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1. Introduction

So, we approach the end of 2020 with still no end in sight for the COVID 19 pandemic, but with lots of lessons to learn and a vaccine within sight for most of us fortunate ones who live in middle to upper income countries – for the majority of the rest, the wait will be longer. As USA returns to its very high levels of infection and deaths, horrifyingly high, we will not be showing bias to give thanks that a new President is being installed who actually believes in the role of public health and the World Health Organisation.

This month we feature COVID once again but also many other topics, from smacking to immigration and from the syndemic of COVID to some impressive pictorials: the infographic on how racism can affect child development is particularly useful. This issue comes with our very best wishes and greetings for the festive season and for warm companionship in the coming year, when – we fervently hope – some of us will be able to meet again face to face!

And a quick STOP PRESS: please note that the ISSOP AGM will be held on Sunday 13th December, don't miss it, see 2.6 below + if you haven't yet completed the ISSOP-IPPNW survey, DO IT NOW – 2.7

T. Waterston (UK) R. Mercer (ARG) R. Nathawad (US), G. Yilmaz (TR) N. Ustinova (RU)

Ecologic mask advice



Provided by Jay Kravitz, Portland, Oregon, US

1.1. Message from Jeff Goldhagen - President of ISSOP

Dear friends and colleagues, as 2020 draws to a close, there is much to consider about what we have learned over the past 12 months. We have been challenged personally and professionally. We have been separated from families and friends, responded to the call to care for patients in difficult situations, and some have endured COVID-19 personally and among family members.

Despite these challenges, we have persevered and understand more than ever how important our work is as social pediatricians. The Pandemic has served as a lens that has magnified and made visible the inequities in children's lives that have always existed. It has brought clarity to the root cause social determinants of these inequities, and the necessity of pursuing a child rights-based approach to our work.

And, our community of social pediatricians has expanded in response. Early in the Pandemic, led by Karen Zwi, we generated a Declaration on Advancing Health Equity and Social Justice in Response to COVID-19 (<https://www.issop.org/2020/06/01/issop-covid-19-declaration/>) that engaged colleagues from around the world. Subsequently, under the leadership of Nick Spencer, we have convened dozens of colleagues to collaborate in research and training related to the Pandemic in 8 thematic areas.

As a result of this work, we have built an infrastructure for collaborative research in partnership with INRICH (International Network for Research in Inequalities of Child Health), published several manuscript—including a rapid review of what is known about the impact of pandemics on immunizations, launched a collaborative research initiative on obtaining youth voices on the Pandemic, and have solidified our Regional Network—including establishing sustainable linkages with and learning from African colleagues. Our efforts in this regard continue, we are adding more members to our research collaborative, and have been energized by the global passion of our colleagues.

In addition to our response to the Pandemic, much else has been accomplished. Of note are expanded linkages with other organizations, an endeavor to continue to define Social Pediatrics, publication of multiple manuscripts in high impact journals, completion of our Vision, Mission and Goals statement, development of Declarations on Climate Change and Impact of Armed Conflict on Children, launch of our CLEAR initiative to provide leadership training for those responding to the Pandemic, collaboration with IPPNW (International Physicians for the Prevention of Nuclear War), release of advocacy statements—including in support of the rights of children at the US Southern border and Israel/Gaza, and our ongoing work with ISPCAN and IPA.

The global challenges facing children in 2021 will demand even more from us individually and collectively. Our 2021 agenda will continue to advance our evolving organizational structure and functions—as a convening and catalyzing entity—able to identify and respond to critical national and global issues impacting children. In short, we will need to explore and define what a post-Pandemic world will be for children. To succeed, we will need your passion, commitment, knowledge, experience, expertise—and yes, if you are able—funds.

On behalf of our Executive Committee and entire ISSOP family, please accept a heartfelt THANK-YOU for your support of ISSOP and all that we have accomplished in 2020—despite the challenges. Together in the coming year, we will emerge from the shadow of 2020 to continue to advance the global health and well-being of the vulnerable children and families we serve.

Jeff Goldhagen

2. Meetings and news

2.1 Eurasian Congress of Social Pediatrics



Jeff Goldhagen, ISSOP President speaks in the opening session, https://ufhealth-my.sharepoint.com/:v/g/personal/mig12095_jax_ufl_edu/EQCBOjmdmlhFigSK7rD7tV8BxqJeNyKKEozAKgTpeL6_vA?e=3LKw2T

The 2nd International Congress of Eurasian Social Pediatrics and 6th Turkish National Congress of Social Pediatrics was held virtually on th 26-29 November 2020. The congress main topic was child health during the COVID-19 pandemic. Programme also included Social Pediatrics training in Turkey and Canada, child health and nutrition, immunizations, vaccine hesitancy, early childhood sleep problems.

We think the congress was very successful to provide and discuss the latest scientific knowledge and current evidence-based practices for improving women's and children's health during COVID-19 pandemic.

The meeting also presented many international speakers from different countries. Such as, Dr. Gilles Julien who has created a model of community social pediatrics, shared his non-profit organisation experiences. Early childhood sleep problems and interventions were discussed by Sarah Blunden and Dr. Pamela Douglas. A psychological management of perinatal depression that is recommended by WHO was presented by the author of manual, Prof. Atif Rahman.

International Society for Social Pediatrics and Child Health (ISSOP) Declaration "Advancing Health Equity and Social Justice in Response to COVID-19" which was also endorsed by the Turkish Society for Social Pediatrics was presented by the ISSOP President, Jeff Goldhagen.

In order to spread the knowledge and cooperation between Social Pediatrics Programmes, two PhD students from Canada and Turkey shared their experiences as students. PhD programme requirements, curriculums were presented.

More than 200 participants, 59 speakers from 8 different countries joined virtually. The participation of young colleagues in the congress was admirable. Ninety-one researchers from different countries were given the opportunity to present their projects as oral presentations in 6 different sessions. Another remarkable point was the fact that congress sponsorships fulfilled the requirements of the International Code of Marketing of Breastmilk Substitutes

Bahar Kural and Gonca Yilmaz

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2.2 Latin American and Caribbean regional group of Social Pediatrics



SEMINARIO WEB
COMITÉ DE PEDIATRÍA SOCIAL ALAPE

SINDEMIA COVID-19: Impactos y oportunidades para la niñez

Miércoles 25 de noviembre

PANELISTAS:
DERECHO A LA EDUCACIÓN DESDE EL PRINCIPIO:
MERCEDES MAYOR LASSALLE (ARGENTINA)
Presidenta Organización Mundial para la Educación Preescolar.

PROTECCIÓN DE DERECHOS:
JUAN MARTÍN PÉREZ GARCÍA (MÉXICO)
Coordinador Red Latinoamericana por los Derechos de Niños, Niñas y Adolescentes.

DERECHO A LA ALIMENTACIÓN:
SARA DEL CASTILLO MATAMOROS (COLOMBIA)
Coordinadora Observatorio de Seguridad Alimentaria y Nutricional Universidad Nacional.

MODERADORA:
JOSEFINA LUNA (REPÚBLICA DOMINICANA)
Comité de Pediatría Social ALAPE.

17:00 pm. México, Guatemala, Honduras, Costa Rica, El Salvador, Nicaragua.

18:00 pm. Panamá, Colombia, Perú, Ecuador.

19:00 pm. República Dominicana, Bolivia, Paraguay, Puerto Rico, Venezuela.

20:00 pm. Argentina, Chile, Brasil, Uruguay.

ALAPE Asociación Latinoamericana de Pediatría

ISSOP International Society for Social Pediatrics and Child Health

LINK EVENTO: [Webinar.alape.org](https://webinar.alape.org)

The ISSOP regional group in Latin America, through the Social Pediatrics Committee, has the permanent support of ALAPE (Latin American Pediatric Association). This year, as a result of COVID, numerous activities were generated, including research, webinars, periodic discussion meetings and the construction of a common agenda for the coming year. The three webinars carried out referred to:

- 1) Comparative Policy Analysis in Response to COVID
- 2) Territoriality and COVID (with the participation of Spain, the US, Israel and Colombia)
- 3) Major issues and opportunities for children: Education, Protection of children's rights and Food in the context of COVID.

For its part, ALAPE, included a table on social pediatrics in a virtual congress that included the following topics. role of medical societies, education and community participation and inequities in childhood.

2.3 Global Experience of Children with SARS-CoV-2

GLOBAL EXPERIENCE OF CHILDREN WITH SARS-CoV-2

DECEMBER 9, 2020 AT 08:00–10:00 EST VIA ZOOM

PLEASE PRE-REGISTER UP TO 15 MINUTES PRIOR TO THE PRESENTATION AT: <https://ufhjax.zoom.us/j/961356642320776>

This exciting webinar features invited social pediatricians from around the globe to discuss the impact of the COVID-19 pandemic on children. These speakers and their presentations embody expertise in child rights from North and Latin America, Europe, Africa, and India. After presentations, the speakers will convene for questions and discussion.



RAÚL MERCER, M.D. MSc
Coordinator, Program of Social Sciences & Health at FLACSO (Latin American School of Social Sciences), Buenos Aires, Argentina



ANGELA OKOLO, M.D.
Advisor, Nigerian Society for Neonatal Medicine; Federal Medical Center; Asaba, Nigeria



DODI D. MEYER, M.D.
Professor of Pediatrics, Director of Community Pediatrics, Columbia University Medical Center; New York, NY



BARBARA RUBIO, M.D.
Associate Professor, European University of Madrid; Hospital Universitario de Getafe; ISSOP General Secretary; Madrid, Spain



RAJEEV SETHI, M.D.
Medical Director, Child Health and Developmental Centre; President-Elect, ISPCAN; New Delhi, India

Moderators: Rita Nathawad, M.D. and Jeff Goldhagen, M.D.

Objectives:

1. To understand the differential impact of the COVID-19 pandemic in countries with diverse social, cultural, and economic environments.
2. To learn from the global inequities caused by the pandemic in order to address inequities in child health and well-being.
3. To project what the global post-COVID future will look like for children.



Through a joint effort by the University of Florida College of Medicine, ISSOP and ISPCAN with the leadership of Jeff Goldhagen, next Wednesday, December 9th, a Pediatric Grand Round will be held on Global Experience of Children with SARS-CoV-2. Speakers from Africa (Nigeria), Latin America (Argentina), Europe (Spain), Asia (India) and North America (USA) will participate. This proposal is aimed at promoting spaces for knowledge and debate from the perspective of social pediatrics. You are all invited to participate!!!

2.4 Smacking ban instituted in Scotland

The much trailed smacking ban has now entered law in Scotland, the first part of the UK to institute such a ban – <https://www.bbc.co.uk/news/uk-scotland-54825151>

Wales is next in line to bring a ban into law, and we are all hoping that this will place unbearable pressure on England and Northern Ireland to do the same!

Tony Waterston



2.5 Social Pediatrics Response to COVID: ISSOP Regional groups update.

This is a summary of the main activities developed recently by the different regional groups.

Asia Pacific Region

Regional Leaders: Shanti Raman and Rajeev Seth

- Significant research occurring in Pakistan
- Many regional members are working on individual projects
- Focus of regional work is around acquiring the Voices of Children, working with this subgroup
 - Working with BMJ to write a piece on Voices of Children
 - Aiding with funding proposals
- Working to increase member base and representation of the region

African Region

Regional Leader: Rosie Kyeremateng

- Great work done by Angela Okolo recruiting Nigerian colleagues
- President of UNAPSA and Andrew Clarke from Save the Children attended last regional meeting
- Small satellite group meeting to create African manuscript
- Working to create training resources from COVID work

Southern Europe Region

Regional Leader: Perran Boran

- Finding success and familiarity with members through WhatsApp group
- Completed first research project

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- Second research project has just received formal approval, data collection will begin soon
- Interested in hearing children's voices regarding COVID's effect on their lives
- Intention is to focus on preparing additional presentations on school closures moving forward

Latin American Region

Regional Leaders: Raul Mercer and Ernesto Duran

- Meetings every 3 weeks
- Continuing research initiatives in policy analysis and education
- Involved in Voices of Children group (SAP, Argentina, study)
- Organized third and final webinar
- Increasing collaboration with ALAPE and participation in a virtual Congress

Northern European Region

Regional Leader: Geir Gunnlaugsson

- Hosted 12 meetings
- Adding to Africa regional group's UNCRC framework document
 - Laura Wood has created one for Russia, aligned this work with the 5 P's
- Large focus on children and syndemics, propose to study this across regions
- Received 2018-2020 vaccination data from Iceland

North America Region

Regional Leaders: Rita Nathawad and Sarah Gander

- Challenging to gain momentum.
- How the US and Canada (compare and contrast) have approached the pandemic and consequences based on policy and practice differences.
- Debate on the concept around planetary pediatrics.
- Need to share our work, ideas and inspirations in the hopes we will bring together the group to organically create collaborations and projects but also offer support.

MENA Region

- Identified potential members and working to organize leadership and begin meetings

Eva Goldhagen

2.6 ISSOP AGM Meeting

Dear Friends and ISSOP members,
I hope this email finds you all well. It's been a very difficult year where the lives of all of us have drastically changed. Nevertheless and as the saying goes, every cloud has a silver lining, and as hard as it might be to find one for COVID 19 if you look beyond you may find some. One of them has been the expansion of ISSOP throughout the globe bringing most of the world regions' together: Northern and Latin America, Northern and Southern Europe, Asia-Pacific, The Middle East and Africa. Although we won't be having an in-person annual meeting this year (it was going to be hosted by our Indonesian Colleagues in Bali) we will be organising a series of Webinars throughout the first months of 2021 on Climate Change. To bring all this information to you as well as an update of all of ISSOP's Activity throughout the year, we have scheduled a **virtual "zoom" AGM meeting on December 13th at 11 am GMT**. Please make an effort to join. All of your voices count. The agenda and link for the meeting will be sent by the beginning of December.
Hope to see you all, and please stay safe!
All best wishes,

Barbara and Jeff.

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2.7 LAST CHANCE TO RESPOND TO ISSOP/IPPNW SURVEY!!

ISSOP and IPPNW (International Physicians for the Prevention of Nuclear War) have been working together to identify ways to connect the worlds of social pediatrics and nuclear war prevention advocacy. Despite the potential health impact of nuclear war on children, pediatric providers are not specifically involved in this advocacy and training in this area is not a common topic in trainee curriculum. As we consider what steps we may take as an organization to develop a clearer position on this topic, if you have not already done so, we invite you to participate in a brief survey. Please use the link below to access the survey. Your results will be anonymous.

https://ufl.qualtrics.com/jfe/form/SV_eDoAsetys0gBVC5

All the best!

Tony, Franca, Jeff, Liv, Yvon, Rita

3. International Organisations

3.1. The GRADE PROJECT

Government Revenue and Development

The primary focus in global health approaches to child and maternal morbidity and mortality has been on evidence-based curative and preventive interventions such as bed nets. These 'downstream' interventions, while necessary, are insufficient as they fail to address deprivation of the 'upstream' determinants of health (DOH), clean water, sanitation, education and healthcare that is driving the high rates of child and maternal morbidity and mortality in low- and low-middle income countries (LICs & LMICs).

Bernadette O'Hare, Senior Lecturer in Global Health at the University of St Andrews, Scotland and Senior Lecturer in Paediatrics and Child Health, The College of Medicine, Malawi, working with econometricians, has developed this project which models the relationship between **government revenue, maternal and child mortality and access to the determinants of health**, (DOH); clean water, sanitation, education and healthcare. **DOH are fundamental economic and social rights**.

The models, based on data from population-based panel studies in 191 countries, show that those countries with low levels of revenue per capita will witness substantial decreases in mortality and increases in coverage of the DOH if additional revenue becomes available. For example, the model estimates that for example, a 10% increase in per capita government revenue in Afghanistan in 2002 (\$24.49 million) is associated with a reduction in the under-5 mortality rate (U5MR) by 12.35 deaths per 1000 births and 13,094 lives saved. This increase is associated with a decrease in the maternal mortality ratio of 9.3 deaths per 100,000 live births and 99 maternal deaths averted. These gains in child and maternal mortality are secondary to improvements in coverage of clean water, sanitation, education, and healthcare.

GRADE, by focusing on government revenue rather than Gross National Product (GNP), goes to the heart of why some LICs & LMICs have limited resources to ensure all children have access to DOH. Tax incentives and treaties, international corporate tax avoidance, repayment of debt and corruption all contribute to reducing revenue especially in these poorer countries. Increasing government revenue and realising the gains in maternal and child survival estimated by the models will require action on these issues by governments in HICs where multinational corporations have their bases as well as by governments in the LICs and LMICs.

GRADE interactive model with a brief explanatory video can be downloaded at the link below. You can select your country and view the estimated impact of increased government revenue on U5MR and maternal mortality. <http://med.st-andrews.ac.uk/grade/rights/>

Nick Spencer 23.11.20

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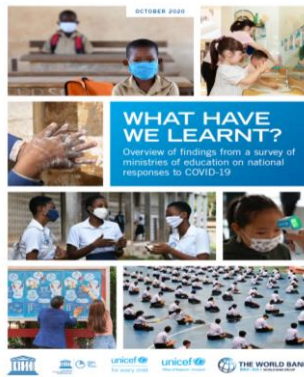
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3.2. UNICEF REPORT WHAT HAVE WE LEARNT?

Overview of findings from a survey of ministries of education on national responses to COVID-19, October 2020

<https://data.unicef.org/resources/national-education-responses-to-covid19/>

Summary of report findings, by Rita Nathawad.



This report presents findings from the Survey of National Education Responses to COVID-19, jointly conducted by UNESCO, UNICEF, and the World Bank, and administered by the UNESCO Institute of Statistics. The survey results capture reports on policy and not how this policy is being implemented in the responding countries. Despite this limitation, the report does give a snapshot of the status of education across the globe and the disparities that exist between high, middle- and low-income countries with regards to COVID-19 response.

The first round of the survey was completed by Ministry of Education officials of 118 countries between May and June 2020, and the second round from 149 countries between July and October 2020.

The following domains were studied and reported:

Monitoring and mitigating learning losses from school closures

- Lost opportunities for learning, with an average of 47 days of in-person instruction lost due to school closures.
- Learning assessments, 86% of countries reported that student learning is being monitored by teachers, however only 3 per cent of high-income countries reported that student learning progress is not tracked by teachers, compared to around a quarter of low- and lower-middle-income countries.
- Reopening support to remediate learning loss, 84% of countries introduced additional support programmes to remediate learning loss as schools were reopening, however less so in low income countries as compared to higher income countries.

FIGURE 2-1 Learning monitoring by teachers, per cent of countries where student learning is not tracked, by income group

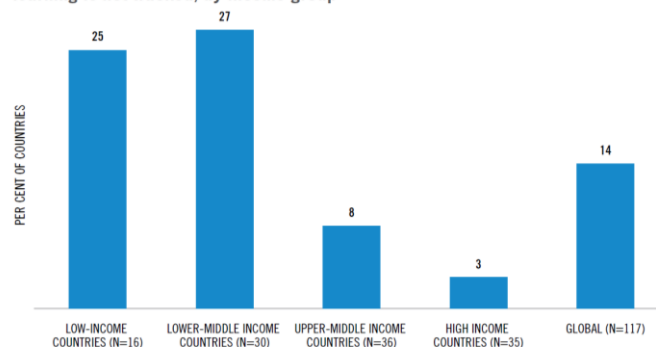
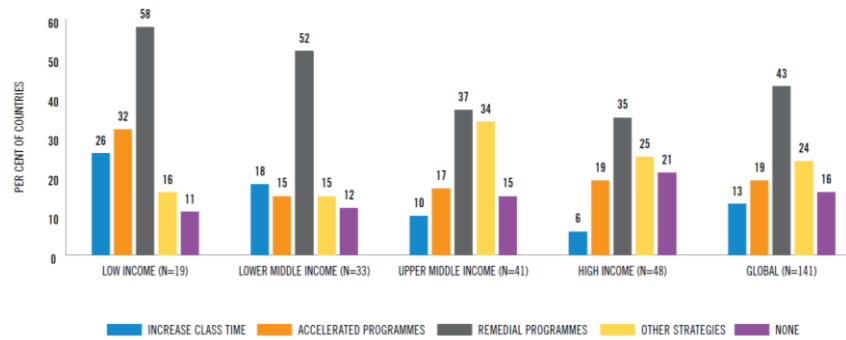


FIGURE 3-1: Different approaches to limiting learning loss, by income group

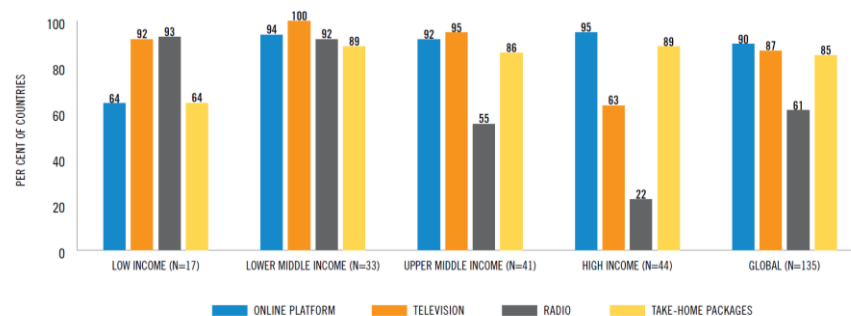


Notes: Remedial programmes generally target students who are struggling with one or more learning domains and are therefore generally designed to help give students the individual attention they need to build skills and confidence. Accelerated programmes are flexible, age-appropriate programmes, run in an accelerated timeframe, which aim to provide access to education. They generally target disadvantaged, over-age, out-of-school children and youth – particularly those who missed out on schooling or had their education interrupted due to poverty, marginalization, conflict and/or crisis. Other strategies include summer school, revisions to the curriculum and deferring decision making to the local school level.

Deploying effective distance learning strategies

- Remote learning modes and effectiveness, almost every country that responded to the survey reported the inclusion of remote learning in its education response to COVID-19, using online platforms, TV/radio programmes and/or take-home packages, again there was less capacity noted in lower income vs high-income countries.

FIGURE 4-1: Provision of remote learning modalities, by income group



Notes: Countries were not asked directly about remote learning modalities. Responses to the question on the effectiveness of remote learning (which included: very effective, fairly effective, not effective, we don't have such systems) were used to develop a proxy indicator.

- Policies to boost access to online learning, 89% of countries have introduced at least one measure to increase access to the devices and connectivity needed for online learning.

FIGURE 5-1: Actions taken to improve connectivity, by income group

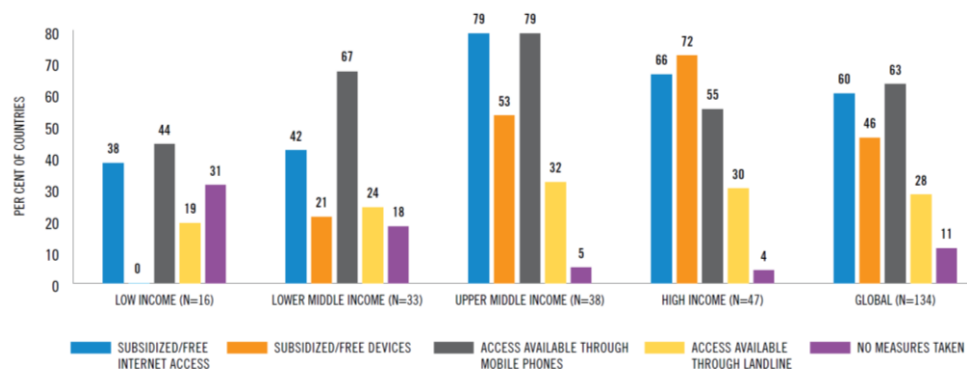
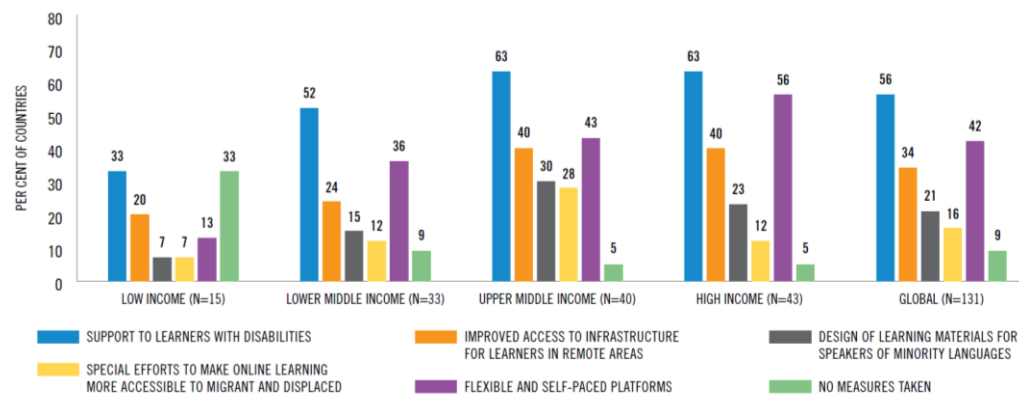
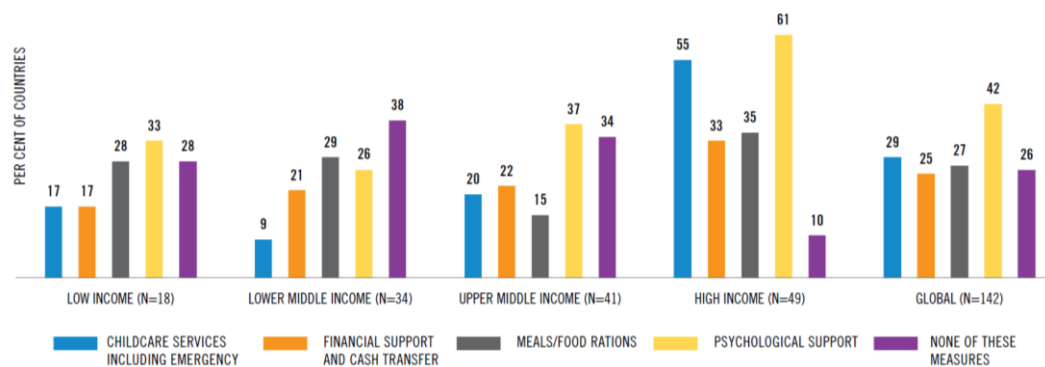


FIGURE 5-3: Measures for students at risk of exclusion from remote learning, by income group



- Policies to support teachers, three-quarters of responding countries reported that teachers were required to continue teaching during school closures, with significant differences by income group, over 90% of high- and upper-middle-income respondents, compared to 60% of lower-middle-income and 39% of low-income respondents.
- Policies to support parents and caregivers, three-quarters of countries that responded to the survey have measures in place to support parents/caregivers, including services related to economic welfare and psychosocial well-being supports. Overall, 27 per cent of responding countries reported providing meals and rations to families during school closures, while 25 per cent reported providing financial support to households.

FIGURE 7-2: Economic and wellbeing measures targeting families, by income group



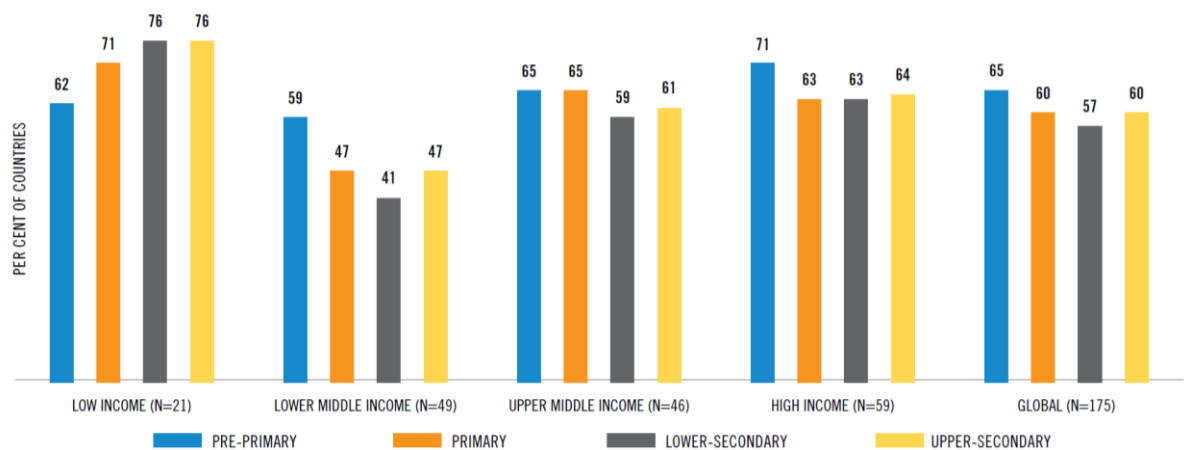
Reopening school safely for all

- Almost all countries have prepared health and hygiene guidelines to support safe school reopening.
- Almost all participating countries required additional financial resources to cover COVID-19-related costs in the education sector.
- In September 2020, 73 per cent of countries had fully or partially reopened schools. Low-income countries were more likely to have delayed school reopening.

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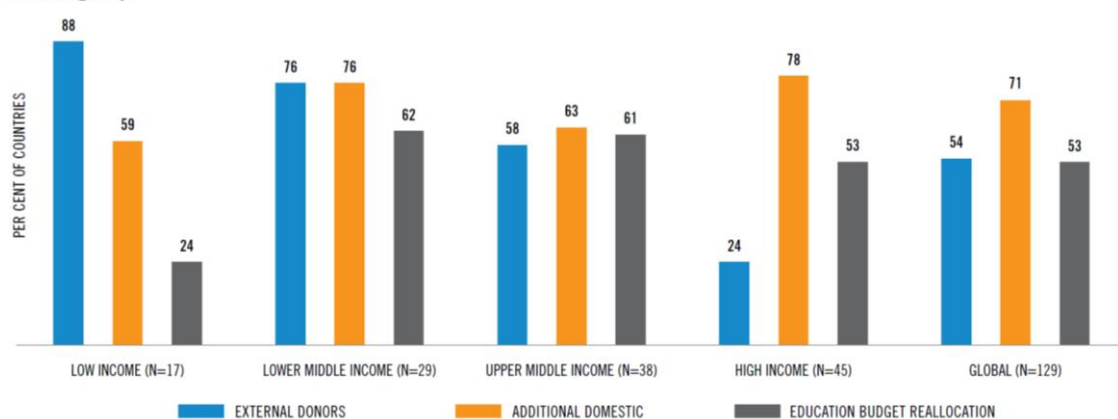
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FIGURE 8-2: Countries that have set reopening dates, by school level and income group



Notes: Figure 8-2 combines data from both rounds of the joint survey, adding responses of countries that only responded to the first round. Respondents were asked for the actual or planned school reopening date at each level of education. Countries that did not provide a date was considered as not have set a reopening date. Two countries were excluded as they noted in free text that schools were never closed due to COVID-19.

FIGURE 10-1: Additional financial resources received for education response to COVID-19, by source of funding and income group



Notes: The proportions presented here are the respective shares in each income group that indicated receiving the particular source. Out of the 129 countries, two responded as not knowing which additional funding has been received. It is likely that "external donors" was understood as "sponsors" by respondents from upper-middle- and high-income countries.

The following have been identified as key areas to explore in the short- and medium-term.

- Monitoring student dropout and disengagement.
- The continued role of remote learning.
- Plans for remediation and tracking of their effectiveness.
- New approaches to learning assessment and its shifting role.
- Localizing decisions on reopening schools.
- Effectiveness of implemented health and safety measures.
- Skills development and support to teachers.
- Psychosocial supports to wellbeing and better mental health.

4.1 Can it be that there is a shimmer of hope in the COVID 19 pandemic?

As coronavirus cases surge in the world, with little relief in sight, there came potentially promising news in the past two weeks, both Pfizer and its partner, the German company, BioNTech and Moderna announced their preliminary results that suggested their vaccine was more than 90 percent effective. Both companies have been conducting Stage 3 clinical trials. Pfizer, BioNTech have enrolled 44000 people into a randomized study, half of them get a vaccine candidate and the other half get a placebo. Some interim results from this trial have shown that people given the vaccine instead of placebo were about nine times less likely to get the disease.

Actually, since coronavirus emerged in January almost 200 vaccine candidates have been put into development, with at least 15 in human trial. But, still we don't know a lot in this area. The question is, is this humanity at its best with people giving everything to save the lives of others or is this about profit and strategic gains? As we are speeding up the vaccination production process mostly by speeding up the bureaucracy and organizational side, but what about the safety of the vaccines?

In Turkey, these news have created optimism. People believe that mass vaccination may start early next year and life will return to normal.

But, I think there are still enormous challenges and tough times still lie ahead for all of us. There are still many unanswered questions.

1. Firstly, we do not know if the vaccine stops us spreading the virus, or just developing symptoms. Simply we do not know whether vaccination would prevent the transmission of virus.
2. How long does immunity after vaccination last? This is a big question and maybe, it will take months and years to answer to this important question.
3. There are also massive manufacturing and logistical challenges in immunising huge numbers of people, as the BioNTech vaccine has to be kept in ultra-cold storage at below minus 80 C. The expected volume of vaccine needed is huge and the system may not be equipped in all parts of the World for safely storing vaccines.
4. In theory, we can know how best to distribute limited supplies of the vaccine. But the real challenge is putting these ideas into practice. We are talking about millions of people to be vaccinated. How to get the vaccine out to the whole World? What about countries who can not afford vaccination? Not everyone will get the vaccine straight away, and countries are deciding who should get prioritised. This process may be very complicated because it will depend on how well the vaccine works in different age groups. Here, I think vaccination companies should contribute to controlling the pandemic and work with other companies to understand which vaccine is better for whom.
5. Lastly, vaccine refusal may be one another problem. We do not know what the scale of the vaccine uptake hesitancy for Covid 19 infection will be. Vulnerable countries in this situation urgently need a plan to address the risk of vaccine refusal, starting with investing in research that can isolate where and among whom the risk is likely to be highest.

While a vaccine is often thought of as the golden ticket out of the pandemic, we will have very hard months ahead, and we have to understand that vaccine will only be available sometime during next spring hopefully or even a bit later and it will need to be distributed. We shall require social distancing measures even when a vaccine is available. Control measures like social distancing, wearing masks, and self-isolation will likely continue for a long time.

Gonca Yilmaz

4.2 Can celebrity support help in tackling child poverty?

I have always been a bit of a sceptic in relation to the role of celebrities as advocates for social change, for example, when Hollywood stars speak out about racism in the film industry. What is their reason for doing this and are they going to keep on speaking out if their career plummets? It is also not clear whether change is more likely to happen as a result of such advocacy.

My cynicism has been blunted by the heroic work of the Manchester United footballer Marcus Rashford in relation to child poverty and undernutrition, which has led to two u-turns by the Prime Minister Boris Johnson in providing **free school meals** during holiday periods for children on income support.

Rashford has spoken emotively about his growing up in Manchester in a large family with a single mother who struggled to provide the food that was necessary to feed the family, and who had to use food banks, as so many families need to do in present day Britain. This and his early understanding of his prominence in society led him to speak out and start a petition, which gathered over a million signatures, to change government policy. And Rashford has shown that this is not a one off issue for him and continues to advocate prominently and very cogently for more government action to support families in need, whose numbers continue to rise steeply in the UK during the pandemic.

In another interesting development, the Royal College of Paediatrics and Child Health (RCPCH) initiated a [letter to the government](#) which was signed by over 2000 paediatricians to urge ministers to provide the free school meals that Rashford requested. This letter gained much press publicity and perhaps assisted in bringing about the u-turn shortly after. We cannot always find a celebrity to publicise such an important cause. However, at any time we could invite our paediatric association to use the voice of paediatricians, generally well respected in society, to achieve the change that is so much needed.

Tony Waterston

4.3. Social Pediatrics - more than “social”

It is 2020 and most of our medical training and clinical services are still structured around organ systems and diagnoses, i.e. “biomedically”^{1,2}. In this context, Social Pediatrics is the odd specialty by explicitly expanding the focus of our work beyond the human body. This idea was already expressed by Stefan Engel about 100 years ago: *“Every pediatrician that fully understands his/her task, in the first place, has to be a social doctor”* (Stefan Engel, 1878 – 1968). From the “biomedical” side of medicine such social commitment has often been perceived as “less” – less medical, less precise, less exciting.

In the 1970s, George Engel (no relation) proposed to combine the medical with the social model of health³. This “biopsychosocial” perspective would allow health care professionals to care for their patients more holistically. Recognizing that health is more than the absence of disease, the World Health Organization (WHO) developed the International Classification of Functioning, Disability and Health (ICF) as a framework and classification system (complementary to the International Classification of Diseases – ICD) based on the biopsychosocial model of health⁴.

This classification not only allows but explicitly asks us to look beyond body structures and

functions and to consider how the context of a person influences their “involvement in life situations” (participation). Their individual background such as culture, ethnicity, race and environmental factors such as social attitudes, policies, access to housing, food and drugs, the climate, environmental disasters and political disputes become an official part of their health status.

The ICF is the canvas for us to paint all those details we notice about a child and what is happening in their life (and that often worry us). A picture that moves us to think out of the box, be innovative, creative and drives our passion to reach out to partners outside of the health system such as education and social services. As a classification, the ICF also allows us to capture, codify, document and aggregate systematically the pulse of our society by caring for the most vulnerable among us.

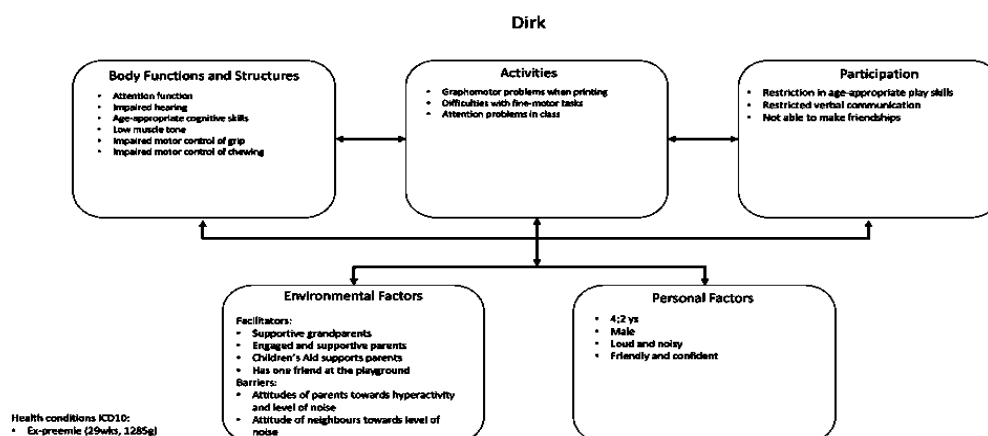


Figure 1 - ICF Framework, Patient example²

Once the ICF becomes an integral part of health documentation, electronic health records and health statistics, we will be able to do more than count numbers of diagnoses, deaths and recoveries. We will be able to tell how people are managing, identify common barriers and discover ways to facilitate their full participation. Implementing the ICF will help us build a society that is more open, more inclusive, more diverse and values collaboration.

If you are curious to learn more about the ICF, go to www.icfeducation.org

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By Olaf Kraus de Camargo

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5. CHIFA Report – IPA Report

5.1 CHIFA Report

In many countries, statistics continue to show that children are the least infected by COVID-19. While that is good news, children are arguably one of the most impacted by COVID-19. Many of the measures directed against COVID-19 in many countries have disrupted and reduced essential health services like immunisation, general health clinics, nutritional programmes and disease eradication. These disrupted healthcare services pose greater danger for children and CHIFA members have used real-life experiences from their various contexts to highlight the correlation between COVID-19 and childhood pneumonia, cardiovascular disease in children and the maternal and child separation at birth.

CHIFA has been used effectively by members, many of whom are child health advocates, policymakers, healthcare professionals and media personnel to raise awareness to these issues through dissemination of latest evidence on issues such as the importance of breastfeeding. We have also seen a rise in the number of CHIFA members who are using the forum to increase participation in webinars directed at latest emerging issues such as paediatric snakebite, antimicrobial resistance in children, nutritional aspects of childcare, corporal punishment, teenage pregnancy, paediatric pain management and challenges of pre-term births during COVID-19 pandemic. This highlights that CHIFA remains a viable and crucial information platform for wider information dissemination in a timely manner. The issue of vaccine hesitancy has also featured heavily on CHIFA over the last few months and many webinars have been directed against this issue of public health importance for good reasons. Many vaccine sceptics themselves are parents who occupy key decisional making capacities. The decisions of these adults ultimately have a ripple effect on the most vulnerable among us – children. CHIFA has therefore been pivotal in combating disinformation and misinformation about such issues as vaccine hesitancy.

Tosin Popoola is an assistant moderator at CHIFA

5.2 IPA Report

Survey of Pediatric Leaders on Pediatrician Training

IPA developed a Survey among members of the Standing Committee on the key principles that underpin pediatric training. There was an agreement in the previous survey with all the principles discussed, and some further principles were provided. Now, they would like to check with SC members the obstacles and challenges in ensuring that pediatric training in different countries/regions through these questions: (quoted)

- 1. What obstacles or difficulties are there in your country in providing training in pediatrics? Please list.*
- 2. Are you confident that your newly graduated pediatricians have all the competencies needed? If there are areas of weakness in your trainees, what are these?*
- 3. In what ways has the Covid-19 pandemic interfered with training?*
- 4. For you as a pediatric leader, do you have areas of professional need?*
- 5. What would best assist you as a leader in child health?*
- 6. Do you wish to be a named author on this publication?*

Dr Naveen Thacker
Executive Director, IPA

Dr Kevin Forsyth
SAG, Education and Workforce of the IPA

Raul Mercer

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6. Trainee Report

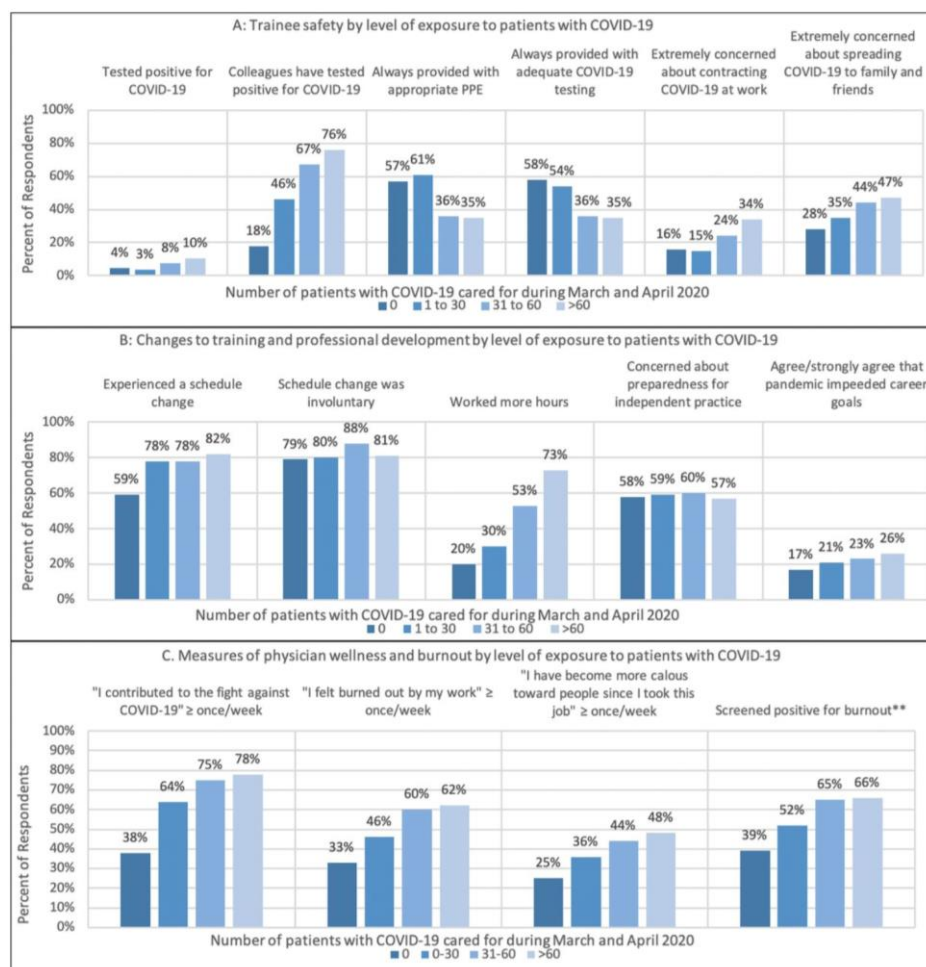
6.1 Impact of exposure to patients with COVID-19 on residents and fellows: an international survey of 1420 trainees

Cravero AL, Kim NJ, Feld LD, *et al*

Postgraduate Medical Journal

Published Online First: 21 October 2020. doi: 10.1136/postgradmedj-2020-138789

As we continue battling the pandemic, it is important that we continue to be mindful of the strain it is putting on our trainees. This recent article in BMJ describes the results of an international survey of 1420 residents and fellows on the impact of the pandemic on safety, burnout, and professional development. For those of us involved in education and trainee supervision, we must continue to check in and support them through this challenging time. Implementing routine screening of trainees through tools such as the Maslach Burnout inventory and providing resources for mental health supports is critical during this time. The survey reveals trainees with greater exposure to COVID-19 had greater limitations in access to PPE and COVID-19 testing, higher levels of concern about their safety and that of their friends and family, and significantly higher rates of burnout.



7.1 Torture at the border

ISSOP members Charles Oberg and Jeff Goldhagen were among the authors of this seminal paper published in Pediatrics this month (pre-publication copy)

<https://pediatrics.aappublications.org/content/early/2020/10/23/peds.2020-012930>

The key points of the paper are in the following stark paragraph:

'To deter migration, the current administration has implemented punitive policies toward children that have affected their physical and mental health—including separation from their families. Under the pretext of the COVID-19 pandemic, the Centers for Disease Control and Prevention recently ordered the deportation of immigrant children without notification of their families. The treatment of children at the border constitutes cruel, inhuman, or degrading treatment that rises to the level of torture.'

The US border is not the only frontier in the world where children are subjected to comparable treatment and this message need to be broadcast far and wide, with paediatricians at the forefront of advocacy.

Liberty Panoramic (Handala)



Tony Waterston

7.2 Primary health care and the climate crisis

UNICEF and WHO authors write in this valuable but wordy article which appears in the Bulletin of WHO for September 2020.

<https://www.who.int/bulletin/volumes/98/11/20-252882/en/>

The authors argue that the three main functions of primary health care namely comprehensive primary care and public health action, multisectoral action and community empowerment need to be better connected owing to the urgency of the climate crisis. Yet only two countries of the G20 (France and Indonesia) refer to climate change in their health plans, and there is zero recognition of the potential contribution of community engagement to climate change mitigation and adaptation.

The article examines how PHC services could adapt the three functions towards recognition of the impact of climate change. For example, services could move towards local procurement of supplies to reduce the carbon footprint from transport, orient health facility-based food services towards more locally produced plant-based diets and use renewable energy. In multisectoral action, promoting healthy diets and investing in sustainable food systems will

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benefit both health and the climate. In relation to community empowerment, the authors seek to link youth-led climate protests to their involvement in PHC.

I find this article, like many written by WHO, to be jargon-heavy, worthy and strong on theory but less on practical action, as illustrated by this sentence

Primary health care thus represents an opportunity to capture synergies and strengthen and mobilize communities to deliver the public goods valued by both individuals and societies.

Translate into English please!!

The paper ends with recommendations for policy makers at country and global level. One of these acts as a useful introduction to the following report from the UK NHS and should be followed by us all

Lead by example, ensuring that health systems are not only net zero (that is, that they do not contribute to the climate crisis) but are green leaders across government sectors and within communities;

I would like to see more examples of how change can come in PHC in relation to climate change written from the front line. Let us try to include this in the series of webinars coming out from ISSOP next year.

Tony Waterston

7.3 Reaching net zero carbon emissions in the UK NHS

Can a national health service reduce its net carbon emissions to zero? The UK NHS may be the first to claim that it can be done, in an important report just published.

<https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>

The targets for achieving net zero are:

- For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

This will be a hard task but of course, for the sake of human and ecological health, we have to meet hard targets.

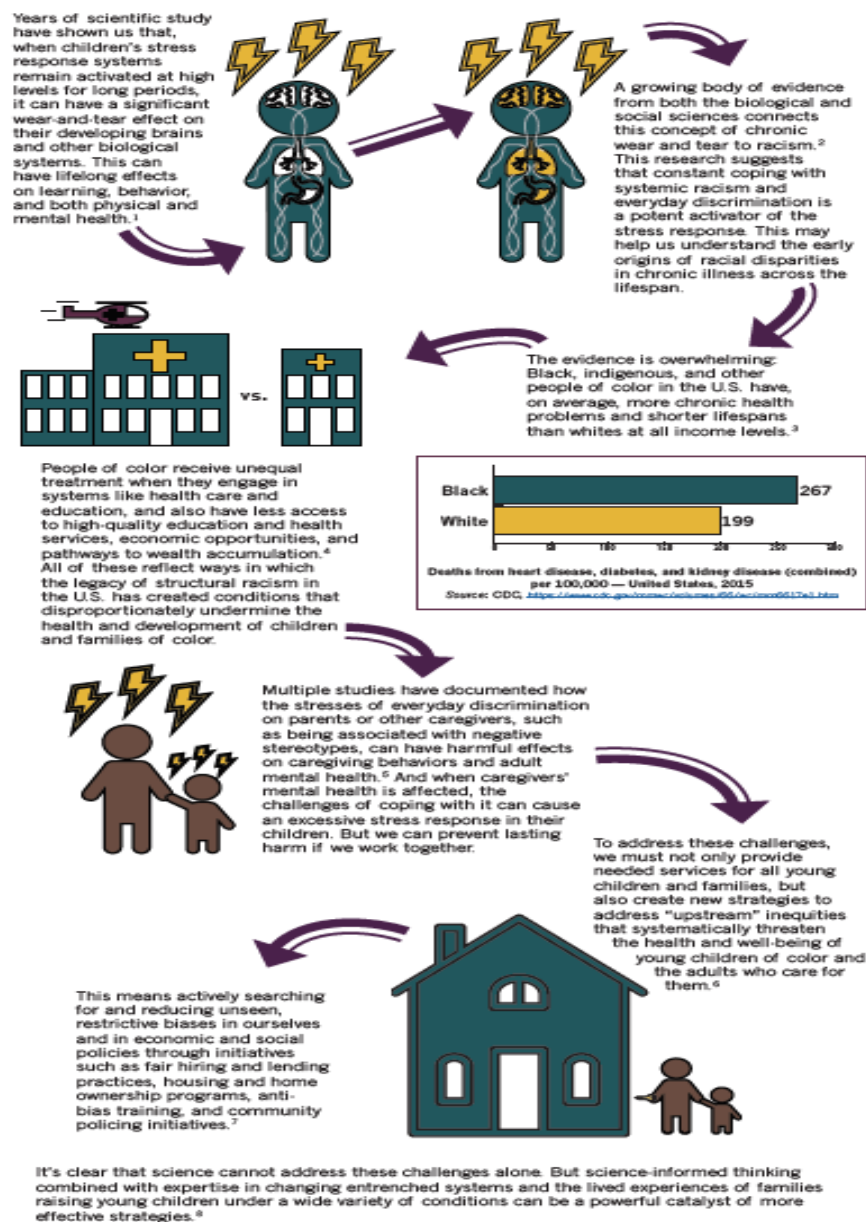
The report is also the subject of an analysis and editorial in the BMJ - <https://www.bmj.com/content/371/bmj.m3785>

TW

7.4 Infographic: How Racism can affect Child Development

What could our society look like if racial disparities in health and learning outcomes didn't exist? According to extensive studies, the U.S. would save billions in health care costs alone. The value of realizing the potential contributions of so many people around the world who are impaired by—or die from—preventable chronic illnesses is enormous, and the human costs are incalculable. This infographic explains in basic terms *how* racism in particular gets "under the skin" and affects learning, behavior, and lifelong health.

HOW RACISM CAN AFFECT CHILD DEVELOPMENT



Source: The Center on the Developing Child @ Harvard University.

Raul Mercer

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7.5 Mitigating Armed Conflict Casualties in Children



Following ISSOP's last face to face congress in Beirut in autumn of 2019, on children in armed conflict, members led by Tom Adamkiewicz got together to write a paper intended to highlight the ways in which armed conflict targets children. This paper is now in pre-publication in the AAP journal Pediatrics and is available [here](#).

The article should be required reading by all politicians and in particular by members of government of arms producing states: notably the US, UK, France, Russia, China and Israel. These governments are committing atrocities in many countries around the world by selling arms which are leading to high numbers of child deaths, as this chilling paragraph in the paper states:

'Indiscriminate use of arms, lack of accountability and deliberate targeting of civilian populated areas increase risks to children. In 2015, among 1953 casualties in children reported by the UN in Yemen, 60% were due to airstrikes¹ with armament manufactured by the US, UK, and other allies. Yet the US government curtailed training in precision targeting for coalition pilots flying over Yemen. Subsequently, a school bus with over 40 children was bombed. In 2019, 12% of the 1447 child casualties in Yemen were from airstrikes.

In 2019 Syrian and Russian forces targeted civilian populations, with air attacks on medical and other civilian facilities over an area the size of Luxembourg in Idlib, terrorizing civilians. Among the 1454 child casualties in Syria, 35% were from airstrikes. In addition, according to the UN, non-state actors in Yemen and Syria, working with outside states, restricted access to humanitarian care and demanded payments from fleeing civilians, among other human right abuses.'

Surely, governments must act when presented with such graphic data. I am not holding my breath, since very large profits are earned from the arms trade. But we have a duty to hold our elected politicians accountable for this devastation and should support all action by ISSOP and other partners to publicise these findings to the maximal extent possible.

Tony Waterston

8. COVID reflections

8.1. Children of the Syndemic

Background

The term **syndemic** was developed by medical anthropologists to "label the synergistic interaction of two or more coexistent diseases and resultant excess burden of disease" (Singer and Clair, 2003). An example of a syndemic is the interaction of HIV with TB resulting in the exacerbation of the clinical effects of both conditions. Singer and Clair also emphasise "the determinant importance of social conditions in the health of individuals and populations".

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Using these concepts, Richard Horton, Editor of the Lancet, has written an opinion piece entitled “COVID 19 is not a pandemic” in which he argues that the COVID pandemic combines with existing health, social and environmental conditions to create a syndemic (Horton 2020). The following quote from his piece explains his reasoning:

*“Two categories of disease are interacting within specific populations—infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and an array of non-communicable diseases (NCDs). These conditions are clustering within social groups according to patterns of inequality deeply embedded in our societies. The aggregation of these diseases on a background of social and economic disparity exacerbates the adverse effects of each separate disease. COVID-19 is not a pandemic. **It is a syndemic.** The syndemic nature of the threat we face means that a more nuanced approach is needed if we are to protect the health of our communities”*

Horton’s main focus is NCDs in adults but the same inequalities driving NCDs in adulthood affect children in multiple ways. COVID 19 has exposed and exacerbated these societal inequalities among children through differential indirect effects on family financial and social adversity, mental health, and access to education among other things. Horton finishes his piece with the following statement which is as relevant to children as to adults:

“Approaching COVID-19 as a syndemic will invite a larger vision, one encompassing education, employment, housing, food, and environment. Viewing COVID-19 only as a pandemic excludes such a broader but necessary prospectus”.

Children of the Syndemic – developing a work plan based on the concept

I am proposing that, as part of the ISSOP/INRICH work programme on the impact of COVID 19, we develop a work plan based on the concept which will enrich our understanding of the impact of the pandemic on vulnerable and marginalized children and inform the direction of our work on promoting equity and children’s rights in the post-pandemic period. Preliminary ideas/suggestions for the work plan are as follows:

- Building on the work we are already doing on the UNCRC Framework, frame the syndemic within a child rights-based approach (CRBA)
- Identify main policy areas in different countries, such as education, in which underlying inequities are likely to have been exacerbated by the indirect effects of the COVID pandemic
- For each identified area, review national and regional data on the impact of COVID on existing inequities
- Review and compare country-level policy responses relevant to the identified areas
- Where comparable data are available, compare the impact of the syndemic across countries
- Produce a report/publications on ‘Children of the Syndemic’

Initial draft of main rights/policy areas affecting children as a result of the syndemic (for discussion/modification):

How has pre-existing inequity combined with inequity during the pandemic in the following areas?

- Access to healthcare
 - a. Curative
 - b. Preventive

- Access to education
- Mental health promotion/prevention
- Experience of & Protection against violence inside and outside the family
- Experience of & Protection against discrimination
- Experience of major life events:
 - a. Loss of family members
 - b. Loss of employment
 - c. Family illness/hospital admission
 - d. Eviction/homelessness
- Increase in Child marriage
- Increase in Child labour
- Increase in Street Children
- Experience of & Policy protection against homelessness
- Experience of & Policy protection against job insecurity
- Experience of & Policy protection against loss of income

Nick Spencer

8.2 COVID-19 Syndemic: a challenge for pediatrics

A few days after the appearance of the first cases of COVID-19, the Bogotá Regional Board of Directors warned in a statement of the serious impacts that not only the disease, but the measures could have on the comprehensive health of children and adolescents taken to slow its expansion. At that time, the worrying effects on mental health, malnutrition, vaccination coverage, health promotion and care activities, care for other pathologies, domestic violence, actions for the protection of children and adolescents were already glimpsed. , among other impacts that the pandemic was going to have.

Three months later an IDB document stated: “The impact of the pandemic on the physical, mental and emotional development of children can be devastating in both the short and long term. This remains invisible due to the low incidence of COVID-19 at the clinical level in this population. However, an increase in child mortality, morbidity and poverty is expected and, consequently, strong losses of human capital and a deepening of inequalities. The lack of access to basic services (sanitation, health, education), unequal parental capacities, poor connectivity and the availability of technologies will exacerbate the socioeconomic gap in child development.

It is due to these effects that, with respect to the pediatric population, the use of the term syndemic, proposed by Singer, takes effect, referring to the biological and social interactions that epidemics have. “Syndemics imply the adverse interaction between diseases and health conditions of all type... they are more likely to emerge in conditions of unequal health caused by poverty, stigmatization, stress, or structural violence”.

In the case of childhood and adolescence, although the coexistence of chronic diseases is not so important, it is the coexistence in our environment of problems such as chronic malnutrition or high rates of low birth weight, as well as persistence of preventable diseases and a high rate of violence, in contexts of deep inequality and social inequity, aggravated by recent situations such as the high flow of migrants. This makes children and adolescents highly vulnerable to both the direct and indirect effects of COVID-19 and to the impacts that the containment

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measures taken by the different States have generated on their health and the guarantee of their rights.

Added to economic and social inequalities are inequalities in access to services, a particularly critical situation with regard to access to education, health care and new technologies. In the case of health, the gaps have increased, either because structural determinants of health such as employment or family income have been severely affected, or because of difficulties in accessing both face-to-face and virtual services for the sectors less favored, product of the stratification and fragmentation of our health systems.

Richard Horton, the editor of the Lancet, recently wrote that, since we are experiencing a syndemic, it is not enough to control it with a drug or a vaccine, but that a broader vision is needed, covering education, employment, housing, food and environment.

For the pediatric population, whose situation has been made invisible during the syndemic, it is urgent to make a comprehensive analysis of all the effects it has had on it, collecting reliable and updated information that allows us to know its current reality, in order to raise policies and strategies that help to recover what was lost in these months.

It is necessary that children and adolescents occupy a central place in the agenda of state policies, increase social spending directed to them, and promptly reestablish health, vaccination, education, nutrition and protection services for the entire population. We must resume the path of sustainable development, for them it is a priority to reestablish all primary health care services, strengthening promotion and prevention actions, as well as carry out a progressive reopening of all educational institutions.

The outlook is worrisome, it is necessary for pediatricians to multiply our efforts to protect the health and rights of children and adolescents, to help ensure that this is not, as some have predicted, a lost generation.

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Ernesto Durán-Strauch
Colombian Pediatric Society

8.3 COVID and Girls, Boys and Adolescents

The COVID-19 pandemic has exposed the inequality that characterizes our region. Despite the fact that morbidity occurs primarily in young people and adults; mortality in adults and older adults, girls, boys and adolescents are also being affected directly and indirectly. Their physical, mental and sexual health are being affected. It is very disturbing to recognize that this will not be the only pandemic in the years to come. The Andean region (Bolivia, Chile, Colombia, Ecuador, Peru and Venezuela) is among one of the most affected worldwide, Peru being the one with the greatest commitment.

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Returning to the same normality is impossible. Wearing masks, washing your hands, maintaining physical distance, not touching your face are just habits that are already part of our day to day. However, this pandemic also calls us to question our economic, health and social systems and must inexorably lead us to the path of national unity and global solidarity. First, we must comply with girls, boys and adolescents who are not the future, but are the present because of our actions today we will or will not have happy adults and fully exercising their rights. Let us work together so they are protected, educated, healthy, treated fairly, and heard. In addition, to improve the environment that surrounds them, recognizing that climate change is everyone's responsibility that without budgets directly assigned for the health and well-being of children, and adolescents it is impossible to fulfil the task that we have assigned as pediatricians from the place of the scenario where we are (treating patients, conducting research, training or implementing policies).

The task is of each and every one, to continue making the effort together in order to achieve a better world for girls, boys and adolescents.

María del Carmen Calle Dávila - Peru
Representative Committee of Social Pediatrics of ALAPE/ISSOP
Executive Secretary ORAS-CONHU

8.4. COVID-19: The Venezuelan Perspective

A short time ago we began a round of consultations among Latin American countries aimed at answering three questions related to the worrisome issues about COVID and children in their country, the meaning of participating in the Latin American regional group ALAPE / ISSOP and, finally, future problems in child health in Venezuela and the region. We expected to receive respect from various countries, but to date we have only received the response from Venezuela that we share in this issue of the ISSOP e-bulletin.

1. Mention the most worrying issues related to children during the pandemic in your country

- The Syndemic, which means for Venezuela the sum of the previous serious humanitarian crisis, with the addition and enhancement of the Covid-19 pandemic
- Very probable increase in violence and teenage pregnancy
- Poverty and impoverishment that accounts for 95% of Venezuelan families (ENCOVI / 2018 Survey) and the lack of interest of the remaining 5%
- Absolute absence, at all levels of infant and adolescent education for 9 months
- Lack of specialized and preventive pediatric care for children and adolescents for 9 months
- Severe lack of resources to care for children and adolescents in all serious conditions

2.-Tell what it has meant to participate in the Latin American Group of the initiative ISSOP / Committee of Social Pediatrics of ALAPE during all these months. What have been your learnings in this time?

- Check that the economic, educational, social, legal and ethical aspects are a very important concern of many Pediatricians, in Latin America and in the rest of the world.
- Inform us of the availability of international support by NGOs, despite the serious global economic crisis.
- Show that ALAPE can facilitate communication and solutions to shared needs among Latin American countries.

3.-What issues or problems for children are a priority at the level of your country and in Latin America at this time?

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- Anemia, acute and chronic malnutrition, due to poverty and impoverishment
- Very likely increase in all types of violence
- Privatization and dehumanization of health care
- Insufficient preparation of Childcare in the graduates of Postgraduate Pediatrics and Childcare in the country

Some proposals:

- Comply with current legislation and commitment to the Convention on the Rights of the Child (1989). Top priority premise for all children
- Guarantee food of quantity and quality as a Human Right without conditions.
- Guarantee biological products (Vaccines) for the entire child and youth population, without determining the age limit due to scarcity, complying with the proposed and internationally proven schemes. (For example: abolish single dose of Pneumococcal)
- Guarantee optimal public services (drinking water, electricity, gas, electricity, transportation, sewage, among others)
- Guarantee medical attention for the entire population of children and young people, by qualified personnel. Strengthen and equip the Consultations for Healthy Children.
- Critical review of the educational system in its conception and application. Training of teachers to replace those absent by the diaspora.
- Fair increase in remuneration and social protection of teachers and professors
- Adequate and sufficient surveillance of educational centers, to avoid vandalism and attacks
- Provision and timely and effective maintenance of educational centers
- Develop effective strategies for the prevention, detection of cases and punishment of aggressors in the various forms of mistreatment (abuse) of children and adolescents.
- Use, reinforce, or create, where there is none, and involve the VHL (Virtual Health Library / BIREME), Websites, dedicated to the social aspects of Maternal, child and youth health, in order to promote their dissemination and access through the media and documents to contribute to preventive, curative, educational and research pediatric actions
- Know and act in relation to the adequate and inappropriate use of modern communication resources by children and young people,
- Use, with controls and evaluation, modern means of communication to send succinct information on preventive norms and situations of biopsychosocial risk in children and adolescents.
- Prepare a basic theoretical-practical program of social aspects, to suggest their adoption where there are none, in pre and postgraduate training in Childcare and Pediatrics

José M. Francisco MD, Darda Ramírez MD

VOICES FROM CHILDREN

Memories - Song & Lyrics
Cover by One Voice Children Choir



<https://www.youtube.com/watch?v=x2PkccjTlho>

VOICES FROM PEDIATRICIANS

The Social Pediatrics Committee of the Chilean Society of Pediatrics (SOCHYPE) was present with this message for the pediatric community with the commitment to defend the rights of children and adolescents (see the video).



<https://youtu.be/x8xDxD3HYOM>

IMAGES FROM CHILDREN

World Children's Day 2020

