

ISSOP e-Bulletin N°54

November 2021



CONTENTS

1. Introduction

1.1 Message from Jeff Goldhagen. ISSOP President

2. Meetings and news

2.1 NGO Committee on Children's Rights (NY)

2.2 The Canadian Launch of the GlobalChild Platform

2.3 ISCPAN 1st Virtual World Summit

2.4 XXV National Congress and International Congress of the Spanish Society of Social Pediatrics

2.5 RCPCH opens new website on practical and reliable information about giving medicines to children

3. International Organisations

3.1 What is COP and why does it matter?

3.2 Ride for their Lives – from London to Glasgow

3.3 COP 26: Success or failure, or a bit of both?

4. Current controversy

4.1 Child Rights, the Mature Minor Doctrine, and a Pediatrician Advocate

4.2 Comments on Dr Fiscus case (Chile)

4.3 Commentary from the UK

4.4 Viral discrimination

5. CHIFA – IPA - CAP - ISSOP/INRICH - reports

5.1 CHIFA report

5.2 IPA report

5.3 CAP-2030 report

6. Trainee report

6.1 World Children's Day

7. Publications

7.1 Enriched formula milks and academic performance in later childhood

7.2 Do not despair about climate change

8. Topics in Social Pediatrics reflections

8.1 1 Suicide in Japan

9. Climate change update

9.1 The language we use

9.2 RCPCH Position Statement: At a Glance

9.3 World headed for 2.4 C warming

ISSOP e-Bulletin N°54

November 2021

1. Introduction

Dear ISSOP Community,

Welcome to the final e-bulletin of 2021. And what a strange year it has been for global child health. Many of us are beginning to emerge from the nightmare that was the COVID 19 pandemic and are now coming to terms with the global emergency of the climate crisis but many around the world (including in Europe and especially vaccine-depleted countries of the South) are still struggling to cope with the new COVID Omicron variant as well as the existing strains – we urge rich countries to assist with vaccine supplies in 2022.

ISSOP has contributed hugely to the education of our members and many others round the world through the excellent programme of webinars, and remember that these are still available on the ISSOP website under the icon at the top right for the YouTube channel.

In this issue we have several features on child health at the UN Climate conference in Glasgow, COP 26. Was it a success or are we still in limbo in relation to climate change action? Please write in with your own views about this. We also cover the child health cycle ride from London to Glasgow which was supported by WHO – it's remarkable that the virtual ride completed by riders outside the UK reached the incredible figure of 1 million kilometers.

Other topics covered in this edition are the observance of International Children's Rights day (Nov 20th) and the need for USA to ratify the CRC (+ others to properly observe it); the Canadian launch of the Global Child Programme on Dec 13th; the Congress of Spanish Social Pediatricians, with its beautiful logo; and a saddening insight into youth suicide in Japan from our new editorial member Hajime Takeuchi.

Please enjoy the spirit of Christmas, winter festival or New Year which ever applies and come back with strength and vigour to pursue our goals in 2022.

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

ISSOP e-Bulletin N°54

November 2021

1.1 Message from Jeff Goldhagen – President of ISSOP

Now that COP-26 is over, our work begins—it is critically important that we do so at an accelerated pace. Many thanks are due those from ISSOP, RCPCH, and other child health organizations who represented the voice of pediatrics and child health, and that of children and youth at COP-26. And thanks also to those who rode on the trip from London to Glasgow, or contributed kilometers elsewhere to the cause. Our initial next steps include the following.

- We are working with the Royal College, ISPCAN and others to launch a consortium of child health organizations to help prioritize a response to the impact of climate change on children.
- Simultaneously, we are engaging with other organizations and movements, including Planetary Health, In Vivo, One Health, to integrate their work and resources into ours.
- Please read the policy position statements from ISSOP and RCPCH to identify specific and tangible steps you can take in your own communities.
- As at least 5% of carbon load annually comes from the Health Care industry, please consider advancing an organized effort to implement changes in your community's pediatric practices as presented in My Green Doctor <https://mygreendoctor.org>.
- Also, please consider engaging hospitals in your community to identify opportunities to “green” their practices. Working with them to establish “Green” committees is a good first step.
- Identify if the city in which you live has a Resilience Strategy, and if so, if children are included among the strategies. If your community does not have a resilience plan, begin the discussion with your local government to develop one. If your community does have a plan that does not include children, begin the discussion as to how they may do so.
- There is a growing movement to include knowledge about the health impact of climate change in medical student and resident education, and also in certifying exams. Please consider how you can integrate these efforts into your training programs.
- As mentioned in last month's Bulletin, submit letters to the editor to your local newspapers and professional publications that urge the inclusion of children in climate change mitigation efforts.
- Identify and reach out to youth groups in your communities that are involved with advocacy related to the climate crisis.

ISSOP will be convening a permanent working group on climate change. I hope you will be available to join and/or support the work of this group.

To finish, we cannot continue to advance the rights of children to optimal health and well-being without your generous support. We will be continuing our donation-based membership process again this year. Please consider donating and engaging your colleagues in ISSOP.

Jeff

ISSOP e-Bulletin N°54

November 2021

2. Meetings and news

2.1 The NGO Committee on Children's Rights (NY)

OBSERVANCE OF INTERNATIONAL CHILDREN'S DAY (NOVEMBER 20) ON



On the occasion of the 32nd Anniversary of the United Nations Convention on the Rights of the Child (CRC), adopted by the UN General Assembly on November 20, 1989, the NGO Committee on Children's Rights New York hosted commemorative virtual program on November 18.

The NGO Committee on Children's Rights has been one of the pioneers in advocacy for the adoption, ratification, and implementation of the Convention on the Rights of the Child (CRC) since its inception. For the first time a binding Human Rights instrument incorporates social and economic rights as well as civil and political rights. The CRC is the most ratified international treaty. Its guiding principles for implementation are: 1. Non-Discrimination; 2. Best interest of the child; 3. The right to safety, survival, development, and participation; and 4. The views of the child. The purpose of the program will focus on the United States and where it stands regarding the CRC and its ratification process.

Under President Clinton's administration, Madeleine Albright signed the CRC on February 16, 1995. However, the CRC was never sent to the Senate for ratification neither during Clinton's Presidency nor the subsequent ones of Bush, Obama and Trump. Therefore, the U.S. remains the only Member State of the United Nations that has not ratified this Convention. The Biden presidency presents a potential opportunity to achieve the status of 100% ratifications for the CRC.

"By giving high priority to the rights of children, to their survival and to their protection and development, we serve the best interest of all humanity." (A World Fit for Children Plus 5)

In the context of the Climate Change Conference in Glasgow, Scotland, October 31 to November 12, 2021, moving toward 100% ratification of the CRC followed by strong commitment to its implementation is crucial for investing in our future by investing in our children.

RM

2.2. The Canadian Launch of the GlobalChild Platform

[GlobalChild](#) is an international team comprised of child rights and child development researchers, advocates, and experts working under the guidance of the UN Committee on the Rights of the Child. Together, we have created the world's first comprehensive, bilingual, electronic child rights monitoring tool that can effectively collect data. Such data can not only facilitate CRC monitoring and reporting, it will also inform evidence-based decisions on issues related to children. The [Canadian Launch of the GlobalChild Platform](#) will take place on December 13th, the 30th Anniversary of Canada's ratification of the Convention on the Rights of the Child. The event will be held via webinar, opened with remarks by the [Honorable Landon Pearson](#), the "Children's Senator", and [Dr. Yanghee Lee](#), the former chair of the UN Committee and current chair of GlobalChild's [Steering Committee](#). The GlobalChild Platform will be introduced and demonstrated through a collaborative presentation by [Dr. Ziba Vaghri](#), the Director and Principal Investigator of this project, and several former chairs of the UN Committee, including: the [Honorable Jean Zermatten](#), the [Honorable Jaap Doek](#), [Justice Renate Winter](#), [Prof. Kirsten Sandberg](#), and more.



[Registration is open and free of charge.](#)

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ISSOP e-Bulletin N°54

November 2021

2.3 ISPCAN 1st Virtual World Summit



ISPCAN brought together global leaders and partner organization in the field of International Child Protection at one place for a World Summit forum, which included UNICEF, WHO, End Violence Against Children, CDC, International Society for Social Pediatrics & Child Health (ISSOP), We Protect Global Alliance, THE ALLIANCE for protection in humanitarian action, Together for Girls, Child Help line International, and World Vision.

This 2-day World Summit engaged policy makers, researchers, academia and practioners to identify evidence based solutions to effectively address the child protection challenges in the Post COVID-19 era. Over 1500 delegates from 110 countries took part in this highly successful virtual meeting. The entire program was offered with live simultaneous translation in Spanish and French, thanks to support from the World Health Organization (WHO).

Session details and recording are available on the ISPCAN website [World Summit Program - ISPCAN](#)

Themes included:

- Addressing violence against children during COVID-19
- COVID-19 and its impact on the most vulnerable children (child labor, trafficking, racial bias)
- Challenges and solutions of Parenting during COVID-19
- COVID-19 and its impact on child protection services-how to adapt?
- Keeping children safe online
- Issues in school, sports and faith
- Tele-health and safeguarding
- Effects of climate & voices of youth

Key Note Presentations

Dr. Rajeev Seth, Chair ISPCAN Board of Directors, “Child Rights informed responses to children who engage in violence: A contribution to the Global & Regional Strategies to Prevent Violence against Children”

Dr. Najat Maalla M'jiid, UN Special Representative of the Secretary-General on Violence Against Children “The Impact of COVID-19: From Public Health Crisis to Child Rights Crisis”

ISSOP e-Bulletin N°54

November 2021

The Honorable Mr. Yasuhisa Shiozaki, House of Representatives of Japan”, “Paradigm Shift in Japan’s Child Welfare System”

Ms. Alison Baulos, Executive Director, University of Chicago, Center for the Economics of Human Development “The Importance of Investing in Early Childhood Development”

Dr. Bernadette J. Madrid, Child Protection Network Foundation, Inc “Responding to Challenges of Online Child Sexual Abuse and Exploitation in Low and Middle Income Countries”

Dr Vikram Patel Harvard Medical School, Boston, MA “Acting Early: “From Developmental Science to Scalable Prevention of Mental Health Problems”

Dr. Moira Szilagyi, President-Elect of the American Academy of Pediatrics “Childhood Trauma and Resilience during the Pandemic”

Interactive partner workshops

World Vision “**Harnessing Behavioral Science for the Prevention of Child Abuse and Neglect**”

- ISSOP “Understanding the Complexity of Violence against Children and Young People in the 21st Century: A Health and Human Rights Perspective”
- THE ALLIANCE “**Critical Actions to Strengthen Children’s Wellbeing and Protection during COVID-19: The Case of School Closures in Lebanon, DRC and Colombia**”
- Child helpline International “**Improving Child Protection Systems by Strengthening the Collaboration between Child Help lines and other Child Protection Stakeholders**”
- ARIGATOU International “**Applying an Interfaith Approach to Advocating for the Protection of Children from Violence**”
- WHO “**Combining Survivor Testimonies and Evidence to Advocate for the Prevention of Adverse Childhood Experiences**”
- UNICEF “**Global learnings on protecting children from violence during and after a pandemic**”
- Together for Girls & CDC, “**INSPIRE-ing change in a global pandemic: Using evidence to prevent and respond to violence against children**”
- End Violence Against Children. “**Laying the foundations for non-violent childhoods: putting prohibition of corporal punishment into practice**”
- **Youth Art Contest** for sharing experiences with other young people around the world

This program was FREE and is still open to everyone.

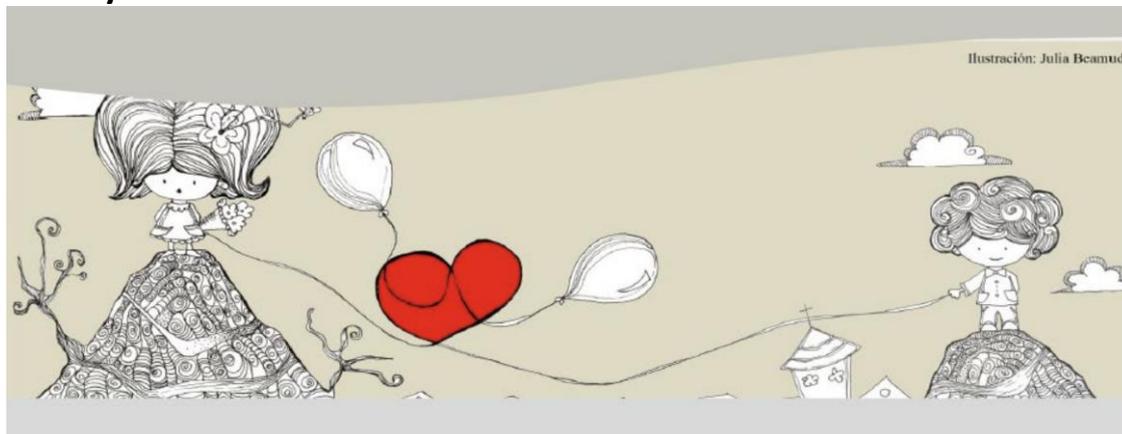
We hope to bring more people to the conversation on child protection and share the latest tools and resources from our international leaders in child protection. If you are able, please support our work by donating to ISPCAN or joining as a member so we can continue to bring advanced learning, networking opportunities, data and public health best practice forward.

Together we can end child abuse & neglect.

JOIN-ISPCAN Suggested donation \$35 -\$100

Dr. RAJEEV SETH MD, FIAP, FAAP (USA), Chair of the Board, International Society for the Prevention of Child Abuse & Neglect (ISPCAN), USA website, <https://www.ispcan.org/>

2.4 XXV National Congress and International Congress of the Spanish Society of Social Pediatrics



The social determinants that influence health affect large groups of the population under 18 years of age and have a serious impact in the short and long term. Children have the right that society as a whole attend to their needs, offer them the necessary protection and provide them with the means to recover vital projects lost, to a great extent, due to the problems of their environment. This reality implies the need to change the model of care for children and adolescents, focused on the disease and individual factors, and redirect it towards considering of childhood in their environment contemplating comprehensive attention to their global needs. The only effective way to reduce the complex problems they suffer from is by approaching comprehensive, interdisciplinary and networked among professionals from the different fields of intervention, which requires the collective commitment of the community. This congress was held in Albacete on November 19 and 20, 2021, and was proposed as an opportunity to share a space for reflection for professionals from different fields and services (pediatrics, medicine, psychology, social work, education, judicial ...) around the role we play in promoting rights, in preventing of the most prevalent problems and in comprehensive attention to the needs of the childhood to develop and to be able to achieve satisfactory life projects. **For more information:** <https://www.congresoseps.com/>

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2.5 RCPCH opens new website on practical and reliable information about giving medicines to children

Parents, guardians and carers! Would you like practical and reliable information about how to give medicines to your child safely? Check out our new website today bit.ly/Meds-for-Children

3. International Organisations

The UN Climate Change conference which took place in Glasgow in the first two weeks of November was generally known as COP 26. What does that mean? COP is Conference of the Parties and brought together nearly 200 governments together with many private companies, non governmental organisations and foundations to reach an agreement on progress towards net zero targets, together with funding for those countries most affected by climate change. COP meets annually and this is the 26th since the first one in Berlin in 1995, hence COP 26.

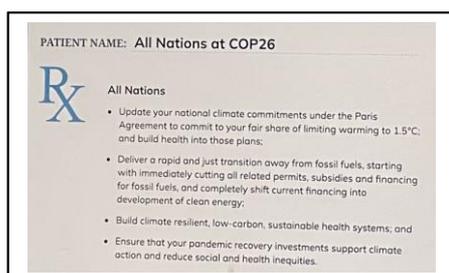
3.1 What is COP and why does it matter?

This article in the Guardian explained the purpose of COP 26 and why it mattered to the world. This is a useful guide to the understanding of this global event of huge importance to child health. https://www.theguardian.com/environment/2021/oct/11/what-is-cop26-and-why-does-it-matter-the-complete-guide?CMP=Share_iOSApp_Other

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3.2 Ride for their Lives – from London to Glasgow

Personal experiences of getting to COP on a bike



I was fortunate to be able to take part in 3 days of the amazing child health cycle ride from London to Glasgow, organised by Great Ormond St Hospital (GOSH) staff and joined by about 70 paediatricians, academics, managers, therapists and young people working in child health settings around the country – and by hundreds of others taking part in virtual rides round the world which completed 1 million kilometres of cycling altogether. The 800 kms from London was tough as was the mere 300 over three days from Newcastle to Glasgow. But what a marvellous experience! The other riders were an inspiration for their continual support, agility on a bike and all round activism on the cause of protecting the environment for children and young people. The ride was hilly every day and wet every morning (clearing in the afternoon fortunately) and for me meant over 8 hours in the saddle on the longer days. The reception we had in Glasgow was loud and riotous and very Scottish and it was a wonderful feeling to get there on Sunday the 31st October, the start of COP 26.

Newcastle to Glasgow. But what a marvellous experience! The other riders were an inspiration for their continual support, agility on a bike and all round activism on the cause of protecting the environment for children and young people.



The aims of the ride are well described in [this video](#) featuring Diarmid Campbell Lendrum, the climate

change lead at WHO who cycled from Geneva to London and then joined the first day of the ride North. He also spoke several times to the press and at a special WHO meeting at COP 26 which you can follow [here](#).

The aims of the ride were:

- To highlight the impact of air pollution on children's health (this is easy to understand by most people as an effect of fossil fuel combustion seen every day in cities across the globe)
- To demonstrate that child health professionals, well trusted in their communities, are taking an active role in highlighting climate change and its impact on children's health
- To deliver a special message to the world leaders at COP 26
- To bring together child health professionals in advocacy around air pollution and the climate and to continue this in the future



The Healthy Climate Prescription carried by the riders is shown above, and was delivered by one of the young people on the ride – representing the young people's group at GOSH.

ISSOP e-Bulletin N°54

November 2021

3.3 COP 26: Success or failure, or a bit of both?

I was fortunate enough to be in Glasgow during the first week of the COP (Conference of the Parties on climate change) though not in the Blue (official) zone which required a suit, a dignitary's pass and hours of queuing often in heavy rain. But I did follow it very closely on BBC and other media, attended the Green zone (NGOs and private sector) and staffed reception at the Green Hub where European and



local Greens (now in Government in Scotland) met and held many valuable lecture and workshop sessions on policy topics. I also took part in marches and actions and handed out healthy prescription leaflets in George Sq and encountered a wonderful array of activists from across the world.

So what about the outcome? I think there were some good things from the COP but mostly the level of achievement from leaders was inadequate. They have to be pushed to move much deeper and faster to ensure the just transition that we so much need. Being among the activists showed me that there are plenty to do the pushing – can we count ISSOP members among them?

My summary of good and poor is as follows: (each out of ten)

- Nicola Sturgeon* met Joe Biden. **8**
- The leaders mentioned coal in the final communique (but not oil or gas) **6**
- The commitments of nations will be updated yearly **7**
- The current commitments will take us way above 1.5C **-5**
- The voice of island people and indigenous communities was well heard **7**
- Ditto the voice of youth **7**
- Health played little part in the outcome, though WHO was represented in the Blue zone for the first time **7**
- The BBC coverage of the COP was extensive - ? was this true of other countries **8**
- Child health showed great solidarity and commitment. **7**

This is a highly personal analysis – please write in with your own view particularly from the Global South.

* First Minister of Scotland

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ISSOP e-Bulletin N°54

November 2021

4. Current Controversy

4.1 Child Rights, the Mature Minor Doctrine, and a Pediatrician Advocate

The Mature Minor Doctrine was a statute enacted in the state of Tennessee, in the United States, in 1987. This statute enabled teens aged 14 and older to seek medical care without parental consent. This was a huge advancement for the rights of these teens; they could access immunizations, prenatal care and contraception, treatment for substance abuse or emergency care in a confidential manner as long as the clinician determined that the patient met the condition of a “mature minor”.

In early 2020, as COVID-19 began its deadly spread across the United States, Dr. Michelle Fiscus, Medical Director in charge of vaccine-preventable diseases and immunization programs for the state of Tennessee, began to fight fear with facts. Dr. Fiscus became a resource for medical professionals in need of guidance, hosting weekly video webinars advising the medical community on the latest info about the virus, masks, testing, and protective equipment.

In May of 2021, the U.S. Food and Drug Administration authorized the Pfizer vaccine for use by children age 12 through 15. Immunization rates amongst teens were low due to politicization of the vaccines in addition to general vaccine hesitancy. Doctor in Tennessee asked Dr. Fiscus if teens could receive the vaccine without parental approval. Dr. Fiscus consulted with the Department’s legal counsel, who provided her with the language of Tennessee’s Mature Minor Doctrine, and she connected these clinicians with that information, by sending them an email and identifying where the statute could be publicly viewed on the Health Department’s website.

Vaccine hesitant individuals obtained a copy of the email and sent it to Republican lawmakers who called efforts to inform adolescents of their rights “reprehensible” and sought to delete the rights of these teens to receive the vaccine. Even as the delta variant resulted in a new peak of COVID-19 disease in July, 2021, health department employees were ordered not to hold any COVID-19 vaccination events on school property or perform outreach about any routine childhood or adolescent vaccines. Employees were also told to remove the health department’s logo from any public-facing informational sheets about vaccination. Some Republican lawmakers went so far as to threaten to dissolve the state Health Department.

Dr. Fiscus was fired from her job as Tennessee’s top vaccine official on July 12, 2021. She released a public statement that garnered international attention and described the political obstruction of public health measures to control the pandemic. Her comments included, "It was my job to provide evidence-based education and vaccine access so that Tennesseans could protect themselves against COVID-19. I have now been terminated for doing exactly that." At the time, she noted that she was the 25th of 64 state and territorial immunization program directors to leave their position due to maltreatment, stress, and outright denial of COVID-19 in the United States. After the state’s attempt to publicly discredit her and other unpleasant actions (including a dog muzzle sent to Dr. Fiscus), she and her family ultimately moved out of Tennessee. In late July, 2021, and after widespread outcry, the Department of Health announced that it would resume all forms of vaccine advocacy that were halted earlier in the month, although it is still not clear that all activities have been restored. The Mature Minor Doctrine still remains, although the legislature passed a law in a special session that now forbids teens under the age of 18 years from receiving a COVID-19 vaccination without written parental permission. The department will no longer recommend COVID-19 vaccines for teenagers on social media, and instead simply states that the vaccines are available to teens. As of August 2021, 22% of adolescents 12-15 and 31% of 16-20 year-olds received the vaccine. While this percentage of immunized teens is lower than the national average in the United States, it is increasing.

Dr. Fiscus remains dedicated to the rights of children and adolescents to seek appropriate health care, confidentially if needed. She stood up for the rights of the children of Tennessee. Her example mirrors the efforts of pediatricians around the world, many of whom are also battling vaccine misinformation and fear, but have the courage to continue to advocate for science-based public health policy and action.

Colleen A. Kraft

4.2 Comments on Dr Fiscus case (Chile)

In bioethics, adolescents who are underage are called mature minors from the legal point of view, but with sufficient capacity to get involved in decision-making, both medical and other, that affect them or affect the rest. This concept acquires more and more importance, given the active participation of adolescents in our society that has promoted the convention on the rights of the child, and how this has been materialized through the right to information in the area of care for children. health, to which every patient is entitled. Unlike what happens in adults who are supposed to have the full capacity for autonomy, in minors their ability and maturity must be demonstrated, and this verification is the responsibility of the doctor responsible for the patient.

When we look at the case of Dr. Fiscus, we see the complexity of the issue when it must be applied to specific situations. From an ethical point of view, can a minor make their own decisions regarding health matters? The difficulty derives from the fact that their rights are involved in the clinical relationship with the minor, but also the right of parents or guardians to offer the best for their ward, and of health personnel in terms of ensuring the protection of groups. Trying not to violate any of the members of the triad requires a lot of reflection. A second challenge is the assessment of the child's maturity. There are several scales to assess the capacity or competence of the adult, but none that for practical purposes is commonly used and standardized in pediatrics. It is extremely important not to confuse moral maturity with moral and legal capacity. The moral maturity of a person should be measured by their formal abilities to judge and assess situations, not by the content of the values that they assume or handle. And this is the essential question: quite often, and almost unconsciously, if our opinions do not coincide with those of the other, we try to refute them, and persuade them to change their mind, relying on the "for their good".

In the case of vaccination against SARS-CoV2, and taking into account the relevance of massive immunization campaigns to coping with the pandemic, many questions are raised in specific situations with adolescents. In Chile, since September, young people between the ages of 6 and 18 have been vaccinated with mRNA vaccines, and in December the vaccination program will begin from the age of 3. Communication skills and honest involvement with the young person and the family open the doors for us to consider the values involved in the conflicts of medical decisions. In this matter there are no algorithms, treatment guides, nor recipes, only good will and the degree of commitment that will help us to understand the reasons for the decision, and in turn, that the young person and the family have knowledge and therefore take responsibility for the consequences of it.

The advantages of vaccination against SARS-CoV-2 are that vaccines reduce the risk that a person will be infected by the virus (SARS-CoV-2) that causes coronavirus disease (COVID-19). The optimal protection of the vaccines is achieved between 7 days and 14 days after having received the 2nd dose depending on the vaccine. It is important to know that no vaccine offers 100% protection so that a vaccinated person can be infected, but they usually have an attenuated manifestation, however the vaccine can NOT cause the disease, COVID-19. Giving two doses of vaccine will reduce the chance of getting sick, developing serious illness, and dying. For this reason, vaccinated people should continue, for the time being, adopting preventive measures to reduce transmission (hand washing, use of a mask and interpersonal distance). The disadvantages of vaccination: Adverse Reactions. Like all medicines, vaccines can cause adverse reactions. Most are mild and short-lived and do not always appear. They are more frequent after the second dose, especially localized pain. These reactions are more frequent after the second dose and their frequency decreases with age.

It is hoped that with the immunization that will provide the vaccination of all or a large part of the population, the impact of the pandemic can be significantly and lastingly reduced. Clinical trials, involving tens of thousands of people, and available studies have shown high protection against the disease in people who received the vaccine. According to current scientific evidence, vaccination campaigns against SARS-CoV-2 are a beneficial health action both for the person who receives it and for society as a whole.

ISSOP e-Bulletin N°54

November 2021

4.3 Commentary from the UK

The narrative above is truly horrifying and Dr Fiscus merits universal acclamation for her practice in support of health and child rights. For indeed it is a child's right to give their own consent –

Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

The clinician has the responsibility of deciding whether the child is of an age to understand the situation. This is much easier in relation to vaccination than it is in relation to elective surgery, but many practitioners consider that children over 12 are able to give valid consent, and sometimes younger.

In the UK this situation is enshrined in law and 16-17 year olds may consent to vaccination -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994850/PHE_Greenbook_of_immunisation_chapter_2_consent_18_June21.pdf

Many paediatricians would consider that younger children may also give their consent and here in UK the concept of 'Gillick competence' is used, based on a court case in England in the 1980s when children were deemed competent to use contraceptives without parental consent if their judgement was adequate to understand the rationale. The application of this concept to COVID 19 vaccination is well discussed in a recent blog in the BMJ

<https://blogs.bmj.com/bmj/2021/09/23/consent-for-covid-19-vaccination-in-children/>

It would be valuable to know the current practice in other countries both global North and global South, about young people's consent to vaccination.

TW

4.4 Viral discrimination

The news of the Omicron variant has been making new discrimination against African countries.

Chinese and Asian people were discriminated against on the COVID-19 pandemic.

We can remember the history of the Spanish flu more than 100 years ago.

"Pandemic" makes myths that take advantage of people's fears.

Of course, we should tackle the direct impact.

On the other hand, we should treat the indirect influence which is much more significant than the direct one in the social medicine field.

Kind regards,
Hajime

ISSOP e-Bulletin N°54

November 2021

5. CHIFA Report – IPA Report – ISSOP/INRICH Report – CAP Report

5.1 CHIFA report

In place of the report this month we are featuring a valuable recent posting on diarrhoea management from Neil Pakenham Walsh, the coordinator of HIFA

Dear CHIFA colleagues,

This paper from Uganda finds that ‘Free distribution of ORS by CHWs prior to diarrhoea onset is extremely cost-effective compared to other CHW distribution models’. Access to the full text is unfortunately restricted, but this demonstrates the value of empowering families to self-manage childhood illness at home where appropriate.

The cost-effectiveness of community health workers delivering free diarrhoea treatment: evidence from Uganda Zachary Wagner, Rushil Zutshi, John Bosco Asiimwe, David Levine

Health Policy and Planning,

<https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1093%2Fheapol%2Fczab120&data=04%7C01%7Ctony.w.aterston%40newcastle.ac.uk%7C283e4b5b8680452b676908d9a3688d99%7C9c5012c9b61644c2a91766814fbc3e87%7C1%7C0%7C637720492760921118%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDA1LCQjoiV2luMzIiLCBTLi6lk1haWwILCjXVCI6Mn0%3D%7C3000&data=IqQn%2FVkwkZ838SdA8h8%2Blpg1C%2FdSMid8Hc5jCunna4%3D&reserved=0>

Community health workers (CHWs) are a vital part of the health infrastructure in Uganda and in many other low- and middle-income countries. While the need for CHWs is clear, it is less clear how they should dispense health products to maximize the health benefits to their community.

In this study, we assess the cost-effectiveness of several competing CHW distribution strategies in the context of treatment for child diarrhoea. We used data from a four-armed cluster-randomized controlled trial to assess the cost-effectiveness of (1) free distribution of oral rehydration salts (ORS) via home deliveries prior to diarrhoea onset (free delivery arm), (2) free distribution via vouchers where households retrieved the treatment from a central location (voucher arm), (3) a door-to-door sales model (home sales arm) and (4) a control arm where CHWs carried out their activities as normal. We assessed the cost-effectiveness from the implementor’s perspective and a societal perspective in terms of cost per case treated with ORS and cost per disability-adjusted life year (DALY) averted. Free delivery was the most effective strategy and the cheapest from a societal perspective. A

lthough implementor costs were highest in this arm, cost savings comes from households using fewer resources to seek treatment outside the home (transport, doctor fees and treatment costs).

From the implementors’ perspective, free delivery costs \$2.19 per additional case treated and \$56 per DALY averted relative to the control. Free delivery was also extremely cost-effective relative to home sales and vouchers, but there was a large degree of uncertainty around the comparison with vouchers. Free distribution of ORS by CHWs prior to diarrhoea onset is extremely cost-effective compared to other CHW distribution models. Implementers of CHW programmes should consider free home delivery of ORS.

Neil Pakenham-Walsh, HIFA Coordinator, neil@hifa.org

ISSOP e-Bulletin N°54

November 2021

5.2 IPA Report



Register Now!!

Webinar on 15th December at 3:00 PM UTC where experts will have a discussion on the topic COVID-19 vaccines for Children and Routine Immunization in the Background of COVID-19.

📌 Zoom Registration Link: <https://bit.ly/3DC3rEA>

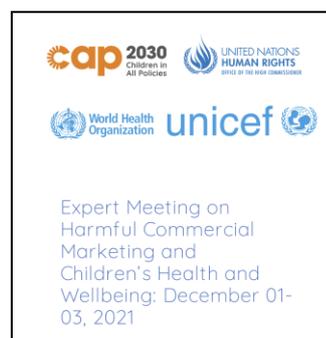
🗣️ Spread the word about this webinar by inviting your colleagues to attend.

5.3 CAP 2030 Report

**Expert Meeting on Harmful Commercial Marketing and Children’s Health and Wellbeing:
Dec 1-3 2021**

The aims of the meeting are:

- To facilitate consultation on how to proceed with strengthening a comprehensive global policy and regulatory response, and
- To accelerate rights-based efforts to reduce and eliminate harmful commercial marketing to children and mitigate its impact on the enjoyment of their rights.



The impact on children from harmful marketing is a global, longstanding, and growing problem. In 2020, the WHO-UNICEF-Lancet Commission report “A Future for the world’s children”, which examined the key challenges and barriers facing children’s health, cited this issue as one of the most underappreciated threats to child health and wellbeing. Addressing commercial marketing to children, and mitigating its harmful impact, requires robust, sustainable and well-coordinated global and national efforts. We envisage that this meeting will provide a starting point to begin building a multi-sectoral coalition of partners committed to working together; sharing research, ideas, and insights to support solutions to the issue.

The good news is that ISSOP will be part of this meeting with the participation of Jeffrey Golhagen and Raul Mercer.

ISSOP e-Bulletin N°54

November 2021

6. Trainee Report

6.1 World Children's Day

We were excited to celebrate World Children's Day this year in Jacksonville, Florida with our colleagues in the Division of Community and Societal Pediatrics. Our work here is firmly grounded in a child rights framework and therefore we are making efforts to ensure everyone in the division is familiar with the United Nations Convention on the Rights of the Child and its application in the critical work we do for children every day.



World Children's Day is celebrated on 20 November each year as a means to celebrate the date (November 20, 1959) when the UN General Assembly adopted the Declaration of the Rights of the Child. It is also the date in 1989 when the UN General Assembly adopted the Convention on the Rights of the Child.

World Children's Day offers each of us an inspirational entry-point to advocate, promote and celebrate children's rights, translating into dialogues and actions that will build a better world for children.

We celebrated by posting the articles of the convention on the walls of our conference room and having a brief discussion about the UN CRC. We also filled the room with toys and games to celebrate our own inner child and the joy of childhood! By the end of the hour we had adults hula hooping, playing connect four and coloring while dancing to music. It was a wonderful time for all!!



Rita Nathawad

7. Publications

7.1 Enriched formula milks and academic performance in later childhood

<https://www.bmj.com/content/375/bmj.n2661>

ISSOP member Prof Charlotte Wright has written this editorial in the BMJ on 11th November 2021. The focus is a recent paper by Verfurden and colleagues in which the researchers tracked 1763 participants in seven randomised controlled trials of novel infant formulas, started between 1993 and 2001, and linked 91% of them to educational outcomes at ages 11 and 16 years. The aim was to ascertain whether new food additives given in the early months of life can affect cognitive development.

No educational benefits were found in any of the studies.

A further review by Helfer and colleagues cited in the editorial finds that 80% of studies funded by industry were at high risk of bias. They showed selective reporting, with 92% of abstracts mentioning positive findings, despite only 42% of trials finding statistically significant differences in a stated primary outcome.

ISSOP e-Bulletin N°54

November 2021

Wright concludes that there is a need to regulate industry -funded research on nutritional supplements, and remove excessive promotional claims from industry advertising.

Here we have further evidence of the need for academics working in the nutrition fields to steer clear of any funding by formula manufacturers as this is likely to be to the detriment of infant feeding practice by leading doctors and parents to prefer bottle feeding over breastfeeding.

Tony Waterston

7.2 Do not despair about climate change

This editorial is a must-read from two eminent Australians. It comes as part of a special issue of the Journal of Paediatrics and Child Health (18th November) which covers as wide a spectrum of climate change as did the ISSOP webinar series and is rich in content - the editors are to be congratulated. All articles are open access, and it is worth reading them all. Many thanks to Mark Hayden for drawing attention to the collection!

https://onlinelibrary.wiley.com/toc/14401754/2021/57/11?fbclid=IwAR2-WtAbchKg5zHWPfn9-luOK5z0SLXiuR8DMK2ywkHziZkpZd_gOg6vO4w

Here are two paragraphs from the fine editorial by David Isaacs and Fiona Stanley:

The main driver by far of continuing deforestation is beef production.¹ Beef makes up 25% of our meat consumption but we dedicate 60% of our farmland to raising it.¹ It takes almost 9 units of edible crops to raise 1 unit of beef, 5 to raise 1 unit of pork and over 2 to raise 1 unit of chicken.³ We give antibiotics routinely to animals, not to cure diseases but to increase yield, risking antibiotic resistance out of greed.⁴ Those are powerful reasons to give up eating meat. If you cannot bear to give up meat altogether, Attenborough says if we all eat more plant-based foods and less meat (particularly beef) and dairy, it will make a huge difference.¹ Many public health proponents will tell you it is also good for your own health.

Another major source of energy expenditure we could easily reduce is transport. There is an irony in taking the moral high ground on North Americans' insistence on their right to bear arms to the detriment of others, when so many of us drive large vehicles which guzzle fossil fuel and are more likely to cause fatal accidents. How did we let ourselves be seduced by these monstrosities? Some years ago, DI traded his car for a hybrid. When he boasted about it, a friend retorted: 'Now you'll have smug coming out your rear end'. Touché. We make excuses for driving to work, usually alone, when we know there are ways we could save energy by better use of public transport, car sharing, cycling, walking or working from home. We are as guilty as anyone else for driving into work alone regularly, for convenience sake. Getting out of your car, even an electric one, and walking or cycling² will not only reduce emissions, but it is also good for your health and well-being. As we write this, we are thinking how we can make our daily travel more energy-efficient, then telling ourselves we must actually do it, not just think about it. Our children have led the way in exposing our own inaction.

However the editorial does not just call for individual action. In fact, though we shall all have to change our lifestyles, we can't expect enough to do this spontaneously – it will require governments to do the heavy lifting. So I entirely agree with the authors' words on advocacy – Paediatricians need to advocate that it is vital for the current and future health of children to address climate change. Currently, the powerful fossil fuel industry lobby is having more impact than the experts and the evidence on the health and well-being of the world's children.

ISSOP e-Bulletin N°54

November 2021

...We liken this opportunity to that of the Apartheid system in South Africa. If you were a doctor in that system, the only way to improve the health and well-being outcomes of your population was to eliminate Apartheid. We challenge you all, and the colleges and organisations to which you belong, to step up and take the lead of the children's marches for climate action and attempt to influence our governments. We have no time to lose and we would be joining the increasing numbers of doctors world-wide who are campaigning for climate action.

TW

8. Topics in Social Pediatrics reflections

8.1 Suicide in Japan

The indirect impact of COVID-19 on children is far more significant than the influence of the infection itself.

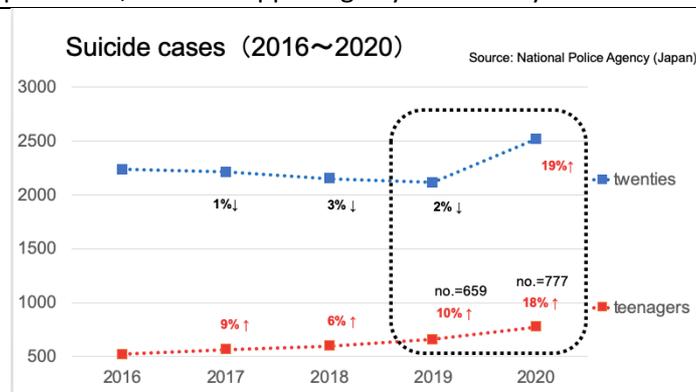
There are two shocking pieces of data from Japan.

The number of child-abuse cases in 2020 was the biggest and was more than 200 thousand a year. COVID-19 pandemic has been weakening the relationship with local communities and hiding abuse from the public. However, the number increased. In particular, psychological abuse was on the rise. The second issue is suicide. The number of suicide cases had been on the declining trend for 15 years. It was more than 32,500 in 2005, and 40% decreased. It became 20,000 around in 2019. However, it increased in 2020. Suicide increased 19% in the twenties and 18% in teenagers.

Therefore, the number of cases in 2021 has been higher than in 2020 in each month until June. The cause of death between 15 and 19 years old is suicide in these 20 years. In the age between 10 and 14 years old, the top cause of death was neoplasm (cancer and leukaemia) in 2018 and 2019. However, it became suicide (2.3/100,000) in 2020.

The suicide gender rate is about 2:1 and is double in males. Therefore, this issue is influencing much more substantial in males. The critical points of suicide in 2020 are the risk increased (1) in children and young people (CYP, 18-19% higher than in 2019) and (2) in girls (18% higher than in 2019).

Under COVID-19 pandemic, what is happening in your country?



Hajime Takeuchi

9. Climate change update

ISSOP e-Bulletin N°54

November 2021

9.1 The language we use



Kalle Crafton
Writing Creative Director for global brands
2w •

I want to talk about the poor marketing of climate change for the last 30 years.

1. The planet isn't in danger; we are in danger
2. The planet has been through worse; we have not.
3. It's not being obsessed with nature; it's being obsessed with surviving
4. It shouldn't be "do you care about the environment?" It should be "do you care about your environment?"
5. It's not global warming; it's forced climate transformation.
6. It's not controversial; it's currently happening, measurably. As predicted.
7. The planet doesn't care if we step up and heroically change course, it'll be fine. We won't be.
8. The most nationalistic, selfish thing to do is ensure our power and health is to keep the oil in the ground; it also happens to be the most globalistic and humanitarian thing to do as well.
9. Scientists aren't begging us to do anything; they are just looking out the window and telling us the forest is on fire, and holding the blinds open so we can see.
10. The climate isn't an issue. It's the one issue that contains every single other issue.

What's my point? Language matters when forming the most important argument in human history.

9.2 RCPCH Position Statement on Climate change and Child Health: at a glance

Climate change and child health: our position statement at a glance

"We are the last generation that can end climate change. We can and we will".
Khishigjargal, 24, Mongolia

Key facts:

- 90% of the world's population, including 2 billion children, are already exposed to poor air quality.
- Current avoidable environmental risks cause one-quarter of all diseases and deaths globally each year.
- By 2030, there could be an additional 77,000-131,000 deaths among children under five years due to malnutrition attributable to climate change.
- By 2040, one in four children will be living in extremely high-water stress areas.



Key considerations:

- The climate crisis is a child rights crisis.
- Present generations have a duty of care towards future generations.
- The importance of the voice of children and young people.



Our top three requests for global leaders:

1. Support and protection of vulnerable children:
 - Child health to be central to all climate change policy decisions, with the inclusion of children and young people's views and a child rights assessment for all final decisions.
2. Mitigation to reduce the emissions associated with climate change:
 - All countries to prioritise the delivery of a rapid and just transition away from fossil fuels, including immediate cessation of all fossil fuel exploration and subsidies.
3. Adaptation to protect current and future generations of children from the impacts of climate change:
 - Targeted investment in climate-resilient, low-carbon and sustainable health and education services, recognising that growing up in a clean and safe environment is every child's right.

"Give us a chance to have an impact on climate change."
RCPCH&Us

Read our full position statement: www.rcpch.ac.uk/climate-change-statement *RCPCH

9.3 World headed for 2.4 C warming

ISSOP e-Bulletin N°54

November 2021

<https://www.bbc.co.uk/news/science-environment-59220687>

According to [Climate Action Tracker](#), the world is heading for 2.4 C warming rather than the 1.5 C which is the scientific assessment of the upper limit we can manage for human and ecological survival.

The report published in early November 2021 looks at promises made by governments before and during COP26.

It concludes that, in 2030, the greenhouse gas emissions that warm the planet will still be twice as high as necessary for keeping temperature rise below 1.5C degree.

Scientists say that limiting warming to 1.5C will prevent the most dangerous impacts of climate change from happening.

TW

Acknowledgments and a wish:

- To the members of the ISSOP e-Bulletin editorial team for their ongoing work,**
- To Jeff Goldhagen for his editorials,**
- To Nick Spencer for his permanent support,**
- To the members of ISSOP and to the wider professional community for their generous contributions.**

We wish you all a happy end of the year and the beginning of 2022 with the hope of a more auspicious future and a safer and peaceful planet for our children.