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March 2023



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1. Introduction

Welcome to the spring edition of the e-bulletin, after a long hard winter in the Northern hemisphere we look forward to new life springing up and perhaps some new initiatives to help the position of children. At a recent webinar one of the leading experts on inequalities around the world, Kate Pickett, was asked to give some country examples of where policy changes have led to a reduction in levels of inequality. She cited Japan, Sweden and Latin America as well as many European countries after WW2. Comments on this list are welcome together with any other suggestions that members may have. The discussion on the webinar centered on the need for a reformed voting system in the UK, required for more progressive policies such as those to tackle inequalities to take hold.

This month we feature events at the International Pediatric Association in Gandhinagar, Gujarat, India in February where there was a starring ISSOP pre-conference workshop and a large ISSOP contingent attended including the President and General Secretary. The major contributions of Indian colleagues, in particular Rajeev Seth, to the life of disadvantaged children was remarkable and inspiring to observe and ISSOP's collaboration is highly welcome.

See also features on the WHO initiative on conflict of interest in breastfeeding, on the Lancet editorial on street children which ISSOP initiated, and the controversy over genital dysphoria. Is this an issue in your country and how is it being managed medical? Please let us know.

ISSOP is proud to present its first meeting in Africa, in association with the Kenya Pediatric Association from 25-28th April. Please do join the meeting, either in person or virtually. This will be a historic meeting.

In the CHIFA report, there is a valuable stream on communicating with children. Please add your comments on this stream, it is disappointing that only rarely does an ISSOP member send in a comment to share your expertise and ideas.

See also the General Secretary's note below about the meeting in Valencia in November, and save the date. This will be a chance for many old friends to meet in person as well as a great learning experience.

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



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

editor@issop.org

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1.1 Message from Jeff Goldhagen – President of ISSOP

Dear colleagues and friends, as you may have heard, our meeting on the needs and rights of Street and Working children at the IPA meeting was a dramatic success. With the collaboration of ISPCAN, I-CANCL, ILO, WHO and other organizations, we will be engaging pediatric societies and pediatricians, and other child health professionals, in a global effort to fulfill the rights of these children and youth to optimal health and well-being. Please take a moment to review the Declaration on Street and Working Children that was issued at the end of the meeting.

(<https://www.issop.org/cmdownloads/joint-declaration-on-health-and-rights-of-street-working-children/>)

Another group of colleagues have been fully engaged in planning our collaboration with the Kenya Paediatric Association at their annual meeting. Our two-day pre-conference is convening multiple countries throughout Africa and national and international organizations to address the impact of climate change on African children. Our intent is to use the conference to launch a sustained consortium of child health professionals to address these issues. Africa will constitute 40-50% of the world's children by mid-century—thus there is an urgency to this work.

And, we will be joining the Spanish Social Paediatrics Society at their conference in Valencia. The topics for the meeting are being planned—they will address the daily challenges confronting social pediatricians in their practice and communities.

Please join us in Africa—in person or virtually (<https://kenyapaediatric.org/annual-scientific-conference-2023/>) for this important meeting. Your support will mean much to our African colleagues. And, please make your annual donation to ISSOP (<https://www.issop.org/membership/>) to help sustain our capacity to address the critical issues impacting children and youth in our communities and the world.

As always, thank-you for your support, and all you do for children and families around the world.

-Jeff

2. Meetings and news

2.1 International Pediatric Association congress in India (February 2023): Overview

This was my first visit to an IPA congress and I went on behalf of WHO in respect to my current post working to end sponsorship of healthcare professionals by manufacturers of commercial milk formula. This was an ideal opportunity to put the message over, and Nigel Rollins (one of the lead authors) was to give a presentation on the key messages of the recent Lancet series (see 6.1 below).

The congress occurs every two years and this time it was India's turn. The site chosen was Gandhinagar in Gujarat, towards the North east of the country. Gujarat is the birth state of the Mahatma who lived here for many years following his return from South Africa in 1915, and his ashram (spiritual hermitage) in neighbouring Ahmedabad is highly worthy a visit (see below). The congress was attended by several thousand doctors, many of them from India itself. It was held in a large conference centre attached to a plush hotel (from which it was exceedingly difficult to get out without a car, and impossible by bicycle!)

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My first observation was the absence of any formula adverts or stands at the meeting, which was very welcome and enforced by Indian law. Plenty of sponsorship by vitamin companies, vaccine manufacturers and big pharma, though.

My second observation was that whilst many attendees were female, most of the speakers and chairpersons were men. ISSOP did well to alter this balance.

The congress sessions covered a very wide variety of topics though those in our field of interest were sparse. Several ISSOP members made presentations on topics from climate change to street children and these were of a high standard, but many sessions suffered from a surfeit of speakers and a dearth of discussion time. I've no doubt that these deficits will be made good at the next conference to be held in Glasgow in 2025 under the auspices of the RCPCH. Their team led by the President Camilla Kingdon was much in evidence observing and planning and Camilla shared a session on climate change with our Ruth Etzel, delivering an excellent talk on air pollution & child health. We're hoping that ISSOP will feature prominently in the 2025 congress.

For me the highpoint of the presentations was the pre-conference day organised by ISSOP and our member Rajeev Seth who proved to be a brilliant leader, teacher and advocate in relation to disadvantaged children. The presentations by former street children were truly inspiring. (see 2.2 and 2.3 below)

And what of my mission? The talk on the Lancet series by Nigel Rollins was superb though the audience was small. He and I met the IPA EC about sponsorship and the IPA is moving in the right direction under Naveen Thacker (new President) though he is taking it cautiously. I was able to meet many society Presidents and had very positive conversations with those from societies in Russia, Turkey, Japan, South America, Ireland, Indonesia, Philippines and Europe, and more. I can understand how much they are hooked into the sponsorship system and the evidence in the Lancet will not be enough to move them quickly, but I believe we are heading in the right direction. See 3.1 below for the stage we are at with the WHO initiative!

Apart from the Congress, Rajeev proved to be a wonderful host in arranging visits to a variety of local temples and ISSOP members were enthralled by a concert of Indian dancing. Hajime and I visited the Gandhi Ashram which I found to be immensely moving. See pictures below. Gandhi has so much still that we can learn from and his philosophy of non-violence is needed as much as it ever was.

-Tony Waterston

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Jeff, Hajime, Indian colleague, Tony, Rajeev, Colleen, Barbara



Shanti in full flow and full colour

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President of the Union of Pediatricians of Russia Leyla Navmazova-Baranova and Russian delegates with ISSOP members (Tony Waterston, Shanti Raman, Colleen Kraft) and Indian colleagues.



Hajime at Gandhi Ashram



Quote at Gandhi Ashram and spinning wheel used by the Mahatma

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Barbara stands tall during a small group post-conference tour

2.2 IPA Pre-conference workshop run by ISSOP & ICANCL – “A Rights Based Response to Street and Working Children”, 19th February 2023, Gandhinagar, India, Report 1, by Hajime Takeuchi

The first report was from Mr. Amod (Prayas Juvenile Aid Centre), Deli. The title was "Street and Working Children: Where are we now?".

The next session was "Health issues of Street and Working Children". Prof Rajeev presented the real lives of six children under the title "Access to Health and Developmental Services for Marginalised Children and Youth in India". BUDS was established in 2003 and is essential for supporting street children. In the same session, Prof Sandhya gave a presentation titled "The Role of Government Hospitals in Responding to the Needs of Street Children in India". She closed the presentation with this message "Happiness doesn't depend upon what you have or who you are. It solely relies on what you think". This message is so impressive to me.

The third was "Change Makers: Voice of Hope and Resilience". Four former street children told their own stories. A girl talked about how she experienced pregnancy, lack of support, and lack of opportunity for COVID-19 vaccines. The next boy spoke about his dream. And another girl from Calcutta overcame many difficulties. Jeff asked each child, "What do you want from paediatricians?" They gave us several requests. Paediatricians probably guess that one is to improve access to health care for street children. However, they wanted paediatricians to support more universal problems. (1) Domestic Violence (DV) is the biggest problem, so I want you to eliminate it, (2) I want you to make families who raise children able to maintain their daily life safer and better. And (3) I have fought against DV for a long time. So please teach us that we have the right to be well-educated and safely protected.

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These are our homework. In the end, children and participants sang the theme song of BUDS.

After a panel discussion of the delegates from UNICEF, IPA, ICANCL and IIPH, the plenary session was from UNICEF and ILO. Shanti Raman was the moderator. The next was "Street and Working Children – Regional perspectives" from ISSOP. The moderator was Geir Gunlaugsson.

Jonina Einarsdottir explained the situation of the street and working children in Africa. I was surprised that begging was permitted by the Qur'an in Guinea-Bissau. Child labour in sub-Saharan Africa accounts for 24% of children, about 87 million, more than half of the world's street children.

The next speaker was Gonca Yilmaz. She showed these children's situation in Turkey and Middle East countries. The title was "War conflict and political issue".

And then, Colleen Kraft introduced the situation in America. She spoke about the problem of children being trafficked. The average age is 14, and the United States officially has a National Hotline, a mechanism to report and investigate.

The last one was my presentation, and I summarised the situation in Japan.

In the following Round Table session, Jeff made a statement appealing to individual paediatricians for their concern and involvement in this issue. Jacqueline from Australia said she hopes to deepen mutual collaboration. Indian paediatrician Uma gave strong messages. Pia, who supports street children, emphasised the underlying problem of poverty and the perspective of children's rights.

This session was closed with the declaration "On optimising the Health, Wellbeing, and Rights of Street and Working Children".



Karen Zwi and former street children

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ISSOP members with the Declaration

2.3 IPA Pre-conference workshop run by ISSOP & ICANCL – “A Rights Based Response to Street and Working Children”, 19th February 2023, Gandhinagar, India, Report 2, by Shanti Raman

The main goal of this workshop, which immediately preceded the International Pediatric Association Congress, was to bring together child health professionals, child welfare practitioners, researchers and child rights advocates, to address the critical issues that affect street and working children. The meeting was designed as a strategic planning and advocacy session, where child health and welfare professionals, child rights advocates and young people with lived experience participated, shared experiences, learnt together and collaborated to finalise a “Declaration” on the rights of Street and Working Children.

The workshop began with a morning session titled **Street and Working Children: Where are we now?** Keynote speaker Mr Amod Kanth, who is a well-known Indian social activist and children rights advocate, a former policeman and founder of the NGO Prayas, spoke about his journey establishing Prayas Juvenile Aid Centre. Prayas now operates 242 centres, employing more than 700 professionals including 47 homes/shelters for children, over 50 Vocational Training Centers across India. The next session explored **Health issues of Street and Working children**. Dr Rajeev Seth spoke from his experience about improving access to health and developmental services for marginalised children and youth in India; and Dr Sandhya Khadse described the possible roles of government hospitals in responding to the needs of street children in India.

The most critical part of the meeting was the session titled **Voices of Hope and Resilience: inspirational stories by children and youth**. Dr Anita Sheth set the scene, describing the ever present, yet invisible lives of street connected children. There are over 100 million such children all over the world, perhaps 20% of them in India alone. She challenged us to consider our silence in not responding to the plight of street/working children as violence. While the Convention on the Rights of the Child promotes children’s right to food, shelter, nationality, education, health, and freedom from violence and exploitation, the conditions of life of street/working children are a blatant violation of these basic rights. During this session, five incredible young people from CINI (Child in Need Institute- Kolkata) and BUDS (Bal Umang Drishya Sanstha-Delhi) who have weathered adversities, but are resilient leaders and change-makers, narrated their stories, and challenged us, the audience of professionals to consider their experiences *and* their hopes/dreams. This was followed by a **Response and**

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contribution to Health and Rights of Street and Working Children panel discussion, where the young people asked questions of the experts and participated in a discussion on what would best support their rights to health, education and livelihood. We were lucky to have leaders of the IPA (Dr Naveen Thacker-President, Professor Joseph Haddad-President Elect); Indian Academy of Paediatrics (Dr Upendra Kinjawadekar), Chair of the Uttarakand SCPCR (Dr Geeta Khanna), UNICEF-India (Dr Narayan Gaonkar), and Dean of the Indian Institute of Public Health (IIPH (Dr Dileep Mawalankar) to participate in this session.

The post lunch plenary session was on **Elimination of child labour in the 21st century**. Professor AK Shiva Kumar (UNICEF Innocenti), development economist and researcher, who works on issues related to human development, and the rights of women and children spoke about the very real challenges ahead to get back on track to reach the goal of eliminating child labour, especially in India, where the largest number of working children reside. Insaf Nizam (ILO, India) spoke about occupational health and safety as core labour rights, and implications for child labour; reminding us of how many young people in South Asia were engaged in hazardous labour. This was followed by a very engaging session on diverse regional perspectives on street/working children. Prof Jónína Einarsdóttir challenged us to consider the rights of children (Quranic schoolboys) in West Africa who work as beggars- to support themselves, their families and their religious teachers. Prof Gonca Yilmaz spoke about the situation of street and working children in Turkey. Prof Hajime Takeuchi, presented a very coherent picture of the issue of 'street kids' in Japan. Finally, Dr Colleen Kraft spoke about the issue of trafficking of children in high income countries.

The final session was a Round-Table discussion on **Child rights response for child health professionals**; what should guide our efforts in prevention, care and rehabilitation for Street and Working Children. We had excellent inputs from Pia MacRae, CEO of Consortium for Street Children who zoomed in, Prof Jeff Goldhagen (ISSOP), Dr Rajeev Seth (ISPCAN), Dr Jacqueline Small (RACP), Dr Uma Nayak (I-CANCL) and Dr Colleen Kraft (AAP). The draft **Declaration on Optimising the Health, Wellbeing and Rights of Street and Working Children** was circulated (see 7.1 below), as a starting point to coalesce our efforts around this important issue. The Lancet Child & Adolescent Health editorial (see section 6.2) sums up these efforts well.¹

Reference

1. The Lancet Child & Adolescent Health. Advancing the rights of street and working children. *The Lancet Child & Adolescent Health* 2023; **7**(4): 223.

2.4 Devastating Earthquakes in Turkey, by Gonca Yilmaz, MD, PhD

It has been a month since Turkey and its bordering Syria were hit with a series of earthquakes and a number of aftershocks which have killed nearly 50,000 people in Turkey while millions have lost their homes and over 214,000 buildings collapsed. The search and rescue continued for weeks as some people were found under the rubble over 250 hours later as the deaths and damage spanned across 11 provinces in Turkey alone. The death toll is expected to rise in the coming days as many victims are yet to be identified.

At first, the general problem was of organization, especially in the field of health, dozens of residents and overwhelmed first-responders who expressed bewilderment at a lack of water, food, medicine, body bags and cranes in the disaster zone in the days following the quake.

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For those survivors pulled out of the rubble, rescue was just the first step. Over the weeks, after the devastating earthquakes, thousands of patients were treated at the hospitals. I have been in Adana Research and Training hospital 10 days after earthquake. This hospital was one of the largest trauma hospitals in the region and a majority of cases included limb loss, tissue crushes and brain trauma. We have seen a lot of patients and children with crush syndrome or traumatic rhabdomyolysis (muscle breakdown) which is a localized crush injury. It is defined as the compression of extremities (limbs) or other parts of the body that causes muscle swelling and/or neurological disturbances in the affected areas. The main reason was external compression which reduces or cuts off the blood flow to the limbs and causes the cells to die. Once the pressure was removed it could release toxins into the bloodstream. This syndrome was the systemic effect caused by traumatic rhabdomyolysis which can potentially release toxic muscle cell components.

Why was this earthquake so deadly in Turkey?

We have many reasons for this question. But I would like to give 3 reasons that made me so angry.

1. In the first 3 days of the earthquake, the State's access to this region and search and rescue efforts were very weak. Hundreds of thousands of people were left to fend for themselves in rubble in the depths of winter. Many people I have talked expressed that they could hear people who were still alive under the rubble, trying to scream and say they were alive, but there was absolutely no one helping at that moment.

2. Experts and people believe weak enforcement of building codes — in part to help fuel a construction boom and economic growth over the last two decades — was responsible for the widespread devastation in Turkey during the recent earthquakes. More than half of all buildings in the earthquake area were not in compliance with current standards. Seeing single buildings still standing amid a vast debris field in the news footage from Turkey was a clear picture that some buildings have not followed the regulations.

3. In the immediate aftermath of the quake, people took to social media to share their location, in hopes that rescue efforts would soon arrive. When no one did, many lashed out at the Turkish government for its poor disaster response, sharing photos and videos of what was happening on the ground. Turkey then temporarily banned Twitter, largely limiting the contact of survivors under the rubble with others in these very important hours. It was totally unacceptable.

Many experts in the country believe that this was a preventable catastrophe and that what the country is in fact facing is the "negligence of the century". People are still worried about durable shelter, access to water and toilets and their next hot meal.

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2.5 Children in the polycrisis

Dear friends and colleagues,

I would like to share with you this link to a panel discussion of key trends impacting children and young people in 2023 and beyond.

It relates to the report of the Office of Global Insight & Policy of UNICEF:

Prospects for Children in the Polycrisis: A 2023 Global Outlook

<https://youtu.be/Q-DDcNx9DU>

Best regards,

Barbara Rubio M.D.

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A brief summary of the article:

Polycrisis is described as the presence of multiple near-simultaneous shocks, with strong interdependencies among them, taking place in an ever-more integrated world. UNICEF describes eight trends that highlight the drivers of shocks and stressors comprising the polycrisis. The paper explains how 'crisis' is not only an opportunity for change but also a reminder of failure. It is incumbent upon us as child advocates to ensure that crises not only act as catalysts for change but we must also work diligently to prevent future crises from occurring as well.

For the 2023 Global Outlook, UNICEF had a three-fold aim: (1) involve young people in the analysis of trends and provide spaces for stronger intergenerational dialogue around foresight; (2) draw the attention of the global community to the effects of global trends and events on child rights and well-being; and (3) support UNICEF staff and offices in interpreting trends and emerging issues in a rapidly changing world.

The eight trends identified are:

- 1.** The pandemic's harms will continue to be counted — but reforms of health architecture and medical breakthroughs offer hope for children.
- 2.** Efforts to tame inflation will have unintended negative effects on child poverty and well-being — requiring policy measures that protect investments for vulnerable families and children.
- 3.** Multiple factors will contribute to continued food and nutrition insecurity — with increasing calls for greater climate adaptation and food systems reform to prevent food poverty in children.
- 4.** The worsening energy crisis may cause immediate harm to children — but the focus on energy sustainability provides hope for a greener future.
- 5.** Unmet needs and underinvestment in children warrant reforms of financial flows to developing countries — while renewed attention on climate finance and debt relief holds promise.
- 6.** Threats to democratic rights such as freedom of expression are expected to continue — but social movements, including those led by young people and women, are likely to push back.
- 7.** Increasing factionalism will put further stress on multilateralism — but efforts to address children's and young people's concerns may offer opportunities to find common ground.
- 8.** The internet will continue to fragment and become less global, resulting in further disparities for children — prompting a greater push for openness, fairness and inclusion.

Each trend is further elaborated in the report and provides helpful data and recommendations on where we need to go with our work for the future.

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2.5 The 24th Congress of Pediatricians of Russia "Actual Problems of Pediatrics" with the 3^d Conference of Social Pediatrics, by Nataliya Ustinova

The 24th Congress of Pediatricians of Russia "Actual Problems of Pediatrics" with the 3^d Conference of Social Pediatrics was successfully held in Moscow, Russia, 3-5 March, 2023 <https://www.pediatr-russia.ru/news/xxiv-kongress-pediatrov-rossii-s-mezhdunarodnym-uchastiem-aktualnye-problemy-pediatricii-202/> The Congress was attended by about 10,000 participants, including more than 3,000 offline delegates. 175 symposiums, meetings with chief specialists, plenary sessions, round tables, lectures, panel discussions, interactive sessions were held on topical issues of pediatrics.

We are glad to inform about 12 symposia which covered different issues of social pediatrics:

- social aspects of children's health,
- children disability,
- school medicine,
- mental health etc.

There were special guests - members of ISSOP. Thanks to them, it was possible to highlight difficult issues for discussion. Thus, the questions of commercial determinants of children's health caused a lively discussion. Raul Mercer (ISSOP) presented the main scientific data on this problem. Tony Waterston (ISSOP), in his report, once again focused on the need to stop sponsorship of pediatric congresses by companies producing breast milk substitutes. For Russian pediatricians, the topic of commercial determinants of children's health is also relevant, especially in the marketing of compromised products. Jeffrey Goldhagen (ISSOP) gave a talk on climate change and why this issue is important for pediatricians.

Thanks to colleagues for giving publicity to such sensitive topics!

It is important that there are committed professionals working together both within the country and across international borders.



Russian pediatricians sing the anthem of Russian pediatricians at the closing ceremony of the Congress. In the first row - the famous Russian social pediatrician - Professor Valery Yu. Albitsky

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2.6 Save the Date – ISSOP Congress in Valencia November 2023



Dear Friends & Colleagues,

We are pleased to announce that this coming November, close to the 34th anniversary of the Convention of the Rights of the Child, **ISSOP** will be holding its **2023 Annual Congress** together with the **26th Congress of the Spanish Society of Social Pediatrics**.

The Congress will take place in the city of Valencia, in its University Campus from the 16th to the 18th of November.

The theme of the Congress will be **“Building Safe Spaces** (Construyendo espacios Seguros) **for children and youth”**.

Now more than ever, with all the global threats (poverty, climate crisis, food and water insecurity, mental health, violence, war etc.) that are impacting the health and well-being of children and youth, it is of utmost importance to construct safe and thriving environments for children and youth and ensure that they are engaged and participate in shaping the future they will inherit.

We welcome all ISSOP members, friends, and colleagues to come to Valencia and participate in this exciting and envisioning event.

Further information regarding the scientific program, registration and abstract submission will be posted soon.

Looking forward to seeing you ALL in Valencia!

Barbara Rubio
ISSOP General Secretary.

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3. International Organizations

3.1 WHO PHASFI – current status

Professional health associations against sponsorship by the formula industry (PHASFI) is the name given to the WHO initiative which I am leading together with Dr Gyikua Plange Rhule from Ghana. After 6 months work we have been invited to extend our posts by at least 3 months and possibly more to reach a sufficient stage of conclusion (will this work ever be concluded??!)

We have a modicum of achievement and feel we are making progress with what sometimes seems like an intractable problem. The best thing has been the formation of an action group composed of key paediatricians and activists from around the world, which has been a great source of wisdom, of experience and expertise, and of enthusiasm for the task facing us.

Achievements so far have been –

- Holding a global meeting in December 2022*
- Writing a viewpoint for BMJPO which challenges the arguments used by the sponsorship lobby, this is in press
- Reaching out to other professional organisations including neonatal nurses, midwives, obstetricians, nutritionists and the Partnership for maternal, newborn and child health (PMNCH)
- Writing a Call for Action to be signed by leading umbrella organisations and to be published in the Lancet
- Holding meetings with many associations round the world including Russia, USA and the Asia Pacific pediatric association
- Developing a repository of evidence against sponsorship which will be publicly available
- Writing briefing papers for societies planning to end sponsorship including case studies of those who have done it, a guide to alternative sources of funding, and a model policy (these are all underway)

*the report is available to anyone at request and will be posted on the WHO website soon

Assistance is always needed from breastfeeding advocates, especially if you are in a country where the paediatric society takes sponsorship from the formula industry!

Please write to me at waterstona@who.int

TW

4. Current Controversy

4.1 Gender dysphoria - what is the evidence for medical intervention?

Transgender and transition has been a major issue in the west both in politics and society and it may have contributed to the resignation of Nicola Sturgeon, first minister of Scotland, in relation to the gender recognition act which allows 16 yr olds to change gender regardless of their appearance. This act was passed by the Scottish parliament but was barred by the UK government and legal action will be taken. Many children and young people are troubled by gender issues and are asking doctors for hormone drugs and surgery to change to their chosen gender. The impact on mental health is considerable and there is also much conflict between so called 'trans activists' and feminists who hold different opinions on the urgency of changes and the need for 'women only places' and there is a strong language of intolerance.

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I suspect that these mainly social issues are significant in the UK and USA but perhaps less so in other countries, but do please write in with your experience.

For we as paediatricians, it is important to be led by evidence and a very useful summary was given in the [British Medical Journal](#) in an article entitled 'Gender dysphoria in young people is rising—and so is professional disagreement'

This paper highlights the differing views and guidelines in the USA and in Europe. The AAP supports hormonal treatment and surgery without really adequate evidence, while 'Medical societies in France, Australia, and New Zealand have [also] leant away from early medicalisation. And NHS England, which is in the midst of an independent review of gender identity services, recently said that there was "scarce and inconclusive evidence to support clinical decision making" for minors with gender dysphoria and that for most who present before puberty it will be a "transient phase," requiring clinicians to focus on psychological support and to be "mindful" even of the risks of social transition.' The paper is well worth reading in full. Evidence of course is difficult to gather on this subject and more trials are underway. In the meantime, I am convinced that we should be very cautious before accepting a young person's wish to change their gender, if medical treatment is requested. We must listen to their views but not always do as they wish when the consequences may be life-long.

TW

5. CHIFA Report – IPA Report

5.1 CHIFA Report

Following a call on CHIFA, four new moderators have been appointed to join ISSOP member Dr Tijen Eren, Prof Marcio Fossari and me. They have all been inducted and trained and are proving to be a resourceful group. They are –

Prof Muhammad Wahedi, Bangladesh

Edem Kpewou, Ghana

Dr Efe Oba, Nigeria

Dr Osamagbe Asemota, Nigeria

New moderators are always welcome and are given full training on the rather special system or reader-assisted moderation used on HIFA and CHIFA. A recent stream covered how we need to communicate effectively with children during clinic visits, and Prof Muhammad made the valuable comment that in some countries, changing the culture to offer children more autonomy in the clinic can prove difficult and assistance with training and engagement with parents is needed. So far no ISSOP members have contributed to this stream (apart from me) and there is still time to remedy this defect! Here is the initial post by Neil Pakenham Walsh –

20 March, 2023

This paper in Archives of Disease of Childhood gives guidance on child-centred care, which place children and young people at the centre of policy and practice.

CITATION: Fifteen-minute consultation: Guide to communicating with children and young people

Gail Davison et al

Correspondence to Dr Gail Davison gdavison05@qub.ac.uk

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https://ep.bmj.com/content/108/2/91?utm_source=alert&utm_medium=email&utm_campaign=ISSOP%20e-Bulletin%20N%2062%20March%202023

ABSTRACT

This article suggests communicative steps and strategies to help healthcare professionals achieve the ideals of child-centred care, which place children and young people at the centre of policy and practice. For those with 15 s, not 15 min, our suggestions can be summarised like this: help children be active agents in their own care by asking, listening well, being curious and explaining things clearly in an accessible but not condescending way.

And here the perceptive comment from Prof Muhammad:

23 March, 2023

This is easier said than done because power is unequally distributed in paediatrics: our status as adults with professional authority can prevent children from engaging authentically with us.

Quoting from article and looking in to the issues I find we here in Bangladesh and many others will have to go long to take this guideline into action. I believe no one will deny to accept the message in words but most will not be putting it into action as it needs to change our caregivers and service providers understandings and beliefs to modify our own behaviour and attitudes about children.

1. Greeting children: We greet the adults means the parents or grandparents with whom the children moves and even forget them, sometimes of course we do say hello but with no or minimum importance.
2. Engaging Children: it's a difficult job again in the context we are living in, our children are adapting to an adult friendly atmosphere all around.
3. Conversation with Children: We don't converse with children, most of the time conversation goes with the parents, their problems and their solutions are all between the caregivers and the parents. Children just roam around.
4. Decision making: Again, we believe children at all ages are not capable of making their decision and adults are always making decisions for them even without their acceptance.

So, I find we are at opposite pole of the guidelines and thus I feel the importance of the quote I pointed at the beginning of my discussion. Truly this is easier said than done.... but of course, we need to change to provide child centred care and that should be achieved with our all efforts and works in future.

Thank you

Dr. Muhammad Wahedi, Bangladesh

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Dear ISSOP members, this is a perfect opportunity for you to offer your expertise in communicating with children, don't hold back!! CHIFA is awaiting your comments!

TW

5.2 IPA Report



IPA INDIVIDUAL STATEMENT AT THE 73RD SESSION OF THE WHO REGIONAL COMMITTEE FOR WESTERN PACIFIC ON AGENDA ITEM 11. MENTAL HEALTH

“Best use of Social Media to facilitate Adolescent Mental Health.”

<https://ipa-world.org/page.php?id=464>



IPA Statement on Safety and Health of Children during the Major Earthquake in Turkey and Syria

https://ipa-world.org/society-resources/code/images/cfqXnywlt9U1R_k_statement-on-major-earthquake-in-turkey-and-syria.pdf

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6. Publications

6.1 Lancet series on breastfeeding

<https://www.theguardian.com/lifeandstyle/2023/feb/07/underhand-formula-milk-ads-stop-millions-from-breastfeeding-experts-say>

This remarkable series of three papers with an editorial and a commentary was published on 7th Feb and the subject of an enthralling streamed presentation on the 8th Feb which you can watch [here](#). The full series can be read [here](#).

In total, the series makes a stringent attack on commercial milk formula (CMF) companies (the series uses this term rather than Breast milk substitutes which appears in WHO documents, because they are not genuine substitutes for breast milk)

Here is a quote from the editorial:

Marketing by the CMF industry is an interconnected, multifaceted, powerful system that knowingly exploits parents' aspirations. Under the Convention of the Rights of the Child, governments have a duty to tackle misinformation—and governments need to embrace the breastfeeding Code without further delay to ensure that manufacturers making misleading claims about their products are held to account.

The first paper covers the challenges to breast feeding in a market-driven world, and discusses the adverse role of pre-lacteals used before the initiation of breastfeeding. 'Self-reported insufficient milk continues to be one of the most common reasons for introducing commercial milk formula (CMF) and stopping breastfeeding. Parents and health professionals frequently misinterpret typical, unsettled baby behaviours as signs of milk insufficiency or inadequacy.... the CMF industry exploits concerns of parents about these behaviours with unfounded product claims and advertising messages'

The second paper, entitled Marketing of commercial milk formula: a system to capture parents, communities, science and policy – is perhaps the strongest of them all on the risks of accepting sponsorship as a health professional. I think it is worth quoting the key messages in full and committing them to our memory:

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Key messages

- 1 The marketing of commercial milk formula (CMF) for use in the first 3 years of life has negatively altered the infant and young child feeding ecosystem. CMF sales approach US\$55 billion annually. Nowadays, more infants and young children are fed ultraprocessed formula milks than ever before. Breastfeeding and breastmilk are unparalleled in composition, immune properties, and health and development outcomes.
- 2 CMF marketing is a multifaceted, sophisticated, well resourced, and powerful system of influence that generates demand and sales of its products at the expense of the health and rights of families, women, and children. Digital platforms and use of individual data for personalised and targeted marketing have substantially enhanced the reach and influence of this system.
- 3 CMF marketing oversimplifies parenting challenges into a series of problems and needs that can be resolved by buying specific products. Marketing of CMF manipulates and exploits emotions, aspirations, and scientific information with the aim of reshaping individual, societal, and medical norms and values.
- 4 CMF marketing targets health professionals and scientific establishments through financial support, corporate-backed science, and medicalisation of feeding practices for infants and young children. Conflicts of interest threaten the integrity and impartiality of health professionals.
- 5 Violations of the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions,¹⁹ which express the collective will of the World Health Assembly, have never stopped. These violations occur despite 40 years of effort by World Health Assembly member states and the international community to hold CMF industries to account. CMF companies continue to defy the principles and recommendations of the Code knowingly and regularly.
- 6 Governments have obligations to ensure their citizens have access to impartial information about feeding infants and young children and to enact policies that are free from commercial influence. Fully and equitably supporting women and children's rights at home, at work, in public spaces, and in health care is a societal responsibility.
- 7 Marketing of CMF products should not be permitted. A framework convention, placing the rights of children and women at its heart, is needed to protect parents and communities from the commercial marketing of food products for and to children younger than 3 years old, including CMF marketing systems. The framework would restrict marketing but not the sale of these products.

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These messages are of supreme importance and it is incredible to think that any paediatric society would accept sponsorship after reading them.

The final paper in the series looks at the political economy of infant and young child feeding and examines how to confront corporate power. Here are the key messages that I believe are unrecognised but also of great significance – there need to be more male paediatricians putting work into breastfeeding promotion and protection!

- The inadequacy of governments and economic systems in recognising the value of breastfeeding and care work (predominantly done by women), and insufficient investments in maternity protection are also factors underpinning the growth of commercial milk formula markets. Half a billion women worldwide are denied adequate maternity protection, most of whom are in underpaid, precarious, or informal work.
- Several structural drivers contribute to the widespread inadequacy of breastfeeding promotion, protection, and support within health-care systems. These drivers include gendered and biomedical power systems that undermine culturally appropriate and women-centred maternity care; ideological factors that accept and encourage corporate influence within health systems; and economic policies that constrain public budgets.

Do please read and disseminate the key messages of the series: that the CMF industry has huge financial power and is always looking for new markets; that current marketing strategies are damaging to breastfeeding and increasingly sophisticated; that health systems and scientists are targeted to be effective agents in the marketing system to sell infant formula and promote its use over breastfeeding; and that all sectors need to work together with governments to protect the health enhancing benefits of breastmilk.

TW

6.2 Editorial on street children

The Lancet Child & Adolescent Health. Advancing the rights of street and working children. *The Lancet Child & Adolescent Health* 2023; **7**(4): 223.

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(23\)00058-5/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(23)00058-5/fulltext)

Key Points:

- The UN estimates that 150 million children live in street situations worldwide, however this estimate remains highly uncertain. Our capacity to count all street and working children is due to many such children lacking legal status and/or birth certificates and many also avoid legal authorities for fear of repercussions)
- In 2017, the UN Committee on the Rights of the Child, defines street children as “children who depend on the streets to live and/or work, whether alone, with peers or with family” as well as “a wider population of children who have formed strong connections with public spaces and for whom the street plays a vital role in their everyday identities”

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- Street and working children face discrimination, are stigmatised and are often deprived of the most basic rights to health, protection, and education – all of which is in grave violation of the UN Convention on the Rights of the Child.
- In February, 2023, the International Society for Social Pediatrics and Child Health, the Indian Child Abuse, Neglect and Child Labour Group, Indian Academy of Pediatrics, International Pediatric Association, International Society for the Prevention of Child Abuse and Neglect, and Johns Hopkins Bloomberg School of Public Health convened in India to rally disparate voices across the child health community. Their mission to advance the health, wellbeing, and rights of street and working children is clear.

7. Topics in Social Pediatrics

7.1 Declaration on Health of Street Children

DECLARATION

On Optimising the Health, Wellbeing, and Rights of Street and Working Children

International Society for Social Pediatrics and Child Health
Indian Child Abuse & Neglect, Child Labor Committee of Indian Academy of Pediatrics
Gandhinagar, February 2023



We, child health and social welfare professionals, academics and activists gathered at the Pre-Congress workshop of the 2023 International Pediatric Association Conference, in Gandhinagar, India are committed to the prevention of all forms of violence against children and fulfillment of the rights of children and youth.

Recognizing that:

- Working children and those living in street situations are among the most vulnerable to violence, exploitation and exposure to hazardous and toxic environments, and experience profound violations of their human rights, as articulated in the UN Convention on the Rights of the Child (CRC);
- The existence of street and working children and youth results from the complex intersections of political, social, economic, cultural, environmental and gender inequities: these may have been exacerbated by the COVID-19 pandemic;
- As child health and social welfare professionals and activists, we have a responsibility to play a leadership role in advancing the rights, health and well-being of street and working children and youth, from birth through age 25, locally and globally,

We call for urgent action to end living and working on the streets for children and their families

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We hereby collectively and individually commit ourselves to:

- Translate the principles, standards and norms of child rights into clinical practice, systems development and policies required to optimize the health and wellbeing of street and working children;
- Ensure the voices of street and working are heard and considered in all decisions that affect them, including decisions related to protection, promotion and participatory rights at local, national and international levels;
- Adhere to the human rights principles of universality, accountability, and interdependence of rights articulated in the CRC and other related human rights conventions;
- Ensure that street and working children are provided the health care required to optimize their health and well-being, regardless of the child's legal status and without discrimination based on any distinguishing characteristics of the child;
- Implement systems and policies to ensure optimal access to sexual and reproductive health services for those on the streets, including access to continuum of care across prevention and early intervention through street outreach and drop-in centres;
- Plan and implement clinical and public health programs tailored to the unique needs of street and working children that provide comprehensive primary care and referral to available physical, mental and social health services;
- Ensure that pediatricians and child and social health providers will have quality updated training to fulfill the promotion, protection and participation rights of street and working children;
- Operationalize the principle of the interdependence and indivisibility of rights by ensuring street and working children have equitable access to quality services in education, housing, justice, culture, sports, recreation and information;
- Implement innovative research and program evaluation that provides best estimates on enumerating street and working children; documents health and developmental needs; and identifies interventions that work to guide policy and action.



WE CALL UPON:

- Global agencies, including the UN Children's Fund (Unicef), World Health Organization (WHO), International Labour Organization (ILO) and other public and private sector regional, national and international organizations to engage child health and social welfare professionals and groups as key partners in realizing child rights for all children including street and working children.
- Governments and relevant non-government agencies to establish systems of multidisciplinary care that serve the special physical, mental, public and social health needs of street and working children and youth, in a manner that consistently affirms their dignity and rights.
- All states and nations to advance 'Health in all Policies and Universal Health Care' approaches and commitments to advance equity in the health and well-being of street and working children.
- Child health professional societies to prioritize the rights of street and working children, support research and innovation, and employ evidence-based policies, protocols and practices to address the needs and advance the rights of street and working children to optimal health and well-being.



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7.2 Drop in Centers in New Delhi

I was humbled by the experience of listening to the voices of the children and youth, in the “Drop-In Centres” carried out by the NGO “BUDS” in New Delhi.

With just a glimpse of the work that is done in these centres one captures the importance of listening and attending to children’s thoughts, beliefs, emotions, wishes, preferences, and attitudes. Giving children and youth the opportunity to express themselves, enables them to develop and learn that they are important and valued.

It is our task now to receive and acknowledge their valuable contributions and help them in advancing their health and well-being.

As I was leaving one of these drop-in centres, a young woman came up to me, hugged me and cried out to me “Please do not forget us”!

-Barbara Rubio, ISSOP General Secretary



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7.3 World Autism awareness day: report from Moscow

The 2nd of April – World autism awareness day

World Autism Awareness Day is an internationally recognized day annually on April 2, encouraging Member States of the United Nations to take measures to raise awareness about autistic individuals throughout the world.

According to WHO:

- Autism – also referred to as autism spectrum disorder—constitutes a diverse group of conditions related to development of the brain.
- About one in 100 children has autism.
- Characteristics may be detected in early childhood, but autism is often not diagnosed until much later.
- The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support.
- Evidence-based psychosocial interventions can improve communication and social skills, with a positive impact on the well-being and quality of life of both autistic people and their caregivers.
- Care for people with autism needs to be accompanied by actions at community and societal levels for greater accessibility, inclusivity and support [<https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>].

It is important to note that, according to various studies, autism spectrum disorders (ASD) prevalence rates vary widely not only between different countries but also between different regions within countries. Thus, a study conducted in 2018 in the United States by the Autism and Mental Developmental Disabilities Monitoring Network showed that the prevalence of ASD per 1,000 children aged 8 years varied from 16.5 in Missouri to 38.9 in California [1]. A study published around the same time in JAMA Pediatrics showed that children in Florida prevalence of autism were diagnosed with ASD three times more often than in Texas — 4.88% and 1.54%, respectively [2].

At the end of 2022, we published an article in the journal Consortium Psychiatricum, which analyzed the prevalence of autism in the regions of Russia (https://consortium-psy.com/jour/article/view/211/pdf_1). A steady upward trend in the number of individuals with autism has been observed since 2014 in the Russian Federation as a whole and in the federal districts, although the prevalence rates differ from the global median prevalence of ASD. Regional differences (by 104.5 times!) in the frequency of the diagnosis have been revealed: from a minimum of 1.7 to a maximum of 177.7 per 100,000 population.

At the same time, it is well known that the prevalence of autism does not significantly depend on geographic, racial, or socioeconomic factors. However, these factors may affect the identification of the disorder. Research results show that the number of established diagnoses correlates with the level of awareness of the main manifestations of ASD among the general public and professional community, in particular. The timeliness of the diagnosis and the quality of care depend on the number of trained specialists, the availability of formalized screening procedures, and the modern medical and educational services available in the region for families raising children with ASD. Living near urban centers with access to quality medical care and special education

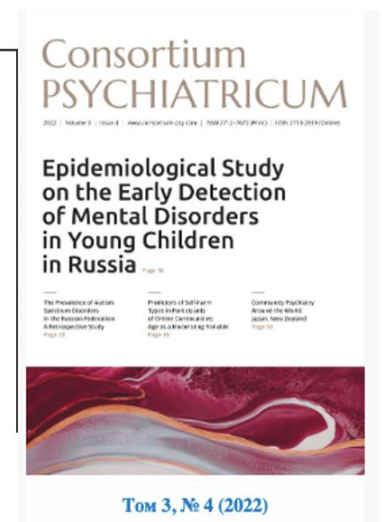
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programs have a beneficial effect on the quality of life of patients with ASD: therefore, there is a need to attract additional resources in the development of monitoring programs and assistance to families from vulnerable low-income groups.

References:

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- 2) Xu G, Strathearn L, Liu B, et al. Prevalence and treatment patterns of autism spectrum disorder in the United States, 2016. JAMA Pediatr. 2019 Feb;173(2):153–59. doi: 10.1001/jamapediatrics.2018.4208. PMID: 30508021. PMCID: PMC6439607. 21. Makushkin EV, Makarov IV, Pash



-Nataliya Ustinova, Moscow

8. Climate change update

8.1 Latest IPCC report

<https://www.bbc.co.uk/news/science-environment-65000182>

This report in the newspaper the Guardian highlights the latest warning from the IPCC – its strongest yet –

‘UN chief Antonio Guterres says a major new report on climate change is a "survival guide for humanity".

Clean energy and technology can be exploited to avoid the growing climate disaster, the report says.

But at a meeting in Switzerland to agree their findings, climate scientists warned a key global temperature goal will likely be missed.

Their report lays out how rapid cuts to fossil fuels can avert the worst effects of climate change.

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- Five things we've learned from new UN climate report

In response to the findings, UN secretary general Antonio Guterres says that all countries should bring forward their net zero plans by a decade. These targets are supposed to rapidly cut the greenhouse gas emissions that warm our planet's atmosphere.

"There is a rapidly closing window of opportunity to secure a liveable and sustainable future for all," the report states.'

The UN Secretary General again uses words stronger than any other world leader and clearly has read the facts and absorbed them as a person of great integrity.

The report must make us reflect on our role as advocates for child health and for children's future. Should we put up with the inaction we see in every country? Are we all doing the maximum to bring these findings to the attention of our government? In the UK on the 21st-24th April, activists from all backgrounds will bring 100,000 people to London to surround Parliament and demand that targets are there to be met and that fossil fuels have to stay under the earth. I shall be there with hundreds of other health workers. Please all ISSOP members, join your local activist group on climate change and report back on what is being done to protect children and our planet and build a carbon free future!

-Tony Waterston