

ISSOP e-Bulletin N° 68

March 2024



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1. Introduction

Welcome to the second e-bulletin of 2024 and this time we are packed full of lots of interesting reading including reactions to forthcoming elections in USA and UK, a selection of comments on the Israel- Gaza war, a call to action on sponsorship of healthcare associations by the commercial milk formula industry, the child friendly cities approach, and something new – capitalogenesis!

Also we report that this is the last e-bulletin for Raul and Tony who are taking a well-earned break and handing over to other members of the panel who will continue the good work which has always been a team effort. We'll continue to contribute articles and remember that we depend on all our readers to feed in information, news and papers that have made a difference to them!

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



A child standing amid rubble. Credit: Bisan Owda/Save the Children

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1. Message from Jeff Goldhagen – President of ISSOP

Dear friends and colleagues, first, thank-you as always for the important work you are doing. I want to update you a bit on what is happening in ISSOP.

- Our membership is continuing to grow, as are the number of initiatives in which we are engaged. We are past due with elections for all positions and will be moving forward with these in the near future.
- With the growth in ISSOP, it is critically important that we embark in a strategic planning process to chart our course for the next several years. We will engage all members in the process—be thinking about your perspectives on the future of ISSOP!
- We would like to re-energize our regional groups, and will be looking for individuals to help lead them.
- We have a number of working groups and are engaged with BMJPO on two collections—dealing with Street and Working Children and Climate Change. We anticipate expanding the number of these groups—including one on Mentorship. Will look forward to your participation.
- We will be moving forward with planning two educational sessions per year. Given the geographic centrality of Europe, we are planning to have our annual meeting in Europe, in collaboration with other organizations. This year (2024), we will be collaborating with the Greek/Hellenic Society for Adolescent Medicine/Health. You should have received a Save the Date: October 10-12 in Athens. Stay tuned for more information.
- We will also plan on regional meetings in collaboration with partner organizations. Last year we met in Africa with the Kenya Pediatric Association. This year (2024) we will be meeting in Colombia. Next year (2025) we will be meeting with the IPA in Mexico City—Barbara Rubio is on the IPA planning committee. We hope to reengage with our colleagues in the Asia Pacific region in 2026.
- We are working with IPA to establish a Humanitarian Disaster coordinator to help lead the response to natural and human-induced disasters. You should have received a copy of the proposal—please share with your pediatric associations to garner their support.
- We have a new website, and will be working with a public health communications intern to refine our website and help us enter the age of social media—there are dinosaurs amongst us—will need help from our younger colleagues to launch and lead these endeavors.

While we are growing in numbers and initiatives, our finances are not. We will be reaching out to all of you to make the donations you can to ISSOP. These are just a few of the highlights of what is happening in ISSOP. You are what makes ISSOP work, and we thank you for this. Please plan on joining us in Colombia and Athens.

With warmest regards.

Jeff

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2. Meetings and news

2.1 Children in the US election

Children's Rights and the United States 2024 Presidential Election

Colleen Kraft

The United States Presidential Election in 2024 will likely see the same candidates as in the 2020 election. President Joe Biden (Democratic Party) will run for re-election against former president Donald Trump (Republican Party), whom he defeated in 2020.

From a Child Right's perspective, there are several important issues for both candidates to consider. As pediatricians, we advocate for the following:

1. **End child labor in agriculture.** Agriculture is the deadliest industry for child workers in the US, yet labor law allows children as young as 12 to work legally on farms of any size for unlimited hours, as long as they still attend school. Every other labor sector defines 16 as the basic minimum work age and allow 14- and 15-year-olds to work for limited hours in certain jobs. Several states (with primarily Republican majorities such as Arkansas, Iowa, and Florida) have "rolled back" labor protections for children.

Democrats have introduced the Children's Act for Responsible Employment and Farm Safety (CARE Act) and Children Don't Belong on Tobacco Farms Act. Presidential candidates should also support updates to the list of hazardous occupations prohibited for children under 16.

2. **Protect children in contact with the criminal legal system.** The United States is the only country in the world to sentence children to life without the possibility of parole. In the US, children, disproportionately children of color, are routinely prosecuted as adults, given excessive sentences, needlessly incarcerated, and denied services and opportunities designed to help them thrive in the community. Candidates should commit to work with states and other authorities to prohibit life without parole sentences for child offenders, end the transfer of children to adult courts, and accelerate initiatives to establish community-based alternatives to detention.
3. **Ensure digital literacy and data protection for children.** In 2021, an estimated 9.1 million children—17 percent of all US schoolchildren and 28 percent of those living in poverty—lived in households without broadband internet, creating what has been called the "Digital Divide". Candidates should recognize digital literacy and access to the internet as indispensable to children's education and commit, if elected, to press for affordable, reliable, and accessible internet service and capable devices for all students.
Candidates should also commit to strengthening data protection laws for children and requiring school districts to include data privacy clauses in contracts. The KIDS Online Safety Act (KOSA) is a bipartisan effort to strengthen privacy and security for children and adolescents.

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- 4. End policies that deter migration through deadly means.** The US approach to managing its southern border focuses on prevention through deadly deterrence tactics—a failed US policy that marks its 30th year in 2024—and on unlawfully blocking people from pursuing their right to seek asylum. Sadly, both parties in the United States have promoted legislation designed to curb asylum and other safety measures for children fleeing harm from their home countries. For a fraction of the billions of taxpayer dollars spent on militarizing the US-Mexico border, the US could invest in creating rights-respecting reception centers at ports of entry. Candidates should support such provisions, including the Federal Accountability for Law Enforcement Act, the Refugee Protection Act, and A New Way Forward Act.
- 5. Support the Earned Income Tax Credit.** This is a refundable tax credit for low- and middle-income workers, and has proved benefit for supporting children in these families.

There are many more child rights issues that both candidates should address, specifically as it relates to foreign policy and supporting war efforts that disproportionately affect children. As the only country that has not signed the United Nations Convention on the Rights of the Child, the United States needs to focus on its children, its future.

2.2 RCPCH Children’s Manifesto

In the UK there will be a general election this year. We depend on the Prime Minister to call the date and it is expected to be in October. The country badly needs change and the polls are predicting a Labour victory. However, anything can happen when there are still 6 months to go. The RCPCH published a [Manifesto for the election](#) in September last year and here are the highlights:

The manifesto is framed by a call to political parties to change the “machinery of government” to support better policy making for children and young people. This means:

- establishing a cabinet level Minister for Children and Young People
- adopting a child health in all policies approach
- developing a cross-departmental Child Health and Wellbeing Strategy.

These calls are underpinned by five pillars each of which include a suite of policy recommendations that we urge political parties to support. These pillars are:

1. A focus on child health services
2. Support for the paediatric workforce
3. Greater ambition on prevention
4. Ensure every child is protected
5. Harness the power of data and digital

Members are being to contact their candidates encouraging them to become an advocate for our work if they are elected an MP.

Tony Waterston

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2.3 European Union for School and University Health and Medicine (EUSUHM) Annual Meeting (Oct 3-5, 2024)



As the goal for the upcoming congress is to unfold leading social topics, EUSUHM will focus on the impact of digital media on children's health, and also assess the utility of digital psychosocial interventions on adolescents' mental health. This specific plenary session will be led by international experts from Finland, Germany together with WHO.

You are kindly invited to enrich the programme, especially the parallel sessions and the numerous interactive rooms (workshops) by showcasing your scientific work, models of good practice, and case reports. **Abstract submission deadline: 13/05/2024.**

The list of topics include:

- Early Childhood Interventions
- Showcasing School Health Services
- Mental Health
- Chronic Health Conditions, Including Case Reports
- Special Needs
- School Absences & School Health Services
- Qualification of Health Professionals
- Health Monitoring – Data for Action
- Health Promotion & School Health Services
- Sexuality, Puberty, Diversity
- Post Pandemic - Impact on Health
- Intersectoral Collaboration
- Transition
- Free Topics



EUSUHM
European Union for
School and University
Health and Medicine

More information: <https://eusuhm.org/congress/potsdam-2024/>

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3. International Organizations

3.1 Enablement

At Enablement, we wish to make information on disability and on basic rehabilitation interventions freely accessible for fieldworkers (often) working in remote and rural areas in Africa, Asia and Latin America. In doing so, we wish to:

- improve timely identification, referral and intervention,
- have questions of persons with a disability and their family answered,
- meet the unmet rehabilitation needs of persons with a disability worldwide, especially in low- and middle-income countries.

To this end, we developed a smartphone application called the RehApp (**Re**habilitation **A**pplication), to be used as a tool by fieldworkers. Free of use, the app is available entirely offline once downloaded. The content is also available as printable flashcards on our website. The RehApp is:

- ❖ Available in different languages and regions.
- ❖ Developed for non-professionals and families; can also be used by professionals.
- ❖ *Not* meant to perform medical examination and services. Users will need to rely on a correct diagnosis by a (medical) specialist first!
- ❖ Offering opportunities for data segregation for monitoring & evaluation.
- ❖ Still in development, with many updates and opportunities for change.

The RehApp consists of two parts. **First**, different chapters, each one dealing with a specific disability as holistically as possible. The content deals with all ages, from childhood to adulthood. **Second**, a client system that helps assess abilities and inabilities, design individual rehabilitation interventions based on priorities and goals, provide care and support, refer appropriately, all within the scope of the client and their family's own context. The milestone tracker functionality helps identify developmental delays, and offers points of attention with recommended actions and referral when and where needed.

View the RehApp demo now!	Download the app: <ul style="list-style-type: none">• iOS• Android	Contact us: info@enablement.nl www.enablement.eu
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Léa Guignard
Programme Development Officer
RehApp Project Coordinator
The Netherlands

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3.2 InspiRights Global Survey

InspiRights Global Survey Call for Nomination of Good Practices

The [InspiRights](#) project of the [GlobalChild](#) program of research, at the University of New Brunswick, Canada is an exciting opportunity to identify and compile a rich database of good practices (GP) that promote children's rights.

Good practices are laws, policies and programs that inspire and support the fulfillment of children's rights under the United Nations Convention on the Rights of the Child. The database of GPs would provide governments with a comprehensive example of practices from which they can learn, examine their effectiveness, and model for their own context to promote their children's rights.

The survey has been available since **May 2023** in French, English, Spanish, Arabic and Mandarin and can be accessed through this [link](#). To date, we have received over 300 GPs nominated. However, nominations relating to the **Oceania region** (i.e., Australia, New Zealand, Fiji, etc.); **East Asia** (i.e., China, Japan, North and South Korea, etc.); **the Caribbean** (i.e., Belize, The Bahamas, Cuba, etc.); **the Scandinavia** (i.e., Norway, Sweden, Iceland, etc.) are few. The [InspiRights team](#) believes that there are good practices from the afore mentioned regions and other parts of the world.

Help us identify these practices from within (also outside) these regions so that we can build a better database. By doing so we take another step towards building a world where children's rights are respected, protected and fulfilled.

If you have any questions about the InspiRights program or survey, please contact us at inspirights@unb.ca



[in](#) /GlobalChild [f](#) /GlobalChild [t](#) @GlobalChild_Can

4. Current Controversy

4.1 How can you influence your national paediatric association?

Through my recent year long consultancy with the WHO building up support for ending sponsorship of paediatric associations by commercial milk formula companies, I have been in touch with many national associations and quite a lot of members as well. What I have elicited is that the leadership of these associations seem to be under no pressure from their membership to end sponsorship, and that members are not offering such pressure for change nor do they have an organization within the association for this purpose.

Of course I may be misguided in this assumption and have only been in touch with a small percentage of national associations. I also recognize the strength of private practice in many

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countries and the view of the private sector on sponsorship may be different from the public sector.

It would be very helpful to have some views from ISSOP members on whether they think their paediatric (or other healthcare professional group) association is open to pressure from within, and how this can be brought about.

To this end I'm outlining some of the ways that change has come about in the RCPCH and ask whether a similar pathway could be followed in other countries.

1. Name of the association. The RCPCH used to be called the British Paediatric Association. It changed its name when it became a Royal College and asked members what they thought it should be called. Most felt that it should be the College of Paediatrics and Child Health rather than a College of Paediatricians. This was a very valuable step in taking on responsibility for child health rather than just the interests of paediatricians.
2. Specialty groups. There are a number of socially focused specialty groups within the College which are now quite powerful. These include ICHG (the International Child Health Group), BACCH (the British Association for Community Child health), and groups within BACCH for child mental health, child disability, child protection and child public health which all have an advocacy focus.
3. Annual meeting. There is an annual business meeting every year during the scientific meeting, when accounts are presented by the treasurer as well as a presidential report. Any member with the support of 15 others can put forward a motion to be voted on and this is a potent opportunity for change.
4. Motion on child rights. To give an example, a motion was presented a few years ago asking for the College to make child rights a fundamental component of its work. To this was added, at the suggestion of Professor Margaret Lynch (an ISSOP member), the request that children and young people should be consulted over the work of the College. This motion was passed and has had a huge effect in ensuring that the RCPCH has a [child facing focus](#).
5. Other motions. Other fields have been the focus of motions which have also influenced the work of the RCPCH on topics such as child poverty and inequalities, air pollution and climate change and other social topics. Is this a method of change that can be applied in other paediatric associations, particularly if brought forward by the younger generation?

Tony Waterston

4.2 Addressing the Gaza-Israeli conflict: Responses from child rights and health organizations

We are dedicating this section of the newsletter to presenting opinions about the Israel-Hamas conflict from organizations that work for children in the world, many of them in the health field.

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The idea is not to generate a political debate regarding this conflict, but to understand what perspectives are shared among the different groups and organizations.

In this context, it is noteworthy that the Israel-Hamas armed conflict is not the only ongoing conflict profoundly impacting the health and well-being of children. The truth is that not all armed conflicts have the same degree of visibility, notoriety or social reaction. What's more, certain conflicts dilute their attention as the confrontation continues over time regardless of its devastating consequences on the inhabitants, particularly children and youth.

We are facing an opinionated world, where all sectors of society, the scientific community, political organizations, the media, interest groups, have something to say so that their voices are heard. At ISSOP, we frequently receive reports, statements, and opinions from different organizations expressing their opinions regarding this particular conflict.

Within ISSOP, exchanges and debates have been generated with the surprise that the ability to listen and tolerance for divergences has in some cases been limited. This fact is not a minor issue, given that in the face of issues such as violence and armed conflicts, and the absence of a humanitarian response, we should be able to come together with a shared framework of understanding and agreement.

Today we share a series of these documents that have reached us and that we present to the readers' opinions--to find common axes and points of agreement.

For its part, it causes us great concern to know that these voices have a limited destiny in terms of the ability to generate some type of reaction on the part of those who decide and can opt for a way out of the conflict, as in our case, through the immediate ceasefire. Everything would indicate that the voices crying out to pacify the waters are far outweighed by the will to perpetuate and aggravate armed conflicts.

We will not give recipes or conclusions, only inputs for collective reflection and maturing on events and what is happening to a suffering world without immediate horizons of hope.

ISSOP also contributes to this debate by generating currents of opinion to promote solidarity and humanitarian response through IPA, the umbrella organization that brings together the majority of pediatricians in the world (see in this section), as well as in conjunction with other organization). These organizations were formed with the aim to promote the health and well-being of every child, everywhere. Today, this purpose is truncated in the face of a lacerating and devastating reality.

Raul Mercer – Jeff Goldhagen

Document 1. Association of Schools of Public Health (EU)



Statement of the ASPHER Task Force on War and Public Health on the conflict in Israel/Palestine

22 December 2023

Oliver Razum,¹ Paul Barach,² Tomasz Bochenek,³ Colette Cunningham,⁴ Nadav Davidovitch,⁵
Polychronis Kostoulas,⁶ Jutta Lindert,⁷ Henrique Lopes,⁸ Vladimir Prikazsky,⁹ John Reid,¹⁰
Mirjana Kujundžić Tiljak,¹¹ John Middleton,¹² for the ASPHER Task Force on War and Public Health

- 1 Bielefeld University; Lead, ASPHER Task Force on War and Public Health
- 2 Thomas Jefferson University
- 3 Jagiellonian University; ASPHER Task Force on War and Public Health
- 4 University College Cork; ASPHER Task Force on War and Public Health
- 5 Ben Gurion University of the Negev; Lead, ASPHER Public Health Emergencies Task Force; ASPHER Task Force on War and Public Health
- 6 University of Thessaly; ASPHER Public Health Emergencies Task Force
- 7 University of Applied Sciences Emden/Leer; ASPHER Task Force on War and Public Health
- 8 NOVA University Lisbon; ASPHER Task Force on War and Public Health; ASPHER Public Health Emergencies Task Force
- 9 ASPHER Public Health Emergencies Task Force
- 10 University of Chester; ASPHER Public Health Emergencies Task Force
- 11 Andrija Stampar School of Public Health, University of Zagreb
- 12 University of Wolverhampton; ASPHER Public Health Emergencies Task Force

The Association of Schools of Public Health in the European Region (ASPHER) reaffirms its condemnation of the terrorist attacks by Hamas that killed or abducted several hundred civilians in Israel on October 7th, 2023.¹ We call attention to the statement by the chief prosecutor of the International Criminal Court (ICC) who said that the atrocities committed by Hamas were “some of the most serious international crimes that shock the conscience of humanity”, and that the ICC is ready to prosecute those responsible.² We also call attention to the Hamas Covenant of the Islamic Resistance Movement, originally issued on August 18, 1988, that calls for the destruction of Israel, killing all Israelis, and calls for jihad on the Jewish people.³ As public health professionals we condemn dehumanization and acts of genocide. We support Israel's right to armed self-defence within the limitations of international humanitarian law.⁴ At the same time, we emphasise that Palestinians have legitimate aspirations to live with equal measures of security freedom, justice, opportunity, and dignity.⁵ This applies to all the people of the region and beyond.

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We urge the immediate and unconditional release of all hostages held by Hamas. We particularly condemn all gender-based violence⁶ and support UN calls for an investigation of the numerous accounts of sexual violence perpetrated by Hamas.⁷ At the same time, we express our grave concerns about the millions of displaced people in Gaza and Israel as a consequence of the war. We call for all displaced persons to be enabled to return to their homes, with adequate support. We are concerned about the destruction of Gaza, in particular of hospitals and other civilian infrastructure, and the loss of life which has been inflicted on the people of Gaza, including women, children, and other non-combatants.⁸ We are alarmed by the lack of water supply and sanitation, increasing the risk of communicable disease outbreaks. While we recognize the State of Israel and Palestinian jurisdictions, we assert that international bodies will need to sit in judgement on the conduct of Hamas and Israel as it relates to following international humanitarian law and the Geneva Convention.⁴

We believe the current humanitarian catastrophe is a testimony to years of neglect and abandonment of the people who should have been served by their governments. There has also been a failure on the part of the regional and global community. All could have done more to actively pursue peace and security for Israelis and Palestinians, fulfil their legitimate rights and aspirations, and enable harmonious development.

We believe there must be rapid, visible diplomatic efforts to create trust building practical steps towards peace and security for both sides. The conditions of ceasefire must be built upon, and massive humanitarian efforts must be allowed into Gaza, to enable urgent treatment for wounded civilians, and towards rehabilitation and recovery for the civilian population. There must be guarantees for the security of Israel who continues to suffer daily rockets and missile attacks. There must be moves towards a UN brokered multi-national peace keeping effort in the region.

ASPHER is a public health organisation with more than 120 member schools including in Israel and Palestine. Our primary responsibility in war as in peace is saving lives. Public health leaders have moral and professional responsibilities to speak out about conflicts, and to contribute to prevention, limitation, and resolution of conflicts.^{9,10} Peace is more than the absence of war. Peace is an active process which requires all parties in conflict to desist from violence, and to seek peaceful solutions to their disagreements.

ASPHER is deeply committed through its members to assist all people and organisations affected by the conflict who are seeking to save lives and restore conditions for security and development. ASPHER greatly values colleagues in schools of public health in the region. We know that you have in the past sought to work harmoniously together in the interests of health and peace. ASPHER will make resources available to build bridges between Israelis and

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Palestinians. As health professionals we advocate diversity and respect.¹¹ We vigorously oppose antisemitism, anti-Muslim hatred, gender-based and sexual violence, and all other hate-based violence. As Schools of Public Health, we commit to developing the curriculum and competencies for the role of public health in the prevention of violence, for response, rehabilitation, and recovery after conflict. We commit also to supporting our students and our staff by speaking up in the face of injustice and in protecting them from the harmful impacts of conflict and enabling them to play their roles in the public health response to violence.

- ¹ Association of Schools of Public Health in the European Region. (10 October 2023). ASPHER statement condemning terrorist attacks on civilian populations. ASPHER. <https://www.aspher.org/download/1449/aspher-statement-condemning-terrorist-attacks-on-civilian-populations.pdf> (accessed 18 December 2023).
- ² Karim A. A. Khan KC. (03 December 2023). ICC Prosecutor, Karim A. A. Khan KC, concludes first visit to Israel and State of Palestine by an ICC Prosecutor: "We must show that the law is there, on the front lines, and that it is capable of protecting all". International Criminal Court. <https://www.icc-cpi.int/news/icc-prosecutor-karim-khan-kc-concludes-first-visit-israel-and-state-palestine-icc-prosecutor> (accessed 18 December 2023).
- ³ Hamas. (1988). The Covenant of the Islamic Resistance Movement – Hamas [English translation 2006]. Middle East Medis Research Institute (MEMRI). <https://www.memri.org/reports/covenant-islamic-resistance-movement---hamas> (accessed 18 December 2023).
- ⁴ Geneva Convention Relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention). (12 August 1949). https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.33_GC-IV-EN.pdf (accessed 18 December 2023).
- ⁵ United Nations. (10 December 1948). Universal Declaration of Human Rights. <https://www.un.org/en/about-us/universal-declaration-of-human-rights> (accessed 18 December 2023).
- ⁶ Fox MA, Kolitz T. (2023). Victims of gender-based violence on Oct 7 must be given a voice. *The Lancet*, 402(10419), 2290-2291. [https://doi.org/10.1016/S0140-6736\(23\)02654-5](https://doi.org/10.1016/S0140-6736(23)02654-5)
- ⁷ United Nations Secretary-General. (29 November 2023). Secretary-General's remarks to the Security Council - on the Middle East [as delivered]. United Nations. <https://www.un.org/sg/en/content/sg/statement/2023-11-29/secretary-general-remarks-the-security-council-the-middle-east-delivered> (accessed 18 December 2023).
- ⁸ Huynh BQ, Chin ET, Spiegel PB. (2023). No evidence of inflated mortality reporting from the Gaza Ministry of Health. *The Lancet*. [https://doi.org/10.1016/S0140-6736\(23\)02713-7](https://doi.org/10.1016/S0140-6736(23)02713-7)
- ⁹ Namer Y, Wandschneider L, Middleton J, Davidovitch N, Razum O. (2021). Namer Y, Wandschneider L, Middleton J, Davidovitch N, Razum O. (2021). How can Schools of Public Health Actively Promote Peace? *Public Health Reviews*, 42, 1604459. <https://doi.org/10.3389/phrs.2021.1604459>
- ¹⁰ Wandschneider L, Namer Y, Davidovitch N, Nitzan D, Otok R, Leighton L, Signorelli C, Middleton J, Martin-Moreno JM, Chambaud L, Lopes H, Razum O. (2022). The Role of Europe's Schools of Public Health in Times of War: ASPHER Statement on the War Against Ukraine. *Public Health Reviews*, 43. <https://doi.org/10.3389/phrs.2022.1604880>
- ¹¹ Wandschneider L, Namer Y, Otok R, Middleton J, Razum O. (2020). Teaching Diversity in Public Health Through a Transformative Approach—An ASPHER Initiative. *Frontiers in Public Health*, 8. <https://doi.org/10.3389/fpubh.2020.588111>

3

Document 2. Child Rights Committee statement on children in Gaza

**Ann Skelton, Chair of the Committee the CRC
press conference on 8 February 2024**

No child should grow up in fear, pain and hunger.

Yet, today, no child in Gaza is free from fear, pain and hunger.

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In fact, they will be considered lucky if they can even survive this war and have the chance to grow up.

According to the latest UN figures, 27,585 Palestinians have been killed and 66,978 injured since the 7th of October last year.

More than 7,000 are estimated to be buried under rubble, raising the total number of casualties to more than 100,000 people.

Many of them are children.

Some of them have lost their lives, others have lost their limbs, their parents, siblings, and friends. All children living in the Gaza Strip have lost their childhood. They are traumatized, and will forever live with a permanent impact on their mental health.

More than ten children per day, on average, have lost one or both legs in Gaza since the conflict erupted four months ago, according to Save the Children. UNICEF, the UN Children's Fund, estimates that at least 17,000 children are unaccompanied or separated from their parents, and almost all of Gaza's 1.2 million children are in need of mental health and psychosocial support.

These children also need attention and action from the international community.

The ruling of the International Court of Justice on 26 January 2024 found that South Africa's claim that Israel is committing genocide in Gaza to be "plausible," and ordered Israel to "take all measures within its power to prevent the commission of all acts within the scope of article II of the Convention", including killing members of the group; to "prevent and punish the direct and public incitement to commit genocide"; and to "enable the provision of... humanitarian assistance".

The Committee – again – urgently appeals for an immediate ceasefire, the delivery of urgent humanitarian aid and the immediate release of all hostages, in particular children and their caregivers. In this regard, we echo the "grave concern about the fate of the hostages" expressed by the International Court of Justice, and we echo also its call for their "immediate and unconditional release."

In view of the colossal humanitarian needs faced by more than two million people in the Gaza enclave, the Committee urges all donor States who have suspended their funding or future funding to UNRWA, to reconsider their decision immediately and provide sufficient funds to ensure that all urgent aid can be provided to all, to each and every child.

Furthermore, we call for massive psycho-social support to children and families to relieve the traumatic and long-lasting effects of the war, including Israeli children that were victims of or witnesses to the attacks and those whose family members have been taken hostage.

We also emphasise our grave concern about the situation of children living in the West Bank including East Jerusalem, who are facing arbitrary arrests, extra-judicial killing, and violence committed by occupying forces and settlers.

We call upon the State of Israel to immediately comply with the ruling of the International Court of Justice. We also call on all States to take action to end the conflict by establishing an immediate ceasefire, resuming peace negotiations and restoring funding to UNRWA without delay.

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The State of Israel was on the list of States to be reviewed during this session, the CRC was to have reviewed Israel, but unfortunately the Israeli Government decided to postpone its participation.

The Committee deeply regrets that it has not had the opportunity to review Israel when time is of the essence. The rights of children living under the State of Israel's effective control are being gravely violated at a level that has rarely been seen in recent history.

We look forward to an interactive dialogue with the State delegation from Israel, which is now scheduled for the Committee's September session. In the meantime, the Committee will send Israel an additional list of issues on the situation of children in Israel and the Occupied Palestinian Territory since 7 October 2023.

<https://www.ohchr.org/en/statements/2024/02/child-rights-committee-statement-children-gaza>

Document 3. Canadian Paediatric Society



Canadian Paediatric Society calls for children's needs to be prioritized in Gaza

As paediatricians and allied children's health care providers, we mourn the ongoing devastation and loss of life and security in Gaza, where thousands have died and approximately 1 million children are internally displaced and face imminent starvation and an uncertain future.

We stand with the WHO, UNICEF, Médecins sans Frontières in calling for an immediate and sustained ceasefire and for the safe return of all remaining hostages taken in the horrific attack of October 7, 2023.

As advocates for the well-being of children and youth, we call on all stakeholders and policymakers to uphold these principles in making decisions concerning the ongoing situation in the Middle East:

Children deserve special consideration in times of war and conflict.

Children in Gaza, like children everywhere, deserve a future free from violence, pain, and trauma. We must use our privilege and voice to advocate for their healthcare, education, and access to the necessities of life including shelter, clean water, and nutritious food.

Humanitarian aid – including clean water, shelter, food, and medical supplies– is urgently needed.

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All parties must allow the free passage and delivery of aid into Gaza and facilitate its delivery to children and families in need.

Canada must do everything in its power to facilitate the evacuation and safe passage of children identified through its special temporary resident pathway.

In the six weeks since it was announced, no children have been successfully evacuated under Canada's special pathway. We call on our politicians to work tirelessly to remove these children from harm's way and assist their entry into Canadian life by ensuring they receive the health care, shelter, education, and psychosocial supports needed upon arrival.

Children's needs must be prioritized in rebuilding efforts.

Communities must be cleared of undetonated explosives before families return. Plans for rebuilding and restoration must prioritize the infrastructure children need to thrive: safe family housing, schools, and healthcare facilities.

Furthermore, the CPS extends its support and gratitude to the health care professionals who have cared for patients in Gaza under near impossible circumstances. Remaining health care facilities and supplies should be protected from the impacts of further conflict.

Document 4. Social Pediatrics – Japan

Solidarity from Japan calling for an immediate ceasefire in Gaza

I submitted an article to the official Journal of the Society for Ambulatory and General Pediatrics in Japan (SAGPJ). I hope it will be accepted soon.

Narrative Report

Children pay the price for our silence -Children living in Gaza-

Hajime Takeuchi

The Children in the Gaza Strip

On October 7, 2023, Hamas, which effectively controls the Gaza Strip in the Palestinian Territories, launched an attack on Israel. According to Israeli social security data, the number of Israeli casualties in this battle was 1,139, including 36 children 1). On the other hand, the death toll on the Palestinian side continues to increase, with 3,0228 Palestinians reported as of March 1, 2024, according to the Palestinian Press and Information Agency 2). However, on January 11, 2024, Save the Children reported that more than 10,000 children (1% of the total child population) had been killed in the first 100 days of the fighting and that thousands remain under the rubble 3). The article goes on to say that approximately 1,000 children in Gaza have lost one or both legs, many of whom have undergone amputations without anaesthesia and require lifelong medical care.

In February, the WHO warned that 64% of households in Gaza were already living on one meal a day and that 16% of children under the age of two in the north were rapidly becoming malnourished, calling for an immediate ceasefire and humanitarian aid 4). In fact, as of this writing in early March, the British Broadcasting Corporation is reporting that children are dying not only from the fighting itself but also from starvation 5).

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Even if both Israel and Hamas have arguments for continuing the fighting, we cannot accept the reality that children are forced to sacrifice. Hamas must unconditionally release the hostages, and Israel and Hamas must cease fire immediately. Delivering relief supplies such as food, water, and daily necessities from the international community, as well as emergency medical support and long-term planning, must start quickly and continue.

Medical support, both physical and mental, must begin immediately. We paediatricians have a responsibility to take some action.

International Society for Social Pediatrics and Child Health (ISSOP)

The ISSOP, to which I belong, held its annual meeting in 2019 with the themes Children in Armed Conflict and Prohibition of Harm to Children in Armed Conflict. It adopted the Beirut Declaration (6). At this meeting, the author reported on the field interviews conducted after the Great East Japan Earthquake and mentioned the relationship between the situation of children after the disaster and the problem of conflict. Based on this declaration, it has already stated in 2021 to protect the children of Israel and Gaza (7). In this context, the ISSOP called on both Israel and armed groups to refrain from indiscriminate attacks and provide access to medical care, the presence of family members for children, the provision of infrastructure such as electricity to medical institutions, and the provision of physical and mental medical services, and proposed an end to attacks on medical-related areas, an immediate ceasefire, and action based on medical ethics by medical associations in each country.

On the 11th, the fourth day of the fighting, the ISSOP released a new Statement on the Gaza-Israel Conflict (8). The statement begins by condemning Hamas' attacks and hostage abductions. It affirms that the Israeli military's indiscriminate bombing and siege of the Palestinian people in Gaza, which led to the deaths of thousands of innocent civilians, cannot be justified and that history argued that in the face of structural violence fueled by hatred, a thirst for revenge and punitive measures can achieve nothing. In response, a member of the ISSOP mailing list (hereafter referred to as ML) made the following comment. "Any concern for the Israeli babies and toddlers killed, burned, taken hostage by Hamas? Remember how this war started? To be concerned for only". Meanwhile, in the correspondence section of *The Lancet*, ISSOP member Ayesha Kadir of the London School of Hygiene and Tropical Medicine wrote, Children pay the price for our silence, again (9). According to a personal letter from her, it took a lot of effort to publish the article.

Then, in November, a letter was sent to the ISSOP president from the Israeli Pediatric Association, which was introduced in the previous ML. It concluded that "Efforts were and are made to move civilian families from the Israeli military response, but the Hamas leaders are clearly using children and women as human shields." and that "We feel pain and disappointment for your open support of Drs Kadir and Kampalath letter published by *The Lancet*; it is excellent and reflects the need to focus on the rights of children..." (Letter to Dr Goldhagen. The Israel Pediatric Association. 2023)

Movements of Paediatric Societies in the International Community

The American Academy of Pediatrics (AAP) communicated with the Israeli Pediatric Association and the Palestinian Pediatric Society on October 16, 2023, and sent information to its members under the name of the president (10), and on November 3, went to war under the name of the board of directors (11). In January 2024, the Society published a news article stating its desire to do everything possible to protect the children of Israel and Gaza and its concern about the spread of hatred in the country, calling for the support and solidarity of its members (12). However, as with the previous news, there is no word of an immediate halt to the fighting.

On the other hand, the Royal College of Paediatrics and Child Health (RCPCH) published a news article on October 20 titled Responding to the deteriorating situation of children in Israel and Palestine, in which director Susan Broster stated, they called for an immediate ceasefire (13)

The International Pediatric Association (IPA) issued the "IPA Statement on Immediate Ceasefire in Gaza" in January 2024, calling for an immediate ceasefire and for the international community to make every effort toward a permanent end to the war (14). In response to the subsequent deterioration of the situation in Gaza, a statement was reissued in February, clarifying that "Killing innocent children and forcing them into starvation as a means of war is a criminal act." We cannot remain silent as we witness scenes of violence that threaten

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the lives of children. We call on all paediatricians worldwide to speak out and call on governments to act immediately to bring about a ceasefire and peace 15)

Following the IPA's statement, the Canadian Pediatric Society also stated in March, calling for an immediate and continued ceasefire and the safe return of the hostages and setting out a path forward for assistance to children in Gaza 16). However, the Academic Society of Japanese Paediatricians has not expressed its intention on this issue. The only hope is that Akira Oka, president of the Japanese Academy of Pediatrics, has stated on the association's website, citing his personal feelings, that Measures must be taken to save children in danger during hostilities in the Middle East. Although he mentioned the United Nations Security Council resolution and the summary of the UNICEF Executive Director's remarks, there was no explicit reference to an immediate cessation of hostilities.

Lastly

It is necessary to understand the complexity of the political situation and the fact that various people's views on the historical background of the Middle East conflict from different perspectives. The current battle is preceded by a historical background that has continued since World War 1, including Israel's rule over the Palestinian territories, conflicts between armed groups that resist it, Israel's settlement policy, and Palestine's failure to be recognised as a state.

However, despite these complexities, and mindful of the need for continued psychological support for the Israeli children killed and physically and mentally injured in the October 7th Hamas attack, as ISSOP states in a statement, taking the lives of over 10,000 children in Palestine violates. Every moral and ethical framework that shapes our society demands the protection of children in Gaza. We paediatricians must stop this carnage. ISSOP President Jeff Goldhagen spoke to paediatric societies worldwide about the Universal Declaration of Human Rights, the Geneva Conventions 20), the six grave violations against children and the United Nations Convention on the Rights of the Child, all of which are important, referring to the previous statement 8) and making concrete recommendations for urgent and ongoing response actions that the international community should take 17).

I feel angry at Israel's unilateral murderous actions, the US that supports them, and the helplessness of the international community, and it pains me to imagine the children in the Gaza Strip who are exposed to hunger and fear. Not only that, but there is growing anxiety about the very future of democracy, which is the foundation of our lives. Even so, I would like to continue expressing my intentions as much as possible from a social justice and fairness standpoint. As a member, I sincerely hope that the Society for Ambulatory and General Pediatrics in Japan (SAGPJ) will take courageous action as an organisation in the future, even if it is sometimes political, if necessary, to protect children's rights. The title of this report was chosen in honour of my friend Ayesha Kadir's article in the Lancet.

There are no conflicts of interest regarding this article to be disclosed by the editorial board of SAGPJ.

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Document. 5 Viewpoint from a group of child health advocates in UK

Open access

Viewpoint

Gaza, armed conflict and child health

Yamina Boukari ¹, Ayesha Kadir ², Tony Waterston,³
Prudence Jarrett,⁴ Christian Harkensee,⁵ Erin Dexter,⁴ Erva Nur Cinar,⁶
Kerry Blackett,⁷ Hadjer Nacer,⁸ Amy Stevens,⁹ Delanjathan Devakumar¹⁰

current and future impacts of these violations on the health of children. We also make recommendations to stop immediate harms to children, and suggest means for the child health community to advocate for children's rights in this conflict and beyond.

<https://bmjpaedsopen.bmj.com/content/8/1/e002407>

Please read this paper in BMJPO which lays out the data from a war on children. The article sets out the violations of four of the six grave violations against children during armed conflict which are as follows:

1. The killing and maiming of children.
2. The recruitment and use of children.
3. Sexual violence against children.
4. The abduction of children.
5. Attacks on schools and hospitals.
6. Denial of humanitarian access.

Four of these (1, 4, 5 and 6) are found to be present in the current Gaza war and the impact on both children and their parents is unprecedented. The following recommendations are made in the paper:

1. An immediate and permanent ceasefire.
2. The release of all civilian hostages in Gaza.
3. Urgent provision of water, food, fuel, medical supplies, non-food items and shelter to Gaza.
4. An immediate reversal of the evacuation orders for all affected areas of Gaza.
5. Unrestricted, safe and sustained humanitarian access.

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6. Immediate and absolute protection from attack for civilians, health workers, hospitals and schools.
7. Adherence and accountability to international law of all parties involved in the conflict.
8. Medical evacuation of severely injured, ill and pregnant citizens of Gaza to a safe country.
9. Resumption of the peace process and an end to the occupation in order to bring long-term safety to all children in the region.

Recommendations are also made for the child health community.

The paper was initiated by members of the International Child Health Group in the UK which is affiliated to the RCPCH. It is also currently working in partnership with ISSOP. Its latest initiative is to build a petition (currently numbering 280 paediatricians) to request the RCPCH to make a strong public statement including recommendations such as the above.

TW

Document 6. Humanitarian Response Proposal

Proposal to Establish a Humanitarian Response Coordinator Position in IPA Submitted by the Humanitarian Disaster and Child Rights Committee March, 2024

The International Pediatric Association has a unique and critical role to play in protecting the rights of children and youth to life and optimal survival and development in the face of humanitarian disasters—be they natural or human induced. With respect to the latter—climate change, globalization, armed conflicts, and forced migration will increasingly challenge the global health and wellbeing of children.

As no profession will bear witness to the impact of these and other forms of violence against children more so than Pediatrics, no profession has a greater responsibility to respond. And, no organization other than IPA has the capacity to organize a global response.

Toward this end, we are proposing IPA establish a global multisectoral leadership role representing pediatrics and pediatricians in public and private sector venues—wherever international decisions are being made in response to the above challenges—challenges that will increasingly determine the health and wellbeing of children and youth across their life course.

We propose the IPA establish a permanent leadership position for a Humanitarian Crisis Coordinator (HCC).

- The role of this permanent leadership position would be to: a) represent IPA globally wherever decisions are made to address the health and wellbeing of children and youth confronting humanitarian crises. b) organize the response capabilities of IPA, c) provide

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knowledge and expertise, d) engage and collaborate with other organizations, e) Help establish policies and protocols to establish the function of a Humanitarian Response Operational Center, f) Manage linkages with other international pediatric specialty organizations, e.g., mental health, nutrition, rehabilitation, heme-onc, nephrology, sepsis, nursing, etc., g) Appoint and work with regional disaster response teams composed of representatives from regional Pediatric Societies, and h) Manage the administrative tasks required to mobilize a team in response to a disaster.

- The HCC will establish a Children’s Humanitarian Response Team (CHRT) composed of pediatricians and other first responders, e.g., logisticians, negotiators, epidemiologists, nurses, etc., who are skilled in “Disaster” responses and committed to respond immediately in the face of substantial human. This “team” can be composed of professionals from multiple organizations, e.g., ISSOP, ISPCAN, and other relevant organizations entities.
- Additional duties of the HCC will include:
 - Establish formal linkages with UN (WHO, PAHO, UNICEF), Refugee, Committee on Child Rights, etc., and international pediatric humanitarian organizations (Save the Children, WVI, CRS, ICRC, MSF, etc.)
 - Mobilize immediate connections to member national organizations and umbrella organizations, i.e., ALAPE, EAP, APPA, UNAPSA, impacted by the emergency. The frontline team has to operate directly under the umbrella of the national pediatric association or the local national red cross society - or any other key relevant national or regional association legitimately established and respected in the area of intervention.
 - Seek funds from-through national societies, private sector, grants, contracts, etc. to support the initial response teams.
 - Support training initiatives.
 - Collaborate in the development of a fellowship in Pediatric Humanitarian Response.

It is important to note that the purpose of the CHRT would not be to duplicate the roles of other public and private sector groups, nor primarily to mobilize pediatricians for clinical roles, but rather to mobilize a team with the expertise to: a) respond to the site of the disaster, b) identify the specific needs of children, c) report those needs to the international community, and work with IPA, national societies and collaborating organizations to mobilize the resources required to respond.

We further propose the IPA launch a Million Voices Initiative (MVI).

- IPA can play a critical role in mobilizing the voices of members of the pediatric societies that are under its institutional umbrella. With respect to the impact of armed conflict on children’s fundamental right to life and optimal survival and development, we have an opportunity to harness the voices of the more than a million pediatricians who belong to their respective IPA engaged societies against situations of armed violence or other types of violence that threaten the health and survival of children on a global scale. Ththree

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same is true for numerous other global threats confronting children, e.g., climate change, globalization, etc.

- For this reason, we are proposing that IPA establish the infrastructure and expend the resources required to implement and sustain a Million Voices Initiative—an endeavor to engage and involve all member societies and their respective members in coordinated advocacy and calls to action focused on global issues that have a fundamental impact on the health and wellbeing of children and youth. Among the first steps in this initiative will be to appoint administrative support, establish a virtual platform, develop initial drafts of operating protocols and identify linkages in member societies.

IPA has a fundamental global role to play in the response to humanitarian challenges confronting children and youth throughout the world—challenges that are increasing in number and complexity. It is a role that only IPA can play. It is critically important that IPA establish the infrastructure and mobilize the resources required to do so.

Thank-you for your consideration and prompt response.

Respectfully,



Jeffrey Goldhagen, M.D., MPH
Co-chair, Humanitarian Disaster and Child Rights Committee
President, International Society for Social Pediatrics and Child Health
Professor, Department of Pediatrics, University of Florida College of Medicine

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

5.1 CHIFA Report

The following posting was sent by Neil Pakenham Walsh on 18th March and will be of general interest.

The number of children worldwide who died before age 5 dropped to a record low of 4.9 million in 2022, a new UN report finds—but that still represents one death every six seconds, Reuters reports.

Factors and causes: Deaths were largely caused by preventable or treatable causes, including preterm birth, respiratory diseases, and diarrhoea.

COMMENT (NPW): Deaths are always attributed to medical causes. This is inadequate. We should be thinking much more in terms of healthcare causes, especially as most deaths are preventable with simple, timely interventions. It has been estimated that poor quality care (in children and adults) causes 8 million deaths per year in health facilities (Kruk et al 2018). Kruk's paper does not include the millions (?) who die in the home or community, before even reaching a health facility. A leading contributing factor in poor care, whether in the

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home or in a health facility (perhaps the leading factor) is the failure to access and apply reliable healthcare information.

<https://childmortality.org/wp-content/uploads/2024/03/UN-IGME-2023-Child-Mortality-Report.pdf>

5.2 IPA Report

The IPA has just released its first Newsletter of this year (2024). In it you will find an update on the significant developments that have occurred within the International Pediatric Association (IPA) in the last couple of months.

<https://ipa-world.org/uploadedbyfck/IPA-Year-2024-Vol-18-Issue-1-English.pdf>

Other important information includes:

- **The IPA has a free globally accessible website for Paediatric Endocrinology and Diabetes**

The ESPE e-learning chapters are based on learning categories of paediatric endocrinology and diabetes. It contains core and advanced level learning modules on normal development, pathophysiological mechanisms and current views on diagnostic and therapeutic interventions. ESPE e-learning users can also discuss topics and clinical cases within the online forum. The category Healthcare in Recourse Limited Setting has been developed for those in the first, secondary and tertiary levels of health care in developing countries, also in Chinese, French, Spanish and Swahili. For more information click here:

- https://www.espe-elearning.org/ilias.php?ref_id=1&cmdClass=ilrepositorygui&cmdNode=56&baseClass=ilrepositorygui
- **IPA statement on comprehensive sexuality education (CSE):** <https://ipa-world.org/page.php?id=473>
- **IPA statement on Safety and Health of Children Living in Israel and Palestine:** <https://ipa-world.org/page.php?id=470>
- **IPA Statement on Immediate Ceasefire in Gaza:** <https://ipa-world.org/ipa-statements-on-children-issues.php>

Barbara Rubio

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5.3 ISSOP/INRICH Research Group Report

As mentioned in my last update in January, the group is drawing together the final strands of our work on the impact of Covid-19 on children. Two further papers, one from Japan with Hajime Takeuchi as lead author and the other by Anne Geweniger and colleagues on the third survey of German families with children's chronic conditions (hyperlink below), are now published. We will be considering a second edition of the ISSOP/INRICH Impact of COVID document, which has been uploaded to ResearchGate, to incorporate recently published papers.

An on-going consequence of the measures taken to control the Covid pandemic is the impact of school closures on children. The work by a sub-group on a review of the literature on the post-closure effects on children's mental and physical is progressing. A search strategy is being developed with the assistance of a librarian at Donna Koller's University and we plan to start the review in May.

The rich experience of mentoring during the group's work on Covid projects has been explored by Donna Koller and Michael Weitzman through interviews with mentors and mentees and the insights will be used to inform a more formal, comprehensive mentorship programme.

Hyperlink to Anne Geweniger et al's paper:

<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.frontiersin.org%2Fjournals%2Fpublic-health%2Farticles%2F10.3389%2Fpubh.2024.1322185%2Ffull&data=05%7C02%7CN.J.Spencer%40warwick.ac.uk%7C7d18f674a93140af7a4908dc4e4f1c4a%7C09bacfd47ef446592653546f2eaf6bc%7C0%7C0%7C638471348917083395%7CUnknown%7CTWFpbGZsb3d8evJWljoimC4wLjAwMDAilCjQljoiv2luMzllCjBTil6lk1haWwWlCjXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=1GzIQNZwM92i2no9xVXdu2%2FGhuO8fOG1%2FUGzSg%2FXMPU%3D&reserved=0>

Nick Spencer

5.4 SWC Report



Child Rights-based Response to the Needs of Street and Working Children Working Group Report March 2024

The Street and Working Children (SWC) Working Group which is an active collaboration between the International Society of Social Pediatrics & Child Health (ISSOP), the International Society for Prevention of Child Abuse & Neglect (ISPCAN) and the Indian Child Abuse and Neglect and Child Labour committee of the Indian Pediatric Association, has continued to be active in 2024. We still have new members joining us and have several outputs to share for this year.

- **BMJ Paediatrics Open and ISSOP Special Collection on SWC**- we now have five papers published, including the Editorial/Viewpoint paper (below); a new review

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paper commissioned on the respiratory health of street children, five other papers being prepared for submission.

Open access

Viewpoint

Street and working children: a call for rights-based approach to their health and well-being

Rajeev Seth ¹, Pia MacRae ², Jeffrey Goldhagen ^{3,4},
Shanti Raman ^{5,6}

profound and devastating impact on children's rights worldwide, contributing significantly to the increase in the number of SWC. This issue transcends borders and affects low-income, middle-income and high-income countries alike.

SWC experience multiple adverse childhood experiences, harsh living and working conditions, and thus bear the burden of a range of short, medium and long-term health consequences.³ Access to appropriate and quality healthcare is challenging for both groups of children

- **Webinar** organized by Consortium for Street Children on 27 Feb 2024, which explored the publication: **Children in street situations' access to healthcare: Findings from the Street Child World Cup 2022** (Shona MacLeod, Pia MacRae), and also featured a terrific young person from Bangladesh with lived experience



- Upcoming ISPCAN Conference in Uppsala, Sweden in August 2024, has a Symposium and Masterclass accepted on **Health, Wellbeing and Rights of SWC**, as well as the Scoping Review on access to health, as an oral presentation.

Shanti Raman

6. Publications

6.1 Call to action on formula sponsorship of healthcare professional associations

Earlier this month, the [Lancet published](#) a long-heralded letter which is a call to action for healthcare professional associations (HCPAs) to end their sponsorship by companies that make commercial milk formula. The letter was signed by the Presidents of six global umbrella organisations covering midwifery, neonatal nursing, lactation consultants, the Association of Breastfeeding Medicine, neonatal paediatricians in Africa and paediatricians from the Asia Pacific region.

The letter calls on all healthcare professional associations to *'bring an end to sponsorship relationships with companies that market breastmilk substitutes.'*

It goes on to state that *'There is compelling evidence that aggressive marketing by manufacturers and distributors of breastmilk substitutes adversely affects feeding practices for infants and young children.'*

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³ *Such marketing undermines breastfeeding and contributes to poor health outcomes in children. It also contributes to the burden of non-communicable disease, particularly among women.*

⁴

Sponsorship of HCPA educational events is a marketing activity that creates conflicts of interest among health-care professionals. ‘

The letter ends by asserting that ‘Aggressive marketing of breastmilk substitutes threatens our capacity to deliver quality care. Every HCPA’s primary concern must be the health and wellbeing of every newborn, child, and mother. Only by working together can we neutralise the threat posed by sponsorship.’

TW

6.2 Request to stop advertisements related to milk formula in the Journal of the Japan Pediatric Society.

Stop posting any advertisements related to commercially available milk formula in the Journal.

Reasons

The World Health Organization (WHO) has been calling for restrictions on the sale of milk formula since 1981, and in June 2023, it released guidance on advertising by commercial milk formula companies. It recommends all medical professional associations cease sponsorship with commercial milk formula companies (1). Tony Waterston on the Executive Committee of the International Society for Social Pediatrics and Child Health (ISSOP), to which I belong, introduced in its electronic bulletin their efforts to collaborate with the WHO and call for an end to its sponsorship (2). In March 2024, The Lancet published a Correspondence stating that while paediatric healthcare providers strive to support optimal infant nutrition, commercial milk formula companies are concerned about increasing their milk sales. It is impossible to reconcile these different missions as they increase profits through growth (3). The commercial milk formula company that sponsors the magazine advertises on its website that it sells milk formula in Southeast and South Asia⁴. It must be noted that continuing sponsorship with such companies is not just a domestic issue.

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Hajime Takeuchi

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March 9th 2024

Congratulations to ISSOP member Hajime for this advocacy supporting breastfeeding and challenging the advertising of commercial milk formula in medical journals. Please follow his example and let us know what happens!

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6.3 The Child Friendly Cities Initiative-Minneapolis Model

Charles Oberg

Purpose The Child Friendly Cities Initiative (CFCI) is a UNICEF framework based on the UN Convention on the Rights of the Child (CRC). CFCI was launched globally in 1996 to protect children's rights throughout the world. There are child friendly cities in over 44 countries around the globe, but none presently in the United States. The purpose was to establish a Child Friendly City in the United States.

Description Child friendly cities are a child-rights and equity-based approach designed to ensure all children in a community reach their full potential for optimal health, development, and well-being. The paper discusses the development of the guiding principles of the CFCI-Minneapolis Model as well as a community needs assessment.

Assessment The assessment consisted of a digital survey of 60 questions on the SurveyMonkey platform. The sample included 173 Minneapolis youth 10-18 years of age and 85 parents with children less than five years of age. The participants were drawn from four of the 83 Minneapolis neighborhoods that had the highest concentration of children and youth, communities of color, and immigrant families that have historically been under resourced.

Conclusion The results of the community assessment guided the development of four programmatic initiatives. These included child rights learning & awareness, emergency preparedness & planning, community safety, and youth participation in decision making. The paper concludes with the lesson learned to date in the implementation of the CFCI-Minneapolis Model. These include partnership, dedication, leadership, community engagement, coalition building, and celebrating success.

CFCI-Minneapolis received full designation from UNICEF USA as a child friendly city in February 2024.

Maternal and Child Health Journal <https://doi.org/10.1007/s10995-024-03921-7>

6.4 Trapped and Scarred

The Compounding Mental Harm Inflicted on Palestinian Children in Gaza



In 2018, Save the Children conducted research on the impact that living under blockade and cyclical violence has had on children's mental health in Gaza.⁵ In 2022, after another escalation in violence in 2021, Save the Children consulted a further 488 children and 160 parents and caregivers to see how things have changed for children living in the Gaza Strip.⁶ The research found that, since 2018, the psychosocial wellbeing of children, young people and their caregivers had declined dramatically to alarming levels.

Given the concerns over the expected decline to children's mental health and their ability to cope, Save the Children identified the need to present an update to its previous research. This paper aims to provide an insight into the mental harm of Gaza's children.

<https://resourcecentre.savethechildren.net/document/trapped-and-scarred-the-compounding-mental-harm-inflicted-on-palestinian-children-in-gaza/>

Save the Children

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7. Topics in Social Pediatrics

7.1 Advertisement of Milk Formula in the Journal of the Japan Pediatric Society

Hajime Tekeuchi



I sent a request to stop advertisements related to milk formula in the Journal of the Japan Pediatric Society (illustration above). I have attached the English-translated version as a PDF file.

March 9th 2024

Editorial Committee of the Journal of the Japan Pediatric Society

Chief editor: Prof. Isao Miyairi

Publisher: Prof. Akira Oka, President of the Japanese Pediatric Society

Member of the Japan Pediatric Society: Hajime Takeuchi

Request to stop advertisements related to milk formula in the Journal of the Japan Pediatric Society

1. Stop posting any advertisements related to commercially available milk formula in the Journal.

Reasons

The World Health Organization (WHO) has been calling for restrictions on the sale of milk formula since 1981, and in June 2023, it released guidance on advertising by commercial milk formula companies. It recommends all medical professional associations cease sponsorship with commercial milk formula companies¹). Tony Waterston on the Executive Committee of the International Society for Social Pediatrics and Child Health (ISSOP), to which I belong, introduced in its electronic bulletin their efforts to collaborate with the WHO and call for an end to its sponsorship²). In March 2024, The Lancet published a Correspondence stating that while paediatric healthcare providers strive to support optimal infant nutrition, commercial milk formula companies are concerned about increasing their milk sales. It is impossible to reconcile these different missions as they increase profits through growth³).

The commercial milk formula company that sponsors the magazine advertises on its website that it sells milk formula in Southeast and South Asia⁴). It must be noted that continuing sponsorship with such companies is not just a domestic issue.

I didn't receive their decision yet. However, I received an email from the Journal Editorial Office on the 11th.

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It was as follows;

We received a request to stop advertising related to commercial baby formula.

Regarding this matter, the answer will be from the society secretariat.

It may take several days for us to respond.

I believe they will stop it.

The letter I sent is as follows:

Editorial Committee of the Journal of the Japan Pediatric Society Chief editor: Prof. Isao Miyairi

Publisher: Prof. Akira Oka, President of the Japanese Pediatric Society

Member of the Japan Pediatric Society: Hajime Takeuchi



7.2 Capitalogenic disease: social determinants in focus

<https://gh.bmj.com/content/bmjgh/8/12/e013661.full.pdf>

Editorial

BMJ Global Health

Capitalogenic disease: social determinants in focus

Guddi Singh ^{1,2} Jason Hickel ^{3,4}

Scholarship on the social determinants of health and disease has become firmly established over the past several decades. This school of thought has created space for academics and health professionals to consider the structural factors that may produce ill health, generate health inequalities and prevent access to healthcare or other goods and services necessary for human welfare.¹ Research on social determinants has been developed through attention to 'structural violence',² 'commercial determinants'³ and the 'causes of the causes' of disease.⁴

These are useful analytical developments. But terms such as structures, commerce and so on are generic descriptors, and it may be useful to further specify the particular political and economic systems that are at stake. This includes paying attention to capitalism and dynamics of capital accumulation. Given that capitalism prevails in nearly every country, and organises the world economy, it seems necessary to develop analytical frameworks that can help us understand and assess its implications for health outcomes, which have been described in existing literature.

We need an analytical framework that can assess the extent to which these arrangements may have adverse effects on health outcomes. We propose that the term capitalogenic disease may help towards this end. The historical geographer Jason Moore has used the term capitalogenic to specify that the ecological crisis we presently face is not simply a natural phenomenon or a problem caused by generic human activity, but is being produced by the capitalist system of production and by processes of capital accumulation.¹² The term has become indispensable to analysts across disciplines for identifying the causal dynamics of ecological crisis and envisioning pathways out of it. We propose that this term can

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and should be applied where appropriate to disease and health inequalities as well. In this article, we illustrate the concept of capitalogenic disease with eight concrete examples

These are merely preliminary observations. It is never enough to merely diagnose a problem without paying attention how it might be remedied. Within our roles as clinicians and health professionals of all stripes, I leave you with the question that motivated the writing of this piece: If the responsibility for a great swathe of global burden of disease rests in the prevailing social, economic, political system, what ought to be our response?

Please read and share widely. There is growing movement and energy behind the kind of fundamental shifts in thinking that medicine must take to better meet the needs of the 21st century. We are keen to see what you make of our contribution to this.

**Dr Guddi Singh | BA, MB BChir, MPH, MRCPCH, EADTM&H
Consultant in Neurodevelopmental & Social Paediatrics**

PhD Candidate | Faculty of Social Science & Public Policy | King's College, London
Visiting Research Fellow | Department of Political & Social Sciences | John's Hopkin's University - Public Policy Centre | Pompeu Fabra University, Barcelona
Tel: +44 7960 320355 | Twitter: @DrGuddiSingh | Media Enquiries: mindy@miradormanagement.co.uk
Email: Guddi.singh@kcl.ac.uk

8. Climate change update

8.1 UK Health Alliance bulletin

Ride For Their Lives: Ride to the Seventy-seventh World Health Assembly in Geneva

The World Health Assembly in Geneva is being held from 27 May to 1 June 2024 and the RFTL is planning a ride from Paris to Geneva carrying messages from children. This is to encourage those present to be ambitious and bold in their landmark 'Resolution on Climate Change' and in prioritising action on the climate crisis and its damaging and long-lasting effects on children's health. More information can be [found here](#).

Launch of WHO Toolkit for Health Professionals on Communicating about Climate Change and Health

A new toolkit developed by WHO and partners provides comprehensive resources to help health professionals understand the health impacts of climate change, as well as health co-benefits of climate action, build confidence in communication, and engage with various stakeholders effectively. [Register here](#) to attend the launch of the toolkit.

10 April | Online

Investigating and addressing inequalities on the mental health impacts of climate change

This webinar organised by the Faculty of Public Health will describe the many ways in which climate change is a risk multiplier for mental health challenges. In contrast, climate action presents many opportunities for improving the conditions that support good mental health and well-being. Registration details can be [found here](#).

10 April | Online

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Green Surgery Webinar: Supply Chain, Procurement & Industry

This webinar organised by the Sustainable Healthcare Coalition and The Association of British HealthTech Industries will discuss the Green Surgery Report's findings and how supply chains, procurement and industry can play critical roles in accelerating delivery of the decarbonisation and enhanced sustainability that is needed. [Register here.](#)

Articles, podcasts and videos

We've pulled together a list of recent articles, podcasts and videos worth reading, watching, listening and sharing.

- Watch these videos by the [Climate Science Breakthrough](#) explaining in an emotive manner the climate science.
- [Check out this video](#) where Richard Smith speaks about reducing the carbon footprint of end-of-life care.
- [Watch this recorded webinar](#) on 'Building climate resilient and low carbon health care facilities: priorities and challenges' by the WHO.
- Read [this blog post](#) by Caitríona Callan highlighting the 'Five takeaways from the Green Surgery Report'.
- In [this piece](#), Richard Smith writes about an immersive installation that aims to present a future vision of the NHS.
- [Read this article](#) by Josh Karlinger on a global movement to get the healthcare sector to zero emissions.
- Global Climate and Health Alliance's Jeni Miller reflects on COP28 outcomes and the action needed next to protect people's health from the climate crisis in [this piece](#).
- [This piece](#) by Scarlett McNally explores how enabling active travel can improve the UK's health.

8.2 See the weather forecast for 2050

For a fun and illuminating insight into future weather and climate patterns through the eyes of children and young people, watch this video from [weather kids](#) and follow their ingenuity and commitment in your own actions.

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