

ISSOP e-Bulletin N° 66

November 2023



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1. Introduction

A happy event as we come to the end of a difficult year was the reunion of many ISSOP members who have not seen each other since the meeting held in Beirut in 2019, just before the lockdown. There have been meetings in Ghandinagar for the IPA meeting and in Mombasa for the Kenya paediatric society meeting but these were only attended by a few lucky members. So, there were many joyful greetings exchanged in the beautiful city of Valencia in November at the combined meeting of ISSOP with the Spanish Social Pediatric Society (SEPS) who hosted three days on the topic of Safe Spaces for Children. And what could be a more important topic at this very difficult time for the young in our modern world, with a terrible war still being waged in Palestine.

The Valencia meeting highlights are covered in 2.1 below

Other items covered in this edition include writing on the dreadful Gaza war in 4.1 and 4.2, update on climate change in 8.1, and in 7.1 a valuable contribution from Malawi on tax abuse, UN voting and children's rights that will be of interest to all! And very good wishes to all ISSOP members for the festive season.

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



Premium AI Image | sad child during war with destroyed town Palestine Gaza illustration

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1.1 Message from Jeff Goldhagen – President of ISSOP

The past weeks have challenged us all as individuals—as Muslims, Jews, pediatricians, and members of a diverse family we call ISSOP. We’ve grieved alone and as communities, and continue to do so as civilian deaths in Gaza mount, and as Israelis process the loss of lives they have suffered. We’ve come to understand that we don’t understand—multiple perspectives and multiple realities collide—repeating hundreds of years of conflict. And as always, children sustain the largest burdens—burdens that will impact them through their life course—for those who have survived.

As an organization, we have been asked to sign statements and take positions by our members and other entities. Some have asked us to declare that participants in the conflict are committing war crimes, genocide and/or crimes against humanity. Others have spoken in terms of Israel being a colonial power and practicing apartheid. The problem is that each of these terms have legal and political definitions that will be debated for decades and potentially tried in courts of law—far into the future. Used in common parlance, these terms have different meanings to different people. Use of these terms divert our attention from the critical child rights violations that confront us, force us to litigate legal issues in courts of public opinion, and serve to alienate and divide—at a time when we need to be coming together.

As the Israel-Hamas conflict continues to unfold, and other conflicts in Ukraine, Sudan, Myanmar, etc. continue, we need to avoid what divides us and focus on our common mission—to advance the rights of children to life, and optimal survival and development.

Thank-you all for your support of ISSOP, in particular those who have been critical of our position and responded as such. We are an organization that thrives through our diversity and united commitment to children’s health and well-being.

JG



A wish that will come true? (adapted image, RM)

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2. Meetings and news

2.1 Valencia meeting report

a) Tony Waterston

What a wonderful city is Valencia. I travelled by train and it is a good way to get there, Barcelona Sants station is magnificent and there is a direct line from Paris. The entrance to Valencia station is like a cathedral. The weather was warm and sunny throughout and the organisation and hospitality we received was unsurpassed. Just too bad that for me the second day was wiped out by food poisoning. It was such fun despite this to meet in person so many old ISSOP friends and this shows how much we need a regular regional face to face meeting. I'm even tempted to invite you back to Scotland again. My only request is to ensure we have workshops at our meetings and not just lectures, as they are the only way to genuinely meet local members and enter into a full and equitable discussion on the many local and international experiences that are being discussed.



The topic for the meeting was Building safe spaces for children and young people – potentially a great subject for a workshop on the awful Gaza war! Louise Thivank spoke on child friendly cities and was eloquent about the importance of gaining meaningful participation from young people. Benefits flow to both sides with the young people showing improved self-esteem and confidence and the development of skills, and the community benefit from improved services, social cohesion, transparent

governance and civic engagement. Other topics covered in the morning session were protecting children from violence by Paula Fuentes, protecting children from harmful marketing practices by Raul Mercer, building safe spaces before and after disasters by Elif Ozmert and a family centric approach to caring for refugee children by Caroline Heiningner.

The afternoon session considered building poverty free spaces for children and young people and the debate asked the question – Is poverty eradication possible in the 21st century? To which the answer is a definite yes – if there is sufficient political will. In the final session tributes were paid to founding members of ISSOP Prof Lennart Kohler (who was present digitally) and Prof Nick Spencer together with other key international figures. This was a fine opening day and the lunch in the beautiful courtyard of the university allowed much valuable social interaction.

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b) Rita Nathawad



Friday morning (the second day of the meeting) began with the session, “The State of Rights of the Child in a globalized world”, with presenters Jorge Cardona Llorens (Valencia, Spain), Raul Mercer (Argentina) and Jeffrey Goldhagen (USA) and was moderated by Rafael Fernandez-Delgado Cerda (Valencia, Spain).

The session opened with a discussion about the global situation of children’s rights presented by Jorge Cardona Llorens who emphasized the importance of shifting from the concept of protecting children and adolescents to protecting **the rights** of children and adolescents. In doing so we must take a holistic approach where we are not considering what we as adults believe to be in the best interests of the child, and more considering what is actually best for a child from a physical, mental, spiritual and moral perspective. Ultimately the only way to do this is by including children and ensuring they are participating in decision making to the best of their

evolving capacities. He went on in an optimistic tone to describe the progress that has occurred in the last three decades since the Convention on the Rights of the Child has been in existence. He also described the fact that there is still no continent on this earth where children are not suffering and we have a call to action as pediatricians to address the many issues that children face today that threaten their health and well-being. He ended his talk with some specific ways in which we can engage children in discussions that affect them by including them in city council meetings and asking them how public budgets should be spent to enhance their health. He encouraged interactive dialogue with children and ongoing investment in their well-being.



Next, Raul Mercer discussed the rights of the child in the global south. His talk focused on the specific contexts in which child rights are affected in his region. Highlighting the issues of political context and policies that impact children. Dr. Mercer highlighted the impact of life-course rights on children and



reminded us that a lack of respect for the rights of woman in terms of reproductive rights or a lack of rights for the elderly in the context of ageism, all have the potential to impact the well-being of children and adolescents and we must therefore consider these issues from an interdependent and interrelated perspective and recognize violations at any stage have consequences. He mentioned the issues of child poverty, child migration, the perpetuation of violence, commercial determinants and gender ideology all as issues that threaten the health of children in the south.

Finally, he mentioned the concept of a syndemic world and the need to look closely at the impact of the COVID pandemic on child rights and how we can build infrastructure in the future to avoid these violations.

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Jeffrey Goldhagen was the final speaker for this panel and focused his talk on the rights of the child in the global north with an emphasis on the impact of climate change and the need for us as child advocates to take notice and act. He highlighted the fact that the global north is the least impacted by climate change however we are the ones causing the most damage to the rest of the world. Our violations of children's rights with our climate unfriendly practices in the North impact children globally and if we don't correct our actions in the North we will bring down children across the globe. He ended his talk with the following call to action, "No profession will bear witness to the impact of climate change on children more than Pediatricians. As such, no profession has a greater responsibility to respond." He also described the need for cities and communities to develop resilience plans and toolkits to be able to address the potential impacts of climate change and other threats to child health. These talks were both inspiring and motivating and truly highlighted the work that we as ISSOP and other child serving organizations must come together to accomplish.

c) Hajime Takeuchi

A memorable conference in Valencia

I participated in the joint conference with ISSOP and the Spanish Social Paediatric Society (SEPS) between the 16th and 18th of November in Valencia, Spain. The title was "Building Safe Space".

I gave an oral presentation, "Research with Children regarding the Rights in the Convention of the Child -An international comparison during the COVID-19 pandemic -". We held the GCRDs (Global Child Rights Dialogues) in South Korea, Sweden, Tanzania, and Japan.



The Certificate Junior high school students served lunch as a part of the work experience. Gracias!

The GCRDs are an international project in which children discuss whether their rights in each article of the UN Convention on the Rights of the Child are protected and make policy proposals to proceed with those rights. Children have the right to envision their future. They can also present suggestions to make policies through their GCRDs. We should take them seriously. This is the summary of our project, and I showed it.

It was amazing because our presentation was selected as one of two "Premio a la mejor" of this conference.

I am so proud of the award.

I donated the supplementary prize to ISSOP.

Hajime Takeuchi

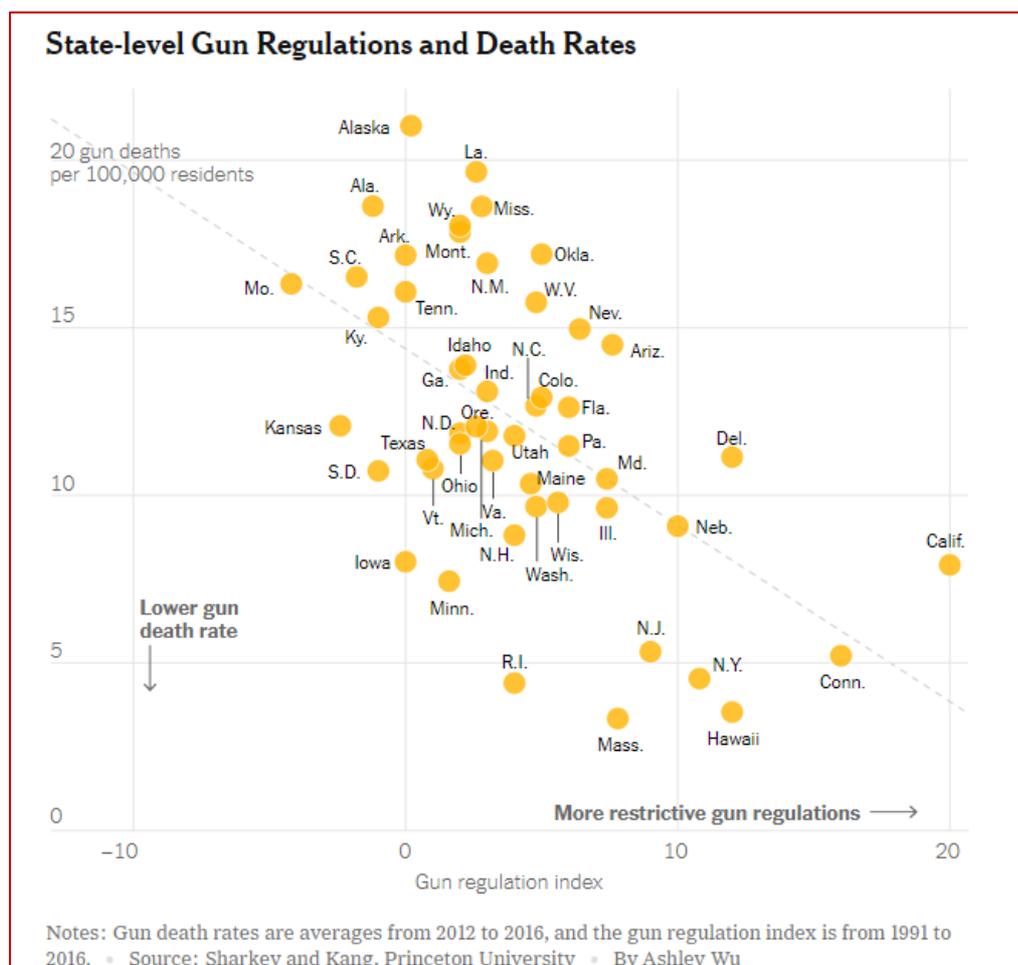


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2.2 A drop in American Gun violence

A recent article published on November 1, 2023 in the New York Times, [“A Drop in American Gun Violence”](#), ponders the issue of mass shootings and other gun related violence in America as it relates to public policy. Interestingly, a study by Patrick Sharkey and Megan Kang at Princeton, showed that stricter gun laws passed by 40 states from 1991 to 2016 reduced gun deaths by nearly 4300 in 2016, or about 10% of the nationwide total. While many have been focusing on federal policy changes, which are likely to be slow, if enacted at all, there does seem to be progress with state level change. Ultimately it would seem that any barriers to possessing fire arms has an impact on death rates. Unfortunately, in the time since the study many states have in fact loosened their laws, further work is needed to research the effects of these changes and advocate for policies that prevent gun related injury and death in our communities.



Rita Nathawad

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2.3 Social Paediatrics in Ankara

Our annual Social Pediatrics meeting was held on November 24-25th, 2023 in Ankara.

Our colleague Prof. Dr. Songül Yalçın organized this excellent meeting which had the main theme as 'Earthquake, Environment and Child'. The meeting was also devoted to the Memory of Dr. Kadriye Yurdakök who was the Head of Social Pediatrics Department, Hacettepe University Child Health Institute. Unfortunately, she passed away on October 23th, 2022. Dr. Kadriye Yurdakök aimed to popularize the concept of Social Pediatrics in international and national areas, to ensure and maintain the well-being of the child, with a holistic approach to childhood diseases. She had many studies and works on increasing the knowledge, awareness and competence of health care professionals regarding children's rights, preventing child abuse and neglect, the effects of the environment on child health.

***Participants in the meeting which was devoted to the memory of Prof Kadriye Yurdakök
In the centre is her husband, Prof Murat Yurdakök***



She was my Social Pediatrics Doctorate Teacher. I have always admired her colorful personality and leadership. As you know, we experienced a devastating earthquake on Southern Turkey on February 6th, 2023. We lost at least 50,783 people and thousands of children. The impact of the earthquakes on the region's children and families has been catastrophic, leaving hundreds of thousands in desperate conditions. Many

families have lost their homes and are now still living in temporary shelters. Children have lost their family and loved ones, and have seen their homes, schools and communities devastated and their entire lives turned upside down. At present, vulnerable children in hard-hit areas are exposed to threats including violence, forced marriage or labour, and dropping out of school. The education of nearly four million school-enrolled children was disrupted, including more than 350,000 refugee and migrant children.

As social pediatricians, we have a responsibility to defend and advance children's rights, particularly in times of need. This meeting was so fruitful with discussions and sessions for examining the negative effects of earthquake on child rights and find the ways to cope with these effects for the best interests of our children.

Gonca Yılmaz MD, PhD, Türkiye.

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2.4 Inclusive education – Inclusive Society

The second Interdisciplinary Conference “Inclusive Education - Inclusive Society”, Russia

Approximately one in every hundred children in the world is diagnosed with autism. In reality, there are many more such children, and they have been identified more frequently in recent years due to widespread awareness. This means that more people with this disorder are given the chance to receive early interventions and special educational provisions so they can be included into society.

The second Interdisciplinary Conference “Inclusive Education - Inclusive Society” was held at the Sirius University of Science and Technology, on the Black Sea coast, 8-10 Nov.2023. The conference discussed effective scientific approaches that can change life of people with autism for the better. Participants were scientists, doctors, teachers, students, government representatives. The conference brought together experts from all over Russia. What sets this conference apart from others is that the active participants and organizers of the conference were parents of children with autism spectrum disorder (ASD).

When the conference “Inclusive Education – Inclusive Society” was being prepared, the goal was to include the expression of people with autism in the program. This is how an exclusive coffee shop appeared as part of the conference. A barista with autism was invited from the first exclusive cafe in Krasnodar. One of the baristas is Nikita, his sister Anna played a major role in his life.

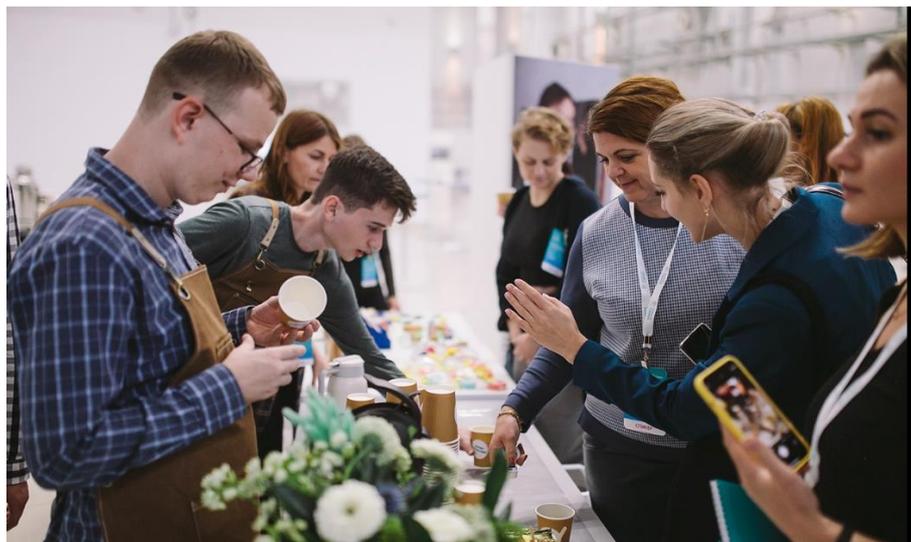


Photo from VK social media

https://m.vk.com/club174296278?z=photo-174296278_457240970%2Fwall-174296278_4827&reactions_opened=wall-174296278_2231

The main problems in the field of autism in Russia were identified during the conference.

Earlier identification of disorder

Diagnosis being made too late - is one of the main problems, and it is relevant for many countries. The earlier the disorder is identified, the more effective the further route of help and support will be. In the last decade, the situation has begun to change: the number of identified cases in early childhood (2-4 years) is increasing. The mandatory ASD screening by pediatric surveillance services (from 2019) has played a significant role in this.

Now, to screen for autism in Russia, pediatricians suggest using the international M-CHAT questionnaire (<https://www.mchatscreen.com/m-chat/>), which allows risk of autism to be determined in a child from 16 to 30 months. Results of “moderate risk” or “high risk” should prompt an in-depth medical examination.

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Education

A child with autism has several options in preschool education: go to a regular kindergarten, where there is an inclusive (resource) group, or education takes place according to a special program, for example, for children with speech impairments. However, there are still a large number of children with ASD who are educated at home, with parents taking care of them.

Work is underway to include all children with ASD in a preschool/school education. Since 2019, the country began supporting resource centers for organizing inclusive education. Specialists have been trained to teach children with ASD, including those who are proficient in methods based on applied behavior analysis (ABA-therapy). One of the goals is to create equal access to quality education for everyone.

Thanks to the joint efforts of scientists and practitioners, non-profit organizations, foundations and, of course, the community of parents in Russia, society's attitude towards children and adults with autism is gradually changing and modern system of health care and education is maintained.

Nataliya Ustinova

3. International Organizations

3.1 International Child Health Group meeting on Inequalities and Childhood Infections

We look forward to welcoming many colleagues to the 2023 International Child Health Group Winter Meeting "Inequalities and Childhood Infections" online 15th December 0845-1630 GMT

The conference "Inequalities and Childhood Infections" will showcase a diverse program that covers topics relevant to both the UK and low and middle-income countries with an exceptional line-up of speakers. The day will include an opening keynote from Sir Michael Marmot, multiple plenary sessions, a variety of interactive workshops to choose from, and allocated time slots for networking.

Free tickets are available for low- and middle-income country attendees. CPD points will be available to all attendees.

Register at: <https://share.medall.org/events/ichg-winter-meeting-2023-inequalities-in-childhood-infectious-diseases>

Further details are available on the conference website; <https://www.internationalchildhealthgroup.org/winter-meeting-2023>

Rebecca Rhodes

3.2 WHO continues its work on marketing of commercial formula via PHASFI

PHASFI (Practitioners in Healthcare against the Sponsorship by the Formula Industry) continues its vital work after the ending of the period of employment by Dr Gyikua Plange Rhule and myself with WHO. The group is now chaired by Dr Adriano Cattaneo from Italy, a leading member of IBFAN (International Baby Foods Action Network) and a retired epidemiologist. The group includes members from paediatric, nursing and other umbrella groups from around the world and meets monthly. The group has written a call to action for all child health practitioners which has now been submitted to the Lancet for publication and after that will be open for signing by healthcare associations globally. PHASFI's other publications include a selection of case studies from associations which have ended

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sponsorship, a model policy on declining sponsorship, a paper on alternative sources of funding, and a repository of published papers on related subjects. These publications will soon be publicly available and are currently being approved by WHO. It is hoped that the ISSOP website will provide space for PHASFI and you will be able to access the materials there. We are also investigating the setting up of a global Community of Practice on ending sponsorship to which activists around the world will be invited to join.

Please watch out for more news of PHASFI in coming months!

Tony Waterston

3.3 WHO Commission on Social Connection

Anyone, anywhere, can be lonely or socially isolated. Across all ages and regions, loneliness and social isolation have serious impacts on our physical and mental health, and the well-being of our communities and society. Social isolation, defined as the objective state of having few social relationships or infrequent social contact with others, and loneliness, defined as a subjective feeling of being isolated, have been confirmed as serious risk factors for public health but already underestimated. that affect a significant portion of the population. About a quarter (24 percent) of Americans age 65 and older who live in communities consider themselves socially isolated, and a significant proportion of adults in the United States report feeling lonely (35 percent of adults 45 years and older, and 43 percent of adults 60 years and older).

However, social disconnection can also affect young people's development and performance. Feeling lonelier in high school makes them more likely to drop out of college. It can also make affected people's finances worse: feeling disconnected and unsupported at work can lead to lower job satisfaction and performance. Now, while it is difficult to accurately measure social isolation and loneliness, there is strong evidence that many older adults are socially isolated or lonely in ways that put their health at risk. For example:

- Social isolation has been associated with a 29 percent increased risk of all-cause mortality, and a 25 percent increased risk of cancer mortality (Fleisch Marcus et al., 2017; Holt-Lunstad et al. , 2015);
- Loneliness has been associated with higher rates of problems such as depression, anxiety, and suicidal ideation (Beutel et al., 2017);
- Loneliness has been associated with a 59 percent increased risk of functional problems, and a 45 percent increased risk of death (Perissinotto et al., 2012);
- Poor social relationships (characterized by social isolation or loneliness) have been associated with a 29 percent increased risk of incident coronary events, heart disease, and a 32 percent increased risk of stroke (Valtorta et al., 2016a);
- Loneliness among patients with heart failure has been associated with a nearly four-fold increased risk of death, 68 percent increased risk of hospitalization, and 57 percent increased risk of emergency department visits (Manemann et al., 2018); and
- Social isolation has been associated with approximately a 50 percent increased risk of developing dementia (Kuiper et al., 2015; Penninkilampi et al., 2018).

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The [WHO Social Connection Commission](#): The World Health Organization (WHO) has announced the creation of the Commission on Social Connectedness with a view to addressing loneliness as a pressing health threat, promoting social relationships as a priority and accelerating the scale-up of solutions.

Co-chaired by the United States Surgeon General, Dr. Vivek Murthy, and the African Union Youth Envoy, Ms. Chido Mpemba, the Commission is made up of 11 prominent policymakers, opinion leaders and advocates. of the cause. Over three years, the Commission will explore the central role that social connection plays in improving the health of people of all ages and outline tailored solutions for building social connections.

The Commission will study how social connectedness improves the well-being of our communities and societies and helps foster economic progress, social development and innovation. The main objective of this will be for the issue to be recognized and provided with resources as a global public health priority. The Commission will propose a global agenda on social connectedness, working with high-level commissioners to champion action, rally support to scale up proven solutions and measure progress. It will do this through a global program on social connection to raise awareness and establish collaborations that drive factual solutions for countries, communities and individuals. This program is of particular importance at this time as the COVID-19 pandemic and its social and economic repercussions have taken a toll on social relations.

Fernando Gonzalez

4. Current Controversy

4.1 Gaza war – a thought experiment

Many of us will be devastated by the Gaza war and the atrocities carried out by both sides. The ongoing killing of children in Gaza, day after day until the recent pause, is quite horrific. Can't we find a way of ending this kind of violence which we know doesn't work to create solutions and just leads to more hate and likely more revenge attacks by both sides in future? Here is my thought experiment of how it might have happened with a different kind of leader on both sides. Please do offer your own reflections. It's entitled The power of non-violent resistance, taking the moral high ground, preserving lives.

Attack from Gaza

Hamas make a surprise attack into Israel with armed fighters. This time, they take with them women and children and a team of reporters with video cameras, as their new leader is trained in the techniques of non-violence. When they enter Israel, they throw down their weapons and start a march of peace to Jerusalem. The women and children over 10 only, numbering about 200, take part in the march. Every action they take and the response by the IDF is filmed and streamed to the world's media.

They carry barriers and placards with the words:

Palestinians shall be free

We want to live together in peace

End the occupation

Peace talks now

The response they are met with by the IDF is....*write your own thoughts*

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Response from Israel

Following the attack by Hamas on Oct 7th and the killing of Israelis and abduction of the hostages, the Israeli cabinet has a long meeting to decide on its response. This was a terrible act which requires firm action otherwise it will be repeated. But the government decides it should do something different this time to prevent the usual cycle of responding by killing 100 Palestinians for every 1 Israeli killed. Israel now have an inspiring leader who recognises that such action would only increase the hate and will not prevent further attacks of the same kind in future. However the perpetrators of the attack must be brought to justice.

The government decides to allow a week for diplomatic talks under UN auspices after which the Israeli army will enter Gaza with tanks, if their aims are not met.

The USA strongly backs these talks and promises to encourage other neighbouring governments to do the same.

Qatar agrees to act as a mediator with Hamas assisted by UN officials with experience in peace talks. The talks aim for three outcomes: the return of the hostages; the agreement by Hamas that instigators of the raid will be subject to an independent court in an independent country; and that Hamas will agree to join talks on Palestinian independence, on the condition that there will be an ending of the occupation of Palestinian land by Israel, that Israel will share a capital in Jerusalem with the Palestinian state, and that borders of the state be agreed by both sides.

Further, the US agrees to put strong pressure on Israel – potentially including sanctions and the end of weapons supply – to ensure that concessions are made including the removal of all settlements in the West Bank. The EU through the strong leadership of President Macron, supports this position.

The outcome after a week is...*write your own thoughts*

Tony Waterston

4.2 Calling for an immediate increase in trauma care capacity for children in Gaza

The current situation in Gaza is calling for an immediate increase in trauma care capacity for civilians, especially children, affected by the conflict between Israel and Hamas.

In the first month after the attack on civilians by Hamas militants, the Israeli Defence Forces (IDF) have targeted over 15,000 locations in the region, often using large bombs weighing 1000 to 2000 lbs. As a result, the Gaza/Hamas ministry of health has reported 11,078 casualties, including 3,027 women and 4,506 children. By comparison in the conflict against ISIS in Syria and Iraq, the US-led coalition dropped over 30,000 bombs mostly between 2014 and 2019. Airwars, an UK based civil society group that tracks such attacks, reports that between 8,199 and 13259 civilians, including 1,120 to 1,460 women and 1725 to 2367 children, were killed in that conflict. If a similar ratio of bombs dropped to civilian deaths is applied to the number reported by the IDF in Gaza, an estimated 850 to 1200 children would have died. The Gaza/Hamas Ministry of Health reported numbers of children killed are about 4 to 5 times more per attack compared to the conflict against ISIS.

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Several factors may explain this increase in reported children killed in Gaza: larger bombs used per attack (1000-2000lbs vs 250-500lbs), poorer targeting, more children per urban surface area, lesser opportunities for civilian to seek protection, proximity of civilians to military targets, and preliminary estimates that require further verification. Number could also be part of information warfare, an effective and least harmful strategy.

The IDF stated that it does not count civilian casualties. In contrast the US is required by law to do so. Recipients of US armament such as Israel should also be required. The IDF states that it uses multiple methods to mitigate harm to civilians (AI, escape corridors, warning of attacks by leaflets, social media, bullhorn, with “rooftop tapping” with small explosives, maps with numbered grids of areas that are going to be attacked etc...).

Although knowing accurate numbers is important, it is clear that at the very least, many hundreds of children have been killed in Gaza, and many more are severely injured. The World Health Organization (WHO) has reported a lack of trauma care capacity in Gaza's hospitals. Most international staff have left. The IDF showed videos of hand grenades they say were found in an MRI suite of Al Shifa hospital, a highly explosive area due to the pressurized gases used for such imaging. This alone requires a full criminal investigation to find out who placed these weapons. In the meantime this added further distrust on the neutrality of medical facilities in the area.

The IDF, like Western military, state that they follow the Laws of Armed Conflict, but is it sufficient? Some argue that all things being equal, modern professional armies should incorporate civilian harm mitigation as a necessity and an integral part of warfare. Efforts to mitigate harm to children in conflicts through a draft convention was proposed by ISSOP (see attached reference).

Likely this war will go on perhaps for months and it's a disgrace that Israel, Hamas, their respective supporters and the international community have not even prepared and are not providing now adequate care for civilian casualties, leaving Palestinians to fend for themselves in ruins. Indeed, state-of-the-art civilian trauma units, similar to US army combat support hospitals, should be deployed in suitable safe zones to provide necessary life and limb saving care. Such a hospital would need full safety guarantees from the IDF and be run by competent trusted partners.

Hopefully this conflict will end soon, and a just peace is established that includes Israel's secure right to exist, and a prosperous and independent state for Palestinians. For example that all Jewish settlers should move out of the West Bank and the area be placed under Arab state tutelage for a cool off period, same with Gaza so Palestine can become a full state.

The immediate deployment of well-equipped trauma units for the children of Gaza is crucial. The [recent opening](#) of a field hospital funded by the UAE in Gaza has given rise to some hope at a time of global humanitarian disaster.

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**Tom V. Adamkiewicz MD, FRCPC,
MSCR, Atlanta, GA, USA**

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

5.1 CHIFA Report

The following posting on CHIFA on the 1st December will be of interest to all ISSOP members

Dear all, I'm delighted to share with you the link to the document summarising the findings of the publications from the work of the ISSOP/INRICH Research group on the impact of COVID on children. It is now on ResearchGate (see link). Please disseminate widely through contacts and organisations. Best Nick

(7) (PDF) Impacts of the COVID-19 Pandemic on Children Internationally: Paper from a Research Collaboration between the International Society for Social Pediatrics and Child Health (ISSOP) and the International Network for Research on Inequalities in Child Health (INRICH) (researchgate.net)

https://www.researchgate.net/publication/376028607_Impacts_of_the_COVID-19_Pandemic_on_Children_Internationally_Paper_from_a_Research_Collaboration_between_the_International_Society_for_Social_Pediatrics_and_Child_Health_ISSOP_and_the_International_Ne#fullTextFileContent

Professor Nick Spencer

5.2 IPA Report

The International Pediatric Association published the following statement In relation to the attack on Al Ahli Arab Hospital in Gaza:



“

The International Pediatric Association condemns the strike on Al Ahli Arab Hospital in Gaza in the strongest possible terms and call for immediate action to protect all civilians including children.

Children are disproportionately impacted as victims of conflict. Their safety must be a priority under the Convention on the Rights of the Child.

We call for the international community to make every effort for immediate ceasefire to protect children's safety, wellbeing, education and health in Israel and Palestine.

”

IPA: Working for Every Child, Every Age, Everywhere

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5.3 ISSOP/INRICH Research Group Report

Since my last update in September, additional papers have been added to the ISSOP/INRICH Research group document on the Impact of COVID on Children. This includes a paper based on the results of the survey we carried out collecting health and child rights professionals' assessments of the extent to which child rights were respected in their countries during the pandemic. Details of the paper, published in the journal *Children*, are: Jørgensen E, Wood L, Lynch M.A, Spencer N, Gunnlaugsson, G. Child Rights during the COVID-19 Pandemic: Learning from Child Health-and-Rights Professionals across the World. *Children* 2023, 10, 1670. <https://doi.org/10.3390/children10101670>

The Impact of COVID document represents a major collaboration by many authors from different countries and it should be disseminated as widely as possible through your organisations and contacts. Dissemination has been greatly assisted as the document is now uploaded to ResearchGate and has a DOI (see below).

Impacts of the COVID-19 Pandemic on Children Internationally: Paper from a Research Collaboration between the International Society for Social Pediatrics and Child Health (ISSOP) and the International Network for Research on Inequalities in Child Health (INRICH). November 2023. DOI: 10.13140/RG.2.2.11515.08483

Nick Spencer

6. Publications

6.1 Pediatric Societies' declaration on the impact of climate change on children

Several ISSOP members were involved in the writing of [this paper](#) in the *Journal of Climate Change and Health*, under the leadership of Professor Ruth Etzel. The aim of the paper is to set out actions to be taken by the Pediatric community to tackle the impact of the climate crisis as evidence becomes ever-more clearer that the world nations are not moving at anything like the required speed to set the targets on emissions reduction prescribed by international scientists. Many valuable steps are set out in the Declaration, starting with the following in relation to advocacy:

Advocate for:

- Local, national, and international policies and strategies that rapidly reduce greenhouse gas emissions and ensure preparedness for climate-associated extreme weather events;
- Sustainable and renewable electricity-generating systems, accessible transportation, plant-based food, and equitable access to green spaces that improve the lives of children and families;
- Sustainable, carbon neutral housing, and upgrading of existing housing stock as a means of reducing childhood respiratory conditions;
- Basic energy-saving strategies in homes, schools, hospitals, and workplaces;
- Electric vehicles “fueled” by sustainable energy sources as a means of reducing air pollution;
- Principles of sustainable development;
- Advancing and supporting children and young people's own advocacy and mitigation endeavors on the climate crisis;

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- Engaging clinical and non-clinical staff in practices, hospitals, and health systems; and children, youth, and patients' families, as advocates; and
- Reducing the carbon and environmental footprint of health facilities by increasing energy efficiency, incorporating renewable energy sources, and reducing waste.

These and other important steps are highly relevant for all our paediatric societies and ISSOP members are invited to respond.

ony Waterston

7. Topics in Social Pediatrics

7.1 Tax abuse, UN voting and children's rights

Taxes keep children drinking clean water, using safe sanitation, in schools, and ultimately alive, but too often multinationals shift profits, and the wealthy elite evade taxes from the countries where they actually do their business.

In Malawi, our [latest research](#), using the University of St Andrews and the University of Leicester's [Government Revenue and Development Estimations \(GRADE\) model](#), shows that an increase in government revenue equivalent to curtailing cross-border tax abuse and tax evasion would mean an additional 5000 children would attend school every day, 12,000 people would have access to basic water, and 20,000 people would have access to basic sanitation. An additional 150 children and 10 mothers would survive childbirth every year.

Globally, tax abuse [costs the world US\\$480 billion each year](#). An outdated international tax system designed and maintained by the Organisation for Economic Co-operation and Development enables this. The OECD, which is a membership-based organisation of the 38 richest nations, has set tax rules for the last 60 years. Under their leadership, some OECD members and their dependencies (such as the UK's British Virgin Islands and Jersey) inflict over three-quarters of cross-border tax abuse on the world. In absolute financial terms, ironically, higher-income countries bear the greatest losses, but lower-income countries face the deepest losses relative to their budget, and therefore, their ability to spend on essential services for children.

However, all OECD members, except the United States, have shown support for children globally accessing their rights by [ratifying the UN Convention on the Rights of the Child](#). Thus, their tax policies should "not contribute to tax abuse by companies operating in other countries, leading to a negative impact on the availability of resources for the realization of children's rights in those countries" as [Ireland was asked by the UN Committee on the Rights of the Child](#) in 2020.

If the international tax system is transformed, more children will have access to their rights. African nations, which are not part of the OECD, have led the charge at the UN tabling a [resolution](#) to move rule-making on international tax from the OECD to the UN. On 23 November 2023 the majority of countries and most countries in the global south (125 countries) [voted to start negotiations on a UN framework convention on international tax cooperation](#). In contrast, most countries in the global north (and almost all OECD members) voted against the resolution (48 countries) and a handful abstained (9 countries).

The global south loses most in terms of child rights due to tax abuse. Figure 1 shows how countries voted at the recent UN resolution and how many children would survive every year if their governments had additional revenue equivalent to their losses due to tax abuse, as shown by [GRADE](#). Countries in the global north have a responsibility to uphold child rights in the world, and they have a

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unique opportunity in the coming months as negotiations kick off to help change – rather than prop up – the status quo in international tax rules. The lives of many children are at stake.

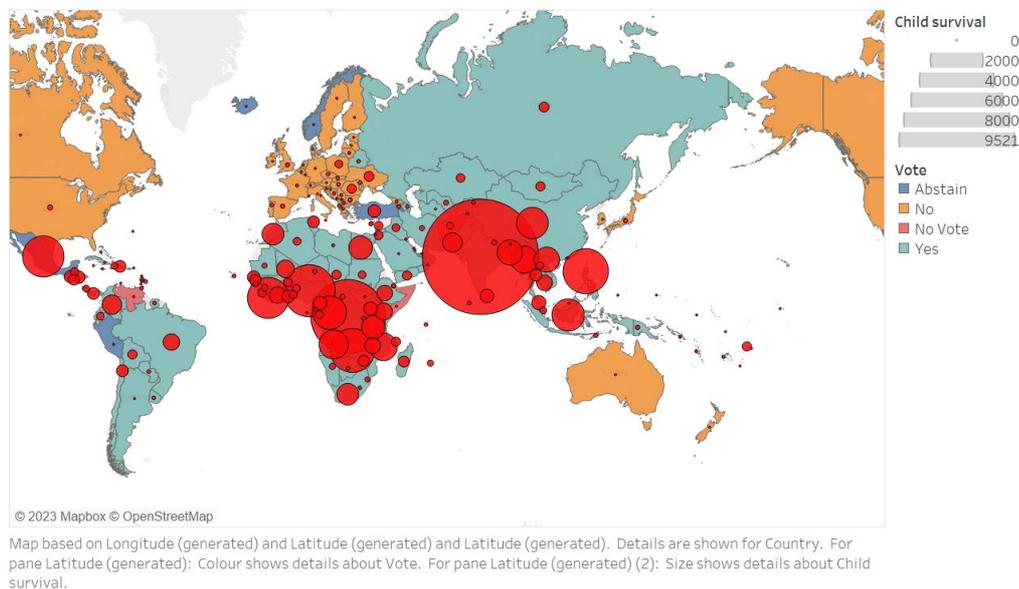


Figure 1. Voting patterns on UN tax resolution and the potential for child survival

Rachel Etter-Phoya, Bernadette O’Hare, Stephan Halls

7.2 Is Public Assistance a right or a mercy?

During the pandemic, the livelihood of child-rearing families was divided into two groups in Japan. These are the relatively poor (less than half of median disposable income) families, including single-mother, and non-poor families.

The mothers of the former group were forced to shift from regular to part-time work. The percentage of regular work became two-thirds, and that of the part-time work were doubled. So, the mothers in poverty were forced to cut back on spending on themselves compared to other family members. “Hidden poverty” became recognised by the society.

I want to share the data that raises the question in the title. The data is from our nationwide surveys in 2019 and 2021. The question was “How to think about public assistance”. The answers from poor families are shown in the table.

	2019	2021	p value
It is not necessary	82/149 (55%)	47/113 (42%)	0.042
We don't want to receive it	41/149 (28%)	51/113 (45%)	0.005

We can guess that the economic situation of poor families has worsened during the pandemic, as the percentage of mothers who answered "We don't need it" has decreased by more than 10%. Even though the percentage who answered "We do not want to receive public assistance" has increased by more than 60%, indicating strong resistance.

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This way of thinking may not be understandable for people in other countries. There is no official data on who receives public assistance in families meeting the standard. However, researchers are pointing out that the percentage of receivers who qualify for the standard is only about 20 per cent. The reason is that there is a strong stigma and blaming of receivers.

The Japanese Constitution declares the government's responsibilities. On the other hand, while the legal system has systematised obligations to the people and the idea of rights, it does not state specific rights for the people.

The conservative government want to keep people's way of thinking, which hesitates to receive the benefit as a right.

As researchers, we need to work much more to create an environment where vulnerable children can enjoy their rights. Every child has the right to optimise their capabilities.

Hajime Takeuchi

8. Climate change update

8.1 Global heating is accelerating

A new report from the climate scientist who first alerted the world to the greenhouse effect – James Hansen – reports that global heating is accelerating and will break the 2 degrees C increase by 2050.

<https://www.theguardian.com/environment/2023/nov/02/heating-faster-climate-change-greenhouse-james-hansen>

Hansen said there was a huge amount of global heating “in the pipeline” because of the continued burning of fossil fuels and Earth being “very sensitive” to the impacts of this – far more [sensitive](#) than the best estimates laid out by the UN’s Intergovernmental Panel on Climate Change (IPCC).

“We would be damned fools and bad scientists if we didn’t expect an acceleration of global warming,” Hansen said. “We are beginning to suffer the effect of our Faustian bargain. That is why the rate of global warming is accelerating.”

To deal with this crisis, Hansen and his colleagues advocate for a global carbon tax as well as, more controversially, efforts to intentionally spray sulphur into the atmosphere in order to deflect heat away from the planet and artificially lower the world’s temperature.

So-called “solar geoengineering” has been [widely criticized](#) for threatening potential knock-on harm to the environment, as well as over the risks of a whiplash heating effect should the injections of sulphur cease, but is backed by a minority of scientists who warn that the world is running out of time and options to avoid catastrophic temperature growth.

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