ISSOP e-Bulletin N°60
November 2022

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1. Introduction

How quickly we have reached the end of 2022 and what a disappointing year it has been for child health in so many ways, from the Ukraine war to child poverty, from the rise of populist governments to the obvious advance of the climate emergency – still treated as anything but an emergency by many governments.

In this month's ebulletin we carry many positive signs of the good work being done by child health doctors and other disciplines from all over the world.

The wealth of discussion at the Turkish social pediatric symposium (3.4), including much from ISSOP members, shows how significant our specialty is becoming in the East. The work by RCPCH members to tackle inequalities in child health (led by the College) is inspiring (2.1 and 8.1). Read 4.1 and 4.2 for perverse political actions affecting children in the US.

Having difficulty with young people with eating disorders? Read the evidence-based guidance at 8.2. And at 8.3, our editorial board member Hajime reports on some surprising adverse effects of COVID 19 in Japan.

There is much more, please read and give your feedback. Have a wonderful festive season!

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

The coming New Year is a time to reflect on what we have accomplished as a community of Social Pediatricians—committed to advancing the global rights of children. To be sure, much has been achieved in the face of multiple complex challenges confronting children worldwide. And, as we transition into the new year, we carry with us an inventory of work.

Our commitment to expand ISSOP's geographic engagement is unfolding with two important meetings—a regional conference in India in collaboration with our Indian colleagues and the IPA, and, our Annual conference, which will be held in Kenya in collaboration with the Kenya Pediatric Association. In India, we will be launching a new endeavor related to the health and rights of street and working children. In Kenya, we will be endeavoring to catalyze a pan-African response among child health professionals to the climate crisis.

Our successful collaboration with BMJPO in publishing a collection of manuscripts related to the voice of children in the time of Covid will be expanded in the upcoming year with the development of a collection of papers on the voice of Street and Working Children. Please take a moment to peruse the work being published in the BMJPO collection. https://bmjpaedsopen.bmj.com/pages/special-collection/

We will be redoubling our efforts to establish a mentorship program, and will be continuing to support the Conflict of Interests efforts of WHO being spearheaded by Tony Waterston.

Particularly exciting is the opportunity we have to work with Child Rights Connect to pilot the submission of alternate reports to the Committee on the Rights of the Child for their five-year review of countries. We will also be finalizing a new and updated Website and Bulletin format.

Perhaps most importantly, with the launch of a new website and easier access to our membership application, we will need to focus on expanding membership. In particular, we will seek to engage committed individuals, those involved with our current and future research and mentorship initiatives, and national and regional Social Pediatrics societies.

As always, we need your passion, involvement and support to continue to advance our work. Thanks for all you do every day for children and families.

Jeff

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2. Meetings and news

2.1 1000 health professionals write to the government about child health inequalities

As part of the new initiative on inequalities by the RCPCH (see 8.1 below), over 1000 members of the child health workforce have written to the UK government calling for a clear commitment to reduce poverty and tackle widening health inequalities, as stated by the RCPCH.

The letters, which you can download from the links, are addressed to political leaders in each nation, and outline a number of key recommendations which will help shift the dial on health inequalities and improve outcomes for children and young people. These recommendations include:

- Publishing the UK Government's long-awaited Health Disparities White Paper by the end of the year. This paper should outline how child health inequalities will be addressed.
- Recognising that children and young people are a distinct group with specific needs and requirements in all future inequalities work
- Addressing the high levels of child poverty by implementation of specific health inequality targets for key areas of child health, with clear accountability across Government
- Prioritising the formation of a Northern Ireland Executive and publishing an anti-poverty strategy and associated funding plan which places children and young people at the centre

Tony Waterston

2.2 Zambia the 64th country to end corporal punishment

End Violence Against Children | End Corporal Punishment

Dear friends and colleagues,

Zambia prohibits all corporal punishment of children!

We are delighted to tell you that Zambia has become the **64th state worldwide** and the **11thin Africa** to prohibit all corporal punishment of children! Zambia achieved full prohibition with the enactment of the Children's Code Act No. 12 of 2022. Section 22 of the Children's Code Act No. 12 of 2022 states: *"A person shall not impose corporal punishment as a form of punishment on a child."*

The new Code also enacted many other critical reforms and protections for children, including the prohibition of child marriage, FGM, sexual harassment, an obligation on all institutions to implement child safeguarding and protection procedures, and more.

Read more about Zambia's milestone Children's Code here.

2.3. Flourishing Futures, Nova Annual Conference

We are delighted to share the full program for Flourishing Futures, the Nova Institute Annual Conference hosted virtually December 1-2, 2022. We have an incredible lineup of speakers exploring both the challenges and opportunities to promote flourishing across every level of the person, place, and planet continuum. In an era of so many interconnected challenges, there could not be a more important time for ambitious, integrative approaches.
For more information: https://novainstituteforhealth.org/forums/events/annual-conference-2022/

3. International Organisations

3.1 WHO initiative on conflict of interest and sponsorship of paediatric societies by the baby food industry

We are now calling this initiative PHASFI - Professional Healthcare Associations to address Sponsorship from the Formula Industry – and three meetings of the action group have been held. At the last one, means of funding of education other than formula industry sponsorship were discussed. The main source is member fees but other funds used are: pharmaceutical industry (also dubious), grants from other bodies including insurance companies, government funding, and the building of a fund within the society by donations. Also meetings can be made cheaper by using the internet which also reduces air travel.
Any ISSOP members with suggestions on other sources of funding for education, please write to me at waterstona@who.int

On December 6-8th a larger internet meeting will be held with 30-35 representatives of societies from all over the world who have ended sponsorship or would like to do so. The main purpose of the meeting is to establish the basis for assisting all paediatric (& obstetric and nursing) societies to end formula sponsorship themselves. We shall be working with umbrella organisations such as the IPA and with in-country activists to do this, and ISSOP members will certainly be part of this process.

Tony Waterston

3.2 NEWLY REVISED InspiRights North American Survey

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 newly revised survey is shorter and easier to fill out, making nominating good practices easier than ever. 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

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GlobalChild

/GlobalChild /GlobalChild @GlobalChild_Can

3.3 Celebrating the Anniversary of the CRC in Latin America

On the occasion of the 33rd anniversary of the Convention on the Rights of the Child, the ALAPE social pediatrics committee together with ORAS-CONHU (Andean Health Organization) held a meeting on November 22. During said event, the preliminary results of the investigation on the syndemic and children's rights were presented with the participation of six countries in the region (Argentina, Chile, Colombia, Ecuador, Peru and Uruguay). There was a session dedicated to the participation of children and adolescents.

3.4 The 3rd International Eurasian Social Pediatrics Annual Congress and the 7th National Social Pediatrics Annual Congress

The 3rd International Eurasian Social Pediatrics Annual Congress and the 7th National Social Pediatrics Annual Congress, organized by the Social Pediatrics Association in Turkey, and hosted by the Dokuz Eylül University was held in İzmir, Türkiye between 16-20 November 2022. The congress presidents were Prof. Adem Aydın from Dokuz Eylül University and Assoc. Prof. Feyza Koç from Ege University.

The congress was held in memory of **Prof. Olcay Neyzi** who was one of the pioneers of Social Pediatrics in Türkiye. Three courses (Infant and toddler sleep problems, positive parenting, and immunization practices in special situations) were held on the first day of the congress.

Topics of the congress were: Current Threats for Child Health, Children Living in Difficult Conditions, Breastfeeding, Complementary Feeding, Well Child Care, Immunisation, Responsive Sleep Intervention Problems, Positive Parenting, Children with Special Educational Needs, Conflict of Interest, Research in Social Pediatrics, COVID-19 Pandemic and Child Health. Sessions were very interesting with lots of discussion.

Speakers from three continents participated on-line. These continents were America, Australia, and Europe. Turkish speakers participated face to face. Participants were pediatricians, social pediatricians, public health specialist, and family physicians.. There were around 150 participants coming from different parts of Türkiye. Researchers were also given the opportunity to present their studies in the area of social pediatrics in the sessions of oral presentations.

The congress was successful and productive for capturing the most important current health issues impacting child health in Social Pediatrics.

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Climate change and planetary health	**Nathan Uchtmann**
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Street children and working children	**Shanti Raman**
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impacts of national vaccination programmes to public health	**S. Velipaşaoğlu**
Current approaches in vaccination practices	**G. Keskindemirci**
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SESSION VI: CHILDREN WITH SPECIAL EDUCATIONAL NEEDS – Chairs: Elif Özmert, Ayşe Kılıç	
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Autism spectrum disorders	**Sezen Köse**
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SESSION VII: CHILD, FAMILY AND ENVIRONMENTAL INTERACTIONS Chairs: Serpil Baysal, B. Ulukol	
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SESSION VIII: CHANGES IN CHILD HEALTH IN THE COVID-19 PANDEMIC Chairs: N. Çöl, A. Çamurdan	
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Neonatal screening programme	**Nilgün Çaylan**
Child and adolescent health follow-up: What do guidelines say?	**Meda Kondolot**
Anticipatory guidence and family counseling	**Melda Çelik**

4. Current Controversy

4.1 Moving Migrant Families: A Cruel Stunt That Failed.

Migrant families arrived in San Antonio (Texas) after fleeing violence, persecution, and poverty in Venezuela, their home country. Many were approached by a woman they called Perla, who met them outside a San Antonio McDonald's. Perla told them that they could take a flight to Boston, Massachusetts, and get "expedited work papers". Three months of work, rent, and legal papers were promised to these weary migrants and asylum seekers, many with young children. Perla offered migrants money to recruit others and gave families meals and four nights in a hotel before the flights left.

These families arrived in Martha's Vineyard, a tiny island off the coast of Massachusetts. There were no jobs, shelter, or work papers. The moving of migrants to a northern, liberal community turned out to be a cruel stunt on the part of Governor Ron DeSantis of Florida, designed to "punish" those who advocated for a humanitarian response to these refugees.

The citizens of Martha's Vineyard responded with compassion and empathy. The migrant families initially stayed in a church shelter as well as in the homes of some residents. The community gathered blankets, toothbrushes, clothing, food, caring as well as their resources would allow. Eventually these families were moved to the Joint Base Cape Cod, where humanitarian services were in place.

Examination of these actions on the part of Governor DeSantis strike many of us as unethical. It turns out that they are illegal as well. It is an offense to "intentionally, knowingly, or recklessly cause the exploitation of a child, elderly individual, or disabled individual." "Exploitation" means "the illegal or improper use of a child, elderly individual, or disabled individual or of the resources of a child, elderly individual, or disabled individual for monetary or personal benefit, profit, or gain." Governor DeSantis improperly used these children and elderly persons for his campaign's monetary gain and to gain political support. There is at least one report that DeSantis discussed his plan to transport migrants to Martha's Vineyard at a donor party just days before the event. The exposure this stunt gained would benefit him and his campaign.

Ironically, Florida was the only state in the US where politicians, including Governor DeSantis, were elected on their message of anti-immigrant, anti-reproductive rights and anti-democratic principles. Across the rest of the nation, Americans rejected inhumanity and authoritarianism, electing leaders who speak and act for our society's most vulnerable. As we make our own ethical journey through this world, child rights and human rights remain front and center in our paths forward. We continue to speak for basic child rights, even in our own country.

Colleen Kraft

[*Editor's note: Ron Desantis was re-elected as Governor of Florida with an increased majority. He is considered to be a front-runner – together with Donald Trump – for being proposed as the Republican Presidential candidate in 2024]*

4.2. The Cure for Politicized Pediatric Gender Care

Though medical care can vary to some extent regionally and internationally due to economic, social, and cultural differences, the similarities in treatment protocols far outnumber the dissimilarities. How best to treat a broken arm, or a melanoma, or diabetes is consistent across borders. Yet children and adolescents diagnosed with gender dysphoria receive radically different treatments depending on where they live. With gender clinics in the United States under significant stress due to the intense politicization of this field of medicine, and with the well-being of especially vulnerable children at stake, it is crucial that these inconsistencies be addressed. The best way to do this would be for a major, trusted medical organization such as the National Institutes of Health or the Institute of Medicine to commission a systematic review of the evidence underlying pediatric gender medicine.

No U.S.-based organization has conducted such a review at the national level, putting American

professional medical associations and physicians at odds with their counterparts and colleagues in other countries. All patients deserve evidence-based care, and all physicians deserve to practice medicine with the help of authoritative clinical practice guidelines. Clinical practice guidelines are "statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options." The inclusion of systematic reviews in the formation of guidelines for the treatment of gender dysphoric youth is necessary to ensure that medical care is evidence-based and patients are not exposed to medically unnecessary risks. The time to conduct a systematic review is now. There has been a sharp increase in the number of minors diagnosed with gender dysphoria in the U.S. An analysis of insurance claims found that in 2017, 15,172 patients aged 6 to 17 were diagnosed with gender dysphoria; in 2021, the number grew to 42, 167, an increase of roughly 300%. Other countries have also seen an increase in minors presenting with gender dysphoria.

U.S. physicians treating an adolescent patient suffering from gender dysphoria are guided by professional organizations, such as the Endocrine Society, the American Academy of Pediatrics, and the World Professional Association for Transgender Health (WPATH), to employ gender-

affirming care, which can involve the prescription of puberty blockers, cross-sex hormones, or surgery. These organizations' guidelines are not based on systematic reviews of the benefits of these treatments. Although some U.S. states have moved to ban or restrict youth access to gender affirming care, physicians in most states follow these organizations' guidelines. In its most recent guidance document, WPATH reported that it is "not possible" to conduct a systematic review of adolescent care due to the overall low number of studies and the "few outcome studies that follow youth into adulthood." Nevertheless, the title of WPATH's document is called "Standards of Care for Transgender and Gender-Diverse People" and its recommendations for the treatment of minors have been described as "evidence-based" by U.S. Assistant Secretary for Health Rachel Levine.

Meanwhile, physicians treating children and adolescents with gender dysphoria in Sweden, which did conduct a systematic review, are told by their National Board of Health and Welfare that "the risks of puberty suppressing treatment with GnRH-analogues and gender-affirming hormonal treatment currently outweigh the possible benefits, and . . . the treatments should be offered only in exceptional cases." It recommends mental health support and exploratory psychological care as the first line of treatment for gender dysphoria in youth and states that hormonal interventions "should be restricted to research settings."

Across the border in Finland, which also conducted a systematic review, physicians are told by the Council for Choices in Healthcare that psychosocial support is the first-line treatment for adolescent gender dysphoria, along with exploratory therapy and treatment for psychiatric comorbidities. Finland considers the medical transition of minors to be an experimental practice and claims that no medical treatment can be considered evidence based.

In the UK in 2020, the National Health Service commissioned independent, systematic reviews of the evidence for clinical benefit of prescribing puberty blockers and cross-sex hormones to gender dysphoric youth. The reviews found that studies showing positive correlations between these interventions and improvements in mental health, quality of life, and gender dysphoria were "not deemed strong enough to form the basis of a policy position." Last month, the National Health Service issued a draft guidance that restricts puberty blockers to research settings. Echoing Sweden and Finland, NHS-England now concludes, "The primary intervention for children and young people who are assessed as suitable for The Service is psychosocial (including psychoeducation) and psychological support and intervention."

Given the vulnerability of youths with gender dysphoria, inconsistencies in clinical guidance for treating these patients are both ethically concerning and medically consequential. A patient in Sweden, Finland, or England will receive blockers or cross-sex hormones only in exceptional circumstances, while some clinics in the U.S. will prescribe them after a single meeting. This discrepancy in clinical approach cannot be explained by national cultural differences in attitudes toward LGBT+ people; research shows that Sweden, Finland, and the Great Britain all rank higher than the U.S. for acceptance of sexual and gender minorities.

https://www.thehastingscenter.org/pediatric-gender-care-the-cure-for-politicized-medicine-is-evidence-based-medicine/

Moti Gorin, PhD, MBE, is an associate professor in the department of philosophy at Colorado State University. **US.**

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

5.1 CHIFA Report

Dr Tom Hutchison, a retired community paediatrician from Bath, UK, will be ending his period on the moderation panel of CHIFA at the end of December. His reflections on his five years of moderating follow. **WE NEED NEW MODERATORS, PLEASE WRITE TO ME IF INTERESTED!** Full training provided.
Tony.waterston@ncl.ac.uk

Thoughts on leaving my role of CHIFA Moderator

Five years ago, I joined a small team moderating an online forum, **Child Healthcare Information For All**: CHIFA. It has kept me engaged with voices of child health care round the world. Since retirement I have become increasingly distanced from clinical practice as a paediatrician and this is an opportunity for another health professional to take over.

This is what I did, week in week out:

- Sorted out the real human voices from the spam, (about equal volumes).
- Linked posts together where there was a thread or a conversation
- Helped with the English when a post did not seem to be as the user intended
- Sometimes (but not often) adding my own comments.
- Redirecting posts as needed and putting people in touch
- Occasionally blocking someone on their personal soap box
- Above all trying to pass to the thousands of signed up CHIFA members useful information and opinions that deserved space in their crowded in boxes

CHIFA is a small voice of scientific reason in world dominated by unmoderated social media.
A world where the amazing advances of medical science are of little consequence to people whose health is determined by war, poverty, famine and pandemic disease.

Goodbye and thanks for all the posts – keep it up!
Tom Hutchison

5.2 IPA Report

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https://www.ipa2023congress.org/

Raul Mercer

5.3 ISSOP/INRICH Research Group

The group was formed to promote research on the impact of Covid 19 on children. We have published 48 peer-reviewed papers across eight research themes by researchers from 21 countries. We have decided to broaden our research focus beyond Covid with an overarching theme of Child Rights and Equity. We undertook a survey of group members and ISSOP & INRICH members to identify sub-themes and current research activity and plans related to these themes. We obtained 25 responses and are now in the process of analysing the results. Respondents have suggested a rich vein of potential research areas which we will discuss in the forthcoming meeting of the group. 18 respondents reported that they are researching in these areas.

As mentioned in a previous e-bulletin update from the group, we are working on a mentorship programme aimed at early career researchers especially those in low resource countries. We included questions in the survey on whether experienced researchers were interested in being mentors (10 indicated they would) and whether early career researchers would wish to be mentored (8 indicated they would). Further details of the mentorship programme will be available soon. If you did not get a request to complete the survey and would like to do so, please contact me at n.j.spencer@warwick.ac.uk

Nick Spencer

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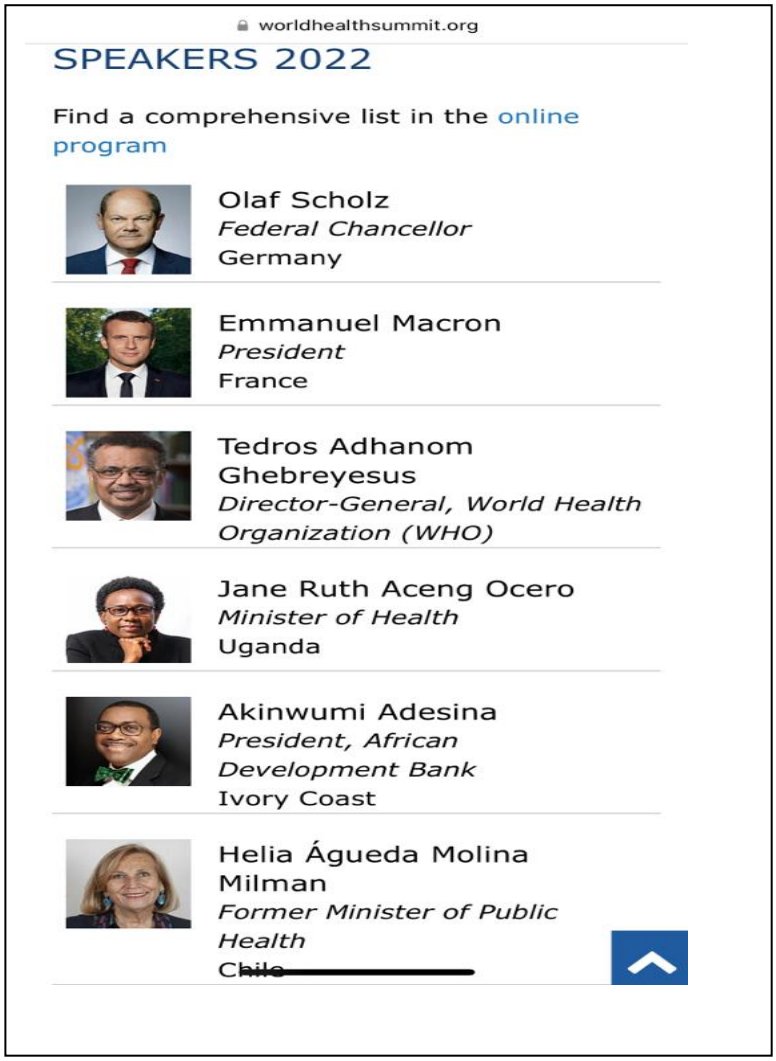
6. FACTS

6.1 From Social Pediatrics to Social Policies – Helia Molina (Chile)



As a former minister of health and actual member of the Health Commission Chamber of Deputies, at the National Congress of Chile and Coming from the LAC Region, I want to thank the organizer for inviting me and for the opportunity to contribute to discussing strengthening the European global health strategy to better align with One Health priorities and the SDGs.

Our region is facing multiple and important challenges, we cannot grow with high productivity, global competitiveness, and social inclusion if our population cannot access quality health care. This is what we mean when we talk about the inefficiency of inequality.

According to ECLAC data, public spending on health in Latin America and the Caribbean corresponds to 3.8% of GDP, far from the recommendation of 6% of the World Health Organization (WHO). Along the same lines, 32.2% of total health spending in the region corresponds to household out-of-pocket spending (compared to 21% of OECD countries), with a third of LAC countries with a share of out-of-pocket spending greater than 40%.

We propose to work collaboratively and integrally on the following four priorities:

I. **HEALTH SYSTEMS**

One important priority is the improvement of health systems to achieve universal health coverage (UHC) and leave no one behind, tackle health inequalities, and ensure social protection in health as a right, a universal health system to address health as a right:
Non-communicable diseases As well as
Reproductive, maternal, newborn, child, and adolescent health mental health; sexual and reproductive health and disability are high in our public agenda.

Europe has already gone through to an advance demographic and epidemiological transition and lessons learn and good practices must be shared in our region to adapt our health systems to this transitions.

II. **Gap in research and innovation** Europe must lead us in innovation, and availability of quality-assured health technologies, pharmaceutical, and medical devices, medicines, and vaccines. We need to find a more effective way to use existing flexibilities for Trade-Related Aspects of Intellectual Property Rights (TRIPS provisions)

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III. **ADDRESSING HEALTH INEQUITIES AND SOCIAL DETERMINANTS OF HEALTH**

Equality must be considered one of the drivers of regional development and a strategy for closing structural gaps in terms of income, capacities, productivity, and access to public goods, we propose to discuss our models of economic development.

A priority is addressing health inequities and the social, economic, and environmental determinants of health through right-based approach and health in all policies, considering gender inequity

IV.- ENVIRONMENTAL FACTORS and CLIMATE CHANGE recognizing the interconnection between people, animals, plants, and their shared environment (the 'One Health' approach) and increasing policy coherence between health-related and climate-related initiatives. New Mechanisms must be incorporated to facilitate access to financing of sustainable investment, considering global environmental problems, including biodiversity loss, soil degradation, and air and marine pollution. We need to address global health in its response to climate change together

Nutrition security will be increasingly threatened by climate change and populations suffering from malnutrition are more vulnerable to the growing threat of disease outbreaks. Hunger is on the rise for the first time in decades and malnutrition claims the lives of three million children before their fifth birthday every year.

V. Finally Strong leadership in global health diplomacy and better global governance is needed

The COVID-19 pandemic has highlighted the necessity of STRONG leadership in global

We need to strengthen multilateralism and advance the agenda 2030 goals and this new global strategy is an excellent opportunity to strengthen partnership with the Global South as equitable partners and to improve HEALTH CARE beyond European borders

The COVID-19 pandemic has a high human cost and a heavy economic impact on our region. It has reversed decades of progress, deepened inequalities, and added to the challenges of other pandemics (such as HIV, tuberculosis, and those of climate change, geopolitics, and the digital revolution). Recovery from the COVID-19 crisis is a global challenge. No country, no region, no continent can face it alone. At this time, the European Union and Latin America and the Caribbean must strengthen their strategic partnership to move towards a more sustainable, inclusive, and equal world.

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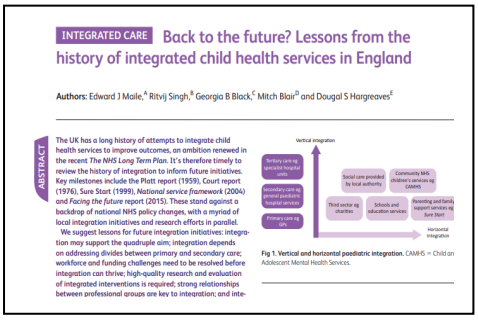
7. Publications

7.1 Back to the future? Lessons from the history of integrated child health services in England https://www.rcpjournals.org/content/futurehosp/9/2/183


INTEGRATED CARE Back to the future? Lessons from the history of integrated child health services in England

Authors: Edward J Maile,[A] Rityj Singh,[B] Georgia B Black,[C] Mitch Blair[D] and Dougal S Hargreaves[E]

ABSTRACT

The UK has a long history of attempts to integrate child health services to improve outcomes, an ambition renewed in the recent *The NHS Long Term Plan*. It's therefore timely to review the history of integration to inform future initiatives. Key milestones include the Platt report (1959), Court report (1976), Sure Start (1999), *National service framework* (2004) and *Facing the future* report (2015). These stand against a backdrop of national NHS policy changes, with a myriad of local integration initiatives and research efforts in parallel.

We suggest lessons for future integration initiatives: integration may support the quadruple aim; integration depends on addressing divides between primary and secondary care; workforce and funding challenges need to be resolved before integration can thrive; high-quality research and evaluation of integrated interventions is required; strong relationships between professional groups are key to integration; and inte-

Fig 1. Vertical and horizontal paediatric integration. CAMHS = Child an Adolescent Mental Health Services.

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We suggest lessons for future integration initiatives: integration may support the quadruple aim; integration depends on addressing divides between primary and secondary care; workforce and funding challenges need to be resolved before integration can thrive; high-quality research and evaluation of integrated interventions is required; strong relationships between professional groups are key to integration; and integration can help address health inequalities.

Commentary by one of the authors, ISSOP member Prof Mitch Blair:

What comes around goes around
Over 30 years ago, I was practicing specialist paediatrics in a truly superb community setting – in general practices, day centres and schools. I enjoyed this immensely and now I am doing it again, mainly supporting colleagues in their local general practice offices, except they call it "integrated care" This article attempts to trace the history of integrated care in paediatric practice from its start. It is interesting that Nick Spencer's original article from 1993 has been cited a number of times here.

In summary, integration depends on addressing divides between primary and secondary care; workforce and funding challenges need to be resolved before integration can thrive; that high-quality research and evaluation of integrated interventions is required; strong relationships between professional groups are key to integration; and integration can help address health inequalities. Nothing new then!

7.2 The 2022 report of the *Lancet* Countdown on health and climate change: health at the mercy of fossil fuels

This long and detailed paper analyses the health impact globally of the burning of fossil fuels and provides an essential tool to take to government and others in power to persuade them to initiate stronger action. Here is an extract from the first table –

Panel 1: **Key findings of the 2022 report of the *Lancet* Countdown**

- **Climate change is undermining every dimension of global health monitored, increasing the fragility of the global systems that health depends on, and increasing the vulnerability of populations to the coexisting geopolitical, energy, and cost-of-living crises.**
- **Climate change is increasingly undermining global food security, exacerbating the effects of the COVID-19, geopolitical, energy, and cost-of-living crises. New analysis of 103 countries shows that days of extreme heat, increasing in frequency and intensity due to climate change, accounted for an estimated 98 million more people reporting moderate to severe food insecurity in 2020 than the average in 1981–2010 (indicator 1.4).**

However the report is not totally depressing (we need to be depressed to push us into action). Section 4 looks at the health co-benefits of mitigation action, for example the use of clean fuels within the home prevents respiratory ailments including pneumonia. I was struck by the inequalities even in this field, for example

WHO indicate that although 86% of the global urban population had access to clean fuels and technologies for cooking in 2020, only 48% of rural populations did. Inequities were also noted between countries, with 98% of the population in very high HDI countries having access to clean fuels and technologies for cooking, against just 13% in low HDI countries [*HDI = Human Development Index]*

As suggested in item 9.4 in the e-bulletin below, there is a key role for health professionals to take action to first tell the truth about the climate and secondly to call for governments to step up to reduce emissions. Please let us know what you are doing about the climate crisis and the e-bulletin will publicise your experience!

The paper ends with these possibly hopeful and certainly predictive words – With countries facing multiple crises simultaneously, their policies on COVID-19 recovery and energy sovereignty will have profound, and potentially irreversible consequences for health and climate change. However, accelerated climate action would deliver cascading benefits, with more resilient health, food, and energy systems, and improved security and diplomatic autonomy, minimising the health impact of health shocks. With the world in turmoil, putting human health at the centre of an aligned response to these concurrent crises could represent the last hope of securing a healthier, safer future for all.

Tony Waterston

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8. Topics in Social Pediatrics

8.1 Launch of RCPCH health inequalities toolkit
RCPCH President Camilla Kingdon wrote the following to members in September 2022:

Life and health is indeed precious and never to be taken for granted. As paediatricians we know this only too well. It is therefore deeply troubling when we care for children where the wider determinants of health make a material difference to their chances of having happy and healthy childhoods. There is something doubly heart-breaking looking after families when you know that the odds are stacked against them simply because of where they live or how much they earn or their ethnicity. How do we tackle these complex issues? Do we have a role to play as doctors? The answer is a resounding YES!

I am so thrilled with our newly launched RCPCH Health Inequalities Toolkit! I would strongly encourage you to take a closer look. This is the most intriguing and empowering piece of work the College has undertaken for some time. The toolkit is the product of great collaborations between the College, inspiring paediatric clinical teams and RCPCH &Us bringing in the voice of the child. There is our **College position statement**, a **practical toolkit** and an opportunity to **sign an open letter in each of the four nations** to call on political leaders to take action on poverty and health inequalities. And as if this isn't enough, there is an **impassioned plea from over 500 children and young people** who helped us with this work in a call "Everyone deserves the world". I am so proud of this work and I know you will be too!

Comment by RCPCH Fellow Tony Waterston: This is a really excellent toolkit which is summarised in the brief video here. The advice is applicable anywhere in the world so please use if freely with your patients and make sure all trainees understand the importance of inequalities in their every day work.

8.2 New guidance on medical emergencies in eating disorders

The Royal College of Psychiatrists in UK has issued new guidance for frontline staff on how to respond to medical emergencies in eating disorders (MEED)

Dr Natasha Sauven a UK community paediatrician reviewed this new guidance in the RCPCH newsletter, Autumn 2022 –
The new publication, which is based on the advice and recommendations of an expert working group, provides the latest evidence on how we manage eating disorders. Literature reviews and guideline comparisons have been made, 26 full text articles screened, and 12 evidence-based guidelines for eating disorders included within the searches. It concluded that there is still significant variation between international clinical guidelines in the criteria recommended to assess medical risk for patients with an eating disorder, and further research is still needed. Recommendations should be based on evidence rather than expert opinion and MEED makes it clear where more research is needed.

8.3 What has been happening during the pandemic? Several pieces of information from Japan

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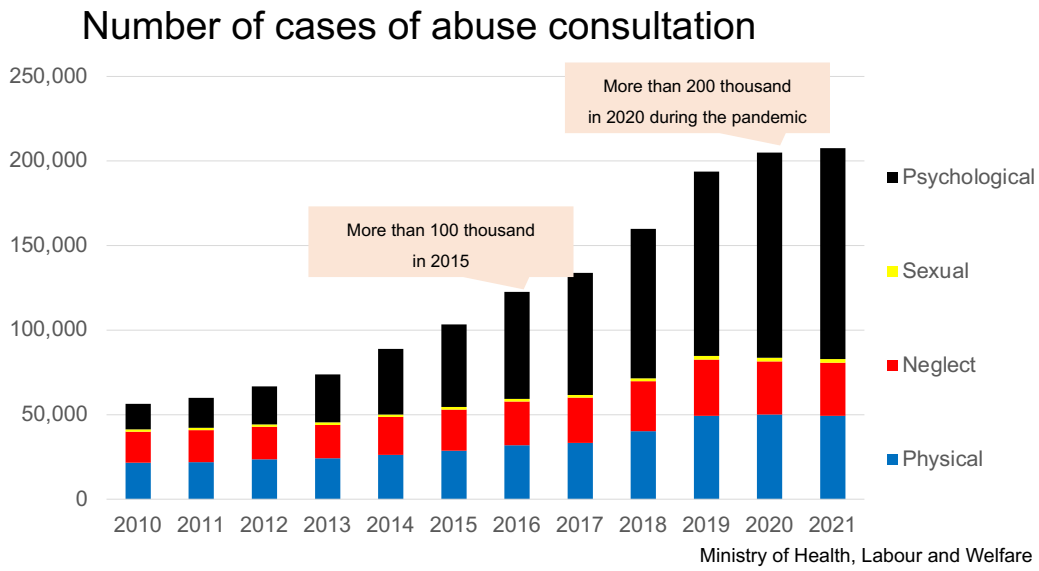
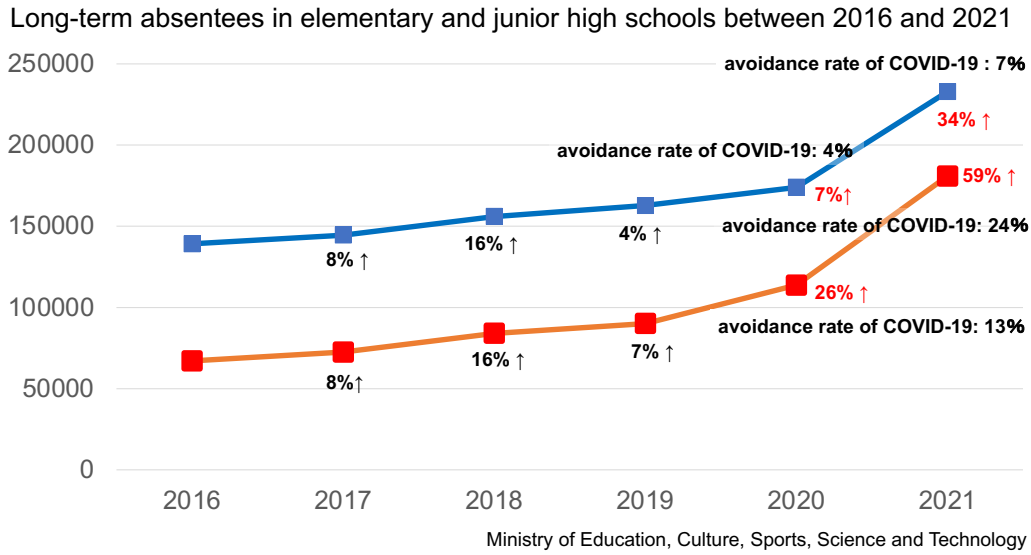
What has been happening during the pandemic -several pieces of information from Japan-By Hajime Takeuchi [Indirect effects for children] You may have similar indirect effects as this report in your country.

1. Increasing abuse cases



The pandemic has been making us challenging to recognise abuse because of "social distancing". However, consultation cases, especially psychological abuses, have been increasing. Unfortunately, Japanese society cannot detect sexual-abuse instances yet.

2. Increasing school absentees



The long-term absentees in elementary and junior high schools have increased during the pandemic. One of the causes is the anxiety of children and parents about the infection. However, the closure also made students not attend school for other reasons. In Japan, it was done between March and June for three months in 2020.

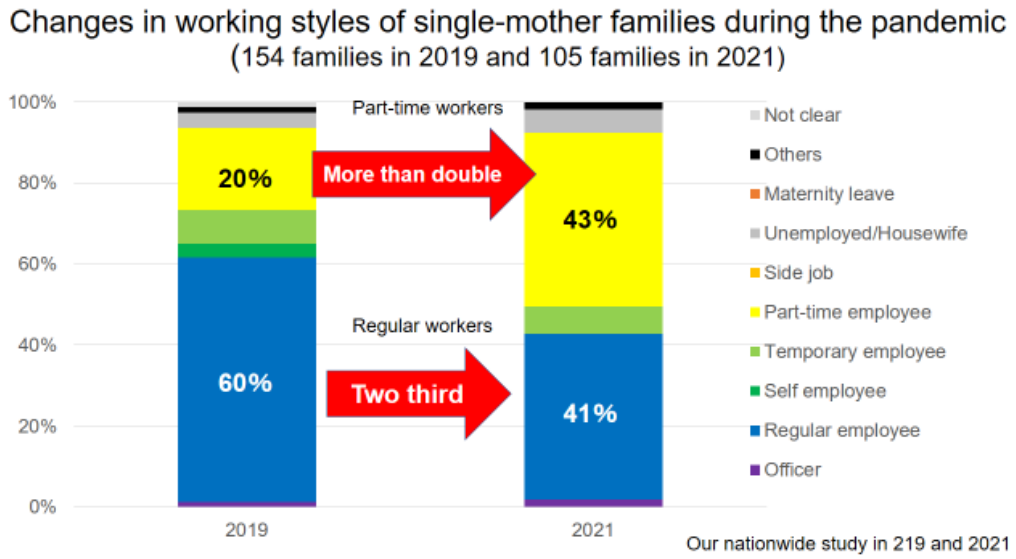
3. Caregivers of CYPs

Young caregivers

Year	Subject by school	Area	Caregiver (%)	for whom
2016	Ordinary high school	Osaka Prefecture	(6.2)	For siblings: (1.0) For other family members: (5.2)
2020.12 -2021.2	Junior high school 2nd grade	A national survey by the Japanese Government	5.7	For parents: 23.5%, For grandparents: 14.7% For siblings: 61.8%
	Ordinary high school 2nd grade		4.1	For parents: 29.6%, For grandparents: 22.5% For siblings: 44.3%
	Night high school 2nd grade		8.5	For parents: 35.5%, For grandparents: 16.1% For siblings: 41.9%,
	Correspondence high school		11.0	For parents: 32.7%, For grandparents: 22.4% For siblings: 42.9%
2020	Ordinary high school 2nd grade	Saitama prefecture	5.3	For mother: 24.0%, For grandmother: 20.3% For siblings: 22.4%
2021	Ordinary high school	Osaka Prefecture	6.5%	For siblings: 41.2%, For parents: 30.8% For grandparents: 15.7%
2022	Ordinary high school	Osaka Prefecture	11.4%	For siblings: 68.1%, For parents: 29.7% For grandparents: 9.9%

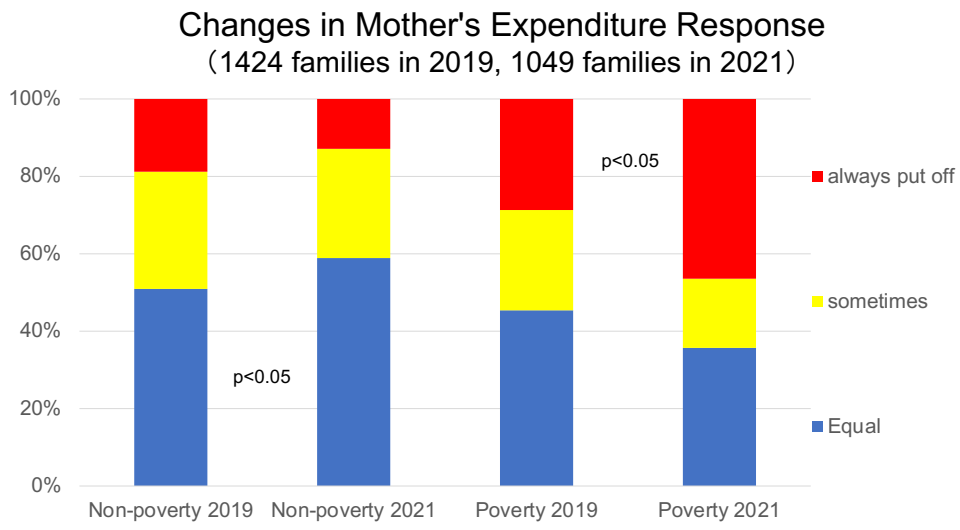
The issue of children and young people's caregivers has been getting more attention in the media. Several official surveys of young caregivers have been performed before and during the pandemic. It is suspected that the number of children who care for their families has been increasing during the pandemic. The care objects are younger siblings and parents, especially the mother.

4. Deteriorating working environment



According to our national survey during the pandemic in 2021, many mothers work mainly in service jobs without qualifications or licenses. And then, the school closure occurred for three months. The working environment in those businesses has deteriorated due to the impact of the pandemic. So, especially single mothers working styles changed worse than before the pandemic.

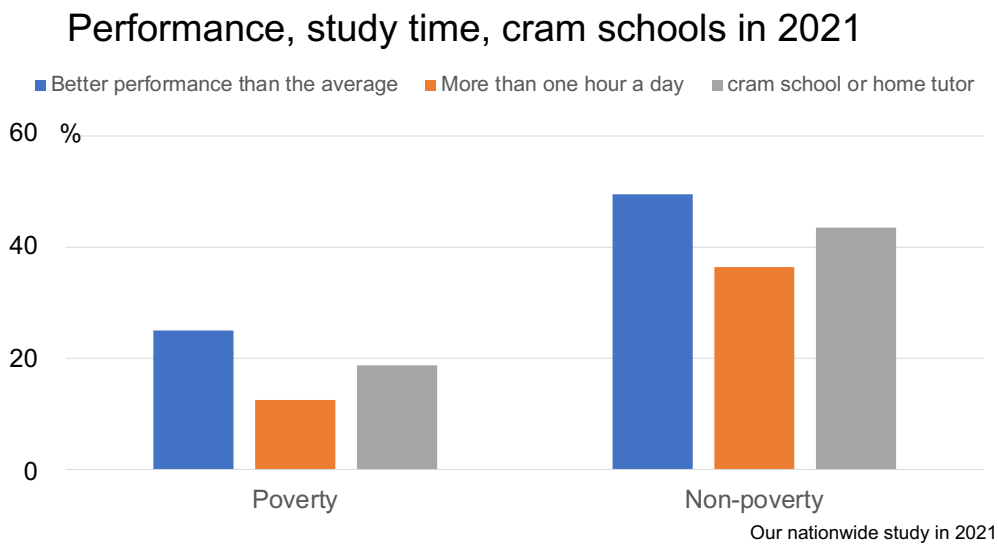
5. The financial impact is not the same for each family member



Our nationwide study in 219 and 2021

The same survey shows contrasting results in non-poverty and poverty groups. For example, the reply to the question "How have you changed your spending before and during COVID-19?" was completely different between not-poor and poor families. While mothers from not-poor families changed to spend more equally with their partners, those from poorer families cut back on themselves.

6. Study performance



Our nationwide study in 2021

More children from poor families think their study performance is not good, and they don't do their homework for more than one hour a day. The cases attending ‘cram’ schools (private tutoring) from poor families are less than half of those from not poor families.

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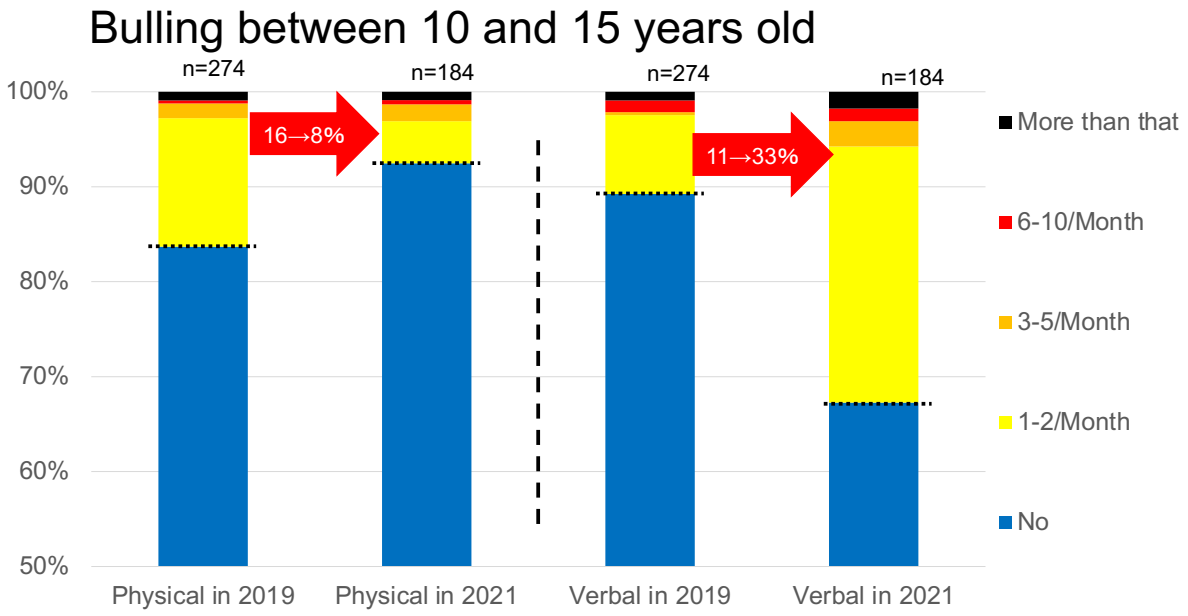
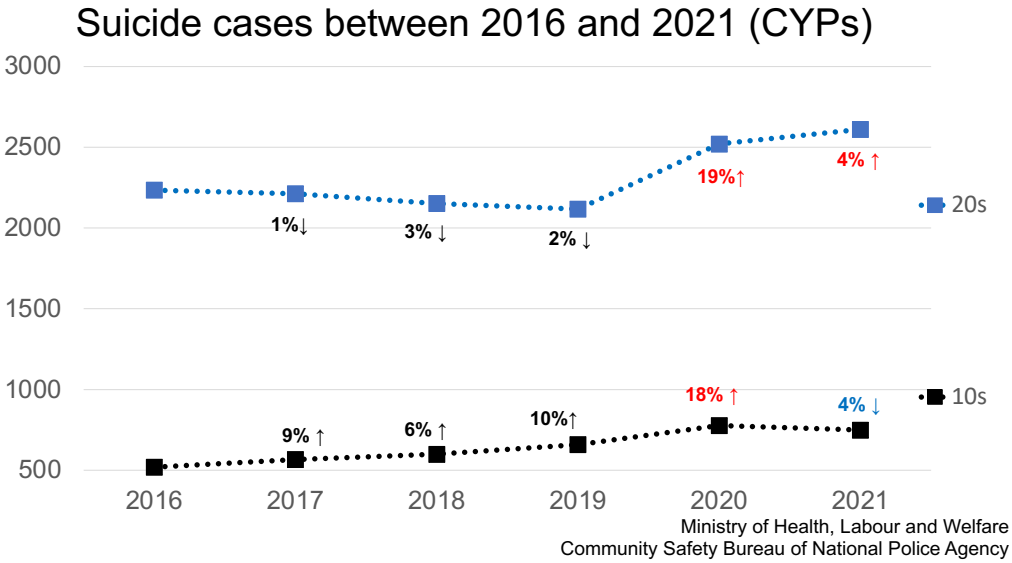
7. Bullying during the pandemic



Our nationwide study in 219 and 2021

Our study also shows that physical bullying has decreased to about half. On the other hand, verbal bullying has increased three times during the pandemic.

8. Increased Suicide cases in CYPs



Ministry of Health, Labour and Welfare
Community Safety Bureau of National Police Agency

The suicide cases increased significantly from the second half of 2020 to the first half of 2021. This phenomenon occurred mainly in the ten and twenty-year-old generations.

Top causes of death in the age of 10-14 in 2021 by gender Per 100,000 birth

10~14-year-old	The first	The second	The third
Total	**Suicide (2.4)**	Malignant neoplasm (1.5)	Accident (1.0)
Boys	**Suicide (2.2)**	Malignant neoplasm (1.8)	Accident (1.5)
Girls	**Suicide (2.6)**	Malignant neoplasm (1.3)	Congenital malformation (0.7)

15~19-year-old	The first	The second	The third
Total	**Suicide (11.5)**	Accident (2.9)	Malignant neoplasm (2.3)
Boys	**Suicide (13.4)**	Accident (4.3)	Malignant neoplasm (2.7)
Girls	**Suicide (9.4)**	Malignant neoplasm (1.9)	Accident (1.5)

Ministry of Health, Labour and Welfare

The issues of suicide are about double in males compared to females in total. However, girls' cases are more than boys' in the ages 10-14.

Their relationship is complicated and mutual. It is challenging to clarify which are the causes and which are the results. However, the pandemic brought a lot of indirect effects on children and young people. We, all adults, are responsible for listening to their voices and responding to optimise their capabilities, what they want to be or what they want to become.

8.4. The Subspecialty in Community Paediatrics in South Africa: A Road Long Travelled

In South Africa, a focus on child public health could help the country reach the third Sustainable Development Goal, strengthen the management of the priority child health conditions at the primary care level, and address the social determinants affecting children's health through advocacy and intersectoral linkages.

The need for trained subspecialists in Community Paediatrics with leadership skills and the necessary competencies who work across the health system to strengthen child health services, particularly within their districts, was previously described. (1, 2)

Academic support for Community Paediatrics subspecialist training goes back to 2008 when the departmental paediatric heads of seven universities supported the University of Cape Town (UCT) to develop a curriculum and training sites for the subspecialty. Following this a special interest group was convened by the head of Paediatrics and Child Health at UCT to develop the syllabus and portfolio of learning for the sub-specialty certificate of the Colleges of Medicine of South Africa (CMSA), later accredited by the Health Professions Council of South Africa (HPCSA) in 2012. At the same time, a curriculum was developed for a Postgraduate Diploma in Community and General Paediatrics, envisaged to form the basis for subspecialty training. This programme has been in place since 2015 and, while initially offered to paediatricians and district medical officers, was later opened to allied health professionals.


Source: 100+ Free Pixabay

The sub-specialty in community paediatrics was only approved by the Minister of Health and registered by the HPCSA in 2020. In the interim, the HPCSA mandated universities to be the accredited training providers and the CMSA the examining body. Based on the decision of UCT to offer Professional Master's qualifications to subspecialist trainees, the curriculum for a Master of Philosophy (MPhil) in Community Paediatrics was developed, to be taken by trainees over a two-year period. The programme which has been endorsed by the HPCSA is awaiting approval by the Department of Higher Education and the Council for Higher Education with plans to offer it in 2024.

It is envisaged that trainees who are based at regional, large district hospitals or in District Clinical Specialist Teams (3) will undertake their training at primary healthcare facilities within their districts. Two consultants at UCT were recently successfully registered as subspecialists in Community Paediatrics by the HPCSA fulfilling the requirement for UCT as an accredited training site.
In conclusion, it has taken more than a decade to register the subspecialty in Community Paediatrics in South Africa and develop an appropriate training programme. Further work requires securing resident posts through donor funding, accessing rotating posts, or utilising posts of junior consultants wanting to subspecialise. The journey continues in bringing to fruition this valuable subspecialty, possibly the first of its kind on the African continent.

1. Swingler G, Hendricks M, Hall D, Hall S, Sanders D, McKerrow N, et al. Can a new paediatric sub-specialty improve child health in South Africa? South African Medical Journal. 2012;102(9):738-9.10.7196/SAMJ.5714

2. Goga AE, Feucht U, Hendricks M, Westwood A, Saloojee H, Swingler G, et al. Community paediatrics and child health. SAMJ: South African Medical Journal. 2015;105(4):243
3. Voce A, Bhana R, Monticelli F, Makua M, Pillay Y, Ngubane G, et al. District clinical specialist teams. South African Health Review. 2013;2013(1):45-58

By Michael Hendricks and Anthony Westwood, Associate Professors, Department of Paediatrics and child Health, University of Cape Town

8.5 My Green Doctor by Todd Sacks

PFAS: Toxic Chemicals To Understand & Avoid

PFAS chemicals seem to be everywhere these days: at the top of Mount Everest, in umbilical cord blood, in breast milk, and in the news. In 2022, the U.S. Environmental Protection Agency announced new health advisories for PFAS in drinking water. This month, ISSOP's My Green Doctor explains why PFAS are important and how your patients can avoid them. Click this link or scan the QR: https://mygreendoctor.org/pfas-toxic-chemicals-to-understand-avoid/

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 Espanol). Use the **discount code MGDISSOP** to save $60 instantly and get full free access to My Green Doctor forever. Ask your practice manager to register today and to put My Green Doctor on your next agenda. **You can do this!**

8.6 World Children's Day 2022

Quick facts:

- First established in 1954 as Universal Children's Day to promote international togetherness, awareness among children worldwide and improving children's welfare
- November 20th is also the date in 1959 when the UN General Assembly adopted the Declaration of the Rights of the Child and the date in 1989 when the UN General Assembly adopted the Convention on the Rights of the Child (UNCRC)

As part of World Children's Day, our team in Jacksonville, Florida talked about the UNCRC and what it means to the children we serve in our clinical programs every day. We reminded ourselves of what it is like to be a child with games and discussion. Finally, we celebrated the amazing advocacy work by children that is happening around the world.
Here I share the link to a recent article in the US featured in Reuters about a group of children fighting for climate change. 'Climate kids' lawsuit targets Hawaii's DOT | Reuters
The case was filed in June 2022 by 14 teenagers ranging in age from 9 to 18 years in Hawaii, USA. The suit seeks a declaration that the Hawaii Department of Transportation (HDOT) is violating the children's state constitutional right to a clean and healthful environment. The lawsuit is supported by the US nonprofits Our Children's Trust and Earthjustice and claims that the HDOT is prioritizing fossil fuel-powered cars over mass transit and other environmentally friendly alternatives, contributing to greenhouse gas pollution. Their goal is to force the department to fully carbonize by 2045. This is just one of many examples of the work of children around the globe to make this a better place to live and thrive.
Happy World Children's Day!! What will you do next year?

Rita Nathawad

9. Climate change update

9.1 Prioritise climate change or face catastrophe – UN Chief

The UN Secretary General Antonio Guterres has been very outspoken both in advance of COP 27, and at the conference itself, in dramatically spelling out the urgency of action in taking action on climate change. I rather fear that many people are now closing their eyes to grim warnings of impending doom, correct though they are. Suggestions from readers on how to get the message over without creating climate anxiety, are welcome!
My view is that the answer to climate anxiety is action as show in the banner below.
You can read the BBC interview with Guterres here and I encourage you to do so!

TW

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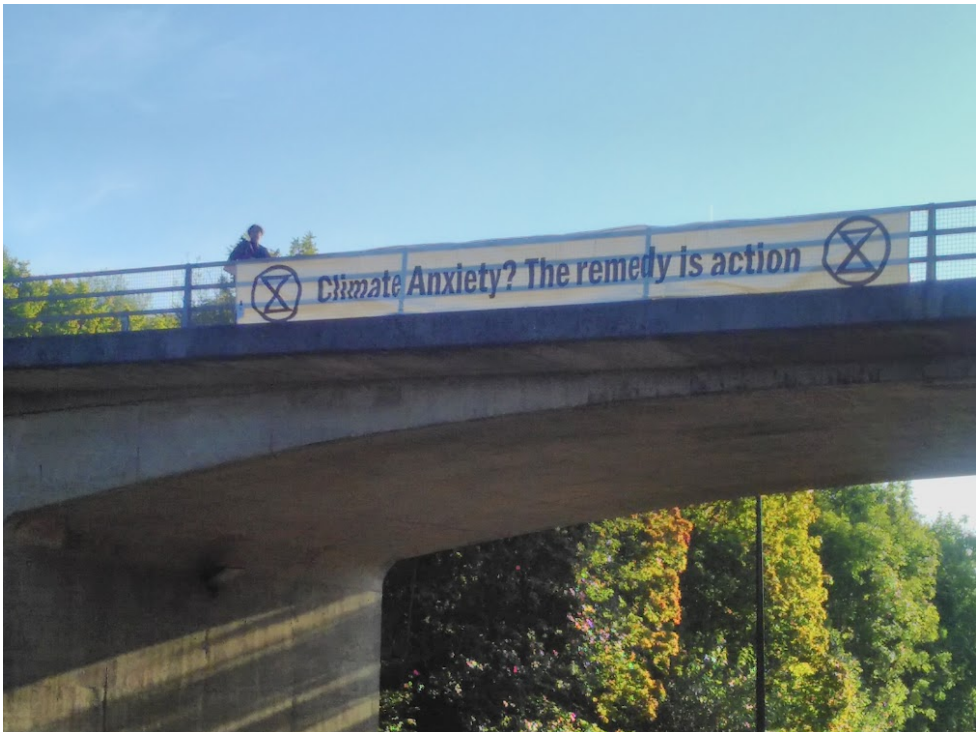

9.2 State of Climate Action 2022

The *State of Climate Action 2022* provides a comprehensive assessment of the global gap in climate action across the world's highest-emitting systems, highlighting where recent progress made in reducing GHG emissions, scaling up carbon removal, and increasing climate finance must accelerate over the next decade to keep the Paris Agreement's goal to limit warming to 1.5°C within reach.

Of the 40 indicators assessed in the report, none are on track to reach their 2030 targets. Six are heading in the right direction at a promising but insufficient speed, while 21 are also trending in the right direction but well below the required pace. Five indicators are trending in the wrong direction entirely, while the data are insufficient to evaluate the final eight indicators.

9.3 UN warns key warming threshold slipping from sight

There is "no credible pathway" to keep the rise in global temperatures below the key threshold of 1.5C, according to a bleak new UN assessment.

Scientists believe that going beyond 1.5C would see dangerous impacts for people all over the world. The **report** says that since COP26 last year, governments carbon cutting plans have been "woefully inadequate". Only an urgent transformation of society will avoid disaster, the study says.

9.4 Ride for Their Lives (2) 2022

Bulletin readers will I hope remember the account of Ride for their Lives 1, a group cycle ride by child health professionals led by WHO from Geneva to London and then on to Glasgow for COP 26 in November 2021, via Newcastle. This tiring but inspiring event

illustrated the enthusiasm these doctors, nurses, therapists and managers feel for climate change action, especially around air pollution.
This year, it was too far and too difficult to cycle from London to Egypt for COP 27, but (again with the support of WHO), the riders did almost as well. Their journey is well told in the inspiring youtube of the presentation made by Dr Diarmid Cambell Lendrum, the WHO climate change lead at WHO, in the health pavilion in COP 27. Watch the presentation (the first 10mins is riveting!) and specially listen to the account from a young Egyptian doctor at about 12 mins, of why she feels this advocacy is so important.

Tony Waterston

9.5 Report from COP 27 from Nightingale Wakigera

Hummer @ the green Zone

COP27 was held in Sharm-el-Sheikh, Egypt this year! This was a special COP being held in Africa where the effects of Climate change are disproportionately felt. Maybe bringing the discussions at the "doorstep" of many of those most affected would in theory make it more likely that the African community at large could be more involved than in previous COPs.

To highlight a bit of my journey to COP27: As a parent to two young and hopeful children (8 and 11 years respectively), it was hard to say goodbye to them knowing that I would be gone for 2 weeks. The dad and I explained as best as we could why we chose to take this step, to a large extent, I believe that our children understood and sent us with their blessings. They sent us with their stuffed hummingbird called Hummer, to come along as their representative, our companion, as well as a constant reminder why we had chosen to attend our first COP: To boldly share our views, hopes and dreams for our children and future generations and learn the ins and outs of what it takes to call for and effect change for hopefully, a "livable tomorrow", and to support the voices of the children at COP27.

You see, with children under 18 representing close to one half of the population in many developing countries, and about one third (2.2 billion) worldwide, it is imperative to involve them in all discussions and decisions made that impact their lives and the world they live in. It was therefore with great joy to learn that for the first time, COP had established a children and youth Pavilion which was quite vibrant with a few children and many youths as well as their allies. This pavilion was housed in the blue zone which unfortunately is harder to access for the public. Although this was a great and important step, my hope for future COPS is to have more children spaces available especially in the green zone where the "common children and youth" have easier access.

I was glad to meet quite a few health professionals at COP27. In fact, the Global Climate and Health Alliance (GCHA) brought health professionals together at a net-working dinner. This allowed for great discussions and networking on issues connecting Climate change and human health. However, I did not meet anyone who identified as a child-health professional (except my partner). Moving forward, it will be great to have the child-health professionals and educators' network more closely as this would hopefully help support the children and youth and the work they are already doing.

In a nutshell, I'm glad I went to COP27. COP28 will be held in Dubai. It is my hope that we will have better child-health professionals, as well as child-educators and advocates represented.