

ISSOP e-Bulletin N° 65

September 2023



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1. Introduction

Welcome to the e bulletin for September. We are pleased to welcome to the editorial group Hajime's colleague Azusa Iwamoto who writes to report on the important community paediatric workshop organized by Hajime, and Bernie O'Hare from St Andrews who brings a wealth of and contacts with Africa. The workshop that Azusa writes about is a first for Japan and in a male dominated society (of which of course there are many around the world) it couldn't be more important. Congratulations to Hajime for getting this going.

Please put down your name for the European ISSOP congress in November described in 2.1. This will be a great chance to meeting with other old friends face to face and please do choose sustainable travel if you are able. Check out the details on seat61.com in 2.1 below.

One of the highlights of this e bulletin is at 8.3, the report of six young people from Portugal who are taking 32 countries to court (including all EU states) over their failure to take sufficient action on climate change. This is such a brave example and sets a precedent for what other young people can do to tackle the crisis we are facing.

This issue has the usual updates together with two valuable article reports at 6.1 and 6.2 on child rights to health and wellbeing in the US, and decolonizing global health research. And don't miss the important update on street and working children at 5.4!

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



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

editor@issop.org

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1.1 Message from Jeff Goldhagen – President of ISSOP

Dear colleague:

We are writing to ask for your support for a statement on the *Impact of Climate Change on Children* being submitted to the Inter-American Court of Human Rights (IACtHR) by a global organization called *Our Children's Trust*. **This is NOT a legal case.** Colombia and Chile have asked the Court to issue an opinion as to, “*What is the nature and scope of a State's obligation to adopt timely and effective measures in the face of a climate emergency to ensure the protection of children's rights.*” The IACtHR is requesting individuals and organizations assist it by sharing their expertise.

It is critically important we obtain as many letters of support as possible—globally. Together, we can help ensure the IACtHR understands the full impact of climate change on children, and that climate change is a critical child rights issue and a global existential threat to children. This will also help to inform decisions of judicial systems worldwide.

If you are willing to consider participating, we are requesting the following. The entire process will take only an hour of your time over the next several months. *Our Children's Trust* will draft the statement. Then we are asking you to simply:

- Review the first draft during the week beginning 11 September. if you are still interested in supporting the statement, all you would need to do is let *Our Children's Trust* (kelly@ourchildrenstrust.org) and me (jeffrey.goldhagen@jax.ufl.edu) know you would like to receive the second draft.
- Review the second draft during the week beginning 25 September and confirm you would like to sign-on to the statement.
- Our Children's Trust will submit the draft to the Court on 18 October. It will then be publicly available.
- Optional: If you would like to be included in the Press Release then your organization would need to review the Press Release and send your logo if you would like it included.

This small task is an answer to the question, “What can pediatricians and pediatric organizations do to mitigate the impact of climate change on children.” We hope we can count on you to support this endeavor.

Please let me know if you have any questions. *Our Children's Trust* is actively involved globally in advancing the rights of children to live in a sustainable environment. Our voice will help them achieve what we all seek for children and the planet.

With warm regards,



Jeffrey Goldhagen, MD., MPH
President

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2. Meetings and news

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

"Dear friends and colleagues,

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



VALENCIA. DEL 16 AL 18 DE NOVIEMBRE 2023

CREANDO ESPACIOS SEGUROS CREATING SAFE SPACES

26º CONGRESO SEPS
38º CONGRESO ISSOP



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

<https://congresoseps.markeads.com/>

Programa /Program

https://congresoseps.markeads.com/wp-content/uploads/2023/08/Programa-Congreso-SEPS_ISSOP_04082023.pdf



How to reach Valencia by train:

<https://www.seat61.com/Spain.htm#london-to-alicante-and-valencia-by-train> London to Spain by train | Times, fares, how to buy tickets from London to Barcelona, Madrid, Seville, Malaga, Alicante by train. UK to Spain without flying! The train is an affordable environmentally-friendly alternative. www.seat61.com

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2.2 News from RCPCH

The following items from the RCPCH President's regular e-bulletin (Dr Camilla Kingdon) will be of interest to ISSOP members. Do please share items from your own paediatric association which may be of similar interest! TW

Prevention is better than cure

Firstly, I'm excited to share with you our new report [Securing our Healthy Future: Prevention is better than cure](#) which makes the case for prioritising prevention of ill health in childhood, in order to ease pressure on the NHS and build a strong economy, so that all of our futures are secured. This argument is utterly self-evident to paediatricians but the message is not gaining traction with government where children and young people are being systematically deprioritised in the context of the health of the general population. And so, we undertook this key piece of work with the Faculty of Public Health and which is endorsed by the 24 members of the Academy of Royal Medical Colleges, illustrating the consensus across the health sector that focusing on child health will help every group in society. You may want to use it in your local areas to make the case for investment in child health.

Furthering our advocacy on climate change

Secondly, despite UK Government stalling on progress, the College is taking climate change as seriously as ever. We have secured funding through a partnership we have developed with the Clean Air Fund and this means we want to appoint [two clinical fellow posts](#) at the College. These are brilliant opportunities for College members to apply for and I am very confident that these are going to be challenging but highly rewarding career opportunities. And it doesn't stop there! We have also taken the decision that our climate work is now such a big part of College work that [we need an Officer for Climate Change](#). This volunteer role will take over leading the College's climate work and provide clinical support and leadership of the two clinical fellows. Please have a think about these opportunities and making your application by 2 October 2023.

Camilla Kingdon, President of RCPCH

2.3 RCPCH manifesto for UK general election 2024

Please excuse me for plugging the RCPCH once again but this could be an example for other paediatric societies. [Publishing a manifesto](#) perhaps a year ahead of the election shows a high level of political awareness which perhaps could be shared in other countries (if it is the case in yours please give us an example)

The manifesto issues a call for a change in the machinery of government –

- 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.

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These are underpinned by five pillars

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

Publishing a manifesto gives paediatricians an opportunity to challenge candidates in each constituency on how far each will support the policy measures to improve child health. Now that's a great idea.

TW

2.4 Brief report of Social Pediatrics workshop 2023 in Japan

As a part of the annual conference of the Society of Ambulatory and General Pediatrics of Japan (SAGPJ), the social pediatrics workshop was held on 9th September 2023, in Yokohama, Japan. The SAHP was launched in 1987, however, as far as we know, this is the first workshop to consider how social pediatrics can be a major topic in the society of Japan.

Fifteen pediatric specialists (pediatricians, nurses, and a speech therapist) participated in this workshop. At the beginning, Dr. John Ichiro Takayama, a Japanese-American community pediatrician from San Francisco, had the keynote speech online. He told us the history of social medicine and social pediatrics in United States, with brief explanation of several key words: social justice, Social Determinants of Health (SDOH), community based, family-centered, Bio-Psycho-Social (BPS) model and so on. He also answered all questions which had asked from the participants before the workshop.

After the discussion time with Dr. Takayama online, we had the group work in three groups. The key questions are: 1) when do we need the concepts of social pediatrics in our daily practices? and 2) how can we find solutions to our challenges, from the viewpoints of social pediatrics? Based on each experience in the context of pediatrics currently in Japan, there were hot discussion with the following points:

- to find and refer the children and families in difficult situation to the necessary social supports, from the medical or clinical fields,
- to make social pediatrics a core part of existing academic society in Japan,
- to advocate for social pediatrics, and to involve/empower young generations in the pediatric field for its sustainable future in Japan,
- to strengthen the mutual communication and networking among relevant key organizations: not only clinics/hospitals but also public health centres, social workers, nurseries, schools, no governmental organizations, volunteer citizens, family groups, and so on.

Participants agreed to hold this workshop again next year and continue to discuss the issues related with social pediatrics around us.

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For the launch of the workshop on social pediatrics in Japan, Dr. Tony Waterston, an executive board member of ISSOP, sent a welcome message from United Kingdom to the participant of this workshop. He underlines the importance of action with children and adolescents themselves, to drive the force for better child health and their rights in the world. In Japan also, I believe, we should keep our eyes on child rights, with respecting their ideas, wills, and decisions, even if we are currently facing diverse challenges on child health, such as sick child care, young carers, migrant children and care for developmental disabilities, and so forth.

Azusa IWAMOTO

3. International Organizations

3.1 *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. By compiling a global inventory of GPs, governments can be provided with a comprehensive example of practices from which they can learn, examine their effectiveness, and model them for their own context to promote their children's rights.

The survey has been available since **May 2023** in French, English and Spanish, and can be accessed through this [link](#). To date, we have over 300 GPs nominated, out of which only **one relates to the Oceania region** (nominated from Australia) and **37 nominations relate to the Asian region**. The [InspiRights team](#) believes more practices can be associated with the Oceania and Asian regions.

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Help us identify these practices from within (also outside) these regions so that we can build a better database and 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



3.2 End Corporal Punishment

End Corporal Punishment now hosted by the World Health Organization

Dear friends and colleagues, we are excited to announce that on 1 September 2023 the World Health Organization (WHO), became the new host for End Corporal Punishment. The Initiative will also benefit from the support of a multi-partner Advisory Committee.

Corporal punishment – the most common form of violence against children - is a critical children's rights and public health issue. Under the auspices of WHO, End Corporal Punishment will build on recent progress and continue to independently advocate for and promote the universal prohibition and elimination of all corporal punishment of children.



End Corporal Punishment will continue hosting the global corporal punishment knowledge hub <https://endcorporalpunishment.org/> as well as the brand and all existing resources. Our social media handles will remain the same.

We will continue to send occasional emails to you, our 7,000-strong global network of partners, with news of the latest prohibitions and legal reforms, new resources, events, and key developments to support your work. We are also extremely grateful for the information that we receive from you.

Read more about the new hosting arrangements for End Corporal Punishment and progress made over the last years.

Please contact: Bess Herbert (herbertb@who.int), Sonia Vohito (vohitos@who.int), Sabine Rakotomalala (sabinev@who.int). Read the World Health Organization's factsheet on corporal punishment.

We would like to thank the End Violence Partnership and Secretariat for their strong support and hosting over the past three years, and each of you for your collaboration.

Let's continue working together to #EndCorporalPunishment of children!

With best wishes,
Bess Herbert, Advocacy Specialist- Corporal Punishment
herbertb@who.int

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3.3 WHO initiative on ending sponsorship of healthcare professional associations by the commercial milk formula industry

Gyikua Plange Rhule and Tony Waterston have now ended our WHO consultancy to bring together societies who have ended commercial formula sponsorship, to point the direction to those others (unfortunately the majority) who are still sucked into the embrace of financial interests.

The output of the still continuing action group entitled PHASFI (Professionals in Healthcare Against Sponsorship by the Formula Industry) and its work will be expanded into a Community of Practice which will bring together breastfeeding activists round the world. Its continuing aim will be to end sponsorship by paediatric and other healthcare associations so do please write in to me or to Adriano Cattaneo the current PHASFI chair if you are interested in joining up.

In addition to the article in BMJPO (<https://bmjpaedsopen.bmj.com/content/7/1/e001876>) a few weeks ago, we have completed the following papers: a call to action which is being submitted to the Lancet for publication; a model policy for the use of associations planning to end sponsorship; a guide to alternative sources of funding; and a series of case studies on ending sponsorship (this is on the point of completion). There is also a repository of papers on the sponsorship issue and we are looking for a website to store these documents. A questionnaire is planned for the end of the year to find out the current sponsorship position at healthcare professional societies round the world, to give a base line analysis for evaluating future changes.

Expressions of interest in furthering this work are very welcome.

Tony Waterston
Tony.Waterston@newcastle.ac.uk

4. Current Controversy

4.1 Abortion pill debate in Japan

Emergency contraceptives prevent pregnancy by delaying ovulation. If taken within 72 hours after sexual intercourse, there is an 80% chance of avoiding pregnancy, and the sooner it is taken, the more effective it is. It is available at pharmacies in more than 90 countries without a doctor's visit.

It was approved in Japan in 2011, later than in other developed countries, and a doctor must prescribe it. However, there are cases where ladies cannot see a doctor at night or on holidays, and there are no hospitals nearby. The situation continued to be twisted, with the majority of public comments promoting the issue, and no progress was made by the obstetricians' association or ruling party for a long time.

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A new move is based on the second review from the autumn of 2021. It was said that from this summer to the end of March next year, some pharmacies would trial sales under pharmacists' guidance and decide whether to make OTC after investigating the situation. However, commercialisation has yet to begin as of August 31, 2023.

In Japan, some medical doctors and so-called experts openly state that women will become promiscuous if the morning-after pill becomes popular. It is said that women become lewd, but what about men? Gender discrimination has not improved in Japanese society, and deep-rooted man-dominant familyism and ideas about gender roles are rampant in the ruling party and conservatives.

In 2018, while studying in Sweden, I met a university student aiming to become a social worker at a work facility for people with mental disabilities, and she told me about her experience. When she stayed as a volunteer at an NGO supporting women engaged in sex work in the Philippines, many Japanese businessmen were coming and going for sexual exploitation. Of course, the men were not only Japanese, but I cannot forget her sadly telling me that.

Hajime Takeuchi

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

5.1 CHIFA Report

This piece was circulated on CHIFA by Dr Rostoker recently and is reproduced here in case you missed it. Dr. Waterston is absolutely spot on with his denunciation of the CMF industry. Those of us who worked in LMICs 40-45 years ago and were against the scourge of the CMF industry inserting itself into our clinical lives, that of pharmacies and those of families with small children are well aware of the power that the CMF industry has. We are still fighting it but they are more securely (financially) positioned than they were many years ago. Despite all efforts by many, thus far we have failed to bring about a realignment of this conundrum. Physicians in general are a heterogeneous group of thinkers, as per the article you have shared. If the pediatricians & family physicians against the CMF industry have not prevailed up until now, what hope is there that they will find a path to be successful in the future? Big pharma is very powerful. Like many other issues raised in HIFA/CHIFA correspondence, we need to continue with international/national campaigns against the CMF industry. But I think the best work will be done by the individual practitioners who work with individual patients, supporting breastfeeding and then the introduction of local foods when appropriate.

Mickey Rostoker

CHIFA profile: Mickey Rostoker, MD, FCFP, is Associate Clinical Professor, Family Practice, University of British Columbia, Vancouver, and Assistant Professor, Family Medicine, University of Saskatchewan, Regina, Canada. He is a HIFA Country Representative: <http://www.hifa.org/people/country-representatives>http://www.hifa.org/support/members/mickey_mrostocker@gmail.com

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5.2 IPA Report

IPA CONGRESS 2025

The International Pediatric Association (IPA) and Royal College of Paediatrics and Child Health (RCPCH) have discontinued their plans to jointly host IPA congress 2025. IPA is looking for other venues outside the UK, and will announce shortly, a new date and venue (Mexico). For more information visit: <https://ipa-world.org/page.php?id=469>

THE GLOBAL FORUM FOR ADOLESCENTS

Registration is now open for the **Global Forum for Adolescents (GFA)** that will take place on 11-12 October. (<https://inevent.com/en/PMNCH-1664904263/launchevent/form.php>)

The GFA is the largest-ever global gathering in support of Adolescent Health and Well-Being. It's a unique interactive platform where youth, adolescents, advocates, and global decision-makers will unite to drive progress on Adolescent Well-Being. Core GFA Program Sessions are aligned to the Five Domains of Adolescent Well-being; in parallel, more than 100 events will take place in 45 countries to take national agendas forward.

Don't miss this chance to add your voice and be part of meaningful change for young people across the globe. The What Young People Want component of the campaign brings the voices of more than 1.2 million youth to the sessions with interactive data. Please visit www.1point8b.org for more information.



THE HIDDEN PANDEMIC OF ANTIMICROBIAL RESISTANCE IN PAEDIATRICS

The IPA has recently publicized an article in the BMJ Open with a series of recommendations to fight the hidden pandemic of antimicrobial resistance in paediatrics.

<https://bmjpaedsopen.bmj.com/content/bmjpo/7/1/e002084.full.pdf>

The global burden of resistant infections during the neonatal and paediatric period is currently alarming.

IPA is collaborating together with global stakeholders, agencies and organizations to enhance public awareness and most importantly leverage high-level scientific and political engagement, financial resources and technical expertise, adapting to country-level needs and demands for tackling AMR with focus on the paediatric population.

Barbara Rubio

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5.3 ISSOP/INRICH Research Group Report

As we have reported previously, the group was formed in April 2020 and has been meeting regularly since. Over the three years of work, the group has generated a series of projects in many countries from which 49 peer-reviewed papers have been published. The projects and publications fell broadly into six themes – Voices of Children; Children with Disabilities; Immunization; Policy; Psychosocial impacts on parents and children; Clinical studies. A small editorial board, consisting of Nick Spencer, Donna Koller, Olaf Kraus de Camargo and Margaret Lynch (with active participation of other group members), have prepared a document summarising the findings in each theme and listing the citations. Thanks to Olaf's clever work, readers can access individual papers from the document.



Impacts of the COVID-19 Pandemic on Children Internationally:

Papers 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)

Nick Spencer, Donna Koller, Olaf Kraus de Camargo and Margaret Lynch on behalf of the ISSOP/INRICH COVID 19 Research Group

We are immensely proud of the work this international group, representing researchers across six continents, has done and we urge e-bulletin readers to disseminate the document as widely as possible. The document and individual papers will be accessed at the link to be provided with the new ISSOP website (coming soon).

Nick Spencer September 2023

5.4 Street and Working Children Report

Working Group on Rights-based Response to the Needs of Street and Working Children

Our major focus in September was in presenting a Symposium at ISPCAN 2023 Edinburgh. The International Society for the Prevention of Child Abuse & Neglect (ISPCAN) held its World Congress at Edinburgh, UK from September 24-27, 2023 (<https://ispcan.org/congresses/edinburgh-home-page/>).

As Co-Chairs of the Working group, Dr Rajeev Seth and Dr Shanti Raman organised a global symposium



“Advancing the Rights and Wellbeing of Street and Working Children”, on day 1 of the Congress. The Street and Working Children (SWC) Working Group has been jointly led by ISSOP, IAP, ICANCL, ISPCAN, IPA, JHU, BUDS, CINI, and Consortium of Street Children–UK. In this symposium we highlighted the health, wellbeing and rights concerns of street and working children, by presenting different perspectives from diverse geographies. We addressed the challenges of defining and enumerating street and working children globally. We concluded by sharing key elements of the joint Declaration on “Optimising the

Health, Wellbeing and Rights of Street and Working Children”, which will form the basis of our future collaborative advocacy efforts.

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- *Improving access to health and developmental services for marginalised children and youth in South Asia.* Ashok Kumar
- *Child trafficking in high income countries- perspectives from the United States of America.* Colleen Kraft
- *Children in street situations' access to healthcare: Findings from the Street Child World Cup 2022.* Pia MacRae (presented by Shanti Raman)
- *Global statement of commitment to optimising the health, wellbeing, and rights of street and working children.* Rajeev Seth, Shanti Raman



The delegate hall was full with participants, with lots of discussions & interaction with speakers. Overall it was a super successful with applause 🖐️ from everyone present ❤️. At the end of the event, Rajeev stated *"It's after 25 years of work providing access to health care to SWC in urban slums New Delhi India, I am seeing the global professional organisations standing together committed on the issue of SWC- Thanks ISSOP, IAP -ICANCL and allied partners for their leadership & support!"*

The SWC working group was started in September 2022, thus far key achievements include: SWC workshop at IPA PEDICON Congress at Gandhinagar, a Call-to-Action Declaration, an editorial in Lancet Child & Adolescent Health, Edinburgh ISPCAN Symposium, and our upcoming special issue on SWC in BMJ Paediatrics Open.

Rajeev Seth - Shanti Raman

6. Publications

6.1 Promoting children's rights to health and well-being in the United States

Promoting children's rights to health and well-being in the United States

Audrey R. Chapman,^{a,c} Luca Brunelli,^{b,c,d} Lisa Forman,^c and Joseph Koempf^d

^aDepartment of Public Health Sciences, UConn Health, Farmington, CT, USA

^bDepartment of Pediatrics/Neonatology, University of Utah Health/Primary Children's Hospital, Salt Lake City, UT, USA

^cDalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada

^dProvidence Health System, Women and Children's Services, Portland, OR, USA

Summary: The United States has a highly sophisticated pediatric healthcare system and spends more than any other country per capita on children's healthcare. However, not all children have access to needed and affordable health care and the life expectancy and health outcomes of children in the country are worse than in any other industrialized nation. These nations typically offer

universal healthcare for children as part of a robust recognition of a children's rights framework. In 1989 the United Nations adopted the Convention on the Rights of the Child that recognizes the right of the child to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. Currently the United States is the only United Nations member country that has not ratified the Convention on the Rights of the Child. This paper outlines the potential benefits of adopting a child rights approach based on the principles and provisions of the Convention on the Rights of the Child. The fact that countries who invest much less in healthcare compared to the United States can achieve better health outcomes provides the certainty that a solution is possible and within reach.

[https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(23\)00151-5/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(23)00151-5/fulltext)

RM

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6.2 Leveling the Research Playing Field: Decolonizing Global Health Research Through Online Platforms

Leveling The Research Playing Field: Decolonizing Global Health Research Through Online Platforms

Rajeev Seth^{1*} MD; Baldeep K. Dhaliwal^{2*} BSc, MSc; Emily Miller² MSc; Tyler Best² MPH; Alexis Sullivan² MSc; Betty Thankachen¹ MSW; Yawar Qaiyum¹; Anita Shet² PhD, MD

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*these authors contributed equally



<https://preprints.jmir.org/preprint/46897>

Global health research has been rooted in colonialism, with investigators in high-income countries leading research, while requesting investigators in low-and-middle-income countries to serve as implementing partners.

The Community Health Worker-Led Intervention for Vaccine Information and Confidence (CIVIC) Project, conducted in Mewat, India, leveraged online platforms to facilitate a more horizontal and inclusive approach to partnerships between researchers and the community. Using online platforms to conduct research was an effective strategy to engage researchers, combat systemic barriers associated with in-person activities, and create a more equitable environment for community members to engage meaningfully with research. Further, by conducting research through online platforms, we found that we were able to strengthen the diversity of participants, provide a space for more marginalized groups to speak up, and minimize logistical barriers to attendance. It is essential to harness online approaches as opportunities to promote equity and contribute to the decolonization of global health spaces which have been historically dominated by external researchers.

RM

7. Topics in Social Pediatrics

7.1. New section: Constructive critical scepticism as a way of learning

Based on a private and friendly exchange that occurred between ISSOP members based on a concern shared by our colleague and friend Shanti Raman, we thought it would be a good idea to open this discussion space to the entire ISSOP community that regularly receives this newsletter. In short, the proposal is aimed at:

- Promote dialogue and participation of the international ISSOP community
- Contribute ideas and reflections that arise from knowledge and own experience
- Motivate to enrich the contents of this newsletter based on the solidarity contribution of the professionals of this global community

Finally, and if good adherence to the proposal is achieved, we could propose the incorporation of new axes of discussion based on questions of interest that rise. For now we are incorporating the opening message and a series of preliminary responses that will be incorporated in the next issue of the ISSOP bulletin.

For your comment write to: editor@issop.org

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This is the very beginning of the exchange...

Shanti Raman (Australia)

Dear comrades

ISPCAN Edinburgh has been very interesting as much for what is in, versus what is out. It seems Parenting for Lifelong Health is definitely IN (University of Oxford, various institutes in South Africa and elsewhere). Touted as preventing violence against women and children, and a host of other outcomes. Huge trials going on across the majority of the world in selected settings. Should we jump on the bandwagon or retain our skepticism? (I get a bit uncomfortable about these single bullet interventions, especially parenting).

Good to have your thoughts.

Regards

Shanti

Nick Spencer (UK)

I also have concerns about overemphasis on parenting frequently delivered through health & social care systems that are already overstretched and under-staffed. These well-meaning interventions focus on parenting without reference to social context or to systemic structural factors which undermine parents' ability to fully support their children and create a climate where violence against children is more likely to occur.

In the UK, with its public services from early child care to health visiting having been decimated by austerity, I find it grotesque that the responsibility for ensuring child safety is shifted onto the shoulders of parents.

These interventions may have a small role but, if they are divorced from adequate provision of societal protection for families and children, they are in danger of perpetuating the idea that a nurturing environment for children is the sole responsibility of parents who can then be blamed when things go wrong.

Best, Nick

Raul Mercer (Argentina)

Thank you, Shanti, for bringing this topic to the discussion and also Nick for his critical vision of the response of child social protection and health services in the UK.

I totally agree that there is no single bullet to address the issue of parenting considering the multiplicity of factors at play. I also understand that support for families in vulnerable situations (poverty, precarious living conditions, lack of access to formal education, marginalization and territorial and geographic exclusion), is extremely necessary.

We are starting a project in a rural area of Argentina inhabited by indigenous communities (wichi) aimed at promoting ECD by strengthening parenting capacities through home visits and community meetings. All of this is supported by community workers (health workers and family companions).

In the current state of things, the provision of care and parenting support services can be an aid, not a solution, but an aid to mitigate the serious consequences of extreme poverty.

I consider that it is important to consolidate this space for discussion and making it to the ISSOP community through our e-bulletin.

Regards, Raul

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Geir Gunnlaugsson (Iceland)

Friends, thanks, Shanti, for bringing this issue up. I agree that it is very difficult to isolate child abuse and violence as an issue of better parenting; social circumstances count as emphasised by Nick. This issue has been one of my longstanding interests, first as part of our preventive child health services in Iceland but also in research I have conducted here in Iceland with Jónína on child abuse, actually the focus of our two presentations at a conference the coming week in Akureyri, the capital city of North Iceland. For your information, I am now taking on an assignment for Save the Children Iceland to evaluate its project, Reducing Violence and Protecting Girls and Boys in Schools in Pujehun District in Sierra Leone. The project's aim is to ensure that school-aged boys and girls are safe and protected from violence, including sexual and gender-based violence in and around schools, with a particular focus on vulnerable populations. Thus, any information you might have, Shanti, on this emphasis on parenting in South Africa and elsewhere, would be helpful, as well as suggestions from others on this email. In due time, I hope to be able to share with you and other ISSOP members my experience after the field visit that I will do together with Jónína in mid-November. Regards, Geir

Jeff Goldhagen (US)

I agree with the sentiments expressed. It is a vicious cycle. We deprive families of what they need to thrive and succeed, and then target them for failing their children. It is a fundamental children's right principle that it's not the role of society to fulfill the rights of children, but rather to provide parents with the capacity to fulfill their rights. When society fails to do so, are families fully culpable for their lack of capacity and agency? The idea that a parent education program will result in the mitigation of the inequities and trauma incurred by families. It is akin to blaming low-income families who live in food deserts for not optimally feeding their kids. It also discounts the impact of intergenerational trauma. The suggestion that we open this to a discussion is an excellent one.

Jeff

What's next? You are invited to send your comments and participate in this virtual forum. Your contribution will be published in the next issue of the ISSOP e-bulletin.

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8. Climate change update

8.1 My Green Doctor

The regular update from Todd Sack

And please note – this is not just for those living in the US!

Claim Your \$7,500 Solar Tax Credit

If your home or a business has an unshaded roof, now is the time to install solar panels and claim a \$7,500 credit on your 2023 tax filings. The 2022 U.S. Inflation Reduction Act is an opportunity for **ISSOP members** that should not be missed! The electricity you save likely will pay for the



panels in eight years and give you free power for another twenty. Photovoltaic energy for your home or business means saving money, cleaner air, and a healthier community. This month, the **ISSOP's My Green Doctor** explains in [a three-minute blog](#) everything you need to know to get understand installing solar power, **even if you live outside the United States.**

My Green Doctor is a **free money-saving membership benefit from ISSOP**. Members use the “Meeting-by-Meeting Guide” to learn how to adopt environmental sustainability, save resources, address the health threats of climate change, and help create healthier communities. The program adds just five minutes to each regular clinic staff meeting or weekly office “huddle”, making small changes at each meeting that over time really add up. Everyone in your practice can register as Partner Society members at www.MyGreenDoctor.org or at www.MyGreenDoctor.es (si, en Espanol). Use the **discount code MGDISSOP** to get full free access to My Green Doctor, save \$60 instantly, and save \$1000s in the first year. Ask your clinic manager to register today and to put My Green Doctor on your next agenda. **You can do this!**

8.2 The good news about climate change

Usually this section of the e-bulletin is full of bad news for the planet. So for a change here is some good news. NB I still believe that **‘we can’**. If we aren’t changing the way we live by 2028 (that is five years’ time) then I may need to revise that..

TW

The piece below comes from WWF, the World Wide Fund for Nature – find the rest [here](#)

With more frequent and extreme weather events, melting glaciers, and rising sea levels, there is no question that the climate crisis is here now and the impacts are felt by humans and nature alike. But there is good news: every day we see more individuals, organizations, businesses, and governments responding to the crisis. People are coming together to take concrete steps to mitigate the worst impacts of climate change.

By working together, we can change course. We can pave a path forward to a future in which businesses rely on renewable energy, cities rethink waste disposal and transportation, and work with communities and individuals to avoid the worst impacts of climate change.

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8.3 Six young people take 32 countries to court over climate change

<https://www.bbc.co.uk/news/world-europe-66923590>

"What I felt was fear," says Claudia Duarte Agostinho as she remembers the extreme heatwave and fires that ripped through Portugal in 2017 and killed more than 100 people. "The wildfires made me really anxious about what sort of future I would have."

Claudia, 24, her brother Martim, 20, and her sister Mariana, 11, are among six young Portuguese people who have filed a lawsuit against 32 governments, including all EU member states, the UK, Norway, Russia, Switzerland and Turkey.

They accuse the countries of insufficient action over climate change and failing to reduce their greenhouse gas emissions enough to hit the Paris Agreement target of limiting global warming to 1.5 C.

The case is the first of its kind to be filed at the European Court of Human Rights (ECHR) in Strasbourg. If it is successful, it could have legally-binding consequences for the governments involved. The first hearing in the case is being held on Wednesday.

8.4 Engage, Educate and Empower: The 3 Es to discuss climate change with children

The three Es

In thinking about how to discuss climate change with children and youth, remember the three Es: Engage, Educate and Empower. This can help parents and caregivers instil hope and resilience in the next generation.

1. Engage

You can engage your kids through conversation. UNICEF advises initiating discussions about children's understanding of climate change and their feelings towards it. The recent wildfires provide an easy example of how climate change affects our daily lives.

2. Educate

Often, climate change can be a topic of much confusion and division. To avoid perpetuating these effects on future generations, it is important to rely on trustworthy sources.

3. Empower

The first step to empowering your kids for the future is to help them take on actions to help the environment. This can start right at home through actions like taking shorter showers, reducing food waste or conserving electricity. It can also be done by involving them in family decisions that use a climate-friendly lens to discuss topics like family vacation plans and gifts.

<https://theconversation.com/engage-educate-and-empower-the-3-es-to-discuss-climate-change-with-children-208002>

8.5 Effects on child and adolescent health of climate change mitigation policies: A systematic review of modelling studies

Roberto Picetti, Rachel Juel, James Milner, Ana Bonell, Filiz Karakas, Alan D. Dangour, Shunmay Yeung, Paul Wilkinson, Robert Hughes.

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There is a growing body of modelling evidence that demonstrates the potential for immediate and substantial benefits to adult health from greenhouse gas mitigation actions, but the effects on the health of younger age groups is largely unknown. We conducted a systematic review to identify the available published evidence of the modelled effects on child and adolescent health (≤ 18 years of age) of greenhouse gas mitigation. We searched six databases of peer-reviewed studies published between January 1, 1990 and July 27, 2022, screened 27,282 original papers and included 23 eligible papers. All included studies were set in high- and middle-income countries; and all studies modelled the effects of interventions that could mitigate greenhouse gas emissions and improve air quality. Most of the available evidence suggests positive benefits for child and adolescent respiratory health from greenhouse gas mitigation actions that simultaneously reduce air pollution (specifically PM_{2.5} and nitrogen dioxide). We found scant evidence on child and adolescent health from regions more vulnerable to climate change, or on mitigation interventions that could affect exposures other than air pollution.

<https://www.sciencedirect.com/science/article/pii/S0013935123019060?via%3Dihub>