

ISSOP e-Bulletin N° 64

July 2023



CONTENTS

1. Introduction

1.1 Message from Jeff Goldhagen. ISSOP President

2. Meetings and news

2.1 Joint meeting of the Spanish Society of Social Pediatrics and ISSOP. Valencia, Spain. November 16-18, 2023.

2.2 Integrating ourselves to improve the quality of life of children and adolescents in the ABC Region (Argentina, Bolivia and Chile). Calama, Chile, August 3-5, 2023.

2.3 29th International Conference on Health Promoting Hospitals and Health Services. Vienna, Austria, September 20-200, 2023.

3. International Organizations

3.1 InspiRights Global Survey

3.2 African Neonatal Association

3.3 WHO initiative on sponsorship of child health professional associations by manufacturers of commercial milk formula

4. Current controversy

4.1 Survival of the Richest, how we must tax the super-rich now to fight inequality

5. CHIFA – IPA - ISSOP/INRICH - reports

5.1 CHIFA report

5.2 IPA report

5.3. ISSOP/INRICH report

5.4 Street and Working Children report

6. Publications

6.1 Healthcare professionals, breastmilk substitutes and corporate sponsorship

6.2 Perceptions, beliefs, and current practices regarding neonatal skin care and emollient use in eastern Uganda: a qualitative study

6.3 Children's Human Rights in the USA. Challenges and Opportunities

6.4 Progress on Household Drinking Water, Sanitation and Hygiene (2000-2022)

7. Topics in Social Pediatrics

7.1 Life expectancy in Japan

7.2 Child refugees – an animation

8. Climate change update

8.1 Course on sustainable child health

8.2 Survey of impact of climate change on children's health

8.3 The climate crisis moves into uncharted territory

9. When a person is unique: Celebrating Lennart Kohler's 90th Birthday

ISSOP e-Bulletin N° 64

July 2023

1. Introduction

This month sees another record high temperature and wildfires are raging in many parts of the world and circling the Mediterranean. The images we might have expected in five years time are in the world and causing deaths already. Yet there still seems no sense of emergency measures to prevent further rise of carbon emissions, instead the fire fighters are out and holiday makers are being flown home. Why are we not seeing world leaders ending fossil fuel exploration, ramping up renewables, heavily funding home insulation and investing huge sums in public transport? And what are we all doing to pressure our governments to act as if our house was burning? (in the memorable words of Greta Thunberg)

Please turn first to the survey being carried out by the RCPCH on the impact of the climate crisis on your practice – see 8.2 this month. In 8.3 read in graphics of the recent temperatures round the world together with the rapidly warming ocean. Please write in about the initiatives your paediatric society is making to tackle this emergency.

In 7.1, Hajime Takeuchi continues his exploration of Japanese demographics with an analysis of life expectancy in men and women. It seems like women's rights has a part to play here.

We are pleased to hear of the African Neonatal Association (3.2) and hope to hear more of their important work, we expect to welcome many as members of ISSOP!

We also report on initiatives in Latin America, Uganda and USA and on the latest grim news on global heating (which the UN Secretary General now describes as [Global Boiling](#))

As ever please send your comments, contributions and feedback.

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



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

editor@issop.org

ISSOP e-Bulletin N° 64

July 2023

1.1 Message from Jeff Goldhagen – President of ISSOP

This summer finds ISSOP immersed in a number of initiatives that continue to respond to the most critical global challenges confronting vulnerated children and families.

- We are beginning to consider how to position ISSOP politically in the context of conflicts between countries. In an initial discussion with Kasbar Tashdjian, recently retired from the ICRC, and Jaleh Niazi, an Iranian pediatrician in Berkeley, the need to better define ISSOP's mandate was identified. We will be convening interested members to work on this challenge.
- Our endeavors related to Street and Working Children, led by Shanti Raman and Rajeev Seth, is continuing to take shape. A special collection of papers is being solicited to be published in BMJPO. A high-level working group is being formed to sustain this work—those interested in participating should contact Shanti or Rajeev.
- We recently initiated a discussion with Gilles Julien (Canada) and Robert Kahn, Dodi Meyer, and Rita Nathawad (US) about identifying and disseminated innovative and comprehensive rights- and equity-based models for the delivery of primary care that address the social determinants of health and the needs and rights of children and youth.
- Catalyzed by our colleagues in the UK, we will be collaborating with RCPCH on some of our Climate Change work. We are working with Our Children's Trust (<https://www.ourchildrenstrust.org/>), a legal firm focused solely in representing children in legal actions related to climate change, to engage pediatricians in support of their legal endeavors. And, we are in initial discussion with the Global Consortium on Climate and Health Education to collaborate with their climate change education initiatives.
- Donna Koller and Michael Weitzman are continuing to explore how best to formalize an ISSOP Mentorship program.
- Ana Isabel Guerreiro, Ziba Vaghri, Nick Spencer and Chuck Oberg are developing a tool kit to be used by civil society to support their development and submission of alternate "shadow" reports, and by the Committee to assess country and shadow reports.
- Michael Weitzman, Colleen Kraft and Raul Mercer, in collaboration with David Carpenter from the WHO collaborating Center on Environmental Health at the University of Albany, are working with a group of indigenous organizations in South America to develop and implement an educational program for pediatricians and child health professionals in environmental health.
- And, Nick Spencer continues his leadership of a collaborative research network, we are in discussion with INRICH as to how to best integrate our organizations, Barbara Rubio and Raul Mercer are collaborating with our Spanish Social Pediatrics colleagues on a meeting in Valencia in November, Tony Waterston continues his work for WHO on engaging pediatric professional organizations to eliminate sponsorship by formula industry, we are leading an IPA Committee on Social Pediatrics and Child Rights, and much, much more.
-

Please let us know the great work you are doing, and how ISSOP can support your efforts. And as always, thank-you for all you do every day for children and families.

Jeff

ISSOP e-Bulletin N° 64

July 2023

2. Meetings and news

2.1 Joint meeting of the Spanish Society of Social Pediatrics and ISSOP November 16-18, Valencia, Spain.

"Dear friends and colleagues,

We are happy to include the preliminary program of ISSOP's Meeting in Valencia that will be held together with the 26th Congress of the Spanish Social Pediatric Society (SEPS). As you can see, the program was elaborated with the suggestions that many of you have made, and we want to thank you for your collaboration. Registration & hotel reservations will soon be posted on ISSOP's and SEPS's website. We will be sending an email with the announcement prior to the posting.

Looking forward to seeing you all again, Barbara Rubio & Raúl Mercer. "



VALENCIA. DEL 16 AL 18 DE NOVIEMBRE 2023

CREANDO ESPACIOS SEGUROS CREATING SAFE SPACES

26º CONGRESO SEPS
38º CONGRESO ISSOP



XXXVIII International Society for Social Pediatrics and Child Health Congress BUILDING SAFE SPACES
From 16 to 18 of November 2023 Campus: Centro cultural La Nau. Fundación Universidad – Empresa
(ADEIT) Valencia (Spain)



ISSOP e-Bulletin N° 64

July 2023

THURSDAY 16TH NOVEMBER 2023

Venue: Centro cultural La Nau. Universidad de Valencia.

8:30-9:00	Registration
9:00-9:30	Opening Remarks & Official Inauguration
9:30-17:00	ISSOP PRE-CONGRESS PRESENTATIONS <u>Approaches to childhood safety: A reading from Social Pediatrics</u> <u>Safe Settings for children and Youth in the XXI Century</u>
9:30-11:00	<ul style="list-style-type: none"> 9:30-9:45. Child Friendly Cities – (Louise Thivack (Switzerland) 9:45-10:00 How to make streets safe for ALL children to play in (Tony Waterston, UK) 10:00-10:15 Protecting children from violence starting from the local domains. Paola Bernal Fuentes. UNICEF España. 10:15-11:00 Debate. Moderator: Jeff Goldhagen (ISSOP President)
11-11:30	COFFEE BREAK
11:30-12:30	<u>Building Safe Life trajectories during childhood and adolescence I</u> <ul style="list-style-type: none"> 11:30-11:45 Lost in transition: Building safe bridges for children in transition. From perinatal period to young adults. (Dr. Yvon Heller, Switzerland) 11:45- 12:00 Protecting children from harmful marketing practices. (Raúl Mercer, Argentina) 12:00-12:30 Debate: MODERATOR: Stella Tsiroura, Emeritus Pediatrician, (Greece).
12:30-14:00	<u>Building Safe Life trajectories during childhood and adolescence II</u> <ul style="list-style-type: none"> 12:30-12:45 Promotion of Violent-Free practices. (M^{te} Lucía Mesa Rubio, Colombia) 12:45-13:00 Building safe spaces before and after disasters. (Elif Nursel Ömer, Türkiye) 13:00-13:15 Confronting loneliness: when children are unaccompanied. (Danielle Larrague-Arena, Columbia University, New York (USA) 13:15-14:00 Debate: MODERATOR: Luis Martín, Emeritus Pediatrician (Spain)
14:00- 15:30	LUNCH BREAK
15:30 – 16:45	<u>Addressing inclusion and dignity for children in the cities</u> <ul style="list-style-type: none"> 15:30-15:45 Children with disabilities: Environmental factors and the International Classification of Functioning (ICF) (Olaf Kraus de Camargo, Canada) 15:45-16:00 Marginalized and street children (Shanti Raman, Sidney, Australia) 16:00-16:15 “How can children and youth participate and play a role in the implementation and monitoring of their own human rights” Ziba Vaghri 16:15-16:45 Debate: MODERATORS: Serpil Baysal M.D.(ISSOP, Turkey) & Olivier Dupont
16:45 – 17:00	Coffee break
17:00- 18:30	<u>Building Poverty-Free Spaces for Children and Youth. Is child poverty eradication possible in the XXI century?</u> <u>Speakers:</u> <ul style="list-style-type: none"> - Nick Spencer Emeritus Professor of Child Health, UK. - Manolo Sobrino Toro: Pediatría Social y Salud Pública Infantil, Sevilla Spain) - Xavier Allés Martínez: Professor in Pediatrics, Doctor in Anthropology, Tarragona, Spain - Moderator: Marie Köhler, Child & Public Health, Lund University, Sweden.
20:00	CONGRESS DINNER TRIBUTE TO THOSE WHO HAVE OPENED PATHWAYS IN SOCIAL PEDIATRICS

ISSOP e-Bulletin N° 64

July 2023

FRIDAY NOVEMBER 17th 2023

Venue: Fundación Empresa-Universidad (ADEIT)

8:15-8:45	Registration Day 2.
8:45-9:00	Welcoming remarks from the Organizing Committee. "Building safe places through training"
9:00-10:30	<p>Session with the Experts: "The State of the Rights of the Child in a globalized world"</p> <p>9:00-9:20 - Jorge Cardona Llorens . Professor of International Law at the University of Valencia. Member of the Committee on the Rights of the Child.</p> <p>9:20-9:40 - Raúl Mercer (ISSOP): "The Rights of the Child in the Global South".</p> <p>9:40-10:00 - Jeff Goldhagen (ISSOP President): "The Rights of the Child in the Global North"</p> <p>10:00-10:30 DEBATE. <u>Moderator</u>: D^a Mavi Mestre. Rector of the University of Valencia.</p>
10:30-11:00	Pausa café & Posters
11:00-12:00	<p>Round Table 1: Attachment and resilience: creating bonds.</p> <p>11-11:20 "Early Childhood Experiences". M^a Jesús <u>Mardomingo</u>. Child and Adolescent Psychiatrist.</p> <p>11:20-11:40 " Multisystemic advocacy for the development of resilient links.". Ana Berástegui. Psychologist.</p> <p>11:40-12:00 Debate. <u>Moderator</u>: Gemma <u>Ochando</u> Perales. Psychiatrist.</p>
12-13:30	<p>Round table 2: Environmental Health. Impact of Climate Change in Child Health.</p> <p>12:00-12:20 Climate Change & Child Health. Esther Tobarra Sánchez. Community Pediatrics. Royal Hospital Glamorgan, Wales, U.K.</p> <p>12:20-12:40 Healthy and Sustainable Feeding. Paula Sol Ventura. <u>Pediatric Endocrinologist</u>. Barcelona.</p> <p>12:40-13:00. "Pediatrics' Teaching Responsibility on environmental impact in the University setting" María Lucía Mesa Rubio, Colombia - ALAPE</p> <p>13:00-13:30 Debate. <u>Moderator</u>: Raquel Páez (SEPS/ISSOP)</p>
14:00	Lunch on the terrace of ADEIT. Paella tasting.
15:30-16:30	Parallel Oral Poster Session. SEPS/ISSOP
16:30-17:30	Conferences: "Story telling: The Story of Social Pediatrics" Lorenzo Hernández Pallarés. Educational and Story therapist. Founder of the Educational Orientation Team of the Council of Education of the Community of Murcia. Spain.
17:30-18:00	Coffee Break & Posters
18:00-19:30	<p>Round Table 3. Mental Health in Childhood: emerging</p> <p>18:30-18:20 "Connecting Perinatally" Pascual Palau (Valencia). PhD Clinical Psychology.</p> <p>18:20-18:40 "Autolytic Ideation and Suicide in Pediatrics". Azucena <u>Díez</u>. Child and Adolescent Psychiatrist. University of Navarra.</p> <p>18:40-19:00 "Schools as Communities of Care". Mental Health Prevention & Protection from the Schools. Ernesto Durán, M.D. (Colombia ALAPE)</p> <p>19:00-19:30 Debate: <u>Moderator</u>: Margarita Fernández Polo. Social Pediatrics Working Group, Valencia.</p>
19:30-20:00	ISSOP AGM

ISSOP e-Bulletin N° 64

July 2023

SATURDAY NOVEMBER 18th, 2023

Venue: Fundación Empresa-Universidad (ADEIT)

“Building Safe Places through Cooperation”

09:00-11:15	Round Table 4: Functional units of Social Pediatrics. Where are we heading to? 9:00-9:20 Antonio Gancedo Baranda. Pediatrician . Hospital Universitario Fundación Alcorcón. 9:20-9:40 Anna Fábregas Martori. Pediatrician . Hospital Universitario Vall d'Hebrón. Barcelona. Unit Coordinator of Violence against Children and Adolescents. 9:40-10:00 “The role of Nurses in Social Pediatrics: field work”. Oscar Bueno Vital. R.N. Centre Salut “El Raval” Barcelona. 10:00-10:20 The Challenges of Social Pediatrics beyond the borders. Raúl Mercer. Argentina. 10:20-10:40: “The role of Social Workers in the social pediatrics units” Ana de Vicente Fernández. Social Worker. University Hospital La Paz . Madrid. 10:24-11:15 Debate: Moderator: Carme Vidal Palacios, M.D. President of SEPS	
11:30-13:30	Direct In-person Activities Participants will be divided into 4 groups that will visit 4 different sites in that work with disadvantaged children. <ul style="list-style-type: none"> Villa Teresita Institution. Perinatal and early stages. Escuelas Pías School: School age children Akelop Socio-educational Center: Pre-adolescents Ciutat Vella Social Service Center 	ISSOP Parallel Oral Presentations.
13:30-14:00	Closing Remarks SEPS/ISSOP	

2.2 Integrating ourselves to improve the quality of life of children and adolescents in the ABC Region (Argentina, Bolivia and Chile). Calama, Chile, August 3-5, 2023.

IX jornadas internacionales de integración regional de pediatría **CALAMA 2023**

Integrándonos para mejorar la calidad de vida de niños y adolescentes en la Región ABC

Argentina, Bolivia, Chile
agosto 3, 4 y 5

Programa

dirigido a:
Médicos pediatras, pediatras generales, profesionales del área de la salud infantil (psicología, enfermería, nutrición, trabajo social, etc.), profesores, investigadores de las ciencias de la salud, estudiantes de posgrado.

Módulo I: Pediatría Social
Módulo II: Gastroenterología y Nutrición Infantil
Módulo III: Infectología pediátrica
Módulo IV: UCI/Emergencias Pediátricas
Módulo V: Misceláneas en Pediatría

Actividad 5 agosto abierta a la comunidad: "Seguridad vial del niño pasajero"
Parque El Lago, Auditorio

Auditorio
Hospital Carlos Codornés
Av. Grau 11400, Calama.

110.000 Soporte vital
110.000 Soporte vital de las carreras de la salud
110.000 Soporte vital de enfermería y pediatría
110.000 Soporte vital del área de la salud
110.000 Soporte vital de enfermería, nutrición, trabajo social, etc.
110.000 Soporte vital de pediatría y medicina general

Patrocinadores:
Sociedad Chilena de Pediatría
Comité ISSOP 2023-2025
Banco Scotiabank
Red de Salud ABC
Compañía de pago al crédito
pediatrico2023@gmail.com

Logos: HCC, ANDES SALUD, ISSOP, ABC, etc.

ISSOP e-Bulletin N° 64

July 2023

2.3 29th International Conference on Health Promoting Hospitals and Health Services

Contributions of Health Promotion to Well-Being-Oriented Healthcare - in memoriam Jürgen M. Pelikan, Vienna, Austria, September 20-22, 2023



Experts from around the world will analyze HPH's contribution to date and discuss the future impetus for aligning health care with the highest standards. In this regard the conference will particularly focus on strategies for a healthy workforce in health care settings, contributions of health promotion in healthcare to climate change mitigation and adaption, empowerment of patients in times of multiple crises, and strengthening of primary care as partner of hospitals and public health.

<https://www.hphnet.org/standards/>

3. International Organizations

3.1 *InspiRights* Global Survey

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

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



ISSOP e-Bulletin N° 64

July 2023

3.2 African Neonatal Association

The African Neonatal Association is a professional organization comprising neonatologists and paediatricians caring for newborns working in Africa who have come together to collaborate on achieving our common goal of improving neonatal care and outcomes in Africa. Within barely 2 years of existence, the ANA has grown to be the largest single group of newborn specialists on the African continent and currently comprises of 295 members spread over 37 countries in Africa.

The vision of the ANA is to see the newborns of Africa receive the best possible start in life. Our mission is to improve the knowledge, implementation, and practice of newborn care in Africa while being mindful of equity, access, ethics, family centredness, and quality. The ANA is officially registered as an international non-governmental organisation in Rwanda (Official registration no N°247/RGB/23)

This is the link <http://africanneonatal.org> to our website where our current activities, news, events, and a host of resources can be accessed. The website is accessible in English, French and Portuguese languages. Our bilingual quarterly journal, the Journal of African neonatology can be accessed at <https://janeonatology.org/index.php/jan/index>

The ANA executes its mandate through three committees which are: Advocacy and Collaboration, Education, and Research. In addition to these committees, the organisation also established working groups, each of which focuses on a specific thematic area of urgent need for the African newborn. The working groups are: sepsis and infection control, prematurity, retinopathy of prematurity, resuscitation and hypoxic ischaemic encephalopathy, kangaroo mother care and family centred care, nutrition, jaundice and neonatal ultrasound.

In the spirit of teamwork, the ANA has established partnerships with other global stakeholders in newborn health including the Bill and Melinda Gates Foundation, Cheisi Foundation, Vermont Oxford Network (VON) Spark Health Africa and NEST360 Alliance to mention a few. To leverage on the strengths of other important partners, we also have collaborations with professional associations such as the European Foundation for the Care of Newborn Infants (EFCNI), the American Academy of Paediatrics (AAP), and the International Paediatric Association (IPA).

We would be happy to address any further enquires by email through our Logistics Team Lead Pamela Henderson. ann.zimbabwe@gmail.com

Executive Board

President: Alex Stevenson (Zimbabwe)

Vice President: Ousmane Ndiaye (Senegal)

Secretary General: Martha Mkony (Tanzania)

Treasurer: John Baptist Nkuranga (Rwanda)

Chair, Advocacy and Collaboration Committee: Olufunke Bolaji (Nigeria)

Chair, Research Committee: Franck Houndjahoue (Central African Republic)

Chair, Education Committee: Ebun Adejuyigbe (Nigeria)

**Written by Dr Olufunke Bolaji and Dr Olubunmi Mokuolu
(Advocacy and Collaboration Committee) on behalf of ANA**

ISSOP e-Bulletin N° 64

July 2023

3.3 WHO initiative on sponsorship of paediatric associations by manufacturers of commercial milk formula

The WHO initiative which I am leading with Dr Gyikua Plange Rhule from Ghana continues its progress and a letter signed by leading umbrella organisations calling for action on sponsorship by their members, is being submitted to the Lancet and will be publicised here once it is out. The multi nation action group entitled PHASFI (Practitioners in Healthcare against Sponsorship by the Formula Industry) has written briefing papers on the following topics: a model policy on ending sponsorship; how to fund your association without sponsorship; case studies on ending sponsorship, from six paediatric associations. The group is also preparing a questionnaire to send out to all healthcare professional associations via their professional groups, to establish the current status and intentions on sponsorship by manufacturers of commercial milk formula. This will be repeated at regular intervals so that the progress towards ending sponsorship can be monitored. It is also intended to set up a Community of Practice as a web-based communication platform which will be open to all those with an interest in ending sponsorship to join.

The model policy is still in draft and is looking very strong. I've extracted one section below on types of sponsorship, and comments on this are welcome. Please let me know if you would like to see the whole draft policy.

Types of sponsorship

The types of industry sponsorship that we will no longer accept include – but are not limited to – the following activities, as recommended by WHO¹:

- Provision of *gifts and* in-kind support for specific activities of conferences and other events (including online events) *e.g. catering and refreshments*
- Advertisements of any company, brand, or product *e.g. adverts and promotional materials in programme booklets, bags or journal supplements,*
- Sponsorship of
- sessions or side sessions at conferences or other events
- Provision of financial support or aid for scholarships, awards or grants *including but not limited to travel or accommodation at conferences or other events*
- Sale of delegates' contact details
- Sale or hire of exhibition space
- *Sponsorship or funding of publications including websites, clinical guidelines and medical journals or the inclusion of industry funded advertisements or advertorials.*

Reference

1. World Health Organization (2023) *Clarification on sponsorship of health professional and scientific meetings by companies that market foods for infants and young children: information note.*
<https://www.who.int/publications/i/item/9789240074422>

Tony Waterston
waterstona@who.int

ISSOP e-Bulletin N° 64

July 2023

4. Current Controversy

4.1 Survival of the Richest, how we must tax the super-rich now to fight inequality

In a recent report by OXFAM titled, "Survival of the Richest, how we must tax the super-rich now to fight inequality" (<https://www.oxfam.org/en/research/survival-richest>), governments are asked to take the necessary steps to make their tax systems more equitable and ensure that those who "earn the most, pay the most". As poverty increases across the globe, we also see the very richest in the world become richer and corporations making record high profits, all of which has driven inequality to worsening levels. This paper is a call to action to abolish tax privileges and loopholes that benefit the rich and take money away from public services such as education and healthcare. The report explores trends in wealth and lack of safe guards on limiting billionaires' wealth and contrasts this to the lack of public benefits and supports to buffer increasing inflation for low-income workers.

In conclusion the report provides the following recommendations:

- 1) Introduce one-off solidarity wealth taxes and windfall taxes to stop crisis profiteering.
- 2) Permanently increase taxes on the richest 1%, for example to a minimum of 60% of their income from labor and capital, with higher rates for multi-millionaires and billionaires.
- 3) Tax the wealth of the richest 1% at rates high enough to bring down inequality.
- 4) Empower public and tax administrations to track the wealth of the richest people and corporations.
- 5) Break political capture and ensure equal participation in tax policy making.

The idea of taxing the rich to fight inequality is an interesting one, with likely pros and cons. Ultimately transparency in where this money is spent and development of effective programs to support those living in poverty would be critical. What are your thoughts and where does your country stand in such an idea? We would love to hear your thoughts and share them in the next e-bulletin. Please send them to us at editor@issop.org.

Rita Nathawad

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

5.1 CHIFA Report

In case ISSOP members missed the useful posting from Sue Prullage earlier in July, here it is again –

Community of Neonatal Nursing Practice

The Council of International Neonatal Nursing has received a grant to develop a Community of Neonatal Nursing Practice that can be accessed here: <https://www.conpcommunityofpractice.org>. On the Community of Practice we offer neonatal articles and toolkits, as well as, free online education and more. The education includes a 12 module orientation/externship, an Advanced Neonatal Continuing Education course and a Preceptor Course. The courses are asynchronous and

ISSOP e-Bulletin N° 64

July 2023

allow the participant to move through the program at their own pace. On August 15 at 3 pm CET time we are holding a webinar to explain about the CoNP. Feel free to sign-up at: [Launch-of-the-Community-of-Neonatal-Nursing-Practice-CoNP-2.pdf](#)

Sue Prullage

CHIFA profile: Geralyn Sue Prullage is a member of the board of the Council of International Neonatal Nurses (COINN). She has worked in Rwanda since 2008 and has helped establish a neonatal unit in a district hospitals. She has a doctorate in Nursing Practice (DNP) and is a certified neonatal/pediatric nurse practitioner. She is a member of the CHIFA Newborn Care working group. <http://www.hifa.org/projects/newborn-care><http://www.hifa.org/support/members/geralyn-sue-0> sue.prullage@gmail.com

5.2 IPA Report

Just this month the IPA has released its first newsletter of the year, in 3 languages, English, Spanish and French. As the Editor-In-Chief of the IPA newsletter, Professor Amy Gray, has stated, the goal is for this Newsletter to be truly global, and use this forum to share our learnings. The participation from individual pediatric associations and societies will be essential to achieve this goal. The contact email for the newsletter is: editor.ipanews@ipa-world.org

Here are the links for the newsletter in the three languages:

bit.ly/IPANewsletterJuly23Eng
bit.ly/IPANewsletterJuly23Spanish
bit.ly/IPANewsletterJuly23French



The [IPA Call to Action & Commitments](#) which was released during the IPA Congress has its special focus on the entire life course from childbirth to late adolescents along with the cross-cutting areas of Immunization, Environment & Climate Change, Early Child Development, Humanitarian and children in crisis settings, Quality of care of every child everywhere.

We want this newsletter also to be truly global and will be working to provide you content in English, French and Spanish. Going forward we will be seeking stories to spotlight the efforts and challenges of Editor of the IPA Newsletter.

Associate Prof. Amy Gray

IPA Newsletter Editor-In-Chief

Barbara Rubio

New representative at IPA SC on behalf of ISSOP

ISSOP e-Bulletin N° 64

July 2023

5.3 ISSOP/INRICH Research Group Report

The research group continues to work on the legacy of the pandemic examining the medium- to long-term impact of school closures during the pandemic on children's health and well-being. At a recent meeting of the sub-group working on this project, we decided to focus on inequalities in child mental health outcomes during and after school closures and other pandemic lockdown measures. We are also finalising a paper based on a survey of paediatricians and child health professionals in different world regions, conducted by members of the group, on the impact of the pandemic on children's rights.

As mentioned in my report in the May bulletin, the group is also contributing to a new ISSOP/BMJPO Special Collection on the rights, health and well-being of street and working children. Shanti Raman has convened a working group and members of the C-19 Research group are participating in the working group. The working group is particularly interested in local projects and obtaining the voices of street and working children. If you are working with street and working children and are interested in participating in this work, please contact Shanti on shanti.raman@health.nsw.gov.au.

Nick Spencer July 2023

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

5.4 Street and Working Children Report

Optimising the Health and Rights of Street and Working Children- Working Group



We have set up a Working Group to advance a rights-based, evidence-informed response to the needs of street and working children (SWC). Co-chaired by Dr Rajeev Seth and Dr Shanti Raman, this working group is a collaboration between the International Society of Social Pediatrics & Child Health (ISSOP), the Indian Child Abuse & Neglect, Child Labour (I-CANCL) group of the Indian Academy of Pediatrics and the International Society for Prevention of Child Abuse & Neglect (ISPCAN). While the Committee on the Rights of the Child, via General Comment 21, provides authoritative guidance to States on developing comprehensive, long-term national strategies on **children in street situations**, the rights and wellbeing of street and working children have had poor visibility in healthcare and child health research. It is still not known how many children are in street situations and how one should respond to their child rights-based needs. Similarly, **child labour** by definition is work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental

ISSOP e-Bulletin N° 64

July 2023

development. However, there are many forms of invisible child labour and many forms of labour that are extremely hazardous to child health. The absence of robust data makes street and working children invisible, which leads to policies not being developed or measures that are ad hoc, temporary or short-term. These result in the persistence of multiple rights violations that further exacerbate the lives and wellbeing of street and working children.

Our aims are to:

- Develop global strategies and resources for multidisciplinary professionals to advance the rights of street and working children to optimal health and development
- Develop tools for advocacy to end the scourge of child labour and prevent child rights violations on the streets.
- Engage child health and welfare professionals, in partnership with children and youth, in the dissemination of initiatives to promote and protect the rights of street and working children to optimal health and development

The SWC Working Group was set up in September 2022, and we have already made the invisible issue of street connected children and working children more visible.

Activities thus far include:

- In February 2023, we held the first ever all-day workshop devoted entirely to the issue of street and working children. ISSOP hosted “A Rights Based Approach to Street and Working Children” as a Pre-Congress Workshop at the International Pediatric Association Conference in Gandhinagar, with the active participation of young people with a lived experience of street life.
- This was followed in April 2023 by an editorial in the Lancet Child & Adolescent Health, “Advancing the rights of street and working children”.
- We have further refined and updated the Declaration on SWC, which was presented at the IPA Pre-Conference Workshop.
- We have launched a Special Collection on the “Health and Wellbeing of Street and Working Children”, a collaboration between the BMJ Paediatrics Open and ISSOP (<https://bmjpaedsopen.bmj.com/pages/health-and-wellbeing-of-street-and-working-children>).
- We will be presenting a Symposium on **Advancing the Rights and Wellbeing of Street and Working Children**- at the ISPCAN Edinburgh conference in September 2023.

ISSOP e-Bulletin N° 64

July 2023

We urge you to join our SWC Working Group, if your work or advocacy efforts pertain to this population. Please contact Dr Rajeev Seth (sethrajeev@gmail.com) or Dr Shanti Raman (shanti.raman@health.nsw.gov.au).

Please feel free to share any constructive feedback, recent research, or publications that you may have prior to the first meeting. We thank you for your professional inputs, expertise and connections to important partners in this area of child abuse and prevention work to address the ground realities surrounding the lives of street and working children.

Warm regards,

Rajeev Seth

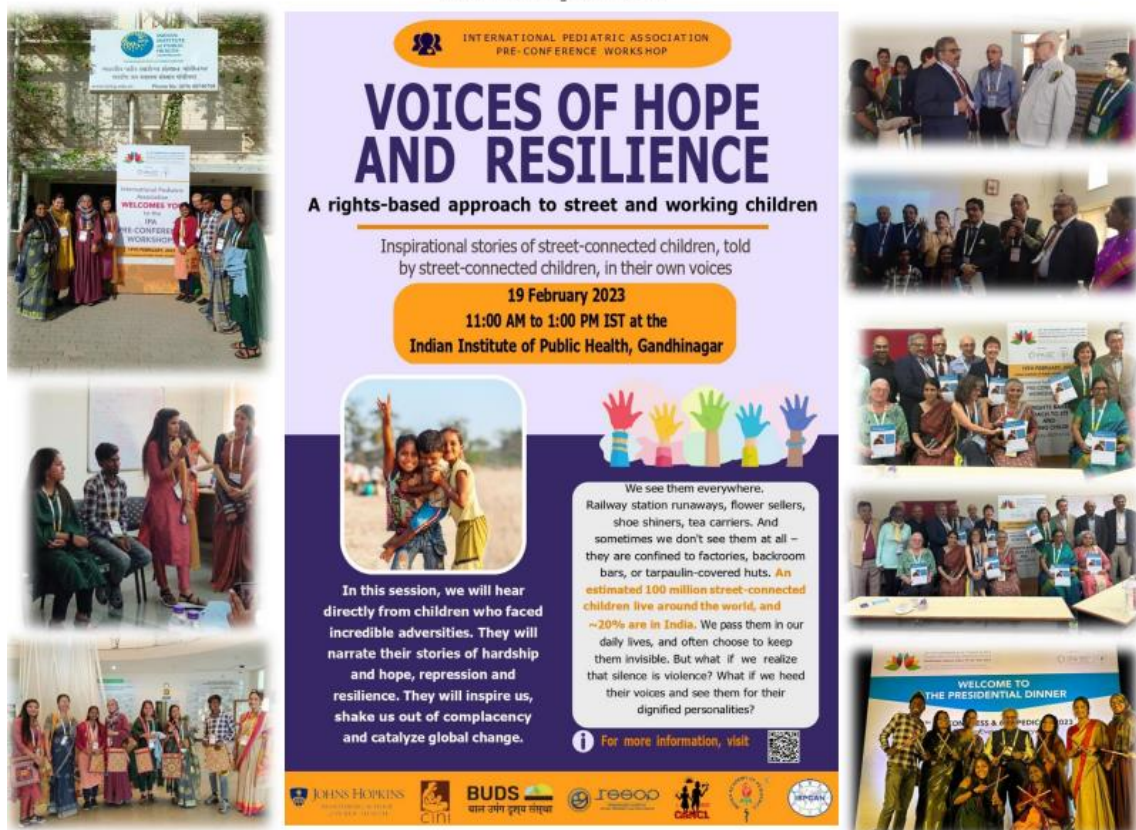
Dr. Rajeev Seth

Shanti Bama

Dr Shanti Raman

Co-Chair Working Group
Child Rights-based Response to the Needs of Street and Working Children

Few Snap Shots



ISSOP e-Bulletin N° 64

July 2023

6. Publications

6.1 Healthcare professionals, breastmilk substitutes and corporate sponsorship

Open access

Viewpoint

Healthcare professionals, breast milk substitutes and corporate sponsorship

Adriano Cattaneo,¹ Teesta Dey,² Melissa Mialon,³ Chris van Tulleken,⁴ Tony Waterston ,⁵ Charlotte Wright⁶

the best interest of child health'.¹ The use of BMS has been shown to be associated with a wide range of immediate adverse health outcomes even in affluent settings, including gastroenteritis, respiratory infections and sudden infant death,¹¹ as well as a wide range of other possible risks to child and mother.^{12 13}

<https://bmjpaedsopen.bmj.com/content/bmjpo/7/1/e001876.full.pdf>

This recent paper challenges some of the arguments used by paediatricians and paediatric societies who accept sponsorship from the commercial milk formula industry. Please disseminate the paper widely and in particular make sure that the leaders of your own national paediatric society read it. With pressure from members to end sponsorship which damages breastfeeding, change is inevitable.

The paper (whose authors include several) ISSOP members opens as follows –

The threat to breast feeding from the marketing practices of the commercial milk formula (CMF) industry has been widely recognised and condemned since the launch of the WHO International Code, over 40 years ago. While formula feeding is needed by some infants for medical and social reasons, it is widely agreed that CMF should not be directly marketed to consumers and this is already partially or totally forbidden in most countries. Despite this, the annual marketing expenditure of the CMF industry has increased and is now US\$2.7– US\$3.5 billion per annum, with a significant proportion of this used to sponsor healthcare professional associations (HCPAs) through education, research and individual support of practitioners as a form of marketing.

While relationships between the pharmaceutical industry and HCPAs are increasingly regulated, regulation of relationships with the CMF industry has lagged behind. Yet there is ample evidence that the CMF industry distorts science, alters public opinion and influences health-care professionals and policy-makers. While some prominent organisations now take a firm stance on this matter, the majority of paediatric associations, as well as many other HCPAs, still argue in favour of sponsorship.

The paper challenges arguments such as the following:

- there is a lack of evidence that sponsorship harms breastfeeding
- there are wide variations between breastfeeding rates in different countries and this is not related to marketing
- breastmilk substitutes are not necessarily damaging to health
- HCPAs need access to evidence based information and learned societies rely on CMF funding for education and conferences to continue to function in their current manner
- conflict of interest can be managed to prevent harmful effects

The authors show that these are myths and the harm done by using healthcare systems for the marketing of commercial milk formula damages breastfeeding and should be ended.

Tony Waterston

ISSOP e-Bulletin N° 64

July 2023

6.2 Perceptions, beliefs, and current practices regarding neonatal skin care and emollient use in eastern Uganda: a qualitative study

Wenani D, Burgoine K, Williams S, Musaba M, Gebremichael T, Clarke A, Blanks KJ, Nantale R, Nawanga J, Kiguli S, English M, Waiswa P, Darmstadt GL, Matovu JK, Mukunya D. Perceptions, beliefs, and current practices regarding neonatal skin care and emollient use in eastern Uganda: a qualitative study. BMC Pediatr. 2023 May 5;23(1):223. doi: 10.1186/s12887-023-04040-y. PMID: 37147698; PMCID: PMC10163695.

The skin is a major site for infection to enter in the neonatal period. Preterm infants with less developed protective skin barriers are at even higher risk of infection. Thus, neonatal skin care is a critical part of newborn care and such practices vary between countries and cultures. This study was performed as a precursor to clinical trials of emollient therapy in neonates in Uganda to understand if emollient use and massage align with local beliefs and practices. The study aimed to explore the current practices, beliefs and perceptions towards neonatal skin care and to assess acceptability of emollient use with or without massage in eastern Uganda. This study was a descriptive qualitative analysis of face-to-face interviews in the local language or in English which lasted approximately 20-80 minutes. The findings of the study are well summarized in the figure from the paper below. In conclusion, the study found that in Eastern Uganda, the perceptions and beliefs of mothers/caregivers toward neonatal skincare influenced their practices of which some could potentially be beneficial, and others harmful. Emollient use would be easily accepted if adequate sensitization is conducted and using the gatekeepers such as health workers.

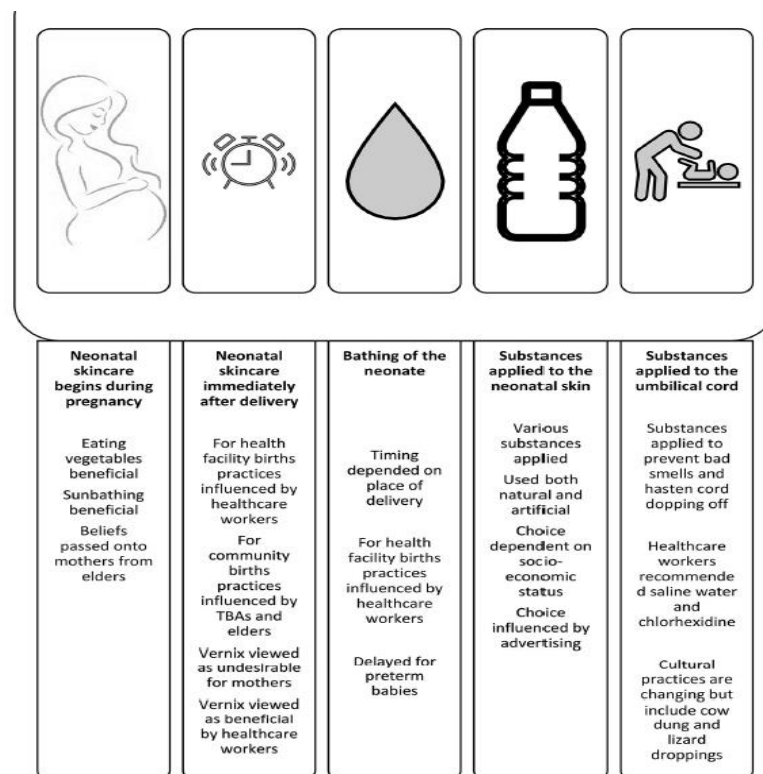


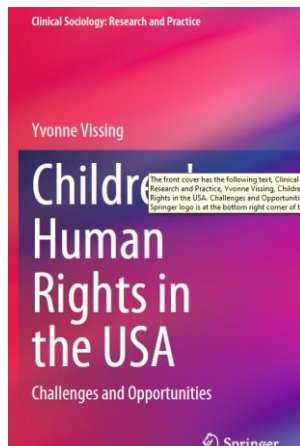
Fig. 1 Diagram summarising the five thematic areas and the key factors that influenced that area

By Rita Nathawad

ISSOP e-Bulletin N° 64

July 2023

6.3 Children's and Human Rights in the USA. Challenges and Opportunities.

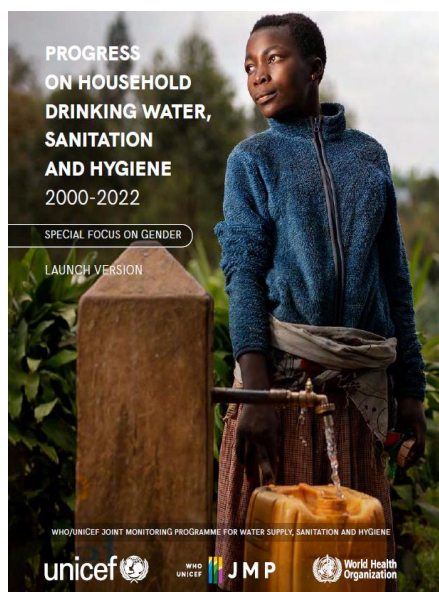


This book examines the need for, and challenges confronting, the children's human rights movement in the United States. It is designed to take a scholarly look at the conceptual framework that is commonly used to understand both children and childhood, examine how this framework came about, explore why a different framework would be "in the best interests of the child", and identify the obstacles that loom before us in changing that framework.

This book is designed to help us see what "is hidden in plain sight", to borrow a phrase from child rights scholar Barbara Bennett Woodhouse (2008). There are many reasons to be optimistic that children will soon be entitled to human rights. There are also many reasons to assume that they will not. Both will be explored in this book. It is my hope that by the end of my book that you too will see why children's human rights are fundamental not just to their lives but to the success of the nation and the preservation of our democracy.

Yvonne Vissing

6.4 Progress in Household Drinking Water, Sanitation and Hygiene 2000-2022. Special Focus on Gender



The World Health Organization and United Nations Children's Fund (WHO/UNICEF) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) produces internationally comparable estimates of progress on drinking water, sanitation and hygiene (WASH) and is responsible for global monitoring of the Sustainable Development Goal (SDG) targets related to WASH. In 2022, the JMP released updated estimates for WASH in schools and WASH in health care facilities (2000–2021). This report presents updated national, regional and global estimates for WASH in households for the period 2000 to 2022.

<https://www.who.int/publications/m/item/progress-on-household-drinking-water--sanitation-and-hygiene-2000-2022---special-focus-on-gender>

ISSOP e-Bulletin N° 64

July 2023

7. Topics in Social Pediatrics

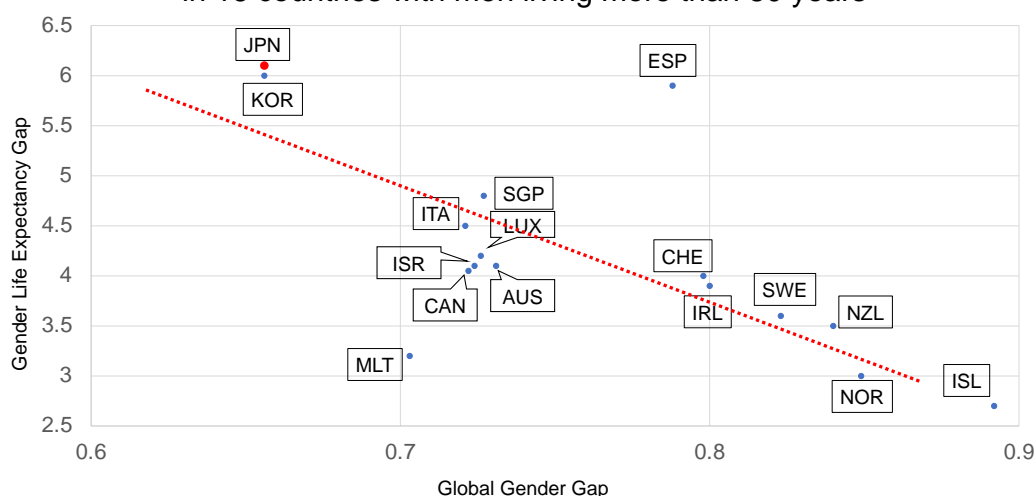
7.1. Life expectancy in Japan

Everyone knows that Japan is a society of longlived people. However, I was concerned about the difference in life expectancy between men and women. In 2021, the average life expectancy for Japanese women was 87.57 years, the third longest in the world after Macau and Hong Kong, followed by South Korea, Liechtenstein and Spain. On the other hand, for men, the life expectancy was 81.47 years, ranked seventh in the world after Hong Kong, Macau, Liechtenstein, Switzerland, Iceland, and Norway, followed by these six countries. The difference in life expectancy between men and women was 6.1 years in Japan, 4.7 and 5.1 years in Hong Kong and Macau, and 2.7 years in Iceland. Among the same longevity countries, there was a difference in life expectancy between men and women of more than one year compared to Asian countries and 3.5 years compared to Iceland, where women lived in relative gender equality.

Many countries have had declining life expectancy, especially for men during the pandemic. Japan remained almost flat for the three years from 2019 to 2021. Still, for example, Greece and the United Kingdom 1.7 years, the United States 2.8 years, India 3.8 years, Mexico 4.9 years, Palestine 2.0 years, Russia 4.0 years, and Ukraine 1.8 years, respectively. These countries reduced the expected life. Depending on the country, there might be a significant impact other than COVID-19.

An index measuring the gap between men and women is called the Global Gender Gap (GGG). It is divided into four fields, each with 2-5 items. GGG is the sum of each index (each 0-1) divided by four. Japan ranked 120/156 in the world with 0.656 in 2021. Data for 2022 is also available, but the gap is even wider at 0.650. The maximum is 1, and the smaller the number, the more females are discriminated against by males. We compared the relationship between the latest data on life expectancy and GGG in 2021 in the 15 countries with the longest men's life expectancy (Figure 1).

Fig.1 Global Gender Gap and Gender Life Expectancy Gap in 16 countries with men living more than 80 years



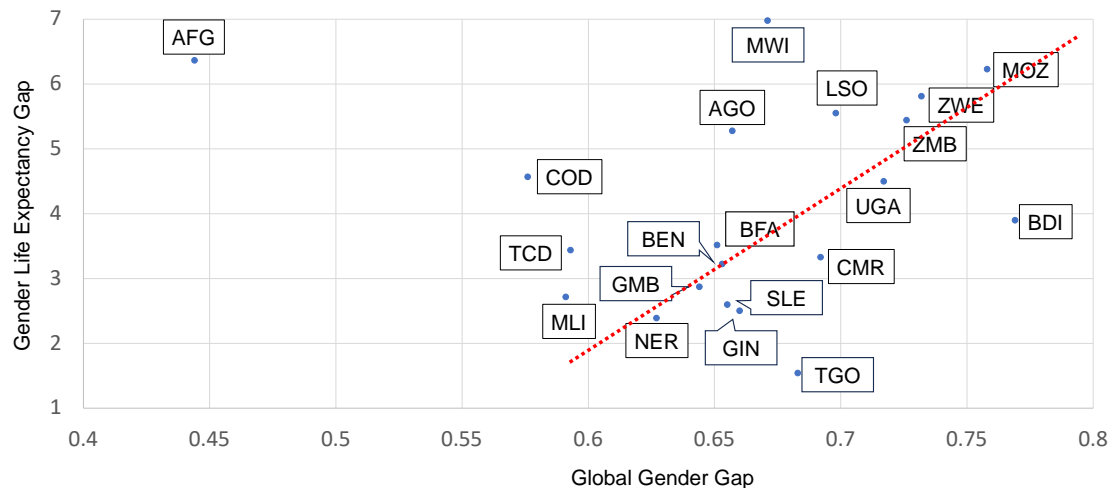
Spain and Malta were outliers, but the relationships were generally in inverse correlation. In other words, in countries with low GGG values where women's rights were not protected, men had shorter life expectancies than women. What is the reason? One possible reason is the high suicide rate among men. Countries with high male suicide rates (per 100,000 people) were South Korea at 35.9 and Japan at 24.3 in 2021. Another possible factor is the high smoking rate. In 2020,

ISSOP e-Bulletin N° 64

July 2023

only South Korea (35.7) and Japan (30.1) had a male smoking rate of over 30%. Man-dictated society is stressful for men, and they may be shortening their life expectancy (Fig. 2).

Fig.2 Global Gender Gap and Gender Life Expectancy Gap in 20 countries with men living less than 61 years



Next, I compared GGG and the difference in life expectancy between men and women in 15 countries where men have the shortest life expectancy (Fig. 2). Each country had a low GDP per capita of less than 2,000 USD. Afghanistan was far out of the range because it had become the Taliban government and had switched to extreme discrimination against women, but in other countries, the relationship was correlated. This result was opposite to the wealthy countries where men lived longer. In every country in the world, women live longer than men, and this is due to the biological characteristics that make men more susceptible to disease and the delay in developing health care and medical care during infancy. This suggests that infant mortality is higher in boys than in girls. In adulthood, it may be related not only to life-threatening events caused by suicide, smoking and alcohol consumption but also to situations in which conflicts and wars artificially take more of the lives of men.

Summary. When we looked at the relationship between gender equality and the difference in life expectancy between men and women in 15 countries where men lived longer and 15 countries where men lived shorter, we discovered a diametrically opposite relationship. In high-income countries where men seem to live longer, men cannot live as long as women without gender equality. We should recognise that men can live longer than today because of progressing gender equality. On the other hand, in countries where men have the shortest life expectancy, when the gender gap is large, women's life expectancy is also short and closer to that of men. Efforts to ensure women's rights are crucial in these low-income countries because depriving women of their rights shorten their own lives.

Hajime Takeuchi

7.2 Child refugees – an animation

The International Child Health Group (ICHG) is a special interest group of the RCPCH and recently developed an animation made by children and young people, on child refugees and asylum seekers. Watch it [here](#)

ISSOP e-Bulletin N° 64

July 2023

7.3 Podcast on neurodevelopment and international child health

In this [podcast from the ICGH](#) Professor Melissa Gladstone from Liverpool describes her work in child development and the concept of adverse childhood experiences

Global Health Lives

I am a professor of Global Child Health in University College London. I produce and host the Global Health Lives podcast, where I talk to people working in global health about their work and themselves. It is a biographical style podcast, where people describe what they do, why they do it and also their career pathways. In the upcoming series we will talk about early child development, racism, violence against women and many other things.

Delan Devakumar

8. Climate change update

8.1 Course on sustainable child health

A new and rewarding course in sustainable child is being run on-line in a partnership between the Royal College of Paediatrics and Child Health and the UK Centre for Sustainable Health Care.

This foundation course will explore the impacts of climate change on the health and wellbeing of children, on the running of services and considers how services may be contributing to the problem. We will outline a comprehensive vision of a system of care and an education plan that will maximise children's opportunities to thrive and also allows the ecosystems which support them to flourish. Participants are invited to consider how the principles of sustainability can be applied in their settings, using a mix of theory and case examples. The workshop and ongoing support through the cafes will then support participants to develop and implement sustainability projects.

- **Workshop: 27 September (Wed) 13.00-17.00 BST**
 - Self-study period opens: 30 August<https://sustainablehealthcare.org.uk/courses/sustainable-child-health>

8.2 Survey of impact of climate change on children's health

The RCPCH has initiated a survey of global child health professionals on the impact of climate change on their work. The results of this survey will be very useful in directing services towards adaptation in countries badly hit by the crisis, which will include all countries in the near future, but more in the global south.

Here is the introduction to the survey

We are writing to the child health community with experience working outside the UK asking to help us better understand the impact of climate change on children and on your working life. Are you seeing climate refugees? Is it becoming more difficult to get medicine to where it is needed? Do you need help adapting to changing climates?

And here is the link to follow <https://eu.surveymonkey.com/r/NS9Y5WN>

ISSOP e-Bulletin N° 64

July 2023

TW

8.3 The climate crisis moves into uncharted territory

Many countries in Europe have been affected more severely than ever by wildfires brought on by global heating. These events have been predicted but are coming much earlier than expected and will have a massive impact on health. A [recent Guardian article](#) recounts their extent around the world –

The climate crisis is moving into uncharted territory as much of the northern hemisphere endures a blistering heatwave, many countries are deluged with rain, sea surface temperatures reach new heights and Antarctic sea ice new lows. A number of climate records – some unofficial – have tumbled in recent weeks.

TW

9. When a person is unique: Celebrating Lennart Kohler's 90th Birthday

There are many attributes that make a person unique and unrepeatable. His vocation for health, his teaching attitude and his perseverance. His permanent and limitless goodness. His constant concern for the public health of children, their contexts, their political and territorial environments. His coherence and knowledge of reality. But above all his kindness and the sense with which he was recreating each of his steps throughout life. And also, his legacy to all of us who have the joy of knowing him and the joy of having shared moments in his young 90 years of life. For all this and much more, thank you Lennart for being the source of inspiration for many and the reflection that illuminates the light of your personality.



Raul Mercer