

# ISSOP e-Bulletin N°53

## September 2021



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### 1. Introduction

**Dear ISSOP Community,**

As we move steadily towards the end of 2021, we must look for signs of hope that we are reaching the end of the dreadful pandemic and also that the world leaders can achieve a breakthrough in relation to climate change at the Conference of Parties in Glasgow in November. Truthfully the signs are not that great on either of these major problems but at least children are going back to school in many countries and this is to their benefit as well as that of their parents.

ISSOP continues to be active on the climate change front and is working with other organisations including the American Academy of Pediatrics and the Royal College of Paediatrics and Child Health to ensure that the voice of children and the problems of child health will be central to future debates. ISSOP will be represented on the child health cycle ride from London to Glasgow in advance of the COP, and bulletins will be sent by those on the ride as well as from the city itself as the conference (which will no doubt be dramatic) unfolds.

By the time this e-bulletin is sent out, all 8 webinars will have been completed and you can find the recordings at [this site](#). They represent a remarkable compilation of knowledge and views from a fine set of expert speakers. If you didn't listen on the day then you can still do so now.

This month we expand the editorial group to include Dr Colleen Kraft from USA (a former President of the AAP) and Dr Hajime Takeuchi from Japan, both well known contributors from the past and prominent members of ISSOP. We welcome them and look forward to new parts of the world being included within our Bulletin.

This month we cover conferences in Latin America, the ISSOP climate webinar series and COP-26, Children in Iraq, families in transition, the voice of Brazilian singers, and the searing UNICEF report on child nutrition around the world - with an amazing collection of images to cheer you up if the news is too depressing!

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

#### Looking for freedom – Kids in Kabul



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## **September 2021**

### **1.1. Message from Jeff Goldhagen – President of ISSOP**

Dear friends and colleagues. This past week we completed our 8-month series on climate change. Thank-you to those who were able to join us. All of the sessions can be found on our ISSOP website ([www.ISSOP.org](http://www.ISSOP.org)) and YouTube channel—I encourage you to explore the sessions—they exceeded all of our expectations. We will be collating the findings from our breakout sessions.

In preparation for the COP-26 meeting, we will be planning a number of initiatives to engage our members and communities. There will be a bicycle ride from Great Ormond Street Children's Hospital to Glasgow that those of you who live in the UK are encouraged to participate. Mark Hayden is planning the ride—you can make arrangements to join the ride at: Climate Acceptance Studios - Ride for their Lives or on the ISSOP website. For those of us not in the UK, we can sponsor local rides and record the miles on the same website. Also, the links noted above outline other opportunities to have your voice heard (see 2.4).

On November 1<sup>st</sup> ISSOP will host a webinar to share our global passion and commitment to address the challenges climate change is posing for children worldwide. We will disseminate the link in mid-October.

In addition, we will be circulating sample letters that you can share with decision makers and media, and also a power point presentation that can be presented to medical students, residents, and colleagues.

As an outcome of our series, we will be pursuing the opportunity to build a global coalition of child health professionals and professional organizations that can amplify our voices and those of children and youth in response to the climate crisis. We will look forward to your participation and to your engaging professional organizations that you belong to.

The climate crisis is an existential crisis that has progressed beyond a point of no return—we have only a short time to mitigate and limit its effects on children today and into the future. Thank-you in advance for your leadership in advancing the rights of children to optimal survival and development.

**Jeff**

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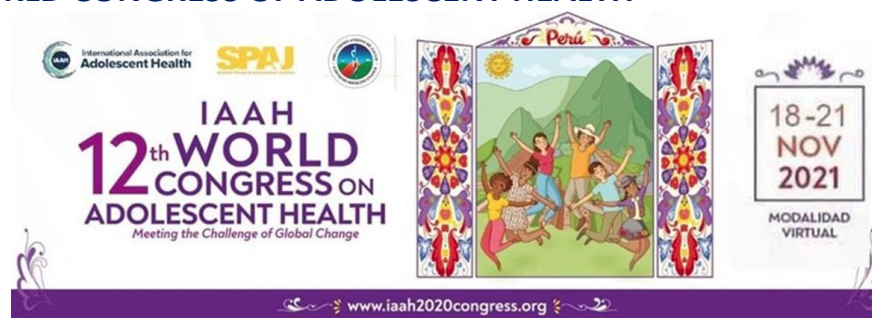
### 2. Meetings and news

#### 2.1 Congress ALDID (Latin America of Child Development and Disability)

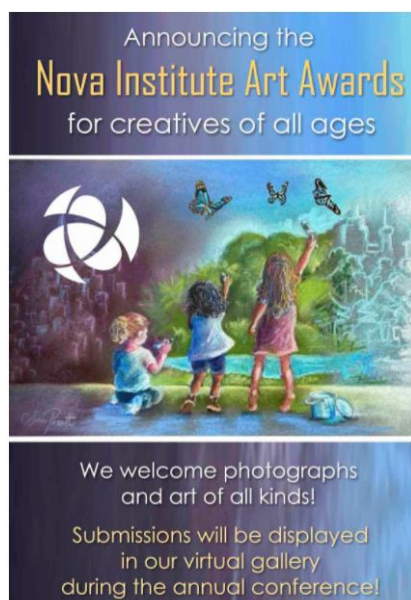


[https://congresosusp.com/ALDID/login/?redirect\\_to=https%3A%2F%2Fcongresosusp.com%2FALDID%2Fes\\_cr%2Fprograma%2F](https://congresosusp.com/ALDID/login/?redirect_to=https%3A%2F%2Fcongresosusp.com%2FALDID%2Fes_cr%2Fprograma%2F)  
Program: <https://congresosusp.com/ALDID/programa/>

#### 2.2 WORLD CONGRESS OF ADOLESCENT HEALTH



#### 2.3 10<sup>th</sup> annual conference of inVIVO Planetary Health - December 1-7.



This initiative celebrates the new relationship between inVIVO Planetary Health and the Nova Institute for Health of People, Places, and Planet. We believe that creativity is key to the health of people, places and planet—to challenge the status quo, celebrate what is beautiful, and overcome what is broken. It builds community, belonging and shared stories of change. Open to all ages, and a very important opportunity for children to join the conversation!

Thank you for your continued support of our growing community, Please contact [info@corp-comm.com.au](mailto:info@corp-comm.com.au) if you need assistance.

**Professor Susan Prescott**  
**MD. PhD. FRACP.**  
**[www.drsusanprescott.com](http://www.drsusanprescott.com)**

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### 2.4 COP-26 and Ride for Their Lives, by Tony Waterston

Between 1<sup>st</sup> and 13<sup>th</sup> November there will be held probably the most important decision making conference on children's health ever heard, and that is the UN Climate change conference COP-26 which is to take place in Glasgow. It's at this meeting that the countries of the world will agree on targets for emissions reduction that will allow the world to avoid a temperature rise of more than 1.5 degrees C. There will also be important decisions about climate financing to allow low lying countries to adapt to sea level rise, for example. The signs so far are not optimistic that agreement on emissions reduction will be stringent and personally I am very pessimistic about the outcome, but as Gramsci said we have to counter pessimism of the intellect with optimism of the will – and so to help to make very clear to decision makers what the impact of climate change will be for children around the world, I will be joining the Child Health Ride for their lives to represent ISSOP, on the Newcastle to Glasgow stretch. ISSOP member Lucy Reynolds who lives and works in Glasgow, will also join the ride from Newcastle to Carlisle. The ride is being organised by Great Ormond Street Hospital and will have a particular focus on air pollution. The RCPCH is also strongly represented on the ride and the BMJ will be a media partner. Together with the physical ride there is also a virtual ride which can be joined anywhere round the world. Details about this are included in the following briefing from Climate Acceptance Studios.

<https://climateacceptancestudios.com/ridefortheirlives>

The core Ride for their Lives will take place between Sunday 24 and 31 of October. It involves 70 (30 at any moment in time) paediatric healthcare providers cycling over 800km from London to Glasgow in the UK, to raise awareness of air pollution. They will stop off at Birmingham, Sheffield and Newcastle along the way. There are also leaders from the UK healthcare sector that include:

Matthew Shaw, *CEO of Great Ormond Street Hospital for Children*

Fiona Godlee, *Editor-in-chief, British Medical Journal*

Dr Andrew Goddard, *President, Royal College of Physicians*

Richard Smith, *Chair of the UK Health Alliance on Climate Change*

Dr Camilla Kingdon, *President of the Royal College of Paediatrics and Child Health*

The 30 core riders will arrive in Glasgow as COP26 starts, where they will call on healthcare professionals to communicate better with the public about the seriousness of polluted air, which particularly harms the health of children. They will also hand over a suite of documents from the global health community demonstrating the need for urgent action on air pollution, and the wider climate crisis which shares the same root causes.

We are calling on adult and child healthcare providers (and the public) around the world to join the ride virtually and log their miles on Strava. This is a chance for the global healthcare community to unite and send a single powerful message to those in power. We hope as many of your members as possible will take part.

Action inspires action, and the bigger the action the bigger the result. We want to achieve a million km cycled by 31 October 2021. Please could you distribute this information throughout your networks, explaining to your members how to join the ride.

The information on how to sign up is here - <https://climateacceptancestudios.com/ridefortheirlives>. You will be asked to set up a Strava profile (the free version is entirely adequate) if you do not already have one. Strava can be used with a smartphone or by manually entering miles on a desktop. We are encouraging riders to commit to riding **100 kilometres between 1 and 31 of October, but of course, feel free to do as many as you can.**

We would also like riders to send us their blogs, photos, videos and any social media posts they may make about their participation in the ride. These can also be about any action you have taken on the



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climate crisis, for example changing your working practices or communicating differently with your patients. We will post these on our website and on social media to create a 'hub of action' and a feed that inspires your colleagues around the world to join you in action.

Please send your content to [ride@climateacceptancestudios.com](mailto:ride@climateacceptancestudios.com). Please label your files clearly with your name, job title, institutions and/or region - how you would like to be credited if we post them on our website.

If you have a google account, here is the link to the google drive, where you can upload all of your video and photo content:

- **Drive link -**
- [https://drive.google.com/drive/folders/1Yk\\_O8TolrD7o9Gn78sYoqb6\\_7iYq9Ek7?usp=sharing](https://drive.google.com/drive/folders/1Yk_O8TolrD7o9Gn78sYoqb6_7iYq9Ek7?usp=sharing) - PHOTOS
- <https://drive.google.com/drive/folders/1ZADyzVdU7ZZhQjub5SQwVzsoHdHpAQ6m?usp=sharing> - VIDEOS

If you are struggling to get your videos and photos to us, please email [ride@climateacceptancestudios.com](mailto:ride@climateacceptancestudios.com) and we will help.

Here is a guide text for your newsletter. It is a condensed version of the [Ride for their Lives webpage](#)

At 9 am in the UK on Sunday 24 October, 30 passionate paediatric healthcare providers will leave Great Ormond Street Hospital for Children in London on bicycles. Their destination will be over 800km away - the Royal Hospital for Children in Glasgow, where COP26 is taking place.

Their goal is to communicate the seriousness of [air pollution](#) to the health community and the public. Polluted air causes an estimated [7 million deaths annually](#), and shares the same root causes as the climate crisis.

The journey from London to Glasgow will be long and arduous. But the journey will act as an inspiration for the journey our species now has to take. Those who protect our children's health now are riding to offer hope for our children's future. They are showing us it can be done.

The core cyclists are made up of staff from six UK children's hospitals, including Great Ormond Street Hospital. They will arrive in Glasgow as COP26 starts, where they will announce the numbers of kms completed by Ride for their Lives participants around the world, and hand over a suite of documents from the global health community that outline the need for urgent action on air pollution and the wider climate crisis.

This will include the Healthy Climate Prescription letter. The ride and the letter go hand in hand - we are encouraging every healthcare provider who joins the virtual ride to add their name to this letter.

We need to act now to inspire others to act. The bigger the action the better the result. Our aim is to reach a million kilometers. If you work for a healthcare provider you can help, and so can your friends and family. Join the ride virtually by cycling 100 km between the 1 and 31 October - wherever you are in the world - in the run-up to COP26.

Sign up here [Ride for their Lives](#).

Sign the [Healthy Climate Prescription letter](#).

Here is the promo video for the ride with the YouTube link and the embedded code for your website:

- **Youtube Link -** <https://youtu.be/Ga9sS2vtcCI>
- **Embedded Code** - 

```
<iframe width="560" height="315" src="https://www.youtube.com/embed/Ga9sS2vtcCI" title="YouTube video player" frameborder="0" allow="accelerometer; autoplay; clipboard-write; encrypted-media; gyroscope; picture-in-picture" allowfullscreen></iframe>
```

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On the next three pages [not included here] are the three strava groups with their joining QR codes and widget codes if you wish to embed on your websites (Note that the strava summary widgets and groups reset distances at midnight on Sunday every week, so you may prefer to manually display accumulated distances that you extract from the strava data).

If your organization wishes to create your own local group this is relatively simple (see strava help section) HOWEVER, please ensure your staff join also one of our 3 groups in addition to your local group or we will not be able to collect their distances. Please also take care in naming your local groups to avoid any confusion with our 3 groups. We suggest (eg ride for their lives - North Pole children's hospital)

### 3. International Organisations

#### 3.1 ISSOP: The Climate Change Webinar Series

The Climate Change Webinar series of the ISSOP finished on the 24<sup>th</sup> of September. The series is available except for the latest one. These are valuable presentations to understand the climate crisis and what we can do or should do about it.

1. February 25/26: Child Health and Sustainability: Defining and Responding to the Impact of Climate Change on Children  
<https://www.youtube.com/watch?v=u6ezXBesTYk&t=3279s>
2. March 25/26: Understanding the Science of Climate Change and Launch of ISSOP Declaration on Climate Change <https://www.youtube.com/watch?v=fJitSGB7ItI>
3. April 22/23: Hearing and Learning from the Voices of Youth and Indigenous Communities <https://www.youtube.com/watch?v=-DD2R5piKnU&t=1215s>
4. May 27/28: Responding to the Health and Mental Health Effects of Climate Change  
<https://www.youtube.com/watch?v=KvvH5c9Z8RA>
5. June 24/25: Greening Practices and Health Systems  
<https://www.youtube.com/watch?v=bhU-usAkK2s>
6. July 29/30: Global Political and Economic Impact of Climate Change—Advocacy and Action <https://www.youtube.com/watch?v=8Jx8eGSazME>
7. August 26/27: Leadership in a New World: Planetary Pediatrics and One Health  
<https://www.youtube.com/watch?v=wIRL3jh6TrM>
8. September 23/24: COP 26 (UN Climate Change Summit) and the Child Health Community: ensuring that equitable policies are adopted for children and youth

**Hajime Takeuchi**

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### 3.2 Children in Iraq after 40 years of War and Sanctions

During the late 1970's and early 1980's, Iraq was one of the most developed countries in the Middle East. The healthcare system of 172 hospitals and over 1200 primary health centers in addition to well-regarded medical education and physician training provided excellent care to Iraq's adults and children. Before the 1990s, Iraq also had the best education system in the Middle East; metrics demonstrated superiority in educational access, literacy and gender equality. Iraq provided free education to students from primary to university levels.

In September of 1980, the Iran-Iraq War began decades of destabilization for both child health and education systems. Funding was diverted from both systems to support the war efforts. The Gulf War and the debilitating economic sanctions that followed led to further decline of Iraq's healthcare and education systems. The loss of oil revenues which supported public schools and universities caused a massive shortage of learning resources. Teachers' salaries dropped to US \$6 per month. Many hospitals, healthcare and school facilities were destroyed by bombings targeting civilian infrastructure. The 2003 US led invasion and ensuing years of war further worsened the situation. The education system was crippled by insecurity, inadequate facilities and a shortage of qualified teachers. Approximately 18,000 Iraqi doctors fled the country. With fewer doctors and educators, the prospect of children growing up healthy and educated is threatened.

Currently in Iraq, 45% of the population are children under 15 years of age; 17% are under five years of age. Yet, the Millennium Development Goals, as they pertain to child health, appear to have passed by Iraq. Under five mortality has stagnated since the 1990's; Iraq's rate is twice that of other Middle Eastern countries (see graph below). The most recent UNICEF figures on primary school enrollment show more boys (93%) are enrolled than girls (87%), with the overall total falling far short of Iraq's 2015 Millennium Development Goal target of 98%. Fewer than half of children who enroll in primary education finish school. With each successive year, fewer children continue their education. Just under half of secondary school age children go to secondary school. This corresponds to an increase in children involved in hazardous child labor and early marriage.

In pediatric practice, it was common to see children with cancer coming from Kurdistan, where the Halabja chemical attack had taken place in 1988. Over the years, more children from Tikrit and areas of southern Iraq were diagnosed with cancer and congenital anomalies. It is noted that the rates of birth defects in Iraq now exceed those seen in Hiroshima.

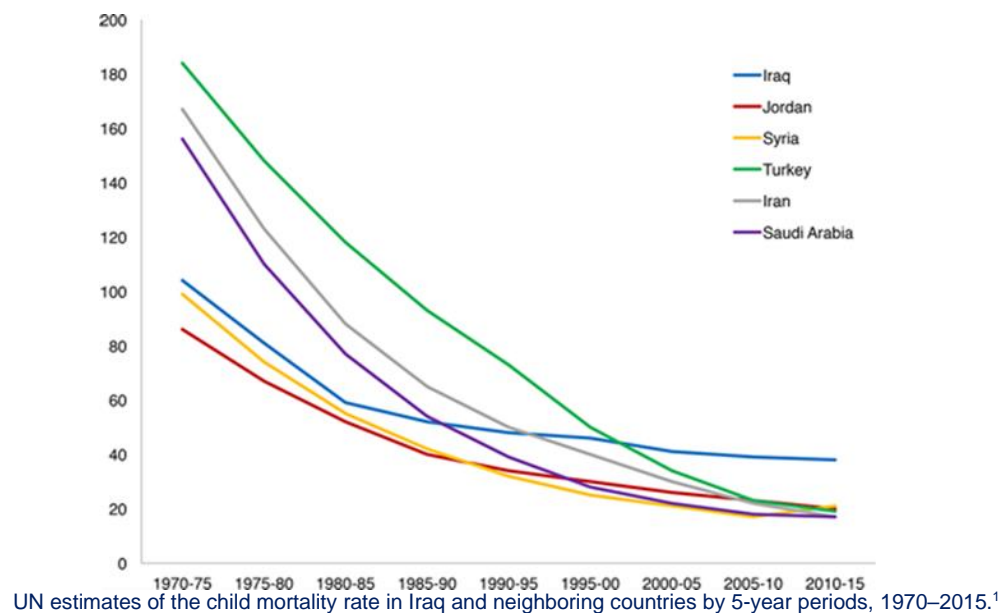
US military intervention heavily damaged Iraqi infrastructure and ecologies that sustain child health. Military intervention in Iraq was accompanied by unprecedented waste abandonment and waste burning: discarded vehicles, excess weapons, discarded clothing and much more were all left in Iraq's land, water or air. It is no surprise that widespread cancers and congenital anomalies, along with other major health issues are present in the civilian population. The medical resources to manage children with



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cancers and birth defects are impacted by the enduring effects of war, the targeting of an entire population and their environment, rather than military installations.



Notably, medical education itself has been impacted. University students in the 1980's held a strong command of English; this is no longer the case. Training in many instances is inadequate. Variability in the standards of medical education have led to poorly trained practitioners who often misdiagnose patients and prescribe treatments with no evidence base.

Many Non-Governmental Organizations have come to help Iraq rebuild its health and education infrastructure for children. NGO's such as the Iraqi Children Foundation, War Child Iraq, and Save the Children have supported programs that help improve both health and education for Iraq's most vulnerable children. Ongoing education for child health practitioners has been a priority. As a non-official scientific group, the IQ-PEACE (Iraqi Pediatricians Across the Continents Education) group started a series of educational online scientific activities for practicing pediatricians.

These include topics of child protection and safeguarding aimed at increasing awareness about child protection and scaling up strategies to address developmental and behavioral health in children.

Future efforts toward rebuilding could include international partnerships between academic centers for teaching and provision of pediatric subspecialty care. The infrastructure of knowledge and competency in these areas would be welcome by Iraqi pediatricians, who would develop to tools to better serve their population of children.

**By Dr. Khalaf Gargary (Iraq) and Dr. Colleen Kraft (US)**

<sup>1</sup> Dyson T, Cetorelli V. Changing views on child mortality and economic sanctions in Iraq: a history of lies, damned lies and statistics. *BMJ Glob Health* 2017;2:e000311. doi:10.1136/bmjgh-2017-000311

### 4. Current Controversy

#### 4.1 Families in transition? Religious diversity? Theocratic imposition?



#### 4.2 The F.D.A. and the Moral Distinction between Killing and Letting Die



<https://www.thehastingscenter.org/the-f-d-a-and-the-moral-distinction-between-killing-and-letting-die/>

In a recent *New York Times* column, Michelle Goldberg expresses frustration at the Food and Drug Administration's failure to quickly approve Covid vaccines for children under 12. The F.D.A. has asked Pfizer-BioNTech and Moderna for four-to-six months of follow-up safety data in the children's trials, although it required only two months of follow-up data in the adult trials. What justifies the extra time? Ninety-five percent of the experts in the field are convinced that the vaccines are absolutely safe for children, says Yvonne Maldonado, a professor of pediatric infectious diseases at Stanford University and a lead investigator in Pfizer-BioNTech's pediatric vaccine trial there, in Goldberg's column. Ashish Jha, dean of Brown University's School of Public Health, tells Goldberg that there is no evidence of any adverse side effects showing up in children after two months for other vaccines. Meanwhile, unvaccinated children are at

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greater risk of Covid because the Delta variant is much more transmissible than other variants. Why, then, is the F.D.A dragging its feet? The problem, Goldberg says, is that the F.D.A. will not be blamed for avoidable Covid cases, but it would be blamed for unexpected vaccine side effects.

This asymmetry in blameworthiness, or responsibility generally, is sometimes referred to as the active-passive distinction. One of its instances is the distinction between killing and letting die. According to traditional medical ethics, doctors may never kill their patients, but it is permissible for them to withhold lifesaving treatment, under certain conditions, allowing their patients to die. This dictum is no longer universally accepted, as an increasing number of jurisdictions have legalized physician aid in dying. Nevertheless, many still adhere to the belief that there is an important moral distinction between actively killing and (merely) letting die.

A few philosophers have argued that the killing-letting die distinction has no moral importance. We have a strong moral duty to prevent deaths, just as we have a strong moral not to kill. (See Peter Singer, *"Famine, Affluence, and Morality."*) However, acknowledging that we have a serious moral obligation to prevent avoidable deaths does not imply that this duty is as strong as the duty not to kill. Someone who buys a birthday present for her child, when she could have given the money to Oxfam, does not commit the moral equivalent of murder.

The responsibility of an organization, like F.D.A., is quite different from the responsibility of individuals. The job of the F.D.A is to protect the public's health. To carry out this function, especially during a pandemic, the F.D.A. has to consider both the risks of approving vaccines, such as unexpected side effects, and the risks of not approving vaccines, such as avoidable deaths. Requiring more data than is necessary to achieve safety will result in increased numbers of avoidable deaths. That's on the F.D.A. The fact that it would be failing to prevent deaths, as opposed to causing deaths, is irrelevant as regards its moral responsibility.

So, is the F.D.A. simply philosophically confused? Perhaps, but it seems more likely that there are other factors at work. Dr. Maldonado says that she suspects that the F.D.A. wanted to allay the fears of people worried about the effects of the existing vaccines on kids by requiring more months of follow-up data. If she's right, this was a misjudgment on the part of the F.D.A., and it might have the opposite effect. Just as giving the Pfizer, Moderna, and Johnson & Johnson vaccines "emergency use authorization" sparked fear among the vaccine-hesitant that vaccines authorized only for emergency use weren't really safe, so the request for more months of follow-up data from the pediatric trials might make those already worried about vaccine safety more concerned than the vaccines are not safe for children.

Another disturbing explanation for the slowness of the F.D.A. is that it was afraid of being criticized by the noisy antivaccine movement. Fear of criticism should not play a role in medical decision making. If we are to get a handle on the Covid pandemic, children need to be vaccinated. Perhaps the solution is, as Goldberg suggests, for parents who want their kids vaccinated to yell and scream, to be the squeaky wheels that get the F.D.A.'s attention. Personally, I would rather see a real reform in the F.D.A. so that science and concern for the public's health, not politics, drives its decisions.

***Bonnie Steinbock, PhD, a Hastings Center fellow, is a professor emerita of philosophy at the University at Albany, State University of New York.***

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

#### 5.1 CHIFA report

Child Health Information for All (CHIFA) is a moderated online forum for posting of information and opinion. The moderation team are Tosin Popoola, Tony Waterston and myself, Tom Hutchison.

CHIFA is child focused and originated from the more generally focussed Health Information For All (HIFA) Some posts are relevant and cross posted to both forums

Both CHIFA [www.CHIFA.org](http://www.CHIFA.org) and HIFA [www.HIFA.org](http://www.HIFA.org) and can be joined online and are free and open provided users register a brief profile that accompanies their postings.

The focus of the CHIFA forum is on promoting access to information about child health and rights. The vision of the Forum is:

**A world where every child, every parent and every health worker has access to the health information they need to protect their own health and the health of children for whom they are responsible.**

We would like as many people as possible from around the world to make use of the forum, to pose questions, raise their concerns about health information, and contribute their own comments and ideas as well as vital data sources that might not be well known. Over the last 6 months there have been 186 postings. Some postings advertise webinars, others are invitations to submit papers or to take part in research. Forum members respond to these directly and feedback so far is that those who post do get useful participation

This has been a special year with the cessation of international travel to conferences. Perhaps when the Covid-19 pandemic is under control in the future, the global health community will have re-evaluated the health cost and benefit of international travel, and online international forums will continue by choice.

Other postings highlight articles in journals that are open access. Sometimes they summarise articles that are otherwise behind pay walls. Some posts request sharing of existing child health protocols directly back to the poster

Some topics request or generate debate, and these are evident when a thread develops: busy examples have been:

- Ending child poverty
- Improving quality of child health services

Covid-19 remains the biggest general topic. Much more so for the Adult Forum HIFA, where there are large numbers of daily postings. Discussion of the economic effects and adult Vaccination on HIFA of course apply to children too.

We expect the steady growth in members will continue as management of information takes increasing importance in health care. Currently we are seeking a new voluntary moderator for CHIFA, if you are interested please contact [neil@hifa.org](mailto:neil@hifa.org).

**Tom Hutchison Paediatrician UK**

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### 5.2 IPA Report

#### Enabling children to grow up in a smoke-free world: policies and practices

Tobacco poses risks to children's survival, health and development. Protecting children from tobacco smoke is essential to helping them survive and thrive. Children exposed to tobacco smoke are at an increased risk of a range of diseases and are more likely to take up smoking themselves. Enabling children to grow up free from the dangers of tobacco and nicotine is a key aspect of providing clean, safe and secure environments. Comprehensive smoke-free policies positively impact child health and development. This webinar convened by the World Health Organization in collaboration with the **International Pediatric Association** and the ECD Action Network, probes further into the Thematic Brief Tobacco control for children's health and development and provides examples of how comprehensive smoke-free policies positively impact child health and development. This webinar reviewed the health risks that tobacco and second-hand smoke poses to children, starting from the prenatal period, and the strong protective effects of tobacco control measures. The webinar provided an overview of World Health Organization's package of proven effective measures, MPOWER, and include examples of how countries are taking action to create smoke-free

#### Additional information:

Thematic brief: Tobacco control to improve child health and development <https://nurturing-care.org/tobacco-control/>

The MPOWER measures <https://www.who.int/initiatives/mpower>

WHO report on the global tobacco epidemic 2021: addressing new and emerging products <https://www.who.int/publications/i/item/9789240032095>

WHO – Tobacco (website) [https://www.who.int/health-topics/tobacco#tab=tab\\_1](https://www.who.int/health-topics/tobacco#tab=tab_1)

<https://nurturing-care.org/events/enabling-children-to-grow-up-in-a-smoke-free-world/>

### 5.3 ISSOP/INRCH Report

#### Update on the work of the ISSOP/INRICH COVID-19 Research Group

Since our last update, the Inventory of papers in preparation and published has been prepared and can be accessed on the ISSOP google drive – go to Research group folder and Inventory sub-folder

[<https://drive.google.com/drive/folders/1K8iC0FylmtY70C16QrE2CZTrITbKOQKT> ].

The Inventory is a continuing work in progress and will be updated regularly as further projects are completed and published. The Inventory represents a substantial body of work covering 8 thematic groups: Voices of Children, Children with Disabilities, Immunization, Policy reviews, Psychological impacts on parents and children, Clinical studies, Population-based surveys, Violence against children. Eighteen papers have been published or accepted for publication, a further four have been submitted for publication and three conference presentations have been made based on projects.



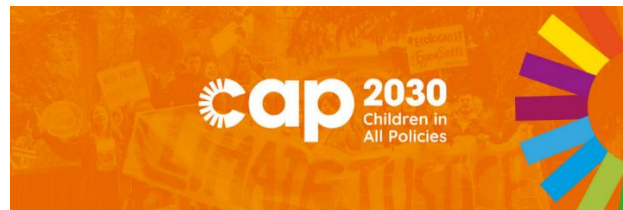
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Many further papers are being prepared for publication some of which will be submitted to the ISSOP/BMJ Paediatrics Open Special Collection on Voices of Children in the time of Covid.

Nick Spencer

### 5.4 CAP Report



#### ***“Children in All Policies 2030: a new initiative to implement the recommendations of the WHO–UNICEF–Lancet Commission “***

Children in All Policies 2030 (CAP-2030) is a new initiative to centre children’s health and well-being in all policies, to ensure an equitable, sustainable future. Based at University College London, with WHO, UNICEF, and *The Lancet* as our founding partners, and with the special advice of Helen Clark & Awa Coll-Seck, we are working with organisations around the world to implement the recommendations of the WHO-UNICEF-Lancet Commission report “A future for the world’s Children” by promoting children’s rights and protecting their health through science, advocacy, and coalition-building.



We believe that action for children is needed across *all* sectors. CAP-2030 is building multi-sectoral coalitions for children with leadership from governments, ministries, academics, civil society and other stakeholders, in countries on every continent, beginning in Argentina, France, Ghana, India, Nepal, Pacific Island countries, Senegal, Sweden, and South Africa, with further countries planned. All countries are welcome to join the movement!



CAP-2030 also seeks to advance global action on the climate crisis by highlighting children’s voices and perspectives, and to foster awareness and action on harmful commercial marketing to children. On July 7, we hosted an online webinar with experts and young people, asking “Are we selling children a lifetime of ill health?”. Watch it [here!](#)

Lastly, CAP-2030 works to generate evidence and facilitate learning on child health and well-being through research and by preparing monitoring and advocacy tools to assess countries’ progress on child health and their efforts to tackle climate change.

For more information on CAP-2030 and our work to promote children’s health and well-being, sign up to receive updates at our website (<https://cap-2030.org/>) and connect with us on [Twitter!](#)



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### 6. Trainee Report

#### 6.1 Paediatric trainees in action!

##### From Child Refugee to Pediatric Champion

"I saw myself in this five-year-old, caught between learning two languages and trying to understand her new world" recalls Dr. Jelena Ivanis, a second-year pediatric resident at the Children's Hospital Los Angeles (CHLA). Dr. Ivanis would know; she and her family became refugees from Eastern Europe in the 1990's, after the War of Yugoslavia. "I saw the devotion and bravery of my parents in her mother's actions toward raising her daughter with the greatest chance of success. I pursued 15aediatrici to help safeguard the rights of children and to give them the opportunities to 15aedia their dreams, just as I had been given."

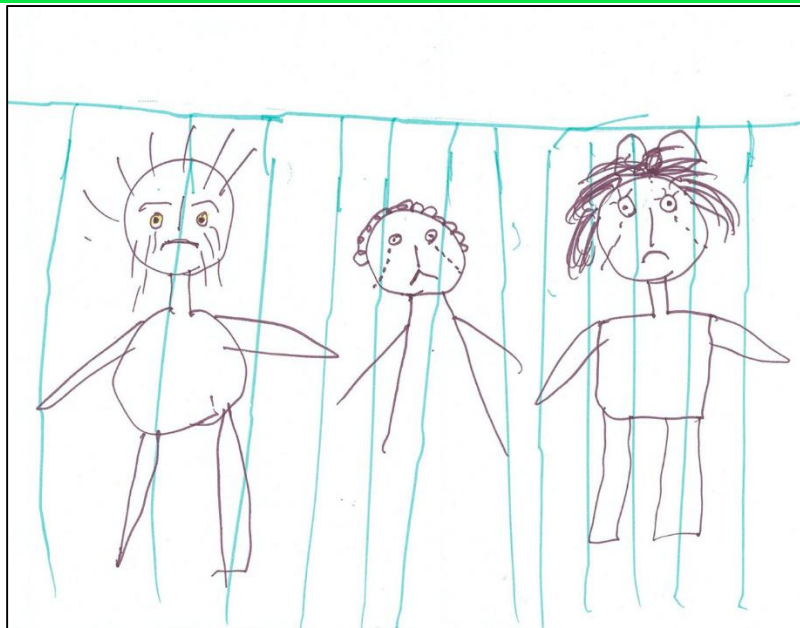
Once she started as a pediatric resident, Dr. Ivanis began her quest to take her experience and pay it forward. Her goal was to build a medical home for children who had been separated from their parents at the U.S.-Mexico Border. She joined the Child Advocacy track at CHLA known as IMPACT (Improving Medicine: Pediatricians and Communities Together). She was connected to Every. Last. One. ([www.everylastone.org](http://www.everylastone.org)), an organization dedicated to ending the damage caused by the cruel and negligent treatment arising from American immigration policy. Dr. Ivanis met with one of the organization's founders who referred the first child who had been recently reunited with her mother.

Dr. Ivanis connected this family with an intake coordinator at the location where pediatric residents care for their clinic patients. The child did not make it to her first appointment. "These families are scared and do not know who to trust," Dr. Ivanis related, "It is our job to keep reaching out and make them comfortable." Dr. Ivanis contacted an interpreter at the clinic and together they called the mother of this little girl. They identified barriers as transportation to clinic, not understanding health insurance, and fear. This extra step resulted in the child being seen the next week. Of note, it was only after months of caring for this child, connecting her with trauma-informed care and dental services and building trust with her family, that Dr. Ivanis learned that she had a brother who had recently been reunited with his family.

Since this time, many more children have been connected to Dr. Ivanis and her clinic, and the project is growing to include two more pediatric residents. Lessons learned from these children will inform how their special needs are identified and addressed, and future involvement of pediatric trainees will ensure project sustainability.

For Dr. Ivanis, this project means so much more. "The act of bearing witness to this family's story eliminates the frenzied backdrop of clinic, and all that is present is the intimate space uniting patient, parent, and 15aediatrician," she states. "If 15aediatriicians embrace efforts to dismantle the structural inequities and racism within our areas of practice, we will help our patients thrive. The acceptance of children in immigrant families and the recognition of their unique needs and potential is a first step. Let us continue to own our role as healers and advocates."

**Colleen Kraft, MD, FAAP**



## 6.2 The Voice of Youth in the Fight against Climate Change

**Written by:** Enis Hikmet Özmert (Baskent University Faculty of Medicine, Ankara, Turkey), Yakup Gözderesi (Marmara University Faculty of Medicine, Istanbul, Turkey)

Starting in the early 1990s, the World saw an ever-larger involvement of youth in the fight against climate change. These efforts have culminated in recent years with global movements such as Greta Thunberg's Fridays for Future. Now, with events such as United Nations Youth Climate Summit, the power of social media and the pressure put on decision making bodies through organized strikes, the youth of today has the ability and the will to participate in advocacy, research and education against climate change.

As two highly motivated medical students from Turkey, we have participated in all eight sessions of the ISSOP Global Webinar Series: Responding to the Impact of Climate Change on Children. We shared our perspectives as youth champions of climate change on the month's topic in the main room and regional break-out sessions. We aimed to establish new ways to mitigate the negative health consequences of climate change and what medical students, future healthcare professionals and we can do.

Not only a majority of 16-25 year old are very or extremely worried about climate change according to a new study (1), young people today are ready and motivated to change their habits and lifestyle choices for the planet and their own future. A focus on zero-waste lifestyle, environmentally friendly products and zero carbon emission transport systems like bicycles are more prevalent amongst the youth of today than in the past generations. Climate change is impacting many of aspects of the lives of young individuals from how they plan their future to what their prospects in this new World are. As such, nowadays climate is a prominent topic of conversation for many. However, there is also a sense of hope. With organized efforts of the youth and an

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understanding by the governing bodies, we are more confident than ever that there is a solution out there, and that it will come to fruition.

Moving forward, it is important to note in order to achieve a sustainable victory over climate change, the voice of a diverse group of young individuals from different backgrounds and sectors is essential. The impacts of climate change are scarily diverse for different regions and for people of different socioeconomic backgrounds. As such, there is no “one size fits all” approach to solving climate change. Furthermore, it is essential to keep in mind that involvement of youth in every step of policy making, research, advocacy and education can create an environment that not only more closely resonates with a wider community of youth, but also pinpoints crucial and often overlooked aspects of climate fight, impacting millions. What social paediatricians and healthcare professionals around the World can do is, enable the aforementioned point. Not only can they open avenues for youth involvement in their own work, but they can also always advocate for perspective of the youth. Only through this outlook can we ensure a sustainable and equitable future for all.

### Reference:

1. Marks, Elizabeth and Hickman, Caroline and Pihkala, Panu and Clayton, Susan and Lewandowski, Eric R. and Mayall, Elouise E. and Wray, Britt and Mellor, Catriona and van Susteren, Lise, Young People's Voices on Climate Anxiety, Government Betrayal and Moral Injury: A Global Phenomenon. Available at SSRN: <https://ssrn.com/abstract=3918955> or <http://dx.doi.org/10.2139/ssrn.3918955>



**Enis Hikmet Özmert**  
Baskent University Faculty of Medicine,  
Faculty of Medicine, Ankara, Turkey



**Yakup Gözderesi**  
Marmara University  
Istanbul, Turkey

### 6.3 The voices of Brazilian singers to Save the Amazon (song and video)



Although the lyrics of the song are in Portuguese, the images are eloquent enough and speak for themselves. It is a true crime against nature with global consequences.

**Raul Mercer**

**Access the video through the following link:**

[https://vozdafloresta.com/?utm\\_campaign=florestas&utm\\_medium=ciber&\\_hsmi=156498621&\\_hsenc=p2ANqtz--NfelXfB1bVI35GRxiRafjr3q\\_xEP1cZsfHRXSHjoso8Bpv-mS\\_dcutqGrMf7II67hY3zSlabkLvpGI6pVn3LMOgdobw&utm\\_content=en\\_20210906\\_link&utm\\_source=email](https://vozdafloresta.com/?utm_campaign=florestas&utm_medium=ciber&_hsmi=156498621&_hsenc=p2ANqtz--NfelXfB1bVI35GRxiRafjr3q_xEP1cZsfHRXSHjoso8Bpv-mS_dcutqGrMf7II67hY3zSlabkLvpGI6pVn3LMOgdobw&utm_content=en_20210906_link&utm_source=email)

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### 7. Publications

#### 7.1 Mental Health Impact on children of forcible house evictions in occupied Palestinian territories

The BMJ Paediatric Open has published an editorial from Physicians for Human Rights Israel on the Mental Health Impact of forcible home invasions in the Occupied Palestinian territories.

##### **The editorial states**

‘A new report by three leading Israeli human rights organisations—Physicians for Human Rights Israel, Yesh Din and Breaking the Silence—documents the grievous mental health repercussions, including on children, of the Israeli policy of forcible invasions by the military into the homes of West Bank Palestinian families. The report, titled ‘Life Exposed<sup>1</sup>’ is based on 158 interviews of Palestinians who experienced home invasions, as well as over 40 soldiers who carried them out. Following 3 years of joint work, the report documents how these invasions, which number more than 250 a month<sup>2</sup> and are primarily carried out between midnight and 05:00, traumatise and cause harm to Palestinians adults and children and effectively serve to intimidate and maintain control over the Palestinian population. At a time when there are increasing concerns globally about violence perpetrated against children, the political goals of this tactic, its frequency, the adverse mental health impact on children as well as lack of available studies until now means that it bears close examination and criticism.’

This report provides further evidence of the serious impact of the occupation and associated harassment of Palestinian families. ISSOP has issued a position statement on the occupation which can be found [here](#), and supports further efforts by the international community to end the occupation and ensure the basic human rights for Palestinian children.

**Tony Waterston**

#### 7.2 Fed to fail: UNICEF report

UNICEF has issued a damning [report](#) on the ‘**Crisis of children’s diets in early life.**’ The highlights of the report are as follows:

‘Nutritious food in the earliest years of life is the cornerstone of a child’s development. Yet 2 in 3 children between the ages of 6 months to two years are not getting the nutritious diets they need to grow well.

For the first time, UNICEF’s flagship report examines the latest data and evidence on the status, trends and inequities in the diets of young children aged 6–23 months, and the barriers to nutritious, safe and age-appropriate diets.

New analysis presented in the global report shows that the world is failing to feed children well during the time in their lives when it matters most – before two years of age. It draws on a range of evidence sources, including regional analyses and real-life

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experiences of mothers across different countries, to highlight the most salient barriers to good diets for young children. The report outlines key actions for decision makers to make nutritious diets a reality for every child.

- The report's *Brief* summarizes eight key findings and calls on governments and partners for collective efforts to transform food, health, and social protection systems by leading ten key actions. The brief is available in English, French, Spanish, Arabic, Russian and Portuguese.
- The [Child Nutrition Report Data Tables](#) present detailed data on diets of young children at the country, regional and global levels.
- [Updated infant and young child feeding database](#) (see the brief explainer video below)
- [Feeding my Child: How mothers experience nutrition across the world](#) provides unique insights into the feeding challenges many families face today.'

The first five of the ten key actions described in the report to improve young children's diets are –

### **Food system**

1. Increase the availability and affordability of nutritious foods – including fruits, vegetables, eggs, fish, meat and fortified foods – by incentivizing their production, distribution and retailing.
2. Implement national standards and legislation to protect young children from unhealthy processed and ultra-processed foods and beverages and harmful marketing practices targeting children and families.
3. Use multiple communication channels, including digital media, to reach caregivers with factual information and advice on feeding young children, and increase the desirability of nutritious and safe foods.

### **Health system**

4. Expand caregiver access to quality counselling and support on feeding young children by investing in the recruitment, training, supervision and motivation of community-based counsellors and workers.
5. Deliver dietary supplements, home fortificants and fortified complementary foods to young children at risk of micronutrient deficiencies, anaemia, and growth and development failure.

*Your feedback is encouraged on ways to improve the diets of young children seen in your clinic including promotion of breast feeding – please let us know!*

The report contains [reports](#) from mothers round the world which allow us to gain insight in their difficulties, here are some short clips from the intriguing comments:

**In 2019, more than 500 mothers of young children took part in workshops in 18 countries to talk about how they feed their children and the challenges they face in providing high-quality nutrition.**

### **Mothers limit children's access to unhealthy foods outside the home**

Mothers tried to limit children's access to unhealthy foods outside of the home. To do this many mothers took food and drink with them when outside. However, they also admitted that

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as a treat for their child they purchase a range of foods, and often these are unhealthy foods or drinks.

### **Mothers can distinguish healthy from unhealthy foods**

Most mothers correctly identified the foods and drinks that their child consumes on an average day as healthy or unhealthy. However, one in five said they lack knowledge about healthy and unhealthy foods and drinks for their children and themselves. Meals prepared at home were considered healthier than meals bought outside the home, and mothers were particularly wary of food purchased at outside street stalls. Fruit and vegetables were considered healthy, and almost one in four mothers rated animal source foods as unhealthy. Mothers rated fried foods, sweetened beverages and snacks as unhealthy for their children and themselves, but many still gave these foods to children or wished they could offer them. Some mothers stated that they or their family members do not like the taste of healthy food so they opt for less healthy food, and that sometimes it is just more convenient to buy unhealthy food.

**Tony Waterston**

## **8. COVID and Social Pediatrics reflections**

### **8.1 COVID 19 in Japan**

The number of cases of COVID-19 per day has already exceeded 20,000 in Japan. The Japanese government seems to be aiming to control the infection, but I don't think it has taken the right steps.



While strongly stepping on the accelerator of Tokyo 2020, which is visited by about 100,000 foreigners from all over the world including the Paralympics, they insist that citizens put up with their daily lives and spend their time quietly at home in order to suppress COVID-19.

Even if they expect it, I think their messages are inconsistent and never reach us. People have become accustomed to the statements of "lockdown", which is issued many times in populated areas. The orders of suppressed activities are mainly targeting restaurants, and there are many restaurants labelled as not following the instructions on the homepages of local governments. When I heard that a father of my patient ran a restaurant in a downtown area in Osaka, I was worried that they couldn't make their living. The government asks for complicated documents for the subsidies. In fact, it seems unclear whether customers of restaurants are the main factor in spreading infection.

There are also big questions about the PCR testing system in Japan. When the number of infections was low, it may have been efficient to detect the clusters and cut off their



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transmission routes. However, the cases with unknown routes are the majority in urban areas these days. So, this method is no longer working.

It is true that the number of positive cases per population is in an order of magnitude smaller than other high-income countries, but the PCR tests per population in South Korea is 1.6 times that of Japan, whereas the number in Korea is half that of Japan. In Australia, the test is 7 times of Japan, which is one-sixth of the number of cases in Japan. Successful Taiwan and New Zealand also carry out far more tests than Japan. A Japanese epidemiologist is warning that the real cases are possibly double and more in Tokyo and surrounding areas.

In the UK, where the same health insurance system as in Japan is established, PCR test kits are sent to each home free of charge. And even under the conservative government led by Prime Minister Johnson, people are regaining daily life with trusting the politics. In Sweden, clusters occurred frequently in care homes for the elderly, and questions were raised about policies prioritising to keep daily life from other European countries, but the citizens calmly accepted the policies based on the scientific decisions of Dr Tegner and his team, and the trust is basically unwavering.

On the other hand, in Japan, can you trust the government? The government insisted on the decision to force the Olympics despite the many anxieties of citizens and ignored the comments of the Chairperson of the Infection Control Subcommittee by experts as a personal opinion.

**Hajime Takeuchi**

## 9. Climate Change Upgrade

### 9.1 Young people very worried by climate change

The BBC reported in September the results of a survey carried out by Bath University across ten countries with responses from 10,000 young people between 16 and 25, concerning their feelings about climate change. Key findings of the report are – Nearly 60% of young people approached said they felt very worried or extremely worried. More than 45% of those questioned said feelings about the climate affected their daily lives. Three-quarters of them said they thought the future was frightening. Over half (56%) say they think humanity is doomed. Two-thirds reported feeling sad, afraid and anxious. Many felt fear, anger, despair, grief and shame - as well as hope.

One 16-year-old said: "It's different for young people - for us, the destruction of the planet is personal."

We as adults have to show that we recognise and respond to these feelings by taking action ourselves through our personal lives as well as by political advocacy.

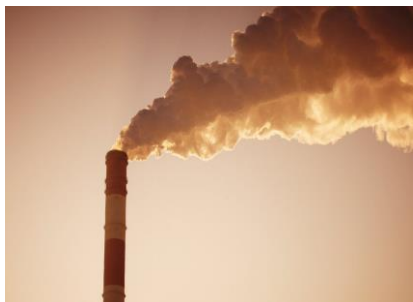
**TW**

### 9.2 UN warning over countries' climate action plans

The BBC reports on progress in advance of the COP in Glasgow

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Scientists recently confirmed that to avoid the worst impacts of hotter conditions, global carbon emissions needed to be cut by 45% by 2030.

But this new analysis [from the UN] shows that those emissions are set to rise by 16% during this period.

That could eventually lead to a temperature rise of 2.7C (4.9F) above pre-industrial times - far above the limits set by the international community.

**TW**

### 9.3 Ten policy points for climate change action from Kevin Anderson

Professor Kevin Anderson from Manchester is the leading climate scientist who gave the remarkable and concerning presentation at the ISSOP Webinar in the climate crisis series earlier this year (still available on ISSOP website at

<https://www.youtube.com/channel/UClkPU1qjQsn7ZjJ3dkgjoTQ> )

Kevin has responded to the UK's proposed action to reach net zero emissions with a list of his own which to say the least is more realistic.

**TW**

### Policy outline to put the UK on track for 1.5°C

- 1) Immediate moratorium on all new fossil fuel developments
- 2) Phase out all fossil fuel production by 2035 (*with a 'just' transition for the workers*)
- 3) Immediate moratorium on airport expansion
- 4) Stringent frequent flyer levy (*to stop frequent flyers, yet still permit occasional trips*)
- 5) Move away from cars (inc. EVs) in cities & dense urban areas
- 6) Facilitate a major shift to active, public & virtual transport
- 7) All new buildings to be Passive House standard with onsite renewables
- 8) Major retrofit agenda for all those buildings expected to remain in use
- 9) No new fossil fuel power stations
- 10) Massive programme of electrification of energy supply/use (*3-4x current level in ~20yrs*)

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### 9.4 Fridays for Futures Movement in the 24<sup>th</sup> of September

The young climate activist, Greta Thunberg and young people joined in London for the first major Fridays for Future under the pandemic. The webinar in April introduced this FFF and other CYP's activities.

<https://www.youtube.com/watch?v=DD2R5piKnU&t=1215s>



Photo from the Washington Post (HT)

## 10. Social Pediatrics around the world

### 10.1 Spanking stunts emotional intelligence

#### Spanking Stunts Emotional Intelligence



Socio-Emotional Skills

DELAYED



Self  
Regulation



Empathy



Understanding  
social cues



Interpreting  
others'  
behaviors



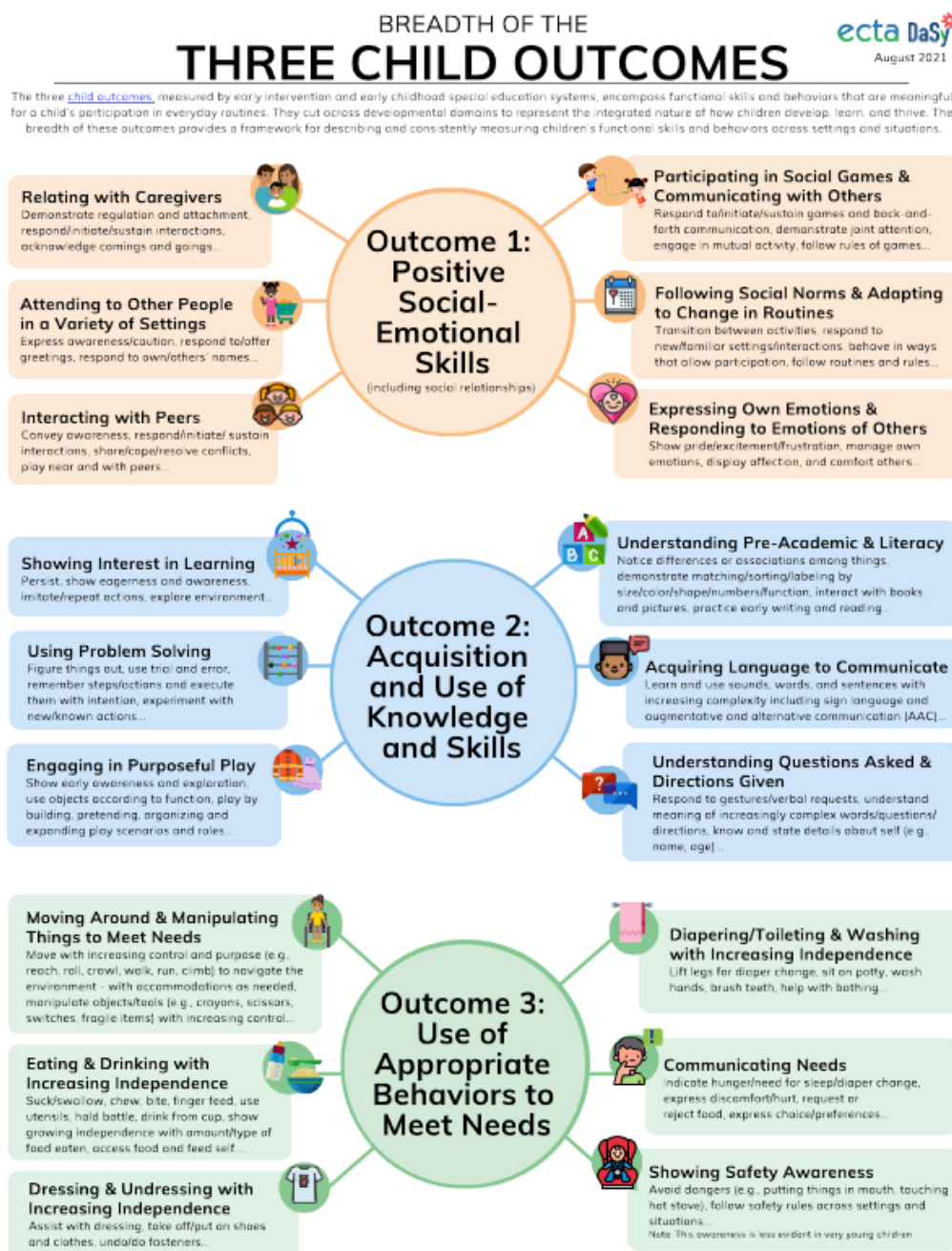
Positive  
interaction with  
others

**Spanking** predicted reductions in Socio-Emotional skills in research study of 1,377 children. 2021, Cuartas, Child Development



### 10.2 The Three Child Outcomes (RM)

The three child outcomes, measured by early intervention and early childhood special education systems, encompass functional skills and behaviors meaningful for a child's participation in everyday routines. The infographic, developed by ECTA and DaSy, displays the breadth of these outcomes and provides a visual framework for describing and consistently measuring children's functional skills and behaviors across settings and situations. The outcomes cut across developmental domains to represent the integrated nature of how children develop, learn, and thrive.

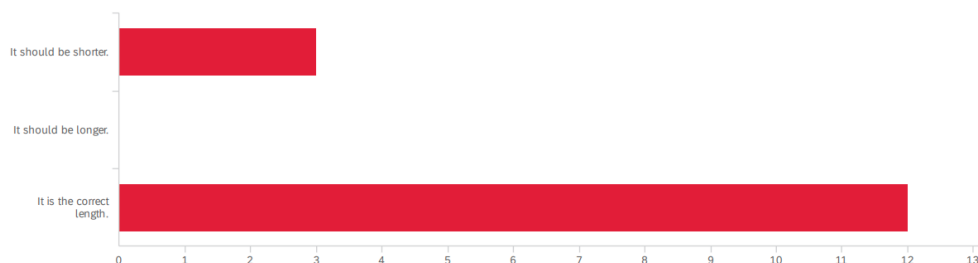


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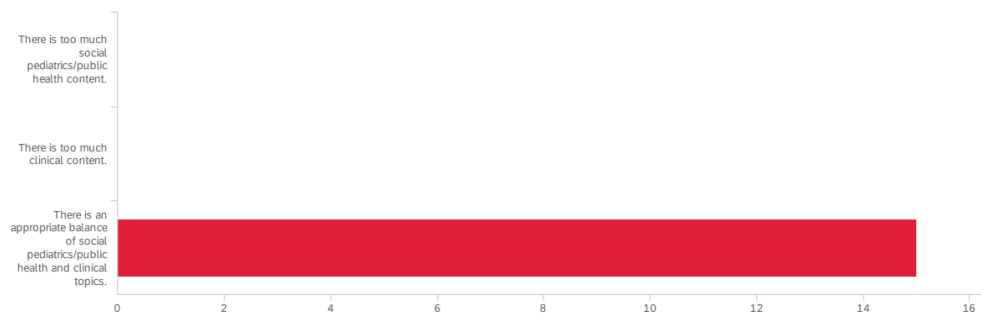
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### 10.3 ISSOP e-bulletin survey update, by Rita Nathawad

#### Q1 - How do you feel about the length of the e-Bulletin?



#### Q2 - With regards to the balance of social pediatrics/public health and clinical topics in the e-Bulletin:



#### Q3 - With regards to full text and referencing links to information in the e-Bulletin:



#### Q4 - Please suggest topics you would like to see in the e-Bulletin, either as a one off or as a recurring theme/regular heading.

- Perhaps a regular section on Majority world concerns: Migration, Immunization, Summary of articles on social pediatrics
- Pediatric Trainees and how they are advocating for our patients--an advocacy spotlight!
- Efforts from social pediatrics to accelerate children's rights in COVID-19 Pandemic
- More announcements about webinars, conferences, etc
- Global health or International Child Health
- Member profiles would be interesting to see - also how members view child rights in their own context, and the notion of how members view child rights and responsibilities as a way of moving our advocacy forward.
- Children of migrant families
- Networking/collaboration opportunities