://static1.squarespace.com/static/5f2aec8b8f0b7538df28feae/t/629a17b76f35133d494b2aee/1654265784043/CLEAR+-+Resilience+and+Adaptation+During+COVID-19.pdf>

Looking across the cases, the True Point team identified a common sequence of steps leaders seemed to be taking to respond to the crisis, a sequence we call the resilience cycle in human service programs. While observed in responses to COVID-19, the resilience cycle can apply to other emergencies or challenges faced by human development organizations, including challenges on the pathway to impact at scale. Importantly, the cycle was enacted not by the organizations alone, but in partnership with their communities: Community engagement and community mobilization were embedded in the resilient responses we observed. A complete set of our case profiles can be found at www.truepoint.com/clear.

As we reflected with leaders on this sequence, we observed that although the steps taken were all based on the need to deliver an urgent response, they also created potential for longer-term value. By taking these six steps and iterating as needed, organizations can rapidly identify and act on potential solutions and build valuable relationships and learning as they go. While the methods employed through the six steps are flexible and varied, three characteristics were common and seemed to animate the cycle:

- Respect for and engagement with the community being served, in a way that honors human dignity
- Fidelity to an organization's purpose and a commitment to delivering and building on core capabilities
- Agility, the ability of organizations and communities to work through the cycle quickly and flexibly, often in just a few weeks, producing creative responses in emergency conditions.

Figure 1: The Resilience Cycle



The opportunity for the ISSOP membership is to learn from the True Point team and our own members in a workshop format, to increase our capacity for leadership at the community level to be better able to respond to community needs, even in the face of significant challenges. We will discuss how we can spread these leadership lessons learned to the ISSOP membership.

More to follow!!

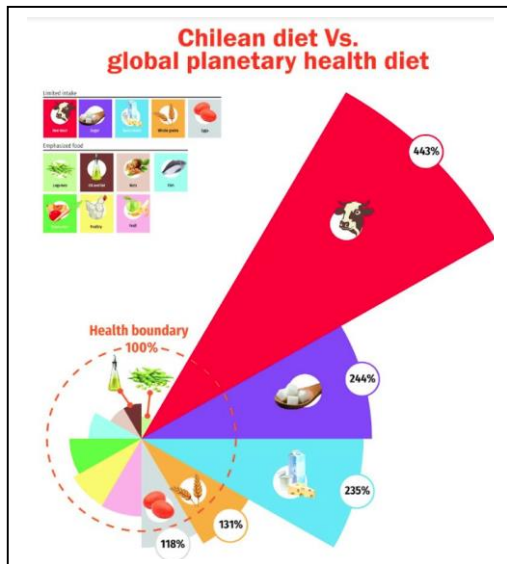
David Wood

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4. Current Controversy

4.1 The Chilean diet: Is It Sustainable?



Climate change is demanding from us healthier eating patterns that are consistent with the environment. That is why the objective of this study was to evaluate the environmental impact of the Chilean diet. To do so, the results of the last National Food Consumption Survey were taken and the carbon and water footprints were calculated.

The results showed carbon and water footprints/person/day higher than the world averages. Being animal source food, mainly dairy and red meat, the contributors of up to 60% of these footprints. Also, according to the defined by EAT LANCET as healthy consumption limits for the environment, the Chilean diet would have 4.4 times more meat,

2.4 times more sugar, and 2.3 times more dairy than what is sustainable. In contrast with other food groups that we should be promoting to achieve a balance between health and the environment.

See the publication here <https://www.mdpi.com/2072-6643/14/15/3103/htm>

Teresita Gormaz

4.2 Pathophysiology of the pillow

One of the consequences of the pandemic and planetary political disruptions is expressed by sleep disturbances. The Lancet has just published an interesting series on **Circadian rhythms and disorders of the timing of sleep**. Figures 1 and 2 show us the physiological and pathophysiological aspects of sleep disturbances. **Sleep well!**

To see the full article go to

[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(22\)00877-7.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(22)00877-7.pdf)

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Figure 1

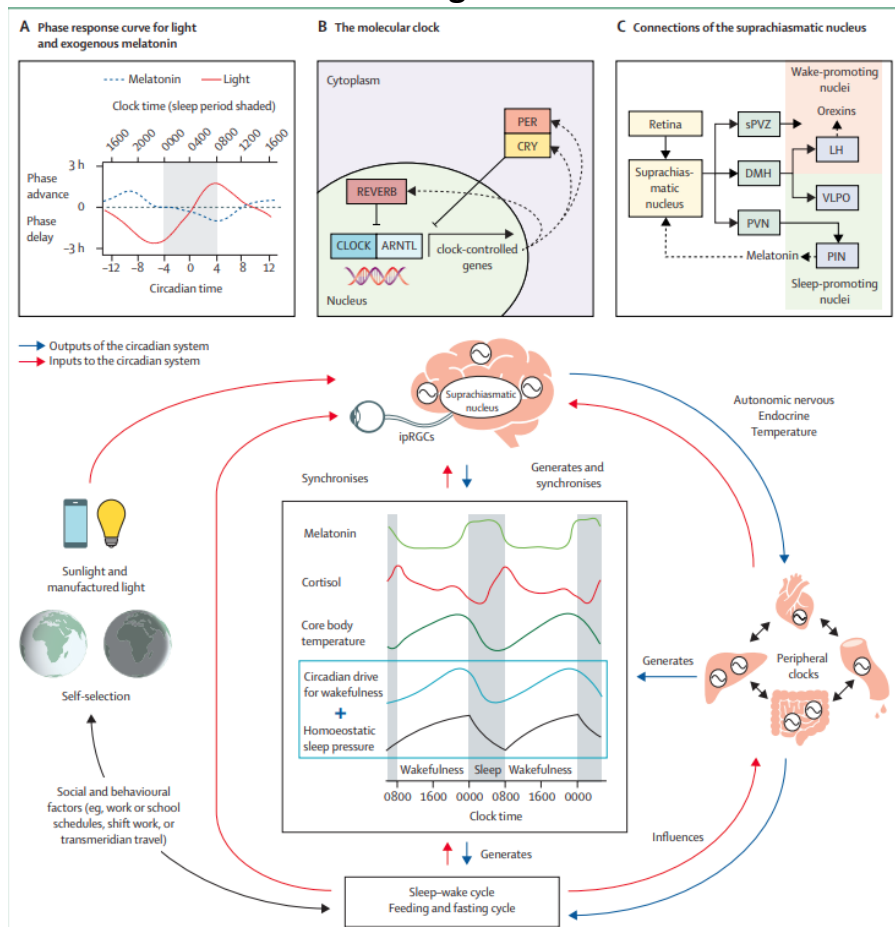
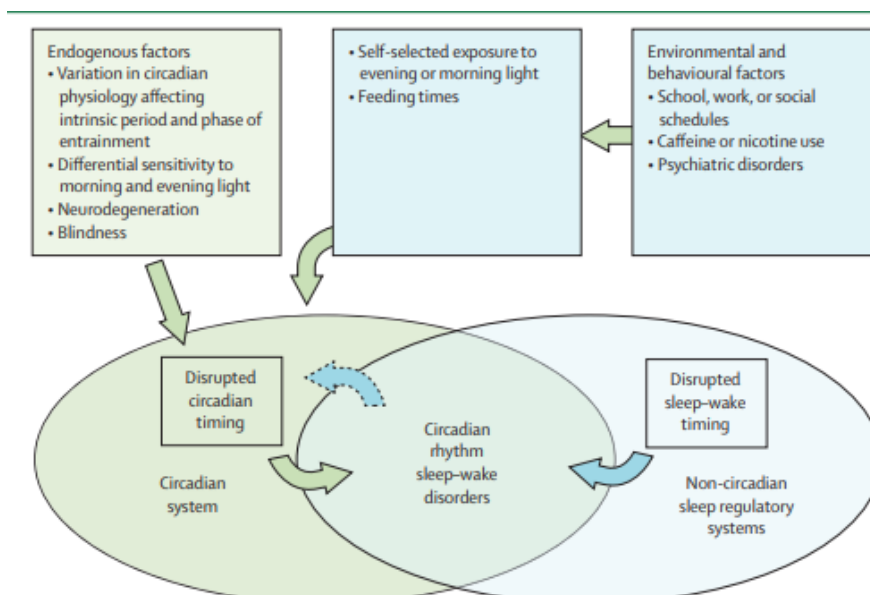


Figure 2

Pathways to the development of circadian rhythm sleep-wake disorders



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

5.1 CHIFA Report

There has been a recent correspondence on HIFA concerning how to communicate health research. This has now extended to CHIFA and is relevant to much of the work being done by ISSOP (eg 5.3 below)

The posting by Martin Yakum from Cameroon on 16th September was helpful to us all and I include it below. I would encourage other researchers in ISSOP to report their experiences on communicating their research, on chifa [chifa@dgroups.org]

TW

Dear all,

I think it is a bit difficult to give a standard definition to effective communication. I want to share my experience in communicating research findings effectively. I believe that effective communication of research findings is a process starting from the research planning to the final results dissemination. I had a great experience in research findings communication when I was working with M.A.SANTE in Cameroon on the sustainable cholera surveillance research project. I can say that the communication with decision makers was effective because the findings of the research was used to revise national cholera contingency plan, organize OCV vaccination campaigns in cholera hotspots, and to integrate environmental cholera surveillance into the national surveillance system.

The success of this particular case could be attributed to multiple factors but essentially the following:

1. Policymakers were engaged at the planning stage of the study. The researcher's research question sometimes is not exactly the same question the policy makers are seeking answers. Therefore, engaging the health authorities, policy makers and other stake holders in the planning stage of the research would enable us (researchers) to know and integrate their concerns and questions on the subject matter. This early engagement stage does not only help to integrate their point of view but equally create some sort of expectations and anxiousness in them.
2. I was designated by our team to represent the project team at the national surveillance meeting in the MoH (held every week). This was a very good opportunity for the health authorities to remain in touch with the research team, keep everyone updated on the study progress.
3. Results dissemination seminars were organized 2 times per year, which was participated by policymakers, technical departments of the MoH, research team, and other partners. In this meeting, points discussed included research progress, key study findings, and recommendations. Sometimes recommendation to include certain aspects in the study, which would lead to amendment of the protocol.
4. Because the study team was constantly in contact with the health authorities, the team was always invited by the MoH anytime a seminar was organized on cholera or emergency response. For instance, the revision of national cholera contingency plan. These were opportunity for the

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team to give contributions and advocate for the findings of this study to be included in the national guidelines when applicable.

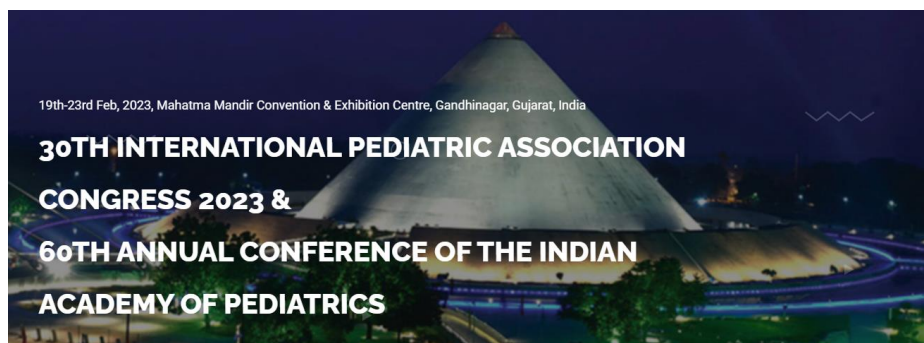
In summary, effective communication of research findings with policymakers is a continuous process done in a participatory approach. This approach gives the chance to every stakeholder to express their needs in terms of research question and to formulate the recommendation from the study together. Just to share this experience because I think it might be useful.

Martin N. Yakum

Epidemiologist martinyakum@gmail.com WhatsApp/Cell: +237676489573

CHIFA profile: Yakum Martin Ndinakie is an Epidemiologist at M.A.SANTE in Cameroon. Professional interests: Health research in general and infectious diseases of poverty in particular. martinyakum AT gmail.com

5.2 IPA Report



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



IPA
preconference
workshop

18 & 19 February 2023

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



Organised by:

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

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

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30TH IPA CONGRESS & 60TH PEDICON 2023
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Gandhinagar, Gujarat, India | 19th-23rd Feb, 2023

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Raul Mercer

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5.3 The Future Direction of the ISSOP/INRICH Research Group

The ISSOP/INRICH research group was formed to study the impact of the C-19 pandemic on children. Members of the group have published over 40 papers including the BMJ Paediatrics Open Special Collection on Voices of Children and Youth that I highlighted in last month's e-bulletin. We have had a discussion in the group on its future direction and have decided to broaden the focus beyond COVID. A proposal was made at the recent meeting of the group for an overarching theme of child health equity and rights. We will be consulting the membership of both organizations by means of a brief survey on the future direction of the group. The survey will give members an opportunity to put forward ideas on the overarching theme and relevant sub-themes. Further, the survey will seek to gauge members' interest in the proposed mentorship programme among experienced researchers as mentors and among new researchers, particularly in low resource settings, as mentees.

Nick Spencer

Let's build together the upcoming research activities.

Donna Koller, Lادن Hersi (Donna's graduate student), and Nick Spencer suggested a survey of the group and INRICH/ISSOP members to ascertain interest in future research themes and the mentorship program. Please fill this short survey:

[ISSOP & INRICH Members Survey 2 Sept. 18 - Google Forms](#)

6. FACTS

6.1 Randomised trials in Child and Adolescent Health in Developing Countries

Each year this booklet is compiled to summarize the evidence on child and adolescent health derived from randomized or controlled trials in developing countries over the previous year. The aim is to make this information widely available to paediatricians, nurses, other health workers and administrators in resource poor settings where up-to-date information is hard to find. I hope that this information will be helpful in reviewing treatment policies, clinical practice and public health strategies. The method of searching for studies uses PubMed, a search engine that is freely available and widely used in countries throughout the world. The search strategy has been chosen to capture as many relevant studies as possible, although it is possible that I have missed some. If you know of a relevant RCT or meta-analysis that has not been included in this year's review, please let me know.

Prof Trevor Duke University of Melbourne, Department of Paediatrics The Royal Children's Hospital Parkville, 3052, Victoria, Australia Email: trevor.duke@rch.org.au

https://dxwiommx31r42.cloudfront.net/assets/uploads/12198/asset/RCTs_in_child_and_adolescent_health_in_developing_countries_2021-2022.pdf?1661385842

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7. Publications

7.1 Preventing and Mitigating Harm to Children in Armed Conflict: In Brief (Synopsis)

Civilian casualties from armed conflicts have increased, such that 90% of deaths from



armed conflicts in the first decade of the 21st century have been civilians, a significant number of whom are children. The acute and chronic effects of armed conflict on child health and wellbeing are among the most significant children's rights violations of the 21st century. Children are increasingly exposed to armed conflict and targeted by governmental and nongovernmental combatants. Despite International Human Rights, Humanitarian, and Criminal laws—and multiple international declarations, conventions, treaties, and courts—injury and death of children due to armed conflicts have worsened over the decades. It is critically important that a concerted effort be

undertaken to address and rectify this issue. Toward this end ISSOP and others have called for the immediate implementation of a UN Humanitarian Response on Child Casualties in Armed Conflict.

www.issop.org/cmdownloads/issop-issue-brief-prevention-mitigating-harm-for-all-children-in-armed-conflict/

Charles (Chuck) Oberg

7.2 Lancet Commission on Lessons for the future from the COVID 19 Pandemic

This review was posted on HIFA on 19.9.22 by Neil Pakenham Walsh and though it does not specifically refer to children, the lessons it offers apply to all age groups and are well worth reading.

The Lancet Commission on lessons for the future from the COVID-19 pandemic
From The Lancet: New Lancet Commission details "massive global failures" of the #COVID19 response & issues recommendations to help:

- 1 End the pandemic emergency
- 2 Protect against future health shocks
- 3 Achieve sustainable development for all

Access the report: <https://hubs.li/Q01mID0h0>

CITATION: The Lancet Commission on lessons for the future from the COVID-19 pandemic Prof Jeffrey D Sachs et al Published: September 14, 2022
DOI: [https://doi.org/10.1016/S0140-6736\(22\)01585-9](https://doi.org/10.1016/S0140-6736(22)01585-9)

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"Countries with UHC & health systems centred around #PrimaryHealthCare...were able to scale up emergency services for patients with COVID-19, while continuing to ensure quality health care for health needs unrelated to the pandemic."

Executive Summary The Lancet Commission on lessons for the future from the COVID-19 pandemic provides a comprehensive investigation, analysis, and response to COVID-19. The Commission delivers a number of recommendations that are divided into three main areas. First, practical steps to finally control and understand the COVID-19 pandemic. Second, realistic, feasible, and necessary investments to strengthen the first line of defence against emerging infectious agents in countries by strengthening health systems and widening universal health coverage. Third, ambitious proposals to ignite a renaissance in multilateralism, integrating the global response to the risk of future pandemics with actions to address the climate crisis and reversals in sustainable development.

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

7.3 End Violence against Children Annual Report

The End Violence Partnership has released its 2021 Annual Report – highlighting progress and key successes achieved for children with and through our partners in a critical year.

The world is grappling with the simultaneous crises of COVID-19, climate change, multiple conflicts, and high rates of inflation. Many of these crises are interrelated, all of them put children at greater risk of violence, abuse and exploitation. In this context, the work of the End Violence Partnership is more important than ever.

The End Violence Partnership – the only global partnership and the largest fund dedicated solely to ending all forms of violence against children – worked tirelessly to keep children safe – at home, in schools, online and in communities. And we did this through collective advocacy, action, and investment.



The Partnership has:

Convened – 700 organisations are now part of the End Violence Partnership, including 37 Pathfinding countries.

Invested – more than US\$62 million in projects with impact in over 70 countries by the end of 2021 through the End Violence Fund.

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Advocated – for legislative reforms and policy shifts through evidence-based policy proposals, high-level advocacy, showcasing solutions and convening cross-sectoral dialogues.

And all this was achieved with the support and dedication of our partners, grantees and donors, working towards the shared vision of a world where every child grows up in a safe, secure and nurturing environment.

Read the 2021 Annual Report to explore the journey of progress, case studies on countries, and collective action by our diverse partners.

<https://www.end-violence.org/articles/end-violences-2021-annual-report-out-now>

<https://www.end-violence.org/sites/default/files/2022-08/2021%20Annual%20Report%20End%20Violence%20Partnership.pdf>

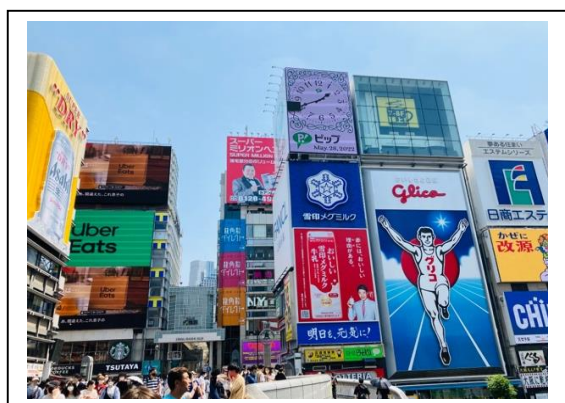
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8. Topics in Social Pediatrics

8.1 Japanese Street Children, Victims of Social Ungenerosity - reassuring initiatives of one NPO (Non-Profit Organization)

From 2021, CPAO (the child poverty action group in Osaka), based in Osaka, has been working to understand the reality of street children by listening to children and young people (CYP) who spend time on the streets of downtown areas. Among them, especially during the COVID-19 pandemic, such children are driven into a corner by their families and society. They keenly felt that children needed a generous place where they could live with peace of mind. In May 2022, they started operating a “share house”. Funding for the establishment and management of the place relies mainly on public and non-governmental subsidies, as well as individual donations, but its financial base is fragile.

CYP run away from their homes and especially stay at night in downtown areas. Of course, there are many dangers and worries. On the other hand, there are reasons why they cannot continue to live a safe and secure home life. Their homes are filled with mental and physical abuse or neglect. And there is exclusion from society.



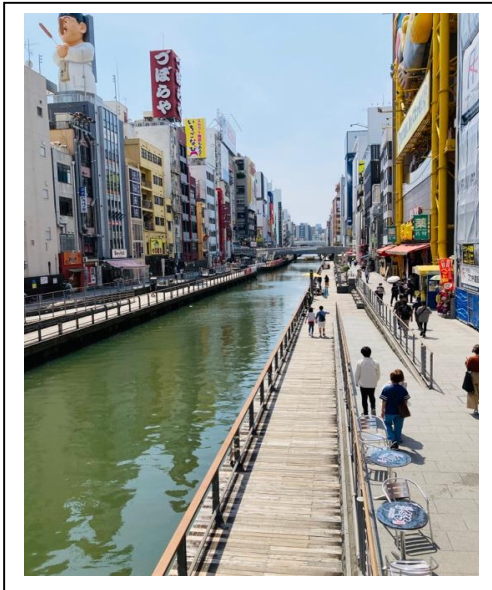
Seeking places to belong and friends who can share their situations with each other, they gather in metro areas such as Osaka and Tokyo. The representative places are "Gli-shita" (photo) and "To-Yoko". "Gli-shita" means the place under (“shita”) the bridge near the big signboard “Glico”. "To-yoko" means a passage next (“yoko”) to TOHO Cinemas (“To”) in Shinjuku Kabukicho. It's not just a hangout, and these are go-to places for needy children.

(Photos taken by Takeuchi of "Gli-shita" neighbourhood during the daytime)

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However, the places and friends these children have finally found are often taken away by the police and delinquent patrols. CPAO has seen how children are displaced and lead to more complex problems, such as crimes and imprisonment, ambulances in drug overdoses, and sexually transmitted infections as victims of sex industries.



In an interview by Tokumaru, who is the head of CPAO

Dialogue with a man who is close to children in To-Yoko

Man: Everyone is always eating sweets from convenience stores. I want them to eat vegetables. Those girls have been there long, dressing up like dolls. They always say, "It's cold, it's cold". These girls always wear light clothes. I wish they could wear more because it is cold. But it's fashion for them. Stubbornly, they keep that fashion now.

Man: Adults who buy a girl for sex with money are terrible. But their parents are much worse because they make it difficult for the children

to go home. They don't have money but cannot return home. They hate to stay on the street, so try to spend a night at a Manga Café, which is a cheap overnight space. But money is necessary to do so. They don't want to go to a temporary shelter at an official child guidance centre. So, they are escaping from plainclothes policeperson every day. They smoke, drink and cut a wrist. Some of them cut a wrist before my eyes. But it is not good to become angry with it. It is no meaning.

Tokumaru: They have their reasons to do so, haven't they?

Man: Yes. I was told many times, "Please, let's die together". They want to escape from reality. Some parents are in DV or have affairs. Also, they don't have any friends in their hometown. Relying on SNS, they come from Hokkaido, the northern part of Japan and Okinawa, the island near Taiwan.

Therefore, instead of excluding needy CYP, they should be welcomed as companions to live together. However, the old norms of Japanese society and the policy of making them solve their own responsibility before public support by the conservative government became a huge barrier, and citizens have been accepting them. It's not easy to solve.

Even so, CPAO is one of the few NPOs that continues to work with CYP to find out what they can do according to their circumstances and continue to support them.

Hajime Takeuchi

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8.2 Addressing Adverse Childhood Experiences (ACE) in the clinical setting

This is a summary of experience and research done in South Western Sydney (SWS), exploring the role of using tools for ACE screening and assessment in the clinical setting. SWS is one of the most culturally and linguistically diverse regions in Australia, with a large number of newly arriving refugees and a significantly disadvantaged Indigenous population. The Department of Community Paediatrics in SWS has proactively established specialised Community Paediatric (CP) clinics, including Child Development (CD) and Vulnerable child (VC) clinics, with the objective of providing appropriate pathways for paediatric assessment, management and referral. Our aims were to determine the burden of ACE in children attending CP clinics using a purposefully developed ACE checklist. We also wanted to design the best version of the ACE checklist for routine use by clinicians, to serve as a clinical and quality indicator. Of the nearly 300 children seen in our CP clinics over a 6-month period in 2017, we found that 28% had ACE ≥ 4 and 64% had ACE ≥ 1 . Of those attending CD clinics, 5% had ACE ≥ 4 compared to 63% attending VC clinics ($p < 0.001$). Older children and Indigenous children were more likely to have ACE ≥ 4 . On logistic regression analysis, only attending VC clinics was significantly associated with ACE ≥ 4 .¹ All clinicians who were surveyed about the use of the ACE checklist, noted that the checklist was easy to use, taking on average 2-3 minutes to complete; was useful in documenting and identifying children at risk of adverse experiences. The final version of the ACE checklist after two iterations of modifications based on clinician responses was included in the publication—this tool has the potential to help clinicians and managers identify the burden of exposure to trauma, violence and abuse of children attending paediatric clinics, both to facilitate intervention and aid service development.²

To complement our clinical experience with using ACE tools, we undertook a systematic review to synthesize the current literature on ACE assessments in health settings servicing child (0-11) and young people (12-25), including feasibility; patient acceptability; and evidence of the outcomes following ACE assessment. Five search strategies were implemented to identify relevant studies, including searching interdisciplinary research databases (PsychInfo, Medline, Embase, PubMed, and CINAHL), internet searches of grey literature, and reference list searches. Initial searches identify 5231 articles, of which 36 were included in the final review. Twenty-four studies reported on tools used to assess for ACE; two studies examined the feasibility while 14 studies looked at the acceptability of routine ACE assessment in health settings; four studies provided information on actions taken following ACE assessments; and no studies assessed the benefits or risks of using ACE scores in the provision of healthcare services. We conclude that as the evidence stands widespread ACE screening is not recommended for routine clinical use.³ A routine clinical assessment incorporating both ACE assessments and assessments for resilience factors is likely to be the most promising approach in optimising children and young people's wellbeing.

References

1. Wickramasinghe YM, Raman S, Garg P, Hurwitz R. Burden of adverse childhood experiences in children attending paediatric clinics in South Western Sydney, Australia: a retrospective audit. *BMJ Paediatrics Open* 2019; 3(1).
2. Wickramasinghe Y, Raman S, Garg P, Jain K, Hurwitz R. The adverse childhood experiences checklist: Can it serve as a clinical and quality indicator? *Journal of Paediatrics and Child Health* 2019; 55(9): 1113-8.
3. Cibralic S, Alam M, Mendoza Diaz A, et al. Utility of screening for adverse childhood experiences (ACE) in children and young people attending clinical and healthcare settings: a systematic review. *BMJ Open* 2022; 12(8): e060395.

Shanti Raman, Associate Professor, Sydney Australia

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9. Climate change update

9.1 My Green Doctor

We shall be republishing articles sent out by My Green Doctor in the USA, Todd Sack. This month he writes about Gas Stoves.

Warn Your Patients About Gas Stoves

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 perhaps even cancer. This month, ISSOPs My Green Doctor explains the data and offers advice in a short article that you can share with your patients. Click this link or scan the QR:

<https://mygreendoctor.org/learn-the-health-risk-of-gas-stoves/>



My Green Doctor is a **free money-saving membership benefit from the International Society for Social Pediatrics and Child Health**. Members use My Green Doctor's "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 office staff meeting or weekly office "huddle", making small changes at each meeting that really add up over time.



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

9.2 Floods in Pakistan: when climate change dresses up as a tragedy

The catastrophic situation due to the floods in Pakistan and an appeal from the Pakistani Association of Pediatrics. As a partner organization of IPA, ISSOP feels compelled by this call from our colleagues/brothers in Pakistan to provide help in the tragic situation they are experiencing. A call for urgent action.

Raul Mercer (IPA SC member on behalf of ISSOP)

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Dr. Bashir A. Abro
Dr. Ahmed Nawaz Jamali

To,

Date: 06/ Sep/ 2022

The President IPA / APP

PPA Appeal to IPA and APPA

An alarming situation currently prevails in the flood affected areas of Pakistan where hundreds and thousands affected people are forced to live under the open sky, are grappling with hunger and disease.

Till now, 1314 people are died due to flood & 33 million are affected of this disaster. 800,000 live-stocks are lost. Number of houses distorted are over 436,000.

Sindh, Balochistan and KPK are most affected and total 80 district are declared "calamity hit" in all 4 provinces of Pakistan. Govt data says that 600 thousand people reported with various illness at medical camps. Woman & children are obviously more prone to these unfriendly conditions.

Only in Sindh province 132,485 cases of acute respiratory diseases, 49,420 cases of suspected Malaria, 149,551 of diarrheal diseases, while 142,739 people reported with skin infections.

Pakistan Pediatric Association is providing medical relief to the flood affected woman & children.

There is need of preventive measures as well as curative interventions also.

Our people need mosquito nets, tents, water filtration plants, food for children & medicines for ARI, diarrhoeal diseases & skin infection etc in affected areas.

With so large scale disaster Pakistan Pediatric Association request to IPA & APPA to support us for saving lives of children & woman & helping them in this miserable condition with best possible support.

Regards

Prof. Habib Ullah Babar
President
Pakistan Pediatric Association

Dr. Khalid Shafi
Secretary General
Pakistan Pediatric Association

Ex-Office Members: Dr. Ashfaq Ahmed, Dr. A. Waheed Qureshi, Dr. Abdul Malik Kasi, Dr. A.G. Billoo, Dr. Tariq Iqbal Bhutta, Dr. Mushtaq Khan, Dr. Meher Taj Roghani, Dr. Amir Muhammad Khan Jozezi, Dr. D.S. Akram, Dr. Sajid Maqbool, Dr. Abdul Hameed Khan, Dr. Iqbal A. Memon, Dr. Tahir Masood Ahmad, Dr. Gohar Rehman, Dr. Mumtaz Lakhani **Branch Presidents:** Dr. Jalal Uddin Akber, Dr. Muhammad Idris Mazhar, Dr. Rai Muhammad Asghar, Dr. Muhammad Aqeel Khan & Dr. Tahir Zehri

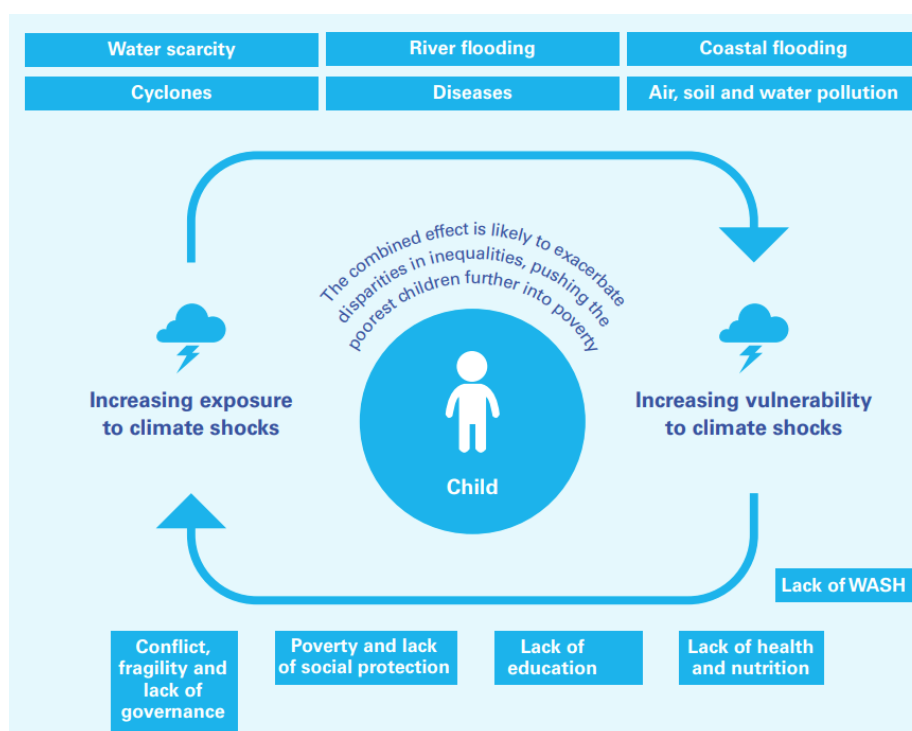
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9.3 Climate change and child migration: Nine UN principles for protecting children

This has prompted UNICEF, the International Organization for Migration (IOM), Georgetown University and the United Nations University to release a set of [nine core principles to protect children as they cross international borders because of climate change](#).

“Migrant children are particularly vulnerable when moving in the context of climate change, yet their needs and aspirations are still overlooked in policy debates,” says IOM Director General António Vitorino. “With these guiding principles, we aim to ensure visibility to their needs and rights.”



The UN's 9 principles

The principles laid out by the UN are:

- 1: A rights-based approach
- 2: Best interests of the child
- 3: Accountability
- 4: Awareness and participation in decision-making
- 5: Family unity
- 6: Protection, safety and security
- 7: Access to education, healthcare and social services
- 8: Non-discrimination
- 9: Nationality

https://www.childinthecity.org/2022/09/20/more-children-are-having-to-migrate-because-of-climate-change-here-are-9-principles-the-un-proposes-for-protecting-them/?utm_source=newsletter&utm_medium=email&utm_campaign=Newsletter%20week%202022-38&gdpr=accept

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9.4 COP 27 in Sharm el Sheikh November 6-18

In 2022 the annual meeting of the UN Conference of Parties on climate change ([COP27](#)) will be held in Egypt from 6th-18th November. This conference will be critical in determining whether globally it will be possible to reach the UN target of avoiding a global heating rise of 1.5 degrees C. At the present time this looks unlikely. Temperature rise over this figure will lead to calamitous changes throughout the world affecting children's health, the biosphere and the natural world and leading to mass starvation and migration.

We all need to take part in national and international efforts to keep countries both North and South, East and West to their commitments to end the use of fossil fuels and move to renewables. To this end, UK paediatricians are once more taking part in Ride for their Lives and asking fellow child health professionals around the world to join them! But don't worry, it doesn't require you to cycle all the way to Egypt...

Read about the details of the RFTL2 [here](#) and join in if you can.

Tony Waterston

10. Images of the planet

10.1 Alps image from Yvon Heller



10.2 Freedom and women's rights are children's rights

