

ISSOP e-Bulletin N°57

May 2022



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1. Introduction

Welcome to the May e-bulletin, which finds Europe still at war and according to the UN, one hundred million refugees are now displaced round the world <https://www.theguardian.com/global-development/2022/may/23/total-displaced-people-now-at-staggering-milestone-of-100m-says-un> ISSOP has made a new statement of solidarity with Russian Health professionals, which we ask you to read and circulate. We have no wish to enter a new cold war when relationships became almost impossible between Russia and the US and when the ground breaking work of International Physicians for the Prevention of Nuclear War (IPPNW) brought together Russian and international doctors from across the world in common cause against the spread of life-threatening weapons. Our cause is to promote the best interests of children, and we call for support from health professionals from all countries, ethnicity and political persuasion. We would like to have Ukrainian doctors, nurses and others among the ISSOP family so please put us in touch if you have any contacts.

This month we have articles on reproductive rights in the USA and Latin America, child rights during COVID 19, a new report from UNICEF on over-consumption and child health, and more. We welcome your feedback on these.

We also need feedback on the e-bulletin. Please write to the address below, with your view on the most interesting article in this issue, plus any suggestion on what you would like to see next time round. We are depending on you!

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



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

editor@issop.org

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1.1 Message from Jeff Goldhagen – President of ISSOP

Dear friends and colleagues. I hope this note finds you and your families well. With the world fixated on the war in Ukraine, the plight of children around the world continues in its extreme. In particular, the status of children in street situations and children otherwise impacted by child labor throughout the majority world remains a critical violation of children's rights for tens of millions of children. General Comment 21 of the UN Convention on the Rights of the Child brings attention to these children. Our colleagues in ISPCAN and other international organizations have had an ongoing focus on addressing the realities surrounding these children.

In collaboration with ISPCAN, the Indian Academy of Pediatrics' Child Abuse Neglect & Child Labour group, IPA, and other organizations, ISSOP is planning to convene a 2-day conference prior to the IPA meeting this fall in India. The focus of the meeting will be to understand how Social Pediatricians can best respond to the situation of children on the streets, and plan for that response. While we will continue to work in the areas of climate change, violence against children, and our other endeavors, this is a critical global issue in which ISSOP needs to become involved in collaboration with other organizations.

Toward this end, we welcome you to help us in this endeavor. We will soon be convening a planning committee and welcome those of you who have a keen interest in this area to become involved. We will be sending a notice and hope you can become engaged—and join us in India. ALL future ISSOP meetings will be hybrid—so there will always be an opportunity to be involved.

On another note, please see the statement on our support for our Russian colleagues in the Bulletin. Please disseminate to your professional organizations for their support and dissemination of a statement in this regard. See sections **10.1** and **10.2** of this issue.

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

Jeff

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2. Meetings and news

2.1 75th World Health Assembly

The World Health Assembly is a decision-making body that meets every year in Geneva—with the assistance of delegations from the Member States—aiming at discussing the global health agenda. These countries have the opportunity to express their opinion regarding the discussed, and establish global alliances to address them. The 75th assembly was convened this year, under the slogan "**Health for Peace, Peace for Health.**"

Chile participated with a delegation led by its Minister of Health. During the meeting, the country's roadmap—including the short, medium and long term policies—was shared in different sessions, forums and bilateral meetings, achieving political, technical and economic support to advance towards the reform of the Chilean health system to implement a National Health System as well as initiatives in other topics, such as COVID-19 response and the recovery of health services, key for the health and well-being of the country's population.

The main results and commitments established during the Assembly were: gaining WHO'S support for the development of the health reform project in Chile. The activities included bilateral meetings with countries that have been used as benchmark for the health system reform such as United Kingdom, Finland, Norway and Sweden. Likewise, Chile promoted the idea of reaching "a global agreement on pandemics", in order to establish new mechanisms of coordination at the global level. This process has already started, with the establishment of a work plan, creating a space for collaboration between UNITAID and Chile in topics like Chagas, HIV, Malaria and Tuberculosis.

Figure 1: Bilateral meeting between WHO Director General Dr. Tedros, and Minister of Health: Dr. Yarza



Constructive Dialogue of Chile with the CRC

On May 24 and 25, 2022, a constructive dialogue took place between Chile's delegation and the UN Committee on the Rights of the Child. The Committee, is integrated by 18 independent experts, was in charge of assessing the country's commitments in the matter, including the State's accountability for the implemented actions carried out as a response to the issues in the 6th and 7th reports presented by Chile in 2016 and 2017.

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The Chilean delegation was led by the Minister of Social Development and Family, Dr. Jeanette Vega and the Undersecretary for Children, Rocío Faúndez, with the participation of the Ministry of Justice, the Ministry of Health, the Public Ministry, the Ministry of the Internal Affairs, the Supreme Court, and the Legislative sector. Additionally, the delegation was accompanied by UNICEF, the Ombudsman for Children, the National Institute of Human Rights, and representatives of civil society.

The experience of presenting and justifying the actions carried out, revealing gaps and sharing advances, is a necessary exercise to evaluate and amend the actions implemented so far and to commit to new policies that recognize and protect the rights of children, particularly from the State.

It was not an easy experience, since it requires acknowledging flaws and pending issues. However, we recognize the value of being able to participate in this instance of high level policy makers, as a tool to advance towards a society that guarantees integrated and integral implementation of the Convention.

Figure 2: Official delegation of the Government of Chile to the CRC



By Catalina Izquierdo and Fernando González

2.2 End Violence Against Children – End Corporal Punishment (June 14th)



Join to hear from over 30 powerful diverse voices from across countries and expertise – UN leadership & CEOs, government ministers & royalty, children & survivors, influencers & celebrities – all united by a shared vision of a world without violence against children. **We are particularly pleased to announce that Golden Globe-winning actress Samantha Morton and inspirational Pakistani Parliamentarian Mehnaz Akbar Aziz will talk about ending corporal punishment.**

Register [here!](#)

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International Organisations

3.1 Current Financial crisis in Sri Lanka Negatively Impacts Neonatal Care. Assistance requested

Colleagues at the Perinatal Society of Sri Lanka have informed us of a severe country-wide shortage of infant resuscitative equipment. The shortage is secondary to a political and economic crisis in the country, described as the worst financial crisis since independence in 1948. The result for hospitals is a lack of funding for basic medical supplies. Neonatologists are in desperate need of cuffed and uncuffed infant endotracheal tubes, amino acid solutions, and intravenous lipid solutions, neonatal disposable breathing circuits (Fisher and Paykel) as well as other supplies. They kindly request any possible assistance to save newborn babies in Sri Lanka at this critical junction in the country's history.

Sri Lanka's recent perinatal efforts have resulted in marked improvements in the neonatal mortality rates. They manage babies from 23 weeks gestation and up. Most of their neonatologists trained in the United Kingdom or Australia and they are grateful to both governments for providing these training opportunities. But now much essential consumables are not available in hospitals and the neonatal unit. With the current financial difficulties, the recent advances in neonatal care are in jeopardy.

Dr. Saman Kumara as the first neonatologist and the President of the Perinatal Society of Sri Lanka is exploring ways of at least temporarily sorting through some of the supply issues. One major and extremely critical issue they are facing in neonatal care is a lack of endotracheal tubes. Almost all current stock is used, and no ET tubes will be available

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in the next few weeks. Staff have been instructed not to discard used endotracheal tubes but to clean and sterilize them as they may have to reuse them as a desperate solution. They would welcome any donations of endotracheal tubes, neonatal ventricular circuits (Fisher and Paykel) or any other useful consumable items.

Individuals who are able to help should please email Dr Saman Kumara, the President of the Sri Lankan Perinatal Society for more information and a complete list of needed supplies at drsamankumara@yahoo.com

For more information: https://www.youtube.com/watch?v=c-mK_96jaMA

Contributed by Francis Rushton, USA

4. Current Controversy

4.1 Reproductive Rights ARE Child Rights

Strong debate is occurring within the United States, where a [recently leaked memo](#) from the supreme court discussed the presumptive reversal of Roe v. Wade, the landmark 1973 Supreme Court decision that legalized abortion. Politics and the partisan assignment of anti-abortion judges to the Supreme Court have led to the threat of overturning this decision, which could end a 50-year gain in reproductive rights for women in the United States.

The rhetoric amongst the anti-reproductive rights opinion is all about “killing a baby”. The breadth and depth at which this decision could lead to child abuse and gender oppression in the United States cannot be discounted. Several states have tightened restrictions at a ridiculous level for termination of pregnancy. This includes cases where a wanted and loved child is found to have anomalies inconsistent with life; this decision would force a mother to carry this child to term, only to increase her physical risks with delivery and emotional risks knowing her child will pass shortly after birth. This includes incidents where a child has already died within the womb, and removal of the products of conception would not be performed because “there might be a heartbeat”. This includes women who have been assaulted and have become pregnant through rape or incest. In my work with child migrants and refugees, I [CK] have seen girls as young as age 10 who suffered assault and are pregnant as a result; denying termination of pregnancy for these young girls is as far from “child rights” as one can get. The anti-reproductive rights opinion continues to seek to limit or outlaw contraception as well.

The literature supports the fact that restricting access to safe pregnancy termination **increases** infant mortality. (1) The study by Pabayo et al clearly demonstrates higher death rates in babies and up to a 21% increase in maternal mortality when abortion access is limited. (2) Safe access to pregnancy termination has resulted in a decline in abortion rates in the United States from 29.3/1000 in 1981 to 13.5/1000 in 2017 for women ages 15-44yr. (3)

There is grave concern that lower resource countries will follow the path of the United States in restricting access to safe abortion should the Roe v. Wade decision be reversed by the Supreme Court. Many of the sustainable development goals are dependent on reproductive justice actions for women around the world. As a global community we cannot risk reversing the gains we have made in the past few decades. (4)

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Make no mistake: restricting abortion access is NOT about saving babies' lives. This is government sanctioned gender oppression.

If the anti-reproductive rights opinion truly cares about child rights, there would be movement to provide universal healthcare that covers pre-conception health, contraception and abortion access, prenatal and ongoing maternal-infant care, paid family leave, high quality early education and childcare, and universal preschool. These are some of the values consistent with a pro-life, pro-child rights opinion, necessary words in our pediatric voices to advocate for our children.

A Latin American and Caribbean perspective

The progress and setbacks in terms of sexual and reproductive rights is not very different below the Colorado River.

The countries of Latin America and the Caribbean offer a diversity of situations regarding the existence or not of policies in favour of sexual and reproductive rights. In relation to safe abortion, there are countries that have legislated on the matter and others, on the other hand, that penalize any abortion practice, including those that are linked to the progression of a spontaneous abortion or an ectopic pregnancy (it is only attended in case of complications). Similarly, the gender perspective shows a spectrum of situations in terms of countries that recognize gender diversity as a social strength and others where gender is considered an ideology and, as such, must be eradicated.

The metaphor of the "crime of a baby" is also used by conservative and religious sectors to dissuade those who wish to modify the course of their pregnancies. Argentina, for example, created the figure of the "[unborn child](#)" and incorporated it as an observation within the Convention on the Rights of the Child in the 1990s. Unfortunately, this position was copied by other Central American countries and incorporated into their constitutions.

It is estimated that 50% of pregnancies in Latin America are the result of unwanted or unplanned situations and that, in the case of girls under 14, they are the result of sexual abuse (an expression of violation of the rights of the child). (5)

From a public health perspective, preventing unintended pregnancy (through comprehensive sexual education, contraception, and safe abortion) is one of the most effective measures to reduce severe maternal morbidity and maternal mortality. (6)

During the recent debate to decriminalize abortion in Argentina, we had the active participation of the former President of the United Nations Committee on the Rights of the Child, Luis Pedermera. His contributions were important in highlighting the importance of guaranteeing the rights of women to promote those of their children.

The agenda of women and that of children go hand in hand

In short, pediatricians must recognize the importance of guaranteeing sexual and reproductive rights as a way to promote children's rights. For children to be healthy, their mothers must be healthy, early pregnancy is a child rights violation, maternal deaths result in orphaned children, and losing a mother is a child rights violation.

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The problem of sexual and reproductive health, its political and health implications, must be recognized by the pediatric community to advocate reproductive rights as a way to guarantee the rights of the child.

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By Colleen Kraft (US) and Raul Mercer (Argentina)

5. CHIFA Report – IPA Report – ISSOP/INRICH Report – CAP 2030 Report

5.1 CHIFA Report

CHIFA: Update and call for volunteers!

Child Healthcare Information for All (CHIFA) is a moderated online forum for discussions on global child health issues, with a focus on low- and middle-income countries.

The current moderation team is Tosin Popoola, Tony Waterston and myself, Tom Hutchison, supported by an international steering group. CHIFA is jointly administered by ISSOP, ICHG (International Child Health Group) and Global Healthcare Information Network (the small non-profit that administers HIFA in official relations with WHO).

Both CHIFA www.CHIFA.org and HIFA 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 reliable healthcare information on 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.

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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 88 postings from CHIFA members in 13 countries (Brazil, Denmark, Iceland, India, Italy, Japan, Malawi, Nigeria, Switzerland, Tanzania, Uganda, UK, USA). Many postings are articles of general interest in major peer reviewed journals. Others are direct from organisations such as WHO. 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

The range of topics, just in 2022 has been huge, with contributions from all round the world. Everything is in English. French, Portuguese and Spanish speakers are invited to also join HIFA-French, -Portuguese, and -Spanish.

January 2022, 14 topics

- Digital interventions to improve health literacy: Journal health literacy research
- Economic sanctions harm children: UK BMJ
- Child rights and the environment: UN CRC
- Global risk of death and disability under 5: Nigeria
- Training modules of paediatric surgery in Gaza: Germany
- Begging during COVID lockdown: Iceland
- Report on adolescent health: WHO
- Reducing child mortality in resource limited setting: Lancet and Brazil
- Kangaroo baby care not taken up: Italy
- Retinoblastoma outcomes: Lancet global health paper

February 19 Topics

- Direct comparison between diagnostic tools: request to CHIFA members: USA
- Marketing of Infant formula: WHO
- Call for Group B strep. abstracts: USA
- Impact of pictorial health warnings on purchase of sugary drinks: USA
- Parental views about routine immunisation: webinar USA
- Conflicts of interest harming maternal child health: BMJ global health
- Continuum of care in Adolescent care: advert for global health webinar
- Advocating against violence and torture: message from Int Soc social paediatrics
- Launch of report on Marketing infant formula: WHO
- Guidelines on paediatric cancer surgery: Internationally consulted document: UK
- Helping colleagues in Ukraine: Denmark
- Early cancer diagnosis in Senegal: WHO Africa

March, 12 Topics

- Impact of tackling tax abuses on achieving SDG goals: paper UK
- Improving newborn care in Africa: South Sudan Med Journal:
- Mitigation of COVID on MCH services: WHO
- Shortening of treatment for children with minimal TB, SHINE trial. NEJM
- Health messages about physical activity UK
- Mitigating harm to children from armed conflict: Statement, Eur..Acad. Paeds.

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- Marketing of formula Milk: editorial Lancet
- Launch of WHO pocketbook primary health care children: WHO
- Care of the small and sick newborn: webinar African Neonatal association

April, 15 topics

- Improving feeding of young children: webinar USA
- Neonatal sepsis and mortality in low-income countries: Lancet global health
- Global health and innovation conference: announcement: Unite for sight
- Gun deaths were the leading child killer in US 2020: Nigeria
- Neonatal sepsis and mortality in LMIC: Lancet
- Immunisation poster 10 messages: UK
- Violence against children with disabilities: Review article Lancet

This has been a special year with the evolution of the Covid-19 pandemic: Covid-19 is no longer the biggest general topic. It is now endemic in vaccinated countries and a continued threat to the unvaccinated. International travel for medical exchange is still reduced and perhaps will stay that way. Methods of online education and conferencing have improved and are here to stay

We expect the steady growth in members will continue as management of information takes increasing importance in health care.

Call for volunteers

1. Currently we are seeking a new moderator to join the CHIFA moderation team. This is an exciting opportunity for a young global child professional to raise their professional visibility, or for an older person to keep in touch with current child health priorities. If you are interested please contact neil@hifa.org.

2. Are you familiar with Twitter, Facebook, Instagram, and LinkedIn? The HIFA social media team is seeking a person with an interest in global child health to join its dynamic group. For further information please contact neil@hifa.org

Tom Hutchison Paediatrician UK

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5.2 IPA Report

In the last issue of the IPA bulletin there are many activities that express a growing effective partnership between IPA and some partner institutions (ISSOP, ISPCAN, ALAPE, among others). These images reflect in detail the description of those activities related with inter-institutional collaboration. You can access to more information through <https://ipa-world.org/uploadedbyfck/IPA-Newsletter-Year-2022-Vol-16-Issue-2.pdf>

IPA Monthly Webinars by Education and Advocacy SC Subcommittee

February 2022

"Pitfalls in Pediatric Surgery: What the Pediatrician Needs to Know"

On 24 February 2022, a webinar on "Pitfalls in Pediatric Surgery: What the Pediatrician Needs to Know" was conducted as the first of upcoming monthly webinars by the IPA Education and Advocacy SC Subcommittee. The webinar commenced with opening remarks from **Prof. Enver Hasanoglu** as IPA President. He highlighted the importance of learning and identifying pitfalls in pediatric surgery as it is in line with IPA's mission as the global voice for Every Child, Every Age, Everywhere.

The webinar that attracted 999 registrants was led by **Dr. Raúl Mercer** as the Moderator of the webinar. **Prof. Sameth Shehata** explained the common pitfalls in the practice of pediatric surgery, recommendations for treatments, management, and therapy from clinical cases and published papers, and the referral timings for each condition. He ended the presentation by highlighting the responsibilities of pediatricians, pediatric surgeons, and parents in ensuring the health and safety of children.

A robust discussion occurred during the Q&A Session where a large number of queries were received, prior to and during the webinar, from participants all over the world. For questions that had not yet been answered, participants were encouraged to join the Facebook Discussion Forum (<https://www.facebook.com/groups/1003012623610327/>) by the IPA Education and Advocacy SC Subcommittee where pediatricians can have more in-depth discussions. The recording of the webinar is available to watch on Youtube through: <https://bit.ly/LIVEduWebinarFeb2022>.



Left-Right: Dr. Raúl Mercer as moderator and Prof. Sameth Shehata as speaker.

March 2022

"What the Pandemic Teaches on Adolescent Mental Health"

The webinar on "What the Pandemic Teaches on Adolescent Mental Health" was held on 18 March 2022. IPA received a total of 713 registrants, including pediatricians, doctors, and healthcare professionals from 59 Countries, through Zoom and YouTube live stream. **Prof. Enver Hasanoglu**, the IPA President, started the webinar by giving a remark. He pointed out that pandemics significantly impact children and adolescents' education, social

April 2022

"Introducing a Child Rights-Based Approach in Clinical Practice"

The IPA Education and Advocacy SC Subcommittee held the third webinar on their monthly webinar series on 22 April 2022. The webinar entitled "Introducing a Child Rights-Based Approach in Clinical Practice" was moderated by **Dr. Raúl Mercer**, with **Dr. Jeffrey Goldhagen** as the speaker. **Prof. Aman Pulatingan**, IPA Executive Director, opened the webinar by welcoming the 509 registrants from 61 countries, the speaker, and the moderator.

During his presentation, Dr. Goldhagen explained the Millennial Morbidities of Child Health as defined by social and environmental determinants; the relevance of Social Epidemiology and Life Course Science to the health and well-being of children; and how to translate the epidemiology and science of children's health into contemporary pediatric practice using the principles, standards, and norms of child rights. An interesting discussion led by Dr. Mercer addressed several questions that are categorized into several topics, for example, the age of children on the child rights, child rights in the covid pandemic, and child & clinical practices. The recording of the webinar is available to watch on IPA YouTube through the following link: <https://bit.ly/LIVEduWebinarApr2022>.



Left-Right: Dr. Jonathan Klein as moderator and Dr. María del Carmen Calle Davila as speaker.

life, and mental health. Therefore, he encouraged the attendees to ensure and protect the young generation's mental, emotional, and behavioral health together.

Dr. María del Carmen Calle Davila presented how to recognize the importance of protecting the mental health of adolescents, review the impact of the COVID-19 pandemic on adolescent mental health, and inform how to obtain tools for early identification and adequate response to warning signs of adolescent mental health problems. During the following Q&A session, **Dr. Jonathan Klein** sorted the questions received from the registrants prior to the webinar and questions received live during the webinar into several discussions. The recording of the session is exclusively available for IPA members and networks to watch on youtube: <https://bit.ly/LIVEduWebinarMar2022>.

- 2. Impact of COVID-19 pandemic on Adolescent Mental Health (12)
 - Threatened adolescent emotional and mental well-being/ restrictive orders.
 - Voices were not taken into consideration in the policy making. The adolescent population has never been stigmatized again as irresponsible individuals.
 - The most affected/ marginalized population.
 - Access to the interventions. For those living in SDG4-negative environments or with pre-existing psychological disorders, the impact is greater.
 - The most reported mental health problems are distress, depression, anxiety, increased frequency of drug use, poor sleep and eating habits, addictive gambling behaviors and suicidal behaviors. (11)



Left-Right: Dr. Jeffrey Goldhagen and Dr. Raúl Mercer



International Pediatric Association
Every Child - Every Age - Everywhere

IPA Regional Activity Recap Latin America REGION

On April 19th 2022, ALAPE's Committee of Social Pediatrics held their first webinar, hosted by their president Dr. Iliana Curiel, and Dr. Raúl Mercer as the guest speaker. Dr. Raul who owns a masters in epidemiology is a coordinator of the Social Sciences and Health Program of the Argentinian FLACSO, a member of the Social Pediatrics of ALAPE, and an ISSOP representative held an interesting presentation about the importance of the Social Pediatrics in Latin América, their scope and action areas, and the regional and international challenges.

Click on the links below to enjoy this webinar on Facebook (<https://fb.watch/cD7nNrcRYz/>) and YouTube (<https://youtu.be/dP6axepY3tE>).

Our vice-president Marcela Fama, member of the IPAs Humanitarian Emergencies SAG Group in conjunction with ISSOP members presented an official statement regarding the war conflict in Eastern Europe, which has a negative impact on children and teenagers in the region. This statement represents the interest of all Latin American pediatricians in ensuring the well-being of children, not only in Ukraine but the world. We also have promoted other initiatives, encouraging our subsidiaries all around Latin America to join us and together make a call for peace on behalf of the medical community of the world.

Upcoming ALAPE events

We are getting closer to celebrating our XIX Latin American Congress of Pediatrics and the XIV Dominican National Summit of Pediatrics, from September 29th to October 1st 2022 in Punta Cana, Dominican Republic, we are so excited about the Scientific Program that our committee assembled for this year, you don't want to miss it! Check out the official website www.alape2022.com where you can find the seminar topics, the platform to upload conference abstracts, and the accommodation rates at the paradisiacal Hard Rock Hotel, registrations are now open!

ALAPE will be sponsoring the III International Congress of Children's Nutrition and Breastfeeding called "Infant Nutrition: beyond the biological condition", this online event is co-organized by the Colombian Ministry of Health alongside the Andes University, ISSOP, and Fundación Exito, from May 24th to May 26th, the main topics will be micronutrients, breastfeeding, and infant nutrition background.

Dr. Carlos Gilberto Alonso Rivera
President, ALAPE

International Pediatric Association | Newsletter



International Pediatric Association
Every Child - Every Age - Everywhere

International Subspecialty Pediatric Societies

International Society for Social Pediatrics and Child Health (ISSOP)

ISSOP (International Society for Social Pediatrics and Child Health) has been actively engaged over the past several months with initiatives addressing a number of critical global issues impacting children.

- Our Covid-19 research group has engaged more than 100 researchers worldwide in collaborative endeavors to engage the voice of children to better understand their experiences and needs during the pandemic. In partnership with the British Medical Journal Pediatrics Open, we sponsored a collection of manuscripts addressing the voice of children that resulted from the research collaboration.
- In response to the crisis in Ukraine, we have nearly 1500 signatures on a petition to develop a legally-binding global agreement, based on the UNCR, to protect children in armed conflicts. <https://www.change.org/ProtectChildInArmedConflicts>
- In collaboration with ISPCAN and UC San Francisco, we held a 4-session series on Identifying and Responding to the Torture of Children and will be generating a strategic response.
- Our efforts related to the Climate Crisis post COP26 will now focus on engaging a coalition of pediatric organizations to work as a collaborative to ensure the rights of children are fulfilled in response to climate change.
- We continue to be actively engaged in addressing the impact of global marketing on children, including breast milk substitutes.
- These are among the many initiatives in which ISSOP invites you to participate (www.ISSOP.org).

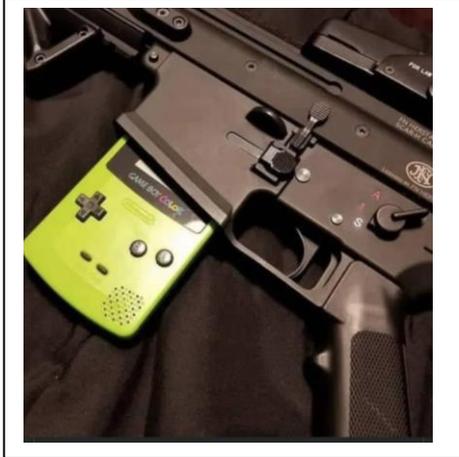
Dr. Jeffrey Goldhagen
President, ISSOP

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6. FACTS:

6.1. How to introduce a Game Boy in a school in the United States without arousing suspicion



The recent episodes of shootings that occurred in educational establishments and public places in the United States show a harsh reality characterized by:

- The recurrence of events
- The ages and motivations of the perpetrators
- The absence of a state that defends the rights of people, particularly children and adolescents, in the restriction of the use of weapons.
- The power of the arms lobby that is part of a warmongering culture installed, forming a violent stereotype that characterizes certain sectors of the American society.

- The lack of ratification and implementation of the Convention on the Rights of the Child as a regulating element in people's lives.
- The abundant evidence in the literature that shows us that weapons are not good for health. (Sounds obvious, I know, but it seems that scientific evidence is not enough to change policy maker's minds).

This bizarre image is a point to stimulating collective reflection.

RM

7. Publications

7.1 WHO report on infant formula marketing

The second WHO report on infant formula marketing was published at the end of April, we highlighted the first report in the last e-bulletin. Here I am providing a link to the [Daily Maverick report](#) from South Africa which was sent round on CHIFA by our colleague and Cape Town academic Katie Pereira-Kotze and is worth a read – it also quotes and references the WHO report.

Here are some quotes from the Maverick –

'This [new report](#), released this morning, entitled 'Scope and impact of digital marketing strategies for promoting breast-milk substitutes,' uncovers flagrant violations of [WHO's International Code of Marketing of Breast-milk Substitutes](#) ("the Code") by formula-milk manufacturers around the world – despite its adoption by WHO's 194 member states in 1981. The report says that digital marketing is on the rise, becoming the dominant form of marketing in many countries, with more than 80% of consumers' exposure to advertisements for formula milk occurring online.

The under-the-radar marketing techniques used by formula-milk companies include individually tailored and timed targeting of content to mothers and others who influence feeding decisions, social-media influencers, online 'baby clubs', 'user-generated' promotions

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(that seem to come from a trusted source) and information from formula-milk brands' own social media accounts.'

'264 breast-milk-substitute brand accounts were monitored for this study and were found to post content around 90 times per day, reaching 229 million users.

"The most striking thing about these findings was not actually something new," said Nina Chan, a WHO infant and child feeding consultant, "it was more of the same unethical marketing practices we've been seeing for decades. The difference is that now it's supercharged by powerful algorithms that mine mothers' data footprints and eavesdrop on their online conversations."

It is remarkable and ground-breaking for WHO to undertake such important consumer research and we should do our best in ISSOP to publicise the findings and ask our governments to strengthen their laws on infant formula promotion.

TW

7.2 Over-consumption and child health – UNICEF report

FLORENCE/NEW YORK, 24 May 2022 –

The majority of wealthy countries are creating unhealthy, dangerous and noxious conditions for children across the world, according to the latest Report Card published today by UNICEF Office of Research - Innocenti.

[*Innocenti Report Card 17: Places and Spaces*](#) compares how 39 countries in the Organisation for Economic Co-operation and Development (OECD) and European Union (EU) fare in providing healthy environments for children. The report features indicators such as exposure to harmful pollutants including toxic air, pesticides, damp and lead; access to light, green spaces and safe roads; and countries' contributions to the climate crisis, consumption of resources, and the dumping of e-waste.

The report states that if everybody in the world consumed resources at the rate people do in OECD and EU countries, the equivalent of 3.3 earths would be needed to keep up with consumption levels. If everyone were to consume resources at the rate at which people in Canada, Luxembourg and the United States do, at least five earths would be needed.

While Spain, Ireland and Portugal feature at the top of the league table overall, all OECD and EU countries are failing to provide healthy environments for all children across all indicators. Some of the wealthiest countries, including Australia, Belgium, Canada and the United States, have a severe and widespread impact on global environments – based on CO2 emissions, e-waste and overall consumptions of resources per capita – and also rank low overall on creating a healthy environment for children within their borders. In contrast, the least wealthy OECD and EU countries in Latin America and Europe have a much lower impact on the wider world.

"Not only are the majority of rich countries failing to provide healthy environments for children within their borders, they are also contributing to the destruction of children's environments in other parts of the world," said Gunilla Olsson, Director of UNICEF Office of Research – Innocenti. "In some cases we are seeing countries providing relatively healthy environments

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for children at home while being among the top contributors to pollutants that are destroying children's environments abroad."

This report from UNICEF adds to the pressure on high income countries to genuinely tackle the over-consumption resulting from marketing directed at children, and which is linked with their still-rapidly increasing carbon emissions.

TW

8. Topics in Social Pediatrics reflections

8.1 The Global Child Rights Dialogue during the COVID-19 pandemic

Outline of Research

Participation of the people concerned has become an important research topic when solving problems that arise in the lives of the elderly and people with disabilities. However, when solving the problem surrounding "children", children's opinions are not considered well. During the COVID-19 pandemic, children have been infringed on their right to learn, play and gather together, regardless of how the children themselves feel about their situations. They are in a case where they have been deprived of the opportunity to express their opinions.

This project is based on Article 12 of the UN Convention on the Rights of the Child (UN CRC), which states that children have the right to express their opinions freely about what is relevant to them, and adults should respect children's opinions. We will clarify that children's rights are violated under the pandemic, and their proposals to the governments to proceed with the rights declared in each article. Furthermore, by implementing this research, we will spread the recognition that children themselves are the main actors in problem-solving when children's rights are violated and realise a society where it is natural to solve problems together with children.

We call our methods "the GCRD in COVID-19". This GCRD in COVID-19, led by Hajime Takeuchi, a member of ISSOP, and funded through several Japanese foundations, is an international project with a remarkable team in Sweden, Tanzania, South Korea and Japan. It started this year and will finalise in 2024.

Background

In 2019, the Global Child project was held in 35 countries, which shared the children's discussion and their proposal on how to proceed with the rights of each article of the UN CRC. <https://www.unb.ca/globalchild/projects/gcrd/index.html>

An applicant (Hajime) participated in this project and was convinced that children could give proposals on how to solve their issues. Although children can solve problems independently, they cannot express their opinions as parties to the problem.

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We use similar methods as this GCRD. And we received a welcome message from Dr Ziba Vaghri, the director of the Global child Program of Research.

Academic "questions"

To establish methods in which children are actively involved in problem-solving for the surrounding problems, it is necessary to further analyse the cases, especially during the pandemic. During the pandemic, children have infringed on their right to learn, play and gather. This study aims to clarify how children feel that their rights have been violated under the pandemic and make proposals for their solutions through these dialogues. Furthermore, we describe the conditions necessary for children to express their opinions independently through this initiative. The researchers' expertise will be utilised to respect children's proposals through the qualitative analysis. Establish a new research method by analysing the processes and results of the efforts made by children as the leading actor.

Aims

The core aim of this study is to establish a method for children to recognise their situation correctly and become the party of problem-solving in cases where the children's rights are violated.

This study, which takes the situations where children's rights are violated under the pandemic, will be conducted by clarifying two points.

(1) Clarify how children's rights are violated under the pandemic through the GCRD in COVID-19 by children themselves.

(2) Clarify the efforts that society and the government should take to solve problems. While respecting the problem-solving methods proposed by children, the researchers add qualitative analysis to the proposals children made independently. We add the new research methods to conventional research.

Hajime Takeuchi

9. Climate change update

9.1 Climate change

IPCC report April 2022

The BBC reported on 4th April on the latest IPCC report on what needs to be done to prevent the present inexorable progress towards disaster.

'The evidence is clear: the time for action is now. We can halve emissions by 2030.'

'UN scientists have unveiled a plan that they believe can limit the root causes of dangerous climate change.'

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A key UN body says in a report that there must be "rapid, deep and immediate" cuts in carbon dioxide (CO₂) emissions.

Global emissions of CO₂ would need to peak within three years to stave off the worst impacts. Even then, the world would also need technology to suck CO₂ from the skies by mid-century.'

<https://www.bbc.co.uk/news/science-environment-60984663>

<https://www.ipcc.ch/report/ar6/wg3/>

Despite the relatively optimistic tone of the report, it is clear that insufficient progress is being made to reach the targets set by the IPCC and that significant changes must come within the next three years if emissions are to be cut in half by 2030.

This will only happen if citizens push their governments **much harder** to take drastic action to stop using coal and oil, insulate houses, change food habits and radically alter modes of transport. Please stand up with your colleagues on this now and report what you have done in the e-bulletin!

TW

9.2 What has happened since COP 26?

The Guardian (UK) reported earlier this month on whether progress has been made in reducing emissions since COP 26 in Glasgow last November. The signs are not optimistic. Finance for LICs is still short of what was promised, coal is far from being phased out, there is too much talk about electric cars and too little about sustainable transport, and de-forestation is soaring in Brazil. The responsibility is on us to bring our governments to book, and fast.

<https://www.theguardian.com/environment/2022/may/14/cash-coal-cars-and-trees-what-progress-has-been-made-since-cop26>

10. War legacies

10.1 ISSOP statement on support and solidarity with Russian health professionals

This statement was issued by ISSOP on 24.5.22

ISSOP strongly defends the importance of ongoing support and collaboration with Russian paediatricians and other health professionals. They cannot be held responsible in their professional capacities for the decision by their President to invade another country.

We recognize that due to sanctions and Russian national policies, our Russian colleagues (including ISSOP members) may be fearful that their collaboration across borders could carry potential personal and professional risks, and that such collaboration will become increasingly difficult.

Thus, ISSOP stands in solidarity with our Russian colleagues, and health professionals in all countries, in support of their ability to work without restrictions globally for the benefit of children and families.

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We welcome current and look forward to future working together with our Russian colleagues (and any others similarly affected), and encourage other health organisations to issue similar public statements.

10.2 Boycott, sanctions and health professional societies

The meeting of European Federation of Psychological Associations (EFPA) General Assembly took place on June 1, 2022, at which the Member Associations in General Assembly took the unanimous decision to expel the Russian Psychological Society from EFPA (<https://www.efpa.eu/efpa-member-associations-have-voted-expel-russian-psychological-society-efpa>) as a consequence of the sanctions put in place against Russia by countries around the world. A few words about the Russian Psychological Society (RPS). The history of RPS dates back to 1885, when Psychological Society was founded at Moscow Imperial University. The Society began to collect and publish works of its members and translate those of prominent foreign psychologists. The isolation of the professional health care community from world science and advanced clinical practice can only contribute to growing stagnation in the provision of health care and is contrary to the interests of our patients and society as a whole. It was as a consequence of the potential damage done to colleagues working in health by sanctions that ISSOP issued its statement which you can read at 10.1, on Support and Solidarity with Russian health professionals. Please spread the word about this statement as widely as possible.

Nataliya Ustinova

10.2 The voices of children through their art and creativity

This drawing is by Anja Rožen, a 13-year-old primary school student from Slovenia, she is the winner of the Plakat MIRU international competition. She was chosen among 600,000 children from all over the world. "My poster represents the land that connects us and unites us. People weave together. If one person lets go, the rest fall. We are all connected to our planet and each other, but unfortunately we are little aware of it". We are woven with each other. The others weave together with me, my own story. And I knit theirs.



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10.3 The rights of children with disabilities during armed conflict

EDITOR—The conflict in Ukraine has sparked massive population displacement. Since February 24th 2022, more than a 2 million children have fled Ukraine to neighbouring countries (<https://www.unicef.org/press-releases/two-million-refugee-children-flee-war-ukraine-search-safety-across-borders>), with the number of refugees growing every day.

Humanitarian actions are urgently needed to safeguard these children's rights to safety, health, education, psychosocial support, and recreation. Children with disabilities are more likely than other children to experience violence and this vulnerability is heightened in humanitarian crises.

1 During armed conflict, the lives of children with disabilities are especially affected as health care and social service infrastructure deteriorates, as well as access to education and recreation. Furthermore, armed conflict has a major negative effect on the mental health of children and adolescents, both with and without disabilities.

2 Overall, war and violence impact children's development, due to restricted access to care, empathy, and attention from adults who love them, as parents and caregivers themselves experience constant preoccupation about their safety.

3 Hence, emotional unavailability of depressed or distracted parents leads to significant and frequent disruption in children's attachments.

During armed conflict, parents and caregivers of children with disabilities endure more unfavourable economic conditions, including a rising cost of living and disrupted transport which further reduces access to services.

Keeping families together during armed conflict or forced migration protects children with and without disabilities.

4 Currently, children with disabilities and their mothers in the Ukraine are fleeing the country and becoming refugees, mainly in Poland. They are on the move without appropriate mobility devices, with some parents forced to carry those children with severe physical disabilities. The journey is dangerous as there are no safe corridors for people with disabilities. They are often travelling with only a small bag, no food, no clothes, and no medication. Rehabilitation centers in Poland are collaborating with Ukrainian centers to organize the evacuation of children with disabilities.

Although these centers are working non-stop, the lack of organization during the evacuation is draining human and financial resources. At the Ukrainian-Polish border, for example, children with disabilities are sent to the Step by Step Association (www.spdn.pl) in Zamość, where they stay for 2 or 3 days. When possible, they are then relocated to accessible accommodations in bigger cities in Poland. The Polish Association for Persons with Intellectual Disability (www.psoni.org.pl) has organized a helpline which is answered by volunteers with no special humanitarian relief training. Refugee families with members with disabilities are calling this line continuously asking for assistance. These associations are quickly running out of accommodation, food, human resources, and money to support the steady growing number of families arriving every day. The leaders of these associations stated that they urgently need proper coordination to organize the support and accommodation of refugees with disabilities. Relying on volunteers and associations that already face financial challenges is not a realistic expectation.

To avoid these health and social inequalities and discrimination, the global community needs to work on social cohesion before and during global humanitarian crises, in order to leave no one behind.

5 Therefore, as international researchers in childhood disability, we advocate to protect the human rights of all children in conflict zones, especially access to health care services and education. In a humanitarian context, it is paramount to identify those special needs and barriers faced by children with disabilities. It is especially important to document violations against the rights of such children, including discrimination and denial of humanitarian assistance. Moreover, it is crucial we provide accessible information about the ongoing situation to children with disabilities and their families, and adopt disability-inclusive programming to ensure these children benefit from humanitarian relief. We express our solidarity with international colleagues and children with disabilities and their families, living and working in the Ukrainian conflict zone. We call for global actions to work towards a lasting and inclusive global peace.

Verónica Schiariti*-. Sandra Julsen Hollung**

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